

CHILD SAFETY PRACTICE MANUAL

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Chapter 1. Intake

Purpose

Child Safety has a legislative responsibility to respond to information received about harm or risk of harm to a child, or an unborn child who may be at risk of harm after he or she is born. The purpose of intake is to receive information about child protection concerns from government and non-government agencies, other service providers and community members, provide a response to the information in accordance with the responsibilities of Child Safety, inform the community about the role of Child Safety and provide information about child protection services.

Key steps

1. Gather information about the child and family
2. Assess the information and decide the response
3. Record the outcome and provide to the relevant CSSC or RIS
4. Provide relevant intake information to external agencies

What ifs - responding to specific intake matters

Standards

1. The intake response considers the safety, well-being and best interests of the child as paramount.
 2. All notifiers are treated professionally and with respect.
 3. Information is systematically gathered and analysed with decision-making guided by the structured decision making assessments.
 4. Child protection history checks are conducted and assessed prior to the decision about the response by Child Safety.
 5. Action is taken to identify the cultural identity of all clients.
 6. The recognised entity is given a meaningful opportunity to participate in the decision about whether concerns for an Aboriginal or Torres Strait Islander child are recorded as a notification.
 7. Any suspected criminal offence in relation to alleged harm to a child is reported immediately to the QPS regardless of the decision about the intake response.
 8. The information received at intake is recorded in ICMS in a timely manner.
 9. A clear rationale for the intake decision is provided to government and non-government agencies in accordance with procedural requirements.
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Practice skills (Key areas for reflection)

- Did I engage well with the notifier and would they feel confident to re-contact Child Safety in the future?
 - Did I clarify information with the notifier to make sure I clearly understood their concerns?
 - Did I gather all the information possible about the child, their family and other household members?
 - Have I integrated all of the information gathered and critically analysed all the risk and protective factors when deciding whether there is a reasonable suspicion that a child is in need of protection?
 - Is my assessment of the intake information holistic, has it considered cumulative harm and is it focused on the child's safety and well-being?
 - Have I considered what supports can be provided to this child and family?
 - Did I effectively consult with other Child Safety staff to expedite the transfer of the intake matter to the relevant team?
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Authority

- *Child Protection Act 1999*, section 6-11, 14, 21, 21A, 22, 95, 122, 159M, 159O and 186
 - Communities Policy: Recordkeeping
 - Policy No. 385: Child Concern Report
 - Policy No. 387: Notification
 - Policy No. 407: Structured Decision Making
 - Policy No. 528: Intake
 - Policy No. 607: Supporting children in the care of long-term guardians
 - Policy No. 610: Working with Aboriginal and Torres Strait Islander children, families and communities
 - Policy No. 613: Unaccompanied humanitarian minor wards for whom the Department of Communities has accepted the delegated powers and function of guardianship
 - Policy No. 614: Support Related Costs – For a child who is an unaccompanied humanitarian minor ward and for whom the Department of Communities has accepted the delegated powers of guardianship
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Key steps - Intake

1. Gather information about the child and family

- 1.1 Gather information from the notifier
- 1.2 Determine if a matter is an intake enquiry
- 1.3 Conduct a child protection history check
- 1.4 Conduct a pre-notification check if required
- 1.5 Conduct urgent criminal and domestic violence history checks, if required

2. Assess the information and decide the response

- 2.1 Consult with the recognised entity
- 2.2 Complete the screening criteria
- 2.3 Complete the response priority
- 2.4 Use your professional judgement
- 2.5 Consult with the team leader
- 2.6 Decide the response

3. Record the outcome and provide to the relevant CSSC or RIS

- 3.1 Record intake information
- 3.2 Record an intake enquiry
- 3.3 Record a child concern report
- 3.4 Record a notification
- 3.5 Record additional notified concerns
- 3.6 Record an intake when there is no identifying information

4. Provide relevant intake information to external agencies

- 4.1 Inform the police of possible criminal offences
- 4.2 Provide feedback to government and non-government agencies
- 4.3 Provide feedback to SCAN team core member agencies
- 4.4 Provide subsequent feedback following a decision to downgrade a notification

What ifs - responding to specific intake matters

1. What if the child protection concerns are about a **child in another jurisdiction?**
2. What if child protection concerns are **received from another jurisdiction?**
3. What if **Centrelink** is the notifier?
4. What if there is an enquiry about becoming an **approved carer?**
5. What if the notifier is **vexatious or malicious?**
6. What if a child needs to be **moved to a safe place** - section 21?
7. What if the child is an **unaccompanied humanitarian minor?**

8. What if child protection concerns are received from the **Family Court or Federal Magistrates Court of Australia?**
9. What if an **alert needs to be recorded** in ICMS?
10. What if an intake relates to a child subject to a **long-term guardianship** order to a **suitable person?**
11. What if **duplicate** child protection concerns are received that have previously been recorded?
12. What if a CCR is to be **re-assessed** following a **decision at an ICM?**
13. What if there is disagreement with a **RIS intake decision?**
14. What if the family resides in the **south east region and is eligible for a referral to the family support alliance?**
15. What if information is received about a **child death?**
16. What if concerns are received about **fabricated or induced illness?**
17. What if concerns are received about **pool fencing?**

1. Gather information about the child and family

1.1 Gather information from the notifier

The quality of the decisions made during the intake phase depends on the quality of information gathered about the child or unborn child, their family and the child protection concerns. A child and their family should receive a consistent response from Child Safety, regardless of the location.

The RIS provides the primary intake service delivery function during business hours and CSAHSC provides the statewide after hours intake function for Child Safety. Any person may contact Child Safety with concerns for a child, and information can be received in person or via telephone, email, letter or fax.

The intake officer will gather information from the notifier to assess whether a child has been harmed, is being harmed or is at risk of being harmed, and whether they have a parent able and willing to protect them. When the information relates to an unborn child, the intake decision is whether the unborn child will be at risk of harm after he or she is born.

Any information received at intake that involves allegations of harm to a child that may involve the commission of a criminal offence relating to the child must **immediately** be provided to the QPS. Refer to [Chapter 10.2 Statutory obligation to notify the Queensland Police Service of possible criminal offences](#) and the practice resource [Schedule of criminal offences](#).

Intake information may also be received via an Electronic Transfer of Court Result report. For further information, refer to [Chapter 2, 19. What if information is received via an Integrated Justice Information Strategy automated email alert?](#) and the practice resource [Receiving Integrated Justice Information Strategy email alert information](#).

The confidentiality of a person recorded as a notifier is protected under the *Child Protection Act 1999*, section 186, unless confidentiality exceptions apply. A notifier alleging harm or risk of harm to a child or unborn child, if acting honestly, is also protected from liability under the *Child Protection Act 1999*, section 22. Provide information about these legislative provisions to the notifier. For further information refer to the practice resource [Notifiers and mandatory notifiers](#).

To assist with the recording of information at the time of talking to a notifier, use either the [Intake template - electronic](#) or the [Intake template - handwritten](#). Note: These forms are for the **initial recording of information only**, and must not be used as an alternative to recording child protection concerns in ICMS. **All information** must be subsequently **recorded in ICMS** and handwritten notes stored in relation to record-keeping procedures.

A notifier should not be transferred from one RIS to another RIS or a CSSC. The intake officer who receives the child protection concerns is responsible for taking and recording the information, deciding the response and seeking approval from the team leader. When talking to the notifier, refer to the [Intake prompt sheet](#) and the practice resource [Information gathering guide](#) and:

- ascertain whether they are a mandatory notifier (refer to the practice resource [Notifiers and mandatory notifiers](#))

- record details of the notifier and how they may be contacted, where the notifier is willing to provide this information
- advise the notifier that under the *Child Protection Act 1999*, section 186, a notifier's identity can not be disclosed unless confidentiality exceptions apply
- obtain accurate identifying information about the subject child, family and household members and other relevant persons, including given names, surnames, aliases, nicknames, ages and dates of birth, gender, cultural identity, Indigenous status, addresses and relationships
- ask questions of the notifier to determine if any other child or unborn child in the home, not identified as a subject child, may also have been harmed or be at risk of harm and therefore should be recorded as a subject child
- use your knowledge of the information gathering guide and the screening criteria and response priority definitions to guide the discussion with the notifier
- obtain details of the concerns and the contextual situation for the child, including risk and protective factors relating to the child, the parent, the harm and the environment
- clearly identify risk factors commonly contributing to harm to very young children, who have greater levels of vulnerability.

When concerns are received for both a child and their adolescent parent, record **two intake events**, one with the adolescent parent as a subject child and one with their child as a subject child. A parent and their child **cannot** be subject children in the same intake event. In this circumstance, two intake events are required to assess the specific protection and care needs of each individual subject child. For further information refer to [Chapter 2, 3.2 Determine whether the child is in need of protection](#).

For further intake information, refer to the resource [Physical and Cognitive Developmental Milestones](#) and the practice resources [Communicating with the notifier](#), [The role of the CSO at intake](#) and [Regional intake services workflow](#).

When the notifier is from a government or non-government agency:

- ask the notifier if they require feedback about the intake response decision by Child Safety (refer to [4.2 Provide feedback to government and non-government agencies](#))
- determine the notifier's role as a service provider to the child and family, the extent and nature of any current or previous intervention with the family and whether there are particular considerations that need to be taken into account if Child Safety intervenes
- ascertain whether the notifier has informed the child or family that a report has been, or is to be, made to Child Safety.

Respond to a notifier in contact with a CSSC

While the RIS provides the primary intake function for Child Safety, a person may contact a CSSC to provide concerns about a child. To progress a timely response to this information, obtain basic details to ascertain if the information is an intake matter.

The CSSC will undertake **all** intake procedures when:

- a child or young person presents at the CSSC

- new child protection concerns are received regarding a current case, including an open investigation and assessment, concerns for an unborn child and concerns received about the care of a child in out-of-home care
- a Child Safety officer is advised of new child protection concerns about another family when they are undertaking casework or an investigation and assessment in the community.

For all other matters, respond in one of the following ways:

- engage and support a notifier who presents at the CSSC and provide them opportunity and privacy to contact the RIS directly, prior to leaving the CSSC
- forward all intake telephone calls to the RIS, irrespective of whether the person is from the community or a government or non-government agency, using warm telephone transfer where possible
- electronically scan incoming intake-related letters and faxes, email the information to the RIS via the RIS team mailbox and file the original documents at the CSSC.

Receive concerns about a child subject to ongoing intervention

When child protection concerns are received about a child subject to ongoing intervention, take action to ensure the child's immediate safety and determine the most appropriate response. For further information, refer to [Chapter 3, 2. What if new child protection concerns are received?](#)

Receive matters of concern

Where concerns are received by the CSSC about a child in out-of-home care, refer to [Chapter 9. Matters of concern.](#)

When information received by the RIS relates to a matter of concern for a child in out-of-home care, record a case note in the placement event in ICMS and telephone the relevant CSSC team leader.

Where the CSAHSC has recorded a matter of concern, the CSAHSC will assess the concerns and decide the response. The CSAHSC will advise the relevant CSSC team leader of the concerns and transfer the matter of concern event to the pending allocation tray of the relevant CSSC.

The CSSC will complete all other tasks and provide feedback to the notifier where relevant. For further information refer to [Chapter 9. Matters of concern.](#)

Receive information about a child death

When information is received about a child death, gather sufficient information to determine the most appropriate intake response. For further information, refer to [15. What if the information is about a child death?](#)

Receive information about fabricated or induced illness

When information is received about fabricated or induced illness, refer to [16. What if concerns are received about fabricated or induced illness?](#)

Receive information from the Family Court or Federal Magistrates Court of Australia

When a Form 4 - Notice of Child Abuse or Family Violence or a Notification under section 67ZA Family Law Act 1975 is received from the Family Court or Federal Magistrates Court of Australia, refer to 8. What if child protection concerns are received from the Family Court or Federal Magistrates Court of Australia?

Unaccompanied humanitarian minors

When the information received from the notifier refers to a child who is an unaccompanied humanitarian minor (UHM), refer to 7. What if the child is an unaccompanied humanitarian minor? and the Practice guide: Unaccompanied humanitarian minor wards.

Child subject to a long-term guardianship order to a suitable person

In addition to the procedures for responding to an intake, additional requirements apply to a child subject to a long-term guardianship order to a suitable person. For further information, refer to 10.What if an intake relates to a child subject to a long-term guardianship order to a suitable person?

Adoption enquiries

When information is received or requested about adoption matters, including adoption care agreement matters, refer to Chapter 10.4 Providing adoption services and the practice resource Providing adoption services.

1.2 Determine if a matter is an intake enquiry

Two categories of information received at intake are recorded as an intake enquiry:

1. The first category relates to information received, or advice given, where there will be no further action by Child Safety. This includes when:
 - information is provided in relation to a child but there are no allegations of harm or risk of harm
 - information is being requested in relation to child protection matters but there are no allegations of harm or risk of harm to a specific child or unborn child.
2. The second category is information reported about alleged harm or risk of harm to a child that:
 - relates to extra familial abuse, where the parents are assessed as able and willing to protect the child - immediately provide this information to the QPS for a response (Child Protection Act 1999, section 14(2) and (3))
 - relates to a child who lives in another jurisdiction, and the information will be forwarded to that jurisdiction for the appropriate response - for further information, refer to 1. What if the child protection concerns are about a child in another jurisdiction?
 - relates to the non-accidental or suspicious death of a child where there are no siblings, or the accidental death of a child where there are no suspicious circumstances. Recording this ensures the information is available as part of the

family's child protection history. For further information refer to 15. What if information is received about a child death?

Undertake a child protection history check (refer to [1.3 Conduct a child protection history check](#)) for all matters in the second category, to inform the assessment and determine that an intake enquiry is the appropriate response.

For further information on recording an intake enquiry, refer to [3.2 Record an intake enquiry](#).

Respond to harm by a person living outside the home

Child Safety does not automatically investigate and assess harm or risk of harm to a child if the alleged person responsible lives outside the child's home (extra-familial abuse). The focus of the decision is on the information available to Child Safety about the **ability and willingness** of the parents **to act protectively** towards the child.

When making a determination about the parents **ability and willingness**, the following questions need to be considered:

- Are the parents aware of the harm or risk of harm?
- What is the parents protective capacity?
- What is the parents response to the child, have they rejected the child or are they refusing to take action to ensure the child's safety?
- Do the parents support the child, believe the child or blame the child for the abuse?
- Do the parents have an ongoing relationship with the alleged offender or person responsible that will affect their ability to protect the child?
- Are the parents willing to protect the child, **but not able to do so**, due to factors impacting on their capacity to respond, for example, due to addiction or psychiatric illness, disability or fear of the alleged person responsible?
- Are the parents willing to protect the child, **but not able to do so** because of parent/adolescent conflict?
- Are the parents willing to protect the child, **but not able to do so** because of existing Family Court of Australia parenting orders?

While Child Safety responds to alleged harm or risk of harm to a child within their home environment, the QPS is responsible for investigating any possible criminal offence, for example, allegations of serious neglect, assault, kidnapping or sexual exploitation.

Where the information received by Child Safety contains allegations of harm that may have involved the commission of a criminal offence relating to the child, regardless of who is allegedly responsible for the harm and irrespective of the intake response, **immediately** provide the information to the QPS, using a [Police referral fax](#) and include any relevant attachments (*Child Protection Act 1999*, section 14(2) and (3)). Where the notifier states they are going to provide information to the QPS about the alleged concerns, Child Safety is still required to immediately provide the information to QPS. For further information refer to [Chapter 10.2 Statutory obligation to notify the Queensland Police Service of possible criminal offences](#) and the practice resource [Schedule of criminal offences](#).

Record the information provided to the QPS in the related intake enquiry, CCR or notification in ICMS.

1.3 Conduct a child protection history check

Previous child protection history provides important contextual information, highlights patterns of cumulative harm and risk and protective factors present in the family that may not be known or identified by the person contacting Child Safety.

A child protection history check is the consideration and analysis of **all** records of previous contact by Child Safety with the child, family or other members of the child's household as part of the decision-making process.

The analysis of the check is to occur **prior** to deciding the appropriate intake response to information reported about alleged harm or risk of harm to a child.

To complete a child protection history check:

- access all ICMS records and where indicated, any other relevant records such as SCAN team records and where relevant, RecFind (refer to the [RecFind user guide](#))
- create a 'Departmental history report' in ICMS
- review all relevant documents and analyse the extent, nature and outcome of previous intervention by Child Safety with the child or family, including whether the history:
 - indicates cumulative harm, that is, a series or combination of acts, omissions or circumstances that may have a cumulative effect on the child's safety and well-being
 - indicates a pattern of harm or escalating concerns
 - confirms or highlights additional risk factors, including any previous child deaths or serious injuries or current alerts, such as a suicide risk alert.

1.4 Conduct a pre-notification check if required

A pre-notification check is an enquiry that **is only made** when child protection concerns are received from a notifier, and further information is needed to assist completion of the screening criteria and determine if a notification response is required. A pre-notification check is the responsibility of the intake officer receiving the child protection concerns.

Pre-notification checks:

- are not required for all intake matters
- are **not used for** intake enquiries, matters of concern and for unborn children.

Information for a pre-notification check can only be sought from the following specific external sources who can provide relevant information about the family:

- another professional from within the Department of Communities, Child Safety and Disability Services (for example, Disability and Community Care Services and Homelessness Services)
- an external agency, including both government and non-government agencies, including health professionals, such as a general practitioner

- an interstate or international child protection jurisdiction.

Once sufficient information has been obtained to determine the intake response, no further pre-notification checks will be undertaken. When a notification response is determined, any further information obtained from external sources becomes part of the investigation and assessment.

Contacting other Child Safety staff, checking SCAN team documentation or recontacting the notifier is a part of information gathering and **is not** to be recorded as a pre-notification check.

A pre-notification check must be initiated **as soon as possible** and **within 24 hours** of receiving the child protection concerns, in order to allow as much time as possible for the professional or agency to respond.

The decision about whether to record a notification must be made by Child Safety **within 48 hours** of receiving the initial information. If there has been no response to the pre-notification check **within the 48 hour timeframe**, make the decision about the appropriate response based on the information already gathered.

Where information is received **after the 48 hours** has elapsed, this information must be assessed, and where required, the information may need to be 're-screened' using the screening criteria and response priority assessments.

When completing a pre-notification check:

- contact the relevant professional or agency
- provide your name and delegation, the purpose of the contact and the legislative basis for seeking information (*Child Protection Act 1999*, section 14 and 159A, B, M and N)
- request information about:
 - any contact their agency has had, or currently has, with the child or family
 - the nature and duration of contact with the child or family
 - any child protection concerns they may currently have, or have previously had
- inform the relevant professional or agency of the timeframe in which they need to respond
- use the information received to assist decision-making about the response by Child Safety
- record the information in the 'pre-notification check' form in ICMS, maintaining the confidentiality of the professional or agency providing the information.

1.5 Conduct urgent criminal and domestic violence history checks, if required

In some circumstances, an urgent request for criminal and domestic violence records held by the QPS may be required. QPS may provide a written report of criminal history and a summary of domestic violence protection orders and their conditions on:

- a parent of the subject child
- an adult member of the parent's household
- an adult who may be a person responsible for the alleged harm.

The request can be made at any time a decision is being made in relation to a child, under the authority of the *Child Protection Act 1999*, section 95(3).

Requests made for the purpose of a pre-notification check are considered urgent as the information is required **within 48 hours** of receiving the initial information to meet screening requirement standards and determine the intake response.

To complete an urgent QPS criminal and/or domestic violence history check:

- seek the CSSC manager or a team leader's approval to request a criminal and/or domestic violence history check
- complete a [QPS - Urgent Request \(Business Hours\)](#) form, and include a rationale for urgency on the fax cover sheet, advising that it is a pre-notification check
- provide the approving officer's name and signature
- fax the form to the Central Screening Unit (CSU).

The CSU undertakes a quality assurance role prior to forwarding requests to the QPS. QPS will not process requests that are sent directly to them. Relevant results will be emailed from the QPS to the CSU for forwarding to the requesting officer.

QPS is unable to process a request if the identifying details and date of birth fields are incomplete. If these details are not known, the local Child Protection and Investigation Unit (CPIU, QPS) may assist in providing relevant information to enable the request form to be completed and faxed. Where information required from QPS does not relate to criminal or domestic violence checks, information can be requested from the QPS under the *Child Protection Act 1999*, section 159M.

If information has not been received from QPS **within 48 hours** of receiving the initial information, a decision must be made about the appropriate response based on the information already gathered. Interstate checks by QPS require a longer timeframe for completion.

Non-urgent requests for criminal and domestic violence history may also be made in certain circumstances. For information on non-urgent requests refer to [Chapter 2, 2.7 Gather information from other sources](#).

2. Assess the information and decide the response

2.1 Consult with the recognised entity

Sourcing relevant cultural information and enabling collaborative work with Aboriginal and Torres Strait Islander communities is vital to ensuring that Child Safety responds appropriately to Aboriginal and Torres Strait Islander children.

The *Child Protection Act 1999*, section 6, requires Child Safety to provide the recognised entity with the opportunity to participate in the decision-making process for all significant decisions for an Aboriginal or Torres Strait Islander child, and consult with them on all other decisions.

When information is received about an Aboriginal or Torres Strait Islander child, contact the recognised entity **prior** to the decision being made about the most appropriate response.

Contact between an intake officer and the recognised entity should be in keeping with any established local protocols and should enable the recognised entity to:

- provide information about the child and his or her family, community and culture, which could inform decision making
- contribute to the completion of the screening criteria and response priority
- participate in decision-making about the recording of a notification
- contribute to decision-making about the referral of Aboriginal and Torres Strait Islander children and families to early intervention, prevention or support services.

When the concerns relate to an **unborn** Aboriginal or Torres Strait Islander child, the **consent of the pregnant woman must be obtained** before contacting the recognised entity. This task is completed by the relevant CSSC as part of the investigation and assessment, as contact with recognised entity cannot occur until the pregnant woman has provided consent (*Child Protection Act 1999*, section 21A).

For further information about conducting an investigation and assessment for an unborn child refer to [Chapter 2, 7. What if the investigation and assessment is for an unborn child?](#)

Efforts to contact a recognised entity are not to delay the timeframes for recording or responding to a notification. Where there is no local recognised entity available, as a first option, contact another recognised entity within the region. Record the information about consultation with, and participation by, the recognised entity in the ‘Recognised entity participation’ form in ICMS.

For further information about working collaboratively with the recognised entity and recording requirements, refer to the practice resources [Legislative provisions in relation to Aboriginal and Torres Strait Islander children and collaboration with the recognised entities](#) and [Working with the recognised entity](#) and the practice paper [Working with Aboriginal and Torres Strait Islander people](#).

Where the cultural identity of an Aboriginal or Torres Strait Islander subject child is not initially known, contact the recognised entity as soon as the child’s cultural identity is established. At this time, and prior to any further decision-making, consult with the recognised entity and provide them with information about decision-making processes that have already occurred.

2.2 Complete the screening criteria

The consistency of response to child protection concerns received is dependant on the use of professional judgement and a thorough knowledge and understanding of the definitions of the screening criteria and the response priority assessments.

Completion of the screening criteria assists the decision making about whether the child protection concerns will be recorded as a CCR or meet the threshold for recording a notification. The screening criteria is **not used** for intake enquiries or matters of concern.

The screening criteria includes an overarching definition for neglect, physical harm, sexual abuse and emotional harm. It also includes screening criteria within these abuse and harm types and a separate screening criteria for unborn children. Professional judgement must always be used in the analysis of all known information and the decision-making process.

One screening criteria is completed for each household where harm has been reported. The screening criteria and definitions focus on the child's experience of the alleged harm, rather than on the parental behaviour or the environment that may impact on the child's safety.

To complete the screening criteria:

- determine whether the concerns meet any of the overarching definitions for each alleged harm or abuse type and consult with the team leader as required
- use the information gathered, including child protection history check, and the screening criteria definitions to select all applicable screening criteria within each identified abuse or harm type - refer to [SDM: Screening criteria](#)
- for an unborn child, consider any previous history, the current circumstances and behaviour of the parents and the risk factors for the child once they are born.

For further assistance in completing the screening criteria, refer to the risk and protective factors as outlined in the [Practice guide: The assessment of harm and risk of harm](#) and the practice paper [Child sexual abuse](#).

If no screening criteria are selected, the matter is recorded as a CCR and submitted to the team leader for approval.

If one or more screening criteria are selected, the response priority is completed.

Aboriginal and Torres Strait Islander children

If the concerns relate to an Aboriginal or Torres Strait Islander child, in addition to giving the recognised entity an opportunity to participate in the decision-making process, the specific cultural considerations incorporated within the screening criteria definitions are to be taken into account.

Consideration is to be given to the different child rearing practices of Aboriginal and Torres Strait Islander families, which include:

- earlier independence of children
- children taking responsibility at an earlier age
- cultural authority within kinship/clan groups
- cultural responsibility among the extended family and community (passing on of knowledge or skills).

2.3 Complete the response priority

Completion of the response priority assists with the decision about how soon Child Safety must respond to a notification (or additional notified concerns).

The response priority is completed whenever a notification, or additional notified concerns that meet the threshold for a notification, are recorded. The response priority guides consideration of the child protection concerns, the child's need for immediate safety and the likelihood of harm occurring to the child in the near future and recommends a response timeframe for commencing the investigation and assessment. The response priority is **not used** for matters of concern.

The recommended response timeframe will be one of the following:

- 24 hours
- 5 days
- 10 days
- 5 or 10 days for an unborn child notification - five days where the unborn child is likely to be born within five days of the receipt of the notification, ten days where they are not.

One response priority is completed for each household. To complete the response priority:

- work through the series of questions in section 1 that relate to each of the abuse or harm types selected in the screening criteria, until a recommended response timeframe is reached for each abuse or harm type
- for an unborn child, identify the likely date of delivery
- refer to the response priority definitions in [SDM: Response priority](#) and consult with the team leader as required
- where there is uncertainty about the appropriate response, **respond to each question in the most protective way**
- where more than one timeframe is indicated, the recommended response timeframe is always the shortest timeframe
- complete section 2 by determining whether a policy or a discretionary override is appropriate and seek team leader approval if an override is required (see below)
- where a discretionary override is used to either increase or decrease the response timeframe, document a clear rationale for its use
- record a policy override to 24 hours if the circumstances meet one of the two mandatory circumstances (see below)
- submit the completed form to be approved by the team leader.

When the response timeframe has been determined, the RIS will transfer the open investigation and assessment to pending allocation tray of the relevant CSSC, within the following timeframes:

- **immediately** - for a notification with a 24 hour response timeframe. In addition the RIS will telephone the CSSC team leader to inform them of the response required
- **within three days** - for an investigation and assessment with a five day response
- **within five days** - for an investigation and assessment with a ten day response.

Discretionary override

A discretionary override is optional and is only to be used in unique circumstances, which are not already captured within the response priority questions and definitions. For example, if there are concerns that physical evidence may be lost if a response is delayed or when the child is known to be in a safe environment (out of the home).

Policy override

There are two policy overrides, which are mandatory when one of the following two identified conditions exist:

- the family is likely to move to avoid investigation and there has been a previous 24 hour priority notification which has not been investigated and assessed

- the current notification involves a parent who has previously caused the death of, or serious injury to, a child due to abuse or neglect.

When this override is selected, a 5 or 10 day response is changed to a 24 hour response.

2.4 Use your professional judgement

Professional judgement draws on the professional knowledge of the Child Safety officer, which is based on their theoretical, research and procedural knowledge and their practice and personal experiences.

At intake, use the practice framework and professional judgement to critically analyse the available information and decide the appropriate response. Refer to the [Child Safety practice framework](#) and [Integrating and understanding the practice framework](#) for further information.

The Child Safety officer's professional judgement is supported by the completion of the structured decision making assessments which aim to ensure the consistent gathering and consideration of relevant risk factors when determining whether a matter meets the threshold for a notification.

Threshold for recording a notification

The threshold for recording a notification requires that there is an allegation of harm or risk of harm to a child, and a reasonable suspicion that the child is in need of protection (*Child Protection Act 1999*, section 14). Harm in this context, refers to any detrimental effect of a significant nature on the child's physical, psychological or emotional well-being. The harm may be caused by a single act, omission or circumstance or a series or combination of acts, omissions or circumstances that may have a cumulative effect on the child's safety and well-being (*Child Protection Act 1999*, section 9).

Where there is discrepancy between the outcome of the screening criteria and the workers assessment, consultation with the team leader is required.

2.5 Consult with the team leader

Team leaders are the delegated officer for approving the decision about the response to information received from notifiers. Consultation with a team leader is a key component of gathering and assessing information at intake, and should occur at any stage of the intake process and whenever they are required to approve an intake decision.

2.6 Decide the response

Response options

Based on an assessment of available information about a child or unborn child, consultation with the recognised entity when relevant, use of professional judgement and completion of the screening criteria, the response by Child Safety will be recorded as either:

- a child concern report (CCR)
- a notification
- additional notified concerns.

Child concern report

A CCR is the appropriate response when:

- child protection concerns are received about a child, or an unborn child after he or she is born, that do not meet the threshold for a notification, that is the child is not reasonably suspected to be in need of protection, or the unborn child in need of protection, after birth
- there is alleged risk of harm to an unborn child prior to, or during, the birth process, but there is no identified risk to the child after birth
- the child protection concerns do not meet the threshold for a notification, but the alleged harm to a child may involve a possible criminal offence in relation to a child that must be reported to the QPS (*Child Protection Act 1999*, section 14(2) and (3))
- the child protection concerns meet the threshold for a notification, but are **duplicate** concerns that have already been received and recorded by Child Safety - for further information, refer to [11. What if duplicate child protection concerns are received that have previously been recorded?](#)

In all cases, the notifier is to be encouraged to re-contact Child Safety if they have further concerns about the child in the future.

There are three responses to a CCR:

- information and advice
- referral to another agency
- information provision.

Information and advice

Information and advice is the provision of general information and advice to the notifier which aims to prevent the need for further Child Safety involvement in the future. It may include discussion with the notifier about the concerns raised and strategies to deal with the situation, or ways to talk to the family to encourage and assist them to explore alternative sources of support.

Referral to another agency

A function of the chief executive is to provide, or help provide, preventative and support services to strengthen and support families and to reduce the incidence of harm to children (*Child Protection Act 1999*, section 7). The purpose of a referral to another agency is to assist children and families access prevention, early intervention and support services. This may be appropriate where it is assessed that the family may benefit from access to such services, or where the child and family have had previous involvement with, or are at risk of progressing into, the statutory child protection system.

Where considered appropriate and where the eligibility criteria are met, refer the family to a Referral for active intervention (RAI) service, an Aboriginal and Torres Strait Islander Family Support Service (ATSIFSS) or to another secondary service.

The preferred process for a referral to another agency is to first discuss the referral with the family. However, if this cannot occur, Child Safety can make a referral to a secondary service, RAI service or an ATSIFSS when a CCR has been recorded, there has been **no contact with the family**, and their consent has not been obtained.

When a CCR is recorded for an unborn child, a referral **cannot** be made to any service, without the consent of the pregnant woman.

When the CCR relates to a child who is Aboriginal or Torres Strait Islander, the view of the recognised entity about the referral of the family will be obtained and considered.

Once referred, the secondary service, RAI or ATSIFSS can only work with families with their consent. Therefore, in cases where the family is contacted by the service and they decline any involvement, the secondary service, RAI or ATSIFSS will cease all contact and no further attempts will be made to engage the family.

For further information about the RAI and ATSIFSS referral processes, refer to [Chapter 10.14 Referral for active intervention services](#), and [Chapter 10.16 Referral to an Aboriginal and Torres Strait Islander Family Support Service](#).

Please note, if the family resides in the south east region and the response to the CCR is a referral to another agency, refer to [14. What if the family resides in the south east region and is eligible for a referral to the family support alliance?](#)

Where a CCR relates to a child subject to a long-term guardianship order to a suitable person, inform the CSO with case responsibility. For further information, refer to [10. What if an intake relates to a child subject to a long-term guardianship order to a suitable person?](#)

Information provision

Where the information received at intake relates to a possible criminal offence in relation to a child, refer the matter to the QPS, as outlined in [4.1 Inform the police of possible criminal offences](#) and encourage the notifier to contact the QPS directly.

Record any actions taken in the intake event. An ICMS event with a CCR response **should not remain open and is to be** approved by the team leader **within five working days**. Any subsequent concerns received are recorded in a new intake event.

For further information about these three responses, refer to the practice resource [Child concern report responses and referrals](#).

Concerns recorded on behalf of another RIS

Where a CCR is recorded by one RIS on behalf of another RIS, inform the local RIS of the response, as specific local procedures may be required, for example, referring a child and family to a secondary service, RAI or ATSIFSS or informing the Family Responsibilities Commission.

Once the intake event is completed:

- email the ICMS client ID to the relevant RIS mailbox for review by the local RIS team leader
- advise the relevant CSSC, when the concerns relate to an open case.

It is the responsibility of the local RIS to refer the child and family to relevant support services and to provide feedback to the notifier or SCAN team core member agency representative, where relevant. For further information, refer to the practice resource [Regional intake services workflow](#).

Notification

A **notification** is the appropriate response when:

- the child protection information meets the legislative threshold of harm or risk of harm (*Child Protection Act 1999*, section 9)
- it is reasonably suspected that a child is in need of protection or an unborn child will be in need of protection after birth (*Child Protection Act 1999*, section 10).

Harm in this context, refers to any detrimental effect of a significant nature on the child's physical, psychological or emotional well-being. The harm may be caused by a single act, omission or circumstance or a series or combination of acts, omissions or circumstances that may have a cumulative effect on the child's safety and well-being (*Child Protection Act 1999*, section 9).

A notification records the key child protection concerns received from the notifier, including any direct information about the alleged harm or risk of harm to the child or unborn child. When concerns are received about specific children, and there are other children in the home, based on the information received and the child protection history of the family, a decision is required about whether any of the other children may also have been harmed or be at risk of harm and need to be recorded as a subject child and assessed as part of the investigation and assessment.

When duplicate child protection concerns are received, that have previously been recorded, record a CCR response, even when the concerns reach the threshold for a notification. For further information, refer to [11. What if duplicate child protection concerns are received that have previously been recorded?](#)

A notification with a 24 hour response timeframe is to be approved by the team leader within the 24 hours. A notification with a five day response timeframe is to be approved by a team leader within **three working days** and a notification with a 10 day response timeframe is to be approved in ICMS by a team leader **within five working days**. When the notification is approved, it is to be transferred to the pending allocation tray of the appropriate CSSC. The approval of the notification will not delay the commencement of the investigation and assessment.

Each notification will **only ever have one related investigation and assessment**. One notification will be recorded when:

- the child protection concerns relate to **one particular household only**
- all subject children reside, either full-time or part-time in the home, including where one or more families are residing together.

In the following circumstances more than one notification may need to be recorded:

- where there is shared custody or care of children in more than one household, and there is concern that there is harm or risk of harm occurring in both households
- where a child who does not normally reside in a household is harmed along with other children who do reside in that household, a second notification is recorded **if** the child's parents were aware of the risks to their child and were not able and willing to act protectively, for example, a sleep over.

This decision will occur on a case by case basis at the discretion of the team leader. If more than one notification is recorded, each individual household must have an investigation and assessment completed, assessing the risk and protective factors in that home. If the matter relates to extra familial abuse, the matter must be referred immediately to the QPS, using the Police referral fax, regardless of the response by Child Safety (*Child Protection Act 1999*, section 14(2) and (3)).

Notifications on an unborn child

In addition to the intake process, the following information guides the recording of a notification on an unborn child:

- child protection concerns received for an unborn child can only be recorded as a notification if it is reasonably suspected that the unborn child will be in need of protection **after birth**
- an unborn child may be reasonably suspected to be in need of protection after birth when:

the parents current behaviour or circumstances, if they were to persist, would place the child at risk of physical or emotional harm, sexual abuse or neglect after birth, or

changes to the parents circumstances after the child is born, that are considered likely, would place the child at risk of physical or emotional harm, sexual abuse or neglect

- an unborn child and other (living) subject children can be recorded in the one notification - when this occurs record the notification category as 'unborn'
- the gestation period of the woman's pregnancy will have no impact upon the decision to record a notification in relation to an unborn child or to undertake an investigation and assessment within the assigned response timeframe
- a notification is not recorded when the risk relates solely to the unborn child being harmed before or during the birth, including circumstances when a woman chooses, even after receiving medical advice, to take action that is likely to result in death or disability to the foetus
- a notification will be recorded in circumstances where a pregnant woman receives medical advice that the unborn child will require paediatric care immediately after birth, and has stated an intention to ignore the medical advice.

Additional notified concerns

Additional notified concerns are **only** recorded when child protection concerns are received from a notifier and there is already a **notification that has not yet been approved** or **an open investigation and assessment** event in ICMS for the child, unborn child or family. Some exceptions are outlined below.

When there is an **open intake event** with a CCR response, **do not record** any further concerns that are received in an 'Additional Notified Concerns' form in this event. In this circumstance, record any further concerns in a new intake event.

When **duplicate** child protection concerns are received, that have previously been received and recorded as a notification by Child Safety, record a CCR response in the 'Additional notified concerns' form in ICMS, regardless of whether or not they meet the threshold for a notification.

For further information, refer to [11. What if duplicate child protection concerns are received that have previously been recorded?](#)

When additional notified concerns are recorded:

- record the concerns in an 'Additional Notified Concerns' form in ICMS, which includes a screening criteria, and where applicable, the response priority
- record the rationale for a CCR response, if applicable, in the text of the notified concerns field within the ICMS form
- respond to the new concerns within the response priority timeframe, where applicable (this may be a shorter timeframe than the original response timeframe).

The team leader will approve the 'Additional Notified Concerns' form in ICMS prior to reassigning the investigation and assessment to the pending allocation tray of the appropriate CSSC.

While there is no limit to the number of additional notified concerns that may be recorded, every attempt must be made to finalise the investigation and assessment of concerns within the prescribed timeframe of two months.

Exceptions to the recording of additional notified concerns

The recording of additional notified concerns is based around an individual household, and is not to occur in the following circumstances:

- when there is an unapproved notification or open investigation and assessment for a child in the parents care and new concerns are received about the child in the care of an approved carer (matter of concern)
- when there are two matters of concern that relate to two different approved carers, who have both had the child in their care.

The team leader will decide whether to override the requirement for the use of additional notified concerns and create a new second notification:

- when a child who is subject to an open investigation and assessment case while living in one household, moves to live in another household with a different parent or carer and further child protection concerns are received about harm or risk of harm in the new household
- when an investigation and assessment on a family has been completed, and awaiting write-up or 'approval' and the family permanently moves to another geographical area.

Prior to making the decision to record additional notified concerns for a family who has moved to another geographical area, contact the team leader from the relevant CSSC to discuss and consider the contextual factors of the case to determine whether an exception is appropriate.

3. Record the outcome and provide to the relevant CSSC or RIS

3.1 Record intake information

The following information guides the recording of intake information in ICMS:

- include or create person records for all subject children, **all other** persons living in the home and **any relevant person** that may not be living in the household, including an unborn child
- record each child or unborn child, that the concerns relate to as a ‘subject child’ in ICMS
- record each child or unborn child, that the concerns do not relate to as an ‘other child’ in ICMS
- create the household relationships for all members
- record the Indigenous status of all clients
- record the cultural status of all clients
- record any health, disability or mental health concerns for all clients
- record the identity of the notifier in the notifier field in the record of concerns form only - **do not directly identify the notifier** in information recorded elsewhere in ICMS (*Child Protection Act 1999*, section 186)
- record **all key information** provided by the notifier in ICMS, focusing on any harm or risk of harm to the child, any relevant contextual information and an analysis of any child protection history
- record the information in a way that allows the reader to easily understand the family composition, context and the decision-making process that has occurred
- record other actions taken, including the referral of a matter to QPS under the authority of the *Child Protection Act 1999*, section 14(2) and (3), and the provision of feedback to a notifier or SCAN team core member agency representative
- record all information provided by the recognised entity including information about the child and his or her family, relationships, community, culture and existing culturally appropriate supports.

File all other information and documentation, including notes taken during the intake phase and any written or paper-based information provided by a notifier, on the child’s paper file. Where relevant, attach documents including the Intake template - electronic or the Intake template - handwritten to the intake event in ICMS and transfer to the pending allocation tray at the appropriate CSSC. The CSSC team leader and management team will track incoming events. For further information refer to the practice resource Regional intake services workflow.

3.2 Record an intake enquiry

To record an intake enquiry in ICMS:

- include or create relevant person records and complete the record of concerns form in ICMS
- select the ‘intake enquiry’ outcome, which will close the event in ICMS
- where applicable, forward all relevant information to the QPS using the Police referral fax (refer to 4.1 Inform the police of possible criminal offences) or to another jurisdiction (refer to 1. What if the child protection concerns are about a child in another jurisdiction?).

The RIS is **not** required to provide intake enquiry information to a CSSC.

3.3 Record a child concern report

To record a CCR in ICMS:

- complete the record of concerns form
- complete the recognised entity participation form, if required
- complete the pre-notification check form, if undertaken
- complete the screening criteria
- complete the CCR form, select the appropriate response and forward it to the team leader for approval
- forward all relevant information to the QPS, where applicable (refer to [4.1 Inform the police of possible criminal offences](#)) and attach the [Police referral fax](#) to the relevant event in ICMS
- ensure feedback has been provided to the notifier, where applicable.

Record any subsequent concerns in a new intake event.

CCRs are to be approved by the team leader as soon as possible and should not remain open. When a CCR has been recorded and does not relate to an open ongoing intervention case, no further action is required.

When a CCR is recorded at a RIS and relates to an open ongoing intervention case at a CSSC, email the ICMS event ID to the appropriate CSSC. When a CCR has been recorded at one RIS on behalf of another RIS, refer to relevant section in [2.6 Decide the response](#).

3.4 Record a notification

To record a notification in ICMS:

- complete the record of concerns form
- complete the recognised entity participation form, if required
- complete the pre-notification check form, if undertaken
- complete the screening criteria and response priority assessments
- complete and forward all relevant documents to the team leader for approval
- telephone the relevant CSSC team leader to advise them of the approved notification, when the response timeframe is 24 hours
- forward all relevant information to the QPS, where applicable (refer to [4.1 Inform the police of possible criminal offences](#)) and attach the [Police referral fax](#) to the relevant event in ICMS
- ensure feedback has been provided to the notifier, where applicable.

For approved notifications with a five or 10 day response timeframe, the relevant team leader will reassign the ICMS investigation and assessment event to the pending allocation tray of the appropriate CSSC **within three or five days** respectively.

For further information refer to the practice resource [Recording notification information](#).

3.5 Record additional notified concerns

To record additional notified concerns in ICMS:

- complete any additional person records required
- complete the pre-notification check form, if undertaken
- complete the additional notified concerns form (including a screening criteria and response priority, where applicable)
- complete the recognised entity participation form, if required
- forward the completed documents to the team leader for approval.

Where relevant, following approval of the additional notified concerns by a team leader, advise the appropriate CSSC of the new concerns.

3.6 Record an intake when there is no identifying information

If a notifier provides Child Safety with child protection concerns for a child, but is not able to provide full identifying information about the child, family or their address or whereabouts, **make every effort to obtain a name, address or way to locate the child**.

If an address is unknown, the Commonwealth and Child Safety have agreed procedures under the [Information Sharing Protocol between the Commonwealth and Child Protection Agencies](#) that allow Commonwealth agencies including Centrelink, Medicare Australia and the Child Support Agency to release a family's last known whereabouts to an authorised officer. Commonwealth agencies are only able to release information in specific circumstances. Requests are **only to be made via Data Management Services after all other attempts to locate a family have been exhausted**. For further information, refer to [Chapter 2, 12. What if the child and family cannot be located?](#)

If there is identifying information about a child or family, but no address, or way of contacting them, the information should still be recorded in ICMS so that it is available should further concerns be reported in the future.

If attempts to obtain identifying information about the family are unsuccessful, and there are no details that would allow the information to be linked with a child or family in the future, the information should not be recorded in ICMS.

If the information is not recorded in ICMS, consult the team leader about where the record of information should be stored.

4. Provide relevant intake information to external agencies

4.1 Inform the police of possible criminal offences

Any intake information received that involves allegations of harm to a child that may involve the commission of a criminal offence relating to the child must **immediately** be provided to the QPS. This applies whether or not Child Safety suspects the child is in need of protection (*Child Protection Act 1999*, section 14(2) and (3)). For further information refer to [Chapter 10.2](#)

Statutory obligation to notify the Queensland Police Service of possible criminal offences and the practice resource Schedule of criminal offences.

Where a medical practitioner confirms that a child under 16 years has a sexually transmitted disease or is pregnant, the information must **immediately** be provided to the QPS, and consideration will also be given to recording a notification on the child, where the information meets the threshold for a notification.

To provide information to the QPS:

- complete a Police referral fax and send it, along with relevant attachments, to the officer in charge of the nearest:
 - Child Safety and Sexual Crimes Group (for Brisbane metropolitan CSSCs), or
 - Child Protection and Investigation Unit (CPIU), or
 - Criminal Investigation Branch (CIB), or
 - police station
- contact the QPS by telephone to ensure they have received the information, discuss any possible action required and record the police job number or the name of the person contacted
- attach the Police referral fax to the relevant event in ICMS.

In cases where there is uncertainty about the need to report a matter to the QPS, **report the matter** to the QPS for their determination.

4.2 Provide feedback to government and non-government agencies

Child Safety must, where requested, provide notifiers from government and non-government agencies with feedback about the response to the child protection concerns received. The notifier is to be asked whether they require feedback at the time of the initial contact with Child Safety and this feedback is provided by the RIS determining the response. For the feedback process for SCAN core member agency representatives, refer to 4.3 Provide feedback to SCAN team core member agencies.

This feedback may assist the agency to identify and action any plan for the support or safety of the child and family, and recognises that government and non-government agencies provide a range of services to children and their families, which may be disrupted or affected by the intervention of Child Safety, particularly if the intervention results in a child being removed from their family. This includes where the notifier is another professional working with the family of an unborn child.

If the notifier requests feedback:

- provide information about the response, the rationale for the decision and the likely timeframes for any contact with the child or family
- provide the feedback either at the time of the initial contact by the notifier, if the response is able to immediately be determined, or by a follow up phone call, facsimile, email or letter, once the intake response has been determined.

The information must be provided to the notifier **as soon as possible** when:

- it is assessed that the information is critical to the notifying agency
- a safety issue is identified, for example, if a parent makes a threat about a suspected notifier.

If the RIS intake response is reassessed by the CSSC, the relevant CSSC team leader will recontact the notifier and advise them of the revised response. For further information, refer to [Chapter 10.6 Downgrading or deleting an approved notification](#).

For further information, refer to [Chapter 10.3 Information sharing](#).

4.3 Provide feedback to SCAN team core member agencies

When child protection concerns are received about a child from a core member agency representative or their approved delegate, Child Safety must provide feedback about the response to the concerns **within five business days** from the day the information was received, and a rationale for the decision must be included.

The feedback is provided by the RIS that receives the concerns, unless they have recorded the concerns on behalf of another RIS. Where this is the case, the local RIS or CSSC will provide feedback to the SCAN team core member agency representative.

When a RIS or CSAHSC records intake information and there is disagreement about the intake response by either the local RIS or CSSC, resulting in a change of outcome, the local RIS or CSSC team leader is responsible for contacting the SCAN core member agency representative to advise the change in response. For further information refer to [13.What if there is disagreement with a RIS intake decision?](#) and the practice resource [Regional intake services workflow](#).

For matters of concern, the CSSC with case responsibility will provide the response to the SCAN team core member agency representative.

Information coordination meetings (ICM)

An ICM provides a forum for discussion of a matter where a SCAN team core member representative seeks further information regarding the rationale for a child safety intake decision and requires the opportunity for multi-agency discussion.

A SCAN team core member agency representative may refer a matter that has been assessed as a CCR to an ICM when:

- the SCAN team core member agency representative has contacted the RIS team leader for further discussion regarding the decision and rationale
- the matter remains a CCR and the SCAN team core member representative requires the opportunity for multi-agency discussion.

The RIS team leader will attend the ICM.

At the ICM, core member agency representatives may provide contextual information that will assist with the discussion. When deciding what information should be brought to an ICM and what information should be reported to the RIS, each core member agency must adhere to their

own internal policies, procedures and legislation. The meeting is not the forum for discussing new child protection concerns.

There are two decisions that can occur as part of an ICM, either:

- no further information is provided and the matter remains a CCR
- further information is provided and following discussions, the RIS team leader agrees that the matter should be re-assessed, and will refer the matter back to the RIS.

For further information refer to [12. What if a CCR is to be re-assessed following a decision at an Information Coordination Meeting?](#) and the [Information Coordination Meeting and Suspected Child Abuse and Neglect \(SCAN\) Team System Manual](#).

4.4 Provide subsequent feedback following a decision to downgrade a notification

A notification is **not to be downgraded**:

- as a response to the inability of a CSSC to commence or complete an investigation and assessment within the timeframes prescribed by the policies and procedures current at the time the notification was recorded
- retrospectively, in response to receiving subsequent mitigating information about the child protection concerns already recorded and approved.

In circumstances where a decision is made by the CSSC manager to downgrade a notification, any professional notifier must be informed of the decision and provided with the rationale for the decision.

For an Aboriginal or Torres Strait Islander child, the decision to record a notification is a significant decision, and the recognised entity must be provided with the opportunity to participate in any subsequent decision to downgrade a notification to a CCR.

For further information, refer to [Chapter 10.6 Downgrading or deleting an approved notification](#).

What ifs - responding to specific intake matters

1. What if the child protection concerns are about a child in another jurisdiction?

Alerts - address unknown

When child protection concerns have been received and the child's address is not known, every effort is to be made to locate the child and family by undertaking agreed procedures under the [Information Sharing Protocol between the Commonwealth and Child Protection Agencies](#). For further information, refer to [3.6 Record an intake when there is no identifying information](#) and [Chapter 2, 12. What if a child and family cannot be located?](#)

If an address remains unknown, but the child and family is believed to be residing in another state, territory or New Zealand (jurisdiction), and the information needs to be forwarded to the other jurisdiction for an appropriate response:

- record the information received as an intake enquiry - the information does not require completion of the screening criteria
- instigate an alert by completing a Request for interstate alert and email it to the Interstate Liaison Officer (ILO) at DChS.interstatealert@communities.qld.gov.au.

The alert will be sent electronically to the other jurisdiction either by the ILO, or by the CSAHSC staff if the alert is received after hours.

Please note that an alert can be raised in more than one jurisdiction.

The notifier should be encouraged, where considered appropriate, to also contact the appropriate interstate jurisdiction directly.

Notification of child protection concerns - address known

When child protection concerns are received for a child who is not living in Queensland, but the family's address in another jurisdiction **is known**, and the information needs to be forwarded to the other jurisdiction for an appropriate response:

- record the information received as an intake enquiry in ICMS - the information does not require completion of the screening criteria
- complete a Request for interstate notification and fax it with the intake enquiry to the ILO at Court Services Unit (on (07) 3235 9580).

The notifier should be encouraged, where considered appropriate, to also contact the appropriate interstate jurisdiction directly.

2. What if child protection concerns are received from another jurisdiction?

Alerts

Another state, territory or New Zealand (jurisdiction) may contact Child Safety to request that an alert be raised in Queensland, where the child's whereabouts are not known but the child and/or family is believed to be in Queensland. These requests are sent electronically by the other jurisdiction via DChS.interstatealert@communities.qld.gov.au and processed by either the ILO or by CSAHSC staff.

The CSAHSC manager and team leaders are responsible for ensuring that the alerts are responded to in accordance with relevant policy and procedures and, where applicable, recorded in ICMS.

For further information, refer to 9. What if an alert needs to be recorded in ICMS?

Notifications

Another jurisdiction may contact Child Safety to request a response to a notification received in that jurisdiction, that relates to a child living at a known address in Queensland. All relevant

information (details of the notification, current address, contact details and any known interstate child protection history) will be forwarded by the ILO to the relevant RIS for their consideration and response in accordance with normal intake procedures. If necessary, seek interstate child protection history by emailing the Child Protection History Request Form to DMS via [#SDIS_DMS_Checks](#).

3. What if Centrelink is the notifier?

The [Youth Protocol: An agreement concerning referral, assessment, case management and support for homeless and unsupported young people](#) (Youth Protocol) outlines the operational guidelines and requirements for the staff of Centrelink and Child Safety, when a Centrelink employee is the notifier.

Under this agreement, a Centrelink worker who has concerns about a child is required to:

- contact Child Safety by telephone
- follow up with a written referral **within 48 hours**, using the 'Referral to State/Territory Welfare Authority' form
- assist the child to attend the local CSSC, if necessary.

Under this agreement, Child Safety is required to:

- advise the Centrelink worker of any action Child Safety intends to take and the rationale for the decision, **within 48 hours** of the child being referred to Child Safety
- where a notification is recorded, **within 48 hours** of the investigation and assessment outcome decision:

advise [Centrelink](#) by telephone of the investigation and assessment outcome and any proposed actions

complete and send the 'Advice to Centrelink' form attached to the written referral to the relevant Centrelink office.

If the decision is made that a notification will not be recorded, the CSO and Centrelink worker should jointly consider whether other support can be provided to the child, for example, the child may be eligible for special benefit payments.

4. What if there is an enquiry about becoming an approved carer?

All enquiries about becoming a foster carer or kinship carer should be referred to the statewide foster carer enquiry line on 1300 550 877.

5. What if the notifier is vexatious or malicious?

A **vexatious notifier** is a person who contacts Child Safety repeatedly with concerns about a child that are without grounds. A **malicious notifier** is a person whose primary motive for contacting Child Safety is ill will towards another person.

In both circumstances, concern about the best interests of the child is not the reason for the notifier's actions. It includes situations where a number of previous investigation and

assessments have been unsubstantiated and the same notifier continues to contact Child Safety with similar concerns, which appear to meet the threshold for a notification.

If there are concerns that a notifier is acting in a vexatious or malicious manner or has previously provided false information which was recorded as a notification, refer the concerns to the team leader for further action.

For further information refer to the practice resource [Vexatious or malicious notifiers](#).

6. What if a child needs to be moved to a safe place - section 21?

The *Child Protection Act 1999*, section 21, provides the authority for an authorised officer or police officer to move a child (under the age of 12) from a place, to be cared for until a parent or family member resumes care of the child. When there are no child protection concerns involved, the child is moved, the use of this power is recorded in a 'safe place movement record' in ICMS, and no further action is required.

A child **must not be moved to a watch-house**.

When exercising this authority, the officer must move the child, or make arrangements for another reliable person to move the child to a safe place, where they can remain until they return to the care of the parents or a family member. The officer may obtain help that is reasonable in the circumstances to move a child to a safe place. A safe place can be:

- the home of a neighbour who knows the child and parents
- the home of a relative or friend
- the child's family day care provider
- a hospital
- an approved foster placement
- a CSSC
- a police station.

As soon as practicable after a child has been moved to a safe place, the authorised officer must:

- take steps to advise at least one of the child's parents or a family member of the child's whereabouts
- provide their name, position, department and show their identity card as required by the *Child Protection Act 1999*, section 153
- explain their authority to move the child to a safe place under the *Child Protection Act 1999*, section 21, and why the authority was used
- record the use of power, including situations where the power has been exercised jointly with the QPS, in a 'safe place movement record' in ICMS.

Any child protection concerns identified while moving the child will be recorded as per intake procedures. If a parent is unable to be located within a reasonable timeframe, consult the team leader as further action may be required.

7. What if the child is an unaccompanied humanitarian minor?

When information received from a notifier or ICMS records indicate that the child may be an unaccompanied humanitarian minor (UHM), contact the UHM program officer, Statewide Services **before** completing the screening criteria.

An UHM is a child under the age of 18 years who is not an Australian citizen, who enters Australia without a parent and has been granted a visa under Australia's humanitarian program. An UHM will either reside with a custodian or a close relative. Some of these children will be in the guardianship of the chief executive and are identified as UHM wards.

The following information may indicate that a child is an UHM:

- the child is a refugee, was born in another country and entered Australia on humanitarian grounds
- both parents are not residing in Australia and the child is in the care of a custodian or relative
- there is an ICMS alert recorded to specifically identify that the child is an UHM ward
- the child or family has contact with Mercy Family Services' UHM program.

For further information refer to the [Practice guide: Unaccompanied humanitarian minor wards](#).

8. What if child protection concerns are received from the Family Court or Federal Magistrates Court of Australia?

When a [Form 4 - Notice of Child Abuse or Family Violence](#) or a [Notification under section 67ZA Family Law Act 1975](#) is received from the Family Court or the Federal Magistrates Court of Australia:

- seek to confirm the status of the family law court proceedings, if applicable, including any orders which have been made
- obtain as much background information as possible, either from the notifier, the court via the Court Services Unit or, where the notifier is a party to proceedings and the notification has been made by a [Form 4 - Notice of Child Abuse or Family Violence](#), from the party's legal representative, including the indigenous status of the child and family
- assess the information in accordance with intake procedures to determine the Child Safety response, regardless of whether the same concerns have been received previously - refer to [Chapter 1, 2. Assess the information and decide the response](#)
- complete the record of concerns in an intake event in ICMS and record the notifier as a mandatory notifier (the notifier is the informant not the court)
- inform the family law court of the Child Safety response, by completing and forwarding the [CSSC response 67Z letter](#) to the Court.

When determining the intake response to the notified concerns, take into account that regardless of which parent has reported the concerns or appears to be acting protectively, that parent may not be in a position (willing but not able) to protect the child, given the matter is before the court and the Judicial Officer will determine who the child should live with and who the child should communicate with. The court **will not** assess the notified concerns, and in the absence of any assessment by Child Safety, the court will be bound by the principles of their legislation, that shared family care is in the best interests of every child.

While the filing of a Form 4 - Notice of Child Abuse or Family Violence or Notification under section 67ZA Family Law Act 1975 constitutes a mandatory notification by the family law court, Child Safety is **only** required to respond to the matter in accordance with general intake procedures.

For further information, refer to Chapter 10.21 Family Courts and the Protocol between the Family Court of Australia and the Federal Magistrates Court of Australia and the Department of Child Safety Queensland.

9. What if an alert needs to be recorded in ICMS?

An alert is recorded in ICMS, as soon as significant information relevant to an alert type has been identified about a child or family, including a carer family, at any time during intake, an investigation and assessment or ongoing intervention by Child Safety.

Types of alerts

The following alerts can be recorded:

- carer application refused
- carer certificate of authority cancelled/suspended
- CCYPCG blue card declined
- child death - result of harm
- child protection warrant
- child seriously injured - result of harm
- deceased other - for example, accidental death, disability or illness
- history of parents absconding with children
- member of a family - child death result of harm - for example, member of a family where a child has died as a result of abuse
- member of a family - child seriously injured result of harm
- member of a mobile family
- missing child
- risk to staff
- self harm risk
- serious health condition
- suicide risk
- unborn children.

When information is received that relates to a significant event for a child or their family, or a carer family, and may require the recording of one or more of the above alerts:

- consult the team leader to:

assess the nature and significance of the information

determine the most appropriate way to record the information

- where appropriate, and in accordance with intake procedures, undertake checks with other government or non-government agencies to clarify or verify the information - this may include contact with the QPS, Queensland Health and education authorities
- record and maintain the information on the alert tab of the relevant person record/s in ICMS - this may include recording or closing an alert if circumstances change in the family, for example, if a family is located.

For further information about recording a self-harm or suicide risk alert, refer to [Chapter 10.8 Responding to self-harming behaviour](#) and [Chapter 10.9 Responding to suicide risk behaviour](#).

For further information about reporting a child as missing, refer to [Chapter 5, 14. What if a child is missing?](#)

10. What if an intake relates to a child subject to a long-term guardianship order to a suitable person?

Action following the recording of a CCR

When the information received at intake relates to a child subject to a long-term guardianship order to a suitable person, and a CCR is recorded, advise the relevant CSSC. The CSO with case responsibility and relevant team leader will determine whether to contact the long-term guardian to discuss the concerns and to assess whether additional supports may be required. For further information, refer to [Chapter 3, 1. What if a suitable person has long-term guardianship?](#)

Requests for support

At any stage following the making of a long-term guardianship order to a suitable person, the guardian, or the child may contact Child Safety to request support. Where initial contact has been made with a RIS, provide the guardian or the child with the contact details of the CSO, and where applicable, transfer the call to the CSSC. Record a case note of the contact and email the details to the CSSC. The CSO with case responsibility is responsible for responding in a timely manner. For further information, refer to the [Supporting children in the care of long-term guardians policy](#) and [Chapter 3, 1. What if a suitable person has long-term guardianship?](#)

Child no longer in the direct care of a long-term guardian

When the information received from a notifier, a long-term guardian or a child subject to the long-term guardianship order indicates that the child **no longer** resides in the direct care of the guardian, specific actions are required by the CSO for the child. For further information, refer to [Chapter 3, 1. What if a suitable person has long-term guardianship?](#)

11. What if duplicate child protection concerns are received that have previously been recorded?

When child protection concerns are received from a notifier, that **duplicate** those previously received about a specific incident or event that has already been recorded as a notification, they

must still be documented. The term 'duplicate concerns' **does not apply** to similar concerns that relate to a further incident of the same nature.

When a notifier contacts Child Safety with duplicate child protection concerns that meet the threshold for a notification, the concerns **must not** be recorded as a case note or intake enquiry.

To record duplicate concerns:

- complete the 'Record of concerns' or an 'Additional notified concerns' form in ICMS - this ensures that the information is documented and the notifier's details are recorded in the correct format to protect their identity
- in the above form, create a heading titled '**Concerns Previously Recorded**' with the date and event number of the original notification, and record that the concerns have already been recorded, and where applicable, the outcome of the investigation and assessment
- complete the screening criteria/response priority and record a CCR response ('Information and advice')
- email the ICMS event ID to the relevant CSSC, where applicable.

When the information received contains both duplicate concerns that have been previously recorded, as well as new child protection concerns, determine the appropriate response to the new concerns, either CCR or a notification, depending on the level of harm and risk indicated. Record the duplicate concerns, as outlined above, so that the information can be cross-referenced.

For further information refer to [Chapter 2, 6. What if Child Safety is contacted about additional concerns for a child or an unborn child?](#)

12. What if a CCR is to be re-assessed following a decision at an information coordination meeting?

When a CCR is referred to an Information Coordination Meeting (ICM) for a multi-agency discussion and further information is provided at the meeting by a core member agency representative, the matter may be referred back to the RIS for re-assessment by the RIS team leader.

Where the ICM decision is to refer the matter back to the RIS for re-assessment, the RIS team leader will re-open the intake event and the record of concerns form in ICMS and allocate it to an intake worker, who will:

- record the information provided at the ICM in the re-opened record of concerns form
- record the previous approval date and officer, and the reason the form has been re-opened
- complete a new 'Screening criteria/Response priority' form and ensure all information from the original form is included
- ensure that all the information from the CCR is included in the notification that is generated
- attach the ICM record of decision to the intake event in ICMS

- forward all completed documents to the RIS team leader for approval.

The team leader will delete the original ‘Screening criteria/Response priority’ and ‘CCR’, approve the new documents and if the information is subsequently reassessed as a notification, reassign the investigation and assessment event to the pending allocation tray of the appropriate CSSC. In this circumstance, the notification **cannot** subsequently be downgraded at the CSSC.

For further information about ICM procedures, refer to the [Information Coordination Meetings \(ICM\)](#) and the Suspected Child Abuse and Neglect (SCAN) Team System Manual.

13. What if there is disagreement with a RIS intake decision?

In circumstances where there is disagreement between a CSSC, the CSAHSC or the RIS about the intake response recorded, team leaders from the RIS and the CSAHSC or CSSC will discuss the matter and the rationale for the initial decision.

If agreement cannot be reached between team leaders the matter will be managed in accordance with line management procedures.

Following discussion:

- if the decision is made to downgrade the notification to a CCR, refer to [Chapter 10.6 Downgrading or deleting an approved notification](#)
- if a decision is made to change the CCR to a notification, the CSSC team leader will record the necessary changes in ICMS, including the rationale for the decision.

It is the responsibility of the CSSC team leader to inform any professional notifiers of the change to the intake response.

For an Aboriginal or Torres Strait Islander child, the decision to record a notification is a significant decision, and the recognised entity must be provided with the opportunity to participate in any subsequent decision to downgrade or upgrade an intake response.

14. What if the family resides in the south east region and is eligible for a referral to the family support alliance?

A CCR will be referred to a family support alliance service when the family resides in the catchment area, and when one or more of the following factors are present:

- the child is under three years old
- three or more child concern reports which may include domestic and family violence
- there has been previous statutory involvement, for example, notifications or ongoing intervention.

A referral cannot be made when:

- the child is subject to a notification
- the child is in need of protection
- the family is the notifier and do not consent to the referral

- the matter relates to an unborn child and consent from the pregnant woman has not been obtained.

Where a CCR has been recorded by a RIS on behalf of the south east region RIS, contact the south east region RIS team leader and email the ICMS event ID. The south east region RIS will complete any further referral tasks.

15. What if information is received about a child death?

CSAHSC is responsible for managing all initial information pertaining to reportable deaths. A reportable death is recorded when information is received from QPS. If QPS contact a RIS with information about a reportable death, the RIS will transfer the call to CSAHSC.

CSAHSC will:

- gather information about the circumstances of the child death
- provide QPS with any child protection history regarding the child and their family including interstate child protection history, if requested by QPS
- assess whether there is a reasonable suspicion that any other children in the family are in need of protection
- complete a Critical incident report form, in accordance with the requirements outlined in the Critical Incident Reporting policy. Refer to Chapter 10.19 The review of child deaths for further information.

CSAHSC will record the information in ICMS, notify the Case Review Unit and request a child protection history check from Data Management Services. CSAHSC will advise the relevant CSSC as required.

When information is received from a notifier other than QPS that a child has died, the RIS will record the information in ICMS. A deceased child will be recorded as an 'other child' not a subject child. The date of death for the deceased child will be recorded on the child's profile in ICMS. For further information about the actions required following the death of a child, refer to Chapter 10.19 The review of child deaths.

To determine the most appropriate intake response, gather information about:

- the circumstances of the child death
- whether there is a reasonable suspicion that any other child is in need of protection.

Where there are child protection concerns reported in relation to the deceased child's sibling, any other child or unborn child within the household, record the child as a subject child in either the CCR or notification, depending on the assessed level of harm or risk of harm. In these circumstances, respond to the child protection concerns in accordance with the intake procedures as outlined in this chapter.

In circumstances where a child was known to Child Safety in the three years prior to their death, irrespective of whether or not the child is subject to a current open case, Child Safety must review its involvement with the child. For further information about the child death review process, refer to Chapter 10.19 The review of child deaths.

16. What if concerns are received about fabricated or induced illness?

Fabricated or induced illness, previously referred to as Munchausen's Syndrome by proxy, is a specific pattern of abuse where an individual fabricates or induces illness or injury in a person in their care.

In child protection matters, illness or injury may be fabricated or induced in a child by a parent or someone who is in a parental role. In such cases, a parent may:

- fabricate signs and symptoms, including fabricating past medical history
- fabricate and falsify signs and symptoms, through falsifying hospital charts and records or tampering with specimens of bodily fluids
- induce illness or injury by various means, including administering medication or other substances not prescribed for the child, not administering prescribed medications or intentionally injuring or suffocating the child.

When a senior pediatrician from Queensland Health reports suspected harm or risk of harm resulting from fabricated or induced illness, complete intake procedures as outlined in this chapter.

In addition:

- gather information about:
 - the indicators that have triggered the current suspicions in relation to possible fabricated or induced illness
 - pending and previous medical assessment or treatment
 - any immediate safety issues for the child
 - other agencies already involved with the matter, including the QPS
- inform the team leader of the details of the case and the suspicion that the harms may be the result of fabricated or induced illness.

Prior to undertaking any further action in relation to the case, the team leader or manager **must** contact CSAHSC to seek further guidance about how the case will be managed. **Do not** finalise the intake event prior to consultation with CSAHSC.

17. What if concerns are received about pool fencing?

When Child Safety Services becomes aware of concerns associated with pool fencing at intake, these concerns are to be referred to the relevant local council that is responsible for assessing pool fencing compliance regardless of Child Safety Services' response to this information (Intake Enquiry, Child Concern Report, Notification or case note).

Staff can **only** provide the property address and the nature of the issue relating to the pool fence to the relevant local council. Staff **can not** provide identifying family details.

Resources

Forms and templates

- Critical incident report
- CSSC response 67Z letter
- Intake template - electronic
- Intake template - handwritten
- Police referral fax
- QPS - Urgent Request (Business Hours)
- Request for interstate alert
- Request for interstate notification

Child Safety resources

- Information Coordination Meetings (ICM) and the Suspected Child Abuse and Neglect (SCAN) Team System Manual
- Information Sharing Protocol between the Commonwealth and Child Protection Agencies
- Intake prompt sheet
- Physical and Cognitive Developmental Milestones
- Practice guide: The assessment of harm and risk of harm
- Practice guide: Unaccompanied humanitarian minor wards
- Practice paper: Child sexual abuse
- Practice paper: Working with Aboriginal and Torres Strait Islander people
- Practice resource: Child concern report responses and referrals
- Practice resource: Communicating with the notifier
- Practice resource: Information gathering guide
- Practice resource: Legislative provisions in relation to Aboriginal and Torres Strait Islander children and collaboration with recognised entities
- Practice resource: Notifiers and mandatory notifiers
- Practice resource: Providing adoption services
- Practice resource: Receiving Integrated Justice Information Strategy email alert information
- Practice resource: Recording notification information
- Practice resource: Regional intake services workflow
- Practice resource: Schedule of criminal offences
- Practice resource: The role of the CSO at intake
- Practice resource: Vexatious and malicious notifiers
- Practice resource: Working with the recognised entity
- Protocol between the Family Court of Australia and the Federal Magistrates Court of Australia and the Department of Child Safety Queensland
- RecFind user guide

- SDM: Response priority
- SDM: Screening criteria
- Youth Protocol: An agreement concerning referral, assessment, case management and support for homeless and unsupported young people

External resources

- Form 4 - Notice of Child Abuse or Family Violence
- Notification under section 67ZA *Family Law Act 1975*

Chapter 2. Investigation and assessment

Purpose

The investigation and assessment may be our first face to face contact with a child who has been abused or neglected and who may need our intervention to ensure their safety and well-being.

As part of the investigation and assessment Child Safety will:

- determine if the child is safe
 - investigate allegations of harm and risk of harm
 - undertake a holistic assessment of the child and family within their usual home environment
 - determine if the child is in need of protection
 - decide whether there are supports that Child Safety or other agencies can provide to the child and family.
-

Key steps

1. Plan the investigation and assessment
2. Engage the family and gather information
3. Assess the notified concerns and the child's need for protection
4. Finalise the investigation and assessment

What ifs - responding to specific investigation and assessment matters

Standards

1. All investigation and assessments commenced within the response timeframe of the notification.
2. Staff safety is prioritised in planning and conducting the investigation and assessment.
3. The recognised entity is consulted for all Aboriginal and Torres Strait Islander children.
4. All subject children are sighted and, where age and developmentally appropriate, interviewed during the investigation and assessment, except where the differential pathway response 'contact with other professional' is used.
5. All alleged persons responsible are interviewed during the investigation and assessment.
6. The safety of all subject children within their usual home environment is assessed.
7. An holistic assessment of the child's need for protection is conducted.
8. All outcomes recorded clearly identify any unacceptable risk of future harm and a rationale for the assessment of the parents ability and willingness to protect the child.

9. At least one parent is informed of the allegations and outcome of the investigation and assessment.
 10. Any suspected criminal offence in relation to alleged harm to a child is immediately reported to the QPS.
-

Practice skills (Key areas for reflection)

- Have I given appropriate consideration to the child protection history of the child and family?
 - Have I considered and integrated all of the information gathered when making decisions?
 - What theories and research am I drawing on as part of my assessment?
 - Have I actively engaged with the child and family in a way that allows their meaningful participation in the process?
 - How have my personal values and practice style impacted on my assessment and decision-making?
 - Was my use of power in conducting the investigation and assessment appropriate?
 - Is my assessment holistic, has it considered cumulative harm and is it focused on the child's safety and well-being?
 - Have I considered how the child or families strengths can be utilised to promote the protection of the child?
 - Have I considered what supports can be provided to this child and family?
-

Authority

- *Child Protection Act 1999*, sections 6, 7, 9, 10, 14-20, 21A, 23-51, 51AA, 51AK, 51F, 52, 67, 83, 95, 97, 117, 153, 154, 159C, 159I-L, 159M, 159N, 186-188, 195, 205, 248B
- Communities Policy: Recordkeeping
- *Evidence Act 1977*
- Policy No. 386: Investigation and assessment
- Policy No. 415: Care agreements
- Policy No. 607: Supporting children in the care of long-term guardians
- Policy No. 609: Aboriginal and Torres Strait Islander Child Placement Principle
- Policy No. 610: Working with Aboriginal and Torres Strait Islander children, families and communities

Key steps - Investigation and assessment

1. Plan the investigation and assessment

- 1.1 Plan the investigation and assessment

2. Engage the family and gather information

- 2.1 Commence the investigation and assessment
- 2.2 Inform the parents about the allegation of harm
- 2.3 Interview and sight the child
- 2.4 Interview the parents and other adults
- 2.5 Consider other assessment issues
- 2.6 Complete the safety assessment
- 2.7 Gather information from other sources

3. Assess the notified concerns and the child's need for protection

- 3.1 Complete the family risk evaluation
- 3.2 Determine whether the child is in need of protection

4. Finalise the investigation and assessment

- 4.1 Determine whether there will be ongoing intervention
- 4.2 Determine whether there will be a referral to another agency
- 4.3 Record the investigation, assessment and outcome
- 4.4 Inform the parents about the outcome of the investigation and assessment

What ifs - responding to specific investigation and assessment matters

1. What if an open investigation and assessment needs to be **transferred**?
2. What if a parent will not consent to actions required - **use of a TAO**?
3. What if a parent will not consent to actions required - **use of a CAO**?
4. What if a **joint investigation** with the Queensland Police Service is required?
5. What if a child needs to be interviewed **without parental consent** - section 17?
6. What if Child Safety is contacted about **additional concerns** for a child or an unborn child?
7. What if the investigation and assessment is for an **unborn child**?
8. What if a child is at immediate risk of harm - use of **section 16 or 18**?
9. What if a child needs a **medical examination**?
10. What if a child needs to be placed under an **assessment care agreement**?
11. What if a matter needs to be **referred to a SCAN team**?

12. What if a child and family **cannot be located**?
13. What if parents **refuse to allow contact** with a child?
14. What if **assistance is required** from another jurisdiction?
15. What if **another jurisdiction** requests assistance with an investigation and assessment?
16. What if a young person is **subject to youth justice intervention**?
17. What if a family is subject to the **Witness Protection Program**?
18. What if **animal welfare issues** are identified?
19. What if information is received via an **Integrated Justice Information Strategy** automated email alert?
20. What if the investigation and assessment is to be completed **using a differential pathway**?
21. What if a family resides in the south east region and is eligible for a referral to a **secondary service**?

1. Plan the investigation and assessment

Under the *Child Protection Act 1999*, section 14, Child Safety has the statutory authority to investigate allegations that a child has been harmed or is at risk of harm, assess a child's need for protection or take other actions considered appropriate.

1.1 Plan the investigation and assessment

Planning is a first key step towards undertaking a targeted and holistic investigation and assessment of a child's safety and protective needs.

Prior to commencing the investigation and assessment, undertake a process to identify all the relevant activities required for the investigation and assessment.

To plan for the investigation and assessment:

- refer to all of the practice considerations required as part of the planning process, as outlined in the practice resource Planning the investigation and assessment
- consider the safety of Child Safety staff and ensure any identified issues are addressed - for further information refer to Chapter 10.11 Staff safety and well-being
- consult with the team leader or senior practitioner for complex matters, if required
- ensure all the key people are involved and, when other agencies are involved, undertake joint planning at the earliest possible time
- ensure the recognised entity is contacted and given an opportunity to participate in the planning process for an Aboriginal or Torres Strait Islander child - for an unborn child, obtain the pregnant woman's consent prior to contacting the recognised entity
- contact the Unaccompanied Humanitarian Minor (UHM) program officer, Statewide Services prior to commencing the investigation and assessment for an unaccompanied humanitarian minor - for further information, refer to Chapter 1, 7. What if the child is an unaccompanied humanitarian minor?
- contact CSAHSC where the concerns relate to fabricated or induced illness - for further information, refer to Chapter 1, 16. What if concerns are received about fabricated or induced illness?
- clarify the roles and responsibilities of each person involved in the process
- seek verbal approval for the plan from the team leader, and where necessary document the plan in a case note in ICMS, prior to commencement of an investigation and assessment.

When the child is subject to a child protection order granting long-term guardianship to a suitable person, and the concerns relate to the long-term guardians care of the child, consult the relevant team leader during the planning process. For further information, refer to [Chapter 3, 1. What if a suitable person has long-term guardianship?](#)

Aboriginal and Torres Strait Islander children

For an Aboriginal or Torres Strait Islander child, the recognised entity can provide information about the child and their family, community and culture, discuss strategies to engage with the child and family, and where applicable, options for locating a culturally appropriate placement.

For information that may assist with the planning and conduct of an investigation and assessment in relation to an Aboriginal or Torres Strait Islander child, refer to the practice resource Working with the recognised entity and the practice paper Working with Aboriginal and Torres Strait Islander people.

Requirement for two officers to undertake an investigation and assessment

When having contact with, or interviewing a child as part of an investigation and assessment, the authorised officer **will always be accompanied** by either:

- another authorised officer
- a police officer
- another Child Safety officer or a student undertaking field education, if approved by the team leader after taking into account any practice implications that may result from their involvement - for example, it may not be appropriate for an FGM convenor or CSSO to be involved when they may be required to work with the family in the future in their usual role
- a representative from the recognised entity where the child is Aboriginal or Torres Strait Islander.

This ensures there is another person to observe, assist with information gathering and witness the contact or interview, which makes it less likely the CSO will be accused of an action that did not occur.

In circumstances where the investigation and assessment is complex or likely to be confidential, the investigating CSO will **only** be accompanied by another authorised officer or a police officer. Where there are serious safety issues present for Child Safety staff, contact the QPS for their support and assistance.

2. Engage the family and gather information

2.1 Commence the investigation and assessment

An investigation and assessment must be commenced within the response priority timeframe of the notification. The starting point for the response priority timeframe begins when the decision is made that the concerns meet the threshold for a notification. However, If a pre-notification check is initiated, the decision about whether to record a notification must be made within 48 hours.

The starting point for the response priority timeframe begins at the completion of the pre-notification check.

Refer to Chapter 1, 2.3 Complete the response priority for more information.

The response timeframe assigned to the notification will be either:

- 24 hours, 5 days or 10 days for a 'standard' notification
- five days - where an unborn child is likely to be born within five days

- 10 days - where an unborn child is likely to be born more than five days after the receipt of the initial concerns.

An investigation and assessment is '**commenced**' when one of the following has occurred to assess the child's immediate safety. Reasonable attempts are to be made to undertake the actions in order of priority. Option one is to occur in **all but exceptional circumstances**.

1. Sight and interview a subject child or a pregnant woman

In most circumstances, an authorised officer will be able to access and sight a child within the response priority timeframe, and one of the following options will constitute 'commencement':

- the subject child (or one of the subject children) is sighted and interviewed (as age and developmentally appropriate) by an authorised officer
- a pregnant woman consents to the investigation and assessment and is interviewed, when the notification relates to an unborn child.

2. Take other action to commence the investigation and assessment

In exceptional circumstances, one of the following options may occur, and will constitute 'commencement':

i. Request a police officer or health professional to have contact with a subject child or a pregnant woman

Where an authorised officer is not able to access and sight a child within the response priority timeframe, the subject child (or children) or pregnant woman may be sighted by a police officer or health professional, who can provide information to Child Safety in relation to the safety of the child. The date of this contact with the child or pregnant woman is to be recorded as the commencement date.

ii. Gather significant information that relates to the child's immediate safety

Where an authorised officer is not able to access and sight a child within the response priority timeframe, significant information can be gathered that relates to the child's immediate safety, prior to the child being interviewed or sighted, by:

- interviewing a parent
- contacting a government or non government agency.

The date of the contact is to be recorded as the commencement date.

iii. Take action in rural and remote areas

In rural and remote regions, where an authorised officer, police officer or health professional is not able to sight a child or pregnant woman within the response priority timeframe due to geographical distance or lack of access due to seasonal conditions, one or both of the following actions is to occur as a matter of urgency:

- seek information in relation to the safety of the child from other services or professionals who have regular, or have had, recent contact with the child

- take immediate action to allow for the commencement of the investigation and assessment - this may include organising transport or arranging for the child to be sighted.

The date of the action is to be recorded as the commencement date.

The following actions **do not** constitute commencement:

- allocation of the investigation and assessment by the team leader
- further contact with the notifier
- an unsuccessful attempt to visit or contact the child or family
- face-to-face contact with the pregnant woman, where the pregnant woman refuses to consent to the investigation and assessment (refer to 7. What if the investigation and assessment is for an unborn child?)
- any information received prior to the decision to record a notification.

When there are **serious** concerns for staff safety, and the QPS are unavailable to accompany staff within the response timeframe, the commencement of the investigation and assessment is not to occur until QPS are available to accompany staff.

Ensure that the following information is recorded in the investigation and assessment event in ICMS:

- the reasons why an investigation and assessment is not commenced within the required response timeframe
- any attempts made, and the reason for any delay in commencement, for example, due to geographical distance, lack of access or serious concerns for staff safety
- any 'other action' taken to commence the investigation and assessment (as outlined above).

An investigation and assessment **cannot be completed** without the child being sighted by an authorised officer of Child Safety. In exceptional circumstances, it may be requested that another professional has contact with the child, and the investigation and assessment completed based on information they have obtained from the child. This will only occur when the investigation and assessment is completed using the differential pathway 'contact by other professional'. For further information, refer to [20. What if the investigation and assessment is completed using a differential pathway?](#)

2.2 Inform the parents about the allegation of harm

An authorised officer or police officer investigating an allegation of harm or risk of harm to a child **must** give details of the alleged harm or risk of harm to **at least one** of the child's parents (*Child Protection Act 1999*, section 15). In doing so, consider whether the information should be provided to both parents, especially when parents are residing separately.

Under the *Child Protection Act 1999*, section 186, a notifier's identity must not be disclosed, either deliberately or inadvertently through discussions during the investigation and assessment.

A parent is the child's mother, father or someone else (other than the chief executive) having or exercising parental responsibility for the child. This includes a person who, under Aboriginal tradition or Torres Strait Island custom, is regarded as the parent of the child. This definition also includes a long-term guardian (*Child Protection Act 1999*, section 11).

When the concerns relate to a long-term guardian's care of a child, give details of the alleged harm or risk of harm to **at least one** of the long-term guardians. In addition, make reasonable efforts to **contact at least one of the child's parents** unless this is not considered to be in the child's best interest, taking into account:

- the nature and extent of the child's connection with their parents
- the evidence supporting the allegation
- any other matter, for example, if a parent's knowledge of this allegation of harm will have a detrimental effect on the child and the stability of the living arrangements (*Child Protection Act 1999*, section 15(3)).

Discretionary compliance with the requirement to inform a parent about the allegation of harm or risk of harm is permitted (*Child Protection Act 1999*, section 15(3)), if an authorised officer reasonably believes:

- someone may be charged with a criminal offence for the harm to the child, and compliance may jeopardise an investigation into the offence
- compliance may expose the child to harm.

If discretionary compliance is exercised:

- it must be approved by a team leader
- record the decision, rationale and approval process in a case note in ICMS.

For further information, refer to the practice resource [Informing parents about the harm and the outcome - section 15](#).

Criminal matters

Where there is a criminal matter or an ongoing police investigation, and the provision of information may jeopardise the due process of the criminal matter, discuss the matter with the QPS prior to any information being provided to the parents.

Privacy considerations - general

The *Child Protection Act 1999* overrides the privacy principles adopted by the State Government about how personal information, including that of clients, is collected, stored, used and disclosed. Decisions about the provision of information must always be made in favour of the well-being and best interests of a child.

Where parents are estranged, or no longer reside together, provide only information specific to the alleged harms to the child. Do not release information about one parent's general circumstances to the other parent, for example, information such as employment and financial issues, extended family issues and a parent's health or medical treatment. If there are concerns about what information can be provided to a parent, seek advice initially from the team leader or

senior practitioner and, when necessary, the team leader should seek further advice from the Court Services Unit.

Privacy considerations - criminal matters

When concerns relate to the criminal history of an adult who has contact with the child, including a parent or a parent's partner, the *Child Protection (Offender Reporting) Act 2004* prohibits an authorised officer from telling the parent the exact details of the offence, charge or conviction. An authorised officer, however, has a duty under the *Child Protection Act 1999*, section 5(2)(d)(iii) to inform the relevant parent or parents that Child Safety has concerns about the person's criminal history, but privacy legislation prevents the exact details of the concerns being disclosed. In this circumstance, advise the parent or parents of their responsibility to seek information from the adult member of the household interest about the aspect of their history that would be of concern to Child Safety.

Once the person **has disclosed** relevant details of their criminal history, assess the parents ability and willingness to protect the child from the risk posed by the person, based on their response to the information.

Where the adult member of the household **does not** inform the parent or parents of the relevant details of their criminal history, assess the parents ability and willingness to protect the child, based on:

- their response to knowing that Child Safety has information that raises serious concerns about the risk the person poses to children
- the action they take to reduce the risk to their child, for example, by ceasing contact with that person.

If there are concerns about what information can be provided to a parent, seek advice initially from the team leader or senior practitioner and, when necessary, the team leader should seek legal advice from staff at Legal Services.

2.3 Interview and sight the child

Investigation and assessments are undertaken with the cooperation and agreement of parents wherever possible. The use of good communication and engagement skills are vital to this process.

The following children are to be sighted, interviewed and assessed prior to the completion of an investigation and assessment:

- all subject children in the notification
- any other child in the home who is identified during the investigation and assessment as having been harmed, or as likely to be at unacceptable risk of harm. In this circumstance, the child will become a subject child within the investigation and assessment.

Interviewing other children is important, as they may also have been harmed or be at risk of harm and may have information about the notified concerns. Consider interviewing:

- any other child in the home who may have information about the notified concerns

- any other child who is no longer in the home, but who was in the home at the time of the notified concerns, if it is assessed that they may be able to provide relevant information.

When the subject child is also a parent of a child, and child protection concerns are identified for their child during the investigation and assessment, their child cannot be added as a subject child to the existing investigation and assessment. In this circumstance, record a separate notification and complete an investigation and assessment in relation to the child's specific protection and care needs. Refer to [Chapter 1, 1.1 Gather information from the notifier](#) for further information about recording two separate intake events in these circumstances.

Contact with an Aboriginal or Torres Strait Islander child

When the child is Aboriginal or Torres Strait Islander, consult with the recognised entity to gather information about the child and their family and culture that could be used during planning for contact or interviews with the child. Refer to practice resource [Working with the recognised entity](#) and the practice paper [Working with Aboriginal and Torres Strait Islander people](#).

Contact a child without parental consent - section 17

Prior to contacting and interviewing a child, consider whether the parents prior knowledge of the interview will compromise the safety of the child or interfere with a possible criminal investigation by the QPS. Where it is considered necessary to contact and interview a child without the parents consent or without them having prior knowledge of the interview, the use of powers under the *Child Protection Act 1999*, section 17, may be used. For further information refer to [5. What if a child needs to be interviewed without parental consent - section 17?](#)

Arrange the contact with a child

Prior to contacting and interviewing a child, either:

- seek the permission of the child's parents
- obtain the authority of an assessment order in order to facilitate the interview - this is only to occur if the parents refuse contact with a child, or will not agree to work with Child Safety.

Contact or interviews with a child may occur either by an unannounced visit to the home or an arranged appointment. Contact may happen in the family home, it can also occur in other locations such as a hospital, the child's school, a child care or day care centre, a police station, a CSSC or another location suitable to the child and family and appropriate to the circumstances of the investigation and assessment. When making these decisions, consider:

- the seriousness of the allegations and whether there is any history to inform the decision about the best place to interview the child
- whether there are any serious safety issues for Child Safety officers, that will require the involvement and assistance of the QPS
- what culturally appropriate support is required for the child and family.

If a criminal offence may have been committed, and a joint investigation with the QPS is to occur, make decisions about sighting and interviewing children in consultation with the QPS, including whether or not the interviews will be recorded in line with the ICARE procedures (refer to [4. What if a joint investigation with the Queensland Police Service is required?](#)). In addition, if

there are any safety issues for staff, refer to the practice resource [Planning the investigation and assessment](#) and [Chapter 10.11 Staff safety and well-being](#).

Sight the child

Contact with a child is key to determining the immediate safety of the child, and should be done in a way that allows the child to feel safe and able to communicate any fears or concerns they have. When sighting a child:

- make careful observations of the child's physical and cognitive developmental stage, behaviour, reactions, presentation and interaction with others, including the parent
- have personal contact with the child, speak to them or interview them if age and developmentally appropriate (see below).

For further information on child developmental stages, refer to the resource [Physical and cognitive developmental milestones](#).

Interview the child

Prior to interviewing a child, consider the following factors:

- the decision to interview a child must take into account the child's age, developmental level and ability to communicate
- interviewing a child in the presence of other people can reduce the likelihood of a child disclosing harm or risk of harm, especially if the person holds a position of authority in relation to the child
- the Child Safety officer is responsible for ensuring that the child feels safe and supported during the interview process
- if a child requests that they have a support person present during an interview, the child is to be assisted to identify an appropriate support person - it is not appropriate for the alleged person responsible for harm to be the support person for the child or a parent.

For further information on support persons, refer to the practice resource [The role of a support person](#). For an Aboriginal or Torres Strait Islander child, the recognised entity cannot fulfil the role of support person during the interview.

If it becomes evident during the contact that a child subject to a long-term guardianship order to a suitable person **no longer** resides in the direct care of the guardian, specific actions are required by the CSO for the child. For further information, refer to [Chapter 3, 1. What if a suitable person has long-term guardianship?](#)

Where the allegations of harm include sexual abuse of a child, refer to the practice paper [Child sexual abuse](#).

For specific information on preparing and conducting an interview with a child, refer to the practice resource [Interviewing a child](#).

Note: CSOs **will not** use video and/or audio equipment to record interviews with children. Any written interview notes made during the interview will be held on the child's paper file, as they may be required or subpoenaed for court purposes. Copies of the interview notes may be provided to the QPS to assist with a joint investigation.

Exceptions to contact or interviews with a child

In exceptional circumstances, professional judgment may indicate that the interview of a child would be inappropriate or not possible. Examples may include where a subject child has a serious or terminal illness, or when a child refuses to be sighted or interviewed after all reasonable attempts to interview them have been exhausted. The decision not to interview a child should be made in consultation with the team leader, and the rationale must be clearly documented.

Please note, where the differential pathway response 'contact with other professional' is used to complete an investigation and assessment, the sighting and interviewing of one subject child may be undertaken by another professional. For further information, refer to [20. What if the investigation and assessment is to be completed using a differential pathway?](#)

When a child has physical injuries

When physical injuries to a child are suspected or alleged:

- sight the injury or injuries if possible and appropriate - do not sight the injury or injuries when alone with a child or parent - there must always be a second person present, either another authorised officer or a police officer
- be mindful of the child's age, gender and comfort level in relation to deciding when and where injuries are sighted
- ask the parent, carer or the child to adjust or remove whatever clothing is necessary to see the alleged injury or injuries - do not undress or adjust the child's clothing yourself
- document details of the injury, including the location, size and colour, as relevant - the injury may be photographed (Child Protection Act 1999, section 181)
- assess whether a medical examination of the child is required - for further information refer to 9. What if a child needs a medical examination?

If parents do not consent to the sighting of the alleged injury and it is imperative to the investigation and assessment that the injury be seen:

- advise the parents that the injury will need to be seen
- attempt to negotiate with the parents the most suitable way to do this
- consult with a team leader about further action as soon as possible, including consideration of the need for an assessment order to allow a medical examination to occur - for further information refer to 2. What if a parent will not consent to actions required - use of a TAO? or 3. What if a parent will not consent to actions required - use of a CAO?

2.4 Interview the parents and other adults

The purpose of interviews with parents and other adults is to:

- gather relevant information in relation to the concerns and the child's circumstances
- verify and clarify information received from other sources
- assess the ability and willingness of the parents to protect the child from harm.

Who to interview

The following adults are to be interviewed:

- all persons alleged responsible for harm to a child
- the resident parent or parents (or carer) of the child and any adult who cares for a child, even if the concerns do not specifically relate to them
- any other adult who lives in the house when the concerns relate to them or they may be able to provide relevant information - this includes step-parents or partners of a parent living with the child who may not be the child's primary parent
- non-resident parents, other adults or parental figures not living in the primary care household, who have reliable knowledge of the family and the concerns and are likely to provide relevant information.

Where the parent of a subject child is under 18 years of age, and child protection concerns are identified for them during the investigation and assessment, the parent cannot be added as a subject child to the existing investigation and assessment. In this circumstance, record a separate notification and complete an investigation and assessment in relation to the parent's specific protection and care needs. For further information, refer to [Chapter 1, 1.1 Gather information from the notifier.](#)

Make all reasonable attempts to contact each adult household member to arrange for an interview to address and obtain a response to the concerns, particularly when the adult household member is a parent of the subject child.

Consult with the recognised entity to gather information that will facilitate engagement, prior to the interview of an Aboriginal or Torres Strait Islander adult.

The team leader must approve any decision made to finalise an investigation and assessment without all relevant adults being interviewed. Record the decision and rationale in ICMS, where this occurs.

Prior to the interview

Where a parent requests that they have a **support person** present during an interview, assist them to identify an appropriate support person. It is **not** appropriate for the alleged person responsible for harm to be the support person. For an Aboriginal or Torres Strait Islander child, the recognised entity cannot fulfil the role of a support person for the parents or other adults. For further information on support persons, refer to the practice resource [The role of a support person](#).

Wherever possible, plan to conduct interviews with adults individually, in order to elicit as much accurate information as possible. This is particularly important where there are indicators of domestic violence or a culture of silence or fear in the home. This can affect the parent or adult's ability to speak openly when the other partner or another person is present.

Undertaking the interview

When interviewing parents, carers or other adults, without the involvement of the QPS:

- make introductions and provide your names, state who you work for and show your identity card, as required by the Child Protection Act 1999, section 153
- explain your role and the purpose of the visit
- provide the child's parents with the brochure When Child Safety officers visit your home, which outlines the rights of parents
- conduct the interview and gather relevant information.

In particular, gather:

- the names and dates of birth of the subject children and all other children in the household
- the names and dates of birth and roles of people who are part of the child's household and any relevant extended family members
- contextual information about the family and home environment
- cultural information about the family and their community
- the information required to complete the family risk evaluation
- the presence and impact of the risk factors, such as domestic violence, drug and alcohol misuse, psychiatric illness and childhood abuse
- the information required to complete a safety assessment, and if required, a safety plan
- the types of support available to the family
- any other stressors impacting on the family
- the parents:
 - response to the specific concerns raised, including their acknowledgment of, and response to the harm and any additional concerns identified during the investigation and assessment
 - perceptions and feelings about the child
 - parenting abilities, including their knowledge and skills
 - understanding of the child's physical and cognitive development (refer to the resource Physical and cognitive developmental milestones).

For information on ICARE interviews, refer to [4. What if a joint investigation with the Queensland Police Service is required?](#)

Child Safety officers will not disclose the notifier's identity or confirm or deny the notifier's identity when a person speculates on the notifier's identity, refer to the practice resource [Notifiers and mandatory notifiers](#).

Do not accept at face value information provided by parents or other adults during interviews, where it is believed to be untrue, misleading or contradictory to other information received. It is the responsibility of Child Safety officers to respectfully challenge the person in relation to the information they provide, and where required, seek independent verification from a reliable source, for example, request the name of the doctor if a parent says the child has had recent medical attention. Where contradictory information is subsequently received, re-contact the parent to discuss the differing information and seek a further response.

In cases of **domestic and family violence**, careful consideration should be given before challenging a perpetrator in the presence of the victim, to ensure the safety of the victim. If, during an interview, it becomes apparent that there are risks to a parent's immediate physical safety, provide the parent at risk with information about services available, or assist in making a referral to an appropriate crisis service, for example, dvconnect or a women's shelter. Dvconnect can be contacted in relation to women, children and young people 24 hours a day, through the dvconnect womensline on telephone 1800 811 811. The dvconnect mensline can be contacted daily from 9am till midnight on telephone 1800 600 636.

Legal representatives

Parents are entitled to have a legal representative present during the interview, and if requested, make all reasonable attempts to accommodate such requests.

2.5 Consider other assessment issues

Consider the use of a differential pathway

In certain case circumstances, it will be appropriate to use a differential pathway to enable the timely completion of an investigation and assessment, whilst ensuring sufficient information is gathered and assessed to determine whether a child is in need of protection. There are two differential pathways options:

- core assessment
- contact with other professional.

For further information about using a differential pathway to complete an investigation and assessment, refer to [20. What if the investigation and assessment is to be completed using a differential pathway?](#)

Alerts

When information gathered as part of the investigation and assessment indicates the need to record an alert in ICMS for a child or family member, refer to [Chapter 1, 9. What if an alert needs to be recorded in ICMS?](#)

Animal welfare issues

When animal welfare issues are identified during an investigation and assessment, they must be discussed with the family as part of an holistic assessment. For further information, refer to [18. What if animal welfare issues are identified?](#)

Obvious or blatant breaches of pool fencing requirements

If, during an investigation and assessment, obvious or blatant breaches of pool fencing requirements are noticed, for example, broken fencing and gates or unfenced access points, discuss the associated safety risks and water safety strategies with the parents.

Following the discussion with the parents, contact the relevant local council to report the safety concerns. Staff can **only** provide the property address and the nature of the issue relating to the pool fence to the relevant local council. Staff **can not** provide identifying family details.

2.6 Complete the safety assessment

Ensuring the safety of children is the primary focus of intervention by Child Safety, and is an integral part of all interactions with a child and their family.

The purpose of the safety assessment is to guide decision-making about:

- whether there is the threat of immediate harm to a child in the household
- what interventions are required to maintain their safety and protection
- a ‘safety decision’ for each child in the household
- the development of a safety plan to ensure the safety of any child who remains in the home, whenever immediate harm indicators have been identified.

A safety assessment is not completed for matters of concern or for the investigation and assessment of an unborn child, unless the child is born prior to the approval of the investigation and assessment, in which case, the safety assessment will be completed following the birth.

A safety assessment is completed at the commencement of an investigation and assessment. Subsequent safety assessments will occur throughout intervention with a child and family, as required and outlined below.

Completing the safety assessment

The initial safety assessment begins at the first face-to-face contact with the child and family at the commencement of the investigation and assessment. Ensure that the information gathered during interviews and contact with the family is sufficient to complete the safety assessment, prior to leaving the child in the home. The child’s need for immediate safety must be secured prior to continuing with the investigation and assessment.

To complete the safety assessment:

- assess only one household as part of a safety assessment - the household the concerns were received about
- consult with the recognised entity when completing the safety assessment for an Aboriginal or Torres Strait Islander child - refer to practice resource Working with the recognised entity
- gather and analyse information from observations of, and interviews with, the child, their family and other relevant people to determine whether any of the 13 immediate harm indicators are present in the family - refer to SDM: Safety assessment
- provide parents with information about the concerns, so that they understand the issues and can fully participate in the process
- ensure the safety of all subject children prior to leaving the home and continuing the investigation and assessment
- if no immediate harm indicators are identified, no further action is required - continue with the investigation and assessment
- if any immediate harm indicators are identified, discuss the issues with the family and explain that action is required to ensure the immediate safety of the children - this action will be either:

- non-custody interventions that will keep the child safe in the household - always refer to the most vulnerable child in the home
- placement interventions (with an approved carer) to ensure the safety of the child
- determine the actions or interventions that are required to ensure the child's safety, in consultation with the family
- encourage the family to identify people or services that they know and trust, who can participate in a safety plan
- use professional judgement to assess whether the agreed safety interventions are adequate to mitigate the safety concerns present in the household
- develop a safety plan for each child who is to remain in the home, where immediate harm indicators have been identified
- record the safety assessment in ICMS and submit the completed safety assessment, and if required, the safety plan for each child, to the team leader for approval within 72 hours of the safety assessment being completed.

Outcomes for every safety assessment completed on the family will appear in the assessment and outcome form in ICMS.

For an unaccompanied humanitarian minor (UHM), contact the UHM program officer, Statewide Services, about the outcome of the safety assessment. For further information, refer to [Chapter 1, 7. What if the child is an unaccompanied humanitarian minor?](#)

For more information on non-custody and placement interventions, refer to the practice resource [Safety assessment](#).

Complete a subsequent safety assessment

A subsequent safety assessment is required in any of the following circumstances:

- where new information becomes available or a change in circumstances indicates a threat to a child's safety, but the threat does not reach the threshold of a notification. For example, where there is a change in household membership (such as a parent leaving, or an adult or another child moving in or the birth of another child)
- any time when the parties to a safety plan are not complying with the current safety plan
- prior to returning a child back home following an 'unsafe' safety decision in a previous safety assessment
- prior to returning a child subject to a care agreement back home
- when a parent removes a child from an out-of-home-care placement
- when a child in an out-of-home care placement chooses to return home without Child Safety approval
- prior to closing an ongoing intervention case.

Develop a safety plan

The safety plan is a written agreement between Child Safety and a family. It documents the specific time-limited, non-custody interventions that have been agreed to by all parties to ensure the safety of any child who remains in the home whenever:

- immediate harm indicators have been identified

- in-home interventions are assessed as sufficient to ensure the child's safety
- the parents have been assessed as willing to co-operate with Child Safety to implement the safety plan.

Child Safety is responsible for the development, implementation and appropriateness of the safety plan, regardless of the role played by other parties or agencies.

The safety plan is developed with the family's participation, including the child, where developmentally appropriate. To develop a safety plan:

- address each identified immediate harm indicator and the individual safety needs of all children - especially those with high vulnerability due to age or disability
- involve the recognised entity when the child is Aboriginal or Torres Strait Islander
- seek agreement from all parties to the necessary intervention and:
 - outline what the parents and other people must do immediately to ensure the child's safety in the home
 - contact other parties to confirm their willingness, ability and suitability to be involved
 - include details of how the plan will be monitored, including how frequently and who is responsible
 - include details of the family member/s agreement to the plan
- record the details of the safety plan, in culturally appropriate and family-centred language
- agree to the anticipated completion date of the safety plan
- get the safety plan signed by all the people involved in its implementation
- leave a copy of the completed and signed safety plan with the parents, and provide copies of the plan to the child, where appropriate and any other person involved in its implementation
- explain to the family that the plan will remain in place until either:
 - a case plan is developed that ensures the child's safety and addresses issues in the safety plan
 - the immediate danger is resolved
- record the safety plan in ICMS.

For full definitions for all sections of the safety assessment, and further information on the completion of the safety assessment, refer to [SDM: Safety assessment](#) and the practice resource [Safety assessment](#).

If non-custody interventions cannot ensure the child's safety, consult with the team leader to determine an appropriate placement intervention.

Private arrangements

When the outcome of a safety assessment is 'unsafe' and the child needs to reside outside the home for a period of time due to the level of risk identified, the parents may agree to take protective action and arrange for the child to stay with a family member or friend. This is referred to as a private arrangement, meaning the parent, not Child Safety, places the child with the person, and the person does not need to be approved as a carer.

A private arrangement is a **non-custody arrangement** and will only be for a short period of time, generally two to three days, to allow parents time to take immediate actions required to address the safety issues identified. For further information, refer to the practice resource [Safety assessment](#).

Prior to including a private arrangement as part of a safety assessment, make direct contact with the person nominated by the parent to:

- determine their ability to provide care for the child for the agreed period of time
- determine their willingness and capacity to co-operate and keep the child safe from the identified harm
- ensure they are willing to advise the CSSC or CSAHSC if the child is returned home so Child Safety can re-assess the child's safety needs and make decisions based on the child's best interests
- provide them with the contact details for the CSSC and the CSAHSC
- advise them that a child protection history check will be conducted.

When the private arrangement relates to an Aboriginal or Torres Strait Islander child, consult with the recognised entity about the planned arrangement to gather information about the compatibility and suitability of the proposed carer.

Where the person has agreed to care for the child and the child protection history check does not raise concerns, finalise the safety assessment.

Where the person nominated by the parent has a child protection history:

- discuss the outcome with the team leader and use professional judgment to determine the appropriateness of the arrangement
- discuss the child protection history outcome with the person affected to clarify any issues, if necessary
- clearly document the decisions and the arrangements made between the relevant parties
- do not disclose the outcome of the child protection history check to the parents of the subject child or to any other third party, due to privacy issues in relation to the nominated person
- review the details of the safety plan to ensure the child's safety - this may include the decision that a placement intervention is required.

Placement interventions

Consider the use of a placement intervention under the following circumstances:

- it is in the best interests of the child to be provided with a formal, legal care arrangement
- it is assessed that the parent (and/or the proposed person to care for the child) may not adhere to a private arrangement and the child will return to the parent and the environment where the high risk factors exist, and the parent is more likely to adhere to a formal arrangement
- when the parent cannot identify a person to care for the child and the child requires a placement with an approved foster carer.

A placement intervention can occur by way of:

- a care agreement - where the parents agree to work with Child Safety in a voluntary capacity
- an assessment order (TAO or a CAO with custody to the chief executive) - where further assessment is required, and a parent does not agree to the placement of the child in out-of-home care
- a TCO - where a child has already been assessed as being in need of protection, and a parent does not agree to the placement of the child in out-of-home care
- an interim order, or a child protection order with custody or guardianship to the chief executive, because no other interventions are available to adequately ensure the child's immediate safety.

Where a child is placed with an approved carer, normal placement procedures apply (refer to [Chapter 5. Children in out-of-home care](#)).

A placement intervention as part of the safety assessment will end when:

- a subsequent safety assessment establishes that the child is 'conditionally safe' and can be returned home with a safety plan
- a subsequent safety assessment establishes that there are no longer any 'immediate harm indicators' present and the child can return home safely
- the investigation and assessment is finalised and a decision is made as part of a case plan, that the child will remain in out-of-home care.

Concerns regarding a baby after birth

When it is assessed that a newborn baby's immediate safety needs warrant the child's removal from the parent following the birth, discussion will occur with employees of Queensland Health or the private hospital.

Employees of Queensland Health or the private hospital can only be requested to assist if:

- the child's immediate safety needs have warranted the child's removal from the parent under the Child Protection Act 1999, section 18, or
- the parents have entered into a care agreement, or
- custody of the child has been granted to the chief executive under a TAO, CAO, TCO or a child protection order.

Where authority has been obtained:

- consult with the hospital staff to determine if the child can be placed in the nursery until they are able to be discharged
- locate an appropriate out-of-home care placement as soon as practicable, to minimise delays in the discharge of the child from the nursery.

For an Aboriginal or Torres Strait Islander child, consultation with the recognised entity **can only occur** after the pregnant woman provides consent. Once consent has been provided, or following the birth of the child, provide the recognised entity with an opportunity to participate in the decision-making and to provide information about the mother, her family, community and

culture, culturally appropriate engagement strategies and safe, compatible placement options that comply with the child placement principle.

Where a child's immediate safety needs warrant their removal at birth, family contact arrangements from birth are crucial, as early attachment with a primary caregiver is extremely important to the overall emotional health and wellbeing of children, and to healthy adolescence and adulthood. For further information refer to Chapter 5, 2.5 Facilitate and monitor family contact and Chapter 5, 3.14 Make family contact decisions.

2.7 Gather information from other sources

In the process of contacting or interviewing children and relevant family members, other potential sources of relevant information are likely to be identified. These sources may not have been known at the time of the investigation and assessment planning, for example:

- school personnel
- other family members or significant people that may be able to provide relevant information
- the family doctor, a child health nurse, or Child and Youth Mental Health Service
- other professionals and staff of agencies or support services, to whom the child or family are known.

These sources should be contacted as part of the investigation and assessment.

Note: Contact with other sources during the investigation and assessment is **not** considered to be a pre-notification check and does not enable a notification to be downgraded.

When contacting other agencies, request that **all** relevant information is gathered, particularly when an agency may have more than one file on a child or family, for example, Queensland Health.

Information may also be received about a criminal matter involving a child subject to an open investigation and assessment via an 'Integrated justice information strategy (IJIS) notification (Criminal court matter alert)' or about a criminal or civil matter via an 'IJIS electronic transfer of court result' email. For further information, refer to 19. What if information is received via an Integrated Justice Information Strategy automated email alert? and the practice resource Receiving Integrated Justice Information Strategy email alert information.

Criminal and domestic violence history checks

Information gathered from the parents or adult household members about any criminal or domestic violence history must be considered and assessed. Under the *Child Protection Act 1999*, section 95(3), a request to QPS for criminal and domestic violence history reports can be undertaken at any time a decision is being made in relation to a child when:

- a parent or household member refuses to disclose their criminal or domestic violence history, and reliable information cannot be gathered from other sources
- it is assessed that a parent or household member has not fully disclosed any history
- it is alleged that a parent or household member has a history of offences against children, but the full history is not available.

A request to QPS may also be made for any criminal and domestic violence history about another adult against whom an allegation of harm or risk of harm has been made.

In most instances these requests **will not be** urgent.

To complete a **non-urgent** QPS criminal and domestic violence history check:

- seek the CSSC manager or a team leader's approval for the request
- complete the [QPS - Non-urgent criminal and domestic violence history check request spreadsheet](#), completing all mandatory fields
- forward the spreadsheet via email to the Central Screening Unit (CSU) group email address (CSU.Section95@communities.qld.gov.au) - the subject line in the email should include 'Section 95 request for history'.

QPS will provide interim results of their searches via email to the CSU, to forward to the CSSC. Relevant interstate information will be sent via post when available.

The CSU is unable to forward the request to QPS if the mandatory fields are incomplete. If these details are not known, the local Child Protection and Investigation Unit (CPIU), QPS may assist in providing relevant information to enable the spreadsheet to be completed. This information is obtained from CPIU under the *Child Protection Act 1999*, section 159M.

An **urgent** criminal and domestic violence history check may be required in some circumstances, such as:

- to assist the completion of the initial safety assessment (Child Protection Act 1999, section 95(3))
- to facilitate provisional approval of a carer applicant for an emergency placement - refer to Chapter 8, 1. What if the applicant requires provisional approval?
- when a written record of history is required as evidence in an application for a TAO, CAO or TCO (Child Protection Act 1999, section 95(2)).

For further information on urgent requests, refer to [Chapter 1, 1.5 Conduct urgent criminal and domestic violence history checks, if required](#).

Urgent after hours requests

In rare circumstances, for example, when an investigation and assessment is continuing after hours and urgent criminal and domestic violence history is required to inform the assessment or the placement of a child, checks can be conducted by the Child Safety After Hours Service Centre (CSAHSC).

To complete an urgent after hours QPS criminal and domestic violence history check:

- seek the CSSC manager or a team leader's approval for the request
- complete the QPS - Urgent Request (After Hours) form, completing all mandatory fields
- fax the form to the CSAHSC and phone to confirm receipt.

CSAHSC will forward the request to QPS and complete other tasks where negotiation has occurred by contact between the CSSC and CSAHSC.

Information from Medicare Australia

Medicare Australia can share information with child protection agencies when the agency has reasonable grounds for believing that disclosure is necessary to prevent or lessen a threat to life, health or welfare of a child.

Information that Medicare Australia can share includes:

- records of any treating doctors and their location and history of visits to medical practitioners
- Pharmaceutical Benefits Scheme records, for example, to assess parental prescription drug abuse
- Medicare numbers
- a history of Medicare access, for example, to assess medical neglect cases.

To request information from Medicare, complete the [Medicare Request Form](#) and e-mail the form to DMS (DMS_Medicare@communities.qld.gov.au) with a subject heading of 'Response Priority. Medicare Request for Family Name'.

Substance misuse by a parent

In circumstances where parental substance misuse is identified as a risk factor **and** clarification or further assessment information is required, contact an Alcohol, Tobacco and other Drugs Services professional, prior to finalising the investigation and assessment, to:

- gain general, non-identifying advice or knowledge in relation to drug or alcohol issues
- gain specific information in relation to the potential impact of the drug misuse on the parents ability to parent.

For further information about responding to issues of substance misuse by the parents, refer to [Chapter 10.7 Undertake the substance testing of parents.](#)

3. Assess the notified concerns and the child's need for protection

3.1 Complete the family risk evaluation

The purpose of the family risk evaluation is to provide an objective evaluation about the probability of further incidents of abuse or neglect by a parent in the family, which may result in harm to a child in the next 12-24 months, and help guide decision-making about the need for ongoing intervention with the family to reduce the likelihood of future harm.

The family risk evaluation is completed after all the investigation and assessment information has been gathered and prior to the determination of the investigation and assessment outcome. It includes two sets of questions, or indices - one for neglect and one for abuse. Each possible answer has an assigned score. The scores from each of the indices are totalled and the highest score becomes the 'scored risk level' for the family. The 'scored risk level' classifies the family into one of the following three risk levels:

- low

- moderate
- high.

The risk level recorded on the family risk evaluation will later be used as part of assessing the family risk re-unification assessment to evaluate the family's progress.

The family risk evaluation **is not completed** for matters of concern or for the investigation and assessment of an unborn child, unless the child is born prior to the approval of the investigation and assessment, in which case, the family risk evaluation will be completed.

To complete the family risk evaluation:

- complete one family risk evaluation only per household, or one for each family, where more than one family lives in one household
- use the information gathered during the investigation and assessment and the definitions in [SDM: Family risk evaluation](#) to work through the list of questions and answer all questions for both the neglect and abuse indices - where the answer is unknown, take all possible steps to gather the information required
- refer to the primary parent when answering each question
- consult with the recognised entity when completing the family risk evaluation for an Aboriginal or Torres Strait Islander child
- use professional judgement to determine whether either a policy override is applicable, which changes the 'scored risk level' to 'high', or whether there are additional risk factors that require a discretionary override to increase the scored risk level
- seek team leader approval for the use of a discretionary override, if required
- record the family risk evaluation in ICMS and submit it to the team leader for approval.

Note: Where parents are separated and two notifications have been recorded due to alleged harm or risk of harm occurring in **both** households, complete a family risk evaluation for each household.

For further information in relation to the primary parent and the use of a policy override, refer to the practice resource [Family risk evaluation](#).

Use the final risk level to:

- assist decision-making about ongoing intervention (see Case open/close recommendation below)
- determine the amount and frequency of contact a CSO will have with a child and family during ongoing intervention (refer to Chapter 4, 4.2 Implement Child Safety contact requirements).

Case open/close recommendation

The family risk evaluation risk level does not determine whether a case is opened for ongoing intervention, but it assists the worker's professional assessment and decision-making about whether a child is in need of protection and, for families with a final 'scored risk level' of 'high', it recommends that a case be opened for ongoing intervention.

For further information refer to [4.1 Decide whether there will be ongoing intervention](#) and [4.2 Determine whether there will be a referral to another agency](#).

3.2 Determine whether the child is in need of protection

The purpose of an investigation and assessment is to determine whether a child is in need of protection (*Child Protection Act 1999*, section 10). A child in need of protection is a child who:

- has suffered harm, is suffering harm or is at unacceptable risk of suffering harm
- does not have a parent able and willing to protect the child from the harm.

Assessing a child's need for protection

The determination about the child's need of protection is informed by risk assessment. This risk assessment is based on professional judgement and a weighing up of:

- the risk and protective factors as outlined in the Practice guide: The assessment of harm and risk of harm
- the outcome of the family risk evaluation, particularly where the outcome differs from the assessment of the authorised officer (refer to [3.1 Complete the family risk evaluation](#)).

For further information about assessing a child's need for protection, refer to the practice resource [Recording your professional assessment about whether the child is in need of protection](#).

For an Aboriginal or Torres Strait Islander child, provide the recognised entity with the opportunity to be involved in the decision-making about whether the child is in need of protection and the type of ongoing intervention that will occur, including referral to a family support service.

For an unaccompanied humanitarian minor (UHM) contact the UHM program officer, Statewide Services, **prior to** finalising the decision about the investigation and assessment outcome. For further information, refer [Chapter 1, 7. What if the child is an unaccompanied humanitarian minor?](#)

The outcome of the investigation is not focused on whether an alleged incident or abusive action has occurred, but whether the child has been harmed and whether there is unacceptable risk of harm in the future. To complete an investigation and assessment, consider all of the information gathered and draw on relevant professional knowledge to analyse the information and determine the appropriate outcome for each child. This decision requires:

- an holistic risk assessment for the child and family, including the consideration of cumulative harm
- an assessment of the protective factors present for the child and family.

The main focus of the investigation and assessment is determining whether the child is at unacceptable risk of harm in the future without at least one parent able and willing to protect them from the harm.

The outcomes do not require the criminal standard of proof ('beyond a reasonable doubt'), but are determined on the 'balance of probability', that is, more likely than not. The rationale for the outcome must be clearly recorded.

Based on the assessment of information gathered during the investigation and assessment, accurately answer the following questions in ICMS for **each subject child**. The answer to the first three questions, determines whether the child is in need of protection.

- Was the investigation and assessment completed for this child?
- Has the child been harmed?
- Is the child at unacceptable risk of harm, with no parent able and willing to protect them from harm?
- Is the child already subject to ongoing intervention?

Determine an answer to the question ‘Was the investigation and assessment completed for the child?’

This question can only be answered ‘yes’ when the key steps for completion of the investigation and assessment have been undertaken, and there is sufficient information to accurately answer the next two questions outlined below.

Determine an answer to the question ‘Has the child been harmed?’

This question can only be answered ‘yes’ when actual harm has occurred and the harm is having a detrimental effect on the child’s physical, psychological or emotional well-being. This includes an assessment of the impact of cumulative harm.

Determine an answer to the question ‘Is the child at unacceptable risk of harm, with no parent able and willing to protect them from harm?’

This question focuses on whether there are **current factors** that place the child at unacceptable risk of harm, based on the assessed level and severity of risk, the outcome of the family risk evaluation and an assessment of the parents ability and willingness to protect the child.

In order to answer this question, assess:

- whether at least one parent is both able and willing to protect the child
- the parents capacity, not just intention, to act protectively
- the parents ability and motivation to protect the child - in circumstances where a child resides across two households, the ability and willingness of both parents to protect the child needs to be assessed.

In order to answer ‘no’ to this question **at least one** parent must be both **able and willing** to protect the child. A parent may be willing to protect a child, but not have the means or capacity to do so. This includes situations where the parent’s inability is due to factors outside their control. Alternatively, a parent may have the means and capacity to protect a child, but may choose not to do so.

If there is at least **one parent able and willing** to protect the child, the child **cannot** be considered at unacceptable risk of harm and therefore, is **not** a child in need of protection. In some circumstances, this will require an assessment of both parents, irrespective of the custody arrangements in place.

For a child already subject to ongoing intervention, including a child in out-of-home care, the answer to this question relates to the assessment of the new child protection concerns **only**. This question focuses on:

- the level and severity of harm that may have occurred
- the ability and willingness of the parents to protect the child from risk of that harm occurring in the future, as separate from the overall assessment of the parents that led to the ongoing intervention occurring.

Determine an answer to the question ‘Is the child already subject to ongoing intervention?’

This question refers to whether the child is currently subject to an open ongoing intervention case, as it has previously been assessed that:

- the child is in need of protection
- the unborn child will be in need of protection following their birth
- the child is not in need of protection, but the level of risk in the family is ‘high’.

When ‘yes’ is answered for this question, the investigation and assessment outcome will be either ‘substantiated - ongoing intervention continues’ or ‘unsubstantiated - ongoing intervention continues’.

Outcomes

Once the questions above have been answered for each subject child, one of the following outcomes will be recorded:

- substantiated - child in need of protection
- substantiated - child not in need of protection
- unsubstantiated - child not in need of protection
- substantiated - ongoing intervention continues
- unsubstantiated - ongoing intervention continues
- no investigation and assessment outcome.

For further information about the outcomes, refer to [4.3 Record the investigation, assessment and outcome](#).

Determine the outcome

The outcome for each subject child must be supported with clear information about the professional assessment of the harm or risk of harm to the child and the reasons for the outcome recorded.

A **substantiated - child in need of protection** outcome is recorded when it is assessed that there is unacceptable risk of harm to a child, as defined by the *Child Protection Act 1999*, section 9, and it meets one of the following:

- harm has been experienced by the child and there is unacceptable risk of harm, as the child does not have a parent able and willing to protect them, whether or not the harm was part of the concerns received

- no actual harm has occurred but there is unacceptable risk of harm, as the child does not have a parent able and willing to protect them
- there is unacceptable risk of harm to the unborn child after birth and the parents will not be able and willing to protect the child from the harm.

In most cases, the outcome of the family risk evaluation for these matters will be high.

A **substantiated - child not in need of protection** outcome is recorded when it is assessed that harm, as defined in the *Child Protection Act 1999*, section 9, has been experienced by the child but there is no unacceptable risk of harm as the child has a parent able and willing to protect them.

There must be clear information recorded to support the ability **and** willingness of the parents to protect the child, not just statements to this effect.

An **unsubstantiated - child not in need of protection** outcome is recorded when it is assessed that either:

- no actual harm has occurred and there is no unacceptable risk of harm, as the child has a parent able and willing to protect them
- an unborn child will not be at unacceptable risk of harm after birth.

In most cases, the outcome of the family risk evaluation for these matters will be moderate or low. Where the outcome is high, ongoing intervention is recommended by the family risk evaluation, and the family will be offered ongoing intervention via a support service case, to address the risk factors identified. Clear information needs to be recorded about the risk factors identified and the family's response to the services offered.

When this outcome is recorded for an unborn child, no further action is required, however, where there are identified needs, and the pregnant woman has expressed a willingness to receive support and provided consent, make a referral to one of the following:

- a RAI service - refer to Chapter 10.14 Referral for active intervention services
- an Aboriginal and Torres Strait Islander Family Support Service, when the pregnant woman is an Aboriginal person or Torres Strait Islander - refer to Chapter 10.16 Referral to an Aboriginal and Torres Strait Islander family support service
- another agency that can offer the pregnant woman help and support.

An **unsubstantiated - ongoing intervention continues** outcome is recorded when the subject child is already subject to ongoing intervention and:

- no actual harm has occurred and no unacceptable risk of harm has been identified during the current investigation and assessment - refer to 3.2 Determine whether the child is in need of protection
- an unborn child is not at unacceptable risk of harm after birth.

A substantiated - ongoing intervention continues outcome is recorded when the subject child is already subject to ongoing intervention and:

- the child has suffered harm but no unacceptable risk of harm has been identified during the current investigation and assessment - refer to 3.2 Determine whether the child is in need of protection
- the child has suffered harm and is at unacceptable risk of harm, without a parent able and willing to protect the child
- the child has not suffered harm, but is at unacceptable risk of harm, without a parent able and willing to protect the child
- an unborn child will be at unacceptable risk of harm after birth.

Record a **no investigation and assessment outcome** on rare occasions only, when:

- the investigation and assessment has not commenced because the child and family could not be located and actions taken to locate them have been unsuccessful
- the investigation and assessment has commenced, but is not able to be completed, as there is insufficient information to decide on an outcome, and the family has subsequently moved following contact by Child Safety, and is not able to be located
- a subject child has died prior to the completion of an investigation and assessment and there is insufficient information to decide on an outcome
- a pregnant woman advises that she is no longer or has never been pregnant, her appearance supports this information, and this is confirmed with her medical practitioner (or reasonable attempts have been made to do so)
- the pregnant woman has not been located and two months have passed since the estimated date of delivery.

This outcome is **not to be used** to:

- manage a lack of resources, or high workloads
- finalise an outstanding investigation and assessment that is only partially completed.

Prior to approving this outcome, other than for an unborn child notification, the team leader must consult with the senior practitioner, and record a clear rationale for its use.

When this outcome is used, complete the 'Record of actions - mobile family' form (if applicable) in the investigation and assessment event in ICMS and a 'no investigation and assessment' outcome will be recorded.

There may be times when this outcome is used for one of a number of subject children in a family, due to a child absconding or not being able to be located or contacted. In these cases, there must be an assessment that there is insufficient information already gathered about the child and family to record an outcome for the child, without the child being sighted or interviewed. In this case another outcome must still be recorded for all other subject children.

4. Finalise the investigation and assessment

An investigation and assessment must be completed and approved **within two months** of the date of the notification or, where the decision has been made that a child will have a

'substantiated - child in need of protection' outcome and a referral is made to the family group meeting convenor, the investigation and assessment must be completed and approved **within seven days** of the date of the referral.

Completion of an investigation and assessment **requires** that:

- all subject children have been sighted, and where appropriate, interviewed by a Child Safety officer - unless the differential pathway 'contact with other professional' is used
- the investigation and assessment is finalised, including determining the appropriate outcomes
- the investigation and assessment document is approved in ICMS by a team leader
- at least one of the parents are advised of the investigation and assessment outcome.

Where the differential pathway response 'contact with other professional' is used to complete an investigation and assessment, the sighting and interviewing of one subject child may be undertaken by another professional. For further information refer to 20. What if the investigation and assessment is to be completed using a differential pathway?

4.1 Determine whether there will be ongoing intervention

Following an investigation and assessment, the decision about whether there will be ongoing intervention will be guided by the following requirements:

- ongoing intervention is required for any child who has been assessed as being in need of protection
- ongoing intervention will be offered to the pregnant woman when it is assessed that an unborn child will be in need of protection after birth - refer to Chapter 7. Support service cases
- ongoing intervention is not required for any child who has been assessed as not being in need of protection, but will be offered to the family where there is a 'high' outcome on the family risk evaluation.

The decision about the type of ongoing intervention that will occur with the family, will take into consideration what is required to:

- meet the child's protective and care needs
- reduce the likelihood of future harm to the child.

When determining the type of ongoing intervention that is to occur, refer to Chapter 3. Ongoing intervention.

4.2 Determine whether there will be a referral to another agency

When a child has been assessed as not being in need of protection, but ongoing risk factors have been identified and it is assessed that the family could benefit from support to strengthen the family, consider making a referral to an appropriate service. These may include:

- a family support service
- a referral for active intervention service - refer to Chapter 10.14 Referral for active intervention services

- an Aboriginal and Torres Strait Islander Family Support Service, for an Aboriginal or Torres Strait Islander child - refer to Chapter 10.16 Referral to an Aboriginal and Torres Strait Islander Family Support Service.

Where a referral is considered appropriate, discuss the referral with the family and, where consent is provided, either provide information and advice on the service to the family, or complete the relevant referral form.

If the family does not consent to the referral, document this prior to finalising the investigation and assessment.

For information about supports available to a suitable person granted the long-term guardianship of a child under the *Child Protection Act 1999*, refer to [Chapter 3, 1. What if a suitable person has long-term guardianship?](#)

When the family resides in the south east region, consider a referral to a family support alliance service where the matter meets the referral criteria, as outlined in [21. What if a family resides in the south east region and is eligible for a referral to a secondary service?](#)

4.3 Record the investigation, assessment and outcome

Recording the investigation and assessment is a key step in the assessment of a child's need for protection. The information recorded is critical for any ongoing or future contact with the child and family.

Recording key information

When recording the investigation and assessment, and completing the investigation and assessment event in ICMS:

- ensure that all key information is recorded in the investigation and assessment event in ICMS, including:
 - the date, time and details of all contact with subject children, parents and other persons
 - details of who conducted the interviews, including the names and positions of the primary and secondary officers and any police officers or other people present during the interviews
 - a summary of the significant information gathered from interviews and other sources
 - responses to the notifier's concerns and any relevant disclosures, admissions or denials by the subject child, other children, the parents, family members or other adults
 - any information relevant to the assessment of the child's safety and protective needs
 - any relevant observations about the child (presentation, demeanour, developmental level), the parents (interaction with child, non-verbal cues) and the home environment
 - any action taken that assists with the assessment such as medical examinations or photographs
 - any action taken to refer a matter to QPS under the authority of the Child Protection Act 1999, section 14(2) and (3)

- the rationale for decisions made throughout and at the end of the investigation and assessment process, including whether there will be ongoing intervention with the family to meet the child's protection needs or reduce the likelihood of future harm to the child
- ensure that the indigenous status of all subject children and other relevant persons are accurately recorded in ICMS
- ensure that the 'Recognised entity participation' form is completed and includes the views of the recognised entity and relevant information about the child, the family, community and culture, available community supports and compatible placement options that comply with the child placement principle
- ensure that each subject child recorded in the notification is also recorded as a subject child in the investigation and assessment, with an outcome and rationale recorded, based on a professional judgement and assessment of the risk and protective factors assessed
- ensure that an assessment and outcome is recorded for any additional subject child identified as being harmed or at risk of harm during the investigation and assessment
- ensure that all relevant ICMS forms are completed in the investigation and assessment event - for further information, refer to the practice resource Recording the investigation and assessment.

Record the outcome in ICMS

Once a determination has been made about the child's need for protection, the investigation and assessment outcome can be finalised. The 'Record abuse and harm' section includes the abusive action, the person responsible for the abusive action and the resulting harm to the child. The 'Record unacceptable risk of harm' section includes the unacceptable risk of harm and the parent responsible for any future risk to the child. When the outcome is 'unsubstantiated', do not select any abusive action, resulting harm or unacceptable risk types.

When completing the tables, only select one **most serious** harm or risk of harm type for each child.

Record the abuse and harm

An incident of abuse resulting in harm to a child is recorded as the 'abusive action'. The abusive action includes acts of commission or omission, as well as failure to protect a child from abuse caused by another person. The 'resulting harm' refers to the impact experienced by the child.

When it is assessed that a child has been harmed, regardless of whether they are in need of protection, record the abuse and harm. To do this:

- select each 'abusive action' type experienced by the child - from List 1 in Table 1 below.
- select each 'resulting harm' type experienced by the child - from List 2 in Table 1 below.
- record the person responsible for each abusive action and the resulting harm type - more than one person can be responsible for the same harm type for a child.

Note: the resulting harm substantiated may be different to the alleged harm recorded in the notification.

A child who has self-harmed **must not be recorded** as a person responsible for that harm.

Table 1. Record abuse and resulting harm

List 1 – Abusive action	List 2 - Resulting harm
emotional	P <input type="checkbox"/> E <input type="checkbox"/>
physical	P <input type="checkbox"/> E <input type="checkbox"/>
sexual	P <input type="checkbox"/> E <input type="checkbox"/>
neglect	P <input type="checkbox"/> E <input type="checkbox"/>
failure to protect	P <input type="checkbox"/> E <input type="checkbox"/>

Record unacceptable risk

When it is assessed that the child is at unacceptable risk of harm, with no parent able and willing to protect them from harm:

- select each ‘unacceptable risk of harm’ type identified for the child - from Table 2 below
- select the parent responsible for each ‘unacceptable risk of harm’ type recorded - more than one parent can be responsible for the same ‘unacceptable risk of harm’ type for a child.

Note: The unacceptable risk of harm substantiated may be different to the alleged risk recorded in the notification.

Table 2. Record unacceptable risk of harm

Unacceptable risk of harm
Unacceptable risk of physical harm caused by: <input type="checkbox"/> physical abuse <input type="checkbox"/> sexual abuse <input type="checkbox"/> emotional abuse <input type="checkbox"/> neglect <input type="checkbox"/> failure to protect from physical abuse <input type="checkbox"/> failure to protect from sexual abuse <input type="checkbox"/> failure to protect from emotional <input type="checkbox"/> failure to protect from neglect
Unacceptable risk of emotional harm caused by: <input type="checkbox"/> physical abuse <input type="checkbox"/> sexual abuse <input type="checkbox"/> emotional abuse <input type="checkbox"/> neglect <input type="checkbox"/> failure to protect from physical abuse

- | | |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | failure to protect from sexual abuse |
| <input type="checkbox"/> | failure to protect from emotional |
| <input type="checkbox"/> | failure to protect from neglect |

Record the 'person responsible' and the 'parent responsible'

When completing the 'Record abuse and resulting harm' section in the assessment and outcome form in ICMS, record the details of the assessed harm and the actual incident of abuse that occurred, including the **person responsible**.

The **person responsible** is the person who is assessed as being responsible for the abusive act, which includes acts of commission or omission, as well as failure to protect. Although a parent is commonly recorded as the 'person responsible' for the abusive action, where applicable, the following persons may also be recorded:

- another adult who lives in the home or has regular access to the child in the home
- another child aged 10 years or over who lives in the home, who is assessed by the CSO as having the developmental ability or capacity to understand the consequences of their actions - this is not common, but may occur in some circumstances.

This information helps clarify what has happened to the child, and by whom, which is able to inform future risk assessments.

When the abusive action was carried out by someone other than the options outlined above, select one of the 'person responsible' options in ICMS:

- 'not applicable - child under 10 years' when the abusive act was committed by a child under 10 years of age
- 'not applicable - other person', when the abusive act was committed by:
 - a child aged 10 years or over who does not have the developmental ability or capacity to understand the consequences of their actions
 - any person who does not live in the child's home or does not have regular access to the child in the home
- 'not able to be identified' when it is unclear who was responsible for the abusive action.

When completing the 'Record unacceptable risk of harm' section in the assessment and outcome form in ICMS, record the details of any assessed unacceptable risk of harm where there is no parent able and willing to protect the child from harm, including the **parent responsible** for the future risk of harm.

It is only the **parent**, as defined in the *Child Protection Act 1999*, section 11, who can be selected as being **responsible** for the future risk of harm, even when the risk relates to abuse caused by someone else.

Where the parent of a subject child is under 18 years of age, and child protection concerns are identified for them during the investigation and assessment, or when a subject child has a child and child protection concerns are identified for them during the investigation and assessment, the child and parent cannot both be subject children on the existing investigation and assessment. In this circumstance, there must be two separate notifications and investigation and

assessments recorded in relation to their specific protection and care needs. Refer to [Chapter 1, 1.1 Gather information from the notifier](#), for further information about recording two separate intake invents in these circumstances.

In addition, a subject child **cannot** be recorded as a person responsible for abusive action towards another subject child in the same investigation and assessment event. Where there are child protection concerns for a child (aged 10 years or over) who is recorded as a person responsible for abusive action towards another subject child, a separate notification will need to be recorded for that child as a subject child.

Record the type of ongoing intervention planned

The ongoing intervention section in the assessment and outcome form in ICMS documents the type of ongoing intervention planned at the time the assessment is completed.

For each child in need of protection, record one of the following types of ongoing intervention:

- ‘intervention with parental agreement’
- ‘intervention with parental agreement and directive CPO’, when the child is subject to both types of intervention
- ‘child protection order’.

Record ‘support service’ as the planned ongoing intervention when:

- a pregnant woman consents to ongoing intervention prior to the baby’s birth
- a child is not in need of protection, the family risk evaluation final outcome is high and ongoing intervention is planned.

For all other subject children, record ‘no ongoing intervention planned’.

Approve the investigation and assessment

An investigation and assessment must be approved **within 2 months**. A team leader completes all approvals, with the following exceptions:

- when an investigation and assessment relates to a vexatious or malicious notifier with a ‘no investigation and assessment outcome’, the CSSC manager must approve the investigation and assessment and provide a clear rationale for its use
- when the approving team leader undertakes any key steps related to the investigation and assessment, another team leader or CSSC manager must approve the investigation and assessment.

Where the investigation and assessment is in relation to a [Youth Protocol: An agreement concerning referral, assessment, case management and support for homeless and unsupported young people](#) (Youth Protocol) notification from a Centrelink employee, advise Centrelink of the outcome - for further information refer to [Chapter 1, 3. What if Centrelink is the notifier?](#)

4.4 Inform the parents about the outcome of the investigation and assessment

The *Child Protection Act 1999*, section 15(2), requires that, as soon as practicable after completing the investigation and assessment, an authorised officer must:

- tell at least one of the child's parents about the outcome of the investigation and assessment
- if asked by the parent, provide the outcome of the investigation and assessment in writing.

In doing so, consider whether the information should be provided to both parents, especially when parents are residing separately.

Long-term guardianship to a suitable person

When the child has a long-term guardian, an authorised officer must tell at least one of the long-term guardians about the outcome of the investigation and assessment. In addition, an authorised officer will make reasonable efforts to contact at least one of the child's parents unless this is not considered to be in the child's best interest, taking into account:

- the nature and extent of the child's connection with their parents
- the evidence supporting the allegation
- any other matter, for example if a parents knowledge of this investigation and assessment will have a detrimental effect on the child and the stability of the living arrangements (*Child Protection Act 1999*, section 15(3)).

Record details of the attempts made to advise the child's parents of the allegations and the outcome of the investigation and assessment, in the 'Information provision to parents' form in ICMS (*Child Protection Act 1999*, section 15(5)).

Provide information to the parents

When providing this information, either verbally or in writing:

- provide sufficient information about the key child protection concerns outlined in the notification, to ensure they understand the reasons for Child Safety intervention, without identifying the notifier
- provide the outcome of the investigation and assessment, the rationale for the decisions made, including an explanation of the terminology and a rationale for any harm or risk of harm to the child and any protection and care needs identified
- outline the reasons and rationale for any decision to open an ongoing intervention case, to assist the parents to participate in further decision-making, and strengthen their ability to meet the child's needs in the future.

Discretionary compliance with section 15

The *Child Protection Act 1999*, section 15(4), permits discretionary compliance of this requirement if the authorised officer reasonably believes either:

- someone may be charged with a criminal offence for the harm to the child, and compliance may jeopardise an investigation into the offence
- that compliance may expose the child to harm.

When considering the use of discretionary compliance:

- determine what is reasonable and appropriate in each particular circumstance, taking into account the practice considerations outlined in the practice resource Informing the parents about the harm and the outcome - section 15
- consult with the QPS if there is an ongoing criminal investigation, prior to any information being provided to the parents
- use professional judgement, the outcome of the family risk evaluation and any relevant information in relation to domestic violence issues to determine if the provision of information may expose the child to harm
- seek team leader approval for any decision not to provide the information
- record the decision, rationale and approval process in the 'Information provision to parents' form in ICMS.

For information about privacy considerations, refer to [2.2 Inform the parents about the harm](#).

What ifs - responding to specific investigation and assessment matters

1. What if an open investigation and assessment needs to be transferred?

An investigation and assessment will be transferred to the relevant CSSC when:

- child protection concerns have been received and recorded by the RIS, CSAHSC or a CSSC in a different geographical area other than where the child and their family reside
- a child and their family or carer relocate during the investigation and assessment, regardless of the reason.

The transfer process will occur in a manner that prioritises the safety of the child and provides continuous and planned service delivery to the child and family.

When a notification has been received and recorded, the open investigation and assessment will be transferred to the pending allocation tray of the relevant CSSC within the following timeframes:

- immediately - for a notification with a 24 hour response timeframe. In addition, telephone the CSSC team leader to inform them of the response required
- within three days - for an investigation and assessment with a five day response
- within five days - for an investigation and assessment with a ten day response.

For further information about intake procedures, refer to [Chapter 1 Intake](#).

On receipt of the investigation and assessment event, the receiving CSSC will:

- allocate the investigation and assessment
- commence the investigation and assessment within the required timeframe
- complete the investigation and assessment within the specified timeframe.

If a family leaves an area during an investigation and assessment, on an unplanned basis, the transferring CSSC retains case responsibility until the transfer process is completed. The transferring CSSC will:

- attempt to locate the family
- determine whether the investigation and assessment can be completed with the assistance of another CSSC, or, where the majority of the investigation and assessment tasks are still to be completed, the investigation and assessment
- determine the appropriate CSSC, where a transfer is appropriate
- immediately contact the team leader of the receiving CSSC to advise of the pending transfer and the tasks required to complete the investigation and assessment
- ensure that all information gathered as part of the investigation and assessment by the transferring CSSC is electronically recorded in ICMS as soon as possible
- reassign the investigation and assessment event in ICMS to the receiving CSSC, including outstanding 'event tasks' so that any partially completed forms are also transferred
- inform the recognised entity of the transfer of the case, where relevant
- promptly transfers any paper files to the receiving CSSC.

The receiving CSSC **must**:

- accept responsibility for completing the investigation and assessment at the first point of contact by the originating CSSC
- allocate the investigation and assessment immediately
- ensure the subject children are sighted within the recorded response priority timeframe (24 hours, 5 days or 10 days) if the investigation and assessment has not yet commenced
- ensure the subject children are sighted within one week, if the investigation and assessment has already commenced
- complete a new safety assessment at first contact with the family
- complete the investigation and assessment in accordance with relevant procedures.

If the investigation and assessment is for a child or family who has moved to another jurisdiction, refer to [Chapter 1, 1. What if the child protection concerns are about a child in another jurisdiction?](#) and [14. What if assistance is required from another jurisdiction?](#)

It is the responsibility of CSSC managers to resolve any disagreement that may occur during the transfer process of investigation and assessment cases.

2. What if a parent will not consent to actions required - use of a TAO?

Under the *Child Protection Act 1999*, part 2, sections 23-36, a TAO can be sought at any stage during an investigation and assessment, where a parent will not consent to actions considered essential for the completion of the investigation and assessment. The magistrate may decide the

application for a TAO without notifying the child's parents of the application or hearing them on the application.

The definition of parent in relation to the use of a TAO, includes long-term guardians. Therefore, when considering a TAO for a child subject to a long-term guardianship order to a suitable person, the long-term guardian has the same rights and obligations as a parent.

For more information about the provisions available under a TAO, refer to the practice resource [Assessment orders](#).

To apply for a TAO:

- complete a 'Form 1 - Application for a temporary assessment order' draft order in ICMS
- ensure the application articulates the nature of the child protection concerns and the rationale for seeking the specified provisions, for example, a medical examination or custody
- consult with the recognised entity about the decision and possible compatible placement options and complete the 'Form 17 - Recognised entity participation' in ICMS, if applicable
- make a time to appear before the magistrate, or if after hours, contact the magistrate to discuss the application for the TAO - where possible, provide the Temporary Assessment Order (Form 3) for their consideration during the discussion.

The application must advise the magistrate what actions were taken in relation to the child during any period of custody of the child under the *Child Protection Act 1999*, section 18. The magistrate must be satisfied that reasonable steps have been taken to obtain the consent of at least one of the child's parents to do the actions being sought under the order, or that it is not practicable to take steps to obtain the consent (*Child Protection Act 1999*, section 27(2)).

Note: The application cannot be made on the same grounds as a TAO application already considered or presented to another Magistrate, where the TAO was refused.

When a TAO is granted by a magistrate:

- finalise the 'Form 1 - Application for a temporary assessment order' in ICMS
- record the order details in the 'Form 1 - Temporary assessment order outcome form' (TOF) in ICMS
- provide a copy of the order to at least one of the child's parents
- tell the child about the order
- explain to the child and the parents the reasons for, and the effect of, taking the TAO
- inform the parents about the right of appeal and because of the duration of the order, that if they wish to appeal, they must take immediate action to lodge the appeal
- ensure that a child who has been placed in the custody of the chief executive, understands the reasons why they have been removed from the home and placed in out-of-home care.

When the child has a long-term guardian, make reasonable attempts to tell at least one of the parents about the reasons for and the effect of taking the TAO and the right of appeal, and serve

them a copy of the order. If unable to advise the parents, document full details of these attempts (*Child Protection Act, 1999*, section 32).

Duration of the TAO

A TAO cannot remain in effect for longer than three business days, from midnight on the date it was decided, for example, a TAO decided on Tuesday will end on Friday. The provisions of a TAO cannot be exercised once the order has ended.

If the magistrate is satisfied that Child Safety intends to apply for a CAO or a child protection order, the TAO can be extended, once only, to the end of the next business day. This allows the application for another order to be lodged with the court during business hours. The application for another order must be lodged before the court closes on the day the TAO expires. Complete the application for the TAO extension in the same event in ICMS as the initial application.

Alternatively, a TAO which is granted for a period of either one or two days can be extended when a CAO or a child protection order is not being sought. In these circumstances the TAO can only be extended for a maximum of either two or one day, respectively (*Child Protection Act 1999*, section 34 (5)).

Under the *Child Protection Act 1999*, section 99, a custody provision made in a TAO will continue until the application for the CAO is decided.

Assessing safety prior to returning a child to the care of the parents

When a child has been placed in out-of-home care subject to a TAO granting custody to the chief executive, conduct an assessment of the child's safety **prior to** returning the child to the care of the parents. To assess the child's safety, consider all of the available information and complete the safety assessment.

If the child is considered to be 'unsafe', determine the appropriate custody intervention that will ensure the child's safety and where applicable, lodge an application for a CAO or child protection order, before the TAO expires.

3. What if a parent will not consent to actions required - use of a CAO?

Under the *Child Protection Act 1999*, sections 37-51, a CAO can be sought at any stage during an investigation and assessment, where a parent will not consent to actions considered essential for the completion of the investigation and assessment, or it is not practicable to obtain the parent's consent, and it has been determined that more than three business days will be necessary to complete the investigation and assessment.

This includes circumstances where initial contact has occurred, but consent for subsequent actions is refused by the parents.

The definition of parent in relation to the use of a CAO includes long-term guardians. Therefore, the long-term guardian has the same rights and obligations as a parent. Long-term guardians are listed as 'other respondent' in the application.

When considering a CAO application, the Childrens Court must consider the views of Child Safety when deciding about contact between a child and their family for the time the child is in the custody of the chief executive. This includes:

- whether any contact with the child should be supervised
- the duration and frequency of the contact.

For more information about the provisions available under a CAO, refer to the practice resource [Assessment orders](#).

To apply for a CAO:

- complete the 'Form 5 - Application for a court assessment order' in ICMS and clearly articulate the nature of the concerns and the rationale for seeking specific provisions, for example, a medical examination or custody
- consult with the recognised entity about the decision and possible compatible placement options and complete the 'Form 17 - Recognised entity participation' in ICMS, if applicable
- lodge the application, including the above form, with the Childrens Court
- serve the documentation on the child's parents.

When the child has a long-term guardian, make reasonable attempts to also serve each of the parents. If it is not possible to serve the parents, document full details of these attempts (*Child Protection Act 1999*, section 41).

When a CAO is made:

- complete in ICMS, either:
 - the 'Form 5 - Court outcome form (COF) - final order'
 - the 'Form 9 - Court outcome form (COF) - Adjournment order', if an adjournment is granted
- complete the Court Assessment Order (Form 7), if not already provided by the Court
- provide a copy of the order to the child and the child's parents
- explain to the child and the parents the reasons for, and the effect of, taking the CAO
- provide written notice to the child and the parents, explaining the terms and effect of the order, that the parties may appeal (within 28 days), and how to appeal
- ensure that a child who has been placed in the custody of the chief executive, understands the reasons why they have been removed from the home and placed in out-of-home care.

When the child has a long-term guardian, also provide a copy of the order to the parents and advise them of the terms and effect of the order, and the appeal rights. If it is not possible to advise the parents, document full details of these attempts (*Child Protection Act, 1999*, section 48).

It is essential that any CAO is linked to a TAO, for further information on recording a CAO application and outcomes in ICMS, refer to the resource [CPE2 - Linking of court orders](#).

Duration of the CAO

A CAO cannot remain in effect for any longer than 28 days, from midnight on the date the application for the CAO was first brought before the Children's Court. The provisions of a CAO cannot be exercised once the order has ended.

If an investigation and assessment cannot be completed in the 28 day period, a CAO can be extended, once only, to allow the investigation and assessment to be completed. The court can only extend a CAO if satisfied that it is in the child's best interests. The application for an extension of a CAO must be lodged and determined before the expiry of the original CAO, and can be for no more than 28 days. Complete the application for the CAO extension in the same event in ICMS as the initial application.

Before a decision is made to apply for an extension of a CAO, depending on the child's age and level of understanding, consult the child to obtain their views about arrangements for their care for the duration of the extension.

When a child is subject to a CAO and an application for a child protection order granting custody or guardianship will be made, the application must be lodged before the CAO expires. In this circumstance, the **existing** order continues until the application is decided, unless the Childrens Court orders an earlier end to the order.

Assessing safety prior to returning a child to the care of the parents

When a child has been placed in out-of-home care subject to a CAO granting custody to the chief executive, conduct an assessment of the child's safety **prior to** returning the child to the care of the parents. To assess the child's safety, consider all of the available information and complete the safety assessment.

If the child is considered to be 'unsafe', determine the appropriate custody intervention that will ensure the child's safety and where applicable, lodge an application for a child protection order, before the CAO expires.

4. What if a joint investigation with the Queensland Police Service is required?

Child Safety has a legislative responsibility to **immediately** notify the QPS where it is reasonably believed that harm to a child may involve the commission of a criminal offence relating to the child (*Child Protection Act 1999*, section 14(2)). This applies whether or not Child Safety suspects the child is in need of protection (*Child Protection Act 1999*, section 14 (2) and (3)).

Where this occurs, in consultation with the QPS, determine whether there will be a joint investigation. A joint investigation allows each agency to meet their respective statutory responsibilities while addressing the protection needs of the child. It links the role of Child Safety for investigating and assessing harm and risk of harm with the criminal investigation role of the police.

For further information about the roles and responsibilities of each agency, when conducting a joint investigation, refer to the practice resource [Planning for and undertaking a joint investigation](#).

Refer the matter to the QPS

To refer a matter to the QPS, complete a Police referral fax, and provide this, along with a copy of the child concern report or notification, where relevant.

Any requests from the QPS to release information about a notifier, to enable them to perform functions under the *Child Protection Act 1999* section 186(2)(a) must be approved by the CSSC manager, RIS manager or CSAHSC team leader or manager.

Prior to approving the release of notifier details, the CSSC manager or CSAHSC team leader or manager must be certain that:

- the request is in accordance with the relevant section in the *Child Protection Act 1999* and its intent and
- there is no other viable way for the person (QPS) to perform their functions under the *Child Protection Act 1999*, the child welfare law or interstate law without the release of notifier information and
- alternative means of obtaining information that will enable the person to perform functions under the legislation have been considered - for example, Child Safety recontacting the notifier to seek more detailed or additional information which can be provided to the person making the request.

When the release of notifier details is approved, only provide information to the extent necessary to enable the person to carry out their functions under the *Child Protection Act 1999*, child welfare law or interstate law.

Send the information to the QPS, in descending order, to the officer in charge of the nearest:

- Child Safety and Sexual Crimes Group (in the Brisbane metropolitan area)
- Child Protection and Investigation Unit (CPIU)
- Criminal Investigation Branch (CIB)
- police station.

Following the written referral, contact the QPS by phone, to determine whether a joint investigation is required, and where applicable, to commence joint planning.

Note: Where the Department of Education, Training and Employment (DETE) or another notifier contacts Child Safety with concerns about the possible commission of a criminal offence against a child who is attending school, immediately provide the written referral and follow up with a phone call to the QPS. This will allow the best opportunity for ICARE interviews to be conducted within school hours.

Ensure the regular exchange of information between Child Safety and the QPS for the duration of the joint investigation, and where applicable, on an ongoing basis, for example, regarding criminal court proceedings and outcomes.

Undertake joint planning

When a joint investigation is required, **prior to** the commencement of the criminal investigation and investigation and assessment, contact the investigating police officers and plan the joint investigation.

Once planning is complete and prior to the commencement of the joint investigation:

- seek verbal approval from the team leader for the agreed plan for the investigation and assessment
- consult QPS prior to any major deviation from the agreed plan.

When the matter requires urgent attention and the QPS are unable to attend within the required response timeframe, notify the QPS of the decision to proceed and the reason for doing so. In this circumstance, prior to an investigation and assessment commencing, the team leader:

- gives approval for the investigation and assessment to proceed
- ensures the QPS has been notified of the decision to proceed in their absence
- ensures that any action by Child Safety does not interfere with a QPS investigation into a criminal offence, if possible.

Ensure that the QPS is kept informed and updated during the investigation and assessment process.

Interview the child and record evidence

Where an interview with a child is conducted in accordance with the *Evidence Act 1977*, section 93A, the interview should, where practicable, be undertaken by an officer (whether Child Safety or QPS) who is accredited in Interviewing Children and Recording Evidence (ICARE). Whenever possible, ICARE interviews should be conducted jointly with the QPS. In such circumstances, the police officers and Child Safety officer should discuss all relevant material and the most appropriate and effective approach to conducting the interview, prior to the interviews being conducted.

In the absence of the QPS, follow existing investigation and assessment procedures for record keeping, but do **not** use video or audio equipment to record a child's interview - this includes ICARE trained Child Safety staff. File any written records made during the interview on the child's paper file. Copies of these interview notes may be provided to the QPS.

Where an interview of a child is being conducted by Child Safety officers only and the child begins disclosing incidents of harm relating to a criminal offence, and ceasing the interview would hinder the provision of information and safety of the child, continue the interview and contact the QPS immediately after the interview.

In this situation:

- ensure that the child is supported and will feel safe to speak at a later time
- gather sufficient information to be able to ensure the child's immediate safety and take any required action, including legal action, to ensure the child's safety (for example, use of the Child Protection Act 1999, section 18, or a TAO).

In this circumstance, provide all interview notes to the QPS. The Child Safety officer may also be required to provide a statement to the QPS regarding the disclosures made by the child during the interview. Subsequent interviews with the child are most likely to be led by the QPS, who will facilitate the recording of the interview. The Child Safety officer will document their participation in the interview in a case note in the child's file.

Interview the alleged offender

Following a child's disclosure of harm, it is QPS policy and procedure that interviews involving possible offenders are to be conducted by police officers. In this circumstance, if there is to be a joint investigation, the QPS will decide who will conduct the interviews and when they will occur.

In some instances, where the alleged offender is a parent of the child, and where appropriate, the CSO may be permitted to view the interview from a viewing room and take relevant notes. If the police conduct an interview without a CSO being present, or where a CSO has only viewed an interview, the CSO will also interview both parents **prior to** finalising an investigation and assessment.

On occasion a police officer may decide that it is more appropriate or convenient for an interview to occur in a person's home or another location. Where such an interview is conducted by police with a parent or guardian, for example, conducted at the residential address of a parent, the interview may be conducted in the presence of the CSO.

In circumstances where the QPS are not able to attend interviews, Child Safety is still obliged to investigate and assess the safety and well-being needs of the child, without addressing the criminal matters with the parents.

Obtain information from the QPS

If a CSO requires a copy of the taped interview or information obtained during an interview, the CSSC manager will request the information from the QPS in writing, by completing the Request for information pursuant to chapter 5A form. Where QPS approval has been granted, it may be possible for the video evidence to be viewed at the police station.

An audiotape provided to a Child Safety officer remains the property of the QPS and must **not** be released to a third party.

Any person that does not work for Child Safety, that requests access to the audiotape, will be referred to the QPS.

Refer the matter to a SCAN team

Both Child Safety and QPS officers may make a referral to a SCAN team when the case meets the mandatory referral criteria. Complete the ICM and SCAN team form 1 - Request for multi-agency meeting to action the referral.

A referral to a SCAN team **does not** constitute meeting the legal requirement for Child Safety to immediately notify the QPS of information under the *Child Protection Act 1999*, section 14(2) and (3).

For further information about SCAN team referrals, refer to the Information Coordination Meetings (ICM) and the Suspected Child Abuse and Neglect (SCAN) Team System Manual.

Resolve differences of opinion

At times there will be differences of opinion between officers of Child Safety and the QPS, due to the different roles and legislative responsibilities and priorities. These differences are to be resolved as soon as possible after they arise and with the safety of children as the key priority.

Note: For further information about **immediately** notifying the QPS of possible criminal offences refer to [Chapter 10.2 Statutory obligation to notify the Queensland Police Service of possible criminal offences](#) and the practice resource [Schedule of criminal offences](#).

5. What if a child needs to be interviewed without parental consent - section 17?

The *Child Protection Act 1999*, section 17, enables an authorised officer or police officer to have contact with a child at a school, or place where child care is provided, to investigate allegations, before the parents are told, if the officer reasonably believes that:

- it is in the child's best interest that the officer has contact with the child, before the parents are told about the investigation and assessment
- prior knowledge of the proposed contact with the child by the child's parents is likely to adversely affect the investigation and assessment.

When considering the use of section 17, the definition of parent includes long-term guardians. Therefore, the long-term guardian has the same rights and obligations as a parent.

Interview the child prior to parents

Interview the child prior to interviewing the parents when:

- concerns relate to the commission of a criminal offence and a joint interview with the QPS requires the preservation of evidence from the child
- the child may be placed at greater risk by interviewing the parents first
- the concerns involve sexual contact between the child and a parent, and there is reason to believe that:
 - a parent will influence the child to withhold information or retract information that has already been given
 - the child would not receive support from a parent and is likely to be harmed or adversely influenced during the investigation and assessment process
- the child has made a disclosure and more detailed information is required prior to interviewing the parents
- the parents are unavailable and it would be inappropriate to delay the commencement of the investigation and assessment
- a child self-refers.

Use of section 17 to have contact with a child

When it is considered necessary to have contact with a child, prior to the parents being told of the contact with the child and the reasons for the contact, the use of powers under the *Child Protection Act 1999*, section 17 is required.

Prior to exercising the use of powers:

- consult a team leader
- consider whether the QPS should be involved in the interview, depending on the nature of the concerns, and make a referral to the QPS, if applicable

- consult with the recognised entity when the child is an Aboriginal person or Torres Strait Islander, if applicable
- notify the principal or person in charge of the school or place where the interview will be held, of the intention to exercise the power - contact with the child can only occur lawfully and with the permission of the person in charge of the facility.

If access is denied, the power **cannot** be exercised and other options for contact with the child must be considered.

When contacting the principal, or other person in charge, discuss:

- the need to interview the child prior to the parents being made aware of the concerns, the general nature of the concerns, sufficient information to ensure an effective interview and the rationale for the decision
- their obligation to maintain confidentiality under the Child Protection Act 1999, section 188, including ensuring adherence to confidentiality by other personnel and not informing parents of child protection concerns or that an interview has, or will, take place without their consent
- the names and positions of interviewing officers.

In addition, negotiate the following matters with the principal, or person in charge:

- an interview time that minimises interruption to the child's usual school routine and avoids or reduces feelings of embarrassment or distress that the child may experience by being interviewed at school
- the conditions of the interview, including an appropriate venue and how the interview will be conducted
- whether there will be a staff member present during the interview.

When discussing whether a staff member will be present, advise the principal or person in charge of the alleged nature of the concerns prior to the interview, and advise that the person may be called to give evidence as a result of their participation in the interview.

Note: If the interview is an ICARE interview with the QPS, the support person should not be the person the child initially made disclosures of harm to, as this person may be considered by the QPS as a witness for any subsequent criminal proceedings.

At the commencement of the interview, show identity cards to the principal or other person in charge and ensure that the child will be safe and supported during the interview process, by having a support person of their choice, from that location, present.

Implement actions following the use of section 17 powers

Immediately following the interview, advise the principal or person in charge of the actions that will be taken by Child Safety, of any immediate support needs the child has and that Child Safety will advise the parents of the contact with the child and the outcome.

As soon as practicable after the interview, tell at least one of the child's parents that the *Child Protection Act 1999*, section 17, was used to have contact with the child and the reasons for the contact. Make whatever effort is necessary to ensure that the parents are informed about the

contact with the child **prior to** the child seeing their parents. It is the responsibility of Child Safety to inform parents of the contact with the child - do **not** place this responsibility on any other person.

In addition, advise the parents of your name, position and department, show them your identity card and commence interviews regarding the concerns. Undertake a safety assessment with the family to determine the safety of the child in the household.

When investigating concerns that relate to a child in the care of a long-term guardian, and the child is interviewed using powers under the *Child Protection Act 1999*, section 17, advise at least one of the long-term guardians. There is no requirement to advise the parents.

Record details of the contact with the child at the first reasonable opportunity in the 'Record of use of powers' in ICMS, regardless of whether an authorised-officer or QPS officer has exercised the power.

6. What if Child Safety is contacted about additional concerns for a child or an unborn child?

Additional notified concerns are recorded when **all of the following** apply:

- there is already a notification that has not yet been approved or an open investigation and assessment event in ICMS for the child, unborn child or family
- new child protection concerns are received from a notifier and require screening to determine the Child Safety response
- the new concerns do not meet the exceptions to recording additional notified concerns that are outlined in Chapter 1, 2.6 Decide the response.

Do not record an 'additional notified concerns' form in an intake event **with a CCR response**. Any new concerns should be recorded as a new intake event.

Whilst there is no limit to the number of additional concerns that may be recorded as part of one notification and investigation and assessment process, the ongoing receipt of additional notified concerns may indicate cumulative harm, and this should be considered when planning the commencement of the investigation and assessment.

When additional notified concerns are received:

- conduct a child protection history check
- conduct a pre-notification check, if required
- consult with the recognised entity when the child is an Aboriginal person or Torres Strait Islander, if applicable
- complete an 'additional notified concerns' form in the investigation and assessment event in ICMS, which includes a screening criteria and if required, response priority
- submit the completed form to the team leader for consideration and approval
- consider whether a subsequent safety assessment is required, due to any changes in circumstances for the family

- if the additional concerns meet the threshold for a notification, they must be responded to within the shortest response timeframe, which may be:
- the response timeframe already recorded for the open investigation and assessment
- the response timeframe relating to the new concerns.

The allocated CSO is responsible for investigating and assessing all information received about the family during the course of the investigation and assessment, until the investigation and assessment is **finalised and approved in ICMS**. This includes:

- all concerns that have been recorded, both the original concerns and any additional notified concerns that have a notification response
- any new child protection concerns that arise as part of the investigation and assessment process - which are to be assessed as part of the investigation and assessment and do not need to be recorded as additional notified concerns.

Where the investigation and assessment has commenced prior to a decision that additional concerns meet the threshold for a notification, the subject child must be sighted and interviewed again, to meet the new response timeframe and assess the additional concerns. Where the additional concerns **do not** meet the threshold for a notification, there is no need to re-interview or re-sight the child, however, consider the information in the context of assessing and finalising the open investigation and assessment.

Where additional notified concerns are received and recorded and the information is to be transferred to another CSSC, the team leader is responsible for electronically approving the ‘additional notified concerns’ form in ICMS, prior to the transfer occurring.

Responding to concerns that have already been received

When a notifier contacts Child Safety with duplicate child protection concerns that have already been recorded as a notification, they may be recorded as additional notified concerns with a CCR response. For further information, refer to [Chapter 1, 11. What if duplicate child protection concerns are received that have previously been recorded?](#)

7. What if the investigation and assessment is for an unborn child?

The purpose of an investigation and assessment prior to the birth of a child is to assess the likelihood that an unborn child will need protection **after birth** and determine what help and support can be offered to the pregnant woman, and where relevant, her partner or the father of the unborn child. Refer to the [Unborn Child Checklist](#) for an overview of the specific steps required.

Any intervention by Child Safety **must occur with the consent** of the pregnant woman and must not interfere with her rights and liberties. When the investigation and assessment is in relation to an Aboriginal or Torres Strait Islander unborn child, the consent of the pregnant woman **must be obtained prior** to contacting the recognised entity.

Before commencing the investigation and assessment

Prior to commencing the investigation and assessment for an unborn child, the **team leader** must decide whether to either:

- delay the commencement of an investigation and assessment until after the birth of a child (see below)
- proceed with the investigation and assessment.

An investigation and assessment for an unborn child **is considered to have commenced** when a pregnant woman is first sighted, interviewed and **consents** to the investigation and assessment.

Do not continue with the investigation and assessment if, at the outset of an investigation and assessment the woman:

- informs the authorised officers that she is no longer pregnant, due to a miscarriage or termination
- the woman states that she was never pregnant and it appears from her physical presentation that she is not pregnant.

Seek confirmation that the woman is not pregnant from the woman's medical practitioner, if their details are known. This action does not require the woman's consent.

Delay commencement of the investigation and assessment

The decision to delay the commencement of an investigation and assessment until after the birth of a child will only occur when there is a high probability that, if alerted to the concerns, the pregnant woman would relocate to avoid intervention by Child Safety at the time of the birth, thus placing the newborn baby at increased risk of harm.

When the commencement of the investigation and assessment has been delayed:

- the team leader will record the rationale and date of the decision to delay the commencement of an investigation and assessment, in the investigation and assessment event in ICMS
- record an 'unborn child alert' on the person records of the pregnant woman and the unborn child in ICMS
- keep the investigation and assessment event open in ICMS until the child is born and the investigation and assessment is completed
- complete and forward an HRA Form 1: Unborn child high risk alert: Request for immediate notification when pregnant woman presents for delivery (HRA Form 1) to the hospital/s where the pregnant woman is likely to give birth (refer to Queensland Health - List of maternity hospitals and nominated positions), and/or a letter to the private or interstate hospital/s where the pregnant woman is likely to give birth - refer to the practice resource Unborn children
- telephone the hospital/s to ensure that the form or letter has been received
- attach the 'HRA Form 1' to the investigation and assessment event in ICMS
- provide the CSAHSC with a Child Safety After Hours Service Centre: After hours referral form and all relevant information, including the 'HRA Form 1' or the letter
- consider whether a SCAN team referral is warranted

- contact the pregnant woman's medical practitioner (if known) to:
 - discuss the concerns identified
 - request that information be shared with relevant health professionals, such as the midwife or social work services
 - ask that Child Safety be advised when the child is born.

In circumstances where, following the decision to delay an investigation and assessment, a subsequent decision is made to proceed, on the basis of new information received about the family, the team leader is responsible for recording the rationale and date of the decision to proceed with the investigation and assessment before the child's birth in the 'Assessment and Outcome' form in ICMS.

If Child Safety is contacted about additional concerns for an unborn child, refer to [6. What if Child Safety is contacted about additional concerns for a child or an unborn child?](#)

Investigate and assess the concerns

Where consent has been given by the pregnant woman, investigate and assess the likelihood that the child will be in need of protection **after birth**, including:

- the level and type of risk to the child after the birth
- the services that may assist the pregnant woman, and where relevant, her partner and/or the father of the unborn child, prior to the birth.

The safety assessment and family risk evaluation are not completed for the investigation and assessment of an unborn child **unless** the child is born prior to the approval of the investigation and assessment.

Use the following to assist the assessment:

- Practice guide: The assessment of harm and risk of harm
- consideration of the risk and protective factors relating to children, and in particular, those for high risk infants
- information provided by the recognised entity, where applicable - for further information, refer to the practice resource Working with the recognised entity.

Investigate concerns about an unborn child and their siblings

When an unborn child and their siblings are all listed as subject children in a notification, investigate and assess the concerns specific to the unborn child, in addition to those relating to the siblings. If the pregnant woman does not consent to the investigation and assessment of the unborn child, clearly record that the woman did not consent in the investigation and assessment event in ICMS, and proceed with the investigation and assessment of the siblings.

While the investigation and assessment of the unborn child cannot proceed in this circumstance, information from the investigation and assessment of the siblings will inform future action and any planning by Child Safety in relation to the unborn child after birth.

If it becomes apparent during an investigation and assessment for a child, that the mother is pregnant, use professional judgement to make a decision about whether the unborn child will be

recorded as a 'subject child' or an 'other child' in ICMS. Where the decision is to record the unborn child as a 'subject child':

- investigate and assess the child protection concerns in relation to the unborn child after birth (where consent is given) and the concerns relating to the siblings
- edit the approved notification to ensure the category is listed as 'unborn'.

Actions when unable to commence an unborn child investigation and assessment

In circumstances where the investigation and assessment is unable to be commenced **prior** to the child's birth, for **client reasons**:

- make all reasonable efforts to locate the pregnant woman, where applicable, while the investigation and assessment remains open
- record an 'unborn child alert' on the person records of the mother and the unborn child in ICMS
- complete and forward an 'HRA Form 1' to the hospital/s where the pregnant woman is likely to give birth (refer to 'Queensland Health - List of maternity hospitals and nominated positions'), and/or a letter to the private or interstate hospital/s where the pregnant woman is likely to give birth - refer to the practice resource Unborn children
- attach the 'HRA Form 1' to the investigation and assessment event in ICMS
- provide the CSAHSC with a 'Child Safety After Hours Service Centre: After hours referral form' and all relevant information, including the 'HRA Form 1'
- consider whether a SCAN team referral is warranted
- record details of all actions taken in a case note in the investigation and assessment event
- record a 'Member of a mobile family' alert on all relevant person records, where there is information to suggest the pregnant woman is highly mobile
- contact the pregnant woman's medical practitioner (if known) to:
 - discuss the concerns identified
 - request that information be shared with relevant health professionals, such as the midwife or social work services
 - ask that Child Safety be advised of the birth of the child.

Keep the investigation and assessment event in ICMS open until either:

- the child is born and the investigation and assessment is completed
- two months have elapsed since the estimated date of delivery of the child and the woman has still not been located - in this circumstance:
 - complete a 'Record of actions - mobile family' form in the investigation and assessment event in ICMS
 - record a 'no investigation and assessment' outcome.

Record the investigation and assessment outcome

For an unborn child, one of the following outcomes may be recorded:

- substantiated - child in need of protection
- unsubstantiated - child not in need of protection

- substantiated - ongoing intervention continues
- unsubstantiated - ongoing intervention continues
- no investigation and assessment outcome.

For further information refer to [3.2 Determine whether the child is in need of protection](#).

Take action after the birth of a child

Immediately following the birth of the child take one of the following actions, depending on the case circumstances:

- where a decision was made to delay the investigation and assessment until after the child's birth or the pregnant woman did not consent to the investigation and assessment - commence the investigation and assessment
- where there is an open support service case - determine how ongoing intervention will continue, either as intervention with parental agreement or an application for a child protection order
- where an investigation and assessment completed prior to birth had a 'substantiated - child in need of protection' outcome and a support service case is not currently open, either:
 - commence the most appropriate type of ongoing intervention
 - record a notification when it is determined that an up-to-date risk assessment is required.

Take action when the new born child is at immediate risk

In circumstances where a newborn child was assessed as being in need of protection prior to birth, and is at immediate risk of harm from the time of birth:

- decide whether to record a notification to assess any new concerns
- determine the immediate action required to secure custody of the child by:
 - negotiating with the parents for the child to be placed under a care agreement
 - using powers under the Child Protection Act 1999, section 18
 - applying for a TAO or CAO, where further assessment is required
- applying for a TCO, where no further assessment is required.

Where it is assessed that a newborn baby must be separated from the mother's care following the birth, refer to [2.6 Complete the safety assessment](#).

Complete an HRA form 3, if required

Complete and forward an [HRA Form 3: Cessation of unborn child high risk alert](#) to all relevant hospitals when, either:

- an 'HRA Form 1' has previously been sent to multiple hospitals and, following the baby's birth, the remaining hospitals need to be notified of the cessation of the alert
- Child Safety has been informed that the pregnant woman has had a miscarriage or termination and the relevant hospital/s need to be notified of the cessation of the alert.

8. What if a child is at immediate risk of harm - use of section 16 or 18?

When undertaking an investigation and assessment, an authorised-Child Safety officer or police officer has the power to have contact with a child at immediate risk of harm (*Child Protection Act 1999*, section 16) or to take a child who is at immediate risk of harm into custody (*Child Protection Act 1999*, section 18).

These powers may be exercised with help and the use of force deemed reasonable in the circumstances. Prior to taking any action under the *Child Protection Act 1999*, section 16 or 18:

- make considerable effort to engage parents and negotiate an appropriate solution
- always consider contacting the QPS for assistance
- consult with the recognised entity, if the child is Aboriginal or Torres Strait Islander, if applicable
- discuss the decision with a team leader.

If the power is exercised prior to consultation due to the nature of immediate risk to the child, advise a team leader as soon as possible following the use of the power. If an authorised officer is accompanied by the QPS, the QPS may use discretionary powers to enter and search, and remain on a premise.

For information about when the *Child Protection Act 1999*, section 16 and 18 can be exercised, refer to the practice resource [Use of powers for a child at immediate risk - section 16 and 18](#).

Note: Custody of a child under the *Child Protection Act 1999*, section 18, overrides any other child protection order granting custody or guardianship to someone other than the chief executive, made under the *Child Protection Act 1999*.

Use section 16 to have contact with a child at immediate risk

When exercising the use of powers under the *Child Protection Act 1999*, section 16, advise the parents of:

- the purpose of the visit, the child protection concerns and any intended actions
- your name, position and the name of the department
- your authority under the *Child Protection Act 1999*, section 16, to enter, search and remain in the premises or residence.

If an authorised officer damages property while exercising this power, provide a written notice of particulars of the damage to the owner or leave this notice at the property and retain a copy of the notice (*Child Protection Act 1999*, section 154).

In addition, during the investigation and assessment:

- show your identity card (*Child Protection Act 1999*, section 153)
- give the parents a final opportunity to allow contact with the child with their consent
- sight, and where appropriate, interview the child

- complete a safety assessment for the household with the parents, as soon as possible after the use of the power has been exercised, and include the actions taken under the use of powers
- take other action as required, as part of the investigation and assessment.

Record details of the contact at the first reasonable opportunity in the 'Record of interview/use of powers' form in ICMS, regardless of whether a Child Safety or QPS officer has exercised the power.

Note: If after contact is made, the parents refuse to allow further contact with the child to complete the investigation and assessment, the CSO should apply for the appropriate assessment order - refer to 2. What if a parent will not consent to actions required - use of a TAO? or 3. What if a parent will not consent to actions required - use of a CAO?

Use of section 18 to take a child at immediate risk into custody

When exercising the use of powers under the *Child Protection Act 1999*, section 18, take reasonable steps to advise at least one parent of:

- your name, position and the name of the department
- the purpose of the visit and the concerns regarding the child
- the authority under this power to enter, search and remain in the place until the child is located
- the child having been taken into the chief executive's custody
- the rationale for taking the child into the chief executive's custody, unless this would jeopardise the child's safety or a criminal investigation
- the legal obligation for Child Safety to apply for a TAO or a TCO. Refer to practice resource Temporary custody order for more information about applying for a TCO.

Note: Where a child has a long-term guardian, the definition of parent includes long-term guardians with regards to the obligations under the *Child Protection Act 1999*, section 20. Therefore, the long-term guardian has the same rights and obligations as a parent.

If an authorised officer damages property while exercising this power, provide a written notice of particulars of the damage to the owner or leave this notice at the property and retain a copy of the notice (*Child Protection Act 1999*, section 154).

In addition, during the investigation and assessment:

- show your identity card (*Child Protection Act 1999*, section 153)
- sight and if appropriate, interview the child
- complete the safety assessment, with the parents if possible
- remove the child - the CSO is not required to tell the parents with whom the child has been placed (*Child Protection Act 1999*, section 20)
- tell the child about being taken into custody, including what this type of custody means, the reasons for the custody and the period of the custody (*Child Protection Act 1999*, section 195)
- progress the investigation and assessment

- apply to a magistrate for a TAO or TCO as soon as possible, but within eight hours of taking the child into custody.

Record details of the contact at the first reasonable opportunity in the 'Record of interview/use of powers' in ICMS, regardless of whether an authorised officer or QPS officer has exercised the power.

Implement actions following the use of section 18 powers

Following the use of section 18 powers, during an investigation and assessment:

- apply for a TAO or TCO as soon as practicable, but within eight hours after the power is exercised - custody to the chief executive ends either when the TAO or TCO is decided or eight hours after the power has been exercised, whichever is the earlier timeframe
- serve at least one of the parents with a copy of the TAO or TCO, explain the terms and effects of the order and explain their right of appeal (*Child Protection Act 1999*, section 32 and section 51AK)
- complete a subsequent safety assessment prior to any decision to return the child to the home.

Note: If it is determined that it is safe for a child to be returned to the custody of their parents, the TAO application must still be made, even when custody is no longer required prior to the order being made.

Where the child has a long-term guardian, serve at least one of the long-term guardians with a copy of the TAO or TCO, explain the terms and effects of the order and explain their right of appeal (*Child Protection Act 1999*, section 32). In addition, make reasonable attempts to tell at least one of the parents about the reasons for and the effect of taking the TAO or TCO and the right of appeal, and serve them a copy of the order. If unable to tell and serve the parents, document full details of these attempts (*Child Protection Act, 1999*, section 32 and section 51AK).

Facilitate a medical examination, where applicable

When a child is taken into custody under the *Child Protection Act 1999*, section 18, a medical examination or medical treatment may be arranged for the child, if it is urgent or reasonable in the circumstances. If the need is not urgent, the CSO must wait until a magistrate grants a TAO or TCO.

For further information about medical examinations, refer to [9. What if a child needs a medical examination?](#)

9. What if a child needs a medical examination?

A 'medical examination' is a physical, psychiatric, psychological or dental examination, assessment or procedure, and includes forensic examination and an examination or assessment carried out by a health practitioner, as defined in the *Child Protection Act 1999*, schedule 3.

When to consider a medical examination

As part of the investigation and assessment or when a child is subject to a TCO, a medical examination of the child, or a specialist assessment by a health worker professional may be considered necessary to ensure the child's immediate health and safety, or to inform the outcome of the investigation and assessment.

Wherever possible, speak with the child first about the incident, or the injuries they may have, to ensure that:

- the child is able to speak in a more relaxed environment prior to any medical procedures, without the influence of the possibly intrusive examination
- there is the opportunity to have the information from the interview corroborated, if the child subsequently speaks to the medical practitioner.

Consider whether a medical examination of the child is required in the following circumstances:

- the child is reluctant to show an injury
- the injury is in the genital area
- the child's condition or injury may not be consistent with the explanation given by the parent
- the child's developmental level or physical and intellectual skills are inconsistent with explanations given for the harm
- the expertise of a medical practitioner is required to provide additional information, such as:
 - an assessment of the impact of long-term neglect on the child
 - a developmental assessment of the child
 - a diagnosis of a suspected disability.

When to undertake an urgent medical examination

Make arrangements for an **immediate medical examination** of any child who:

- appears ill, is in poor physical condition or is dehydrated
- has an altered state of consciousness
- has obvious serious physical injuries
- is manifesting significant abnormalities of behaviour or ideation
- has allegedly been sexually abused
- is an infant who:
 - displays a lack of response to stimuli, alterations in breathing or temperature, poor feeding, irritability and lethargy
 - is alleged to have suffered significant trauma or 'shaking', especially a child under two years of age
 - has bruises.

In most circumstances a paediatrician with child protection experience is preferred for the undertaking of a medical examination.

Parental consent for a medical examination

In all cases, plan the medical examination and **seek parental permission** to have the child medically examined. In circumstances where the parents will not give their permission, the *Child Protection Act 1999*, section 97, enables a medical practitioner to carry out an examination or treatment without consent of the parents when:

- a child at immediate risk has been taken into custody (*Child Protection Act 1999*, section 18)
- a TAO, CAO or TCO authorises the examination or treatment.

In this situation the medical practitioner **must**:

- not override the rights of the child in relation to the examination or treatment
- only carry out treatment that is reasonable in the circumstances
- provide a report about the examination or treatment to Child Safety, or to the QPS.

Inform the child

Consider the best way to inform the child and seek their views about the need for a medical examination. This may involve assisting the parent to explain the need for a medical examination to the child.

A child **should not be forced** to have a medical examination. The decision to proceed, will depend on the age and 'Gillick' competency of the child and the need for immediate treatment, and will be made by the examining doctor. For information about 'Gillick' competency, refer to the [Glossary](#).

Determine the appropriate time for the examination

For urgent matters, arrange for an immediate medical examination. In other circumstances arrange the medical examination **as soon as possible** after sighting or interviewing the child, to allow timely medical examination and treatment. A medical examination following an **alleged sexual assault must occur within 72 hours** for the collection of evidence.

Ensure that there is sufficient planning with medical professionals, and where there is a joint investigation, the QPS, to co-ordinate interviews and medical examinations. Where the police are not involved, ensure that Child Safety interviews and medical examinations occur in the most appropriate order.

Attendance of the parents at the examination

Ensure that a parent or someone nominated by a parent **always accompanies** the child to the medical examination. It is important that a parent or nominated person attends the examination to provide relevant child and family medical history. The nominated person **cannot** be:

- a Child Safety officer, even if nominated by the parent for this purpose
- the recognised entity, for an Aboriginal or Torres Strait Islander child
- the parent or other person suspected of causing a serious injury to a child.

A parent's attendance at the child's medical examination cannot be prevented, unless Child Safety decides the parent's attendance at the examination would jeopardise a criminal investigation or expose the child to harm and either:

- the child has been taken into custody under the *Child Protection Act 1999*, section 18

- the child is subject to a TAO, CAO or TCO and is in the custody of the chief executive.

If a medical examination or treatment occurs by the use of statutory powers under the *Child Protection Act 1999*, still make every effort to encourage and assist the parents to attend the medical examination, unless this would jeopardise a criminal investigation or expose the child to harm.

A Child Safety officer may transport and accompany the child and parent or nominated person to the appointment, however, they **cannot** transport the child unaccompanied by the parent or their nominated person, unless there is a TAO, CAO or TCO in place.

Record the outcome of the medical examination

Record the details and outcome of the child's examination in ICMS and where a written report is also provided by the medical practitioner or specialist, file a copy on the child's file and attach the report to either, the investigation and assessment event or the ongoing intervention event in ICMS.

Any outcomes from medical examinations that occur as part of an investigation and assessment are to be incorporated into the subsequent health assessment. This will ensure the health assessment is adequately informed and will also avoid duplicating medical examinations or treatment. For further information refer to [Chapter 5, 2.3 Develop a child health passport](#).

10. What if a child needs to be placed under an assessment care agreement?

An assessment care agreement is an agreement, signed by a parent that allows a child to be placed with an approved carer during the investigation and assessment phase.

If the parents agree to an assessment care agreement, they retain all custody and guardianship rights and responsibilities during the period of the care agreement. However, by entering into an assessment care agreement, the parent agrees to:

- have the child placed with an approved carer, Licensed Care Service, or another entity by the department
- authorise the department to act in all day-to-day matters including urgent medical attention
- have contact with the child at such times and in such a manner as is mutually acceptable to themselves, the carer and the department.

An assessment care agreement:

- can only be for a maximum of 30 days
- cannot be extended past 30 days
- is only to be used where it is assessed that there are no safety concerns about the parents retaining custody and guardianship rights
- can be entered into with one parent only, if it is impractical to gain the consent of the other parent or reasonable attempts have been made to do so
- cannot be made with one parent only, if the other parent refuses to enter the agreement.

An assessment care agreement can be ended at any time by giving at least two days notice to the other parties. A parent who was not a signatory to the agreement is able to end the agreement by providing at least two days notice to the parties.

If an assessment care agreement is entered into with only one parent:

- make reasonable attempts to give a copy of the agreement to the other parent, and obtain the other parent's consent, after the agreement has been entered into
- record all attempts to contact and obtain consent from the other parent.

A child subject to a long-term guardianship order to a suitable person **cannot** be placed under an assessment care agreement.

For further information, refer to [Chapter 5, 3. Decision-making for the child.](#)

When a child needs to be placed during an investigation and assessment:

- consult with the parents to obtain their consent, complete an Care Agreement - Form and get them to sign the form, and attach in ICMS
- obtain necessary information about the child, to provide to the child's carer, and commence the placement in accordance with the procedure Chapter 5, 1. Place a child in out-of-home care
- consult with the recognised entity about safe, compatible placement options that comply with the child placement principle, if applicable - refer to practice resource The child placement principle
- ensure that appropriate decisions about the child's safety are made by the end of the 30 day period outlined above, even when a decision is not able to be made about whether the child is in need of protection
- use the 30 days to undertake key investigation and assessment tasks, such as completing the safety assessment and family risk evaluation, interviewing relevant parties, information gathering and arranging medical assessments, if applicable.

It is generally not appropriate to supervise the child's contact with the parents during the assessment care agreement period, given the voluntary nature of the agreement. There may be occasions where it is assessed that the risk to the child during contact may be high, however, the parents have agreed to both the placement under the assessment care agreement and to supervised contact, and therefore an assessment order is not appropriate. In these cases, the contact will be supervised, and this contact may also provide an opportunity for observations of the interactions that will constitute part of the assessment of the parents' ability to meet the child's protection and care needs.

When a child subject to an assessment care agreement is subsequently assessed as being in need of protection, a decision may be made to continue the out-of-home care placement as part of ongoing intervention. Where this is to occur with the parents agreement, the assessment care agreement will end and a child protection care agreement needs to be negotiated with the parents (refer to [Chapter 6, 3. Place a child using a child protection care agreement](#)).

11. What if a matter needs to be referred to the SCAN team?

When undertaking an investigation and assessment, it may be appropriate to make a referral to a SCAN team, where the coordination of multi-agency action or discussion is required to effectively assess and respond to the protection needs of the child or children. Referrals to the SCAN team can also be made by another core member agency representative when the case meets the mandatory referral criteria.

For further information, refer to the Information Coordination Meetings (ICM) and the Suspected Child Abuse and Neglect (SCAN) Team System Manual.

12. What if a child and family cannot be located?

All reasonable steps must be taken to locate a family subject to a notification within the response priority timeframe. Where a family cannot be located, consider the following actions:

- re-contact the notifier
- check SCAN team records
- consult with the recognised entity for an Aboriginal and Torres Strait Islander child
- search telephone directories
- contact the QPS for information and assistance
- search electoral rolls – refer to Queensland Electoral Commission for more information
- contact schools to request assistance
- request assistance from Centrelink
- request assistance from Medicare Australia
- request assistance from the Child Support Agency.

Note: The Commonwealth and Child Safety have agreed procedures under the Information Sharing Protocol between the Commonwealth and Child Protection Agencies that allow Commonwealth agencies including Centrelink, Medicare Australia and the Child Support Agency to release a family's last known whereabouts to an authorised officer. Commonwealth agencies are only able to release information in specific circumstances. Requests are **only to be made via Data Management Services after all other attempts** to locate a family **have been exhausted**.

Note: Whilst Medicare and the Child Support Agency may have contact details for the family, in most instances, Centrelink will have the most accurate up-to-date details and would be the first agency to contact.

Each agency has a separate disclosure requirement and request form.

Centrelink may disclose relevant information if it is necessary to prevent, or lessen, a threat to the life, health or welfare of a person. To request the whereabouts of a family from Centrelink, complete the Centrelink Request Form and e-mail the form to DMS_Centrelink@communities.qld.gov.au with a subject heading of 'Response Priority: Centrelink Request for Family Name'.

Medicare Australia may disclose relevant information where it is necessary to prevent or lessen a serious or imminent threat to the life or health of an individual. To request information from

Medicare Australia, complete the [Medicare Request Form](#) and e-mail the form to DMS_Medicare@communities.qld.gov.au with a subject heading of 'Response Priority. Medicare Request for Family Name'.

The Child Support Agency needs to form a reasonable belief that the information is necessary to prevent or reduce the threat to the life, health or welfare of a person, or a reasonable belief that the threat may afford evidence that an offence has or may be committed against a person and the information is communicated to prevent, investigate or prosecute the offence.

To request information, complete the [CSA Request Form](#) and e-mail the form to DMS_CSA@communities.qld.gov.au with a subject heading of 'Response Priority. Child Support Agency Request for Family Name'.

For assistance with making a request, contact DMS on telephone 3235 9918. For specific information on what each agency can disclose please refer to the [Information Sharing Protocol between the Commonwealth and Child Protection Agencies](#).

Record the outcome of attempts to locate a family

When it has not been possible to commence an investigation and assessment and the team leader is satisfied that all reasonable attempts have been made to locate the family, taking into account the seriousness of the concerns, the potential risk of harm and the age and vulnerability of the child:

- record a 'member of a mobile family' alert in ICMS for each relevant person as soon as the decision is made that the family are mobile, or will be difficult to locate
- document all actions taken to locate the child and family in the investigation and assessment, in the 'Record of actions - mobile family' form in ICMS, including:
 - attempts made to locate the family and conduct the investigation and assessment
 - the results of all actions taken
 - relevant information received from other parties about the family
 - decisions made, and the rationale for decisions
- finalise the investigation and assessment within two months and record a 'no investigation and assessment outcome' for each subject child.

If there is a subsequent notification and the family has been located:

- do not reopen the original investigation and assessment event
- assess the previous concerns along with the current concerns, as part of the investigation and assessment
- record the previous concerns and the appropriate outcomes in the current investigation and assessment event.

13. What if parents refuse to allow contact with a child?

If during an investigation and assessment, a parent refuses entry to the home, or contact with the child:

- make every attempt to gain the consent of the family to undertake the investigation and assessment

- explain the legal obligation of Child Safety to investigate and assess the concerns under the Child Protection Act 1999, section 14
- emphasise the responsibility of Child Safety to sight the child and speak to the child and the parents, to assess the concerns
- explain that the process provides an opportunity for the parents to respond to the concerns
- acknowledge the parents reluctance and suggest alternatives such as the use of a support person for the parents, or, prior to leaving the premises, arrange an appointment at a later time if no immediate danger is identified for the child, either from the notification information or from observations made during contact with the parents.

If the parents continue to refuse contact, determine the appropriate powers or assessment order to be used to allow the investigation and assessment to be conducted, either:

- the use of powers under the Child Protection Act 1999, section 16 or 18, to access the child or secure their immediate safety, where there are concerns for the immediate safety of a child - refer to 8. What if a child is at immediate risk of harm - use of section 16 or 18?
- the use of a TAO - refer to 2. What if a parent will not consent to actions required - use of a TAO?
- the use of a CAO - refer to 3. What if a parent will not consent to actions required - use of a CAO?

14. What if assistance is required from another jurisdiction?

Investigation and assessment - address known

When there is a notification for a child who currently resides in Queensland, but the parent or carer who is the alleged person responsible resides in another jurisdiction and the address is known, Child Safety may request assistance from the state, territory or New Zealand (jurisdiction) to complete an investigation and assessment.

To request assistance for the completion of an investigation and assessment:

- complete a Request for interstate notification, including the current address in the other jurisdiction, and attach the current notification and any other relevant information that has been gathered
- specify the tasks required of the other jurisdiction in order for the investigation and assessment to be completed
- fax all relevant documentation to the Interstate Liaison Officer (ILO) at Court Services Unit.

The ILO will:

- forward this documentation to the ILO in the jurisdiction where the child lives, for that jurisdiction to make a decision about whether they will assist with interviewing the identified parties as requested
- follow up with the ILO in the other jurisdiction, to determine whether that jurisdiction is willing to conduct the interviews requested.

If the other jurisdiction agrees to assist, the ILO will obtain the report of the interviews with the nominated parties upon their completion.

If a family relocates to another jurisdiction prior or during the investigation and assessment, request an interstate notification - refer to the procedures in [Chapter 1, 1. What if the child protection concerns are about a child in another jurisdiction?](#) The other jurisdiction will respond to the concerns received in accordance with their legislative requirements and no further action is required.

Investigation and assessment - address unknown

If the whereabouts of the family in another jurisdiction **is unknown**, request an interstate alert - refer to the procedures in [Chapter 1, 1. What if the child protection concerns are about a child in another jurisdiction?](#) If updated information is received about the family or the family's whereabouts, notify the ILO immediately.

15. What if another jurisdiction requests assistance with an investigation and assessment?

When another state, territory or New Zealand (jurisdiction) requests assistance from Queensland to complete an investigation and assessment that is being conducted in that jurisdiction, the ILO will:

- ensure the relevant documentation, including the current interstate or New Zealand address, history checks and notification information have been received
- ensure that the other jurisdiction has specified the tasks required in order for the investigation and assessment to be completed
- forward all relevant documentation to the relevant CSSC for actioning.

The receiving CSSC will:

- allocate the matter
- seek clarification, as necessary, with the requesting office in the other jurisdiction
- complete the tasks as requested
- forward a written report to the ILO for forwarding to the requesting office in the other jurisdiction.

Use professional judgment to decide whether or not, during the investigation and assessment, to ask direct questions relating to assessing and deciding the provision of placement information to parents. In circumstances where the removal of a child is likely to occur, gather information to inform decisions about the provision of placement information to parents. For further information refer to [Chapter 5, 1.8 Assess the provision of placement information to parents](#) and [Chapter 5, 1.10 Provide placement information to parents](#).

16. What if a young person is subject to youth justice intervention?

When an investigation and assessment is conducted in relation to a child who is also subject to youth justice intervention, contact the youth justice case worker to:

- gather information to inform the assessment

- verify information provided by the child or the parents during assessment interviews
- provide relevant information, for the purpose of coordinating service delivery
- advise of a child's placement in out-of-home care, if applicable.

A Department of Justice and Attorney-General (Youth Justice Services) officer may act as a support person for the child during the interview or investigation and assessment process, when requested by the child or their family. If a request is made, contact the relevant Youth Justice Service to discuss the request and whether it is appropriate for a youth justice officer to participate in the process.

Any involvement by Youth Justice Services in the implementation or monitoring of a safety plan for a child, is to be negotiated by Child Safety with the youth justice case worker or their line manager.

When a child subject to youth justice services is in the custody of the chief executive:

- inform the youth justice case worker of who has custody and guardianship rights and responsibilities for the child, and explain the implications for decision-making about custody and guardianship matters (refer to Chapter 5, 3. Decision-making for the child)
- coordinate service delivery for the duration of the out-of-home care placement.

The involvement of Youth Justice Services in the SCAN team system would occur as an invited stakeholder, in accordance with Information Coordination Meetings (ICM) and the Suspected Child Abuse and Neglect (SCAN) Team System Manual.

When the investigation and assessment is completed and if Youth Justice Services remains involved with the child, contact the youth justice case worker and provide the following information:

- the outcome of the investigation and assessment
- the return of the child to the parents
- the nature of ongoing intervention to be provided, if applicable.

17. What if a family is subject to the Witness Protection Program?

At times, families who are subject to the Witness Protection Program through any one of the state or territory police services may reside in Queensland and be the subject of a notification. These families have a heightened need for confidentiality, due to the importance of protecting their identity, whereabouts and personal safety.

Witness protection in Queensland is administered by the Crime and Misconduct Commission, but is operationalised by the QPS Witness Protection Unit.

When it becomes known during an investigation and assessment that a family is subject to witness protection:

- liaise with the QPS by contacting the Communications Room, QPS on telephone (07) 3360 6325 and request to speak with either of the officers identified below, to ensure the best response to these complex and sensitive matters:
 - the Officer in Charge, QPS Witness Protection Unit

- the Operations Coordinator, QPS Witness Protection Unit
- ensure Child Safety meets the legislative responsibility to investigate the child protection concerns that are received
- consider whether sensitivity needs to be applied to the person profile or to an event. For further information, refer to Chapter 10.5 Recording sensitivity.

18. What if animal welfare issues are identified?

The Memorandum of Understanding between The State of Queensland, through Department of Communities (Child Safety) and The Royal Society for the Prevention of Cruelty to Animals, Queensland 2012-2014 sets out principles and roles and responsibilities to support the provision of services to children who have been harmed or are at risk of harm and protect the welfare of animals.

Schedule 2 - Guidelines for making a notification to the Royal Society for the Prevention of Cruelty to Animals outlines the specific circumstances in which Child Safety staff will provide information about the RSPCA to a family or contact the RSPCA directly with the family's consent. The confidentiality provisions of the *Child Protection Act 1999* significantly limit the information that can be shared with the RSPCA.

During an investigation and assessment or ongoing intervention

If it becomes apparent that an **animal has harmed a child or presents a risk** to the safety or well-being of a child:

- advocate and promote the RSPCA to the parents or carer
- encourage the family to utilise the RSPCA as a support service to reduce the risks that the animal poses to the child, or consent to Child Safety contacting the RSPCA on behalf of the family.

Where a **family does not takes steps** to address animal welfare concerns that pose a safety risk to the child, contact the RSPCA to inform them of the animal welfare concerns. If requested, the RSPCA will recontact Child Safety and advise whether they have taken action.

When referring families to intensive family support services, such as RAI, seek the parents consent to include information about the animal welfare issues in the referral.

Where **animal welfare issues are identified** that are not related to child protection concerns:

- provide information about the RSPCA to the family and encourage them to seek their support
- do not provide information to the RSPCA without the family's consent.

Schedule 3 - Guidelines for emergency care and accommodation of animals outlines the RSPCA's commitment to providing temporary emergency care and accommodation for the animals of families who are involved with Child Safety.

When issues are identified that prevent a family from providing care and accommodation to their animals:

- provide the family with information about the RSPCA

- encourage the family to utilise the RSPCA as a support service.

Therapeutic and education programs

The RSPCA runs therapeutic and educational programs to children who are known to have abused or neglected animals, such as the Animal Assisted Therapy program.

19. What if information is received via an Integrated Justice Information Strategy automated email alert?

Information will be received by Child Safety as part of the Integrated Justice Information Strategy (IJIS). Data Management Services or Data Management Unit receives this information and sends an automated email alert to the relevant CSSC or RIS management team group email.

Information in the email will comprise of either:

- an IJIS notification (Criminal court matter alert), notifying details of a subject child's first scheduled appearance in a criminal court proceeding
- an IJIS Electronic transfer of court result (ETCR) alert, advising of the need to run an IJIS ETCR report in ICMS to access details of a criminal or civil court result involving a subject child.

Receipt of IJIS notifications (Criminal court matter alert)

Child Safety will receive notification about the **first** scheduled court appearance of a child who has been charged with a criminal offence via an IJIS notification (Criminal court matter alert) automated email. A court matter alert will only be received by Child Safety where a child is identified as a subject child in an open investigation and assessment or ongoing intervention case. The court matter alert email will be forwarded to either:

- the RIS, when:
 - a notification has been recorded on a subject child and is awaiting approval in ICMS by the RIS team leader
 - the notification has been approved, however, the investigation and assessment has not been allocated to the pending allocation tray of receiving CSSC
- the CSSC who is responsible for undertaking an investigation and assessment, or who has case management responsibility for a child subject to ongoing intervention.

When an IJIS notification (Criminal court matter alert) is received by a RIS, the RIS team leader will:

- view the criminal court matter alert email
- allocate the notification to the relevant CSSC team leader for investigation and assessment
- forward the criminal court matter alert email to the CSSC undertaking the investigation and assessment.

When an IJIS notification (Criminal court matter alert) is received by a CSSC, the allocated CSO will:

- read and assess the information to determine the appropriate response, including screening the information if relevant

- record the information in the current ICMS event
- print the alert for the client file
- liaise with the relevant person as to attendance at court by Child Safety
- liaise with Youth Justice Services staff if required.

Receipt of IJIS Electronic transfer of court result information

The IJIS Electronic transfer of court results (ETCR) delivers court results from all Queensland criminal and civil jurisdictions to the CSSC holding case management responsibility for a subject child. The subject child is identified as the ‘primary person of interest’, and information may also be received on ‘secondary persons of interest’, who may or may not have an existing person record in ICMS.

An ETCR will **only** be received by Child Safety if a child is matched in the court result as being subject to an open investigation and assessment or ongoing intervention case. Information will not be received on a child subject to a support service case.

Data Management Service (DMS) receives the ETCR client information and sends an automated email alert to the relevant CSSC management team. Details about the court matter are accessed via the running of an ‘IJIS Electronic Court Results report’ in ICMS.

When an ETCR report is received:

- check the ETCR information against any previously recorded information and amend any errors in court dates, outcomes and persons named
- gather further information from the relevant source, for example the court coordinator, QPS or Court Services, where required
- check whether the information is known and has previously been recorded in the event in ICMS, for example, the information records an adjournment of proceedings - if the information is already recorded in ICMS no further recording is required and the ETCR report will remain accessible in the ICMS reports tab
- determine whether the information identifies new harm or risk of harm to the child and if so, undertake the relevant intake tasks
- create a person record in ICMS for any child or adult previously unknown to Child Safety, who may have a significant relationship with the subject child and attach the ETCR report to the ICMS event.

For further information, refer to either [Chapter 1. Intake](#), [Chapter 4, 4.1 Actively implement the case plan](#) and the practice resource [Receiving Integrated Justice Information Strategy email alert information](#).

20. What if the investigation and assessment is to be completed using a differential pathway?

Differential pathways provide an alternative option for completing an investigation and assessment that is tailored to a family’s individual circumstances. The two differential pathway options that may be used in exceptional circumstances are:

- core assessment

- contact with other professional.

The decision about whether to use either of the differential pathways to complete the investigation and assessment is made during the assessment phase.

Core assessment

The use of the core assessment differential pathway allows for the finalisation of an investigation and assessment without the completion of certain actions that may ordinarily be undertaken. These actions may include contact with the school or health professional, or interviews of other relatives or household members where it is determined that they would not provide additional relevant information.

The core assessment can only be used in exceptional circumstances when all of the core components of the investigation and assessment have been conducted, including sighting and interviewing all subject children, the parents and the alleged persons responsible, and sufficient information gathering has occurred to fully assess whether or not a child is in need of protection.

This pathway allows for the timely completion of an investigation and assessment, without compromising the safety of the child.

This option **may not** be used:

- for a matter of concern notification
- when the previous investigation and assessment was a core assessment.

When this option is used, record a clear rationale for why it is considered to be an appropriate response to the particular case, in the text of the 'Assessment and outcome' form in ICMS.

Contact with other professional

The contact with other professional option is used in exceptional circumstances, when a comprehensive assessment of harm and risk has been made, but sighting and interviewing one subject child remains an outstanding task. This differential pathway utilises other professionals to assist in speaking to a child and can be used to finalise and record an investigation and assessment outcome within the procedural timeframe, for matters that would otherwise result in one child having a 'No investigation and assessment outcome'.

This differential response option is used to finalise an investigation and assessment when it is assessed that the risk factors do not necessitate the CSO sighting or interviewing that child and it is appropriate to engage another professional to sight or speak to one subject child.

This option may be used for example:

- when a child is admitted to hospital and it is appropriate for the hospital social worker to sight or speak to the child
- where QPS has already interviewed the child in the absence of a CSO
- when the child now resides in another area and the child has not been sighted and interviewed by the relevant CSSC
- when it is appropriate for another professional, such as a guidance officer or CYMHS worker already engaged with the child to speak to the child.

Prior to using this option:

- identify a professional who, given the child's individual circumstances, would be an appropriate person to approach and speak to the child
- seek the parent's consent for the professional to speak to the child
- contact and assess the suitability of the professional to speak to the child and gather information regarding the concerns
- inform the professional that any information provided will assist an assessment of the child's need for protection
- provide the professional with the following information:
 - the concerns being assessed
 - the confidentiality requirements of the Child Protection Act 1999
 - general information about how to gather relevant information from a child
 - the contact must occur in a lawful way (for example, not on school property without the school principal's consent).

It may still be necessary to formally interview the child depending on what information the other professional gathers from the child and whether it increases the assessed level of harm or risk to the child.

This option **may not** be used:

- for the same child more than once within a 12 month period, or for two consecutive investigation and assessments
- for allegations of sexual abuse or serious physical abuse
- for children under school age or when there is only one subject child recorded, except in exceptional circumstances when the senior practitioner has reviewed the matter and assessed that it is appropriate to use of this option
- for a matter of concern notification
- for a child subject to a child protection order granting long-term guardianship to a suitable person.

21. What if a family resides in the south east region and is eligible for a referral to a secondary service?

A finalised investigation and assessment for a family living in the south east region will be referred to a family support alliance service when the family resides in the catchment area, **consents to the referral**, and when the outcome of the investigation and assessment is either:

- 'Substantiated - child not in need of protection', and the outcome of the family risk evaluation is 'high'
- 'Unsubstantiated - child not in need of protection', and the outcome of the family risk evaluation is 'high'.

A referral cannot be made when:

- the child is in need of protection
- the matter relates to an unborn child and consent from the pregnant woman has not been obtained.

Resources

Forms and templates

- Care Agreement - Form
- Centrelink Request Form
- Child Safety After Hours Service Centre: After hours referral form
- Court Assessment Order (Form 7)
- CSA Request Form
- HRA Form 1: Unborn child high risk alert: Request for immediate notification when pregnant woman presents for delivery
- HRA Form 2: Unborn child high risk alert: Notification that pregnant woman has presented for delivery
- HRA Form 3: Cessation of unborn child high risk alert
- ICM and SCAN team form 1 - Request for multi-agency meeting
- Medicare Request Form
- Police Referral Fax
- QPS - Non-urgent criminal and domestic violence history check request (spreadsheet)
- QPS - Urgent Request (After Hours)
- Request for information pursuant to chapter 5A
- Request for interstate notification
- Temporary Assessment Order (Form 3)
- Unborn child checklist

Child Safety resources

- CPE2 - Linking of court orders
- Information Coordination Meetings (ICM) and the Suspected Child Abuse and Neglect (SCAN) Team System Manual
- Interviewing Children and Recording Evidence (ICARE)
- Physical and cognitive developmental milestones
- Practice guide: The assessment of harm and risk of harm
- Practice paper: Child sexual abuse
- Practice paper: Working with Aboriginal and Torres Strait Islander people
- Practice resource: Assessment orders
- Practice resource: Family risk evaluation
- Practice resource: Informing parents about the harm and the outcome - section 15
- Practice resource: Interviewing a child
- Practice resource: Planning for and undertaking a joint investigation
- Practice resource: Planning the investigation and assessment
- Practice resource: Receiving Integrated Justice Information Strategy email alert information

- Practice resource: Recording the investigation and assessment
- Practice resource: Recording your professional assessment about whether the child is in need of protection
- Practice resource: Safety assessment
- Practice resource: Schedule of criminal offences
- Practice resource: The child placement principle
- Practice resource: The role of a support person
- Practice resource: Unborn children
- Practice resource: Use of powers for a child at immediate risk - section 16 and 18
- Practice resource: Working with the recognised entity
- SDM: Family risk evaluation
- SDM: Safety assessment
- When Child Safety officers visit your home
- Youth Protocol: An agreement concerning referral, assessment, case management and support for homeless and unsupported young people

External resources

- Animal Assisted Therapy
- Information Sharing Protocol between the Commonwealth and Child Protection Agencies
- Memorandum of Understanding between The State of Queensland, through Department of Communities (Child Safety) and The Royal Society for the Prevention of Cruelty to Animals, Queensland 2012 - 2014
- Queensland Health - List of maternity hospitals and nominated positions
- Schedule 2 - Guidelines for making a notification to the Royal Society for the Prevention of Cruelty to Animals
- Schedule 3 - Guidelines for emergency care and accommodation of animals

Chapter 3. Ongoing intervention

Purpose

Ongoing intervention refers to intervention by Child Safety that occurs with a child and their family following the completion of an investigation and assessment, when it is assessed that a child is in need of protection, or an unborn child is assessed as being in need of protection following their birth or it is assessed that a child is not in need of protection, but the level of risk in the family is ‘high’. Ongoing intervention may also occur in certain circumstances for a young person who has previously been a child in need of protection, following their eighteenth birthday.

Ongoing intervention may occur with either the authority of a child protection order, or with the consent of the parents, pregnant woman or young person. The purpose of ongoing intervention is to meet the child's protection and care needs, reduce the likelihood of future harm to the child or unborn child or provide ongoing support and assistance to a young person, following their eighteenth birthday, if required.

Key steps

1. Decide the type of ongoing intervention
2. Decide the type of child protection order, if required
3. Undertake ongoing intervention activities
4. Close an ongoing intervention case

What ifs - responding to specific ongoing intervention matters

Standards

1. Ongoing intervention is provided for any child who has been assessed as being in need of protection.
 2. Ongoing intervention is offered for any child who has been assessed as not being in need of protection where there is a ‘high’ outcome on the family risk evaluation.
 3. Ongoing intervention is offered to a pregnant woman, and where applicable her partner, when it is assessed that an unborn child will be in need of protection after their birth.
 4. When deciding the type of ongoing intervention and other significant decisions about an Aboriginal or Torres Strait Islander child, the recognised entity is given an opportunity to participate in the decision-making processes.
 5. The support needs of a child subject to a long-term guardianship order to a suitable person, and their long-term guardian, are responded to in a timely manner.
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Practice skills (Key areas for reflection)

- Have I provided the child and parents with information about the matters affecting them, to inform their involvement in decision-making?
 - Have I genuinely consulted and actively included the child and parents in the decision-making processes?
 - Have I selected the most appropriate type of ongoing intervention, and if a child protection order is required, am I confident it does not exceed the level of intervention needed to secure the child's safety?
 - Have I ensured that the type of child protection order to be applied for, if applicable, reflects the needs of the child and their family, and is consistent with the case plan goal?
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Authority

- *Child Protection Act 1999*, section 5, 6, 7, 10, 14(2) and (3), 51AA-51AM, 51C, 51VA, 51ZB, 54, 59, 61, 63, 64, 65, 73, 159A-159H, 159M-159N, 159(O), 187, 188 and Chapter 7
- Communities Policy: Recordkeeping
- Communities Policy: Special Payments (including Ex-gratia)
- Policy No. 289: Respite Placements and Dual Fortnightly Caring Allowance
- Procedure No. 289: Respite Placements and Dual Fortnightly Caring Allowance
- Policy No. 296: High Support Needs Allowance
- Procedure No. 296: High Support Needs Allowance
- Policy No. 343: Intervention with Parental Agreement
- Policy No. 347: Transferring matters between CSSCs
- Policy No. 369: Participation in decision-making - children and young people subject to statutory child protection intervention
- Policy No. 391: Critical Incident Reporting
- Policy No. 395: Administrative access to child safety records
- Policy No. 401: Interstate transfers of child protection orders and proceedings
- Policy No. 403: Information exchange and service delivery coordination
- Policy No. 406: Support Service Case
- Policy No. 408: Information privacy
- Policy No. 607: Supporting children in the care of long-term guardians
- Policy No. 608: Child Related Costs - Long-term guardian support
- Procedure No. 608: Child Related Costs - Long-term guardian support
- Policy No. 609: Aboriginal and Torres Strait Islander Child Placement Principle
- Policy No. 610: Working with Aboriginal and Torres Strait Islander children, families and communities

- Protocol for the Transfer of Child Protection Orders and Proceedings and Interstate Assistance 2009
-

Key steps - Ongoing intervention

1. Decide the type of ongoing intervention

- 1.1 Consider the type of intervention required
- 1.2 Decide the type of intervention - child in need of protection
- 1.3 Decide the type of intervention - child not in need of protection
- 1.4 Involve the child and parents in decision-making
- 1.5 Implement case management responsibilities
- 1.6 Record case management information in ICMS

2. Decide the type of child protection order, if required

- 2.1 General factors informing decision-making about the type of order
- 2.2 Apply for a directive order
- 2.3 Apply for a supervision order
- 2.4 Apply for a short-term custody order
- 2.5 Apply for a short-term guardianship order
- 2.6 Apply for a long-term guardianship order
- 2.7 Complete an affidavit for a child protection order
- 2.8 Apply to extend, vary, revoke or make a new child protection order
- 2.9 Apply for a transition order

3. Undertake ongoing intervention activities

- 3.1 Undertake case planning and review processes
- 3.2 Undertake support planning and review processes

4. Close an ongoing intervention case

- 4.1 Prepare for case closure
- 4.2 Complete actions to close a case

What ifs - responding to specific ongoing intervention matters

1. What if a **suitable person** has **long-term guardianship**?
2. What if **new child protection concerns** are received?
3. What if an **ongoing intervention** case needs to be transferred **to another CSSC**?
4. What if assistance is required with **social housing**?
5. What if a child is subject to ongoing intervention and **youth justice intervention**?
6. What if **case work tasks** are to be transferred **to another jurisdiction**?
7. What if a child protection **order or proceedings** are to be transferred **to another jurisdiction**?
8. What if a matter needs to be referred to the **SCAN team system**?
9. What if immediate custody is required for a child in need of protection - **use of a TCO**?
10. What if there is a **change** in the **individuals residing** in the family home?

1. Decide the type of ongoing intervention

1.1 Consider the type of intervention required

Following an investigation and assessment, a decision is made about whether to provide ongoing intervention. Ongoing intervention **is required** for any child in need of protection, whereas for a child not in need of protection or an unborn child assessed to be in need of protection after birth, ongoing intervention **is offered** to the family or pregnant woman.

For a young person in out-of-home care who has been subject to transition from care planning, ongoing intervention **may be offered** following their eighteenth birthday.

There are **three types** of ongoing intervention cases:

- a support service case
- intervention with parental agreement
- intervention with a child protection order.

Consider the following factors when deciding the type of ongoing intervention that will occur with, or be offered to, the child and family:

- whether the child is assessed as being in need of protection
- the assessed level of risk for the child, including the outcome of the most recent safety assessment and family risk evaluation - refer to the risk and protective factors outlined in the Practice guide: The assessment of harm and risk of harm
- what is required to meet the child's protection and care needs
- what is required to reduce the likelihood of future harm to the child
- whether the parents are able and willing to work with Child Safety to meet the child's protection and care needs
- the views of, and information provided by, the recognised entity for an Aboriginal or Torres Strait Islander child.

In addition to the above factors:

- ensure that the child's safety needs are met whilst the decision is being made about the type of ongoing intervention, and if applicable, the type of child protection order required
- give preference to working with families without the use of a child protection order, where this will not jeopardise the child's safety and well-being.

The team leader is responsible for deciding the type of ongoing intervention required based on the above factors. The team leader makes this decision, in consultation with the CSO. Where the child is Aboriginal or Torres Strait Islander, the recognised entity must be informed about and given an opportunity to participate in the decision-making about the ongoing intervention type.

In circumstances where it is identified that the child is an unaccompanied humanitarian minor (UHM), contact the UHM program officer, Statewide Services, **prior** to deciding the type of ongoing intervention for the child. For further information, refer to Chapter 1, 7. What if the child is an unaccompanied humanitarian minor? and the Practice guide: Unaccompanied humanitarian minor wards.

Support may continue to be provided to a child and their long-term guardian. For further information, refer to [1.What if a suitable person has long-term guardianship?](#)

For further information on decision-making in relation to an Aboriginal or Torres Strait Islander child and working in partnership with the recognised entity, refer to [Chapter 10.1 Decision-making about Aboriginal and Torres Strait Islander people](#) and the practice resource [Working with the recognised entity](#).

1.2 Decide the type of intervention - child in need of protection

If a child is assessed as being in need of protection, Child Safety **must provide ongoing intervention** to the child and family to ensure the child's protection and care needs are met, regardless of the outcome of the family risk evaluation. This intervention will occur as either:

- intervention with parental agreement
- intervention with a child protection order.

For **both of these types of ongoing intervention**, Child Safety is responsible for addressing the child's protection and care needs, and must develop a case plan to address these needs. For further information, refer to [Chapter 4. Case planning](#).

These two types of ongoing intervention are outlined below, however, in rare circumstances a child may be subject to both intervention with parental agreement and a child protection order at the same time, for example, both intervention with parental agreement and a directive order.

Decide whether to provide intervention with parental agreement

Intervention with parental agreement enables Child Safety to provide support and assistance to a child in need of protection and their family, without the use of a court order. The parents must agree to work with Child Safety and they must be assessed as both **able and willing** to do so.

Intervention with parental agreement is generally of a short-term and intensive nature, and it **must** be safe for the child to remain at home. While the child will usually remain in the home for all, or most of, the intervention period, they may be placed in out-of-home care with the use of a child protection care agreement, if required. For further information refer to [Chapter 6, 3.1 Place a child under a child protection care agreement](#). If the parents will not consent to ongoing intervention, a child protection order will be required.

To assess the appropriateness of intervention with parental agreement, consider the following factors:

- **the level of risk** - risk to the child **must** be the primary consideration. Take into account the risk level from the family risk evaluation, the vulnerability of the child, any unresolved immediate harm indicators identified in the safety assessment for the household and the child protection history for the child and family
- **the child's view and wishes** - these will be obtained, depending on the child's age and ability to understand
- **the parents acknowledgment of the concerns** - assess the parents capacity to understand and acknowledge the child protection concerns. If the concerns are not

understood or acknowledged, it is unlikely that the parents will comply with the case plan and court-based intervention may be a more appropriate response

- **parental ability and willingness** - the parents must:
 - be both able and willing to work cooperatively with Child Safety to meet the protection and care needs of the child
 - agree to participate in the development and implementation of a case plan to meet the protection and care needs of the child
 - be assessed as likely to be able to meet the protection and care needs of the child when the intervention is completed.

Do not assume the parents agreement to this type of intervention will guarantee the child's safety. The parents may articulate a willingness to cooperate that is not evidenced in their actions or behaviour. The parents agreement may also be indicative of a desire to avoid more formal and intrusive court-based intervention, and can also be an indicator of increased risk. Treat any compliance or acceptance of intervention in the context of serious harm or risk of harm to a child, with caution.

For an Aboriginal or Torres Strait Islander child, consult with the recognised entity to gather information about the child and their family, their ability and willingness to work with Child Safety and other culturally appropriate supports available to the family within their community.

Intervention with parental agreement is **not** appropriate when **one or more of the following** applies:

- there are serious risk factors associated with the parents ability to consent, such as current alcohol or substance misuse, intellectual disability or current psychiatric illness
- there are serious risk factors associated with the parents ability to adhere to the case plan, such as a high degree of mobility, an inability or unwillingness to work with Child Safety or a community organisation, or a demonstrated lack of engagement during previous Child Safety intervention
- the parents failure to adhere to the case plan would place the child at unacceptable risk of harm.

For more information about providing intervention with parental agreement, refer to [Chapter 6. Intervention with parental agreement](#) and [Chapter 4. Case planning](#).

Decide whether to apply for a child protection order

An application for a child protection order can **only** be made if the protection and care needs of the child are unlikely to be met by a less intrusive intervention and the use of statutory authority is required to enable intervention by Child Safety. Use of intervention with a child protection order is appropriate when both of the following apply:

- the child is assessed as being in need of protection
- the protection and care needs of the child cannot be met by the use of intervention with parental agreement.

Court Services have developed a suite of resources to assist Child Safety Officers through the application process. These can be found on the [Court Work Project](#) page on Infonet.

The type of child protection order sought will depend on the level of intervention required, as outlined in [2. Decide the type of child protection order, if required](#).

When making a decision about a child protection order in relation to an Aboriginal or Torres Strait Islander child, the recognised entity must be consulted prior to the decision being finalised and the application being lodged with the Children's Court. Record the views of the recognised entity and any information they have provided in the 'Recognised entity participation' form in ICMS.

When an out-of-home care placement is not required to secure the child's safety, consider the use of a directive or supervision child protection order. These orders are non-custodial orders and allow the child to remain in the home. If required, the court can make one or more child protection order concurrently, for example, a directive order may be granted at the same time as a supervision order to enable Child Safety to ensure that the directive order conditions are met (*Child Protection Act 1999*, section 61).

A child protection order granting custody or guardianship will be required when any of the following apply:

- the safety assessment for the child has an outcome of 'unsafe'
- the child's protection and care needs cannot adequately be met by the sole use of services external to Child Safety, or intervention with parental agreement
- removal from home is necessary to protect the child
- the use of a planned placement under a child protection care agreement is inappropriate
- the family is uncooperative and will not participate in any case plan that offers protection to the child
- a parent responsible for harm to the child has access to the child and is unwilling to participate in the case plan - when they fail to accept the fact that their actions were harmful to the child or placed them at unacceptable risk of harm.

Once a decision is made that an order is needed to meet the child's protection and care needs:

- decide the most appropriate child protection order - refer to [2. Decide the type of child protection order, if required](#)
- complete an 'Form 10 - Application for a child protection order' in ICMS
- obtain additional information from other agencies or professionals that will support the application for a child protection order
- complete an affidavit to support the application for a child protection order - refer to [2.7 Complete an affidavit for a child protection order](#).

1.3 Decide the type of intervention - child not in need of protection

The only type of ongoing intervention that can occur when a child is **not** in need of protection, is by way of a support service case.

The purpose of a support service case is to reduce the likelihood of future harm to a child, or an unborn child, or to provide ongoing support to a young person following their eighteenth birthday, where applicable.

It involves providing, or helping provide, preventative and support services to strengthen and support families and young people in the following circumstances:

- a child who is assessed as not being in need of protection, but the level of risk in the family is assessed as 'high'
- an unborn child is assessed as being in need of protection following their birth
- a young person requires support following their eighteenth birthday to complete their transition to independence, where the young person was previously subject to:
 - a child protection order granting custody or guardianship to the chief executive - for further information, refer to Chapter 5, 2.9 Plan and support the young person's transition from care into adulthood.
 - a child protection order where an approved carer was subsequently granted the long-term guardianship of the child.

Because a child subject to a support service case is **not** a child in need of protection, a case plan is **not** required. A support service case involves the development of a Support plan, and where possible, the use of other government agencies and funded services to provide support to the child and their family, the pregnant woman or young person.

With the exception of a young person who is transitioning from care, a support service case is generally for a short-term, that is **less than 12 months**. A support service case will **not** involve the provision of an out-of-home care placement for a child who is not in need of protection.

The child's parents, pregnant woman or young person **must** consent to work with Child Safety before a support service case can be opened.

For an Aboriginal or Torres Strait Islander child, involve the recognised entity in the planning for a support service case. The recognised entity can provide important information about the child, the family, existing formal and informal supports within the community and compatible supports that will help to address the identified needs.

For more information on undertaking a support service case, refer to [Chapter 7. Support service cases](#).

1.4 Involve the child and parents in decision-making

Whenever a child is subject to ongoing intervention, to the extent possible:

- encourage the child to participate in decision-making relating to their own protection, based on their age and ability to understand
- keep the child informed about matters affecting them
- involve the child's parents in every stage of decision-making concerning their child.

Exceptions

In the following circumstances, it may not be possible for parents to actively participate in decision-making:

- when the parents involvement in decision-making poses a high-level risk to the child's emotional or physical safety
- when the parents may be unable to contribute to the decision-making process for the child, for example, due to intoxication or psychiatric illness.

In these situations, provide parents with full information about the matter being decided and the decision-making process.

1.5 Implement case management responsibilities

Case management refers to the overall responsibilities of Child Safety when intervening with a child and family. Case management is a way of working with the child, family and other agencies to ensure that the services provided are coordinated, integrated and targeted to meet the goals of the case plan or 'support plan'.

When ongoing intervention is required, the case is allocated to an authorised officer, who becomes the CSO with case responsibility. It is the responsibility of this CSO to:

- provide a planned response to the child and family, the pregnant woman or young person
- meet all statutory requirements relevant to the intervention type
- provide the recognised entity with an opportunity to participate in all significant decisions about an Aboriginal or Torres Strait Islander child, or consult the recognised entity about all other decisions
- ensure that there is a case plan or 'support plan' developed for the child, which outlines strategies to meet their protection and care needs (including developmental needs) and assists the child to gain the skills and sense of well-being that will allow them to realise their potential and positively participate in the wider community
- ensure a cultural support plan is developed and implemented for an Aboriginal or Torres Strait Islander child
- support the child in out-of-home care and monitor the quality of care provided to the child, if applicable
- proactively implement the case plan or 'support plan', focussing on achieving the goal and outcomes of the plans
- provide the child and family with information about matters affecting them and opportunities to participate in decision-making
- undertake the ongoing assessment and review of the case plan or 'support plan'
- close an ongoing intervention case when the child's protection and care needs have been resolved, or ongoing support is no longer required.

Long-term guardianship to a suitable person

Case management responsibility for a child subject to a long-term guardianship order to a suitable person differs to case management responsibilities for children subject to other types of ongoing intervention, in particular, there are different requirements for case work and case planning processes.

For further information, refer to [1. What if a suitable person has long-term guardianship?](#)

1.6 Record case management information in ICMS

Each time an ongoing intervention case is opened, or the case status of the child changes to another type of ongoing intervention, updated information is required in the case management tab, located on the person record in ICMS.

The team leader is responsible for completing the **case management tab** for each child with the following information:

- details of the allocated case worker for the child and the CSSC where they are located
- the start date of the case
- the start and end date of each new ongoing intervention type, if appropriate
- the start and end dates of the officer undertaking case management or case work tasks for the subject child.

In addition, record details of the participation of, or consultation with, a recognised entity in the ‘Recognised entity participation form’ in the ongoing intervention event in ICMS.

To avoid opening duplicate events in ICMS, when case management information is being recorded, a conditional message is displayed in the ongoing intervention section of the tab to advise whether one of the following applies:

- an open ongoing intervention event currently exists
- multiple open ongoing intervention events currently exist
- no open ongoing intervention event currently exists for the subject child.

The tab also includes information about case work tasks requested via the case transfer process - if applicable refer to [3. What if an ongoing intervention case needs to be transferred to another CSSC?](#)

2. Decide the type of child protection order, if required

Whenever a decision is made that a child protection order is required to meet the child’s protection and care needs, a decision about the appropriate order must reflect the needs of the child and family and the case plan goal, either:

- the child is to remain safely in the home
- reunification
- out-of-home long-term stable living arrangements.

The types of child protection orders available (*Child Protection Act 1999*, section 61) for ongoing intervention are:

- directive orders
- a supervision order
- short-term custody order - to a member of the child’s family **or** the chief executive
- short-term guardianship order - to the chief executive

- long-term guardianship order - to a suitable member of the child's family **or** to a suitable person **or** to the chief executive.

A directive or supervision order is appropriate where the child is able to safely remain in the home. Under these orders, parents retain all custody and guardianship decision-making responsibilities for the child.

Short-term orders are appropriate when the case plan goal is reunification of a child with their family.

Long-term orders are appropriate when it has been assessed in the course of working with the child and family that the child is **not** able to be safely reunified with the parents within a timeframe appropriate to the child's age and circumstances, and that the child's protection and care needs will be met through long-term out-of-home care - refer to [2.6 Apply for a long-term guardianship order](#).

The Childrens Court may make any one or more of these orders concurrently, for example, both a short-term custody order and a directive order (*Child Protection Act 1999*, section 61).

A new decision about what type of child protection order will best respond to the child's protection and care needs will also be required when:

- an existing order is due to expire
- the review of the case plan indicates that the existing order:
 - is now a more intrusive level of intervention than is required
 - has failed to keep the child safe from harm or risk of harm and a new order is required
- an existing order has been extended more than once or the child's longer-term need for permanency and stability must be considered
- a suitable person granted the long-term guardianship of a child is no longer able or willing to meet guardianship responsibilities for the child - for further information, refer to [1. What if a suitable person has long-term guardianship?](#)

In all cases, when applying for a child protection order and making a recommendation about the required duration of a child protection order, estimate the time required to resolve the child's protection and care needs and ensure the timeframe is warranted in the circumstances.

In circumstances where an application has been made for a child protection order, and there is an existing order granting custody of the child to the chief executive or a member of the child's family or guardianship of the child to the chief executive, the **existing** order continues until the application is decided, unless the Childrens Court orders an earlier end to the order (*Child Protection Act 1999*, section 99).

Note: Under the *Child Protection Act 1999*, section 99(3), an order under section 67 may operate concurrently with section 99.

When an application for a child protection order is lodged **prior to** a family group meeting, a change to the type of order applied for may be required following the family group meeting if there is a reviewed assessment of the child's safety needs.

2.1 General factors informing decision-making about the type of order

When deciding the most appropriate child protection order, consider:

- the views of the child and the child's family
- the views of the recognised entity for an Aboriginal or Torres Strait Islander child, including any differing views, and information provided about the child, their family, community and culture - recorded in the 'Recognised entity participation' form in ICMS
- the outcomes of previous intervention including the family's engagement with Child Safety and other service providers
- the level of intervention required to ensure the child is safe and to meet the child's protection and care needs
- whether the child can remain in the home or requires an out-of-home care placement
- the goal of ongoing intervention - whether to support the child in the home, reunify the child and family or seek a long-term out-of-home care placement for the child
- the length of time reasonably needed for the family and Child Safety to work towards meeting the child's case plan goal.

Individual and family circumstances relating to each child will also inform the decision-making process, including:

- whether the child needs protection from **one or both** parents
- whether the child's contact with one or both parents needs to be restricted for safety reasons
- whether one parent, with support, or other relatives may be able to assume a protective role with the child
- the relationship between the parents, their level of involvement with the child and their ability and willingness to be involved with case planning and when relevant, implementation of the case plan actions
- who will require custody and guardianship of the child for the duration of ongoing intervention - for further information, refer to Chapter 5, 3.1 Determine who may decide a custody or guardianship matter.

Having considered the general factors above about the goal of intervention by Child Safety and whether an out-of-home care placement is required, refer to the considerations unique to **each order type**, as follows:

- the child is to remain safely in the home and an out-of-home care placement is **not** required - refer to 2.2 Apply for a directive order, or 2.3 Apply for a supervision order
- an out-of-home care placement **is** required, however, the goal of intervention is reunification - refer to 2.4 Apply for a short-term custody order, or 2.5 Apply for a short-term guardianship order
- the child's protection and care needs will be met through long-term out-of-home care - refer to 2.6 Apply for a long-term guardianship order.

Following the decision about the most appropriate child protection order, provide ongoing intervention in accordance with [Chapter 4. Case planning](#) and, where applicable, [Chapter 5. Children in out-of-home care](#).

2.2 Apply for a directive order

There are **two** types of directive orders:

- an order directing a parent of a child to do, or refrain from doing, something directly related to the child's protection - *Child Protection Act 1999*, section 61(a)
- an order directing a parent not to have contact, direct or indirect, either:
 - with the child
 - with the child, other than when a stated person or a person of a stated category is present - *Child Protection Act 1999*, section 61(b).

A directive order may also be applied for in conjunction with a supervision order or another child protection order, if required. In limited circumstances, a child may be subject to both a directive order and intervention with parental agreement.

Directive order about parental actions - section 61(a)

Apply for a directive order about parental actions when **all** of the following circumstances apply:

- the parents will not take the action, or cease the action, on a voluntary basis
- the child can safely remain at home, as long as the parents take certain actions or cease certain actions - where applicable, this consideration will be informed by the most recent safety assessment
- the action is able to be clearly defined, and what is required of parents is easily understood by the parents
- a specific order is able to be made by the court
- failure on the parents part to keep to the directives of the order, will not place the child at unacceptable risk of harm
- the parents are likely to adhere to the recommended order.

Ensure that the order is specific, not general - for example, 'ensure the child attends school every school day', rather than 'ensure proper schooling', or 'take the child to the hospital clinic for treatment every Thursday', rather than 'provide adequate medical care'. If the order needs to be general, a supervision order is more appropriate - refer to [2.3 Apply for a supervision order](#).

Directive order about parental contact - section 61(b)

Apply for a directive order which directs the parent not to have contact, direct or indirect, with the child, or to only have contact, when a stated person or a person of a stated category is present, when **any one** of the following circumstances apply:

- the child could remain at home with a protective parent if the parent to whom the child protection concerns apply was prevented, or restricted, from contact
- a protective parent consents to the child being cared for by another person, for example, with relatives, and the parent to whom the child protection concerns apply was prevented, or restricted, from contact

- there is a Family Court of Australia parenting order which needs to be overridden for child protection reasons, allowing the protective parent to apply for variation of the Family Court of Australia order
- there is a need to prevent a parent from harassing the child in a significantly harmful way, for example, telephone threats, and prosecution may be required to enforce the contact order - in this case, the order may be made in conjunction with any other child protection order
- the child's safety could be secured through the supervision of the parent to whom the child protection concerns apply, and there is a person assessed as able and willing to provide the supervision.

It is not appropriate to use a directive order about parental contact:

- to effectively deny both parents contact - when this is required, a custody order is more appropriate, as someone still has to exercise custody or guardianship over the child
- when the child is living with their only parent - the order should not be used in a way which would leave the child 'at home alone'
- in a way which would effectively deny someone entry to their own home, except on a very temporary basis.

Supervision of parental contact could range from contact visits to someone moving into the home temporarily, to ensure the child is not left alone with the parent to whom the child protection concerns apply. The supervising person must, however, be aware of the proposed order and voluntarily agree to their role in supervising the parent.

Where a directive order is sought and granted, ensure that the child's case plan clearly specifies how the directive order will be implemented and monitored.

Note: A court may impose penalties on a child's parent who knowingly contravenes a directive order regarding contact.

Advice to parents

Once the order has been made, in accordance with the *Child Protection Act 1999*, section 63, provide the parents with a copy of the order and a written notice explaining the terms of the order and their right to appeal against the decision to make the order.

Duration of the order

A directive order must **not** be for more than one year (*Child Protection Act 1999*, section 62(2)).

2.3 Apply for a supervision order

A supervision order requires the chief executive to supervise the child's protection, with respect to the matters stated in the order (*Child Protection Act 1999*, section 61(c)). A supervision order may be applied for in conjunction with a directive order (*Child Protection Act 1999*, section 61(a)).

Apply for a supervision order when **all** of the following circumstances apply:

- the child is in need of protection but supervision and direction by Child Safety will enable:

- the child to safely remain at home
- Child Safety to monitor the situation to ensure the matters specified in the order are addressed by the parents
- it is possible to specify the areas relating to the child's care which are to be supervised by Child Safety
- failure on the parents part to comply with Child Safety requirements will not place the child at immediate risk of harm
- the intervention needed, with the child residing in the home, will not be accepted by the parents on a voluntary basis
- it is appropriate for the parents to retain their custody and guardianship rights and responsibilities.

Ensure that the child's case plan clearly specifies how the supervision order will be implemented and monitored.

Advice to parents

Once the order has been made, in accordance with the *Child Protection Act 1999*, section 63, provide the parents with a copy of the order and a written notice explaining the terms of the order and their right to appeal against the decision to make the order.

In accordance with the *Child Protection Act 1999*, section 78, Child Safety may provide written notice to parents, using [Letter to parent regarding a supervision order \(section 78\)](#), directing them to do, or refrain from doing something, specific to the order. Where the parents believe that the written directions given by Child Safety do not specifically relate to the supervision matters in the order, the parent is able to seek external review by the Queensland Civil and Administrative Tribunal.

Duration of the order

A supervision order must **not** be for more than one year (*Child Protection Act 1999*, section 62(2)).

2.4 Apply for a short-term custody order

A short-term custody order grants custody to either:

- a suitable person, other than a parent of the child, who is a member of the child's family
- the chief executive.

Short-term custody to a member of the child's family - section 61(d)(i)

Apply for an order granting short-term custody to a suitable member of the child's family, when **all** of the following circumstances apply:

- the child cannot be safely left at home using a lesser order - where applicable, this consideration will be informed by the most recent safety assessment
- Child Safety is working towards the reunification of the child and family

- there is an appropriate relative able and willing to assume short-term custody for the purpose of protecting the child and work with Child Safety in planning for the child to return to the care of the parents
- there is no significant conflict between the parents and the relatives, and the relatives will facilitate appropriate family contact between the child and parents
- it is not necessary to impose a 'no contact' decision on a parent
- the member of the child's family is able and willing to assume **full** financial responsibility for the care of the child

If there is uncertainty about one of the above factors, for example, the ability of the relatives to ensure positive family contact between the child and parents, it may be appropriate to seek an order granting custody to the chief executive but still place the child with the relatives.

A child subject to an order granting short-term custody to a member of a child's family is **not** placed under the *Child Protection Act 1999*, section 82(1), and the family member is not an approved kinship carer, therefore Child Safety does not provide financial support for the child's care. If the member of the child's family cannot assume full financial responsibility, seek an order granting short-term custody to the chief executive.

It is a key responsibility of the relative to whom this order is made to work closely with Child Safety. This includes allowing the CSO to have contact with the child and actively working towards the outcomes developed in the child's case plan. If there are concerns about the safety of the child in the relatives care, after the order granting short-term custody to a member of the child's family is made, Child Safety will need to vary or revoke the order.

If it is necessary to restrict a parent from all contact with the child, or to actively remove guardianship from a parent due to the very serious nature of the harm, seek an order granting short-term guardianship to the chief executive - refer to [2.5 Apply for a short-term guardianship order](#).

Short-term custody to the chief executive - section 61(d)(ii)

Apply for an order granting short-term custody to the chief executive, when **all** of the following circumstances apply:

- the child cannot be safely left at home using a lesser order - where applicable, this consideration will be informed by the most recent safety assessment
- Child Safety is working towards the reunification of the child and family
- it is not necessary to impose a complete 'no contact' decision on a parent
- it is not possible or appropriate to make the short-term custody order in favour of a relative.

If it is necessary to restrict a parent from all contact with the child or to actively remove guardianship from a parent due to the very serious nature of the harm, seek an order granting short-term guardianship to chief executive - refer to [2.5 Apply for a short-term guardianship order](#).

Note: Guardianship **cannot** be removed from just one parent and not the other.

Advice to parents

Once the order has been made, in accordance with the *Child Protection Act 1999*, section 63, provide the parents with a copy of the order and a written notice explaining the terms of the order and their right to appeal against the decision to make the order.

Duration of the order

A short-term custody order must **not** be for more than two years (*Child Protection Act 1999*, section 62(2)(b)).

2.5 Apply for a short-term guardianship order

Under the *Child Protection Act 1999*, section 62(2)(b), a short-term guardianship order can **only** be made in favour of the chief executive. It is always preferable for parents to retain guardianship **unless** there are reasons, as outlined below, why this is not considered to be in the child's best interests.

Apply for an order granting short-term guardianship to the chief executive, when:

- the child cannot be safely left at home using a lesser order - where applicable, this consideration will be informed by the most recent safety assessment, and
- Child Safety is working towards the reunification of the child with the family, and **one** of the following circumstances apply:
 - there is no available parent to exercise guardianship and be involved in case planning, or the parents availability is erratic
 - it is necessary to actively remove guardianship from the parents, due to the very serious nature of the harm, or because the parents current incapacity to exercise guardianship is causing harm to the child
 - it is assessed that the parent will fail to make appropriate guardianship decisions, such as schooling and health care, and therefore it is in the child's interests for guardianship to be vested in the chief executive.

Advice to parents

Once the order has been made, in accordance with the *Child Protection Act 1999*, section 63, provide the parents with a copy of the order and a written notice explaining the terms of the order and their right to appeal against the decision to make the order.

Duration of the order

A short-term guardianship order must **not** be for more than two years (*Child Protection Act 1999*, section 62(2)).

2.6 Apply for a long-term guardianship order

A decision about seeking a long-term guardianship order will occur **only** after a period of case planning and active intervention with the family, to resolve the child's protection and care needs. The outcome of the family reunification assessment, and if applicable, the referral to a permanency panel for a child aged under four years, guide the decision as to when it is

appropriate to cease working towards reunification and to pursue an alternative long-term stable living arrangement for the child - refer to [Chapter 4, 5.3 Assess whether reunification can occur](#).

Once a decision is made to pursue an alternative long-term stable living arrangement, it is **not appropriate** for a child to remain on a short-term custody or short-term guardianship order.

When it is determined that a child protection order is required to facilitate the most appropriate long-term stable living arrangement, an application will be made to the Childrens Court for a child protection order granting long-term guardianship. An assessment will be undertaken, **prior to** the application to the Childrens Court, to determine the most appropriate guardianship order for the child.

A long-term guardianship order grants guardianship to either:

- a suitable family member, other than a parent of the child (*Child Protection Act 1999*, section 61(f)(i))
- another suitable person nominated by Child Safety, for example, a foster carer or a kinship carer who is not a family member (*Child Protection Act 1999*, section 61(f)(ii))
- the chief executive (*Child Protection Act 1999*, section 61(f)(iii)).

The Childrens Court can **only** grant a long-term guardianship order to a suitable person, who is **not** a member of the child's family, if **both** of the following apply:

- the child is already in custody or guardianship under a child protection order
- the proposed long-term guardian is nominated by the chief executive.

The Childrens Court must **not** grant long-term guardianship of a child to the chief executive if the court can properly grant guardianship to another suitable person (*Child Protection Act 1999*, section 59(7)(b)).

For the purpose of this procedure, unless otherwise specified, the term suitable person includes a family member, a kinship carer who is not a family member or a foster carer.

Guardianship to a suitable person

The granting of a long-term guardianship order to a suitable person is a means of providing a child with a permanent care arrangement, where the long-term guardian provides direct care for the child for the **duration** of the order or until the child leaves the long-term guardians direct care to live as an independent adult. Further, the child continues to be part of the long-term guardians family for the rest of their life.

The granting of the order in favour of the suitable person provides the long-term guardian with:

- the right to care for the child on a daily basis
- the right and responsibility to make decisions about the child's daily care
- all the powers, rights and responsibilities in relation to the child that would otherwise have been vested in the person having parental responsibility for making decisions about the long-term care, welfare and development of the child.

In addition to the above rights and responsibilities, the granting of the order in favour of the suitable person places certain **legal obligations** on the long-term guardian for the **duration** of the order, including:

- telling the child's parents where the child is living, giving them information about the child's care and providing opportunity for contact between the child and the child's parents and appropriate members of the child's family as often as is appropriate in the circumstances, **unless** an exception to some or all of these requirements has been ordered by the Childrens Court (*Child Protection Act 1999*, section 80(1) and (2))
- allowing Child Safety to have contact with the child at least once every **twelve months**, to enable Child Safety to give the child an opportunity to make comments or queries about, or ask for a review of, their case plan (*Child Protection Act 1999*, section 51VA)
- immediately notifying Child Safety **in writing**, should the child no longer reside in the long-term guardians **direct care** - written advice is also to include the child's current whereabouts, if known to the long-term guardian (*Child Protection Act 1999*, section 80A).

Guardianship to the chief executive

If long-term guardianship is being considered, and there is **no** suitable person able and willing to accept guardianship of the child, a long-term order granting guardianship to the chief executive will be recommended as the appropriate order.

Following the making of an order granting long-term guardianship to the chief executive, the child continues to be:

- subject to the cycle of assessment, planning, implementation and review - refer to [Chapter 4. Case planning](#)
- supported and monitored in their out-of-home care placement - refer to [Chapter 5. Children in out-of-home care](#) and [Chapter 8, 4.3 Monitor and review the ongoing quality of care.](#)

Complete an assessment to decide the appropriate long-term guardianship order

Following a decision to cease reunification and to pursue a long-term child protection order, an assessment is **required** to decide the most appropriate long-term guardianship order for the child. Undertake the assessment as part of the process for reviewing and revising the case plan, or alternatively, include the assessment as a required action in the revised case plan.

Submit the revised case plan to the Childrens Court **upon** an application for an order granting long-term guardianship to a suitable person. The revised case plan **must** incorporate key items specific to the proposed order - refer to [Chapter 4, 3.3 Develop key items in the case plan – application for long-term guardianship to a suitable person.](#)

Consult with the recognised entity

When the child is Aboriginal or Torres Strait Islander, and a suitable long-term care arrangement is required, consult the recognised entity about potential, suitable family or community members who may be able to assume guardianship of the child.

In addition, the recognised entity **must** be provided, during the assessment process, with an opportunity to:

- participate in the decision-making process about the most appropriate long-term guardianship order, for example, by attending the family group meeting or permanency panel
- participate in and contribute information towards the assessment of the potential suitable persons.

The details of the recognised entity's participation, and their views, **must** be recorded in the 'Recognised entity participation' form in ICMS.

Obtain the views of the child wherever possible

Where a child is of an age and has the ability to understand the long-term guardianship assessment and decision-making process, the child **must** be provided with an opportunity to participate in the decision-making process and to contribute their views, regarding both:

- which order should be recommended
- how the child's carers have responded to the child's needs to date, and if the child has any concerns about their carers continuing to meet these needs should the carers be granted guardianship, particularly in relation to their carers:
 - providing opportunities for ongoing family contact with parents and family or community members
 - keeping the child's parents informed about the child's care and where the child is living.

For information about engaging children in the decisions that affect their lives, refer to the practice resource [Participation of children and young people in decision-making](#) and the [Children and young people's participation strategy](#).

Undertake the assessment

To undertake the assessment, refer to the practice resources [Long-term guardianship - assessment factors](#) and [Responsibilities - long-term guardians](#), and take into account:

- the information gathered through interviews with the child, parents and carers
- the views of Child Safety officers (for example, PSU staff), or the staff of foster and kinship care services, including Indigenous foster and kinship care services (where applicable), whose role (to date) has included:
 - monitoring, support or renewal of approval responsibilities associated with the proposed suitable persons
 - facilitating actions to implement the case plan, and providing support and monitoring progress towards the case plan goal and outcomes
- all relevant information from Child Safety records
- whether the application requires submissions to restrict the provision of information to, or contact with, parents and other family members (*Child Protection Act 1999*, section 80)
- any supports that may be required to maintain the stability of the proposed long-term guardianship care arrangement - refer to the practice resource [Program of supports - long-term guardians](#).

Where the assessment identifies or is likely to identify complex or sensitive issues, always consult the team leader, senior practitioner or CSSC manager. This is necessary to ensure that any potential complexities associated with the assessment, or the final decision about the most appropriate order, are evaluated.

Assess the appropriateness of long-term guardianship to a suitable person

If long-term guardianship is being considered, and a suitable person is able and willing to assume guardianship of the child, the Childrens Court can **only** grant guardianship to that person and **not** the chief executive (*Child Protection Act 1999*, section 59(7)(b)).

If there is any uncertainty about the potential suitable persons ability and willingness to fulfil their guardianship obligations, it **may** be more appropriate to seek an order granting long-term guardianship to the chief executive (with the child remaining in a placement with the carers). For further information, refer to the practice resource [Long-term guardianship - assessment factors](#).

Undertake assessment interviews

When considering long-term guardianship to a suitable person:

- organise separate meetings with the child (having regard to their age, ability to understand and level of maturity), their parents and the potential suitable persons
- as part of these meetings, provide:
 - the child with the [Long-term guardianship to a suitable person: Information for children and young people](#)
 - the parents with the [Long-term guardianship to a suitable person: Information for parents](#)
 - the potential suitable persons with the [Long-term guardianship to a suitable person: Information for carers](#)
- discuss the information contained in the above resources with the child, their parents and the potential suitable persons and:
 - clarify their understanding of the full implications of the making of a long-term guardianship order to a suitable person
 - respond to any concerns or questions raised about an order granting long-term guardianship to a suitable person
 - direct the discussions to enable full consideration of the child, family and carer factors underpinning the assessment as to the most appropriate guardianship order for the child - refer to the practice resource [Long-term guardianship - assessment factors](#)
 - if applicable, discuss any matters or considerations which suggest that an order granting long-term guardianship to the chief executive **may** be the more appropriate long-term guardianship order for the child - for further information, refer to the practice resources [Long-term guardianship - assessment factors](#) and [Long-term guardianship orders - a comparison](#)
- negotiate with the potential suitable persons, if eligible, what financial supports will continue to be provided (pending approval by the CSSC manager) following the making of the long-term guardianship order - refer to the [Supporting children in the care of long-term guardians policy](#) and the practice resource [Program of supports - long-term guardians](#)

- clarify (prior to completing the assessment and recommending the most appropriate order) the CSSC managers likely approval of any proposed ongoing financial supports, and inform the potential suitable person of the outcome
- determine whether the application will require provisions that restrict the provision of information to, or contact with, parents and other family members - refer below to 'Other assessment considerations'
- assess the likelihood that the potential suitable persons will fulfil all of their guardianship obligations, for the duration of the order or until the child leaves home to live as an independent adult
- include discussions about the information and likely recommendation to be included in the Assessment report - long-term guardianship to a suitable person.

Other assessment considerations

In circumstances where the potential suitable persons compliance with their obligations under the *Child Protection Act 1999*, section 80(1), as outlined above in 'Guardianship to a suitable person', would constitute a **significant risk** to the safety of the child or anyone else with whom the child is living, either:

- request, upon applying for the child protection order, that the Childrens Court make an order (*Child Protection Act 1999*, section 80(2)), that all or part of the requirements, either:
 - do not apply
 - apply with stated modifications
 - apply to a stated extent
- apply for an order granting long-term guardianship to the chief executive.

For further information, refer to the practice resource Long-term guardianship - assessment factors.

If a child in custody or guardianship of the chief executive will require 'planned' respite following the making of a long-term guardianship order, and the potential long-term guardians have no-one within their existing support network to provide respite as a private arrangement, it **may** be appropriate to seek an order granting long-term guardianship to the chief executive. A child subject to long-term guardianship to a suitable person is only eligible for 'emergent' respite through Child Safety, **not** planned respite.

If a child has a disability, and will require planned respite following the making of a long-term guardianship order, the suitable persons may apply to Disability Services for disability support. This application, however, can **only** be made once guardianship is granted to a suitable person.

For further information, refer to the Respite Placements and Dual Fortnightly Caring Allowance policy and the practice resource Long-term guardianship - assessment factors.

Long-term guardianship to a suitable family member will **not** be appropriate if a family member who has short-term custody of a child under a child protection order is **unable** to assume **full** financial responsibility for the child on a long-term basis. In this circumstance, seek an order

granting long-term guardianship to the chief executive. For further information, refer to the practice resource [Long-term guardianship - assessment factors](#).

Consider whether the potential suitable persons are likely to move interstate at any stage following the making of the long-term guardianship order, as an order granting long-term guardianship to a suitable person is **unable** to be transferred interstate. In this circumstance, the order would need to be registered with the Family Court of Australia, if it is to be enforceable. Should this issue arise during the assessment of the potential suitable persons, consult the Queensland Interstate Liaison Officer (ILO), at the Court Services Unit.

Recommend long-term guardianship to the chief executive

The Childrens Court will **only** grant long-term guardianship to the chief executive if the court **cannot** properly grant guardianship to another suitable person (*Child Protection Act 1999*, section 59(7)(b)).

A long-term order granting guardianship to the chief executive will be recommended as the appropriate order, where:

- the child's carers indicate they are not able or willing to assume long-term guardianship of the child
- the child's carers indicate a preparedness to assume long-term guardianship, however, the departmental assessment indicates that the carers are not, or may not be, able and willing to assume all guardianship responsibilities for the duration of the order
- it is assessed that while the carers may be considered willing to assume guardianship, an order granting long-term guardianship to suitable persons is **not** considered to be in the best interests of the child - for further information, refer to the practice resource [Long-term guardianship - assessment factors](#).

If guardianship to the chief executive is being considered, discuss with the child, parents and carers the implications of making this order, for example, Child Safety will no longer work towards reunification and the child will continue to be subject to the cycle of assessment, planning, implementation and review - for further information, refer to the practice resource [Long-term guardianship orders - a comparison](#).

When a recommendation is made to apply for an order granting long-term guardianship to the chief executive, it may still be appropriate to include, in the revised case plan for the child, continued actions to locate a suitable person.

A subsequent assessment about whether it would be appropriate to apply to vary the existing order granting long-term guardianship to the chief executive, and seek an order granting long-term guardianship to the suitable persons, would **not** occur until such time that the child has established secure attachments with the proposed suitable persons and the placement with the proposed suitable persons appears to be stable.

Discuss the assessment outcome and inform all parties

Following the completion of assessment activities, and **prior to** finalising the [Assessment report - long-term guardianship to a suitable person](#) discuss the outcome of the assessment and

proposed recommended long-term guardianship order with the team leader, and where necessary, the senior practitioner, to confirm the proposed order to be recommended.

When agreement is reached regarding the recommended order:

- discuss with and give feedback to the child, parents and where applicable, the potential suitable persons, about the conclusions reached, including the rationale for the recommended order
- incorporate relevant comments and feedback from the child, parents and where applicable, the potential suitable persons, in the assessment report
- for an Aboriginal or Torres Strait Islander child, inform the recognised entity of the conclusions reached and the rationale for the recommended order, and provide the recognised entity with a final opportunity to provide comment.

The details of the recognised entity's participation, and their views, are recorded in the 'Recognised entity participation' form in ICMS.

Document the assessment

Where there is **no** potential suitable person able and willing to assume guardianship of the child, key information supporting the assessment and recommendation, including the rationale for **not** seeking long-term guardianship to a suitable person, is documented in **both**:

- the review report, in ICMS
- the affidavit - refer to [2.7 Complete an affidavit for a child protection order](#).

Where there is a potential suitable person able and willing to assume guardianship of the child, record the assessment and recommendation about whether long-term guardianship to that person is the most appropriate order in the [Assessment report - long-term guardianship to a suitable person](#), which may be attached to the affidavit when applying to the Childrens Court for the order.

In circumstances where long-term guardianship to that person is **not** recommended, the completed assessment report will recommend that long-term guardianship to the **chief executive** is the most appropriate order.

The assessment report is intended to be a brief summary of the analysis of all the information gathered and assessed, with a particular focus on the rationale for the decision about:

- the most appropriate guardianship order for the child
- the potential suitable persons ability and willingness to fulfil all guardianship responsibilities for the **duration** of the order.

Obtain approval to apply for the long-term guardianship order

Submit the 'Assessment report - long-term guardianship to a suitable person' **or** the review report and the affidavit (where there is no potential suitable person able and willing to assume guardianship) to the CSSC manager, along with the following attachments:

- the most recent family reunification assessment
- the current case plan
- the most recent child strengths and needs assessment

- the 'Recognised entity participation' form, when the child is Aboriginal or Torres Strait Islander
- if the child is **under four years** of age:
 - the Permanency panel: Key factors for consideration form or relevant One Chance at Childhood documentation
 - the permanency panel minutes.

The CSSC manager will consider all the information provided and complete the Decision-making checklist - long-term guardianship to a suitable person, to decide whether the application to the Childrens Court is to proceed and if so, whether the recommended order is the most appropriate long-term guardianship order for ensuring the child's current and ongoing safety, well-being and best interests.

If there is any conflict between the child's safety, well-being and best interests, and the interests of an adult caring for the child, the conflict **must** be resolved in favour of the child's safety, well-being and best interests (*Child Protection Act 1999*, section 5A).

Inform all parties of the decision

Following the decision by the CSSC manager:

- discuss the decision and reasons with the child, parents, carers and the recognised entity for an Aboriginal or Torres Strait Islander child
- where applicable, ensure that all parties are informed of available review mechanisms, including the:
 - Child Safety complaints system - for further information refer to the Child Safety Feedback and complaints website
 - CCYPCG complaints unit - where requested, direct parties to the CCYPCG website for information brochures
- provide written advice of the decision and rationale, if requested, to parties who disagree with the decision, including a brief summary of how to access the above-mentioned review mechanisms
- where applicable, consider and implement necessary supports for the child, their family and carers, to minimise any negative impact of the decision.

Prepare the revised case plan to be submitted to the Childrens Court

The revised case plan, to be submitted to the Childrens Court **upon** the application for an order granting long-term guardianship, **must** incorporate the decision about the most appropriate long-term guardianship order and where applicable, what supports will continue to be made available to the child and the long-term guardian following the making of the order.

For further information about the key items required in the revised case plan, refer to Chapter 4, 3.3 Develop key items in the case plan - application for long-term guardianship to a suitable person.

Apply for the long-term guardianship order

Once the CSSC manager has approved the decision to apply for the recommended long-term guardianship order, proceed with the application - refer to [2.7 Complete an affidavit for a child protection order](#).

Note: The court coordinator is available to provide advice, and act as a consultant, to Child Safety staff with regard to the preparation of court documentation, including the affidavit.

If the Childrens Court does **not** grant long-term guardianship to the proposed suitable person, and instead grants another short-term order, or an order granting long-term guardianship to the chief executive, the case plan will need to be reviewed accordingly - refer to [Chapter 4, 3.2 Develop key items in the case plan](#).

Implement actions following the making of a long-term guardianship order

Actions required - both long-term guardianship orders

As soon as possible after an order granting long-term guardianship is made by the Childrens Court:

- give the child subject to the order, where age and developmentally appropriate:
 - verbal information about the terms and effect of the order and the timeframe and process for lodging an appeal
 - a certified copy of the order - the original remains on the file
 - written notice of the making of the order, including the details outlined in the *Child Protection Act 1999*, section 63(b) - develop the letter on a case-by-case basis, in accordance with the child's age, level of maturity and ability to understand
 - the name and contact details of the CSO with case responsibility
- give the parents:
 - verbal information about the terms and effect of the order and the timeframe and process for lodging an appeal
 - a certified copy of the order - the original remains on the file
 - written notice of the making of the order - complete the [Letter advising parents of long-term guardianship order](#), which explains the terms and effect of the order, states that a party may appeal against the decision to make the order within 28 days after the order is made and states how to appeal
 - the name and contact details of the CSO with case responsibility for the child
- inform the recognised entity of the court outcome, where applicable.

Additional actions required - long-term guardianship to a suitable person

Where the order grants long-term guardianship to a **suitable person**, implement the following additional actions:

- give the child subject to the order (where age and developmentally appropriate), otherwise, the long-term guardian:
 - the child health passport folder, where applicable
 - a certified copy of the child's birth certificate - the original remains on the file
 - the child's Tax File number, where applicable
 - a certified copy of the child's Aboriginality Certificate, if applicable - the original

- remains on the file
- the name and contact details of the CSO with case responsibility for the child
- information about the Australian Government's Transition to Independent Living Allowance (TILA) funding, if the child is fifteen years or older - refer to the [Long-term guardianship to a suitable person: Information for children and young people](#), or the [Long-term guardianship to a suitable person: Information for carers](#)
- give the long-term guardian:
 - written information about the order, including their ongoing legal obligations to the child, the child's parents and Child Safety - complete the [Letter advising suitable persons of long-term guardianship order](#)
 - a certified copy of the order - the original remains on the file
 - the name and contact details of the CSO with case responsibility for the child
 - contact details for, and information about, the Foster and Kinship Carer Support line - refer to [Chapter 8, 4.1 Negotiate support arrangements](#)
- conclude payments from the date of the making of the order, where financial supports were **not** approved by the CSSC manager
- create the 'Long-term guardianship to a suitable person - Case plan' in ICMS as soon as practicable by:
 - closing the current ongoing intervention event in ICMS by completing the review report - this does not require completion of any structured decision making assessments
 - adding the long-term guardians role in the ongoing intervention event
 - completing the 'Long-term guardianship to a suitable person - Case plan' form in the new ongoing intervention event in ICMS, from the information contained in the child's current case plan
 - submitting the plan to the team leader or senior practitioner for approval
- undertake ongoing intervention, including **twelve monthly** contact with the child - refer to [1. What if a suitable person has long-term guardianship?](#)

Note: Approved carers who are granted long-term guardianship of a child continue to receive the fortnightly caring allowance and any other financial supports approved by the CSSC manager, as recorded in the 'Assessment report - long-term guardianship to a suitable person'.

Additional actions required - long-term guardianship to the chief executive

Where the **chief executive** is granted long-term guardianship, continue ongoing intervention in accordance with [Chapter 4. Case planning](#), [Chapter 5. Children in out-of-home care](#) and [Chapter 8, 4.3 Monitor and review the ongoing quality of care](#).

Record carer details in ICMS

Where a carer is granted long-term guardianship of a child and is **not** intending, or continuing, to provide placements for other children as a foster or kinship carer:

- end the current approval
- add a new carer entity type of 'Long-term guardian' for the child for whom the carer entity is now guardian

- update the new relationship between the long-term guardian and child in the relationship tab of both person records in ICMS.

Note: There is no need to make any change to the child's placement event. The long-term guardian remains in ICMS as a carer entity to ensure the ongoing payment of the fortnightly caring allowance.

Where the carer remains, or becomes, a foster or kinship carer for other children:

- record an additional approval with a carer entity type of 'Long-term guardian' for the child for whom they are the long-term guardian
- ensure they maintain their approval as an approved carer, which includes the carer being required to continue to hold a blue card and regularly renew their certificate of approval.

2.7 Complete an affidavit for a child protection order

The purpose of an affidavit is to provide sworn, factual information, to assist a magistrate in making a decision in relation to an application before the court, for a child protection order. The information provided in the affidavit is aimed at supporting the application, and in most cases a Child Safety officer is the applicant.

When the affidavit relates to an Aboriginal or Torres Strait Islander child, ensure that clear information is provided about the process undertaken with the recognised entity, information provided by the recognised entity and the views of the recognised entity, including any divergent views.

For information about how to write an affidavit, including content, formatting and the roles and responsibilities of Child Safety officers, refer to the practice resource [Writing an affidavit](#).

Complete an affidavit

Always complete an [Affidavit \(Form 25\)](#) **prior to** submitting the initial 'Form 10 - Application for a child protection order' to the Childrens Court.

An additional affidavit **may** also be required, after the initial application and supporting affidavit have been filed, when:

- updating the court on any relevant assessments or changes in circumstances, during an adjournment period
- preparing for a child protection hearing, in response to affidavits filed by respondents to the application
- Child Safety applies to revoke a child protection order
- Child Safety applies to revoke a child protection order and make a new order
- responding to applications filed by parents, for example, an application by parents to revoke a child protection order
- a party has initiated an appeal of a decision made by a court.

Attach the case plan and review report (if required) to the affidavit

Attach a copy of the child's current case plan and, if it is a revised case plan, a copy of the review report to the affidavit (*Child Protection Act 1999*, section 59(1)(b) and (2)).

For further information about developing the case plan, refer to [Chapter 4. Case planning](#).

File the affidavit

The applicant will ensure that an affidavit is **always** filed:

- with an [Application for a child protection order \(Form 10\)](#)
- with an [Aboriginal and Torres Strait Islander Recognised Entity \(Form 17\)](#), for an Aboriginal or Torres Strait Islander child
- on or before the expiry of an existing order
- for a supplementary affidavit, a minimum of **three business days before** the next court mention.

Note: The information contained in the application form for a child protection order is an unsworn document and is **not** considered evidence.

Serve the affidavit

All affidavits will be served on each respondent to a child protection application and the separate representative for the child, where applicable, **three business days before** the initial mention of the application in the Childrens Court. Complete an [Affidavit of Service \(Form 22\)](#) for each respondent, as proof of service, as soon as possible following service of the documents.

2.8 Apply to extend, vary, revoke or revoke and make a new application for a child protection order

Prior to a child protection order expiring, decide whether ongoing intervention is necessary to ensure the child's protection and care needs and whether a further child protection order is required. To do this, review the case plan to assess progress made towards achieving the case plan goal as outlined in [Chapter 4. Review and revise the case plan](#).

Where it is assessed that the child is not longer in need of protection and does not require a child protection order, allow the child protection order to expire and close the case, as outlined in [4. Close an ongoing intervention case](#).

Where it is assessed that the child continues to be in need of protection but a child protection order is considered not appropriate, allow the child protection order to expire and continue ongoing intervention, as outlined in [Chapter 6. Intervention with parental agreement](#).

Where it is assessed that a child protection order is still required, before the order ends, make an application for one of the following:

- an extension of the existing child protection order
- a variation or revocation of the child protection order
- a revocation of the existing child protection order and seek another child protection order in its place.

Where the application to extend, vary, revoke, or revoke and make a new application relates to an Aboriginal or Torres Strait Islander child, the recognised entity must be informed about and given an opportunity to participate in the decision-making, prior to the application being lodged with the Childrens Court.

When considering whether to extend, or make a further short-term order, the Childrens Court must consider the child's need for emotional security and stability, including the child's need for permanent living arrangements. The factors that inform the court about these areas include:

- the child's age and their views
- the length of time the child has been in their current placement
- the number of child protection orders the child has been subject to previously
- the progress made towards achieving the case plan goals
- the child's relationship and attachment with their parents
- information about the nature of contact the child has with their parents
- the child's relationship and attachment with their carers.

Extend a child protection order - section 64

Under the *Child Protection Act 1999*, section 64, an application can be made to the Childrens Court to extend any child protection order, with the exception of a long term guardianship order. The application to extend the order must be made before the child protection order ends.

The total duration of the existing order and the extension sought, must not exceed the maximum timeframe allowed for the type of child protection order, as set out in the *Child Protection Act 1999*, section 62. For example a child protection order granting custody to a suitable family member for a period of 12 months can be subject to an application to extend it for a further period of up to 12 months (the maximum duration allowed for this type of order is two years).

The period of time the Childrens Court takes to decide the application must also be taken into account to ensure that the total time does not exceed the maximum duration. In the example above, if an application to extend a child protection order granting custody to a suitable family member for a further period of 12 months takes up to six months for the Childrens Court to decide, at the time the order is made, it can only be extended for a further period of six months to bring it to a total period of two years from the day the original order was made.

Vary a child protection order - section 65

Under the *Child Protection Act 1999*, section 65, a child, their parent or an authorised officer can apply to the Childrens Court to vary a child protection order. The types of child protection orders that can be varied under this section include:

- directive orders - to change the matters stated for a parent to do or refrain from doing certain actions or to vary the contact arrangements
- supervision order - to change the matters stated for supervision
- short-term custody orders - to vary custody arrangements between a family member and the chief executive as well as court ordered conditions
- long-term guardianship orders - to vary guardianship between a family member, a suitable person and the chief executive as well as court ordered conditions.

An application to vary an existing child protection order cannot be made in order to:

- change the type of child protection order - in this circumstance, apply to revoke the order and make another child protection order in its place

- increase the duration of a child protection order - in this circumstance, apply to extend the child protection order
- reduce the duration of a child protection order - in this circumstance, apply to revoke the child protection order when it is assessed that the child protection order is no longer required.

Revoke a child protection order - section 65

Under the *Child Protection Act 1999*, section 65(1), a child, their parent or an authorised officer may apply to the Childrens Court to either:

- revoke a child protection order
- revoke a child protection order and make another order in its place.

However a child's parent can not apply to revoke a child protection order and make another order in its place that grants guardianship of the child to any other party.

Where it has been assessed that the child is no longer in need of protection, the CSO will make an application to the Childrens Court to revoke the existing child protection order.

Where it has been assessed that the existing child protection order is no longer appropriate to meet the child's protection and care needs, make an application to revoke a child protection order and seek another order in its place. For example, an application may be made to revoke a child protection order granting custody to the chief executive, and instead seek an order granting guardianship to the chief executive when a parent, as the guardian, refuses to provide consent for the child to receive medication that a medical practitioner has advised is necessary for the child's continuing physical or mental health.

Where an application is made to revoke a long-term guardianship order to a family member or another suitable person, the Childrens Court must also consider the child's need for emotional security and stability. This additional requirement recognises the attachment and relationship that is formalised and enhanced from the making of this type of order, and therefore requires the Childrens Court to consider both whether the order is still appropriate and desirable for the child's protection as well as the child's need for emotional security and stability.

2.9 Apply for a transition order

A transition order continues the existing child protection order for a period of up to 28 days, to enable the child's gradual transition from an out-of-home care placement to their parents' full-time care. An authorised officer or a party to proceedings may apply for a transition order, either verbally or in writing, when, both the following apply:

- the Childrens Court makes a decision not to grant a subsequent child protection order
- the immediate return of the child to their parents care is expected to cause distress to the child and a gradual transition would be in the child's best interest.

A transition order may be considered for a child subject to a short-term order when the Childrens Court:

- refuses to extend or make a further order before the order ends
- revokes the order

- decides an appeal against the making of the order in favour of a person other than the chief executive (*Child Protection Act 1999*, section 65A(1)(a)(i)-(iii)).

A transition order may also be considered for a child subject to a long-term order when the court:

- revokes the order
- decides an appeal against the making of the order in favour of a person other than the chief executive (*Child Protection Act 1999*, section 65A(1)(b)(i)-(ii)).

Before making a transition order, the Childrens Court must:

- be satisfied that the order is necessary to enable the gradual transition of the child to the parents care in a way that supports the child, reduces their disruption or distress or is otherwise in their best interest (*Child Protection Act 1999*, section 65B(1))
- consider the child's views
- consider the parents readiness to care for the child and any other relevant matter (*Child Protection Act 1999*, section 65B(2)).

Note: The Childrens Court may decide to make the order on its own initiative (*Child Protection Act 1999*, section 65A (3)(5)).

When the Childrens Court adjourns an application for a transition order, the pre-existing child protection order continues in force until the application is decided (*Child Protection Act 1999*, section 65A(4)).

For an Aboriginal or Torres Strait Islander child, the recognised entity must be informed about and given an opportunity to participate in the decision-making, prior to the application being lodged with the Childrens Court.

When an application for a transition order is made in writing, complete the 'Application for a transition order (Form 49)'.

Duration of the order

A term of a transition order must not be more than 28 days, after the day of the decision by the Childrens Court not to extend or grant a further order, or to revoke the current order. This period cannot be extended and incorporates any adjournment periods which may have been ordered (*Child Protection Act 1999*, section 65A (5)).

Develop the transition plan

If the Childrens Court makes a transition order, a transition plan for the child must be prepared. The transition plan outlines how Child Safety will support and gradually transition the child into the parents care, so as to minimise distress and disruption to the child. It also includes any other relevant matter, for example:

- actions required to ensure the transition occurs within the period of the order
- care and contact arrangements for the duration of the order.

To develop a transition plan:

- determine whether a meeting is required - this will depend on the length of the transition order and the complexity of the plan

- obtain and consider the views of:
 - the child, where age and developmentally appropriate
 - the child's parents
 - the child's carer
 - other relevant people, for example, the child's counsellor.

Where the child is Aboriginal or Torres Strait Islander, the recognised entity must be given an opportunity to participate in the development of the transition plan. Additionally, consult with the recognised entity when considering a referral to an Aboriginal and Torres Strait Islander family support service - refer to [Chapter 10.16 Referral to an Aboriginal and Torres Strait Islander family support service](#).

When a transition order is made, complete the 'Transition plan' in the ongoing intervention event in ICMS and submit it to the team leader for approval.

Where the Magistrate requests to see the transition plan prior to deciding an application for a transition order, complete the [Transition plan](#) as a word document and attach it to the ongoing intervention event in ICMS. Once the order is granted, record the 'Transition plan' in ICMS.

Once the plan is developed, monitor the progress of the transition plan. Where new child protection concerns are received during the transition period, take action to ensure the child's immediate safety and refer to [2. What if new child protection concerns are received?](#)

When an application for a child protection order is not granted by the Childrens Court, consider other types of ongoing intervention to ensure the protection and care needs of the child, during the period of the transition order - refer to [1.2 Decide the type of intervention - child in need of protection](#).

3. Undertake ongoing intervention activities

3.1 Undertake case planning and review processes

When a child is in need of protection, Child Safety is responsible for addressing the child's protection and care needs. Child Safety must develop and regularly review a case plan to ensure that the identified needs are addressed. For information about the required cycle of assessment, planning, implementation and review, refer to [Chapter 4. Case planning](#).

When a child is subject to a long-term guardianship order to a suitable person, there are specific legislative requirements to review the child's case plan. For further information, refer to [1. What if a suitable person has long-term guardianship?](#)

3.2 Undertake support planning and review processes

When a decision is made to open a support service case for a child, Child Safety is responsible for developing a [Support plan](#) with the child and family, pregnant woman or young person, and regularly reviewing it.

For information about the development and review of the support plan, refer to [Chapter 7. Support service cases](#).

4. Close an ongoing intervention case

4.1 Prepare for case closure

The decision to close a case is part of a planned process that occurs as part of the assessment, planning, implementation and review cycle. Planning for case closure is most effective when the implementation of the case plan or support plan is regularly monitored and reviewed with the child and family, and the child and family are kept informed about the timelines for closure of the case.

For an Aboriginal or Torres Strait Islander child, consult the recognised entity about the decision to close the ongoing intervention case and record information about this consultation in the 'Recognised entity participation' form in ICMS.

For a child in need of protection, the decision about case closure is made as part of the review of a case plan and is dependent on the progress made to meet the case plan goal and outcomes. Complete the review of the case plan in accordance with [Chapter 4, 5. Review and revise the case plan](#).

For a child who is not in need of protection, the decision about case closure is made as part of the review of a support plan. Complete the review of the support plan in accordance with [Chapter 7. Support service cases](#).

When to close a case for a child in need of protection

To close a case for child in need of protection, ensure that either:

- the family have addressed the child protection concerns to the extent that the child is no longer in need of protection, based on:
- completion of a risk assessment, including a risk level of 'low' or 'moderate' for the family risk re-evaluation assessment
- completion of a safety assessment in which no immediate harm indicators are present for the child
- feedback from existing service providers that indicates they will continue to work with the child and family following the closure of the case by Child Safety, where applicable
- the child protection order has expired or been revoked, where applicable
- the child has transitioned from care, has turned 18 years and no longer requires support from Child Safety.

When a young person who is 18 years, has transitioned from care and requires ongoing support and assistance from Child Safety, this will occur through a support service case. The decision to provide a support service case is made prior to the young person reaching the age of 18 years. In this circumstance, the case management type will change to a support service case. Refer to [Chapter 5, 2.9 Plan and support the young person's transition from care to independence](#).

For further details about closing an intervention with parental agreement, refer to [Chapter 6, 4.1 End the intervention with parental agreement](#).

When to close a support service case

To close a support service case for a child who is not in need of protection, ensure that:

- the completed family risk re-evaluation has an outcome of either a ‘low’ or ‘moderate’ risk
- a safety assessment has been completed and there are no immediate harm indicators present for the child
- feedback from existing service providers indicates they will continue to work with the child and family following the closure of the case by Child Safety, where applicable.

The decision to close a case **must** be approved by the team leader, following a review of the support plan.

Assess the impact of case closure on the child and family

During ongoing intervention with the child and the family, relationships are established that may have emotional significance for those involved. When relationships change or end there may be feelings of loss and anger. Make every effort to ensure that the case closure process is a positive experience for the child, family, carers and service providers, whenever possible.

Prepare to close the case

When case closure is being considered:

- assess the demonstrated change, for the period subject to review, in the parents ability to meet the child’s protection and care needs
- ensure consideration is given, where applicable, to preparing and supporting the child through the transition, for example, where the decision is made to reunify a child with parents
- prepare the child and family, pregnant woman or young person for what will happen when the ongoing intervention by Child Safety ceases
- inform **all** relevant people that Child Safety is to end the ongoing intervention with the child and family.

In cases where a child has been reunified with the family, the case will remain open for a period of time to ensure the ongoing safety and well-being of the child. The period of time will vary according to the specific situation for each child.

In cases where a child has recently left an out-of-home care placement, undertake relevant planning activities, as outlined in [Chapter 5, 4. Conclude an out-of-home care placement](#).

If the placement at home incorporates a different **type** of ongoing intervention, update the case management tab, located on the person record in ICMS - refer to [1.6 Record case management information in ICMS](#).

4.2 Complete actions to close a case

Actions to close a case for a child in need of protection

Following the preparation for case closure, take the following actions to close a case:

- ensure that all relevant review documentation is recorded in ICMS, and clearly document the decision and the rationale to close the case
- gain verbal approval by the team leader to close the case
- meet with the child and family, pregnant woman or young person before closing the case, to discuss the factors outlined below, as applicable:
 - the abilities and strengths of the pregnant woman or young person, or within the family
 - the actions they have taken and the outcomes they have achieved
 - their goals and likely challenges
 - strategies the parents can use in the future to continue to meet the child's needs
 - their ability to make changes independently in their lives
 - their support network
 - other services available to them
- ensure all relevant people involved in the case have been prepared and are advised that the case closure will go ahead
- update the case management tab located on the person record in ICMS - refer to [1.6 Record case management information in ICMS](#).

What ifs - responding to specific ongoing intervention matters

1. What if a suitable person has long-term guardianship?

When the Childrens Court makes an order granting long-term guardianship to a suitable person, Child Safety is responsible for:

- recording a 'Long-term guardianship to suitable person - Case plan' in ICMS as soon as practicable after the order is granted
- having 12 monthly contact with the child (*Child Protection Act 1999*, section 51VA) and long-term guardian and deciding whether a case plan review will occur
- completing the case plan review, where appropriate
- the provision of support, where requested
- the provision of agreed financial supports, only where an approved foster or kinship carer is subsequently granted the long-term guardianship of a child - refer to [2.6 Apply for a long-term guardianship order](#).

Meet the contact requirements with the child and long-term guardian

For a child subject to a long-term guardianship order to a suitable person, a minimum of 12 monthly contact is required with the child, and the long-term guardian must allow Child Safety to have this contact (*Child Protection Act 1999*, section 51VA). This contact can occur more frequently where requested by the child or long-term guardian, or it is considered necessary by Child Safety.

Contact with the child

To organise contact with the child:

- make a suitable time for a visit with the child and long-term guardian
- negotiate with the long-term guardian and the child for contact to occur in a location other than the home if considered more appropriate.

During the visit:

- talk to the child about their current situation and any matters they wish to discuss
- give the child an opportunity to comment on or ask questions about the case plan, or ask for it to be reviewed (*Child Protection Act 1999*, section 51VA), based on their age and ability to understand - ensure the child is aware that some requests for assistance or support can be actioned without the need to review the child's case plan
- discuss any changes in circumstances or needs that may require additional supports for the child or long-term guardian
- facilitate appropriate referrals to services within the community, where requested
- discuss with a young person who is 15 years or older, that they may be eligible for the Commonwealth Government's Transition to Independent Living Allowance (TILA) and provide the young person with information about supports available through other organisations to help them prepare for adulthood
- discuss how the guardian has been helping the child to have their cultural and identity needs met, and if applicable, how the guardian is helping the child to plan and prepare for adulthood
- discuss the contact arrangements and any changes required to the frequency or type of contact with family members and significant others
- consider the child's immediate safety and well-being, and determine whether a case plan review is required, regardless of whether it is requested by the child or long-term guardian
- take any immediate actions considered necessary to ensure the child's immediate safety and well-being.

In circumstances where the long-term guardian does not allow the 12 monthly contact with the child:

- remind the long-term guardian of their legislative responsibility to allow contact
- organise to have contact with the child outside of their home
- take any actions considered necessary to ensure the child's immediate safety and well-being.

Contact with the long-term guardian

Contact with the long-term guardian is also to occur 12 monthly. During contact with the long-term guardian:

- ask if they would like to have the child's case plan reviewed (*Child Protection Act 1999*, section 51VA) - ensure the long-term guardian is aware that some requests for assistance or support can be actioned without the need to review the child's case plan
- confirm that the child is still residing in the direct care of the long-term guardian

- discuss any changing needs or circumstances that may require additional support to the child or long-term guardian
- ensure that the long-term guardian is continuing to meet their obligations to tell the child's parents where the child is living, give them information about the child's care and providing opportunity for contact between the child, parents, family members and other significant people (*Child Protection Act 1999*, section 80), unless the Childrens Court has made an exception
- facilitate appropriate referrals to services within the community, where requested
- discuss, where applicable, how the long-term guardian is assisting the young person to prepare for life as a young adult and provide the guardian with information about supports available to the young person through other organisations
- ensure the long-term guardian is aware that a young person over 15 years may be eligible for the Commonwealth Government's Transition to Independent Living Allowance (TILA) - and is aware that further information can be accessed from the [Transition to Independent Living Allowance \(TILA\)](#) website
- ensure that the long-term guardian is maintaining the child's cultural connection
- discuss the ongoing provision of financial assistance, and record the financial delegate's approval in the case plan
- remind the long-term guardian of their legal responsibility to notify Child Safety in writing, should the child leave their direct care and to provide information about where the child is living, if known (*Child Protection Act 1999*, section 80A).

Following contact with the child and long-term guardian, complete the relevant sections of the 'Long-term guardianship to a suitable person - Contact and review report' in ICMS and finalise unless a decision is made to formally review the case plan. Where a decision is made to formally review the case plan, refer to [Chapter 4, 5.10 Long-term guardianship to a suitable person - case plan review.](#)

Respond to requests for support

In any circumstance the child or long-term guardian may contact Child Safety to request support - for further information, refer to the [Supporting children in the care of long-term guardians policy](#).

The CSO with case responsibility for the child is responsible for receiving and responding to requests for support, and will:

- discuss the request with the team leader
- facilitate the provision of appropriate support
- obtain the decision of the appropriate financial delegate, where the long-term guardian is eligible for financial support.

The available supports are outlined below.

Please note, with the exception of special payments (including Ex-gratia), **financial support is only available** where approved, for long-term guardians who were approved foster or kinship carers, and were subsequently granted the long-term guardianship of the child.

Child Related Costs

Requests for reimbursement of child related costs that are not approved within the child's existing case plan may be made following the granting of a long-term guardianship order, where the costs are considered to be **significant or ongoing**.

In addition, the long-term guardian will have access to financial support for services to meet the health, educational, therapeutic, transition into adulthood and cultural needs of a child, when the necessary services are not available to the general public. For further information, refer to the [Child Related Costs - Long-term guardian support policy](#).

High Support Needs Allowance

An application for the high support needs allowance may be made when the child develops or presents with previously unforeseen special needs, whether of a short-term or ongoing nature. For further information, refer to the [High Support Needs Allowance policy](#).

Special payments (including Ex-gratia)

Long-term guardians are able to claim for a special payment (for example, if the long-term guardian has suffered a loss or property damage caused by a departmental client), subject to the [Special Payments \(including Ex-gratia\) policy](#).

Respite

A child subject to a long-term guardianship order to a suitable person (who was an approved foster or kinship carer, and was subsequently granted the long-term guardianship of the child) is eligible for 'emergent' respite, where emergent circumstances arise and there is no other option available within the long-term guardians existing support network - for further information refer to the [Respite Placements and Dual Fortnightly Caring Allowance policy](#).

A child subject to a long-term guardianship order to a suitable person is **not** eligible for 'planned' respite through Child Safety, however, if the child has a disability, they may be eligible for specialist disability services through Disability Services. For further information, refer to the [Disability and Community Care Services website](#).

Transition from care into adulthood

A young person subject to a long-term guardianship order to a suitable person:

- can apply for the Commonwealth Government's Transition to Independent Living (TILA) allowance
- may be eligible for child related costs, as outlined above
- is **only** eligible for transition from care case work support by Child Safety, where they no longer reside in the direct care of a long-term guardian (who was an approved foster or kinship carer, and was subsequently granted the long-term guardianship of the child).

For further information, refer to the [Transitioning from care into adulthood](#) and [Child Related Costs - Long-term guardian support policies](#).

Assistance regarding family contact

Where the long-term guardianship order does not prevent or restrict family contact, and issues or circumstances arise preventing or impacting a child's ongoing contact with parents and

appropriate members of their family, Child Safety will offer assistance to address the identified issues.

In the first instance, discuss options for resolving the issues and encourage the long-term guardian and family members to attempt to address the issues independently, or, where this is not possible, negotiate with the long-term guardian, for Child Safety to contact family members directly.

Any assistance regarding family contact will not include supervising or transporting a child for family contact. If it becomes apparent that supervised visits are required, or family contact should be prevented, review the case plan, in accordance with the case planning requirements.

Case work in response to emergent issues

Time-limited, intensive case work may be provided to the child and long-term guardian by Child Safety for **up to three months**, where emergent circumstances arise that are likely to impact on the stability of the care arrangement if intervention is not provided. This may include circumstances where the long-term guardian is indicating an unwillingness or inability to meet guardianship responsibilities, including the ongoing provision of direct care for the child, or where the long-term guardian is diagnosed with a terminal illness. To facilitate the case work, review and develop a revised case plan for the child.

If, following the period of intensive case work, the circumstances remain unchanged, the **CSSC manager** will decide whether to apply to vary the long-term guardianship order and seek an order granting long-term guardianship to the chief executive in its place. In making this decision, consider the views of the child and the long-term guardian.

While the CSSC manager may decide to extend the period of case work, this will only be appropriate where it is apparent (based on progress made during the preceding three month period), that a **brief** continuation of the case work is likely to fully resolve the identified issues. It would not be appropriate for the case work to extend to a period of six months or longer, unless exceptional circumstances apply.

Referrals for active intervention

When a long-term guardian seeks support and it is assessed that the required support is able to be provided by a referral for active intervention service, and the child is **not** currently subject to case work for emergent issues, make a RAI referral for the child by completing a [Family Referral](#) on CSIS. For further information, refer to [Chapter 10.14 Referral for active intervention services](#).

Support service case

Following a young person's eighteenth birthday, a support service case may be opened for a young person who was previously subject to a long-term guardianship order to a suitable person (where the guardian was formerly an approved foster or kinship carer). For further information, refer to [Chapter 7. Support service cases](#).

Foster and Kinship Carer Support line

All long-term guardians may access the Foster and Kinship Carer Support line. For further information, refer to [Chapter 8. 4.1 Negotiate support arrangements](#).

Access to counselling services for the long-term guardian

Where a long-term guardian continues to be an approved foster or kinship carer for other children, and requires support in relation to a traumatic event related to the child in their guardianship, support should be provided by the affiliated foster and kinship care service in the first instance.

In some circumstances, the traumatic event may lead to the long-term guardian requiring more intensive support, such as counselling or psychological support or therapy that can only be provided by a professional counsellor or psychologist. Where the long-term guardian was an approved foster or kinship carer who was subsequently granted long-term guardianship of the child, counselling can be approved by the CSSC manager on a case-by-case basis through child related costs - refer to the [Child Related Costs - Long-term guardian support policy](#).

When deciding whether to approve counselling, the CSSC manager will consider the following:

- contextual information regarding the need for the service, for example, does it specifically relate to trauma experienced in relation to the child subject to the guardianship order
- whether the long-term guardian has accessed support from their foster and kinship care service, if applicable
- the length of time for which counselling may be required
- whether the long-term guardian is able to access Medicare rebates for the services of a psychologist or other allied mental health professionals.

Training

Any suitable person who is granted the long-term guardianship of a child, may choose to participate in training as a support to the care arrangement. For further information, refer to [Chapter 8, 4.4 Standard and advanced training](#).

Child Support

Where the long-term guardian is a **relative** of the child, the long-term guardian may be eligible for Child Support. For further information, contact the Child Support Agency on telephone 131 272 or refer to the [Child Support Agency](#) website.

Other issues associated with long-term guardians

1. The ongoing approval and suitability of persons granted long-term guardianship

Approved foster or kinship carers, who are subsequently granted long-term guardianship of a child, are **not** required to hold a current blue card, or to renew their certificate of approval, **unless** they intend, or continue, to provide out-of-home care to other children, who are not subject to an order granting long-term guardianship to the suitable person.

Long-term guardians are **not** subject to the matters of concern policy and procedures for **that child**, and any information or concerns received about a child subject to long-term guardianship to the suitable person will be responded to in accordance with the process for a child in the general community - refer to [Chapter 1. Intake](#).

2. Separation or divorce of long-term guardians

Where long-term guardians have separated or divorced, both long-term guardians continue to hold guardianship responsibility for the child subject to the order. As is the case for parents in the general community, the long-term guardians will need to consider the child's views and the circumstances of the separation or divorce, and negotiate future plans for the daily care and guardianship of the child. Long-term guardians who separate or divorce may, but are not obligated to, apply for orders from the family law court.

If a long-term guardian intends to apply, or applies, to a family law court, consult with Court Services Unit, to consider and decide the level of Child Safety intervention in family law court proceedings - for further information, refer to [Chapter 10.21 Family law courts](#).

Where the long-term guardians have been receiving the fortnightly caring allowance, only one person can continue to receive the allowance following the separation or divorce. In circumstances where the future daily care of the child is to be shared, the long-term guardians will need to decide who will be paid the allowance. In this circumstance, the long-term guardian in receipt of the allowance may, but is not obligated to, pay part of the allowance to the other long-term guardian.

If a long-term guardian subsequently **remarries or re-partners**, there is no legal requirement for the new partner to be assessed or approved to provide care for the child subject to the long-term guardianship order. If, however, concerns arise regarding the new partner, Child Safety may:

- request a meeting with the long-term guardian, to discuss relevant issues
- undertake an investigation and assessment, where identified or reported concerns meet the threshold for recording a notification.

Please note: If the long-term guardian continues to be an approved foster or kinship carer for other children in out-of-home care, the new partner is required to be assessed and approved as a carer - refer to [Chapter 8, 2. What if there is a change in carer circumstances?](#)

3. Succession planning for the child

In the event of the death of one of a long-term guardian couple, the surviving long-term guardian maintains guardianship responsibility for the child. However, in the event of the death of a sole long-term guardian or both long-term guardians, the child protection order becomes null and void.

Long-term guardians are able to make succession plans for a child in their guardianship, and to record these plans in a will. This may include details of a nominated person or persons able to assume the guardianship of the child, including their direct care, in the event of the death of a sole long-term guardian or a long-term guardian couple.

In the event of the long-term guardian's death, while the nominated person or persons may be able and willing to care for the child, they have **no authority** to have the daily care of the child, make any guardianship decision or provide consents about guardianship decisions. In addition, the child's parents could legally remove the child from the person nominated by the long-term guardian in the will.

However, by recording their wishes in a will, or by informing Child Safety of the nominated persons available to assume the direct care of the child, Child Safety is able, where considered

appropriate, to invite the persons to apply to become an approved carer for the child. This can **only** occur when the child is in the custody or guardianship of the chief executive.

In the event of a sole long-term guardian's death, or the death of both long-term guardians, to facilitate the long-term guardians wish and secure the child's safety, well-being and future care arrangements:

- have regard to the views of the child
- apply for a new child protection order with guardianship to the chief executive
- once the new child protection order has been granted, invite the nominated person or persons to become an approved carer for the child.

In the event that a long-term guardian is diagnosed with a terminal illness, and the long-term guardian or long-term guardians wish to secure a child's legal status **prior to the death** of a long-term guardian, seek an application to vary the existing order granting long-term guardianship to the suitable person and seek an order granting long-term guardianship to the chief executive in its place. This may occur in the following circumstances:

- where the terminally ill long-term guardian, or both long-term guardians state that they cannot continue to fulfil their role as long-term guardian during the course of the illness
- where the surviving long-term guardian indicates they will not be able to fulfil their responsibility as the child's long-term guardian following their partner's death.

4. Alternative care arrangements for the child

The granting of a long-term guardianship order to a suitable person does **not** enable the long-term guardian to give the care of the child to another person. In circumstances where this occurs:

- the child's parents could remove the child from the person selected by the long-term guardian, potentially placing the child at risk of harm
- the person selected by the long-term guardian has **no authority** to have the daily care of the child, make any guardianship decisions or provide consents about guardianship decisions.

In addition, Child Safety **cannot**, in any circumstance, pay allowances or child related costs to another person selected by the long-term guardian - refer to the [Fortnightly Caring Allowance and inter-state foster payments policy](#).

In circumstances where a long-term guardian decides that they are no longer able or willing to meet their responsibilities as a long-term guardian, including the responsibility to provide daily care for the child, Child Safety will:

- obtain and consider the child's views, **prior to** deciding the best way to proceed
- review the case plan and explore all options available to the child
- consider whether it is in the best interests of the child, to seek an application to vary the existing order and seek an order granting long-term guardianship to the chief executive in its place.

If a person given the daily care of the child, or nominated to take over the daily care of the child, appears to be the most appropriate placement option to meet the child's emotional and physical needs and best interests, Child Safety will:

- vary the existing order granting long-term guardianship to the suitable person, and seek an order granting long-term guardianship to the chief executive in its place
- invite the person to apply to become an approved carer for the child and, to ensure continuity for the child, facilitate the provisional approval of the carer applicant - refer to [Chapter 8, 1. What if the applicant requires provisional approval?](#)

Take actions where the child is no longer in the direct care of the long-term guardian

The *Child Protection Act 1999*, section 80A, requires the long-term guardian to advise the chief executive in writing when the child is no longer in their direct care and advise where the child is living, if known. Where the long-term guardian has advised that the child is no longer in their direct care:

- contact the long-term guardian, if relevant, to confirm the child's current whereabouts and the circumstances contributing to the change
- have direct contact with the child as soon as practicable after receiving the advice, to assess their immediate safety and well-being and determine whether a review of the case plan is required, where the child's address is known
- review the child's protection and care needs, and well-being, and take any actions considered appropriate (*Child Protection Act 1999*, section 80A)
- assess whether the long-term guardian is prepared to resume direct care of the child and the child is prepared to return to the direct care of the long-term guardian, if Child Safety provides a period of time-limited case work with a view to addressing factors contributing to the change - refer to the above section 'Respond to requests for support'
- determine whether the fortnightly caring allowance for the child and other financial supports will cease - refer to the [Fortnightly Caring Allowance and inter-state foster payments](#) and [High Support Needs Allowance](#) policies
- advise the long-term guardian that payments will cease if the child is not in their direct care, but that they can recommence, should the child return to the long-term guardians care
- inform the long-term guardian of their responsibility to advise Centrelink of the conclusion of the child's care arrangement, if applicable
- complete the [Approved carer placement - Addition and deletion advice](#), if applicable.

If the child's address is unknown, Child Safety will make reasonable attempts to locate them, by contacting:

- the child's long-term guardian
- the child's school or other educational facility
- the child's parents, siblings or other family members
- the child's friends
- professionals or agencies currently or recently in contact with the child

- a recognised entity, for an Aboriginal or Torres Strait Islander child
- Centrelink if considered appropriate in the circumstances.

The child may also be reported to the police as a missing person.

For further information, refer to [Chapter 2, 12. What if a child and family cannot be located?](#)

After assessing the child's safety and well-being, Child Safety may decide to intervene:

- to assist the child and long-term guardian to resolve the issues contributing to the young person leaving and enable them to return to the long-term guardian's care
- to review the appropriateness of the order to meet the child's ongoing care and protection needs.

In these circumstances, Child Safety may apply to the court to vary the long-term guardianship order and seek, in its place, an order granting long-term guardianship to the chief executive.

Decision to vary the child protection order

Consider applying to vary the long-term guardianship order from a suitable person to the chief executive when:

- the long-term guardian is no longer able and willing to be the child's long-term guardian and fulfil their obligations under the *Child Protection Act 1999*, section 80
- the long-term guardian is no longer able and willing to fulfil the guardianship responsibilities, but would like to continue caring for the child. In these circumstances, the long-term guardian can be assessed as a 'kinship carer' for the child and the child can remain in their care under a long-term guardianship order to the chief executive
- the outcome of an investigation and assessment is 'Substantiated - ongoing intervention continues' and it is assessed that the child is at unacceptable risk of harm, and the long-term guardian is not willing to work with Child Safety to address the concerns.

In any of these circumstances, meet with the child, family and other significant people to review the existing case plan. A case plan review will be undertaken as outlined in [Chapter 4. Case planning](#), with the exception of the family reunification and parental strengths and needs assessment. Complete the child strengths and needs assessment, as outlined in [Chapter 4, 5.7 Re-assess the child's strengths and needs](#).

During the court proceedings, the long-term guardian will continue to maintain guardianship rights and responsibilities for the child. The long-term guardian will be treated as a parent and afforded the same appeal rights. The long-term guardian will also be a respondent in the proceedings.

This does not negate the rights of a parent who will also have appeal rights and be a respondent in the proceedings.

2. What if new child protection concerns are received?

When new child protection concerns are received for a child during ongoing intervention, take action to ensure the child's immediate safety.

Where the concerns relate to a child in out-of-home care, refer to [Chapter 9. Matters of concern](#).

When the concerns relate to a child in the care of their long-term guardian, respond to these concerns in accordance with the process for a child in the general community - refer to [Chapter 1. Intake](#).

Where the concerns relate to fabricated or induced illness refer to [Chapter 1, 16. What if concerns are received about fabricated or induced illness?](#)

When there is an open notification or an open investigation and assessment event in ICMS, record the information as additional concerns - refer to [Chapter 2, 6. What if Child Safety is contacted about additional concerns for a child or an unborn child?](#)

Concerns received from a notifier, who is either a SCAN core member representative or a person with no prior involvement in the ongoing intervention case, should be recorded in a new intake event in ICMS - refer to [Chapter 1. Intake](#).

When concerns are received from a person with prior involvement in the ongoing intervention case who has previously shared information about the child with Child Safety:

- use professional judgment and where necessary, consult with a team leader, to determine whether the concerns reach the threshold for a notification
- where the concerns reach the threshold for a notification, record a new intake event in ICMS - refer to [Chapter 1. Intake](#)
- where the concerns **do not** reach the threshold for a notification, record the concerns as a 'Generic' case note in ICMS using the title 'OI - child protection concerns', and include the rationale for recording the concerns as a case note and any consultation with the team leader that contributed to the decision.

Any concerns recorded in a case note must be addressed directly with the child and family as part of ongoing case work. Once the concerns have been addressed with the child and family, record information in the relevant case note about:

- the date when the concerns were discussed with the child and family and their response
- the assessment and any resulting actions, including amendments the child's caseplan.
Refer to [Chapter 4, 5 Review and revise the case plan](#).

Note: Child protection concerns that reach the threshold for recording a notification must not be recorded as a case note in ICMS.

Where the information involves allegations of harm to a child that may have involved the commission of a criminal offence relating to the child, immediately provide the information to the QPS (*Child Protection Act 1999*, section 14(2) and (3)) using the [Police referral fax](#) and attach the referral in ICMS. For further information refer to [Chapter 10.2 Statutory obligation to notify the Queensland Police Service of possible criminal offences](#) and the practice resource [Schedule of criminal offences](#).

3. What if an ongoing intervention case needs to be transferred to another CSSC?

Case management responsibility for an ongoing intervention case will be held by the CSSC in the geographical area where the child and family normally reside. A case transfer between CSSCs may be required in the following circumstances:

- the family of a child move, or plan to move to another geographical area
- there is a plan to move a child in out-of-home care to a placement in another geographical area
- the approved carer of a child in out-of-home care relocates to another geographical area, including a licensed care service or another entity (*Child Protection Act 1999*, section 82(1))
- a suitable person granted the long-term guardianship of a child moves, or plans to move, to another geographical area.

For information about exceptions to the case transfer principles and guidelines, refer to 'Exceptions to case transfers' outlined below.

Placement and transfer principles

The following principles are to guide decision-making, **prior to** the placement of a child and the transfer of a case:

- the best interests of the child is the primary consideration, that is, what will best support the needs and well-being of the child - this consideration is paramount and takes priority over the location of the placement
- children in out-of-home care should be placed as close to family and supports as possible - any family placement must take into consideration whether there is an existing positive relationship between the proposed kinship carer and the child
- placement and transfer will occur in a manner that prioritises the safety of the child and the provision of continuous and planned service delivery to the child, family or carer
- any placement of a child must support the goal of the child's case plan
- timely information sharing between CSSCs and Placement Services Units is vital to ensuring the above occurs. This includes circumstances when a child is to be placed with an approved carer in another geographical area, or reunified with a parent in another geographical area
- all cases are to be transferred in the relevant timeframes - CSSCs are not to hold on to cases where they cannot regularly and adequately service the case.

Transfer guidelines

In addition to the principles, the following guidelines apply:

- all case transfers will be planned with the family where possible, and negotiated with the new CSSC prior to the move or to the new placement occurring, to minimise unnecessary disruption to service delivery
- where a family moves without the knowledge of the CSSC, a case transfer should be considered as soon as the new address becomes known
- a child cannot be placed with an approved carer of another CSSC until that CSSC has been contacted and the CSSC manager has given permission to make the placement

- where CSAHSC staff making placements after hours are not able to place a child within the child's own geographical location, they will advise the CSSC with case management responsibility and the CSSC where the child has been placed by the next business day, so that placement beyond this time can be negotiated
- where a child is to be placed with a kinship carer in an area covered by another CSSC, the CSSC manager with case management responsibility for the child is responsible for the approval of the kinship carer, unless otherwise agreed between the CSSC managers - this must occur prior to the placement of the child in the other area
- the child and family or carers are to be involved in the planning process for the transfer, where appropriate, and kept informed of the progress of the matter
- transfer decisions are to take into account the placement and transfer principles and:
 - the planned length of the placement and whether the relocation is temporary or permanent
 - the planned length of the intervention (see exceptions below).

Exceptions to case transfers

The above principle and guidelines apply to case transfers, except in the following circumstances.

- **Short-term cases:** When the original CSSC is within a reasonable distance and able to adequately service a case that is not likely to remain open for very long, they must advise the new CSSC that the family is in their area, but only transfer the case if circumstances change and the family requires ongoing involvement by Child Safety.
- **Temporary placements:** When a temporary placement is made with a neighbouring CSSC due to a lack of placements in the originating CSSC area and the placement is within a reasonable distance, consideration must be given to maintaining case management with the originating CSSC to maintain stability in service provision.
- **Siblings placed with different carers in adjacent geographical areas:** When a group of siblings is placed with approved kinship or foster carers who live in different geographical areas, but within close proximity, CSSC managers may agree it is in the best interests of the children for case management to remain with one CSSC for the duration of the arrangement, to maintain continuity and stability for all siblings.
- **Children placed in residential:** When a child is placed in a grant funded residential placement, the case **cannot be transferred**, unless the child has remained in the residential placement for more than 12 months, both CSSC managers agree to the transfer and it is in keeping with the placement and transfer principles. When a child is placed in a residential within the region, the case is to remain with the original CSSC and negotiations are to be had with the CSSC where the residential is located, to undertake any required case work tasks, for example, visits to the child, if the residential is not within reasonable driving distance.
- **Admission to a hospital:** When a child is admitted to a hospital in another location, but their family remains in the original geographical area, the case is not to be transferred. Case management will remain with the CSSC where the family or carer reside, and the CSSC in the area of the hospital will be required to undertake visits to the child, liaise

with hospital staff and complete other case work task, in accordance with the child's case plan.

- **Boarding schools:** When a child attends a boarding school, but their family remains in the original geographical area, the case is not to be transferred. Case management will remain with the CSSC where the family or carer reside, and the CSSC in the area of the boarding school will be required to undertake visits to the child, in accordance with the child's case plan.
- **Expiry of a child protection order:** When a child is subject to a child protection order that is due for renewal within the transfer timeframes, negotiation should occur between CSSCs about the type of order required, but case management will remain with the original CSSC until the order has been finalised.
- **Transition from care:** A support service case for a young person over the age of 18 who is transitioning from care, will not be transferred. However, the CSSC in the new area is to be provided with relevant information, so that they are able to respond to the young person, should the need arise.
- **Homeless or mobile young people:** When it is not possible to determine a 'usual address' for a child because they are homeless or highly mobile, case management will not be transferred until there is some stability with the child's living arrangements, unless otherwise negotiated between CSSCs. Where a child is mobile and homeless in Brisbane or a larger centre, negotiations need to occur to ensure that the CSSC where the child is temporarily living undertake active case work tasks with the young person where they are at high risk.

Accept a case transfer

Before a case can be transferred, the CSSC in the new geographical area must accept the transfer, based on the case transfer principles and guideline. There are three levels of acceptance that apply:

- **team leaders:** may accept the case transfer for:
 - a child subject to a support service case (see exceptions below)
 - a child subject to an intervention with parental agreement case, including where the child is subject to child protection care agreement
 - a child subject to a protective supervision or directive child protection order
- **CSSC managers:** must give approval for the placement of, and accept the transfer for, any child subject to a child protection order where the child is in an out-of-home care placement
- **regional directors:** must approve the financial cost for a placement of a child from another region where there is a transitional placement or grant funded residential placement, in accordance with their financial delegation, prior to acceptance of the case transfer.

Acceptance and approval of the transfer **must be given in writing, prior** to the placement of the child, and must include an agreement about the likely timeframe of any planned case transfer.

Timeframes for case transfers

The following timeframes apply to case transfers, both planned and unplanned:

- **within six weeks** for:
 - support service cases
 - intervention with parental agreement, including a child subject to a child protection care agreement
 - child protection order cases where a child is not in out-of-home care
- **after three months** for:
 - a child subject to a child protection order and in out-of-home care
 - a child subject to a child protection order granting long-term guardianship to a suitable person.

In all circumstances, the new CSSC is to begin the required case work tasks immediately following advice that the child is in their area and that the case is to be transferred. For a child in out-of-home care, ensure that the new placement is stable prior to initiating the case transfer.

Unplanned relocation of a child who is not in out-of-home care

When a child subject to ongoing intervention and not in out-of home care is relocated to another geographical area by their parents or family, the following actions are required (with the exception of a child subject to the long-term guardianship of a suitable person):

- advise the team leader in the new area within 24 hours of becoming aware of the relocation, that the family has moved without the prior knowledge of the CSSC and that the case may need to be transferred to the new CSSC
- negotiate how the review of the case plan or support plan will occur and who will be involved
- advise what case work tasks the new CSSC will be required to undertake until the matter is reviewed and either closed, or transferred
- proceed with the transfer process outlined below.

Responsibilities of the transferring CSSC

It is the responsibility of the transferring CSSC to:

- commence discussions and negotiation between team leaders or CSSC managers as soon as possible about:
 - the case, including critical case issues, financial commitments and service needs
 - the plan to place the child in their area
 - the process for approving a foster or kinship carer applicant in the new area
 - timeframes for the transfer and responsibility for specific case work tasks required over the transfer period
- contact the PSU in the region where the prospective kinship carer resides to request a foster or kinship assessment, where necessary
- complete a review of the current case plan or support plan in conjunction with staff from the receiving CSSC, to ensure the revised case plan or support plan includes actions that have been discussed with and agreed to by the CSSC in the new area. This may occur in person or via a telelink or by phone discussion
- have face-to-face contact with the child to prepare them for the transfer process

- ensure all electronic case documentation in ICMS is completed and approved, prior to the transfer
- complete a 'Case summary for transfer' and attach to a case note screen on ICMS
- request acceptance of the case transfer from the relevant person at the receiving CSSC
- inform other agencies providing services to the child and family of the pending transfer
- hold a joint case transfer meeting with the family and the receiving CSSC, where possible, to enable all parties to meet and to facilitate a smooth transfer of the case.

Case management responsibility for the case **remains with the transferring CSSC** until written acceptance (email or written correspondence) of the transfer has been received. The new CSSC is responsible for essential case work tasks until this occurs. Following this:

- re-allocate open events in ICMS to the receiving CSSC, including outstanding 'event tasks' so that any partially completed forms are also transferred
- send the paper files to the receiving CSSC.

Responsibilities of the receiving CSSC

The receiving CSSC is responsible for the actions outlined below:

- participate in:
 - all discussions regarding the transfer process with the transferring CSSC
 - the review of the case plan or support plan, either in person or via a telelink or phone discussion, to ensure the case work requirements can be met by the new CSSC
- allocate a CSO to the case and ensure contact with the child and family occurs within one week of their arrival to the area
- undertake essential case work tasks prior to the transfer of the case and coordinate referrals to community agencies in the new area, where required
- finalise the approval for any new foster or kinship carer applicant that resides in their area, and who will provide care for a child in out-of-home care
- provide written confirmation of the acceptance of the case to the CSSC manager or team leader from the transferring CSSC, once the transferring CSSC has completed and approved all electronic case documentation in ICMS, including a Case summary for transfer
- participate in the joint case transfer meeting with the family and the transferring CSSC, where possible
- provide confirmation that the child's paper case files have been received
- update the case management screen in ICMS
- contact the child and family to advise them that the transfer is complete, once all of the relevant documentation has been received
- assume all responsibility, including financial responsibility, for the case.

Interim orders and appeals

A case for a child subject to an interim order or an appeal of a child protection order can be transferred, but **only where both CSSC managers agree**. When the receiving CSSC does not agree to the transfer, the case **cannot be transferred**.

Where the child has moved to a new geographical area but the case is yet to be transferred, a co-ordinated approach by both CSSCs is required to undertake specific tasks until the order is finalised and the case can be transferred. In the interim:

- the CSSC with case responsibility will provide the CSSC in the area where the child resides with a case summary that includes the specific tasks to be undertaken as agreed to by the CSSC in the new area
- the CSSC in the new area will:
 - allocate a CSO to the child immediately and sight the child within one week
 - undertake appropriate case work tasks, as negotiated with the original CSSC.

Where the case for a child subject to an interim order is transferred, the matters to be negotiated between court coordinators and team leaders on a case by case basis are outlined in the practice resource [Transferring an ongoing intervention case](#).

Unplanned relocation of a child in out-of-home care by an approved carer

The unexpected, unplanned relocation of a child who is in an out-of-home care placement by an approved carer should be a rare occurrence. Where it does occur, consideration needs to be given to the ongoing appropriateness of the placement and to recording a matter of concern in relation to the approved carer's actions - refer to [Chapter 9. Matters of concern](#).

This procedure does not apply to a child subject to a long-term guardianship order to a suitable person, as the child is **not** considered to reside in an out-of-home care placement.

When a notification is recorded during the transfer process

If a new notification is recorded during a case transfer process, the CSSC where the family is residing is responsible for undertaking the investigation and assessment. In this circumstance, ongoing liaison between the two CSSCs will occur until the transfer process is completed.

Resolving disagreements

It is the responsibility of the CSSC managers to resolve any disagreement during the transfer process of ongoing intervention cases. Disagreements must be resolved within a two week period. Where CSSCs cannot reach an agreement in principle about a placement in another area, the matter should be referred to the appropriate directors to determine if the grounds for placement are sound and if the placement or transfer should proceed.

4. What if assistance is required with social housing?

The [Memorandum of Understanding \(MOU\) between The State of Queensland through the Department of Child Safety and The State of Queensland through the Department of Housing 2007](#) sets out an agreed framework for cooperation and collaboration, to help ensure no child who is in contact with the child protection system is harmed or placed at risk of harm because of a housing related issue.

[Schedule 2 Providing housing assistance to children in need of protection](#) guides the referral of clients to Housing and Homelessness Services, and a referral for assistance with public housing can **only** be made when the client meets **all** of the eligibility criteria below:

- a child is in need of protection or an unborn child is likely to be in need of protection after birth
- housing is required to meet their protection or care needs
- the child's need for housing is recorded in their case plan.

A parent may self-refer to Housing and Homelessness Services if they do not meet the eligibility criteria. If a parent requests supporting documentation from Child Safety, the information that is made available can **only** relate directly to the parent in their own right and should not contain information that more properly belongs to the child. For further information, contact the Right to Information and Information Privacy Branch.

To make a referral for housing assistance, complete the [Referral to the Department of Housing](#) - for further information, refer to the practice resource [Overview of referral and planning process with Department of Housing](#) and the [Flowchart - Requesting housing assistance from Housing and Homelessness Services](#).

Note: Housing and Homelessness Services will **only** accept referrals from Child Safety through the completion of the specified referral form.

Joint action plans

Where Housing and Homelessness Services accepts the referral and nominates a contact officer, complete the [Joint Action Plan - Departments of Housing and Child Safety in conjunction with](#) the nominated officer. For further information, refer to the practice resource [Completing the joint action plan](#).

A review of the 'Joint Action Plan - Departments of Housing and Child Safety' will be triggered by either:

- Housing and Homelessness Services, when a suitable property becomes available
- Child Safety, when case plan outcomes (other than access to housing) have been resolved, for example:
 - a parent completes an anger management course and demonstrates improved skills when faced with stressors in their life
 - during contact visits over a period of six months, the quality of parent-child interactions is assessed as having significantly improved
 - a foster or kinship carer is granted a certificate of approval.

The review of the 'Joint Action Plan - Departments of Housing and Child Safety', initiated by the Housing and Homelessness Services' officer, **prior to** the allocation of social housing will determine whether the proposed housing solution is still relevant to the circumstances of the carer, parent or young person. For further information about social housing and financial assistance, refer to [Information for Department of Child Safety - Department of Housing products](#).

Resolving differences

Should differing views or issues of concern arise regarding the application of the memorandum of understanding, attempt to resolve identified matters through implementing the dispute

resolution process - refer to the [Escalation flowchart Department of Housing and Child Safety - dispute resolution re: service provision.](#)

5. What if a child is subject to ongoing intervention and youth justice intervention?

A child subject to ongoing intervention by Child Safety may also be subject to youth justice intervention by the Department of Justice and the Attorney-General (Youth Justice Services).

Where a child is subject to a child protection order granting custody or guardianship, the person who has been granted custody or guardianship meets the definition of parent, as outlined in the [Youth Justice Act 1992](#). This requires the person with custody or guardianship, to participate in youth justice matters, as would the child's usual parent.

Where a child is subject to a child protection order granting custody or guardianship to the chief executive, the CSO with case responsibility **is required to participate** in all youth justice processes. Where the child is placed with a foster or kinship carer, the carer will also be invited to participate.

Where a child is subject to a child protection order granting custody to a family member or long-term guardianship to a suitable person, the family member or suitable person, **not the CSO**, is required to participate in all youth justice processes for the child.

Unless the involvement of the parents would impact on the child's safety or well-being, encourage or facilitate the parents involvement in youth justice processes. Where issues of safety or well-being arise, make decisions about the parents attendance in consultation with the youth justice case worker. The youth justice case worker, however, is responsible for directly liaising with parents about all youth justice matters.

Where a child is subject to an investigation and assessment and youth justice intervention, refer to [Chapter 2, 16. What if a young person is subject to youth justice intervention?](#)

Ensure service delivery coordination

For the period of time that a child is subject to both ongoing intervention and youth justice intervention:

- inform the child and family of the legal obligation to liaise with Youth Justice Services, to ensure service delivery coordination and the sharing of information
- obtain information from the youth justice case worker that will inform the child and parental strengths and needs assessments, if applicable to the type of ongoing intervention
- involve the youth justice case worker and associated agencies, if applicable, in the development and review of the case or support plan - where the youth justice case worker or a youth justice related service is unable to directly participate in the meeting, ensure that relevant information is shared, to inform the planning or review process
- advise the youth justice case worker of the outcome of all case planning and reviews undertaken by Child Safety, including advice of a decision to:
 - reunify a child with parents

- close an ongoing intervention case
- provide information to the youth justice case worker about any critical incident or an alert recorded by Child Safety in relation to the child or family - refer to the [Critical Incident Reporting policy](#) and [Chapter 1, 9. What if an alert needs to be recorded in ICMS?](#)
- provide information about the child that may be relevant to, or impact on, the child's offending behaviour or ability to fulfil the requirements of their youth justice order or program, for example, hospitalisation may prevent the child from fulfilling the conditions of an order.

If the child requires an out-of-home care placement, discuss the child's youth justice obligations and reporting requirements with the child, the parents and carers, including matters to be attended to by each party for the duration of the placement. Agreed responsibilities will be recorded:

- in the placement agreement, for a child subject to a child protection order granting custody or guardianship - refer to [Chapter 5, 1.9 Complete a placement agreement](#)
- in the [Care Agreement - Form](#), for a child subject to a care agreement - refer to [Chapter 6, 3. Place a child using a child protection care agreement](#).

For information about the role and responsibilities of parents and carers, refer to the practice resource [Youth justice - an overview](#).

In addition, for a child subject to a child protection order granting custody or guardianship to the chief executive:

- ensure that the youth justice case worker is aware of the process for obtaining decisions or consents about custody or guardianship matters relating to the child - refer to [Chapter 5, 3.1 Determine who may decide a custody or guardianship matter](#)
- inform the youth justice case worker of the child's placement details, including any change of address.

Note: Where a youth justice case worker directly participates in the development or review of the case plan or support plan for a child, and has responsibility for the implementation of certain components of the plan, provide the youth justice case worker with a written copy of the plan.

Respond to a request by Youth Justice Services for information about a child

The child's youth justice case worker may contact Child Safety to:

- provide information and documentation about the child
- request information relating to the child, for example, the details of child protection history to inform youth justice court proceedings.

Where the information requested is considered relevant to coordinating service delivery or meeting the child's protection and care needs, provide the information in a manner consistent with the confidentiality requirements of the *Child Protection Act 1999*, section 186, 187 and 188.

If there is uncertainty about whether the information should be provided verbally or in writing, consult with the team leader.

Participate in a youth justice conference

Where a child is subject to a child protection order granting **custody or guardianship to the chief executive**, the CSO is required to participate in any youth justice conference for the child. Where a child is subject to a **support service case, intervention with parental agreement or a directive or supervision order**, participation in a youth justice conference may occur where considered necessary and appropriate by the youth justice conference convenor as negotiated with the Child Safety team leader or CSSC manager.

Participate in youth justice reviews or meetings

Where a child is subject to a child protection order granting **custody or guardianship to the chief executive**, the CSO is required to participate in:

- the initial interview and final review held by Youth Justice Services, with a child, in relation to:
 - a probation or community service order
 - conditional bail
 - an intensive supervision order
 - a conditional release order
 - a supervised release order
- at least one progress review a month, in relation to:
 - conditional bail
 - an intensive supervision order
 - a conditional release order.

Where the CSO is not able to attend any of the above meetings or reviews:

- seek advice from the team leader or CSSC manager and make other appropriate arrangements, for example, another Child Safety officer already known to the child might be able to attend
- advise the youth justice case worker of the person who will be attending on behalf of the CSO
- provide relevant information to the youth justice case worker, **prior to** the meeting.

Record the inability to attend and the reason, including details of other arrangements made, as a case note in ICMS.

The participation of Child Safety in additional progress reviews will be determined on a case-by-case basis, in consultation with the team leader and, where possible, will be documented in the Child Safety case plan. Where possible and appropriate to the child's needs, the CSO may also attend warning meetings undertaken by Youth Justice Services with respect to the child's non-compliance with a youth justice order.

Where a child is subject to a **support service case, intervention with parental agreement or a directive or supervision order**, it may be appropriate to participate in youth justice reviews for the child where:

- it is considered appropriate, for example, where a support service case is specific to a young person who has transitioned from care
- where requested by the child or family, or the youth justice case worker.

Attend youth justice court proceedings

Where the child is subject to a child protection order granting **custody or guardianship to the chief executive**, the CSO will attend the court proceedings and undertake the responsibilities usually fulfilled by a child's parents, including:

- transporting the child to and from court
- supporting the child throughout the proceedings
- participating in interviews with legal representatives and Youth Justice Services' staff, as required
- providing information to the court as appropriate
- responding to questions of the court
- ensuring that the child understands any court decisions and outcomes.

The CSOs attendance at youth justice court proceedings does **not** negate the legislative requirement under the *Child Protection Act 1999*, for the child's parents to participate in matters involving their child, to the extent possible and practicable in the circumstances.

The youth justice case worker retains responsibility for representing the chief executive, Youth Justice Services, in youth justice court proceedings.

Where the CSO is unable to attend youth justice court proceedings, the team leader or another Child Safety officer will attend the court proceedings. The person attending must have relevant information about the child, including:

- the type of order the child is subject to under the *Child Protection Act 1999*, including who has custody and guardianship rights and responsibilities for the child
- the child's placement details, if applicable
- the child's case plan.

If the inability to attend youth justice court proceedings is due to geographical issues, explore with the local court the possibility of participating by teleconference.

Where a child is subject to a **support service case, intervention with parental agreement or a directive or supervision order**, the CSO is not required to attend youth justice court proceedings but may attend where:

- requested by the Childrens Court
- requested by the child or family, or the youth justice case worker.

Respond to advice that a child is being held in watch-house custody

Where a child subject to ongoing intervention is being held in watch-house custody, contact the youth justice case worker to negotiate a joint plan for phoning and where possible, visiting the child, for the duration of their detention in watch-house custody.

Participate in planning and review processes - child subject to a detention order or remanded in custody

Where the child is subject to a child protection order granting **custody or guardianship to the chief executive**, the CSO is **required** to participate in youth justice planning and review

processes and to maintain contact with the child, as outlined below. Contact with the child will occur by phone, and in person, where geographically possible.

Upon the child's admission to a detention centre, provide the detention centre with relevant information about the child. This will include, where applicable, information about:

- the child's strengths and needs
- family contact arrangements
- contact details for persons of significance to the child
- the child's education support plan
- the child's health needs and outstanding matters requiring follow up
- issues impacting, or likely to impact, the child's safety or well-being, or the safety of detention centre residents or staff.

While the child is in the detention centre:

- maintain contact with the child's family and if applicable, the child's carers
- arrange all visits with the child through the detention centre case worker
- liaise with the detention centre case worker and the youth justice case worker to monitor the child's progress
- attend youth justice court appearances for the child
- attend to any issues as requested by detention centre staff or the youth justice case worker
- participate in planning and preparations for the child's transition from:
 - detention
 - being a child in care, if applicable.

Prior to, and upon the release of the child from the detention centre:

- determine whether there are outstanding medical appointments to be attended to
- obtain relevant information about the child's future education or employment plans
- ensure that the responsibilities agreed to by both Child Safety and Youth Justice Services are clear and will be actioned in a timely way
- ensure that the child's basic needs will be or are attended to, for example, accommodation, contact with family or community and education or employment
- make contact with the child to discuss arrangements for their release
- consider whether the child's change in circumstances is such that a review of the Child Safety case plan is required - refer to [Chapter 4. Case planning](#) and where applicable, [Chapter 5. Children in out-of-home care](#).

Where a child is subject to a **support service case, intervention with parental agreement or a directive or supervision order**, the CSO will liaise with the youth justice case worker and the detention centre case worker, to ensure service delivery coordination and information exchange.

Visit or telephone a child in a detention centre

To arrange telephone calls or visits with a child in a detention centre, contact the detention centre case worker and negotiate an agreed plan and process.

When arranging any visit or telephone call, consider and, where necessary, inform the detention centre case worker of any matters to be discussed with the child during the visit or telephone call that may have a detrimental effect on the child's well-being or behaviour.

Participate in a child's transfer to an adult correctional facility

If a child subject to a child protection order granting **custody or guardianship to the chief executive** is to be transferred to an adult correctional facility, preparation for the transfer will involve:

- the CSO with case responsibility
- the youth justice case worker
- detention centre staff.

Should the youth justice case worker or an employee of a detention centre hold a meeting for the purpose of planning the transfer, the CSO is **required** to attend this meeting. If the CSO is unable to attend, the team leader or CSSC manager is responsible for making reasonable attempts for another Child Safety officer, who is familiar with the child, to attend on behalf of the CSO. Otherwise, necessary information must be provided to relevant detention centre staff, or the youth justice case worker, **prior to** the meeting.

Obtain approval of costs, prior to Youth Justice Services' submission to a court

Where a child is subject to ongoing intervention and the child's living arrangement is, or is likely to be, a component of conditional bail or a youth justice order, the program proposal and any associated costs to be met by Child Safety are to be endorsed by the appropriate financial delegate, **prior to** any submission being made to a court by the youth justice case worker.

In these circumstances, liaise with the youth justice case worker to:

- provide advice that written approval of proposed costs is to be sought from the Child Safety financial delegate, **prior to** any submission being made to a court in relation to the youth justice matter
- discuss planning programs, alternative out-of-home care placements, if applicable, and support options for the child
- negotiate proposed costs to be met, pending approval, by each department
- document the proposed program, and proposed costs to be met, by each department.

Following these negotiations:

- seek the appropriate financial delegate's approval of proposed costs to be met by Child Safety
- urgently advise the youth justice case worker of the financial delegate's decision, to facilitate Youth Justice Services' timely completion of a submission to a court
- comply with Child Safety policy and procedure with regard to any proposed transitional placement and flexible funding for a child.

The approval of costs to be met by Child Safety, for the purpose of the child's conditional bail or youth justice order, only applies up to and including the child's next youth justice court appearance. Following the child's court appearance, continuations or extensions of existing

programs and associated costs require re-negotiation and re-approval by the delegated Child Safety officer.

On rare occasions where a court orders that accommodation arrangements are to be part of conditional bail or a youth justice order, prior to the endorsement of proposed costs, the requirements of the order must be implemented until such time as the condition is otherwise ordered by the court as part of a sentence review.

6. What if case work tasks are to be transferred to another jurisdiction?

When a child is subject to a child protection order in Queensland and resides in another state, territory or New Zealand (jurisdiction), Child Safety may request the transfer of case work tasks to another jurisdiction.

The matter remains an open case in Queensland and case management and financial costs remain the responsibility of the CSSC, until such time as the order is officially transferred to the jurisdiction - refer to [7. What if a child protection order or proceedings are to be transferred to another jurisdiction?](#)

To request the transfer of case work tasks:

- contact the Interstate Liaison Officer (ILO), at Court Services Unit, to obtain a 'Interstate Transfer of Casework Tasks' template
- complete the 'Interstate Transfer of Casework Tasks' template, giving particular attention to specifying the case work tasks required, as identified on the template
- provide as much information as possible in section C of the template
- sign the 'Interstate Transfer of Casework Tasks' template, and obtain the team leader's signature
- attach appropriate supporting documentation, for example, medical or psychologist reports, school reports and the child's current case plan
- fax or post all relevant documentation to the ILO at Court Services Unit.

The ILO will advise the CSO as soon as advice is received that the other jurisdiction has accepted the case work tasks, including the name and contact details of the child's new interstate case worker.

If a child is placed with a parent who resides in another jurisdiction, Child Safety may request that the other jurisdiction provides the child and family with case work support, to assist the reunification process. This request will be negotiated with the jurisdiction, initially through the ILO, and will generally be for a time-limited period.

Family contact

When a decision is made by the CSSC that a child is to visit kinship members in another jurisdiction for family contact or a holiday, refer to [Chapter 5, 2.5 Facilitate and monitor family contact](#).

Reunification assessment request

If requesting an assessment for the purpose of reunifying a child subject to a Queensland child protection order, with a parent who resides in another jurisdiction, refer to [Chapter 4, 6. What if a reunification assessment is required when parents live in another jurisdiction?](#)

7. What if a child protection order or proceedings are to be transferred to another jurisdiction?

When a child is subject to a child protection order or child protection proceedings in Queensland, Child Safety may request the transfer of the child protection order, short or long-term, or child protection proceedings, to another state, territory or New Zealand (jurisdiction). In relation to a child protection order, there are **two types** of transfers:

- an administrative transfer, which may occur when all relevant parties **consent** to the transfer of the order (*Child Protection Act 1999*, section 209)
- a judicial transfer, which may be sought when a parent refuses to consent to the administrative transfer of an order.

Administrative transfer of an order to another jurisdiction

Before requesting a transfer to another jurisdiction, the child protection order should be for the maximum period of time possible. This may necessitate a new application to the Childrens Court, to extend the child protection order, before any request for a transfer is made.

Case management and financial costs remain the responsibility of the CSSC until such time as the order is officially transferred to the other jurisdiction, through registration of the transfer.

If there are exceptional costs associated with the placement in Queensland, for example, transitional placement and flexible funding, the transfer of the order requires careful negotiation between the ILO and the child protection agency in the other jurisdiction. This will include negotiations about the provision of transitional placement and flexible funding documentation. This financial information, including details of any high support needs allowance paid to the carers, must be provided as part of the transfer request.

To request an administrative transfer of a Queensland child protection order to another jurisdiction, refer to the [Transfer summary sheet - administrative transfer from Queensland to all states and New Zealand](#) and:

- contact the ILO at Court Services Unit to discuss the process of transferring the order to another jurisdiction - custody orders **cannot** be transferred to Western Australia, Northern Territory or New South Wales and supervision and directive orders **cannot** be transferred to Western Australia
- meet with the family to discuss the decision to proceed with an administrative transfer of the order, the rationale for the decision and the terms and effect of the proposed interstate order - this meeting may occur as a family group meeting or a case plan review
- request a copy of the 'Request for Interstate Transfer of Child Protection Order' form and 'Consents for Interstate Transfer' form from the ILO
- under the *Child Protection Act 1999*, section 209(1), obtain the written consents of:
 - the child, if the child is 12 years of age or over
 - the child's parents

- the child's carers, if the child has moved to the interstate jurisdiction with the carers
- record the consents on the 'Consents for Interstate Transfer' form, which must be signed by the CSSC manager - there is no requirement to record all consents on one form
- complete the 'Request for Interstate Transfer of Child Protection Order' form and have the request signed by the CSSC manager.

If the child's parents cannot be contacted or their whereabouts ascertained, attach a record of the attempts made to gain their written consent to the transfer.

When all forms are completed and, where appropriate, signed, forward all documentation **by post** to the Queensland ILO, including the **originals** of the request for transfer and written consents, and a copy of the child protection order - New Zealand requires **two** certified copies of the child protection order and **two** copies of the required consents.

The Queensland ILO will advise the CSSC manager when advice of consent to the transfer has been received from the interstate jurisdiction and will provide the CSSC manager with a letter which must be sent within three business days to all parties whose consent is required for the transfer. This letter advises the consenting parties of their appeal rights.

If an appeal to the transfer has not been lodged by any party within the 28 day appeal period, the CSSC manager completes and signs the 'Administration transfer of child protection order from Queensland' form and returns this **by mail** to the Queensland ILO, who will forward it to the interstate jurisdiction ILO for registration in the appropriate interstate court.

Following advice from the Queensland ILO, that the order has been registered in the court of the interstate jurisdiction the CSSC:

- prepare a photocopy of all relevant file material, including a **print-out** of the electronic file, and send to the manager of the interstate office in the accepting jurisdiction - the original file will be kept by the CSSC and **will not be forwarded to the other jurisdiction**
- complete the administrative requirements for concluding the placement - refer to [Chapter 5, 4.1 Conclude the child's placement in out-of-home care](#)
- close the case management record and update the order details for the child in ICMS

Note: Payments to a foster or kinship carer are to be made up to and including the day before the date of transfer (date of registration of the order), unless otherwise advised by the ILO.

Judicial transfer of an order to another jurisdiction

The judicial transfer of a child protection order occurs only rarely, and may be sought when parents refuse to consent to the administrative transfer of a child protection order. An application to the Childrens Court is required for an order to be transferred, and is similar to applying for a child protection order in Queensland.

Due to the complexity of judicial transfers, the transfer of the child protection order **must not** be commenced until consultation has occurred with the Queensland ILO.

If following consultation with the ILO, a decision is made to proceed with a judicial transfer, the ILO will provide the CSSC with procedural information for completing the transfer process.

Transfer of child protection proceedings

Requesting the transfer of Queensland child protection order proceedings to another jurisdiction, will **only** occur **after consultation** with the Queensland ILO, and should **not** be viewed as a substitute for seeking or continuing with an application for a Queensland order. The transfer of proceedings is a complex matter, subject to the complete agreement and ongoing co-operation of the 'receiving' jurisdiction throughout the transfer process, within a 28 day timeframe for the child to be moved interstate.

The ILO will provide advice in relation to the viability of the request, especially in relation to the *Child Protection Act 1999*, section 229, which outlines the grounds on which such a transfer may take place.

If following consultation with the ILO, a decision is made to proceed with the transfer of child protection proceedings, the ILO will provide the CSSC with procedural information and appropriate forms for completing the transfer process.

8. What if a matter needs to be referred to the SCAN team system?

During ongoing intervention, it may be appropriate to make a referral to the SCAN team, when a coordinated multi-agency response is required to effectively assess and respond to the protection and care needs of the child. A referral to a SCAN team may also be made by a core member agency representative. Referrals must meet the mandatory referral criteria.

For further information, refer to the [Information Coordination Meetings \(ICM\) and the Suspected Child Abuse and Neglect \(SCAN\) Team System Manual](#).

9. What if immediate custody is required for a child in need of protection - use of a TCO?

Under the *Child Protection Act 1999*, section 51AC-51AM, a TCO may be applied for when a child is currently assessed as being in need of protection and is at unacceptable risk of immediate harm. A TCO can be applied for at any time, to ensure the immediate safety of a child while a decision is made about the most appropriate action to meet the child's ongoing protection and care needs (for example, applying for a child protection order).

The magistrate may decide the application for a TCO without notifying the child's parents of the application or hearing them on the application.

For more information about the provisions available under a TCO, refer to the practice resource [Temporary custody order](#).

To apply for a TCO:

- complete a 'Form 39 - Application for a temporary custody order' draft order in ICMS
- ensure the application articulates the nature of the child protection concerns and the rationale for seeking the specified provisions, for example, a medical examination or custody and the proposed arrangements for the child's care

- involve the recognised entity in the decision-making and possible compatible placement options and complete the 'Form 17 - Recognised entity participation' in ICMS, if applicable
- make a time to appear before the magistrate, or if after hours, contact the magistrate to discuss the application for the TCO - where possible, provide the Temporary custody order (Form 40) for their consideration during the discussion.

Note:

- The application must advise the magistrate what actions were taken in relation to the child during any period of custody of the child under the *Child Protection Act 1999*, section 18.
- The magistrate must be satisfied that the child will be at unacceptable risk of suffering harm if the order is not made, and that the department will be able (within the term of the TCO) to decide the most appropriate action to meet the child's ongoing protection and care needs and start taking that action (*Child Protection Act 1999*, section 51AE).

When a TCO is granted by a magistrate:

- finalise the 'Form 39 - Application for a temporary custody order' in ICMS
- record the order details in the 'Form 39 - Temporary custody order outcome form' (TCOF) in ICMS
- provide a copy of the order to at least one of the child's parents
- tell the child about the order, where age and developmentally appropriate
- explain to the child and the parents the reasons for, and the effect of, taking the TCO
- inform the parents about the right of appeal and because of the duration of the order, that if they wish to appeal, they must take immediate action to lodge the appeal
- ensure the child, where age and developmentally appropriate, understands the reasons why they have been removed from the home and placed in out-of-home care.

When considering a TCO for a child subject to long-term guardianship to a suitable person, the long-term guardian will have the same rights as a parent. Contact at least one of the long-term guardians to provide them with a copy of the order, explain the terms and effect of the order and inform them of the right to appeal.

In addition, make reasonable attempts to contact at least one of the parents to provide them with a copy of the order, explain the terms and effects of the order and inform them of the right to appeal. Where it is not possible to contact the parents, document full details of these attempts (*Child Protection Act 1999*, section 51AK).

Duration of the TCO

A TCO cannot remain in effect for longer than **three business days**, from midnight on the date it was decided. For example, a TCO decided on Tuesday will end at midnight on Friday. The provisions of a TCO cannot be exercised once the order has ended.

A TCO can be extended once only, to the end of the next business day if the magistrate is satisfied that the order has not ended and that Child Safety intends to apply for a child protection order during the period of extension (*Child Protection Act 1999*, section 51AH (3) and (4)). This

allows the application for a child protection order to be lodged with the court during business hours. The application for a child protection order must be lodged before the court closes on the day the TCO expires. Complete the application for the TCO extension in the same event in ICMS as the initial application.

Alternatively, a TCO granted for a period of either one or two days may be extended for a maximum of either two days or one day, respectively (*Child Protection Act 1999*, section 51AH(5)).

Under the *Child Protection Act 1999*, section 99, the TCO will continue until the application for a child protection order is decided.

Medical examination

A TCO may authorise a medical examination of the child, or a specialist health assessment by a health professional, if considered necessary to ensure the child's immediate health and safety. For further information, refer to [Chapter 2, 9. What if a child needs a medical examination?](#)

Assessing safety prior to returning a child to the care of the parents

When a child has been placed in out-of-home care subject to a TCO, consider all of the available information and complete a safety assessment **prior to** returning the child to the care of the parents. For further information, refer to [Chapter 2, 2.6 Complete the safety assessment.](#)

If the child is considered to be 'unsafe', determine the appropriate placement intervention that will ensure the child's safety and where applicable, lodge an application for a child protection order, before the TCO expires.

When a child has a long-term guardian, and has been placed with a carer whilst subject to a TCO, consider all of the available information and complete a safety assessment prior to returning the child to the care of the long-term guardian. If the child is considered to be 'unsafe', determine the most appropriate placement intervention that will ensure the child's safety, before the TCO expires.

10. What if there is a change in the individuals residing in the family home?

Due to the possible impacts on child protection concerns and the resulting case plan, inform the parents, when developing or reviewing the case plan, that Child Safety Services **must** be notified when:

- the parent commences a new relationship and their partner will be having regular contact with the child or is intending to take up residence in the family home
- the parents' relationship ends and one of the parents takes up residence at a separate address
- an adult is intending to or has taken up residence in the family home - for example, a member of the extended family, a family friend or a boarder
- another child or young person is intending to or has taken up residence in the family home - for example, a member of the extended family, the child of a family friend, one of the children's friends or a boarder.

Following notification by a parent of a change in the membership of the family household:

- complete child protection history checks on the new household member
- complete a further safety assessment
- review and modify the case plan, as required
- give consideration to completing criminal and domestic violence history checks on the new household member.

Resources

Forms and templates

- Aboriginal and Torres Strait Islander Recognised Entity (Form 17)
- Affidavit (Form 25)
- Affidavit of Service (Form 22)
- Application for a child protection order (Form 10)
- Approved carer placement - Addition and deletion advice
- Assessment report - long-term guardianship to a suitable person
- Case Summary for Transfer
- Care Agreement - Form
- Decision-making checklist - long-term guardianship to a suitable person
- Family referral (CSIS)
- Joint Action Plan - Departments of Housing and Child Safety
- Letter advising parents of long-term guardianship order
- Letter advising suitable persons of long-term guardianship order
- Letter to parent regarding a supervision order (section 78)
- Permanency panel: Key factors for consideration
- Police referral fax
- Referral to the Department of Housing
- Support plan
- Temporary custody order (Form 40)
- Transition plan

Child Safety resources

- Child Safety Internet - Feedback and complaints
- Children and young people's participation strategy
- Escalation flowchart Department of Housing and Child Safety - dispute resolution re: service provision
- Flowchart - Requesting housing assistance from Housing and Homelessness Services
- Information Coordination Meetings (ICM) and the Suspected Child Abuse and Neglect (SCAN) Team System Manual
- Information for Department of Child Safety - Department of Housing products
- Long-term guardianship to a suitable person: Information for carers
- Long-term guardianship to a suitable person: Information for children and young people
- Long-term guardianship to a suitable person: Information for parents
- Memorandum of Understanding (MOU) between The State of Queensland through the Department of Child Safety and The State of Queensland through the Department of Housing 2007
- Practice guide: The assessment of harm and risk of harm

- Practice guide: Unaccompanied humanitarian minor wards
- Practice resource: Completing the joint action plan
- Practice resource: Long-term guardianship assessment factors
- Practice resource: Long-term guardianship orders - a comparison
- Practice resource: Overview of referral and planning process with Department of Housing
- Practice resource: Participation of children and young people in decision-making
- Practice resource: Program of supports - long-term guardians
- Practice resource: Responsibilities - long-term guardians
- Practice resource: Schedule of criminal offences
- Practice resource: Temporary custody order
- Practice resource: Transferring an ongoing intervention case
- Practice resource: Working with the recognised entity
- Practice resource: Writing an affidavit
- Practice resource: Youth justice - an overview
- Schedule 2 Providing housing assistance to children in need of protection
- Transfer summary sheet - administrative transfer from Queensland to all states and New Zealand

External resources

- CCYPCG - Information brochures
- Child Support Agency
- Disability and Community Care Services
- Transition to Independent Living Allowance (TILA)
- *Youth Justice Act 1992*

Chapter 4. Case planning

Purpose

A case plan must be developed and regularly reviewed for each child **in need of protection** (*Child Protection Act 1999*, section 51A). Case planning is a participative process that involves a cycle of **assessment, planning, implementation and review**. Case plans form the structure for ongoing intervention and guide what needs to occur to address the child's protection and care needs. Case planning must also include provisions that address the child's developmental needs and assist them to gain the skills and sense of well-being that will allow them to realise their potential and positively participate in the wider community.

The case plan is a written document which provides a clear statement about why the child is in need of protection, provides key information about the child and records the roles and responsibilities of all participants in addressing the child's protection and care needs during ongoing intervention. The case plan identifies the overall goal for the child, the outcomes that need to be achieved to reach the goal and the actions to be undertaken, timeframes and the people or services responsible for undertaking them. All activities, discussions and contact with the child and family will be guided by the case plan while it is in effect.

Key steps

1. Assess and prepare to develop a case plan
2. Plan for a family group meeting
3. Develop the case plan
4. Implement the case plan
5. Review and revise the case plan

What ifs - responding to specific case planning

Standards

1. All children and families are treated professionally and with respect.
2. All children and families are given the opportunity to fully participate in decision-making.
3. The recognised entity is consulted when making decisions about Aboriginal and Torres Strait Islander children.
4. Relevant structured decision-making assessments are completed as part of the development and review of a case plan.
5. The family group meeting is held **within 30 days** of the decision that a child is in need of protection, or within the timeframe set by the Court on an adjournment.
6. The case plan provisions adequately meet the child's protection and care needs and are specific, measurable, attainable, results-oriented, relevant and time-limited.

7. A cultural support plan is developed for all children from a culturally and linguistically diverse background
 8. Children and parents are visited in accordance with Child Safety contact requirements.
 9. Case plans are reviewed at a minimum every six months.
 10. Where a child has a long-term guardian, case plans are reviewed at a minimum every 12 months.
 11. The support needs of a child subject to a long-term guardianship order to a suitable person, and their long-term guardian, are responded to in a timely manner.
-

Practice skills (Key areas for reflection)

- Did I engage well with the child and family?
 - Did I enable the child to have a real opportunity to participate in the family group meeting and express their views?
 - Did I engage the recognised entity for an Aboriginal or Torres Strait Islander child, and record their views as part of the case planning and review process?
 - Have I ensured that the case plan is written in a way that can be understood by the child and family?
 - Did I give the child and parents an opportunity to actively participate in decision-making?
 - Have I engaged appropriate service providers to work with the family?
 - Have I engaged in face-to-face contact with children and parents that is meaningful, purposeful and goal-directed?
 - Have I actively engaged with the child, family and service providers to progress the case plan goal, outcomes and actions?
-

Authority

- *Child Protection Act 1999*, section 5, 6, 51A-Y, 59, 68(1)(d)(i), 80, 83, 86, 95, 122, 187, 188, schedule 1
- *Adoption Act 2009*
- Policy No. 263: Case planning
- Policy No. 296: High Support Needs Allowance
- Procedure No. 296: High Support Needs Allowance
- Policy No. 607: Supporting children in the care of long-term guardians
- Policy No. 608: Child Related Costs - Long-term guardian support
- Procedure No. 608: Child Related Costs - Long-term guardian support
- Policy No. 609: Aboriginal and Torres Strait Islander Child Placement Principle
- Policy No. 610: Working with Aboriginal and Torres Strait Islander children, families and communities

Key steps - Case planning

1. Assess and prepare to develop a case plan

- 1.1 Gather information about the child and family
- 1.2 Assess the child's strengths and needs
- 1.3 Assess the parental strengths and needs
- 1.4 Determine the intervention required to keep the child safe
- 1.5 Explore service options

2. Plan for a family group meeting

- 2.1 Determine the requirement for a family group meeting
- 2.2 Provide information to the convenor
- 2.3 Prepare for a family group meeting

3. Develop the case plan

- 3.1 Convene a family group meeting
- 3.2 Develop key items in the case plan
- 3.3 Develop key items in the case plan - application for long-term guardianship to a suitable person
- 3.4 Record, endorse and distribute the case plan

4. Implement the case plan

- 4.1 Actively implement the case plan
- 4.2 Implement Child Safety contact requirements
- 4.3 Visit the child, parent or carer during ongoing intervention
- 4.4 Regularly assess the progress of the case plan

5. Review and revise the case plan

- 5.1 Complete the review and revision process
- 5.2 Re-assess the level of family risk for 'in home' cases
- 5.3 Assess whether reunification can occur
- 5.4 Undertake permanency planning
- 5.5 Refer the case to a permanency panel
- 5.6 Complete the review report
- 5.7 Re-assess the child's strengths and needs
- 5.8 Re-assess the parental strengths and needs
- 5.9 Develop and endorse the revised case plan
- 5.10 Long-term guardianship to a suitable person - case plan review

What ifs - responding to specific case planning

1. What if an initial case plan is developed **without a family group meeting?**
2. What if parents are **unwilling to engage** in case planning?
3. What if people are **excluded** from attending and participating in a family group meeting?
4. What if the case plan **cannot be endorsed?**
5. What if an application for a child protection order is filed with the Childrens Court **without a case plan?**
6. What if a reunification assessment is required when parents live in **another jurisdiction?**
7. What if there is a **change** in the individuals residing in the family home?
8. What if there are **criminal matters** to consider during reunification?

1. Assess and prepare to develop a case plan

A case plan **must** be developed to address the protection and care needs of any child who has been assessed as being **in need of protection**. The case plan will provide a clear statement about why the child is in need of protection and the roles and responsibilities of all participants in addressing the child's protection and care needs. The case plan provides the structure for the ongoing intervention that will occur with the child and their family.

The assessment stage of case planning allows Child Safety to gather additional information to inform the case planning process (*Child Protection Act 1999*, section 51A-YB), assess the child and parental strengths and needs, ensure that the ongoing intervention that is occurring is appropriate to meet the child's safety needs and prepare for the family group meeting, which is to be held **within 30 days** of the decision that a child is in need of protection, or within the timeframe set by the court on an adjournment.

In order to meet the required timeframe, as soon as a child is assessed as being in need of protection, make a referral to a family group meeting convenor using the [FGM referral](#) form and attach all relevant information, as outlined in [2.2 Provide information to the convenor](#).

The *Child Protection Act 1999*, section 51G(b), requires an inclusive process with the child and parent when planning and making decisions about the child's well-being and protection. For further information refer to [The case planning process](#) and [Critical steps in case planning](#) and the practice resource [Case planning - an overview](#). In circumstances where it is not possible for a parent to actively participate in decision-making, involve them to the greatest extent possible and ensure they are provided with relevant information.

For information in relation to the assessment of risk, refer to the [Practice guide: The assessment of harm and risk of harm](#).

1.1 Gather information about the child and family

The quality of an initial case plan will depend on the level of engagement with the child and their family and the use of professional judgement to analyse the information gathered.

The assessment stage consists of gathering and assessing information about the family's functioning to inform the development of the case plan and provide a clear focus for intervention by Child Safety. It is a broader assessment than one based solely on risk to the child, and requires more in-depth knowledge of the family's situation, strengths and needs. The process of gathering information will:

- provide an opportunity to build rapport with the child, family and all parties involved with the child and family and engage them in the case planning process
- strengthen an understanding of the child and family context
- identify the significant people and support networks for the child and family
- be participative and involve positive engagement with the child and family
- be child-focused, evidence-based and strengths-led
- be sensitive to the cultural context and issues for the child and family

- be comprehensive, holistic and include information from a wide range of sources
- be undertaken in a timely manner.

In addition to the information already known by Child Safety about the child and family, gather further relevant information from:

- the child, where age and developmentally appropriate - refer to [Listening, hearing and acting](#) literature review for information about engaging and involving children and young people
- the parents
- extended family members, who may make a useful contribution to the case plan
- the carers
- the recognised entity for an Aboriginal or Torres Strait Islander child
- any other significant people, including current service providers and specialists, for example, medical practitioners, the QPS and Evolve staff
- relevant community and cultural members.

This information is used to:

- assess the child strengths and needs
- assess the parental strengths and needs
- inform the development of the case plan goal, outcomes and actions, in order to adequately meet the child's protection and care needs.

A thorough assessment will result in enhanced opportunities for the child and their family to participate in the case planning process. For further information, refer to the [Strengths and needs interviewing questions](#).

For further information in relation to working with Aboriginal and Torres Strait Islander families, refer to the practice paper [Working with Aboriginal and Torres Strait Islander people](#) and the practice resources [Working with the recognised entity](#) and [Developing a cultural support plan for an Aboriginal or Torres Strait Islander child](#).

When the child or family is from a culturally and linguistically diverse background or has a disability that would require an interpreter to facilitate communication, arrange for interpreter services to assist with interviews and communication with a child and family. If a family needs help communicating with Child Safety, refer to [Interpreter services](#).

Where substance misuse is an identified risk factor in the family and it is considered that substance testing of parents will be a necessary and important part of the case plan for the child, refer to [Chapter 10.7 Undertake the substance testing of parents](#).

Conduct criminal and domestic violence history checks on parents

A request for a criminal and domestic violence history check on the child's parents, including a parent's partner, and other adult household members can be made (*Child Protection Act 1999*, section 95(3)) and authorised by the CSSC manager or a team leader at any time a decision is being made about a child under the *Child Protection Act 1999*, for example, when assessing the

child's safety in the family home during contact, or when considering a child's reunification with the family.

When a parent or adult household member's criminal and domestic violence history is required:

- seek the CSSC manager or a team leader's approval to request a history check to inform the case planning or review process
- complete the [QPS - Non-urgent criminal and domestic violence history check request spreadsheet](#)
- forward the spreadsheet via email to Central Screening Unit group email address - CSU.Section95@communities.qld.gov.au - the subject line in the email should include 'Section 95 request for history'
- inform the child's parents that the criminal history check is being conducted.

For further information on non-urgent requests refer to [Chapter 2, 2.7 Gather information from other sources](#).

1.2 Assess the child's strengths and needs

An assessment of the child's strengths and needs will provide a snapshot of a child's functioning at a specific point in time, and will assist in identifying those needs that must be addressed in order to improve the child's emotional, physical and psychological well-being. The child's identified strengths will be incorporated where appropriate, to assist in the process of developing the case plan.

An assessment of the child's strengths and needs must be completed:

- following the decision that a child is in need of protection, and **prior to** the initial family group meeting to develop a case plan for the child
- to inform the revised case plan for a child, when ongoing intervention will continue.

The child strengths and needs assessment is designed to improve consistency by ensuring that the child's functioning is considered within the same domains, using the same criteria.

The case planning process must also include provisions that address the child's developmental needs and assist them to gain the skills and sense of well-being that will allow them to realise their potential and positively participate in the wider community.

For an Aboriginal or Torres Strait Islander child, ensure the recognised entity is consulted in the completion of the child strengths and needs assessment. Record the information provided and the views of the recognised entity in the 'Recognised entity participation' form in ICMS.

For additional assistance in determining the child's strengths and needs, refer to [Physical and cognitive developmental milestones](#).

Complete the child strengths and needs assessment

To complete the child strengths and needs assessment:

- complete one child strengths and needs assessment for each child in need of protection
- complete the first nine domains for every child, and domains 10 -12 as required

- engage an interpreter where the child experiences communication barriers
- meet with the child, if age and developmentally appropriate, and the parents to:
 - explain the purpose of the assessment in child friendly language and explore the areas of the child's life with them, to assist in completing the assessment - the Child strength and needs notes form may assist in this process
 - respond to any questions or expressed concerns the child may have
- assess whether each domain is an area of strength or need for the child, using:
 - the information gathered from the range of sources outlined in 1.1 Gather information about the child and family, including any specialist assessments
 - any child protection history for the child, including the consideration of cumulative harm to the child
 - the SDM definitions - refer to SDM: Child strengths and needs assessment
 - professional judgement
- determine whether further information is required to assess if a particular domain is a strength or need for a child - refer to Finalise the strengths and needs assessment where there is uncertainty in selecting the correct level
- record the child strengths and needs assessment in ICMS by selecting the level of strength or need within each domain that accurately reflects the information gathered and the definitions
- provide a rationale/evidence for selecting the strength or need
- submit the completed assessment to the team leader for approval in ICMS
- provide the approved assessment to the family group meeting convenor to inform the development of a case plan.

For further information refer to:

- the practice resource Structured decision making - an overview
- the Queensland Health, Child Safety Unit fact sheet 10.1 Attachment
- the Queensland Health, Child Safety Unit fact sheet 10.2 Infant and Toddler Mental Health Emotional Risk Indicators.

Long-term guardianship order to a suitable person

When a child is subject to a child protection order granting long-term guardianship to a suitable person (*Child Protection Act 1999*, section 61(f)(i) and 61(f)(ii)), the child strengths and needs assessment is **not** completed.

An exception is when a decision is made to vary the long-term guardianship order from a suitable person to the chief executive. In these circumstances undertake a case plan review as outlined in 5. Review and revise the case plan. Complete the child strengths and needs assessment, as outlined in 5.7 Re-assess the child's strengths and needs. The family reunification and parental strengths and needs assessment is **not** completed.

1.3 Assess the parental strengths and needs

An assessment of parental strengths and needs will provide a snapshot of parental functioning at a specific point in time, to assist the case planning process.

The completed parental strengths and needs assessment enables the parents and family group meeting participants, or relevant people, to develop strategies to address the needs of the parents, which may include building on the parents abilities and strengths as a resource, to meet the child's protection and care needs. This includes prioritising the three key needs to be addressed in the case plan.

An assessment of the parental strengths and needs must be completed:

- following the decision that a child is in need of protection and **prior to** the initial family group meeting to develop a case plan for the child
- to inform the revised case plan for a child, when ongoing intervention will continue.

The parental strengths and needs assessment is **not completed** when the child is subject to a custody or guardianship order and the case plan goal is not reunification.

The parental strengths and needs assessment is designed to improve consistency in the assessment of strengths and needs, by ensuring that parental functioning is considered within the same domains, using the same criteria.

For an Aboriginal or Torres Strait Islander child, ensure the recognised entity is consulted in the completion of the parental strengths and needs assessment. Record the information provided and the views of the recognised entity in the 'Recognised entity participation' form in ICMS.

Choose a primary parent

The parental strengths and needs assessment allows for an assessment specific to each parent in the household. **Prior to** commencing the assessment, determine who the 'primary parent' is, by selecting the first of the following options that relates to the family situation:

- the parent living in the household where the allegations occurred, who assumes most of the child care responsibility
- the adult who is the legal guardian of the child, where child care responsibility is shared equally between two parents
- the person responsible or alleged responsible for the harm, where both parents are legal guardians
- the parent demonstrating the more severe behaviour, where both parents are alleged responsible for the harm.

Choose a secondary parent

Where applicable, the secondary parent is an adult living in the household who has routine responsibility for child care, but less responsibility than the primary parent. A partner may be a secondary parent even though they have minimal responsibility for care of the child.

Complete the parental strengths and needs assessment

To complete the parental strengths and needs assessment:

- complete one parental strengths and needs assessment **only** for the household - the same household for which the family risk assessment was completed

- meet with the parent to explain the purpose of the assessment, provide information about the domains and seek their perspective about each area - the Parental strengths and needs notes form may assist in this process
- assess the parents functioning within each of the nine domains, and how it may positively or negatively impact on the risk to the child in the home using:
 - the information gathered from the range of sources outlined in 1.1 Gather information about the child and family
 - any child protection history for the child and family
 - the SDM definitions - refer to SDM: Parental strengths and needs assessment
 - professional judgement
- determine whether further information is required to assess if a particular domain is a strength or need for a parent
- in consultation with the family, identify **three priority parental needs** in total, between the two parents, that will be addressed in the case plan (see below)
- record the parental strengths and needs assessment in ICMS and:
 - select the level of strength or need within each domain for each parent, in section 1 - refer to Finalise the strengths and needs assessment where there is uncertainty in selecting the correct level
 - select the three agreed priority parental needs in section 2
- provide a rationale/evidence for selecting the strength or need
- submit the completed assessment to the team leader for approval in ICMS
- provide the approved assessment to the family group meeting convenor to inform the development of a case plan.

Where the substance testing of parents is considered a necessary and important part of the case plan for the child, refer to Chapter 10.7 Undertake the substance testing of parents.

Select the three priority parental needs

Each case plan will focus on **three priority parental needs only** between the primary and secondary parent. These needs are to be prioritised in consultation with the family, and will be focussed on in the development of the case plan.

If more than three parental needs are identified between both parents or there are a number of needs with the same score, prioritise the needs by talking to the parents, using your professional judgement and considering:

- which needs score the highest
- which needs cause the most harm or risk to the child
- which needs are most likely to prevent reunification (where the child is placed in out-of-home care).

Sometimes a lower scoring need may be prioritised because the parents are highly motivated to address the issue, and it will have a positive impact for the child.

As part of completing the assessment:

- ensure the parents are aware of all of the needs identified and the rationale for the decision, particularly where the parent disagrees with the assessment by Child Safety
- advise the parent that while up to three priority needs will be addressed in each case plan, their other identified needs may need to be addressed in subsequent case plans.

For further information refer to the practice resource [Structured decision making - an overview](#).

1.4 Determine the intervention required to keep the child safe

Following the completion of the relevant case planning assessment activities, and **prior to** the development of the case plan:

- ensure that the ongoing intervention is appropriate for the child's circumstances
- determine the non-negotiable provisions that must be included in the case plan to meet the child's safety and protection and care needs
- meet with the family to ensure that they are aware of the Child Safety position and clearly understand the reasons for the decisions.

These decisions may be referred to as the 'bottom line' for case planning, and are to be made in consultation with the team leader, taking into consideration:

- the extent of the child's protection and care needs
- the child's strengths, needs, resources and abilities
- the parents strengths, needs and capacity to meet the child's needs
- the views of the recognised entity, for an Aboriginal or Torres Strait Islander child.

Where there are non-negotiable provisions required, for example, family contact can only occur if it is supervised, inform the family of the provisions and clearly explain the reasons for the decision.

For an Aboriginal or Torres Strait Islander child, ensure the recognised entity is given an opportunity to participate in the decision-making about the intervention being considered to ensure that the strategies are culturally appropriate. Record the views of the recognised entity in the 'Recognised entity participation' form in ICMS.

1.5 Explore service options

The provision of appropriate services to children and families by other government agencies or funded community sector services is often critical to achieving the case plan goal and outcomes. Prior to a family group meeting or case plan review, in consultation with the family, it is important to:

- consider what services the family identify that they may have worked with, or want to work with
- identify possible service options and service providers who can provide services, support and assistance to meet the identified needs of the child and the parents
- consult with the recognised entity for an Aboriginal or Torres Strait Islander child, including consideration of a referral to the Aboriginal or Torres Strait Islander Family

Support Service, when the family meet the referral criteria - refer to Chapter 10.16
Referral to an Aboriginal and Torres Strait Islander Family Support Service

- consider a referral to a Therapeutic Residential Service, or to Evolve (refer to Chapter 5, 2.8 Refer the child to Evolve, if required)
- consider the continuation of existing service provision, where appropriate and agreed to by the child and family.

When there are **no** services available to meet the identified needs of the child or parents within the case plan period, consult with the team leader to develop alternative options for addressing the identified needs.

Liaising with service providers

When an agency has been identified as a potential service provider:

- discuss the service option with the child and family and assess their willingness to work with the service
- contact the agency and:
 - ensure the service provided fits with the identified needs of the child or family
 - ensure that the child or family are eligible for the service
 - determine the availability of the service to meet case plan requirements
 - determine the referral procedure for the agency
 - discuss the expectations for interaction, feedback and review of progress, by both the agency and Child Safety
 - ascertain the cost of the service and any other resources that will be required to complete the work.

As part of this process, keep the child and family involved and informed about the service options. Decisions about suitable service options are to be made in consultation with the team leader and the information provided to the convenor of the family group meeting in a timely manner. This process must not pre-empt the family decision-making process at the family group meeting.

Any service providers involved in the preparation for the case plan, that might be involved with the child and family, should be given the opportunity to attend the family group meeting, where appropriate and where the family agrees to their involvement.

Resource approval

Seek approval from the financial delegate for any anticipated expenditure involved in the implementation of the case plan **prior** to the family group meeting.

Negotiate an immediate referral to a service

In situations where the child and family have agreed to a particular intervention, there are limited places at the agency and an immediate referral is required to secure the services for the child or family, consider obtaining approval for any financial resources required and making an immediate referral.

2. Plan for a family group meeting

2.1 Determine the requirement for a family group meeting

A family group meeting is to be an inclusive and participative process for the child, family, Child Safety and service providers, to develop a case plan that is child-centred, family-focussed, strengths-based and based on shared responsibility. It brings together family, extended family, services and support people in a forum that allows families to participate in planning for the protection of their children.

Under the *Child Protection Act 1999*, section 51H, Child Safety **must** convene a family group meeting, or have a private convenor convene a family group meeting, to develop the initial case plan for a child. This is to occur in an inclusive and participative process with the child, the child's family and other significant people.

The *Child Protection Act 1999*, section 51S, also outlines the requirements for developing a case plan in circumstances where either:

- the case plan is not developed at the case planning meeting
- it has not been possible for Child Safety to convene a family group meeting or have a private convenor convene a family group meeting - refer to [1. What if an initial case plan is developed without a family group meeting?](#)

The purpose of a family group meeting (*Child Protection Act 1999*, section 51G) is:

- to provide family-focussed responses for a child's protection and care needs
- to ensure an inclusive process for planning and making decisions relating to a child's well-being and protection and care needs.

A family group meeting may be initiated by Child Safety (*Child Protection Act 1999*, section 51H(1)) or directed by the Childrens Court (*Child Protection Act 1999*, section 68(1)(d)(i)).

A family group meeting **may** also be convened, but **is not required**, to:

- review the existing case plan and prepare a revised case plan - refer to [5. Review and revise the case plan](#)
- consider, make recommendations about, or deal with another matter relating to the child's well-being and protection and care needs.

The family group meeting is to be held **within 30 days** of the decision that a child is in need of protection, or within the timeframe set by the court on an adjournment.

For further information about family group meetings refer to the [Family group meeting convenor handbook](#) (FGM Handbook). The FGM handbook provides convenors with a practical guide to:

- the values and principles of the family group meeting model
- the procedures for preparing and facilitating a family group meeting
- the resources available to assist with the preparation and facilitation of a family group meeting

- culturally appropriate practice skills and considerations to enhance the engagement of families who are Aboriginal and Torres Strait Islander or from a culturally and linguistically diverse background in the family group meeting process.

2.2 Provide information to the convenor

Complete a referral form to a convenor for a family group meeting

Every family group meeting will be convened by a person specifically delegated for this task under the Statutory delegations. This person is referred to as a family group meeting convenor (convenor), and includes:

- a person appointed as the family group meeting convenor
- a CSO, team leader or senior practitioner with the delegation to convene a family group meeting
- an external person contracted by Child Safety to convene the family group meeting.

The role of the convenor is to:

- prepare all relevant people to participate in the meeting
- facilitate the family group meeting
- ensure the case plan is recorded on the approved form
- distribute the endorsed case plan to the relevant people.

When the convenor is an external person, a Child Safety officer will record the case plan on the approved form.

To initiate a family group meeting, complete the FGM referral form and provide it to the convenor. The referral must include the following:

- the name of the person making the referral
- the child's name, date of birth and address
- the child's cultural identity, including whether the child is Aboriginal or Torres Strait Islander
- details of the child's views and wishes regarding their care needs and the case plan being developed at the family group meeting(if they have been obtained)
- details of how the child is going to participate in the family group meeting
- the parents names and contact details
- the details of the person with care or custody of the child
- information about the current situation, including:
 - a summary of the background, reasons for the involvement of Child Safety and the child's protection needs
 - the 'bottom line' for case planning (refer to 1.4 Determine the intervention required to keep the child safe)
 - details of service providers currently working with the child or family
 - details of the parent or child's direct legal representative or child's separate representative
 - whether separate family group meetings are required

- details of any other significant family members or other persons.

Provide additional information to the convenor

As soon as possible following the completion of the referral, provide the convenor with copies of the following:

- all relevant information from the ‘approved’ investigation and assessment, including the safety assessment and family risk evaluation
- the child strengths and needs assessment
- parental strengths and needs assessment (if the case plan goal is reunification; or if the child remains safely at home)
- any other relevant information that has become available since the referral, including details of any additional significant family members or other persons that have been identified.

Meet with the convenor prior to the family group meeting

In preparation for the family group meeting, the CSO will meet with the convenor to discuss in more detail:

- the reasons for Child Safety involvement, the ‘bottom line’ for case planning and the critical areas of need
- the view of the CSO and team leader in relation to the child and family strengths and how these may be incorporated in the case plan
- information about the child’s ability to participate in the family group meeting and any barriers to this participation that could be overcome
- the likely venue, duration and format of the meeting
- any significant issues that may impact on the family’s participation, for example, a history of violence, cultural or language issues or a disability
- the role of the recognised entity, if applicable
- what may be required to ensure a successful meeting for a child or family from a culturally or linguistically diverse background
- any people whose participation in the meeting would not be in a child’s interests, or would be contrary to the purposes of the family group meeting
- if a young person is eligible for transition from care planning, details of the planning that has been commenced and what are the likely actions and outcomes that could be included in the young person’s case plan to meet their current and future needs.

2.3 Prepare for a family group meeting

Thorough preparation of those attending the family group meeting is essential to allow the participants to understand the concerns, the identified strengths and needs of the child and parents and participate to the greatest extent possible to achieve an agreed case plan at the meeting. It allows participants time to discuss and consider options for planning, prior to the meeting.

Decide who will attend a family group meeting

It is the responsibility of the convenor to decide who will attend the family group meeting. In every case this determination is based on whether the participation or attendance of a person is in the child's best interests and whether the person is likely to make a useful contribution to the development of the case plan.

The child, where developmentally appropriate, and all people who are significant to the child must be given a reasonable opportunity to attend and participate in the family group meeting. The case plan should reflect and combine the knowledge, strengths, resources and supports of the child's family and support network with the professional expertise and resources of Child Safety representatives and other service providers.

The following people must be given the opportunity to participate in the family group meeting:

- the child, where age and developmentally appropriate
- the child's parents
- extended family members, who are likely to make a useful contribution to the case plan (Child Protection Act 1999, section 51L)
- any legal representative for the child
- a member of the recognised entity for an Aboriginal or Torres Strait Islander child
- anyone else who the convenor considers likely to make a useful contribution to the development of the case plan at the meeting, for example a service provider
- any support person nominated by the child or parent
- a Child Safety representative if the convenor is a private convenor.

The convenor or nominated person will invite participants to the family group meeting, and may use the relevant FGM invitation letter (depending on whether the convenor or nominated person has been able to consult with the participant prior to sending the letter).

Prepare for the meeting

To prepare for the family group meeting, the convenor will:

- arrange a venue, date and time for the meeting
- consider all relevant information obtained during the review of ICMS, other case material and the meeting with the CSO and team leader, including the identified 'bottom line' for the case plan
- consult with the recognised entity for an Aboriginal or Torres Strait Islander child, to obtain cultural advice about the most appropriate way to engage the child and family in the family group meeting, culturally appropriate services that may be able to meet the child's care and protection needs and if required, information about safe, compatible placement options that comply with the child placement principle
- ensure that the child is consulted with about how they wish to participate in the family group meeting process, what issues, needs and goals they would like addressed at the meeting and whether they would like a support person to attend the family group meeting (if relevant)
- consult with the child's parents about the goals, outcomes and actions they wish to have included in the case plan and whether they would like a support person to attend the family group meeting

- consult with all the family group meeting participants to prepare them for the meeting, and provide them with essential information, for example:
 - the purpose, function, principles and process for a family group meeting and case planning
 - the child's protection and care concerns and the reason for Child Safety involvement
 - the meeting details
 - the 'bottom line' for case planning
 - their obligation to maintain confidentiality
 - information about complaint and review processes
- decide whether a person or persons are to be excluded from the meeting, if required
- obtain and record the views of any person, who is unable to attend or is excluded from attending the meeting.
- organise an interpreter if required

For further information about speaking with the child, refer to the [Family group meeting convenor handbook](#), the practice resource [Participation of children and young people in decision making](#) and the [Children and young people's participation strategy](#).

Consult with a parent who is unwilling to participate in the meeting

If a parent is unwilling to meet with the convenor, or is unwilling to attend the family group meeting, the convenor must make a reasonable effort to engage the parent through other avenues, such as the parent's legal representative, a service provider or another family member.

The convenor will attempt to ascertain why the parent is unwilling to participate in the family group meeting and identify any strategies that could be put in place to secure their participation. A parent's decision not to participate in a family group meeting will not prevent the meeting from being held and the case plan being developed.

3. Develop the case plan

3.1 Convene a family group meeting

The format of the family group meeting will be based on the following considerations:

- the wishes and views of the child and family about how they would like the meeting to be conducted
- the need for the discussions and process to be inclusive and participatory
- cultural advice from the recognised entity or members of the community to whom the child belongs, for an Aboriginal or Torres Strait Islander child
- cultural advice from a relevant agency or members of the community to whom the child belongs, for a child from a culturally or linguistically diverse background
- safety concerns for the participants
- whether separate meetings are required
- the likely complexity of the issues.

Where a family group meeting is to be held for an Aboriginal or Torres Strait Islander child and an Aboriginal or Torres Strait Islander convenor is not available, wherever possible and appropriate, assign an Aboriginal or Torres Strait Islander staff member to assist the convenor to prepare for, and facilitate, the family group meeting.

Where a family group meeting is to be held for an Aboriginal or Torres Strait Islander child, also ensure that there is an acknowledgement of the traditional land owners at the opening of the family group meeting. For information about welcome to country protocols, refer to the [Family group meeting convenor handbook](#).

Separate family group meetings

Where there are issues of domestic and family violence, or there is significant conflict between the parents, consider holding separate family group meetings to develop the case plan. In these circumstances ensure that the information recorded in the case plan does not jeopardise the safety of a child, parent or participant.

Key stages of the family group meeting

A family group meeting will be structured around addressing the child's protection and care needs, will be facilitated by the convenor and is made of five key stages.

1. Beginning the meeting - welcome and introduction
2. Providing information to the participants
3. Reaching agreement
4. Compiling and confirming the case plan
5. Ending the family group meeting.

For further information about convening the family group meeting, refer to the [Family group meeting convenor handbook](#).

Evidence from family group meetings and case plans in criminal proceedings

As part of the introduction, the convenor will advise participants that anything said or done at the family group meeting is inadmissible in a criminal proceeding before court (*Child Protection Act 1999*, section 51YA) unless either:

- all persons participating in the family group meeting consent
- there is a criminal proceeding for an offence committed during the family group meeting.

The convenor will advise participants that anything recorded in a case plan is inadmissible in a criminal proceeding, unless all persons mentioned in the case plan consent (*Child Protection Act 1999*, section 51YB).

The convenor will also advise participants that, in accordance with the *Child Protection Act 1999*, section 14(2) and (3), information in relation to any incidents of harm discussed at the meeting which may have involved the commission of a criminal offence relating to a child, must be provided to the QPS, with or without the consent of the participants. This applies whether or not Child Safety suspects the child is in need of protection (*Child Protection Act 1999*, section 14 (2) and (3)).

A disclaimer that can be read at the beginning of the family group meeting that outlines Child Safety's obligation in relation to providing information to the QPS is located in the [Family group meeting convenor handbook](#).

3.2 Develop key items in the case plan

At the family group meeting the convener will guide the discussion with the participants to formulate an agreed case plan which is comprehensive and addresses the child's protection and care needs. The case plan outcomes and actions need to be specific, measurable, attainable, results-oriented and time-limited. For further information refer to [Developing the goal, outcomes and actions](#).

The preferred strategy to assist participants at the family group meeting to develop key items to be included in the case plan is the use of private family time, where the family come together in a private space to discuss and reach agreement about what they would like included in the case plan. For further information about the use of private family time or structured facilitation refer to the Family group meeting convenor handbook.

In completing the development of the case plan, the convener may use the case plan format to guide the discussion at the family group meeting. Each item should be worded to reflect the intent of the meeting, and must be able to be understood by all participants at the meeting.

In developing the case plan for a child, where they have had a previous case plan, ensure that the provisions of the child's health passport, education support plan, cultural support plan, Disability Services Integrated Support plan and Evolve plan, where applicable, are considered as part of the development of the case plan.

The key items of the case plan that must be addressed are outlined below.

Note: When a decision is made to apply for a child protection order granting long-term guardianship to a suitable person, the revised case plan, submitted to the Childrens Court **upon** the application for the order, **must** include key items specific to the proposed order. For further information, refer to [3.3 Develop key items in the case plan - application for long-term guardianship to a suitable person](#).

1. Type of ongoing intervention and summary of child protection concerns

Identify the type of ongoing intervention that is to occur, and write a **concise summary** of the current child protection concerns for the child, to be addressed by the case plan. Include in this summary, any parental needs identified that have not been included as part of the three priority needs for this case plan.

2. Case plan goal

Identify one of the following case plan goals, to ensure that Child Safety and the child's family have a clear and shared understanding of the overall goal of the case plan:

- **child to remain safely in the home:** the child's protection needs can be met by the family with time-limited ongoing intervention from Child Safety

- **reunification:** where a child has been removed from the care of a parent, the goal of the initial case plan must be to reunify the child with the parents on a long-term basis, unless it is not in the child's best interests, not possible or not safe to do so
- **long-term out-of-home care:** if reunification with a parent is not possible or not in a child's best interests, an alternative long-term care arrangement is required, with a member of the child's family group, foster carer or a shared care arrangement for the child involving particular members of the child's family group or cultural community
- **young person lives independently:** if reunification with a parent is not possible, or in the child's best interests, an older child may transition to independent living
- **other permanency option:** Where a child's protection and care needs are best met by Adoption or Family Court Order.

Complete the 'rationale for the goal' field, in a way that is particular to the child and family.

3. Outcomes and actions

Outcomes

Case planning must also include provisions that address the child's developmental needs and assist them to gain the skills and sense of well-being that will allow them to realise their potential and positively participate in the wider community.

Ensure the case plan outcomes:

- address the key needs of the child and the three identified priority needs for the parents
- state the changes in conditions and behaviours that need to occur in order to achieve the case plan goal
- respond to the reasons for Child Safety involvement
- are forward looking, positive and behaviour-based
- are specific and results-oriented so that all participants are clear about what is expected
- clearly record what is to be achieved and how progress will be measured, in the 'how will we know it is different?' section of the case plan - this information will inform the review process.

Actions

The actions are the key activities required to achieve the changes in conditions or behaviour outlined in the case plan outcomes. When developing the case plan actions, consider the following guidelines:

- any person attending the family group meeting can be responsible for an action, including the parents, Child Safety staff, the child, the family as a whole or any other significant person
- do not give responsibility for key actions to a person who is not at the meeting, unless tentatively agreed to before the meeting
- if a person who is not at the meeting, is proposed to be responsible for an action that was not explored during the preparation for the meeting, the action will be recorded as a proposal only, that will be followed up by a particular date and subject to the agreement of the particular person

- actions must be flexible enough to accommodate changes in people's circumstances and where necessary, include strategies to address any potential problems
- detailed family contact arrangements and schedules should be recorded in the 'Family and Community' section of the case plan, not in the actions section.

Where the substance testing of parents is considered a necessary and important part of the case plan for the child, based on the extent and nature of the parents substance misuse history and the level and nature of harm, or unacceptable risk, to the child, refer to [Chapter 10.7 Undertake the substance testing of parents](#).

Record the case plan actions which have been agreed upon, in specific terms in relation to:

- what must be done
- who is responsible
- a timeframe for achievement.

4. Child information

Provide the following details of the placement and living arrangements for the child, unless it poses a safety risk to the child:

- where and with whom the child is living, provided disclosure is consistent with the *Child Protection Act 1999*, section 80, 80A and 86
- where the child will attend school and, where applicable, the arrangements to progress an education support plan for the child
- whether the child requires a child health passport, and how the child's medical and therapeutic needs are to be met (when not included as actions in the above part of the plan)
- the plan for the child to participate in recreational, sporting and cultural events that meet their developmental needs.

There may be some overlap in this section with the information included in the placement agreement for a child in out-of-home care, however, the placement agreement will also deal with additional matters relevant to the specific placement - refer to [Chapter 5, 1.9 Complete a placement agreement](#).

5. Family and community

Family contact arrangements must reflect the case plan goal, for example, where the goal is not reunification, the level of contact is often less than for cases where the goal is reunification. Arrangements must also be consistent with any order made by the Childrens Court under the *Child Protection Act 1999*, section 61(b), 67(1)(b) or 68(1)(c), limiting the child's contact with the child's family or directing how the contact should happen.

Use this section to:

- outline how the child will maintain his or her connections with parents, siblings, extended family and community members and people of cultural or ethnic significance
- record the agreed family contact schedule and all specific information about frequency, duration, where it will occur, who will attend and level of supervision in the 'Family and

Community' section of the case plan - **do not document contact arrangements and schedules** in the case plan actions

- record directions made by the Childrens Court on granting an interim order about contact.

For further information about appropriate family contact arrangements, refer to [Chapter 5, 2.5 Facilitate and monitor family contact.](#)

6. Cultural support plan

The cultural support plan is a key part of the case planning process for every child from another culture, and in particular, for an Aboriginal or Torres Strait Islander child. The cultural support plan aims to keep children connected to their culture, families and communities regardless of their placement and:

- helps nurture and support the child while strengthening their cultural identity and connections
- assists with the child's understanding of their community networks and cultural heritage
- helps increase the child's knowledge and understanding of their place in their family, kinship and community structure
- helps ensure that important cultural and family information is maintained for any child who is too young to contribute to their own cultural support plan or for a child who does not want to identify with their community and culture.

The cultural support plan is created as part of the development of the initial case plan for a child at a family group meeting. The cultural support plan is an enduring document that will be added to as information becomes available and updated at every case plan review for the child.

When a child is not in an out-of-home care placement

When a child is subject to intervention with parental agreement or a protective or directive order, the team leader may decide that it is not necessary to complete a comprehensive cultural support plan for the child and that it is appropriate to only record minimal information in the cultural support plan, or to state that the family will continue to meet the cultural needs of the child. This may occur when:

- the family will generally be able to continue to meet the cultural needs of the child, as they did prior to Child Safety involvement
- the family find it intrusive for Child Safety to complete a cultural support plan whilst the child is still in their care.

When a child is subject to a child protection care agreement

When a child is subject to a child protection care agreement, the team leader may decide that it is not necessary to complete a comprehensive cultural support plan for the child, after considering:

- the length of time the child will remain in care
- whether the child is placed with a kinship carer or culturally appropriate carer
- how much contact the child is having with extended family
- whether there is a specific identified cultural need.

If, in either of the two circumstances outlined above, the family request assistance with their cultural identity and connectedness, develop a comprehensive cultural support plan, as outlined below.

Develop a cultural support plan

To develop a cultural support plan, work in partnership with the child, (when age and developmentally appropriate), their family and other significant individuals and:

- gather information about the child and his or her family, relationships, culture and community
- discuss strategies for maintaining the child's cultural identity with the child, their family, significant members of the child community or relevant community agencies that have connections to the child
- identify individuals responsible for actioning tasks or activities documented in the cultural support plan
- identify financial resources required to action tasks or activities documented in the cultural support plan
- determine what supports will be required by the child's carer to implement activities or tasks in the cultural support plan
- agree on contact arrangements that will safely maintain the child's cultural identity and community connections.

The cultural support plan is recorded within the case plan document in ICMS and includes:

- relevant cultural information about the child, his or her family, community, language, clan, ethnic, island or cultural group and personal history
- activities that maintain and support the child's cultural identity which are consistent with the statement of standards, charter of rights and principles of the *Child Protection Act 1999*
- supports required by the carer to ensure that the child maintains his or her connections and is able to participate in activities documented in the cultural support plan
- contact arrangements between the child and appropriate members of the child's family and community.

The cultural support plan must be reviewed when the child's case plan is reviewed. Any cultural information gathered between reviews should be recorded in a case note in ICMS and reflected in the child's cultural support plan during the next review.

For further information about the cultural support needs of a child from another cultural community, refer to the practice paper [Working with people from culturally and linguistically diverse backgrounds](#).

Develop a cultural support plan for an Aboriginal or Torres Strait Islander child

While a cultural support plan is important for every Aboriginal or Torres Strait Islander child who is subject to ongoing intervention, the development and review of the cultural support plan is particularly important when an Aboriginal or Torres Strait Islander child is placed with a non-

Aboriginal or Torres Strait Islander person or with another Aboriginal or Torres Strait Islander not from their clan/tribe or language group (*Child Protection Act 1999*, section 83).

When developing the cultural support plan for an Aboriginal or Torres Strait Islander child, in addition to the child, family and significant community members, the following individuals or agencies should also be given the opportunity to participate in the development of the plan:

- the recognised entity
- the identified Child Safety Support Officer
- the Aboriginal and Torres Strait Islander placement service, if relevant
- the Aboriginal and Torres Strait Islander Family Support Service, if relevant
- other relevant Aboriginal and Torres Strait Islander agencies that are delivering services to or are in contact with the child and family.

Record the information, advice and views provided by the recognised entity during the development and review of a cultural support plan for an Aboriginal or Torres Strait Islander child in the 'Recognised entity participation' form in ICMS.

For further information, refer to the practice resource [Developing a cultural support plan for an Aboriginal or Torres Strait Islander child](#).

7. Plan for alternative long-term arrangements if reunification is not achieved

Planning for long-term care arrangements for a child commences when the first custody or short-term guardianship order is granted. This means that a goal of 'reunification' is pursued at the same time as a plan for a 'long term out-of-home placement' or 'other permanency option' is established. This allows for the possibility that reunification may not occur within a timeframe appropriate to the child's age and circumstances, and that the child's protection and care needs may not be able to be met by the parents. Include a plan to progress alternative long-term arrangements in the case plan following each review. This key item will not appear in a child's initial case plan, but is available in subsequent case plans where 'reunification' has been selected.

For further information, refer to [5.4 Undertake permanency planning](#).

8. Case plan review

As a minimum the case plan must be reviewed every **six months**, however, it may be appropriate to review the case more frequently, taking into account:

- the child's age, circumstances and developmental needs
- any change that has a significant impact on the direction of the case plan, or where there are significant changes to the child's needs or safety
- the nature of the specific provisions, outcomes and actions of the case plan
- any anticipated problems with the plan
- the duration of the order (so that the shorter the order, the more frequent the case plan review) if a child protection order is in place.

Establish and record the decision about the agreed review date.

Where a child has a long-term guardian, the case plan can be reviewed every 12 months. For further information refer to [5.10 Long-term guardianship to a suitable person - case plan review](#).

9. Resources required for plan

Record any decisions made that will require approval by the financial delegate, including specific details of the service to be provided and any anticipated costs. Where approval has not been sought prior to the family group meeting, advise the participants that CSSC manager approval is required following the family group meeting and prior to the case plan being endorsed.

For more information on developing the key items in the case plan, refer to the [Family group meeting convenor handbook](#).

3.3 Develop key items in the case plan - application for long-term guardianship to a suitable person

When a decision is made to apply for a child protection order granting long-term guardianship to a suitable person, the revised case plan submitted to the Childrens Court **upon** the application for the order **must** incorporate all matters as outlined in [3.2 Develop key items in the case plan](#), unless specified in the key items outlined below.

Outcomes and actions (key item 3)

The outcomes will only address the key needs of the child, and **not** any previously identified priority needs for the parents, as the decision has been made to seek a long-term guardianship order.

Record the following actions in the revised case plan:

- that Child Safety will apply for a child protection order granting long-term guardianship to a suitable person
- that Child Safety will have contact with the child every **12 months** (*Child Protection Act 1999, section 51VA(2)*)
- that the proposed long-term guardian will allow this contact with the child to occur (*Child Protection Act 1999, section 51VA(3)*)
- how the proposed long-term guardian will keep the child's parents informed about where the child is living and give the child's parents information about the child's care (*Child Protection Act 1999, section 80(1)(a) and (b)*), **unless** an exception has been made by the Childrens Court
- that the child or the long-term guardian may contact Child Safety at any time in the future, to request support - refer to [Chapter 3, 1. What if a suitable person has long-term guardianship?](#)
- that the proposed long-term guardian will **notify** Child Safety **in writing** should the child leave their direct care at any time in the future, including details of the child's current whereabouts if known (*Child Protection Act 1999, section 80(A)(2)*).

Child information (key item 4)

Record the following details of the placement and living arrangements for the child, including:

- where there is a **significant risk** to the safety of the child or anyone else with whom the child is living, Child Safety will make a submission, as part of the application to the Childrens Court, about necessary modifications to the provision of information about where and with whom the child is living (*Child Protection Act 1999*, section 80(2))
- that the long-term guardian will assume full responsibility for meeting the child's identified educational, medical and therapeutic needs, unless included as an action in the case plan, as the child is no longer eligible for an education support plan or a child health passport
- the ongoing support needs of the child and the proposed long-term guardian, and how these needs will continue to be met - refer to [Chapter 3, 1. What if a suitable person has long-term guardianship?](#)

Family and community (key item 5)

Family contact arrangements must be consistent with the *Child Protection Act 1999*, section 80(1), unless the Childrens Court, modifies the long-term guardians obligations in response to a submission by Child Safety (*Child Protection Act 1999*, section 80(2)).

Outline the views of the child, the parents and the proposed long-term guardians regarding:

- the proposed contact arrangements
- any submissions to be made by Child Safety to the Childrens Court regarding the proposed long-term guardians ongoing requirement to provide family contact, where there is a **significant risk** to the safety of the child or anyone else with whom the child is living.

Cultural support plan (key item 6)

Clearly detail how the proposed long-term guardian will continue to respond to, or facilitate a response to, the child's ongoing cultural support needs.

Plan for alternative long-term arrangements if reunification is not achieved (key item 7)

Include the decision to apply for a child protection order granting long-term guardianship to a suitable person.

Resources required for plan (key item 9)

Document the approved financial supports, including specific details of the service to be provided and any anticipated costs, to be paid following the making of the long-term guardianship order to a suitable person, as recorded in the [Assessment report - Long-term guardianship to a suitable person](#). For further information, refer to [Chapter 3, 2.6 Apply for a long-term guardianship order](#).

3.4 Record, endorse and distribute the case plan

All case plans must be recorded in the approved form in ICMS. The person responsible for recording the case plan is:

- the convenor, or
- the CSO with case responsibility, if the convenor is a private convenor, or
- the CSO with case responsibility, if the case plan is developed without a family group meeting being held.

A case plan must be endorsed **within 10 business days** of the family group meeting being held (*Child Protection Act 1999*, section 51Q), by a team leader or senior practitioner. To endorse a case plan the team leader must be satisfied:

- that it is consistent with the child's best interests and that it is practicable
- that it sufficiently provides for the child's safety or for any directions or orders made by the Childrens Court
- that it addresses the critical areas of need
- that any significant resourcing impacts have been approved by the financial delegate
- that it incorporates key items specific to a decision to apply for a long-term guardianship order to a suitable person, if applicable - refer to 3.3 Develop key items in the case plan - application for long-term guardianship to a suitable person.

In circumstances where a case plan has not been endorsed within the required 10 business days, for reasons other than because the case plan is not suitable, it is not necessary to reconvene a family group meeting when a short period of time only has elapsed. In this circumstance, the team leader is responsible for endorsing the existing case plan in ICMS as soon as possible and recording a rationale for the delay.

Distribute the case plan

Once endorsed, provide a copy of the case plan to:

- the child (where age and developmentally appropriate), or, explain the case plan to the child in a way that is appropriate to the child's age and ability to understand
- the child's parents
- anyone else affected by the plan, responsible for action in the plan or who the chief executive considers should receive a copy
- any legal representative for the child or for the child's parents
- the child's foster or kinship carer, or the licensed care service or long-term guardian who will be involved in implementing the case plan for the child
- the recognised entity, an elder and other respected person of the child's community who will play a role in supporting the implementation of the plan.

In most cases, everyone who attends the family group meeting should be given a copy of the case plan, except if an attendee will not be involved in the implementation of the case plan.

Provide a case plan to the Childrens Court

The Childrens Court cannot grant a final child protection order unless it is satisfied that there is an endorsed case plan that responds to the child's assessed needs. When deciding whether a case plan is appropriate, it is not relevant whether or not all the people who participated in the development of the case plan agree with the plan (*Child Protection Act 1999*, section 59). Once the case plan and supporting material have been filed in court, file any subsequent review

reports and revised case plans with the court, until such time as the court makes a final determination about the application for an order (*Child Protection Act 1999*, section 51X). For more information refer to [5. What if an application for a child protection order is filed with the Childrens Court without a case plan?](#)

When a decision is made to vary the long-term guardianship order from a suitable person to the chief executive, undertake a case plan review as outlined in [5. Review and revise the case plan](#). Submit the revised case plan to the Childrens Court with the application for a variation of the order. For further information, refer to [Chapter 3, 1. What if a suitable person has long-term guardianship?](#)

4. Implement the case plan

4.1 Actively implement the case plan

The key activity and focus for Child Safety during ongoing intervention, is to implement the case plan to achieve the case plan goal and outcomes.

During ongoing intervention, the allocated CSO is responsible for facilitating actions to implement the case plan and support and monitor progress toward the case plan goal and outcomes, with the support of the CSSO, team leader, other Child Safety staff and service providers. This requires the CSO to:

- build positive relationships and engage with children, families and service providers
- monitor whether the parents are undertaking their agreed responsibilities as recorded in the case plan, in order to meet the child's needs
- undertake goal-directed visits with the child and parents in accordance with the minimum Child Safety contact requirements - refer to [4.2 Implement Child Safety contact requirements](#)
- regularly visit the carer and support the placement, if relevant
- manage family contact for the child, including a clear plan for reviewing and increasing family contact over an appropriate timeframe, when the child is to be reunified with their family
- interact in a culturally appropriate way with Aboriginal and Torres Strait Islander children, families and communities and recognised entities, and ensure that:
 - the recognised entity is given an opportunity to participate in the decision-making process for all significant decisions, and consulted for all other decisions (*Child Protection Act 1999*, section 6) - refer to the practice resource [Working with the recognised entity](#)
 - Aboriginal or Torres Strait Islander children are placed in accordance with the child placement principle (*Child Protection Act 1999*, section 83) - refer to the practice resource [The child placement principle](#)
- interact in culturally appropriate way with other cultural groups or communities
- facilitate and support the parent to progress the actions and outcomes assigned to them
- complete the actions assigned to Child Safety in the case plan
- ensure the case plan actions are coordinated

- liaise with other service providers as required
- undertake court-related tasks, if required
- place the child in an out-of-home care placement, if required, and support the child and carer for the duration of the placement
- use professional judgement and all information gathered during implementation to regularly assess progress towards the case plan goal, and the appropriateness of the goal and outcomes
- record information about all activities with the child, family and carer in ICMS.

Engage a service provider

A key aspect of achieving the case plan goal and outcomes is the provision of appropriate services to children and families, as outlined in the case plan. Ensure that where age and developmentally appropriate, the child is kept informed of referrals involving them. Contact with service providers will generally have occurred prior to the development of the case plan, in accordance with [1.5 Explore service options](#).

To initiate the case plan actions and engage a service provider:

- complete a referral to the agency and provide information to the child, parents and if relevant, the carer, about how and when to access the service
- confirm the cost of the service and organise the method of payment **following** approval from the financial delegate (this will have been sought prior to the case planning meeting)
- develop a communication plan between the service and Child Safety.

Where the parents are self-referring, provide them with support to complete the referral process.

If a service nominated in the case plan is unable to accept a referral, record the information in a case note in ICMS, identify other possible services and discuss them with the child and the parent.

Coordinate service providers

When there are multiple services working with the child and parent, the CSO with case responsibility will:

- coordinate and maintain regular communication with all services
- ensure regular communication between the services and the family or carer and child, when age appropriate
- monitor the services provided to ensure that they target and meet the needs of the child, parents or carer, to progress the case plan
- include the staff of these services in the regular review of the case plan.

For further information, refer to [Chapter 10.3 Information sharing](#).

Monitor and record the progress of the case plan

As part of implementing the case plan, the CSO with case responsibility is responsible for monitoring the progress of the case plan through regular contact with the child, the parents, extended family members and service providers.

During these contacts, either face-to-face or indirect:

- gather and assess information about the safety and well-being of the child, the completion of the case plan activities and the progress made towards the case plan goal by all parties
- record all relevant information in case notes in ICMS as soon as possible - this includes:
 - details of contact with a child, parent, family, carer, service provider or other significant persons
 - a summary of key events and significant events that occur in the life of a child or family
 - any risks to a child's safety that are identified, and the strategies undertaken to ensure a child's safety
 - case discussions and decisions made, including the rationale for these decisions.

Record the information, which will be used during the review process to assess progress towards the case plan goal and outcome, in a factual and objective manner, and distinguish facts from opinion, assumptions and personal views.

Respond to harm or risk of harm

When new child protection concerns are received for a child during ongoing intervention, take immediate action to ensure the safety and well-being of the child and follow the procedure as outlined in [Chapter 3, 2. What if new child protection concerns are received?](#) When the concerns relate to a child in out-of-home care, refer to [Chapter 9 Matters of concern](#). When animal welfare issues are identified during ongoing casework refer to [Chapter 2, 18. What if animal welfare issues are identified?](#)

When criminal court information about a child subject to ongoing intervention is received via an Integrated Justice Information Strategy (IJIS) notification (Criminal court matter alert) or about a criminal or civil court matter via an IJIS Electronic transfer of court result (ETCR) alert email, take the following actions, as appropriate:

- view the information contained in the automated email or the ETCR report in ICMS
- assess the information and record the appropriate response in ICMS
- record any further action taken, where relevant
- complete a new safety assessment
- consider the need to review the current case plan, including the type of ongoing intervention required to keep the child safe
- review the appropriateness of the child's out-of-home-care placement.

For further information, refer to [Chapter 2, 19. What if information is received via an Integrated Justice Information Strategy automated email alert?](#) and the practice resource [Receiving Integrated Justice Information Strategy email alert information](#).

Alerts

When information gathered during the implementation of the case plan indicates the need to record an alert in ICMS for a child or family member, refer to [Chapter 1, 9. What if an alert needs to be recorded in ICMS?](#)

Obvious or blatant breaches of pool fencing requirements

If during an ongoing intervention, obvious or blatant breaches of pool fencing requirements are noticed, for example, broken fencing or gates, or unfenced access points, discuss the associated safety risks and water safety strategies with the parents.

Following the discussion with the parents, contact the relevant local council to report the safety concerns. Staff can **only** provide the property address and the nature of the issue relating to the pool fence to the relevant local council. Staff **can not** provide identifying family details.

4.2 Implement Child Safety contact requirements

Maintaining contact with children and parents is a key activity for Child Safety during the implementation stage. Child Safety contact requirements outlined below apply to all children subject to:

- intervention with parental agreement
- intervention with:
 - a directive or supervision order
 - a short term custody or guardianship order.

Child Safety contact requirements

The **minimum number of contacts** to be had each month with the child, their parents, by the CSO or other people who can contribute to case work with a child and family, is outlined below.

The minimum number of contacts required per month is **initially determined** by the outcome (risk level) identified in the family risk evaluation, completed as part of an investigation and assessment. It is subsequently determined by the outcome of either the family risk re-evaluation or the family reunification assessment.

Table 1 outlines the minimum contact requirements by Child Safety that apply to children living in their home and subject to either:

- intervention with parental agreement
- a child protection care agreement
- a directive or supervision order.

Table 1: Minimum contact requirements for in-home cases

Risk level	Parent and child contacts	Location
Low	One face-to-face per month with parent and child One support contact	Must be in parent's residence
Moderate	Two face-to-face per month with parent and child Two support contacts	One must be in parent's residence

High	Four face-to-face per month with parent and child Four support contacts	Two must be in parent's residence
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Table 2 outlines the minimum contact requirements by Child Safety that apply to any family subject to ongoing intervention, where at least one child is in an out-of-home care placement, with the goal of reunification.

Table 2: Minimum contact requirements for family reunification cases

Risk level	Parent and child contacts
Low	<ul style="list-style-type: none"> one face-to-face per month with the parent at least one face-to-face per month with each child one support contact.
Moderate	<ul style="list-style-type: none"> two face-to-face per month with the parent at least one face-to-face per month with each child two support contacts.
High	<ul style="list-style-type: none"> three face-to-face per month with the parent at least one face-to-face per month with each child four support contacts.

Table 3 provides information and considerations to inform Child Safety contact requirements.

Table 3: Additional Considerations

CSO Contacts	<p>For in-home cases: For low and moderate risk cases, the CSO must make at least one of the required face-to-face contacts with each child and parent during the month. For high risk cases, the CSO must make at least two of the four face-to-face contacts during the course of a month with each child and parent.</p> <p>For reunification cases: During the course of a month, the CSO must have face-to-face contact at least once with each child in the child's current living environment, and at least once with each parent in the parent's current living environment.</p>
CSSO Contacts	Contacts by CSSOs may supplement the required contacts, provided that the nature of the contact meets the definition for face-to-face contact.
Service Provider	The CSO must always maintain at least one face-to-face contact per month with the parent(s). Contacts by a service provider may supplement the required contacts, in circumstances where that service provider is involved in

Contacts	the implementation of the case plan. Examples may include, but are not limited to, recognised entities and counselling services.
Face-to-Face Contact	Face-to-face contacts are intended to be meaningful, purposeful, and goal directed. Contacts with parents should focus on assessment of strengths, needs, and case plan progress. Contacts with children should be child focused, assessing each child's strengths and needs, views, and wellbeing. Always consider changes in family circumstances that may impact upon the child's safety. During face-to-face contact with a child, it is recommended that the CSO speak with the child alone, to provide them with an opportunity to express any concerns.
Support Contact	Personal or telephone contact with a person who has information about the child and/or the parents in circumstances where that person has a relevant contribution to the case plan. Examples may include, but are not limited to, educational personnel, health services counselling services, CPIU and Youth Justice Services.
Overrides	A discretionary override to these face-to-face and collateral contact guidelines is permitted based on unique case circumstances that are documented by the CSO and approved by the team leader.

Contact requirements following the review of a case plan

Where the family risk re-evaluation completed as part of the review of a case plan identifies a higher or lower risk level, the required level of contact will change accordingly.

If a child is reunified following the review of a case plan, the contact requirements for in home cases will apply, based on the most recent risk level in the family reunification assessment tool.

Determine whether to increase contact by Child Safety

Where relevant, use professional judgement to determine if **more contact** with a child and family is necessary. Following **approval** by a team leader, increase the level of contact, and record the decision and rationale in a case note in ICMS.

Other contact requirements

The contact requirement for children in an out-of-home care placement, where the case plan goal is **not reunification**, is for contact with the child by Child Safety, **once a month**.

For a child subject to a long term guardianship order to a suitable person, contact with the child and long-term guardian is required every 12 months. For further information, refer to [Chapter 3, 1. What if a suitable person has long-term guardianship?](#)

4.3 Visit the child, parent or carer during ongoing intervention

Face-to-face contact is the key to building positive relationships with a child, their family and carer. It is important to plan and conduct contact visits with a clear purpose and an understanding of the planned outcome of each visit.

Face-to-face contact must:

- be meaningful, purposeful and goal-directed
- be child-focused and take into account the child's needs, views, well-being and safety
- inform the assessment of the child and parents strengths and needs and progress toward the case plan goal and outcomes
- ensure compliance with the statement of standards for children in out-of-home care.

For additional guidance, refer to the practice paper [Family contact for children and young people in out-of-home care](#).

Arrange the contact

When arranging contact with the child, parent or carer:

- negotiate an appropriate time and place for the visit
- assess any personal safety issues and take necessary action to ensure safety for all participants
- engage an interpreter where the child or parent experiences communication barriers.

For further information about contact with the child and parents, refer to [4.2 Implement Child Safety contact requirements](#).

Face-to-face contact with a child

Face-to-face contact is to occur with all children irrespective of their age, to regularly assess their general development and well-being. When age and developmentally appropriate:

- talk with the child alone as part of the contact - this will allow you to:
 - actively listen to them and provide them with support
 - build trust and understanding in the relationship
 - seek their views and wishes about matters affecting them
 - discuss any personal issues or concerns the child may raise
 - discuss any risks to the child's safety
 - ensure they are receiving a level of care consistent with the statement of standards
- seek their feedback on family contact with the parents, if applicable
- discuss the progress of activities that are occurring as part of the case plan, including the cultural support plan, where relevant
- keep them informed about significant events such as court proceedings or changes to family contact.

For additional information about engaging with children, refer to the practice resource [Participation of children and young people in decision-making](#) and the [Children and young people's participation strategy](#) .

Face-to-face contact with a parent

When meeting with a parent:

- determine whether the child's protection and care needs are being met by the parents, if the child is living at home
- discuss the parent's achievements toward meeting the case plan goal and outcomes
- obtain feedback about the parents involvement with service providers and whether it is addressing the identified parental needs
- discuss any significant changes that have occurred in the parent's circumstances, that may impact on the child and the case plan goal, and options that could be undertaken to respond to the changes
- discuss the progress of the family contact arrangements between the parents (and other significant people) and the child, to assess whether the arrangements are still appropriate and meeting the child's needs
- inform the parents about significant events such as court proceedings or changes to family contact.

Contact with a carer

When meeting with the carer of a child in an out-of-home care placement:

- provide support to the carer
- monitor the activities detailed in the placement agreement - refer [Chapter 5, 1.9 Complete a placement agreement](#)
- identify any issues in the care environment that may impact on the safety and well-being of the child
- monitor the carer's responsibility as outlined in the case plan, and in the cultural support plan where relevant
- identify issues that may impact on the progress of the case plan, for example, conflict with the child's parents, transport arrangements or finance.

At the end of each visit:

- organise the next visit prior to leaving the contact
- record relevant information in a case note in ICMS as soon as possible
- take actions to address any issues identified, particularly with regard to the child's safety.

4.4 Regularly assess the progress of the case plan

Assessing the progress of the case plan will occur throughout the implementation stage. This occurs by analysing the information gathered through all aspects of case work with the child, family and carer, including:

- all contact with the child, parents and carer
- contact with, and feedback from, service providers
- contact with family members and other significant people
- observations of family interactions.

The process of regularly analysing the information, in consultation with the team leader, will assist the CSO with case responsibility to have an accurate awareness of the current situation for the child and family at the time of the case plan review.

For information about key questions to inform the assessment process, refer to the practice resource [Assessing the progress of the case plan](#).

5. Review and revise the case plan

5.1 Complete the review and revision process

Every case plan developed for a child under the *Child Protection Act 1999*, part 3A, must be regularly reviewed. The purpose of the case plan review is to assess progress towards achieving the case plan goal and outcomes and inform the development of a new case plan where the decision has been made to continue ongoing intervention.

Frequency of reviews

A case plan must be reviewed regularly, taking into consideration the following factors:

- the child's age and developmental needs
- the provisions of the case plan
- any change that has a significant impact on the direction of the case plan.

As a minimum, the case plan must be reviewed every **six months**, except where a child has a long-term guardian - refer to [5.10 Long-term guardianship to suitable person - case plan review](#).

Casework audit tool

When the case plan review is for an Aboriginal or Torres Strait Islander child who is subject to a child protection order, consider completing the [Casework audit tool](#) as part of a case plan review. As a priority, the casework audit tool is to be applied to cases where the child is placed with a carer who is not a kinship carer as specified in the child placement principle, *Child Protection Act 1999*, section 83(4)(a).

In circumstances where the tool is completed, review the current case related information recorded in the child's electronic and hard copy files and involve the recognised entity where possible. Where the recognised entity is not available, contact them to discuss the outcome of the audit, and request additional information in relation to identified gaps, if required.

Once, the casework audit tool is completed:

- discuss the results with the team leader
- determine the strategies or actions to address the identified gaps and a timeframe for their completion
- place a copy on the child's departmental file
- attach a copy to ICMS.

Completion of this tool enables the overall review of the casework for an Aboriginal or Torres Strait Islander child, with the focus on meeting the cultural needs of the child through the child placement principle and the development of the cultural support plan.

Long-term guardianship to a suitable person

Where a child is subject to a child protection order granting **long-term guardianship to a suitable person**, contact the child and the long-term guardian at least every 12 months to give the child an opportunity to comment on or ask questions about the case plan, or ask for it to be reviewed. At any time, the child or the long-term guardian may ask for the case plan to be reviewed (*Child Protection Act 1999*, section 51VA). In addition, Child Safety may consider it necessary to review the case plan, without it being requested.

For further information refer to [5.10 Long-term guardianship to a suitable person - case plan review](#) and [Chapter 3, 1. What if a suitable person has long-term guardianship?](#), [Supporting children in the care of long-term guardians](#) and [Child Related Costs - Long-term guardian support policies](#).

Review participants

The following people must be given an opportunity to participate in the review of a case plan (*Child Protection Act 1999*, section 51W):

- the child, if age and developmentally appropriate
- the child's parents
- other members of the child's family group who are considered likely to make a significant contribution to the case plan
- other people with whom the child has a significant relationship, for example, the child's approved carer or guardian
- any legal representative for the child
- a member of the recognised entity, when the child is an Aboriginal or Torres Strait Islander child
- relevant service providers.

Decide the process for a case plan review

When reviewing a case plan, the use of a family group meeting is **not required**, but may be an appropriate way of engaging people, particularly when:

- there is disagreement between family members and Child Safety about the case plan
- previous actions have not been completed
- changes to the case plan are being proposed which would significantly change the goal or outcomes.

When a family group meeting is held to review a case plan and develop a revised case plan, provide the convenor with copies of the following information:

- all relevant information, including a copy of the draft review report, family reunification assessment (if child in out-of-home care) or family risk re-evaluation assessment (for a child subject to in-home intervention)
- the child's strengths and needs assessment

- parental strengths and needs assessment (if the case plan goal is reunification or if the child remains safely at home)
- any other relevant information that has become available since the referral, including details of any additional significant family members or other persons that have been identified.

When a family group meeting is not to be used for the case plan review, consider a combination of strategies to conduct the review to ensure it occurs in an inclusive and participative way, for example, meetings with the family, meetings with individuals or groups of individuals or, where necessary, telephone interviews.

Refer to section [2.3 Prepare for a family group meeting](#) for more information on the Family Group Meeting (FGM) process, where an FGM is convened to review the child's case plan

Review of the case plan

As part of the review of a case plan Child Safety must undertake the following activities:

- decide how the review process will occur and arrange meetings and venues, as required
- have contact with the participants to gather relevant information to inform the review
- consider and assess all of the up-to-date information about the case
- complete either:
 - the family risk re-evaluation, when the child is living at home - refer to [5.2 Re-assess the level of family risk for 'in home' cases](#)
 - the family reunification assessment, when the child is living out-of-home and the case plan goal is reunification - refer to [5.3 Assess whether reunification can occur](#)
- assess the progress towards the case plan goal
- complete a safety assessment, where case closure is being considered
- meet with the relevant people to:
 - share relevant information and the outcome of assessments by Child Safety
 - explore with the family any barriers if certain actions have not been undertaken, and other options that may be utilised
 - discuss other services options if the needs of the child or family have changed
 - evaluate the progress of the case plan against the case plan outcomes, and identify whether key actions have been completed or other key actions are required
 - review the progress of the child health passport, where the child is subject to a child protection order granting custody or guardianship to the chief executive
 - review the implementation of the child's cultural support plan, where relevant
 - discuss the matters outlined in the *Child Protection Act 1999*, section 51X, which must be included in the review report
 - decide whether ongoing intervention will occur or whether to close the case - refer to [Chapter 3, 4. Close an ongoing intervention case](#)
- complete the review report in ICMS - refer to [5.6 Complete the review report](#).

As part of the case planning and review process, ensure that any information received via an Integrated Justice Information Strategy (IJIS) notification (Criminal court matter alert) email, or

an IJIS Electronic transfer of court result email, is considered. For further information, refer to [Chapter 2, 19. What if information is received via an Integrated Justice Information Strategy automated email alert?](#) and the practice resource [Receiving Integrated Justice Information Strategy email alert information](#).

To complete the development of a revised case plan

Once the decision is made that ongoing intervention will continue, Child Safety must undertake the following activities to develop a new case plan:

- complete:
 - the child strengths and needs assessment - refer to [5.7 Re-assess the child's strengths and needs](#)
 - the parental strengths and needs assessment, if required - refer to [5.8 Re-assess the parental strengths and needs](#)
- meet with the child, family and other significant people, including the recognised entity for an Aboriginal or Torres Strait Islander child, to develop a revised case plan, in accordance with [5.9 Develop and endorse the revised case plan](#).

Where relevant, refer to the Practice guide: [The assessment of harm and risk of harm](#).

Other

Where relevant following the review and revision of a case plan:

- refer a child under the age of four years to a permanency panel, where reunification is being considered - refer to [5.5 Refer the case to a permanency panel](#)
- apply for a new type of order, if required - refer to [Chapter 3, 2. Decide the type of child protection order, if required](#).

5.2 Re-assess the level of family risk for 'in home' cases

When to complete a family risk re-evaluation

The family risk re-evaluation is to be completed as part of the review of a case plan for a child, where there are children living at home and subject to:

- a support service case
- intervention with parental agreement
- directive or supervision orders
- custody or guardianship orders, where the child is living at home, as part of the reunification process.

Do not complete the family risk re-evaluation where one or more of the children are living in out-of-home care and other household children are living at home, but subject to intervention with parental agreement. In these circumstances, complete the family reunification assessment for all the children in the household - refer to [5.3 Assess whether reunification can occur](#).

As part of the review process, it is necessary to assess the ongoing risk to the child, which includes the completion of the family risk re-evaluation. The purpose of the family risk re-evaluation is to guide the decision about:

- whether to continue ongoing intervention or close the case for a child who remains in the home
- the current level of risk
- the new level of contact required with the child and family.

The family risk re-evaluation re-assesses the risk level in a household by considering the progress of the case plan and any changes in the family's environment and behaviour during its implementation.

When the child is Aboriginal or Torres Strait Islander, ensure the recognised entity is consulted in the completion of the family risk re-evaluation.

Complete the family risk re-evaluation

To complete the family risk re-evaluation:

- complete one family risk re-evaluation for the relevant family or household
- choose the 'primary parent', in accordance with [1.3 Assess the parental strengths and needs](#)
- using all known information, the SDM definitions and your professional judgement, select the correct answer for each of the nine items
- determine whether a policy or discretionary override is required, as outlined below
- record the family risk re-evaluation in ICMS and submit it to the team leader for approval
- compare the current risk level with the outcome of the preceding family risk evaluation or family risk re-evaluation and where the risk level has increased, review the appropriateness of the current intervention and consider the following:
 - whether a safety assessment is required
 - what factors are preventing the effective implementation of the case plan
 - whether the current type of ongoing intervention is still the most appropriate type of intervention
 - whether additional services are required to support the family
 - whether the current service provider is culturally appropriate
 - whether the family is committed to implementing the case plan.

For further information and definitions, refer to [SDM: Family risk re-evaluation](#).

Policy and discretionary overrides

A policy or discretionary override will either increase or decrease the risk level scored in the family risk re-evaluation.

Select a policy override, which changes the risk level to 'high', regardless of the score, **in any** of the following situations:

- sexual abuse is substantiated and the person responsible for this abuse is likely to have access to the child
- there is a non-accidental injury to a child under age three years
- a parent has caused severe non-accidental injury to a child

- a parent has caused the death of a child due to abuse or neglect.

A policy override is only used if one of the above situations has occurred since the initial family risk evaluation or the previous family risk re-evaluation. If the event has occurred at anytime prior to that, do not use a policy override, consider a discretionary override if required.

Consider whether a discretionary override is applicable, to increase or decrease the risk level by one level, and:

- seek team leader approval for use of the discretionary override
- record the rationale for use of the discretionary override in ICMS
- record the 'final risk level'
- record the 'ongoing intervention decision', either 'case remains open' or 'case closed'
- submit the completed family risk re-evaluation to the team leader for approval.

5.3 Assess whether reunification can occur

When to complete the family reunification assessment

The family reunification assessment is completed:

- as part of every case plan review, when the case plan goal is reunification, and at least one child in a family is in an out-of-home care placement and subject to a child protection order or interim order
- for all the children in the household, when a child in out-of-home care has siblings at home who are subject to intervention with parental agreement
- prior to any decision to reunify a child with their family.

The family reunification assessment is not used for children:

- on long-term child protection orders when a decision has been made for them to remain in a long-term stable out-of-home care placement
- on assessment orders and placed in an out-of-home care placement
- on a temporary custody order and placed in an out-of-home care placement
- who are placed in out-of-home care under a child protection care agreement.

A family reunification assessment is necessary to determine whether ongoing case planning will focus on:

- returning the child home
- continuing to work towards reunification
- pursuing long-term alternative stable living arrangement or a permanent placement in out-of-home care.

The family reunification assessment assists in assessing the key areas for deciding reunification, which include assessing the family's progress with the case plan, evaluating risk in the reunification household and assessing safety. The decision to return a child home must be based upon the sufficient achievement of case plan goal and outcomes.

When the child is Aboriginal or Torres Strait Islander, ensure the recognised entity is consulted in the completion of the family reunification assessment.

The purpose of the family reunification assessment is to:

- re-assess family risk, including an assessment of the case plan progress
- evaluate parent-child contact
- assess the safety of the child, **only where** the family risk is 'low' or 'moderate' and the parent/child contact is 'good' or 'excellent'
- guide case planning to one of three permanency plan recommendations.

Prior to the decision to reunify a child with their parents, determine whether a parent, their partner or an adult member in the reunification household has a conviction for a serious criminal offence against a child – refer to [8. What if there are criminal matters to consider during reunification?](#)

Complete the family reunification assessment

To complete the family reunification assessment:

- assess only one household per family reunification assessment, however, in circumstances where two families may be working towards the child living in their care, complete two separate family reunification assessments
- ensure all relevant information from a range of internal and external sources is available to inform the assessment
- meet and engage with the family and child, where age and developmentally appropriate, to inform the completion of the family reunification assessment
- explain the re-assessment process to the family to ensure that they understand what is required to achieve reunification and the expectations for parent-child contact, including the quantity, type and quality of the contact
- use information gathered in the current implementation period and refer to the definitions, to complete the required sections (outlined below) - not all sections are required for each assessment
- record the family reunification assessment in ICMS and submit it to the team leader for approval.

The family reunification assessment sections

A brief overview of each section is outlined below.

Section A: family reunification re-evaluation

Complete this section for every child. It scores and re-assesses the probability of future abuse and neglect incidents, based on the information gathered since the last review of the case plan. A reduced level of risk will be achieved when the family has made significant progress under the case plan. In this section, **always** use the risk level from the **initial** family risk evaluation that was completed during the investigation and assessment, or, if a subsequent investigation and

assessment has been completed since the child entered care, use that risk level from that family risk evaluation.

Section B: parent-child contact visit plan evaluation

Complete this section for every child with whom reunification is intended. It evaluates contact between the child and the parent, but not contact with other family members, and considers:

- the quality of the parent-child interaction
- the supervision status and location of the contact
- the type of contact
- the parents compliance with contact arrangements.

Section C: reunification safety assessment

Complete this section if reunification is considered possible, that is:

- the 'family reunification risk re-evaluation' is low or moderate
- the parent-child contact has been evaluated as 'good' or 'excellent'.

Section D: permanency plan recommendation guidelines

Complete this section for every child, using the section that corresponds to the child's age, either under three years, or three years and over. It is based on the outcomes of the risk, contact and safety assessments in sections A-C and will recommend reunification when:

- risk has been reduced to an acceptable level
- the parents have complied with the arrangements for contact as outlined in the case plan, and the quality of the parent and child interaction has been positive
- the child is determined to be 'safe' or 'conditionally safe' in the home.

Alternatively, the family reunification assessment will not recommend reunification when either:

- the risk in the family remains high
- the parents have not complied with the arrangements for contact as outlined in the case plan
- the home is assessed as 'unsafe'.

Following completion of this section, one of three recommendations will be generated:

- reunification: is recommended, based on risk reduction, favourable progress with parent-child contact arrangements and a safe or conditionally safe home environment
- continue reunification services: maintain the out-of-home care placement and continue reunification efforts with the assessed household
- stop working toward reunification - pursue alternative long-term stable living arrangements: this does not mean that the child will cease contact with their family, but prompts a change to the case plan goal.

When reunification is the recommendation, consider what type of intervention will best support the family and the reunification process.

Section E: permanency plan recommendation summary

This section records the permanency plan recommendation from section D. To complete section E:

- complete this section for the oldest assessed child
- complete additional summaries for each child if there are two or more children with different permanency plan recommendations in section D
- consider whether a discretionary override is required to change the final permanency plan recommendation for the child - if required, record the rationale for the decision and seek team leader approval
- record the final permanency plan recommendation
- where an override recommends reunification, complete a safety assessment, and where required, a safety plan prior to returning the child home - refer to [5.1 Complete the review and revision process](#)
- if the permanency decision is to stop reunification services and pursue alternative long-term stable living arrangements, select one of the following:
 - long-term guardianship to a relative
 - long-term guardianship to a suitable person
 - long-term guardianship to the chief executive
 - parenting order about with whom the child should live, through the Family Court of Australia
 - adoption (*Adoption Act 2009*)
 - other.

Once a decision is made to pursue an alternative long-term placement for a child, it is not appropriate for a child to remain on a short-term custody or guardianship order. When it is determined that a child protection order is the most appropriate option, apply to the Childrens Court for a child protection order granting long-term guardianship. Where the child is Aboriginal or Torres Strait Islander, further consultation with a recognised entity will also be required.

Where the child is currently placed with a kinship carer, consult with the senior practitioner, team leader and court co-ordinator to determine whether an application to the Family Court of Australia (by the kinship carer) may be appropriate. The court co-ordinator will consult with Court Services Unit in relation to this matter.

Section F: current case status

Complete this section for every child. It records one of the following decisions about ongoing intervention:

- case remains open with at least one child in an out-of-home care placement
- all children reunified and case remains open for ongoing intervention
- permanency plan achieved and case closed
- other - specify, for example, seeking an order from the Family Court of Australia.

For further information and reunification guidelines refer to [SDM: Family reunification assessment](#).

Apply for an order granting long-term guardianship

When the family reunification assessment recommends that Child Safety stop reunification services and pursue alternative long-term stable living arrangements, and a long-term guardianship order to a family member, other suitable person or the chief executive is to be pursued, ensure that:

- efforts have been made to locate both parents
- intervention has occurred to assist the family towards resuming the care of the child in a timely way - an exception to this is where there is no parent available or the parent demonstrates an inability to meet the child's protection and care needs, for example, due to a significant intellectual disability
- the child's need for emotional security and stability will be best met in the long-term by the order
- the revised case plan, submitted to the Childrens Court **upon** the application for an order granting long-term guardianship to a suitable person, incorporates key items specific to the proposed order - refer to 3.3 Develop key items in the case plan - application for long-term guardianship to a suitable person
- the ongoing support needs of the child and the proposed long-term guardian are assessed and documented in the revised case plan to be submitted to the Childrens Court, upon making an application for the order
- for a child aged under four years, a permanency panel has endorsed the decision to cease reunification and seek a long-term placement, or where consensus is not reached by panel members, the CSSC manager has made this decision - refer to 5.5 Refer the case to a permanency panel.

For further information refer to Chapter 3, 2.6 Apply for a long-term guardianship order.

5.4 Undertake permanency planning

Permanency planning begins when a child is removed from their family under a child protection order. Even if the goal of the intervention is reunification, planning needs to occur in the case that reunification can not occur in a timely and appropriate manner and alternative options must be pursued.

The family reunification assessment specifies timeframes within which reunification must occur, before a long term stable out-of-home care placement is pursued. When a child is aged under three years, a long-term out-of-home care placement will be pursued when:

- the risk level has remained 'high' for 12 consecutive months, or the child has been in an out-of-home care placement for 18 of the past 24 months
- the contact has been rated as 'fair', 'poor' or 'none' for 12 consecutive months, or the child has been in an out-of-home care placement for 18 of the past 24 months
- the household has been deemed 'unsafe' for 12 consecutive months or the child has been in an out-of-home care placement for 18 of the past 24 months.

For children aged three years and over a long-term out-of-home care placement will be pursued when:

- the risk level has remained 'high' for 18 consecutive months, or the child has been in an out-of-home care placement for 24 of the past 30 months

- the contact has been rated as ‘fair’, ‘poor’ or ‘none’ for 18 consecutive months, or the child has been in an out-of-home care placement for 24 of the past 30 months
- the household has been deemed ‘unsafe’ for 18 consecutive months or the child has been in an out-of-home care placement for 24 of the past 30 months.

The timeframes outlined above do **not** prevent a decision being made to pursue an alternative long-term stable living arrangement for the child at an earlier point of intervention by Child Safety. This decision will still be subject to ongoing case planning, implementation and review processes, in order to provide adequate evidence to the Childrens Court, in support of an application for a long-term child protection order.

When it appears that the goal of reunification will not be possible, discuss this with the parents as early as possible and start to identify and establish suitable and permanent placements for the child within their extended family.

In circumstances where a child is aged under 4 years and the decision is being made to either reunify the child with their parents, or to pursue an alternative long-term placement option, the child must be referred to a permanency panel, in accordance with [5.5 Refer the case to a permanency panel](#).

For further information about permanency planning, refer to the practice paper [Permanency planning](#).

5.5 Refer the case to a permanency panel

The role of a permanency panel is to review, and where possible, reach agreement about endorsing the decision to reunify children aged under four years with their parents, or to pursue an alternative long-term placement option. Permanency panels occur as part of the case plan review process and provide rigour and objectivity to the decision-making process around permanency decisions.

Permanency panel composition

The permanency panel must comprise of a senior practitioner, the child’s team leader, the CSO and a critical friend. For an Aboriginal or Torres Strait Islander child, a staff member from a recognised entity will also be invited to participate in the panel process, in accordance with the legislative requirements for ensuring recognised entity participation in significant decisions for a child (*Child Protection Act 1999*, section 6).

A critical friend is an independent third party who has the required qualifications, skills and knowledge to contribute in a meaningful way to the review of the decision-making process and who has had no previous involvement with the child, the child’s family or been a party to any decision-making for the child. A critical friend may be a Child Safety officer, a member of another government service or a member of the community sector.

Decide whether to refer to a permanency panel

The permanency panel process applies to all children, aged **under four years**, subject to statutory intervention, who are placed in out-of-home care under the *Child Protection Act 1999*,

section 82(1), subject to a child protection order granting custody or guardianship to the chief executive.

The referral to a permanency panel will be made **prior to** completing a case plan review, where the decision is made to, either:

- reunify the child within the next six months, and the family reunification assessment outcome supports this decision
- cease reunification efforts and seek a long-term placement through a child protection order granting long-term guardianship or an adoption order, and the family reunification assessment outcome supports this decision.

Prepare documentation to inform permanency panel discussions

For all children referred to the permanency panel:

- either:
 - complete the Permanency panel: Key factors for consideration form
 - complete sections 1,2,3 and 7 of the 'Permanency panel: Key factors for consideration' form and attach the One Chance at Childhood (OCC) review or recommendation report
- obtain the team leader's endorsement of the form
- unless already finalised, complete an assessment of the child's strengths and needs and if applicable, the parents strengths and needs.

Arrange for the panel to convene

The CSSC manager is responsible for determining the membership of the permanency panel, in consultation with the OCC worker, if relevant. When the panel membership is decided:

- schedule the panel meeting
- invite all participants
- provide the following documentation to panel members, prior to the panel convening either:
 - the completed 'Permanency panel: Key factors for consideration' form or, where applicable, the 'Permanency panel: Key factors for consideration' form (section 1, 2, 3 and 7) and the OCC review or recommendation report
 - the family reunification assessment
 - the child strengths and needs assessment
 - the parental strengths and needs assessment, if applicable.

Note: allow adequate time for panel members to consider all referral information, prior to the panel convening.

Conduct the permanency panel

The way in which the permanency panel is conducted may be determined at a local level by the CSSC however, panel members will consider the information outlined in the 'Permanency panel: Key factors for consideration' form and where applicable, the OCC review or recommendation report, along with the family reunification assessment, child strengths and needs assessment and parental strengths and needs assessment, where applicable.

In addition, for an Aboriginal or Torres Strait Islander child, the decision to reunify the child or to pursue an alternative long-term placement option is a ‘significant decision’, requiring that the recognised entity be provided with an opportunity to participate in the decision-making process.

Based on the information considered and discussed during the panel meeting, panel members will, where agreement is reached, endorse the decision to either reunify the child, or pursue a permanent out-of-home care placement.

A Child Safety officer must record the details of the panel’s discussion, including the panel’s decision to endorse or not endorse the permanency decision on the ‘Permanency panel: Key factors for consideration’ form.

Where a panel cannot reach a decision due to the need for further information, they may decide to reconvene the panel at a later time, to enable further case work or information gathering to occur.

Refer to the CSSC manager where consensus cannot be reached

If consensus cannot be reached by panel members, the matter will be referred to the CSSC manager, who will consider the information discussed during the meeting, the views of panel members as noted in the minutes and make a final decision.

Following the CSSC manager’s decision record the decision and rationale in section 9 of the ‘Permanency panel: Key factors for consideration’ form.

Complete a case plan review and revise the case plan

Following the permanency panel meeting, complete the case plan review, including:

- holding discussions with the child, parents, carers and other parties involved in the review, about the panel’s (or CSSC manager’s) decision
- finalising the review report and the revised case plan.

For further information, refer to [5. Review and revise the case plan](#).

Record keeping

All documentation associated with the permanency panel referral, discussions and outcome, will be attached to the relevant event in ICMS.

Provide advice of reviewable decisions

As soon as practicable after making a decision which constitutes a ‘reviewable decision’ (*Child Protection Act 1999*, schedule 2), provide all ‘aggrieved persons’, as listed in the *Child Protection Act 1999*, schedule 2, with written notice of the decision, the reasons for the decision and how to apply to have the decision reviewed by the Queensland Civil and Administrative Tribunal.

5.6 Complete the review report

The review report documents the formal review of a case plan and provides evidence that the review of the case plan has occurred through a participative process.

Record a review report

To complete the review report, consider the key areas of assessment, including the progress of the case plan and other matters that must be addressed in the revised case plan such as:

- the case plan goal and outcomes from the previous case plan that have been achieved or are yet to be achieved
- any changes to the goals or outcomes in the revised case plan
- any services provided to the child under the previous case plan or the revised case plan
- the extent to which the care and contact arrangements under the previous case plan have met the child's needs
- the extent to which arrangements for maintaining and supporting the child's cultural identity have been met
- who participated in the review, how they participated and whether a family group meeting was held and who attended.

Record in the review report how the child's need for long-term stable care will be met in the revised case plan. When the child is placed in out-of-home care under a child protection order granting custody or short-term guardianship, the report must state:

- the risks and benefits of returning the child to the care of parents
- whether there is a risk that the child will not return to live with the parents within a stated timeframe (appropriate to the child's age)
- the plans that have been made for long-term out-of-home care for the child.

The plan for long-term out-of-home care may involve:

- arranging for the child to live with a member of the child's family, or another suitable person, under a child protection order granting long-term guardianship of the child
- arrangements for the child's adoption under the *Adoption Act 2009*
- for a child fifteen years and over, arrangements for the child's transition to independent living.

Record the review report in ICMS and submit it to the team leader for approval.

When a child is subject to a long-term guardianship order to a suitable person, there is a different review report - 'Long-term guardianship to a suitable person - Contact and review report'. For further information refer to [5.10 Long-term guardianship to a suitable person - case plan review](#).

5.7 Re-assess the child's strengths and needs

Prior to revising the case plan for a child, when the case will remain open for ongoing intervention, re-assess the child's strength and needs. The child strengths and needs assessment will assist in identifying the child's strengths and the needs that must be addressed in the case plan to ensure their safety and well-being. The purpose of this assessment is to:

- provide current information about the child's strengths and needs and identify changes in the child's functioning
- evaluate the effectiveness of the intervention and services provided to the child by Child Safety

- identify whether there are specific areas of Child Safety intervention that need to be amended, or require further attention, in order to meet the child's protection and care needs.

For further information about completing a child's strengths and needs assessment refer to [1.2 Assess the child's strengths and needs](#).

When a child is subject to a long-term guardianship order to a suitable person, there is no requirement to complete the CSNA as part of the case plan review process.

5.8 Re-assess the parental strengths and needs

Prior to revising the case plan for a child, when the case will remain open for ongoing intervention, re-assess the parental strength and needs, **unless** the child is subject to a custody or guardianship order and the case plan goal is **not** reunification. Re-assessing the parental strength and needs:

- provides current information about the parental strengths and needs
- evaluates the effectiveness of the Child Safety intervention to date
- identifies the three priority parental needs to be addressed in order to meet the child's protection and care needs.

For further information about completing a parental strength and needs assessment refer to [1.3 Assess the parental strengths and needs](#).

5.9 Develop and endorse the revised case plan

A revised case plan is completed following:

- the completion of the case plan review
- the decision to continue ongoing intervention with the child and family
- completion of the child and parental strength and needs assessments.

Develop a revised case plan

The revised case plan will record the goal, outcomes and actions to ensure a child's protection and care needs and will be informed by current assessments including:

- the family risk re-evaluation or a family reunification assessment
- child and parental strength and needs assessments
- the review report
- the case plan goal for the next implementation period - this may be the same goal or a revised goal
- outcomes and actions for the next implementation period including:
 - outcomes that are still relevant but have not yet been achieved
 - new or additional outcomes and actions identified in the review of the existing case plan
 - new outcomes and actions identified as a result of decisions about the case plan direction, for example, the decision to apply for a new child protection order or to extend an existing order

- actions to plan for long-term out-of-home care for the child when reunification is unlikely - depending on the age of the child, options may include the child's adoption under the *Adoption Act 2009* or the child's transition to independent living
- ongoing supports to be provided to the child and their long-term guardian, where applicable - refer to [Chapter 3, 1. What if a suitable person has long-term guardianship?](#)
- any revised care and contact arrangements including compliance with the child placement principle
- arrangements for maintaining and supporting the child's cultural identity as outlined in the cultural support plan
- services to be provided to the child and family
- participants in the case plan review, how they participated and whether a family group meeting was held.

Endorse the case plan

Record the new case plan for a child on the approved case plan form in ICMS and submit it to the team leader or senior practitioner for endorsement **within 10 business days** unless the plan is clearly impracticable or is not in the child's best interests.

When the plan is not endorsed, the plan is amended to the extent necessary to ensure that it is workable and consistent with a child's best interests.

Distribute the revised case plan to:

- the child, when age appropriate
- the child's parents
- a suitable person granted the long-term guardianship of the child, where applicable
- other participants in the review of the case plan, such as, the child's carer, licensed care service or the recognised entity.

For further information refer to [3.3 Record, endorse and distribute the case plan](#).

When the case is to be closed

When the decision is made to close a case following the review process, refer to [Chapter 3, Ongoing intervention](#).

5.10 Long-term guardianship to a suitable person - case plan review

When a child has a long-term guardian, Child Safety must contact the child and long-term guardian every 12 months to decide whether to review the case plan. For further information about the contact requirements refer to [Chapter 3, 1. What if a suitable person has long-term guardianship?](#)

Decide whether to review the case plan

A review of the case plan is required:

- when requested by the child or the long-term guardian at the 12 monthly contact, where Child Safety agrees to the review

- at any other time when requested by the child or the long-term guardian, where Child Safety agrees to the review
- when Child Safety considers it necessary to review the case plan, without it being requested.

The child's case plan will be reviewed regardless of whether it has been requested by the long-term guardian or child, in any of the following circumstances:

- the long-term guardian is not fulfilling their obligations to tell the child's parents where the child is living, give the parents information about the child's care and is not providing opportunity for contact between the child, parents, family members and other significant people (*Child Protection Act 1999*, section 80)
- a review is required to assess the current care arrangement and appropriateness of the order to ensure it is meeting the child's care and protection needs
- an investigation and assessment regarding the long-term guardian's care of the child has been finalised and the outcome is 'substantiated - ongoing intervention continues' and the child is at an unacceptable risk of harm
- Child Safety is notified that the child is no longer residing in the direct care of the long-term guardian
- the long-term guardian or the child requires time-limited, intensive case work from Child Safety. For further information, refer to the practice resource [Program of supports - long-term guardians](#)
- the long-term guardian makes a request for the high supports needs allowance or the high supports needs allowance has continued beyond 12 months. For further information, refer to the practice resource [Program of supports - long-term guardians](#)
- the long-term guardian or child is in receipt of child related costs payments that have been ongoing for more than 12 months. For further information, refer to the practice resource [Program of supports - long-term guardians](#).

A case plan review may also be considered when an investigation and assessment regarding the long-term guardians care of the child has an outcome of 'substantiated - ongoing intervention continues' and it has been assessed that the child is **not** at unacceptable risk of harm.

When a child is subject to a long-term guardianship order to a suitable person, the child strengths and needs and parental strengths and needs assessment are not completed.

Exceptions

A formal review of the case plan may not be required when the child or long-term guardian request additional support and this can be managed via case work. These circumstances include, but are not limited to requests for:

- one-off requests for child related costs
- referrals to other government and non-government agencies.

In these circumstances, financial and practical support can be assessed and approved by Child Safety without a formal case plan review. For further information, refer to the practice resource [Program of supports - long-term guardians](#).

Decision by Child Safety not to review the case plan

In exceptional circumstances, Child Safety may decide not to review the case plan when it has been requested by a child or long-term guardian. For example, a case plan review may not be considered necessary when a review has recently been conducted and the child's circumstances have not significantly changed since the revised case plan was finalised.

The decision not to review the child's case plan constitutes a 'reviewable decision' (*Child Protection Act 1999*, schedule 2). When the decision is made not to review the child's case plan:

- inform the child and long-term guardian of the reason for the decision and how to have the decision reviewed
- ensure the child's understanding of the review process
- provide written notice of the decision, as soon as practicable after the decision is made by completing the Letter re: Decision not to review the case plan for the long-term guardian, and writing a letter specifically for the child, based on their age and ability to understand. Attach a copy of each written notice to the relevant event in ICMS.

The team leader or CSSC manager is responsible for ensuring compliance with the legislative requirement to provide written notice of the decision to not review the child's case plan.

Decide the process and complete the case plan review

Determine the process for the case plan review on a case-by-case basis and in the best interests of the child. Undertake the review process as outlined in 5. Review and revise the case plan.

Ensure the child and the long-term guardian are provided with an opportunity to participate in a case plan review. However, it is not a requirement that the child and the long-term guardian participate in the review. Where considered appropriate to the circumstances, convene a family group meeting to review the case plan or to develop a new one.

Complete the contact and review report

Where a case plan review occurs as part of the contact with the child and long-term guardian, complete the relevant sections of the 'Long-term guardianship to a suitable person - Contact and review report' in ICMS and:

- complete the 'Contact with child' section
- indicate that the review has been requested and approved by Child Safety - this will automatically generate the review report within the form
- complete the report and submit it to the team leader for approval.

If there is no request to review the child's case plan or Child Safety does not agree to a review, in the 'Contact and review report' in ICMS:

- complete the 'Contact with child' section
- indicate that a review was not requested or approved by Child Safety - the review report will not be generated
- submit the report to the team leader for approval.

When the child's case plan is not reviewed every 12 months, the existing ongoing intervention event in ICMS will remain open.

Develop the revised case plan

Where a decision is made to revise the case plan, meet with the relevant people and complete the 'Long-term guardianship to a suitable person - Case plan'. This includes:

- the case plan goal - this may be the same goal or a revised goal, for example, it may change from 'long-term out-of-home care' to 'young person lives independently'
- the support needs and actions required to ensure the child's protection and care needs including:
 - the outstanding support needs and actions that are still relevant and have not yet been achieved
 - new support needs and actions identified in the review of the existing case plan or as a result of decisions about the case plan direction
 - ongoing supports to be provided to the child and their long-term guardian
 - services to be provided to the child and the long-term guardian
 - any revised care and contact arrangements
 - arrangements for maintaining and supporting the child's cultural identity as outlined in the cultural support plan
- the participants in the case plan review, how they participated and whether a family group meeting was held.

For a child subject to a long-term guardianship order to a suitable person, an education support plan or a child health passport is not required.

What ifs - responding to specific case planning

1. What if an initial case plan is developed without a family group meeting?

If it was not possible to convene a family group meeting or if participants were unable to reach agreement, a case plan can be developed by Child Safety, in accordance with the *Child Protection Act 1999*, section 51(S). In these circumstances, obtain the views of the following people:

- the child, unless it would be inappropriate because of their age or ability to understand
- the child's parents
- other members of the child's family group who are considered likely to make a useful contribution
- other significant people for the child for example, a foster carer
- any legal representative for the child
- a recognised entity for an Aboriginal or Torres Strait Islander child
- a relevant service provider
- anyone else considered likely to make a useful contribution to the plan.

Prepare a case plan that best meets the child's protection and care needs taking into consideration:

- the participants views
- information obtained through the assessment process about risks to the child
- information provided by the recognised entity for an Aboriginal or Torres Strait Islander child
- the child and parental strength and needs assessments.

Record the case plan, including the cultural support plan where relevant, in ICMS and submit it to the team leader for endorsement **within 10 business days** of completion.

Record why a family group meeting was not held

Where the case plan has been developed without a family group meeting and an application for a child protection order is made, the court must be provided with evidence in affidavit material about why the case plan was developed in this way. The court must be satisfied that it was not possible to convene a meeting within the terms of the *Child Protection Act 1999*, section 51S(2) and that all steps were taken by Child Safety to convene a meeting in compliance with the *Child Protection Act 1999*, chapter 2, part 3A. A lack of time and resources will not be sufficient criteria to meet this threshold.

2. What if parents are unwilling to engage in case planning?

In circumstances where parents resist involvement or try to sabotage case planning and review processes. To help engage the parent:

- communicate openly and clearly in a respectful, empathic and genuine manner
- communicate a commitment to achieving a positive outcome for the child and the parent
- acknowledge the involuntary nature of the Child Safety involvement, where appropriate
- explain the purpose of the case plan and emphasise the importance of the parents involvement
- identify and address any fears the parents may have.

Where this is not successful, consider engaging the parent through:

- a support person, who will assist the parents in the process
- the assistance of the recognised entity for an Aboriginal or Torres Strait Islander child
- a community agency worker, who may be able to assist Child Safety by gathering information to inform the case planning or review process.

When parents refuse to be involved in the process, the parental strengths and needs assessment will still be completed by gathering information from the following sources:

- other people who know the parents
- the recognised entity, where relevant
- Child Safety records about any previous contact with the parents.

Do not preclude a parent from the case planning process because they refuse to engage in the assessment of their strengths and needs.

3. What if people are excluded from attending and participating in a family group meeting?

Under the *Child Protection Act 1999*, section 51L(4) and 51W, a person who should be given the opportunity to attend the family group meeting, may be excluded by the convenor, when the person's participation and attendance:

- would not be in a child's best interests
- would be contrary to the purposes of the meeting.

Reasons to exclude a person may include:

- a risk of harm to the child or another person attending the family group meeting
- a history of domestic violence where a participant may be too intimidated to express their views if the perpetrator is present
- a participant has a mental illness or substance misuse issues, that will disrupt the family group meeting so that it will be unable to function
- the presence of a participant is likely to pose a psychological and emotional risk to the child's well-being and ability to participate in the meeting.

The decision to exclude should be **exercised rarely**, and only after strategies to avoid excluding have been considered in consultation with the team leader and the CSO with case responsibility. The convenor **cannot exclude** the child, a CSO, a recognised entity representative or a child's legal representative.

4. What if the case plan cannot be endorsed?

If the case plan developed is considered impractical or not in the child's best interests (*Child Protection Act 1999*, section 51R) the case plan will not be endorsed. In this circumstance, either:

- reconvene the family group meeting and involve people from the previous meeting
- hold another family group meeting, involving a different mix of people from those involved in the meeting that developed the original plan
- amend the original case plan in ICMS and submit it to the team leader for endorsement.

Amend the case plan

If a case plan cannot be endorsed, it can be amended under the following conditions:

- **within 10 business days** after the case planning meeting at which the original plan was developed
- only to the extent necessary to ensure the case plan is practicable and in the child's best interests
- after consultation with the convenor if the family group meeting was convened by a private convenor.

If the decision is made to amend the case plan, provide each person who was at the family group meeting at which the original plan was developed, written notice of the amendment and the reasons for the amendment.

It is the role of Child Safety to make decisions about amendments to a case plan. When case plans are submitted to the Childrens Court, it is the role of the court to ensure the case plan is appropriate for meeting the child's protection and care needs. When making this decision, it is not relevant whether all persons who participated in the development or revision of the case plan or agreed with the case plan (*Child Protection Act 1999*, section 59 (1)(b)(ii) and (3)).

5. What if an application for a child protection order is filed with the Childrens Court without a case plan?

If an application for a child protection order must be made before a family group meeting has been held, file the application with the affidavit and other supporting evidence addressing the following:

- the attempts that have been made to develop or review the case plan
- the child's assessed protection and care needs.

The court may then adjourn proceedings under the *Child Protection Act 1999*, section 67, and either:

- make an interim order granting temporary custody of the child to the chief executive or a suitable person who is a member of the child's family
- make directions about a parents contact with the child
- order that a family group meeting be convened to develop the case plan and that the plan be filed in court (*Child Protection Act 1999*, section 68(1)(d)(i)).

Note: the court cannot make an interim order for a supervision order.

Long-term guardianship to a suitable person

When a decision is made to apply for a child protection order granting long-term guardianship to a suitable person, the revised case plan **must** be submitted to the Childrens Court **upon** the application for the order, and **must** incorporate key items specific to the proposed order. For further information, refer to [3.3 Develop key items in the case plan - application for long-term guardianship to a suitable person](#).

6. What if a reunification assessment is required when parents live in another jurisdiction?

When requesting an assessment for the purpose of reunifying a child subject to a Queensland child protection order, with a parent who resides in another jurisdiction:

- ensure that the parent is aware of the intended assessment and is willing to participate in the assessment process
- undertake a non-urgent criminal and domestic violence history check of the parent and any other adult household member, if required - refer to [Chapter 2, 2.7 Gather information from other sources](#)
- undertake interstate child protection checks of the parent and any other adult household member, if required, in accordance with usual arrangements with Data Management Services

- contact the Interstate Liaison Officer (ILO) at Court Service Unit and request a 'Reunification Assessment Request' template
- complete the 'Reunification Assessment Request' and provide appropriate supporting documentation, for example, medical and psychologist reports on the child and parent
- have the request signed by the CSO with case responsibility and the team leader
- fax or post all relevant documentation to the ILO at Court Services Unit.

7. What if there is a change in the individuals residing in the family home?

When a child is deemed to be in need of protection and is the subject of ongoing intervention, the parents must be informed of requirements to notify Child Safety Services of any change in the adults or children who will be residing in the family home - refer to Chapter 3, 10. What if there is a change in the individuals residing in the family home?

8. What if there are criminal matters to consider during reunification?

Criminal matters and reunification

When a decision is made to consider the reunification of a child, the criminal history of the parent or parents must be considered. A thorough assessment should occur when reunifying a child to a household where a parent, their partner or an adult member in the reunification household has a conviction for a serious criminal offence against a child. This must occur prior to completing the initial family reunification assessment.

To undertake the criminal history check, refer to 1.1 Gather information about the child and family.

Where Child Safety obtains information that any adult in the household has an alleged offence, charge or conviction, and one, or both, parents has no knowledge of the information, the Child Protection (Offender Reporting) Act 2004 prohibits an authorised officer from telling the parent the exact details of the alleged offence, charge or the conviction. An authorised officer, however, has a duty (Child Protection Act 1999, section 4 and 5) to inform the relevant parent or parents that Child Safety has concerns about the adult member of the household, but privacy legislation prevents the exact details of the concerns being disclosed.

In this circumstance, advise the parent that it is their responsibility to seek information from the person about their history that would be of concern to Child Safety. Once the parent is made aware of this information, Child Safety can then work with them to ensure appropriate action is taken to protect the child as part of the reunification process. Where the person does not inform the parent of the specific concerns, Child Safety will still assess the parent's ability and willingness to protect the child, as outlined below.

The assessment should be conducted in consultation with the senior practitioner and team leader and should cover the following areas to determine that reunification to the household will not pose a risk to the safety and well-being of the child:

- what knowledge, if any, the primary parent without a criminal history has of the other adult's conviction and their attitude to the concerns and that person having contact with the child
- the willingness, if any, of the adult with the criminal history to engage in an assessment process and disclose details of their conviction to the parent or parents
- the nature and circumstances of the offence, when it occurred, and any treatment or programs that the offender has undertaken and the success of such intervention
- what safety plan, if any, could ensure the ongoing safety of the child should reunification to this household occur.

Following the assessment, the family reunification assessment should be completed and the information included in the case plan for the child.

If use of a discretionary override is warranted to change the Permanency Plan Recommendation for the child from reunification to alternative long term stable living arrangement a team leader or senior practitioner needs to endorse the use of the override.

The CSSC manager must approve the decision to either:

- work towards reunification following the assessment
- reunify a child to a household where a parent, their partner or an adult household member has been convicted of any of the offences outlined in the Serious criminal offences.

Record the CSSC manager's approval in a case note titled 'Case discussion: reunification decision'.

Resources

Forms and templates

- Assessment report - Long-term guardianship to a suitable person
- Casework audit tool
- Child strength and needs notes
- FGM invitation letter
- FGM referral
- Letter re: Decision not to review the case plan
- Parental strength and needs notes
- Permanency panel: Key factors for consideration
- QPS - Non-urgent criminal and domestic violence history check request spreadsheet

Child Safety resources

- Children and young people's participation strategy
- Critical steps in case planning
- Developing the goal, outcomes and actions
- Family group meeting convenor handbook

- Finalise the strengths and needs assessment
- Physical and cognitive developmental milestones
- Practice guide: The assessment of harm and risk of harm
- Practice paper: Family contact for children and young people in out-of-home care
- Practice paper: Permanency planning
- Practice paper: Working with Aboriginal and Torres Strait Islander people
- Practice paper: Working with people from culturally and linguistically diverse backgrounds
- Practice resource: Assessing the progress of the case plan
- Practice resource: Case planning - an overview
- Practice resource: Developing a cultural support plan for an Aboriginal or Torres Strait Islander child
- Practice resource: Participation of children and young people in decision-making
- Practice resource: Program of supports – long-term guardians
- Practice resource: Receiving Integrated Justice Information Strategy email alert information
- Practice resource: Structured decision making - an overview
- Practice resource: The child placement principle
- Practice resource: Working with the recognised entity
- SDM: Child strengths and needs assessment
- SDM: Family reunification assessment
- SDM: Family risk re-evaluation
- SDM: Parental strengths and needs assessment
- Serious criminal offences
- Statutory delegations
- Strengths and needs interviewing questions
- The case planning process

External resources

- Fact sheet: 10.1 Attachment
- Fact sheet: 10.2 Infant and Toddler Mental Health Emotional Risk Indicators
- Interpreter services

Chapter 5. Children in out-of-home care

Purpose

Out-of-home care is utilised for a child when it is assessed that the separation of a child from their family is required to ensure the child's safety. Out-of-home care provides a safe, supportive and therapeutic environment for a child, while working towards either family reunification or an alternative permanency option. Out-of-home care may be provided during the investigation and assessment or ongoing intervention phases of child protection intervention.

When a child is placed in out-of-home care Child Safety will work with the child, their family, carers, licensed care service staff, staff from another entity and other relevant agencies, to:

- support a child through key transitions such as, moving from home to out-of-home care, changing placements and leaving care
- ensure the protection and care needs of the child are met, including their developmental needs
- assist a child to gain the skills and sense of well-being that will allow them to realise their potential and positively participate in the wider community.

Child Safety is responsible for monitoring out-of-home care placements to ensure that the level of care provided by carers is consistent with the statement of standards (*Child Protection Act 1999*, section 122), and for taking preventative action to resolve identified concerns before they escalate into matters of concern.

All children in out-of-home care will have an allocated CSO who:

- implements effective, ongoing assessment, planning, implementation and review processes in accordance with case management requirements
- participates in joint planning processes with relevant people and agencies to negotiate responsibility for case work tasks, based on the case plan goal and anticipated outcomes.

The principles of the *Child Protection Act 1999* emphasise participation by children, respect for their rights, consideration of their views and involvement in the planning and decision-making processes affecting their lives. For more information about promoting participation of children in out-of-home care in planning and decision making processes, refer to practice resource [Participation of children and young people in decision-making](#), and the [Children and young people's participation strategy](#).

For information about the processes and phases underpinning out-of-home care, refer to the practice resource [Out-of-home care - an integrated child protection response](#).

Please note: Throughout this chapter, the term **carer** will refer to approved carers, licensed care service staff and staff from another entity, unless otherwise specified.

Key steps

1. Place a child in out-of-home care
2. Support a child in out-of-home care
3. Decision-making for the child
4. Conclude an out-of-home care placement

What ifs - responding to specific out-of-home care matters

Standards

1. The placement matching process is undertaken to determine the placement option that will best meet and respond to the child's needs.
 2. A child is encouraged to participate in decision-making processes and is kept informed of matters affecting them, to the extent possible based on their age and ability to understand.
 3. Consideration is given, as a first option, to placing a child with kin.
 4. The placement of an Aboriginal or Torres Strait Islander child occurs in accordance with the *Child Protection Act 1999*, section 83 (the child placement principle) and the views of the recognised entity are recorded in ICMS.
 5. When making a significant decision about an Aboriginal or Torres Strait Islander child, the recognised entity is invited to participate in the decision-making process and the views of the recognised entity are recorded in ICMS.
 6. Out-of-home care placements are monitored to ensure that the level of care provided by carers is consistent with the statement of standards (*Child Protection Act 1999*, section 122).
 7. Decisions about custody and guardianship matters are actioned in a timely way, so as not to compromise the child's right to access services that meet their needs or to participate in activities of importance to them.
 8. Supports for the child, including the child health passport, education support plan and transition from care, are integrated into case planning and review processes.
-

Practice skills (Key areas for reflection)

- Have I genuinely consulted and actively included the child in decision-making processes?
- Have I provided the recognised entity with an opportunity to participate in the decision-making process about where and with whom an Aboriginal or Torres Strait Islander child will live, or any change of placement?
- Have I talked with the child about their rights as a child in care?
- Have I considered and identified the transitions experienced, or to be experienced, by the child and how can I support the child through these transitions?

- Have I identified the child's needs and strategies to ensure these needs continue to be met?
 - Have I assisted the child to develop and maintain their cultural identity and identified strategies to enable the child's family and community to participate in this process?
 - Have I engaged with the child, their parents and other people significant to the child as part of managing the case?
-

Authority

- *Child Protection Act 1999*, section 5, 6, 12-13, 51AE, 51AF, 51C, 51V, 61, 65, 73-75, 82, 83-91, 122, 148, 159, 159B, 159M-159N, 187-188, 188B-189 and 247
- *Child Protection Amendment Regulation (no. 1) 2011*, sections 2,3,10,11 and 14
- *Commission for Children and Young People and Child Guardian Act 2000*, section 15
- *Information Privacy Act 2009*
- *Queensland Civil and Administrative Tribunal Act 2009*
- Policy No. 36: Placement of children subject to a care agreement, or an order granting custody or guardianship to the chief executive, with departmental employees
- Policy No. 289: Respite Placements and Dual Fortnightly Caring Allowance
- Procedure No. 289: Respite Placements and Dual Fortnightly Caring Allowance
- Policy No. 295: Complaints Management
- Policy No. 296: High Support Needs Allowance
- Procedure No. 296: High Support Needs Allowance
- Policy No. 349: Transitioning from care into adulthood
- Policy No. 359: Infection Control
- Policy No. 361: Child Death Case Review Policy and Procedures
- Policy No. 365: Expenses - Fortnightly Caring Allowance and Inter-state foster payments
- Procedure No. 365: Expenses - Fortnightly Caring Allowance and Inter-state foster payments
- Policy No. 369: Participation in decision-making - children and young people subject to statutory child protection intervention
- Policy No. 391: Critical Incident Reporting
- Policy No. 395: Administrative Access to Child Safety Records
- Policy No. 403: Information exchange and service delivery coordination
- Policy No. 420: Decision making about end of life medical treatment of a child in out-of-home care, in circumstances where their life is threatened due to illness or trauma
- Policy No. 421: Obligations, actions and responsibilities upon the death of a child in out-of-home care
- Policy No. 578: Placement of children in care as part of an integrated child protection response
- Policy No. 595: Child Related Costs - Travel

- Policy No. 596: Child Related Costs - Medical
- Policy No. 597: Child Related Costs - Carer Support
- Policy No. 598: Child Related Costs - Client Support and Family Contact
- Policy No. 599: Child Related Costs - Education Support
- Policy No. 600: Child Related Costs - Outfitting
- Policy No. 602: Transitional placements (including emergent accommodation) and flexible funding
- Policy No. 603: Specific Response Care
- Policy No. 604: Positive Behaviour Support
- Policy No. 607: Supporting children in the care of long-term guardians
- Policy No. 608: Child Related Costs - Long-term guardian support
- Procedure No. 608: Child Related Costs - Long-term guardian support
- Policy No. 609: Aboriginal and Torres Strait Islander Child Placement Principle
- Policy No. 610: Working with Aboriginal and Torres Strait Islander children, families and communities
- Policy No. 627: Response to children and young people sexually abused whilst in out-of-home care
- Communities Policy: Recordkeeping
- Recordkeeping: Client File Procedure

Key steps - Children in out-of-home care

1. Place a child in out-of-home care

- 1.1 Placement matching - an overview
- 1.2 Gather information to inform placement matching
- 1.3 Determine the appropriate level of support needs
- 1.4 Determine the most suitable placement type
- 1.5 Obtain approval for the placement
- 1.6 Contact the proposed carer or service to request or confirm the placement
- 1.7 Prepare for the placement
- 1.8 Assess the provision of placement information to parents
- 1.9 Complete a placement agreement
- 1.10 Provide placement information to parents
- 1.11 Place the child in out-of-home care

2. Support a child in out-of-home care

- 2.1 Obtain a birth certificate for a child
- 2.2 Obtain Medicare details, a Medicare card, Health care card
- 2.3 Develop a child health passport
- 2.4 Education needs
- 2.5 Facilitate and monitor family contact
- 2.6 Provide regular respite for the child
- 2.7 Facilitate positive behaviour support for the child
- 2.8 Refer the child to Evolve, if required
- 2.9 Plan and support the young person's transition from care to independence

3. Decision-making for the child

- 3.1 Determine who may decide a custody or guardianship matter
- 3.2 Facilitate decision-making - custody matter
- 3.3 Facilitate decision-making - guardianship matter
- 3.4 Communicate and record the decision
- 3.5 Publication of information by the media
- 3.6 Make medical decisions, including dental
- 3.7 Make counselling decisions
- 3.8 Make education decisions
- 3.9 Make sporting and recreational activities decisions - daily and overnight
- 3.10 Make decisions about culture and religion
- 3.11 Make travel decisions - intrastate or interstate

- 3.12 Make overseas travel decisions
- 3.13 Apply for a passport
- 3.14 Make family contact decisions
- 3.15 Make a change to a child's surname
- 3.16 Make decisions about a child's personal appearance
- 3.17 Decide other guardianship matters

4. Conclude an out-of-home care placement

- 4.1 Conclude the child's placement in out-of-home care

What ifs - responding to specific out-of-home care matters

- 1. What if a child requires a placement with another entity (82(1)(f))?
- 2. What if I have concerns about the quality of care provided to a child?
- 3. What if a child is to be removed from an out-of-home care placement?
- 4. What if family contact needs to occur in a correctional facility?
- 5. What if a child requires or has a bank account?
- 6. What if a child is employed in the entertainment industry?
- 7. What if a child wishes to participate in a high or very high risk activity?
- 8. What if a decision about end of life medical treatment is required?
- 9. What if there is a death of a child in out-of-home care?
- 10. What if a child is also subject to youth justice intervention?
- 11. What if a child or parent has an infectious or communicable disease?
- 12. What if another jurisdiction requests a carer assessment?
- 13. What if a young person in out-of-home care receives a youth allowance or earns a wage?
- 14. What if a child is missing?
- 15. What if a child or young person is sexually abused whilst in out-of-home care?

1. Place a child in out-of-home care

1.1 Placement matching - an overview

In selecting an out-of-home care placement for a child it is vital that the needs of the child are able to be addressed by the proposed carer or placement option. Placing the child in the first available placement, if the carer or placement is not well matched to the child's needs, or does not have the required supports necessary for the child or the carer, is unlikely to achieve placement stability and may contribute to an escalation of the child's placement support needs in the future. An escalation in placement support needs is likely to arise from the traumatic and cumulative effects of harm experienced by the child before entering out-of-home care, and compounded by disrupted placements.

Further, the research indicates that when a child has experienced two or more placement breakdowns, there is a significantly increased likelihood of this pattern continuing.

The placement matching process is informed by the case plan goal and a thorough assessment of the child's strengths and needs, including the extent to which these impact on the child's daily functioning and the domains in which they are present. These factors will determine the level of support that the placement needs to be able to provide for the child.

Placement matching enables the identification of the type of care best suited to the child, the supports and services that may be required for the child, either within the community or the placement and the particular skills and abilities that a carer may be required to have.

Knowledge of the diversity of care options and services available within a given locality and the range of funding sources available to support a placement, will also assist in determining or securing the best placement match for a child.

In some cases, the circumstances contributing to the need for an out-of-home care placement, for example, a child's sudden entry into care, an unexpected placement breakdown or the need to locate a placement after hours, are likely to restrict the extent to which placement matching is able to be completed.

In these cases, implement placement matching to the extent possible and practicable in the circumstances. Once the child's immediate placement need has been resolved, and as soon as possible following the commencement of the child's placement, ensure that the current placement is the best available option based on the child's level of support needs and the case plan, or locate a more suitably matched placement for the child.

Note: Ongoing intervention with a support service case will **not** involve the provision of an out-of-home care placement. For further information, refer to [Chapter 7. Support service cases](#).

1.2 Gather information to inform placement matching

When deciding in whose care the child should be placed, give proper consideration to placing the child, as a first option, with kin (*Child Protection Act 1999*, section 5(2)). Fully explore kinship care options within the child's family and community. When there is insufficient information available to immediately identify a suitable kinship carer and the child is placed in another type of placement, efforts to identify a suitable kinship care option will continue until such time that an informed decision is possible.

To assess the placement option best able to meet and respond to a child's needs, refer to the practice resource [Placement matching principles](#) and:

- complete or update the [Child information form - Part A](#) and [Child information form - Part B](#)
- gather information from the following sources:
 - the child, parents and significant others, including previous carers
 - Child Safety records, including whether the child has a recorded suicide risk alert and if so, any related outcomes, and case notes of direct observations of the child's behaviour or characteristics
 - the child's placement history, including frequency of placement change and reasons for placement breakdowns
 - key stakeholders such as school teachers, medical specialists and other external agencies and specialist services involved with the child
- complete a child strengths and needs assessment where one does not exist, or where it is not current, for a child subject to ongoing intervention
- record details of the participation of the recognised entity in the 'Recognised entity participation/Child placement principle form' in ICMS. Where the advice or recommendation of the recognised entity is not followed, document a clear rationale in the form - refer to the practice resource [The child placement principle](#).
- consider the child's attachment and abuse history, and implications for the risk of emotional, behavioural and attachment problems and placement instability - for assistance in identifying a child at high risk, complete the [Assessment of risk of emotional, behavioural and attachment problems and placement instability](#)
- consider any identified issues noted in the child health passport and the education support plan, where appropriate
- gather information about any medications prescribed for the child, including psychotropic medications, and the possible impacts on the child's behaviour and functioning - refer to [2.3 Develop a child health passport](#)
- if applicable, consider the specific needs of a child who has been sexually abused or has engaged in sexually abusive behaviour - refer to the practice resource [Children with sexual abuse histories](#).

Note: where considered necessary, seek advice from a senior practitioner and the Sexual Abuse Counselling Service (SACS), to discuss the issues that may arise in relation to placement matching and ongoing placement support for a child with a sexual abuse history. SACS is contactable by telephone on (07) 3391 6066.

Note: the child placement principle applies to **all** placements required for an Aboriginal or Torres Strait Islander child, including emergent, respite and the primary placement.

The placement of siblings

When a sibling group requires an out-of-home care placement, the first preference is to keep the sibling group together, where there is a suitable foster care, kinship care or licensed residential care service placement available, and the placement option is in the best interests of all the children. It will not always be possible or appropriate to place siblings together.

Factors to consider when making this decision include:

- any history of abuse within the sibling group
- the role and responsibilities each sibling has previously undertaken within the family, for example, older siblings taking inappropriate levels of adult responsibility for younger siblings
- whether the proposed placement is sustainable, both physically and financially.

When it is considered necessary or appropriate to separate sibling groups, consider the best combination of siblings to be placed together, in separate placements. This will include gaining an understanding of each child's needs and attachments within the sibling group, particularly those that will foster the child's sense of safety security continuity of relationships. Where siblings are placed separately, placement decisions and case planning must include provisions for regular and meaningful contact between siblings.

The placement of an Aboriginal or Torres Strait Islander child

When an Aboriginal or Torres Strait Islander child is placed in an out-of-home care placement, including a respite placement, the child must be placed in accordance with the hierarchy of placements outlined in the *Child Protection Act 1999*, section 83 (the child placement principle).

These are:

- a member of the child's family
- a member of the child's community or language group
- another Aboriginal person or Torres Strait Islander who is compatible with the child's community or language group
- another Aboriginal person or Torres Strait Islander.

If unable to locate an appropriate placement from within this hierarchy, the Aboriginal or Torres Strait Islander child will be placed, in order of priority, with:

- a person who lives near the child's family
- a person who lives near the child's community or language group.

Prior to placing an Aboriginal or Torres Strait Islander child with a carer who is not an Aboriginal or Torres Strait Islander person, ensure that the child's carer is committed to:

- facilitating contact between the child and their family members, unless restrictions have been imposed under the *Child Protection Act 1999*, section 87
- helping the child to maintain contact with their community and language group

- helping a child to maintain a connection with their Aboriginal or Torres Strait Islander culture
- preserving and enhancing the child's sense of Aboriginal or Torres Strait Islander identity
- implementing any actions required of the carer within the child's cultural support plan.

When an Aboriginal or Torres Strait Islander child is placed with a carer who is not an Aboriginal or Torres Strait Islander person, Child Safety staff must continue, in partnership with the recognised entity and placement service, to regularly review the child's placement and continue to attempt to locate a placement that meets one of the hierarchy of placements specified in the *Child Protection Act 1999*, section 83(4).

The placement of an Aboriginal or Torres Strait Islander child, including a change of placement, is a 'significant decision', requiring that the recognised entity be provided with an opportunity to participate in the decision-making process about where or with whom the child will live.

Complete the 'Recognised Entity participation/Child placement principle' form in the placement event in ICMS for each placement decision about an Aboriginal and Torres Strait Islander child.

For further information, refer to [The Child Placement Principle Prompt Sheet](#), the practice resource [The child placement principle](#) and [Chapter 10.1 Decision-making about Aboriginal and Torres Strait Islander children](#).

1.3 Determine the appropriate level of support needs

Using the outcome of the child strengths and needs assessment and all other relevant, available information, determine the extent to which the child's behaviours and characteristics may impact on the child's daily functioning and the areas of functioning that are affected.

This will assist in determining the likely level of support that the child will require from the placement, and the services that may be required.

Support levels are categorised as:

- **moderate** - needs that are typical for most children in care as a result of the harm and trauma that they have experienced, and that can be managed through limit setting or other interventions
- **high** - needs that indicate serious emotional, medical or behavioural issues that require additional professional or specialist input
- **complex** - needs that significantly impact on the child's daily functioning, usually characterised by health conditions, disabilities or challenging behaviours
- **extreme** - needs that have a pervasive impact on the child's daily functioning, usually characterised by the presence of multiple, potentially life-threatening health or disability conditions, and extreme challenging behaviours that may necessitate a constant level of supervision and care.

For a detailed description of the child's characteristics that apply to each of the support levels, refer to the practice resource [Support levels and behaviour characteristics](#).

Consider whether additional supports are required

Where the child has an identified risk of placement disruption or instability, consider whether additional supports are required, based on the outcome of:

- the child strengths and needs assessment
- the Assessment of risk of emotional, behavioural and attachment problems and placement instability
- any other relevant information.

Where there is an identified risk of placement disruption or instability, the case plan and placement agreement will include strategies to address this risk, to minimise the likelihood of further placement disruption and avoid an escalation of the child's emotional and behavioural support needs.

Strategies to respond to this risk may include:

- an Evolve referral, to reduce a child's disruptive behaviour and assist in the development of more appropriate skills and behaviours - refer to 2.8 Refer the child to Evolve, if required
- referrals to other specialist counselling services
- specialised training for the carer in providing trauma informed care and positive behaviour support to a child with challenging behaviours
- cultural support, the details of which will be included in the cultural support plan section of the child's case plan - refer to Chapter 4, 3.2 Develop key items in the case plan.

1.4 Determine the most suitable placement type

When the level of support needs is decided, determine the most suitable placement type and identify who may approve the placement, with reference to the below table.

Placement Types and Approval Requirements	
Moderate to high	
Kinship care	<p>Kin is defined in the <i>Child Protection Act 1999</i> as any of the child's relatives who are persons of significance to the child, and anyone else who is a person of significance to the child.</p> <p>If kinship care is available, approval, or provisional approval must be granted before the placement with kin commences.</p> <p>*placement may be approved by a team leader, CSSC manager or CSAHSC manager or team leader</p>
Foster care	If kinship care is not a suitable option, consider placing the child with an approved foster carer or a foster carer applicant who is

Placement Types and Approval Requirements

	<p>granted provisional approval.</p> <p>*placement may be approved by a team leader, CSSC manager or CSAHSC manager or team leader</p>
Licensed supported independent living services	<p>This placement option is best suited to a young person aged from 15-17 years who is in the process of transitioning from care. Supported independent living services provide staff that offer external support but are not live-in carers.</p> <p>*placement may be approved by a CSSC manager or CSAHSC manager or team leader</p>
Safe houses	<p>Residential services located in remote Aboriginal and Torres Strait Islander communities to provide short to medium-term care</p> <ul style="list-style-type: none"> - 24 hour houseparent models of care with additional rostered staff. <p>*placement may be approved by a team leader</p>
Moderate to extreme	
Licensed residential care service	<p>Residential care services include rostered staff models and group homes, and may provide up to 24 hours a day care for children between the ages of 12-17 years. A younger child may also be placed in a licensed residential care service where they are part of a large sibling group, to keep siblings together. These placements types occur in a group setting of up to six young people.</p> <p>*placement may be approved by a CSSC manager or CSAHSC manager or team leader</p>
Complex to extreme	
Intensive foster care	<p>Intensive foster care is a placement option for children who require more intensive support and service coordination than is typically provided for foster and kinship care placements. Placements in intensive foster care may be with either an approved kinship or foster carer.</p>

Placement Types and Approval Requirements

	<p>*placement may be approved by a team leader, CSSC manager or CSAHSC manager or team leader</p>
Specific Response Care	<p>A model of care where a foster or kinship carer is employed and paid a wage by a licensed service, to provide intensive, therapeutic, home-based full-time care of a child.</p> <p>For further information, refer to the <u>Specific Response Care</u> policy.</p> <p>*requires regional director approval</p>
Therapeutic residential	<p>This placement option is for young people unable to be placed in home-based care or other residential services, and aims to promote the development of the skills and behaviours required to transition to less intensive forms of out-of-home care.</p> <p>For further information, refer to <u>A guide to the placement of young people in therapeutic residential services</u>.</p> <p>*requires regional director approval</p>
Special circumstances	
Placement under section 82(1)(f)	<p>The <i>Child Protection Act 1999</i>, section 82(1)(f), allows for a child to be placed in the care of another entity (other than an approved carer or licensed care service), only when that entity is the most appropriate for meeting the child's particular protection and care needs.</p> <p>*may be approved by the CSSC manager or CSAHSC manager or team leader</p> <p>*may also require approval by the relevant financial delegate when the placement is funded through transitional placement funding</p>
Placement in emergent accommodation - overnight or short-term accommodation such as	<p>A type of transitional placement, that may only be used when there are no grant funded placements available (or one cannot be secured with flexible funding) and the child's placement need is urgent. The child is cared for under a rostered youth worker model, and the quality of the care will be monitored and recorded</p>

Placement Types and Approval Requirements

a motel or caravan park	<p>using the Checklist for placement of a child in emergent accommodation. For further information refer to the Transitional placements (including emergent accommodation) and flexible funding policy.</p> <p>*requires regional director approval for up to 7 days, and regional executive director approval for 7-20 days, and/or for children under 12 years.</p>
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Placement funding arrangements and financial supports will vary depending upon the type of placement, and any payments made directly by Child Safety require the approval of the financial delegate **prior to** costs being incurred.

Foster and kinship carers receive financial assistance in the form of:

- the fortnightly caring allowance
- regional and remote loading, where applicable
- the high support needs allowance, where required
- the complex support needs allowance, where required
- establishment and/or start-up allowance, depending on the child's circumstances
- child related costs as a reimbursement of approved expenditure, based on the child's needs and eligibility criteria.

Residential care services are grant funded by Child Safety to cover the full range of service costs related to their direct care of the child, excluding the child related costs that would otherwise be incorporated into the complex support needs allowance.

Flexible funding is administered by Child Safety and is available as time-limited, supplementary support to a foster or kinship carer, or in exceptional circumstances, for a child in a residential, where the child's needs are escalating and there is a high risk of placement disruption.

Specific response care and transitional placements

These placement types are **only available in limited circumstances**, and their use must be initiated by Child Safety based on the assessed needs of the child, rather than in response to requests by a carer.

Specific response care is provided by non-government services that are either grant funded for this purpose or receive transitional placement funding, administered by regional offices.

Transitional placement funding is administered by Child Safety, and may **only** be used when:

- a foster or kinship carer placement cannot be secured or sustained with the assistance of flexible funding, and
- a grant-funded placement is not available.

For further information about transitional placements, refer to the [Business Rules for Transitional Placements 2010](#).

Placements with an employee of the Department of Communities

A child who is subject to a care agreement or an order granting custody or guardianship to the chief executive may be placed with an employee of the Department of Communities, including a person undertaking employment through a traineeship or student placement, where:

- the employee is an adoption applicant and the child has a valid adoption consent and is to be adopted by the employee
- the employee is an approved carer, or has provisional approval, at the time of their employment
- the employee meets the **legislative definition** of kin (*Child Protection Act 1999, Schedule 3*), submits an application to become a kinship carer and has been approved as a kinship carer, including provisional approval (if applicable), by the regional director
- the employee is employed in a **non-direct service delivery** role, submits an application to become a foster carer and has been approved as a foster carer, including provisional approval (if applicable), by the regional director.

A departmental employee who is employed in a **direct service delivery** role and who does **not** meet the legislative definition of kin may **only** be approved as a foster carer, including provisional approval, in **exceptional circumstances**, subject to the approval of the regional director. For further information, refer to [Chapter 8, 12. What if a carer applicant, or an approved carer, is a departmental employee?](#)

Any child placed with a departmental employee who is also an approved carer, including provisional approval, will be recorded as a sensitive client. Select 'person sensitivity' as the sensitivity type - for further information, refer to [Chapter 10.11 Recording sensitivity](#).

Refer to a Placement Services Unit

Liaise with the Placement Services Unit (PSU) in your region (to determine whether a referral is necessary) where the child requires an out-of-home care placement, and especially when one or both of the following apply:

- the child has been assessed as having a rating of C or D in the domains of behaviour, alcohol and drug abuse, physical health and development and intellectual ability, as determined by the child strengths and needs assessment
- the child's overall level of support needs is considered to be complex or extreme.

The PSU will, as a first point of discussion, require that kinship care options be fully explored. Where this placement type is not immediately available, a placement referral may be accepted by the unit.

Information about current approved foster carers and licensed residential care services is available in ICMS.

The PSU is responsible for updating a carer's 'Carer entity status' in the Carer entity profile in ICMS, including details about the expected inactive period end date and inactive reason. A status of 'Active' indicates that the carer is operational and taking placements and a status of

'Inactive' indicates the carer is operational (approved) but temporarily unavailable to accept further placements, for example, the carer is travelling overseas or is unable to take placements due to a temporary illness.

For a placement for an Aboriginal or Torres Strait Islander child, provide the recognised entity with an opportunity to participate in the decision-making process and complete the 'Recognised entity participation/Child placement principle' form in the placement event in ICMS. For further information, refer to the practice resource [Working with the recognised entity](#).

As far as possible, locate a placement which ensures that:

- siblings are placed together where possible and appropriate - refer to [1.2 Gather information to inform placement matching](#) and document the rationale for the decision in a case note
- the child's family relationships and connections to their community are maintained
- the child's individual rights and ethnic, religious and cultural identity or values are supported
- the child is afforded continuity and stability in out-of-home care
- the placement is in accordance with the child placement principle for an Aboriginal or Torres Strait Islander child - refer to [The Child Placement Principle Prompt Sheet](#).

Consider the impact that any existing children in the placement, for example, the number, ages and support needs of these children, would have on the needs of the child requiring a placement. Contact the CSO of any other child currently placed with the carer, to gather information and consider any feedback about the carer's ability to provide for the care needs of the existing children, as well as for the additional child requiring a placement.

Take into consideration the support (financial, casework and carer support) provided within, or available for, each placement option and whether this enables the placement to meet the child's support needs. For example, the provision of high support needs allowance may assist a foster or kinship carer to care for a child who might otherwise be placed in a residential setting. Similarly, the provision of flexible funding may assist a foster or kinship carer to provide a short-term placement to a large sibling group who might otherwise be separated or disconnected from their family, school and local community.

If a child cannot be placed with an approved carer or licensed care service, and the most appropriate placement type is considered to be a placement with another entity, refer to [1. What if a child requires a placement with another entity \(82\(1\)\)?](#)

Obtain the child's views

Having regard to the child's age, ability to understand and level of maturity:

- provide the child with the information needed to allow them to reasonably participate in decision-making about the most appropriate placement type and if applicable, the most appropriate carer, for them (for example, information about a placement type or a proposed carer and the proposed carer's household members)
- obtain the child's views about their personal information, to be given to the potential carer or service

- having regard to the child's views, consider and decide what information about the child will be given to the potential carer or service.

If a child objects to the disclosure of sensitive information about themselves, assess whether disclosing the information to the carer or service is necessary to meet the safety and care needs of the child or other children in the placement. If disclosing the information is assessed as not necessary, the child's privacy will be respected. For further information, refer to the practice resource [Participation of children and young people in decision-making](#) and the [Children and young people's participation strategy](#)

Locate the best available placement option

When the preferred placement type is decided, locate the best available placement option based on the child's needs and the supports or services required to meet those needs.

Whether this is conducted by the CSSC or the PSU will depend on the preferred type of placement, who is delegated to approve the placement or any placement related funding, and regional protocols regarding locating placements and making referrals.

1.5 Obtain approval for the placement

When the best available placement type or carer is identified, obtain approval of the placement decision by the delegated officer, as recorded in the 'Placement Types and Approval Requirements' table - refer to [1.4 Determine the most suitable placement type](#). Approval may be obtained before or after contacting a carer or service to discuss placement availability and willingness to accept the placement.

Note: Local protocols established by a region or CSSC with a local service, may also inform the placement approval process.

If the proposed placement is located in a geographical area covered by another CSSC, the team leader or CSSC manager with responsibility for that area **must approve the placement in writing prior to** the commencement of the child's placement - refer to [Chapter 3, 3. What if an ongoing intervention case needs to be transferred to another CSSC?](#)

The placement decision will only be approved where the delegated officer is satisfied that:

- the child requires statutory intervention and removal from their home is necessary to ensure their immediate safety
- the recognised entity for an Aboriginal or Torres Strait Islander child has had the opportunity to participate in the decision-making process, and the decision made and actions taken are in accordance with the child placement principle
- depending on their age, the views of the child and their family have been sought and considered in relation to the child's care
- every effort has been made to find a placement where all siblings requiring out-of-home care are placed together, where possible and appropriate
- family relationships can and will be maintained, and the individual rights and ethnic, religious and cultural identity and values of the child and family can be accommodated

- the information provision requirements in relation to the placement are fulfilled with respect to the child, parents and the carer - refer to [1.10 Provide placement information to parents](#).

Note: Prior to contacting the most suitable carer or service to request a placement for the child, an assessment of the placement information to be provided to parents **must** be undertaken - refer to [1.8 Assess the provision of placement information to parents](#). The assessment of placement information to parents however does **not** apply when a child is subject to a care agreement, as parents **must** be provided with full placement information. For further information about care agreements, refer to [Chapter 6, 3. Place a child using a child protection care agreement](#).

1.6 Contact the proposed carer or service to request or confirm the placement

Following approval of the placement decision:

- liaise with the relevant Child Safety person, or the foster and kinship care service that the carer is affiliated with, to request or confirm the placement
- contact the carer to request or confirm the placement
- provide the proposed carer or service with information about the child that will:
 - assist the carer or service to make an informed decision about accepting the placement
 - assist the carer or service to respond to the child's needs
 - protect the carer and where applicable, members of their household or staff members of the service, from potential harm - include details of the placement information that is to be provided to parents.

If the carer or service does not agree with the decision by Child Safety about placement information to be provided to parents, the placement will **not** be able to proceed or where applicable, continue. Refer to [1.8 Assess the provision of placement information to parents](#).

1.7 Prepare for the placement

When the carer agrees to the placement and the decision by Child Safety about the placement information to be provided to parents:

- refer to the [Placement checklist](#) for the required activities
- create a placement event in ICMS – under 'Placements and Locations'
- complete the 'Authority to care for child' form in ICMS - refer to the practice resource [The authority to care form](#)
- provide the signed 'Authority to care for child' form to the carer
- plan, consult and negotiate with all relevant parties involved in the placement process, to ensure the commencement of the placement causes as little trauma as possible to the child
- obtain information from the child's parents, to enable the child's needs to be met during the placement, for example, Medicare enrolment details, immediate health needs and

essential medical history - refer to [2.2 Obtain Medicare details, a Medicare card, Health care card](#) and [2.3 Develop a child health passport](#)

- record information about the child in the [Child information form - Part A](#), which is provided to the carer at the commencement of the child's placement
- where possible, provide an opportunity for the child to visit the carer or service prior to the commencement of the placement
- complete a placement agreement with the carer or service - refer to [1.9 Complete a placement agreement](#)
- provide placement information to the parents and advise the child what information has been provided, having regard to the child's age and ability to understand - refer to [1.10 Provide placement information to parents](#).

In certain circumstances, a signed authority to care form may be provided to the child's parents, with a copy to an applicable service. In these circumstances, the usual 'Authority to care for child' form is **unable to be completed in ICMS** and an [Authority to care](#) form is completed. For further information refer to the practice resource [The authority to care form](#).

Ellen Barron Family Centre

The Ellen Barron Family Centre is one service that requires parents to have an authority to care form in order to facilitate admission to the centre, where a child is subject to a child protection order granting custody or guardianship to the chief executive. The authority to care form must cover the duration of the admission. Children subject to a court assessment order granting custody to the chief executive may not be referred to the Ellen Barron Family Centre, as they are not able to be placed with a parent under the *Child Protection Act 1999*, section 82(2).

When making a referral to the Ellen Barron Family Centre (formerly Riverton), the centre requires the following documentation:

- a completed referral form, which is to be obtained from the centre
- a completed [Admission agreement - Ellen Barron Family Centre](#)
- a copy of the signed [Authority to care - section 82\(2\)](#) form which has been provided to the parents - refer to the practice resource [The authority to care form](#).

When a family is to attend the Ellen Barron Family Centre, the following guidelines apply:

- where possible, a Child Safety officer is to both drop-off and pick-up the parents from the centre
- where it is unavoidable that parents be served with court papers during their admission to the centre, a prior discussion with Ellen Barron Centre staff will assist in managing any sensitivities that may arise from this action
- if an assessment is made that a child is to be removed from their parents care, make every effort for this to occur at an alternative location, or if the removal is considered urgent, the Ellen Barron Family Centre requires that their staff be consulted and involved in the planning process.

1.8 Assess the provision of placement information to parents

The purpose of assessing the level of information to be provided to the child's parents, about where and with whom the child is placed, is to determine whether the provision of placement information could (for an assessment order) or would (for a temporary custody order or a child protection order) constitute a significant risk to the safety of the child, the carer or anyone else with whom the child is living.

The *Child Protection Act 1999*, section 85 and 86, requires that:

- for a child subject to an assessment or child protection order granting custody or guardianship to the chief executive, an assessment **must** be conducted **prior to** each new placement, to decide the provision of placement information to parents
- parents and the child are told, and in specified circumstances, notified in writing, regarding the decision about the provision of placement information to parents.

For a child subject to a temporary custody order, an assessment **must** be conducted **prior to** the placement, to decide the provision of placement information to parents.

If the assessment is unable to be completed at the time the child is placed with the carer or service, due to further information being required, it will be completed as soon as practicable after the placement commences.

When a child is no longer in the care of their long-term guardian and is subject to an assessment order, temporary custody order or interim custody order, the long-term guardian has the same rights as parents regarding information provision and appeal rights.

Note: the parents of a child placed in out-of-home care subject to a care agreement, **must** be provided with **full** placement information.

Conduct the assessment

Before a decision is made about the level of placement information to be provided to the child's parents:

- consider each of the significant adults in the child's family, including parents, partners of a parent, anyone with a high level of involvement regarding the child's removal from home and anyone else who will have regular contact with the child
- gather information to assess whether any of the significant adults could or would constitute a significant risk to the safety of the child, the carer or anyone else with whom the child is living, should the parents be provided with full placement information - consider the specific risk factors listed in the 'Assessment of placement information to parents' in ICMS
- consider the quality of the information gathered, the reliability of the source and its relevance to the safety of the child, the carer or anyone else with whom the child is living, and decide upon the placement information to be provided to parents, either:
 - give full placement information to parents
 - initially give partial information to parents, prior to a decision about the information to be provided to, or withheld from, parents
 - withhold full or partial placement information, based on the assessed significant risk

- record the assessment by completing the 'Record of assessment of placement information to parents' in ICMS.

Discuss the assessment with the carer, licensed care service or another entity

Before requesting approval of the assessment outcome:

- contact the carer and discuss the proposed level and nature of placement information to be provided to parents and the degree of risk, if any, associated with the placement
- only discuss information directly relevant to the level of placement information to be provided to parents - do **not** discuss past issues if they are not relevant to the current situation
- reach an agreement with the carer regarding the level of information to be provided to parents about where and with whom the child is placed.

Note: the placement will **not** proceed, or may not continue, if agreement cannot be reached with the carer (see below).

Request approval of the assessment outcome

Based on the legislative requirements (refer to the *Child Protection Act 1999*, section 85 for assessment orders or section 86 for child protection orders), the information gathered and the views of the carer:

- finalise the assessment outcome
- obtain approval of the assessment outcome, as follows:
 - for an assessment order, team leader CSSC or CSAHSC, or senior practitioner
 - for a child protection order, CSSC manager or CSAHSC manager or team leader.

For a child subject to a temporary custody order, a CSSC manager or CSAHSC manager or team leader approves the assessment outcome.

In a small number of cases, a very high level of security is maintained because of serious and irrevocable safety concerns and all placement details are withheld from parents. The decision in these cases must be:

- approved by the CSSC manager as being long-term and not subject to regular review
- endorsed by the regional director.

Inform relevant parties of the approved decision

When the decision about placement information is approved:

- advise the parents and the child of the decision, verbally and where required, through written advice signed by the CSSC manager - refer to [1.10 Provide placement information to parents](#)
- inform the carer of the final decision.

When a decision is made that placement information is to be withheld, or that only partial information is to be given to parents, consider whether other persons or selected agencies, such as the child's school administration or a hospital, should be advised that the parents are not to be informed of information regarding the child's placement.

Implement actions where agreement cannot be reached

If after all reasonable attempts, agreement about the level of placement information to parents cannot be reached with the carer, locate an alternative placement for the child, having regard to the circumstances of the child and the case plan.

If a child has already been placed with a carer, licensed care service or another entity, following an initial decision to withhold full placement information or to provide only partial placement information, and circumstances change regarding the provision of placement information to parents, discuss the new assessment and outcome with the carer.

If agreement cannot be reached with the carer about the new level of information to be provided to parents, and a decision is made to remove the child from the placement, the child or carer may apply to the Queensland Civil and Administrative Tribunal (QCAT) to have the decision reviewed, where:

- the child is subject to a child protection order granting custody or guardianship, and
- the carer is an approved foster or kinship carer and either:
 - the child protection order grants the chief executive long-term guardianship of the child, or
 - the stated reason for the decision is that the carer is no longer a suitable person to have the care of the child or that the carer is no longer able to meet the standards of care in the statement of standards for the child.

In this circumstance:

- provide the child with written notice of the decision to remove the child, and information about the Child Safety complaints systems
- provide the carer with written notice of the decision to remove the child, [Letter to carer - removal of a child \(section 89\)](#).

For further information refer to the [Child Safety Feedback and complaints website](#).

A provisionally approved carer or staff member of a licensed care service or another entity does **not** have the right of review under the *Child Protection Act 1999*. They may however:

- make a complaint to the CCYPCG - the Commission may apply to the QCAT, on behalf of the child, to have the decision reviewed
- access the Child Safety complaints system.

Record information

Record the assessment and the decision about the provision of placement information to parents in the:

- 'Assessment of placement information to parents' in ICMS
- 'Placement agreement' in ICMS
- licensed care service or another entity referral.

When all placement details are withheld from parents and the CSSC manager approves the decision as being long-term and not subject to regular review, the CSSC manager is responsible

for recording the details and outcome of the discussion with the regional director as a case note in ICMS.

Review the decision to withhold full or partial placement information

Unless a long-term decision has been endorsed by the regional director, the decision to withhold full placement information or to provide only partial information to a child's parents will be regularly reviewed by Child Safety, regardless of the order type, as follows:

- in accordance with the review date specified on the 'Record of assessment of placement information to parents'
- if additional information potentially affecting the level of placement information to parents becomes known.

Each decision resulting from a Child Safety review is a 'new' decision subject to review mechanisms. The new decision will be communicated to the parents, the child where possible and the carer - refer to [1.10 Provide placement information to parents](#).

Where a decision is made to withhold placement information to parents on a long-term basis, regular review is **not** necessary. This does **not** however preclude the future provision of placement information should the circumstances of a case change dramatically, thereby negating previously identified significant risks.

1.9 Complete a placement agreement

The purpose of the placement agreement is to ensure carers and services have access to relevant information about a child and support for the placement. Information is provided to enable them to provide adequate care for the child and to ensure the child's safety, as well as that of the carer and other members of their household. The placement agreement records the agreed support and services to be provided to the carer, based on the assessed level of the child's needs.

The *Child Protection Act 1999*, section 84, requires a written agreement to be entered into between Child Safety and an approved carer regarding a child's care. This includes a child subject to an assessment order, temporary custody order, child protection order or care agreement where the child is placed in out-of-home care with:

- an approved foster carer, approved kinship carer or provisionally approved carer
- a licensed care service, including residential care services
- a staff member of another entity.

A placement agreement is **not** required when a child protection order grants long-term guardianship to a suitable person - refer to [Chapter 3, 1. What if a suitable person has long-term guardianship?](#)

Complete the placement agreement **prior to** the child's placement wherever possible, to establish the roles and responsibilities of each of the parties in achieving the case plan goal and outcomes of the placement.

If a placement is required at short notice and limited information is available about the child, complete a placement agreement with all known information, enter a short review timeframe and update the agreement when more details are obtained.

If it is not possible to provide a written agreement at the time of placement, provide the carer with as much verbal information about the child as is possible, and provide a written agreement to the carer **within 24 hours** of the placement.

Gather information to inform the placement agreement

Gather relevant information to inform the development of the placement agreement. This information has also informed placement matching, and includes:

- the child's strengths and needs
- the child's assessed level of support needs, including behaviour support
- the case plan goal, outcomes and actions
- any specific financial or other supports to be provided to the carer
- if not yet incorporated in the case plan, details of the child health passport and education support plan, where applicable, and any related actions required by the carer
- information from Child Safety records, including details of:
 - previous placements (for example, frequency, reasons for placement breakdowns)
 - previous suicide risk alerts, and related outcomes
- information provided by agencies involved with the child, including specialist services such as Evolve
- the views of the recognised entity for an Aboriginal or Torres Strait Islander child.

Negotiate the placement agreement

Arrange a time with the carer to complete the placement agreement. Where possible and in accordance with the child's age and ability to understand, involve the child in developing the placement agreement.

When negotiating the placement agreement:

- provide information in an open, accountable and timely manner to enable the carer to provide a level of care consistent with the legislated statement of standards
- maintain the confidentiality of personal information about the child or parents, that is **not directly relevant** to ensuring the child's safety and well-being, and the safety of other members of the carer's household
- ensure the arrangements made maintain family relationships and support individual rights and ethnic, religious and cultural identity or values.

Include the following specific matters in the placement agreement:

- relevant details about the child, their family and other persons of significance to the child
- the placement information provided to the child's parents
- information about the child's health, including management of any prescribed medications, including psychotropic - refer to 2.3 Develop a child health passport

- information about the child's education, religion, culture, behavioural support needs and recreational interests or hobbies
- ways to positively maintain and extend the child's self-development and life skills
- decisions about the care of the child, able to be made by the carer, and decisions to be made by parents or Child Safety - refer to [3.1 Determine who may decide a custody or guardianship matter](#)
- information regarding behavioural factors that may impact on the safety and well-being of the child or others in the household, for example, previous sexual abuse and suicide risk alerts
- information about the carer's commitment to provide care in accordance with the *Child Protection Act 1999*, section 83(7) when the child is an Aboriginal or Torres Strait Islander person and the carer is **not** an Aboriginal or Torres Strait Islander person
- existing or required support and services for the child and details of who has financial responsibility for any costs incurred
- the reasons for the child entering care and significant historical information
- family contact arrangements
- the agreement between Child Safety and the carer or service about:
 - placement goals
 - placement duration
 - support and services available to the carer or service, including respite
- the timeframe for review of the placement agreement.

Financial responsibility for any costs incurred will be in line with the agreed expenditures in the child's case plan.

For a kinship carer, discuss and incorporate in the placement agreement:

- their broader training and support needs as negotiated following their approval or renewal of approval - refer to [Chapter 8. Regulation of care](#)
- any support needs associated with their dual role, if applicable, as a kinship carer and an employee of the Department of Communities, Child Safety, and Disability Services, including (where appropriate) strategies for managing or resolving conflicts of interest - for further information, refer to [Chapter 8, 12. What if a carer applicant, or an approved carer, is a departmental employee?](#)

Record the placement agreement

Record the key details of the placement agreement, including agreed roles and responsibilities, in the 'Placement agreement' in ICMS and provide a copy to the carer and the foster and kinship care service that the carer is affiliated with, where applicable.

Review the placement agreement

The placement agreement will be reviewed on a regular basis, and at a minimum, **every six months**, to ensure consistency with the child's current case plan and review processes, however, the review may occur prior to, during, or following a family group meeting or review of the case plan. For further information, refer to [Chapter 4. Case planning](#).

1.10 Provide placement information to parents

The *Child Protection Act 1999*, section 85 and 86, requires that as soon as practicable after deciding in whose care to place a child:

- Child Safety **must** tell (for an assessment order) or notify (for a child protection order) the child's parents in whose care the child is placed and where the child is living
- Child Safety **must** notify (for a child subject to a child protection order) the child of the decision about placement information provided to parents.

The *Child Protection Act 1999*, section 51AK, requires that for a child subject to a temporary custody order, as soon as practicable after deciding in whose care to place a child:

- Child Safety **must** tell the child's parents in whose care the child is placed and where the child is living
- Child Safety **must** tell the long-term guardians in whose care the child is placed and where the child is living, if the child has long-term guardians
- Child Safety **must** attempt to notify the parents in whose care the child is placed and where the child is living, if the child has long-term guardians.

Before providing written placement information to parents or the child, an assessment **must** be conducted - refer to [1.8 Assess the provision of placement information to parents](#).

When a child is no longer in the care of their long-term guardian and is subject to an assessment order, temporary custody order or interim custody order, the long-term guardian has the same rights as parents to placement information. Advise the long-term guardians of the placement information or decision to withhold placement information as per the requirements to a parent.

Inform parents and the child of the decision

For an assessment order or a temporary custody order of any duration, and a child protection order where the placement is less than seven days:

- verbally provide placement information to parents
- inform parents of the rationale for the decision and the option available to have the decision reviewed
- tell the child what placement information has been, or will be, provided to their parents
- inform the child of the reasons for the decision and the option available to have the decision reviewed.

For a child protection order where the placement is **more than seven days (exceeds six nights)**, the decision about in whose care to place the child, or to withhold full or partial placement information from parents, is a reviewable decision. This includes when a child will have planned and on-going respite with one carer that is cumulatively more than seven days for the duration of the current case plan review period.

The written notice to be provided about these decisions will be signed by the CSSC manager. In this circumstance:

- verbally provide placement information to parents
- inform parents of the rationale for the decision and options available to have the decision reviewed by Child Safety or the Queensland Civil and Administrative Tribunal (QCAT)

- provide written notice of the decision to the parents (see below)
- where age and developmentally appropriate:
 - tell the child what placement information has been, or will be, provided to their parents
 - inform the child of the rationale for the decision and options available to have the decision reviewed by Child Safety or the QCAT
 - provide written notice of the decision to the child.

When placement information is fully or partially withheld due to significant safety concerns, provide the parents with a general description of where and in whose care the child is placed, for example, with an approved carer or licensed care service in the Brisbane area.

The table below sets out the requirements for how information provision requirements are to be communicated to the child and family.

Type of placement / order	Tell parents the decision	Provide written notice of the decision to parents	Tell the child the decision*	Provide written notice of decision to the child*
Care agreement <ul style="list-style-type: none"> • Assessment care agreement • Child protection care agreement 	✓	✗	✓	✗
Assessment order <ul style="list-style-type: none"> • TAO • CAO 	✓	✗	✓	✗
Temporary Custody Order	✓	✗	✓	✗
Child protection order - where placement is for 6 nights or less	✓	✗	✓	✗
Child protection order - where placement exceeds 6 nights	✓	✓	✓	✓

* where the child is of an appropriate age and has the ability to understand.

Provide written notice of the decision to parents

Provide the applicable written advice, signed by the CSSC manager, along with information about Child Safety's complaint process, to the child's parents, either:

- the Letter advising parent/s of placement information, where full placement information is provided

- the Letter advising parent/s of withholding placement information, where the assessment results in a decision to withhold placement information, or to provide only partial information to parents, due to safety concerns.

When a child will have planned respite with one carer that cumulatively exceeds six nights over the case plan review period, outline the respite plan in the written advice to the parents.

For further information about complaints, refer to the Child Safety Feedback and complaints website.

Provide written notice of the decision to the child, if applicable

Where required, develop written notice of the decision to provide **full placement information** to parents. Develop the written notice on a case-by-case basis, in accordance with the child's age, level of maturity and ability to understand and ensure that it includes:

- the details outlined in the *Child Protection Act 1999*, section 86(2)
- information about accessing the Child Safety complaints system.

When a decision is made **not to provide full placement information** to parents, written notice to the child will include:

- the details outlined in the *Child Protection Act 1999*, section 86(2) and section 86(5)
- information about accessing the Child Safety complaints system - for further information about complaints, refer to the Child Safety Feedback and complaints website.

Provide the written notice, signed by the CSSC manager, to the child, as soon as possible after the decision about placement information to parents is made.

When a child will have planned respite with one carer that cumulatively exceeds six nights over the case plan review period, outline a respite plan in the written advice to the child.

Record details of the placement information provided

Ensure that case notes reflect the extent and nature of information discussed with parents and the child, having regard to the child's age and ability to understand, and provide an overview of the parents and the child's response, where known. Record the details of the placement information provided to parents in the placement agreement - refer to 1.9 Complete a placement agreement.

Attach a copy of all correspondence sent to the parents and the child to the relevant event in ICMS.

Support the child through a Queensland Civil and Administrative Tribunal review, if applicable

When a child indicates that they wish to apply to have a decision reviewed, the CSSC manager will:

- nominate a Child Safety officer not involved in the decision about placement information, to support the child through the review process
- consult with the regional director about legal support the child may access, having considered the child's age and capacity to instruct legal representation.

In this circumstance, the regional director will seek advice on a case-by-case basis through the Court Services Unit.

For information about when a Child Safety officer is to review the decision about the provision of placement information to parents, refer to [1.8 Assess the provision of placement information to parents](#).

1.11 Place the child in out-of-home care

Ensure that, as far as practicable, the child and the carer are prepared for the placement, and that the child's personal belongings and records move with them when the placement commences.

Provide information to the child and parents

When a child is placed in out-of-home care, provide the following information to the child, having regard to their age and ability to understand, and to their parents:

- an explanation of the role of Child Safety in protecting children
- placement information provided to parents, and when applicable to long-term guardians. For further information, refer to [1.10 Provide placement information to parents](#)
- the composition and routine of the carer's household, licensed care service or another entity
- arrangements for contact with parents, siblings, relatives and friends, including written notice of a reviewable decision - refer to [2.5 Facilitate and monitor family contact](#)
- details of the child's case plan, including anticipated placement outcomes
- details of child care or educational arrangements
- advice about locating and accessing support and advocacy services
- information about processes for reviewing the decisions and actions of Child Safety officers.

In addition, for a child subject to a child protection order granting custody or guardianship to the chief executive, and having regard to their age and ability to understand:

- tell the child about the Charter of rights for a child in care and its effect
- provide written information about the charter of rights, using the relevant booklet:
 - [My journey in care](#), designed for an older child
 - [Kids rights](#), designed for a younger child
- provide the child with the [Info kit](#)
- tell the child about the role of the CCYPCG and other relevant agencies that can help if the child feels the charter of rights is not being complied with
- tell the child about the role of community visitors and provide them with a [Community Visitor Publications](#).

Note: additional requirements for the commencement of a placement apply when a child is placed in out-of-home care subject to a care agreement - refer to [Chapter 6, 3.1 Place a child using a child protection care agreement](#).

Provide information and documentation to the carer

When placing a child in out-of-home care under the *Child Protection Act 1999*, section 82(1)(a-f), provide the carer with the following:

- a signed 'Authority to care for child' form - refer to [1.7 Prepare for the placement](#)
- the signed [Care Agreement - Form](#), if the child is subject to a care agreement
- a copy of the placement agreement - refer to [1.9 Complete a placement agreement](#)
- the completed [Child information form - Part A](#), which includes:
 - the Medicare card number
 - the exact name of the child, as recorded on the Medicare card
 - the position of the child, where there is more than one child on the Medicare card, represented by a number on the card
- the completed [Child information form - Part B](#)
- a completed [Conclusion of a placement](#) form, where the child has left a previous out-of-home care placement of more than a few days duration
- a copy of the child's birth certificate and any other relevant records.
- if requested, a [Letter to Centrelink confirming approved carer status](#), to assist the carer in seeking an exemption from the Commonwealth government's Welfare to Work initiative.

If applicable, provide the carer with:

- the child's Medicare card - refer to [2.2 Obtain Medicare details, a Medicare card, Health care card](#)
- bank account details and associated documentation, including a key card
- a copy of the child's education support plan
- the child health passport folder
- the following letters:
 - [Letter re: Custody \(Medical\)](#) or [Letter re: Custody and Guardianship \(Medical\)](#), and
 - [Letter re: Custody \(Schools\)](#) or [Letter re: Custody and Guardianship \(Schools\)](#).

For further information refer to the practice resource [Placement documentation](#).

Consider a referral to the CSAHSC

After considering the circumstances of the case, the child's needs and the nature of the placement, decide whether a referral to the CSAHSC is required. A referral to the CSAHSC is made when additional after hours support is required to ensure practice standards are met and a child's safety cannot be ensured outside normal business hours. If applicable, complete the [Child Safety After Hours Service Centre: After hours referral form](#). For further information about making a referral to CSAHSC, refer to [Chapter 10.6 The role of the Child Safety After Hours Service Centre](#).

Consider a referral to the CSAHSC - Foster and Kinship Care Support Line

If a carer requires additional support outside business hours to support the child's needs in the placement, decide whether a referral to the Foster and Kinship Care Support Line is required. Circumstances where a referral may be considered include:

- a child or sibling group has been newly placed
- a child has complex needs due to their behaviour or other special needs
- a child has high support needs due a specific event or issue
- a carer has been provisionally approved or newly approved as a kinship carer.

If applicable, complete the [Foster and Kinship Care Support Line Referral Form](#).

Foster and Kinship Care Support Line staff will record information about the contact with the carer within 'Documents and Communications' in the carer's 'Monitor and Support' screen in ICMS.

Approved foster and kinship carers, provisionally approved carers, and Child Safety staff can also phone the support line on 1300 729 309, Monday to Friday 5.00pm - 11.30pm and Saturday and Sunday 7.00am - 11.30pm.

Complete documentation to commence payment

When a child is placed in out-of-home care with an approved foster or kinship carer, or a provisionally approved carer, complete one of the following forms to commence the carer's payment:

- [Approved carer payment form - Care Agreement](#), for a care agreement
- [Approved Carer Placement - Addition and Deletion Advice](#), for an assessment or child protection order.

Record information about the placement

When a child is placed in an out-of-home care placement, a copy of placement documentation not created in ICMS will be attached to the relevant event in ICMS, for example, the [Conclusion of placement form](#), the [Child information form - Part A](#) or the [Child information form - Part B](#).

Maintain contact with the child and carer during the placement

For the duration of the placement:

- maintain regular contact with the child in their care environment to ensure their needs are met and the quality of care provided is consistent with legislative and policy requirements
- support the child and the carer to enhance placement stability and to assist the carer in responding to the child's changing needs
- assess and monitor that intervention strategies are achieving positive outcomes for the child and their family, in accordance with the case plan goal.

For specific support functions to be implemented, refer to [2. Support a child in out-of-home care](#).

Further information about working with children in out-of-home care is available through the practice papers [Placing children in out-of-home care - principles and guidelines for improving outcomes](#), [Supporting children and young people in care through transitions](#) and [Working with children and young people in out-of-home care](#).

2. Support a child in out-of-home care

Research indicates that children in contact with the child protection system experience poorer outcomes across a range of well-being indicators.

This is especially so for Aboriginal and Torres Strait Islander children, who continue to be overrepresented in the child protection system, and whose life chances can be greatly assisted by the provision of culturally appropriate placements, services and supports. This includes providing opportunities for recognised entities to be consulted and involved in all aspects of decision-making and service provision to Aboriginal and Torres Strait Islander children.

Timely and targeted provision of services that match a child's assessed needs will assist to improve their life chances, both now and in the future.

The provision of case management and case work in conjunction with specialised or structured support services enables a holistic response to a child's assessed needs across a range of areas including:

- physical health (including dental)
- emotional and behavioural stability
- child development and intellectual ability
- cultural identity
- social relationships including relationships with the family of origin, the carer family and the community
- education, vocation and employment
- life skills
- alcohol and drug use.

Child subject to a long-term guardianship order to a suitable person

While a child subject to a long-term guardianship order to a suitable person is **no** longer placed using the authority of the *Child Protection Act 1999*, section 82(1), the child or long-term guardian may contact Child Safety to request support. For further information, refer to the Supporting children in the care of long-term guardians and Child Related Costs - Long-term guardian support policies, and Chapter 3, 1. What if a suitable person has long-term guardianship?

2.1 Obtain a birth certificate for a child

When a child is placed in out-of-home care under a child protection order, **obtain an original birth certificate** for the child. The original birth certificate is to be retained on the child's file, and a certified copy provided to the child or carer.

If the parents are unable to provide a birth certificate, complete the Request for Birth Certificate form and fax or post it to DMS. DMS will process the request, liaise with Births, Deaths and Marriages and provide the certificate to the CSSC, once received.

For a young person transitioning from care, obtain a certified copy of the original birth certificate for the file and provide the original birth certificate to the young person at 18 years of age.

For further information, refer to [2.9 Plan and support the young person's transition from care to independence](#).

2.2 Obtain Medicare details, Medicare card, Health care card

Whenever a child is placed in out-of-home care, the CSO is required to either:

- obtain the child's Medicare card details from the parents and provide the information to the carer
- arrange for the child to have their own Medicare card.

Obtain Medicare details from parents

Medicare enrolment details are provided to the carer in the completed [Child information form - Part A](#) when a child is placed in an out-of-home care placement. Where Medicare information was not provided at the time of the placement:

- obtain the information from the parents as soon as possible
- update the [Child information form - Part A](#)
- provide a copy of the updated form to the carer.

It is **not** necessary to obtain the Medicare card from the child's parents. The child continues to be listed on the parents card, even where Child Safety applies for an individual card for the child.

If the child's Medicare enrolment details are not able to be obtained from the parent a direct request can be made to Medicare Australia by Child Safety in accordance with the [Information Sharing Protocol between the Commonwealth and Child Protection Agencies](#). To request a Medicare number for a child under 15 years of age, send the following details to DMS via the email group CSDMS_Req_MedicareNo@communities.qld.gov.au with the subject heading of 'Request for Medicare Number for Child's Name'.

The email will need to contain the following details:

- full name of child
- date of birth
- any alias details for child
- mother's name if known.

DMS will send a return email with the Medicare number requested.

Where a child is subject to a child protection order granting custody or guardianship to the chief executive, it is a Medicare Australia **requirement** that these children be issued with their own Medicare card. **Only** Child Safety can apply for the Medicare card for a child in this circumstance, unless the child is over 15 years of age, in which case they can apply for their own card.

A doctor or pharmacist is able to directly request Medicare enrolment details from Medicare Australia which may be necessary in emergent situations. If medical care or pharmaceuticals are required by a child for whom an **existing** Medicare card number is not available, the carer must have accurate information about the personal details of the mother and the child in order to assist the doctor or pharmacist to make a request for the Medicare card number.

Actions required where a child is not enrolled with Medicare Australia

If a child has **never** been enrolled with Medicare Australia and does not have a Medicare card number, bulk billing by medical practitioners and subsidised medication from pharmacies is **not** available, and full fees or charges will have to be paid.

Medicare Australia will reimburse the rebate when the child has been issued with a Medicare card. In this circumstance, advise the carer to keep **all receipts (both medical and pharmaceutical)**, and obtain the rebate once the Medicare number is issued.

Apply for a Medicare card - custody or guardianship to the chief executive

To apply for a Medicare card for a child in out-of-home care who is subject to a child protection order granting custody or guardianship to the chief executive, either:

- complete a Medicare Enrolment Application form for a child under 15 years of age
- complete a covering letter and attach all necessary documents, as outlined in the Medicare information sheet
- for a young person, aged 15 years or over, assist them to complete the Application to copy or transfer from one Medicare card to another form and list themselves as the cardholder. Attach a certified copy of one of the following:
 - birth certificate
 - health care card
 - student identification
 - Eftpos card with signature.

Receive the Medicare card and record relevant information

Once issued, the Medicare card will be sent directly to the CSSC with case responsibility for the child. When the card is received:

- attach a copy of the Medicare card to the health care file - refer to 2.3 Develop a child health passport
- record the Medicare card details in the 'Child information form - Part A' and provide a copy of this form to the carer for the child health passport folder
- provide the Medicare card to either:
 - the young person, where they are listed as the cardholder
 - the child's carer.

Lost Medicare cards

A young person aged 15 years and over and listed as the cardholder, may request a replacement card by:

- calling Medicare Australia on telephone 132 011, and correctly answering the security questions
- presenting at a Medicare Australia office with identification that displays their signature, for example, a learner's drivers licence or key card) - any photocopied identification documents must be certified by a Justice of the Peace.

In all other circumstances, complete a [Letter to Medicare - lost card](#), and forward it Medicare Australia.

Implement ongoing administrative requirements

Each time a child changes placement:

- notify Medicare Australia of the change, using the [Letter to Medicare - change of address](#), to enable them to maintain an accurate record of the carer details for the purpose of progressing claims
- obtain the Medicare card from the existing carer and provide it to the new carer.

When a child is returned to their parents care, notify Medicare Australia using the 'Letter to Medicare - change of address' and either:

- obtain the child's Medicare card from the carer and place the card on the child's health care file
- ensure the young person retains their Medicare card, where they are listed as the cardholder.

Advise carer to apply for Health care card

All children in out-of-home care are entitled to a health care card in their own name. The card remains with the child even if they change placement and it is automatically renewed every six months, as long as the child remains eligible. Health care cards for children in out-of-home care are exempt from income and asset testing.

When a child is placed with a foster or kinship carer, only the carer can make the application for a health care card. When making an application for the health care card, the carer will need to complete a claim form, and provide documents to prove that they are legally caring for the child, for example, the [Authority to care for child](#) form and proof of identity for the carer and child in out-of home care. Refer carers to their local Centrelink office for full details, or to the [Centrelink](#) website.

When a child is placed in out-of-home care other than with a foster or kinship carer (for example a licensed residential care service), apply for a low income health care card by completing the health care card claim form (do not tick that you are claiming a health care card for a "foster child").

When a child with a health care card changes placement, advise Centrelink of the child's new address and carer's name.

Provide information about related Centrelink benefits

When the child is placed in an out-of-home care placement with an approved foster or kinship carer, or a provisionally approved carer, inform the carer that they may:

- be eligible for the lower threshold of the Medicare Safety Net, Child Care Benefit, Rent Assistance or Remote Area Allowance
- be eligible for Family Tax Benefit (if claimed with health care card, carer must contact Centrelink)

- be eligible for low or no cost approved kindergarten programs for the child in their care (see 2.4 Education needs)

2.3 Develop a child health passport

Many children who enter out-of-home care do so with higher rates of significant health issues than children in the general population. A number of factors can contribute to this including poor diet, poor prenatal care, exposure to parental substance use and inadequate past medical care. This can result in children entering out-of-home care with previously unknown or undiagnosed illnesses, developmental delays or dental problems.

Finding and dealing with health problems early reduces the risk that they become entrenched and chronic. The child health passport aims to ensure that children receive effective and coordinated health care on entering out-of-home care.

The child health passport contains the information the carer requires to meet the day-to-day health needs of the child. A child health passport is required for a child in out-of-home care subject to:

- a child protection care agreement that has been extended beyond 30 days
- a court assessment order that has been extended beyond 30 days
- an interim order granting custody to the chief executive
- a child protection order granting custody or guardianship to the chief executive.

The child health passport framework aligns with the National Clinical Assessment Framework for Children and Young People in Out-of-Home Care (the Framework) developed by the Australian Government as a guide for health practitioners to assess and respond to the health needs of children and young people in out-of-home care.

More information on the Framework can be located at National Clinical Assessment Framework for Children and Young People in Out-of-Home Care (OOHC) - March 2011.

Commencement of a child health passport

A child health passport is commenced when Child Safety Services makes a request in writing for a health and dental professional to complete an appraisal or undertake an assessment of a child's health and dental needs, **or** when confirmation of a medical appointment has been received.

It must begin 30 days and no later than 60 days after a child enters out-of-home care.

The child health passport process is not to be implemented as an isolated event, but is to be linked to the child's strength and needs assessment and the development and ongoing review of the child's case plan and case work. For further information, refer to the practice resources [Child health passports](#) and [Child health passports flowchart](#).

All persons involved in the child health passport process are to be made aware of their responsibility to maintain the confidentiality of health related information in accordance with the requirements of the *Child Protection Act 1999*, section 187 and 188.

The child health passport folder **must** move with the child whenever the child moves placement.

Child subject to a long-term guardianship order to a suitable person

In circumstances where a child with a child health passport becomes subject to a long-term guardianship order to a suitable person, the suitable person, as guardian, assumes full responsibility for attending to the child's health needs, and the child health passport procedure **no longer applies**.

However, an approved foster or kinship carer who is subsequently granted the long-term guardianship of a child may be eligible for child related costs specific to the child's health needs. For further information, refer to the [Child Related Costs - Long-term guardian support](#) policy and [Chapter 3, 1. What if a suitable person has long-term guardianship?](#)

Definitions

Relevant **health professional** means a health professional who has seen the child, in a professional capacity, within the last 12 months, usually the child's general practitioner, and can comment on:

- the child's general health status, any significant health issues
- the day-to-day health needs of the child
- any follow up treatment required.

A **health appraisal** is appropriate if a child has seen a health professional within the last 12 months and the health professional has enough information about the child to provide a comprehensive report in relation to the child's day to day health needs, health status and any medical follow up or treatment that may be required.

A **health assessment** is required when the child has not seen a health professional in the last 12 months or if the health professional is unable to provide a comprehensive report about the child's health status without seeing the child.

Prepare the Child Safety health care file

When commencing the child health passport process, arrange for the creation of a Child Safety health care file by completing a [CSSC file creation request](#) and forwarding it to the CSSC Records Officer. File **all original** documents relating to the child's health on the health care file and copies of the originals in the child health passport folder.

Gather essential health information

When a child is to be placed in out-of-home care, obtain information from parents and where necessary, relatives or other health professionals, about:

- the child's immediate health needs (details of general practitioner, health specialist and outstanding appointments) and essential medical history
- whether the child has recently received a health or dental service and if so, by whom
- any medication the child may be taking, including the dosage and who prescribed the medication
- whether the child has recently been seen by a dentist or the Child and Adolescent Oral Health Service

- whether the child has a diagnosed or suspected disability and who they are involved with to meet their support needs
- for a child less than two years of age, the child's immunisation details
- Medicare and if applicable, health care card - refer to 2.2 Obtain Medicare details, a Medicare card, Health care card
- who should complete the health assessment, where necessary.

For more information about gathering a child's essential health information (including immunisation details) refer to the practice resource [Child health passports](#).

Record the essential health and dental information in the [Child information form - Part A](#) and:

- provide a copy to the carer at the beginning of the child's placement
- attach the 'Child information form - Part A' to the relevant event in ICMS
- file the original on the child's health care file.

Record all attempts to obtain the child's health history as case notes in ICMS.

Decide if a health assessment or health appraisal is required

Essential health information obtained from the child's parent, carer or other sources will inform whether a health assessment or health appraisal is required. To determine this:

- establish whether the child is currently receiving a health service
- contact the child's carer or parent to find out whether the child has been seen by any health professional or has accessed any other health services in the last 12 months, for example:
 - a dentist or the Child and Adolescent Oral Health Service
 - a medical examination conducted as part of an investigation and assessment.

A health appraisal is appropriate where a child is currently receiving a health or dental service, or has been seen by a health professional in the last 12 months, for example:

- a dentist or the Child and Adolescent Oral Health Service
- a medical examination conducted as part of an investigation and assessment.

Note: Early Childhood Caries (Infant Tooth Decay) can occur soon after the baby teeth erupt, usually between nine months and two years. The need for infant dental treatment may be guided by the medical assessment.

Arrange a health appraisal

Where a health professional may have enough information to provide a comprehensive report about the child's health needs, forward a [Health appraisal letter](#) and any available information or outcomes of recent assessments to the child's health professional and request:

- whether they have assessed the child's health (as outlined in the letter), within the last 12 month period
- an updated summary of the child's health needs and health assessments, including any prescribed medication for the child.

Where the health professional indicates that the child does not require a health assessment:

- the information they provide is the health summary and forms the basis of the child health passport - record this in the child's case plan at the next review under the domain 'Child Information'
- negotiate with the child's carer during the development of the placement agreement to maintain scheduled appointments with the identified health professional, if applicable
- prepare the child health passport (see below)
- place the health summary on the health care file, and a copy in the child health passport folder.

If the health professional's reply indicates that the child **needs to be seen** to complete a health assessment, or a child has not seen a health professional in the previous 12 month period, arrange a health assessment.

For a dental assessment, where the child has previously received dental services, contact the service provider to obtain details, including any recommended follow-up. Where the child has not received any dental services in the past 12 months, or recommended treatment has not occurred, arrange an appointment with a dentist or dental service. For school age children, this may occur through the Child and Adolescent Oral Health Service.

Provide the carer with the [Letter re: Custody \(Medical\)](#) or [letter re Custody and Guardianship \(Medical\)](#) to inform the dentist of who can provide consent for any proposed dental treatment.

For further information, refer to Queensland Health, [Child and Adolescent Oral Health Services](#).

Where a child has mental health issues that require intervention and treatment by Child and Youth Mental Health Services, refer to the [Interim Memorandum of Understanding between State of Queensland \(through the Department of Communities Child Safety, Youth and Families\) and State of Queensland \(through Queensland Health Child and Youth Mental health Services\) 2010-2013](#).

Decide which health professional will conduct the health assessment, if applicable

The child's general practitioner (GP) should complete the health assessment where possible. Where the child has not seen a GP, to decide the most appropriate professional to conduct the health assessment, consider the child's age, Indigenous status and current living arrangements. For further information, refer to the practice resource [Child health passports](#).

When there are limited services available to conduct a health assessment, or where a specific service is required for the assessment, contact the CPLO to:

- negotiate a health assessment by a Queensland Health service
- obtain advice about local services or processes.

Involve the child, parents and the carer in the health assessment

Where it is determined that a child requires a health assessment:

- discuss the requirement for a health assessment with the child's parents and carer, and explain the assessment process

- speak with the child, where age and developmentally appropriate, to explain the assessment process, answer any questions they may have and obtain their agreement to attending an appointment with the GP, or a dentist
- ask the child who they would like to attend the appointment with them
- advise the parents and the carer that they may be required to provide health information or history, if requested by the health professional
- consider parental involvement in the appointment
- advise the parents, where they retain guardianship of the child, that their consent may be required for certain procedures or treatment for the child.

If a child refuses to attend a health assessment appointment, record this in a case note in ICMS and continue to work with the child to address their concerns about attending the appointment.

Where a child does not want anyone to attend the appointment with them, and a doctor deems the child as 'Gillick competent', consider their right to privacy and discuss with them whether information can be shared between the health professional and Child Safety following the assessment. In addition, consider the views of the child prior to informing the child's parents and carer of the outcome of the health assessment and any further actions required.

A decision will be made on a case-by-case basis as to whether the parents attend the health assessment appointment. When reunification is the goal of the child's case plan, parents should be involved in attending medical and dental appointments. When deciding about parental attendance, consider the views of the child and ensure the decision is consistent with the child's case plan.

Arrange the health assessment appointment, if required

To initiate a health assessment, ask the carer to make an appointment with the preferred health professional or service and request a long consultation.

Prepare the following documentation for the carer to provide to the health or dental professional:

- the Child information form - Part A, if completed
- the Health summary letter
- copies of assessments or reports that may inform the health assessment.

In addition, advise the carer to take a copy of the completed 'Letter re: Custody (Medical)' or 'Letter re: Custody and Guardianship (Medical)' to the appointment, to inform decision-making about custody and guardianship matters, if required - refer to 1.11 Place the child in out-of-home care.

Negotiate payment processes with the health professional

A large number of Medicare items are appropriate for when various aspects of the health needs of children and young people in out-of-home care are being assessed. For example, for an Aboriginal or Torres Strait Islander child, the health professional has the discretion to bulk bill the cost of a health assessment. For further information on eligible items for Medicare refer to the practice resource Child health passports.

For a **non-Indigenous** child, there is **no single** Medicare item number for a health assessment and **full payment** may be necessary.

Where full payment for the health assessment is required, the following options are available for payment:

- the carer pays for the health assessment and then claims the gap through Medicare Australia, and Child Safety reimburses the carer for the 'gap fee' associated with the health assessment
- the health professional directly invoices Child Safety - this option **must** be agreed to by the health professional **prior to** the appointment. If the child is Indigenous, Child Safety can arrange for a Medicare rebate using the child's Medicare number.

Use the child health passport account code 54355 to cover the initial health assessment and any follow up health assessments. This code excludes all other costs associated with meeting the child's health care needs met by the carer in accordance with the Expenses - Fortnightly Caring Allowance and Inter-state foster payments policy.

When a child is referred to other health providers for follow up, for example, a dietitian, a respiratory specialist or speech therapist, the carer pays for one appointment only and Child Safety meets the cost of the other appointments, using the relevant Child Related Cost account code.

In relation to dental assessments, school age children can be assessed through the Child and Adolescent Oral Health Service, at no cost. For teenagers, the Teen Dental Plan provides annual vouchers that cover the initial costs of a dental examination.

Prepare the child health passport

When the health summary from the health and dental professional is received:

- obtain a child health passport folder from the records officer and print the cover sheet Child Health Passport - Private and Confidential for the front of the folder
- attach a self-adhesive alert on the inside cover of the folder for any child with a medical condition - this sticker is available from the records officer
- place a **copy** of the following documentation in the child health passport folder:
 - the Child information form - Part A
 - information about any medical alerts (see note below for what may constitute a medical alert)
 - the child's Medicare card and if applicable, health care card
 - the Health appraisal letter or Health summary letter
 - the Letter re: Custody (Medical) or Letter re: Custody and Guardianship (Medical)
 - the letter from the health professional summarising the child's health needs (this constitutes the health assessment)
 - information relating to the specific health needs of the child, including a diagnosed disability or any other health related information that would assist the carer to meet the child's health needs
 - information about any prescribed medications.

The Child information form - Part B will be added to the child health passport, excluding parental health history information that is not relevant to meeting the child's medical needs, after non-essential information is gathered (see below).

Note: All medical alerts for the child, including adverse drug reaction, sensitivity/allergies of significance, significant mental health alerts, prescribed psychotropic medications and infections of significance, require the self-adhesive alert to be placed on the inside cover of the child health passport folder.

In addition, where an alert relates to a life threatening medical condition, record the medical condition as a 'serious health condition' alert on the child's person record in ICMS.

Provide the child health passport to the carer

Provide the child health passport folder to the carer at the commencement of the child's placement, or as soon as possible following the commencement of the placement. At this time, the child's carer must be informed that it contains confidential information and must be kept in a secure location.

Do not include information pertaining to other family members in the child health passport folder.

Register the provision of the folder to the carer on the Child Safety record management system, RecFind.

Inform relevant parties of the health assessment or health appraisal outcome

The health summary from the health and dental professional will include:

- significant findings from the health assessment
- a recommended health plan
- recommended follow-up, including timeframes.

When the health summary is received:

- register receipt of the health assessment letter on RecFind
- discuss the outcome with the child, where age and developmentally appropriate, the parents and the carer
- provide a copy of the letter to the carer, for the child health passport folder
- place the original letter on the health care file
- arrange any recommended follow up appointments.

Note: Where a medical practitioner reports that a child under 16 years has a sexually transmitted disease or is pregnant, inform the QPS according to *Child Protection Act 1999*, section 14(2) and (3) using a Police Referral Fax, and, where the information meets the threshold for recording a notification, record a notification in accordance with Chapter 1. Intake.

Arrange health follow up

When the health assessment recommends further action:

- negotiate responsibility for meeting related costs (see below)

- organise health services or specialist appointments in consultation with the child and the carer
- ensure necessary documentation is provided when the child attends specialist or other appointments
- consider additional referrals that may assist in meeting the child's identified needs, for example, an Evolve referral may be appropriate to the child's mental health or disability needs - refer to [2.8 Refer the child to Evolve, if required](#)
- either:
 - incorporate the follow up actions in the next review of the case plan and placement agreement , or
 - consider whether a review of the child's case plan and placement agreement is required, where the health findings and required actions are significant.

If during the health assessment or follow up appointments, consent is required for medical tests or procedures, for example, immunisation or pathology tests, ensure that the person able to provide consent, either the child if 'Gillick competent' or the child's guardian, has:

- information about the procedure or test
- the opportunity to discuss concerns about the procedure or test with a health professional, before providing consent.

The health professional will decide if the child is able to provide consent for medical procedures based on the concept of 'Gillick competency'. For further information, refer to [3. Decision-making for the child](#).

Where a child has mental health issues that require intervention and treatment by Child and Youth Mental Health Services, refer to the [Interim Memorandum of Understanding between State of Queensland \(through the Department of Communities Child Safety, Youth and Families\) and State of Queensland \(through Queensland Health Child and Youth Mental health Services\) 2010-2013](#).

Negotiate responsibility for follow up costs

In relation to follow up health appointments:

- access public health services as the first option
- access state and federal health schemes, where available and appropriate.

Specific health schemes which may be of assistance include:

- [Medicare Teen Dental Plan](#)
- [Better access to psychiatrists, psychologists and general practitioners through the Medicare Benefits Schedule \(MBS\)](#).

For further information, refer to the [Medicare Teen Dental Plan - Fact sheet](#).

Where necessary, seek appropriate approvals with respect to child related costs expenditure for required appointments, for example, if the required health service is not available publicly.

Gather 'non-essential' health information

Within 12 months of the child's placement in out-of-home care, or as required due to case circumstances, obtain information about:

- any childhood illnesses and hospitalisations experienced by the child
- the child's developmental progress - refer to the resource [Physical and Cognitive Developmental Milestones](#)
- the pregnancy history of the child's mother
- the child's family's health history.

Specific circumstances prompting the collection of 'non-essential' health history are outlined in the practice resource [Child health passports](#).

Where it is identified that a child or parent has an **infectious or communicable disease**, refer to [11. What if a child or parent has an infectious or communicable disease?](#)

Record the 'non-essential' health information in the [Child information form - Part B](#) and:

- provide a copy to the child's carer, **excluding** parental health history information that is **not relevant** to meeting the child's medical needs, for inclusion in the child health passport folder
- attach the [Child information form - Part B](#) to the relevant event in ICMS
- file the original on the child's health care file.

Arrange a subsequent health assessment

If the child has ongoing health issues, a health issue arises or the child has not had a health assessment for a significant period of time, arrange a subsequent health assessment, as outlined above.

Where possible, arrange for the health professional who conducted the previous health assessment, to complete this health assessment.

Once the health professional has completed the assessment and revised the child's health status, they will prepare a letter to Child Safety outlining the child's health needs and any required follow up. This letter constitutes an updated health assessment.

Manage the location of the child health passport

When a child commences a new out-of home care placement:

- provide the new carer with the child health passport, with the possible exception of a respite placement (see below)
- inform the carer about any medical alerts for the child, including any life threatening medical condition
- advise Medicare Australia of the child's new address
- update the location of the child health passport on RecFind.

When a child commences a respite placement:

- advise the respite carer of the child's health needs, including all medical alerts and any appointments or treatment required during the placement period

- depending on the length or frequency of the respite placement, arrange for the primary carer to provide the respite carer with the child health passport, for the duration of the respite placement.

When a child returns to the care of parents:

- provide the parents with the child health passport
- inform the parents about relevant medical information and any follow up appointments
- update RecFind
- advise Medicare Australia of the child's new address using the [Letter to Medicare - change of address](#).

When a young person transitions from care to independence:

- provide them with the child health passport
- update RecFind
- advise them to inform Medicare Australia of any new address.

Management of psychotropic medication

Psychotropic medications are used to treat psychiatric disorders. They are not disorder specific, but provide clinical benefit for a range of psychiatric disorders and symptoms. Some medications, such as some anticonvulsants, which are primarily used to treat medical and neurological conditions, are also used to treat psychiatric disorders.

The most common types of psychotropic medications used to treat psychiatric disorders are:

- antidepressants
- antipsychotics
- anxiolytics
- mood stabilisers
- hypnotics
- stimulants
- cognitive enhancers.

Given the significance of a decision to prescribe or alter a psychotropic medication for a child in out-of-home care:

- gather sufficient information to make informed decisions
- consult with the child, the parents and the carers and facilitate their participation in decision-making, as appropriate
- document all actions and decision including completing relevant sections in the [Child information form - Part B](#), the education support plan, the case plan and the child strengths and needs assessment.

Gather information and consult

When a medical practitioner seeks consent for a child in out-of-home care to be prescribed a psychotropic medication or to change the type of psychotropic medication prescribed for the child, obtain the following information from the medical practitioner:

- the child's diagnosis and the behaviours or symptoms the medication is intended to modify or alleviate
- the name of the medication, the dosage and the anticipated period of time that the child would be required to take the medication
- the possible short and long term side effects that may be experienced by the child
- the anticipated date when the use of this medication will be reviewed by the medical practitioner.

As soon as possible after the use of a psychotropic medication is recommended, consult with the child, the parents and the carers, as appropriate, to ensure that all the relevant persons:

- have information about the diagnosed medical condition requiring treatment with psychotropic medication
- are clear about the specific type of medication and the possible side effects
- understand when the use of this medication will be reviewed by the medical practitioner.

Obtain consent

To obtain consent for the use of psychotropic medication for a child in out-of-home care:

- complete the Consent form - Psychotropic medication and obtain the guardian's consent, either:
 - the parents when the parents retain guardianship of the child
 - the CSSC manager or CSAHSC manager or team leader or, when the chief executive has guardianship of the child
- forward the signed consent form to the medical practitioner
- place a copy of the signed consent form on the child health file
- provide a copy of the signed consent form to the carer for inclusion in the child health passport.

Participate in review of medication

When a child in out-of-home care is prescribed psychotropic medication:

- request that the medical practitioner provide advice about the outcome of any scheduled review of the medication
- facilitate the participation of the child, the parents and the carers, as appropriate, in this review
- include discussion of the psychotropic medication in any review of the case plan or review of the child health passport.

Share information with relevant professionals

When a child in out-of-home care is prescribed psychotropic medication, relevant information about the medication and the possible impacts on the child's behaviour and functioning can be provided to:

- staff from the Department of Education, Training and Employment - information can be provided to staff at the child's school and during the education support planning process
- a youth justice caseworker - where the child is subject to youth justice intervention by the Department of Justice and Attorney-General (Youth Justice Services)

- staff from a youth detention centre - where the child is subject to a detention order or remanded in custody.

2.4 Education Needs

A good education gives children and young people the best possible start in life, leading to greater opportunities in adulthood. Children and young people in out-of-home care often have unique educational needs, and planning and support is required to meet these needs.

Education for pre-school aged children

Under the kindergarten funding scheme offered by the Office of Early Childhood Education and Care, all children in out-of-home care, who are aged at least four years old by 30 June in the year they participate, are entitled to low or no cost approved kindergarten programs. This initiative encourages the participation of disadvantaged children in quality early childhood education. Eligibility for the program is on the basis of the child holding a health care card, to which all children in out-of-home care are entitled – refer to 2.2 ‘Obtain Medicare details, Medicare card, Health care card’.

Approved kindergarten programs are delivered in a range of settings, including: C&K, Independent Schools Qld, Queensland Catholic Education Commission, Qld Lutheran Early Childhood Services, Lady Gowrie and approved long day care services.

Foster and kinship carers may also be eligible for reimbursement, through child related costs, for out-of-pocket expenses related to attendance at kindergarten.

Children who are attending kindergarten do not require an education support plan.

Ensure the development of an education support plan

The education support plan (ESP) is a joint initiative of the Department of Communities, Child Safety, and Disability Services and the Department of Education, Training and Employment (DETE). It aims to ensure that a child in care is enrolled and participating in an educational program that meets their individual learning needs, maximises their educational potential and improves their well-being. The ESP is the key process to plan and document the child’s educational goals and outcomes and strategies to achieve identified outcomes.

DET is responsible for the development and annual review of the ESP. Child Safety is responsible for advising DETE of the child’s eligibility, participating in the development and review of the ESP and monitoring that the ESP process occurs.

DETE has a separate agreement with the Independent and Catholic schooling sectors, requiring these schools to establish the same process as State schools for completing an ESP.

An ESP will be completed where a child meets **all** of the following requirements:

- is subject to a child protection order granting custody or guardianship to the chief executive
- resides in an out-of-home care placement
- is of compulsory school age, or enrolled at school in Year 1-12.

For further information about ESPs, including related information sheets for students, carers and CSOs, refer to the 2004 [Partnership Agreement: Educating Children and Young People in the Care of the State](#), and the [2010 Memorandum of Understanding between Department of Education and Training and Department of Communities \(Child Safety Services\)](#).

Inform the school principal of the child's eligibility

Prior to the enrolment of a child who may require special consideration in accessing an educational program, contact the local Education District Office to identify schools in the area with support services to best meet the child's needs. This may be appropriate, for example, for a child who has disabilities or is subject to school disciplinary absences.

Where a child is eligible for an ESP, notify the school principal of the child's eligibility by phone or by completing and providing the [Letter to school - education support plan](#) to the school's principal, within the following timeframes:

- before, or at the time of, the child's enrolment with the school
- where the child is already enrolled in a school and residing in an out-of-home care placement, within **one month** of the commencement of the child protection order granting custody or guardianship to the chief executive.

If the school has not contacted Child Safety **within five working days** following the notification of the child's eligibility, contact the principal to make arrangements for an ESP planning meeting.

The school principal is responsible for finalising the child's ESP within **one month** of being notified of the child's eligibility.

Note: If a child would benefit from educational planning but does **not** meet the eligibility criteria for having an ESP, a separate process may be undertaken to develop an individualised plan. The plan may be developed in a similar way and include similar content as the ESP.

Prepare for the education support planning meeting

Prior to attending the school to participate in the development of the ESP:

- consult with the child about the development of the ESP and discuss and encourage their attendance at the meeting, where appropriate - refer to the practice resource [Participation of children and young people in decision-making](#) and the [Children and young people's participation strategy](#)
- determine the appropriate level of involvement for the child's carer and parents
- provide an opportunity for the recognised entity to participate in the meeting for an Aboriginal or Torres Strait Islander child
- in collaboration with the principal, identify and engage other agencies that may provide services to support the educational participation, retention and achievement of the child
- liaise with Queensland Transport to identify school transport arrangements that enable the child to attend the nominated school, where applicable
- inform the child's carer of the availability of financial support through Child Safety, including child related costs as outlined in the [Child Related Costs - Education Support policy](#), and the school, to enable the participation of the child in any learning support opportunities

- cooperate with the principal and related staff to ensure the development of the ESP within specified timeframes.

Note: any expenditure by Child Safety is subject to approval by the CSSC manager and will be recorded in both the child's ESP and case plan.

Attend the education support planning meeting

The carer and where considered appropriate, the child and the child's parents will attend education support planning meetings. For an Aboriginal or Torres Strait Islander child, the recognised entity may also attend. The CSO with case responsibility is required to actively participate in the meeting, which will include discussion of:

- any health or well-being risks related to the child, other children or staff
- strategies to address identified risks
- educational services that may assist the child
- the potential impacts of any prescribed medications, including psychotropic medications, on the child's achievement and functioning - refer to [2.3 Develop a child health passport](#)
- any planned placement changes, including respite, or reunification that may impact on school attendance and participation, and/or a change of school
- strategies and goals to maximise the child's academic potential and school engagement.

Where a child chooses not to attend the meeting, their views and educational goals should still be communicated at the meeting, where possible. This may occur by either the CSO or carer ascertaining their views prior to the meeting.

If a child is truanting, discuss the risks to the child and associated management strategies at the meeting, and request that school staff advise the child's carer or, where not contactable, the CSSC, whenever this occurs.

Where necessary, take a copy of the [Letter re: Custody \(Schools\)](#) or [Letter re: Custody and Guardianship \(Schools\)](#) to the education support planning meeting, to inform decision-making about custody and guardianship matters. For further information refer to [3.8 Make education decisions](#).

DET will require all parties who attend the education support planning meeting, or annual review, to sign the ESP.

Obtain and file a copy of the ESP

DET will distribute a copy of the final education support plan to the key parties involved in the development or review of the plan.

Upon receipt of the ESP from the school:

- ensure a copy of the ESP has been provided to the child and clarify any questions they may have
- attach the ESP to the relevant event in ICMS

Attend the review of an ESP

DET^E is responsible for reviewing the ESP, at a minimum, every **12 months**. An earlier review may be organised if the child's circumstances change, for example, if the child is to transfer to another school or existing goals have been met and new goals need to be established.

If a CSO has not been contacted by the school within 12 months of the date of the current ESP, contact the principal to make arrangements for the review.

The CSO is required to attend each review of the child's ESP.

Inform the school principal about changes in circumstances, including changes in eligibility

For the duration of the child's placement in out-of-home care, inform the principal in a timely way of any changes in a child's legal status, out-of-home care placement or change in school enrolment. This includes providing advice about when a child is **no longer eligible** for an education support plan, for example, where a child protection order is made granting long-term guardianship to a suitable person or the child returns to the care of the parents.

Education Support Funding Program

Funding is available through the Education Support Funding Program, initiated and administered by the school, where a child has a completed ESP which identifies individualised needs and strategies which require funding to meet the specified educational goals.

Child subject to a long-term guardianship order to a suitable person

In circumstances where a child with an ESP becomes subject to a long-term guardianship order to a suitable person, the long-term guardian assumes full responsibility for attending to the child's educational needs, and the ESP procedure no longer applies.

However, an approved foster or kinship carer who is subsequently granted the long-term guardianship of a child may be eligible for child related costs specific to the child's educational needs. For further information, refer to the Child Related Costs - Long-term guardian support policy and Chapter 3, 1. What if a suitable person has long-term guardianship?

2.5 Facilitate and monitor family contact

Continuity of relationships with family, friends and other significant people, and connections to familiar environments and activities can help children in care to better cope with the difficulties of transition. More specifically, family contact promotes the child's sense of identity, assists towards achieving reunification and ensures ongoing relationships and support following the child's transition from care. Maintaining sibling relationships is positively associated with child well-being and adult functioning.

When a child is placed in out-of-home care:

- provide opportunity for contact between the child, the child's parents and appropriate members of the child's family as often as is appropriate (the *Child Protection Act 1999*, section 87)

- ensure that an appropriate level of contact occurs between a child and their siblings, particularly where siblings are not in the same out-of-home care placement or where there are siblings who continue to reside with their parents
- ensure that the child's view about contact is considered and accurately recorded in the decision-making process - refer to the practice resource Participation of children and young people in decision-making and the Children and young people's participation strategy
- the CSO maintains responsibility for the child having appropriate family contact, where the child resides in a non-family based placement.

Where a contact decision is made that is contrary to the child's wishes, ensure that the reason for the decision is explained to the child.

Family contact visits will **only** be held in a CSSC where there are legitimate reasons for doing so, such as threats of violence or risk of abduction.

If a decision is made to refuse to allow, restrict or impose conditions on family contact, each person affected by the decision, including the child, where age and developmentally appropriate, **must** be provided with written notice of the decision.

Child subject to a long-term guardianship order to a suitable person

In circumstances where a child is subject to a long-term guardianship order to a suitable person:

- Child Safety has no legal authority to facilitate or monitor family contact arrangements
- the long-term guardian assumes full responsibility for providing the opportunity for ongoing contact (unless otherwise ordered by the Childrens Court upon the making of the order) between the child and the child's parents and appropriate members of the child's family, as often as is appropriate in the circumstances.

However, in response to a request for support by the child or long-term guardian, Child Safety may provide advice or support regarding family contact. For further information, refer to the Supporting children in the care of long-term guardians policy and Chapter 3, 1. What if a suitable person has long-term guardianship?

Decide the level and nature of family contact

The level and nature of family contact is decided within the case planning process, using an inclusive decision-making process. The decisions made must reflect the goal and outcomes of the case plan, be in the best interests of the child and not place the child at further risk of harm.

A team leader or CSSC manager are the delegated officers to decide the level and nature of family contact within Queensland. When the family contact is in another jurisdiction, only the CSSC manager can approve the contact - refer to 3.14 Make family contact decisions. A team leader or CSSC manager may also decide to refuse, restrict or impose conditions on contact.

To inform decisions about the level and nature of family contact, consider requesting information about any criminal or domestic violence history about the parents or adult household members. QPS may provide a written report of criminal history and a summary of domestic violence protection orders and their conditions on:

- a parent of the subject child
- an adult member of the parent's household
- an adult who may be a person responsible for alleged harm.

The request can be made at any time a decision is being made in relation to a child, under the authority of the *Child Protection Act 1999*, section 95(3). The request can be used in circumstances such as:

- a parent or household member refuses to disclose their criminal or domestic violence history, and reliable information cannot be gathered from other sources to inform the family contact decision
- it is assessed that a parent or household member has not fully disclosed any history
- it is alleged that a parent or household member has a history of offences against children, but the full history is not available.

In most instances these requests **will not be** urgent. For further information about making a non-urgent request to the QPS for a written report on criminal and domestic violence history refer to [Chapter 2, 2.7 Gather information from other sources](#).

For further information informing decisions about family contact, refer to the practice resource [Facilitating family contact](#), the [Practice guide: The assessment of harm and risk of harm](#) and the practice papers [Family contact for children and young people in out-of-home care](#) and [Supporting children and young people in care through transitions](#).

Note: A CSO **must** comply with contact arrangements directed by the Childrens Court and the Family Court of Australia, however, orders made under the *Child Protection Act 1999* take precedence over Family Court of Australia directives (*Family Law Act 1975*, section 69ZK (2)).

If a child is at risk of harm during contact that has been directed by the Family Court of Australia, and the parent with whom the child is having contact refuses to suspend contact arrangements, a CSO **must** take action to ensure the child's safety. For further information, refer to [Chapter 10.16 Family law courts](#).

When a child's parent, family member or other significant person is in custody in a **correctional facility**, refer to [4. What if family contact needs to occur in a correctional facility?](#)

Family contact where there is history of domestic violence

Where domestic violence is identified in a parental relationship, assess whether:

- family contact may be used by the perpetrator to further harm the child and as a means to continue the abuse of the non-violent parent or extended family members
- family contact between the child and the perpetrator or extended family members is in the child's best interests
- the child's behaviour is significantly affected before, during or following family contact.

When a child is placed with a kinship carer who is a member of the perpetrator's family, assess:

- whether the carers are able to meet the child's protective and care needs during family contact with the perpetrator

- the level of fear of the perpetrator held by family members and the level of control the perpetrator has over them.

When a child is placed with a kinship carer who is kin of the non-violent parent, assess whether there are safety concerns for the child or any members of the household, when decisions are being made about contact between the child and the perpetrator.

Where there is a concern about a child's safety during contact, ensure that only agreed family contact is occurring and that kinship carers and parents are not making their own arrangements. Changes to agreed family contact arrangements must occur in accordance with [3.14 Make family contact decisions](#).

For further information, refer to the practice resource [Facilitating family contact](#) and the practice paper [Domestic and family violence and its relationship to child protection](#).

Supervise family contact

A Child Safety officer is **required** to supervise family contact when:

- there are significant safety concerns for the child, and a high level of control and oversight of the parents or other persons participating in contact with the child is required
- there are legitimate concerns that the child may be abducted or harmed during contact
- the child or family requests that a Child Safety officer be present
- a qualified professional working with the child or family recommends that contact be supervised, based on legitimate concerns.

A Child Safety officer may also be present during family contact when:

- there is a need to assess interactions between the child and family, to check the progress of the case plan or to assist with court processes
- the Child Safety officer is working in a therapeutic capacity with the child and family.

Negotiate carer participation in family contact

Carers may participate in family contact arrangements where both of the following apply:

- cases are reasonably straight forward and do **not** require a high level of control and oversight of the parents or other persons participating in contact with the child
- the factors considered prior to the provision of placement information to parents do **not** identify significant safety concerns, such as:
 - recent threats of removal or abduction of the child
 - aggressive behaviour by the parents during the removal of the child, which resulted in harm to others.

Negotiate the carer's involvement in family contact, and document the agreed arrangements in the case plan and placement agreement.

Outsourcing transport and/or supervision of family contact

An external party may be contracted to provide transport and/or to supervise family contact in accordance with a child's approved case plan. Expenditure in relation to this contracted service

needs to be pre-approved as detailed in Child related costs policy - client support and family contact (598).

Any contractual arrangements made with external parties engaged in undertaking transport and/or the supervision of children and young people for family contact must ensure that the employee (paid or volunteer) has:

- a positive blue card, and where possible, has undergone personal history screening
- a 'C' class driver's licence
- knowledge and skills in working with children, young people and their families
- knowledge of current child restraint laws in Queensland
- a mobile phone to enable contact with Child Safety staff should an emergency arise
- when transporting children, a registered vehicle that has either comprehensive or third party vehicle insurance that indemnifies the department against certain liabilities at law
- an awareness of their responsibility to report any concerns, including harm or risk of harm
- agreed to provide timely written details about their observations
- an ability to deal with client matters of a sensitive and confidential nature – parties would be required to sign an oath of confidentiality and comply with relevant confidentiality provisions under the Child Protection Act 1999
- sound interpersonal skills and an ability to liaise with children, young people, their families and carers from a variety of cultures
- been informed that they may be required to give evidence in legal procedures including the Children's Court or Queensland Civil Administrative Tribunal.

All Child Safety funded non-government organisations, whether licensed or not licensed, including services such as recognised entities, family intervention services, and counselling and intervention services, are required to comply with the *Commission for Children and Young People Act 2000* as a condition of funding.

Prepare participants for family contact

When the family contact arrangements have been decided:

- inform all participants about the date, time and venue
- inform all participants of their responsibilities during family contact
- discuss whether strategies or supports are required to assist the child, their carer or family members to effectively manage family contact arrangements
- discuss appropriate strategies and interventions to be implemented when the contact involves a child who has been sexually abused and/or has engaged in sexually abusive behaviour, if applicable - refer to the practice resource [Children with sexual abuse histories](#)
- ensure suitable transport arrangements are made for the child
- arrange appropriate supervision for the family contact, if required

- ensure that appropriate information and advice is provided with respect to safety issues and associated management strategies, including the use of standard infection control precautions if a child or parent has an infectious disease.

Change family contact arrangements

The CSO or the child's carer can negotiate to change family contact arrangements where the changes are minor and consistent with the case plan goal and outcomes. Reasonable requests by the child or family for additional family contact may be accommodated, where possible, if they are consistent with case plan goal and outcomes.

When changes are made, inform all participants and record relevant information in a case note in ICMS.

When requests are made for additional contact or changes to family contact that are substantially in conflict with the agreed case plan, or are likely to result in significant issues for the child or their family members, the child's guardian (team leader or CSSC manager) **must** make the decision - refer to [3.14 Make family contact decisions](#).

Should the contact arrangements in the case plan no longer be in the best interests of the child, initiate a case plan review, in accordance with [Chapter 4. 5. Review and revise the case plan](#).

For further information, refer to the practice resource [Facilitating family contact](#).

Monitor the progress of family contact

Family contact arrangements are to be monitored on an ongoing basis, in order to:

- obtain information from the child about their experience of the contact
- gather information about the progress and suitability of the family contact from **all other** parties, including the parents, family members, carers and Child Safety officers
- assess parental progress in meeting the child's protection and care needs during family contact, if applicable
- address any concerns identified, as they arise
- assist and support the child, their family and the carer and their family, in maximising positive family contact.

Respond to child protection concerns related to family contact

Where information is received about harm or risk of harm to a child by their parent, during family contact, the CSO with case responsibility will:

- take immediate action to ensure the child's safety
- record the information in **an intake event** in ICMS and determine if the concerns meet the threshold for a notification - refer to [Chapter 1. Intake](#)
- address the matter with the parents, or conduct an investigation and assessment, where appropriate
- review the family contact arrangements, where necessary.

It is not appropriate to record the concerns in a case note only, as harm or risk of harm in this context is to be responded to in accordance with usual intake procedures. For further information, refer to [Chapter 3, 2. What if new child protection concerns are received?](#)

Respond to disruptive family contact

When family contact is assessed as not meeting the needs of the child, or when issues arise about the actions or behaviours of family members during contact, engage the relevant parties to resolve the identified issues. Consider possible strategies to address disruptive contact, including:

- discussions with parents and other family members regarding the expectations of Child Safety during family contact, and the establishment of clear boundaries
- support and therapeutic intervention for the child and parents or family members.

If the issues persist or escalate, consult the team leader to consider changing the contact arrangements to meet the needs and best interests of the child, and initiate a case plan review.

If issues relating to the carer's role or responsibilities arise during family contact, discuss the matter with the carer and consider strategies for resolving the issues - refer to [Chapter 8. Regulation of care](#).

Record family contact arrangements and outcomes

Record family contact arrangements in the child's case plan and placement agreement. Record information and decisions about family contact in case notes, including:

- the child's views
- observations about the progress or outcomes of family contact
- disruptive family contact and response strategies.

Refuse, restrict or impose conditions on family contact

A team leader or CSSC manager may decide to refuse, restrict or impose conditions on contact, when either:

- family contact is not in the child's best interests
- it is not practical for the parents or family member to have contact.

If the child is Aboriginal or Torres Strait Islander, provide the recognised entity with an opportunity to participate in the decision-making process about any decision to refuse, restrict or place conditions on family contact.

When a decision is made to refuse, restrict or impose conditions on family contact:

- inform all affected persons of the decision, the reason for the decision and how to have the decision reviewed
- ensure the child's understanding of review processes and support options
- **provide written notice** of the decision, as soon as practicable after the decision is made, as follows:
 - for the child, develop a letter on a case-by-case basis, that reflects the child's age, maturity and capacity to understand

- for other persons affected by the decision, complete the [Letter re: Refusal or restriction of family contact](#).

Attach a copy of each written notice to the relevant event in ICMS.

The team leader or CSSC manager is responsible for ensuring compliance with the legislative requirement to provide written notice of a decision to refuse, restrict or impose conditions on family contact.

When a child is no longer in the care of their long-term guardian and is subject to an assessment order, temporary custody order or interim custody order, the long-term guardian has the same rights as parents. Advise the long-term guardian of the decision to refuse, restrict or impose conditions on family contact as per the requirements for a parent.

Note: Under the *Commission for Children and Young People and Child Guardian Act 2000*, section 140A (1) (b), the Commissioner has the ability to apply to the Queensland Civil and Administrative Tribunal for a review of the decision by a team leader or CSSC manager, **not to** refuse, restrict or impose conditions on a child's contact in accordance with the *Child Protection Act 1999*, section 87(2). Before requesting a review, the Commissioner must attempt to resolve the concern with Child Safety.

Decide the nature of overnight contact with kin

When it is planned that a child will stay overnight with kin, either in Queensland or in another state, territory or New Zealand, (for example, during school holidays), the CSSC manager has the **discretion** to determine whether the arrangement constitutes a placement that will be subject to regulation of care requirements.

Alternatively, the CSSC manager may decide that the arrangement constitutes family contact or a holiday, not requiring the child's kin to be approved as a kinship carer. In this case however, an assessment for the purpose of family contact or holiday is still necessary.

Provide the CSSC manager with the following information to inform the above decision:

- the goal and outcomes of the case plan
- the level of risk to the child posed by the contact
- the child's views about the contact
- the child's age and vulnerability
- the history of previous contact between the child and the child's kin
- the length of stay, location and circumstances of contact
- whether the fortnightly caring allowance is required.

Note: where the child's kin requests financial support for the placement, the fortnightly caring allowance can **only** be paid if the kinship member is approved as a kinship carer.

Where the CSSC manager decides that the placement will be subject to regulation of care requirements, approach the child's kin about submitting an application to become an approved kinship carer. For further information about the assessment and approval of a carer applicant, refer to [Chapter 8. Regulation of care](#).

Where the CSSC manager decides that the placement will **not** be subject to regulation of care requirements, the Child Safety officer will conduct an assessment for the purpose of family contact or holiday.

Conduct an assessment - family contact or holiday within Queensland

To undertake an assessment where the child's kin resides in Queensland:

- ensure they are willing to care for the child
- discuss any relevant issues regarding the placement and the child's safety during the proposed visit
- arrange a time to visit them and conduct the assessment
- check Child Safety records for any child protection history on the child's kin and other household members - their consent is not required, but they are to be advised that the checks will be undertaken
- conduct an assessment interview with the kinship member and complete the Assessment for the purpose of family contact/holiday
- consider approval delegations required for intrastate travel – refer to 3.11 Make travel decisions – intrastate or interstate

No other personal history checks may be undertaken. Should further checks be assessed as necessary, consideration **must** be given to formally assessing them as a kinship carer.

Where the kinship member lives in another geographical area from the child and the CSSC and there is a significant geographical distance, complete the Assessment for the purpose of family contact/holiday and forward the request to the appropriate CSSC for actioning. Following the assessment, the CSSC responsible for the child must approve the contact decision.

Facilitate an assessment - family contact or holiday in another jurisdiction

To facilitate an assessment where the child's kin resides in another state, territory or New Zealand:

- ensure there is a sufficient period of time before the intended contact, to complete the assessment - allow 8-9 weeks
- ensure the child's kin is aware of the proposed visit and is willing to care for the child
- discuss any relevant issues regarding the proposed visit and the child's safety during the visit
- conduct interstate or New Zealand child protection history checks on the kinship member and all other household members, through DMS - email
CPIS_checks@communities.qld.gov.au
- contact the Queensland ILO, Court Services Unit and obtain the Request for Interstate Assessment - Holiday Placement template
- complete the 'Request for Interstate Assessment - Holiday Placement' template and attach appropriate supporting documentation, for example, medical and psychological reports on the child
- ensure the request outlines the dates for the intended visit
- have the request signed by the CSO with case responsibility and their team leader

- fax or post the form and supporting documentation to the ILO **at least 8 weeks** before the intended holiday, to allow the other jurisdiction sufficient time to complete the assessment.

The completed assessment is returned to the Queensland ILO, who forwards the assessment to the CSSC. The CSSC manager decides whether the family contact or holiday is to proceed, regardless of the recommendation by the other jurisdiction.

Additional approval decisions will be required for interstate or international travel, or if a passport application is required - refer to [3.11 Make travel decisions - intrastate or interstate](#), [3.12 Make overseas travel decisions](#) and [3.13 Apply for a passport](#).

Where the family contact or holiday is to proceed:

- obtain approval for the interstate or international travel, and where applicable, a passport application
- advise the ILO of the:
 - decision to proceed with the family contact or holiday
 - proposed dates for the child's family contact or holiday
 - details of the child's kin, including name, relationship to the child and phone number.

The ILO will advise the ILO in the other jurisdiction of the child's intended holiday visit and:

- request the details of the local office in the jurisdiction that covers the kinship member's home
- provide the CSSC with the contact details for the local office.

If another state, territory or New Zealand (jurisdiction) requests a carer assessment for the purpose of family contact or a holiday, refer to [12. What if another jurisdiction requests a carer assessment?](#)

2.6 Provide regular respite for the child

Respite is defined as a service intended to provide support to a child in out-of-home care and their primary carer. The aim of respite is to enhance the child's quality of life, support the carer's ability to continue in their role as a primary carer and sustain the caring relationship.

Respite is to be offered for any child in out-of-home care where the child is subject to:

- a care agreement
- an assessment order granting custody
- a child protection order granting custody
- a child protection order granting guardianship to the chief executive.

A respite carer can **only** be paid the fortnightly caring allowance for the duration of the child's respite placement, if they are an approved foster or kinship carer or provisionally approved carer.

If the child's usual carer **and** the respite carer require payment for the duration of the respite placement, obtain CSSC manager or regional director approval for the provision of dual fostering allowance.

Note: if another state, territory or New Zealand (jurisdiction) requests a carer assessment for the purpose of respite, refer to [12. What if another jurisdiction requests a carer assessment?](#)

Child subject to a long-term guardianship order to a suitable person

An approved foster or kinship carer, who is subsequently granted the long-term guardianship of a child is eligible for **emergent** respite, only in circumstances where an emergency arises and there is no other option available within the long-term guardian's existing support network.

The child may **only** be placed in emergent respite with an **approved foster carer**, following the provision of written consent by the long-term guardian, using the [Respite agreement form](#). For further information, refer to the [Respite Placements and Dual Fortnightly Caring Allowance policy](#).

A child is **not eligible** for **planned** respite through Child Safety, however, where the child has a disability, they may be eligible for specialist disability services through Disability Services. For further information, refer to [Chapter 3, 1. What if a suitable person has long-term guardianship?](#)

Incorporate respite arrangements in the case plan

Respite options are to be negotiated within the context of the family group meeting and case planning and review process. This includes identifying possible respite placement options and resourcing alternative respite activities, based on:

- the need for a timely response to the child's changing needs and circumstances
- changes to family relationships and connections over time
- the support needs of the carer.

Record respite arrangements in the case plan and the placement agreement.

Support participatory and collaborative working relationships

When exploring respite options, support participatory and collaborative working relationships, as follows:

- mobilise the child's family and cultural and community connections whenever possible, to resource and facilitate respite arrangements
- provide the recognised entity with an opportunity to participate in the decision-making process about respite options for an Aboriginal or Torres Strait Islander child
- actively work with the child and engage with families and carers to gain an understanding of their views about respite options
- prepare the child and their primary and respite carers for a respite placement.

In some instances, respite care may not be in the immediate best interests of the child, for example, an infant's need for attachment and bonding or a child who has experienced significant placement disruption, may need stability as a priority. When considering a respite placement under these circumstances, discuss the child's need for security and the carer's expectations regarding respite arrangements. Where there is conflict between the interests of the child and the carer, the child's needs are to be prioritised in negotiation with the carer. This may result in the respite not going ahead or being delayed, to enable the child's security and attachment needs to stabilise.

Identify and decide respite options

When developing respite options to be included in the case plan for the child:

- plan and decide respite options, including frequency and duration, in accordance with the needs of the individual child, their carer and the case plan goal and outcomes
- identify and deliver flexible and diverse respite options that are likely to improve and enhance the child's quality of life - refer to the practice resource [Respite options](#)
- provide a combination of respite options for an individual child, for example, a couple of hours of respite per week, attendance at a recreational camp and planned respite placements
- identify respite options within the child's community that sustain their connection with their family, culture and social support networks.

Where respite incorporates an out-of-home care placement, seek a placement that:

- is consistent with the child placement principle for an Aboriginal or Torres Strait Islander child
- is consistent with the cultural needs of a culturally or linguistically diverse child
- enhances sibling contact, particularly where siblings reside in separate placements
- enhances contact with extended family and other persons of significance to the child
- as far as practicable, occurs with a consistent carer and ideally, a person with whom the child has an existing relationship.

When planning and deciding on a respite placement for an Aboriginal or Torres Strait Islander child, ensure that:

- the recognised entity is consulted about possible compatible respite options within the child's family and community
- the child is placed in accordance with the hierarchy of placements specified in the *Child Protection Act 1999*, section 83 (the child placement principle)
- the carer is committed to meeting the child's cultural needs as outlined in the cultural support plan, particularly when the carer is not an Aboriginal or Torres Strait Islander person
- the carer is committed to meeting all of the requirements in the *Child Protection Act 1999*, section 83(7), when the carer is not an Aboriginal or Torres Strait Islander person - refer to [1.2 Gather information to inform placement matching](#).

Where necessary, seek approval with respect to child related costs expenditure.

Review respite options when reviewing the child's case plan, or the placement agreement, having regard to the changing individual needs of the child and their carers.

Decide the nature of overnight respite with kin

When a child is to stay overnight with kin, either in Queensland or in another state, territory or New Zealand, (for example, during school holidays), the CSSC manager has the **discretion** to determine whether the respite arrangement will be considered a placement, subject to regulation of care requirements, or a family contact visit or holiday.

For further information, refer to [2.5 Facilitate and monitor family contact](#).

Manage differing views about suitable respite options

Where there are differing views about the most suitable respite option, make the final decision based on what is in the child's best interests, having considered:

- the views of the child, their family and the carer
- the maintenance of family relationships, individual rights and ethnic, religious and cultural identity or values.

Provide placement information to the parents and the child

When a child, subject to a child protection order granting custody or guardianship to the chief executive, will have regular and ongoing respite with a carer for more than seven days for the duration of the current case plan, the decisions about in whose care to place the child, or to withhold full or partial placement information from parents, are reviewable decisions.

For further information, refer to [1.10 Provide placement information to parents](#).

2.7 Facilitate positive behaviour support for the child

Positive behaviour support is targeted to address the developmental needs of children in out-of-home care who have experienced trauma and cumulative harm. Positive behaviour support assists a child to learn acceptable behaviours through the implementation of positive strategies by the carers, such as:

- role-modelling
- positive reinforcement
- skill development
- collaborative and inclusive approaches.

At the earliest point possible, using information in the [Assessment of risk of emotional, behavioural and attachment problems and placement instability](#), identify children who display or are at risk of displaying behaviours that may have a negative effect on themselves or others in order to plan effectively to meet their behavioural needs.

Where the child strengths and needs assessment has identified significant needs in the behaviour or emotional stability domains:

- make a referral to Evolve and/or Disability Services or, if unavailable, to a psychologist - refer to [2.8 Refer the child to Evolve, if required](#)
- develop a behaviour support plan (unless this has been developed by a clinician) as part of the case plan - refer to the practice resource [Guide to supporting positive behaviour](#)
- regularly review the effectiveness of the support plan in line with the review of the case plan and the placement agreement.

The plan may include case work support for carers and assistance with planning and implementing strategies to de-escalate behaviours through positive responses such as:

- redirection
- changing the environment

- removal of privileges or attention for a period of time
- organisation of referrals to therapeutic services.

Where carer learning and support needs are identified through case planning, these needs will be responded to and recorded in either:

- the foster carer agreement, for a foster carer
- the placement agreement, for a kinship carer.

When placing a child in out-of-home-care, carers will be informed that positive behaviour support must be consistent with the Statement of Standards, the Charter of Rights for children and the Positive Behaviour Support policy.

Where age and developmentally appropriate, engage the child as an active participant in the development of the behaviour support plan. Refer to the practice resource Participation of children and young people in decision-making and the Children and young people's participation strategy for additional information about the involvement of children and young people in planning and decision-making processes that impact on them.

Record the positive behaviour support plan

There are no specific fields in the case plan for the positive behaviour support plan. Record the support plan in a Word document and attach it to the ongoing intervention event in ICMS.

Child subject to a long-term guardianship order to a suitable person

In circumstances where a child with a positive behaviour support plan becomes subject to a long-term guardianship order to a suitable person, the long-term guardian assumes full responsibility for attending to the child's emotional and behavioural needs.

However, an approved foster or kinship carer who is subsequently granted the long-term guardianship of a child may be eligible for child related costs specific to the child's emotional and behavioural support needs. For further information, refer to the Child Related Costs - Long-term guardian support policy and Chapter 3, 1. What if a suitable person has long-term guardianship?

2.8 Refer the child to Evolve, if required

Evolve Interagency Services (Evolve) is a collaborative partnership across the Department of Communities, Child Safety and Disability Services, Queensland Health (QH) and the Department of Education, Training and Employment (DETE). Evolve comprises teams of both mental health professionals from QH (Evolve Therapeutic Services) and psychologists, speech and language pathologists and occupational therapists from Disability Services (Evolve Behaviour Support Services).

These teams work in collaboration with school guidance officers and the CSO with case responsibility to provide therapeutic and behaviour support for children in out-of home care who have severe and complex behavioural and psychological issues. Evolve allows an intensity of service provision consistent with the level of need of the child and their support network to:

- reduce frequency and intensity of challenging behaviour
- form secure attachments and positive peer relationships

- increase placement stability
- increase participation in educational programs and improve educational outcomes
- increase participation in community activities to facilitate their wellbeing
- enhance communication with the key people involved with their care
- promote greater understanding of their behaviour and the best way to respond to their needs
- build capacity of their support network.

Child subject to a long-term guardianship order to a suitable person

A child subject to a long-term guardianship order to a suitable person is **not eligible** for Evolve Interagency Services, as the long-term guardian assumes full responsibility for attending to the child's emotional and behavioural needs.

However, an approved foster or kinship carer who is subsequently granted the long-term guardianship of a child may be eligible for child related costs specific to the child's therapeutic needs. For further information, refer to the [Child Related Costs - Long-term guardian support](#) policy and [Chapter 3, 1. What if a suitable person has long-term guardianship?](#)

Determine eligibility for a referral to Evolve

The eligibility criteria for the Evolve Interagency Services are as follows:

- the child is under the age of 18 **and**
- the child presents with severe and complex psychological and/or behavioural problems **and**
- the child is in out-of-home care and under an interim or finalised child protection order granting custody or guardianship to the chief executive of Child Safety.

Additional eligibility criteria exist for an intensive QH mental health therapeutic or Disability Services positive behaviour support intervention. This includes:

- the child must have a disability as defined by the *Disability Services Act 2006* to receive a Disability Services service
- the presence of multiple, intense and persistent emotional and/or behavioural problems
- a high level of risk
- severe functional impairment across a variety of domains
- the presence of additional risk factors.

Information from the completed child strengths and needs assessment and other case planning activities will assist in determining whether specialist therapeutic and behaviour support services will be sought for the child.

For further information about Evolve services, refer to the [Evolve Interagency Services Manual](#) and the practice resource [Evolve interagency services](#).

Make a referral to Evolve

Where it is assessed that an Evolve referral is necessary:

- obtain the informed consent of the child's guardian and wherever possible, the consent of the child, for the referral to Evolve and the release and sharing of relevant information - for further information about obtaining consents, refer to [3.1 Determine who may decide a custody or guardianship matter](#)
- complete the [Evolve Referral](#) form
- consult with any member of the Interagency Panel, if required
- record the decision to make a referral and any related interventions as actions in the case plan
- submit the referral form to the Evolve administration officer and/or panel chair
- attend the panel meeting to discuss the referral and engage in an interagency case presentation, if requested.

Once the referral is received, the interagency panel will determine the appropriate service response. When a referral is accepted, the panel will allocate a primary service provider which is either Evolve Therapeutic Services or Evolve Behaviour Support Services. In some situations, services may be jointly provided.

Monitor the intervention

As part of the ongoing implementation of the child's case plan and Evolve plan, if applicable:

- maintain close links with the Evolve service providers and participate in regular stakeholder meetings to develop and review the Evolve plan
- monitor the effectiveness of the intervention to ensure the goals are being achieved
- participate in panel activities, such as reviews and case closure
- action appropriate recommendations from the panel and stakeholder meetings.

Maintain file records

Ensure that the following documentation is filed on the child's case file:

- a copy of the 'Evolve Referral' form
- a copy of assessments and information provided by the Evolve teams and interagency panel.

Case notes are recorded in accordance with usual record keeping processes.

2.9 Plan and support the young person's transition from care to independence

The years leading into adulthood are a time of opportunity and great change. As young people learn to take greater control of their own lives, their relationships change and the connections with friends, family and community begin to alter to reflect their growing maturity. The transition into adulthood can be exciting and daunting, particularly for young people who have experienced trauma in their lives and who have lived in out-of-home care. These young people are often insufficiently prepared, emotionally and materially, for the responsibilities of independent adult life.

Young people leaving care are often confronted by issues such as reconnecting with their families and communities, coming to terms with the reasons why they came into care or finding themselves alone without the security of a family or community to fall back on. A well-planned, gradual and flexible process for transitioning young people to independence is therefore critical, including the potential provision of post-care support, if necessary.

Working with young people can be challenging. There may be high-risk behaviours, instability of placements and young people who want nothing to do with staff from 'the department'. The key to every young person having the opportunity to transition from care well is communication, information provision, early planning, active involvement and participation of the young person and other significant persons in their lives, which may include the staff of services who have been engaged with the young person.

For further information about the participation of children and young people in decision-making, refer to the practice resource [Participation of children and young people in decision-making](#) and the [Children and young people's participation strategy](#)

What is transition from care?

All young people subject to a child protection order granting custody or guardianship to the chief executive have the right to receive appropriate assistance and support with their transition from care to independence, in order to maximise their life opportunities and choices.

Transition from care is the planning process that occurs as part of the ongoing case work and review process with a young person from the year they turn 15. Transition from care planning is the opportunity for young people to identify their future goals and needs, and to work towards these with the support of Child Safety and the community.

Transition from care is an ongoing process that is made up of numerous experiences, successes, attempts and challenges. A parallel planning approach will assist young people to meet both their immediate day-to-day needs, as well as short and long-term goals.

Transition from care assistance and support may continue to be provided once a young person leaves care or after they have reached the age of 18 years by way of a support service case - refer to [Chapter 7.1. Provide intervention through a support service case](#). This can occur when there are existing case planning goals and outcomes still to achieve, or if there are key life events for which the young person may require ongoing support. For example, completing year 12 or making an application to study at university or TAFE.

Child subject to a long-term guardianship order to a suitable person

Where a young person is subject to a child protection order granting long-term guardianship to a suitable person, the long-term guardian assumes full responsibility for assisting and supporting the young person to prepare for their life as an independent adult.

However, an approved foster or kinship carer who is subsequently granted the long-term guardianship of a child may be eligible for child related costs specific to the young person's

transition into adulthood. For further information, refer to the [Child Related Costs - Long-term guardian support](#) policy and [Chapter 3, 1. What if a suitable person has long-term guardianship?](#)

Where a young person no longer resides in the direct care of their long-term guardian, and is not being supported by the long-term guardian, they **are eligible** for transition from care assistance and support, including child related costs funding. Such circumstances would necessitate a review of the young person's protective needs, which may include an application to the Childrens Court to vary the existing long-term guardianship order to a suitable person - for further information, refer to [Chapter 3, 1. What if a suitable person has long-term guardianship?](#)

Commence transition from care planning

Transition from care planning commences in the calendar year that a young person turns 15. When a young person is identified as turning 15 during the year, review the young person's case plan to include transition from care planning.

To commence this process, initiate discussions with the young person at an appropriate time in case work to introduce the idea of planning for their life after care, and:

- explain the purpose and process of planning for their transition from care to independence
- identify potential members of their support network who might participate in the planning process and be an ongoing advocate for the young person, particularly the young person's carer, or staff members if the young person is placed in a residential care service
- discuss the young person's strengths and needs, to inform the revised child strengths and needs assessment and the case plan review - refer to [Chapter 4, 1.2 Assessing the child's strengths and needs](#)
- assist them to identify their goals and dreams for their adult life
- consider what support and practical assistance they may require to achieve the identified goals
- advise them what financial resources are available from Child Safety and the Australian Government's [Transition to Independent Living Allowance \(TILA\)](#) that will focus on meeting their identified needs and enhance their ability to become an independent adult
- provide the young person with, and discuss, the booklet [Transition from care: Information to assist young people during meetings to plan their transition to independent living](#), the reference guide [Transition from care: Employment, education and training](#) and the [Info Kit](#), if not already provided
- discuss the way the young person would like to engage in the planning process and encourage a sense of ownership for their future planning.

When beginning to discuss transition from care with a young person, meet with the young person's carer or staff members in the residential care service to:

- discuss and reflect upon the relationship between the young person and the carer or staff members
- consider what support and practical assistance they may be able to offer to the young person to meet their goals for adult life

- acknowledge the change in the relationship between the carer and the young person once the young person turns 18.

Following discussions with the young person about their goals and plans for the future and what to expect as they begin the transition from care process, provide them with a completed [Letter to young person at 15 years](#). The purpose of this letter is to provide the young person with written information about the transition from care planning process. The letter should confirm information that you have already discussed. The receipt of this letter must not be the first time that a young person becomes aware of the transition from care process.

Complete assessment activities to inform the case plan review

Prior to the case plan review, complete the necessary assessments and reassessments, as outlined in [Chapter 4, 5. Review and revise the case plan](#).

Ensure the young person's health needs are identified and effective health care is received during their transition to independence by arranging a subsequent health assessment where the young person has:

- ongoing physical, dental or mental health issues
- a physical or mental health issue that arises
- the young person has not had a health assessment for a significant period of time.

For further information about arranging a subsequent health assessment and the child health passport process, refer to [2.3. Develop a child health passport](#).

A case plan that incorporates the transition goals for the young person requires a parallel planning approach to ensure that **both** the immediate needs of the young person and their future transition goals are addressed.

To enable holistic and thorough transition to independence planning, eight key life areas have been identified to discuss in detail with the young person. These key life areas cover the main areas of a young person's life and are interconnected with each other and the child strengths and needs assessment. The eight key life areas and their corresponding child strengths and needs domains are:

Key life areas	Child strengths and needs domains that relate to each key life area
1. Relationships and connections	CSN 4 Family of Origin Relationships CSN 5 Social Relationships (non-family) CSN 12 Relationships with Carer Family
2. Cultural and personal identity	CSN 2 Emotional Stability CSN 4 Family of Origin Relationships

	CSN 6 Cultural Identity
3. Placements and housing	CSN 10 Additional Child Identified Strength/Need
4. Education and training	CSN 9 Education/Vocation/Employment
5. Employment	CSN 9 Education/Vocation/Employment
6. Health	CSN 2 Emotional Stability CSN 3 Alcohol and Drug Use CSN 7 Physical Health CSN 8 Child Development and Intellectual Ability
7. Life skills	CSN 11 Life Skills
8. Financial resourcing	CSN 11 Life Skills

For further information about discussing these key life areas and domains with the young person and transferring the identified needs into the case plan review process, refer to the resource [Transition from Care Planning Tips for CSOs](#), the practice resource [Transition from care](#) and the definitions in [SDM: Child strengths and needs assessment](#).

For particular groups of young people who are considered to be most at risk of experiencing social discrimination, isolation or exclusion, provide additional, intensive support in planning for, and in the lead-up to, their transition.

For further information about engaging with young people who have been hurt and traumatised by adults and are now behaving in ways that are likely to hurt themselves or others, refer to the practice paper [A framework for practice with 'high risk' young people \(12-17 years\)](#).

When a young person has a disability

When a young person has a verified disability and is likely to require adult support or services following their eighteenth birthday:

- complete the [Young Adults with Disabilities Leaving the Care of the State \(Referral to Disability Services\)](#) form, when the young person turns **15 years** of age
- forward the completed referral form to the nearest Disability Services' Service Centre noted on the form
- confirm that Disability Services' officers have received the referral
- schedule a date to conduct a joint visit to the young person.

If a young person with a disability enters out-of-home care following their fifteenth birthday and is likely to require adult support or services following their eighteenth birthday, refer them to Disability Services as soon as they become subject to an interim or final child protection order granting custody or guardianship to the chief executive.

In circumstances where Disability Services are not able to provide transition support to a young person it is responsibility of Child Safety to work with the young person to address their transition needs.

Refer to the [Memorandum of Understanding between Disability Services Queensland and the Department of Child Safety 2007 - 2010, Schedule 2](#), to determine the eligibility of young people for referral to Disability Services.

Refer to the practice resource [Transition from care](#) for further detail about the role of Disability Services in transition planning.

When a young person who may be eligible to receive a Disability Support Pension, turns 16 years of age, contact Centrelink to advise that payment of the Disability Support Pension, if approved, must be made directly to the young person's bank account. When a young person's decision-making is impaired, discuss with Disability Services, mechanisms for protecting the child's financial rights and interests.

When a young person has impaired decision-making capacity

When a young person with impaired decision-making capacity will require their interests to be protected and their needs met after they turn 18 years of age:

- consider applying to have a guardian or administrator appointed by the Queensland Civil and Administrative Tribunal (the tribunal) - application forms and related brochures and fact sheets are available on the [Queensland Civil and Administration Tribunal](#) website
- consider the circumstances outlined in the tribunal's [Fact sheet 1: General Information about the Guardianship and Administration Tribunal](#)
- consult with a team leader or senior practitioner about whether to apply to the tribunal and obtain CSSC manager approval to submit the application
- consider applying to the Public Trustee for management of payments for a young person who is subject to a guardianship order – application forms and related fact sheets are available on [The Public Trustee](#) website

Where the young person is receiving transition support from Disability Services, consult the Disability Services' officer during case planning or review processes, as to whether an application to the Guardianship and Administration Tribunal may be appropriate.

When it is considered necessary to apply for a guardian or administrator, complete an application as soon as possible after the young person turns seventeen and a half years, to allow adequate time for the investigation and hearing by the tribunal.

When a young person requires housing assistance

Determine if the young person will require assistance with securing housing when they exit care and continue to explore and revisit the young person's housing needs throughout transition planning with the young person.

Where a young person requires assistance with securing housing, the Department of Communities (Housing and Homelessness Services) can assist by providing:

- access to social housing when the young person would find it difficult to sustain a tenancy in the private rental market
- advice regarding other housing options and products.

Facilitate and support a young person to begin the process of applying for public housing from 15 years of age. Housing and Homelessness Services begin formal Joint Action Planning when a young person reaches the age of 16, however a referral from Child Safety will be accepted for a young person aged 15 if it is part of their transition from care needs identified in their case plan.

For procedural information about referring a young person for housing assistance, links to an overview of the referral and planning process and the referral form, refer to [Chapter 3, 4. What if assistance is required with social housing?](#)

For information about the framework for Housing and Homelessness Services and Child Safety to provide housing assistance to young people transitioning from care, refer to [Schedule 2 of the Memorandum of Understanding \(MOU\) between The State of Queensland through the Department of Child Safety and The State of Queensland through the Department of Housing 2007.](#)

Where a young person is homeless or at risk of homelessness, consider a referral to Youth Housing and Reintegration Services (YHARS). YHARS assists young people who are homeless or at risk of becoming homeless by providing support and access to a range of accommodation options. YHARS also provides an additional service, The After Care Service, which is specifically for young people aged 18 to 20 years old who have recently left the care of Child Safety Services. The After Care Service can provide case management and financial support to assist young people to establish and maintain independent accommodation. For further information, refer to Young Person After Care flyer, After Care Service Factsheet and YHARS Service Guidelines.

Ensure compulsory education and training requirements for 15 to 17 year olds

A young person's case plan and transition from care goals must comply with the Department of Education, Training and Employment's requirements in relation to compulsory schooling. It must also take into account eligibility criteria for Commonwealth benefits.

All young people must participate in 'learning or earning':

- for two years after they complete compulsory schooling (that is, have completed year 10 or turned 16 years of age), **or**
- until they turn 17 years of age, **or**
- until they complete a Queensland Certificate of Education or a Certificate III (or higher level) vocational qualification.

The Department of Education, Training and Employment will develop a Senior Education and Training (SET) Plan during year 10, or in the year prior to the young person's sixteenth birthday (whichever comes first), for any young person attending a state, independent or Catholic school. The SET plan is created by the young person working with the school and their carer to identify career goals.

The young person will be registered with the Queensland Studies Authority and given a learning account to enable any achievements to be accrued and monitored.

The existing education support plan should be congruent with the SET plan.

In recognition of some of the difficulties young people leaving care may face in completing tertiary education, the Australian Government has standards for justifying the withdrawal from study, without accruing penalties. A letter of support from Child Safety may enable a young person to continue their study at a later time.

If the young person does not have a SET Plan developed during year 10, or in the year prior to the young person's sixteenth birthday, contact the school principal to request the development of the plan.

For further information about SET plans and how to ensure that a young person's case plan goals comply with the Department of Education, Training and Employment's requirements, refer to the practice resource [Transition from care](#).

Schedule a case plan review

Following the completion of case plan review assessment activities in accordance with [Chapter 4, 5. Review and revise the case plan](#):

- encourage the young person to have ownership of this planning process and let them be involved in the preparation for the case plan review
- decide with the young person whether a family group meeting or other processes will be used for the case plan review
- talk to the young person to identify all of the relevant people to attend the case plan review meeting, and invite them to participate in the development of the case plan
- discuss the case plan review process with the young person's carer and invite them to attend the case plan review
- provide an opportunity for the recognised entity to participate in the transition from care planning process for an Aboriginal or Torres Strait Islander young person
- determine whether a representative from Disability Services or Housing and Homelessness Services will participate in, or provide written information for, the case plan review.

Develop a new case plan which includes transition from care planning

Develop a case plan that:

- reflects the young person's goals for their future
- focuses on the young person's strengths and needs
- addresses the young person's needs in relation to the eight key life areas

- identifies strategies and timeframes to meet the stated goals of the young person
- states who is responsible for implementing each action
- details the resources required to achieve each outcome
- includes contingency planning for changes in the young person's life and future goals.

If a young person is placed in a care environment that provides intensive levels of support, such as a therapeutic residential or transitional placement, the case plan will include strategies to strengthen the young person's behaviour, skills and functioning, with the aim of preparing them for a less intensive care environment following their transition to independence.

When developing the case plan, adopt a longer-term view of the young person's needs. It is critical that the planning process builds an enduring support network around the young person. The young person needs to know who they can approach for assistance or advice once they have left care. This will involve identifying adult services that may be useful to the young person in the future, as well as family, friends and community members.

When the case plan relates to an Aboriginal or Torres Strait Islander young person, ensure the cultural support plan supports the young person's connections to family, community and culture. For further information, refer to the practice resource [Developing a cultural support plan for an Aboriginal or Torres Strait Islander child](#).

The development of a case plan, which includes transition from care planning, may take some time. The young person may require support to develop an understanding of how their life may change as a result of leaving care. The young person may also require support to develop an understanding of adult roles and responsibilities before they are able to make informed decisions about their goals and support options.

Obtain approval for funding

Child Safety funding is available to support and resource transition from care goals which are based on the assessed needs of the young person. All expenditure is to be included as part of an endorsed case plan, with transition from care actions and outcomes.

Transition from care funding from Child Safety is not an 'exit' payment upon the young person leaving care. Rather, it is subject to ongoing review in accordance with the changing needs of the young person within the context of the case planning and review process or support service planning process.

All requests for financial support are to be consistent with the eligibility criteria outlined in the [Child Related Costs - Client Support and Family Contact policy](#), are to be recorded in the young person's case plan and are subject to the CSSC manager's approval. Obtain approval by submitting a [Child related costs approval form](#) to the CSSC manager.

Note: Funds may be expended on a young person who has already left care and previously been subject to a child protection order granting custody or guardianship to the chief executive.

Funds may also be expended on a young person subject to a child protection order granting guardianship to a suitable person, when they are no longer residing with and being supported by

the long-term guardian. A review of the young person's protective needs must be undertaken to determine the appropriateness of the order.

Consider, and assist the young person to access other specific programs in the local community, or educational facility that may provide financial assistance to the young person leaving care.

For examples of financial support and service options for young people transitioning from care, refer to the practice resource [Transition from care](#).

Transition to Independent Living Allowance (TILA) funding for the young person

Assist the young person to access the Australian Government's Transition to Independent Living Allowance (TILA) funding. This one-off payment of \$1,500 is available to all young people aged between 15 and 25 years who are preparing to exit, or have exited, out-of-home care.

Applications for TILA must be made by Child Safety or a community agency involved with the young person. The application for TILA can only be made in the six weeks prior to the young person transitioning from care and within two years of the young person transitioning from care.

For further information and application forms, refer to the [Transition to Independent Living Allowance \(TILA\)](#) website.

Record and distribute the case plan outlining the goals for the future

When recording the revised case plan for the young person:

- use language that can be easily understood by all parties, especially the young person
- document the young person's goals, along with the roles and responsibilities of the young person, family, carers, friends and other support persons in achieving these goals
- include any decisions relevant to funding
- provide a copy of the case plan and the list of proposed review dates to the young person, the Disability Services' officer where applicable, the young person's carer, all other persons who participated in the planning process and persons responsible for implementing case plan actions.

While it is essential to record the transition from care outcomes and actions in the case plan, the information also needs to be meaningful to the young person. Explore creative options with the young person and work with them to create useful and individual ways to record their transition from care goals, in addition to their formal case plan. For example:

- develop a calendar that shows who is doing what, and when
- create a TFC notebook for the young person and another for their carer or support person - outline different goals on each page and have the young person and carer write down how they are going to meet those goals, and update progress towards achieving the goals
- draw a floor plan of a house or unit and collect pictures or make a list of the things that the young person may need to live in that space
- sit down with a pile of magazines and collage a picture of where the young person would like to be in five years.

Review the case plan

Review the young person's case plan and their progress towards achieving transition from care goals at each case plan review or **at least** every six months as outlined in [Chapter 4, 5. Review and revise the case plan.](#)

More frequent reviews may be held at the young person's request or if their support needs are complex. In addition, the young person may experience episodes of uncertainty as their order approaches expiry and the frequency of case planning and Child Safety contact with the young person should increase accordingly.

Consider whether the young person has significant life events occurring during the transition stage, for example, completing academic commitments, when scheduling case plan reviews with the young person.

Ongoing assessment of the young person's readiness to leave care will be completed throughout the transition planning process. Young people should not leave care under 18 years, unless they are ready to on both a practical and emotional level.

At the last scheduled case review meeting **prior to** the young person's eighteenth birthday, determine whether ongoing support is to be provided to the young person by Child Safety. If ongoing support is to be provided:

- document the support to be provided to the young person past the age of 18 in the case plan
- open a support service case following the young person's eighteenth birthday - for further information about support service cases, refer to [Chapter 7. Support service cases.](#)

Recognise a young person's journey from being a child in care to entering adulthood

Rituals and celebrations are an important part of life and are often long remembered and reflected upon. Consider ways to recognise the young person's journey from being a child in care to entering adulthood.

Consult with people close to the young person such as their carer or nominated advocate about appropriate activities to mark this time of transition. This may range from sending a congratulatory birthday card to a celebratory event. If there are several young people leaving care around the same time, it may be feasible to plan a combined event at a CSSC level or involving more than one CSSC.

If not provided previously, six months prior to the young person turning 18, provide the young person a copy of the resource [Transition from care: Information to assist young people during meetings to plan their transition to independent living](#) and [Support Service Case: Information for young people transitioning from care](#). Over the next six months ensure that the young person has the following:

- their child health passport folder
- a certified copy of their birth certificate - the original birth certificate is provided to the young person when they turn 18 years of age and a certified copy remains on the file

- information about how to access the Australian Government's [Transition to Independent Living Allowance \(TILA\)](#) funding if they have not already done so
- information and assistance about enrolling to vote, where required
- their Tax File number
- the Go Your Own Way kit – a resource developed in partnership between the CREATE Foundation and Child Safety – for further information refer to [CREATE Queensland](#)
- for Aboriginal or Torres Strait Islander young people, a copy of their Aboriginality Certificate to assist future funding applications for study purposes - for further information, refer to the practice resource [Developing a cultural support plan for an Aboriginal or Torres Strait Islander child](#).

When the young person turns 18, provide them with the [Letter to young person at 18 years](#), that:

- acknowledges their milestone birthday
- makes reference to the young person's journey and achievements whilst in care
- clearly states that the child protection order has expired
- outlines whether Child Safety will continue to have contact with the young person (in a support service case capacity).

Attach a certified copy of the young person's child protection order to the letter and retain the original copy on the young person's file.

Assist the young person to enrol to vote

Any young person who is 18 years of age and over and an Australian citizen must enrol to vote for federal, state and local government elections. If the young person is 17 years old, they may enrol but are not entitled to vote until they turn 18.

Assist the young person, where required, to enrol to vote by having them complete an enrolment form that can be obtained from any Medicare, Centrelink, Australian Taxation Office, Australia Post outlets, State/Territory Electoral Office or online from the [Australian Electoral Commission](#).

For further information about enrolling to vote, refer to the [Australian Electoral Commission's](#) website.

Accessing Personal Information held on departmental files

If a young person wishes to access personal information contained on their Child Safety files, discuss their request with the Right to Information Branch. In most circumstances, individuals seeking access to their client file must lodge an application with the Right to Information Branch. For further information about the Right to Information Branch, The *Information Privacy Act 2009* or the *Right to Information Act 2009*, or to access application forms, refer to [Right to Information](#) on the Department of Communities, Child Safety and Disability Services website.

3. Decision-making for the child

The responsibility of caring for a child in out-of-home care involves a partnership between Child Safety, parents, carers and for an Aboriginal or Torres Strait Islander child, a recognised entity.

For a child in out-of-home care, decisions usually made by the parents about the child's daily care (custody matters) or about issues likely to have a significant or long-term impact on the child's well-being and development (guardianship matters) may continue to be made by parents in some circumstances, or may instead be decided by the child's carer or the chief executive. The definitions of custody and guardianship are outlined in the *Child Protection Act 1999*, section 12 and 13.

Decision-making about a child in out-of-home care will take into account:

- the level of importance or urgency of the decision
- the risk associated with any activity, if applicable, and potential impacts on the child's well-being and functioning

The views and wishes of children in out-of-home care need to be considered in decision-making processes. Communication and building relationships are the foundation to the effective engagement and involvement of children. For more information about engaging children in the decisions that affect their lives, refer to the practice resource [Participation of children and young people in decision-making](#) and the [Children and young people's participation strategy](#)

The person with legal authority to make decisions or provide consents about custody and guardianship matters for a child in out-of-home care, is determined by:

- the nature of Child Safety intervention
- the type of decision or consent required, either a custody or guardianship matter
- who has custody or guardianship under an order
- the level of the Child Safety officer delegated to make the decision or provide consent, when the chief executive has custody or guardianship of a child.

Decisions about custody and guardianship matters occur within the broader process of ongoing intervention and the principles that underpin this intervention, in particular, inclusive decision-making.

Prior approval for eligible child related costs must be obtained from the CSSC manager.

3.1 Determine who may decide a custody or guardianship matter

When a decision or consent is required for a child in out-of-home care, determine who has custody or guardianship of the child, based on the nature of Child Safety intervention or type of order, in accordance with the below table.

Nature of statutory intervention / order	Effect on custody and guardianship
Assessment care agreement	The parents retain custody and guardianship. The type of day-to-day care decisions the parents must be consulted about are included in the care

Nature of statutory intervention / order	Effect on custody and guardianship
	agreement.
Child protection care agreement	<p>The chief executive has custody, the parents retain guardianship.</p> <p>The type of day-to-day care decisions the parents must be consulted about are included in the care agreement.</p>
CPO - Directive order	The parents retain custody and guardianship.
CPO - Supervision order	The parents retain custody and guardianship.
Use of section 18 of the Act	The chief executive has custody, the parents retain guardianship.
TAO	The chief executive or parents have custody, the parents retain guardianship.
CAO	The chief executive or parents have custody, the parents retain guardianship.
Interim order (made on adjournment of CAO)	The chief executive has temporary custody or the parents retain custody, the parents retain guardianship.
TCO	The chief executive or parents have custody, the parents retain guardianship.
Interim order (made on adjournment of CPO)	A family member or the chief executive has temporary custody, the parents retain guardianship.
CPO - Custody order	A family member or the chief executive has custody, the parents retain guardianship.

Nature of statutory intervention / order	Effect on custody and guardianship
CPO - Short-term guardianship order	The chief executive has custody and guardianship.
CPO - Long-term guardianship order	The chief executive or another suitable person has custody and guardianship.
CPO - Transition order	The chief executive or suitable person retains custody or guardianship as per the existing child protection order for the duration of the transition order.

Based on the intervention type, determine who is responsible for deciding or providing the required consent, by referring to the relevant procedure:

- [3.5 Publication of information by the media](#)
- [3.6 Make medical decisions, including dental](#)
- [3.7 Make counselling decisions](#)
- [3.8 Make education decisions](#)
- [3.9 Make sporting and recreational activities decisions - daily and overnight](#)
- [3.10 Make decisions about culture and religion](#)
- [3.11 Make travel decisions - intrastate or interstate](#)
- [3.12 Make overseas travel decisions](#)
- [3.13 Apply for a passport](#)
- [3.14 Make family contact decisions](#)
- [3.15 Make a change to a child's surname](#)
- [3.16 Make decisions about a child's personal appearance](#)
- [3.17 Decide other guardianship matters.](#)

3.2 Facilitate decision-making - custody matters

When the decision or consent relates to a custody matter, advise the carer that they may legally make all custody decisions for a child in an out-of-home care placement, and subject to either:

- a child protection order
- a child protection care agreement, in keeping with the provisions documented in the agreement
- an assessment order or temporary custody order, in keeping with the provisions documented in the orders.

For a child subject to an assessment care agreement, only those matters agreed to by the parent and documented in the care agreement can be decided by the carer.

There may be some cases where it is agreed, that although the carers can make all custody decisions, the parents or the chief executive will decide or have input into specific custody decisions, particularly those which may be of a contentious nature, including:

- medical decisions
- education
- sporting and recreational activities
- the child's personal appearance.

Custody decisions to be made by either the parents or a delegated officer will be discussed with the carer and documented in the placement agreement - refer to [1.9 Complete a placement agreement](#).

Consult a senior officer where the decision is of a complex or sensitive nature

Regardless of who can decide a custody or guardianship matter, or provide consent, always consult with the team leader, senior practitioner or CSSC manager where the decision or consent is complex or sensitive.

This is necessary to ensure any potential complexities associated with the decision are evaluated.

3.3 Facilitate decision-making - guardianship matters

Where the **parent** has guardianship, obtain a decision or consent about guardianship matters from the child's parents. Both parents **must** provide consent for guardianship decisions, unless all reasonable attempts to locate and consult with one parent have been unsuccessful.

Where the **chief executive** has guardianship, obtain the decision or consent from the delegated officer, as outlined further in this procedure. The level of the Child Safety officer able to make the decision or to provide consent varies, depending on the delegations assigned by their instrument of delegation and this procedure.

Where a **suitable person** has long-term guardianship of a child, that person makes all guardianship decisions for the child, with the exception regarding the publication of information leading to, or likely to lead to, the identification of the child - refer to [3.5 Publication of information by the media](#).

Obtain the delegated officer's decision or consent

When the child is subject to an order granting guardianship to the chief executive, and a guardianship decision or consent is required:

- speak with the child, the parents and the carer to advise them of the decision-making process, and to obtain their views about the necessary decision or consent
- determine the delegated officer able to make the decision or provide the consent, and inform them of the decision or consent required, and the views of all parties
- obtain and record the delegated officers decision or consent, and where applicable, attach documents providing written consent to the relevant event in ICMS.

The delegated officer will ensure that the views of the recognised entity are considered for an Aboriginal or Torres Strait Islander child.

If the delegated officer is not available to make the decision, another equivalent or higher level delegated officer may do so. For example, if the CSSC manager is unavailable to make a guardianship decision, and the matter is urgent, another CSSC manager in the region or the regional director may be contacted.

Where a guardianship decision is likely to be particularly sensitive or contentious, the delegated officer may seek a decision, or consent, from a more senior delegated officer.

In some circumstances, only a senior executive officer, as the delegated officer, may decide a specific guardianship matter, for example, decisions about end of life medical treatment - refer to [8. What if a decision about end of life medical treatment is required?](#)

3.4 Communicate and record the decision

Communicate the decision or consent

Once the delegated officer or other decision-maker decides a matter or provides consent, inform all parties of the decision and where appropriate, the rationale for the decision.

Provide advice of review mechanisms

Ensure that all parties, particularly the child are informed of how to access applicable review processes, should they wish to have Child Safety decisions reviewed.

Decisions and consents with respect to custody and guardianship matters may be reviewed by a senior Child Safety officer or, through external review mechanisms, at the request of the child or a person acting on their behalf, for example, a parent or carer.

Review processes include, but are not limited to:

- the Child Safety complaints system, refer to [Chapter 10.17 Complaints management](#)
- the CCYPCG's Complaints Unit.

Ensure that the child receives appropriate support and assistance in accessing available review processes, if required.

Record information about custody and guardianship matters

In many circumstances, the provision and documentation of consent will occur through the completion and signing of official letters or forms. Otherwise, record the decision or consent in ICMS as a case note.

Record the following details, and place relevant documentation, on the child's file:

- decisions or consents that carers seek Child Safety advice about
- relevant information about the views of the child, parents and carers
- relevant information about the views of a recognised entity, where applicable
- guardianship decisions made by parents, including verbal and written consents and refusals, and their stated reasons

- guardianship decisions made by delegated officers, including the rationale
- documentation associated with the approval of child related costs.

3.5 Publication of information by the media

Regardless of who has guardianship of a child, the *Child Protection Act 1999*, section 189 requires that a person **must not**, without the written approval of the chief executive, publish information that identifies, or is likely to lead to the identification of, a child as:

- a child who is, or has been, the subject of an investigation under the *Child Protection Act 1999*, section 14
- a child in the custody or guardianship of the chief executive
- a child for whom an order is in force.

In such circumstances, the person who wishes to publish the information, usually a representative of the media, is responsible for contacting Child Safety to obtain approval.

3.6 Make medical decisions, including dental

Custody decisions

Custody (daily care) decisions relating to medical matters include:

- seeking the continuation of health treatments and administering prescribed medication for established conditions with the **exception of**:
 - psychotropic or other medications prescribed to manage behaviour or mental health conditions - refer to [2.3 Develop a child health passport](#)
 - medications being prescribed as part of a new treatment regime
- administering non-prescription medication and seeking routine medical attention related to common illnesses
- seeking routine dental treatment where a general anaesthetic is not required
- seeking urgent medical or dental treatment not requiring a general anaesthetic, blood transfusion or surgery
- resuming care of a child when they are being discharged from a hospital
- seeking treatment involving local anaesthetics
- seeking a second medical opinion (**only a guardian** can decide to **act** on a second opinion)
- seeking medical or other health treatment for non-routine, newly presenting conditions including diagnostic tests relevant to the presenting condition - for example, x-rays.

Guardianship decisions

The *Child Protection Act 1999*, section 13, allows a delegated officer to authorise the medical examination or treatment, including routine medical care, invasive medical examinations and surgical procedures, of a child subject to an order granting guardianship to the chief executive.

Guardianship decisions include:

- immunisation

- blood tests
- invasive medical and surgical procedures, examinations or considerations - for example, medical treatment involving general anaesthetic, blood transfusion, surgery, or the degree of care to be provided to a critically ill child
- use of psychotropic or other medications prescribed for behavioural or mental health conditions - for example, dexamphetamines and anti-depressants - refer to [2.3 Develop a child health passport](#)
- management of smoking behaviour
- acting on a second medical opinion
- contraception where one of the following applies:
 - a child is under 12 years of age
 - a child is not considered 'Gillick competent'
- pregnancy termination
- end of life decisions - refer to [8. What if a decision about end of life medical treatment is required?](#)

Medical decisions can only be made after consultation with the appropriate medical practitioner where the CSO obtains sufficient information about the:

- treatment, procedure or surgery
- possible side effects or restrictions the child may experience
- rehabilitation requirements
- medical follow up required, with any medical practitioner or health professional.

The table below outlines the delegated officer able to make decisions or provide consent in relation to medical matters when the chief executive has guardianship of a child.

Decision or consent	Delegated officer
Immunisation	CSAHSC team leader or manager, CSSC manager, regional director
Blood tests (excluding DNA testing) **	CSAHSC team leader or manager, CSSC manager, regional director
Routine medical care	CSAHSC team leader or manager, CSSC manager, regional director
Invasive medical and surgical procedures or considerations	CSAHSC team leader or manager, CSSC manager, regional director
Pregnancy termination	Regional director

Decision or consent	Delegated officer
Contraception <ul style="list-style-type: none"> • a child is under 12 years of age • a child is not considered “Gillick competent” 	Regional director
Acting on a second medical opinion	CSAHSC team leader or manager, CSSC manager, or regional director, depending on the type of illness/condition and proposed treatment
Prescribed medications to manage behaviour or mental health conditions	CSAHSC team leader or manager or, CSSC manager
DNA testing	Director-General
End of life decisions	Director-General

**** Note:** DNA testing is only to occur in exceptional circumstances and is assessed on a case by case basis, after consultation with the Senior Practitioner of the CSSC involved and Child Safety Practice Improvement.

The *Child Protection Act 1999*, section 97, provides the authority for a health professional to medically examine or treat a child subject to an order granting custody to the chief executive, including a child subject to a child protection care agreement. This provision may be utilised despite parents retaining guardianship of the child. However in using this provision, Child Safety officers must be guided by professional medical opinion and advice as to what constitutes reasonable examination or treatment in the circumstances.

In circumstances where a child protection order grants custody to the chief executive, but does not grant guardianship, the consent of the child's parents **must be obtained** for an end-of-life decision for the child. In this circumstance, the Director-General will **not** provide consent for an end-of-life decision for the child. If the parents cannot be located or will not consent, and the medical advice is that the proposed treatment, including the withholding of treatment should proceed, the CSO will inform the CSSC manager, who will immediately seek advice from Legal Services Branch. For further information, refer to 8. What if a decision about end of life medical treatment is required?

In circumstances where a child is presented to a health professional for medical examination or treatment, the CSO will provide the health professional with the letter Authority to medically

examine or treat a child in accordance with the *Child Protection Act 1999*, section 97. This letter clarifies the authority of the health practitioner to proceed with medical examination or treatment and the written consent of parents is not required.

Give careful consideration to proceeding with medical examination or treatment of a child subject to a child protection care agreement **without the full consent** of the parents, given the voluntary nature of the placement.

Where the **chief executive** has guardianship, delegated officers able to make decisions include CSAHSC team leader and manager, CSSC manager and regional director, **except** in relation to decisions about the degree of care to be provided to a critically ill child, DNA testing and the termination of life support.

In life threatening emergency situations where appropriate consents cannot be obtained prior to treatment, or the time taken to obtain appropriate consent would jeopardise the child's life, doctors have the legal authority to proceed with treatment.

Where a delegated officer provides the consent for a guardianship decision, for a child subject to a child protection order granting guardianship of the child to the chief executive, about applicable medical or dental needs, they will sign the Consent form - Operations and treatment. A copy of the form is to be attached to the relevant event in ICMS and either:

- the original forwarded to the relevant professional
- the original provided to the carer, to be provided to the professional.

Prior approval for all eligible child related costs must be obtained from the CSSC manager **unless** the expenditure is related to emergency medical or dental treatment.

Gillick competency

Health practitioners will apply the concept of '**Gillick competency**' in deciding whether a child can consent or whether the consent of a custodian or guardian is required for a medical procedure or treatment. 'Gillick competency' is a legal term referring to a child's ability to understand and provide consent. Where a child is Gillick competent, doctors are not required to notify parents or carers, although carers may be involved through their support of the child.

Smoking behaviour in children

In circumstances where a child is in the custody or guardianship of the chief executive, and the child is placed in accordance with the *Child Protection Act 1999*, section 82, decision-making around the child's smoking would rest with the chief executive due to the significance of this decision for the child and the potential long-term impacts on the health of the child.

A carer or staff member must not actively support a child's addiction, for example, by supplying cigarettes, setting aside an area specifically for children to smoke, or enabling or advising a parent to supply the cigarettes to the child for the period of their placement. Whilst a carer or staff member is not able to physically stop a child from smoking, they are obliged to actively discourage children from smoking.

When a child presents with a nicotine addiction, seek medical advice whenever a nicotine reduction strategy is planned to manage their addiction. This includes the use of nicotine patches or any similar treatments.

3.7 Make counselling decisions

CSOs and team leaders can make **custody** (daily care) decisions about counselling that are consistent with case decisions and the child's case plan.

Decisions or consents in relation to counselling and therapies that are **not** part of the agreed case plan must be provided by the **guardian**. When a child is in the guardianship of the chief executive, a CSSC manager is the delegated officer able to make guardianship decisions about counselling.

3.8 Make education decisions

Custody

A carer can make the following custody (daily care) decisions:

- variations to school routine, including day excursions of low to moderate risk or interstate
- sporting and recreational activities of low to moderate risk, undertaken at school
- signing school reports
- child care, excluding financial approval for child care
- curriculum related activities, including but not limited to swimming, arts council and religious education consistent with the views/beliefs of the child and their family.

A CSO or team leader can also make these decisions, where required.

Under the *Education (General Provisions) Act 2006*, both custody and guardianship to the chief executive comes within the meaning of parent. Where enrolment or a change of school is assessed as being in the child's best interest, and the parent is unwilling or unavailable to consent, the team leader can make this decision.

Guardianship

The table below outlines the delegated officer able to make a decision or to provide consent in relation to education matters where the chief executive has **guardianship** of a child.

Decision or consent	Delegated officer
Enrolling a child in a school.	team leader
Day excursions involving high and very high risk activities.	team leader
Sporting or recreational activities involving high and very high risk activities.	team leader

School camps.	CSO
Educational adjustment program for students with disabilities.	team leader
Work experience, including school-based apprenticeships and traineeships.	CSO
The decision to seek dispensation from compulsory schooling, that is, for a child to leave school prior to the compulsory school leaving age.	CSSC manager

3.9 Make sporting and recreational activities decisions - daily and overnight

Custody

A carer can make the following custody (daily care) decisions:

- sporting and recreational activities not involving high or very high risk activities
- taking a child on family outings that do not conflict with family contact arrangements or the case plan
- allowing a child to stay with another person for a period of up to two nights - for example, a sleep-over at a school friend's house.

A CSO or team leader can also make the decisions outlined above, where required.

If an activity is considered to be of high or very high risk, refer to [7. What if a child wishes to participate in a high or very high risk activity?](#)

Guardianship

Allowing a child to be in the care of another person for three nights or more requires a decision by the child's guardian. Where a child is in the guardianship of the chief executive, a CSSC manager is the delegated officer.

This decision-making capacity is intended to be used to normalise the activities of the child, for example, a weekend away with friends. It is **not** intended as a substitute for placement decision-making or to override regulation of care requirements.

3.10 Make decisions about culture and religion

Custody

Carers, CSOs or team leaders can make custody (daily care) decisions about the child's observance, maintenance or participation in cultural and religious events and activities, including

religious education at school. These decisions must consider and **be consistent with** the views or beliefs of the child and their family.

Guardianship

Decisions about the child's observance, maintenance or participation in cultural and religious events and activities that are **not consistent** with the views of the child and their family must be made by the guardian.

Where a child is in the guardianship of the chief executive, a CSSC manager is the delegated officer able to make a guardianship decision about culture or religion.

For an Aboriginal or Torres Strait Islander child, consult the recognised entity around these issues to ensure carers are supported to maintain the child's family and community cultural connections.

3.11 Make travel decisions - intrastate or interstate

Consent for decisions regarding travel for a child is dependent on:

- who has custody and guardianship decision-making responsibilities for the child
- the proposed type of travel, for example, air travel or non-air travel
- whether there are any costs associated with the travel
- the destination - intrastate, interstate or overseas
- the duration of the travel.

Where a suitable person has been granted long-term guardianship of a child, there is **no** requirement for Child Safety to approve the travel.

When a carer and a child in out-of-home care intend to travel within the state for up to three nights, or interstate for a day trip, the carer is not required to seek consent from Child Safety, unless travel costs are likely to be sought.

When a carer and a child in out-of-home care, or a child in out-of-home care, will be away from their usual residence for an extended period, for example, on holiday, advise the carer they are required to provide their contact details to the CSO with case responsibility.

When interstate travel occurs for the purpose of family contact or a holiday with kin, refer to the requirements to involve the ILO, as outlined in [2.5 Facilitate and monitor family contact](#).

For further details on the planning, approval and reporting requirements for undertaking travel, refer to the [Travel - Domestic and Overseas](#) policy.

The table below outlines who is able to provide consent for travel and approve travel costs, where the chief executive has **custody** or **guardianship** of a child.

Approval for travel (no cost) when the chief executive has custody	
Type of travel	Person

Intrastate non-air travel up to three nights and not in conflict with the case plan or family contact arrangements.	Carer
Intrastate non-air travel of greater than three nights or in conflict with the case plan or family contact arrangements.	Parent CSSC manager
Intrastate air travel.	Parent CSSC manager
Interstate non-air day trips not in conflict with the case plan or family contact arrangements.	Carer
Interstate non-air travel in conflict with the case plan or family contact arrangements.	Parent CSSC manager
Interstate air travel.	Parent Regional director
Overseas air travel.	Parent Regional director
Approval for travel (no cost) when the chief executive has guardianship	
Type of travel	Person
Intrastate non-air travel up to three nights and not in conflict with the case plan or family contact arrangements.	Carer
Intrastate non-air travel of greater than three nights or in conflict with the case plan or family contact arrangements.	CSSC manager
Intrastate air travel.	CSSC manager
Interstate non-air day trips not in conflict with the case plan or family contact arrangements.	Carer
Interstate non-air travel in conflict with the case plan or family contact arrangements.	CSSC manager
Interstate air travel.	Regional director
Overseas air travel.	Regional director

Financial delegate approval for travel costs when the chief executive has either custody or guardianship

Type of travel	Financial delegate
Intrastate air and non-air travel.	CSSC manager
Interstate air and non-air travel.	Regional director
Overseas travel.	Director-General

3.12 Make overseas travel decisions

The consent of the guardian is required for a child in out-of-home care to travel overseas.

Where a suitable person has been granted long-term guardianship of a child under the *Child Protection Act 1999*, there is **no** requirement for Child Safety to approve, or to inform the Director-General of, the overseas travel, and financial support is not available.

Where overseas travel occurs for the purpose of family contact or a holiday with kin, refer to the requirements to involve the ILO, as outlined in [2.5 Facilitate and monitor family contact](#).

Where the **chief executive** is the guardian, the regional director **must** approve the overseas travel.

Where there are costs to be met by Child Safety related to the overseas travel for the child, for example, overseas airfares, accommodation costs and domestic flights, approval **must** be sought from the Director-General.

Director-General approval of significant costs will be based on the following eligibility criteria:

- to maintain family contact where it is assessed as essential for the well-being of the child or to support a reunification plan
- to enable a gifted child to participate at an international level in their field of excellence, for example, sporting or academic competitions
- in cases where exceptional circumstances demonstrate that overseas travel is essential in maintaining a child's safety, best interests and well-being.

Approval for overseas airfares and accommodation costs will not be given for a child in out-of-home care to participate in school excursions to an overseas country.

Incidental costs for overseas travel, such as passport fees, visas and travel insurance may be approved by the CSSC manager.

Where Director-General approval is required for overseas travel costs, any applicable letters of advice to the carer will be prepared by the Child Safety Service Centre, signed by the Regional Director and forwarded to Executive Services with the approval request.

Where a child in out-of-home care has been approved to travel overseas and the carers are covering the costs of the travel, the Child Safety Service Centre should prepare an accompanying draft letter for the Regional Director's signature to either the carers or young person travelling (whichever is appropriate under the circumstances). The above correspondence should then be sent to the regional office and include the carer's name and address, along with the request for the regional director's approval for the travel.

Note: Staff are encouraged to seek travel advice from the Department of Foreign Affairs and Trade (DFAT) by telephone on (07) 1300 555 135 or to refer to the [Smartraveller](#) website for information regarding security and/or health risks relating to the proposed travel destination.

3.13 Apply for a passport

Where a child in out-of-home care does not have a current passport and requires one, the *Australian Passports Act 2005* requires that the passport application **be signed by all persons** with parental responsibility, that is, both the guardian and the person who has custody of the child.

If a person other than the parents has guardianship, the parents are **not** required to sign the passport application, however, they will be informed of the proposed travel and have their views sought, where possible.

In addition to the passport application, the [DFAT Form B-10](#) must be completed and signed by either:

- the regional director, where the chief executive has guardianship
- the suitable person, where a suitable person has guardianship.

The table below outlines the forms required, and the persons responsible for signing the relevant forms.

Type of child protection order	Forms	Type of consent required
Guardianship to the chief executive.	Australian Passport Child Application Form DFAT Form B-10	Regional director Note: parental consent is not required.
Guardianship to a suitable person.	Australian Passport Child Application Form DFAT Form B-10	Suitable person Note: parental consent is not required.

Custody to the chief executive, including an interim order.	<u>Australian Passport Child Application Form</u>	Regional director and parents
Custody to a suitable person.	<u>Australian Passport Child Application Form</u>	Suitable person and parents

Where parental consent is required and either or both parents decline to sign the passport application, or are unable to sign, discuss the matter with the team leader, who may seek advice from Legal Services Branch.

Foster and kinship carers will be reimbursed for the purchase of a passport for a child, including the cost of the application and the child's photograph.

3.14 Make family contact decisions

Carers and CSOs can make **custody** (daily care) decisions with regard to family contact arrangements if they are consistent with case decisions and the case plan. These decisions must take into consideration the views of the child, their carer, the family and service providers, if applicable. For information and guidance to inform the family contact decision-making process, refer to the [Practice guide: The assessment of harm and risk of harm](#).

Any decisions with regard to making or varying family contact arrangements for a child in the custody or guardianship of the chief executive, where they substantially conflict with the agreed case plan, or are likely to result in significant issues for the child or their family members, must be made by the team leader or the CSSC manager. For further information refer to [2.5 Facilitate and monitor family contact](#).

3.15 Make a change to a child's surname

In some circumstances a child may request that they be referred to by a different surname. The child's views must be given consideration, and the child supported, where appropriate.

The legal change of surname requires the consent of the child's **guardian**. Where a child is in the guardianship of the **chief executive**, the CSSC manager is delegated to make a decision about the child's surname.

3.16 Make decisions about a child's personal appearance

A child has the right to have their views considered in relation to their personal appearance, including haircuts, clothing, jewellery and piercing. If the decision may become contentious, the carer should consult the CSO with case responsibility.

For example, the decision to have a child's hair cut is a custody decision that the carer may make. If the child has always had long hair, and the carer wants their hair cut short, the CSO or team leader may decide to:

- ask the child's parents to make the decision

- make the decision, after considering the views of the child, their parents and the carer.

Tattooing or intimate body piercing is unlawful for a child under 18 years.

3.17 Decide other guardianship matters

The decision for a young person under 18 years of age to marry, or to join the Australian Defence Forces, requires the consent of the **guardian**. Where a child is in the guardianship of the chief executive, a regional director is the delegated officer able to provide consent for these decisions.

4. Conclude an out-of-home care placement

4.1 Conclude the child's placement in out-of-home care

When a child is placed in out-of-home care, the conclusion of the placement needs, as far as practicable, to:

- be a planned event
- occur in a way that maximises support for the child during their transition home or to a new placement
- be consistent with the child's case plan.

Plan the placement change

Planning a placement move for a child occurs within the broader context of case planning and review procedures, as outlined in [Chapter 4. Case planning](#).

To manage the conclusion of a placement in the best interests of the child:

- review the case plan outcomes achieved during the placement with the child and family
- identify and articulate the specific roles of the CSO and carer in assisting the child with the transition
- determine how and when the child will leave the placement - ensure that all the child's possessions go with them
- ensure the views and wishes of the child are considered in the process - refer to the practice resource [Participation of children and young people in decision-making](#) and the [Children and young people's participation strategy](#)
- adequately prepare the child for the move, to the extent possible within existing timeframes
- facilitate the involvement of relevant support workers for the child and the carer
- facilitate an opportunity for the child, the carer and household members to say goodbye to each other
- determine the level of future involvement by a carer following the placement change, if continuity of the relationship is important for the child's emotional needs.

In consultation with the team leader or CSSC manager and, if applicable, the foster and kinship care service, consider whether to hold a meeting with a foster carer to review the foster carer agreement - refer to [Chapter 8. Regulation of care](#).

Manage the unplanned conclusion of a placement

In some circumstances, it is not possible to plan the conclusion of a placement. Urgent placement changes may be required:

- to ensure a child's immediate safety or well-being
- due to the level of the child's support needs
- when an approved carer, licensed care service or another entity requests an immediate placement change in response to a crisis situation, where the crisis cannot be immediately resolved to avoid the unplanned conclusion of the placement.

In circumstances where a child leaves a placement and self-places with parents, immediately undertake a safety assessment as outlined in [Chapter 2. Investigation and assessment](#). If the outcome of the safety assessment is 'unsafe', the child **must** be immediately removed to a safe placement.

If a child refuses to return to the out-of-home care placement, take the following action:

- negotiate with the child to go to an alternative placement
- consult with the child's parents about options for the child
- consult with the recognised entity about safe, compatible placement options for an Aboriginal or Torres Strait Islander child
- consider whether a person in the current residence, or another person who is kin to the child can be provisionally approved to care for the child - refer to [Chapter 8. Regulation of care](#).

If the child self-places with another family member or family friend, complete an assessment of that person as a kinship carer. The child can only remain in the placement if the carer is granted provisional approval while the kinship carer assessment is being undertaken - refer to [Chapter 8. Regulation of care](#).

If a child subject to a long-term guardianship order to a suitable person leaves the **direct care** of their long-term guardian, take action in accordance with [Chapter 3, 1. What if a suitable person has long-term guardianship?](#)

If the Childrens Court decides not to grant a subsequent child protection order or revokes an existing order, a transition order may be considered to continue the existing child protection order for up to 28 days. This will enable the child's gradual transition from an out-of-home care placement to their parent's full-time care. Refer to [Chapter 3, 2.9 Apply for a transition order](#) for further information.

Respond to the child's request to leave a placement

Where a child requests to leave a placement, attempts should be made to resolve the issues leading to the request, **unless** the move is necessary for a child's immediate safety or well-being.

In other circumstances, if a child requests to leave the placement:

- meet with the child as soon as possible to:
 - establish the reasons for the child's request
 - obtain contextual or background information on any issues raised by the child
 - allow the child an opportunity to express any feelings they may be experiencing
 - work through identified issues to achieve a positive outcome
- seek the views of all relevant parties, including the child's parents and the carer or service, where applicable, to identify strategies for resolving identified issues and to maintain the child's placement
- consider whether a review of the child's case plan is necessary.

If a child, who is at or above school leaving age, expresses a wish to leave the placement with a view to living independently, the request is to be considered in consultation with the team leader or CSSC manager, taking into account:

- the availability of licensed supported independent living services
- the circumstances of the individual case, including details of transition from care planning and outcomes achieved to date - refer to [2.9 Plan and support the young person's transition from care to independence](#)
- the child's ability to make sound judgements about their own safety, well-being and self-development - refer to the practice paper [A framework for practice with 'high risk' young people \(12 -17 years\)](#)
- the capacity of the child to live independently
- the requirements of the Department of Education, Training and Employment in relation to compulsory schooling - refer to [2.9 Plan and support the young person's transition from care to independence](#)
- eligibility criteria for Commonwealth benefits - refer to the [Centrelink](#) website
- the views of all relevant parties, including the child's parents and for an Aboriginal or Torres Strait Islander child, the recognised entity.

In this circumstance, consider reviewing the child's case plan in order to include the necessary services required to prepare and assist the child for their transition to independent living.

Respond to a request by the carer for a child to leave a placement

Where a carer requests that a child leave the placement prior to the agreed date recorded in the placement agreement, attempt to resolve the presenting issues, **unless** the move is considered necessary for a child's immediate safety or well-being.

In this circumstance, the CSO with case responsibility will:

- hold an emergency meeting, as soon as possible, to be attended by:
 - the child, if considered appropriate
 - the carer
 - the Child Safety out-of-home care worker, manager, coordinator or support worker or staff member of a licensed care service or another entity
 - a worker from the recognised entity, if applicable

- the team leader or CSSC manager, if necessary
- consider the following matters:
 - issues identified by the carer and the child
 - stressors associated with the current placement
 - any support, training or resources that may support the placement, for example, respite or flexible funding
 - safety issues associated with the placement, including the impact on other children in the placement and the family of the carer.

Where it is agreed that the child's placement is to continue, consider:

- reviewing the case plan
- updating the placement agreement - refer to [1.9 Complete a placement agreement](#).

Manage concerns associated with the placement

Where there are concerns about the quality of care provided to a child in an out-of-home care placement, and the child remains in the placement, consult with the team leader or CSSC manager to:

- determine whether any of the issues constitute a matter of concern - refer to [Chapter 9. Matters of concern](#)
- ensure the child's safety needs will continue to be met
- assess whether the goal and outcomes agreed in the child's case plan have been met or need to be renegotiated
- decide whether any meetings or reviews are required, in accordance with case planning requirements - refer to [Chapter 4. Case planning](#).

Provide information to the child, parents and the carer

When a decision is made to conclude an out-of-home care placement, regardless of whether it is planned or unplanned:

- advise the child, their parents, the carer and service, if applicable, of the decision and the reasons for the decision
- provide the child, their parents and the carer with information about accessing the complaints system of Child Safety should they wish to have the decision reviewed
- provide the child with written notice of the removal decision, including reasons for the decision and advising them that they have 28 days to seek a review of the removal decision, by QCAT
- provide the child and their family (unless a decision to withhold all or some placement information has been made) with information about the new placement and further planned actions, if the child is not returning to their parents care
- contact the child's school and other agencies undertaking casework services with the child and family, to advise of the change of placement and to provide updated placement details, if applicable.

Implement actions relating to the carer

When a child leaves a placement:

- inform the child's carer:
 - that the fortnightly caring allowance for the child will cease
 - of their responsibility to advise Centrelink of the conclusion of the child's placement
 - of the need for them to complete a Conclusion of a placement form
- arrange to meet with the carer to collect all documents of relevance to the child, including, where applicable:
 - the completed 'Conclusion of Placement' form
 - the child's birth certificate
 - the child's Medicare card and health care card
 - the child health passport folder
 - the child's school reports
 - bank account details and associated documentation, including a key card, if applicable
- collect all of the child's personal belongings and records, which must be transported to the child's next household.

Following the conclusion of the placement, contact the carer to discuss the outcomes of the placement, including:

- identified strengths demonstrated in managing the placement
- learning and support needs for future placements.

If required, vary the foster carer agreement, based on the experience gained through the placement.

Removal of child - right of review by carer

A carer, excluding a provisionally approved carer, is entitled to seek a review by QCAT of the decision to remove a child from their care (*Child Protection Act 1999*, section 91).

If a child is subject to a child protection order which grants the chief executive long-term guardianship, the carer has the right to seek a review of the decision to remove the child from their care, regardless of the reason for removal.

If a child is subject to a short term child protection order which grants the chief executive custody or guardianship, the carer has the right to seek a review of the decision to remove the child from their care **only** where the stated reason for the decision is that they are no longer a suitable person to have the care of the child or is no longer able to meet the statement of standards.

Where applicable, provide the carer with Letter to carer - removal of a child (section 89).

Complete administrative requirements

Ensure that the following documentation is completed or updated as soon as practicable following the conclusion of a placement, and where appropriate, filed on the child's and/or carer's file:

- an Approved Carer Placement - Addition and Deletion Advice
- the Child information form - Part A and Child information form - Part B

- the placement details on the child's paper file
- a Child Safety After Hours Service Centre: After hours referral form, if applicable
- a 'Conclusion of a placement' form (completed by the carer) - place the original on the child's file and provide a copy to the new carer or to the parents, where the child returns home
- an updated foster carer agreement, if applicable
- the Letter to Medicare - change of address - refer to 2.2 Obtain Medicare details, a Medicare card, Health care card.

For additional requirements when concluding a placement for a child subject to a care agreement, refer to Chapter 6, 3. Place a child using a child protection care agreement.

What ifs - responding to specific out-of-home care matters

1. What if a child requires a placement with another entity (82(1)(f))?

The *Child Protection Act 1999*, section 82(1)(f), allows for a child to be placed in the care of another entity, other than an approved carer or licensed care service, **only** when that entity is the most appropriate for meeting the child's particular protection and care needs. This applies when a child in out-of-home care is subject to one of the following:

- a care agreement
- an assessment order
- a temporary custody order
- an interim order
- a child protection order granting custody or guardianship to the chief executive.

Refer to the practice resource Placements with another entity - 82(1)(f) for details of placements with another entity and placements that fall outside of the *Child Protection Act 1999*, section 82(1)(f), such as a disability or mental health facility.

Determine whether an 82(1)(f) placement is appropriate

Any placement under the *Child Protection Act 1999*, section 82:

- must comply with the statement of standards (*Child Protection Act 1999*, section 122)
- can only be made in services where staff are required to undergo criminal history screening through the CCYPCG's blue card process.

Prior to assessing the suitability of an 82(1)(f) placement:

- determine the placement option best able to meet and respond to the child's level of support needs. If required, make a referral to the PSU - refer to 1.3 Determine the appropriate level of support needs and 1.4 Determine the most suitable placement type
- provide the recognised entity with an opportunity to participate in the placement decision-making process for an Aboriginal or Torres Strait Islander child

- consult with the relevant team leader or CSSC manager, where the proposed placement is physically located in another geographical area - for further information refer to [Chapter 3, 3. What if an ongoing intervention case needs to be transferred to another CSSC?](#)

Assess the suitability of the proposed 82(1)(f) placement

Because another entity's compliance with key provisions of the *Child Protection Act 1999* is not monitored via a licensing arrangement or a carer approval process, a Child Safety officer will gather information to assess whether the care provided will be consistent with the statement of standards and that the entity understands their critical obligations under the *Child Protection Act 1999*. For example, request information from the entity about whether they are undergoing licensing or are regulated by a government agency. Refer to practice resource [Meeting the statement of standards](#) in completing the assessment and provide the entity with a copy of the [Standards of care](#).

The assessment will:

- consider whether the care provided by the entity is subject to regulation by a government agency such as Disability Services
- determine whether the entity is willing to act in accordance with reasonable directions from Child Safety and work cooperatively to meet the goal and outcomes of the child's case plan
- consider the length of the proposed placement and the child's age and development
- ensure that:
 - the placement is able to facilitate family and cultural contact for an Aboriginal or Torres Strait Islander child
 - the entity uses appropriate behaviour support strategies consistent with the statement of standards and Child Safety policies
 - the entity is aware of the requirements for reporting harm to children in out-of-home care to Child Safety
 - care will be provided by workers who pose no risk to the child's safety, have a current blue card, are able and willing to protect the child from harm and able to provide care that is consistent with the principles of the *Child Protection Act 1999* (section 5)
 - the entity agrees to legislative confidentiality requirements (*Child Protection Act 1999*, sections 187 and 188)
 - the premises where the child is to be placed is safe and suitable for their needs
 - the placement will assist a child to gain positive life skills and a sense of well-being
 - appropriate strategies and interventions will be implemented for a child who has been sexually abused or has engaged in sexually abusive behaviour - if applicable refer to the practice resource [Children with sexual abuse histories](#)
 - other people residing at the premises are an appropriate peer group, considering the child's age and gender.

Obtain approval for the placement

Following the assessment, seek approval for the placement from the team leader.

Where the entity is **not** grant funded, financial costs associated with the placement will require approval by the financial delegate - refer to the [Business Rules for Transitional Placements 2010](#).

Decide the provision of placement information to parents

Prior to placing the child:

- assess and provide placement information to parents - refer to [1.8 Assess the provision of placement information to parents](#) and [1.10 Provide placement information to parents](#)
- complete a placement agreement - refer to [1.9 Complete a placement agreement](#)
- commence the child's placement in accordance with [1.11 Place the child in out-of-home care](#) and provide the entity with an 'Authority to care for child' form and a copy of the child's case plan.

Monitor and review the child's placement

Placements with another entity require an additional level of monitoring by the CSO with case responsibility to ensure that the standards of care are met.

The team leader is required to monitor the ongoing level of contact between the CSO and the child and regularly review that the placement continues to be the most appropriate for meeting the child's protection and care needs.

Matters of concern

Child Safety staff must inform staff members of another entity about the statement of standards and what constitutes matters of concern. Where any concerns about the quality of care provided, refer to [Chapter 9. Matters of concern](#).

2. What if I have concerns about the quality of care provided to a child?

Child Safety is responsible for monitoring out-of-home care placements to ensure that the level of care provided by the carer is consistent with the statement of standards (*Child Protection Act 1999*, section 122), and for taking preventative action to resolve identified concerns before they escalate into matters of concern.

Regardless of the provisions within the case plan for contact with the child and the carer, ongoing assessment and monitoring of the care environment and the quality of care provided, is a vital component of case work with the child.

Where issues are identified, discuss the matter with a team leader or senior practitioner to determine whether a matter of concern is the appropriate response. For further information, refer to [Chapter 9. Matters of concern](#).

3. What if a child is to be removed from an out-of-home care placement?

A CSSC manager, regional director or CSAHSC manager or team leader may decide to remove a child from a placement, if:

- satisfied it is in the child's best interests
- an agreement cannot be reached with a carer regarding the level of placement information to be provided to parents, refer to [1.8 Assess the provision of placement information to parents.](#)

Removal may be considered to be in the child's best interests when there is a serious issue for the child or carer, for example, a safety issue for the child, a matter of concern or conflict between a child and carer. As far as practicable, the removal of the child is to occur in a way that is the least traumatic or disruptive for the child.

If the child is subject to a child protection order granting custody or guardianship to the chief executive:

- provide written notice of the decision to the child, having regard to their age and ability to understand, in accordance with the *Child Protection Act 1999*, section 90
- discuss with the child the internal and external review options available to them
- provide written notice of the decision to the child's carer - [Letter to carer - removal of a child \(section 89\).](#)

Note: Under the *Child Protection Act 1999*, section 90 and 91, parents and staff members are **not** able to seek a review of this decision by the Queensland Civil and Administrative Tribunal.

Should a parent, a carer or staff member disagree with a decision by Child Safety to remove a child, inform them of the review mechanisms available - for further information about complaints, refer to the [Child Safety Feedback and complaints website.](#)

4. What if family contact needs to occur in a correctional facility?

In some circumstances, family contact visits for a child in out-of-home care will need to take place in a correctional facility. These visits are referred to as a 'personal visit'. Queensland Corrective Services (QCS) requires that all 'personal visits' are booked in advance, regardless of whether the visit is one-off or a regular occurrence.

Contact with parents or other family members in correctional facilities may include visits, telephone calls, letters and video conferencing. In addition to the procedures informing decisions about family contact outlined in [2.5 Facilitate and monitor family contact](#) and the practice resource [Facilitating family contact](#), when deciding the frequency and type of contact to occur with parents or other family members in correctional facilities, consider the following:

- the case plan goal
- the child's age and development
- the child's views and wishes about if and how the contact should be conducted
- the child's physical and emotional safety within the correctional facility
- the quality of relationship with the parent or family member
- the history of child protection concerns relating to the child and parent or family member
- the nature of the charges against the parent or family member, and whether they relate to the child or other family members

- the length of the parent or family member's sentence (if brief, it may be in the child's best interests to delay contact until the parent or family member's release)
- the distance between the child's placement and the correctional facility, and the disruption that travel to and from visits may cause to the child
- the parent or family member's access to telephone calls, and whether the child's need for family contact can be met by telephone contact.

The decision regarding the type and frequency of family contact will be regularly reviewed, giving ongoing consideration to the above, as well as:

- the child's views about the quality of contact
- the child's behaviour and interactions during contact
- the carer and/or direct-care worker's observations of how the child behaves and before and after visits.

All decisions regarding the frequency and type of contact should be made in consultation with the respective correctional facility, taking into consideration the particular guidelines and protocols of the facility, and any conditions specific to the individual.

Corrective Services may not allow visits or telephone calls, depending on:

- the level of security under which the family member has been placed
- the family member's conduct at the correctional facility
- the nature of the charges against the family member
- the need to protect the family member from other inmates of the correctional facility (for example, if the family member has been charged with sexual assault of a minor).

It is the responsibility of Corrective Services to assess these factors, and the timely provision of relevant information by Child Safety will assist the correctional facility to make the decision.

Some correctional facilities will only allow 'non-contact' visits (that is, visits in which prisoners and visitors are separated by a glass barrier) until after a preliminary period in which the prisoner can be assessed and approved for 'contact' visits. The correctional facility may not allow children at 'non-contact' visits. When a parent or significant family member is placed in a correctional facility, contact the facility to enquire about protocols and guidelines for child visitors, as well as restrictions that may apply at the time of the proposed visit.

Due to the nature of charges against the family member, the court may rule that contact cannot occur between the child and family member, for example, if the child's parent has been charged with murder of the child's siblings. Contact the Department of Public Prosecutions to gather information about any such restrictions.

Where it is decided that family contact is appropriate, but contact visits are not permitted by the correctional facility, seek alternative means such as telephone calls and video conferencing.

Contact details for each correctional facility are available on the [Corrective Services website](#).

To arrange a family contact visit at a correctional facility:

- contact the facility seven days in advance to arrange a booking

- complete a Form 27 Approval for Access to a Corrective Services Facility and Visit a Prisoner (Personal Visitor) (Form 27) for each child, Child Safety officer or other person who will be attending the visit
- if the child is to be accompanied by someone else, complete a letter from the guardian confirming the arrangement and attach it to the 'Form 27' for that person - to determine who the guardian is, refer to 3.1 Determine who may decide a custody or guardianship matter
- forward the necessary documentation to the correctional centre.

Once at the correctional facility:

- each visitor will be advised of the conditions of entry to that facility, including standards of dress and searches - refer to the Department of Corrective Services - Safety and Security resources for more information
- the Child Safety officer must show facility staff a current identification card, or provide identification as outlined in the 'Form 27' - do not display the identification card during the visit
- the Child Safety officer will either accompany the child on the visit or take them to the reception area where a Corrective Services Officer will escort the child to the visits area, and collect them at the end of the visit from the reception area.

In addition:

- it is an offence under the Corrective Services Act 2006 for any person to obtain entry to a corrective service facility under a false identity or knowingly provide false information in a 'Form 27'
- any visitor who breaches a condition of visitation or access or fails to comply with an order of the person in charge, or otherwise prejudices the security and good order of a corrective service facility, may be ordered to leave the facility - reasonable force may be used to remove the visitor from the facility if they fail to comply with an order to leave the facility (*Corrective Services Act 2006*).

5. What if a child requires or has a bank account?

The process of opening and managing a bank account may apply to any child in out-of-home care, but there are different requirements depending on the child's order.

Where the **chief executive has guardianship** of a child:

- decisions about opening and managing the child's bank account must be made by the team leader, as the delegated officer
- the account is to be in the child's name, rather than in joint names - if the bank policy requires a joint account, the team leader will be the other account holder
- under **no** circumstances will a Child Safety officer open an account for a child solely in the Child Safety officer's name

- the team leader is to accompany the child to the local branch to open the bank account, and bank staff may assist with decisions about the child's capacity to open and manage an account in their own name.

For further information refer to the practice resource [Bank accounts](#).

Where a child is subject to a custody order and the **parents retain guardianship**:

- a parent must make decisions and provide consents in relation to opening and managing the child's bank account
- the parent will be the co-signatory if a joint account is required due to the child's age or developmental ability
- the CSO with case responsibility will discuss any concerns in relation to the manner in which the child's bank account is being managed, with the team leader.

Open an account where another person has guardianship

When a suitable person has been granted long-term guardianship of a child, they may make decisions about opening and managing bank accounts, taking into account the child's views.

Manage low level concerns about the child's ability to manage financial matters

When low level concerns exist in relation to a young person's ability to manage their financial matters, consider their needs and the services that may assist when planning for their transition from care.

Protect the child's financial rights and interests

If a child has significantly impaired decision-making, consult with the team leader, and take steps to protect the child's rights and interests in relation to managing their financial matters. This may be particularly relevant for a young person in receipt of a Disability Support Pension, or for those approaching 16 years of age who will become eligible to receive the Disability Support Pension.

When a young person who may be eligible to receive a Disability Support Pension, turns 16 years of age, contact Centrelink to advise that payment of the Disability Support Pension, if approved, can be made directly to the young person's bank account. Where a young person's decision-making is impaired consider a referral to the [Public Trustee](#) for management of funds once the young person has turned 16.

If the young person is over 17 years of age, and it is considered their financial interests need to be protected after leaving care, consult with the team leader about applying to have a guardian or administrator appointed by the Guardianship and Administration Tribunal. For further information, refer to [2.9 Plan and support the young person's transition from care to independence](#).

Record relevant details and file documentation

Record all relevant details and documentation in ICMS or on the child's file, especially guardianship decisions made and consents provided by the team leader, as the delegated officer.

6. What if a child is employed in the entertainment industry?

In Queensland, the employment of children is governed by the *Child Employment Act 2006* and the *Child Employment Regulation 2006*. Legislative regulations covering the employment of children in the entertainment industry:

- limit the amount of work children can perform to 40 hours per week
- outline education requirements for children working in the entertainment industry
- clarify the role of parents and supervisors.

The legislation currently requires employers to inform parents of the existence of the guide and provide them with a copy if they request it, and to have a signed parenting consent form from the child's guardian, before employing the child.

The child's guardian is required to sign the parenting consent form. Where a child is in the guardianship of the chief executive, the CSSC manager is the delegated officer able to sign the parenting consent form.

Further information may be obtained from the [Department of Justice and Attorney-General](#) website.

7. What if a child wishes to participate in a high or very high risk activity?

Where parents retain guardianship, they must provide consent for a child to participate in high or very high risk activities. When a child is in the guardianship of the chief executive, the consent of the team leader, as the delegated officer, is required.

Provide the child with information about the approval process and explain that a decision will be made, or obtained, in a timely way, so as not to prevent the child from undertaking the activity, should consent be given. Once a decision is made, inform the child of the outcome.

Gather information about the activity

To inform the decision about a child's participation in the activity, gather the following information:

- the nature, qualifications and credentials of the organisation or individuals providing the activity
- what protective strategies can be taken to minimise the level of risk including:
 - the level of adult supervision to be provided during the activity
 - the supply and enforced use of compulsory safety equipment, for example, whether a Type 1 PFD (personal flotation device) is available when participating in boating activities
 - the child's access to necessary safety equipment, for example, if the carer will support the child to have a mouthguard fitted
- the potential hazards and risk level of the activity (see below)
- the insurance provisions provided in the event of an accident.

Determine the level of risk

The risk associated with high and very high risk activities may be mitigated by the use of protective equipment, or participation under specific guidelines (age restriction, adult supervision, codes and regulations)

The [Queensland Injury Surveillance Unit](#) (QISU) website contains Injury Bulletins on a range of injury topics. These bulletins discuss risk factors that contribute to injuries, based on Queensland Hospital emergency department injury surveillance data, and relevant preventative strategies.

QISU staff can provide advice about protective strategies for children who intend to participate in activities, but require seven days minimum to respond to any request. They **cannot** calculate the relative risk of injury. Review the Injury Bulletins before making a request for information.

High risk and very high risk activities may be defined as activities where:

- there is a high risk of injury to the child or other persons if the equipment or procedures associated with the activity are not used in the prescribed manner
- there is a risk of severe injury to the child or other persons
- there is a high likelihood, high probability or frequency, and/or a significant consequence or impact of an injury or event occurring
- a high level of adult supervision of all aspects of the activity is required.

Activities that may be considered high or very high risk include but are not limited to, white water rafting, rock climbing and abseiling and high ropes courses.

The participation of 16 and 17 year olds in such activities will be discussed directly with them with a view to increasing the young person's decision-making skills. Check the indemnity forms for activities, as some activities may allow consent by a young person aged 16 or 17 years.

Carers may provide consent for activities that are not assessed as being high or very high risk.

Gather information about the suitability of the activity for the child

Gather the following information to inform the decision about the suitability of the activity:

- the views of the child, parents and carer about participation in the activity, and the suitability of the activity in relation to the child's age, developmental level and experience
- the suitability of the activity in relation to the needs of the child, as identified in their case plan

Request consent from the child's guardian

Guardianship with the parents

Where parents retain guardianship of a child placed in out-of-home care and consent has been sought through Child Safety for the child to participate in a high or very high risk activity:

- contact both parents to advise of the request and to seek their consent
- explain the nature of the activity and the hazards and risks for the child
- provide the parents with a copy of any written information obtained from the organisation offering the activity.

Note: Where a child remains in the guardianship of parents, **both** parents must provide consent for these decisions unless all reasonable attempts to locate and consult with one parent have been unsuccessful.

If the parents provide consent for the child to participate in the activity:

- ensure the parents sign the consent form provided by the organisation offering the activity
- if a consent form has not been provided, provide each of the parents with a Guardian consent form for high risk and very high risk activities to sign
- place a copy of the signed consent form on the child's file and attach a copy to the ongoing intervention event in ICMS
- inform the child and the carer that the parents have given consent
- provide the original signed consent form to the organisation offering the activity.

If consent is **not** given:

- record each parent's decision on the consent form, place the form on the child's file and attach a copy to the ongoing intervention event in ICMS
- inform the child and the carer that parents have not provided consent, and that the child's participation in the activity cannot proceed
- inform the organisation offering the activity that the child does not have permission to participate in the activity.

Guardianship with the chief executive

To obtain team leader consent for the child's participation in the activity:

- complete a Recommendation/consent request for a child or young person to participate in a high risk activity - this includes a letter advising of the decision by Child Safety
- submit the request to the team leader.

When a parent opposes the child's participation in the activity, their views must be taken into account, and the team leader may seek guidance regarding the decision from the CSSC manager. If the team leader or CSSC manager approves the activity, record the parents views and the rationale for the decision in a case note.

If participation in the activity is approved:

- place the approved form on the child's file
- inform the child, the carer and the child's parents of the approval
- provide the organisation offering the activity with the signed letter advising of the decision by Child Safety.

If the activity is not approved by the team leader:

- place a copy of the form on the child's file
- inform the child, the carer and the parents of the decision not to provide consent
- provide the organisation with the Child Safety consent form for high risk or very high risk activities signed by the team leader stating that the child does **not** have permission to participate in the activity.

8. What if a decision about end of life medical treatment is required?

End of life medical treatment decisions are to be informed by appropriate medical expertise, and undertaken in a timely way by a person with the legal authority to consent to such decisions, to assist the relevant parties to make care and treatment decisions in the best interests of the child and alleviate the child's pain and suffering.

Decisions about end of life medical treatment for a child in out-of-home care may be required:

- when their life is threatened due to illness, trauma or injury as a result of an accident, self-harm or harm inflicted by another party
- when the child is facing death as a result of a terminal illness, either long-term or acute
- when consent for a 'not for resuscitation' decision is sought.

Respond to reported concerns

When Child Safety receives information that the child's medical condition may be the result of harm, either self-inflicted or by another person, or the harm may have involved the commission of a criminal offence relating to the child, ensure that:

- notification is made **immediately** to the QPS, in accordance with the *Child Protection Act 1999*, Section 14(2) and (3) using the [Police referral fax](#)
- consideration is given to the recording of a notification, refer to [Chapter 1. Intake](#).

Provide information to the hospital

When a child subject to a child protection care agreement or an order granting custody or guardianship to the chief executive is admitted to hospital with a life threatening medical condition, or their medical condition deteriorates such that their life is threatened:

- inform the hospital and medical staff of:
 - the nature of the child's order or placement
 - the effect that the order or placement has on who (other than a 'Gillick competent' child) can legally give consent for medical procedures, and decisions about end of life medical treatment
 - the names and contact details for all persons relevant to the child, including the child's guardian
 - the role of the CSAHSC, should the hospital require an after hours decision or consent
- provide the hospital, upon the child's admission or as soon as possible following the admission, with:
 - a copy of the child protection order, if applicable
 - a copy of either the [Letter re: Custody \(Medical\)](#) or the [Letter re: Custody and Guardianship \(Medical\)](#)
 - a written copy of the names and contact details for all persons relevant to the child, including the child's guardian.

The above documentation will be regularly reviewed and updated and provided to the hospital and carer as necessary, to ensure the information is accurate at all times.

When the child is subject to an assessment care agreement or another order, a letter confirming who has custody or guardianship of the child may be provided to the hospital, at the hospital's request.

Note: a child protection order ceases upon a child's death and the authority to make decisions in relation to the child's post death care and funeral arrangements, rests with the child's parents. For further information, refer to [9. What if there is a death of a child in out-of-home care?](#)

Complete a referral to CSAHSC

When a child is in out-of-home care and their life is threatened as a result of an illness or trauma, complete a [Child Safety After Hours Service Centre: After hours referral form](#) and ensure that updated referrals are provided so that the information is accurate at all times - refer to [Chapter 10.6 The role of the Child Safety After Hours Service Centre](#).

Complete a critical incident report

Depending on the circumstances that have led to the child's life threatening medical condition, a [Critical Incident Report](#) may be required - refer to the [Critical Incident Reporting policy](#).

Respond to requests for consent - guardianship to the chief executive

When a child is subject to a child protection order granting guardianship to the chief executive, consents about end of life medical treatment, including the 'not for resuscitation' decision must be obtained from the Director-General.

Immediately upon the receipt of advice that the child is facing death due to illness or trauma:

- inform the CSSC manager of the child's medical condition
- contact Legal Services and obtain legal advice
- contact the recognised entity to ensure that cultural protocols are observed in communicating the child's circumstances to the family, for an Aboriginal or Torres Strait Islander child
- request that a medical case conference be convened to develop a medical treatment plan - it may be in the best interests of the child and the family for a hospital Social Worker, who is experienced in dealing with such matters and may already know the child and family, to facilitate this discussion
- consider the appropriateness of inclusive decision-making (as outlined below)
- arrange for the attendance of all relevant persons at the conference, including:
 - the Director-General or their nominee
 - the child (taking into account their age, ability to understand and their medical condition)
 - the treating medical practitioners
 - the parents and carers unless considered inappropriate
 - the recognised entity, if applicable
 - the hospital's social worker or Indigenous Liaison Officer

- assist the child and the parents to communicate their wishes, in order that cultural and religious protocols and practices are taken into consideration and where required, arrange for an interpreter
- fully explore options for the treatment and/or withholding of treatment, so that the child (if 'Gillick competent'), or the delegated officer, can provide informed consent to the proposed medical treatment plan.

Obtaining agreement from all parties at the medical case conference can be difficult, given the highly emotive nature of the circumstances. Hospital social workers are skilled in assisting families to make such decisions and should be included to assist the parties reach a mutual agreement about the best care plan for the child. When the child is Aboriginal or Torres Strait Islander, determine whether the hospital's Indigenous Liaison Officer is available to participate in the conference.

Note: If the child's parents reside in a remote location and are unable to travel, arrange a teleconference or video link to facilitate their participation in the medical case conference.

Where consent to end of life medical treatment or the withholding of treatment or consent for a 'not for resuscitation' decision is required:

- request a letter of advice from the treating doctor, outlining the proposed treatment
- obtain the views of the parents in writing, where possible
- obtain legal advice from Legal Services
- complete a briefing note seeking the delegated officer's decision
- attach the following to the briefing note:
 - the letter of advice provided by the treating doctor
 - written information provided by the parents, if applicable
 - legal advice from Legal Services
 - the Consent form - Operations and treatment.

When making an end of life medical treatment decision, including a 'not for resuscitation decision', the delegated officer will consider:

- the views of the child and the parents, taking into account the child's age, ability to understand and their medical condition
- the views of the carers, where the child has been in the placement for a significant period of time
- the medical treatment plan, including information available about the proposed treatment, its effect and benefits and any possible side effects or risks
- whether there are any alternative treatments to those proposed and their effects, benefits, side effects or risks
- the effect of not proceeding with the treatment
- the medical personnel's written rationale for the proposed treatment or recommendations
- the legal advice obtained from Legal Services.

Use the End of life decision-making guide when preparing a brief to seek the approval of the Director-General and attach copies of the documents listed in the guide and forward to the Director-General.

If approved, the Director-General will sign the 'Consent form - Operations and treatment'.

The CSO will:

- inform all relevant parties of the decision
- provide the original, signed 'Consent form - Operations and treatment' to the hospital
- attach a copy of the signed 'Consent form - Operations and treatment' in ICMS.

In circumstances where medical treatment decisions are required **after hours**, medical staff should contact the CSAHSC to facilitate contact with the delegated officer or their nominee, in order to:

- discuss the child's medical care needs
- obtain the required consents.

Where practicable, this discussion will occur at the hospital and should include the child, the parents and the carers, where the child has been placed with the carers for a significant period of time.

If the Director-General or their nominee is unable to attend the hospital in person, they will contact the child's parents, carers and where possible, the child to discuss the treatment options. Should contact with the child not be possible, their previously expressed views about their medical treatment will be considered. The delegated officer will provide the hospital with the signed 'Consent form - Operations and treatment', and forward a copy of the signed form to the CSSC for the child's file.

Should the child's condition dramatically change or deteriorate, it may be necessary to urgently obtain further consents for additional treatments, or to cease or withhold treatment. In these circumstances, reconvene a medical case conference to update the medical treatment plan and include those end of life treatment decisions that have been consented to by either the child (if 'Gillick competent') or the delegated officer. A hospital Social Worker, who is experienced in dealing with such matters and may already know the child and family, may reconvene the medical case conference.

The reconvened conference will include the Director-General or their nominee, the child (taking into account their age, ability to understand and their medical condition), the parents, the carers and treating medical practitioners, either in person or by telephone.

Where parents and carers are unable to participate in the medical case conference, ensure that all parties are informed of the medical treatment plan for the child and the consents provided by the delegated officer.

Consider the appropriateness of inclusive decision-making

When the **chief executive** is the child's guardian, consider the appropriateness of including a person, for example the child's parent, in the decision-making process, having regard to:

- the immediate and long-term child protection history of the child, their family and carers

- any causal relationship to the child's illness or trauma
- the safety of Child Safety officers
- advice from any other service provider with relevant information about the child or another person, including advice from the QPS in relation to previous or current commission of offences against the child.

Where it is determined that a person is not appropriate to be included in decision-making, or restrictions should be placed upon their involvement, the CSSC manager will seek advice from Legal Services.. Following this, the person is to be advised of the decision, and provided with the information in writing. Should the person disagree with the proposed action or decision, advise them to seek legal advice.

Provide information to the child, parents and carer

In circumstances where the child's death is predictable:

- facilitate discussions between the child, their parents where possible, the child's carers and Child Safety, to consider the range of end of life decisions that may be required
- seek guidance from medical staff about when such discussions should take place and the matters requiring discussion
- seek the child's views regarding proposed funeral arrangements, if the child is willing and able to do so - this is to occur in conjunction with the child's parents and in accordance with cultural or religious protocols and practices.

Where the child's medical condition is unexpected or sudden, ensure the child, their parents and carers are provided with information about the care and treatment options recommended at the earliest possible time.

In both circumstances:

- advise the child, parents if applicable and the carers of their rights and responsibilities regarding decisions about end of life medical treatment and the post death care of the child
- provide advice about emotional and practical assistance that is able to be offered by Child Safety in relation to the child's funeral arrangements - refer to 9. What if there is a death of a child in out-of-home care?

If the child or parents wish to discuss organ or tissue donation, refer them to the child's medical practitioner. Only the parents can make this decision, unless the child was assessed as being 'Gillick competent' and provided consent for such actions, prior to their death.

Respond to differing views about the proposed treatment plan

In the absence of agreement to the child's medical treatment plan:

- resolve any disputes between parties, including Child Safety, in favour of the best interests of the child, as informed by medical expertise
- advise disputing parties to seek legal advice should they oppose, or be unwilling to consent to, a recommended medical treatment.

Similarly, should a party insist upon a medical treatment that is not recommended as being in the best interests of the child, advise any other interested party to seek legal advice.

Manage contact between the child, their parents and carers

It is important that contact arrangements between the child and persons of significance to them are discussed with, and agreed to, by all parties during the end of life phase. This contact includes parents, siblings, other family members, carers and their family members and other persons of significance to the child. Consider any relevant cultural or religious protocols when discussing and organising contact arrangements.

Ensure that any court-imposed restrictions on family contact between a person and a child are complied with. Where previous family contact between a parent and a child has been subject to restrictions or conditions, review the contact arrangements with a view to maximising the parents contact with the child, without compromising the child's safety, well-being or wishes.

In circumstances where conflict between the parties is anticipated or develops, make efforts to negotiate a mutually acceptable plan that accommodates the interests of all concerned. This will be guided by the wishes of the child and informed by advice from medical and nursing staff familiar with the child's medical condition.

Where conflict exists, inform hospital staff so that they may provide assistance as required. In some circumstances, it may be necessary to develop and distribute a visitation roster, informed by advice from the child's medical practitioner.

Provide support to parents, siblings and carers

Child Safety will:

- offer grief counselling and practical support to all persons affected by the imminent death of the child
- offer carers, who may be required to spend lengthy periods of time at the hospital supporting the child through the final stage of their life, support which may include:
 - assistance with travel costs
 - respite care for other children in the out-of-home care placement
 - assistance with meals and other household tasks and activities
- offer assistance to siblings to visit their ill sibling and allow them the opportunity to talk through their feelings
- offer assistance with travel, meal costs and accommodation, to parents and other significant family members, especially where the parents do not reside in close proximity to the hospital.

Respond to requests for consent - guardianship to others

In circumstances where the parents retain guardianship of the child, or another person has guardianship of the child, medical personnel should obtain all consents for end of life care and treatment decisions from either the child, if Gillick competent, the parents or the other person.

In circumstances where the child is subject to a child protection order granting custody to the chief executive, the Director-General will **not** provide consent for an end-of-life decision for the child. The consent of the parents or guardians of the child **must** be sought.

Make every effort to locate both parents. When one parent cannot be located, the other parent can assume responsibility for the decision-making. Where practicable, either:

- encourage the parents to include the carers in the decision-making process, where the child has been placed with the carers for a significant period of time
- encourage the guardian to include the parents in the decision-making process.

Respond to concerns relating to a parent, or another person, as the guardian

While parents may wish to include other family members in the decision-making process when they are the guardian, they must be willing and available to provide the necessary consents for the child's medical care. Similarly, when another person has guardianship of the child, they must be willing and available to provide any necessary consents.

Urgent legal advice is to be sought in circumstances where a parent or another person is the guardian and ultimate decision-maker, and they are unable to make decisions in the best interests of the child for the following reasons:

- competence
- availability
- willingness
- causal relationship to the child's illness or trauma.

To do this the CSSC manager will contact Court Services Unit to discuss the most appropriate action relevant to the child's circumstances. Should consultation be required out of hours, the Court Services Unit manager is on call and can be contacted through the CSAHSC.

Organ and tissue donation

The child's medical practitioner can arrange for a member of Queenslanders Donate, a division of Queensland Health, to provide the parties with expert advice and information, and where applicable, oversight the process. Organ and/or tissue donation also requires the consent of the 'designated officer', a medical person who is authorised to perform such duties under the *Transplantation and Anatomy Act 1979*. In some cases, the consent of the Coroner and forensic pathologist may also be required.

Record case information

All details, actions and decisions relevant to end of life medical treatment are recorded, with copies of official forms, consents and letters attached to the relevant event in ICMS.

Record information and implement actions following the death of the child

Following the death of the child, there are additional requirements regarding the management of client records which must be adhered to - refer to [Chapter 10.18, 1. Implement actions following the death of a child](#). For further information, refer to [9. What if there is a death of a child in out-of-home care?](#)

9. What if there is a death of a child in out-of-home care?

The death of a child in Queensland, regardless of the cause and where the death occurred, is a reportable death under the *Coroners Act 2003*. The death of any child in out-of-home care **must** be reported direct to the QPS by either:

- Child Safety, if the child's death occurs within the carer's home or some other location including the parent's home, a licensed care service or another entity
- the hospital, where the child's death occurs in hospital.

The QPS is responsible for advising the Coroner of the child's death. This includes circumstances where the death was natural, due to illness, acute or long-term, or unnatural, due to accident, suicide or homicide.

Upon the death of a child, the powers, duties and responsibilities imposed upon the chief executive or another person by the *Child Protection Act 1999* cease, and revert back to the child's parents.

While parents may nominate another family member or significant other to act on their behalf in carrying out certain duties and obligations in respect of the child, only a parent can make decisions or undertake actions that require the legal consent or authority of the child's guardian, following the child's death.

In all matters relevant to the child's death and funeral arrangements, Child Safety officers will be respectful of, and sensitive to, the child's cultural and religious background. Parents should be assisted to communicate their wishes so that cultural and religious protocols and practices can be considered. This may require the engagement of an interpreter.

For information about funerals and memorial services, refer to the practice resource [Funerals and memorial services](#).

Implement actions following the death of a child in out-of-home care

Due to the sensitivities associated with the death of a child and the complexities that may arise due to parents assuming responsibility for decisions about the post death care of the child's body, it is the responsibility of the **CSSC manager** to:

- decide the most appropriate Child Safety officer to implement the actions required following the death of a child
- ensure the completion of all necessary actions.

Immediately upon the death of a child:

- implement the procedures for critical incident reporting - refer to the [Critical Incident Reporting policy](#)
- contact the recognised entity to ensure protocols are observed in communicating the death to the child's parents and family, if the child is an Aboriginal or Torres Strait Islander child
- make every effort to locate and inform both parents of the child's death, so they can assume responsibility for decision-making about the handling of the child's body and the funeral arrangements

- ensure that parents and carers are aware of the requirements of the *Coroners Act 2003* for reportable deaths
- inform the parents that the Coroner may decide an autopsy or inquest is required to determine the cause of death and that where this occurs, it may cause a delay in the release of the child's body for the funeral
- refer the parents to the Coroner's office, should they have any questions relevant to the Coroner's role in relation to the death
- ensure that hospital staff report the death to the QPS if the child dies in a hospital **or** inform the QPS of the child's death
- provide the QPS with:
 - contact details for the child's parents
 - contact details for the child's doctor
 - the child's most recent placement arrangements
 - confirmation that the child was in out-of-home care
- advise the QPS, medical staff and carers that responsibility for decisions relevant to the post death care of the child's body rests with the parents, subject to any direction by the Coroner that an autopsy is required
- liaise with the QPS, parents and carers regarding the formal identification of the body, the attendance of a medical doctor for the purpose of issuing a death certificate certifying the cause of death and transporting the child's body to the mortuary
- if the child is subject to current contested court and/or tribunal proceedings, inform Court Services Unit of the child's death.

At an appropriate time, advise the parents and carers about Child Safety requirements regarding child death case reviews - refer to [Chapter 10.19 The review of child deaths](#).

In deciding whether an autopsy is warranted, the Coroner is required to consider the views of the parents, particularly with regard to cultural traditions or spiritual beliefs. In circumstances where the decision to proceed with an autopsy causes distress to the parents, Child Safety officers will ensure that parents have access to support services. Specialist coronial counsellors are contactable at the John Tonge Centre by telephone on (07) 3274 9200.

In circumstances where one parent cannot be located, the other parent may assume responsibility for decision-making.

When a parent is unable to attend to the formal identification of the child, because they have not maintained contact with the child, the carer or a Child Safety officer may be required to make the identification.

If parents are asked by hospital staff to consider organ or tissue donation, for either live transplant or other therapeutic, medical or scientific purposes, **only the parents** can make this decision, unless the child was assessed as being 'Gillick competent' and provided consent for such actions **prior to** their death.

Where parents are unable to be located, or unable or unwilling to make decisions regarding post death care and funeral arrangements, the CSSC manager will immediately contact Court

Services Unit to discuss the requirements for an application to the Supreme Court of Queensland, for an order to attend to matters relevant to the child's circumstances.

Provide support and assistance

Following the death of a child:

- ensure the parents are provided with information about, or access to, persons or services available to assist them in making relevant decisions and in dealing with their grief
- provide support and assistance, including grief counselling, to the child's siblings and carers and their family members
- encourage parents to allow carers to spend time with the deceased child, particularly where the death has occurred in a hospital
- provide access to debriefing and support services for Child Safety officers who have been actively involved in providing services to the child at the time of the child's death.

Assist parents with the funeral arrangements

When the funeral is being arranged:

- the Child Safety officer may assist parents with funeral arrangements, if requested
- the parents wishes regarding the child's funeral arrangements take precedence in all cases
- siblings of the deceased child who are in out-of-home care should be assisted to attend the funeral, provided it is in keeping with the wishes of parents
- seek and respect the views of parents regarding the attendance of Child Safety officers at the funeral.

Encourage parents to consider the involvement of carers in funeral arrangements

In circumstances where the child has been placed with the carers for a significant period of time, encourage the parents to consider and involve the child's carers and their family members in funeral arrangements. In all cases however, such involvement is at the parents discretion.

Carers in serious dispute with proposed funeral arrangements will be advised that they can make application to the Supreme Court of Queensland to adjudicate the matter.

If carers and significant others are unable to attend the child's funeral, due to the parents wishes or distance, the Child Safety officer may arrange, or assist to arrange, a memorial service to enable carers, past and present, their family members and other significant people to pay their respects to the child. Where appropriate, advice regarding such arrangements will be provided to the parents.

Inform parents of available financial assistance

Advise the parents that financial assistance is available from Child Safety for the costs associated with the funeral of a child in out-of-home care, including:

- transporting the child's body from the place of death to where the funeral will be held
- assistance with travel costs for family members, carers and their family members and other significant persons to attend the funeral, subject to the parents wishes.

Attend to the child's belongings and personal effects

The child's parents are responsible for decision-making regarding the handling of the child's belongings and personal effects. To facilitate this process, the Child Safety officer will:

- seek the parents views regarding the handling of the child's belongings and personal effects, and inform the parents of any views expressed by the child before their death
- contact the carer to make arrangements to transfer the child's belongings to the parents, unless otherwise advised by the parents
- collect the child's belongings if they are in some other location, and provide them to the parents, unless otherwise advised by the parents.

Record case information

All details, decisions and actions relevant to the child's death and post-death care are to be recorded, and the relevant documentation placed on the child's file.

There are additional requirements regarding the management of client records following the death of a child which must be adhered to - refer to [Chapter 10.19, 1. Implement actions following the death of a child.](#)

10. What if a child is also subject to youth justice intervention?

When a child is subject to a child protection order granting custody or guardianship, and is also subject to youth justice intervention (with the exception of a child protection order granting long-term guardianship to a suitable person):

- each department maintains individual case management responsibility
- consult with the youth justice case worker about relevant persons to attend youth justice meetings, reviews, conferences and court proceedings
- inform the youth justice case worker as to who has custody and guardianship rights and responsibilities for the child - refer to [3.1 Determine who may decide a custody or guardianship matter](#)
- coordinate service delivery for the duration of the out-of-home care placement, including:
 - enabling the youth justice case worker's participation in the development or review of the child's case plan
 - obtaining information to inform the development or review of the child's case plan
 - providing information about the child to the youth justice case worker
 - where applicable, attending youth justice meetings, reviews, conferences and court proceedings
 - ensuring the needs of a child who has been sexually abused or has engaged in sexually abusive behaviour are met, if applicable, and clarifying the responsibilities of each department in this regard - refer to the practice resource [Children with sexual abuse histories](#).

Information requested by a youth justice case worker that is necessary to the child's safety or well-being, or to coordinate service delivery will be provided in accordance with the confidentiality requirements of the *Child Protection Act 1999*, section 187 and 188.

For further information about the interface between child protection and youth justice intervention, refer to the practice resource [Youth justice - an overview](#).

Provide information to the youth justice case worker

Information to be provided to the child's youth justice case worker will include:

- the child's placement details, for the duration of any youth justice intervention
- the child's case plan, when the youth justice case worker participates in the development or review of the case plan, or has responsibility for implementation of case plan actions
- periods of illness or hospitalisation preventing the child from complying with the conditions of their youth justice order or program
- a critical incident report recorded in relation to the child or their family - for further information, refer to the [Critical Incident Reporting](#) policy
- actions taken by the child that appear to be inconsistent with the requirements of their youth justice order or program
- advice of the child's return home and case closure by Child Safety.

If there is uncertainty about whether the information should be provided verbally or in writing, consult with the team leader. Any request that relates to a youth justice referral to the Griffith Youth Forensic Service (GYFS) can be provided verbally.

For further information about information sharing between the respective departments, refer to [Chapter 10.3 Information sharing](#).

Participate in youth justice processes where the chief executive has custody or guardianship

Where the child protection order grants custody or guardianship to the chief executive, a Child Safety officer, as determined by the CSSC manager, is required to attend:

- youth justice meetings, including all initial interviews and final reviews when a child is subject to conditional bail or has been remanded in custody
- every second progress review for an intensive supervision order, conditional release order or conditional bail program
- youth justice court proceedings to provide information about the child, their placement and case plan.

Where possible and appropriate to the child's needs, also attend warning meetings undertaken by Youth Justice Services with respect to the child's non-compliance with a youth justice order or program.

Should the CSO or another Child Safety officer be unable to attend the required meeting:

- provide relevant information to the youth justice case worker prior to the meeting
- record the reason for non-attendance on the child's file and include details of other actions taken.

Where a child protection order grants custody to a family member, a Child Safety officer may attend youth justice meetings and court proceedings, if appropriate to the child's needs.

Decide the participation of parents and carers in youth justice processes

When the child is subject to a child protection order granting guardianship to the chief executive:

- decide whether it is appropriate for parents, carer, or both to attend relevant youth justice meetings and court proceedings
- inform the youth justice case worker, parents and carer of the decision - the youth justice case worker is responsible for advising all relevant persons about when court proceedings are scheduled.

Implement actions when a child is held in watch-house custody

When informed by the QPS that a child is being held in watch-house custody:

- advise the QPS to contact the child's youth justice case worker
- negotiate a joint plan for visiting and phoning the child while in watch-house custody, with the youth justice case worker.

Implement actions when a child is subject to a detention order or remanded in custody

When a child enters a detention centre:

- contact the detention centre case worker and provide information about the child, including:
 - the child's strengths and needs
 - the case plan, including the cultural support plan, education support plan, behaviour support plan senior education and training plan and the child health passport
 - who has guardianship of the child and the implications for decision-making and consents
 - issues likely to impact on the child's safety or well-being, or the safety of detention centre staff or residents
- arrange an initial visit with the child.

While the child remains in the detention centre:

- maintain contact with the child, in person (where geographically possible) and by phone
- maintain contact with the child's carer and family
- liaise with the detention centre case worker to monitor the child's progress
- attend or participate in case planning and review processes
- attend youth justice court proceedings
- attend to any issues as requested by detention centre staff or the youth justice case worker
- participate in planning for the child's transition from:
 - detention, if applicable
 - being a child in care, if applicable
- ensure that the child is aware of the plan for their release from detention.

When a child exits a detention centre:

- attend or participate in any final planning or review meeting

- obtain relevant information about the child's educational and medical requirements
- ensure that the child's basic needs are met in a timely way
- consider whether the child's change in circumstances is such that a review of their Child Safety case plan is required.

If a child in detention is to be transferred to an adult correctional facility, or a child over the age of 17 years is charged as an adult and remanded in an adult correctional facility:

- participate in the planning process
- continue to liaise with the youth justice case worker and staff at the detention centre and/or adult correctional facility, until such time as the child protection order expires, or the support service case is closed.

Obtain prior approval of costs to be met by Child Safety

If the services provided to a child and their family include both child protection and youth justice intervention, the respective managers will adopt a collaborative approach to sharing the costs.

The responsibility for costs is determined by:

- whether the financial support is:
 - primarily related to administering youth justice orders or programs
 - specific to the case plan for addressing the young person's protection and care needs
 - who has custody or guardianship of the child.

Costs associated with the daily care of a child in a youth detention centre are met by the detention centre. Costs not associated with the daily care of the child are the responsibility of the child's guardian, whether the chief executive or the child's parents.

In the event that a dispute regarding financial responsibility cannot be resolved by the relevant managers for each department, the managers will refer the matter for a final decision to:

- the regional director, Child Safety
- the regional director, Youth Justice Services.

Where the child's living arrangement is, or is likely to be, a component of conditional bail or a youth justice order, program proposals and associated costs to be met by Child Safety will be discussed and documented by the CSO and the youth justice case worker. Nominated costs must be endorsed by the appropriate financial delegate within Child Safety, **prior to** any submission being made to a court by a youth justice case worker.

In these circumstances:

- inform the youth justice case worker that written approval of the proposed costs is required from the financial delegate for Child Safety **prior to** any submission being made to a court
- seek approval for the proposed costs from the financial delegate as soon as possible
- once the financial delegate has made a decision, **immediately advise** the youth justice case worker of the outcome so that Youth Justice Services can complete the relevant court submission

- comply with Child Safety requirements in relation to any proposed transitional placement for a child - refer to the [Business Rules for Transitional Placements 2010](#).

Following the child's next court appearance, continuations or extensions of existing programs and associated costs require renegotiation and re-approval by the delegated officer.

Note: On rare occasions where a court orders that accommodation arrangements are to be part of conditional bail or a youth justice order, prior to the approval of proposed costs, the requirements of the order must be implemented until such time as the condition is otherwise ordered by the court as part of a sentence review.

11. What if a child or parent has an infectious or communicable disease?

Where it becomes apparent or information is received that a parent has an infectious or communicable disease such as HIV or Hepatitis C, or engages in behaviour or actions that may result in the contraction of a disease:

- record the information in the [Child information form - Part B](#)
- consider any risk to the child or carers, and identify actions to mitigate the risk.

Follow infection control procedures during all contacts with the child and parents, for example, when supervising family contact visits or conducting home visits to parents, to ensure the ongoing health and safety of staff and the child.

Where it becomes apparent that a child has contracted an infectious or communicable disease, seek medical attention. All resulting information will be:

- recorded or updated in the [Child information form - Part A](#) and the [Child information form - Part B](#)
- discussed with the child, where age and developmentally appropriate
- discussed with the child's parents
- discussed with the child's carers, to allow them to respond to the child's health needs and implement any necessary safety precautions.

Where a health professional has assessed a young person is "Gillick competent", the CSO will need to negotiate with the young person about the information will be shared with the parents and carers. For example, whether the young person would like a support person at the initial discussion and what strategies could be put in place to provide ongoing support to the young person, the parents and carers.

Where a medical practitioner confirms that a child has a sexually transmitted disease:

- inform the QPS according to *Child Protection Act 1999*, section 14(2) and (3) using a [Police Referral Fax](#)
- record the information in accordance with Intake procedures and determine if the information meets the threshold for recording a notification - refer to [Chapter 1. Intake](#).

Information regarding infectious or communicable diseases, including recommended safety precautions, is available from the following websites:

- [Queensland Health \(Sexual Health\)](#)
- [First aid and standard precautions \(Fact sheet 11\)](#)
- [You've got what? - Prevention and control of notifiable and other infectious diseases in children and adults](#)
- [Parents of Kids with Infection Diseases.](#)

Infection control processes must observe the principles of [Information Privacy Act 2009](#).

Complaints regarding breaches of the standard must be dealt with through the complaints procedure outlined in the Child Safety privacy plan.

12. What if another jurisdiction requests an assessment?

Another state, territory or New Zealand (jurisdiction) may contact Child Safety requesting that an assessment be conducted for the purpose of facilitating:

- family contact or a holiday
- a respite placement
- a foster carer placement
- a kinship carer placement
- an assessment of parents for the purpose of reunification.

If the request relates to a non-relative carer assessment, refer to [Chapter 10.18, 3.3 Request to locate a non-relative placement in Queensland](#). If the request relates to the assessment of parents, refer to [Chapter 10.18, 3.4 Carer assessment requests from another jurisdiction](#).

Where the request relates to family contact, a holiday or respite, the interstate jurisdiction contacts the ILO, Court Services Unit and provides the completed 'Request for Interstate Assessment - Holiday Placement' form (or the requesting jurisdiction's equivalent form). The ILO will ensure that sufficient information has been provided in relation to the child's behaviour and medical issues, and will forward all relevant documentation, with an accompanying letter, including a summary of the case and the due timeframe, to the CSSC manager or PSU director for allocation. The ILO will maintain contact with the CSSC to ensure completion of the request within the agreed timeframe.

In response to the assessment request:

- conduct the assessment within the agreed timeframe or obtain CSSC manager approval to contract the assessment out to a private practitioner
- liaise with the ILO or the requesting jurisdiction to clarify any issues
- complete the assessment report and seek approval for the recommendation from the CSSC manager, team leader or the PSU director
- fax the completed assessment report, signed by the CSSC manager, team leader or PSU director, to the ILO
- post the original report to the ILO
- file a copy of the report within the CSSC or PSU, as appropriate.

On receipt of the assessment report, the ILO will forward the report to the ILO in the requesting jurisdiction.

13. What if a young person in out-of-home care receives a youth allowance or earns a wage?

In circumstances where a young person in a foster or kinship care placement receives a Commonwealth benefit such as the Youth Allowance or Abstudy, or earns a wage:

- the carer will receive the fortnightly caring allowance to cover the young person's day-to-day needs, including food, clothing, hobbies, school costs, medical bills, prescriptions and personal care items
- the young person is not expected to contribute towards meeting the costs of their day-to-day needs.

A young person (aged between 15 and 17 years) placed in a supported living service, may be asked to co-contribute financially towards the costs of their day-to-day living needs. This arrangement should be identified in the service agreement between the service provider and the Department of Communities, Child Safety and Disability Services.

It is reasonable to expect that a young person would pay, or contribute to the expenses, for personal items and social and entertainment activities not covered by the fortnightly caring allowance or child related costs. This may include CDs, books, magazines or personal savings. For further information, refer to [5. What if a child requires or has a bank account?](#)

In circumstances where there is a dispute between the parties about financial responsibilities, convene a meeting to discuss the relevant issues.

14. What if a child is missing?

A child who is placed in out-of-home care is considered missing when currently:

- their whereabouts are unknown and there are serious concerns in relation to their vulnerability - for example, under 12 years of age, suicide risk, significant intellectual or physical disability
- they are missing from their placement for more than 24 hours and their whereabouts are unknown.

When a child is reported missing to Child Safety Services:

- determine whether the person has reported, or is intending to report, the child as missing to the Queensland Police Service (QPS)
- complete the [Missing person report](#), if required, and use the form to assist in gathering information:
 - to determine the level of risk and vulnerability for the child
 - about the circumstances of the child's disappearance
 - which may assist in locating the child
- complete the [Critical Incident Report](#) - for further information, refer to the [Critical Incident Reporting policy](#)

- complete an alert in ICMS - for further information, refer to [Chapter 1, 9. What if an alert needs to be recorded in ICMS?](#)
- inform the parent as soon as practicable, of the child being reported as missing and the actions being taken to locate the child.

Where the person is not willing to report the child as missing to the QPS, a Child Safety officer must:

- contact the QPS to report the child as missing
- complete the [Missing person report](#), forward to the local QPS and attach the form in ICMS.

For an Aboriginal or Torres Strait Islander child, consult with the recognised entity to inform them the child is missing and gather information that may assist in locating the child.

15. What if a child or young person is sexually abused whilst in out-of-home care?

This procedure outlines the process for Child Safety staff when executing their responsibilities in response to a child or young person who has been sexually abused during the time the child or young person was placed in out-of-home care.

Policy Statement 627-1 '[Response to a child or young person sexually abused whilst in care](#)' outlines the responsibility of Child Safety to provide a response to children and young people sexually abused whilst placed in out-of-home care, irrespective of who is responsible for the sexual abuse.

The responsibility to provide a response includes, but is not limited to, situations where a child or young person has experienced sexual abuse by:

- a carer or member of the carer's household
- a licensed care service staff member
- a parent or other family member during family contact
- an adolescent or adult family friend
- a teacher or sports coach.

When to provide a response to a child or young person

In all circumstances where Child Safety staff become aware of allegations of sexual abuse of a child or young person while they are placed in out-of-home care, a response will be provided that includes a review of the child or young person's case plan to meet the child or young person's specific needs.

A child or young person will only receive a response in accordance with the policy and these procedures where:

- the child or young person is or has been placed in out-of-home care, and
- it is established that the child or young person has experienced sexual abuse.

The policy and procedures apply when responding to a child or young person who has experienced sexual abuse while in out-of-home care and is:

- in the custody or guardianship of the chief executive or subject to a care agreement and placed with an approved carer, a licensed care service or another entity, including respite arrangements
- reunified with a parent and receiving ongoing intervention
- subject to a long-term guardianship order to a suitable person and is placed in out-of-home care under an assessment order, temporary custody order or interim order
- in the custody or guardianship of the chief executive under an adoption care agreement or following parental consent to adoption and placed with an approved carer, a licensed care service or another entity, prior to an interim adoption order being made.

A response must be provided to a child or young person where he or she has alleged sexual abuse and there has been:

- a substantiated investigation and assessment outcome - Refer to [Chapter 2, 3.2 Determine whether the child is in need of protection](#)
- a substantiated matter of concern investigation and assessment outcome - [Refer to Chapter 9.3. Investigate and assess a matter of concern notification](#)
- criminal or civil proceedings commenced in relation to the sexual abuse of the child or young person while in out-of-home care.

Additional information about responding to concerns regarding a child subject to ongoing intervention is located in [Chapter 3.2. What if new child protection concerns are received?](#)

Child Safety also has a responsibility to provide a response to a child or young person who no longer receives ongoing intervention when the child or young person:

- is under 18 years of age
- was placed in out-of-home care
- has disclosed that they were sexually abused while they were placed in out-of-home care and
- the allegations have resulted in the commencement of criminal or civil proceedings.

When a response in accordance with the policy is not required

This policy and procedures **do not apply to** a child or young person who:

- resides in the care environment but is not placed in out-of-home care
- is in the custody of a relative under a short-term child protection order
- is the biological child, step-child or adopted child of an approved carer or staff member.

In addition, the policy does not apply to adults who were former children in care. Consistent with the *1999 Queensland Government response to the recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions* (Forde Inquiry), any claims for monetary compensation for past abuse and neglect in institutional and out-of-home care need to proceed through ordinary legal processes.

Response where a child or young person is subject to ongoing intervention

Where a child is subject to ongoing intervention and who is sexually abused while in out-of-home care, a holistic response will be provided, including:

- acknowledgement by Child Safety of the abuse and resulting harm experienced by the child or young person
- a review of the child or young person's case plan to respond to a significant change to the child's needs or safety
- facilitation of a referral for the child or young person and/or their carer to relevant therapeutic support or medical services
- facilitation of a referral for independent legal advice and for assistance in pursuing legal remedy or compensation.

Acknowledge the abuse and resulting harm experienced by the child or young person

An expression of regret, in accordance with the *Civil Liability Act 2003 (CLA 2003)*, is a written statement by Child Safety to a child or young person who has been sexually abused while in out-of-home care, that expresses regret for the harm experienced by the child or young person as a result of the sexual abuse. The CLA 2003 allows an apology, for the sexual abuse incident, to be provided without Child Safety staff being concerned that the expression of regret will be construed or used as an admission of liability in a claim or proceedings based on a claim.

Complete '[Letter re: Expression of regret – child or young person receiving ongoing intervention](#)', acknowledging the abuse and the resulting harm to the child or young person. In writing the letter of regret, consider the age and maturity level of the child or young person and their cultural and linguistic background.

Complete a brief to inform the regional director of the sexual abuse to the child or young person and include:

- the letter of regret for signing by the regional director
- evidence the child or young person's case plan has been reviewed and revised
- any actions taken that support the implementation of the policy
- any advice received from Legal Services.

Review a child or young person's case plan

Child Safety **must** review and revise the case plan of a child or young person sexually abused while in out-of-home care and receiving ongoing intervention where:

- the outcome of an investigation and assessment regarding the sexual abuse is 'substantiated - ongoing intervention continues'
- the outcome of a matter of concern investigation and assessment regarding the sexual abuse is substantiated
- criminal or civil proceedings regarding the sexual abuse have commenced.

For more information on responding to a child or young person's changed needs through their case plan review, refer to [Chapter 4, 5.1 Review and revise a case plan](#).

Child Safety staff **may** review and revise a child or young person's case plan where the child or young person has been sexually abused and where he or she is subject to a child protection order granting long-term guardianship to a suitable person. For more information, refer to [Chapter 4, 5.10 Long-term guardianship to a suitable person - case plan review](#).

Review the current case plan, including the cultural support plan for an Aboriginal or Torres Strait Islander child or young person, when the child or young person has been sexually abused while in out-of-home care.

The child or young person's case plan must be reviewed and revised to:

- reflect and respond to any significant change to the child or young person's needs or safety
- include any actions necessary to respond to the impact of the sexual abuse, irrespective of who is responsible for the sexual abuse.

Note: Child Safety staff must also complete a thorough assessment when the case plan goal is to reunify a child or young person to a household where the parent, the parent's partner or an adult member in the reunification household has a conviction for a serious criminal offence, including sexual abuse against the child or young person. The assessment must occur, prior to completing the family reunification assessment and reviewing the case plan using guidelines [Serious criminal offences in Chapter 4, 5.3 Assess whether reunification can occur](#).

Facilitate a referral for a child or young person to an appropriate therapeutic service

A child or young person may suffer emotional, psychological and physical harm as a result of sexual abuse. Child Safety staff should ensure that the child or young person is referred to the most appropriate medical, therapeutic or behavioural support services to address their identified needs. Refer to the practice paper - [Child sexual abuse](#) for guidance about the impact that sexual abuse may have on a child or young person.

Where appropriate, the child or young person's carer may also require referral to therapeutic services.

Facilitate referral to Victim Assist Queensland

Victim Assist Queensland administers the Queensland Government's assistance scheme for victims of crime. This scheme assists the recovery of victims who have been injured as a result of an act of violence.

A victim of crime is eligible to receive financial assistance from Victim Assist Queensland to help in the recovery from the act of violence. [Chapter 10.21 Victims of Crime and the role of Victim Assist Queensland](#) provides information on the process to apply for assistance and support from Victim Assist Queensland, including making an application on behalf of a child or young person who is a victim of crime.

Facilitate referral for legal advice

Contact Legal Services to access independent legal advice for a child or young person when they have been sexually abused while placed in out-of-home care. Legal Services will be responsible for:

- facilitating access for the child or young person to independent legal advice, so they can be informed of their legal rights and be assisted in pursuing legal remedy or compensation

- providing advice to Child Safety staff when children and young people in out-of-home care wish to access legal advice, including legal remedies and resources.

Where it appears that the State may owe an obligation, Legal Services will refer matters to the Public Trustee to brief solicitors from an appropriate law firm that will act on a ‘no win – no fee’ basis on behalf of the child or young person.

Response where a child or young person is no longer receiving ongoing intervention

Although a child or young person may no longer be receiving ongoing intervention, he or she still requires a response to the sexual abuse that occurred while in out-of-home care and the resulting harm.

The region that receives the information regarding the sexual abuse of a child or young person when placed in out-of-home care will be responsible for undertaking the following actions to ensure the child receives an appropriate response. In these circumstances:

- refer the matter to a regional intake service to assess the information and determine a response - when information is received about an Aboriginal or Torres Strait Islander child, contact the recognised entity prior to the decision being made about the most appropriate response – refer to [Chapter 1. Intake](#)
- seek evidence that criminal or civil proceedings have commenced where the allegations relate to a person who is extra-familial, not a carer or licensed care service staff member
- acknowledge the abuse and resulting harm they experienced through a letter of regret signed by the regional director and using '[Letter re: Expression of regret – child or young person no longer receiving ongoing intervention](#)'
- contact Legal Services – Legal Services will facilitate access to appropriate independent legal advice for the child or young person
- provide the child, young person or their parent/guardian with resources or referrals to appropriate medical and/or therapeutic services
- complete a brief to inform the regional director of the sexual abuse to the child or young person and include:
 - the letter of regret for signing by the regional director
 - any actions taken that support the implementation of the policy
 - any advice received from Legal Services
- record any action that supports the implementation of the policy in a case note and attach a copy of the letter of regret and the approved regional director brief.

Recording a notification is an appropriate response when the concerns meet the legislative threshold of harm or risk of harm and it is reasonably suspected that a child or young person is in need of protection. A notification is an appropriate response, for example, where a child or young person has disclosed they were sexually abused in the past by a family member while on family contact visits, and there are current concerns that the parent is not willing and able to protect the child or young person from future harm. For more information on deciding how to respond to concerns, refer to [Chapter 2.6 Assess the information and decide the response](#).

Where historical concerns relate to an approved carer or a licensed care service staff member's actions or inactions which potentially contributed to harm or risk of harm to a child or young person, a matter of concern will be recorded - refer to [Chapter 9.5 What if the concerns received are historical?](#)

Resources

Forms and templates

- Admission agreement - Ellen Barron Family Centre
- Application to copy or transfer from one Medicare card to another
- Approved carer payment form - Care Agreement
- Approved Carer Placement - Addition and Deletion Advice
- Assessment for the purpose of family contact/holiday
- Assessment of risk of emotional, behavioural and attachment problems and placement instability
- Australian Passport Child Application Form
- Authority to care
- Authority to care - section 82(2)
- Care Agreement - Form
- Checklist for placement of a child in emergent accommodation
- Child information form - Part A
- Child information form - Part B
- Child related costs approval form
- Child Safety After Hours Service Centre: After hours referral form
- Child Safety consent form for high risk and very high risk activities
- Conclusion of a placement
- Consent form - Operations and treatment
- Consent form - Psychotropic medication
- Critical Incident Report
- CSSC file creation request
- DFAT Form B-10
- End of life decision-making
- Evolve Referral
- Form 27 Approval for Access to a Corrective Services Facility and Visit a Prisoner (Personal Visitor)
- Foster and Kinship Care Support Line Referral Form
- Guardian consent form for high risk and very high risk activities
- Health appraisal letter
- Health summary letter

- Letter advising parent/s of placement information
- Letter advising parent/s of withholding placement information
- Letter re: Authority to medically examine or treat a child (section 97)
- Letter re: Custody (Medical)
- Letter re: Custody (Schools)
- Letter re: Custody and guardianship (Medical)
- Letter re: Custody and guardianship (Schools)
- Letter re: Expression of regret – child or young person receiving ongoing intervention
- Letter re: Expression of regret – child or young person no longer receiving ongoing intervention
- Letter re: Refusal or restriction of family contact
- Letter to carer - removal of a child (section 89)
- Letter to Centrelink confirming approved carer status
- Letter to Medicare - change of address
- Letter to Medicare - lost card
- Letter to school - education support plan
- Letter to young person at 15 years
- Letter to young person at 18 years
- Medicare Enrolment Application
- Missing person report
- Placement checklist
- Police Referral Fax
- Recommendation/consent request for a child or young person to participate in high or very high risk activity
- Request for Birth Certificate
- Request for Interstate Assessment - Holiday Placement
- Respite agreement form
- Young Adults with Disabilities Leaving the Care of the State (Referral to Disability Services)

Child Safety resources

- A guide to the placement of young people in therapeutic residential services
- Business Rules for Transitional Placements 2010
- Child Health Passport - private and confidential
- Child Safety - Feedback and complaints
- Children and young people's participation strategy
- Evolve Interagency Services Manual
- Info kit for children and young people in care
- Information Sharing Protocol between the Commonwealth and Child Protection Agencies

- Interim Memorandum of Understanding between State of Queensland (through the Department of Communities Child Safety, Youth and Families) and State of Queensland (through Queensland Health Child and Youth Mental health Services) 2010-2013
- Kids rights: Charter of Rights for children in care
- Medicare information sheet
- 2010 Memorandum of Understanding between Department of Education and Department of Communities (Child Safety)
- Memorandum of Understanding between Disability Services Queensland and the Department of Child Safety 2007 - 2010, Schedule 2
- Memorandum of Understanding (MOU) between The State of Queensland through the Department of Child Safety and The State of Queensland through the Department of Housing 2007
- My journey in care
- Physical and Cognitive Developmental Milestones
- Practice guide: The assessment of harm and risk of harm
- Practice paper: A framework for practice with 'high risk' young people (12-17 years)
- Practice paper: Domestic and family violence and its relationship to child protection
- Practice paper: Family contact for children and young people in out-of-home care
- Practice paper: Placing children in out-of-home care - principles and guidelines for improving outcomes
- Practice paper: Supporting children and young people in care through transitions
- Practice paper: Working with children and young people in out-of-home care
- Practice resource: Bank accounts
- Practice resource: Child health passports
- Practice resource: Child health passports flowchart
- Practice resource: Children with sexual abuse histories
- Practice resource: Developing a cultural support plan for an Aboriginal or Torres Strait Islander child
- Practice resource: Evolve interagency services
- Practice resource: Facilitating family contact
- Practice resource: Funerals and memorial services
- Practice resource: Guide to supporting positive behaviour
- Practice resource: Meeting the statement of standards
- Practice resource: Out-of-home care - an integrated child protection response
- Practice resource: Participation of children and young people in decision-making
- Practice resource: Placement documentation
- Practice resource: Placement matching principles
- Practice resource: Placements with another entity - 82(1)(f)
- Practice resource: Respite options
- Practice resource: Support levels and behaviour characteristics

- Practice resource: The authority to care form
- Practice resource: The child placement principle
- Practice resource: Transition from care
- Practice resource: Working with the recognised entity
- Practice resource: Youth justice - an overview
- Reporting missing or absconding children to the Department of Communities: A guide for non-government organisations
- Right to Information
- SDM: Child strengths and needs assessment
- Standards of care
- Support Service Case: Information for young people transitioning from care
- The Child Placement Principle prompt sheet
- Transition from care: Employment, education and training
- Transition from care: Information to assist young people during meetings to plan their transition to independent living
- Transition from Care Planning Tips for CSOs

External resources

- After care service factsheet
- Australian Electoral Commission
- Better access to psychiatrists, psychologists and general practitioners through the Medicare Benefits Schedule (MBS)
- Centrelink
- Child and Adolescent Oral Health Service
- Community Visitor Publications
- *Corrective Services Act 2006*
- CREATE Foundation Queensland – Go Your Own Way Kit
- Department of Corrective Services
- Department of Corrective Services - Safety and Security resources
- Department of Education – Kindergarten Funding Scheme
- Department of Justice and Attorney-General
- Fact sheet 1: General Information about the Guardianship and Administration Tribunal
- First aid and standard precautions (Fact sheet 11)
- Medicare Teen Dental Plan
- Medicare Teen Dental Plan - Fact sheet
- National Clinical Assessment Framework for Children and Young People in Out-of-Home Care (OOHC) - March 2011
- Parents of Kids with Infectious Diseases
- Partnership Agreement: Educating Children and Young People in the Care of the State
- Public Trustee

- Queensland Civil and Administration Tribunal
- Queensland Health (Sexual Health)
- Queensland Injury Surveillance Unit
- Smartraveller
- Transition to Independent Living Allowance (TILA)
- YHARS Service Guidelines
- Young person after care flyer
- You've got what? - Prevention and control of notifiable and other infectious diseases in children and adults

Chapter 6. Intervention with parental agreement

Purpose

This procedure outlines the process for providing ongoing intervention to a child who is **in need of protection** when the parents are able and willing to work actively with Child Safety to reduce the level of risk in the home, and a child protection order is not appropriate.

Intervention with parental agreement is a type of ongoing intervention that enables Child Safety to provide support and assistance to a child and family in circumstances where all of the following apply:

- the child is **in need of protection**
- the parents are able and willing to work actively with Child Safety to reduce the level of risk in the home
- a child protection order is not appropriate
- it is assessed that the child is safe to remain at home for all, or most of the intervention
- it is likely that the parents will be able to meet the protection and care needs of the child once the intervention is completed.

Intervention with parental agreement aims to build the capacity of the family so that following the intervention they are able to meet the child's protection and care needs. It is generally of a short-term and intensive nature, and it is usual for the child to remain at home for all, or most of, the intervention period.

Key steps

1. Provide intervention with parental agreement
2. Review an intervention with parental agreement case
3. Place a child using a child protection care agreement
4. Close an intervention with parental agreement case

What ifs - responding to specific intervention with parental agreement matters

Standards

1. The level of risk to the child is such that the child is able to remain safely at home with their parents for the majority of the intervention, while the safety and risk issues are being addressed.
2. The parents are assessed as both able and willing to work cooperatively with Child Safety to meet the child's protection and care needs.
3. The level of risk in the home is constantly monitored and assessed to ensure the ongoing appropriateness of the intervention.

4. The recognised entity is consulted, where required for an Aboriginal or Torres Strait Islander child.
 5. Where required, the child is placed in a short-term placement, using a child protection care agreement.
 6. Case plans are reviewed regularly and at a minimum, every six months.
-

Practice skills (Key areas for reflection)

- Have I engaged effectively with the child and family and enabled them to actively participate in decision-making?
 - Have I engaged appropriate service providers to work with the family and progress the case plan goal, outcomes and actions?
 - Has my face-to-face contact with the child and parents been meaningful, purposeful and goal-directed?
 - Have I actively engaged with the child, family and service providers in order to ensure the child is not at risk of immediate harm?
 - Have I assessed the progress of the family's ability and commitment to address the child protection concerns?
 - Have I assessed whether intervention with parental agreement is still the most appropriate form of intervention to ensure the child's ongoing safety?
-

Authority

- *Child Protection Act 1999*, section 5, 6, 10, 11, 14, 21A, 51A-51Y, 51AA-AJ, 51Z-51ZI
 - *Family Law Act 1975*
 - Policy No. 365: Expenses - Fortnightly Caring Allowance and Inter-state foster payments
 - Procedure No. 365: Expenses - Fortnightly Caring Allowance and Inter-state foster payments
 - Policy No. 415: Care agreements
 - Policy No. 595: Child Related Costs - Travel
 - Policy No. 596: Child Related Costs - Medical
 - Policy No. 597: Child Related Costs - Carer Support
 - Policy No. 598: Child Related Costs - Client Support and Family Contact
 - Policy No. 599: Child Related Costs - Education Support
 - Policy No. 600: Child Related Costs - Outfitting
 - Policy No. 609: Aboriginal and Torres Strait Islander Child Placement Principle
 - Policy No. 610: Working with Aboriginal and Torres Strait Islander children, families and communities
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Key steps - Intervention with parental agreement

1. Provide intervention with parental agreement

- 1.1 Open an intervention with parental agreement case
- 1.2 Develop a case plan
- 1.3 Implement the case plan

2. Review an intervention with parental agreement case

- 2.1 Review an intervention with parental agreement case

3. Place a child using a child protection care agreement

- 3.1 Place a child using a child protection care agreement
- 3.2 Extend a child protection care agreement
- 3.3 End a child protection care agreement

4. Close an intervention with parental agreement case

- 4.1 End the intervention with parental agreement

What ifs - responding to specific intervention with parental agreement matters

- 1. What if the parents **withdraw their agreement** or disengage?
- 2. What if **new child protection concerns** are received?
- 3. What if the **actions of the child** end the child protection care agreement?
- 4. What if there is a **change** in the individuals residing in the family home?

1. Provide intervention with parental agreement

1.1 Open an intervention with parental agreement case

As part of the decision to open an intervention with parental agreement case, meet with the parents to seek their agreement to the intervention and discuss:

- the process of undertaking an intervention with parental agreement case and the need for regular reviews of the case plan that include a reassessment of risk to the child
- the requirement for Child Safety to respond to the child's protective needs
- the expectation that the parents will work actively to address the identified concerns
- the need for Child Safety to ensure the child's safety and to take appropriate action should the level of risk to the child remain the same, or increase during the intervention - this may include the need to apply for a child protection order.

The willingness of the parents to work with Child Safety to address the child protection concerns does not lessen the responsibility of Child Safety to meet the child's protection and care needs. Child Safety will undertake work with the family, as well as refer to appropriate services to address the child protection needs in a timely way.

Duration of intervention with parental agreement

There is no maximum timeframe for an intervention with parental agreement case to remain open, however, up to 12 months is generally seen as an appropriate length of time in which to address the concerns.

If, after 12 months of intensive intervention, there has been little or no reduction in the risk factors, reassess the child's safety and the appropriateness of the intervention to meet the child's protection and care needs. To extend an intervention with parental agreement case beyond 12 months:

- seek CSSC manager approval
- record the approval in a case note in ICMS.

In exceptional circumstances, where an intervention with parental agreement case is extended for a second 12 month period, reassess the appropriateness of the intervention and seek CSSC manager approval for any further extension.

1.2 Develop a case plan

Following the decision to open an intervention with parental agreement case for a child in need of protection:

- ensure there is an open ongoing intervention event in ICMS and that the team leader has completed the relevant information in the case management tab in ICMS

- commence active case work with the child and family and undertake activities, as outlined in [Chapter 4. Case planning](#), in order to hold a family group meeting within 30 days of the decision that a child is in need of protection
- ensure the recognised entity is consulted or given an opportunity to participate in decision-making for an Aboriginal or Torres Strait Islander child.

Where a short-term placement is required for a child using a child protection care agreement, refer to [3.1 Place a child using a child protection care agreement](#).

Financial support

A child subject to intervention with parental agreement, and placed in out-of-home care using a child protection care agreement, may be eligible for specified financial support through child related costs, to meet requirements of the case plan. Where required, negotiate any costs with the CSSC manager prior to the development and endorsement of the case plan.

Referral to an Aboriginal and Torres Strait Islander Family Support Service

In addition to any activities or interventions specified in the case plan, consider a referral to an Aboriginal and Torres Strait Islander Family Support Service - refer to [Chapter 10.16 Referral to an Aboriginal and Torres Strait Islander family support service](#).

1.3 Implement the case plan

Actively implement the case plan in accordance with the requirements of [Chapter 4](#).

Implement the case plan. To do this:

- maintain regular contact with the child and family and, where appropriate, the carer and work toward meeting the case plan goal and outcomes
- proactively implement and coordinate activities to achieve the case plan goal
- regularly liaise with other support agencies who are involved with the child and family, including the recognised entity for an Aboriginal or Torres Strait Islander child
- ensure all relevant information is recorded in ICMS.

When a child is subject to both an intervention with parental agreement case and youth justice intervention at the same time, refer to [Chapter 3, 5. What if a child is subject to ongoing intervention and youth justice intervention?](#) for additional requirements.

2. Review an intervention with parental agreement case

2.1 Review an intervention with parental agreement case

Case plans are to be reviewed regularly. For this type of intervention, which is intended to be short-term and intensive, reviews may be required more frequently than those for children placed under a child protection order. To decide how often to review the case plan, take into account:

- any change that has a significant impact on the direction of the case plan, or triggers concern about the type of intervention, including unplanned or multiple requests for out-of-home care placements
- the child's vulnerability, age and developmental needs

- the existing provisions of the case plan.

As a minimum, review the case plan every **six months**.

To review a case plan for intervention with parental agreement, undertake the review requirements as outlined in [Chapter 4, 5. Review and revise the case plan](#). In addition, consider the following factors specific to intervention with parental agreement cases:

- the parents continued understanding and acknowledgment of the concerns
- the family's continued ability and willingness to agree to the intervention and work toward achieving the case plan goal and outcomes
- the progress made to date towards addressing the identified risk and safety issues for the child, given the short-term nature of the intervention
- the family's continued commitment and ability to work with community based organisations and service providers as required.

If a family is not able to sustain their commitment or ability to meet the child's safety and well-being needs or work towards addressing the concerns, Child Safety must take action to address the child's protection and care needs. This may require use of a child protection order.

If new child protection concerns are received, refer to [2. What if new child protection concerns are received?](#) and determine whether a review of the case plan is required.

3. Place a child using a child protection care agreement

3.1 Place a child using a child protection care agreement

During intervention with parental agreement, or while a child is subject to a directive or supervision order, the child may be placed in an out-of-home care placement using a child protection care agreement, if they require either:

- a short-term out-of-home care placement with an approved carer, to ensure their protection and care needs are met
- regular short-term placements (for example, one weekend per month), if identified as a need during the case planning process.

A child protection care agreement is a signed agreement between the chief executive and a child's parents, as defined in the *Child Protection Act 1999*, section 51ZD (1) and (3), for the short-term placement of the child with an approved carer.

When placing an Aboriginal or Torres Strait Islander child, planning and decision-making should take into consideration requirements in relation to the child placement principle. For further information, refer to the practice resource [The child placement principle](#).

Decide to place a child using a child protection care agreement

A child protection care agreement:

- can be used for an initial period of up to 30 days
- can be extended more than once, if the child has a current case plan

- can only be extended for a maximum of 30 days at a time, with the approval of the CSSC manager
- can only be used to place a child for a maximum total of six months in any 12 month period
- grants custody of the child to the chief executive while the agreement is in force
- enables the parent to retain all rights and responsibilities associated with the guardianship of the child and be given an opportunity to be involved in decisions about the child's care
- gives Child Safety the authority to make decisions about the child's contact with others
- can be ended by either parent (whether a signatory to the agreement or not) or Child Safety by giving **two days** notice.

A child protection care agreement is **not** an appropriate intervention if there are safety concerns about the parent retaining guardianship, or where there are any concerns about the parents knowing where and with whom the child is placed - refer to [Chapter 5, 1.8 Assess the provision of placement information to parents](#). In addition, where a child protection care agreement is used to place a child for consecutive months, intervention with parental agreement may not be the appropriate intervention and consideration is to be given to reviewing the type of intervention, to determine whether a child protection order is required.

To place a child using a child protection care agreement, when the child is in need of protection **and** subject to intervention with parental agreement, ensure the following conditions apply:

- it is in the child's best interest to be temporarily placed in the care of someone other than the child's parents
- there are no significant risk factors associated with the parents ability to provide consent, or to adhere to the terms of the placement (including the ability and willingness to retain all legal rights and responsibilities associated with guardianship)
- the parents acknowledge their role in harming, or allowing harm to, the child
- the parents are unlikely to end the placement prematurely, and if they ended the placement without providing two days notice, there would **not be an immediate** risk of harm for the child
- the parents are able and willing to work with Child Safety to meet the child's protection and care needs
- it is likely by the end of the proposed intervention the child's parents will be able to meet the child's protection and care needs (*Child Protection Act 1999*, section 51ZB(a) and (c)(i)(ii))
- there is an appropriate placement to meet the child's needs.

A care agreement **cannot be used** by Child Safety to facilitate a placement with the secondary parent. Child Safety only has authority to place a child with a secondary parent when the child is subject to a child protection order granting custody or guardianship to the chief executive (*Child Protection Act 1999*, section 82(2)).

Where parents have placed a child temporarily with a family member or friend and it is subsequently assessed that the child should remain out of the home to ensure their ongoing safety, a child protection care agreement may be entered into with the parents. In this circumstance either:

- the person caring for the child must make an application to become an approved kinship carer and be provisionally approved - refer to [Chapter 8. Regulation of care](#)
- the child will be placed with an approved carer - refer to [Chapter 5, 1.1 Placement matching - an overview](#).

Obtain consent from both parents to the child protection care agreement

When a child subject to intervention with parental agreement requires an out-of-home care placement, the following guidelines apply:

- the agreement of both parents is required to place a child using a child protection care agreement, regardless of the living arrangements for the child
- where one parent does not agree to the use of a child protection care agreement, it cannot be used to place the child.

Where a child lives with one parent, the other parent should be considered as the first option for a placement. While Child Safety may assist the parents to negotiate this option, it remains an agreement between the parents. Child Safety **cannot** place the child with the other parent using a child protection care agreement.

In negotiating the care agreement with both parents, take into consideration any arrangements currently in place via a Family Law Court parenting order or private agreement between the parents, to help minimise disruptions to the child's life.

Where information about a secondary parent is unknown, gather the following information from the primary parent or any other relatives with the knowledge of the secondary parent:

- the contact details of the secondary parent (address and phone number)
- whether any orders or parenting plans exist under the *Family Law Act 1975*
- whether any contact arrangements are in place
- the nature and extent of the secondary parent's involvement with the child.

In some circumstances, both parents cannot be involved in facilitating the child protection care agreement, such as:

- the primary parent will not disclose details of the secondary parent and this information cannot be gathered from any other source
- attempts to locate the secondary parent are not successful
- the identity of the secondary parent is not known.

Ensure the immediate safety needs of a child are not compromised by an inability, or the time taken, to contact the secondary parent.

In these cases:

- enter into a care agreement with the primary parent only

- document all attempts to contact the secondary parent and the reasons for not involving the secondary parent in a case note
- inform the secondary parent as soon as possible, following the placement of the child.

Placement via a Childrens Court order

If a secondary parent does not agree to the child being placed in out-of-home care via a child protection care agreement, seek an order through the Childrens Court to secure the child's safety and enable Child Safety to place the child - refer to [Chapter 3, 2. Decide the type of child protection order, if required.](#)

Orders pursuant to the *Family Law Act 1975*

A care agreement overrides any parenting order made (or parenting plan agreed to by the parents) by the Family Court of Australia (*Family Law Act 1975*, section 69ZK). In negotiating the care agreement with both parents, take into consideration any arrangements currently in place via a parenting order or private agreement between the parents to help minimise disruptions to the child's life.

If a parenting order or parenting plan exists, that allows a parent or a third party (for example, a relative) to have contact with a child, and it remains in the child's best interests to continue to have contact with the parent or a third party, make all reasonable attempts to uphold this contact arrangement for the duration of the child protection care agreement.

Where a current parenting plan exists, sight a copy of the plan to verify its existence. If the parents are unable to provide a copy of the plan, intervention should proceed as if one does not exist, and any previous Family Court of Australia orders should be considered to be current.

Facilitate the child protection care agreement

To facilitate a child protection care agreement, undertake the following actions:

- seek approval for the use of the care agreement from the team leader
- locate an appropriate placement with an approved carer, to meet the child's needs - refer to [Chapter 5. Children in out-of-home care](#)
- consult with the recognised entity about a safe, compatible placement option, when required
- engage **both** parents to explain the process and ensure they understand:
 - their rights and responsibilities regarding guardianship under a child protection care agreement - refer to [Chapter 5, 3. Decision-making for the child](#)
 - that both they and Child Safety may end the agreement at any time by providing two days notice - refer to [Chapter 2. Investigation and assessment](#)
 - that Child Safety may apply for a TCO or a child protection order if the child is placed at immediate risk by the parents ending the agreement - refer to [Chapter 3, 9. What if immediate custody is required for a child in need of protection - use of a TCO?](#) and [Chapter 3, 2. Decide the type of child protection order, if required](#)
 - it is their right to have the name, address and phone number of the person who is caring for their child
 - it is their right to have contact with the child

- it is their right to be consulted about particular daily care decisions
- seek the consent of **both** parents to the child protection care agreement
- explain the effect of the care agreement to the child, and seek their views and wishes about the placement, if age and developmentally appropriate
- make the child a party to the agreement, if appropriate
- get both parents to sign the completed Care agreement - Form which is to include details of the particular daily care decisions that the parents are to be consulted about
- provide the family with a copy of the brochure Care agreement - Information for parents
- complete the Child information form - Part A and the Child information form - Part B with the parents.

Place the child

When a child is to be placed using a child protection care agreement, the placement decision is to be aligned with the following placement hierarchy:

- placement with family members or people of significance to the child (who will need to be either a provisionally approved carer or an approved kinship carer)
- placement with an approved foster carer or licensed care service
- placement with another entity who is considered to be the most appropriate for meeting the child's particular protection and care needs (*Child Protection Act 1999*, section 82(1)(f)).

When a child is placed in an out-of-home care placement using a child protection care agreement, the approved carers are eligible for fortnightly caring allowance and applicable child related costs.

Once the placement is to proceed, refer to Chapter 5. Children in out-of-home care and:

- complete an 'Authority to care for child' form in ICMS
- place the child with an approved carer, in accordance with the *Child Protection Act 1999*, section 82
- provide the carer with copies of the completed 'Authority to care', 'Care agreement - Form' and 'Child information form - Part A' and 'Child information form - Part B'
- complete a placement agreement with the approved carer
- complete the Approved carer payment form - Care agreement form to commence payment of the fostering allowance to the approved carer
- where necessary, complete a Child Safety After Hours Service Centre: After hours referral form detailing case circumstances and possible after hours scenarios.

When a child is placed in out-of-home care using a child protection care agreement, normal case planning and review requirements apply, as outlined in Chapter 4. Case planning.

Aboriginal and Torres Strait Islander children

When a decision is being made about the placement of an Aboriginal or Torres Strait Islander child, the recognised entity must be given an opportunity to participate in the decision-making process. If this is not practicable because urgent action is required to protect the child, or the

recognised entity is not available, consultation with the recognised entity must occur as soon as practicable after the decision is made.

In accordance with the *Child Protection Act 1999*, section 83, when placing an Aboriginal or Torres Strait Islander child in out-of-home care, the child must be placed, in order of priority with:

- a member of the child's family
- a member of the child's community or language group
- another Aboriginal person or Torres Strait Islander who is compatible with the child's community or language group
- another Aboriginal person or Torres Strait Islander.

When the above options are not available consider the following:

- the child may be placed with an approved carer, with preference given:
 - firstly, to a person who lives near the child's family
 - secondly, to a person who lives near the child's community or language group.

Before placing the child in the care of a family member or other person who is not an Aboriginal or Torres Strait Islander, proper consideration must be given to whether the person is committed to:

- facilitating contact between the child and the child's parents and other family members
- helping the child to maintain contact with their community or language group
- helping the child to maintain a connection with the child's Aboriginal or Torres Strait Islander culture
- preserving and enhancing the child's sense of Aboriginal or Torres Strait Islander identity.

Refer to the practice resource [The child placement principle](#) for more detailed information about placing an Aboriginal or Torres Strait Islander child.

3.2 Extend a child protection care agreement

A child protection care agreement **cannot be extended** beyond 30 days unless the child has a case plan.

The following conditions apply to the extension of a child protection care agreement:

- an extension requires the approval of the CSSC manager
- extensions can only be for a maximum of 30 days
- an extension cannot be made if the total of the following would be more than six months:
 - the period of the current agreement
 - the period of the proposed extension
 - the period for which any other child protection care agreement was in force for the child within the 12 months before the extension
- a safety assessment must be completed **prior to** the end of the 30 day period to inform the decision about whether an extension of the child protection care agreement is in the child's best interests

- where the outcome of a safety assessment is ‘unsafe’, further consideration should be given to the extension of the care agreement, or to taking other appropriate action to ensure the child’s safety.

During intervention with parental agreement, or while a child is subject to a directive or supervision order, the child may be placed in an out-of-home care placement using a child protection care agreement to offer respite to the family, as long as it does not exceed the **six month** criteria outlined above.

Where an extension to a child protection care agreement is to be sought, complete the following actions:

- ensure in a timely way that the proposed extension is possible in accordance with legislative timeframes outlined above
- consult with the team leader prior to the end of the current 30 day period, to consider the outcome of the safety assessment and whether the case plan remains appropriate for the child’s needs, given the proposed extension
- consult with the recognised entity for an Aboriginal or Torres Strait Islander child
- where the case plan is no longer relevant, determine whether a case plan review is required
- discuss the need for the extension with the child’s parents and the child, if age and developmentally appropriate, at least **two business days** prior to the expiry of the care agreement
- seek approval from the CSSC manager for the extension
- complete a new child protection care agreement with the parents
- instigate the child health passport process for the child after they have been in an out-of-home care placement for more than 30 days, as outlined in [Chapter 5, 2.3 Develop a child health passport](#).

To decide whether to grant an extension of a child protection care agreement past 30 days, the CSSC manager must be satisfied that:

- the child has a current and relevant case plan
- an extension is in the child’s best interests, taking into consideration the progress made toward the case plan goal and outcomes, and the child’s developmental needs.

3.3 End a child protection care agreement

Both Child Safety staff and the parents may end a child protection care agreement at any time by giving at least two days notice. A parent who was not a signatory to the agreement is also able to end the agreement by providing at least two days notice to the parties. The child will be returned to the parent from whom they were removed, or where applicable, the parent with residential responsibility via a Family Court parenting order.

The agreement will automatically end if:

- a TCO is made granting custody of the child to the chief executive
- an interim order is made granting custody of the child to the chief executive

- a child protection order is made granting custody or guardianship of the child to the chief executive or a suitable person
- the child leaves or refuses to return to the out-of-home care placement outlined in the care agreement and is currently in an unapproved placement - refer to [3. What if the actions of the child end the child protection care agreement?](#)

There may be times when a change in the parents situation leads to increased risk for the child, or a parent may advise that they wish to end the agreement without providing two days notice. In these circumstances, assess the safety of the child, complete a safety assessment, and if the child is likely to be endangered or placed at extreme risk, take the following immediate action:

- evoke the power under the *Child Protection Act 1999*, section 18, and take the child into the custody of the chief executive:
- make an application for a TAO - refer to [Chapter 2. Investigation and assessment](#)
- make an application for a TCO - refer to [Chapter 3, 9. What if immediate custody is required for a child in need of protection - use of a TCO?](#)

When a decision is made for the child to return home, complete a safety assessment. Where the outcome of the safety assessment is 'unsafe', the child cannot be returned home, and consideration should be given to extending the child protection care agreement, or taking other appropriate action. If the outcome of the safety assessment is 'conditionally safe' or 'safe', the child may be returned home.

4. Close an intervention with parental agreement case

4.1 End the intervention with parental agreement

An intervention with parental agreement case can be closed when a case plan review determines all of the following:

- the family has made progress in resolving the identified child protection concerns and achieving the case plan goal
- there is a decrease in the level of harm or risk of harm to the child
- an outcome of 'low' or 'moderate' for the family risk re-evaluation
- there are no immediate harm indicators present in the household - a safety assessment must be completed **prior to** the decision to close the case if the child has been in an out-of-home care placement and the child **cannot** be returned home if the safety decision is 'unsafe'
- the family displays an ongoing commitment to work with other services that may be linked with the family
- that contact with the service providers required to assist in meeting the needs of the child, will continue if Child Safety ceases intervention.

To assist with this determination, refer to the [IPA closure checklist](#).

An intervention with parental agreement case cannot be closed if the family risk re-evaluation outcome is 'high' and further intervention is required to meet the child's protection needs.

An intervention with parental agreement case must be closed in circumstances where the Childrens Court makes a TCO, an interim order or a child protection order granting custody or guardianship of the child to the chief executive or a suitable person.

Where the closure of an intervention with parental agreement case also involves the ending of a placement for the child under a child protection care agreement, implement the procedures outlined in [Chapter 5, 4.1 Conclude the child's placement in out-of-home care](#).

For further information about case closure, refer to the [IPA closure checklist](#) and [Chapter 3, 4. Close an ongoing intervention case](#).

What ifs - responding to specific intervention with parental agreement matters

1. What if the parents withdraw their agreement or disengage?

Where parents do not adhere to the case plan or withdraw agreement to the intervention with parental agreement, in consultation with the team leader:

- reassess the appropriateness of the intervention and the family's degree of engagement in addressing the child protection concerns
- assess the ongoing safety of the child if Child Safety ceases intervention
- determine how to best meet the protection and care needs of the child
- apply to the Childrens Court for an order that most appropriately meets the protection needs, if required - for further information refer to [Chapter 3, 2. Decide the type of child protection order, if required](#) or [Chapter 3, 9. What if immediate custody is required for a child in need of protection - use of a TCO](#)?

Any decisions about a change of ongoing intervention type must be approved by the team leader and recorded in ICMS.

2. What if new child protection concerns are received?

When child protection concerns are received about a child subject to ongoing intervention, take action to ensure the child's immediate safety and determine the most appropriate response - refer to [Chapter 3, 2. What if new child protection concerns are received?](#)

3. What if the actions of the child end the child protection care agreement?

If a child leaves or refuses to return to the out-of-home care placement when subject to a child protection care agreement, take the following action:

- negotiate with the child to return to the placement, where appropriate
- consult with the child's parents about options for the child
- complete a safety assessment to assess the level of safety for the child in their current residence, if they refuse to return to the placement, and take appropriate action to ensure the child's safety - refer to [Chapter 2, 2.6 Complete the safety assessment](#)

- consider whether a person in the current residence, or another person who is kin to the child can be provisionally approved to care for the child - refer to [Chapter 8. Regulation of care](#)
- consider whether a TCO or child protection order is required to ensure the child's safety and meet their protection and care needs.

4. What if there is a change in the individuals residing in the family home?

When a child is deemed to be in need of protection and is the subject of ongoing intervention, the parents must be informed of requirements to notify Child Safety Services of any change in the adults or children who will be residing in the family home - refer to [Chapter 3, 10. What if there is a change in the individuals residing in the family home?](#)

Resources

Forms and templates

- Approved carer payment form - Care agreement
- Care agreement - Form
- Child information form - Part A
- Child information form - Part B
- Child Safety After Hours Service Centre: After hours referral form

Child Safety resources

- Care agreement - Information for parents
- IPA closure checklist
- Practice resource: The child placement principle

Chapter 7. Support service cases

Purpose

This procedure outlines the process for undertaking and managing a support service case, in order to reduce the likelihood of future harm to a child, or an unborn child after birth, or to provide ongoing support and assistance to a young person who is transitioning from care, following their eighteenth birthday.

The provision of a support service case includes the development and regular review of a support plan and the use of other government agencies and funded services, to provide support to the family, pregnant woman or young person.

Key steps

1. Provide intervention through a support service case
2. Review a support service case
3. Close a support service case

What ifs - responding to specific support service case matters

Standards

1. The parents, pregnant woman or young person consent to the support service case.
 2. All relevant participants are involved in the development of the support plan.
 3. The recognised entity is consulted when the child is an Aboriginal person or Torres Strait Islander.
 4. A support plan is reviewed at least every six months.
 5. Intervention that exceeds 12 months is approved by the CSSC manager.
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Practice skills (Key areas for reflection)

- Have I engaged in a collaborative way with the child, parents, pregnant woman or young person?
- Have I engaged appropriate services to assist the family to achieve the goals of the support plan?
- Have I considered extended family members who may be available to support a pregnant woman after the birth of her child?
- Have I assisted the young person to establish formal and informal support networks and enduring relationships?

Authority

- Child Protection Act 1999, section 5, 6, 7, 14, 21A, 22 and 159(O)
 - Policy No. 349: Transitioning from care into adulthood
 - Policy No. 406: Support service case
 - Policy No. 595: Child Related Costs - Travel
 - Policy No. 596: Child Related Costs - Medical
 - Policy No. 597: Child Related Costs - Carer Support
 - Policy No. 598: Child Related Costs - Client Support and Family Contact
 - Policy No. 599: Child Related Costs - Education Support
 - Policy No. 600: Child Related Costs - Outfitting
 - Policy No. 609: Aboriginal and Torres Strait Islander Child Placement Principle
 - Policy No. 610: Working with Aboriginal and Torres Strait Islander children, families and communities
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Key steps - Support service cases

1. Provide intervention through a support service case

- 1.1 Open a support service case
- 1.2 Develop and record a support plan
- 1.3 Implement the support plan
- 1.4 Record information during the intervention

2. Review a support service case

- 2.1 Review a support service case

3. Close a support service case

- 3.1 Close a support service case

What ifs - responding to specific support service case matters

- 1. What if the **child's parents will not consent**, or withdraw consent, to ongoing intervention?
- 2. What if a **pregnant woman will not consent**, or withdraws consent, to ongoing intervention?
- 3. What if intervention is required **after the birth of a child**?
- 4. What if a child is also subject to **youth justice intervention**?
- 5. What if **new child protection concerns** are received?

1. Provide intervention through a support service case

A support service case is one type of ongoing intervention and can **only** be opened when:

- an investigation and assessment has determined that a child was **not in need of protection**, however, the outcome of the family risk evaluation was 'high'
- an investigation and assessment has determined that an unborn child will be in need of protection after birth
- a young person requires support following their eighteenth birthday, where the young person was previously subject to either:
 - a child protection order granting custody or guardianship to the chief executive
 - a child protection order, where an approved carer was subsequently granted the long-term guardianship of the child.

For further information refer to [Chapter 2, 4.1 Determine whether there will be ongoing intervention](#) and [Chapter 3, 1. Decide the type of ongoing intervention](#).

A support service case involves providing, or helping provide, prevention, early intervention and support services to strengthen and support families, pregnant women and young people.

With the exception of a young person who is transitioning from care, it is generally for a short-term, that is **less than 12 months**, and will **not** involve the provision of an out-of-home care placement for a child who is not in need of protection.

Because a child subject to a support service case is **not** a child in need of protection, a case plan is not required.

Unborn children

In circumstances where, following an investigation and assessment, it is assessed that an unborn child will be in need protection after birth, the purpose of ongoing intervention is to offer help and support to the pregnant woman and where relevant, her partner or the father of the unborn child, to increase their capacity to protect the child following birth.

Any intervention by Child Safety must **not** interfere with the pregnant woman's rights and liberties and can **only occur** with the consent of the pregnant woman.

Young person

Where there has been transition from care planning and there are outstanding needs identified, any intervention by Child Safety past the young person's eighteenth birthday, will occur by way of a support service case. A support service case may also be opened for a young person who was previously subject to a long-term guardianship order to a suitable person (where the guardian was formerly an approved foster or kinship carer).

A young person subject to a support service case may be eligible for some financial support to meet the requirements of the [Support plan](#), in accordance with relevant child related cost policies. Such costs will be negotiated with the CSSC manager **prior to** the development and finalisation of the 'Support plan'.

1.1 Open a support service case

The child's parents, pregnant woman or young person **must** consent to work with Child Safety and agree to participate in the development and implementation of a Support plan **before** a support service case can be opened.

If the child's parents do **not** consent to the support service case, consult the team leader to reconsider whether a support service case is the appropriate response. For further information, refer to 1. What if the child's parents will not consent, or withdraw consent, to ongoing intervention?

If the pregnant woman does **not** consent to a support service case, implement the necessary actions to facilitate an unborn child alert - refer to 2. What if a pregnant woman will not consent, or withdraws consent, to ongoing intervention?

As part of the decision to open a support service case, meet with the parents, pregnant woman or young person and discuss:

- the aim of the support service case, either:
 - to assist the parents or pregnant woman to address the identified child protection concerns so that no further intervention by Child Safety is required
 - to support and assist the young person's transition from care, until the identified goals of the support plan have been achieved
- the process of undertaking intervention through a support service case and the need for regular reviews of the support plan
- the expectation that the parents, or the pregnant woman, will work actively to address the identified concerns
- the need for Child Safety to take appropriate action:
 - should the level of risk to the child change during the period of intervention, to the extent that a child becomes a child in need of protection
 - should it be assessed there is unacceptable risk to a newborn baby.

1.2 Develop and record a support plan

Following the decision to open a support service case:

- develop a Support plan, in consultation with the child and family, pregnant woman or young person
- record the 'support plan' and attach the plan to the 'Ongoing intervention' event in ICMS
- actively engage the family or young person or pregnant woman and commence case work.

Ensure that the 'support plan' is able to be understood by all parties, and includes:

- the goals for intervention
- the actions required and who is responsible
- timeframes for the completion of tasks
- the factors relevant to each type of support service case, as outlined below.

Aboriginal and Torres Strait Islander child, young person, family or pregnant woman

For an Aboriginal or Torres Strait Islander child, provide the recognised entity with the opportunity to:

- participate in the development of the 'support plan'
- provide information about the child and their family, community and culture
- offer information about culturally compatible support services to which the family, pregnant woman or young person can be referred, including a referral to an Aboriginal and Torres Strait Islander Family Support Service - refer to [Chapter 10.16 Referral to an Aboriginal and Torres Strait Islander family support service](#).

For an unborn Aboriginal or Torres Strait Islander child, the consent of the pregnant woman **must** be obtained before contacting the recognised entity or the Aboriginal or Torres Strait Islander Family Support Service.

Record the information provided by the recognised entity, and their views about the planned intervention in the 'Recognised entity participation' form in ICMS.

Child and family

Develop a 'Support plan' to determine the services required to strengthen and support the family to reduce the likelihood of future harm to the child. Planning will include agencies that will provide services to the family during the intervention period.

Pregnant woman

The 'Support plan' will focus on the protective needs the unborn child will have after birth, and interventions aimed at reducing the risks to the child. This involves providing, or helping provide, preventative and support services to the pregnant woman, and where relevant, her partner or the father of the unborn child. For a pregnant woman, consider including education and planning with the pregnant woman about safe infant care in the support plan, to reduce the risk of sudden unexpected death in infancy. For further information, refer to [Child Health Information - Fact sheets](#) on 'Sudden unexpected deaths in infancy' and 'Safe sleeping resources'.

In addition to developing the 'Support plan':

- complete and forward an [HRA Form 1 Unborn Child High Risk Alert](#) (HRA form 1) to the hospital/s where the pregnant woman is likely to give birth if immediate notification of the birth is necessary to ensure the child's safety (refer to the [Queensland Health - List of Maternity Hospitals and Nominated Positions](#)), or contact relevant private or interstate hospitals
- attach the 'HRA Form 1' to the 'ongoing intervention' event in ICMS.

The key steps for responding to concerns for an unborn child are summarised in the [Unborn Child Checklist](#).

If, during ongoing intervention, a pregnant woman indicates she is considering the child's adoption, contact Adoption Services Queensland to request the provision of advice and

assistance to the pregnant woman. For further information, refer to [Chapter 10.4 Providing adoption services](#).

The support service case will continue until the birth of the child, **unless** the pregnant woman withdraws consent to the intervention or the support needs of the woman are met prior to the birth of the child. If required, commence planning for intervention by Child Safety following the child's birth.

If the pregnant woman withdraws consent, or refuses to consent to further ongoing intervention following the review of a 'Support plan', implement the necessary actions, as outlined in [2. What if a pregnant woman will not consent, or withdraws consent, to ongoing intervention?](#) and the [Unborn Child Checklist](#).

Young person

In some situations, when a young person has transitioned from care, ongoing intervention by Child Safety will need to continue past the young person's eighteenth birthday to address significant issues, such as housing, education, training, employment, social connectedness and necessary life skills. In this circumstance, develop a 'Support plan' in consultation with the young person that reflects the remaining goals that need to be completed from the young person's transition from care case plan.

1.3 Implement the support plan

To support the child and family, pregnant woman or young person in the implementation of the 'Support plan':

- progress achievement of the support plan goals and actions
- maintain regular face-to-face and telephone contact
- engage the family with the identified support services
- obtain information from relevant agencies about progress towards the support plan goals.

If during implementation, new information becomes available or a change in circumstances indicates a threat to a child's safety, but the threat does not reach the threshold for a notification, complete a safety assessment to ensure a child's safety and take appropriate action. For further information refer to [Chapter 2, 2.6 Complete the safety assessment](#).

1.4 Record information during the intervention

For the duration of the support service case, record the following information in ICMS:

- case management screens for the child
- case notes about all contact with the child and family, pregnant woman or young person
- case notes outlining contact with, and the outcomes of intervention by, other services
- the family risk re-evaluation, if applicable - refer to [2. Review a support service case](#)
- the safety assessment, if applicable - refer to [2. Review a support service case](#)
- information provided by the recognised entity about the child, pregnant woman or young person and his or her family, community and culture and culturally compatible support services

- the revised support plan
- the rationale for closing a support service case.

2. Review a support service case

2.1 Review a support service case

A Support plan must be reviewed at least every **six months**. More frequent reviews may be conducted, based on the circumstances of the case.

The review of a 'Support plan' will incorporate a meeting with the child and family, pregnant woman or young person, and where applicable, other agencies responsible for providing support and assistance during the period of intervention, including the recognised entity, where relevant. The review is a collaborative process with all parties, to assess whether the agreed actions have been undertaken and whether the intervention has achieved the goals of the child and family, pregnant woman or young person involved.

The review process will also be informed by the below-mentioned additional requirements, specific to each type of support service case.

Child and family

For the review of a support service case with a child and family:

- obtain updated information from all agencies involved in implementing the support plan
- consider the outcome of Child Safety contact with the child and family for the period subject to review
- complete the family risk re-evaluation, to assess the current level of risk for the child
- based on the above information, assess whether the goals of the support plan have been achieved, and future risk to the child has been reduced.

If the goals of the 'Support plan' have been met and the outcome of the family risk re-evaluation is 'low' or 'moderate', the case may be closed - refer to [3.1 Close a support service case](#) for the actions required prior to closing the case.

If the outcome of the family risk re-evaluation remains 'high' and it is assessed that intervention via a support service case is still appropriate, request the parents consent to continue with the support service case. Where consent is provided, develop a revised 'Support plan', to reduce the likelihood of future harm to the child - refer to [1.2 Develop and record a support plan](#).

If the parents do **not** consent to a further period of ongoing intervention, refer to [3.1 Close a support service case](#) for actions required prior to closing the case.

A support service case should generally **not** exceed 12 months. If after 12 months of intervention, the family risk re-evaluation indicates that the risk remains 'high', consider whether a support service case is still the most appropriate response by Child Safety to the child and family. Any subsequent decision to keep the support service case open **requires** approval by the CSSC manager. Where approval is given, record the details in a case note in ICMS.

Pregnant woman

Review the ‘Support plan’ for a pregnant woman in the four week period **prior to** the child’s estimated date of delivery, unless the six monthly review falls within this timeframe, to inform decision-making and ensure there is a current assessment of the unborn child’s protective needs after birth. The SDM assessments are **not** used for the review of a support service case with a pregnant woman.

Based on updated information from all agencies involved in implementing the ‘Support plan’ and the outcome of Child Safety contact with the pregnant woman for the duration of the intervention, assess whether the goals of the ‘Support plan’ have been achieved, and whether the likelihood of harm to an unborn after birth has been reduced.

In circumstances where it is assessed that ongoing intervention will be required after the birth of the child, the review will incorporate the decision about the type of intervention that will best meet the child’s needs (intervention with parental agreement or a child protection order).

In circumstances where it is assessed that informing the pregnant woman of planned intervention by Child Safety would place the child at further risk after the birth, the decision may be made **not to inform** the pregnant woman - for example, where there is a high likelihood that the pregnant woman will relocate to avoid intervention.

The team leader is responsible for the decision **not to inform** the pregnant woman of planned Child Safety intervention. This decision and the rationale **must** be recorded in a case note in the ‘ongoing intervention’ event in ICMS.

Young person

Intervention with a young person may occur over a significant period of time, depending on the developmental level, life stage and support needs of the young person. Support is to continue in line with the ‘Support plan’, until the identified goals have been achieved.

‘Support plan’ reviews are to occur following **six months** of ongoing intervention. The structured decision making assessments are **not** used for the review of a support service case with a young person over the age of 18 years.

3. Close a support service case

3.1 Close a support service case

Prior to deciding to close a support service case:

- complete a review of the Support plan and document the review outcome
- for a child and family (see below), complete a safety assessment if the case is likely to be closed
- determine and clarify whether ongoing support by other agencies is to continue
- take into account the factors specific to each type of support service case, as outlined below.

The team leader is responsible for approving a decision to close a support service case, **unless** this decision is made by the CSSC manager when considering whether to continue a support service case beyond a period of twelve months.

When the decision to close a case is approved:

- inform all parties of the decision - for further information, refer to [Chapter 3, 4.1 Prepare for case closure](#)
- close the case - refer to [Chapter 3, 4.2 Complete actions to close a case](#).

Child and family

A support service case with a child and family **cannot** be closed until the risk level is reduced to 'low' or 'moderate', unless the parents withdraw consent to the intervention, or the CSSC manager decides **not** to provide further intervention when the case has been open for longer than twelve months.

A support service case can be closed when it is assessed that the goals of the support service case **have been achieved**, and the family risk re-evaluation outcome is to 'low' or 'moderate'.

In all circumstances, complete a subsequent safety assessment **prior to** obtaining approval to close the case - for further information, refer to [Chapter 2, 2.6 Complete the safety assessment](#), and:

- where there are **no** immediate harm indicators present within the household, seek approval to close the case and record the decision and rationale in ICMS
- where there **are** immediate harm indicators present within the household, consult with the team leader about the appropriate response or intervention required.

Pregnant woman

A support service case with a pregnant woman will be closed when either:

- the support needs of the pregnant woman have been met
- the pregnant woman has given birth to a child, and a decision has been made about what, if any, further intervention is required
- the pregnant woman withdraws consent for the ongoing intervention - refer to [2. What if a pregnant woman will not consent, or withdraws consent, to ongoing intervention?](#)

A safety assessment is **not** required prior to closing this type of support service case.

Young person

Close the support service case for a young person, when either:

- the goals of the 'Support plan' have been achieved
- the CSSC manager decides the support service case will not continue
- the young person withdraws consent to the intervention.

A safety assessment is **not** required prior to closing this type of support service case.

What ifs - responding to specific support service case matters

1. What if the child's parents will not consent, or withdraw consent, to ongoing intervention?

In cases involving a child, where the outcome of the family risk evaluation tool is 'high' and consent is **not** given to a support service case, consult the team leader to re-consider whether a support service case is the appropriate Child Safety response to the child and family - refer to [Chapter 3, 1. Decide the type of ongoing intervention.](#)

Where the decision to offer a support service case remains unchanged, record in ICMS:

- the family's refusal to consent to a support service case
- the discussion held with the team leader, including the outcome and rationale for the decision.

In cases involving a child, where the outcome of the family risk re-evaluation tool is 'high' and consent to the support service case is **withdrawn** following a period of ongoing intervention, complete a subsequent safety assessment to inform the actions to be taken - refer to [3.1 Close a support service case.](#)

2. What if a pregnant woman will not consent, or withdraws consent, to ongoing intervention?

When it has been assessed that an unborn child will be in need of protection after their birth and the pregnant woman does **not** consent to intervention with a support service case, no ongoing intervention can occur.

Similarly, where a pregnant woman withdraws her consent to the support service case, during the period of ongoing intervention, ongoing intervention cannot continue.

In **both** of these circumstances:

- make every effort, including sending a follow up letter, to:
 - alert the pregnant woman to the potential risks identified to her unborn child after birth
 - provide information about support services in the community to assist her family prior to the birth of her child
- advise the pregnant woman that either a new notification or a child protection order may be required when the child is born. However, this information must **not** be provided to the pregnant woman when it is assessed that, by providing this information, the child may be placed at further risk after their birth
- record an 'unborn child alert' on the person records of the mother and the unborn child - refer to [Chapter 1, 9. What if an alert needs to be recorded in ICMS?](#)

- complete and forward either, or both:
 - an HRA Form 1 Unborn Child High Risk Alert (HRA Form 1) to the hospital/s where the pregnant woman is likely to give birth - refer to Queensland Health List of Maternity Hospitals and Nominated Positions
 - a letter to the private or interstate hospital/s where the pregnant woman is likely to give birth
- attach the 'HRA Form 1' to the 'investigation and assessment' event in ICMS
- consider whether a referral to the SCAN team is warranted, or if the case is open to the SCAN team system, update the SCAN team - refer to Information Coordination Meetings (ICM) and the Suspected Child Abuse and Neglect (SCAN) Team System Manual
- provide the Child Safety After Hours Service Centre with a Child Safety After Hours Service Centre: After hours referral form and any additional relevant information, including a copy of the 'HRA Form 1'
- recontact the pregnant woman's medical practitioner, if known, to:
 - discuss the concerns identified
 - request that information be shared with relevant health professionals such as the midwife or social work services
 - ask that Child Safety be advised of the birth of the child
- recontact any services previously involved in the provision of support services to the pregnant woman, including the recognised entity and the Aboriginal and Torres Strait Islander Family Support Service, as appropriate, to inform them that the pregnant woman has withdrawn her consent to ongoing intervention.

When the child is born, commence the most appropriate type of ongoing intervention or record a new notification if an up-to-date risk assessment is required.

3. What if intervention is required after the birth of a child?

When at the time of the child's birth, ongoing intervention is occurring with a woman via a support service case, and ongoing intervention is to continue after the birth with the woman's or parents agreement:

- close the support service case
- open an intervention with parental agreement case - refer to Chapter 6. Intervention with parental agreement
- commence case planning for the child - refer to Chapter 4. Case planning.

When at the time of the child's birth there is no ongoing intervention occurring, because the woman has not consented to the intervention, but an investigation and assessment completed prior to birth had a 'substantiated - child in need of protection' outcome either:

- commence the most appropriate type of ongoing intervention
- record a new notification when it is determined that an up-to-date risk assessment is required.

4. What if a child is also subject to youth justice intervention?

If a child is subject to a support service case and youth justice intervention by the Department of Justice and the Attorney General (Youth Justice Services), ensure service delivery coordination for the duration of the support service case. It may also be appropriate to invite the child's youth justice case worker to a meeting to develop, or review, a Support plan. For further information, refer to Chapter 3, 5. What if a child is subject to ongoing intervention and youth justice intervention?

5. What if new child protection concerns are received?

When child protection concerns are received about a child subject to ongoing intervention, take action to ensure the child's immediate safety and determine the most appropriate response - refer to Chapter 3, 2. What if new child protection concerns are received?

Resources

Forms and templates

- Child Safety After Hours Service Centre: After hours referral form
- HRA Form 1 Unborn Child High Risk Alert
- Support plan

Child Safety resources

- Information Coordination Meetings (ICM) and the Suspected Child Abuse and Neglect (SCAN) Team System Manual
- Unborn Child Checklist

External resources

- Queensland Health - List of Maternity Hospitals and Nominated Positions
- Child Health Information - Fact sheets

Chapter 8. Regulation of care

Purpose

This procedure outlines the process for approving carers who can provide a child with a safe and acceptable standard of care, when Child Safety intervention with a child and family requires that a child is placed away from their parent's care.

The purpose of regulating foster and kinship carers, including provisionally approved carers, is to ensure that an individual who provides care for a child placed with them by Child Safety, is suitable to care for the child and continues to meet suitability requirements for the duration of their approval.

Key steps

1. Pre-application
2. Assessment
3. Approval
4. Monitor and support
5. Renewal

What ifs - responding to specific regulation of care matters

Standards

1. Consideration is given to placing the child with kin, as a first option.
 2. All children are placed with an approved foster or kinship carer or a provisionally approved carer.
 3. All persons must be considered 'suitable persons', prior to being issued with a certificate of approval as a foster or kinship carer or provisionally approved carer.
 4. Applications for approval, or renewal of approval, are decided within legislative timeframes.
 5. Personal history checks are undertaken by the Central Screening Unit (CSU) for all applicants and adult household members.
-

Practice skills (Key areas for reflection)

- Have I accessed all sources of relevant information in undertaking the assessment?
- Did I include in my assessment report relevant, factual and concise information, including evidence and professional opinion, which supports the recommendation for approval or refusal of an application?

- Have I undertaken the assessment in an open, accountable and transparent manner and treated the applicant fairly, with courtesy and respect?
 - Have I addressed issues of concern with the applicant during the assessment process?
 - How did I facilitate the applicant's participation in decision-making?
-

Authority

- *Child Protection Act 1999*, sections 5 and 6, and chapter 4, part 1 and 2
 - *Child Protection Regulation 2011*, sections 22, 23, 24, 25 and 26
 - *Commission for Children and Young People and Child Guardian Act 2000*, sections 100, 101, 104B and part 6
 - Code of Conduct for the Queensland Public Service
 - Communities Policy: Conflict of interest
 - Communities Procedure: Conflict of interest
 - Communities Policy: Recordkeeping
 - *Information Privacy Act 2009*
 - *Public Sector Ethics Act 1994*
 - *Public Service Act 2008*
 - Policy No. 36: Placement of children subject to a care agreement, or an order granting custody or guardianship to the chief executive, with departmental employees
 - Policy No. 383: Foster care training
 - Policy No. 457: Carer learning and support
 - Policy No. 460: Carer participation
 - Procedure No. 460: Carer participation
 - Policy No. 607: Supporting children in the care of long-term guardians
 - Policy No. 608: Child Related Costs - Long-term guardian support
 - Procedure No. 608: Child Related Costs – Long-term guardian support
 - Recordkeeping: Client File Procedure
-

Key steps - Regulation of care

1. Pre-application

- 1.1 Record an Expression of interest (EOI)/Application
- 1.2 Distribute an information kit
- 1.3 Invite the person to an information session
- 1.4 Conduct the initial interview
- 1.5 Conduct a household safety study
- 1.6 Address identified concerns about suitability
- 1.7 Lodge the application

2. Assessment

- 2.1 Complete pre-service training
- 2.2 Facilitate personal history checks
- 2.3 Conduct assessment interviews
- 2.4 Conduct referee checks, if applicable
- 2.5 Conduct medical checks, if applicable
- 2.6 Assess the application for approval
- 2.7 Complete the assessment report

3. Approval

- 3.1 Decide the outcome of the application for approval
- 3.2 Extend the timeframe for deciding the initial application
- 3.3 Approve the application
- 3.4 Refuse the application

4. Monitor and support

- 4.1 Negotiate support arrangements
- 4.2 Complete a Foster Carer Agreement
- 4.3 Monitor and review the ongoing quality of care
- 4.4 Standard and advanced training

5. Renewal

- 5.1 Invite an application for renewal of approval
- 5.2 Lodge the application for renewal
- 5.3 Facilitate personal history checks
- 5.4 Conduct medical checks, if applicable
- 5.5 Assess the application for renewal
- 5.6 Complete the renewal assessment report

- 5.7 Decide the outcome of the application for renewal
- 5.8 Approve the application for renewal
- 5.9 Review support arrangements
- 5.10 Review the Foster Carer Agreement

What ifs - responding to specific areas of regulation of care

1. What if the applicant requires **provisional approval**?
2. What if there is a **change in carer circumstances**?
3. What if an **external party requests** or requires personal information or history about a foster or kinship carer application?
4. What if **approval has expired** before an application for renewal is 'properly made'?
5. What if **one spouse is unavailable** to participate in the assessment and approval process?
6. What if a carer **applicant resides interstate**?
7. What if the foster or kinship carer decides to **cease being a carer**?
8. What if a carer requests access to their **personal information**?
9. What if a foster or kinship carer's certificate of approval requires **amendment, suspension or cancellation**, other than on blue card or exemption card grounds?
10. What if a foster or kinship carer's certificate of approval requires **suspension or cancellation**, on blue card or exemption card grounds?
11. What if a provisionally approved carer's certificate of approval requires **amendment, suspension or cancellation**?
12. What if a **carer applicant**, or an approved **carer**, is a departmental **employee**?

1. Pre-application

The purpose of the pre-application phase is to provide a person with advice and information about the role and responsibilities of a foster or kinship carer, and to assist the person to make an informed choice about whether to proceed with lodging an application.

For a comparison of the key steps for each carer type, refer to the practice resource [Comparison of the key steps for carer approval](#).

Steps 1.1 to 1.6 in the pre-application phase may not occur sequentially, however, usually occur prior to an application being lodged and ‘properly made’. The actions outlined may be undertaken by a Child Safety officer or by staff of a foster or kinship care service, where appropriate. The initial interview or the household safety study may also be completed by a contracted fee-for-service professional, where they are undertaking the assessment of the applicant.

If the person is an employee of the Department of Communities, Child Safety and Disability Services, refer to [12. What if a carer applicant, or an approved carer, is a departmental employee?](#)

While the activities outlined in the pre-application phase are not listed as assessment activities, the information gathered and observations made will inform the assessment of the applicant, should they proceed with an application.

For further information about the regulation of care, refer to the practice resources [Approved carers - an overview](#) and [Key concepts for the regulation of care](#).

1.1 Record an Expression of interest (EOI)/Application

When an initial foster carer enquiry is received by the CSSC or a foster and kinship care service, forward the information to the Central Intake Team (CIT). The CIT will:

- create a person record for the primary applicant, where the record does not already exist in ICMS
- create an ‘EOI/Application’ in ICMS and select ‘Yes’ to the enquiry prompt
- record enquiry information in ICMS
- allocate the ‘EOI/Application’ to the relevant CSSC.

Where Child Safety has approached a person to provide kinship care, CSSC staff will:

- create a person record for the primary applicant, where the record does not already exist in ICMS
- create an ‘EOI/Application’ in ICMS and select ‘No’ to the enquiry prompt to progress to pre-application stage.

1.2 Distribute an information kit

When an initial enquiry is received about becoming a foster or kinship carer, or where Child Safety has approached a person to provide kinship or respite care for a child:

- have a timely discussion with the person and respond to any questions or issues raised
- create the ‘Covering letter for the information kit’ in ICMS and send the letter, along with relevant Carer information sheets, to the person.

Following a person’s initial enquiry and allocation of the EOI/Application by CIT to the relevant CSSC:

- where person records for the secondary carer and any household members exist, add them as ‘Relevant parties’ to the EOI/Application
- for a potential kinship carer, or where provisional approval is sought, record all kinship children for which the EOI/Application applies, in the ‘Pre-application’ tab in ICMS.

1.3 Invite the person to an information session

The purpose of an information session is to provide information about foster care, and to enable a person to ask questions, to assist them in deciding whether to proceed with an application to become a foster or kinship carer.

Where Child Safety Services or a foster and kinship care service provides information sessions for potential carers, determine whether the person would like to attend an information session and if so, invite them using the ‘Invitation to information session’ in ICMS and complete the invitation and attendance details following the session, in the ‘Pre-application’ tab in ICMS.

Attendance at an information session may occur before or after an initial interview with the person, or instead of an initial interview.

1.4 Conduct the initial interview

The purpose of the initial interview is to commence discussions about a range of factors such as a person’s interest and motivation in becoming a foster or kinship carer, the realities of providing foster care, the legislative and policy requirements to be met and the likely impact of becoming a foster or kinship carer.

Where a person wishes to proceed, invite them to participate in an initial interview. Arrange a time with the person and, for potential foster carer applicants, complete the ‘Invitation to initial interview’ letter, in ICMS.

Where possible, conduct the initial interview **prior to** the person’s commencement of Pre-service training.

Prior to conducting the initial interview, for a potential **kinship carer applicant only**:

- obtain the views of the child and of their family about the proposed kinship carer placement, and consider these views in the decision-making process
- provide the recognised entity with an opportunity to contribute specialised cultural and family knowledge and to participate in the decision-making process about any proposed placement for an Aboriginal or Torres Strait Islander child
- seek advice from the team leader, should it become apparent that the views of the child, their family, or the recognised entity, conflict with the proposed kinship carer placement.

During the initial interview with a potential foster or kinship carer applicant:

- provide information about the roles and responsibilities of a foster or kinship carer, and the range of supports available
- provide a copy of relevant 'Carer information sheets'
- discuss the different levels of need for children in care, or for a proposed kinship carer, the needs of the specific child
- assess whether the possible kinship care placement is consistent with the agreed case plan for the child
- provide information about the requirement and the process for the conduct of personal history checks, including obtaining a positive prescribed notice (a blue card or exemption card for a registered teacher or police officer), from the CCYPCG, as a prerequisite to approval
- request that the person discloses any criminal, domestic violence, traffic or child protection history that they are aware of for themselves, or any adult member of their household
- conduct the household safety study in accordance with [1.5 Conduct a household safety study](#)
- where any significant concerns arise during the interview, discuss the concerns with the person, in accordance with [1.6 Address identified concerns about suitability](#)
- provide information, where applicable, about the additional processes associated with a Department of Communities, Child Safety and Disability Services employee who may intend to become an approved foster or kinship carer - for further information, refer to [12. What if a carer applicant, or an approved carer, is a departmental employee?](#)
- determine whether the person would like to proceed with an application.

Following the interview:

- complete the 'Form 1: Foster carer intake' in ICMS for a potential foster carer applicant only, and attach the form to the 'EOI/Application' in ICMS
- document relevant information about a potential kinship carer applicant and attach the information to the 'EOI/Application' in ICMS
- record the initial interview details in the 'Pre-application' tab in ICMS.

The 'Form 1: Foster carer intake' **does not** need to be completed in the one interview, and there will be times when the entire form will not be completed due to the person choosing not to continue with the process.

1.5 Conduct a household safety study

A household safety study is the process of assessing the safety of the potential applicant's household premises and their commitment to safe practices around children. The intent of the household safety study is to prevent injury to children in out-of-home care by identifying potential risks in the proposed applicant's household.

A household safety study is usually conducted during the initial interview and prior to the lodgement of an application. Where mandatory safety requirements are not currently met, hold discussions to identify the actions required to meet mandatory safety requirements, or the person may decide not to proceed with an application.

For a foster carer applicant, complete the household safety study **prior to** the applicant's attendance at pre-service training, wherever possible.

For a kinship carer applicant, complete the household safety study during the initial interview or during the assessment interview.

Where provisional approval is required, refer to [1. What if the applicant requires provisional approval?](#)

To conduct the household safety study:

- create the 'Form 2: Household safety study' in ICMS
- provide information about the mandatory safety requirements, as listed on page 1 of the 'Form 2: Household safety study'
- request that the person completes a self-assessment, using the [Your home safety checklist](#)
- advise that mandatory requirements **must** be met prior to approval
- where other safety risks are identified, develop a plan to address these risks with the applicant, for consideration by the CSSC manager, should the application proceed
- complete the 'Form 2: Household safety study', based on direct observations of the household, the completed 'Your home safety checklist' and information obtained during discussions
- attach the completed 'Form 2: Household safety study' and 'Your home safety checklist' to the 'EOI/Application' in ICMS
- record the household safety study details in the 'Pre-application' tab in ICMS
- record 'Your home safety checklist' details under 'Additional sources of information' in the 'Assessment' tab in ICMS.

An applicant is **not** expected to meet all requirements of the household safety study in the early stages of the assessment process but is expected to make any necessary changes to enable the mandatory safety requirements to be met.

1.6 Address identified concerns about suitability

Significant concerns about the applicant's ability to meet suitability requirements may become apparent at any stage during the carer application process.

Concerns prior to application

Where, prior to an application being lodged, it is considered likely that an application would be refused based on the legislative restrictions on granting an application:

- discuss the identified issues or concerns and the likely outcome for an approval decision, with the applicant

- assist the person to make a realistic choice about whether to proceed with an application or self-select out.

Where the person decides to self-select out prior to lodging an application, record the pre-application outcome as ‘Self-select out’ and the reason in the ‘Pre-application’ tab in ICMS.

Where significant issues are identified:

- discuss the identified issues or concerns, as they arise
- provide the applicant with an opportunity to withdraw their application, where the issue or concern is likely to result in a refusal of the application
- should the applicant wish to proceed with the application, despite significant issues being brought to their attention, the assessment is to be recorded and a decision made by the CSSC manager.

Should a person insist on lodging an application, despite significant issues being brought to their attention, they cannot be prevented from doing so, as this would deny them their right to natural justice. Where the application is subsequently refused, the applicant has the right to have the decision externally reviewed by the Queensland Civil and Administrative Tribunal (QCAT).

Withdrawal of application

Once an application is ‘properly made’, the CSSC manager must approve or refuse the application, unless the application is withdrawn by the applicant. At any time during the assessment process, significant issues likely to lead to the refusal of an application may be brought to the applicant’s attention, and the applicant may subsequently choose to withdraw their application.

Where the applicant decides to withdraw their application:

- request that they provide written advice to this effect, to the CSSC or foster and kinship care service
- immediately advise the CSU
- record the application withdrawal details in the ‘Lodgement/Withdrawal’ tab in ICMS.

1.7 Lodge the application

An application for initial approval must be decided within **90 days** of the application being ‘properly made’, unless an extension is granted. To be ‘properly made’ an application:

- is completed, signed and dated by the applicant and each adult member of their household
- includes all appropriate identification documents
- is lodged at the CSSC.

A person should only submit an application once they have decided to commit to the application and assessment process, and in consideration of the most appropriate time for lodging the application, given:

- the mandatory requirement, for foster carer applicants **only**, to complete pre-service training prior to a decision about their approval (except for an absent spouse, refer to [2.1 Complete pre-service training](#))
- the next available pre-service training date is likely to influence whether the application is able to be assessed and decided within the required 90 day legislative timeframe
- the likely timeframe required for the CSU and the CCYPCG to undertake and provide information about personal history checks and blue card or exemption card outcomes to the CSSC.

Where a person decides to proceed with the application and assessment process, record the pre-application outcome as 'Lodge an application' in ICMS.

Complete the application documentation

When the person commits to the application and assessment process, use the [Application for approval - Form 3 APA - Guide to completion](#) and:

- request that the applicant and all adult household members complete:
 - the 'Application for approval - Form 3 APA' (APA form) - (Part A), created in ICMS
 - a [Volunteer foster/kinship carer or adult member blue card application form](#) (blue card application) or, where confirmation of an existing blue card is required, an [Authorisation to confirm a valid blue card/application for a carer or adult member form](#) (blue card validation) or, where the applicant or household member is a registered teacher or police officer, an [Exemption card application form](#)
- determine the applicant's adult household members by referring to the [Adult household member guidelines](#)
- attach the 'APA form' (Part A), 'blue card application', 'blue card validation', or 'exemption card application' form to the 'EOI/Application' in ICMS
- ensure that documents verifying the identity of the applicant and adult household members are sighted and where possible, photocopied or scanned, and attached to the 'EOI/Application' in ICMS
- ensure the applicant completes the 'Carer applicant health and wellbeing questionnaire', created in ICMS (refer to [2.5 Conduct medical checks, if applicable](#)) and returns the completed form to the CSSC
- attach the completed 'Carer applicant health and wellbeing questionnaire' to the 'EOI/Application' in ICMS and record questionnaire details under 'Additional sources of information' in the 'Assessment' tab in ICMS
- create person records for the secondary carer and all household members, where applicable, and add them as 'Relevant parties' to the EOI/Application.

Where consent has been given by the applicant on the 'Carer applicant health and wellbeing questionnaire' to share medical information, provide a copy of the completed questionnaire to the foster and kinship carer service, or fee-for-service professional.

Note: Where an adult household member has an appointed guardian as a result of a disability, the forms will be completed with the household member's details and signed by their guardian.

If the applicant is an employee of the Department of Communities, Child Safety and Disability Services, the applicant is required to inform their line manager that they have applied to become an approved foster or kinship carer - for further information, refer to [12. What if a carer applicant, or an approved carer, is a departmental employee?](#)

Verify identity - application for approval

Whenever a ‘blue card application’ or ‘exemption card application’ is completed, the identity of the applicant or the adult household member completing the form must be verified by sighting **two** original identification documents, as listed on the ‘blue card application’ and ‘exemption card application’.

If the applicant already holds a current, valid blue card or exemption card at the time the ‘APA form’ (Part A) is completed, the identity of the applicant must be verified by sighting their blue card or exemption card and **one** other form of identification, as listed on the ‘APA form’ (Part B).

There is no need to verify identity if an adult household member already holds a current, valid blue card or exemption card.

Where possible, photocopy or scan each of the original identification documents and attach to the ‘EOI/Application’ in ICMS. Complete the verification of identification details in ‘Lodgement/Withdrawal’ tab to assist the CSU in the process of conducting personal history checks.

Note: If a person is unable to supply the necessary identification documents, liaise with the CSU about the options for alternative forms of identification.

Verify identity - application for renewal of approval

There is no need to verify the identity of an applicant or an adult household member upon application for renewal of approval, **unless** a ‘blue card application’ or ‘exemption card application’ is to be completed as part of the application process.

Any person completing the ‘blue card application’ or ‘exemption card application’ is to have their identity verified, as outlined above.

Persons able to verify identity

The requirements for verifying identity depends on the nature of the form being completed.

The blue card application and exemption card application require that a Child Safety officer verifies the person’s identity. Where this is not possible, because of distance or a disability impacting on a person’s mobility, a prescribed person may verify the person’s identity.

Prescribed persons include:

- a Justice of the Peace
- a Commissioner for Declarations
- a lawyer
- a police officer.

Note: Child Safety staff **must** comply with the requirement under the *Commission for Children and Young People and Child Guardian Act 2000*, to inform **all** blue card applicants that it is an

offence for a disqualified person to sign a blue card application form. This requirement applies even when a prescribed person has verified an applicant's identity. For further information, refer to the practice resource [Mandatory advice to blue card applicants](#).

The 'APA form' (Part B) requires that a Child Safety officer or a staff member of a foster and kinship care service verifies the identity of an applicant who already holds a current, valid blue card or exemption card.

Ensure the application is 'properly made'

The **90 day period** for deciding the initial carer application commences from the date the application is 'properly made'. Once the application has been 'properly made', record the date in the 'Date Application Lodged' field on page 11 of the 'APA form' (Part B), or for a renewal of approval, page 19 of 'APA form' (Part D). This date becomes the 'properly made' date and the application is then considered to be 'properly made'.

Where an application is incomplete at the time it is submitted, ask the applicant or the adult household member to supply the additional information before accepting the application and recording the 'Date Application Lodged' on the APA form.

If the application is subsequently found to be incomplete by the CSU and returned to the CSSC, obtain the missing information and record a new lodgement date on page 11 of the 'APA form' (Part B), or page 19 of the 'APA form' (Part D). The amended date then becomes the date the application is 'properly made'. The documentation is then re-attached to the 'EOI/Application' in ICMS and the CSU **immediately** advised of the update.

When the application has been 'properly made', record details in the 'Lodgement/Withdrawal' tab in ICMS and attach a copy of the completed:

- 'APA form'
- 'blue card application', 'blue card validation', or 'exemption card application' form
- verified identification documents, where available.

Conduct personal history checks in accordance with [2.2 Facilitate personal history checks](#).

Information management

All information about a person's carer application must be filed in a secure location, in accordance with [Module 5: Maintaining client files](#).

In addition, if a carer application is lodged by an employee of the Department of Communities, Child Safety and Disability Services, classify electronic and paper files as sensitive - for further information, refer to [12. What if a carer applicant, or an approved carer, is a departmental employee?](#)

2. Assessment

The purpose of the assessment of an applicant is to ensure that the care of children in out-of-home care meets the standards of care in the statement of standards, and to ensure that

applicants meet suitability requirements under the *Child Protection Act 1999*, section 135 and the *Child Protection Amendment Regulation (No.1) 2006*, section 9.

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

The assessment of a foster or kinship carer applicant may be undertaken by Child Safety, staff of foster and kinship care services or by a contracted fee-for-service professional.

If the foster or kinship carer applicant is an employee of the Department of Communities, Child Safety and Disability Services, refer to [12. What if a carer applicant, or an approved carer, is a departmental employee?](#)

2.1 Complete pre-service training

The aim of pre-service training is to equip a foster carer applicant with the necessary skills and knowledge required, to enable them to meet the legislated statement of standards when caring for a child placed in care.

A foster carer applicant is required to complete [Pre-service training](#) which consists of four modules, each of three hours duration, which may be undertaken prior to, or following, an application being 'properly made'. If feasible, pre-service training occurs over a four week period, however, the content of the modules may be delivered in a range of flexible ways, including one-to-one in the applicant's home, if necessary.

For more information, refer to the [Procedures and guidelines for Quality Care: Foster Care Training](#).

A kinship carer applicant's participation in pre-service training is **optional**, however, where appropriate the applicant is to be encouraged to participate in Quality Care training sessions, to assist them in meeting their support and learning needs. In addition, support the orientation of a kinship carer by using relevant [Carer information sheets](#) and the [Carer handbook](#).

Note: Where the partner of a foster carer applicant is genuinely unable to participate in pre-service training due to the nature and location of their employment, for example, those employed by the defence forces or mining industry and working interstate or overseas, both applicants may be granted approval, with the condition (recorded on the certificate of approval) that the applicable partner completes pre-service training when their circumstances change. In exceptional circumstances, the CSSC manager may waive the requirement for pre-service training entirely.

Following an applicant's participation in pre-service training, record the training participation and competencies details in the 'Assessment' tab in ICMS.

2.2 Facilitate personal history checks

The purpose of undertaking personal history checks is to ensure that people who will have regular and ongoing contact or involvement with a child placed in an approved carer's home do not pose a risk to the safety of a child.

All applicants applying for approval, or renewal of approval, and all adult members of their household, **must** be subject to personal history checks. This includes adults joining a household after an application is lodged.

Prior to issuing a certificate of approval to an individual who wishes to be approved as a foster or kinship carer or provisionally approved carer, the chief executive must be satisfied that the individual is a suitable person.

The outcome of personal history checks is one aspect of determining overall suitability and a decision by the CSU that the application for approval is to be progressed, does not mean that the applicant will be granted approval based on overall suitability requirements.

Personal history checks incorporate applications to the CCYPCG for a blue card or exemption card and personal history checks undertaken by the CSU. Personal history checks undertaken by the CSU include:

- child protection history within Queensland
- domestic violence and traffic history, in specified circumstances
- interstate and international checks, in specified circumstances.

Criminal history checks (police and disciplinary information about an applicant's current or previous profession, i.e, teaching or nursing) are conducted as part of CCYPCG's Blue Card screening. When provisional approval is required, the CSU conducts the personal and criminal history checks, or Child Safety After Hours Service Centre conducts the checks if urgently required after hours.

In addition, the CSU conducts child protection history checks on any children residing in the household of the applicant. This will include any other children who meet the definition of 'household member', *Child Protection Act 1999*, schedule 3. The CSU does **not** undertake international child protection history checks on children.

For further information about the role of the CSU and the conduct of personal history checks, refer to the practice resource [Understanding personal history checks](#).

Request personal history checks

Personal history checks on the applicant and adult household members will **not** be commenced by the CSU until an application is 'properly made' and all necessary documentation is in ICMS. Once the application is 'properly made', **immediately** email the CSU to advise that the following documentation is in ICMS:

- the completed 'APA form'
- the [blue card application](#), [blue card validation](#) or [exemption card application](#)
- a copy of the verified identification documents, where available.

Note: The conduct of personal history checks should **not delay** the commencement of the assessment of the application.

If there is a need to undertake urgent or after hours personal history checks, refer to [1. What if the applicant requires provisional approval?](#)

If the applicant or an adult household member cannot satisfy the CCYPCG's identification requirements, that person must complete the Request to consider alternative identification form and attach the completed form in ICMS, along with the relevant 'blue card application', 'blue card validation' or 'exemption card application' form, prior to advising the CSU that the application is 'properly made'.

If the applicant or an adult household member requires a support person to assist them through the blue card application process (for example, where language or communication barriers exist), that person may complete the Authority to liaise with an authorised person form.

The person completing the form should have a clear understanding of the information the CCYPCG may discuss with the authorised person, prior to signing their consent on the form. The form authorises the CCYPCG to discuss certain information about the blue card application with the nominated person, including the progress of any application, requests for additional information, police information including changes in police information and investigative information, disciplinary information, the assessment process including the request for submissions, reference and other supporting material, medical information, the outcome of the application and relevant personal information such as name, address or employer details.

When completed attach the form to ICMS along with the other application documentation outlined above.

Request domestic violence and traffic history checks

Traffic and domestic violence history checks will only be conducted:

- when the CSU manager determines that, based on information from the person's own disclosures or other sources, such as the CCYPCG, these checks would be warranted
- the CSSC contacts the CSU (by telephone, email or in writing) to request the conduct of domestic violence and traffic history checks, when information indicates that the applicant or adult household members may have a domestic violence or traffic history.

Conduct personal history checks on new adult household members

Once the 'APA form' has been lodged and the application is 'properly made', any adult intending to join the household, **prior to** joining the household, will need to:

- complete a New adult household member form
- complete a blue card application, blue card validation or exemption card application form
- have their identity verified, for a 'blue card application' or 'exemption card application' only.

Attach the completed 'New adult household member' form, 'blue card application', 'blue card validation' or 'exemption card application' form and associated identification documents, where available, to the 'EOI/Application' in ICMS and **immediately** email the CSU to advise of the availability of documentation in ICMS so that personal history checks will be conducted.

Interstate and international personal history checks

For all applicants or adult household members who have resided interstate or in New Zealand for six months or more, in the five years prior to the application:

- interstate and New Zealand child protection history checks **must** be undertaken by the CSU
- other international child protection checks (excluding New Zealand) and criminal history checks (including New Zealand), may be undertaken by the CSU, at the **discretion** of the CSSC manager.

The CSSC manager also has the discretion to request interstate or overseas checks where the applicant or an adult household member resided interstate or overseas six or more years ago.

International child protection checks will be facilitated by the CSU and undertaken by International Social Services (ISS). The CSSC manager has the **discretion** to proceed with the application without this information, or to decide that a full assessment is unable to be undertaken without the completion of international checks.

Decision-making based on personal history check outcomes

The CSU manager has the delegation to decide that either an applicant is not suitable, or that the assessment of the application is to be progressed, based on the outcomes of personal history checks.

The issuing of a certificate of approval must **not** occur until the CSU has advised the CSSC of the outcome of the personal history checks for all persons included on the 'APA form', unless a regional director or duty executive officer has granted an applicant provisional approval prior to the CSU finalising personal history checks. Refer to [1. What if the applicant requires provisional approval?](#)

Application for approval is to be progressed

Where the CSU manager determines that the outcome of the personal history checks indicate that the applicant or adult household members are eligible to progress, the CSU will:

- advise the CSSC, and the application will be progressed
- record the personal history checks details in the CSU system so that they populate into the 'Assessment' tab in ICMS
- record the blue card details in the CSU system so that they populate into the 'Blue card' tab for each applicant and adult household member in ICMS
- attach all relevant documentation to the 'EOI/Application' in ICMS.

Not suitable based on personal history

Where the CSU manager determines that the applicant is not a suitable person based on the applicant's or adult household members' personal history checks, the CSU manager will:

- refuse the application
- advise the applicant and the CSSC manager of the decision in writing **within 10 days** - the letter will include a statement of reasons and information about review rights.

The CSU records the personal history checks details in the CSU system so that they populate into the ‘Assessment’ tab in ICMS and attaches a copy of all written advice provided to the CSSC and the applicant in ICMS.

In this circumstance, it is the responsibility of the CSSC to record the refusal decision in ICMS (refer to [3.4 Refuse the application](#)).

Where the person applies for a decision review by QCAT, reopen the closed EOI/Application and record ‘Reviewable decision’ details in the ‘Approval/Refusal’ tab in ICMS.

Where QCAT amends the decision and the carer is subsequently approved:

- provide relevant approval documentation to the approved carer, the foster and kinship care service, if applicable, and Carepay, as outlined in [3.3 Approve the application](#)
- record the decision in ICMS
- advise the CSU of the amended decision
- close the alert that was created when the application was refused.

Where a child has been placed with a provisionally approved carer **prior to** personal history check results being provided by the CSU, and the CSU then determines that the applicant or adult household members are not suitable, immediately remove the child and cancel the ‘Certificate of Approval (Provisionally approved carer)’ in accordance with [11. What if a provisionally approved carer’s certificate of approval requires amendment, suspension or cancellation?](#)

Impacts of a failure to obtain a blue card or exemption card

If the applicant or an adult household member is denied a blue card or exemption card by the CCYPCG, this is referred to as a **prohibiting event** (*Child Protection Act 1999*, section 140AB). In this circumstance, it is the responsibility of the CCYPCG to advise the persons affected about the decision and the processes for review.

If the applicant or an adult household member is given a negative prescribed notice or negative exemption notice by the CCYPCG, and the affected individual intends to appeal the decision, the CSSC manager may **temporarily** suspend any further assessment of the application for approval, until the outcome of any review process under the *Commission for Children and Young People and Child Guardian Act 2000* is known. The application for approval must be refused if:

- no review process is initiated
- the CCYPCG’s decision is upheld following a review by the Queensland Civil and Administrative Tribunal.

Record a failure to obtain a blue card or exemption card in ICMS

Following the denial of an applicant’s or adult household member’s blue card or exemption card, the CSU manager is to ensure:

- an alert of ‘CCYPCG blue card declined’ is recorded on the applicant’s and adult household member’s ‘person record’ in ICMS, with a review date of two years, as a person can apply to have a negative notice cancelled by the CCYPCG if the notice was issued more than two years ago

- the CCYPCG decision is recorded as a ‘Negative notice - Application declined’ in the CSU system so that the decision is reflected in the blue card tab on the ‘person record’ of the applicant and adult household member in ICMS.

Note: After the ‘CCYPCG blue card declined’ review date passes, leave the alert open in the event that the person makes a future application as a carer or an adult household member.

Change in carer circumstances

When a completed ‘Change in carer circumstances form’ is received by the CSSC, attach a copy to the ‘EOI/Application’ in ICMS. **Immediately** advise the CSU, unless it relates to the carer’s health or employment status, so that any relevant changes, for example, a change in the address of a blue card or exemption card holder, or a change in household membership, can be noted and where applicable, personal history checks undertaken.

For further information about changes to be brought to the attention of Child Safety by an **approved** carer, refer to [2. What if there is a change in carer circumstances?](#)

2.3 Conduct assessment interviews

The focus of the assessment interviews is the applicant’s demonstrable knowledge, skills and abilities, as well as the applicant’s ability to reflect on how their experiences, views and behaviour may impact on their ability to provide care for children in care, or for a kinship carer, a specific child.

The interview process should be interactive, with observations and reflections being shared with the applicant. The applicant is also to be provided with sources of information and support, such as referrals to other agencies, including Foster Care Queensland and where applicable, foster and kinship care services.

An applicant living in a spousal relationship **must** be jointly assessed and if approved, issued a joint certificate of approval.

Note: where the partner of a foster or kinship carer applicant is genuinely unavailable to be assessed and approved jointly with their spouse, due to the nature and location of their employment, for example, those employed by the defence forces or mining industry and working interstate or overseas, refer to [5. What if one spouse is unavailable to participate in the assessment and approval process?](#)

If the applicant is an employee of the Department of Communities, Child Safety and Disability Services, the assessment phase includes additional activities as outlined in [12. What if a carer applicant, or an approved carer, is a departmental employee?](#)

Foster carer applicants

A foster carer is approved to care for any child in the care of Child Safety and only requires one certificate of approval, regardless of the number of children in the placement. The assessment interviews for a foster carer applicant will consist of:

- an initial joint interview with both applicants, if a joint application
- an individual interview with each applicant

- where possible, a further joint interview with both applicants
- an interview with all children and adults who form part of the applicant's home environment.

At least one assessment interview **must** be held in the applicant's home.

If possible, schedule interviews no less than two weeks apart, to afford the applicant the benefit of time for reflection, time to fully explore issues as they are raised and an opportunity to learn more about fostering during the assessment period. Where the two week timeframe between interviews is not possible, particularly in rural and remote areas, the timeframe may be shortened.

Prior to conducting assessment interviews:

- discuss the purpose and process of interviews with the applicant
- agree on a schedule of interviews, including dates, times and venues.

Assessment interviews may also involve adult children residing away from home.

During assessment interviews, include discussions with the applicant about the information and recommendations to be included in the final assessment report.

For specific information about the legislative requirements for approval, and the factors to consider and discuss during assessment interviews with a foster carer applicant in relation to each assessment domain, refer to the [Form 3A - Guidelines for completing assessment report - Initial approval only](#), and the practice paper [Assessment of foster carer applicants](#). The guidelines also refer to a range of 'Interview resources' that are accessible in the resource list at the end of this chapter.

Kinship carer applicants

A kinship carer may be a relative or another person of significance to the child. For Aboriginal and Torres Strait Islander children, a kinship carer may include another Aboriginal person or Torres Strait Islander who is a member of, or compatible with, the child's community or language group.

A kinship carer is approved to provide care for a specific child for a time-limited period.

The assessment framework for a kinship carer applicant is less structured, due to the family connection that already exists between the kinship carer applicant, the child and the child's parents. Kinship care aims to maintain the child's relationships with parents, siblings, extended family, community and culture, in a manner which best serves the well-being and interests of the child.

Assessment interviews with a kinship carer applicant may occur in a more flexible manner and would usually involve two assessment interviews, to assess the applicant's:

- overall suitability based on legislative and policy requirements
- ability to meet the specific needs of the child.

At a minimum, at least **one** interview will occur with each kinship carer applicant, although this may be a joint interview, and where practicable, other members of the household should be encouraged to participate in interview discussions. More interviews may be required for complex or sensitive kinship carer assessments. At least one assessment interview must be held within the applicant's home.

When a sibling group is to be placed with a proposed kinship carer at the same time, conduct one assessment process, which takes into account the applicant's ability to meet the needs of each individual child. If approved, a certificate of approval will be issued for each child. Future placements involving additional siblings will require a new kinship carer assessment, drawing on the previous assessment information.

For specific information about factors to consider and discuss during assessment interviews with a kinship carer applicant, refer to the practice resources [Legislative requirements for the approval of kinship carers](#) and [Assessment of kinship carer applicants](#).

2.4 Conduct referee checks, if applicable

The purpose of conducting a referee check is to obtain a character reference about an applicant. The referee check provides general information about an applicant's parenting practices and values, and the nature of their relationship with their own children.

The conduct of referee checks is **discretionary** and may occur at any point throughout the assessment process based on information available to the person undertaking the assessment, or at the request of the CSSC manager. The CSSC manager makes the decision to conduct referee checks however the check itself is conducted by the person undertaking the assessment. Referee checks are to be conducted by phone wherever possible.

Referee checks should be considered in circumstances where:

- concerns about the applicant's suitability are identified
- inconsistent information is obtained during the assessment process.

Consider the following persons as potential referees:

- the applicant's employer, where the applicant works or volunteers in child-related employment
- a non-relative of the applicant
- the applicant's line manager, if the applicant is an employee of the Department of Communities, Child Safety and Disability Services - for further information, refer to [12. What if a carer applicant, or an approved carer, is a departmental employee?](#)

To conduct a referee check:

- contact the applicant to inform them of the decision and ask them to nominate referees and provide contact details
- phone the referee, explain that they have been nominated as a referee for the applicant and determine whether they are prepared to provide a reference about the character of the applicant

- inform the referee that any concerns raised about the applicant will be discussed, partially or in full, with the applicant, as part of the assessment process
- use the ‘Referee questionnaire for carer applicants’ or ‘Employer Reference for Carer Applicant’, created in ICMS, to guide the discussion with the referee, and record the information provided by the referee
- place the original, completed referee questionnaire on the applicant’s file and attach a copy to the ‘EOI/Application’ in ICMS
- record referee questionnaire details under ‘Additional sources of information’ in the ‘Assessment’ tab in ICMS.

Where the referee check cannot be undertaken by phone, complete the ‘Letter to referee’ in ICMS, attach the ‘Referee questionnaire for carer applicants’ or the ‘Employer Reference for Carer Applicant’ and post the information to the referee, along with a reply paid envelope.

Where the nominated referee declines to provide a reference for the applicant, given that any concerns they raise will be discussed with the applicant, ask if they are willing to provide a reason for their decision. This may provide useful information for the assessment, as well as guide the referee check process.

When a nominated referee declines to respond, ask the applicant to nominate an alternative referee.

When assessing information obtained from the referee, consider:

- whether the information confirms or conflicts with the information already collected, and observations made, during the assessment process
- the relationship and length of time the referee has known the applicant.

Discuss any concerns raised by the referee with the applicant and where necessary, seek further clarifying information from the referee, or another referee.

Record the rationale for conducting the referee check and the outcome in the relevant section of the:

- ‘Form 3A: Foster carer applicant assessment and recommendation form - Initial approval only’ in ICMS, for a foster carer applicant
- ‘Kinship carer assessment report’ in ICMS, for a kinship carer applicant.

2.5 Conduct medical checks, if applicable

The conduct of medical checks is **discretionary**. The CSSC manager may decide that an applicant requires a medical check at any stage of the assessment process.

The purpose of conducting a medical check is to ensure that any physical or mental health issue for the applicant will not prevent them from fulfilling their responsibilities as an approved carer, and would not significantly impact on any child to be placed with them should they be approved.

Information obtained during assessment interviews, as well as the completed ‘Carer applicant health and wellbeing questionnaire’, provided by the applicant upon application (refer to 1.7 Lodge the application), will inform the decision as to whether a medical check is necessary.

Sufficient information must be gathered about the nature and potential impact of the medical condition, to enable an informed approval decision to be made.

Conduct the medical check

To conduct a medical check:

- discuss the health issue with the CSSC manager and request their approval for the conduct of a medical check
- inform the applicant of the decision and encourage them to openly discuss their health issues with their doctor
- check the contact details for the applicant's doctor
- encourage the applicant to locate a doctor who will charge the scheduled fee for this service
- ensure the applicant has signed the 'Carer Applicant Authority to Release Medical Information' section of the 'Carer applicant health and wellbeing questionnaire' created in ICMS, to provide written consent to the doctor for the release of their medical information
- forward the following documents to the applicant prior to their medical appointment, and request that the applicant provides these documents to their doctor:
 - a photocopy of the completed 'Carer applicant health and wellbeing questionnaire'
 - 'Letter to general practitioner', created in ICMS
 - 'General practitioner's report on carer applicant', created in ICMS
- record the rationale for conducting a medical check.

Should additional costs be incurred by the applicant, Child Safety may reimburse the cost under account code 51020 - Medical/Dental - General.

If an applicant has provided written consent to the doctor for release of medical records, the doctor will **not** be liable for any breach of confidentiality. The signed consent however does not compel a doctor to release records or speak about the client. If a doctor is not co-operating in relation to such a request, it is the applicant's responsibility to request that the doctor releases information on their behalf, for the purposes of the assessment.

Where consent has been given by the applicant on the 'Carer applicant health and wellbeing questionnaire', provide a copy of medical check results to the foster and kinship carer service, or fee-for-service professional.

Ensure that the original, completed doctor's report is retained on the applicant's file.

Following the medical check

Once the medical check has been completed:

- consider the information available from both the health questionnaire and the doctor's report
- where additional information is required, explore the health issue or medical assessment outcome in detail with the doctor or the applicant
- where appropriate, request that the applicant provide any past medical assessments or records which will provide further detail or clarification

- if necessary, seek a more detailed written or verbal report from a doctor with experience in treating either the applicant or the specific condition, including:
 - advice as to whether the condition will impact on the applicant's capacity to provide care for children and if so, in what ways
 - a plan for the management of the condition, should the applicant be approved as a foster or kinship carer.

Child Safety may reimburse the costs associated with any additional assessments or pay for any consultants contracted, under account code 51020 - Medical/Dental - General.

A plan for managing medical conditions may not be appropriate when a carer applicant has an infectious or communicable disease, such as HIV or Hepatitis C, and risk of transmission is identified and may be grounds for refusal of the application.

Infection control processes must observe the principles of *Information Privacy Act 2009*. Complaints regarding breaches of the standard must be dealt with through the complaints procedure outlined in the Department of Communities, Child Safety and Disability Services Information privacy statement.

Record the outcome of the medical check in the relevant section of the:

- 'Form 3A: Foster carer applicant assessment and recommendation form - Initial approval only', for a foster carer applicant
- 'Kinship carer assessment report', for a kinship carer applicant.

Attach a copy of the doctor's report to the 'EOI/Application' in ICMS and record details of the report under 'Additional sources of information' in the 'Assessment' tab in ICMS.

2.6 Assess the application for approval

The assessment of foster and kinship carer applicants is a process of collecting information about the applicant's abilities and potential to provide foster or kinship care to a child and formulate a recommendation about their suitability.

To assess and approve an applicant requiring provisional approval, refer to 1. What if the applicant requires provisional approval?

To assess the application and determine whether the applicant meets all suitability requirements, consider all information obtained during the assessment process, taking into account:

- their ability to meet the statement of standards - refer to Standards of care
- the outcomes of personal history checks on the applicant and if applicable, adult household members
- any history of concerns about the quality of care provided by the applicant, if they have previously been an approved carer in Queensland or another jurisdiction
- information from the applicant's participation in pre-service training
- the outcome of the household safety study and the completed 'Carer applicant health and wellbeing questionnaire'

- referee reports, outcomes of medical checks and information from other jurisdictions, if applicable
- the views of the recognised entity about the proposed kinship carer for an Aboriginal or Torres Strait Islander child.

If the applicant is an employee of the Department of Communities, Child Safety and Disability Services complete the additional assessment activities as outlined in [12. What if a carer applicant, or an approved carer, is a departmental employee?](#)

2.7 Complete the assessment report

Once all the assessment activities have been undertaken, complete:

- ‘Form 3A: Foster carer applicant assessment and recommendation form - Initial approval only’ (Form 3A) in ICMS, guided by the [Form 3A - Guidelines for completing assessment report - Initial approval only](#), for a foster carer applicant
- the ‘Kinship carer assessment report’ in ICMS, for a kinship carer applicant.

These assessment reports are intended to be a brief summary of all the information gathered and assessed, as outlined in [2.6 Assess the application for approval](#), including:

- a few paragraphs relating to each topic
- any confidential information relevant to the assessment
- information about any proposed use of conditions on the certificate of approval, if applicable
- a recommendation to the CSSC manager about the applicant’s suitability to be issued with a certificate of approval and the rationale for the recommendation.

If the applicant is an employee of the Department of Communities, Child Safety and Disability Services also complete the [Advice to regional director](#) form and if applicable, the [Conflict of interest declaration](#) - for further information, refer to [12. What if a carer applicant, or an approved carer, is a departmental employee?](#)

Where the assessment of a foster carer is undertaken by the CSSC or the foster and kinship care service with whom the carer will be affiliated following approval, the relevant CSSC or foster and kinship care service is responsible for developing a Foster Carer Agreement with the applicant as part of the approval process, where possible (refer to 4.2 Complete a Foster Carer Agreement).

When considering the inclusion of conditions on a certificate of approval for a foster carer applicant, in the first instance, determine whether the condition can be included in the ‘Foster Carer Agreement’ (refer to [4.2 Complete a Foster Carer Agreement](#)). If conditions should change, a ‘Foster Carer Agreement’ can be updated without difficulty, whereas changing conditions on a certificate of approval is a more complex process and will require an amendment to the certificate.

Prior to finalising either the ‘Form 3A’ or the ‘Kinship carer assessment report’:

- share observations and reflections with the applicant and give them feedback about the conclusions being reached

- incorporate relevant comments and feedback from the applicant in the report.

Where the assessment is quality assured by another Child Safety officer, record any quality assurance details in the 'Assessment' tab in ICMS, where applicable.

Once the 'Form 3A' or 'Kinship carer assessment report', and 'Foster Carer Agreement', where relevant, is finalised:

- provide a copy of the final 'Form 3A' or 'Kinship carer assessment report', and 'Foster Carer Agreement', where relevant, to the applicant
- attach a copy of the 'Form 3A' or 'Kinship carer assessment report' to the 'EOI/Application' in ICMS
- attach a copy of the 'Foster Carer Agreement', where relevant, to the carer's 'Monitor and Support' screen in ICMS
- record 'Assessment recommendation' details in the 'Assessment' tab in ICMS
- inform the CSSC manager that relevant assessment information is available in ICMS and provide them with the 'Form 4' for a decision
- complete the 'Form 4: Approval decision' in ICMS
- record 'Application submission details' in the 'Approval/Refusal' tab in ICMS.

Do **not** provide the applicant with a copy of the 'Form 4: Approval decision'.

File copies of all interview records, reports, handouts and self-assessments on the applicant's paper file.

3. Approval

3.1 Decide the outcome of the application for approval

To approve an application the CSSC manager must be satisfied that the applicant is suitable based on **all** aspects of suitability. When an applicant does not meet one or more aspects of suitability, the application must be refused.

Where reference is made to the CSSC or CSSC manager, this refers to the CSSC or CSSC manager in the geographical area where the carer resides, or the foster and kinship care service conducting the assessment is located. The exception to this is where the application is for a kinship carer who **resides in another geographical area** and the child's case is to be transferred to the CSSC where the applicant resides. In this circumstance, the CSSC manager with case management responsibility **for the child** is responsible for the approval of the kinship carer, and any references in this procedure relate to the CSSC and CSSC manager with case management responsibility for the child.

If the applicant is an employee of the Department of Communities, Child Safety and Disability Services the regional director **must** decide the outcome of the application - for further information, refer to [12. What if a carer applicant, or an approved carer, is a departmental employee?](#)

Unless an application is withdrawn by the applicant in writing, or refused based on an adverse personal history, the CSSC manager is delegated to approve or refuse the application:

- **within 90 days** of the application being ‘properly made’
- during the period of extension as agreed in writing (refer to [3.2 Extend the timeframe for deciding the application](#)).

If a decision is not made within either of the above timeframes, the application is taken to be refused and the applicant is provided with written notice of the refusal decision (refer to [3.4 Refuse the application](#)).

When deciding the outcome of an application for approval, the CSSC manager will consider all information provided and the legislative and policy requirements for suitability, including:

- the outcomes of all applications for a blue card or exemption card, or the validation of a blue card and all personal history checks, as recorded on the ‘Form 4: Approval decision’
- information in the ‘Form 3A: Foster carer applicant assessment and recommendation form - Initial approval only’ or ‘Kinship carer assessment report’
- whether the applicant is a suitable person to be an approved foster or kinship carer
- the views of the recognised entity about the proposed kinship carer for an Aboriginal or Torres Strait Islander child.

The approval decision may be informed by the convening of an assessment panel however a CSSC manager **must** decide the outcome of the application.

For further information about the legislative and policy requirements underpinning approval, refer to the practice paper [Assessment of foster carer applicants](#) or the practice resources [Legislative requirements for the approval of kinship carers](#) and [Assessment of kinship carer applicants](#).

Note: The CSSC manager may decide the outcome of an application, **prior to** the finalisation of personal history checks for a new adult household member, that joined the household after the application has been lodged.

3.2 Extend the timeframe for deciding the initial application

Where an initial application is unlikely to be decided within 90 days of the ‘properly made’ date, it is possible to extend the timeframe. The extension is to be for the **minimum** amount of time required to decide the application, as agreed to by the applicant in writing.

When an extension is required, the following actions are required by the CSSC manager, **before** the 90 day period for deciding the application ends:

- contact the applicant and discuss the reason for the application not being decided within 90 days and the additional time required to decide the application
- seek the agreement of the applicant to the extension and new timeframe for deciding the application
- complete the ‘Letter requesting an extension to Form APA’, created in ICMS, and request that the applicant signs and returns the agreement
- record the ‘Application extension’ details in the ‘Lodgement/Withdrawal’ tab in ICMS to ensure the application expiry date is updated in ICMS

- place a copy of the letter and the signed agreement on the applicant's file and attach a copy to the 'EOI/Application' in ICMS.

3.3 Approve the application

To approve the application, the CSSC manager, or regional director for a Department of Communities, Child Safety and Disability Services employee (if applicable), will record the approval decision, along with any relevant comments, on the 'Form 4: Approval decision', and sign the form.

When the application is approved, advise the applicant:

- that their application has been approved
- that they are legally obligated to inform Child Safety of specific changes in carer circumstances and that copies of the 'Change in carer circumstances form', created in ICMS, will be posted to them, for their future completion, if necessary (refer to [2. What if there is a change in carer circumstances](#)).

Following the provision of the above advice to the approved carer:

- record 'Application outcome' details in the 'Approval/Refusal' tab in ICMS, with a scheduled review date of three months prior to expiry
- provide the following to the approved carer:
 - a 'Letter of approval as a foster carer' or 'Letter of approval as a kinship carer', created in ICMS
 - a completed 'Certificate of Approval - Foster carer' or 'Certificate of Approval - Kinship carer', created in ICMS
 - copies of the 'Change in carer circumstances form', created in ICMS from the carer's 'Monitor and Support' screen
 - the [Foster Carer Card - Fact sheet](#)
 - a copy of the [Statement of Commitment between the Department of Child Safety, foster care services and the carers of Queensland](#)
 - a copy of the [Carer handbook](#), if they do not already have one
- attach final copies of the assessment report, the 'Form 4: Approval decision', the certificate of approval and the letter of approval to the 'EOI/Application' in ICMS
- place the final assessment report and the 'Form 4: Approval decision' on the approved carer's file
- provide a copy of the certificate of approval and the letter of approval to the foster and kinship care service, if applicable
- provide the approved carer's payment details to Carepay by completing a 'FIN 23 - Vendor registration/change application' form, created in ICMS, and forwarding the form to Expenditure and Carer Services, Corporate Link.

For information about the certificate of approval, refer to the practice resource [Completing the Certificate of Approval](#).

Note: A kinship carer requires a separate certificate of approval for each child for whom they are approved. A ‘Certificate of Approval (Kinship carer)’ **cannot** be amended to change the child for whom the carer is approved.

3.4 Refuse the application

Refusal - not on blue card or exemption card grounds

When an application for approval **or** renewal of approval is refused by the CSSC manager, or the regional director for a Department of Communities, Child Safety and Disability Services employee (if applicable), and the refusal is **not** on blue card or exemption card grounds:

- record the refusal decision on ‘Form 4’ and as ‘Not approved’ in the ‘Approval/Refusal’ tab in ICMS
- provide the applicant with written notice of the decision **within 10 days**, using the ‘Letter of refusal’, created in ICMS
- record an ‘alert’ on each applicant’s person record (refer to [Chapter 1, 9. What if an alert needs to be recorded in ICMS?](#))
- record the alert ‘start date’ as the date the decision was made to refuse the application.

For an application for **renewal of approval**, the carer’s approval status will automatically be updated and the end date will reflect the ‘Not approved’ decision date as recorded in the ‘Approval/Refusal’ tab in ICMS.

The CSU must be notified (by email, telephone or in writing) of the decision to refuse the application, if:

- the applicant does not seek a review of the decision within the required timeframe, or
- they do seek a review of the decision and QCAT upholds the decision of Child Safety.

Where the person applies for a decision review by QCAT, reopen the closed EOI/Application and record ‘Reviewable decision’ details in the ‘Approval/Refusal’ tab in ICMS.

Where QCAT amends the decision and the carer is subsequently approved:

- provide relevant approval documentation to the approved carer, the foster and kinship care service, if applicable, and Carepay, as outlined in [3.3 Approve the application](#)
- record the decision in ICMS
- advise the CSU of the amended decision
- close the alert that was created when the application was refused.

Refusal - on blue card or exemption card grounds

When an application for approval or renewal of approval is refused by the CSSC manager and the refusal is **due to** blue card or exemption card grounds:

- provide the applicant with written notice of the decision **within 10 days**, using the ‘Letter of refusal’, created in ICMS
- explain in the letter the reasons for the decision and that there are no review rights under the *Child Protection Act 1999*, schedule 2, in relation to the decision by Child Safety to refuse approval or renewal of approval on blue card or exemption card grounds

- record the refusal decision in ICMS (see above).

Refusal - when outcome of initial application is not decided within the required timeframe

If an **initial carer application** is not decided within the 90 day period, or within the period of extension as agreed in writing, the application must be refused. In this circumstance, when an application for approval is refused by the CSSC manager:

- provide the applicant with written notice of the decision **within 10 days**, using the ‘Letter of refusal - expiry of application’, created in ICMS
- record the refusal decision on ‘Form 4’ and as ‘Not approved’ in the ‘Approval/Refusal’ tab in ICMS
- **do not** record an ‘alert’ on the applicant.

When an **application for initial approval** is not decided within the 90 day period, or within the subsequent extension period as agreed in writing, the proposed carers will need to submit a new ‘Application for approval - Form 3 APA’, if they wish to proceed with an application.

Note: Refusing an application due to the application expiring is a reviewable decision.

Where the person applies for a decision review by the Queensland Civil and Administrative Tribunal reopen the closed EOI/Application and record ‘Reviewable decision’ details in the ‘Approval/Refusal’ tab in ICMS.

4. Monitor and support

4.1 Negotiate support arrangements

The purpose of providing support to an approved carer is to assist the carer to provide care consistent with the statement of standards for each child placed in their care and to achieve the stated goal and outcomes of a child’s case plan.

Direct support to approved carers will be provided by Child Safety staff, and where applicable, the staff of foster and kinship care services. If the approved carer is an employee of the Department of Communities, Child Safety and Disability Services refer to [12. What if a carer applicant, or an approved carer, is a departmental employee?](#)

Following the issuing of a certificate of approval:

- hold discussions with the approved carer to negotiate support arrangements
- provide the approved carer with information about:
 - the Foster and Kinship Carer Support Line, available on telephone 1300 729 309, Monday to Friday 5.00pm - 11.30pm and Saturday and Sunday 7.00am - 11.30pm
 - the role and contact details for the Child Safety After Hours Service Centre
 - the range of allowances they may be eligible for when caring for a child
- create a ‘Monitor and Support’ screen from the ‘Approval’ tab from the carer entity record in ICMS, to enable recording of the carer’s support needs during their time as a carer.

For information to consider when negotiating support arrangements, refer to the practice resource [Negotiating support arrangements for approved carers](#) and the practice paper [Carer support and supervision](#).

The general support needs of foster carers will be negotiated as part of developing the carer development and support plan within the ‘Foster Carer Agreement’, created in ICMS (refer to [4.2 Complete a Foster Carer Agreement](#)).

The support required for any approved carer, specific to the goals of the placement for a particular child, is negotiated with the carer and documented in the placement agreement for the child. For kinship carers, their support and development needs must be captured in a placement agreement as they are not required to have a ‘Foster Carer Agreement’.

For further information about developing a placement agreement, refer to [Chapter 5, 1.9 Complete a placement agreement](#).

If a carer requires additional support outside business hours, make a referral to the Foster and Kinship Care Support Line using the ‘Foster and Kinship Care Support Line Referral Form’, created in ICMS. Circumstances where a referral may be considered include:

- a child or sibling group has been newly placed
- a child has complex needs due to their behaviour or other special needs
- a child has high support needs due a specific event or issue
- a carer has been provisionally approved or newly approved as a kinship carer.

Foster and Kinship Care Support Line staff will record information about the contact with the carer within ‘Documents and Communications’ in the carer’s ‘Monitor and Support’ screen in ICMS.

An approved carer who is an employee of the Department of Communities, Child Safety and Disability Services may require additional supports specific to their dual role as an approved carer and an employee - for further information, refer to [12. What if a carer applicant, or an approved carer, is a departmental employee?](#)

4.2 Complete a Foster Carer Agreement

Child Safety is responsible for the provision of support and effective management processes to enable approved carers to meet their legislative responsibilities under the *Child Protection Act 1999*, including enabling them to provide a level of care consistent with the legislated statement of standards.

Child Safety, foster and kinship care services and foster carers share the responsibility to actively identify, promote and address their support and training needs.

If a ‘Foster Carer Agreement’ was not completed with the carer as part of the carer’s approval process, it is to be completed with the foster carer as soon as possible following the issuing of the certificate of approval and **prior** to the carer commencing their first placement for a child. It is a written agreement, negotiated between each foster carer and Child Safety or a foster and kinship care service, that:

- sets out the terms, conditions and responsibilities of the relationship between the foster carer and the CSSC or the foster and kinship care service
- includes plans for the carer's ongoing development and support needs.

A 'Foster Carer Agreement' is **not** completed for a kinship carer, as their support is specific to the child placed in their care and recorded in the placement agreement. Support activities that require follow up for a kinship carer will be recorded as a 'Kinship care support' follow up activity in the carer's 'Monitor and Support' screen in ICMS.

The CSSC is responsible for developing the 'Foster Carer Agreement' with a foster carer who is affiliated with the CSSC. The foster and kinship care service is responsible for developing a 'Foster Carer Agreement' with a foster carer who is affiliated with a foster and kinship care service. The CSSC may also be involved in this process when a carer has a significant history of matters of concern.

For further information about matters of concern, refer to [Chapter 9.1 Decide whether information constitutes a matter of concern](#).

If the approved carer is an employee of the Department of Communities, refer to [12. What if a carer applicant, or an approved carer, is a departmental employee?](#)

Prior to completing the 'Foster Carer Agreement' with the foster carer, discuss and agree on:

- the type of care to be provided
- the placement types for which the carer family are not able to provide care, taking into consideration the assessment information documented in Form 3A (for initial approval) or Form 3B (for renewal of approval)
- the needs of the foster carer family
- any support needs, if applicable, associated with the approved carers dual role as an employee, including (where appropriate) strategies for managing or resolving conflicts of interest - for further information, refer to 12. What if a carer applicant, or an approved carer, is a departmental employee?

Following the discussion:

- complete the 'Foster Carer Agreement' with the foster carer and include:
 - the carer's placement considerations and capacity
 - the carer's development and support plan
- request that the foster carer signs the 'Foster Carer Agreement', to signify their agreement that the recorded information is a true and correct record of discussions held
- provide the foster carer with a copy of the final, signed 'Foster Carer Agreement' and attachments, if applicable, and attach a copy to the carer's 'Monitor and Support' screen in ICMS
- file the original 'Foster Carer Agreement' on the foster carer's file, and provide a copy to the foster and kinship care service, where applicable

Activities identified in the 'Foster Carer Agreement' may be recorded as 'Foster Carer Agreement' follow up activities created in the carer's 'Monitor and Support' screen in ICMS.

4.3 Monitor and review the ongoing quality of care

Following approval as a foster or kinship carer, the ongoing quality of care provided by the carer is to be monitored and reviewed for the duration of a child's placement with the carer. This will occur:

- during home visits with the child and the carer
- when reviewing the 'Foster Carer Agreement', if applicable
- when reviewing the placement agreement for a child
- through the implementation of the carer's support and training needs
- through the implementation of an action plan for addressing a matter of concern, if applicable
- during the carer's application for renewal of approval.

During the period of a carer's approval, record information about monitoring and support and the progress and completion of any related support activities in the carer's 'Monitor and Support' screen in ICMS.

Any identified concerns regarding the ongoing quality of care provided by an approved carer are to be addressed at the earliest possible time, in discussion with the carer and where applicable, the foster or kinship care service. Where concerns remain or escalate, consider:

- recording a matter of concern - refer to [9.1 Decide whether information constitutes a matter of concern](#)
- the amendment, suspension or cancellation of a certificate of approval.

If the approved carer is an employee of the Department of Communities, Child Safety and Disability Services refer to [12. What if a carer applicant, or an approved carer, is a departmental employee?](#)

During the period of the carer's approval, the Placement Services Unit (PSU) is responsible for updating the carer's 'Carer entity status' in ICMS to reflect periods of time when the carer is temporarily unavailable to provide placements but remains approved ('inactive' status).

Extended periods of inactivity may be considered when reviewing a carer's support needs and during the carer's renewal of approval process, depending on the reasons the carer has been unavailable or unable to provide placements. For further information about updating a carer's status, refer to [Chapter 5, 1.4 Determine the most suitable placement type](#).

4.4 Standard and advanced training

Other than in exceptional circumstances, an approved foster carer **must** complete the following training:

- **Standard training:** three modules, each of three hours duration - within the first 12 months and, as a prerequisite for their first renewal of approval as a foster carer.
- **Advanced training:** minimum of 8 hours - within two years and as a prerequisite for their second renewal of approval as a foster carer.

The content of the standard training modules may be delivered in a range of flexible ways, including one-to-one in the applicant's home, if necessary.

The completion of associated learning journals is at the **discretion** of the foster carer.

Following the completion of standard and advanced training, further participation in advanced training modules occurs at the foster carer's **discretion**.

Kinship carers are **not required** to complete standard and advanced training, however, they may choose to participate in standard or advanced training, to assist them in meeting their support and learning needs.

Note: Where the partner of a foster carer is genuinely unable to participate in standard training due to the nature and location of their employment, for example, those employed by the defence forces or mining industry and working interstate or overseas, both foster carers may be granted renewal of approval, with the condition (recorded on the certificate of approval) that the applicable partner completes standard training when their circumstances change. In exceptional circumstances, the CSSC manager may approve an extension of up to six months for the completion of standard training, or if necessary, waive the requirement entirely.

Any suitable person who is granted the long-term guardianship of a child, may choose to participate in training as a support to the care arrangement. For further information, refer to [Chapter 3, 1. What if a suitable person has long-term guardianship?](#) and the [Procedures and guidelines for Quality Care: Foster Care Training](#).

During a carer's period of approval, record the carer's training participation and competencies details in the 'M&S activities' tab in the carer's 'Monitor and Support' screen in ICMS.

When a carer decides to renew their approval, the training participation and competencies details will automatically appear in the 'Assessment' tab of the carer's 'EOI/Application' for renewal in ICMS.

5. Renewal

The renewal of approval is the process of assessing the continued suitability of the applicant and any adult household members, taking into consideration if the applicant/s have met the standards of care for children placed with them during the preceding one or two year period and their continued commitment to meet the legislative and policy suitability requirements.

5.1 Invite an application for renewal of approval

A foster carer is required to renew their approval one year from the date of initial approval and every two years thereafter. A kinship carer is required to renew their approval within one year of the date of initial approval and every two years thereafter.

Regardless of whether the assessment process will be undertaken by a foster or kinship care service, a fee-for-service professional or a Child Safety officer, the CSSC is responsible for inviting a foster or kinship carer to renew their certificate of approval.

If the approved carer is an employee of the Department of Communities, Child Safety and Disability Services refer to [12. What if a carer applicant, or an approved carer, is a departmental employee?](#)

Commence the renewal assessment process at the ‘scheduled review date’, which is three months **prior to** the expiry of the current certificate of approval. This should allow adequate time for the renewal process to be finalised prior to the expiry of the current certificate. Applications for renewal **must** be lodged, and ‘properly made’, **prior to** the expiry date of the current certificate of approval.

For information about the definition of ‘properly made’, refer to [1.7 Lodge the application](#).

Three months prior to the expiry date of the current certificate of approval, complete and send the ‘Letter inviting application for renewal of approval’, created in ICMS, to the carer, along with the following attachments:

- the ‘Application for approval - Form 3 APA (APA form) - Part C’, created in ICMS
- the [Fact sheet 5: Foster and kinship care - Legislative requirements for providing care](#)
- if applicable, the ‘Carer applicant health and wellbeing questionnaire’, created in ICMS, **only** to be completed at renewal where there has been a **change** in health status during the preceding one or two year period.

Record the renewal invitation details in ‘M&S activities’ tab in the carer’s ‘Monitor and Support’ screen in ICMS.

Should the carer not wish to renew their approval status, they will need to inform Child Safety as soon as possible to ensure minimal disruption to the child, as the child will need to be placed with another carer prior to the current certificate of approval expiry date.

Where the carer does not apply for renewal of approval, refer to [7. What if the foster or kinship carer decides to cease being a carer?](#)

Long-term guardianship to a suitable person

An approved foster or kinship carer who is granted the long-term guardianship of a child in their care, will only need to renew their approval if they intend to continue caring for other children in out-of-home care.

5.2 Lodge the application for renewal

If a carer wishes to renew their approval, create an EOI/Application for renewal in the ‘EOI/Applications’ tab from the carer entity record in ICMS.

The carer **must** complete the application, attach photocopies of identification documents, where available and lodge the application with the CSSC, so as to ensure the application is ‘properly made’, **prior to** the expiry date of their current certificate of approval.

Note: Referee checks are **not** required at renewal of approval.

Complete the application documentation

When the carer decides to apply to renew their approval, use the [Application for approval - Form 3 APA - Guide to completion](#) and:

- request that the applicant and all adult household members complete the 'APA form' - Part C, created in ICMS
- determine the applicant's adult household members by referring to the [Adult household member guidelines](#)
- complete Part D of the 'APA form' in ICMS
- ensure the applicant completes a 'Carer applicant health and wellbeing questionnaire', created in ICMS, if applicable
- request that the applicant completes the [Interview resource: Statement of standards](#), and attach a copy to the 'EOI/Application' in ICMS.

A [blue card application](#), [blue card validation](#) or [exemption card application form](#) is **only** provided upon application for renewal where a 'blue card application', 'blue card validation' or 'exemption card application' form has **not** previously been provided to, and processed by, the CSU.

If a 'blue card application' form is completed as part of the application for renewal of approval, Child Safety staff **must** inform the blue card applicant that it is an offence for a disqualified person to sign a 'blue card application', as required by the *Commission for Children and Young People and Child Guardian Act 2000*. This requirement applies even when a prescribed person has verified a person's identity. For further information, refer to the practice resource [Mandatory advice to blue card applicants](#).

Where the applicant has changed address or undertaken home modifications since the previous approval/renewal, ensure that a subsequent household safety study has occurred, and if not, complete a new 'Form 2: Household safety study' in ICMS, in accordance with [1.5 Conduct a household safety study](#). Attach the completed 'Form 2' to the 'EOI/Application' in ICMS and record the household safety study details under 'Additional source of information' in the 'Assessment' tab in ICMS.

Note: Where an adult household member has an appointed guardian as a result of a disability, the forms will be completed with the household member's details and signed by their guardian.

Ensure the application for renewal is 'properly made'

Prior to accepting an application for renewal from the applicant, ensure that the application is 'properly made' (refer to [1.7 Lodge the application](#)).

Attach all relevant forms to the 'EOI/Application' in ICMS.

Record the 'APA form' lodgment in ICMS

Record the 'Application lodgement' and 'Verification of identity' details in the 'Lodgement/Withdrawal' tab in ICMS.

5.3 Facilitate personal history checks

Once the application has been 'properly made' and the application lodgement details have been recorded in ICMS, **immediately** email the CSU to advise that the personal history checks can

commence because Parts C and D of the APA form and if applicable, ‘blue card application’, ‘blue card validation’ or ‘exemption card application’ forms and identification documents, are available in ICMS, in accordance with [2.2 Facilitate personal history checks](#).

The conduct of personal history checks should **not delay** the commencement of the assessment of the application for renewal of approval.

The renewal of a blue card

The blue card requires renewal every three years (except where the application was received by the CCYPCG prior to April 1, 2010, in which case the blue card would have been issued with a two year expiry date). Blue card renewal does not occur as part of the application for renewal of approval process. The CCYPCG will notify existing blue card holders sixteen weeks before their cards expire. Approved carers and adult household members are required to lodge a renewal application at least 30 days prior to the expiry of their card using the Volunteer foster/kinship carer or adult member blue card renewal form.

5.4 Conduct medical checks, if applicable

The conduct of medical checks at renewal of approval is at the **discretion** of the CSSC manager. Where relevant, consideration should be given to any **change** in the applicant’s health status during the preceding one or two year period and whether this may impact on the capacity of the applicant to fulfil the foster or kinship carer role.

If required, conduct medical checks on the applicant (refer to [2.5 Conduct medical checks, if applicable](#)) and record the outcome of the medical check in the relevant section of the:

- ‘Form 3B: Foster carer applicant assessment and recommendation form - Renewal of approval only’ (Form 3B) in ICMS, for a foster carer applicant
- ‘Kinship carer renewal assessment report’ in ICMS, for a kinship carer applicant.

Attach any relevant forms to the ‘EOI/Application’ in ICMS and record details of the general practitioner’s report under ‘Additional sources of information’ in the ‘Assessment’ tab in ICMS.

5.5 Assess the application for renewal

The assessment of an application for renewal of approval should be relatively straightforward in most cases, given that for the preceding one or two year period:

- the applicant has demonstrated an ability to provide foster or kinship care and to meet suitability requirements
- one or more Child Safety officers, or a staff member from a foster and kinship care service, will have been in regular contact with the applicant to provide support to the applicant and undertake case work with any child placed with the carer.

In these circumstances, the assessment of the application for renewal of approval is primarily a process of:

- gathering relevant information from identified sources
- analysing the information to determine whether the applicant has met, and continues to meet, all legislative and policy suitability requirements.

The assessment of the application for renewal of approval will focus on changes since the previous assessment, and include **demonstrated** examples of how the applicant has provided care in a manner consistent with the legislated statement of standards, and met other suitability requirements.

Alternatively, where there has been limited or infrequent contact with the applicant for the preceding one or two year period, or there have been significant issues of concern regarding the quality of care provided by the applicant or their suitability, the assessment will need to be more comprehensive, and consist of more structured assessment interviews.

For specific information about factors to consider during the assessment of an application for renewal of approval, refer to the practice paper [Assessment of foster carer applicants](#), or the practice resources [Legislative requirements for the approval of kinship carers](#) and [Assessment of kinship carer applicants](#).

Assessing the application for renewal of approval

To assess the application and determine whether the applicant meets all suitability requirements, consider all information obtained during the assessment process, taking into account:

- their demonstrated ability to meet the statement of standards
- information obtained by reviewing the applicant's ICMS records and file, speaking with the child's case worker and having contact with the applicant
- the completed [Interview resource: Statement of standards](#)
- information from the applicant's participation in standard or advanced training, including, where applicable, the applicant's completed learning journals
- the outcomes of any matters of concern which have been responded to for the preceding one or two year period
- the outcomes of personal history checks on the applicant and if applicable, adult household members
- information from additional sources, for example, an updated 'Carer applicant health and wellbeing questionnaire', 'general practitioner's report on carer applicant' or 'Household safety study'
- the views of the recognised entity about the kinship carer for an Aboriginal or Torres Strait Islander child
- the **kinship carer applicant's** ability to continue to meet the needs of the **particular** child in their care, by considering the progression of the child's case plan and determining whether the applicant is facilitating the agreed case plan goal and outcomes.

If applicable, complete the additional assessment activities associated with an application for renewal of approval by an approved carer who is a Department of Communities, Child Safety and Disability Services employee - refer to [12. What if a carer applicant, or an approved carer, is a departmental employee?](#)

5.6 Complete the renewal assessment report

Once all the assessment activities have been undertaken, complete the:

- ‘Form 3B: Foster carer applicant assessment and recommendation form - Renewal of approval only’, (Form 3B) in ICMS, having regard to the Form 3B - Guidelines for completing assessment report - Renewal of approval only, for a foster carer applicant
- ‘Kinship carer renewal assessment report’ in ICMS, for a kinship carer applicant
- review of the ‘Foster Carer Agreement’, for a foster carer (refer to 5.10 Review the Foster Carer Agreement).

The assessment reports are intended to be a brief summary of all the information gathered and assessed, as outlined in 5.5 Assess the application for renewal, including:

- a few paragraphs relating to each topic
- any confidential information relevant to the assessment
- information about any proposed use of conditions on the certificate of approval, if applicable
- a recommendation to the CSSC manager about the applicant’s suitability to be issued with a renewed certificate of approval and the rationale for the recommendation.

If the applicant is an employee of the Department of Communities, Child Safety and Disability Service also complete the Advice to regional director form and if applicable, the Conflict of interest declaration - for further information, refer to 12. What if a carer applicant, or an approved carer, is a departmental employee?

When considering the use of conditions on the certificate of approval, firstly consider whether the conditions can be included in the ‘Foster Carer Agreement’, created in ICMS (refer to 2.7 Complete the assessment report and 5.10 Review the Foster Carer Agreement).

Prior to finalising either the ‘Form 3B’ or the ‘Kinship carer renewal assessment report’:

- share observations and reflections with the applicant and give them feedback about the conclusions being reached
- incorporate relevant comments and feedback from the applicant in the report.

Once the ‘Form 3B’ or ‘Kinship carer renewal assessment report’, and review of the ‘Foster Carer Agreement’, where relevant, is finalised:

- provide a copy of the final ‘Form 3B’ or ‘Kinship carer renewal assessment report’, and ‘Foster Carer Agreement’, where relevant, to the applicant
- attach a copy of the final ‘Form 3B’ or ‘Kinship carer renewal assessment report’ to the ‘EOI/Application’ in ICMS
- attach a copy of the reviewed ‘Foster Carer Agreement’ to the carer’s ‘Monitor and Support’ screen in ICMS
- complete the ‘Form 4: Approval decision’, created ICMS, which includes the outcomes of the application for a blue card, for an exemption card or to validate a blue card, where applicable, and personal history checks conducted by the CSU
- record ‘Assessment quality assurance’ details, where applicable, and ‘Assessment recommendation’ details in the ‘Assessment’ tab in ICMS
- inform the CSSC manager that the assessment report and relevant assessment information is available in ICMS and provide them with the ‘Form 4: A’ for a decision

- record the ‘Application submission details’ in the ‘Approval/Refusal’ tab in ICMS.

Do **not** provide the applicant with a copy of the ‘Form 4: Approval decision’.

File copies of all interview records, reports, handouts and self-assessments on the applicant’s paper file.

5.7 Decide the outcome of the application for renewal

Prior to granting renewal of approval, the CSSC manager, or the regional director for a Department of Communities, Child Safety and Disability Services employee (if applicable), must be satisfied that the applicant is suitable based on all aspects of suitability.

Unless an application is withdrawn by the applicant in writing, or refused based on an adverse personal history, the CSSC manager, or the regional director where applicable, is delegated to approve or refuse the application. Where possible, the renewal decision should be made within 3 months of the date the application was ‘properly made’. If an application for renewal is unlikely to be decided within three months and more time is required, ensure the applicant is advised of the delay and the reasons for the delay.

Where the application for renewal is ‘properly made’ prior to the current certificate of approval expiry date, the current certificate of approval continues in force until the decision regarding the application for renewal of approval is made, regardless of the timeframe for the renewal decision.

When deciding the outcome of an application for renewal of approval, the CSSC manager, or the regional director where applicable, will consider all information provided and the legislative and policy requirements for suitability, including:

- the outcomes of all applications for a blue card, exemption card or the validation of a blue card, where applicable, and all personal history checks, as recorded in ICMS and on the ‘Form 4: Approval decision’
- whether the applicant continues to be a suitable person to be an approved carer, including for a kinship carer, whether the ongoing placement of the child is consistent with the agreed case plan for the child and continues to be in the best interests of the child
- whether the applicant has demonstrated an ability to provide care to the child in a manner consistent with the statement of standards, for the preceding one or two year period, as noted in the ‘Form 3B: Foster carer applicant assessment and recommendation form - Renewal of approval only’ or the ‘Kinship carer renewal assessment report’
- the views of the recognised entity for a kinship carer placement for an Aboriginal or Torres Strait Islander child, if applicable
- the Advice to regional director form and if applicable, the Conflict of interest declaration, if the applicant is an employee of the Department of Communities, Child Safety and Disability Services - for further information, refer to 12. What if a carer applicant, or an approved carer, is a departmental employee?

The approval decision may be informed by the convening of an assessment panel however a CSSC manager **must** decide the outcome of the application.

Note: When a new adult has completed the 'New adult household member' form and a 'blue card application', 'blue card validation' or 'blue card exemption' form, after an application for renewal of approval has been 'properly made', the approval process for the applicant may be completed **prior to** the new adult household member being issued with a blue card or exemption card, or prior to the CCYPCG validating the new adult household member's existing blue card (*Child Protection Act 1999, section 135(2)*).

5.8 Approve the application for renewal

To approve the application, the CSSC manager, or the regional director for a Department of Communities, Child Safety and Disability Services employee (if applicable), will record the approval decision, along with any relevant comments, on the 'Form 4: Approval decision', and sign the form.

Following approval by the CSSC manager, or the regional director where applicable:

- attach a final copy of 'Form 4: Approval decision' to the 'EOI/Application' in ICMS
- record 'Application outcome' details in the 'Approval/Refusal' tab in ICMS, with a scheduled review date of three months prior to expiry.

When the application is approved, advise the approved carer:

- that their application for renewal has been approved
- that they are legally obligated to inform Child Safety of specific changes in carer circumstances and that copies of the 'Change in carer circumstances form', created in ICMS, will be posted to them, for their future completion, if necessary (refer to 2. What if there is a change in carer circumstances?).

Following the provision of the above advice to the approved carer:

- complete the 'Letter of renewal as a foster carer' or 'Letter of renewal as a kinship carer', created in ICMS
- complete the 'Certificate of Approval - Foster carer' or 'Certificate of Approval - Kinship carer', created in ICMS
- provide the following to the approved carer:
 - their certificate of approval
 - the letter of approval
 - copies of the 'Change in carer circumstances form'
 - the 'Carer handbook', if the carer has not received one previously
- attach a copy of the certificate of approval and the letter of approval to the 'EOI/Application' in ICMS
- provide a copy of the certificate of approval and the letter of approval to the foster and kinship care service, if applicable.

For information about the certificate of approval, refer to the practice resource Completing the Certificate of Approval.

Note: A kinship carer requires a separate certificate of approval for each child for whom they are approved.

Refusal

If the application for renewal of approval is refused by the CSSC manager, or the regional director where applicable, refer to [3.4 Refuse the application](#).

5.9 Review support arrangements

Review the approved carer's support arrangements as part of the review of the:

- 'Foster Carer Agreement', for a foster carer
- placement agreement for the child, for all carer types.

As a **minimum**, support options are to be reviewed when:

- changes are made to the case plan for a child
- there are significant changes in the approved carer's circumstances potentially impacting on the children in their care
- dynamics which may escalate into matters of concern are identified in the placement
- a review of the support arrangements is requested by an approved carer.

For further information about reviewing support arrangements, refer to [4.1 Negotiate support arrangements](#).

5.10 Review the Foster Carer Agreement

The CSSC is responsible for reviewing the 'Foster Carer Agreement' with a foster carer who is affiliated with the CSSC. The foster and kinship care service is responsible for reviewing a 'Foster Carer Agreement' with a foster carer who is affiliated with a foster and kinship care service. The CSSC may also be involved in this process when a carer has a significant history of matters of concern.

If the approved carer is an employee of the Department of Communities, Child Safety and Disability Services refer to [12. What if a carer applicant, or an approved carer, is a departmental employee?](#)

Review the 'Foster Carer Agreement' at least one year from the date of a foster carer's initial approval and every two years thereafter, as part of the carer's renewal of approval process. These reviews are referred to as 'routine' reviews.

Prior to conducting a review of the 'Foster Carer Agreement' ensure that the foster carer is clear about the purpose of the review and ensure that the information necessary to inform the review has been obtained from available sources.

To review the 'Foster Carer Agreement', meet with the carer to:

- ensure that the quality of care provided is consistent with the statement of standards
- identify any change of circumstances for the foster carer and their family and explore the impact of the change, if any, on the carer's ability to provide care

- encourage the foster carer to raise any issues affecting them
- discuss the foster carer's readiness for other types of placements
- consider whether the foster carer is being matched with the type of care and children appropriate to their circumstances
- assess the needs of the foster carer family and identify strategies to address these needs, including support arrangements
- assess the foster carer's ongoing commitment to undertake the legislative roles and responsibilities of a foster carer
- assess any support needs, if applicable, associated with the approved carer's dual role as an employee, including (where appropriate) strategies for managing or resolving conflicts of interest - for further information, refer to [12. What if a carer applicant, or an approved carer, is a departmental employee?](#)

To complete the review of the 'Foster Carer Agreement':

- complete the 'Foster Carer Agreement', created in ICMS, and include relevant information from discussions held with the carer
- request that the foster carer signs the 'Foster Carer Agreement', to signify their agreement that the recorded information is a true and correct record of discussions held
- provide the foster carer with a copy of the final, signed 'Foster Carer Agreement' and attachments, if applicable, and attach a copy to the carer's renewal 'EOI/Application' in ICMS
- file the signed, original 'Foster Carer Agreement' on the foster carer's file, with the foster and kinship care service retaining a copy, where applicable.

Complete an additional, early review of the 'Foster Carer Agreement' when:

- there are ongoing matters of concern with regard to the quality of care provided to children
- a notification, involving allegations about the foster carer, or a significant member of the foster carer's household, has been investigated and assessed and has resulted in a substantiated outcome
- there is a change in carer circumstances that may require a review, for example, a change to personal history for the foster carer or an adult household member, such as a new criminal charge or conviction
- the foster carer intends to provide care for other children, for example, becoming a family day care provider or caring for a relative
- the carer requests a review of their 'Foster Carer Agreement'.

Attach a copy of the 'Foster Carer Agreement' to the carer's 'Monitor and Support' screen in ICMS. Activities identified in the 'Foster Carer Agreement' review or additional review may be recorded as 'Foster Carer Agreement' follow up activities created in the carer's 'Monitor and Support' screen in ICMS.

For further information, refer to the practice resource [Reviewing the Foster Carer Agreement](#).

Between reviews, continue monitoring the quality of care provided, in accordance with [4.3 Monitor and review the ongoing quality of care](#).

What ifs - responding to specific regulation of care matters

1. What if the applicant requires provisional approval?

Under the *Child Protection Act 1999* and *Child Protection Regulation 2011*, a person who has made an application to be a foster or kinship carer may be provisionally approved if all of the following requirements are met:

- it is not possible, or not in the child's best interests, to be placed with an approved foster or kinship carer or licensed care service
- the outcomes of child protection and criminal history checks, including self-disclosures, indicate the applicant does not pose a risk to the child's safety
- the applicant is able and willing to protect the child from harm
- all members of the applicant's household do not pose a risk to the child's safety
- a brief assessment indicates the applicant is willing and able to meet the statement of standards.

Provisional approval is for 60 days with a possible further extension of 30 days. The substantive application to be a foster or kinship carer must be decided within this 60 day period, or where extended, 90 day period, if it is intended for the child to remain in the placement.

If the substantive application is **not** decided within the 60 day period, or where extended, 90 day period of provisional approval:

- remove the child from the placement, as provisional approval cannot be extended beyond 90 days
- negotiate an extension to the time frame for deciding the substantive application for approval, **prior to** the expiry of provisional approval (see below, 'Extension of the expiry date').

Provisional approval may only be granted once. If the 60 day period, and extension of 30 days where granted, has lapsed, further provisional approval cannot be granted, even if a new application for approval is lodged.

Key steps to obtain provisional approval

To obtain provisional approval of a foster or kinship carer applicant:

- provide a copy of [Fact sheet 8: Foster and kinship care - Blue cards](#) and [Fact sheet 1: What is provisional approval?](#) to the applicant
- the application as a foster or kinship carer must be 'properly made' and recorded in ICMS as outlined in [1.7 Lodge the application](#)
- record 'Yes' to the provisional approval sought prompt in the 'Lodgement/Withdrawal' tab in ICMS and identify the relevant subject children applicable to the application
- **immediately** email the CSU to advise that the documentation required for the conduct of personal history checks is available in ICMS (refer to [2.2 Facilitate personal history checks](#)), or the CSAHSC if urgent **and** after hours (see below)

- the CSU conducts the personal and criminal history checks and records the outcome details in the ‘Assessment’ tab in ICMS
- a Child Safety officer records the outcomes of personal history checks conducted by the CSU in the ‘Form 5: Approval Decision - Provisionally approved carer’ in ICMS
- meet with the applicant at their home and:
 - undertake a brief assessment of their ability to provide care in accordance with the statement of standards and to protect the child from harm - for further information, refer to the practice resource [Meeting the statement of standards](#)
 - ensure that the mandatory safety requirements will be met and complete page 1 of the ‘Form 2: Household safety study’, created in ICMS
- attach the completed page 1 of ‘Form 2: Household safety study’ to the ‘EOI/Application’ and record the household safety study details in the ‘Pre-application’ tab in ICMS
- record the brief assessment and make an approval recommendation to the CSSC manager, or regional director where criminal history results are not yet available from the CSU
- attach the assessment and approval recommendation to the ‘EOI/Application’ in ICMS and record the ‘Provisional assessment recommendation’ details in the ‘Assessment’ tab in ICMS
- the CSSC manager or regional director, where applicable, records the approval decision, along with relevant comments if applicable, on the ‘Form 5 - Approval Decision - Provisionally approved carer’, created in ICMS, and signs the form
- attach the completed ‘Form 5 - Approval Decision - Provisionally approved carer’ to the ‘EOI/Application’ in ICMS and record the ‘Provisional approval’ details in the ‘Approval/Refusal’ tab in ICMS.

Additional steps are required to obtain provisional approval of a foster or kinship carer applicant who is an employee of the Department of Communities, Child Safety and Disability Services - for further information, refer to [12. What if a carer applicant, or an approved carer, is a departmental employee?](#)

Note: Child Safety staff **must** comply with the requirement under the *Commission for Children and Young People and Child Guardian Act 2000*, to inform **all** blue card applicants that it is an offence for a disqualified person to sign a blue card application form. This requirement applies even when a prescribed person has verified an applicant’s identity. For further information, refer to the practice resource [Mandatory advice to blue card applicants](#).

Request urgent personal history checks

When the conduct of personal history checks is urgent and within business hours, for example, when provisional approval is required so that a placement can be facilitated as soon as possible (within 48 hours) for a child:

- seek approval from the CSSC manager or a team leader to request urgent personal and criminal history checks
- contact the CSU via telephone and advise them of the need for urgent personal and criminal history checks

- immediately fax all forms, including the [QPS - Urgent Request \(Business Hours\)](#) form, and associated identification documents, where available (refer to [2.2 Facilitate personal history checks](#)), to the CSU, or make telephone contact where there is no access to a fax
- attach all completed forms to the 'EOI/Application' in ICMS.

The CSU provides the personal and criminal history check results back to the CSSC as soon as practicable however where there are unforeseen delays, the regional director may grant provisional approval, as outlined below.

Request urgent after hours personal history checks

Where an urgent placement is being made after hours, with a person who is applying for provisional approval as a carer, personal and criminal history checks will be conducted by the CSAHSC and will include child protection and criminal/domestic violence history checks. In this circumstance, complete and fax the [QPS - Urgent Request \(After Hours\)](#) form with the other necessary documentation to CSAHSC, phone to confirm receipt of the request and attach all completed forms to the 'EOI/Application' in ICMS. Decisions required after hours about a person's suitability and/or subsequent provisional approval will be made by the duty executive officer.

Where the duty executive officer approves an urgent placement, CSAHSC staff will complete the following in ICMS to create the carer entity and placement:

- create the 'EOI/Application' including all household members, where not previously created by the CSSC
- record the 'Date application received', 'Date application properly made' and 'Verification of identity' details (where available) in the 'Lodgement/Withdrawal' tab (**Note:** these dates must be completed even though all requirements for an application to be 'properly made' may not be met)
- record the outcome of personal history checks and 'Provisional assessment recommendation' details in the 'Assessment' tab
- record the 'Provisional approval' decision details, made by the duty executive officer, in the 'Approval/Refusal' tab.

The following business day CSSC staff is responsible for **immediately** finalising the requirements for the application to be 'properly made' and faxing all required forms and identification documents, where available, to the CSU. In such circumstances, where a placement has been made by the CSAHSC, the 'Date properly made' will **not** be updated once all required documentation is completed.

Approval of applicants

The CSSC manager is delegated to grant a carer applicant (who is not an employee of the Department of Communities, Child Safety and Disability Services) provisional approval, where the applicant or all adult household members are assessed as not posing a risk to the child's safety, taking into account:

- the outcome of personal history checks undertaken by the CSU
- consideration of any self-disclosures by the applicant or adult household members as recorded in the 'APA form'

- the brief assessment of the applicant's ability to provide care consistent with the statement of standards, based on an interview in the applicant's home
- the applicant's ability and willingness to protect the child from harm
- any relevant information from Child Safety records
- whether the applicant meets the mandatory household safety study requirements
- the views of the recognised entity about the proposed carer for an Aboriginal or Torres Strait Island child
- whether the placement facilitates ongoing connections with the child's kin or community
- the views of the child about the placement and, where they do not support the placement, the reasons they provide (with due regard to the child's age and developmental level).

The regional director, or the duty executive officer, if after hours, may grant provisional approval **prior to** the completion of criminal history checks in urgent circumstances, taking into consideration the factors outlined above. When the outcome of the criminal history checks is received and indicates the carer does not pose a risk to the child's safety, provisional approval continues. Where the CSU determines that the carer is not a suitable person to be a provisionally approved carer, refer to [11. What if a provisionally approved carer's certificate of approval requires amendment, suspension or cancellation?](#)

Note: Only the regional director, or the duty executive officer, if after hours, may grant provisional approval for an applicant who is an employee of the Department of Communities, Child Safety and Disability Services - for further information, refer to [12. What if a carer applicant, or an approved carer, is a departmental employee?](#)

Actions following provisional approval of applicant

Following a decision to provisionally approve the applicant:

- advise the applicant of the decision in writing, using the 'Letter of approval as a provisionally approved carer', created in ICMS
- issue a 'Certificate of Approval - Provisionally approved carer', created in ICMS, for each child to be cared for by the provisionally approved carer
- provide the provisionally approved carer with a copy of:
 - the 'Carer handbook'
 - the [Fact sheet 5: Foster and kinship care - Legislative requirements for providing care](#)
 - the [Fact sheet 1: What is provisional approval?](#)
 - other fact sheets relevant to the learning and information needs of the carer - refer to [Carer information sheets](#)
- ensure the carer clearly understands:
 - their obligation not to disclose confidential information
 - their obligation to disclose a change in personal history for themselves or adult household members
 - their obligation to advise of any changes in carer circumstances (refer to [2. What if there is a change in carer circumstances?](#))
- complete the household safety study in full (refer to [1.5 Conduct a household safety study](#))

- complete a placement agreement for the child
- enter the carer's payment details onto Carepay by completing a 'FIN 23 - Vendor registration/change application' form, created in ICMS, and forwarding **the form to Expenditure and Carer Services, Corporate Link.**

The provisional certificate of approval has effect for 60 days from the date of initial approval, as recorded on the 'Form 5: Approval decision - Provisionally approved carer'. For further information, refer to the practice resource [Completing the Certificate of Approval](#).

Extension of the expiry date

Provisional approval can be extended past 60 days, once only, for up to a further 30 days if:

- the existing certificate of approval is current
- the extension is considered desirable and appropriate to meet the needs of the child named on the certificate
- the carer agrees to the amendment.

If the CSSC manager decides that an extension to the expiry date is warranted:

- record the 'Provisional approval extension' details in the 'Approval/Refusal' tab in ICMS
- provide the carer a new 'Certificate of Approval - Provisionally approved carer', created in ICMS, with all of the existing details and conditions, and the new expiry date
- the provisionally approved carer must deliver the original certificate of approval to the CSSC manager within two days
- attach a copy of the new certificate of approval to the 'EOI/Application' in ICMS and provide a copy to the foster and kinship carer service, where relevant.

Where an extension is granted, the new expiry date for the certificate of approval is to be no more than 30 days from the expiry date on the initial certificate.

If the 60 day period, and extension of 30 days where granted, has lapsed, further provisional approval cannot be granted, even if a new application for approval is lodged.

Interstate applicants

Where an applicant resides interstate, careful consideration must be given to the feasibility of completing all necessary assessment requirements within the specified timeframes before deciding to seek the provisional approval of an interstate applicant.

Rights of review

Carer applicants who apply for provisional approval only have review rights in relation to their substantive application to become either a foster or kinship carer. The cancellation of a provisional certificate of approval does not affect the pending application for approval as an approved foster or kinship carer. If the substantive application is subsequently refused, this decision is reviewable.

2. What if there is a change in carer circumstances?

All approved carers, including provisionally approved carers, are required to notify Child Safety of any of the following specific changes that are considered relevant to determining their ongoing suitability:

- a change of address
- a change in spousal relationship, for example separation, divorce, new partner, death of a partner
- a change in other personal circumstances, for example significant health problems or excessive employment demands
- a change to the criminal or personal history of the carer or any adult member of their household (*Child Protection Act 1999*, section 141F and 141G)
- a change of persons living in the carer household, excluding foster children
- an intention to provide care for other children (for example, family day care or relatives).

When any of these circumstances occur, the carer is to complete a ‘Change in carer circumstances form’, created in ICMS, and provide it to the CSSC. Upon receipt of the information:

- consider whether an additional, early review of the ‘Foster Carer Agreement’, created in ICMS, is necessary (refer to [5.10 Review the Foster Carer Agreement](#))
- consider whether a review of the carer’s suitability is required
- update records in ICMS, as appropriate
- forward a copy of the completed ‘Change in carer circumstances form’ to the CSU, **except** where the change relates to personal circumstances involving health or employment demands.

Address changes

When a carer has advised Child Safety that they have changed their primary place of residence:

- update the new address details in ICMS
- complete a ‘FIN 23 - Vendor registration/change application’ form, created in ICMS, and send it to the Vendor Maintenance team as outlined on the form
- complete a household safety study (refer to [1.5 Conduct a household safety study](#)).

Change in carer relationships - new spousal relationship

A carer living with their spouse may only hold a certificate jointly with the spouse (*Child Protection Act 1999*, sections 132(3) and 136B). Carers must advise Child Safety when they intend to commence living with a spouse or wish to hold a joint certificate with another adult, for example, an adult child of the carer.

Prior to the spouse or another adult joining the household:

- ensure the carer and their spouse or other adult submit a joint application for approval as foster or kinship carers - the carer’s existing certificate of approval remains in place until the outcome of a joint application is decided
- progress the application in accordance with the usual assessment process, however, the original approved carer will not require personal history checks and will not need to repeat [Pre-service training](#).

If the application is approved:

- issue the carers with a new joint certificate of approval
- request the return of the previous certificate of approval
- update the carers details in ICMS
- end the existing carer entity approval in ICMS with an end reason of 'Surrendered' as a new joint carer entity will automatically be created in ICMS upon approval
- ensure any existing placements in ICMS are updated to reflect placement with the new carer entity
- complete a new 'Foster Carer Agreement', where applicable
- review the placement agreement for any child in the care of a kinship carer, where applicable, taking into consideration any changes to the support needs for the carer (refer to [4.1 Negotiate support arrangements](#)).

Where a provisionally approved carer intends to live, or has commenced living, with a spouse, the provisional approval certificate continues to have effect until the earliest of either:

- the expiry day of the provisional approval certificate
- the day the provisionally approved carer is issued with a certificate as a foster or kinship carer
- the day the provisionally approved carer is given written notice that their application has been refused.

To facilitate urgent personal history checks for the spouse:

- request that the spouse completes the [New adult household member](#) form and either a [blue card application](#), [blue card validation](#) or [exemption card application](#) form
- verify the spouse's identity for a 'blue card application' only
- send the relevant forms to the CSU for processing.

Progress the provisionally approved carer's substantive application in accordance with the usual assessment process. However, the provisionally approved carer may only be granted approval as a foster or kinship carer if the spouse and all adult household members hold a current blue card or exemption card.

Advise the provisionally approved carer and spouse to complete a joint application for approval, which **must** be 'properly made' prior to, or on the same day that the provisionally approved carer's substantive application is decided. If the provisionally approved carer's substantive application is approved, the approval remains valid **only** if a joint application for approval has been 'properly made' **and** the new spouse holds a current blue card or exemption card.

Progress the joint application in accordance with the usual assessment process, however, the original approved carer will not require new personal history checks and will not need to repeat [Pre-service training](#).

If the application is approved:

- issue the carers with a new joint certificate of approval
- request the return of the previous certificate of approval

- update the carers details in ICMS
- end the existing carer entity approval in ICMS with an end reason of ‘Surrendered’ as a new joint carer entity will automatically be created in ICMS upon approval
- ensure any existing placements in ICMS are updated to reflect placement with the new carer entity
- complete a new ‘Foster Carer Agreement’, where applicable
- review the placement agreement for any child in the care of a kinship carer, where applicable, taking into consideration any changes to the support needs for the carer (refer to [4.1 Negotiate support arrangements](#)).

Change in carer relationships - ending of a spousal relationship

When a spousal relationship ends and only one of the carers wishes to continue as a carer, the carer must apply in writing to the CSSC manager for an amendment to their certificate of approval (Child Protection Act 1999, section 137), including situations where there is the death of a spouse. Child Safety must make a decision on whether to grant or refuse the application for amendment within 28 days of receiving the request. If necessary, meet with the carer to discuss the matter before the 28 day period has lapsed. The existing certificate of approval remains in place until the application for amendment is decided.

To process the requested amendment:

- create a new EOI/Application for ‘Amendment to certificate’ from the existing carer entity record and select the relevant carer requesting the amendment
- assess how the new circumstances of the applicant will impact on any children in their care
- record assessment information and the ‘Assessment recommendation’ details in the ‘Assessment’ tab in ICMS
- record ‘Amendment submission details’ and ‘Amendment outcome’ details in the ‘Approval/Refusal’ tab in ICMS.

For an amended certificate, the new carer entity will automatically be created and the original carer entity approval status will automatically be ended with the end reason as ‘Surrendered’.

If the requested amendment is approved:

- the CSSC manager will provide written notice to the carer using the ‘Letter of outcome of application to amend’, created in ICMS, and advise:
 - that their request for an amendment has been granted
 - that a certificate of approval has been amended
 - that the amended certificate of approval takes effect on the day the CSSC manager gives notice to the carer that the amendment has been granted, or a later day, if stated in the notice
 - that the carer must deliver the original certificate of approval to the CSSC within a specified timeframe, which must not be less than seven days from the date of the notice (Child Protection Act 1999, section 141)
- provide the carer with a new certificate of approval - details, including date of expiry and any existing conditions, must match the details on the original certificate of approval

- retain a copy of the new certificate of approval on the carer's file and provide a copy, where relevant, to the foster and kinship care service
- ensure any existing placements in ICMS are updated to reflect placement with the new carer entity
- complete a new 'Foster Carer Agreement', where applicable
- review the placement agreement for any child in the care of a kinship carer, where applicable.

If the requested amendment is refused, written notice using the 'Letter of outcome of application to amend' must be provided to the carer within 10 days of the decision having been made (Child Protection Act 1999, section 137). The notice must:

- state the reasons for the decision
- advise that the carer has the right to have the decision reviewed by the Queensland Civil and Administrative Tribunal (QCAT), and that an application can be made to the tribunal within 28 days.

Where **both carers** wish to continue as approved carers, **both carers** must submit a separate 'Application for approval - Form 3 APA'. The existing certificate of approval remains in place until their individual applications are decided. The carers will **not be** required to repeat pre-service training. The approval decision will include an assessment of how the new circumstances of the applicant will impact on any children in their care.

If the application is approved:

- issue each individual carer with a new certificate of approval
- complete a new 'Foster Carer Agreement', where applicable
- review the placement agreement for any child in the care of a kinship carer, where applicable.

Personal history changes

Carers are required to advise Child Safety of:

- any changes to their personal history
- changes or suspected changes to the personal history of any adult household member.

Changes in carer household membership

Carers are required to advise Child Safety:

- that a person intends to become a member of the household
- that a person has stopped being a member of the household.

If another adult intends to join a carer household, or when **any child is turning 18**, who lives in the carer household (including young people placed with the carer by Child Safety):

- create a new EOI/Application for 'New adult household member' from the existing carer entity record for each adult who intends to join the carer household and manually add the person to the 'Relevant parties' in the application
- request that the adult completes the New adult household member form and either a blue card application, blue card validation or exemption card application form

- verify the person's identity for a 'blue card application' only
- attach the completed 'New adult household member' form, 'blue card application', 'blue card validation' or 'exemption card application' form and associated identification documents, where available, to the 'EOI/Application' in ICMS and immediately email the CSU to advise of the availability of documentation in ICMS so that personal history checks will be conducted.
- consider interviewing the new adult household member about their views on fostering and their role within the carer household
- record the new adult household member application details in the 'New AHM' tab in ICMS
- record the 'Suitability decision' details in the 'New AHM' tab in ICMS, following the outcome of personal history checks undertaken by the CSU.

For further information about facilitating personal history checks, refer to [2.2 Facilitate personal history checks](#).

3. What if an external party requests or requires personal information or history about a foster or kinship carer application?

Information can be provided to an external party where either:

- it is necessary in order to perform functions under or in relation to administration of the *Child Protection Act 1999*
- where the information is related to the well-being and protection of a particular child.

In all circumstances when conducting a carer assessment:

- any information provided **must not include** information that identifies, or is likely to identify, a notifier
- the carer or carer applicant is to be advised if information is provided to an external party
- a person's youth justice history **must not be shared** unless it relates to an exemption under the *Youth Justice Act 1992*, part 9.

Sharing personal history for carer assessments

Personal history is an important component of the holistic assessment of the carer applicant. The sharing of personal history **must be** in accordance with the confidentiality provisions of the *Child Protection Act 1999* and the information privacy principles contained in Information Standard No 42 Information Privacy and the *Information Privacy Act 2009*, schedule 3.

Initially, the foster and kinship care service or an external assessor, should ask the applicant to disclose information about their personal history and advise them that:

- their personal history will be considered as part of the assessment process
- the application will be decided on all known information, including their personal history
- failure to disclose personal history will be taken into consideration as part of the assessment.

Personal history can be shared as part of the assessment where the CSSC or PSU has determined that the sharing of the information is necessary for the foster and kinship care service or an external assessor to conduct an holistic assessment of the carer applicant, and in accordance with the *Child Protection Act 1999*, section 187. Prior to providing the personal history information, ensure:

- the applicant has understood and signed consent to share information on the ‘Application for approval - Form 3 APA’
- the external assessor understands their confidentiality and privacy obligations and has signed the Information Privacy Deed for all external assessors.

A CSSC or the PSU can share personal history **directly** with either:

- a foster and kinship care service
- an external assessor employed by the department or by a foster and kinship care service.

In this circumstance, the foster and kinship care service or external assessor who receives the personal history are subject to the strict confidentiality requirements of the *Child Protection Act 1999*, section 187 and 188.

Where an external assessor is contracted by a foster and kinship care service and requires personal history that has not been provided, they must request the personal history directly from the CSSC or PSU.

Personal history sharing during assessment panels

In some circumstances an assessment panel will be convened to discuss a carer applicant.

Personal history can be shared at a panel when:

- consultation has occurred and the CSSC manager or PSU coordinator has made a determination that information can be shared in accordance with the *Child Protection Act 1999*, section 187(3)
- the applicant has understood and signed consent to share information on the ‘Application for approval - Form 3 APA’
- the relevant parties understand their confidentiality and privacy obligations and have signed the Information Privacy Deed for Panel participants prior to the applicants personal history being shared.

Record keeping requirements

CSSC and PSU staff must be aware of the strict confidentiality provisions around sensitive information, and refer to the interim record-keeping process, available from the CSSC records officer, when required to provide copies of carer information to external parties. This process includes a receipt form that goes on the Foster Carer History file as a record of information provided and a cover sheet that is attached to the information being provided. The receipt form requires authorisation by the CSSC manager and a signature from the person receiving the information.

4. What if approval has expired before an application for renewal is ‘properly made’?

Approved foster and kinship carers must apply for renewal of their existing approval prior to the expiry of the current certificate of approval, if they wish to continue as approved carers.

Where the existing certificate of approval has expired before the approved carer makes an application, the application cannot be progressed as an application for renewal of approval. In this case, the applicant will need to lodge an application for initial approval and complete the 'Application for approval - Form 3 APA' (Part A), created in ICMS.

5. What if one spouse is unavailable to participate in the assessment and approval process?

Where the partner of a foster or kinship carer applicant is genuinely unavailable to be assessed and approved, along with their spouse, due to the nature and location of their employment, for example, those employed by the defence forces or mining industry and working interstate or overseas, the following process applies:

- the available applicant lodges an application as a single applicant
- the assessment and approval process proceeds according to the procedure
- the single applicant, where they meet the legislative and policy requirements for suitability, is approved and issued with a certificate of approval
- when the unavailable spouse returns to the carer household, the approved carer and their spouse immediately submit a joint application for approval, including a 'blue card application', 'blue card validation' or 'exemption card application' form - the carer's existing certificate remains in place until the outcome of the joint application is decided
- progress the application in accordance with the usual assessment process, however, the original approved carer will not require personal history checks and will not need to repeat pre-service training.

If the application is approved:

- issue the carers with a new joint certificate of approval
- change the carer's details in ICMS and add the details for the carer couple
- request the return of the previous certificate of approval
- complete a new 'Foster Carer Agreement', where applicable
- review the placement agreement for any child in the care of a kinship carer, where applicable, taking into consideration any changes to the support needs for the carer (refer to 4.1 Negotiate support arrangements).

6. What if a carer applicant resides interstate?

When a carer applicant who is proposed to provide care for a child resides in another state, territory or New Zealand (jurisdiction), and the child is subject to a court assessment, custody or guardianship order or proceedings in Queensland, the CSO will request that the relevant interstate jurisdiction undertake a carer assessment.

To facilitate the assessment of a carer applicant in another jurisdiction the CSO will:

- ensure that the applicant is aware of the intended assessment and has indicated a willingness to co-operate in the assessment process
- ensure that the applicant is aware of their need to meet legislative requirements under the *Child Protection Act 1999*
- provide the applicant with:
 - the 'Carer applicant health and wellbeing questionnaire', created in ICMS
 - the 'Application for approval - Form 3 APA' (APA form), created in ICMS
 - blue card application, blue card validation or exemption card application forms
- ensure that the applicant and all adult household members complete the 'APA form' - Part A and either the 'blue card application', 'blue card validation' or 'exemption card application' form and the 'Carer applicant health and wellbeing questionnaire' and attach completed forms to the 'EOI/Application' in ICMS. The applicant and all adult household members can have their identity verified by a local doctor, solicitor, police officer or JP
- email the CSU to advise that the relevant forms are available in ICMS for processing, where the application has been 'properly made' (refer to [1.7 Lodge the application](#))
- at the same time as the above is being undertaken, contact the Queensland ILO, Court Services Unit, and obtain the 'Request for Interstate Assessment of Carer/s' template
- complete the 'Request for Interstate Assessment of Carer/s' template and attach appropriate supporting documentation, for example, medical and psychological reports on the child and child protection and criminal history in relation to the proposed carers, if available. Ensure that Section F of the template is edited and individualised to reflect all areas that require assessment.
- have the request signed by the CSO with case responsibility and the team leader
- fax or post all relevant documentation to the Queensland ILO.

Note: upon receipt of any 'blue card application' forms, contact all blue card applicants to advise that it is an offence for a disqualified person to sign a 'blue card application' form. For further information, refer to the practice resource [Mandatory advice to blue card applicants](#).

The Queensland ILO will forward the request and accompanying documentation to the ILO in the other jurisdiction.

If the CSU manager subsequently advises that, based on personal history checks, the applicant is not suitable, contact the Queensland ILO **immediately**, who will withdraw the assessment request from the other jurisdiction.

The interstate worker will complete the 'Form 2: Household safety study' on behalf of Child Safety and provide a written assessment report, addressing the assessment areas identified on the 'Request for Interstate Assessment of Carer/s' and including a recommendation about the proposed placement.

Attach all completed forms to the 'EOI/Application' in ICMS.

Where the carer assessment relates to a family contact visit refer to [Chapter 5, 2.5 Facilitate and monitor family contact](#).

7. What if the foster or kinship carer decides to cease being a carer?

When a carer advises Child Safety of their decision to cease being an approved carer:

- ask the carer to return their certificate of approval and the foster carer card within a specified timeframe, which must not be less than seven days (*Child Protection Act 1999*, section 141)
- inform the carer about available supports, for example, counselling or referrals, where the cessation occurs due to difficult personal circumstances
- record the reason why the carer is exiting the system and amend the carer's approval status in ICMS to 'surrendered'
- notify the CSU
- complete the 'Advice to FCQ: End of carer approval' form, created in ICMS, and fax the form to Foster Care Queensland (FCQ).

FCQ is responsible for contacting the former carer to offer them an exit interview, which is conducted by FCQ.

The CSSC manager is responsible for ensuring that Foster Care Queensland receives written notification of all cessations of approval.

8. What if a carer requests access to their personal information?

If a carer requests access to their personal information held on the Child Safety file, inform the carer that the release of file information is managed by the Right to Information and Information Privacy Branch.

Advise the carer that their request must be made in writing, through a completed Right to Information application, a letter or other written advice, and outline the details of the personal information sought.

Provide the carer with the contact details for the Right to Information and Information Privacy Branch.

9. What if a foster or kinship carer's certificate of approval requires amendment, suspension or cancellation, other than on blue card or exemption card grounds?

Under the *Child Protection Act 1999*, a carer's certificate of approval can be amended, suspended or cancelled in the following circumstances:

- the holder of the certificate of approval applies to the chief executive for an amendment of the certificate of approval or agrees to an amendment
- the holder is not meeting the standards required under the certificate of approval or a condition of the certificate of approval
- the holder has contravened a provision of the *Child Protection Act 1999*

- the certificate of approval was issued because of a materially false or misleading representation or declaration (either orally or in writing)
- it is considered necessary or desirable because of a circumstance prescribed under a regulation.

Note: A certificate of approval as a kinship carer **cannot** be amended to change the child for whom the carer is approved.

Amendment, suspension or cancellation decisions

Child Safety will consider whether there is a need for the amendment, suspension or cancellation of the certificate of approval of a carer, in circumstances where a carer is not meeting the legislated statement of standards or a condition of the certificate of approval, or alternatively, where an amendment of the certificate of approval is requested by the carer. The amendment, suspension or cancellation of a certificate of approval is to occur in a respectful and transparent manner.

Amendment requested by an approved carer - section 137

Any application by a carer to amend their certificate of approval must be made in writing. Child Safety must make a decision on whether the proposed amendment is necessary **within 28 days** of receiving the request. If necessary, meet with the carer to discuss the matter before the 28 day period has lapsed.

If the proposed amendment is decided to be necessary:

- the CSSC manager will provide written notice to the carer using the 'Letter of outcome of application to amend', created in ICMS, and advise:
 - that their request for an amendment has been granted
 - the details of the amendment that has been made
 - that a certificate of approval has been amended
 - that the amended certificate of approval takes effect on the day the CSSC manager gives notice to the carer that the amendment has been granted, or a later day, if stated in the notice
 - that the carer must deliver the original certificate of approval to the CSSC within a specified timeframe, which must not be less than seven days from the date of the notice (*Child Protection Act 1999*, section 141)
- provide the carer with a new certificate of approval that incorporates the amendment - all other details, including date of expiry and any existing conditions, must match the details on the original certificate of approval
- retain a copy of the new certificate of approval on the carer's file and provide a copy, where relevant, to the foster and kinship care service.

If the proposed amendment is not considered necessary, the application for amendment must be refused and written notice using the 'Letter of outcome of application to amend' must be provided to the carer **within 10 days** of the decision having been made (*Child Protection Act 1999*, section 137). The notice must:

- state the reasons for the decision

- advise that the carer has the right to have the decision reviewed by the Queensland Civil and Administrative Tribunal (QCAT), and that an application can be made to the tribunal within 28 days.

Amendment initiated by Child Safety - section 138

If the CSSC manager decides that an amendment to a carer's certificate of approval is warranted:

- relevant Child Safety officers must meet with the carer to discuss the reason for the amendment and explain the process
- the CSSC manager must provide written notice to the carer using the 'Letter of proposed amendment', created in ICMS, and state:
 - the proposed amendment and the grounds for the amendment
 - the facts and circumstances forming the basis for the grounds
 - that the carer may make written representations to the CSSC manager within 28 days (or longer, if determined by the CSSC manager) to show why the certificate of approval should not be amended.

If, after considering any written representation by the carer, the CSSC manager still considers an amendment to the certificate of approval necessary, the carer must be provided with written notice of the decision **within 10 days** of the decision using the 'Letter of amendment', created in ICMS. The notice must:

- state the reasons for the decision
- advise that the amended certificate of approval takes effect on the day the CSSC manager gives notice to the carer of their decision, or a later day, if stated in the notice
- advise the carer that they must deliver the original certificate of approval to the CSSC within the requested timeframe, which must not be less than seven days (*Child Protection Act 1999, section 141*)
- advise that the carer may have the decision reviewed by the QCAT if an application is made to the tribunal **within 28 days**.

After providing written notice to the carer of the decision to amend the certificate of approval:

- issue a new certificate of approval that incorporates the amendment and provides all of the details that were recorded on the original certificate, including the date of expiry and any existing conditions
- retain a copy of the new certificate of approval on the carer's file and provide a copy, where relevant, to the foster and kinship care service.

If, at any stage of this process, the CSSC manager decides not to proceed with the amendment, they must provide written notice to the carer of their decision not to amend the certificate of approval.

Suspension or cancellation of a carer's certificate of approval - section 139

A carer's certificate of approval **may be** suspended or cancelled when there is reason to believe that the carer cannot provide care to a child that meets the statement of standards and that the issue of concern cannot be appropriately addressed through other means.

A carer's certificate of approval **must be** cancelled when the CSU manager advises the CSSC manager of the decision to cancel the carer's certificate of approval, where the carer is not suitable as a result of the outcome of personal history checks.

A suspension of the certificate of approval should be considered if the grounds for concern are likely to be temporary or if further assessment is required to determine whether the carer's certificate of approval should be cancelled.

Where the CSSC manager is considering the suspension or cancellation of a carer's certificate of approval, relevant Child Safety officers must meet with the carer to discuss the reason for the proposed suspension or cancellation and explain the process.

Where the decision is made, whether by the CSSC or CSU manager, that the suspension or cancellation of the certificate of approval is warranted, the carer must be provided with written notice using either a 'Letter of proposed suspension' or 'Letter of proposed cancellation', created in ICMS, which is to include:

- the proposed action and the grounds for the proposed action
- the proposed suspension period, for a suspension of the certificate of approval
- advice that the carer may make written representations to the CSSC manager or CSU manager **within 28 days** (or longer, as determined by the CSSC or CSU manager) to show why the certificate of approval should not be suspended or cancelled.

After considering any representation by the carer, where the CSSC manager or CSU manager still considers the suspension or cancellation of the certificate of approval to be necessary, the CSSC manager or CSU manager is to:

- suspend the certificate of approval for no longer than the proposed suspension period (where the action proposed in the notice was to suspend the certificate of approval), or
- cancel the certificate of approval (if the action proposed in the notice was to cancel the certificate of approval).

The suspension or cancellation of the certificate of approval takes effect on the day the CSSC manager or CSU manager gives notice to the carer of their decision, or a later day, if stated in the notice. Following the suspension or cancellation of the certificate of approval, the CSSC manager or CSU manager must provide written notice to the carer of their decision **within 10 days** of the decision using either the 'Letter of suspension' or the 'Letter of cancellation', created in ICMS. The notice must:

- state the decision to either suspend or cancel the carer's authority
- state the reasons for the decision
- advise the carer that they must deliver the original certificate of approval to the CSSC manager within the requested timeframe, which must not be less than seven days (*Child Protection Act 1999*, section 141)
- advise the carer that they may have the decision reviewed by the QCAT if application is made **within 28 days**.

If the carer's certificate of approval has been suspended, the certificate of approval must be returned to the carer at the end of the suspension period, unless the certificate of approval has been cancelled.

Following the period of review or if the decision of Child Safety is upheld, the CSSC manager is to ensure that the CSU is notified of the suspension or cancellation.

Record the suspension or cancellation in ICMS

Following the suspension or cancellation of a carer's certificate of approval, the CSSC manager is to ensure:

- the carer's approval status is updated in ICMS
- an alert is recorded on the carer (refer to Chapter 1, 9. What if an alert needs to be recorded in ICMS?).

At the end of the suspension, update the carer's approval status in ICMS and where the certificate of approval is returned to the carer, close the alert. Where the certificate of approval is cancelled following the period of suspension, the alert remains in place.

Referral for an exit interview - cancellation of a certificate of approval

If the carer does not seek a review of the decision to have their certificate of approval cancelled within the required timeframe, or if they do seek a review of the decision and the QCAT upholds the Child Safety decision, notify Foster Care Queensland (FCQ) of the end of the carer's approval so that the former carer will be contacted and offered an exit interview by FCQ.

To refer the former carer for an exit interview, complete the 'Advice to FCQ: End of carer approval' form, created in ICMS, and fax the form to FCQ.

The CSSC manager is responsible for ensuring that FCQ receives written notification of all carers who have had their certificate of approval cancelled.

10. What if a foster or kinship carer's certificate of approval requires suspension or cancellation on blue card or exemption card grounds?

Change in status of a blue card or exemption card

The CCYPCG issues blue cards and exemption cards and monitors the changes in criminal history of card holders on a daily basis. The CCYPCG, through the CSU, will advise Child Safety of any relevant changes to the criminal history of a carer or an adult household member, for example:

- a blue card or exemption card holder's card has been suspended because they have been charged with an excluding offence
- a blue card or exemption card holder has a change in their criminal history which is relevant to child-related employment.

In the case of a suspension or refusal of an existing blue card or exemption card, the chief executive **must suspend** an approved carer's certificate of approval, pending the outcome of

any review process initiated under the *Commission for Children and Young People and Child Guardian Act 2000*.

Where the CCYPCG makes the decision to issue an individual with a negative prescribed notice or negative exemption notice, it means that the person will not be issued with a blue card or exemption card, or, if they already have one, that their blue card or exemption card will be suspended or cancelled by the CCYPCG. This is referred to as blue card grounds.

In the above circumstances, the CSSC must take **immediate action** to suspend or cancel the carer's certificate of approval.

The decision to suspend or cancel a carer's certificate of approval on blue card grounds will be effective immediately, and does **not** require that the carer be given an opportunity to provide written representations to the CSSC manager, prior to the manager deciding to suspend or cancel their approval.

The CSSC manager however must inform the carer of the decision as soon as practicable after the decision is made.

Removal of a child - carer issues

When the CCYPCG suspension or cancellation relates to an approved carer, the carer's certificate of approval **must** be suspended or cancelled, and any child in the placement **must be removed immediately**.

Should the carer subsequently be issued with a blue card or exemption card and the suspension ended, consideration will be given to whether it is in the best interests of any of the children removed, to be returned to the placement.

Removal of a child - adult household member issues

When the suspension or cancellation relates to an adult member of a carer's household, a decision must be made about whether to remove a child. In this circumstance:

- hold an urgent meeting with the carer and adult household member to discuss what actions they are proposing to take
- ascertain whether the household member intends to leave the household and the proposed timeframe
- assess whether the carer had any knowledge or awareness of the criminal history or change in criminal history of the adult household member
- assess the immediate safety of any child in the placement and determine whether a matter of concern should be recorded. For example, the adult household member's criminal acts may have resulted in harm or risk of harm to the child.

If the adult household member is not planning to leave the household immediately, any child in the placement **must be removed** and the carer's certificate of approval suspended.

If the adult household member is planning to leave the household immediately, the decision about whether it is in the best interests of the child to remain with the carer is to include consideration of:

- the impact on the child, for example, is the child fearful of remaining in the placement
- any risk posed to the child because of the relationship of the household member to the carer
- the carer's response to the suspension or cancellation of the adult household member's blue card or exemption card and the carer's ability to protect the child in the placement
- the likelihood of any further contact with the adult household member.

Considerations regarding the removal of a child, in this circumstance, would be guided by the Matters of Concern procedure. Refer to [Chapter 9.1 Decide whether information constitutes a matter of concern](#).

Removal of a child - review of decision

The carer is only entitled to have the decision to remove a child from the carer's care reviewed if the chief executive has custody or guardianship of the child, and the carer is an approved foster or kinship carer, and either:

- the child is subject to a child protection order granting long-term guardianship to the chief executive
- the adult household member has left the household, due to the suspension or cancellation of their blue card or exemption card, however, it has been assessed that the carer is no longer a suitable person or the carer is no longer able to meet the standards of care in the statement of standards.

When this applies, provide written notice of the decision to the carer and the child, and ensure that the notice incorporates the information specified in the *Child Protection Act 1999*, section 90.

Cancellation of certificate of approval due to a prescribed provision - carer

A carer's certificate of approval must be **cancelled immediately** (*Child Protection Act 1999*, section 140AG(1)), when the CCYPCG cancels the carer's blue card or exemption card in accordance with the (*Commission for Children and Young People and Child Guardian Act 2000*, section 102(6)(a) or 119A - an excluding offence with imprisonment, or a disqualification order, which results in a lifetime ban from holding or applying for a blue card).

The cancellation of the certificate of approval must occur as soon as practicable after Child Safety is notified of the decision and the CSSC manager **must**:

- notify the carer in writing of the decision to cancel their certificate of approval using 'Letter of cancellation - prescribed provision – carer', created in ICMS
- notify the CSU of the decision.

There is no right of review to the CCYPCG for a cancellation of a blue card or exemption card under a prescribed provision or right of review to the Queensland Civil and Administrative Tribunal (QCAT) in relation to the decision by Child Safety to cancel the carer's certificate of approval.

Suspension or cancellation of a carer's certificate of approval due to a prescribed provision - adult household member

When the CCYPCG cancels the blue card or exemption card of an adult household member under a prescribed provision (*Commission for Children and Young People and Child Guardian Act 2000*, section 102(6)(a) or 119A) under the *Child Protection Act 1999*, section 140AC and 140AG, one of the following will occur:

- the carer's certificate of approval **must** be suspended
- the carer's certificate of approval **may** be cancelled immediately, where there is no likelihood of the adult household member leaving the carer's home.

The suspension of the carer's certificate of approval is an interim measure to allow an assessment of whether the adult household member has left or is likely to leave the household.

To suspend the carer's certificate of approval, the CSSC manager will advise the carer of the decision and the reason for the suspension using the 'Letter of suspension - prescribed provision - adult household member', created in ICMS.

Where the adult household member leaves the household and the CSSC manager makes a decision to end the suspension, the carer must be provided with a 'Letter advising end of suspension', created in ICMS.

If the household member does not leave the household, or is not expected to leave in the near future, the carer's certificate of approval **must** be cancelled. To cancel the carer's certificate of approval (*Child Protection Act 1999*, section 140AG(3)), the CSSC manager must notify the carer in writing using the 'Letter of cancellation - prescribed provision - adult household member', created in ICMS, and advise the carer:

- of the decision to cancel their certificate of approval
- the reason for the cancellation
- that they may apply to the QCAT to have the decision reviewed, **within 28 days**.

Following the period of review or if the decision by Child Safety is upheld, the CSSC manager must ensure that the CSU is notified of the decision.

Note: The CSSC manager must **not** suspend or cancel the carer's certificate of approval if satisfied that the person is no longer a member of the carer's household.

Suspension or cancellation of a certificate of approval due to a prohibiting event

A prohibiting event occurs when an approved carer or an adult member of a carer's household:

- is issued with a negative prescribed notice or negative exemption notice (except under a prescribed provision under the *Commission for Children and Young People and Child Guardian Act 2000*, section 102(6)(a) and 119A, or except where a suspended blue card or exemption card is cancelled)
- has their blue card or exemption card suspended by the CCYPCG
- withdraws an application for a blue card or exemption card or it is deemed withdrawn by the CCYPCG.

Prohibiting event - carer

If the prohibiting event relates to the approved carer, the suspension of the carer's certificate of approval **must** occur as soon as practicable after the CSU is notified by the CCYPCG. The CSU will advise the CSSC manager of the notice provided by the CCYPCG.

To suspend the carer's certificate of approval, the CSSC manager **must**:

- notify the carer in writing using the 'Letter of suspension - prohibiting event – carer', created in ICMS, and advise the carer of:
 - the decision to suspend the certificate of approval under the *Child Protection Act 1999*, section 140AC
 - the reason for the suspension.

The suspension of the certificate of approval remains in place until one of the following occurs:

- the certificate of approval expires
- the carer is issued with a blue card or exemption card, and Child Safety ends the suspension of the certificate of approval
- the certificate of approval is cancelled under the *Child Protection Act 1999*, section 140AG.

When the certificate of approval expires, the CSSC manager is to ensure:

- that the carer is advised in writing
- that the CSU is notified.

Should the carer subsequently be issued with a blue card or exemption card, the CSSC manager is to ensure that the carer is advised in writing that the suspension of their certificate of approval has ended, using the 'Letter advising end of suspension', created in ICMS.

The carer's suspended certificate of approval **must be cancelled** if the CYPCG issues a negative prescribed notice or negative exemption notice and:

- the carer does not apply for a review of the CCYPCG's decision about the blue card or exemption card or the review period has expired
- the carer applies for a review of the CCYPCG's decision and the decision is upheld.

The certificate of approval must be cancelled as soon as practicable and the CSSC manager is to notify the carer in writing using 'Letter of cancellation - prohibiting event – carer', created in ICMS.

A carer has no right of review regarding the decision to suspend or cancel the certificate of approval in these circumstances. The CSSC manager must ensure that the carer's status and the alert is updated in ICMS and that the CSU is notified.

Prohibiting event - adult household member

If the prohibiting event relates to an adult household member, the CSSC manager must suspend the carer's certificate of approval, unless the adult member has left or agrees to immediately leave the carer's household.

The CSSC manager however must not suspend or cancel a carer's certificate of approval if they are satisfied that the person is no longer a member of the carer's household and does not pose any risk to the safety of a child.

If the household member remains in the household, the CSSC manager **must**:

- immediately suspend the carer's certificate of approval and provide written advice to the carer using the 'Letter of suspension - prohibiting event - adult household member', created in ICMS. The written advice is to inform the carer of:
 - the decision to suspend the certificate of approval under the *Child Protection Act 1999*, section 140AC
 - the reason for the suspension.

Where the adult member remains in the carer's household, the CSSC manager cannot cancel the carer's certificate of approval until:

- the 28 days in which the adult household member is able to seek a review of the CCYPCG's decision, has expired and they have not applied for a review
- the outcome of the review is decided.

In these circumstances, the adult household member will be advised of their review rights by the CCYPCG, in relation to the CCYPCG's decision to issue a negative prescribed notice or negative exemption notice.

If the adult household member is subsequently issued with a blue card or exemption card, the CSSC manager is to ensure that the carer is advised in writing that the suspension of their certificate of approval has ended using the 'Letter advising end of suspension', created in ICMS.

If the household member remains in the household and the period of review expires or the CCYPCG's decision is upheld, the CSSC manager will need to provide written advice to the carer using 'Letter of cancellation - prohibiting event - adult household member', created in ICMS. The written advice is to inform the carer:

- of the decision to cancel their certificate of approval
- that they may, within 28 days of receiving the notice, apply to the QCAT to have the decision reviewed.

Following the period of review or if the decision by Child Safety is upheld, the CSSC manager must ensure that the CSU is notified of the decision.

Suspension or cancellation of a foster or kinship carer's certificate of approval - failure to apply for a blue card or exemption card, or renew a blue card

When a carer or adult household member fails to apply for a blue card or exemption card, or to renew their blue card, the carer's certificate of approval may be suspended or cancelled (*Child Protection Act 1999*, section 139(5)). In this situation, an assessment of the circumstances may be undertaken to inform the decision about whether to suspend the certificate of approval, to allow time for the carer or adult household member to apply for a blue card, exemption card or the renewal of their blue card.

Prior to any decision to suspend or cancel the certificate of approval, the carer must be provided with information about the proposed action (*Child Protection Act 1999*, section 140) and the CSSC manager is responsible for notifying the carer in writing using ‘Letter to carer - show cause notice’, created in ICMS.

A carer has review rights to the QCAT about the decision by Child Safety to suspend or cancel the carer’s certificate of approval on these grounds.

At the end of the 28 day show cause period, if the decision is to proceed with the suspension of the certificate of approval, the CSSC manager is to notify the carer in writing within 10 days of the decision, using ‘Letter of suspension- failure to apply for a blue card or exemption card, or renew a blue card’, created in ICMS.

If, within the 28 days, the carer or adult household member is subsequently issued with a blue card or exemption card, the CSSC manager is to ensure that the carer is advised in writing that the suspension of their certificate of approval has ended and their approval is reinstated, using ‘Letter advising end of suspension’, created in ICMS.

At the end of a 28 day show cause period, if the carer or adult household member has still not applied for a blue card, an exemption card or the renewal of their blue card, or has not left the carer’s home, the CSSC manager must cancel the carer’s certificate of approval. The CSSC manager **must** provide written advice to the carer **within** 10 days of the decision, using ‘Letter of cancellation - failure to apply for a blue card or exemption card, or renew a blue card’, created in ICMS, and ensure that the CSU is notified.

Record the suspension or cancellation in ICMS

Following the suspension or cancellation of a carer’s certificate of approval, the CSSC manager is to ensure:

- the carer’s approval status is updated in ICMS
- an alert is recorded on the carer (refer to [Chapter 1, 9. What if an alert needs to be recorded in ICMS?](#))
- the blue card or exemption card details on the carer’s ‘person record’ are updated in ICMS.

At the end of the suspension, update the carer’s approval status in ICMS and where the certificate of approval is returned to the carer, close the alert and update the blue card or exemption card details. Where the certificate of approval is cancelled following the period of suspension, the alert remains in place.

Referral for an exit interview - cancellation of a certificate of approval

If the carer does not seek a review of the decision to have their certificate of approval cancelled within the required timeframe, or if they do seek a review of the decision and the QCAT upholds Child Safety’s decision, notify Foster Care Queensland (FCQ) of the end of the carer’s approval so that the former carer will be contacted and offered an exit interview by FCQ.

To refer the former carer for an exit interview, complete the ‘Advice to FCQ: End of carer approval’ form, created in ICMS, and fax the form to FCQ.

The CSSC manager is responsible for ensuring that FCQ receives written notification of all carers who have had their certificate of approval cancelled.

11. What if a provisionally approved carer's certificate of approval requires amendment, suspension or cancellation?

Child Safety will consider the amendment, suspension or cancellation of a provisionally approved carer's certificate of approval in circumstances where the carer is not meeting legislative requirements under the *Child Protection Act 1999*.

Amendment (other than expiry date)

A provisionally approved carer's certificate of approval can be amended if:

- the carer agrees to the amendment
- the carer is not meeting the statement of standards or a condition of the certificate
- the carer has contravened a provision of the *Child Protection Act 1999*
- the certificate was issued because of a materially false or misleading representation or declaration, orally or in writing
- further information has been obtained about the carer's application
- it is considered necessary or desirable because of a circumstance prescribed under a regulation.

A certificate of approval for a provisionally approved carer **cannot be amended** to change the child for whom the carer is approved.

If the CSSC manager decides that an amendment is warranted and the provisionally approved carer has not applied for the amendment:

- relevant Child Safety officers must meet with the provisionally approved carer to discuss the reason for the amendment and the process
- the CSSC manager must provide written notice to the provisionally approved carer, stating:
 - the proposed amendment and the grounds for the amendment
 - the decision to amend a provisional certificate of approval is not a reviewable decision
 - the amendment of a provisional certificate of approval does not affect the carer's pending application for approval as a foster or kinship carer
 - a request that the provisionally approved carer delivers the original certificate of approval to the CSSC manager. The stated period in the written notice must be **no less than two days** after the notice is given (*Child Protection Act 1999*, section 141).

Following provision of the written notice:

- issue a new 'Certificate of Approval (Provisionally approved carer)' that incorporates the amendment and provides all of the details that were recorded on the original certificate, including any existing conditions
- retain a copy of the new certificate of approval on the carer file.

If, at any stage of this process, the CSSC manager decides not to proceed with the amendment, they must provide written notice to the provisionally approved carer of their decision not to amend the certificate of approval.

Suspension or cancellation

A provisionally approved carer's certificate of approval will be suspended or cancelled if:

- the CSU determines that a carer or adult household member, based on the outcome of criminal checks conducted by the QPS, is not a suitable person to be a provisionally approved carer (including circumstances where approval was granted by the regional director prior to the outcome of personal history checks)
- the carer is not a suitable person to be a provisionally approved carer for the child to whom the approval relates
- an adult household member is not a suitable person to associate on a daily basis with the child to whom the approval relates
- the application for approval as a foster carer or kinship carer has been refused
- the carer or other adult household member is issued with a negative prescribed notice or negative exemption notice, an application for a blue card or exemption card is withdrawn, or a current blue card or exemption card is suspended or cancelled.

If the CSSC manager decides to suspend or cancel a certificate of approval as a provisionally approved carer:

- relevant Child Safety officers must meet with the carer to discuss the reason for the suspension or cancellation
- the CSSC manager must provide the provisionally approved carer with written notice, using 'Letter of suspension/cancellation (PAC)', created in ICMS, and include:
 - the reasons for the decision to suspend or cancel the certificate of approval
 - that the suspension or cancellation, in and of itself, does not affect the carer's application for approval as a foster or kinship carer
 - that there is no right to seek review by the Queensland Civil and Administrative Tribunal (QCAT)
 - that the provisional certificate of approval must be returned to the CSSC manager. The stated period in the written notice must be **not less than two days** after the notice is given (*Child Protection Act 1999*, section 141).

The CSSC manager must ensure that written advice of the decision is forwarded to the CSU manager.

The former carer will not be referred to Foster Care Queensland at this stage, for an exit interview, as their substantive application is still to be assessed and decided.

A provisionally approved carer has no right to seek a review by the QCAT, of the Child Safety decision to amend, suspend or cancel their certificate of approval or to remove a child from their care. The provisional certificate of approval is a temporary certificate and the holder retains their right of appeal to the QCAT if the holder's application to be a foster or kinship carer for a child is refused.

Record the suspension or cancellation in ICMS

Following the suspension or cancellation of a carer's certificate of approval, the CSSC manager is to ensure:

- the carer's approval status is updated in ICMS
- an alert is recorded on the carer (refer to [Chapter 1, 9. What if an alert needs to be recorded in ICMS?](#)).

At the end of the suspension, update the carer's approval status in ICMS and where the certificate of approval is returned to the carer, close the alert. Where the certificate of approval is cancelled following the period of suspension, the alert remains in place.

When the substantive application to become a foster or kinship carer is decided, update the carer's approval status in ICMS and close the alert, or change the nature of the alert if the application is refused.

12. What if a carer applicant, or an approved carer, is a departmental employee?

A child who is subject to an assessment or child protection care agreement or an order granting custody or guardianship to the chief executive, may be placed with an employee of the Department of Communities, Child Safety and Disability Services, including a person undertaking employment through a traineeship or a student placement. For information about when this may occur, refer to [Placement of children subject to a care agreement, or an order granting custody or guardianship to the chief executive, with departmental employees](#) policy.

Note: for the purpose of this procedure, unless otherwise specified, an 'employee' refers to an employee of the Department of Communities, Child Safety and Disability Services and the department (or departmental) refers to the Department of Communities, Child Safety and Disability Services.

A departmental employee who submits an application for approval, or renewal of approval, will do so voluntarily, having regard to the unique considerations associated with the 'dual' role of being an employee and an approved carer.

A departmental employee who submits an application for approval or renewal of approval, or who is an approved carer (including provisional approval), is subject to:

- the procedures for provisional approval, where applicable
- relevant procedures for pre-application, assessment, approval, monitoring and support and renewal of approval, as outlined previously in this chapter
- assessment, monitoring and support that takes into account their dual role as a departmental employee and an approved carer (refer to 'Monitoring and supporting departmental employees who are approved carers')
- policies and procedures specific to public sector ethics and conflicts of interest, including the [Code of Conduct for the Queensland Public Service](#).

Where practicable, taking into consideration geographical and workload factors, responsibility for case planning and ongoing intervention will be held by a CSSC that is not the workplace of a departmental employee in a **direct service delivery** role.

A departmental employee must **not** be directly involved, in their role as an employee, in case work or decision-making for any child who is placed with them as an approved carer, including provisional approval. The employee will however participate in decision-making for the child, as is appropriate to their role as the child's approved carer.

If an immediate placement is required with a departmental employee who is a carer applicant, the employee must apply for, and have been granted, provisional approval prior to the placement taking place. In this circumstance, this procedure applies **in addition** to 1. What if the applicant requires provisional approval? with the exception that **only** a regional director or the duty executive officer (if after hours) can approve an application for provisional approval by a departmental employee.

An approved carer, including an applicant who has provisional approval, who is subsequently appointed to a position within the department, including a traineeship or student placement, is able to continue to provide out-of-home care.,

If concerns arise about the quality of care provided to a child in out-of-home care, the departmental employee (as an approved carer, including provisional approval), is subject to the procedures for responding to Matters of concern - refer to Chapter 9. Matters of concern.

Definitions

Employee as kinship carers

Any employee of the department, regardless of whether they are employed in a direct or non-direct service delivery role, may apply to become a kinship carer **only** where they meet the **legislative definition** of kin, as follows:

- any of the child's relatives who are persons of significance to the child
- anyone else who is a person of significance to the child.

Note: a departmental employee who has no relationship with the child prior to the provision of a departmental service, or whose relationship with the child is solely work-related, does not meet the legislative definition of kin and cannot apply for approval as a kinship carer for the child.

Direct service delivery employee as foster carers

An employee in a **direct** service delivery role is any employee whose role, responsibilities and duties predominantly include telephone, written or in person contact with children, young people and families in receipt of a departmental service.

A departmental employee in a direct service delivery role, who does **not** meet the legislative definition of kin for a specific child requiring placement, may be approved as a foster carer (including provisional approval) in **exceptional circumstances**, as determined, and where considered appropriate, by the **regional director**.

Exceptional circumstances may include, but are in no way exhaustive of the full range of exceptional circumstances which may apply:

- the employee's substantive position is in direct service delivery however they are currently seconded to a non-direct service delivery role
- a child in a rural and remote area requires an out-of-home care placement, the identified placement option is not immediately available but will become available within a short-term period, and there is no other placement option immediately available for the child however an employee of the CSSC identifies a willingness to care for the child until the placement can commence (that is, the CSSC employee does not intend to provide out-of-home care to other children on an ongoing basis).

Non-direct service delivery employee as foster carers

An employee in a **non-direct** service delivery role is any employee whose role, responsibilities and duties exclude, or include only limited, telephone, written or in person contact with children, young people and families in receipt of a departmental service.

A departmental employee in a non-direct service delivery role, who does **not** meet the legislative definition of kin for a specific child requiring placement, may be approved as a foster carer (including provisional approval), as determined, and where considered appropriate, by the **regional director**.

For further information, refer to the practice resource [Departmental employees as carer applicants or approved carers](#).

CSSC or CSSC manager

Where reference is made to the **CSSC or CSSC manager**, this refers to the CSSC or CSSC manager in the geographical area where the carer applicant or carer resides, or the foster and kinship care service conducting the assessment is located. The **exception** to this is where the application is for a kinship carer who resides in another geographical area and the child's case is to be transferred to the CSSC where the applicant resides. In this circumstance, the CSSC manager with case management responsibility **for the child** is responsible for obtaining an approval decision about a kinship carer applicant from their regional director, and any references in this procedure relate to the CSSC and CSSC manager with case management responsibility for the child.

Responsibility for conducting the assessment, renewal of approval and monitoring and support processes

A foster and kinship care service or a Child Safety officer from a workgroup other than that in which the employee works, if applicable, who has no professional or personal relationship with the person, will be responsible for the regulation of care process in accordance with procedures outlined in this chapter.

If this is not possible, for example, in rural and remote locations, the relevant procedure will be undertaken by a senior Child Safety officer (for example, a team leader or senior practitioner). In this case, the CSSC manager will ensure that strategies are put in place to enable the Child Safety officer to clearly separate their two roles and to manage conflicts of interest.

For example, if the senior practitioner undertakes the assessment of the carer applicant, the CSSC manager may negotiate for another senior practitioner within the region to perform the usual senior practitioners role on the assessment panel with respect to the carer application.

Responsibility for completing the ‘Advice to regional director’ form

The person undertaking the assessment of the application for approval, or renewal of approval, is responsible for completing the Advice to regional director form during the assessment process, based on information directly obtained from the employee and the employee’s line manager. However, the CSSC manager is responsible for contacting the employee’s line manager in the first instance, to negotiate the line manager’s involvement in contributing to the completion of the form.

Responsibility for completing the ‘Conflict of Interest Declaration’, if applicable

Where an employee identifies that a conflict of interest exists, or will exist, in their dual role as an employee and an approved carer, the employee and their line manager are responsible for completing the Conflict of interest declaration. The employee is **required** to complete Section 1 of the declaration and provide this form to their line manager for the line manager’s completion of Section 2. For further information, refer to the Conflict of interest procedure.

Note: The completed ‘Conflict of interest declaration’ is subject to strict storage and accessibility requirements.

Classify electronic and paper files as sensitive

A departmental employee who applies for approval as a carer will be classified as a sensitive person. Where carer approval is granted, the carer entity is also classified as sensitive.

If an approved carer commences employment with the department, the carer entity is classified as sensitive.

A child placed with an employee who is an approved carer, may be classified as a sensitive person at the discretion of the CSSC manager.

If a departmental employee withdraws their application, is refused approval or decides to cease being a carer, or where the child in their care is subsequently placed in an alternative placement, there is no change to the sensitivity classification of the carer applicant/carer. The child’s sensitivity plan however may be removed, if considered appropriate by the CSSC manager.

For further information, refer to Chapter 10.5 Recording sensitivity and Shared Information Solutions ICMS - Child Protection Participants Manual August 2011.

Obtain the views of the child and parents

Prior to deciding an application by a departmental employee for approval, including provisional approval, or renewal of approval, the regional director will take into account the views of the child and the child’s parents.

The person undertaking the assessment of the application for approval, or renewal of approval, will record the child’s and the parents views about the proposed or current placement, where applicable, with the departmental employee, in the ‘Advice to regional director’ form.

Application for and assessment of approval as a carer

Application

Prior to a departmental employee lodging an application for approval, the employee **must** be fully informed by the person undertaking pre-application processes about the potential challenges, risks and processes associated with the employee's possible future dual role. This will include, but is not limited to, a discussion of:

- potential or actual conflicts of interest
- confidentiality
- the potential risk to professional reputation or livelihood, should a matter of concern arise in relation to the quality of care provided to any child placed in the employee's care.

Relevant information to assist in undertaking this discussion is provided in the practice resource Departmental employees as carer applicants or approved carers, the Conflict of interest policy and the Conflict of interest procedure.

Where the departmental employee decides to proceed with an application, refer to 1.7 Lodge the application. In addition, inform the departmental employee that they are **required** to advise their line manager of the decision to lodge an application. Line managers may be contacted to act as a referee - refer to 2.4 Conduct referee checks, if applicable.

Assessment

To complete the assessment, undertake the actions outlined in 2. Assessment. In addition, during assessment interviews with the departmental employee, undertake discussions to assess the employee's understanding of conflicts of interest, proposed management strategies, if applicable, and confidentiality and risks.

The CSSC manager is responsible, during the assessment process, for contacting the employee's line manager, to negotiate the line manager's involvement in contributing to the completion of the Advice to regional director form. Where the CSSC manager and the employee's line manager is the same person the senior practitioner will also participate in discussions for the purpose of completing the 'Advice to regional director' form.

Record the outcome of related discussions in the 'Advice to regional director' form. Share observations and reflections with the departmental employee and give them feedback about the conclusions being reached. Incorporate relevant comments and feedback from the employee in the 'Advice to regional director' form.

Once all carer assessment processes are completed, provide a copy of the 'Advice to regional director' form to the departmental employee, along with all other documents usually provided to the applicant - refer to 2.7 Complete the assessment report.

Approval

All assessment and approval documentation usually provided to the CSSC manager, is forwarded to the **regional director**, along with the 'Advice to regional director' form and where applicable, the Conflict of interest declaration, for their consideration and a decision about

approval. Ensure the completed ‘Conflict of interest declaration’, if applicable, is managed in accordance with the [Conflict of interest procedure](#).

Where a decision about provisional approval is required after hours, Child Safety After Hours Service Centre staff will obtain a decision from the duty executive officer - refer to [1. What if the applicant requires provisional approval?](#)

In making a decision about the employee’s application, the regional director will consider:

- the roles and responsibilities of the departmental employee in the work context, including any anticipated impact on the employee’s work and any conflict of interest and how it is proposed to be managed (as documented in the [Advice to regional director](#) form and if applicable, the ‘Conflict of interest declaration’)
- the views of the child and the child’s parents regarding the proposed placement, where applicable, with the departmental employee (as documented in the ‘Advice to regional director’ form)
- all other procedural requirements for determining suitability - refer to [3.1 Decide the outcome of the application for approval](#).

The regional director will record any comments specific to the employee’s proposed or actual dual role in the ‘Advice to regional director’ form. In addition, the regional director will record their approval decision, along with any relevant comments, on either the ‘Form 4: Approval decision’ or the ‘Form 5: Approval Decision - Provisionally Approved Carer’ (if applicable), and sign the form. The regional director is also required to complete the [Conflict of interest declaration](#), Section 3, where applicable.

The timeframe for deciding the application may be extended by the CSSC manager, where considered necessary - refer to [3.2 Extend the timeframe for deciding the application](#), or [1. What if the applicant requires provisional approval?](#)

Upon receipt of the regional director’s decision, the responsible CSSC or PSU resumes responsibility for attending to all remaining procedural requirements. This includes the provision of information about review rights, should the application be refused - refer to [3.3 Approve the application](#) or [3.4 Refuse the application](#), or [1. What if the applicant requires provisional approval?](#)

In addition, following the provision of advice to the employee about the regional director’s decision:

- inform the employee’s line manager of the decision
- provide a copy of the [Advice to regional director](#) form to:
 - the employee and their line manager
 - the CSSC or foster and kinship care service responsible for the ongoing monitoring and support of the carer
- the regional director will provide, if applicable, a copy of the completed [Conflict of interest declaration](#) to the employee and their line manager, in accordance with required storage and accessibility requirements - refer to the [Conflict of interest procedure](#).

Note: Where the child requiring placement is likely to be placed with a carer applicant who is a **direct service delivery employee**, and the employee does **not** intend to provide out-of-home care to other children on an ongoing basis, the employee **must** withdraw their application if the child is moved to another placement prior to the final approval decision being due. Refer to [1.6 Address identified concerns about suitability](#).

Actions required following the employment of an approved carer or carer applicant

Where the employee is an approved carer, including provisional approval, or has made an application for approval, or renewal of approval at the time of their employment with the department, the CSSC manager will ensure that a Child Safety officer or where applicable, the foster and kinship care service:

- classifies relevant electronic and paper files as sensitive
- advises the employee of their obligation to inform their line manager of their dual role, or possible dual role, as an employee and an approved carer
- meets with the approved carer, or carer applicant, **within two weeks** of their commencement as an employee, to discuss the:
 - potential challenges, risks and processes associated with their dual role or future dual role - information to inform this discussion is provided in the practice resource [Departmental employees as carer applicants or approved carers](#), the [Conflict of interest policy](#) and the [Conflict of interest procedure](#)
 - roles and responsibilities of the departmental employee in the work context, including any anticipated impact on the employee's work and conflicts of interest and proposed management strategies, if applicable.

Where the employee indicates an intention to continue in their role as an approved carer, or to proceed with their application, the CSSC manager is responsible, in the first instance, for negotiating the departmental employee's line manager's involvement in contributing to the completion of the [Advice to regional director](#) form. Record the outcome of all related discussions in the 'Advice to regional director' form.

Where the CSSC manager and the employee's line manager is the same person, the senior practitioner will also participate in discussions for the purpose of completing the 'Advice to regional director' form.

If the employee identifies a conflict of interest, the employee will also complete the [Conflict of interest declaration](#), Section 1 and provide this form directly to their line manager for their completion (Section 2). For further information, refer to the [Conflict of interest procedure](#).

Unless the employee decides to withdraw their application, or to cease being a carer:

- provide a copy of the completed [Advice to regional director](#) form to the employee
- forward the completed 'Advice to regional director' form to the regional director, either:
 - for their information only, where the employee has existing approval as a kinship or foster carer
 - to inform the approval decision, where the employee has provisional approval and their substantive application to become a carer is still to be decided by the regional

director, or where the employee requires a decision regarding their application for renewal of approval

- forward the Conflict of interest declaration, if applicable, to the regional director, for their completion (Section 3).

Note: ensure the completed 'Conflict of interest declaration', if applicable, is managed in accordance with the Conflict of interest procedure.

Where there is no current application to be decided, the Advice to regional director form is for the regional director's information only. That is, an approval or refusal decision is **not** required.

However, based on the information provided in the 'Advice to regional director' form, and if applicable, the completed Conflict of interest declaration, the regional director **may** recommend, for example, a review of the 'Foster Carer Agreement', the Placement agreement and/or the use of conditions on the carers certificate of approval. For further information, refer to 4.2 Complete a Foster Carer Agreement, 2.7 Complete the assessment report or Chapter 5, 1.9 Complete a placement agreement.

Where there is a current application requiring approval or renewal of approval, the regional director will consider all relevant information and either approve or refuse the application, as outlined previously.

Following the consideration and completion, if applicable, of all relevant information and documentation by the regional director:

- the responsible CSSC or PSU resumes responsibility for attending to all remaining procedural requirements, if applicable - refer to 5.8 Approve the application for renewal or 3.4 Refuse the application
- inform the employee's line manager of the approval or refusal decision, if applicable
- provide the completed Advice to regional director form to:
 - the employee and their line manager
 - the CSSC or foster and kinship care service responsible for the ongoing monitoring and support of the carer
- the regional director will provide, where applicable, a copy of the completed Conflict of interest declaration to the employee and their line manager, in accordance with required storage and accessibility requirements - refer to the Conflict of interest procedure
- the CSSC or foster and kinship carer service responsible for supporting the carer will implement any recommendations made by the regional director.

Where the employee decides not to proceed with an application for approval or renewal of approval, or they decide to cease being an approved carer:

- the carer applicant will provide written advice of their decision to withdraw their application for approval, or renewal of approval, where the employee is subject to a current application - refer to 1.6 Address identified concerns about suitability
- the approved carer will return their certificate of approval and where applicable, Foster Carer Card - for further information, refer to 7. What if the foster or kinship carer decides to cease being a carer?

Monitoring and supporting departmental employees who are approved carers

All approved carers who are departmental employees will be subject to usual monitoring and support processes - refer to [4. Monitor and support](#). In addition, during the development or review of a placement agreement (where the departmental employee is a kinship carer) or a foster carer agreement:

- remind the approved carer of their responsibility to ensure appropriate use and disclosure of official information - refer to the 'Code of Conduct For the Queensland Public Service'
- seek information from the CSSC responsible for the child regarding any identified issues or concerns regarding the approved carers dual role as an employee and an approved carer
- consider monitoring and support processes that may need to be implemented to address identified issues or concerns, or to prevent further issues from arising
- review conflicts of interest and management strategies, as documented in the 'Advice to regional director' form, and where applicable, update management strategies.

For further information, refer to 'Responsibility for conducting the assessment, renewal of approval and monitoring and support processes' as outlined previously.

Note: the employee and their line manager are responsible for the ongoing implementation of the [Conflict of interest](#) procedure, including, where an employee's relevant circumstances change, the completion of an amended [Conflict of interest declaration](#).

Assessing an application by a departmental employee for renewal of approval

An application by a departmental employee for renewal of approval as a kinship or foster carer will be invited, assessed and decided in accordance with usual procedural requirements as outlined in [5. Renewal](#), and as outlined previously in 'Application for and assessment of approval as a carer'. All assessment and approval documentation usually provided to the CSSC manager is forwarded to the regional director, along with the [Advice to regional director](#) form and if applicable, the [Conflict of interest declaration](#).

Further, when assessing the application for renewal of approval, the person undertaking the assessment is to take into account, and document in the 'Advice to regional director' form:

- the approved carers management of confidentiality issues for the previous one or two year period of approval
- the approved carers management of conflicts of interest, if applicable, for the previous one or two year period of approval
- any other information relevant to the persons dual role as a departmental employee and an approved carer, for the previous one or two year period.

If the approved carer does not wish to apply for renewal of approval, refer to [7. What if the foster or kinship carer decides to cease being a carer?](#)

Following the receipt of all relevant assessment and approval documentation, the regional director will make and record their approval decision, as outlined previously.

Upon receipt of the approval decision, the responsible CSSC or PSU resumes responsibility for attending to all remaining procedural requirements, as outlined previously.

Following the decision to grant renewal of approval, the foster and kinship care service or Child Safety officer responsible for supporting the carer will:

- review support arrangements with the approved carer - refer to [5.9 Review support arrangements](#) and [5.10 Review the foster carer agreement](#)
- continue monitoring the quality of care provided, including issues associated with confidentiality and conflicts of interest.

Decision to cease being a carer

At any time, a departmental employee may decide not to continue in their role as a kinship or foster carer. When this occurs, complete the actions outlined in [7. What if the foster or kinship carer decides to cease being a carer?](#)

Resources

Forms and templates

- Advice to regional director
- Application for approval - Form 3 APA - Guide to completion
- Authorisation to confirm a valid blue card/application for a carer or adult member
- Authority to liaise with an authorised person
- Change in Carer circumstances form
- Conflict of interest declaration
- Exemption card application form
- Form 3A - Guidelines for completing assessment report - Initial approval only
- Form 3B - Guidelines for completing assessment report - Renewal of approval only
- Foster Carer Agreement
- Information Privacy Deed for all external assessors
- Information Privacy Deed for Panel participants
- New adult household member
- QPS - Urgent Request (After Hours)
- QPS - Urgent Request (Business Hours)
- Request to consider alternative identification
- Volunteer foster/kinship carer or adult member blue card application form
- Volunteer foster/kinship carer or adult member blue card renewal form

Child Safety resources

- Adult household member guidelines
- Advanced training
- Carer handbook
- Carer information sheets

- Code of Conduct for the Queensland Public Service
- Fact sheet 1: What is provisional approval?
- Fact sheet 5: Foster and kinship care – Legislative requirements for providing care
- Fact sheet 8: Foster and kinship care – Blue cards
- Foster Carer Card - Fact sheet
- Information privacy statement
- Interview resource: Childhood experiences
- Interview resource: Ecomap
- Interview resource: Family relationships
- Interview resource: Genogram
- Interview resource: Instructions
- Interview resource: Interview with child
- Interview resource: Interview with other household member
- Interview resource: Interview with young person
- Interview resource: Lifeline
- Interview resource: Motivation to foster
- Interview resource: Parenting styles
- Interview resource: Statement of standards
- Interview resource: Support in times of stress
- Interview resource: Teamwork
- Interview resource: Use of time
- Module 5: Maintaining client files
- Practice paper: Assessment of foster carer applicants
- Practice paper: Carer support and supervision
- Practice resource: Approved carers - an overview
- Practice resource: Assessment of kinship carer applicants
- Practice resource: Comparison of the key steps for carer approval
- Practice resource: Completing the Certificate of Approval
- Practice resource: Departmental employees as carer applicants or approved carers
- Practice resource: Key concepts for the regulation of care
- Practice resource: Legislative requirements for the approval of kinship carers
- Practice resource: Mandatory advice to blue card applicants
- Practice resource: Meeting the statement of standards
- Practice resource: Negotiating support arrangements for approved carers
- Practice resource: Reviewing the Foster Carer Agreement
- Practice resource: Understanding personal history checks
- Pre-service training
- Procedures and guidelines for Quality Care: Foster Care Training
- Shared Information Solutions ICMS – Child Protection Participants Manual August 2011

- Standard training
- Standards of care
- Statement of Commitment between the Department of Child Safety, foster care services and the carers of Queensland

External resources

- Your home safety checklist

Chapter 9. Matters of concern

Purpose

This procedure outlines Child Safety's legislative responsibility to ensure that children in out-of-home care receive a level of care that is consistent with the standards of care outlined in the statement of standards (Child Protection Act 1999, section 122).

When it is indicated that the standards of care have not been met for a child, Child Safety will respond through the matters of concern process to ensure the safety and well-being of the child.

The process of assessing and responding to matters of concern will be conducted in a manner consistent with Child Safety procedures and the principles, rights and responsibilities outlined in the Statement of Commitment between the Department of Child Safety, foster care services and the carers of Queensland.

Key steps

1. Decide whether information constitutes a matter of concern
2. Assess a child placement concern report
3. Investigate and assess a matter of concern notification
4. Develop and monitor an action plan

What ifs - responding to specific matter of concern issues

Standards

1. All matters of concern are finalised **within six weeks**.
 2. An action plan is developed whenever a breach of standards has occurred.
 3. The recognised entity is consulted when the child is an Aboriginal person or Torres Strait Islander.
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Practice skills (Key areas for reflection)

- Have I gathered and considered all available contextual information prior to the decision about whether the concerns constitute a matter of concern?
- Have I undertaken an holistic assessment of the matter of concern, including consideration of Child Safety history and where possible, verified information obtained from other sources?
- Have I actively engaged with the subject child and approved carer or staff member in a way that enables their meaningful participation in the process?

- Have I responded to the child's safety and support needs within the placement and identified the approved carer's or staff member's supervision, support and training needs?
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Authority

- Child Protection Act 1999, section 5, 6, 7, 9, 14(2), 15, 74, 82(1), 122, 130, 187 and 188
 - Child Protection Regulation 2011, section 14, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25 and 26
 - Policy No. 295: Complaints management
 - Policy No. 391: Critical Incident Reporting
 - Policy No. 395: Administrative access to child safety records
 - Policy No. 604: Positive behaviour support
 - Policy No. 609: Aboriginal and Torres Strait Islander Child Placement Principle
 - Policy No. 610: Working with Aboriginal and Torres Strait Islander children, families and communities
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Key steps - Matters of concern

1. Decide whether information constitutes a matter of concern

- 1.1 What constitutes a matter of concern
- 1.2 The CSSC responsible for a matter of concern
- 1.3 Gather information
- 1.4 Consult with relevant people
- 1.5 Seek CSSC manager approval for the decision
- 1.6 Complete a critical incident report
- 1.7 Recording and approval requirements

2. Assess a child placement concern report

- 2.1 Decide who will conduct the assessment
- 2.2 Provide required information prior to planning
- 2.3 Plan the assessment
- 2.4 Arrange meetings with the child and the approved carer or staff member
- 2.5 Conduct the assessment
- 2.6 Decide the assessment outcome
- 2.7 Actions required following the assessment
- 2.8 Provide required information following the assessment

3. Investigate and assess a matter of concern notification

- 3.1 Decide who will conduct the investigation and assessment
- 3.2 Provide required information prior to planning
- 3.3 Plan the investigation and assessment
- 3.4 Arrange interviews with the child and the approved carer or staff member
- 3.5 Conduct the investigation and assessment
- 3.6 Assess the information gathered during the investigation and assessment
- 3.7 Decide the investigation and assessment outcome
- 3.8 Actions required following the assessment
- 3.9 Provide required information following the investigation and assessment

4. Develop and monitor an action plan

- 4.1 When to develop an action plan
- 4.2 Who will develop the action plan
- 4.3 Who will participate in the development of the action plan
- 4.4 Review suitability as part of the action plan
- 4.5 Develop the action plan

- 4.6 Implement and monitor the action plan
- 4.7 Review the action plan

What ifs - responding to specific matter of concern issues

1. What if concerns are received by Child Safety After Hours Service Centre (CSAHSC)?
2. What if additional concerns are received?
3. What if there is harm by another household member?
4. What if there is harm by a person living outside the care environment?
5. What if the child needs to be moved to a new placement?
6. What if the concerns received are historical?
7. What if there are multiple matters of concern?
8. What if assistance is required from the Matters of Concern Review Unit?
9. What if a staff member is responsible for concerns of a serious nature?
10. What if a matter of concern coincides with the renewal of approval for a carer?
11. What if a person wants to make a complaint or seek a review?
12. What if there is a request for a copy of Child Safety records?
13. What if the child has a long-term guardian?

1. Decide whether information constitutes a matter of concern

The matters of concern procedures **only** apply to a child who is:

- in the custody or guardianship of the chief executive or subject to a care agreement and placed with an approved carer, a licensed care service or another entity
- in the custody or guardianship of the chief executive under an adoption care agreement or after a parent has consented to adoption and placed with an approved carer prior to an interim adoption order being made, a licensed care service or another entity
- subject to a long-term guardianship order to a suitable person and is placed in ‘emergent’ respite with an approved carer
- subject to a long-term guardianship order to a suitable person and is placed in out-of-home care under an assessment order, temporary custody order or interim order.

These procedures **do not apply to:**

- a child who is not in out-of-home care but who resides in, or regularly frequents, the care environment
- a child in the custody of a relative under a short-term child protection order
- a child subject to a long-term guardianship order to a suitable person where concerns relate to the long-term guardian
- a child placed with prospective adoptive parents under an interim adoption order where concerns relate to the prospective adoptive parents
- the biological children, step-children or adopted children of an approved carer or staff member.

For these children, standard intake procedures apply, as outlined in [Chapter 1. Intake](#).

Structured decision making tools are not used as part of the response to matters of concern.

Decision-making timeframe

Within two working days of the receipt of the information provided by the notifier, the following decisions must be made:

- whether the information received indicates a breach of the standards
- if so, the most appropriate response to the matter of concern.

1.1 What constitutes a matter of concern

A matter of concern is recorded when an approved carer or staff member has provided inadequate or poor quality care (for a child in out-of-home care) that fails to meet the standards of care detailed in the *Child Protection Act 1999*, section 122. This may include behaviours, actions or inactions of the approved carer or staff member. There are two levels for matters of concern, either:

- a child placement concern report
- a matter of concern notification.

When considering whether the information gathered constitutes a matter of concern, ensure that the child's well-being and best interests are paramount.

For further information refer to the practice resource [Response to Matters of Concern](#).

Child placement concern report

Record a child placement concern report, in response to a matter of concern, where the information gathered indicates that:

- an approved carer or staff member has provided inadequate or poor quality care (for a child in out-of-home care) that fails to meet the standards of care detailed in the *Child Protection Act 1999*, section 122
- a child has not suffered harm, is not suffering harm and is not at unacceptable risk of suffering harm, as defined in the *Child Protection Act 1999*, section 9, due to the actions or inactions of an approved carer or staff member of a licensed care service or another entity.

When making the decision to respond to a matter of concern through a child placement concern report, consider the following matters:

- how the reported actions or inactions of the approved carer or staff member breach the standards of care
- which standards may have been breached
- the impact, or potential impact, on the child
- what is reasonable, having regard to the length of time the child has been in the care of the approved carer or staff member and the child's age and development (*Child Protection Act 1999*, section 122(4)).

Matter of concern notification

Record a notification, in response to a matter of concern, where the information gathered indicates that:

- an approved carer or staff member has provided inadequate or poor quality care (for a child in out-of-home care) that fails to meet the standards of care detailed in the *Child Protection Act 1999*, section 122 **and**
- a child in out-of-home care **has** experienced harm or risk of harm by an approved carer or staff member of a licensed care service or another entity.

To meet the threshold for a matter of concern notification, the concerns must meet the legislative definition of harm, as outlined in the *Child Protection Act 1999*, section 9. The harm may be caused by a single act, omission or circumstance or a series or combination of acts, omissions or circumstances that may have a cumulative effect on the child's safety and well-being (*Child Protection Act 1999*, section 9(4)).

For further information about the definition of harm, refer to the practice resource [Matters of concern - key concepts and definitions](#).

Once the decision is made to record a matter of concern notification, commence the investigation and assessment in accordance with [3. Investigate and assess a matter of concern notification](#).

Where there is uncertainty

Where it is determined that there has been a breach of the standards of care, but there is uncertainty about whether to record a child placement concern report or a matter of concern notification, record a child placement concern report in the first instance.

Assessing historical concerns

When the information received about a child in out-of-home care is historical, that is more than 12 months old, or about a child who is now over the age of 18 or in relation to a carer or staff member that is no longer approved or employed, refer to [5. What if the concerns received are historical?](#)

1.2 The CSSC responsible for a matter of concern

Decide if information constitutes a matter of concern

The CSSC with responsibility for the approved carer, licensed care service or another entity is responsible for **deciding** whether concerns about the standards of care constitute a matter of concern and if so, **the appropriate response**.

Actions required when concerns are received by a RIS or another CSSC

Where concerns are received by a RIS or a CSSC not holding current responsibility for the approved carer, licensed care service or another entity, that constitute a matter of concern, the RIS or CSSC contacted by the notifier will:

- record the information obtained from the notifier as a 'placement' case note in the 'placement' event in ICMS, including the notifier's contact details and whether they request feedback (if from a government or non-government agency)
- contact the CSSC responsible for the approved carer, licensed care service or another entity, to advise them of the concerns
- advise the team leader at the applicable CSSC where to locate the 'placement' case note in the 'placement' event in ICMS.

The CSSC is then responsible for responding to the matter of concern in accordance with normal matter of concern procedures. For further information refer to the practice resource [Regional intake services workflow](#).

Decide which CSSC will respond to the matter of concern

The CSSC with responsibility for the approved carer, licensed care service or another entity is responsible for **assessing** the child placement concern report or **investigating and assessing** the matter of concern notification and deciding the outcome.

Where an approved carer has moved to the geographical area of another CSSC but the former CSSC has not officially transferred responsibility for the approved carer to the new CSSC, the

former CSSC is responsible for completing the assessment or **investigation and assessment**, either directly, or through negotiation with the nearest CSSC.

In circumstances where multiple CSSCs are serviced by a licensed care service or another entity, the CSSC responsible for the assessment will be determined by local protocols within and across regions, by agreement by each CSSC.

In circumstances where there is another CSSC responsible, or Adoption Services Queensland (ASQ) is responsible, for any child currently placed with the approved carer or staff member subject to a matter of concern, the responsible CSSC must:

- inform the other CSSC or ASQ of the decision to record a child placement concern report or matter of concern notification
- coordinate the response to the child placement concern report or matter of concern notification
- negotiate for specific tasks to be undertaken by the other CSSC, where identified as necessary or preferable based on valid case specific considerations (for example, to overcome significant geographical distances), to enable the responsible CSSC to finalise the assessment or the investigation and assessment.

1.3 Gather information

A decision about the level of the concerns and the appropriate Child Safety response must be made **within two working days** from the receipt of the information and the information gathering process must occur as a matter of priority in order to meet this timeframe.

Gather information from the notifier

Gather information from the notifier in accordance with [Chapter 1, 1.1 Gather information from the notifier](#). In addition:

- gather specific information in order to determine:
 - whether there appears to have been a breach of the standards and which standards have been breached
 - the impact of the actions or inactions of the approved carer or staff member on the child
- gather the following contextual information about the child's approved carer or staff member from the notifier, where known:
 - their level of experience
 - the number and details of other children in the placement
 - placement support details (including frequency of contact with a Child Safety support worker or staff of a licensed care service or another entity)
 - information about their characteristics and supports, including their emotional and physical condition, behaviour, history, view of the child and child-rearing practices
 - the degree of stress the approved carer or staff member is currently experiencing
 - the nature and outcomes of previous matters of concern (including existing or emerging patterns), where known to the notifier.

Regardless of the Child Safety response, any information received from the notifier regarding allegations of harm to a child that may have involved the commission of a criminal offence relating to the child, is to be **immediately** notified to the QPS using the [Police referral fax](#), in accordance with the *Child Protection Act 1999*, section 14(2) and (3). For further information refer to [Chapter 10.2 Statutory obligation to notify the Queensland Police Service of possible criminal offences](#).

Respond to the notifier

When obtaining information from the notifier, advise the notifier of the confidentiality provisions under the *Child Protection Act 1999*, section 22(1)(a) and 186, including some legislative exceptions. For further information refer to the practice resource [Notifiers and mandatory notifiers](#).

When government or non-government agencies contact Child Safety with concerns that constitute a matter of concern, advise the notifier that they **will be** advised about the response by Child Safety, and respond in accordance with [Chapter 1, 4.2 Provide feedback to government and non-government agencies](#).

Conduct child protection history checks

When a notifier reports concerns relating to the standards of care provided to a child, conduct child protection history checks on the child and the approved carer or staff member - refer to [Chapter 1, 1.3 Conduct a child protection history check](#).

Gather information from additional sources

When assessing what may constitute a breach of the standards, the same action or inaction, in the context of a long-term stable placement, may have a very different impact on a child who has had a recent traumatic experience and is new to the placement. This highlights the complexity of decision-making for matters of concern and the critical need for consultation and discussion with all those who have relevant information when making a decision about the level of the concern and the most appropriate response.

In addition to gathering information from the notifier:

- collate relevant information in relation to the child, including:
 - the current case plan
 - their placement history
 - the length of the current placement
 - any developmental and care needs (particularly factors that may increase the child's vulnerability such as age, disability or behavioural issues)
- consult with the CSO or adoption officer with case responsibility for the child
- contact the following people and, where applicable, provide details of the concerns raised and obtain relevant information about the child, approved carer or staff member and the placement:
 - the Community Services Team (CST) manager of the region with responsibility for the licensed care service or another entity
 - the licensed care service or another entity

- the CSO or adoption officer who has case responsibility for any child currently residing in the placement
- a recognised entity, for an Aboriginal or Torres Strait Islander child
- obtain the views of all parties about whether a breach of the standards is indicated.

In addition, where the child currently receives a significant level of intervention by a service provider as part of their case plan (for example, intervention by Evolve Interagency Services or an intensive family intervention service), contact the person directly responsible for the provision of these services and obtain relevant information to inform decision-making.

Integrated justice information strategy

Information may be received via an ‘Integrated Justice Information Strategy (IJIS) Electronic transfer of court result (ETCR) automated email alert identifying a carer involved in a criminal or civil court matter. The information contained in the ETCR is accessed via the running of an IJIS ETCR report in ICMS. This information must be considered and assessed to determine if it indicates a breach of the standards of care and, if so, the most appropriate response to the matter of concern. For further information, refer to [Chapter 2, 19. What if information is received via an Integrated Justice Information Strategy automated email alert?](#) and the practice resource [Receiving Integrated Justice Information Strategy email alert information](#).

1.4 Consult with relevant people

Team leader and senior practitioner

When all of the information has been gathered, consult the team leader and senior practitioner to:

- discuss the concerns raised in the context of all the information gathered and determine whether the information gathered indicates a breach of the standards by the approved carer or staff member
- clarify which standards of care appear to have been breached, if applicable
- determine whether the concerns relate to all, or only some, of the children in the placement or to any other children in the household of the approved carer or staff member, based on information about the impact, or likely future impact, of the concerns received
- determine the recommended level of response to the information gathered.

Recognised entity

For an Aboriginal or Torres Strait Islander child, the recognised entity must be given the opportunity to provide relevant information and participate in the decision-making process about the appropriate response to matters of concern. Record the information provided and the views expressed by the recognised entity in the ‘Recognised entity participation’ form in ICMS.

For further information, refer to [Chapter 10.1 Decision-making about Aboriginal and Torres Strait Islander children](#) and the practice resource [Working with the recognised entity](#).

Assistance by the Matters of Concern Review Unit

If after consultation with team leader, senior practitioner and recognised entity as required for an Aboriginal or Torres Strait Islander child, further assistance is needed to determine if the information constitutes a matter of concern, the Matters of Concern Review Unit (MOCRU) may be contacted, by the CSSC manager or senior practitioner only. For further information refer to 8. What if assistance is required from the Matters of Concern Review Unit.

1.5 Seek CSSC manager approval for the decision

Following this consultation, provide the CSSC manager with all the relevant information and a recommendation about the appropriate Child Safety response. Within two working days of the receipt of the information provided by the notifier, the CSSC manager will:

- consider the information and recommendation provided to ensure the Child Safety response is proportional to the nature and seriousness of the concerns raised
- ensure the recognised entity for an Aboriginal or Torres Strait Islander child, has been provided with an opportunity to participate in deciding the appropriate response, if applicable
- ensure consultation with MOCRU occurs where this is considered necessary
- make the final decision about whether the information indicates a matter of concern and the appropriate level of response to the matter of concern.

Where the CSSC manager decides that the information is a matter of concern, create a ‘Matter of Concern’ event in ICMS and complete the Record of Concerns.

Where the CSSC manager decides that the information is not a matter of concern:

- record all relevant information and the rationale for the decision, in an ‘Information/rationale for decision not to record MOC’ document in the carer’s ‘Monitor and Support’ screen in ICMS and add any relevant subject children who reside in the carer’s home
- contact each CSO or adoption officer responsible for any child currently placed with the approved carer or staff member and inform them of the decision not to record a matter of concern
- advise the CSO at the applicable CSSC where to locate the information in ICMS, or provide a copy of the information to the adoption officer, documenting the CSSC manager’s decision and rationale.

Following the decision not to record a matter of concern, it is the responsibility of the CSSC, or ASQ in consultation with the CSSC, for any child currently placed with the approved carer or staff member to respond to the information raised as part of the ongoing case work, and record the response as a case note in ICMS in the child’s ‘placement’ event in ICMS.

1.6 Complete a critical incident report

Where the CSSC manager decides that a matter of concern notification involves the commission of a criminal offence to the child, it constitutes a ‘Level 2’ critical incident. In this circumstance, complete a Critical Incident Report in accordance with the Critical Incident Reporting policy. QPS is to be immediately notified using the Police referral fax, in accordance with the *Child Protection*

Act 1999, section 14(2) and (3). For further information refer to chapter [10.2 Statutory obligation to notify the Queensland Police Service of possible criminal offences.](#)

When a Critical Incident Report Form is completed in relation to a licensed care service, attach a copy of the form to a ‘Critical incident’ document created in the care service’s record in ICMS.

1.7 Recording and approval requirements

Under the *Child Protection Regulation 2011*, section 14, the chief executive is required to keep records of details of any report given to the chief executive about:

- harm caused, or suspected to have been caused, to a child who is in the care of an entity mentioned in the *Child Protection Act 1999*, section 82(1) including a child subject to an adoption care agreement or whose parent has consented to adoption prior to an interim adoption order being made
- a breach, or claimed breach, of the statement of standards
- the results of any investigation of a matter of concern.

When a matter is decided as a matter of concern, ensure all the information is recorded as soon as practicable in a ‘Matter of Concern’ event in ICMS, with the level of response as either:

- MOC - child placement concern report
- MOC - notification, with a 24 hour response timeframe, **within 24 hours** of the decision to record a matter of concern.

Ensure that the ‘Matter of Concern’ event in ICMS includes details of:

- **all** subject children to whom the concerns relate
- all other children subject to a placement under the *Child Protection Act 1999*, section 82(1), residing in the care environment but not considered to be subject children to this matter of concern
- all other children residing in, or regularly frequenting, the care environment who may become subject children to a child protection notification (for example, the approved carer or staff member’s own children or relative children, and children subject to a child protection order granting long-term guardianship to an approved carer) Refer to [Chapter 1, 3.1 Record intake information](#)
- all other persons residing in the care environment
- checks and consultations conducted in the information gathering stage
- the rationale for the decision to record a matter of concern and the associated response
- when and how the recognised entity was provided with an opportunity to participate in decision-making, where applicable, and what information they provided and whether they had any divergent views
- the concerns and the impact on the subject child, including:
 - which standards of care appear to have been breached (where the response is a child placement concern report)
 - the notified harms (where the response is a matter of concern notification)
- any additional information considered in the decision-making process about the matter of concern.

Once the ‘Record of checks and consultation’ form has been completed in ICMS, either the child placement concern report or MOC Notification will be generated.

Note: When one of the children in out-of-home care in the placement is the alleged person responsible for harm to another child in out-of-home care in the placement, do not record both children as subject children in the same notification. For further information, refer to 2. What if there is harm by another household member.

Following the completion of the ‘Matter of Concern’ event, the team leader is responsible for:

- the electronic approval of the child placement concern report in ICMS following the completion of the assessment, or
- the electronic approval of the matter of concern notification in ICMS.

Where it is decided that the information gathered does not indicate a breach of the standards, or harm or risk of harm to the child, and a matter of concern is not warranted:

- create an ‘Information/rationale for decision not to record MOC’ document in the carer’s ‘Monitor and Support’ screen in ICMS and add any relevant subject children
- record, and attach where necessary, the relevant information, decision and rationale, including what action was taken to resolve the issues with the child and the approved carer.

Where the information relates to a staff member, record the information, decision, rationale and any actions taken in a ‘placement’ case note in the ‘placement’ event in ICMS.

2. Assess a child placement concern report

When a child placement concern report is received, the CSSC manager is responsible for ensuring that the following actions **are completed within a six week timeframe**:

- meet with the child and the approved carer or staff member in the care environment **within five working days**
- implement all aspects of the information provision requirements throughout the process
- complete and record the assessment of the child placement concern report
- ensure an action plan is developed where a breach of the standards of care is indicated
- have the child placement concern report, and where applicable, the action plan approved by a team leader in ICMS.

The Checklist for assessing a child placement concern report is available to assist staff in the assessment process.

2.1 Decide who will conduct the assessment

The CSO with case responsibility for the child is responsible for assessing the child placement concern report, except where either:

- the CSSC manager decides, based on the circumstances of the case, that it is appropriate for someone other than the CSO with case responsibility to conduct the assessment, or for two Child Safety officers to conduct the assessment

- the approved carer or staff member indicates a preference for two Child Safety officers to conduct the assessment.

2.2 Provide required information prior to planning

Prior to planning the assessment, provide verbal advice of the decision to record a child placement concern report to the following persons, where applicable:

- the CSO responsible for any child currently placed with the approved carer or staff member
- the recognised entity, where the child is Aboriginal or Torres Strait Islander - refer to [Chapter 10.1 Decision-making about Aboriginal and Torres Strait Islander children](#)
- the manager or coordinator of the licensed care service or another entity, including professionals who provide medical or therapeutic services to the child, family or carer.

Advise the parents of a child subject to an assessment or child protection care agreement, assessment order, temporary custody order or an adoption care agreement or prior to an interim adoption order after a parent's consent has been given or dispensed with, about the concerns, which standards of care the concerns relate to and the planned Child Safety response, as soon as possible.

When a child is subject to a child protection order, incorporate the timeframe for informing the parents of the matter of concern, into the assessment plan.

When a child has a long-term guardian, refer to [13. What if the child has a long-term guardian?](#)

2.3 Plan the assessment

Prior to meeting with the child and the approved carer or staff member, develop an assessment plan in consultation with the team leader and senior practitioner, and where applicable, the licensed care service or recognised entity. In some circumstances, it may also be appropriate to involve:

- another entity
- the CSO or adoption officer responsible for any child currently placed with the approved carer or staff member
- the Community Support Team (CST) manager of the region with responsibility for the licensed care service or another entity
- relevant staff of Department of Communities, Child Safety and Disability Services or another government department, where the entity is funded or regulated by that department, for example Disability Services.

As part of the planning process:

- review relevant information from Child Safety files, including the case plan, case notes and all child protection history, including previous matters of concern
- consider and decide the following matters:
 - additional sources of information potentially informing the assessment
 - the appropriate sequence of assessment actions, including whether to have face-to-

- face contact with the child before, or following, the discussion with the approved carer or staff member
- when to verbally inform the child's parent of the child placement concern report and the actions to be taken by Child Safety
 - how the child and the approved carer or staff member will be provided with access to a support person or advocate throughout the assessment process
 - the roles and responsibilities of each person involved in the assessment process
 - contingency plans for responding to issues and difficulties that may impact on the assessment process.

When a child has a long-term guardian, refer to [13. What if the child has a long-term guardian?](#)

Record the assessment plan in ICMS, and provide a copy to all persons who are responsible for activities associated with undertaking the assessment.

2.4 Arrange meetings with the child and the approved carer or staff member

Within five working days of the CSSC manager deciding that the information constitutes a child placement concern report, arrange and hold a face-to-face discussion, with the child and the approved carer or staff member. When phoning the child (where age and developmentally appropriate) and the approved carer or staff member to arrange the meeting:

- tell them about the child placement concern report
- provide them with sufficient information regarding the process and which standards may have been breached, to ensure their full participation throughout the assessment process
- inform them of their right to have a support person or advocate present throughout the assessment process (including during the meeting), and assist in identifying possible options for accessing a support person
- determine whether they would prefer to be provided with the following information sheets prior to, or at the commencement of, the meeting:
 - the [Information sheet for children and young people](#)
 - the [Information sheet – support persons and advocates in matters of concern](#)
- schedule the meeting time with the child and the approved carer or staff member
- advise them that the CSO will contact the child's nominated support person, to arrange their attendance at the meeting.

The purpose of the meeting with the child, the approved carer or staff member is to:

- assess whether a breach of the standards of care has occurred in relation to the child
- assess the impact on the child
- identify measures that can be implemented to enable the approved carer or staff member to care for the child (and other children requiring future placements with the approved carer or staff member) in a way that meets the standards of care in the statement of standards.

The face-to-face discussion with the child, however, will not occur in the presence of the approved carer or staff member.

A discussion of the child placement concern report must be held with all approved carers listed on the certificate of approval. If the concerns appear to relate solely to the primary carer, and it is difficult to include another approved carer in the face-to-face discussion, for example, due to hours of employment, discussion with that person may occur by phone if requested by the approved carers, and considered appropriate by Child Safety.

Following the telephone conversation to arrange the meeting time, post the relevant information sheets (where agreed) to the child and the approved carer or staff member. Otherwise, provide the information sheets at the commencement of the meeting.

2.5 Conduct the assessment

When conducting the assessment of a child placement concern report the allocated CSO will:

- have face-to-face contact with each subject child and the approved carer or staff member to whom the concerns primarily relate
- ensure that the face-to-face discussion with the child does not occur in the presence of the approved carer or staff member
- have verbal contact with any other person listed on the certificate of approval
- ensure that any support person or advocate in attendance, understands their role and is made aware of the requirement for confidentiality under the *Child Protection Act 1999*, section 188, prior to commencing discussions - for further information refer to the practice resource [The role of a support person](#).

Commence the assessment

The assessment of a child placement concern report is commenced when the child is sighted or sighted and interviewed, as age and developmentally appropriate, by the allocated CSO.

The CSSC manager is responsible for seeking the regional director's advice in situations where it is not possible to commence the assessment **within five working days** of the decision to record a child placement concern report. Record the rationale and approval of commencement in the assessment plan.

Discuss and assess the concerns

Provide information about the concerns raised to the child, the approved carer or staff member, and facilitate discussions in order to be able to assess the following matters:

- whether the child has any concerns about the standards of care or the care environment
- the impact, if any, of the approved carer or staff member's actions, inactions or behaviour on the child
- whether the approved carer or staff member has failed to meet (through their actions, inactions or behaviour) the legislated standards of care and if so, which standards
- whether the approved carer or staff member has the ability and willingness to meet the standards of care, immediately and on an ongoing basis for the child

- whether the approved carer or staff member has had their supervision, support and training needs met by Child Safety or licensed care service or another entity and whether there are additional or varied supervision, support and training needs that need to be addressed.

To assist in assessing the above matters, take into account both general risk and protective factors and factors specific to assessments within an out-of-home care environment, including:

- the child's views about the alleged concerns
- the length of the child's placement, previous history of harm, current case plan and other contextual factors (for example, previous placement experience, child's emotional and developmental needs)
- the nature of the approved carer or staff member's relationship with the child's family and culture
- the use of force, corporal punishment or other behaviour management strategies prohibited by the statement of standards (that is, punishment that humiliates, frightens or threatens the child in a way that is likely to cause emotional harm)
- the views of the approved carer or staff member about the alleged concerns and any action or decision by Child Safety that may have contributed to the child placement concern report
- prior matters of concern and the implementation and outcomes, or progress, of previous or existing action plans, where applicable
- the current level of stress within the care environment, including:
 - any overcrowding in the care environment
 - whether the placement matches the child's assessed needs
 - lack of supervision, support and training available for the approved carer or staff member
 - any systemic issues that have contributed to any breach of the standards of care.

Where during the assessment, it becomes apparent that a child has experienced harm and the alleged harm may have involved the commission of a criminal offence relating to the child, **immediately** notify the QPS, in accordance with [Chapter 10.2 Statutory obligation to notify the Queensland Police Service of possible criminal offences](#).

Actions required when harm or risk of harm become apparent

If during the assessment of the child placement concern report, it becomes apparent that the child has suffered harm, is suffering harm, or is at unacceptable risk of suffering harm:

- discuss the information with the team leader, senior practitioner, CSSC manager and ASQ director, where applicable
- where agreed by the CSSC manager that a matter of concern notification is to be recorded, record the relevant information and select the outcome 'breach of standards - notification' in the child placement concern report - do not delete the child placement concern report
- record a matter of concern notification

- conduct the investigation and assessment in accordance with [3.5 Conduct the investigation and assessment](#) (noting that many of the investigation and assessment activities will have already been undertaken during the assessment of the child placement concern report)
- complete an investigation and assessment plan in ICMS, which will include actions from the assessment plan and any additional investigation and assessment activities that are still to be completed.

Move the child during the assessment, if necessary

In circumstances where it is considered necessary to remove the child from their care environment during the assessment, refer to 4. What if the child needs to be moved to a new placement?

Record additional concerns

When there is an existing child placement concern report that has not been approved by the team leader, and further information is received that constitutes a matter of concern, record the new concerns received by Child Safety as ‘additional notified concerns’, unless exceptions apply. For further information refer to [1. What if additional concerns are received?](#)

2.6 Decide the assessment outcome

To decide the most appropriate outcome for each child:

- consult the team leader, senior practitioner and, if required, the CSSC manager and ASQ director
- provide the recognised entity with an opportunity to be involved in the decision-making process for an Aboriginal or Torres Strait Islander child
- take into account the contextual factors specific to the child and the approved carer or staff member.

Child placement concern report outcomes

There are three possible outcomes for the assessment of a child placement concern report, as outlined below.

1. Breach of standards - notification

This outcome is recorded when:

- the approved carer or staff member’s actions, inactions or behaviour indicate a breach of the legislated standards
- the concerns have had, or are likely to have, a significant detrimental effect on the child and meet the threshold for a notification.

2. Breach of standards

This outcome is recorded when:

- the approved carer or staff member’s actions, inactions or behaviour indicate a breach of the legislated standards in that the care provided is inadequate or poor quality
- there is no identified impact on the child

- there may be some impact for the child however the provision of inadequate or poor quality care has not had, and is unlikely to have, a detrimental effect of a significant nature.

3. No breach of standards

This outcome is recorded when:

- no harm or risk of harm to the child is indicated
- the approved carer or staff member's actions, inactions or behaviour do not indicate a breach of the legislated standards of care
- the decision is made not to conduct an assessment, in accordance with [Chapter 1, 5. What if the notifier is vexatious or malicious?](#)

When the 'no breach of standards' outcome is selected on the basis that the notifier is vexatious or malicious, refer to [Chapter 1, 5. What if the notifier is vexatious or malicious?](#) and clearly document the rationale as to why the matter is considered to be vexatious and malicious, and the details of the decision-maker, in the child placement concern report.

Where the assessment is not completed **within six weeks**, the CSSC manager will advise the carer or staff member in writing of the delay, the reasons for the delay and an estimated completion date.

2.7 Actions required following the assessment

Develop an action plan

Where the child placement concern report outcome is 'breach of standards', an action plan for addressing the concerns must be developed for the approved carer or staff member of licensed care service or another entity, in accordance with [4. Develop and monitor an action plan](#).

Finalise the child placement concern report

To finalise the child placement concern report:

- ensure the following information is recorded in ICMS:
 - the information gathered during the meeting with the child and the approved carer or staff member
 - contextual factors that may have contributed to the matter of concern, for example, high levels of stress or overcrowding in the care environment
 - the information provided by the recognised entity and the views they expressed
 - the outcome and the rationale for the outcome
 - the action plan, if required
 - the reasons for any delays, if the assessment is not commenced or completed within the specified timeframes
- forward the child placement concern report and action plan, where applicable, to the team leader for approval
- attach hard copy notes from the meeting with the child and the approved carer or staff member to the child's file (for a meeting with the child or a staff member) and the approved carer's Child Safety file (for a meeting with the approved carer).

Once the child placement concern report is completed, the team leader will advise the CSSC manager and ASQ director, where applicable, of the assessment outcome and where applicable, the details of the action plan.

2.8 Provide required information following the assessment

Provide verbal advice

Following the completion of the assessment, provide verbal advice only to:

- the child (having regard to their age and developmental level)
- the recognised entity, where the child is Aboriginal or Torres Strait Islander
- the CSO or adoption officer responsible for any child currently placed with the approved carer or staff member
- at least one parent of the child.

When a child has a long-term guardian, refer to [13. What if the child has a long-term guardian?](#)

In addition, alert all parties to applicable complaints and review mechanisms. Refer to [11. What if a person wants to make a complaint or seek a review?](#)

Provide verbal and written advice

Following the completion of the assessment, the allocated CSO will provide **both** verbal advice and written advice to the following people, using the [Letter to approved carer/staff member - CPCR outcome](#), as outlined:

- provide the original letter to the approved carer or staff member
- provide a copy of the letter and where applicable, the action plan, to:
 - the director ASQ, if applicable
 - the manager or coordinator of the licensed care service or another entity, if applicable
 - the CST manager of the region with responsibility for the licensed care service or another entity, if applicable
 - relevant staff of Department of Communities, Child Safety and Disability Services or another government department, where the entity is funded or regulated by that department, for example Disability Services
 - the regional director, where the outcome is 'breach of standards'
- attach a copy of the letter to the 'Matter of Concern' event in ICMS.

The CST manager, where the approved carer or staff member is affiliated with a licensed care service, will:

- forward a copy of the letter and the action plan to the nominee of the licensed care service
- file a copy of the letter and the action plan on the licensed care service's or another entity's file.

3. Investigate and assess a matter of concern notification

When a matter of concern notification is recorded, the CSSC manager is responsible for ensuring that the following actions are completed **within the six week timeframe**:

- commence the investigation and assessment **within 24 hours** of the decision to record a matter of concern notification
- implement all aspects of the information provision requirements throughout the process
- provide the recognised entity with an opportunity to participate in the decision-making process, for an Aboriginal or Torres Strait Islander child
- assess whether a breach of the standards of care has occurred, and where it has, assess whether the child has experienced harm or is at risk of harm
- complete and record the investigation and assessment
- ensure an action plan is developed where a breach of the standards of care has occurred
- have the investigation and assessment, and where applicable, the action plan approved by a team leader in ICMS.

The Checklist for investigating and assessing a matter of concern notification is available to assist staff in the investigation and assessment process.

The 'MOC - I&A' event will be automatically generated in ICMS once the 'MOC notification' form is submitted for approval.

Where the information indicates that a staff member of a licensed care service may be responsible for harm of a serious nature, refer to 9. What if a staff member is responsible for concerns of a serious nature?

Critical incident report

Following the decision to record a matter of concern notification, where the alleged harm or risk of harm to a child in out-of-home care may have involved the commission of a criminal offence, complete and submit a Critical Incident Report Form, no later than close of business the following day, in accordance with the Critical incident reporting policy.

The **team leader** is responsible for informing the CSSC manager and ASQ director, if applicable, of the allegations of a commission of a criminal offence involving a child in out-of-home care.

The **CSSC manager** is responsible for ensuring that:

- a Critical Incident Report Form is completed, if required
- written information provision requirements have been completed.

When a Critical Incident Report Form is completed in relation to a licensed care service, attach a copy of the form to a 'Critical incident' document created in the care service's record in ICMS.

3.1 Decide who will conduct the investigation and assessment

For a staff member of a licensed care service, the CSSC manager will nominate a team leader, senior practitioner or other experienced CSO to conduct the investigation and assessment, along with the manager or coordinator of the licensed care service. This is due to the complexities associated with potential industrial relations matters in cases where a decision has been, or may

be, taken to relieve staff of their usual responsibilities, whether on a temporary or permanent basis.

For all other matter of concern notifications, the allocated CSO will:

- be independent of the case, as far as possible
- will not be the CSO with case responsibility for the subject child
- will not be the CSO responsible for supporting the approved carer or staff member.

Unless a matter of concern relates to an employee of a licensed care service, interviews with the child and the approved carer or staff member will be conducted by two CSOs, or a CSO and the QPS, where a joint investigation with the QPS occurs.

Note: for interview purposes the second CSO **may** be the CSO with case responsibility for the child, or another CSO determined by the CSSC manager.

3.2 Provide required information prior to planning

Due to the complexities of undertaking a matter of concern investigation and assessment, during the planning stage, verbal and written advice will only be provided to the relevant stakeholders.

The provision of written advice about the matter of concern notification will be provided to the approved carer or staff member during the investigation and assessment process.

Provide verbal advice

Prior to planning the investigation and assessment, provide verbal advice of the decision to record a matter of concern notification to the following persons, where applicable:

- the CSO or adoption officer responsible for **any** child currently placed with the approved carer or staff member
- the recognised entity, where the child is Aboriginal or Torres Strait Islander - refer to [Chapter 10.1 Decision-making about Aboriginal and Torres Strait Islander children](#)
- the manager or coordinator of the licensed care service or another entity
- the Community Support Team (CST) manager of the region with responsibility for the licensed care service or another entity
- relevant staff of Department of Communities, Child Safety and Disability Services or another government department, where the entity is funded or regulated by that department, for example Disability Services.

Advise the parents of a child subject to an assessment or child protection care agreement, assessment order, temporary custody order or an adoption care agreement or prior to an interim adoption order after a parent's consent has been given or dispensed with, about the concerns, which standards of care the concerns relate to and the planned Child Safety response, as soon as possible.

When a child is subject to a child protection order, the assessment plan will incorporate when the parents will be informed.

When a child has a long-term guardian, refer to [13. What if the child has a long-term guardian?](#)

Provide written advice

Following the provision of verbal advice, complete the [Letter to approved carer/staff member - advice of matter of concern notification](#) and:

- forward a copy of the letter to, where applicable:
 - the ASQ director
 - the manager or coordinator of the licensed care service or another entity
 - the CST manager of the region with responsibility for the licensed care service or another entity
 - relevant staff of Department of Communities, Child Safety and Disability Services or another government department, where the entity is funded or regulated by that department, for example Disability Services
- attach a copy of the letter to the 'MOC - I&A' event in ICMS.

The CST manager will file a copy of the letter, where applicable, on the licensed care service's or another entity's file.

3.3 Plan the investigation and assessment

Prior to commencing the investigation and assessment, develop an investigation and assessment plan in consultation with the team leader and senior practitioner, and where applicable, the licensed care service or recognised entity. In some circumstances, it may also be appropriate to involve:

- another entity
- the CSO or adoption officer responsible for any child currently placed with the approved carer or staff member
- the Community Support Team (CST) manager of the region with responsibility for the licensed care service or another entity.

Planning is essential to ensure that:

- all the relevant activities required to undertake a targeted investigation and assessment of a child's safety and protective needs are identified
- all key people are involved and that interviews and information gathering occur in the most appropriate sequence
- the investigation and assessment is conducted in a manner which limits any unnecessary disruption to the child.

Planning requirements

When developing the investigation and assessment plan, consider the usual requirements associated with planning an investigation and assessment for a child in the general community, in accordance [Chapter 2, 1. Plan the investigation and assessment](#) and [Chapter 2, 4. What if a joint investigation with the Queensland Police Service is required?](#) In addition:

- review relevant information from Child Safety files, including the case plan, case notes and all child protection history, including previous matters of concern

- consider and decide the following matters:
 - how the child and the approved carer or staff member will be provided with access to a support person or advocate as part of the process
 - whether children who previously have been placed in the care environment, or children who attend respite in the care environment require an interview
 - whether interviews will be pre-arranged, where it will not jeopardise the safety of the child, the integrity of the investigation and assessment process or potential criminal investigations
 - when to verbally inform the child's parents of the matter of concern notification and investigation and assessment.

When a child has a long-term guardian, refer to [13. What if the child has a long-term guardian?](#)

Determine whether the information in the matter of concern notification meets the mandatory referral criteria for a referral to the SCAN team and may benefit from discussion and multi-agency coordination of service delivery - refer to [Chapter 2, 11. What if a matter needs to be referred to the SCAN team system?](#) A referral can also be made once the investigation and assessment has commenced, if the mandatory referral criteria is satisfied.

Recording the investigation and assessment plan

Once the planning process is completed:

- record the 'MOC investigation and assessment plan' under the investigation and assessment planning tab in ICMS and gain verbal approval for the plan from the team leader, prior to the commencement of the investigation and assessment
- provide a copy of the investigation and assessment plan to all persons who are responsible for activities associated with undertaking the investigation and assessment.

In exceptional circumstances, where an urgent response is required to ensure the child's immediate safety, there may not be sufficient time to record the plan in ICMS prior to commencing the investigation and assessment. In this circumstance, complete a written plan and obtain verbal approval from the team leader, and complete the recording of the plan in ICMS once the child's immediate safety has been established, including the reason for the delay.

3.4 Arrange interviews with the child and the approved carer or staff member

Within 24 hours of the CSSC manager deciding that a matter of concern constitutes a notification, arrange (where approved as part of the investigation and assessment plan) to sight the child or interview the child and the approved carer or staff member. The interview with the child however will not occur in the presence of the approved carer or staff member.

Consent to sight or interview the child must be obtained from a child's parent if the child is subject to a care agreement.

When phoning the child (where age and developmentally appropriate) and the approved carer or staff member to pre-arrange interviews:

- tell them about the matter of concern notification

- provide them with sufficient information regarding the process and which standards may have been breached, to ensure their full participation throughout the investigation and assessment process
- inform them of their right to have a support person or advocate present throughout the investigation and assessment process (including during interviews - refer to the exception below), and assist in identifying possible options for accessing a support person
- inform them that at the commencement of the interview, they will be provided with the relevant information sheets:
 - the Information sheet for children and young people
 - the Letter to carer/staff member – advice of matter of concern notification to the carer, which includes 'Information sheet – support persons and advocates in matters of concern' and 'Information sheet – Matters of concern Investigation and Assessment Outcomes'
- advise them that the CSO will contact the child's nominated support person, to arrange their attendance at the interview
- schedule the interview times with the child and the approved carer (and any other persons listed on the certificate of approval) or staff member, and any other persons identified as requiring an interview.

A support person or advocate is unlikely to be allowed to participate in interviews when the investigation and assessment occurs as part of a criminal investigation and in this circumstance, it is unlikely that interviews will be pre-arranged.

3.5 Conduct the investigation and assessment

When conducting the investigation and assessment, ensure that:

- the interview with the child does **not** occur in the presence of the approved carer or staff member
- there is face-to-face contact with each subject child
- interviews are conducted with:
 - each subject child who is able to communicate, including children with disabilities who require assistance or aides - refer to Chapter 2, 2.3 Interview and sight the child
 - any other child in the out-of-home care environment who is able to communicate and any other children who are no longer in the care environment, but were in the care environment at the time of the concerns
 - **all** the alleged persons responsible for the concerns
 - the approved carer (and any other persons listed on the certificate of approval) or staff member - refer to Chapter 2, 2.4 Interview the parents and other adults
 - any adult household members, who may have information relevant to the investigation and assessment.

Record all interview information in a 'Record of interview' form under the Information gathering and interviews tab in the 'MOC - I&A' event in ICMS.

Commence the investigation and assessment

The investigation and assessment is to be commenced **within 24 hours** of the decision that the matter constitutes a matter of concern notification. An investigation and assessment is commenced when the child is either sighted or sighted and interviewed (as age and developmentally appropriate) by a CSO.

In circumstances where a CSO cannot sight the child within the required timeframe, a police officer or health professional may sight the child and provide information in relation to the safety of the child to Child Safety - refer to [Chapter 2, 2.1 Commence the investigation and assessment](#).

The CSSC manager is responsible for seeking the regional director's advice in situations where it is not possible to commence an investigation and assessment within 24 hours.

Role of the support person or advocate

When conducting the investigation and assessment, ensure that the support person or advocate in attendance understands their role and is made aware of the requirement for confidentiality under the *Child Protection Act 1999*, section 188, prior to the CSO commencing interviews with the child and the approved carer or staff member - refer to the practice resource [The role of a support person](#).

Move the child from the placement, if necessary

In circumstances where it is considered necessary to remove the child from their care environment during the investigation and assessment, refer to [5. What if the child needs to be moved to a new placement?](#)

Investigate and assess the concerns

During interviews with the child, the approved carer or staff member, facilitate discussions and gather information that will enable an assessment of the following matters:

- **the impact**, if any, of the concerns on the child, including whether the child has experienced harm, is experiencing harm, or is at unacceptable risk of experiencing harm **in this placement** - for more information about assessing the impact, refer to [Practice guide: The assessment of harm and risk of harm](#)
- whether immediate placement action is required to ensure either:
 - the subject child's safety
 - the safety of any other child residing in the care environment
- whether any further placements can be made with the approved carer, staff member, licensed care service or another entity, while the investigation and assessment is being undertaken
- whether the approved carer or staff member has:
 - failed to meet the legislated standards of care and if so, which standards of care have not been met
 - the ability and willingness to meet the standards of care, immediately and on an ongoing basis
 - had their documented supervision, support and training needs met by Child Safety and/or the licensed care service or another entity

- outstanding or additional supervision, support and training needs
- whether systemic issues have contributed to any breach of the standards of care and if so, what actions could be taken by Child Safety and/or the licensed care service or another entity (if applicable) to address identified issues.

To assist in assessing the above matters, take into account the same risk and protective factors that are considered for any child in the general community, as outlined in [Chapter 2, Investigation and assessment](#) (excluding the use of SDM tools), in addition to factors specific to assessments within an out-of-home care environment. These factors include but are not limited to the following:

- the child's views about the alleged concerns
- the length of the child's placement, previous history of harm, current case plan and other contextual factors
- whether the child has any concerns about the standards of care and/or the care environment
- the nature of the approved carer or staff member's relationship with the child's family and culture
- the use of force, corporal punishment or other behaviour management strategies is prohibited by the statement of standards (that is, punishment that humiliates, frightens or threatens the child in a way that is likely to cause emotional harm) and is in accordance with the [Positive Behaviour Support policy](#)
- prior matters of concern and the implementation and outcomes, or progress, of previous or existing action plans, where applicable
- the current level of stress within the care environment, including:
 - any overcrowding in the care environment
 - the placement of a child in a care environment that does not match the child's assessed needs
 - current supervision, supports and training available within the care environment
 - any action or decision of the CSSC with responsibility for the child or children in the out-of-home care placement that may have contributed to the notified concerns.

Where it becomes apparent, during the investigation and assessment, that alleged harm to a child may have involved the commission of a criminal offence relating to the child, regardless of the Child Safety response, **immediately** notify the QPS, in accordance with the *Child Protection Act 1999*, section 14(2) and (3). For further information refer to [Chapter 10.3 Statutory obligation to notify the Queensland Police Service of possible criminal offences](#).

Provide letter and information sheets

Prior to concluding the interview with the child and the approved carer or staff member, provide:

- the 'Information sheet for children and young people' to the child (where of an appropriate age and ability to understand)
- the [Letter to carer/staff member – advice of matter of concern notification](#) to the carer, which includes 'Information sheet – support persons and advocates in matters of concern' and 'Information sheet – Matters of concern Investigation and Assessment'

Outcomes'

Harm to children not recorded as subject children

Where it is assessed that other children in out-of-home care who are living in the care environment may have experienced harm, or be at risk of harm, but were not recorded as subject children in the matter of concern notification, they will be recorded as subject children in the investigation and assessment and assessed as part of the investigation and assessment process.

If it is considered that a child who is not in out-of-home care may have experienced harm, or be at risk of harm, refer to the procedures for a child in the general community, as outlined in [Chapter 1. Intake](#).

Record additional concerns

When a matter of concern notification has been recorded and the investigation and assessment has not been approved by the team leader, record any new concerns received as 'additional notified concerns' in ICMS under the 'Investigation and assessment planning' tab in the 'MOC - I&A' event in ICMS, unless exceptions apply. For further information refer to [2. What if additional concerns are received?](#)

3.6 Assess the information gathered during the investigation and assessment

The critical question when deciding the investigation and assessment outcome for a matter of concern is not whether a child is in need of protection, as this has been decided in the context of their care by the parent. The critical question is whether the child has suffered harm, is suffering harm, or is at unacceptable risk of suffering harm in this placement.

In assessing harm, it is important to focus on the level of the detrimental effect, whether physical, psychological or emotional, or the risk of detrimental effect, experienced by the child, taking into account the impact of cumulative harm. Cumulative harm may occur when a child experiences a series or combination of acts, omissions or circumstances that have a cumulative effect on the child's safety and well-being (*Child Protection Act 1999*, section 9(4)).

Assessing harm

In determining whether the child has experienced or is experiencing harm, it is not sufficient to only determine whether an alleged incident or abusive action has occurred. The child's experience must meet the legislative definition of harm, that is, 'any detrimental effect of a significant nature on the child's physical, psychological or emotional well-being'.

For a detrimental effect to be of a significant nature it must have more than a minor impact upon a child's physical, psychological or emotional well-being. The harm experienced, or being experienced, by the child must be substantial, serious and demonstrable - that is, measurable and observable on the child's body and/or in the child's functioning or behaviour.

A detrimental effect of a significant nature may also be indicated by the detrimental effect being likely to be long-term (more than transitory), or adversely affecting the child's health or well-being to an extent which would be considered by the general public to be unacceptable.

In assessing harm, it is important to focus on the level of detrimental effect, whether physical, psychological or emotional or the risk of detrimental effect experienced by the child, rather than on the actions or inactions of the approved carer or staff member alone. Consideration must be given to the experiences of the child in their family and in any previous out-of-home care environments, when assessing the level of detrimental effect.

Assessing risk of harm

In determining whether there is risk of future harm for a child, it is critical to assess what is an 'unacceptable risk of suffering harm'. This means that harm is likely to occur in the future. To be defined as 'unacceptable risk of suffering harm', the situation must meet both the following criteria:

- the level of harm likely to occur must constitute a detrimental effect of a significant nature
- the likelihood that the harm will occur must be probable or likely, rather than just possible.

Risk of harm also includes circumstances where either:

- the impact of the harm is not yet observable however, harm is a predictable result of what has occurred
- harm is likely to occur in the future if no action is taken to protect the child.

Outcomes are determined by the assessment of harm and risk of harm for the child - refer to the [Practice guide: The assessment of harm and risk of harm](#), to assist with the determination of whether a child has been harmed or is at risk of harm.

Where the investigation and assessment is not completed **within the six week timeframe**, the CSSC manager will advise the carer or staff member in writing of the delay, the reasons for the delay and an estimated completion date.

3.7 Decide the investigation and assessment outcome

To decide the most appropriate outcome for each child:

- consult the team leader, senior practitioner and, if required, the CSSC manager and ASQ director
- provide the recognised entity with an opportunity to be involved in the decision-making process for an Aboriginal or Torres Strait Islander child
- take into account the practice considerations usually associated with the assessment of harm and risk of harm for a child residing in the general community (excluding the use of structured decision making tools)
- take into account the contextual factors specific to the child, the approved carer or staff member and the care environment.

MOC investigation and assessment outcomes

There are five possible outcomes for the investigation and assessment of a matter of concern notification, as outlined below.

1. Substantiated - matter of concern

This outcome is recorded when:

- the child has experienced harm and/or is likely to experience future harm
- the actions or inactions of the approved carer or staff member have contributed to the harm or risk.

When this outcome is chosen, at **least one of the carers or a staff member must be recorded** as a person responsible. This outcome cannot be used if a person responsible is unable to be identified.

2. Substantiated - matter of concern - no breach of standards

This outcome is recorded when:

- the child has experienced harm and/or is likely to experience future harm however the actions or inactions of the approved carer or staff member have not contributed to the harm (for example, there is no indication of an approved carer or staff member's failure to protect a child)
- there is no indication that the approved carer or staff member has failed to meet the standards of care required under the *Child Protection Act 1999*.

When this outcome is recorded, the 'person responsible' for the harm will be either:

- another adult who resides in, or frequents, the approved carer or staff member's household
- another child (if aged 10 years or over and the child is assessed as having the developmental ability/capacity to understand the consequences of their actions)
- a 'person responsible unable to be identified'.

3. Unsubstantiated - matter of concern - breach of standards

This outcome is recorded when:

- the child has not experienced harm and is unlikely to experience future harm
- there is an indication that the approved carer or staff member has failed to meet the standards of care required under the *Child Protection Act 1999*.

4. Unsubstantiated - matter of concern - no breach of standards

This outcome is recorded when:

- the child has not experienced harm and is unlikely to experience future harm
- there is no indication that the approved carer or staff member has failed to meet the standards of care required under the *Child Protection Act 1999*.

5. Matter of concern I & A - no outcome

This outcome is recorded:

- only in exceptional circumstances where the investigation and assessment cannot be completed, for example, a historical matter of concern notification

- when the decision is made not to conduct an investigation and assessment, in accordance with the procedure for responding to vexatious or malicious notifiers - refer to [Chapter 1, 5. What if the notifier is vexatious and malicious?](#)

The team leader must consult with the senior practitioner prior to approving an investigation and assessment with this outcome, and provide a clear rationale for its use.

When this outcome is recorded on the basis that the notifier is vexatious or malicious, clearly document that the investigation and assessment was not completed, who made the decision and the rationale for the decision.

This outcome will not be used when the reason for non-completion is due to Child Safety resources or workloads.

3.8 Actions required following the assessment

Develop an action plan

When the investigation and assessment outcome is either 'Substantiated - matter of concern' or 'Unsubstantiated - matter of concern - breach of standards', an action plan for addressing the concerns must be developed **prior** to finalising the investigation and assessment. To develop an action plan, refer to [4. Develop and monitor an action plan](#).

Record the investigation and assessment

To finalise the investigation and assessment:

- record the following information in ICMS:
 - relevant information in accordance with [Chapter 2, 4.3 Record the investigation, assessment and outcome](#)
 - the information provided in relation to the safety of the child by a police officer, recognised entity worker or health professional, where applicable
 - information gathered regarding factors specific to assessments within an out-of-home care environment, including contextual factors that may have contributed to the matter of concern, for example, high levels of stress or overcrowding in the care environment
 - where the investigation and assessment is not commenced and/or completed within the specified timeframes, the date of commencement and/or completion and the reasons for any delays
 - the action plan, if required
 - the reasons for the delay, if the investigation and assessment is not commenced or completed within the specified timeframes
- forward the investigation and assessment and action plan, where applicable, to the team leader for approval
- attach hard copy notes from the meeting with the child and the approved carer or staff member to the child's file (for a meeting with the child or a staff member) and the approved carer's file (for a meeting with the approved carer)

- attach a copy of the action plan developed by a licensed care service for a staff member to the 'MOC - I&A' event in ICMS, where applicable.

Substantiated – matter of concern – no breach of standards

When the investigation and assessment outcome is substantiated – matter of concern – no breach of standards, a review of the child's case plan and the placement agreement with the carer is required to respond to any of the needs that were identified during the assessment. Any ongoing case work will be recorded in casenotes in ICMS. If the allegations assessed were about sexual abuse, refer to [Chapter 5, 15. What if a child or young person is sexually abused whilst in out-of-home care?](#)

3.9 Provide required information following the investigation and assessment

Provide verbal advice

Following the completion of the investigation and assessment, provide **verbal advice only** to:

- the child (having regard to their age and developmental level)
- the recognised entity, where the child is Aboriginal or Torres Strait Islander
- the CSO or adoption officer responsible for any child currently placed with the approved carer or staff member
- at least one parent of the child.

In addition, alert all parties to applicable complaints and review mechanisms. Refer to [11. What if a person wants to make a complaint or seek a review?](#)

Provide verbal and written advice

Following the completion of the investigation and assessment, provide both verbal advice and written advice to the following people, using the [Letter to approved carer/staff member - advice of notification outcome](#), as outlined:

- provide the original letter to the approved carer or staff member
- provide a copy of the letter and where applicable, the action plan, to:
 - the director ASQ, if applicable
 - the manager or coordinator of the licensed care service or another entity, if applicable
 - the CST manager of the region with responsibility for the licensed care service or another entity, if applicable
 - relevant staff of Department of Communities, Child Safety and Disability Services or another government department, where the entity is funded or regulated by that department, for example Disability Services
 - the regional director, where the outcome is 'breach of standards'
- attach a copy of the letter to the 'MOC - I&A' event in ICMS.

The CST manager, where the approved carer or staff member is affiliated with a licensed care service, will:

- forward a copy of the letter and the action plan to the nominee of the licensed care service
- file a copy of the letter and the action plan on the licensed care service's or another entity's file.

The *Child Protection Act 1999*, section 15(3), permits discretionary compliance to inform the parents if the authorised officer reasonably believes either:

- someone may be charged with a criminal offence for the harm to the child, and compliance may jeopardise an investigation into the offence
- that compliance may expose the child to harm.

If discretionary compliance is exercised:

- it must be approved by a team leader
- record the decision, rationale and approval process in a case note in ICMS.

When a child has a long-term guardian, refer to [13. What if the child has a long-term guardian?](#)

4. Develop and monitor an action plan

The assessment or investigation and assessment in response to a matter of concern must be completed in a timeframe that allows for the action plan to be finalised and approved by a team leader **within six weeks** of the decision that a matter constitutes a matter of concern. The team leader is also responsible for advising the CSSC manager and ASQ director, if applicable, of the details of the action plan.

4.1 When to develop an action plan

An action plan must be developed for all matters of concern that have one of the following outcomes:

- child placement concern report - 'Breach of standards'
- investigation and assessment - 'Substantiated - matter of concern'
- investigation and assessment - 'Unsubstantiated - matter of concern - breach of standards'.

There are **two exceptions** to this requirement. No action plan is required where:

- a decision is made to cancel an approved carer's certificate of approval, unless the decision is overturned by the Queensland Civil and Administrative Tribunal – refer to [Chapter 8, 9 What if a foster or kinship carer's certificate of approval requires amendment, suspension or cancellation, other than on blue card or exemption card grounds?](#)
- the child is removed from a kinship carer and there are no other children placed with the carer.

Note: When a carer's certificate of approval is surrendered or expires during the course of an investigation and assessment, the action plan should still be recorded and the follow up actions recorded in the carer's 'Monitor and Support' screen in ICMS for future reference. Refer to [Chapter 8, 7 What if the foster or kinship carer decide to cease being a carer?](#)

The CSSC manager is responsible for ensuring that:

- where there is a breach of the standards of care, or harm or risk of harm to the child by an approved carer or staff member, an action plan is developed to address the matters of concern
- appropriate mechanisms, including bring-up systems, are developed and implemented within the CSSC to monitor the implementation and effectiveness of the action plan and taking action to address issues that remain unresolved or continue to arise.

4.2 Who will develop the action plan

When an action plan is required:

- **Child Safety** is responsible for developing an action plan for an approved carer or a staff member of another entity
- the **licensed care service** is responsible for developing an action plan for a staff member of a licensed care service, given the legislative obligations of the licensed care service nominee under the *Child Protection Act 1999*, section 130.

Licensed care service

Where the licensed care service is responsible for the development of an action plan, liaise with the licensed care service to ensure the development and review of an action plan and discuss:

- which persons are to be involved in the development of the action plan
- the key items to consider, and where appropriate include, in the action plan.

When the licensed care service is responsible for the development and review of an action plan, they are also responsible for providing the CSO, adoption officer where applicable and the Community Support Team (CST) manager with a copy of the completed action plan for addressing matters of concern.

Attach a copy of the action plan developed by a licensed care service for a staff member to the 'Matter of Concern' event (for a CPCR) or 'MOC - I&A' event (for a MOC notification) in ICMS.

4.3 Who will participate in the development of an action plan

Child Safety or the **licensed care service** will involve the following persons in the development of an action plan:

- the child, where of an appropriate age and ability
- the CSO or adoption officer with case responsibility for the child
- the recognised entity, where the child is Aboriginal or Torres Strait Islander
- the approved carer or staff member
- the approved carer's support worker (from the licensed care service, Child Safety or another entity)
- the manager or coordinator of the licensed care service, where relevant.

4.4 Review suitability as part of the action plan

Consideration will be given to a review of the approved carer or staff member's suitability where:

- the investigation and assessment outcome is 'Substantiated - matter of concern', and:
 - the nature of the harm or future risk of harm is considered very serious
 - the provision of protective intervention, for example, through providing direct services and enhanced supports and monitoring, would not adequately ensure the child's safety and well-being in the care environment
- the approved carer or staff member has more than one matter of concern where they are the person responsible for a breach of the standards or harm or risk of harm to a child in out-of-home care, or there is a pattern of similar concerns, irrespective of the outcomes
- identified concerns remain unresolved after **six months** from the original approval of the action plan, or where new matters of concern continue to arise leading up to the six month period.

Any decision that a review of the suitability of an approved carer or staff member is necessary, will be made by the CSSC manager, in consultation with the senior practitioner.

For an approved carer, document this decision in the action plan. For a staff member of a licensed care service, the CSSC manager will contact the nominee for the licensed care service and:

- request that a review of the staff member's suitability be conducted by the licensed care service
- discuss the rationale for the request
- request that the nominee's decision as to whether to conduct a review of the staff member's suitability be incorporated in the action plan.

If the nominee decides, following the discussion with the CSSC manager, that a decision to review the staff member's suitability is not necessary or appropriate, the CSSC manager will contact the regional director to discuss whether action may be required to amend, suspend or cancel the licensed care service's license.

4.5 Develop the action plan

Prior to developing the key items

Where a change in the child's placement is being considered in response to the outcome of a matter of concern, discuss the matter with the **senior practitioner and CSSC manager and ASQ director, if applicable**, prior to its inclusion in the action plan.

Where a decision is required about whether to take legislative action to amend or suspend an approved carers certificate of approval, discuss the matter with the **CSSC manager**, prior to its inclusion in the action plan - refer to [Chapter 8, 9. What if a foster or kinship carer's certificate of approval requires amendment, suspension or cancellation, other than on blue card or exemption card grounds?](#)

The 'Action plan' form is located in ICMS under the 'Assessment & outcome' tab in the 'MOC - I&A' event (for a MOC notification) or under the 'CPCR Assessment/Action' tab in the 'Matter of Concern' event (for a CPCR).

Actions and tasks identified in the ‘Action plan’ will automatically appear as ‘MOC follow up’ activities in the carer’s ‘Monitor and Support’ screen, once the action plan is approved. Ensure the carer has a ‘Monitor and Support’ screen created from the ‘Approval’ tab within the carer entity record in ICMS, prior to the approval of the action plan.

Key action plan requirements

The action plan, developed by either Child Safety or the licensed care service will:

- incorporate all actions considered necessary to address the identified concerns and prevent further concerns from arising
- outline the responsibilities of Child Safety, the approved carer or staff member and the licensed care service or another entity for implementing and monitoring the action plan tasks
- respond to the child’s safety and support needs within the placement, particularly where the child presents with a history of challenging behaviours or multiple placements
- respond to any systemic issues identified that have contributed to the breach of the standards of care, that can be addressed by Child Safety, licensed care service or another entity
- identify the approved carer or staff member’s specific supervision, support and training needs and how they will be resourced
- document strategies to deal with any systemic issues likely to impact on the ability of stakeholders to address the identified concerns
- incorporate when and how the review will take place - refer to [4.7 Review the action plan](#).

The action plan will also include specific actions considered necessary to address the breach of standards, such as:

- a review of the current case plan for the child, including a review of the cultural support plan for an Aboriginal or Torres Strait Islander child - refer to [Chapter 4. Case planning](#)
- a review of the appropriateness of the placement to meet the child’s needs - refer to [Chapter 5, 1.1 Placement matching - an overview](#)
- a review of the placement agreement to:
 - clarify the goals and outcomes for the placement
 - identify any specific support needs for each child, for example, financial or therapeutic support, and the carer, to assist them meet the standards of care for the child
- more frequent home visits to the child and the approved carer or staff member
- a review of the foster carer agreement for an approved foster carer
- identifying whether any of the following actions are required:
 - a review of an approved carer’s suitability
 - the decision to amend an approved carer’s certificate of approval
 - the decision, by a licensed care service, to review a staff member’s suitability.

4.6 Implement and monitor the action plan

Provide a copy of the action plan to the child, where age and developmentally appropriate, the approved carer or staff member and all persons responsible for the implementation of the action plan.

The progress of the action plan is to be documented by either Child Safety or the licensed care service, until such time that the matter of concern issues are considered by Child Safety and the licensed care service, if applicable, to be adequately resolved.

Record the implementation of the action plan and related activities in the relevant ‘MOC Follow up’ activities in the carer’s ‘Monitor and Support’ screen in ICMS. Where a particular issue and action requires further follow up and was not identified in the original MOC action plan, record the details in an ‘Additional MOC Follow up’ activity created in the carer’s ‘Monitor and Support’ screen in ICMS.

For a licensed care service, record the details about any MOC follow up information in a ‘MOC Follow up’ document created in the care service’s record in ICMS.

4.7 Review the action plan

The review of an action plan will occur **within six months** of being approved, and the review is the responsibility of either Child Safety or the licensed care service that developed the action plan. The review meeting is to include all persons responsible for the implementation of the action plan, including the approved carer or staff member. Where the timeframe permits, the review may also be incorporated into the review of the placement agreement for the child or the review of the foster carer agreement.

Attach a copy of the minutes of the review to a ‘MOC Action plan review’ document in the carer’s ‘Monitor and Support’ screen in ICMS and add any relevant subject children. For a licensed care service, attach a copy of the review to a ‘MOC Follow up’ document created in the care service’s record in ICMS.

Provide a copy of the minutes of the review meeting to ASQ, where applicable.

Where identified concerns remain unresolved **after six months**, or where new matters of concern have been recorded **within the six month period**, the team leader is required to consult with the CSSC manager, to determine the most suitable action to be taken. At this time, consideration must be given to either:

- the amendment, suspension or cancellation of an approved carers certificate of approval
- the amendment, suspension or cancellation of the licensed care service's license, if applicable
- whether it is considered necessary that the licensed care service take action in relation to the employment status of the staff member.

What ifs - responding to specific matter of concern issues

1. What if concerns are received by Child Safety After Hours Service Centre (CSAHSC)?

When information is received by CSAHSC over a weekend or holiday period that may constitute a matter of concern, the CSAHSC will undertake the relevant steps to determine whether the information constitutes a matter of concern. CSAHSC responsibility for a matter ends on the following business day, once the CSSC is open for business.

Where it is determined that the information constitutes a matter of concern, but no action by the CSAHSC is required, the CSAHSC will:

- record the information in ICMS in a ‘placement’ case note in the ‘placement’ event, and include the notifier’s contact details and whether they request feedback (if from a government or non-government agency)
- fax the information to the CSSC responsible for the approved carer, licensed care service or another entity, and call them on the next business day to ensure they have received the fax, are aware of the matter and are able to locate the ‘placement’ case note in ICMS.

The CSSC with responsibility for the carer or service is then responsible for responding to the matter of concern in accordance with normal matter of concern procedures.

Where it is determined that the information constitutes a matter of concern notification and action by the CSAHSC is required, the CSAHSC will:

- seek approval for the decision to record a matter of concern notification from the relevant CSSC manager
- take action to ensure the safety of the child and commence the investigation and assessment within the 24 hour response timeframe, where necessary
- record the concerns in a ‘Matter of Concern’ event in ICMS and all actions taken in the ‘MOC - I&A’ event in ICMS
- fax the information to the CSSC responsible for the approved carer, licensed care service or another entity, and call them on the next business day to ensure they have received the fax, are aware of the matter and are able to locate the relevant information in ICMS.

The CSSC is then responsible for completing the investigation and assessment of the matter in accordance with normal matter of concern procedures.

For further information refer to the practice resource [Regional intake services workflow](#).

2. What if additional concerns are received?

When there is a current child placement concern report or matter of concern notification and investigation and assessment that has not been finalised and approved in ICMS, any further information or concerns will be responded to as part of the current matter of concern.

In this circumstance, unless an exception applies, as outlined in [Chapter 1, 2.6 Decide the response](#), record the new matter of concern in an ‘Additional notified concerns’ form in either:

- the open ‘Matter of Concern’ event in ICMS
- the open ‘MOC - I&A’ event in ICMS.

In this circumstance, another ‘Record of checks and consultation’ form must be completed prior to the decision to record the additional concerns.

Where further information is received by CSAHSC, a RIS, or a CSSC that does not have responsibility for the assessment of the current child placement concern report, all relevant information is to be recorded in a ‘placement’ case note in a ‘placement’ event in ICMS. For further information, refer to [1.2 The CSSC responsible for a matter of concern](#). In this circumstance the assessment of the additional concerns must occur as part of the current assessment.

3. What if there is harm by another household member?

Where there are reported concerns about the care of a child in out-of-home care, by an adult other than the approved carer or staff member, or by another child who is also subject to out-of-home care and residing in the care environment:

- undertake information gathering requirements, including consideration of:
 - whether the approved carer or staff member is aware of the harm or risk of harm
 - the approved carer or staff member’s protective capacity and response to the child (for example, whether they have rejected the child or are refusing to take action to ensure the child’s safety)
 - the approved carer or staff member’s willingness and ability to protect the child
- assess whether the standards of care have been breached by the approved carer or staff member
- consider any necessary actions, where appropriate, with respect to the approved carer or staff member’s ongoing suitability to provide out-of-home care (particularly where the concerns relate to harm or risk of harm by another child or adult residing in the care environment)
- where the person responsible is another child subject to out-of-home care, consider and where applicable, respond to the needs of this child, as well as respond to the matter of concern - this will require the recording of a separate notification on the responsible child.

Where a child in the out-of-home care placement is the alleged person responsible, it may indicate unassessed needs for the child. The following practice guidelines apply to all harm or abuse types, although the examples provided relate to sexual abuse:

- where the alleged abuse was sexual, and there is no previous information recorded by Child Safety about any history of sexual abuse of, or by, the child - record a matter of concern notification on the child, and assess the child’s protection needs
- where the alleged abuse was sexual, and there is no previous information known by Child Safety about any history of sexual abuse of, or by, the child but the information received indicates that the child may have been sexually abused while in the care of his or her parents, record a ‘standard’ notification on the child and assess the child’s protection needs

In all circumstances where Child Safety staff become aware of allegations of sexual abuse of a child or young person while they are placed in out-of-home care, a response will be provided that includes a review of the child or young person’s case plan to meet the child or young person’s specific needs. Refer to [Chapter 5, 15. What if a child or young person is sexually abused whilst in out-of-home care?](#)

Regardless of the Child Safety response, any information received from the notifier regarding allegations of harm to a child that may have involved the commission of a criminal offence relating to the child, is to be **immediately** notified to the QPS using the [Police referral fax](#), in accordance with the *Child Protection Act 1999*, section 14(2) and (3). For further information refer to [Chapter 10.2 Statutory obligation to notify the Queensland Police Service of possible criminal offences](#).

4. What if there is harm by a person living outside the care environment?

Child Safety does not automatically record a matter of concern notification about harm or risk of harm to a child in out-of-home care when the alleged person responsible for the harm (whether a child or an adult) lives outside the approved carer or staff member's household, or does not work for the licensed care service or another entity.

Prior to deciding the appropriate response, use the known information to assess:

- whether the approved carer or staff member is aware of the harm or risk of harm
- the approved carer or staff member's protective capacity and response to the child (for example, whether they have rejected the child or are refusing to take action to ensure the child's safety)
- the approved carer or staff member's willingness and ability to protect the child, including whether they:
 - support the child, believe the child or blame the child for the harm
 - have an ongoing relationship with the alleged person responsible that will affect their ability to protect the child
 - are able to protect the child but are unwilling to do so, due to identified factors (for example, the alleged person responsible may be a relative or friend of the approved carer or staff member, or there may be conflict between the approved carer or staff member and the child, preventing the approved carer or staff member from acting protectively).

Where the information received does not raise concerns about the standards of care provided to the child by the child's approved carer or the staff member, the matter will be responded to in accordance with intake procedures relating to children in the general community, for example:

- a child in out-of-home care may experience sexual assault by another child who attends their school or be physically assaulted at a shopping centre by an adult with whom they have no relationship. In these circumstances:
 - **immediately** refer the matter to the QPS in accordance with the *Child Protection Act 1999*, section 14(2) and (3), using a [Police referral fax](#)
 - record the matter, and the actions taken, in a child concern report
 - support the child, as part of ongoing intervention, through the provision of counselling, medical services, if appropriate, and during any subsequent criminal investigations and court processes

- a child in out-of-home care may experience harm or risk of harm by their parent during a family contact visit. In these circumstances, as the harm or risk of harm is not related to the carer or staff member's actions or inactions:
 - record the matter as a 'standard' notification
 - undertake an investigation and assessment.

Where the approved carer or staff member's actions or inactions towards the child potentially contributed to the harm or risk of harm to the child, a matter of concern will also be recorded. For example, where an approved carer or staff member allows an unsupervised family contact visit to occur, despite the child's case plan and placement agreement requiring supervised visits, and the child was harmed by a parent.

In all circumstances where Child Safety staff become aware of allegations of sexual abuse of a child or young person while they are placed in out-of-home care, a response will be provided that includes a review of the child or young person's case plan to meet the child or young person's specific needs. Refer to [Chapter 5, 15. What if a child or young person is sexually abused whilst in out-of-home care?](#)

Regardless of the Child Safety response, any information received from the notifier regarding allegations of harm to a child that may have involved the commission of a criminal offence relating to the child, is to be **immediately** notified to the QPS using the [Police referral fax](#), in accordance with the *Child Protection Act 1999*, section 14(2) and (3). For further information refer to [Chapter 10.2 Statutory obligation to notify the Queensland Police Service of possible criminal offences](#).

5. What if the child needs to be moved to a new placement?

The matter of concern assessment process is to ensure continuity of the child's relationship with the approved carer or staff member and the stability of the child's placement, as far as possible, unless:

- the child requests a change in placement and the delegated officer is satisfied it is in the child's best interests
- for a **child placement concern report**, exceptional circumstances apply
- at any point during the **investigation and assessment** it becomes apparent that the child is at immediate risk of harm or unacceptable risk of future harm in the care environment, and protective intervention would not adequately ensure the child's safety and well-being in the care environment.

The decision to remove the child from their care environment as part of a matter of concern will be made by the CSSC manager or another delegated officer, including a CSAHSC team leader, where the matter is being responded to by the CSAHSC. Where it will not jeopardise the immediate safety or well-being of the child, the CSSC manager will make this decision following consultation with the senior practitioner, having regard to the views of:

- the child, where age and developmentally appropriate
- the recognised entity, where the child is Aboriginal or Torres Strait Islander
- the approved carer or staff member, if applicable

- the licensed care service, if applicable.

Where the child's immediate safety and well-being necessitate their removal from the care environment prior to seeking the views of the above relevant persons, or where having regard to the views of relevant persons, the CSSC manager proceeds with the decision to remove a child, the allocated CSO will:

- record the decision and the rationale for the decision
- explain the rationale for the decision to all persons affected by the decision
- implement applicable information provision and administrative requirements, in accordance with the *Child Protection Act 1999*, section 90, and the [Chapter 5, 4. Conclude an out-of-home care placement](#).

6. What if the concerns received are historical?

Responding to historical concerns

A child under 18 years of age

When information received relates to historical events, for example, over 12 months, and the subject child is currently under 18 years of age, irrespective of the amount of time elapsed since the concerns occurred, the matter must still be recorded and responded to as a matter of concern.

A carer who is no longer an approved carer

When historical concerns relate to a carer who is no longer an approved carer, or to a former staff member of a licensed care service or another entity, the information will still be recorded as a matter of concern and attempts will be made to conduct an assessment. This may take the form of written advice to the former approved carer or staff member about the concerns and a request to participate in the assessment process.

A former child in out-of-home care over 18 years of age

Once a child who was formerly in out-of-home care turns 18 years, Child Safety has no legislative authority to either:

- record a child placement concern report or a matter of concern notification
- conduct an investigation and assessment.

When information received relates to concerns about a child who was formerly residing in out-of-home care, the child is now an adult and the CSSC manager decides that the information constitutes a matter of concern, the allocated CSO will:

- record the concerns in a 'MOC - Historical concerns' document in the carer's 'Monitor and Support' screen and add the relevant former child in care who is now over 18 years of age
- make all reasonable attempts to discuss and assess the concerns with the former child in care, subject to their consent
- discuss the concerns with the approved carer or staff member (where they are currently approved or employed by the licensed care service or another entity)

- for a carer who is no longer approved or for a former staff member of a licensed care service or another entity, make all reasonable attempts to meet with them to discuss the concerns (subject to their consent)
- attach the assessment and the outcome in the same 'MOC - Historical concerns' document in ICMS.

7. What if there are multiple matters of concern?

Where the approved carer or staff member presents with more than one matter of concern (indicating a breach of the standards and/or a substantiated investigation and assessment where the approved carer or staff member is recorded as the person responsible), or a pattern of similar concerns, irrespective of the outcomes, the CSSC manager will, on a case-by-case basis:

- give consideration to a review of the approved carer or staff member's suitability
- where recommended as a result of the review, take necessary action to amend, suspend or cancel the approved carer's certificate of approval - refer to Chapter 8, 9. What if a foster or kinship carer's certificate of approval requires amendment, suspension or cancellation, other than on blue card or exemption card grounds?

For the review of an approved carer's suitability, due to multiple matters of concern, the regional director is to determine whether:

- the senior practitioner who has had previous involvement with respect to the matter of concern process and/or decision, is to conduct the review
- they will negotiate for another senior practitioner who is independent of the case to conduct the review
- advice or assistance will be sought from the Matters of Concern Review Unit.

For the review of a staff member's suitability, the CSSC manager will contact the nominee of the licensed care service and request the nominee conduct the review of suitability, in accordance with the procedure 4. Develop and monitor an action plan.

In circumstances where there is an emerging pattern of matters of concern in relation to a licensed care service, consult with the relevant CST Manager and regional director in relation to the licensed care service's compliance with licensing standards, and whether any additional action is required.

8. What if assistance is required from the Matters of Concern Review Unit?

The Matters of Concern Review Unit (MOCRU) is available to respond to requests for advice or assistance in relation to matters of concern, when issues **cannot be resolved** at the CSSC level.

Requests to MOCRU can only be made by a CSSC manager or senior practitioner. The range of services offered include:

- assisting staff to determine the most appropriate response to concerns received about a child placed in out-of-home care

- providing advice to staff who undertake matters of concern assessments
- assisting with the development of an assessment plan
- providing feedback on the matters of concern assessment outcome
- assisting the CSSC to develop clear and effective action plans, where it is assessed there has been a breach of the standards of care.

In addition, at the request of a regional director, the MOCRU is available to:

- undertake or assist in the review of an approved carer, through:
 - supporting CSSC staff in the review process by providing advice
 - completing a file review of the approved carer, to inform the CSSCs review
- assume full responsibility for the review of the approved carer
- undertake complex reviews relating to matters of concern.

A request for MOCRU to undertake a complex review may also be made by the assistant regional director, regional director or above.

9. What if a staff member is responsible for concerns of a serious nature?

Where a staff member of a licensed care service or another entity is the alleged person responsible for concerns of a serious nature, such as those requiring criminal investigation, there are industrial relations issues to be considered when completing the matter of concern.

Investigation and assessment timeframe

Where a staff member has been suspended from their duties pending the outcome of an investigation and assessment, the average period of time that a licensed care service can suspend a staff member on full pay is **four weeks**. In this circumstance, make every effort to investigate and assess a matter of concern and advise relevant parties of the outcome, as soon as possible and **within a period of 4 weeks**.

Provision of information outlining the substantiated concerns

Where there are substantiated concerns of a serious nature, such as matters resulting in criminal proceedings, these should be clearly documented and provided to all relevant parties, including the manager of the licensed care service (refer to [Letter to approved carer/staff member - advice of notification outcome](#)). Licensed service providers require clear information about the substantiated concerns. In cases where dismissal of a staff member may be considered, organisations must provide clear grounds for dismissal in order to minimise their likelihood of being summoned to the Unfair Dismissal Tribunal. Processes need to be transparent, accountable and recorded and employers need clear information on which they can act.

10. What if a matter of concern coincides with the renewal of approval for a carer?

In circumstances where an approved carer is due to have their certificate of approval renewed at the same time as they are subject to a matter of concern, advise the carer of the following:

- the ‘Application for approval - Form 3 APA’ (APA form) - Part C **must** still be submitted, in accordance with [Chapter 8, 5. Renewal](#)
- the renewal process will then be put on hold until the matter of concern is finalised

This will ensure that:

- the carer will not be required to undergo an initial approval process following the completion of the matter of concern, due to their current approval expiring
- any child placed with the carer will not need to be removed, due to the carer’s approval expiring.

11. What if a person wants to make a complaint or seek a review?

Child Safety clients, approved carers or staff members of a licensed care service or another entity may:

- make a complaint by contacting the local CSSC, the Child Safety regional office or the Complaints, Case Review and Investigation Branch - refer to [Chapter 10.17 Complaints management](#)
- make a complaint or express concerns about Child Safety decisions and actions relating to matters of concern through the CCYPCG
- seek external review of Child Safety decisions and actions through the Queensland Civil and Administrative Tribunal, in circumstances prescribed by legislation (decisions able to be reviewed are prescribed in the *Child Protection Act 1999*, schedule 2).

An internal review of the decisions or actions of the CSO may be:

- requested by the regional director
- undertaken by the CSSC manager
- assisted or undertaken by MOCRU (at the request of the assistant regional director, regional director or above).

12. What if there is a request for a copy of Child Safety records?

Should an approved carer or staff member request a copy of Child Safety information in relation to the assessment, they should be referred to the Right to Information Lodgement and Assessment Unit, Department of Communities, Child Safety and Disability Services by telephone on 1800 809 078.

Administrative release of documents under the *Child Protection Act 1999*, section 187(4), to a person should only occur following consultation between the CSSC manager and the Right to Information Unit.

Should an approved carer or staff member request that information be changed in, or added to, records associated with the assessment, the CSO, licensed care service or another entity will:

- refer the approved carer or staff member to relevant review mechanisms
- invite the approved carer or staff member to provide their response in writing, to be placed on:
 - the approved carer’s file

- the licensed care service's or another entity's file
- the child's file, and referenced to the child placement concern report or the investigation and assessment.

13. What if the child has a long-term guardian?

A child with a long-term guardian may be placed with an approved carer when they are subject to:

- a long-term guardianship order to a suitable person and placed in 'emergent' respite
- an assessment order, temporary custody order or interim custody order and no longer in the care of the long-term guardian.

In these circumstances, where a matter of concern is recorded, the long-term guardian has the same rights as a parent, including information provision rights.

Provide required information to the long-term guardian

Where the concerns relate to an approved foster carer providing 'emergent' respite, prior to planning the assessment, provide verbal advice to at least one of the long-term guardians about:

- the concerns
- which standards of care the concerns relate to
- the planned Child Safety response.

Note: Consent is required from at least one of the long-term guardians to sight and talk to the child.

When a child is subject to an **assessment order, temporary custody order or interim custody order**, incorporate the timeframe for informing the long-term guardian of the matter of concern, into the assessment plan.

Upon completion of the assessment or matter of concern investigation and assessment, provide verbal advice of the outcome, to at least one of the long-term guardians. Provide written advice about the matter of concern investigation and assessment outcome, if this has been requested by the long-term guardian.

Provide required information to the child's parents, if appropriate

When a child placement concern report is recorded, there is no obligation to advise the child's parents of the concerns, unless it is considered appropriate to do so.

For a matter of concern investigation and assessment, advise the child's parents about the concerns and the investigation and assessment outcome, only if satisfied that it would be in the child's best interest, having regard to:

- the nature and extent of the child's connection with the child's parents
- the evidence in support of the allegation
- any other relevant matter.

Where the parents have not been advised about the concerns and outcome, document the actions taken and the reason for not advising the parents in the 'Information provision to parents' form in the 'MOC - I&A' event in ICMS.

Resources

Forms and templates

- Letter to approved carer/staff member - CPCR outcome
- Letter to approved carer/staff member - advice of matter of concern notification, which includes 'Information sheet – support persons and advocates in Matters of Concern' and 'Information sheet – Matters of Concern Investigation and Assessment Outcomes'
- Letter to approved carer/staff member - advice of notification outcome
- Police referral fax

Child Safety resources

- Checklist for assessing a child placement concern report
- Checklist for investigating and assessing a matter of concern notification
- Critical Incident Report
- Information sheet for children and young people
- Practice guide: The assessment of harm and risk of harm
- Practice resource: Matters of concern - key concepts and definitions
- Practice resource: Notifiers and mandatory notifiers
- Practice resource: Receiving Integrated Justice Information Strategy email alert information
- Practice resource: Regional intake services workflow
- Practice resource: Response to Matters of Concern
- Practice resource: The role of a support person
- Practice resource: Working with the recognised entity
- Statement of Commitment between the Department of Child Safety, foster care services and the carers of Queensland

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10.1 Decision-making about Aboriginal and Torres Strait Islander children

Purpose

This procedure outlines the process for decision-making about Aboriginal and Torres Strait Islander children, and informs practice in relation to the key principles and concepts that underpin Child Safety intervention with Aboriginal and Torres Strait Islander children.

Key steps

1. Determine whether a matter is a 'significant decision'
 2. Provide an opportunity for the recognised entity's participation in the decision-making process
 3. Record the outcome of the recognised entity's participation in decision-making
-

Standards

1. When making all decisions about an Aboriginal or Torres Strait Islander child, the recognised entity is provided with the opportunity to participate in all 'significant decisions', and consulted about all other decisions.
 2. For any decision other than a significant decision, Child Safety consults with the recognised entity before the decision is made.
-

Authority

- *Child Protection Act 1999*, section 6
-

Key steps - Decision-making about Aboriginal and Torres Strait Islander Children

- 1. Determine whether a matter is a 'significant decision'**
- 2. Provide an opportunity for the recognised entity's participation in the decision-making process**

3. Record the outcome of the recognised entity's participation in decision-making

1. Determine whether a matter is a 'significant decision'

Due to the over-representation of Aboriginal and Torres Strait Islander children subject to intervention by Child Safety and the impact of past government policy, the government is responsible and committed to making all decisions about Aboriginal and Torres Strait Islander children in active collaboration with the Aboriginal and Torres Strait Islander community.

The *Child Protection Act 1999*, section 6, reflects the importance of Aboriginal and Torres Strait Islander participation in child protection decision-making to ensure that:

- Aboriginal and Torres Strait Islander children receive culturally appropriate and inclusive child protection services
- Child Safety delivers these services in a collaborative manner with Aboriginal and Torres Strait Islander organisations
- effective efforts are made to address the over-representation of Aboriginal and Torres Strait Islander children in the child protection system.

Under the *Child Protection Act 1999*, section 6, Child Safety is required to work with a recognised entity when making all decisions about an Aboriginal or Torres Strait Islander child. There are two types of decisions outlined, either:

- 'significant decisions' - these decisions require Child Safety to provide the recognised entity with the opportunity to participate in the decision-making process about Aboriginal and Torres Strait Islander children
- 'decisions other than significant decisions' - these decisions require Child Safety to consult with the recognised entity.

For further information about all of the roles of, and working collaboratively with, the recognised entity, refer to the practice resource [Working with the recognised entity](#).

Significant decisions

The *Child Protection Act 1999*, section 6(6), defines a significant decision about an Aboriginal or Torres Strait Islander child as one that is likely to have a significant impact on the child's life. Child Safety officers **must** ensure that the recognised entity is informed about, and involved in the decision-making process for these decisions.

There may be additional matters that are significant for an individual child. Taking into account cultural and family issues specific to each child's family and community, use professional judgment to determine whether other decisions should be responded to as significant decisions.

The key 'significant decisions' for an Aboriginal or Torres Strait Islander child are outlined below:

- **intake** - decision-making about any intervention planned as a response to child protection concerns received, for example, recording a notification or the subsequent decision to downgrade a notification, or referral to a family support service

- **investigation and assessment** - decision-making with regard to the investigation and assessment of child protection concerns, including:
 - developing the investigation and assessment plan
 - involvement in the contact with the child and family, the completion of the safety assessment and, if required, the development of a safety plan
 - the decision about whether a child is in need of protection and the type of ongoing intervention that will occur, including referral to a family support service
- **SCAN team system** - where a matter has satisfied the referral criteria, and **prior to** making the referral to a SCAN team, provide the recognised entity with an opportunity to be involved in the decision-making process
- **case planning** - decision-making with regard to referrals to a family support service, the completion of the child and parental strengths and needs assessments, recognised entity attendance at the family group meeting and participation in the development and review of the case plan or support plan for a child
- **court** - decision-making with regard to any application for either an assessment order or child protection order
- **placement** - decision-making about any placement by Child Safety, including where and with whom the child will live, or any change of placement
- **matters of concern** - decision-making with regard to child protection concerns potentially constituting a matter of concern for a child in out-of-home care, including:
 - the appropriate response by Child Safety, either a child placement concern report or a notification
 - the assessment plan for the matter of concern
 - the decision about whether there has been a breach of the standards of care and/or harm or risk of harm to a child
 - the development of an action plan, where a breach of the standards has occurred.

For further information about the legislative requirements that impact on working with Aboriginal and Torres Strait Islander children and families, refer to the practice resource [Legislative provisions in relation to Aboriginal and Torres Strait Islander children and collaboration with recognised entities](#).

2. Provide an opportunity for the recognised entity's participation in the decision-making process

The steps outlined below will assist workers to meet the obligation to provide the recognised entity with an opportunity to participate in the decision-making process.

At all times throughout the decision-making process, if it is not practicable to meet the above requirement because a recognised entity is not available or urgent action or intervention is required to protect the child, consult with the recognised entity as soon as practicable after the action or intervention.

Where a significant decision is made after hours by the CSAHSC, and consultation with the recognised entity is not possible at the time of the decision, the relevant CSSC or RIS is responsible for consulting with their local recognised entity on the next business day.

Before making the decision

Before making the decision:

- refer to, and comply with, available statewide and local protocols for working with recognised entities
- allow the recognised entity to have input into how they prefer to participate in the decision-making process
- provide the recognised entity with the relevant information, in a timely way, about the current situation, the decisions to be made and information required about the child and their family, relationships, community, culture, island and/or language group, strategies to communicate and engage with Aboriginal or Torres Strait Islander children, families and communities and safe, compatible placement options
- provide the recognised entity with sufficient notice of meetings or other activities that require their involvement, to enable their full participation
- ensure that the recognised entity is given sufficient time to communicate with relevant community members to gather relevant information
- explore issues with the recognised entity when they express divergent views in relation to decision-making.

When the recognised entity has expressed divergent views, consult with the team leader about the views of the recognised entity prior to actioning the decision.

During the decision-making process

During the decision-making process:

- provide a respectful, culturally appropriate and supportive forum for decision-making and discussions with the recognised entity, that is respectful of Aboriginal and Torres Strait Islander protocols and traditions
- enable the recognised entity, where appropriate, to have input into the process in their preferred manner
- clarify the decisions to be made, and the roles and responsibilities of Child Safety in the process
- elicit the views of the recognised entity
- follow available Child Safety protocols for resolving differences with the recognised entity.

Following the decision

Following the decision:

- clarify the roles and responsibilities of Child Safety and the recognised entity
- ensure that when Child Safety does not follow the recommendation or advice of the recognised entity, a clear rationale is documented, and that this is communicated to the recognised entity.

For further information about working collaboratively with the recognised entity, refer to the practice resource [Working with the recognised entity](#) and the practice resource [The child placement principle](#).

3. Record the outcome of the recognised entity's participation in decision-making

Record details of the participation of, or consultation with, a recognised entity in either the 'Recognised entity participation form' or the 'Recognised entity participation/Child placement principle form' in ICMS. This will include:

- all key information provided by the recognised entity
- information about the involvement of the recognised entity in Child Safety intervention with an Aboriginal or Torres Strait Islander child and family, including their involvement in joint visits
- the recognised entity's views and contributions to planning and decision-making
- information about urgent circumstances when the RE was not given an opportunity to participate in decision-making including why the urgent action was required and how and when the recognised entity was consulted
- information about unsuccessful attempts to consult with or obtain the participation of the recognised entity in decision-making, including how and when the officer consulted with the recognised entity as soon as practicable after the decision or action
- information about significant decisions made by Child Safety when the recognised entity expressed divergent views about the approved course of action.

The case plan for the Aboriginal and Torres Strait Islander child, including the cultural support plan, will also document the roles and responsibilities of Child Safety and the recognised entity in relation to decision-making and service delivery to the child and family.

Resources

Child Safety resources

- Practice resource: Legislative provisions in relation to Aboriginal and Torres Strait Islander children and collaboration with recognised entities
- Practice resource: The child placement principle
- Practice resource: Working with the recognised entity

10.2 Statutory obligation to notify the Queensland Police Service of possible criminal offences

Purpose

This procedure outlines the process for meeting the legislative obligations to immediately notify the QPS of suspected criminal offences in relation to alleged harm to a child, **regardless** of the decision about the Child Safety response, in accordance with the *Child Protection Act 1999*, section 14(2) and (3).

Key steps

1. Decide if a matter must be reported to the QPS
 2. Report the matter to the QPS
-

Standards

1. The QPS is immediately notified of allegations of harm to a child that may have involved the commission of a criminal offence relating to the child, regardless of the Child Safety response.
 2. Where there is uncertainty about the need to report a matter to the QPS, the matter will be reported to the QPS for their determination.
-

Authority

- *Child Protection Act 1999*, section 14(2) and (3)
-

Key steps - Statutory obligation to notify the Queensland Police Service of possible criminal offences

- 1. Decide if a matter must be reported to the QPS**
- 2. Report the matter to the QPS**

1. Decide if a matter must be reported to the QPS

The *Child Protection Act 1999*, section 14(2) and (3), imposes a legislative obligation on Child Safety to notify the QPS regarding allegations of harm to a child that may have involved the commission of a criminal offence relating to the child. The *Child Protection Act 1999*, section 14(2), states, 'If the chief executive reasonably believes alleged harm to a child may involve the commission of a criminal offence relating to the child, the chief executive **must immediately** give details of the alleged harm to the police commissioner'. This applies whether or not the chief executive suspects the child is in need of protection (*Child Protection Act 1999*, section 14(3)).

When information is received by Child Safety, or discovered during intervention by Child Safety, and the information indicates the possible commission of a criminal offence relating to the child, consider the following:

- is alleged harm identified for the child?
- does the possible criminal offence relate to the alleged harm to the child?

The *Child Protection Act 1999*, section 9, outlines the following causes of harm:

- physical abuse
- neglect
- sexual abuse or exploitation
- psychological or emotional abuse.

For further information about the types of harm or abuse experienced by children that may indicate a criminal offence has been committed, refer to the practice resource [Explaining harm and criminal offences](#).

The practice resource [Schedule of criminal offences](#) provides guidance about the types of offences likely to be encountered.

2. Report the matter to the QPS

Where it is believed that harm to a child may have involved the commission of a criminal offence relating to the child, the following actions must occur:

- **immediately** complete a [Police referral fax](#) and send it to the QPS along with any relevant attachments
- contact the QPS by telephone to ensure they have received the information and discuss any possible action required
- record the information in ICMS.

In cases where there is uncertainty about the need to report a matter to the QPS, **report the matter** to the QPS for their determination.

Where a medical practitioner confirms that a child has a sexually transmitted disease, Child Safety will inform the QPS. Consideration will also be given to recording a notification on the child, where the information meets the threshold for recording a notification.

Information provided to the QPS under the *Child Protection Act 1999*, section 14(2) and (3) should be sent to the officer in charge of the nearest (in descending order):

- Child Safety and Sexual Crimes Group (for Brisbane metropolitan CSSCs)
- Child Protection and Investigation Unit (CPIU)
- Criminal Investigation Branch (CIB)
- police station.

All matters reported to the QPS will need to be recorded in the appropriate ICMS form, either as a notification, child concern report, intake enquiry or case note.

Resources

Forms and templates

- Police referral fax

Child Safety resources

- Practice resource: Explaining harm and criminal offences
- Practice resource: Schedule of criminal offences

10.3 Information sharing

Purpose

This procedure outlines the process for information sharing to support collaboration amongst government departments and non-government services in accordance with the *Child Protection Act 1999*, chapter 5A.

Key steps

1. Share relevant information
2. Ensure the confidentiality and privacy of information
3. Ensure service delivery coordination

What ifs - responding to specific information sharing matters

Standards

1. Information is shared amongst government departments and non-government services to promote a child's well-being and effectively meet their protection and care needs.
 2. Information is shared amongst government departments and non-government services to facilitate the coordination of service delivery to relevant children and families.
-

Authority

- *Child Protection Act 1999*, chapter 5A, section 113, section 159C, 159H, 159M, 159N, 187 and 189B
 - Policy No. 395: Administrative Access to Child Safety Records
-

Key steps - Information sharing

1. Share relevant information

- 1.1 Share relevant information - section 159M
- 1.2 Make an 'information request' - section 159N

2. Ensure the confidentiality and privacy of information

3. Ensure service delivery coordination

What ifs - responding to specific information sharing matters

1. What if the sharing of information relates to **youth justice**?
2. What if a **notifier requests feedback** from Child Safety about the response to child protection concerns reported?

1. Share relevant information

The Child Protection Act 1999, chapter 5A, allows the sharing of relevant information between government agencies, and between government agencies and non-government service providers, who provide services to children and families. The purpose of the information sharing provisions of the Child Protection Act 1999 is to remove barriers to the exchange of relevant information to promote a child's well-being, to effectively meet their protection and care needs, and to facilitate the coordination of service delivery to relevant children and families.

Relevant information

Relevant information can be facts or opinion about:

- a 'relevant child' who may be:
 - a child in need of protection
 - a child who may become a child in need of protection if preventative support is not given to the child or family, for example, by offering family support services
- a relevant child's family or someone else
- a pregnant woman or her unborn child. Information can only be shared with a service provider where the pregnant woman has agreed to the information being given to another service provider.

Relevant information can include a person's criminal history, with some exceptions. Relevant information is defined differently for service providers and Child Safety depending on whether information is being shared with Child Safety or a service provider.

When information is shared between service providers, the person sharing the information **must** reasonably believe that the information will assist the service provider to:

- decide whether to give information to Child Safety about suspected harm or risk of harm to a child
- decide whether to give information to Child Safety about an unborn child who may be in need of protection after birth, or to give information to assist Child Safety offer help and support to the pregnant woman
- assess or respond to health, educational or care needs of a child in need of protection
- otherwise make plans or decisions relating to, or provide services to, a child in need of protection, or their family.

When sharing information with Child Safety, the person sharing the information **must** reasonably believe that the information will assist Child Safety to:

- decide if there is reasonable suspicion a child may be in need of protection, and to take appropriate action, for example, by providing information when Child Safety conducts a pre-notification check
- investigate and assess an allegation of harm or risk to determine a child's need for protection
- investigate and assess the likelihood that an unborn child will need protection after birth
- offer help and support to a pregnant woman

- develop or review a child's case plan
- assess or respond to health, educational or care needs of a relevant child
- make plans or decisions relating to, or provide services to, a relevant child or their family.

1.1 Share relevant information - section 159M

The *Child Protection Act 1999*, section 159M, allows 'prescribed entities' to give 'relevant information' to 'service providers' and vice versa. Child Safety may give 'relevant information' to a 'service provider' if it is for the purpose listed in the definition of 'relevant information' (*Child Protection Act 1999*, section 159(C)(1)). Information may be provided if:

- it is information Child Safety reasonably believes may help the service provider to assess or respond to the health, educational or care needs of a relevant child or
- otherwise make plans or decisions relating to, or provide services to, a relevant child or the child's family.

The provisions do **not** prescribe how the information should be shared and it can be shared either verbally or in writing. In many circumstances, information shared at the local level between service providers (for example, to facilitate the assessment, planning, implementation and review of a case plan) will be shared verbally.

If, when seeking information from a service provider, **the service provider requires that the request for information be made in writing** (for example, when the information being sought is contained in case files or reports):

- complete the [Request for information pursuant to Chapter 5A](#)
- fax, email or post the 'Request for information pursuant to Chapter 5A' to the service provider
- record the exchange of information (the request and the response) in the relevant event in ICMS.

For further information, refer to the practice resource [Information sharing - case examples](#).

Prescribed entity

For the information sharing provisions, a 'prescribed entity' includes:

- the chief executive or an authorised officer of Child Safety
- the chief executives of :
 - the Department of Community Safety
 - the Department of Education, Training and Employment
 - Queensland Health
 - the Department of Housing and Public Works
 - the Department of Justice and Attorney-General
- the Commissioner of the QPS
- the principal of an accredited or provisionally accredited non-state school.

Service provider

A 'service provider' is defined broadly to capture a prescribed entity and any person or organisation providing a service to children or families, including a recognised entity.

Service providers are able to give relevant information to the above listed prescribed entities. Prescribed entities can give relevant information to service providers, including another prescribed entity. The sharing of relevant information from Child Safety to a service provider, including family support services, is to assist in the coordination of roles and responsibilities of service providers in promoting preventative support services to relevant children and their families.

However, if the service provider is not a prescribed entity listed above, it cannot give relevant information to another service provider who is not a prescribed entity.

1.2 Make an 'information request' - section 159N

Child Safety has been provided with a specific provision (*Child Protection Act 1999*, section 159N) to request information from **specified prescribed entities**. The provision does **not** prescribe how the information is to be requested, however, when Child Safety is using this provision, the request will **always** be in writing and will clearly state that the request is being made under the *Child Protection Act 1999*, section 159N.

Only 'relevant information' can be requested by Child Safety, and the request must be for particular relevant information in the entity's possession or control.

CSSC managers and regional directors have the delegation for using the *Child Protection Act 1999*, section 159N. It is anticipated that this provision will **not be used very often** as the information sharing provisions under the *Child Protection Act 1999*, section 159M, allow for full collaboration and information sharing between agencies to meet the protection and care needs of children and their families.

Child Safety can request the following prescribed entities to provide relevant information:

- the prescribed entities listed above
- an entity licensed to provide care services
- the person in charge of a student hostel
- the chief executive of an entity providing services to children or families that has been prescribed under a regulation.

To request information from a prescribed entity under the *Child Protection Act 1999*, section 159N:

- complete the Request for information pursuant to Chapter 5A
- ensure the 'Request for information pursuant to Chapter 5A' is signed by the CSSC manager or regional director
- fax, email or post the 'Request for information pursuant to Chapter 5A' to the prescribed entity

- record the exchange of information (the request and the response) in the relevant ICMS event.

Note: In emergency situations, the request may be made via telephone but will be followed as soon as practicable by the written request form.

When a request can be declined

The prescribed entity can only decline requests by Child Safety in limited circumstances, including when:

- giving the information could reasonably be expected to result in one of the following:
- prejudice the investigation of a contravention or possible contravention of a law in a particular case
- prejudice an investigation under the *Coroners Act 2003*
- enable the existence or identity of a confidential source of information, in relation to the enforcement or administration of a law, to be ascertained
- endanger a person's life or physical safety
- prejudice the effectiveness of a lawful method or procedure for preventing, detecting, investigating or dealing with a contravention or possible contravention of a law **and**
- it would not be in the public interest to give the information.

If the person receiving the request for the information is not satisfied that the information they are being asked to provide meets the threshold of 'relevant information', the person may refuse the request to give information. A prescribed entity does **not** commit an offence by not complying with a request.

2. Ensure the confidentiality and privacy of information

Protection from liability

The *Child Protection Act 1999*, chapter 5A, provides protection from liability for sharing confidential or defamatory information.

A person is protected when providing relevant information if they are acting honestly and if their actions are related to the aims of the *Child Protection Act 1999*, chapter 5A. In this circumstance, a person is protected against:

- criminal prosecution - for example, for committing an offence against an Act or failing to keep certain information on a Child Safety file confidential
- civil suit - for example, for defamation or breach of privacy
- Child Safety or administrative processes - for example, a disciplinary action.

Practitioners who are bound by codes of ethics or other professional standards which might prevent them releasing client information are given specific protection when sharing information under the *Child Protection Act 1999*, chapter 5A. There is also a general provision which protects against disciplinary action arising from a breach of any legislation, oath, rule or practice.

The Commonwealth *Privacy Act 1988* generally prevents the disclosure of personal information. However, there is an exception to the *Privacy Act 1988* when the disclosure is authorised by law. The *Child Protection Act 1999*, chapter 5A, provides this exception so when providing relevant information under this chapter, there are no privacy matters that need to be considered.

How to deal with information received under the *Child Protection Act, Chapter 5A*

In accordance with the *Child Protection Act 1999*, section 188, any person receiving information under the *Child Protection Act 1999*, chapter 5A, **must** keep it confidential. Further, once information has been released from one agency or person to another, there are restrictions on the use and disclosure of the information by that agency or person (*Child Protection Act 1999*, section 187 and 188).

The definition of 'person' for the purposes of the *Child Protection Act 1999*, section 187, includes prescribed entities. Persons covered include:

- licensees and their staff
- staff of Child Safety and contractors appointed by Child Safety
- police
- foster carers and other carers who have care of a child under the *Child Protection Act 1999*
- recognised Aboriginal and Torres Strait Islander entities and their employees, members and contractors
- persons who attend family group meetings or those who have a role in developing, implementing or revising a case plan
- a SCAN core member representative or their delegate
- a prescribed entity, or other person engaged by a prescribed entity, performing functions under or in relation to the *Child Protection Act 1999*, (chapter 5A, part 4); for example a service provider providing preventative support services as part of a Child Safety referral for a 'relevant child'
- non-parties to a proceeding for an application for an order for the child in the Childrens Court, in accordance with the *Child Protection Act 1999*, section 113.

It is irrelevant whether the person is no longer actually in one of the above positions. The key is that they were privy to information when they were occupying one of those positions.

It is an offence for those persons to use, or disclose, or give anyone access to the information or document. The concept of access is different to disclosure. Disclosure implies actually passing the information to a person, whereas access might just be leaving a file in a position where a person can view the contents.

Disclosure or access is permitted where:

- the particular use or disclosure is necessary so that the person can perform their child protection role
- the use or disclosure is for purposes related to a child's protection or well-being - for example, a foster carer provides information directly to a school about the child to help the school meet the child's needs.

- it is done in the context of Child Safety cooperating with other government agencies to assist them to provide services to a child in need of protection, or their family
- it is required or permitted by the *Child Protection Act 1999* (for example, under the information sharing provisions of the *Child Protection Act 1999*, section 159M) or another law - for example, where a summons or subpoena has been issued requiring the production of certain documents to a court, or where legislation enables a particular use or disclosure or access, such as the *Right to Information Act 2009*.
- the chief executive authorises the use, disclosure or access of information related to research authorised in accordance with the *Child Protection Act 1999*, section 189B.

In addition to these exceptions, it is always permissible to disclose or give access to the person who the information or document is about, without breaching the *Child Protection Act 1999*, section 187.

3. Ensure service delivery coordination

The *Child Protection Act 1999*, section 159F requires that service providers **must** take reasonable steps to coordinate decision-making and the delivery of services to children and families, in order to appropriately and effectively meet the protection and care needs of children and support their families.

In addition, the following prescribed entities can be requested by Child Safety (*Child Protection Act 1999*, section 159H), to provide a service:

- a licensee
- the chief executives of :
 - the Department of Community Safety
 - the Department of Education, Training and Employment
 - Queensland Health
 - the Department of Housing and Public Works
 - the Department of Justice and Attorney-General
- the commissioner of the QPS.

Child Safety may ask a prescribed entity to provide a service to a child in need of protection, or a member of the child's family, to help meet the child's protection and care needs and promote the child's well-being. Child Safety can also request a service to a pregnant woman (only with the consent of the pregnant woman) to help meet the protection and care needs of the unborn child, and promote the unborn child's well-being after the child is born.

When requesting a service, it is important that the focus be on the need that is to be addressed, rather than the identification of a specific service response.

Only regional directors have the delegation for using the *Child Protection Act 1999*, section 159H. It is anticipated that this provision will **not be used very often** as the information sharing provisions under the *Child Protection Act 1999*, section 159M, allow for full collaboration and information sharing between agencies to meet the protection and care needs of children and their families.

To request that a service be provided by a prescribed entity under the *Child Protection Act 1999*, section 159H, the regional director will provide the request in writing and will clearly state that the request is being made under the *Child Protection Act 1999*, section 159H. Child Safety **must** also provide the prescribed entity the information it needs to comply with the request.

If a request is made for services, the prescribed entity must take reasonable steps to provide the service, provided the request is consistent with the prescribed entity's function and does not unreasonably affect its other operations.

What ifs - responding to specific information sharing matters

1. What if the sharing of information relates to youth justice?

In accordance with the *Child Protection Act 1999*, an authorised officer can access, use and disclose youth justice information about a person that is stored in ICMS to the extent necessary to perform their functions under, or in relation to, the *Child Protection Act 1999* and for other limited purposes allowed by the *Child Protection Act 1999*, section 187(3) and 187(4). This includes to:

- ensure the integrity of data stored in ICMS by identifying, and not creating, duplicate person records, and to ensure that familial relationships between person records are properly recorded
- inform the investigation and assessment of a child's need for protection
- offer help and support to a pregnant woman
- inform the development and review of a child's case plan
- inform the plans and decisions relating to preventative service provision to a child or their family, including the assessment of, or response to, the health, educational, cultural or care needs of a relevant child.

When completing a client search in ICMS, the Child Safety officer will have access to client information such as full name, aliases, date of birth, ethnicity, Indigenous status, address and contact information, familial relationships, health history, alert information and placement or location of a child if they are not in the care of the parents.

In circumstances where it is determined that a person is a youth justice client or a family member, who is **not** a correct match to the client for whom they are searching, do **not** access, use or disclose information about that person.

Where a client is identified as being a shared client between both departments, refer to the applicable chapter, either Chapter 2, 16. What if a young person is subject to youth justice intervention, Chapter 3, 5. What if a child is subject to ongoing intervention and youth justice intervention or Chapter 5, 10. What if a child is also subject to youth justice intervention?

2. What if a notifier requests feedback from Child Safety about the response to child protection concerns reported?

When government and non-government agencies contact Child Safety with concerns about harm or risk of harm to a child, the *Child Protection Act 1999*, section 159M and 187(3) allows

Child Safety to provide feedback regarding the intake response. For further information refer to [Chapter 1, 4.2 Provide feedback to government and non-government agencies.](#)

Resources

Forms and templates

- Request for information pursuant to Chapter 5A

Child Safety resources

- Practice resource: Information sharing - case examples

10.4 Providing adoption services

Purpose

This procedure outlines the process for delivering adoption related services in consultation with Adoption Services Queensland (ASQ).

Key steps

1. Provide adoption services
 2. Determine the primary case worker
 3. Supervise services delivered by the primary case worker
 4. Provide pre-consent counselling to parents
 5. Facilitate an adoption care agreement for a child whose parents are receiving pre-consent counselling
 6. Witness consents to an adoption
 7. Provide information and counselling to a child and consider the child's views
 8. Pursue adoption for a child subject to a child protection order
 9. Respect Aboriginal tradition and Island custom
 10. Respond to a request to provide one-off post adoption services
 11. Record information
-

Standards

1. Each party to an adoption, or proposed adoption, is provided with information he or she reasonably needs to participate effectively in adoption processes.
 2. Parents considering consenting to a child's adoption, and the child, where of an age and ability to understand, are provided with pre-consent counselling.
 3. Parents and the child, where of an age and ability to understand, are provided with information about the implications of, and the statutory obligations associated with, adoption consents.
 4. Under an adoption care agreement, a child may be placed with an approved foster carer under the *Child Protection Act 1999*.
 5. When a child is placed subject to an adoption care agreement, full placement details are withheld from the child's parents.
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Authority

- *Adoption Act 2009*
- Communities Policy: Recordkeeping

Key steps - Providing adoption services

1. Provide adoption services

2. Determine the primary case worker

- 2.1 Parents reside in the Brisbane metropolitan area
- 2.2 Parents reside outside the Brisbane metropolitan area

3. Supervise services delivered by the primary case worker

4. Provide pre-consent counselling to parents

5. Facilitate an adoption care agreement for a child whose parents are receiving pre-consent counselling

6. Witness consents to an adoption

7. Provide information and counselling to a child and consider the child's views

8. Pursue adoption for a child subject to a child protection order

9. Respect Aboriginal tradition and Island custom

10. Respond to a request to provide one-off post adoption services

11. Record information

1. Provide adoption services

Adoption Services Queensland (ASQ) oversees the delivery of services required to fulfil responsibilities under the *Adoption Act 2009*. For administrative efficiency, the resources of ASQ and CSSCs are coordinated to provide a number of specific adoption services.

CSSC staff, in consultation with ASQ, may be required to:

- provide pre-consent counselling to enable parents to make an informed decision about consenting to their child's adoption
- facilitate an adoption care agreement with parents for the care of a child for whom adoption is being considered and support a child's short-term placement with approved foster carers while services are provided to the child's parents
- witness the parents consent to their child's adoption
- arrange adoption for a child subject to a child protection order where adoption is identified as a preferred option for securing the child's long-term out-of-home care
- assist people affected by adoption by providing one-off post adoption services.

For further information about the provision of adoption services in Queensland, refer to the [Adoption Practice Manual](#).

2. Determine the primary case worker

The relevant ASQ team leader and the CSSC manager responsible for the geographic area where the parents reside will negotiate whether an ASQ adoption officer or a CSO from the CSSC will be the primary case worker.

In making this decision, consideration will be given to:

- the area in which the child's parents reside
- the capacity of the worker to prioritise the response for immediate follow-up.

For information about the responsibilities of the primary case worker, refer to the practice resource [Providing adoption services](#).

2.1 Parents reside in the Brisbane metropolitan area

If the parents reside in the Brisbane metropolitan area, the primary case worker can be either an ASQ adoption officer or a CSO from the CSSC. When negotiating this decision, the ASQ team leader and CSSC manager **must** consider how best to provide timely services to parents who are considering adoption for a new born baby or a child.

2.2 Parents reside outside the Brisbane metropolitan area

If the parents reside outside the Brisbane metropolitan area, the primary case worker **must** be a CSO from the CSSC that covers the geographic area where the parents reside.

3. Supervise services delivered by the primary case worker

The ASQ team leader is responsible for supervising the delivery of services by the primary case worker, irrespective of whether the worker is an adoption officer or a CSO. Supervision will occur in person, or by telephone, where distance prevents face-to-face meetings. The team leader ASQ will record relevant outcomes of the supervision in the Adoption Case Management System (ACMS).

4. Provide pre-consent counselling to parents

The primary case worker is responsible for providing prescribed information and delivering pre-consent counselling about the prescribed information.

Prescribed information needs to be given in a way that parents understand and includes information about:

- options other than adoption
- support (financial and otherwise) that may be available to the parent whether or not adoption of the child proceeds
- possible psychological effects for the parent consenting to the adoption and for the child being adopted
- how and when the parents consent to the adoption may be revoked
- how the parents may provide preferences relating to the child's adoption, including the characteristics of the adoptive parents and the degree of openness in the adoption
- the adoption process under the *Adoption Act 2009*, including the consents required, the process for recruiting, assessing and selecting prospective adoptive parents, the functions of the chief executive and the role of the Childrens Court
- the legal effect of adoption
- the rights and responsibilities of all parties to an adoption, including those relating to adoption plans and access to information
- the requirements for pre-consent revocation provisions.

If the child to be adopted is an Aboriginal or Torres Strait Islander person, prescribed information also includes:

- options other than adoption for the child's long term care in accordance with Aboriginal tradition and Island custom
- the importance of the child being cared for in a way that helps develop and maintain a connection with customs and preserves and enhances the child's sense of Aboriginal or Torres Strait Islander identity.

5. Facilitate an adoption care agreement for a child whose parents are receiving pre-consent counselling

The primary case worker is responsible for facilitating an adoption care agreement and the child's placement with an approved foster carer. An adoption care agreement may be entered

into between the chief executive and parents who are considering adoption so that a child can be placed with approved carers while services are provided to parents.

Adoption care agreements made under the *Adoption Act 2009*, section 50 can be arranged for a child **only** when the child's parents are considering consenting to the child's adoption and must **not** be confused with a care agreement made under the *Child Protection Act 1999*, section 51ZD.

An adoption care agreement:

- grants custody of the child to the chief executive while the agreement is in force
- enables the chief executive to place the child under the *Child Protection Act 1999*, section 82(1)
- gives the chief executive the authority to make decisions about the child's daily care
- enables the parent to retain all rights and responsibilities associated with the guardianship of the child and be given an opportunity to be involved in decisions about the child's care.

A child may be placed in care subject to an adoption care agreement for a maximum period of one year. An adoption care agreement expires if the total of any care agreements in force in relation to a child totals **one year**.

Adoption care agreements must state:

- what arrangement for contact there will be between the child and the parents
- the types of decisions relating to the child for which the parent must be consulted.

The child may also be party to the adoption care agreement, if appropriate, having regard to their age and ability to understand.

When an adoption care agreement is made, the child can be placed **only** with approved foster carers under the *Child Protection Act 1999*. Approved foster carers who care for a child subject to an adoption care agreement are eligible to receive the fortnightly caring allowance and applicable child related costs. The CSO in the CSSC in the area where the parent resides completes the Approved carer placement - Addition and deletion advice, to commence or cease the payment of the fortnightly caring allowance, as applicable.

Parents have a right to have contact with the child during an adoption care agreement. Contact between the child and their parents, and between the approved foster carers and the parents will be arranged by ASQ or the CSSC in the geographical area where the parent resides.

It is **not** possible to provide the parents with the full name, address or phone number of the persons caring for the child because the child may later be adopted.

End an adoption care agreement

Adoption care agreements end if:

- the adoption care agreement reaches the agreed end date and no further agreement has been entered into

- an order is made under the *Child Protection Act 1999* granting custody or guardianship of a child to the chief executive or a suitable person
- the chief executive becomes guardian of a child after consents required for the child's adoption have been provided, or dispensed with, in accordance with the requirements of the *Adoption Act 2009* - in this circumstance, in accordance with the *Adoption Act 2009*, section 51(1), the chief executive may place the child in care under the *Child Protection Act 1999*, chapter 2, part 6, division 4.

A party to a care agreement (including Child Safety) may end the agreement at any time by providing **two days notice** to the other parties.

If a child's parent decides not to proceed with adoption for the child and ends the care agreement by providing two days notice to ASQ, the child must be returned to the parent. Prior to the child being returned to the parent, ASQ must:

- assess whether a child would be at an unacceptable risk of harm if returned to the parent
- notify the RIS in the area where the parent normally resides before the child is returned to the parent, if an unacceptable risk of harm exists.

The RIS will record the concerns, if any, and assess the information to determine the intake response. Where a notification is recorded and approved, it is transferred to the relevant CSSC for commencement of an investigation and assessment. For further information, refer to [Chapter 1. Intake](#) and [Chapter 2. Investigation and assessment](#).

A child cannot remain in care subject to an adoption care agreement for more than one year. If a child has been subject to an adoption care agreement for almost one year and at least one of the child's parents has not consented to the child's adoption and the child's parents are not wanting to have the child returned to their care, ASQ will ensure any necessary action required to secure the child's care occurs **before** the adoption care agreement ends.

Additionally, if at any time after entering into an adoption care agreement, it is evident that the parent does not intend to consent to the child's adoption and does not want the child to return to their care, ASQ may end the adoption care agreement.

In either circumstance, **before** the adoption care agreement ends, ASQ will:

- notify the RIS where the parents normally reside to advise that the adoption care agreement is ending and that the child's parents are not willing to care for the child
- provide information to the RIS about its involvement with the child and parents

The RIS will record the concerns and assess the information to determine the intake response. For further information, refer to [Chapter 1. Intake](#).

6. Witness consents to an adoption

If the child's parents choose to consent to the child's adoption, the primary case worker continues to have primary responsibility for delivering services to the parents during the consent and post-consent phases.

The ASQ team leader continues to be responsible for supervising the delivery of services by the primary case worker. The ASQ team leader is also responsible for providing the primary caseworker information about the statutory obligations associated with taking the parents consent to the child's adoption and when an application to the Childrens Court for an order dispensing with the need to seek a parent's consent may be required.

The primary case worker must arrange an authorised officer to witness a person's consent on the approved form and in accordance with the *Adoption Act 2009*, section 18. The authorised officer **must**:

- explain the provisions of the *Adoption Act 2009* relating to the giving of consent and attest that persons giving the consent have understood the provisions
- ensure each person is provided with the prescribed information in a way that they understand, in accordance with the *Adoption Act 2009*, section 23
- ensure the person has received pre-consent counselling about the prescribed information, in accordance with the *Adoption Act 2009*, section 24
- if necessary, be satisfied that the persons signing the consent are the parents or guardians of the child, in accordance with the *Adoption Act 2009*, section 306(b)
- provide each person whose consent was required with a copy of their consent and a document that the person may use to revoke consent, in accordance with the *Adoption Act 2009*, section 22.

After a parent consents to a child's adoption, the adoption care agreement ends and the chief executive becomes the child's guardian and may place the child under the *Child Protection Act 1999*, section 82(1). The child will continued to be cared for by an approved foster carer, who is usually the same approved foster carer who provided care to the child under the adoption care agreement. Approved foster carers who care for a child whose parent has consented to adoption are eligible to receive the fortnightly caring allowance and applicable child related costs.

The CSO in the CSSC in the area where the parent resides completes the [Approved carer placement - Addition and deletion advice](#), to commence or cease the payment of the fortnightly caring allowance, as applicable.

7. Provide information and counselling to a child and consider the child's views

Under the *Adoption of Act 2009*, sections 44 and 45, the chief executive must provide the child with prescribed information and counselling in a way that has regard for the child's age, development and ability to understand.

ASQ will negotiate with the CSSC to determine whether the primary case worker responsible for delivering the information and counselling to the child will be an ASQ adoption officer or a CSO from the relevant CSSC.

The primary case worker is responsible for providing counselling and age appropriate written information to the child about:

- possible psychological effects for the child being adopted

- the social and emotional implications of adoption for the parties involved
- the legal effects of an adoption order
- options other than adoption
- how the child's parents may give the chief executive their preference relating to the child's adoption
- counselling and other support services
- the rights and responsibilities of the parties to an adoption, including those relating to adoption plans and access to information about, and contact with other parties to an adoption, throughout the life of the adopted person.

In addition to the counselling provided, the child may be given other support by a support person, who is not an employee of Child Safety, in accordance with the *Adoption Act 2009*, section 47.

8. Pursue adoption for a child subject to a child protection order

CSSC and ASQ staff are required to work collaboratively in delivering services to secure permanent placements for children and sibling groups subject to child protection orders, where:

- the parents of a child subject to a child protection order have indicated that they want to consider adoption for their child
- the goal of the child's current case plan is to continue reunification but case planning has identified that, should the case plan goal change to cease reunification, the child's needs and circumstances are such that adoption may be the preferred option for securing the child's long-term alternative placement
- the goal of child's current case plan is to cease reunification and adoption has been identified as the preferred option for securing the child's long-term alternative placement.

In any of these circumstances the CSSC is responsible for:

- identifying strategies to achieve safe reunification and options for securing a child's permanent placement, including whether adoption may be appropriate if reunification cannot be achieved in a timely manner
- pursuing the appropriate order to secure the child's permanent care needs, if applicable.

If the case plan goal is to cease reunification and adoption is identified as the most appropriate option for a child requiring a long-term alternative placement, the CSSC must liaise with ASQ regarding:

- the consents that must be obtained or dispensed with by the Childrens Court for the child's adoption to proceed
- an adoption plan that must be prepared, including details about any ongoing communication between the child and their birth family which may occur after the adoption order is made

- whether the child's current foster carers may be suitable to be considered as prospective adoptive parents for the child or whether a suitable adoptive family needs to be identified by ASQ
- the provision of pre-consent counselling to parents and the child, if applicable
- obtaining all required consents
- the evidence required to support an application to dispense with a persons need to consent, otherwise required for the child's adoption to proceed.

ASQ is responsible for:

- assessing a child's placement needs to assist in identifying the best possible adoptive parents for the child, including consideration of the child's current foster carers, if applicable
- deciding whether people are eligible, and assessing their suitability to be prospective adoptive parents.

The CSSC and ASQ will continue to liaise regarding making applications to the Childrens Court for:

- orders dispensing with the need for a parent or guardian's consent to a child's adoption
- interim and final adoption orders.

9. Respect Aboriginal tradition and Islander custom

The *Adoption Act 2009* respects Aboriginal tradition and Island custom and does **not promote adoption** as an appropriate option for the long-term care of an Aboriginal or a Torres Strait Islander child.

However, some parents and guardians of an Aboriginal or a Torres Strait Islander child do explore adoption for a child's care and may ask Child Safety or ASQ, Queensland to make arrangements for the child's adoption.

The *Adoption Act 2009* recognises that the interests of Aboriginal people and Torres Strait Islander people require particular consideration in adoption processes and decisions. The *Adoption Act 2009* recognises:

- that adoption is not part of Aboriginal tradition or Island custom, and that adoption of an Aboriginal or Torres Strait Islander child should be considered as a way of meeting the child's need for long-term stable care only if there is no better available option
- that it is in the best interests of an Aboriginal or Torres Strait Islander child:
 - to be cared for within an Aboriginal or Torres Strait Islander community
 - to maintain contact with the child's community or language group
 - to develop and maintain a connection with the child's Aboriginal tradition or Island custom
 - to have their sense of their Aboriginal or Torres Strait Islander identity preserved and enhanced.

Aboriginal or Torres Strait Islander parents may receive some components of pre-consent counselling from an appropriate Aboriginal or Torres Strait Islander person. This counselling

must be carried out in a way and place appropriate to Aboriginal tradition or Island custom in accordance with the *Adoption Act 2009*, section 25.

Where adoption is being considered for an Aboriginal or Torres Strait Islander child, where age and developmentally appropriate, the child must be offered counselling about the proposed adoption. Some components of the counselling may be provided by an appropriate Aboriginal or Torres Strait Islander person and must be carried out in a way and place appropriate to Aboriginal tradition or Island custom in accordance with the *Adoption Act 2009*, section 46.

10. Respond to a request to provide one-off post adoption services

In response to certain critical or sensitive events, ASQ is required to contact parties to an adoption order made in Queensland, and may contact the CSSC in the geographic area which a person lives to request their assistance with contacting the person or providing sensitive information.

Interstate adoption service units and overseas adoption agencies may contact ASQ to request that contact be made with, or a service be provided to, a person affected by an adoption order made in the interstate or overseas jurisdiction, who now lives in Queensland.

Wherever possible, ASQ provides one-off post adoption services directly or arranges to contract a worker or refers the matter to an appropriate community agency for attention. However, there are some occasions where due to the location or another factor it is not possible for ASQ to do so. In these instances, the ASQ team leader contacts the CSSC manager to request assistance with providing a one-off post adoption service and to advise what other options that have been pursued and why these options are not available.

If the ASQ team leader requests such assistance, the CSSC manager **must** consider the request and wherever possible, arrange for the CSSC to provide the requested assistance.

One off post-adoption services may include:

- contacting an adopted person, who has lodged a contact statement requesting no contact with birth relatives, to seek further information or provide medical information
- contacting a birth parent, who has lodged a contact statement requesting no contact with the adopted person, to seek further information or provide medical information
- contacting birth parents to advise them of the adopted child's death or the death of the child's adoptive parents
- providing information, and obtaining signed statements from eligible persons seeking identifying information in accordance with the *Adoption Act 2009*, section 271(3)
- providing counselling, on behalf of an interstate or overseas adoption authority, which must occur before the adoption authority can provide identifying adoption information to an adopted person or birth parent living in Queensland
- responding to other special or sensitive circumstances.

11. Record information

The delivery of services to parents considering adoption for a child, a child subject to an adoption care agreement, parents consenting to a child's adoption and other adoption services **must** be recorded in the Adoption Case Management System (ACMS) **regardless** of whether the primary case worker is an ASQ adoption officer or a CSO from the relevant CSSC.

If a CSO is the primary case worker they must, provide the ASQ team leader with **all** information, case notes and other documentation regarding the services delivered to the parent, child and foster carers so that the ASQ team leader can arrange for appropriate records to be made in ACMS.

Any information recorded by a CSO in ICMS must comply with confidentiality requirements of the *Adoption Act 2009*, section 314.

In order to comply with this requirement and ensure the confidentiality of a person's details, all adoptive children's birth names will be classified as sensitive and will remain on the system as such. In some cases, the birth parents have other children who are not adopted, and may be subject to child protection intervention. In these cases, the birth parents names will be classified as either standard or sensitive, as guided by ASQ. For further information, refer to [Chapter 10.5 Recording sensitivity](#).

The CSO is also responsible for creating and managing client files in the CSSC regarding the provision of adoption services in accordance with the [Recordkeeping](#) policy.

ASQ is responsible for responding to all inquiries about adoption information and access to adoption information once adoption orders have been granted, in accordance with the *Adoption Act 2009*, part 11. Requests by persons to exchange or access adoption information must be directed to ASQ.

Resources

Forms and templates

- Approved carer placement - Addition and deletion advice

Child Safety resources

- Adoption Practice Manual
- Practice resource: Providing adoption services

10.5 Recording sensitivity

Purpose

This procedure outlines the process for recording a person or event as sensitive.

Key steps

1. Determine whether a person or event is sensitive
2. Classify a person or event as sensitive
3. Manage a sensitive person or event
4. Review the sensitivity plan
5. Manage sensitive records

What ifs - responding to specific sensitivity matters

Standards

1. A classification of 'sensitive' is applied to specified persons or events.
 2. Actions taken, where a staff member is recorded as a 'sensitive' client, protect the staff member's privacy.
-

Authority

- *Adoption Act 2009*, section 314
 - *Child Protection Act 1999*
-

Key steps - Recording sensitivity

- 1. Determine whether a person or event is sensitive**
- 2. Classify a person or event as sensitive**
- 3. Manage a sensitive person or event**
- 4. Review the sensitivity plan**
- 5. Manage sensitive records**

What ifs - responding to specific sensitivity matters

1. What if a **sensitivity plan** is **shared** with a Youth Justice Service Centre?

1. Determine whether a person or event is sensitive

When a record is created in ICMS, the electronic records in relation to that person or event will be accessible to all relevant staff. However, there may be times when it is important to protect the identity of a person and members of his or her family or to protect information about a particular event due to security concerns or privacy issues. In these cases, the electronic and paper files in relation to that person or event will be classified as 'sensitive'.

A classification of 'sensitive' **must** be applied to the following clients:

- any staff member who has a child or unborn child subject to an investigation and assessment, or to ongoing intervention
- a Department of Communities, Child Safety and Disability Services employee who applies for approval as a carer, including provisional approval - for further information, refer to [Chapter 8, 12. What if a carer applicant, or an approved carer, is a departmental employee?](#)
- a child requiring an adoptive placement (a pre-adoptive case).

Consider the type of sensitivity to be sought

When it is considered necessary to apply sensitivity, determine the type of sensitivity to be sought:

- person sensitivity - when sensitivity is applied to a person record, all events in which that person plays a role will automatically be made sensitive
- carer entity sensitivity - adding sensitivity to a carer entity will also add sensitivity to all person records and events associated with that entity
- event sensitivity - sensitivity will be applied only to that event, without applying sensitivity to the persons relating to that event.

In all cases, only those staff who have been granted access to the record will see full details.

For further information about managing a sensitive person or event in ICMS, refer to the [Shared Information Solutions ICMS - Child protection participants manual \(August 2011\)](#).

2. Classify a person or event as sensitive

A person or event may be classified as sensitive at any stage of Child Safety intervention.

When classifying a person or event as sensitive consult the team leader and senior practitioner about the decision to classify and record the person or event as sensitive. When a decision is made to proceed:

- consider whether it is necessary to classify the entire person or carer entity as sensitive or whether it would be sufficient to limit sensitivity to a specific event
- create or access the person record, carer entity record or event record in ICMS
- create a sensitivity plan in ICMS, including:
 - the allocated CSSC or RIS
 - the reason for sensitivity

- the start and review dates
- which staff are to have access to the information
- submit the sensitivity plan to the sensitivity manager for approval.

The sensitive classification **only** commences following approval of the sensitivity plan by the sensitivity manager. The sensitivity manager will be the CSSC or RIS manager (or RIS team leader where there is no manager) or the CSAHSC team leader or manager. The sensitivity manager is able to view the full details of any person, carer entity or event classified as sensitive for their CSSC or RIS. The sensitivity manager can change the staff with access to a sensitive record at any time following the classification of a record as sensitive in ICMS.

Child Safety staff without access will **not** be able to view the electronic records of a sensitive person or event. Electronic searches for a person or event that has been classified as sensitive will be logged by IT and sensitivity log reports will be generated which will identify staff members who have attempted to access sensitive records.

Child Safety staff without access are **not** to access the paper files associated with a sensitive person or event. These paper files are to be kept in a **locked filing cabinet**.

Pre-adoptive cases

The *Adoption Act 2009*, section 314, contains confidentiality requirements, obligating Child Safety **not** to disclose any personal information that is likely to allow the birth and/or adoptive parents identities to become known.

In order to comply with this requirement, **all** adoptive children's birth names will be classified as sensitive and will remain on the system as such. In some cases, the birth parents have other children who are not adopted, and may be subject to child protection intervention. In these cases, the birth parents names will be classified as either standard or sensitive, as guided by Adoption Services Queensland.

For further information, refer to [Chapter 10.4 Providing adoption services](#).

3. Manage a sensitive person or event

When the person record, carer entity or event record for a staff member or prominent person is classified as sensitive, the team leader, in consultation with the manager, if necessary, will determine the most appropriate officer to undertake the required Child Safety intervention.

When a staff member from a CSSC or RIS is classified as a sensitive person, a more senior staff member from a different CSSC or RIS will undertake the investigation and assessment or complete any other Child Safety intervention to protect the staff member's privacy within their own workplace.

If a CSSC or RIS manager is classified as a sensitive person, the regional director will negotiate for a senior staff member from another region to conduct the investigation and assessment or undertake any other Child Safety intervention that is required. It is **not** appropriate for a team leader or CSO to complete such tasks in relation to a CSSC manager.

4. Review the sensitivity plan

It is the responsibility of the sensitivity manager to review the sensitivity plan for a person or event every six months. When undertaking this review, in consultation with the relevant team leader or CSO, the sensitivity manager will ensure that:

- the person or event still requires a classification of sensitive in ICMS
- the appropriate Child Safety staff have been granted access to the records for the person or event.

When a person or event no longer requires classification as sensitive, the sensitivity manager will remove the sensitivity plan from ICMS.

5. Manage sensitive records

As part of the ongoing management of sensitivity in ICMS, it may be necessary to:

- revoke or withdraw sensitivity, if a sensitivity plan is not approved
- view sensitive data or a sensitivity plan
- amend an approved sensitivity plan
- change the list of Child Safety staff who have access to a sensitive person record, carer entity or event record
- remove an approved sensitivity plan.

What ifs - responding to specific sensitivity matters

1. What if a sensitivity plan is shared with a Youth Justice Service Centre?

In some cases, a client may be subject to intervention by the Department of Justice and the Attorney General – Youth Justice Services, under the *Youth Justice Act 1992*, and statutory child protection intervention from the Department of Communities, Child Safety and Disability Services, under the *Child Protection Act 1999*.

Where this occurs and a client's electronic and paper files are classified as 'sensitive' by the CSSC and the Youth Justice Service Centre, sensitivity is managed by each point of service delivery. The Child Safety sensitivity manager will only be able to control access for Child Safety officers - they will not be able to control access for Youth Justice Service Centre officers.

When a sensitivity plan has both a CSSC and Youth Justice Service Centre allocated to it, a sensitivity manager from either department can only remove a plan if there are no officers from the other department in the list of officers able to access the plan. Therefore, to remove a joint sensitivity plan, the Child Safety sensitivity manager will need to consult the Youth Justice Service Centre sensitivity manager.

Resources

Child Safety resources

- Shared Information Solutions ICMS - Child protection participants manual (September 2008)

10.6 Downgrading or deleting an approved notification

Purpose

This procedure outlines the process for downgrading an approved notification, or deleting a notification that has previously been approved.

Key steps

1. Consider whether to downgrade or delete an approved notification
 2. Obtain approval to downgrade or delete an approved notification
 3. Downgrade a notification
 4. Delete a notification
-

Standards

1. Action taken to downgrade or delete an approved notification is approved by the CSSC manager prior to the action being taken.
 2. The downgrading or deleting of an approved notification occurs in accordance with current policy and procedure.
-

Authority

- Communities Policy: Recordkeeping
-

Key steps - Downgrading or deleting an approved notification

1. Consider whether to downgrade or delete an approved notification

- 1.1 When to seek to downgrade or delete an approved notification
- 1.2 Principles guiding decision-making
- 1.3 Responsibilities of staff

2. Obtain approval to downgrade or delete an approved notification

3. Downgrade a notification

- 3.1 Downgrade to a child concern report
- 3.2 Downgrade to an intake enquiry

4. Delete a notification

1. Consider whether to downgrade or delete an approved notification

1.1 When to seek to downgrade or delete an approved notification

A request to downgrade or delete a notification **must** be based on the need to ensure the integrity of Child Safety records. Any request to downgrade or delete an approved notification **must** be in writing and have the approval of the manager of the CSSC responsible for the completion of the investigation and assessment. The approval decision **must** take into account the responsibility of Child Safety staff to make, keep and preserve complete and accurate Child Safety records.

Downgrade a notification

A notification is **not to be downgraded**:

- as a response to the inability of a CSSC to commence or complete an investigation and assessment within the timeframe prescribed by the policies and procedures current at the time the notification was recorded
- retrospectively, in response to receiving subsequent mitigating information about the child protection concerns already recorded and approved.

The decision to downgrade an approved notification should be a rare occurrence and may occur in the following circumstances:

- following the decision by a receiving CSSC that an approved notification that has been reassigned from a RIS or CSAHSC does not meet the threshold for a notification and should be recorded as a child concern report, in accordance with current policies and procedures
- following a review, quality assurance process or audit of work undertaken by another team leader, senior practitioner, manager or other senior staff
- following specific policy and procedural directives that have been endorsed by the Director-General and implemented, resulting in changes in practice and a need to review existing work.

For an Aboriginal or Torres Strait Islander child, the decision to record a notification is a significant decision, and the recognised entity must be provided with the opportunity to participate in any subsequent decision to downgrade a notification to a CCR.

Delete a notification

It may be appropriate to delete an approved notification when an exact duplicate notification has been inadvertently recorded. A notification **must not be deleted** in response to receiving subsequent mitigating information about the child protection concerns already recorded and approved.

1.2 Principles guiding decision-making

The following principles apply whenever a decision is being made about whether to downgrade or delete a notification:

- the deletion or downgrade **must** be in accordance with current policy and procedures
- electronic records **must** be reliable, protected, authentic and secure from unauthorised access and alteration
- approved documents contain information and decisions about Child Safety business processes and therefore **must** be retrievable within a central system.

When a decision is made by the CSSC manager to downgrade an approved notification because the concerns received did not constitute a notification response, **all information** within the original document **must** be recorded in ICMS, either as an intake enquiry or a child concern report, **prior to** the deletion of the notification.

When a decision is made by the CSSC manager to delete an approved notification (where there is an exact duplicate notification) **all information** recorded in both notifications **must** be contained in the notification that is to remain in ICMS.

Both new and previously recorded and approved notifications will be available to clients following a Right to Information request.

1.3 Responsibilities of staff

When approval has been granted to downgrade or delete an approved notification:

- edit relevant documents within the intake event in ICMS
- complete replacement and amended documents and submit them to the team leader for approval.

It is the responsibility of the team leader to:

- consult with the senior practitioner about the decision to downgrade an approved notification to an intake enquiry or child concern report, or delete an approved notification
- ensure the recognised entity have been provided with the opportunity to participate in the decision to downgrade a notification for an Aboriginal or Torres Strait Islander child
- seek approval of the decision from the CSSC manager
- re-open the relevant intake event and forms in ICMS
- re-assign the screening criteria/response priority form when the notification is to be downgraded
- approve the amended screening criteria and new child concern report, or the new intake enquiry (when a notification is downgraded) in ICMS
- delete the notification in ICMS
- delete the screen criteria/response priority form (when a notification is being downgraded) in ICMS
- delete the investigation and assessment event in ICMS
- ensure that any professional notifier is advised of the decision and provided with the rationale for the decision.

The CSSC manager is responsible for approving any requests to downgrade or delete an approved notification. This decision **must** take into consideration all relevant information, including child protection history.

2. Obtain approval to downgrade or delete an approved notification

To delete or downgrade a previously approved notification, within a CSSC or the Child Safety After Hours Service Centre:

- raise the issue or request with the appropriate team leader and discuss the recorded child protection concerns and rationale for the request
- the team leader **must** ensure the request meets the requirements of current policy and procedures and **must** consult with the senior practitioner
- if the team leader endorses the request, forward an email outlining the request and the rationale for the decision to be via the team leader to the CSSC manager for review
- if the decision is not endorsed by the team leader, the investigation and assessment **must** be commenced within the response timeframe, or as soon as possible
- on receipt of an email requesting the downgrading or deletion of a notification, the CSSC manager will review the request and the rationale, and, if in keeping with current policy and procedures, approve the request and advise the team leader and CSO by return email
- if the request is **not** approved by the CSSC manager, the investigation and assessment **must** be commenced within the response timeframe, or as soon as possible.

Note: A notification is not be downgraded retrospectively in response to receiving subsequent mitigating information about the child protection concerns already recorded and approved.

3. Downgrade a notification

Once the decision is made by the CSSC manager to downgrade a notification, consult with the team leader to determine the appropriate way to re-record the information in ICMS, either as:

- a **child concern report**: when there are child protection concerns that do **not** meet the threshold for recording a notification and should have been 'screened out'
- an **intake enquiry**: where the information relates to harm or risk of harm to a child, but where the information will **not** be responded to by Child Safety, for example:
 - harm to a child by an unknown person in the community, that is referred to the QPS for action
 - harm or risk of harm to a child that lives in another jurisdiction, where the information is to be forwarded to that jurisdiction for the appropriate response.

In circumstances where a decision is made by the CSSC manager to downgrade a notification, any professional notifier must be informed of the decision and provided with the rationale for the decision.

For an Aboriginal or Torres Strait Islander child, the decision to record a notification is a significant decision, and the recognised entity must be provided with the opportunity to participate in any subsequent decision to downgrade a notification to a CCR.

The decision to downgrade a notification for a child subject to current ongoing intervention is also to be recorded in a case note in the ongoing intervention event in ICMS, to ensure the information is considered as part of the intervention with the child.

3.1 Downgrade to a child concern report

When a request to downgrade a notification to a child concern report is approved by the CSSC manager, the following steps will occur:

- the team leader will re-open the intake event and the screening criteria/response priority form, outline the rationale for re-opening and to downgrade the notification, and reassign it to the CSO
- the CSO will attach a copy of the approval email from the CSSC manager to the intake event in ICMS
- the CSO will amend the screening criteria/response priority form and create a new child concern report - the child concern report **must** include all of the information from the notification, including all subject children, relevant persons, child protection concerns and information about the recorded harms
- the CSO will send the amended screening criteria tool and the completed child concern report to the team leader for approval
- the team leader will ensure that additional text is added to the supervisors comments section in both the child concern report and the notification to record information about the downgrading process, including the original document type, who created it, the date the document was originally approved and by whom, the new document type being created, the rationale for the decision to downgrade, and the approval details
- the team leader will delete the notification from the intake event, including the rationale for deleting/downgrading the notification
- the team leader will ensure that any information recorded in the investigation and assessment event is recorded elsewhere in ICMS, for example, in a case note in the intake event, and then will delete the investigation and assessment event, ensuring that a rationale is also recorded
- the team leader will re-approve the screening criteria/response priority form and approve the child concern report in ICMS.

Note: Deletion of forms within the event **must** occur **before** the CSO completes the re-opened record of concerns, as the approval of the child concern report closes the intake event.

Note: When forms are deleted or re-opened, the original documents can be located in the archive tab in ICMS.

3.2 Downgrade to an intake enquiry

If a request to downgrade a notification to an intake enquiry is approved by the CSSC manager:

- the team leader will re-open the intake event and the record of concerns form to allow editing by the CSO - a rationale to re-open the intake event and the record of concerns form is required
- the team leader will delete the screening criteria/response priority form from the intake event and provide a rationale when prompted - a rationale to delete the screening criteria/response priority form is required
- the CSO will attach a copy of the approval email from the CSSC manager to the intake event in ICMS
- the team leader will delete the notification from the intake event and provide a rationale when prompted and approval details
- the team leader will ensure that any documentation in the investigation and assessment event is recorded elsewhere in ICMS, for example, in a case note in the intake event, and then will delete the investigation and assessment event, ensuring that a rationale is also recorded
- the CSO will amend the record of concerns form to reflect an 'intake enquiry' outcome and complete the document.

Note: Deletion of forms within the event **must** occur **before** the CSO completes the re-opened record of concerns, as the recording of an intake enquiry in the record of concerns closes the intake event.

Note: When forms are deleted or re-opened, the original documents can be located in the archive tab in ICMS.

4. Delete a notification

When a request to delete a notification is approved by the CSSC manager because there are duplicate notifications recorded within one intake event or when duplicate intake events have been created, the following steps will occur:

- the CSSC manager will email approval for the deletion of the notification to the team leader and CSO - a copy of this email is to be attached to the child's intake event in ICMS that is not to be deleted
- the team leader **must** ensure that all the information recorded in both notifications is contained in the notification that is not to be deleted, **prior to** deleting the duplicate notification
- the team leader **must** ensure that additional text is added to the supervisor's comments section of both notifications, about the deletion process, including the rationale for the decision to delete the notification
- the team leader **must** ensure that any documentation in the investigation and assessment event is recorded elsewhere in ICMS, for example, in a case note, and then delete the investigation and assessment event, ensuring that a rationale is also recorded.

Note: A notification is not be deleted in response to receiving subsequent mitigating information about the child protection concerns already recorded and approved.

Resources

Nil

10.7 Undertake the substance testing of parents

Purpose

This procedure outlines the process for facilitating the substance testing of parents in cases where there are indicators that parents are engaging in serious and persistent substance misuse, and the substance misuse has contributed to a child being in need of protection.

Key steps

1. Consider the substance testing of a parent
 2. Obtain approvals and consents
 3. Implement substance testing
 4. Implement concurrent assessment, monitoring and intervention strategies
-

Standards

1. The substance testing of a parent only occurs if a parent provides written consent.
 2. The substance testing of a parent always occurs in conjunction with additional strategies for assessing and monitoring the child's protection and care needs, and where possible, in conjunction with other intervention strategies aimed at assisting parents to achieve reduced or controlled use, or abstinence.
-

Authority

- *Child Protection Act 1999*, section 5, 6, 7, 51A-51Y, 61(a), 73, 78, 82, 95, 159A-159H and 159M-159N
 - Communities Policy: Recordkeeping
 - Policy No. 408: Information privacy
-

Key steps - Undertake the substance testing of parents

1. Consider the substance testing of a parent

- 1.1 Consider the substance testing of a parent
- 1.2 Decide whether to request parental participation in substance testing

2. Obtain approvals and consents

3. Implement substance testing

- 3.1 Ensure compliance with the Australian/New Zealand Standard™
- 3.2 Decide the substance testing schedule
- 3.3 Facilitate the substance testing of a parent
- 3.4 Interpret test results
- 3.5 Respond to positive test results
- 3.6 Respond to non-compliance by a parent
- 3.7 Ensure collaboration and service delivery coordination

4. Implement concurrent assessment, monitoring and intervention strategies

1. Consider the substance testing of a parent

Substance misuse is the regular, excessive consumption or dependence on substances that have an effect on the brain, which leads to social, psychological, physical or legal problems.

In some cases, the substance testing of parents may be considered a necessary and important part of intervention by Child Safety and the case plan for the child, based on the extent and nature of the parents substance misuse history and the level and nature of harm, or unacceptable risk, to the child.

When it is considered necessary or important that parents participate in substance testing, do not rely on substance testing as the only strategy for assessing or monitoring the child's protection and care needs, or as the only strategy for parents to address their substance misuse.

The substance testing of parents is **not** always an accurate or reliable means of monitoring parental substance misuse - urine samples may be tampered with, certain drugs will only be detected if the frequency of testing is adequate. In addition, it **cannot** be assumed that once parents resolve their substance misuse issues, they will be able to meet the child's protection and care needs - particularly if other risk factors, for example, mental health issues are contributing to the child being in need of protection.

Note: Any reference to Alcohol, Tobacco and Other Drugs Services (ATODS) or an ATODS treatment plan in this procedure will include any other related service and the treatment plan with that service.

Urinalysis

Where applicable, substance testing will occur by urinalysis (urine testing), unless another method of testing is already being undertaken as part of a parents ATODS treatment plan, or otherwise recommended by ATODS.

The collection of a urine sample may be observed by a medical practitioner or paramedical staff under the direction of a medical practitioner, to reduce possibility of contamination or substitution. **Under no circumstances is a Child Safety officer to observe the provision of a urine sample.**

Role of senior practitioner

While the senior practitioner is responsible for a range of activities in relation to the substance testing of parents, these responsibilities do **not** override the team leader's normal line management responsibility for a case, or their decision-making and supervisory responsibilities.

Drugs of Dependence Unit, ATODS

The Drugs of Dependence Unit (DDU) provides a monitoring, investigative, enquiry and research service in relation to controlled drugs and to a lesser extent, restricted drugs of dependency. If during the course of intervention by Child Safety, it becomes apparent that the DDU may hold information in relation to parents **under no circumstances is a CSO to directly contact the DDU.**

In the first instance, contact the local ATODS to discuss the circumstances prompting the contact with ATODS, including possible information held by the DDU in relation to the parents. Following this discussion, consult with the senior practitioner, who will decide whether to proceed with a request to ATODS for ATODS to contact the DDU.

1.1 Consider the substance testing of a parent

Consider the substance testing of a parent:

- when there are indicators that a parent is engaging in **serious and persistent** substance misuse that is contributing to a child being in need of protection - this may be demonstrated by regular or heavy patterns of substance misuse, binge use or dependency
- following the reunification of a child for a specified period, where serious and persistent substance misuse by a parent has contributed to a child being in need of protection.

For information about **the indicators and risks** associated with parental substance misuse, refer to the practice resource [The substance testing of parents](#) and the practice paper [Parental substance misuse and child protection: overview, indicators, impacts, risk and protective factors](#).

For information about substance misuse **treatment and intervention options**, including the effectiveness of specific options and practices for enhancing intervention outcomes, refer to the practice paper [Parental substance misuse and child protection: intervention strategies](#).

1.2 Decide whether to request parental participation in substance testing

When the decision is made to request substance testing of a parent, and a parent is **not currently engaged in ATODS**, or related treatment:

- consult with the senior practitioner and discuss:
 - the indicators of misuse, any other concurrent risk factors, the extent and nature of the substance misuse, for example, history, frequency and pattern of use, and its impacts on the child and parent
 - previous substance misuse treatment or intervention provided to the parent, including intervention outcomes
 - the purpose of requesting the substance testing of a parent
 - the availability of accredited collection centres (refer to the section below entitled Compliance with the Australian/New Zealand Standard™)
- the senior practitioner will contact the Director of Forensic Medicine, Queensland Health by telephone on (07) 3405 5742 and discuss:
 - the above considerations
 - whether the parents substance misuse appears indicative of regular or heavy use, binge use or dependency
 - the likely benefits or outcomes if the parent participates in substance testing
 - the recommended substance testing schedule, should testing proceed
 - whether the parent should be referred by Child Safety to ATODS for screening and

assessment, or another type of ATODS intervention program, instead of, or in addition to, proposed substance testing

- based on the above advice, the senior practitioner will consult with the team leader to discuss and decide whether to proceed with a request that a parent participates in substance testing.

When a parent **is engaged in ATODS** and the treatment does **not** currently incorporate the substance testing of the parent, consult with the senior practitioner and discuss:

- the matters outlined above
- the extent and nature of the parent's current treatment program, including the goal of intervention (that is, reduced or controlled use, or abstinence), whether the goal appears to be consistent with the child's protection and care needs, aspects of the intervention (for example, cognitive behavioural therapy, relapse planning) and the parent's progress to date.

Following this, contact the parents ATODS worker, and discuss:

- the matters outlined above
- their involvement in Child Safety intervention and where applicable, the case planning process, as outlined in Chapter 4. Case planning
- whether the proposed substance testing of a parent is predominantly for child protection purposes, or whether, based on additional assessment information provided by Child Safety to ATODS, ATODS decide that a parent should participate in substance testing for health or medical reasons.

Based on any advice provided by ATODS, the senior practitioner and CSO will consult with the team leader, to discuss and decide whether to proceed with a request that a parent participates in substance testing.

If a parent requests that they participate in substance testing, independent of any request by Child Safety or ATODS, respond in accordance with the above-mentioned processes.

The details and outcomes of discussions or meetings will be recorded in accordance with the Child Safety record keeping policy and procedures.

2. Obtain approvals and consents

The substance testing of a parent can **only** be undertaken when a parent provides **written consent**.

Where substance testing is requested of a parent

Where substance testing is requested of a parent, primarily for assessing, responding to and monitoring the protection and care needs of a child, Child Safety is able to **meet the associated costs**. Obtain approval from the financial delegate for any anticipated expenditure involved in the implementation of substance testing, **prior to** requesting a parent's participation in substance testing.

When the purpose of substance testing is primarily related to assessing, responding to and monitoring the protection and care needs of a child:

- explain to the parent the reason for their requested participation in substance testing, the nature and effect of substance testing, and the testing process - for further information, refer to the practice resource [The substance testing of parents](#)
- inform the parent that approval has been obtained for Child Safety to meet the costs of screening tests and if positive test results are received, the costs of confirmation tests
- explain that while the parent is not obligated to provide consent, their participation in substance testing will assist Child Safety in making future decisions about the parents ability and willingness to meet the child's protection and care needs
- complete the [Consent form - Parent's participation in substance testing](#) and obtain the parent's signature – parent's signatures are required even if they refuse to consent to substance testing
- include relevant information in the case plan, where the parent consents to substance testing
- file the **original** consent form on the child's file, attach the consent form to the relevant ICMS event and provide the parents with a **copy** of the form.

Where substance testing is recommended by ATODS

Where ATODS considers it necessary based on the parent's individual health and treatment needs that a parent participates in substance testing as part of the ATODS treatment plan:

- costs are dealt with in accordance with usual ATODS procedures
- the process of consent is negotiated by ATODS in accordance with ATODS procedures, and incorporated in the parent's ATODS treatment plan.

3. Implement substance testing

3.1 Ensure compliance with the Australian/New Zealand Standard™

Courts only accept and recognise results of tests where tests are conducted in accordance with the 'Australian/New Zealand Standard™, Procedures for the collection, detection and quantification of drugs of abuse in urine' (the standard).

Where possible, the parent is to attend Queensland Medical Laboratories (QML) Pathology or Sullivan Nicolaides (SN) Pathology collection centres, both of which are certified to conduct substance testing in accordance with the standard.

Where the parent does not have access to a QML or SN collection centre, consult with the senior practitioner. If necessary, the senior practitioner may contact the Commercial Accounts Liaison, QML by telephone on (07) 3121 4515 to discuss whether alternative accredited collection centres are available, for example, in rural and remote areas.

Note: Queensland Health is **unable** to comply with the standard for the collection or analysis of samples.

3.2 Decide the substance testing schedule

When deciding the substance testing schedule, the senior practitioner will take into consideration the substance misuse history of the parent, their current ATODS treatment plan, if applicable, and the protection and care needs of the child when deciding the frequency, duration and method of testing. This will occur in consultation with either:

- the Director of Forensic Medicine, Queensland Health (telephone (07) 3405 5742), where a parent is **not** currently engaged in ATODS treatment
- the ATODS worker, where a parent **is** currently engaged in treatment services.

For further information, refer to the practice resource [The substance testing of parents](#).

Where substance testing is occurring at the request of Child Safety, incorporate the finalised substance testing schedule into the case plan for the child, or in a case note in the investigation and assessment event in ICMS, if applicable.

Where the parent is participating in substance testing as part of their ATODS treatment plan and the substance testing schedule is documented in the parent's treatment plan, attach the treatment plan to the relevant ongoing intervention or investigation and assessment event in ICMS.

3.3 Facilitate the substance testing of a parent

Where the parent consents to substance testing at the request of Child Safety:

- obtain the name and address of the parent's general practitioner or other medical officer
- complete the referral letter, [Letter to Medical Officer: request for the referral of a parent for substance testing](#)
- file a **copy** of the referral letter on the child's file
- forward the **original** referral letter to the parent's general practitioner or other medical officer, along with a **copy** of the signed 'Consent form - Parent's participation in substance testing'.

Regardless of whether Child Safety or ATODS has requested substance testing, contact the collection centre and request that for the duration of substance testing, the collection centre:

- notes any prescription or over the counter medication the parent has taken or is taking, for each sample collected
- informs Child Safety whether or not the collection of the sample has been observed
- provides the test results to the parent, with a copy to the CSSC
- forwards any invoice to the CSSC for payment, where the financial delegate has approved payment - not applicable where costs are being met by ATODS.

In addition, request confirmation testing for **all** positive test results. To do this:

- for QML:
 - the CSO will advise the senior practitioner of the positive test result

- the senior practitioner will contact the Commercial Accounts Liaison, QML (telephone (07) 3121 4515), and request the confirmation test
- for SN, the CSO will contact the relevant collection centre and request the confirmation test.

3.4 Interpret test results

For each test, determine whether the collection of the sample has been observed. Where this has not occurred, consider the possibility that tampering may have occurred, thereby impacting on the test results.

Where a parent is **not** currently engaged in ATODS intervention, advise the senior practitioner of the receipt of test results. The senior practitioner will contact the Director of Forensic Medicine, Queensland Health by telephone on (07) 3405 5742, to discuss the test results and to clarify any questions or concerns about the results - for further information, refer to the practice resource 'The substance testing of parents'.

Where a parent **is** currently receiving ATODS intervention, discuss the parent's test results with the parent's ATODS worker. Following this discussion, consult with the senior practitioner or team leader to determine the implications for ongoing intervention, including whether immediate action is required in response to a positive test result.

3.5 Respond to positive test results

In **all** circumstances where a positive test result is received in relation to a parent:

- talk to the parent about the positive test result and if possible, obtain contextual or clarifying information - do **not** delay consulting the senior practitioner if the parent is not **immediately** contactable
- consult the senior practitioner in a timely manner, to determine whether the test results require:
 - completion of a subsequent safety assessment
 - immediate action by Child Safety to ensure the safety of the child, for example, an urgent out-of-home care placement for a child
 - an urgent case plan review
 - other immediate or ongoing actions
- refer the parent to ATODS for assessment and/or treatment, unless the parent is already engaged with a treatment service, and record the response of the parent and ATODS to the referral
- record any decision made about actions taken or not taken, including the rationale for the decision.

Take immediate action to review the child's protection and care needs where a positive test result is received for a parent, regardless of the types of substances detected, where the parents ATODS treatment goal is, either:

- abstinence

- reduced or controlled use of a substance **and** there is new information indicating the presence of one or more of the following parental stressors:
 - a change in family composition, including the reunification of any child
 - the death of a family member
 - a major illness in the family
 - the loss of employment
 - homelessness
 - a relationship breakdown
 - a change in residence.

Any decision **not** to take immediate action to review the child's protection and care needs, in the above two circumstances, will be:

- discussed with, and decided by, the senior practitioner
- recorded in a case note, including the rationale for not taking immediate action.

For example, in some circumstances, it may be considered necessary to undertake confirmation testing **prior to** any immediate action being taken, particularly the placement of a child.

However, where positive results from the initial screening test, whether in isolation from or in combination with the above-mentioned parental stressors, indicate significant risk to the child, the decision to take immediate action prior to confirmation testing will be considered in accordance with the principle that the well-being and best interests of a child are **paramount** (*Child Protection Act 1999*, section 5).

3.6 Respond to non-compliance by a parent

A parent may refuse to attend, or cease attending, substance testing or ATODS at any time. Where the child's case plan incorporates substance testing or other treatment options and the parent subsequently decides to cease attending, consult the team leader or senior practitioner and determine whether:

- a case plan review is required and if so, the urgency of the review
- an out-of-home care placement is necessary to ensure the child's protection, until the case plan review is undertaken.

3.7 Ensure collaboration and service delivery coordination

Where a parent **is** engaged in substance testing or ATODS (or related) intervention, proactively identify and implement a range of strategies to assist in achieving effective collaboration and coordination with ATODS (or related) workers, regardless of the intervention type. This will include:

- ensuring that the roles and responsibilities of each agency are clearly negotiated and documented
- regularly and proactively seeking updated assessment information from ATODS
- ensuring that ATODS is informed, to the extent necessary, of the child protection concerns, including:

- child, parent and environmental risk and protective factors associated with the parents substance misuse
- the assessed impact or likely impact of the substance misuse on the child
- details of new child protection concerns, should they arise
- involving the ATODS worker, if applicable, in the development and review of the case plan - where the worker is unable to directly participate in the meeting, ensure that relevant information is shared, to inform the planning or review process
- advising the ATODS worker of the outcome of all case planning and reviews undertaken by Child Safety, including advice of a decision to:
- reunify a child with parents
- close an ongoing intervention case.

When a parent refuses to consent to substance testing or is **not** attending ATODS treatment programs, and general, **non-identifying** advice is required to assist Child Safety officers in making assessments and decisions about the protection and care needs of a child, either:

- contact the local ATODS and obtain the necessary advice or information
- consult the senior practitioner, who may contact the Director of Forensic Medicine, Queensland Health by telephone on (07) 3405 5742.

Related discussions will occur in accordance with applicable privacy procedures and confidentiality requirements (*Child Protection Act 1999*, section 186, 187 and 188).

4. Implement concurrent assessment, monitoring and intervention strategies

The substance testing of parents is **not** generally considered an intervention in isolation from other substance misuse treatment options. Where parents participate in substance testing, it is **necessary** that other, complementary methods for establishing, monitoring and addressing parental substance misuse are clearly incorporated as part of Child Safety intervention. For further information, refer to the practice paper [Parental substance misuse and child protection: intervention strategies](#).

In addition to the substance testing of parents, ensure that case planning and review processes incorporate:

- assessment and/or treatment by ATODS, for the purpose of:
 - determining the parent's level and nature of the substance misuse and associated health and intervention needs
 - obtaining advice about the most effective and appropriate substance misuse intervention options available to parents
- practical strategies parents can use to manage the stressors in their lives
- relapse prevention planning, including practical strategies for implementation
- assessment and intervention strategies in relation to other risk factors, where applicable, identified as contributing to the child's protection and care needs, for example, mental

health issues, knowledge of child development and parenting and behaviour management skills.

For information about available substance misuse interventions, contact the nearest Alcohol, Tobacco and Other Drug service.

Note: Should **parents request** ATODS assessment or treatment, regardless of whether substance testing is occurring or whether test results are positive, **always**:

- refer the parent to an appropriate service
- record the referral outcome.

Resources

Forms and templates

- Consent form - Parent's participation in substance testing
- Letter to Medical Officer: request for the referral of a parent for substance testing

Child Safety resources

- Practice paper: Parental substance misuse and child protection: intervention strategies.
- Practice paper: Parental substance misuse and child protection: overview, indicators, impacts, risk and protective factors
- Practice resource: The substance testing of parents

External resources

- Alcohol, Tobacco and Other Drugs

10.8 Responding to self-harming behaviour

Purpose

This procedure outlines the process for promoting the safety and well-being of children through implementing responsive self-harm management practices.

This procedure aims to ensure that children who demonstrate, or have demonstrated, any self-harming behaviours, are responded to in ways that aim to:

- safeguard their immediate safety to the extent possible in the circumstances
 - prevent harm from occurring or reduce the risk of harm
 - promote their ongoing well-being by assisting them to address the harmful behaviours and underlying causes.
-

Key steps

1. Identify that a child is at risk of self-harm
2. Respond to the child with a self-harm alert
3. Review the self-harm risk management plan

What ifs - responding to specific self-harm matters

Standards

1. Risk factors, warning signs and cultural considerations are taken into account when assessing and responding to self-harm or suicide risk.
 2. When it is assessed that a child meets the criteria for identifying self-harm risk, a self-harm alert must be completed within 24 hours of the incident, disclosure or assessment.
 3. For ongoing intervention cases involving an Aboriginal or Torres Strait Islander child, the recognised entity will be informed about and, where applicable, given the opportunity to participate in the review of the self-harm risk management plan.
 4. For ongoing intervention cases, a self-harm risk management plan will be reviewed every three months.
-

Practice skills (Key areas for reflection)

- Have I considered all risk factors across the child's individual, family and community contexts when considering whether the child is at risk of self-harm?
- Have I given appropriate consideration to any history of Child Safety contact with the child and family?
- Have I considered and integrated all of the information gathered when making decisions?

- Is my assessment holistic and focused on the child's safety and well-being?
 - Have I considered how the child or families strengths can be utilised to promote the protection of the child?
 - Have I considered what supports can be provided to this child and family?
 - Have I informed the child, parents/carers and other relevant people about the self-harm alert and the self-harm risk management plan?
-

Authority

- *Child Protection Act 1999*, sections 5, 6, 7, 74, 97, 122
 - Policy No. 361: Child death case review policy and procedures
 - Policy No. 391: Critical incident reporting
 - Policy No. 605: Assessing and responding to self-harm and suicide risk
-

Key steps – Responding to self-harming behaviour

1. Identify that a child is at risk of self-harm

- 1.1 Consider the criteria for identifying self-harm risk to a child
- 1.2 Consider and integrate the child protection history
- 1.3 Consult with the team leader to decide whether a self-harm alert is required

2. Respond to the child with a self-harm alert

- 2.1 Record the self-harm alert in ICMS within 24 hours
- 2.2 Develop a self-harm risk management plan
- 2.3 Record the self-harm risk management plan in ICMS
- 2.4 Inform relevant people
- 2.5 Respond to a child with multiple self-harm alerts

3. Review the self-harm risk management plan

- 3.1 Review the self-harm risk management plan, where applicable
- 3.2 Conduct a review meeting
- 3.3 Record the outcome of the review in ICMS

What ifs - responding to specific self-harm matters

- 1. What if a child subject to a **self-harm alert** is also subject to **youth justice intervention**?
- 2. What if the child subject to a **self-harm alert** also has a **caseplan**?

1. Identify that a child is at risk of self-harm

1.1 Consider the criteria for identifying self-harm risk to a child

A child will be identified at risk of **self-harm** when they meet one or more of the following criteria:

- the child displays self-harming behaviour (for example, self-cutting, self-strangulation, jumping from a height intended to cause self-harm, ingesting a substance in excess of the prescribed or generally recognised therapeutic doses, or ingesting a recreational or illicit drug that was an act the child regarded as self-harm)
- the child threatens or expresses an intention to self-harm
- the child has peers that have recently engaged in self-harming behaviour, which may have an influence on their actions
- the child is involved in risky or dangerous behaviour or is involved in risk-taking behaviour (such as reckless actions endangering life or chronic or prolonged substance misuse) that is assessed as placing him/her at risk of a physically damaging form of bodily harm.

Defining self-harm

Self-harming behaviour refers to the direct, deliberate act of harming one's body without the conscious intention to die. Self-harm may result in death and is a risk factor for suicide.

For further information to assist in identifying children at risk of self-harm, refer to [Attachment 1: Self-harm and suicide risk - identifying factors and warning signs, and Responding to people at risk of suicide: how can you and your organisation help?](#)

1.2 Consider and integrate the child protection history

A child protection history check is the consideration of all records of previous contact by Child Safety with the child, family or other members of the child's household as part of the decision-making process. Consider and integrate the child protection history when considering whether the child is at risk of self-harm, and give special consideration to:

- previous alerts
- information or behaviour that signifies an escalation or intensification in the pattern or severity of the child's self-harming behaviour
- whether the child protection history confirms or highlights additional risk factors, including any previous child or family deaths, serious or repeated injuries, mental health issues or changes in behaviour or personality.

For further information refer to the practice paper [A framework for practice with 'high risk' young people \(12-17 years\)](#) and the practice guide [The assessment of harm and risk of harm](#).

1.3 Consult with the team leader to decide whether a self-harm alert is required

Consult with the team leader for guidance and direction when assessing and responding to self-harm in order to:

- decide whether a self-harm alert is required

- discuss the rationale for recording the self-harm alert, which is informed by the assessment about the nature and significance of the information prompting the self-harm alert
- identify the immediate and, where applicable, ongoing actions, interventions and supports to be provided, that could reduce the risks to the child.

Where doubt exists about whether a child is at risk of self-harm

Where doubt exists about whether a child is at risk of self-harm:

- liaise with the team leader or senior practitioner for advice and direction about assessing the risk of self-harm
- consult other relevant professionals (for example, general practitioner, psychologist, other health provider, police, staff or representatives from government and community agencies) who have knowledge about the child or self harming behaviour, to obtain further information and advice.

After recording the self-harm alert, develop and where applicable, monitor the self-harm risk management plan. For further information about self-harm risk management plans, refer to [2.2 Develop a self-harm risk management plan](#), and [3. Review the self-harm management plan](#).

2. Respond to the child with a self-harm alert

2.1 Record the self-harm alert in ICMS within 24 hours

When a child discloses or displays self-harming behaviour or when it is assessed that the child meets the criteria for self-harm risk, a self-harm alert **must** be recorded in ICMS **within 24 hours** by staff of the CSSC, the RIS, or the CSAHSC regarding the incident, disclosure or assessment.

2.2 Develop a self-harm risk management plan

After recording the self-harm alert, the CSSC develops a self-harm risk management plan with, where possible, the child, their parents, carers and other significant people. The complexity, number and extent of actions in the self-harm risk management plan vary and depend on:

- **the point at which the plan is instigated** - either:
 - at intake or during an investigation and assessment, the parent or the notifier may be the only person responsible for implementing the self-harm risk management plan actions (for example, removing available means of self-harm, not leaving the child alone and seeking help from a general practitioner)
 - during ongoing intervention - when a child is subject to ongoing intervention a range of people may be undertaking actions with the child (for example, child protection and youth justice staff, recognised entity representatives, carers, health workers).
- **the nature and significance of the information prompting the self-harm alert** - if a child is physically injured or hospitalised as a result of their self-harming risk or behaviour, the self-harm risk management plan actions may be undertaken by a range of people relevant to the child's current situation and context (for example, general

practitioner or other health provider, parent, youth worker or other identified support person)

- **the child's circumstance** - the number, extent and persons responsible for implementing the self-harm risk actions will depend on:
 - the child's characteristics and individual circumstances (for example, the child's ethnicity, behaviour, health or special needs, child's relationships with others) and
 - the characteristics of the persons able and willing to undertake actions to protect and support the child (for example, an Aboriginal child subject to youth justice and child protection interventions may have people from Child Safety and Youth Justice services areas and the recognised entity responsible for certain actions within the self-harm risk management plan).

The purpose of the self-harm risk management plan is to document the immediate and ongoing actions and interventions aimed at preventing or reducing the future risk of self-harm to the child. These may include:

- strategies to increase the knowledge and understanding of all parties about self-harm and suicide risk
- practical strategies that can be put into action. These may include for example:
 - not leaving the child alone
 - removing or safely securing any available means of self-harm or suicide, for example, weapons, medications, alcohol and other drugs, access to a car
 - encouraging the child to talk with and seek help from a general practitioner or other provider
 - information and advice about alternative sources of support that may assist the child and their family, including community based health (for example, a general practitioner) and/or mental health services (for example, Queensland Health, Child and Youth Mental Health Services), wider family networks and other local community resources
 - referrals to a support or intervention service
 - strategies for how and when the self-harm risk management plan will be monitored and reviewed
 - any other matters discussed or actions to be taken, and the response of all parties.

Self-harm risk management plans for children at intake or during an investigation and assessment

When a self-harm alert is generated at intake by the RIS (for example, an intake enquiry or CCR) or during an investigation and assessment by the CSSC **and the child is not subject to ongoing intervention**, record the actions the notifier or parent agrees to undertake in the self-harm risk management plan. Where the notifier or parent (if the notifier) does not agree to undertake actions:

- consider whether the parents lack of commitment to the actions in the plan, would require a more intrusive response, for example, recording a notification or providing ongoing intervention

- record the notifier or parent's response **and** the rationale for the decision made.

As Child Safety does not have an ongoing role in providing intervention to children unless they are subject to an ongoing intervention case, it is critical that the intake response by the RIS or the investigation and assessment response by the CSSC clearly explores (with relevant people and agencies, including where applicable, the notifier) all available options for securing the child's immediate physical safety.

For further information about resolving doubt about whether a child is at risk of self-harm, refer to [1.3 Consult with the team leader to decide whether a self-harm alert is required.](#)

Consider referrals to services

Children who display self-harming behaviour or who are at risk of self-harm, may already have involvement with other services that have expertise to offer in addressing or reducing such behaviours.

If a child is not involved with professional service providers, consider making referrals to relevant services or consulting with them for information, resources and assistance.

2.3 Record the self-harm risk management plan in ICMS

The RIS or CSSC CSO is responsible for recording the self-harm risk management plan in a 'Case discussion/decision' case note in ICMS titled, 'Self-harm Risk Management Plan'. Ensure the relevant team leader provides verbal approval of the content contained in the self-harm risk management plan and record this in the case note.

2.4 Inform relevant people

After recording a self-harm alert and completing a self-harm risk management plan, inform relevant people about the alert and associated risk plan, as follows:

- at intake - the RIS informs the notifier
- during an investigation and assessment - inform the child, parents, and other relevant people (for example carers, medical staff, education staff, recognised entity representatives)
- for a child subject to ongoing intervention - inform the child, parents, carers and other relevant people about the self-harm alert and the particulars of the self-harm risk management plan (for example, medical staff, education staff, recognised entity representatives).

Note: because Child Safety does not have an ongoing role in providing intervention to children or young people unless they are subject to an ongoing intervention case, it is critical that the intake response or the investigation and assessment response includes exploring with relevant people (including where applicable, the notifier) all available options for ensuring the child's immediate physical safety.

Critical incident reporting

Where a child's self-harming episode requires medical treatment or hospitalisation, complete a critical incident report in accordance with the [Critical Incident Reporting policy](#).

2.5 Respond to a child with multiple self-harm alerts

A subsequent self-harm alert must be completed whenever the child demonstrates or engages in a new episode of self-harming behaviour.

Where a child subject to a self-harm alert repeatedly engages in self-harming behaviour, consult with the team leader to consider whether the recurring self-harming behaviour:

- signifies an escalation or intensification in the pattern or severity of the child's self-harming behaviour or risk of self-harm
- is being adequately addressed by actions in the self-harm risk management plan.

When deciding whether to record a subsequent self-harm alert, consider whether actions in the current self-harm risk management plan are relevant and effective in addressing the repeated self-harming behaviour.

When a subsequent self-harm alert is recorded for a child, consider whether the previous self-harm risk management plan contains actions, interventions and supports that are relevant to the child's pattern of self-harming behaviour or risk and their situation and what progress has been made. The self-harm risk management plan may repeat the strategies of the previous plan if the new episode is to be responded to and managed in the same way.

Consider whether a suicide risk alert is required

Where a child is subject to multiple current or previous self-harm alerts and recording another self-harm alert is being considered, consult with the team leader about whether a suicide risk alert is required instead of a self-harm alert. In making this assessment, consider factors associated with cumulative harm, and the possibility that a pattern of, or escalation in self-harming behaviour may constitute risk of suicide. Where a suicide risk alert is required, refer to [Chapter 10.9 Responding to suicide risk](#).

3. Review the self-harm risk management plan

3.1 Review the self-harm risk management plan, where applicable

The purpose of reviewing a self-harm risk management plan is to ensure that planned interventions with the child have been implemented and have been responsive to their needs.

At intake or during an investigation and assessment

Review of self-harm risk management plans is **not** required for cases where Child Safety is not providing ongoing intervention.

Where a child, subject to an open self-harm alert and self-harm risk management plan created at the intake or investigation phase, subsequently becomes the subject of an ongoing intervention case, review the open alert in accordance with procedures outlined below.

For ongoing intervention cases

For ongoing intervention cases, the self-harm risk management plan **must** be reviewed, **at a minimum, every three months**, until the alert is closed in ICMS.

3.2 Conduct a review meeting

The review meeting is the forum where the self-harm risk management plan is discussed and evaluated, to determine whether the alert is able to be closed. As part of the review meeting, discuss and decide whether sufficient progress has been made in relation to the self-harm risk management plan actions to close the self-harm alert.

The review meeting will, where possible, include and be informed by the views of the child, parents, carers, service providers, and other people identified as significant to the child. For an Aboriginal and Torres Strait Islander child, the recognised entity will be given the opportunity to participate in the review of the self-harm risk management plan.

Review of the self-harm risk management plan will result in a decision to either:

- keep the self-harm alert **open** and review and update the self-harm risk management plan, or
- **close** the self-harm alert.

3.3 Record the outcome of the review in ICMS

Keep the self-harm alert open

The self-harm alert **cannot be closed** if it is assessed that either:

- the self-harm risk management plan actions have not sufficiently resolved the child's risk of self-harm
- the child still meets any of the criteria for a self-harm alert.

When the self-harm alert remains open, review and update the self-harm risk management plan to ensure its activities, interventions or supports are relevant to the child and their circumstance.

Update the self-harm risk management plan in ICMS

Record the updated self-harm risk management plan in a **new** 'Case discussion/decision' case note in ICMS, titled 'Self-harm Risk Management Plan'.

Record the outcome of the review of the previous self-harm risk management plan in the new self-harm risk management plan and ensure that the team leader's verbal approval of the decision to keep the self-harm alert open is recorded in the new plan's case note.

The updated self-harm risk management plan may replicate the details of the previous plan if there is no change to the way in which the child's self-harming behaviour or risk is going to be responded to and managed.

Close the self-harm alert

The decision to close a self-harm alert and the rationale for this decision **must** be:

- informed by the outcome of the review meeting
- documented in a 'Case Discussion/Decision' case note in ICMS
- endorsed by a team leader.

Before closing a self-harm alert, ensure that:

- the child no longer meets the criteria for generating a self-harm alert
- the review of the self-harm risk management plan has considered:
 - whether adequate assessment has occurred in relation to the child and their situation
 - the effectiveness of case work actions undertaken and outcomes associated with interventions
 - the views of the child, their parents, carers and other significant people.

Close the self-harm alert in ICMS

Record the date of the decision as the ‘end date’ in the self-harm alert screen. This closes the self-harm alert. Record the team leader’s verbal approval for the decision to close the self-harm alert and the closure rationale in the self-harm risk management plan case note in ICMS.

The function of closing a self-harm alert in ICMS, thereby moving the alert to ‘historical’, enables anyone viewing the child’s profile to quickly ascertain the current status in relation to the child’s emotional or psychological well-being. The number of closed alerts is reflected in brackets next to the alert. Only a current alert will display as a count **outside** the bracket.

What ifs - responding to specific self-harm matters

1. What if a child with a self-harm alert is also subject to youth justice intervention?

If the child is also subject to youth justice intervention, provide information about the self-harm alert and the self-harm risk management plan to the child’s youth justice case worker and/or detention centre staff. Record the provision of this information in the self-harm risk management plan case note in ICMS.

2. What if the child subject to a self-harm alert also has a case plan?

For ongoing intervention cases, the self-harm risk management plan must be reviewed, at a minimum, every three months, until the alert is closed in ICMS. The information from the three monthly reviews will inform the six monthly review of the child’s case plan. In addition, consider whether:

- the placement agreement reflects the carer’s responsibilities as outlined in the self-harm risk management plan
- an update to the child health passport, for an eligible child, is required - refer to [Chapter 5, 2.3 Develop a child health passport](#).

Resources

Child Safety resources

- Attachment 1: Self-harm and suicide risk - identifying risk factors and warning signs

- Practice guide: The assessment of harm and risk of harm
- Practice paper: A framework for practice with 'high risk' young people (12-17 years)
- Responding to people at risk of suicide: How can you and your organisation help?

10.9 Responding to suicide risk behaviour

Purpose

This procedure outlines the process for promoting the safety and well-being of children through implementing responsive suicide risk management practices.

This procedure aims to ensure that children who demonstrate or have demonstrated any suicide risk behaviours, are responded to in ways that aim to:

- safeguard their immediate safety to the extent possible in the circumstances
 - prevent harm from occurring or reduce the risk of harm
 - promote their ongoing well-being by assisting them to address the harmful behaviours and underlying causes.
-

Key steps

1. Identify that a child is at risk of suicide
2. Respond to the child with a suicide risk alert
3. Review the medium to long-term suicide risk management plan

What ifs - responding to specific suicide risk matters

Standards

1. Risk factors, warning signs and cultural considerations are taken into account when assessing and responding to self-harm or suicide risk.
 2. When it is assessed that a child meets the criteria for identifying suicide risk, a suicide risk alert must be completed within 24 hours of the incident, disclosure or assessment.
 3. For ongoing intervention cases involving an Aboriginal or Torres Strait Islander child, the recognised entity will be informed about and, where applicable, given the opportunity to participate in the review of the medium to long-term suicide risk management plan.
 4. For ongoing intervention cases, a medium to long-term suicide risk management plan will be reviewed every 3 months.
-

Practice skills (Key areas for reflection)

- Have I considered all risk factors across the child's individual, family and community contexts when considering whether the child is at risk of self-harm?
- Have I given appropriate consideration to any history of Child Safety contact with the child and family?
- Have I considered and integrated all of the information gathered when making decisions?

- Is my assessment holistic and focused on the child's safety and well-being?
 - Have I considered how the child or families strengths can be utilised to promote the protection of the child?
 - Have I considered what supports can be provided to this child and family?
 - Have I informed the child, parents/carers and other relevant people about the self-harm alert and the self-harm risk management plan?
-

Authority

- *Child Protection Act 1999*, sections 5, 6, 7, 74, 97, 122
 - Policy No. 361: Child death case review policy and procedures
 - Policy No. 391: Critical incident reporting
 - Policy No. 605: Assessing and responding to self-harm and suicide risk
-

Key steps - Responding to suicide risk behaviour

1. Identify that a child is at risk of suicide

- 1.1 Consider the criteria for identifying suicide risk to a child
- 1.2 Consider and integrate the child protection history
- 1.3 Consult with the team leader to decide whether a suicide risk alert is required

2. Respond to the child with a suicide risk alert

- 2.1 Record the suicide risk alert in ICMS within 24 hours
- 2.2 Develop an immediate or medium to long-term suicide risk management plan
- 2.3 Record the immediate or medium to long-term suicide risk management plan in ICMS
- 2.4 Inform relevant people
- 2.5 Respond to a child with multiple suicide risk alerts

3. Review the medium to long-term suicide risk management plan

- 3.1 Review the medium to long-term suicide risk management plan
- 3.2 Conduct a review meeting
- 3.3 Record the outcome of the review in ICMS

What ifs - responding to specific suicide risk matters

1. What if a child subject to a **suicide risk alert** is also subject to **youth justice intervention**?
2. What if the child subject to a **suicide risk alert** also has a **caseplan**?

1. Identify that a child is at risk of suicide

1.1 Consider the criteria for identifying suicide risk to a child

A child will be identified at risk of **suicide** when the child meets one or more of the following criteria:

- the child displays or discloses a history of suicide attempt/s
- the child expresses suicidal ideation and/or it is assessed that the child has suicidal ideation
- it is assessed that the child's self-harming behaviour (actual or threatened/expressed) places him/her at risk of suicide
- it is assessed that the child's involvement in risky or dangerous behaviour is linked to suicidal ideation
- the child is diagnosed with depression (the name of the diagnosing doctor and the date of the diagnosis must be included in the Suicide Risk Alert Form (SR1) or exhibits behaviour or symptoms that may be associated with depression and it is assessed that either:
 - the child presents as suicidal
 - the child's actual or threatened self-harming behaviour places him/her at risk of suicide.

Defining suicidal behaviour

Suicidal behaviour refers to the range of actions related to suicide including:

- suicidal ideation - thoughts of engaging in suicidal behaviour, with or without a specific plan
- suicide attempt - potentially self-injurious act intended to end one's life but which does not result in death
- suicide - self-injurious act intended to end one's life which results in death.

For further information to assist in identifying children at risk of suicide, refer to [Attachment 1: Self-harm and suicide risk - identifying factors and warning signs, and Responding to people at risk of suicide: how can you and your organisation help?](#)

1.2 Consider and integrate the child protection history

A child protection history check is the consideration of all records of previous contact by Child Safety with the child, family or other members of the child's household as part of the decision-making process. Consider and integrate the child protection history when considering whether the child is at risk of suicide, and give special consideration to:

- previous alerts
- information or behaviour that signifies an escalation or intensification in the pattern or severity of the child's self-harming or suicide risk behaviour

- whether the child protection history confirms or highlights additional risk factors, including any previous child or family deaths, serious or repeated injuries, mental health issues or changes in behaviour or personality.

For further information refer to the practice paper [A framework for practice with 'high risk' young people \(12-17 years\)](#) and the practice guide [The assessment of harm and risk of harm](#).

1.3 Consult with the team leader to decide whether a suicide risk is required

Consult with the team leader for guidance and direction when assessing and responding to suicide risk in order to:

- decide whether a suicide risk alert is required
- discuss the rationale for recording the suicide risk alert, which is informed by the assessment about the nature and significance of the information prompting the suicide risk alert
- identify the immediate and, where applicable, ongoing actions, interventions and supports to be implemented which are aimed at ensuring the child's safety.

Where doubt exists about whether a child is at risk of suicide

Where doubt exists about whether a child is at risk of suicide:

- liaise with the team leader or senior practitioner for advice and direction about assessing the risk of suicide
- consult other relevant professionals (for example, general practitioner, psychologist, other health provider, police, staff or representatives from government and community agencies) who have knowledge about the child or suicidal behaviour, to obtain further information and advice.

After recording the suicide risk alert, develop and where applicable, monitor the immediate and medium to long-term suicide risk management plans. For further information about suicide risk management plans, refer to [2.2 Develop an immediate or medium to long-term suicide risk management plan](#) and [3. Review the medium to long-term suicide risk management plan](#).

2. Respond to the child with a suicide risk alert

2.1 Record the suicide risk alert in ICMS within 24 hours

When a child discloses or displays suicide risk behaviour or when it is assessed that the child meets the criteria for suicide risk, it is the responsibility of staff at the RIS, CSSC or CSAHSC to record a suicide risk alert (SR1) form in ICMS **within 24 hours** of the incident, disclosure or assessment.

Note: If a child or young person is the subject of an ongoing intervention case, a copy of the SR1 and all relevant information should be immediately forwarded to the CSSC with case responsibility.

2.2 Develop an immediate or medium to long-term suicide risk management plan

Develop an immediate or medium to long-term suicide risk management plan with, where possible, the child, their parents, carers and other significant people. The complexity, number and extent of actions in the immediate or medium to long-term suicide risk management plan vary and depend on:

- **the point at which the plan is instigated** - either:
 - at **intake**, the notifier may be the only person responsible for implementing the immediate suicide risk management plan actions (for example, removing available means of suicide and not leaving the child alone and seeking help from a general practitioner)
 - during an **investigation and assessment**, the parent may be the only person responsible for implementing the immediate suicide risk management plan actions
 - during **ongoing intervention** - when a child is subject to ongoing intervention, a range of people may be undertaking actions with the child in the medium to long-term suicide risk management plan (for example child protection and youth justice staff, recognised entity representatives, carers, health workers)
- **the nature and significance of the information prompting the suicide risk alert** - if a child is physically injured or hospitalised as a result of their suicide risk behaviour, the immediate suicide risk actions may be undertaken by a range of people relevant to the child's current situation and context (for example, general practitioner or other health provider, parent, youth worker or other identified support person). The ongoing actions and persons responsible for implementing the actions identified in the medium to long-term suicide risk management plan may differ from the immediate suicide risk management plan, particularly when the child's circumstances change.
- **the child's circumstances** - the number, extent and persons responsible for implementing the suicide risk actions will depend on:
 - the child's characteristics and individual circumstances (for example, the child's ethnicity, behaviour, health or special needs, child's relationships with others) and
 - the characteristics of the persons able and willing to undertake actions to protect and support the child (for example, an Aboriginal child subject to youth justice and child protection interventions may have Child Safety, Youth Justice and recognised entity staff responsible for certain actions within the immediate and medium to long-term suicide risk management plans).

Immediate suicide risk management plan

Develop an immediate suicide risk management plan as part of the suicide risk alert (SR1) form in ICMS. The maximum lifespan of an immediate suicide risk management plan is two weeks.

The purpose of the immediate suicide risk management plan is to:

- document the immediate actions and interventions to be undertaken in response to the child's suicide risk alert

- guide short-term casework activities aimed at safeguarding the child's immediate safety needs and ensuring the timely provision of health or therapeutic assessment and support services until, for ongoing intervention cases, the medium to long-term suicide risk management plan is developed.

The immediate suicide risk management plan **must** contain:

- information about the strategies and/or referrals to assess the child's medical and/or mental health needs, as appropriate (for example, general practitioner, Queensland Health's Child and Youth Mental Health Service, Evolve Services)
- the activities relevant people will undertake aimed at ensuring and monitoring the child's immediate safety (for example, document the roles and activities of those closest to the child in daily life (for example, parent, carer, youth worker) and those with other areas of expertise (for example, mental health counsellors, drug and alcohol service representatives).

Medium to long-term suicide risk management plan

The development and review of medium to long-term suicide risk management plans are **only** relevant to children who are subject to an ongoing intervention case.

For ongoing intervention cases, develop the medium to long-term suicide risk management plan in ICMS **within two weeks** of generating the suicide risk alert and submit it to the team leader for the approval. Wherever possible, develop the medium to long-term plan with the child, their parents, carers and other significant people. The maximum lifespan of a medium to long-term suicide risk management plan is three months.

The medium to long-term suicide risk management plan will include the following:

- details of interventions that have occurred since recording the suicide risk alert, including outcomes of the interventions already undertaken as part of the immediate suicide risk management plan
- strategies for how and when the medium to long-term suicide risk management plan will be monitored and reviewed, including persons responsible
- any further follow-up to be undertaken, including persons responsible
- an assessment about the current level of risk (high, medium, low).

Consult with the team leader about the current level of risk

Consult with the team leader about whether the current level of risk identified in the child's medium to long-term suicide risk management plan is high, medium or low.

The high, medium and low classifications allow anyone viewing the medium to long-term suicide risk management plan to rapidly ascertain the level of risk associated with the child, based on:

- the CSOs knowledge and professional judgement about the risk factors and warning signs, including cultural considerations, specific to the particular child
- progress and outcomes associated with any interventions that have occurred since recording the suicide risk alert
- information and assessment about the child's current situation, behaviour, presentation and context.

For children subject to Child Safety **and** Youth Justice intervention, the decision about the current level of risk to be identified in the medium to long-term suicide risk management plan will be informed by joint discussions with both program or intervention areas.

Immediate suicide risk management plans for children at intake or during investigation and assessment

When a suicide risk alert is generated at intake (for example, an intake enquiry or CCR) or during an investigation and assessment **and the child is not subject to ongoing intervention**, record the actions the notifier or parent agrees to undertake in the immediate suicide risk management plan. Where the notifier or parent (if the notifier) does not agree to undertake actions:

- consider whether the parents lack of commitment to the actions in the plan, would require a more intrusive response, for example, recording a notification or providing ongoing intervention
- record the notifier or parent's response **and** the rationale for the decision made.

As Child Safety does not have an ongoing role in providing intervention to children unless they are subject to an ongoing intervention case, it is critical that the intake or investigation and assessment response clearly explores (with relevant people and agencies, including where applicable, the notifier) all available options for securing the child's immediate physical safety.

For further information about resolving doubt about whether a child is at risk of suicide risk, refer to 1.3 Consult with team leader to decide whether a suicide risk alert is required.

Consider referrals to services

Children who display suicide risk behaviour or who are at risk of suicide, may already have involvement with other services that have expertise to offer in addressing or reducing such behaviours.

If a child is not involved with professional service providers, consider making referrals to relevant services or consulting with them for information, resources and assistance.

2.3 Record the immediate or medium to long-term suicide risk management plan in ICMS

Immediate suicide risk management plan

It is the responsibility of staff in the RIS, CSAHSC or CSSC to record the immediate suicide risk management plan within the suicide risk alert form (SR1) in ICMS and submit it to the team leader for approval.

Following approval by the team leader, a copy of the SR1 should be forwarded immediately to the relevant CSSC if the child or young person is the subject of an ongoing intervention case. The SR1 form requires timely approval by a team leader as a suicide alert is activated in ICMS once the form is approved.

Medium to long-term suicide risk management plan

Record the medium to long-term suicide risk management plan in ICMS **within two weeks** of generating the suicide risk alert and submit it to the team leader for the approval.

2.4 Inform relevant people

After recording a suicide risk alert and completing the immediate or medium to long-term suicide risk management plan, inform relevant people about the alert and associated risk plan, as follows:

- at intake - inform the notifier
- during an investigation and assessment - inform the child, parents, and other relevant people (for example carers, medical staff, education staff, recognised entity representatives)
- for a child is subject to ongoing intervention - Inform the child, parents, carers and other relevant people about the self-harm alert and the particulars of the self-harm risk management plan (for example, medical staff, education staff, recognised entity representatives).

Note: because Child Safety does not have an ongoing role in providing intervention to children unless they are subject to ongoing intervention, it is critical that the intake or investigation response clearly explores (with relevant people, including where applicable, the notifier) all available options for ensuring the child's immediate physical safety.

Critical incident reporting

Where a child attempts suicide or a child's self-harming episodes are assessed as attempted suicide, complete a critical incident report in accordance with the [Critical Incident Reporting policy](#).

2.5 Respond to a child with multiple suicide risk alerts

A subsequent suicide risk alert must be completed whenever the child demonstrates or engages in a new episode of suicide risk behaviour.

Where a child subject to a suicide risk alert repeatedly engages in suicide risk behaviours, consult with the team leader to consider whether the recurring suicide risk behaviour:

- signifies an escalation or intensification in the pattern or severity of the child's suicide risk behaviour or risk of suicide
- is being adequately addressed by actions in the current suicide risk management plan.

When deciding whether to record a subsequent suicide risk alert, consider whether actions in the immediate or medium to long-term suicide risk management plan (whichever is relevant) are effective in addressing the repeated suicide risk behaviour.

When a **subsequent suicide risk alert is recorded**, consider whether the previous suicide risk management plan contains actions, interventions and supports that are relevant to the child's pattern of self-harming behaviour, the risk, their situation and what progress has been made. The self-harm risk management plan may repeat the strategies of the previous plan if the new episode is to be responded to and managed in the same way.

3. Review the medium to long-term suicide management plan

3.1 Review the medium to long-term suicide risk management plan

The purpose of reviewing a medium to long-term suicide risk management plan is to ensure that planned interventions with the child have been implemented and have been responsive to their needs. The review will result in a decision to either:

- keep the suicide alert **open** and review and update the medium to long-term suicide risk management plan, or
- **close** the suicide risk alert.

At intake or during an investigation and assessment

Review of the immediate suicide risk management plan is **not** required for cases where Child Safety is not providing ongoing intervention.

Where a child, subject to an open suicide risk alert and immediate suicide risk management plan created at the intake or investigation phase, subsequently becomes the subject of an ongoing intervention case, review the open alert in accordance with procedures outlined below.

For ongoing intervention cases

For ongoing intervention cases, the medium to long-term suicide risk management plan **must** be reviewed, **at a minimum, every three months**, until the alert is closed in ICMS.

3.2 Conduct a review meeting

The review meeting is the forum where the medium to long-term suicide risk management plan is discussed and evaluated, to determine whether the alert is able to be closed. As part of the review meeting, discuss and decide whether sufficient progress has been made in relation to the medium to long-term suicide risk management plan actions to close the suicide risk alert.

The review meeting will, where possible, include and be informed by the views of the child, parents, carers, service providers, and other people identified as significant to the child. For an Aboriginal and Torres Strait Islander child, the recognised entity will be given the opportunity to participate in the review of the medium to long-term suicide risk management plan.

Before deciding to close a suicide risk, ensure that:

- the child no longer meets the criteria for generating a suicide risk alert
- the review of the medium to long-term suicide risk management plan has considered:
 - whether adequate assessment has occurred in relation to child and their situation
 - the effectiveness of case work actions undertaken and outcomes associated with interventions
 - the views of the child, their parents, carers and other significant people.

3.3 Record the outcome of the review in ICMS

Keep the suicide risk alert open

The suicide risk alert **cannot be closed** if it is assessed that either:

- the immediate or medium to long-term suicide risk management plan actions have not sufficiently resolved the child's risk of suicide
- the child still meets any of the criteria for a suicide risk alert.

Create a new medium to long-term suicide risk management plan in ICMS

When the suicide risk alert remains open, generate a new medium to long-term suicide risk management plan and:

- ensure that its activities, interventions or supports are relevant to the child and their circumstance
- record the outcome of reviewing the previous medium to long-term suicide risk management plan in the 'Comments' section of the new medium to long-term suicide risk management plan
- submit the new medium to long-term suicide risk management plan to the team leader for approval.

The new medium to long-term suicide risk management plan may include actions and interventions included in the previous plan if there is no change to the way in which the child's suicide risk behaviour or risk is going be responded to and managed.

Close the suicide risk alert

Closing a suicide risk alert for a child subject to ongoing intervention is a significant case decision, and the rationale for this decision **must** be:

- informed by the outcome of the review meeting
- documented in ICMS
- endorsed by the team leader.

To close the suicide risk alert, complete the Incident Closure form associated with the suicide risk event in ICMS and:

- record the rationale for closure and the team leader's verbal approval for the decision in the 'reason for closure' field
- record the date of the decision to close the suicide risk alert as the 'end date' in the incident closure form in ICMS.

The function of closing a suicide risk alert in ICMS, thereby moving the alert to 'historical', enables anyone viewing the child's profile to quickly ascertain the current status in relation to the child's emotional or psychological well-being. The number of closed alerts is reflected in brackets next to the alert. Only a current alert will display as a count **outside** the bracket.

What ifs - responding to specific suicide risk matters

1. What if a child with a suicide risk alert is also subject to youth justice intervention?

If the child is also subject to youth justice intervention, provide information about the suicide risk alert and the relevant suicide risk management plan to the child's youth justice case worker and/or detention centre staff. Record the provision of this information in the relevant suicide risk management plan in ICMS.

For children subject to Child Safety **and** Youth Justice intervention, the decision about the current level of risk identified in the medium to long-term suicide risk management plan will be informed by joint discussions with both program or intervention areas.

2. What if the child subject to a suicide risk alert also has a case plan?

For ongoing intervention cases, the medium to long-term suicide risk management plan must be reviewed, at a minimum, every three months, until the alert is closed in ICMS.

The information from reviewing the medium to long-term suicide risk management plan will be used when reviewing the child's case plan, every six months.

Where the medium to long-term suicide risk management plan changes the child's case plan, consider, where applicable, whether:

- the placement reflects the carer's responsibilities as outlined in the self-harm risk management plan
- an update to the child health passport, for an eligible child, is required. For further information, refer to [Chapter 5, 2.3 Develop a child health passport](#).

Resources

Child Safety resources

- Attachment 1: Self-harm and suicide risk - identifying risk factors and warning signs
- Practice guide: The assessment of harm and risk of harm
- Practice paper: A framework for practice with 'high risk' young people (12-17 years)
- Responding to people at risk of suicide: how can you and your organisation help?

10.10 Warrant for the apprehension of a child

Purpose

This procedure outlines the process for enacting a warrant for the apprehension of a child subject to a child protection order granting custody or guardianship under the *Child Protection Act 1999*, within Queensland.

Key steps

1. Apply for a warrant
 2. Enact a warrant
-

Standards

1. A warrant is applied for, when a child who is subject to a child protection order granting custody or guardianship under the *Child Protection Act 1999*, has been unlawfully removed or withheld from a person's custody or guardianship.
 2. The recognised entity is consulted for all Aboriginal and Torres Strait Islander children.
 3. QPS is advised and involved in the execution of the warrant.
 4. Information is recorded in ICMS in a timely manner.
-

Authority

- *Child Protection Act 1999*, sections 171, 172, 173, 174
-

Key steps - Warrant for apprehension of a child

1. Apply for a warrant

- 1.1 Determine whether a warrant is required
- 1.2 Complete the application

2. Enact a warrant

- 2.1 Involve the Queensland Police Service
- 2.2 Record a warrant in ICMS
- 2.3 Enter a place to execute a warrant

1. Apply for a warrant

1.1 Determine whether a warrant is required

Under the *Child Protection Act 1999*, sections 171, 172, 173, 174, apply for a warrant to apprehend a child when a child:

- is subject to a child protection order granting custody or guardianship to the chief executive but the chief executive has not been able to take the child into custody
- has been **unlawfully** removed from a person's custody or guardianship, under the *Child Protection Act 1999*
- has been **lawfully** removed from a person's custody or guardianship, under the *Child Protection Act 1999*, but has been kept beyond the agreed period.

The Childrens Court needs to be satisfied that one of the above circumstances is applicable in order to issue a warrant.

A warrant cannot be obtained if the child has moved of their own volition, for example, a young person absconds from an out-of-home care placement and returns to the parents home, refer to [Chapter 5. 4. Conclude the child's placement in an out-of-home care](#).

Prior to making an application for a warrant:

- attempt to negotiate with the person for the return of the child and explain they are in breach of the child protection order
- attempt to gather information regarding the whereabouts of the child
- discuss whether an application for a warrant is necessary with the team leader and court coordinator, if applicable
- file a missing persons report if the whereabouts of the child are unknown and it is considered appropriate.

For an Aboriginal or Torres Strait Islander child, consult with the recognised entity to gather information about the child and their family, and any assistance they can provide to negotiate with the person or family. For further information on decision-making in relation to an Aboriginal or Torres Strait Islander child and working in partnership with the recognised entity, refer to [Chapter 10.1 Decision-making about Aboriginal and Torres Strait Islander people and the practice resource Working with the recognised entity](#).

1.2 Complete the application

When a decision is made to apply for a warrant:

- complete a written and sworn [Form 27 - Application for warrant for apprehension of a child](#) and make an application to the Childrens Court
- clearly state the grounds on which the application is made, including:
 - the child's circumstances, the type of child protection order and the placement and family contact arrangements
 - any relevant concerns about the immediate health or well-being of the child, for

example, dependence on regular medication

- any documentation that was provided to the person who has apprehended the child, for example, a copy of the child protection order and a copy of the case plan outlining placement and family contact arrangements
- whether the person who has apprehended the child has participated in previous discussions about the placement and family contact arrangements
- attempts that have been made to negotiate the return or recovery of the child.

In urgent or other special circumstance, for example, a remote location, an application for a warrant may be made by phone, fax, radio or another form of communication. The Childrens Court must be satisfied that it was necessary to make the application by this means.

Duplicate warrant

Where the Childrens Court has issued a warrant, but a copy cannot be physically provided due to urgent or other special circumstances, the Childrens Court will inform the officer of the date and time the warrant was issued, and any other terms of the warrant. Complete a blank [Form 28 - Warrant for apprehension of a child](#) and include the information from the Childrens Court.

In this circumstance, send the [Form 28 - Warrant for apprehension of a child](#), along with the [Form 27 - Application for warrant for apprehension of a child](#) to the Childrens Court, as soon as practicable.

A duplicate warrant is as effectual as the original warrant.

2. Enact a warrant

2.1 Involve the Queensland Police Service

Upon receipt of the warrant:

- contact the local QPS
- complete [Police referral fax](#) and fax it to the QPS, along with a copy of the warrant
- arrange for the joint execution of the warrant to remove or recover the child.

2.2 Record a warrant in ICMS

To record a warrant in ICMS:

- attach a copy of the warrant in ICMS to the ongoing intervention event
- complete a 'Child protection warrant' alert in ICMS – for further information, refer to [Chapter 1, 9. What if an alert needs to be recorded in ICMS?](#)

2.3 Enter a place to execute warrant

Prior to entering a place where the child is believed to be:

- show official identification to the person
- provide the person with a copy of the warrant or duplicate warrant

- explain that the officer is legally authorised by the warrant to enter and search the place to find the child.

Make contact with the child to:

- explain what is happening, in an age and developmentally appropriate manner
- respond to any concerns or questions they may have
- attend to their immediate well-being and safety
- explain the arrangements for their placement with an approved carer, or their return to their regular placement.

In circumstances where a child may have been removed to another state, refer to [Chapter 10.18 Interstate and New Zealand matters.](#)

Resources

Forms and templates

- Form 27 - Application for warrant for apprehension of child
- Form 28 - Warrant for apprehension of a child
- Police referral fax

10.11 Staff safety and well-being

Purpose

This procedure outlines the process for ensuring the safety of all Child Safety staff during intervention with children and families, and the management of aggressive client behaviour, stress, vicarious trauma and critical incident stress.

Key steps

1. Implement strategies to promote staff safety and well-being
 2. Implement strategies to avoid client aggression
 3. Manage aggressive behaviour by clients
 4. Respond to an incident of aggressive behaviour
 5. Implement strategies to manage stress, vicarious trauma and critical incident stress
-

Standards

1. Staff officers adhere to risk management processes prior to contact with clients.
 2. Staff endeavour to use their skills in preventing or defusing hostility.
-

Authority

- Communities Policy: Employee Assistance Service (EAS)
 - Communities Policy: Peer Support Program
 - Communities Policy: Zero tolerance of workplace aggression – Child Safety
 - Policy No. 391: Critical Incident Reporting
 - *Workplace Health and Safety Act 1995*
-

Key steps - Staff safety and well-being

- 1. Implement strategies to promote staff safety and well-being**
- 2. Implement strategies to avoid client aggression**
- 3. Manage aggressive behaviour by clients**
- 4. Respond to an incident of aggressive behaviour**
- 5. Implement strategies to manage stress, vicarious trauma and critical incident stress**

1. Implement strategies to promote staff safety and well-being

The delivery of child protection services presents a range of challenges to the safety of staff. On one hand the community has an expectation that timely intervention will occur. On the other hand, the degree of risk associated with cases varies greatly according to individual circumstances. Children and families subject to intervention by Child Safety may have experienced, or been responsible for, harm or abuse, or may be the victims or perpetrators of crime, and may view intervention by Child Safety as intrusive and a first response may be to direct aggression towards staff.

Personal risk assessment and safety planning for staff

Child Safety is committed to upholding the safety of all staff through the provision of high quality training and safety practices which enable staff to make informed and risk-based decisions at work.

In order to ensure the safety of children who are subject to intervention by Child Safety, it is critical that staff are mindful of their own personal safety at all times. An important factor in keeping staff safe is the continual use of risk assessment and planning practices and processes, particularly when staff interact directly with clients.

This requires staff and their supervisors to:

- make personal safety risk assessment and personal safety planning an integral part of their child protection practice
- continually assess safety risk and plans at each stage of client contact.

Completion of the [Personal safety risk assessment tool](#) and the [Personal safety planning tool](#) will assist staff to identify possible issues when undertaking safety planning.

Zero tolerance of aggression

Workplace aggression, particularly client-initiated aggression, is not limited to the physical workplace or to working hours. A multi-dimensional approach, taking into account individual, organisational and situational variables is required in managing the risk of client-initiated aggression towards staff.

In managing aggression towards staff, it is important that both proactive pre-incident management and responsive post-incident strategies are implemented.

The key principles for the management and control of workplace aggression are:

- inappropriate behaviour towards staff and clients in the workplace will not be tolerated and Child Safety will make every reasonable effort to prevent it occurring
- inappropriate behaviour must not be accepted, excused or tolerated. All inappropriate behaviour must be addressed
- information (via pamphlets or posters) should be available to clients advising that inappropriate behaviour will not be tolerated, and that action will be taken against such behaviour

- staff will be supported by Child Safety in ensuring their own personal safety as first priority over the needs of organisational demands.

While it is acknowledged duties performed by staff may bring about adverse responses from clients, it is **not** acceptable to tolerate **any** level of aggression by clients.

The level of aggressive behaviour demonstrated by a client provides an indication of the level of action required, in response to the aggression. In some cases, however, it may be necessary to respond to 'Level 2' behaviour, with 'Level 3' actions (see below tables). In **all** cases, assess the individual circumstances and decide the most appropriate actions for addressing aggression by a client.

Levels of aggression table

Level	Behaviours (examples)
1	<ul style="list-style-type: none"> • Raised voices • Swearing • Consistent, inappropriate, heightened tone • Unwillingness to accept reasonable directions
2	<ul style="list-style-type: none"> • Body language implying potential for aggressive behaviour • Off-handed comments relating to anger or aggression towards staff, implying inappropriate consequences • General statements made about actions to inappropriately vent anger/aggression
3	<ul style="list-style-type: none"> • Actions taken to degrade, for example, spitting, derogatory name calling or explicit or sexually offensive remarks • Direct threat against Child Safety staff, family or friends of staff • Intimidation or attempted coercion of staff, where personal knowledge is disclosed, for example, knowledge of a staff member's family, home or friends • Physical assault • Stalking • Action, or knowledge of action taken with the intent to cause harm to a staff member • Use of, or threatened use of, a weapon or object with the intention to harm

Levels of action table

Level	Action
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Levels of action table

Level	Action
1	Secure immediate safety using appropriate actions. For example, ask the aggressor to refrain from inappropriate actions, explain the consequences if the behaviour continues, press the alarm button, leave the room, ask the aggressor to leave the office, provide the aggressor with time to 'calm' and then re-engage. Document the incident in an electronic case note. Where appropriate, advise a senior workgroup staff member of the incident and the action taken.
2	As above, and consult with line management about the incident and future contact with the aggressor. Complete a <u>WIRF investigation form</u> . Enter the appropriate alert on the person's electronic record. Advise other workgroup members if appropriate. In consultation with a team leader and legal services (if required), provide the aggressor with a <u>Letter to aggressive client</u> , outlining the inappropriate behaviour/s, expected behaviour and the commitment of Child Safety to take action against continued inappropriate behaviour.
3	<p>Includes:</p> <ul style="list-style-type: none"> • Action as per levels 1 and 2. • Adjust contact arrangements with aggressor accordingly and advise the regional director, where necessary. • Complete a <u>Critical incident report form</u>, where applicable. • Seek QPS advice or involvement, where necessary.

Note: The above actions are suggestions only - workgroups may develop local arrangements for responding to incidents of aggression, and situations may require more than one action to be taken. Where unsure about actions required to diffuse aggression in the workplace, consult with a line manager or a Senior Workplace Health and Safety Advisor.

For information about when to complete a 'Critical incident report form', refer to the policy on Critical incident reporting.

2. Implement strategies to avoid client aggression

Before contact with clients, workers should always adhere to risk management processes and endeavour to use their skills in preventing or defusing hostility. If there is a duress alarm system in place, become familiar with the procedures for use. Duress alarm systems are tested on a regular basis by a person delegated by a Senior Workplace Health and Safety Advisor. Testing is also recommended prior to the attendance of a high-risk client, where advisors will monitor the test.

To avoid client aggression at the office:

- ensure reception points are attended promptly when clients arrive or are waiting
- greet clients politely and with respect
- identify others who may be called upon to deal with known aggressive clients
- obtain advice from others in the office if you cannot answer a client's query
- maintain a professional approach and endeavour to keep your composure if the client is offensive or abusive
- offer to have your line manager attend to the client if you are uncomfortable with a situation.

To avoid client aggression away from the office, for example, during home visits, supervised family contact visits or when transporting clients:

- collate relevant information about the clients and their situation, for example, access electronic and paper files, other staff and the QPS
- determine the degree of risk involved, and where appropriate, insist on being accompanied by another Child Safety officer
- use assistance from the QPS, if there is any information that may suggest there is a personal risk
- advise a team leader of the arrangements before departing and seek approval for the arrangements
- comply with the 'staff whereabouts' process and always ensure that a team leader knows the destination and expected time of return
- carry a mobile phone, GPS tracking phone or, particularly in rural or remote areas, a satellite phone and consider presetting any numbers that could be useful.

In addition, when planning supervised family contact visits:

- choose a venue that is safe and accessible to others
- consider meeting at a Child Safety premise if a significant risk has been identified in conducting the visit away from the CSSC
- ensure that those involved in the supervised visit are fully aware of the arrangements beforehand, for example, who is to be present, the time, date and location and the expected conduct of those involved
- end the visit if the client becomes abusive or aggressive
- where appropriate, reschedule the contact to a later time
- call for assistance if necessary.

For further information refer to the practice paper [Working with parents who demonstrate hostile and aggressive behaviour.](#)

3. Manage aggressive behaviour by clients

When faced with aggressive behaviour by clients:

- secure your immediate safety before completing or continuing with organisational demands
- secure the safety of others, for example, in an office-based situation:

- ensure other Child Safety officers are aware of the situation
 - ensure all potential factors that may exacerbate the situation are minimised
 - ensure all doors and exits are secure to prevent the client from entering the work space
 - ensure all Child Safety officers are aware that they should not enter the administration area or other area, for example, an interview room, where the aggressive person is situated
- restrict access to the area by other persons until the situation has calmed down
- endeavour to defuse the situation, if and where possible - this may include strategies as listed in the levels of action table, or other appropriate techniques developed with line management and workplace health and safety representatives
 - consult with line management or workplace health and safety representatives in relation to your assessment of the situation and potential control measures
 - seek the involvement of the QPS, if required - refer to the 'Levels of aggression table' for the appropriate response.

When situations become threatening or violent:

- call for assistance (security or the QPS) and give details of the location and nature of the incident
- stay out of danger if not directly involved and leave the area if safe to do so
- assess the situation carefully before undertaking any physical intervention - physical intervention will only occur as a last resort, when no other option seems viable, or in order to prevent serious injury
- where injuries have occurred, only attempt assistance where there is no risk - do **not** place more people in danger
- as a follow up, consider the need for debriefing, either internally through the Peer Support Program, or through the Employee Assistance Service provider.

When undertaking home visits:

- park close to the home, preferably within sight of the house and the public, with the vehicle in a position that will allow for easy departure
- listen for sounds of disturbance and check for anything unusual when approaching the home, for example, unusual smells or evidence of drug or alcohol use on the front lawn or deck
- stand back a little from the door and not directly in front of it - this will give the other person space and will present less of a target
- give your name and present the Department of Communities, Child Safety and Disability Services identification card
- do not enter unless invited to do so, or if it appears safe to do so
- observe the state of the house and note possible avenues of exit
- ensure there are clear paths to the entry points, and ensure that clients do not restrict these pathways - for example, avoid being trapped in a corner of a room where there is no clear exit

- leave immediately if the situation appears uncontrollable and attempts to defuse the situation have failed
- if unable to leave, distract or refocus the attention of the other person and leave promptly when the opportunity arises
- be aware of other specific procedures that may apply for staff working in rural and remote locations - refer to the CSSC manager or team leader for further details.

When transporting clients of Child Safety:

- insist that a second person accompanies the person transporting the client, if the client has a history of aggression towards staff, or if there is some other indication of risk
- seat the client in the rear seat, directly behind the passenger seat next to another staff member, if there is an indication of risk
- move into the slow lane, and consider pulling over and calling for assistance, if under threat while driving
- consider using a taxi and sit next to the client in the back seat.

4. Respond to an incident of aggressive behaviour

Following an incident of verbally or physically aggressive behaviour:

- take time to acknowledge the exposure to aggression and the impact this has had - discuss the incident with a line manager, workplace health and safety representative, peer support officer, a colleague, the Employee Assistance Service or another person who can provide support and assistance
- consult with the line manager about future contact and interactions with the client - involvement with the QPS may be required
- communicate to the aggressor the inappropriateness of their actions, the triggers of the incident, the policy of Child Safety in relation to zero tolerance, the ramifications of the incident, future expected behaviours and future communication arrangements
- record the information in the appropriate formats, as per relevant Child Safety policies:
 - a Critical incident report form
 - a WIRF investigation form
 - case notes.

Team leaders or line managers will discuss and communicate with workgroup members the importance of employee safety, and methods and processes to ensure the safety of the workplace.

5. Implement strategies to manage stress, vicarious trauma and critical incident stress

Stress

Work related stress comes from the many and demanding tasks in child protection and the time limits imposed in child protection work. Mental, emotional and physical exhaustion can also

occur following long-term involvement in demanding situations, such as chaotic client families, highly anxious and demanding clients and abused children desperate to see their families.

To manage general stress:

- be prepared - learn as much as possible about child protection work and the roles and emotional challenges associated with being a worker in a child protection system
- take adequate breaks
- exercise - physical activity and recreation helps to dissipate stress
- avoid the use of alcohol and drugs as a means of coping with the pressures
- discuss any work-related issues with a colleague, peer support officer or line manager
- attend regular professional supervision
- seek additional supervision, where required
- discuss relevant issues with a peer support officer or, where necessary, with an Employee Assistance Service counsellor.

Vicarious trauma

Child protection work involves exposure to emotionally disturbing information about children and families. The capacity to empathically engage with this information and listen, validate, understand and respond to the trauma of others is a vital aspect of service delivery. Exposure to traumatic material involves risk to the emotional and psychological health of staff. These risks can lead to vicarious trauma.

Vicarious trauma, the debilitating emotional and psychological impact of connecting with the traumatic and disturbing life events of other people, is an insidious form of stress and is pervasive in child protection work.

Vicarious trauma accumulates over time, through interactions with a variety of clients and can change the staff member's overall view of the world and the people around them. It can affect cognitive functioning and values and can be as debilitating as primary trauma.

To reduce the risk, and manage vicarious trauma, the following strategies may be useful:

- be aware that there is a normal emotional reaction to the work of Child Safety
- discuss any work-related issues with a colleague, peer support officer or line manager, or if necessary, an Employee Assistance Service counsellor
- take responsibility for your self-care and balance work demands and personal life
- where available, access professional supervision networks and forums
- challenge yourself to grow professionally by working on a variety of cases, creating a plan of professional education and attending professional forums.

Critical incident stress

A critical incident can be defined as an event, outside the range of usual human experience, such as a child death or serious injury, threat to or assault of a worker, which has the potential to easily overcome a person's normal ability to cope with stress. It may produce a negative psychological response in a person who was involved in, or witnessed, such an incident.

It is generally recognised that critical incidents can have a significant impact on a person. Some may be affected to the extent that the incident lives on in their mind, and various symptoms may develop which create difficulties in their functioning in normal day-to-day activities. Such reactions are not considered abnormal.

As a first response, staff may choose to discuss the issue with a nominated peer or line manager, or seek individual support through the Employee Assistance Service of Child Safety. In addition, Critical Incident Stress Debriefing (CISD) may be provided by professional psychological debriefers from the Employee Assistance Service. It usually involves all staff who were directly involved in, or who witnessed, the critical incident. Any person involved in a critical incident can request debriefing.

Preferably CISD is carried out after all initial post incident enquires have been completed, such as police reports and medical attention, where required. Critical incident debriefing should occur between 24 and 72 hours after a critical incident, to be most effective. This can be arranged through a peer support officer or line manager.

Resources

Forms and templates

- Critical incident report
- Letter to aggressive client
- [Personal safety planning tool](#)
- [Personal safety risk assessment tool](#)
- WIRF investigation form

Child Safety resources

- Practice paper: Working with parents who demonstrate hostile and aggressive behaviour

10.12 Professional supervision

Purpose

This procedure outlines the process for the provision of supervision to Child Safety staff that have responsibility for decision-making and the provision of services to Child Safety clients.

Key steps

1. Implement supervision requirements
2. Fulfil roles and responsibilities
3. Develop a supervision agreement
4. Implement the supervision agreement
5. Record supervision

What ifs - responding to specific professional supervision matters

Standards

1. A supervision agreement is developed, and regularly revised, for each supervisee.
 2. Each supervisee participates in regular scheduled supervision.
-

Authority

- Communities Policy: Achievement and capability planning
 - Policy No. 404: Professional supervision
-

Key steps - Professional supervision

1. Implement supervision requirements

2. Fulfil roles and responsibilities

- 2.1 Responsibilities of the supervisor
- 2.2 Responsibilities of the supervisee

3. Develop a supervision agreement

- 3.1 Methods for supervision
- 3.2 Frequency of supervision
- 3.3 Structuring supervision times

4. Implement the supervision agreement

- 4.1 Allocation of work
- 4.2 Monitor case work
- 4.3 Review the Achievement and Capability plan

5. Record supervision

What ifs - responding to specific professional supervision matters

- 1. What if **conflict** arises in the supervisory relationship?

1. Implement supervision requirements

The purpose of supervision is to ensure accountable decision-making and safe outcomes for children. It also ensures that legislative, policy, procedural and practice standards are met and staff are developed, supported and monitored in their child protection service delivery role. Supervision provides a forum for staff to reflect on the content, process and progress of their work.

This procedure focuses specifically on staff engaged in case work with clients, however, it is acknowledged that all staff within Child Safety require and are entitled to, supervision and professional development. The professional supervision policy and procedure sits within the broader context of Child Safety performance management framework.

For the purpose of this procedure, Child Safety officers include:

- CSOs (CSSC and RIS)
- CSO-AHS (CSAHSC)
- child safety support officers
- court coordinators
- SCAN team coordinators
- out-of-home care workers
- team leaders (CSSC, RIS and CSAHSC)
- senior practitioners.

Supervision requirements

All permanent, temporary, part-time and casual Child Safety officers will have scheduled, planned and regular supervision with their supervisor.

Team leaders will provide supervision to CSOs, CSOs-AHS, and child safety support officers. Either team leaders or managers will provide supervision to SCAN team coordinators, court coordinators and out-of-home care workers. Managers will provide supervision to team leaders and senior practitioners.

It is the line manager's responsibility to support supervisors to become competent supervisors who provide purposeful and effective supervision. Both supervisors and supervisees are responsible for the professional development of the supervisee and for providing a high quality child protection service.

2. Fulfil roles and responsibilities

2.1 Responsibilities of the supervisor

It is the responsibility of the supervisor to:

- schedule regular supervision time with each supervisee and reschedule another time if a session is cancelled

- create a safe relationship in which supervisees can reflect on and learn from the successes and challenges encountered in their work
- consider alternative methods of supervision if regular supervision is not possible - in rural and remote areas, extra resources may be required to provide supervision to officers
- develop an Achievement and Capability plan (ACP) with each supervisee that addresses their professional development needs. Refer to [Communities Policy: Achievement and capability planning](#)
- monitor and review the progress of the ACP
- ensure the ongoing planning and development of workplace competency-based assessment tasks and review other learning tasks previously agreed to in supervision
- take account of the supervisee's skills, experience and capacity when allocating work
- review progress on case work tasks and responsibilities
- be available, if required, to debrief the supervisee following stressful situations.

2.2 Responsibilities of the supervisee

It is the responsibility of the supervisee to:

- attend regular supervision sessions
- undertake case work and learning tasks as agreed to in supervision
- meet designated time-frames
- inform the supervisor when tasks cannot be completed within designated timeframes
- ensure the completion of workplace competency-based assessment tasks
- make time to debrief following stressful situations and self-care
- prepare and actively participate in supervision and in the development of an ACP.

3. Develop a supervision agreement

A supervision agreement will be negotiated between the supervisor and supervisee, using the [Supervision agreement](#) form. The agreement will state the frequency, length, location, content and process of supervision and a time when the agreement will be reviewed. It is recommended that **six monthly reviews** occur to update the agreement. Ensuring that supervision is beneficial is the shared responsibility of the supervisor and supervisee.

3.1 Types of supervision

Supervision can be provided in a number of ways:

- **formal scheduled supervision** is planned and occurs on a one-to-one basis with a supervisor and a supervisee
- **unscheduled supervision** is unplanned and occurs when the supervisee consults with the supervisor as questions arise, plans change or urgent decisions need to be made
- **direct supervision** is where the supervisor observes and/or participates in direct service activities with the supervisee and gives feedback about the activity

- **group supervision** is a group work process which provides opportunities for learning and the development of quality practice - group supervision is most productive when it is planned, structured and child-focussed
- **external supervision** is provided by a person external to Child Safety who is a competent supervisor with child protection and/or human services practice experience.

3.2 Frequency of supervision

The frequency of supervision will be based on the level of experience, skills and knowledge of the supervisee, and take into account the role and nature of the work the supervisee is undertaking.

The **minimum requirement** is one scheduled hour of supervision per fortnight. More frequent supervision is recommended for staff who are new to Child Safety, or in circumstances where a manager or team leader considers it is required.

3.3 Structuring supervision times

Supervisors and supervisees work in a busy and stressful work environment. Supervision allows time to reflect on practice and to assess how well the supervisee is managing the work demands. Supervision sessions will be uninterrupted time and the supervisor will begin by focussing on how the supervisee is managing the work and assess whether the level of support being provided is adequate.

4. Implement the supervision agreement

4.1 Allocation of work

During supervision, the supervisor will monitor the ability of the supervisee to prioritise and manage the workload effectively. When allocating work, the supervisor will consider the level of experience, skills, knowledge and circumstances of the supervisee. A CSO with limited experience should not be allocated complex or contentious cases, nor should a high number of these cases be allocated to one worker.

4.2 Monitor casework

During supervision, the supervisee and the supervisor will discuss and critically analyse current case work and document key information to guide future discussions about the progress of each case. The supervisor will also monitor the supervisee's timely recording of information in ICMS.

Supervision should be evidence-based, reflective and child-focussed, and contribute to the development of the supervisee's professional competency. Supervision is most effective when supervisors keep up-to-date with theoretical, legislative, policy and practice changes and assist the supervisee to integrate this knowledge into their practice.

4.3 Review the Achievement and capability plan

Review the supervisee's ACP in supervision, in accordance with the [Communities Policy: Achievement and capability planning](#), to ensure the performance, professional development and learning needs of staff are met.

5. Record supervision

Supervision records will be kept about cases discussed, key decisions, allocated tasks and professional development and learning needs, using the [Supervision record sheet](#). The supervisee will refer to this record to manage their workload and to review their progress at the next supervision session.

The supervisor and supervisee retain a copy of the supervision record. The supervisor is responsible for maintaining a confidential filing system for supervision records that is accessible to the supervisee.

Key case work decisions made by the supervisor and supervisee will be transparent and clearly recorded in ICMS.

What ifs - responding to specific professional supervision matters

1. What if conflict arises in the supervisory relationship?

When conflict occurs, the supervisor and the supervisee have a shared responsibility to acknowledge the conflict and to take actions to resolve or manage the conflict. In situations where the issue is not resolved between the supervisor and the supervisee, other approaches to resolve conflict in the supervisory relationship are to:

- engage a skilled senior Child Safety officer to assist in the resolution of the problem
- involve the manager to facilitate an agreed plan and outcome
- engage a skilled independent mediator
- offer external counselling when needed.

When conflict interferes with the supervisory relationship, the supervisor's line manager will be informed by the supervisor or the supervisee and **must** ensure that supervision is maintained during the resolution period. The aggrieved person can take action by putting their dispute in writing to the line manager. If the conflict is not resolved, a formal grievance may be lodged.

Conflictive relationships in the workplace are always stressful and in the interest of healthy functioning teams the supervisor, supervisee, and line managers should aim to resolve the conflict as soon as possible.

Resources

Forms and templates

- Achievement and Capability plan
- Supervision agreement form

- Supervision record sheet

10.13 The video taping or recording of Child Safety staff

Purpose

This procedure outlines processes for supporting the privacy of all Child Safety staff when being video or audio taped in the workplace and in circumstances when they become aware of footage or personal details of staff being inappropriately published.

Key steps

1. Implement actions when staff are video taped or audio recorded while performing work duties
 2. Implement actions when the personal details or footage of a staff member are inappropriately published
 3. Consider preventative strategies for enhancing personal privacy and safety
-

Standards

1. Clients who record, or intend to record (video or audio) Child Safety staff while they undertake their duties, are informed of the confidentiality requirements under the *Child Protection Act 1999*, including the possible implications should they commit an offence by breaching the confidentiality provisions under the *Child Protection Act 1999*.
 2. The video or audio recording of a staff member is reported to Communication Services.
 3. Child Safety staff consider, and where appropriate, implement preventative strategies for enhancing their personal privacy and safety.
-

Authority

- *Child Protection Act 1999*
 - *Invasion of Privacy Act 1971*
 - Policy No. 391: Critical Incident Reporting
 - Policy No. 409: Zero tolerance of workplace aggression
-

Key steps - The video taping or recording of Child Safety staff

1. Implement actions when staff are video taped or audio recorded while performing work duties

- 1.1 Video taped or audio recorded - in the workplace
- 1.2 Video taped or audio recorded - outside of the workplace

2. Implement actions when the personal details or footage of a staff member are inappropriately published

3. Consider preventative strategies for enhancing personal privacy and safety

1. Implement actions when staff are video taped or audio recorded while performing work duties

This procedure aims to provide the staff of Child Safety with guidance about an appropriate response to being videoed or audio taped, and minimising the risk of inappropriate recordings of staff being publicised.

Child Safety employees can be the subject of video or audio taping. People have the right to record a private conversation to which they are a part of, however, they are **not** allowed to communicate or publish any part of the recording to any person (except in accordance with the *Child Protection Act 1999* or the *Invasion of Privacy Act 1971*).

There is no current legislation that allows Child Safety to prohibit anyone from recording (video or audio) a conversation to which they are a party. In the absence of a legislative framework, Child Safety has adopted a risk-based approach to this issue and has developed procedures for:

- how staff should respond when being audio or video recorded in the workplace
- how staff should respond if they become aware of inappropriate recordings (video or audio) of themselves or other members of staff.

1.1 Video taped or audio recorded - in the workplace

A staff member confronted with being video taped or audio recorded **while in the workplace** (for example, CSSC, RIS or other departmental office) will:

- respectfully advise the client that you will get your manager to assist with the matter - remember that you are being recorded and could be on camera
- immediately alert your manager/supervisor to the video or audio recording and clear the immediate area of other staff and other unauthorised individuals
- have the manager or delegate provide the client with the following information, **prior to** any further discussion occurring:
 - the *Child Protection Act 1999* contains provisions to ensure the confidentiality of information is maintained
 - circulating or placing video or audio footage which identifies a child, in an accessible public place or on the Internet, is a breach of the confidentiality provisions of the *Child Protection Act 1999*
 - committing an offence under the *Child Protection Act 1999* could result in the person being liable for prosecution and punishment by way of fine or imprisonment
- if the individual chooses to continue recording, ensure the discussion occurs in an appropriate setting, for example, an interview room in the CSSC or RIS
- identify appropriate staff members (approved by the CSSC manager) to attend the discussion/interview if being recorded - **do not attend the interview alone**
- continue the conversation in accordance with the Zero tolerance of workplace aggression policy and the information contained in the Expect respect - we do brochure.

1.2 Video taped or audio recorded - outside of the workplace

A staff member confronted with being video taped or audio recorded while performing work duties, but **outside of the workplace**, for example, during a home visit, will either:

- remove yourself from the situation **immediately** and contact the manager/supervisor to inform them of the situation, if there are any concerns about continuing the discussion or interview
- advise the client of the information outlined above, **prior to** continuing with the interview, in accordance with the policy on 'Zero tolerance of workplace aggression' and the information contained in the 'Expect respect - we do' brochure, where the decision is made to continue the interview.

Following an incident of video taping or audio recording, the staff member will:

- immediately record the incident and the events that occurred, including the warning provided regarding the confidentiality provisions under the *Child Protection Act 1999*, in a case note in ICMS
- contact Communication Services to alert them of the existence of the video or audio footage - Communication Services keep a central risk-management register, however, **does not** have the authority to demand copies or withdrawal of the footage or audio from the public domain.

2. Implement actions when the personal details or footage of a staff member are inappropriately published

Child protection work impacts on families, and some clients may direct retaliatory behaviour towards Child Safety or a worker personally. In some circumstances, staff may become aware of inappropriate recordings (video or audio) of themselves or other members of staff.

Examples of inappropriate recordings and publications of footage include:

- circumstances where personal information is provided and subsequently made accessible to the public via the internet - for example, a worker's full name and personal details are posted on the internet
- the lodging of internet blogs, where confidential information about a case is posted and shared with the public
- postings to discussion forums where information and case details in relation to complaints towards Child Safety are posted on web-sites
- the use of webcams and recording devices to record Child Safety staff in the office or outside the office, which consequently can be posted on the Internet - for example, during a home visit or when having or going to lunch
- personal web pages accessed by clients or posted as links in specific chat forums for people to access - for example, My Space or Facebook.

A staff member who becomes aware of any footage or details of staff posted on the internet or elsewhere in the public domain will:

- contact your line manager or your Senior Workplace Health and Safety Advisor in the first instance
- contact Communication Services to alert them of the existence of the video or audio footage - Communication Services keep a central risk-management register, however **do not** have the authority to demand copies or withdrawal of the footage/audio from the public domain.

Note: If you are aware of footage or audio posted on a social website (for example, YouTube, FaceBook or MySpace), you, as an individual, can take further steps to report the footage/audio as per the appointed website's complaint procedures.

3. Consider preventative strategies for enhancing personal privacy and safety

Examples of actions that can be taken to protect your immediate and personal information include:

- requesting a silent home number - contact the applicable telecommunications provider
- applying to have your 'details hidden' with Queensland Transport - visit your local centre and request a 'Suppression of Records Application Form' (form 4109), and provide supporting documents - supporting documents can be a court protection order or written declaration from the QPS
- applying to become a silent voter to ensure your details are not listed on the publicly available Electoral roll - contact the Australian Electoral Commission (Telephone: 13 23 26) or refer to the [Australian Electoral Commission](#) website for further information
- implementing a limited profile on any personal or social networking websites that you are involved with, to limit what information is accessible to the public.

For further information about enhancing personal privacy and safety, refer to [Chapter 10.11 Staff safety and well-being](#).

Resources

Child Safety resources

- Expect respect - we do

External resources

- Australian Electoral Commission

10.14 Referral for active intervention services

Purpose

This procedure outlines the process to refer families to Referral for active intervention (RAI) services.

Key steps

1. Determine eligibility for a RAI referral
2. Make a referral to a RAI service

What ifs - responding to specific RAI matters

Standards

1. A RAI referral is made for an eligible child, when it is assessed that the family would benefit from assistance provided by the RAI service.
-

Authority

- *Child Protection Act 1999, section 7 and 14*
-

Key steps - Referral for Active Intervention services

1. Determine eligibility for a RAI referral

2. Make a referral to a RAI service

What ifs - responding to specific RAI matters

1. What if the RAI referral is made by **Queensland Health or the Department of Education, Training and Employment?**

1. Determine eligibility for a RAI referral

RAI services are prevention and early intervention services that provide intensive family support services to children and their families with the aim of preventing the need for a statutory child protection service. In addition, RAI services are able to use funds to purchase additional services to assist families. Where referrals are made to other organisations, RAI services will maintain case management of clients until the case management plan has been finalised.

A referral to a RAI service may be made by Child Safety, a guidance officer from the Department of Education, Training and Employment or a child health nurse from Queensland Health.

The objectives of RAI services are to:

- improve outcomes for vulnerable children and their families by supporting the development of a comprehensive prevention and early intervention service system
- reduce the number of re-notifications and minimise progression through the statutory child protection system
- reduce the number of statutory child protection investigations and assessments in Queensland and thereby increase the capacity of Child Safety to respond immediately to those children identified at highest risk
- assist in reducing the over-representation of Aboriginal and Torres Strait Islander children in the statutory child protection system.

Referral pathways

Families can be referred to RAI services through **two referral pathways**, and the referral pathway will determine the **priority** for the take-up of referrals by RAI services:

- referrals from Child Safety - first priority
- direct referrals - second priority.

For information about direct referrals, refer to [1. What if the RAI referral is made by Queensland Health or the Department of Education, Training and Employment?](#)

Referrals from Child Safety - eligibility criteria

To make a referral to a RAI service, where there has **been contact with the family** and their consent has been obtained, all of the following criteria **must** be met:

- the child is 0 -18 years of age
- the family has medium to high complex needs
- the family would benefit from access to intensive and specialist support services
- the child and family have had involvement with, or are at risk of progressing into, the statutory child protection system and have been previously subject to either:
 - a recent notification where the investigation and assessment has determined that the child is not in need of protection
 - an intervention with parental agreement case.

A child subject to a child protection order granting long-term guardianship to a suitable person is eligible for referral to a RAI service, **unless** Child Safety is currently providing case work to the

child in response to emergent issues within the guardianship care arrangement. For further information, refer to [Chapter 3, 1. What if a suitable person has long-term guardianship?](#)

With the exception of referrals to the Mackay RAI service, Child Safety may also consider making a referral to a RAI service when a **child concern report** has been recorded and there has been **no contact with the family** and their consent has not been obtained. In these cases, each of the above criteria still applies.

A referral **cannot** be made to RAI when:

- the matter relates to an unborn child and consent from the pregnant woman has not been obtained
- the family is the notifier and do not consent to the referral
- the suitable person, granted long-term guardianship does not provide consent for the referral.

2. Make a referral to a RAI service

Where the referral criteria are met and there has **been contact with the family**, complete one of the following referral processes:

- when there is a **child concern report** recorded, and it is assessed that the family would benefit from assistance provided by the RAI service:
 - seek the family's agreement to attend the RAI service
 - contact the RAI service provider to discuss the referral
 - complete a [Family referral](#) in the Community Sector Information System (CSIS)
- where an **investigation and assessment** has either a 'substantiated - child not in need of protection' or 'unsubstantiated - child not in need of protection' outcome:
 - discuss the referral with the family and seek their agreement to attend the RAI service
 - discuss the referral with the team leader
 - contact the RAI service provider to discuss the referral
 - complete a [Family referral](#) in CSIS
- where Child Safety has been working with a family as part of an intervention with parental agreement, and it has been assessed that the child is no longer in need of protection:
 - discuss the referral with the family and seek their agreement to attend the RAI service
 - discuss the referral with the team leader
 - contact the RAI service provider to discuss the referral
 - complete a [Family referral](#) in CSIS
 - keep the case open **until** the family has engaged with the RAI service and the RAI service has confirmed engagement.
- where a child and their long-term guardian would benefit from a referral for active intervention and the child is not currently subject to case work for emergent issues:
 - discuss the referral with the child and their long-term guardian and seek their

agreement to attend the RAI service

- discuss the referral with the team leader
- contact the RAI service provider to discuss the referral
- complete a Family referral in CSIS

Where the referral criteria are met and there has **not been contact with the family**, there is **child concern report** recorded and it is assessed that the family may benefit from assistance provided by the RAI service:

- discuss the referral with the team leader
- contact the RAI service provider to discuss the referral
- complete a Family referral in CSIS

What ifs - responding to specific RAI matters

1. What if the RAI referral is made by Queensland Health or the Department of Education, Training and Employment?

Guidance officers in the Department of Education, Training and Employment and child health nurses in Queensland Health are able to make a direct referral to RAI services when all of the following eligibility criteria apply:

- the child is 0-18 years of age
- when either:
 - Child Safety has determined that the child is not in need of statutory intervention and indicates that a referral will not be made to a RAI service, or
 - the child and family does not meet the Department of Education, Training and Employment or Queensland Health threshold for reporting harm or risk of harm, however, the guidance officer or child health nurse has concerns that the child may progress to the child protection system in the absence of an intensive family support service, or
- the guidance officer or child health nurse gains consent from the child and family for the referral.

Resources

Forms and templates

- Family referral (CSIS)

10.15 The role of the Child Safety After Hours Service Centre

Purpose

This procedure outlines the role and function of the Child Safety After Hours Service Centre (CSAHSC) and the interface with CSSCs or RISs.

Key steps

1. Interface between the CSAHSC and CSSC or RISs
2. Make an after hours referral

What ifs - responding to specific CSAHSC matters

Standards

1. A referral to the CSAHSC is made when additional after hours support is required to ensure practice standards are met and a child's safety cannot be ensured outside normal business hours.
 2. Additional services, provided by CSAHSC, are only considered when all other viable options have been exhausted.
-

Authority

- *Child Protection Act 1999*
 - Policy No. 391: Critical Incident Reporting
-

Key steps - The role of the CSAHSC

1. Interface between the CSAHSC and CSSCs or RISs

- 1.1 Manage child protection matters
- 1.2 Children subject to ongoing intervention
- 1.3 Liaison with CSSC 'on-call' staff
- 1.4 Recording by CSAHSC

2. Make an after hours referral

- 2.1 Make an after hours referral
- 2.2 Additional services

What ifs - responding to specific CSAHSC matters

- 1. What if **conflict** arises between the CSAHSC and a CSSC or RIS?

1. Interface between the CSAHSC and CSSCs or RISs

The CSAHSC is a 24 hour service of Child Safety that provides statutory after hours frontline service delivery and responses across the state, to clients of Child Safety, the community, other government departments and community agencies, in response to child protection and youth justice matters.

The CSAHSC is situated in a secure and confidential location in the Brisbane CBD and provides a statutory statewide after hours service including to remote and rural areas. Whilst the majority of work occurs by telephone, there is a very limited capacity to respond to critical and urgent matters, including notifications in the Brisbane metropolitan area, however, this is subject to negotiation between the CSAHSC and the individual CSSC or RIS. There is no public walk-in access to the CSAHSC.

The CSAHSC primarily provides a statutory response to critical and immediate child protection issues, and the role of the CSO-AHS is to secure a child's safety and address the presenting issues. In this respect, the role of the CSO-AHS differs significantly from that of a CSO who, for example, may provide intensive intervention with parental agreement and/or services to children on child protection orders. It is **not** the responsibility of a CSO-AHS to undertake specific case-related, therapeutic or assessment roles.

Understanding the nature of the after hours role assists CSSC and RIS staff when deciding whether referrals to the CSAHSC are appropriate - for further information, refer to the practice resource [CSAHSC - profile and crisis intervention model](#).

1.1 Manage child protection matters

The CSAHSC provides a statewide after hours intake function. Child protection matters are received, recorded and managed by the CSAHSC, including:

- intake enquiries
- child concern reports
- notifications
- additional concerns
- unborn child high-risk alerts and assessing child protection concerns following the birth of a child.

Refer to [Chapter 1 Intake](#) and the practice resource [Regional intake services workflow](#) for further information.

When a notification with a 24 hour response timeframe is received after hours, the CSAHSC will take action to ensure the investigation and assessment is commenced within the required timeframe. To do this, the CSAHSC works closely with the QPS, particularly the Child Protection Investigation Units (CPIU) across the state, to sight children and facilitate the development of safety plans. Other government agencies, including Queensland Health, are often involved in the after hours management of presenting child protection matters.

Where a significant decision about an Aboriginal or Torres Strait Islander child is made after hours by the CSAHSC, and consultation with the recognised entity is not possible at the time of the decision, the relevant CSSC or RIS is responsible for consulting with their local recognised entity on the next business day.

Considerable negotiation and work occurs around these cases to ensure the immediate safety of children, and CSOs-AHS work in close collaboration with the QPS when joint investigation and assessments are required. The CSAHSC will take more intrusive action when a child's safety cannot be achieved, including:

- negotiating care agreements
- initiating TAO applications
- undertaking placement action, when necessary.

Following action by the CSAHSC, all recorded matters are referred to the relevant CSSC or RIS.

1.2 Children subject to ongoing intervention

A significant component of after hours work relates to the management of children subject to child protection orders or ongoing intervention, where an immediate response is required. This includes responding to children and their carers when:

- a critical incident has occurred
- significant difficulties are experienced with a child's behaviour and an immediate plan is required to address the child's safety or the carer household or placement service
- a child has expressed suicidal ideation and an immediate management plan is required
- carers or parents experience serious or significant after hours issues associated with family contact
- a child has absconded from their placement and there are significant concerns for their safety
- an emergency placement is required
- a placement ends due to behavioural or other presenting issues
- urgent medical treatment and authority is required.

In addition, the CSAHSC regularly locates, negotiates and secures emergency, short-term placements for children and provides after hours support to foster and kinship carers and foster and kinship care services. In most circumstances, referral for support will be initially made to the 'Foster and kinship care support line' (1300 729 309).

1.3 Liaison with CSSC 'on-call' staff

When responding to after hours matters, CSAHSC staff make every effort to resolve the issue presented, without requiring contact with CSSC or RIS staff, however, at times it will be necessary for the CSAHSC to contact the on-call staff member to:

- request additional information about a matter
- request specific case-related information that is required to assist the assessment and inform the response

- gain approval for certain actions by a delegated officer.

Maintaining **up-to-date ICMS case information** and providing a 'Child Safety After Hours Service Centre: After hours referral form' will ensure that CSAHSC staff have access to relevant information and important case-related details, and limit the need for contact with the on-call staff member.

It is the responsibility of each CSSC manager to ensure the CSAHSC has a current copy of the CSSC on-call arrangements.

CSSCs also provide CSAHSC with details of foster carers, other placement options and youth worker services, including the availability of staff and carers who provide after hours support to children in out-of-home care.

1.4 Recording by CSAHSC

The CSAHSC does not hold any case management responsibility, and all client contact is recorded in ICMS. The following information will be recorded in the relevant event, document or client profile by the CSAHSC:

- the presenting issues and specific actions taken by the CSO-AHS
- the outcome of the actions taken
- a plan outlining any further recommended actions
- alerts on relevant client profiles.

In addition, CSAHSC staff:

- adhere to the Critical incident reporting policy and reporting requirements and record all Critical incident report forms received
- record all child deaths in Queensland
- receive and record advice of arrests on Youth Justice Information System and advise local court officers of the subsequent Saturday (or scheduled holiday) court appearances
- manage and record details in relation to after hours detention of young people in watch-houses
- organise admissions to youth detention centres after hours, for young people where bail has been refused
- receive 'Request for interstate alert' forms from another jurisdiction when the family's address is unknown, and where appropriate, record information in ICMS
- provide the outcomes of after hours child protection history checks to interstate child protection agencies
- manage the after hours Central Screening Unit functions, including the processing of paperwork, police checks and child protection history checks for the provisional approval of carers.

2. Make an after hours referral

2.1 Make an after hours referral

The primary communication tool between the CSAHSC and CSSCs or RISs is the [Child Safety After Hours Service Centre: After hours referral form](#).

The purpose of this form is to provide the CSAHSC with:

- current information regarding client families where after hours contact is considered likely
- advice about a predicted situation and the contingencies developed by the CSSC or RIS in response to the situation
- clear instructions and rationale for any requested action, for example:
 - an application for a TAO
 - returning a child to a placement
 - assessment of a presenting after hours scenario and the action necessary to ensure a child's safety
 - liaising with the CPIU to determine the immediate safety of a child
 - details of placement options arranged if placements are anticipated or required.

When requesting specific action by the CSAHSC, CSSC or RIS staff will:

- complete the 'Child Safety After Hours Service Centre: After hours referral form' and ensure the team leader approves the information provided and action requested
- complete any necessary supporting documentation (unless in exceptional circumstances), for example:
 - a draft TAO or TCO application
 - advice of placement options
- cut and paste the 'Child Safety After Hours Service Centre: After hours referral form' into a 'Referral' case note (as per the drop down list for ICMS case note types) and title it 'After Hours Referral'.

The team leader **must** phone the CSAHSC team leader to advise them of the after hours referral (including the ICMS event number and client names) and negotiate the specific action to be undertaken.

Together, the CSSCs and RISs are responsible for the completion of all intake activities, investigation and assessments, the development of case plans and referrals to other agencies, and consultation with recognised entities during business hours, where there are no recognised entities funded for after hours consultation. A referral to the CSAHSC is appropriate when additional after hours support is required to ensure practice standards are met and a child's safety cannot be ensured outside normal business hours.

2.2 Additional services

The CSAHSC also has the capacity to provide:

- emergency relief

- emergency commercial accommodation
- emergency transport, for example, a rail warrant.

These services are only to be considered when all other viable options have been exhausted. Decisions regarding the use of these options must be clearly recorded in accordance with the CSAHSC recording requirements.

What ifs - responding to specific CSAHSC matters

1. What if conflict arises between the CSAHSC and a CSSC or RIS?

At times conflict may arise between the CSAHSC and a CSSC or RIS. This may relate to a specific case-related issue or an issue between staff members. If immediate resolution is not possible, or the issue is of a more serious nature, refer the matter to either the CSAHSC team leader (or CSAHSC senior practitioner if the team leader is not available) or CSSC or RIS team leader for resolution between team leaders. Discussion between the CSAHSC and CSSC or RIS managers is the next level of resolution, if required.

If the conflict occurs in relation to decision-making and the recording of child protection concerns, the conflict must be resolved in a timely manner, to ensure compliance with Child Safety procedures and timeframes. For example, a disagreement over the appropriateness of a 24 hour response timeframe for a notification must be resolved within 24 hours. Where team leaders are involved, the team leader who approved the original decision should be consulted.

For further information refer to [Chapter 10.6 Downgrading or deleting an approved notification](#).

Addressing issues as they arise is an important aspect of building relationships between the CSAHSC and CSSC or RISs and contributing to improved outcomes and consistent delivery of services to children and families who come into contact with the child protection system.

For further information refer to [Chapter 1, 13. What if there is disagreement with a RIS intake decision?](#)

Resources

Forms and templates

- Child Safety After Hours Service Centre: After hours referral form
- Critical incident report

Child Safety resources

- Practice resource: CSAHSC - profile and crisis intervention model
- Practice resource: Regional intake services workflow

10.16 Referral to an Aboriginal and Torres Strait Islander family support service

Purpose

This procedure outlines the process to refer families to an Aboriginal and Torres Strait Islander Family Support Service (ATSIFSS). The ATSIFSS is a community controlled prevention and early intervention service that provides family support services to Aboriginal or Torres Strait Islander children and their families.

The objectives of the ATSIFSS are to:

- support Aboriginal and Torres Strait Islander families to provide safe care within their own communities
 - support Aboriginal and Torres Strait Islander children and families when the objective of child protection intervention is reunification
 - assist in preventing or minimising the involvement of Aboriginal and Torres Strait Islander children and families in the statutory child protection system
 - assist in reducing the number of re-notifications of possible harm or risk of harm for Aboriginal and Torres Strait Islander children
 - improve outcomes for Aboriginal and Torres Strait Islander children and families by providing targeted prevention and early intervention services.
-

Key steps

1. Determine eligibility for an ATSIFSS referral
2. Make a referral to an ATSIFSS
3. Action following a referral to an ATSIFSS

What ifs - responding to specific ATSIFSS matters

Standards

1. An ATSIFSS referral is made for an eligible child, when it is assessed that the family would benefit from assistance provided by the ATSIFSS.
-

Authority

- Child Protection Act 1999, section 7 and 14
 - Policy No. 610: Working with Aboriginal and Torres Strait Islander children, families and communities
-

Key steps - Referral to an ATSIFSS

1. Determine eligibility for an ATSIFSS referral

2. Make a referral to an ATSIFSS

3. Action following a referral to an ATSIFSS

What ifs - responding to specific ATSIFSS matters

1. What if the ATSIFSS referral is made by **Queensland Health or the Department of Education, Training and Employment?**
2. What if the child and family are eligible for both the **ATSIFSS and a RAI service?**
3. What if the child or family **does not choose to identify** with their Aboriginal or Torres Strait Islander heritage and community?
4. What if the child or family **do not want to be referred** to an ATSIFSS?

1. Determine eligibility for an ATSIFSS referral

The purpose of ATSIFSS is to work directly with children and families to assess and address identified needs by:

- enhancing parenting skills and improving the attachment between a child and their parents
- building on the family's strengths
- enhancing the family's support network and their access to secondary and specialist services in the community.

In addition to their direct service delivery to a child and their family, the ATSIFSS also have the capacity to:

- link the child and their family to other relevant government and non-government services through a supported referral
- use limited funds to purchase additional services from other professionals or organisations.

Referral pathways

Families can be referred to an ATSIFSS through one of the following **two referral pathways**:

- a referral from Child Safety
- a referral from a guidance officer or principal from the Department of Education, Training and Employment (DETE), or a health professional from Queensland Health (QH), including a community controlled Aboriginal health service.

The referral pathway will determine the **priority** for the acceptance of referrals by ATSIFSS:

- referrals from Child Safety - first priority
- referrals from DETE or QH - second priority.

Where capacity allows, families who have previously received a completed support service may self-refer back to an ATSIFSS. In these cases, the ATSIFSS will only respond to this need where there is capacity and where there are no other competing priorities from Child Safety, DETE or QH referrals. In cases where families self-refer, the support must be time limited to one month only.

For information about referrals from DETE or QH, refer to [1. What if the ATSIFSS referral is made by QH or DETE?](#)

Referrals from Child Safety - eligibility criteria

When determining if a family is eligible for referral to an ATSIFSS, ensure that the family meets the criteria for either an early intervention referral, or a statutory intervention referral, as outlined below.

1. Early intervention referrals

All of the following criteria have been met:

- the child or a parent is an Aboriginal or Torres Strait Islander person
- the child is 0-18 years of age or the pregnant woman has consented to the service when the concerns relate to an unborn child and
- the family has high and complex needs and would benefit from access to family support and other specialist support services

Plus one of the following criteria has been met:

1. A CCR was recorded and:
 - one or both of the parents or the pregnant woman, when the referral related to concerns about an unborn child, were provided information about the referral and
 - one or both of the parents or the pregnant woman **consented** to the referral **or**
2. A CCR was recorded and:
 - there has been **no contact with the family** and their consent to the referral has not been obtained.
 - the child and family have had involvement with, or are at risk of progressing into, the statutory child protection system and one or more of the following factors are present:
 - the subject child or children are under 3 years old
 - three or more child concern reports have been recorded, which may include domestic and family violence
 - there has been previous statutory involvement, for example, notifications or ongoing intervention **or**
3. An investigation and assessment was completed and:
 - the outcome was 'Substantiated - child not in need of protection' and
 - the final risk level from the family risk evaluation tool was moderate, high or very high and
 - one or both of the parents **consented** to the referral **or**
4. An investigation and assessment was completed and:
 - the outcome was 'Unsubstantiated - child not in need of protection' and
 - the final risk level from the family risk evaluation tool was moderate, high or very high and
 - one or both of the parents or the pregnant woman **consented** to the referral **or**
5. An investigation and assessment was completed and:
 - the outcome was 'Substantiated - child not in need of protection' and
 - the final risk level from the family risk evaluation tool was high or very high and
 - the pregnant woman **consented** to the referral.

2. Statutory referrals

All of the following criteria have been met:

- the child or a parent is an Aboriginal or Torres Strait Islander person
- the child is 0 -18 years of age or the pregnant woman has consented to the service when the concerns relate to an unborn child and
- the family has high and complex needs and would benefit from access to family support and other specialist support services

Plus one of the following criteria has been met:

1. A child has been deemed to be in need of protection and:
 - the goal of the case plan is reunification within 12 months and
 - one or both of the parents **consented** to the referral **or**
2. A child has been deemed to be in need of protection and:
 - the child is residing at home under a Protective Supervision or Directive Order and
 - one or both of the parents **consented** to the referral and
 - the provision of the service may reduce the need for the child to enter out-of-home care **or**
3. A child has been deemed to be in need of protection and:
 - the family is subject to an open Intervention with Parental Agreement case and
 - one or both of the parents **consented** to the referral and
 - the provision of the service may reduce the need for a more intrusive statutory response **or**
4. An unborn child has been deemed to be in need of protection after birth and:
 - the pregnant woman is subject to an open support service case and
 - the pregnant woman **consented** to the referral and
 - the provision of the service may reduce the need for a more intrusive statutory response.

When considering a referral to an ATSIFSS, a parent includes:

- the child's mother, father or someone else having or exercising parental responsibility for the child
- a person who, under Aboriginal tradition, is regarded as a parent of the child or a person who, under Island custom, is regarded as a parent of the child.

A parent does not include a foster carer or specialist foster carer, however, kinship carers, where kin are in a caring role for the child, are eligible to receive support. This may include grandparents, aunts, uncles and cousins.

When assessing whether an Aboriginal or Torres Strait Islander family has high and complex needs, take into consideration the presence of one or more of the following factors:

- there have been multiple CCRs or notifications in the previous 12 month period
- there is previous child protection history in relation to older children that extends over a period of time, indicating possible cumulative harm
- one or more children are vulnerable, due to the presence of disabilities, challenging behaviours or chronic health issues
- parental or carer factors include substance misuse, mental health issues, domestic and family violence and relevant criminal history
- there are social, environmental or contextual factors impacting negatively on the family.

For further information about working with Aboriginal or Torres Strait Islander families, refer to the practice paper [Working with Aboriginal or Torres Strait Islander people](#).

2. Make a referral to an ATSIFSS

When a family meets the eligibility criteria outlined above, make a referral to the ATSIFSS, by completing the referral process outlined below:

- discuss the services provided by the ATSIFSS with the family or pregnant woman, where Child Safety have had direct contact with the family - where a CCR is recorded without contact with the family, ATSIFSS staff will contact the family to seek consent to the delivery of services
- discuss the referral with the recognised entity - prior to this discussion for an unborn child, the pregnant woman must have provided consent to contact the recognised entity
- discuss the referral with the team leader
- complete a Family referral to the ATSIFSS in the Community Sector Information System (CSIS)
- contact the ATSIFSS to discuss the referral
- send the referral form to the ATSIFSS via the CSIS.

When completing the referral, provide as much relevant information as possible, including:

- information about the child and their family
- information about other significant members of the child's community, clan or language group
- a summary of the previous child protection history
- information about other services already working with the family, if known
- a summary of previous intervention by other government or non-government services, including outcomes from this intervention if known
- information about the issues and needs prompting the referral
- confirmation of consent from the family or pregnant woman, where relevant
- a recommendation about the assessed level of service required by the family.

Following receipt of the referral, the ATSIFSS will complete an assessment of the family's current situation and make a determination about the level of service to be provided. Based upon their assessment of need, the ATSIFSS may provide:

- 100 hours of planned support services
- 40 hours of planned support services
- 10 hours of planned support services.

3. Action following a referral to an ATSIFSS

Once an **early intervention referral** is made, Child Safety will have no further involvement.

When a **statutory referral** is made, Child Safety retains case management responsibility for the child and their family, and will continue to meet the case planning and case management requirements as outlined [Chapter 4. Case planning](#) and [Chapter 3, 1.5 Implement case management responsibilities](#).

Where Child Safety continues to provide ongoing intervention to a child and family, include the ATSIFSS in any case planning or review process, to contribute information about:

- the type of support services provided to the child and family
- the outcomes achieved from the support services provided
- the issues or factors that still need to be addressed.

The involvement of ATSIFSS in case planning or review processes does not negate the legislated obligation to consult with the recognised entity, or provide them with the opportunity to participate in decision-making about an Aboriginal or Torres Strait Islander child. For further information refer to the practice resource [Working with the recognised entity](#).

What ifs - responding to specific ATSIFSS matters

1. What if the ATSIFSS referral is made by QH or DETE?

Guidance officers and principals from DETE and health professionals from QH, including officers from a community controlled Aboriginal health service, are able to make a direct referral to the ATSIFSS when:

- the child is 0-18 years of age
- the concerns do not meet the DETE or QH threshold for reporting harm or risk of harm
- the guidance officer, principal or health professional believes that the child may progress to the child protection system in the absence of a family support service
- the guidance officer, principal or health professional has consent from the child, when age appropriate, and family for the referral.

2. What if the child and family are eligible for both the ATSIFSS and a RAI service?

When an Aboriginal or Torres Strait Islander family is eligible for family support services from both the ATSIFSS and the RAI service, and **prior** to making a referral:

- discuss the referral with the recognised entity to consider the child and family's identified needs
- contact both the ATSIFSS and the RAI service, if possible, and provide non-identifying information about a possible referral, and obtain information about the level of service each agency could provide to the family and the likelihood that a referral would be accepted
- discuss with the recognised entity whether the local RAI service may be better positioned to meet the child's and family's needs, where the RAI service can provide additional supports to the family that the local ATSIFSS cannot
- consider the level of support available to the family from both services
- discuss both services with the child, when age appropriate, and the family and seek their opinions on the service that they would prefer.

For further information in relation to making a RAI referral, refer to [Chapter 10.14 Referral for active intervention services](#).

3. What if the child or family does not choose to identify with their Aboriginal or Torres Strait Islander heritage and community?

When an Aboriginal or Torres Strait Islander child or their parent does not identify with their Aboriginal or Torres Strait Islander heritage and community, and it is assessed that the family would benefit from family support:

- discuss the referral with the recognised entity
- speak with the child, when age appropriate, and the family about the referral to the ATSIFSS.

If the family state that they do not wish to be referred to the ATSIFSS for support:

- speak with the child, when age appropriate, and the family about referring them to the local RAI service or another appropriate local support service
- obtain the consent of the child, when age appropriate, and the family to the referral
- complete a Family referral in CSIS if appropriate - refer to [Chapter 10.14 Referral for active intervention services](#).

4. What if the child or family do not want to be referred to an ATSIFSS?

When an Aboriginal or Torres Strait Islander child or their parent does not wish to be referred to an ATSIFSS, and it is assessed that the family would benefit from family support:

- consult with the recognised entity
- speak with the child, when age and developmentally appropriate, and the family about the reasons for this decision
- speak with the child, when age and developmentally appropriate, and the family about referring them to the local RAI service or another appropriate local support service

- obtain the consent of the child, when age and developmentally appropriate, and the family to any other referral
- complete the relevant referral form or Family referral in CSIS for RAI, if appropriate - refer to Chapter 10.14 Referral for active intervention services.

Resources

Forms and templates

- Family referral (CSIS)

Child Safety resources

- Practice paper: Working with Aboriginal or Torres Strait Islander people
- Practice resource: Working with the recognised entity

10.17 Complaints management

Purpose

This procedure outlines the process for responding to complaints about staff behaviour, services provided and determinations made by the Department of Communities, Child Safety and Disability Services and funded services.

Key steps

1. Intake and assessment
 2. Action
 3. Outcome and systems improvement
 4. Monitor effectiveness and reporting
-

Standards

1. Staff are aware of, and are guided by, the Complaints Management policy, procedures and manual.
 2. Clients and members of the community are informed of the department's complaint mechanisms.
 3. Complaints are taken seriously and managed in an accountable, transparent and meaningful way according to the Complaints Management policy, procedures and manual.
 4. Complaints are recorded according to the Department of Communities, Child Safety and Disability Services Recordkeeping policy.
 5. Complainants are kept informed about the progress of the complaint and advised of the final outcome, including factors informing the outcome.
 6. Matters that fall outside of the complaints management process as outlined in the Complaints Management policy are explained to the complainant and progressed/referred accordingly.
-

Authority

- Australian Standard AS ISO 10002-2006
- *Child Protection Act 1999*
- Communities Policy: Discipline
- Communities Policy: Conflict resolution and grievances
- Communities Policy: Recordkeeping
- Office of the Public Service Commissioner's Directive 13/06

- *Public Sector Ethics Act 1994*
 - *Public Service Act 2008*
 - *Victims of Crime Assistance Act 2009*
-

Key steps - Complaints management

1. Intake and assessment

2. Action

- 2.1 Point of service delivery level response
- 2.2 Regional level response
- 2.3 Child Safety Complaints Unit response

3. Outcome and systems improvement

4. Monitor effectiveness and reporting

1. Intake and assessment

A complaint may be raised about the following:

- determinations made by the department and funded services
- services provided (or not provided) by the department and funded services
- the behaviour of departmental employees
- the behaviour of employees of departmentally Funded Non Government Service Providers (FNGSPs) or staff.

A complaint may relate to a region, CSSC, RIS, CSAHSC or another Child Safety workgroup, for example, Adoption Services Queensland, the Court Services Unit or the Central Screening Unit.

Complaints made to Child Safety may be accepted verbally and in writing through a variety of channels, including:

- in person
- by telephone (including SMS)
- by letter
- by fax
- by email
- by audio CD or tape.

Child Safety staff will assist people from culturally and linguistically diverse backgrounds, those with visual or hearing impairment or learning disability and those who cannot read or write to make a complaint.

All complaint matters are to be recorded according to the Recordkeeping policy, and as outlined in the Complaints Management policy, Complaints Management procedure and the Complaints Management Procedural Manual.

Exceptions to complaints management

All concerns received by the Child Safety Complaints Unit (CSCU) about harm or risk of harm to a child are **immediately referred** to the relevant RIS or CSSC. Departmental officers from the CSCU or client relations officers (CRO) are not authorised officers under the *Child Protection Act 1999* and therefore are not authorised to receive, record and assess child protection concerns.

Under the complaints management process, a request will be sent to the relevant intake officer to confirm that they have spoken with the notifier to gather the information and have recorded the information on the department's recordkeeping database (ICMS).

Responses to some types of matters are covered by Child Safety policies and procedures **other than** the Complaints Management policy. For these matters please refer to the Complaints Management policy and the Complaints Management procedure.

While these matters are not subject to the complaints management process, it may be appropriate to provide complainants with information about current Child Safety policies and procedures that relate to their complaint.

2. Action

In the first instance, all enquiries and complaints will be responded to by the service delivery point closest to where the decision (subject to complaint) was made or the service was delivered. If a complainant or a Child Safety officer believes a matter cannot be responded to or addressed impartially, at the point of service delivery, they may refer the matter to the regional CRO or the CSCU at any time.

Where complaints are assessed to be complex or sensitive in nature, negotiation is to occur with the CRO or CSCU regarding the most appropriate person to progress the matter.

Where necessary, engage an interpreter service to assist the complainant throughout the complaints management process. To access an interpreter, refer to the [Ethnic Communities Council of Queensland](#) or the [Department of Aboriginal and Torres Strait Islander and Multicultural Affairs](#) websites.

The complainant has the right to a support person at any stage of the complaints management process. Support people may include a friend, advocate, community elder or anyone else the complainant nominates as their support person. CSSC managers, staff of CSCU and CROS **must** explain the confidentiality provisions and requirements of the *Child Protection Act 1999* to support persons or an interpreter, if applicable.

Ensure that the complainant is kept informed about the steps involved in the complaints process, anticipated timeframes and any other factors affecting the progress of a complaint. Reasons for delays in responding to complaints will be promptly communicated to the complainant.

Ensure that the decision about a complaint is made as soon as possible following assessment or investigation of the complaint.

There are three levels in addressing complaints:

- a point of service delivery level response, for example, the CSSC or RIS, Adoption Services Queensland, or another Child Safety workgroup
- a regional level response
- a CSCU response.

2.1 Point of service delivery level response

CSSC and RIS staff, or if applicable, staff from another Child Safety workgroup, are responsible for managing all matters relevant to their service provision and their complainants, where they are of a low complexity level. It is the role of Child Safety staff to address any matters as they arise in the course of contact with potential complainants, and to maintain accurate and complete records.

The CSSC, RIS or other Child Safety workgroup manager is responsible for managing all complaints that have been brought to their attention, and initiating a process to achieve a timely and appropriate outcome.

2.2 Regional level response

Where a CSSC or RIS matter is referred to the regional CRO, the CRO will either:

- refer the matter back to the relevant CSSC or RIS, where the CSSC or RIS has **not** had the opportunity to address the matter and the matter is of a low complexity level
- work collaboratively with the CSSC or RIS to achieve a timely and appropriate outcome
- refer the matter to the CSCU, where they believe there is a conflict of interest, or a perceived conflict of interest, at the regional or CSSC or RIS level, or the matter is assessed to be high complexity or of a serious nature.

The complainant or a Child Safety officer may seek to refer the matter to the CSCU at any stage in the complaint management process, if they believe impartiality or a perceived conflict of interest may exist.

2.3 Child Safety Complaints Unit response

Where a matter is referred to the CSCU, the staff of the CSCU will work collaboratively with the CSSC or RIS and the CRO, if applicable, or other Child Safety workgroup, to address the matter in a timely and appropriate manner.

Where a complainant contacts the CSCU directly, the CSCU will determine the level at which the response to the matter will occur. Where a CRO, CSSC or other workgroup contacts the CSCU, negotiation will occur to determine the appropriate response.

If a complaints management process has already occurred in the CSSC, RIS, other Child Safety workgroup or region, and the complainant remains dissatisfied with the outcome or the complaints management process undertaken, they can request an **internal review**.

3. Outcome and systems improvement

At the completion of the complaints management process, the actioning officer will provide the complainant with the outcome of the complaint, including an explanation of the factors considered in the decision-making process.

If following the response to the complaint, the complaint is **not** resolved to the complainant's satisfaction, or the complainant wishes to refer the matter to another complaints management mechanism, either:

- provide the complainant with the contact details for the CRO or CSCU
- refer the complainant to the [Department of Communities, Child Safety and Disability Services - Child Safety Complaints Unit website](#)
- provide contact details for the options for external review, for example, the [CCYPCG](#) and the [Queensland Ombudsman](#).

4. Monitor effectiveness and reporting

Recording of complaints information enables departmental strategic objectives to be met, and will allow for identification of any trends or system issues that may inform improvements to services delivered.

At the RIS or CSSC, complaints should be recorded in ICMS. However, complaints of a confidential or sensitive nature or related to staff conduct should be recorded in a separate departmental approved system - refer to [Complaints Management Procedural Manual](#) for more information.

Continuous improvement involves identification and actioning of recommendations for improvement.

Complaints Unit provide data for the department's reporting requirements from the dedicated complaints management database (Resolve).

Resources

Department of Communities, Child Safety and Disability Services resources

- Complaints Management policy
- Complaints Management Procedural Manual
- Complaints Management procedure
- Department of Communities, Child Safety and Disability Services - Child Safety Complaints Unit

External resources

- CCYPCG
- Ethnic Communities Council of Queensland
- Department of Aboriginal and Torres Strait Islander and Multicultural Affairs
- Queensland Ombudsman

10.18 Interstate and New Zealand matters

Purpose

This procedure outlines an overview of child protection matters associated with other states, territories and New Zealand (jurisdictions).

Key steps

1. Overview of interstate and New Zealand matters
 2. Make a request to another jurisdiction
 3. Respond to a request from another jurisdiction
 4. Enact a warrant
-

Standards

1. All requests to another jurisdiction, with the exception of child protection history checks, are directed through the Queensland Interstate Liaison Officer (ILO) at the Court Services Unit.
 2. Except for notifications from another jurisdiction, CSSC staff only act on a request received directly from another jurisdiction where the request has also been forwarded by the Queensland ILO from the Court Services Unit.
 3. Where it is likely that an order made in Queensland will need to be transferred to another jurisdiction, where possible, prior to applying for the order, seek advice (about the most appropriate type of order for the child) from the Queensland ILO at the Court Services Unit.
-

Authority

- *Child Protection Act 1999*, section 171 and 172 and chapter 7, part 3
 - Interstate Child Protection Warrants Protocol (21 March 2002)
 - Protocol for the Transfer of Care and Protection Orders and Proceedings and Interstate Assistance April 2009
 - *Service and Execution of Process Act 1992*
-

Key steps - Interstate and New Zealand matters

1. Overview of interstate and New Zealand matters

2. Make a request to another jurisdiction

- 2.1 Alerts, notifications and investigation and assessments
- 2.2 Family contact, holiday or respite placement
- 2.3 Request to locate a non-relative placement in another jurisdiction
- 2.4 Request an assessment of a carer in another jurisdiction
- 2.5 Assess parents with a view to reunification
- 2.6 Transfer of case work tasks
- 2.7 Transfer of child protection orders and proceedings

3. Respond to a request from another jurisdiction

- 3.1 Alerts, notifications and investigation and assessments
- 3.2 Family contact, holiday or respite placement
- 3.3 Requests to locate a non-relative placement in Queensland
- 3.4 Carer assessment requests from another jurisdiction
- 3.5 Assess parents with a view to reunification
- 3.6 Transfer of case work tasks
- 3.7 Transfer of child protection orders and proceedings

4. Enacting a warrant

- 4.1 Enacting a warrant from another state or territory in Queensland
- 4.2 Enacting a Queensland warrant in another state or territory

1. Overview of interstate and New Zealand matters

The *Child Protection Act 1999* provides for the transfer of orders and proceedings between Queensland and other states and territories and between Queensland and New Zealand. The Protocol for the Transfer of Care and Protection Orders and Proceedings and Interstate Assistance 2009 (the Protocol), supports the legislation and provides guidelines for the sharing of information, obtaining interstate assessments, the transfer of case work and the transfer of orders and proceedings between all Australian states, territories and New Zealand.

Note: For the purpose of the Protocol, New Zealand is considered a ‘state’.

The referral of matters to, or by, another jurisdiction

All requests to another jurisdiction **must** be directed through the Queensland ILO at the Court Services Unit; however, the ILO does not undertake criminal history and child protection history checks.

Conversely, except for notifications from another jurisdiction which may come directly from an interstate office, CSSC staff are **not** to act on a request (for example, a request for a carer assessment) received directly from another jurisdiction, **unless** the request has also been forwarded by the Queensland ILO from the Court Services Unit.

All interstate, territory and New Zealand child protection history checks are handled by Child Safety **Data Management Services (DMS)**, **not the Queensland ILO**. Requests for these checks are to be emailed to #SDIS_DMS_Checks. Other jurisdictions may have limitations on the child protection information they are allowed to release to Child Safety.

Interstate matters forms and templates

Relevant forms and templates referred to in this procedure can be accessed by contacting the Queensland ILO at the Court Services Unit by telephone.

Assessment and approval of a proposed carer

Children are **not** to be placed in another jurisdiction **unless** an appropriate assessment of the carer has been conducted. The carer for a child subject to a Queensland child protection order, but living in another jurisdiction, **must** meet all the requirements for the approval, and renewal of approval, of carers in Queensland (including personal history checks and blue card). Carer assessment requests are to be directed to the Queensland ILO who will negotiate with the ILO in the other jurisdiction. For further information, refer to Chapter 8. Regulation of care.

Alternatively, carers living in Queensland but caring for a child subject to a child protection order in another jurisdiction, do **not** have to meet Queensland carer approval or renewal of approval requirements, including the requirement for a blue card or positive exemption notice, until the other jurisdiction is requesting that the order be transferred to Queensland.

Urgent carer assessments - costs and timeframes

When a CSSC has requested that a carer assessment be completed **urgently**, and requires the report sooner than the agreed timeframe, the ILO, in conjunction with the ILO from the receiving jurisdiction, can contract the assessment to a private practitioner. The CSSC will be responsible for payment to the private practitioner.

If another jurisdiction cannot complete the assessment within the agreed timeframe, and the CSSC is **not** requesting an urgent assessment, the other jurisdiction will be responsible for payment if it chooses to contract the assessment to a private practitioner.

Similarly, if another jurisdiction is requesting an **urgent** assessment in Queensland, the other jurisdiction will be responsible for payment to the private practitioner. These requests will be managed by the Queensland ILO without CSSC or PSU involvement.

The ILOs have agreed that six to eight weeks after the CSSC or area office in the other jurisdiction has received the request for assessment is an acceptable timeframe for its completion.

Financial responsibility for the child

Placing a child in another jurisdiction does **not** remove the responsibility of the CSSC for case management, placement arrangements and financial costs. Should a placement in another jurisdiction fail, the CSSC with case responsibility remains responsible for the child, including returning the child to Queensland, if the other jurisdiction cannot locate and support a suitable placement for the child.

2. Make a request to another jurisdiction

2.1 Alerts, notifications and investigation and assessments

Queensland may contact another jurisdiction to request assistance in relation to alerts, notifications and investigation and assessments.

In these circumstances, refer to:

- [Chapter 1, 1. What if the child protection concerns are about a child in another jurisdiction?](#)
- [Chapter 2, 14. What if assistance is required from another jurisdiction?](#)

2.2 Family contact, holiday or respite placement

Queensland may contact another jurisdiction to request that a child subject to a child protection order and residing in Queensland, visit the other jurisdiction for the purpose of family contact, a holiday or a respite placement.

In these circumstances, refer to:

- [Chapter 5, 2.5 Facilitate and monitor family contact](#)
- [Chapter 5, 2.6 Provide regular respite for the child](#)

Note: when a child is subject to a Queensland child protection order granting custody or guardianship, consent will be required for the child to travel interstate or overseas, and a passport will be required for overseas travel - refer to [Chapter 5, 3. Decision-making for the child](#).

2.3 Request to locate a non-relative placement in another jurisdiction

If a child subject to a child protection order in Queensland requires a placement in another jurisdiction, as part of the case plan for securing the child's safety and well-being, Queensland may request the assistance of the other jurisdiction to locate a non-relative placement. All possible kinship care options should be explored in the other jurisdiction before making a request to locate a non-relative placement. A child subject to a custody order cannot be placed interstate without parental consent.

When requesting the assistance from another jurisdiction to locate a non-relative placement within their jurisdiction:

- request a copy of the 'Request to Locate an Interstate Placement' template from the Queensland ILO at the Court Services Unit
- complete the 'Request to Locate an Interstate Placement' template, paying particular attention to the type of placement being sought, the preferred locality and any relevant needs and behaviours of the child
- provide appropriate supporting documentation, for example, the current case plan, as well as any relevant medical, psychological or school reports
- sign the request and ensure that it is also signed by the team leader
- fax or post all relevant documentation to the Queensland ILO at the Court Services Unit.

Upon receipt of the relevant documentation from the CSO, the Queensland ILO will:

- forward the request to the ILO in the relevant jurisdiction and will continue to liaise with the other jurisdiction until a placement is located or until advised by the other jurisdiction that the placement cannot be found
- advise the CSO of the progress and outcome of the request to locate a placement.

If a placement is located, the potential carers must meet **all the requirements** for approval of carers in Queensland (including personal history checks and blue card) even though the interstate jurisdiction has recommended their approval for the child.

A request to locate a placement remains current for six months. Following this, the request will be 'closed' by the Queensland ILO and at the other jurisdiction. If a placement cannot be located in this time, the Queensland ILO will discuss the request and any other options with the CSO, including the possibility of submitting a further request should this be in keeping with the child's case plan.

Whilst other jurisdictions will work towards securing non-relative placements on behalf of Child Safety, prior to seeking a placement in the other jurisdiction, take into consideration:

- the difficulty all jurisdictions experience in locating non-relative placements, especially for older children, children with challenging behaviour/management issues and sibling groups
- the circumstance for the planned move, for example, the parents location and mobility, and whether it is in the child's best interests to move if there is no certainty that a parent will remain in the other jurisdiction.

2.4 Request an assessment of a carer in another jurisdiction

When a child is subject to a court assessment, custody or guardianship order or proceedings in Queensland and the proposed carer resides in another jurisdiction, refer to [Chapter 8, 6. What if a carer applicant resides interstate?](#)

2.5 Assess parents with a view to reunification

If a child is subject to a child protection order in Queensland, and the child's parents reside in another jurisdiction, Queensland may request that the other jurisdiction undertakes an assessment of the parents, to determine whether the child can be reunified - refer to [Chapter 4, 6. What if a reunification assessment is required when parents live in another jurisdiction?](#)

2.6 Transfer of case work tasks

When a child is subject to a child protection order in Queensland and resides in another jurisdiction, Queensland should request the transfer of case work tasks to the other jurisdiction - refer to [Chapter 3, 6. What if case work tasks are to be transferred to another jurisdiction?](#)

2.7 Transfer of child protection orders and proceedings

When a child is subject to a child protection order or child protection proceedings in Queensland, Queensland may request the transfer of the child protection order or proceedings to another jurisdiction - refer to [Chapter 3, 7. What if a child protection order or proceedings are to be transferred to another jurisdiction?](#)

Note: Most orders can be transferred across all the jurisdictions, however, some orders are not transferable, for example, custody orders cannot be transferred to Western Australia, the Northern Territory or New South Wales, as these jurisdictions do not have comparable orders. In all circumstances contact the Queensland ILO, at the Court Services Unit, to clarify the situation.

3. Respond to a request from another jurisdiction

3.1 Alerts, notifications and investigation and assessments

Another jurisdiction may contact Queensland to request assistance in relation to alerts, notifications and investigation and assessments.

In these circumstances, refer to:

- [Chapter 1, 2. What if child protection concerns are received from another jurisdiction?](#)
- [Chapter 2, 15. What if another jurisdiction requests assistance with an investigation and assessment?](#)

3.2 Family contact, holiday or respite placement

Another jurisdiction may contact Queensland to request that a child subject to a child protection order and residing in that jurisdiction, visit Queensland for the purpose of family contact, a holiday or a respite placement.

In these circumstances, refer to [Chapter 5, 12. What if another jurisdiction requests a carer assessment?](#)

3.3 Requests to locate a non-relative placement in Queensland

Where a decision has been made in another jurisdiction, as part of a child's case plan, that it is in the best interests of the child (who is subject to a child protection order in that jurisdiction) to move to Queensland, the jurisdiction may request assistance from Queensland to locate a non-relative placement.

In this circumstance, the Queensland ILO, at the Court Services Unit, will:

- ensure that the 'Request to Locate an Interstate Placement' template (or the requesting state's equivalent form) has been completed, including information regarding the type of placement being sought, preferred locality and any relevant behaviours of the child
- ensure that appropriate supporting documentation has been provided, for example, the case plan and medical, psychological or school reports
- fax or post all relevant documentation to the relevant PSU director
- advise the requesting jurisdiction when an appropriate placement has been located or that a placement is unable to be located.

In response to the request, the PSU will locate a suitable placement for the child, in accordance with [Chapter 5, 1.11 Place the child in out-of-home care.](#)

The PSU will:

- liaise with, and seek additional information from, the Queensland ILO and the case worker in the interstate office, as necessary
- advise the Queensland ILO when an appropriate placement has been located or that a placement is unable to be located
- advise the relevant CSSC once the child has moved into their geographical area.

If the PSU does locate a non-relative placement for a child from another jurisdiction, **the proposed carers do not have to** meet Queensland carer approval or renewal of approval requirements, including the requirement for a blue card or positive exemption notice, until the other jurisdiction is requesting that the order be transferred to Queensland.

Requests to locate a placement in Queensland will remain active for six months. The interstate jurisdiction may make a further request for Queensland to locate a placement should this continue to be a goal of the child's case plan.

3.4 Carer assessment requests from another jurisdiction

When a request is received by Queensland to undertake a carer assessment for a child subject to a child protection order or proceeding in another jurisdiction, where the proposed carer resides in Queensland, the ILO will:

- ensure the 'Request for Interstate Assessment of Carer/s' form (or the requesting state's equivalent) has been provided
- ensure appropriate supporting documentation, for example, a medical or psychologist report, has been provided
- fax or mail all relevant material (with an accompanying letter of request summarising the case and indicating timeframes) to the PSU director for actioning
- follow up with the relevant PSU to ensure that the assessment report is completed within the agreed timeframes.

The PSU will:

- allocate the request to an appropriate staff member or contract it out to a suitable private practitioner, in accordance with the agreed timeframes - use of a private practitioner will be at the cost of the PSU or CSSC
- liaise with the Queensland ILO and/or the requesting office to clarify any issues as necessary
- complete the assessment within the agreed timeframes
- ensure the PSU director supports the recommendation and signs the report
- fax a signed and dated copy of the completed report to the Queensland ILO at the Court Services Unit, or if this is not possible, email a scanned copy.

Note: The carer applicant is not required to sign the carer assessment, and a copy of the assessment does not have to be given to the carer applicant.

On receipt of the assessment report from the PSU, the Queensland ILO will forward the report to the other jurisdiction's ILO for forwarding to the requesting office.

When such an assessment is requested by another jurisdiction in relation to a child on a child protection order in that jurisdiction, the PSU will not undertake screening checks through the Central Screening Unit and the interstate carer applicant does not have to apply for a blue card. It is the role of the other jurisdiction to undertake their own suitability checks on the carer applicants according to their own legislative requirements and, if required, seek their own blue card equivalent for the proposed carer applicant.

To complete the assessment, provide a written report using the headings in the 'Areas to be covered in the assessment' section of the 'Request for Interstate Assessment of Carer/s' form. The 'Kinship Carer Assessment Tool', or 'Health and Wellbeing Questionnaire' **are not to be** used when completing these assessments. Where the interstate jurisdiction requests an

assessment of safety in the proposed carers household and does not provide the Queensland ILO with a particular form, the Queensland ‘Household Safety Study’ may be used.

3.5 Assess parents with a view to reunification

When a request is received by Queensland to undertake an assessment of a parent who resides in Queensland, for the purpose of reunification of a child subject to a child protection order or proceeding in another jurisdiction, the Queensland ILO will:

- ensure the ‘Reunification Assessment Request’ form (or the requesting state’s equivalent form) has been provided
- ensure appropriate supporting documentation is provided, for example, a medical or psychological report on the child or parents
- fax or mail all relevant material, with an accompanying letter of request summarising the case and indicating the proposed reunification timeframes, to the CSSC manager for action
- follow up with the relevant CSSC to ensure that the assessment report is completed within the agreed timeframes.

Following the receipt of an assessment request:

- the team leader will allocate the request to an appropriate CSO or contract it out to a suitable private practitioner, in accordance with the agreed timeframes - refer to [1. Overview of interstate and New Zealand matters](#)
- the allocated CSO will liaise with the Queensland ILO and/or the requesting office to clarify any issues as necessary and complete the assessment within the agreed timeframes
- a CSSC manager or team leader will support the assessment recommendation and sign the report
- the CSO will fax a signed and dated copy of the completed report to the Queensland ILO at the Court Services Unit, or if this is not possible, email a scanned copy.

On receipt of the assessment report from the CSSC, the Queensland ILO will forward the report to the other jurisdiction’s ILO for forwarding to the requesting office.

3.6 Transfer of case work tasks

When a child is subject to a child protection order in another jurisdiction, but resides in Queensland, the other jurisdiction may request the transfer of case work tasks to Queensland.

When another jurisdiction requests the transfer of case work tasks, the Queensland ILO will:

- ensure the ‘Request for Interstate Transfer of Casework Tasks’ template (or the requesting state’s equivalent template) has been completed, in particular, the specific case work tasks required by the CSSC
- ensure the appropriate supporting documentation, for example, the current case plan, other assessment reports, court, medical, psychological or school reports, have been provided

- fax or post all relevant documentation, including a covering letter summarising the case and a transfer acceptance form, to the CSSC manager
- follow up with the relevant CSSC to ensure that the case work is accepted, or initiate negotiations with the other jurisdiction if required.

The CSSC will:

- review the documentation and contact the requesting office to clarify matters, as necessary
- allocate the case to a CSO.

The CSSC manager will complete and sign the 'Acceptance of Transfer of Casework Tasks' form and fax it to the Queensland ILO as soon as possible. This form will be sent with the original request.

On receipt of the case work transfer acceptance form, the Queensland ILO will fax the acceptance to the other jurisdiction's ILO for forwarding to the requesting office.

Note: Case management and financial costs remain the responsibility of the other jurisdiction until such time as the order is officially transferred to Queensland, when case planning requirements will need to be instigated.

3.7 Transfer of child protection orders and proceedings

When a child is subject to a child protection order or child protection proceedings in another jurisdiction, the other jurisdiction may request the transfer of the child protection order, or child protection proceedings, to Queensland. In relation to a child protection order, there are two types of transfers:

- an administrative transfer
- a judicial transfer.

Administrative transfer of an order to Queensland

When another jurisdiction requests the administrative transfer of a child protection order to Queensland, for a child subject to a child protection order in their jurisdiction, the Queensland ILO will:

- ensure the interstate order is compatible and thereby transferable
- post all relevant documents to the CSSC manager, including:
 - the completed and signed 'Request for Interstate Transfer of Child Protection Order' (or the requesting state's equivalent template)
 - the original signed consents to the transfer (child, parent and carer) as required by the sending state's legislative requirements
 - all supporting documentation, including a copy of the interstate carer assessment, if available
 - a signed/stamped copy of the interstate order
 - an accompanying letter outlining the requested transfer
 - a request that the CSSC manager liaise with the PSU director to arrange for the

assessment and approval of the carers as Queensland carers

- the appropriate consent/registration filing forms (as required according to the specific legislative processes of the sending state)
- a summary sheet outlining the processes for an administrative transfer of a child protection order
- send a copy of the accompanying letter and a copy of the interstate carer assessment (if available) to the PSU director, and request they liaise with the CSSC manager to have the carers approved as Queensland carers as soon as possible.

It is the responsibility of the CSSC manager to:

- review the request for transfer of the order and liaise with the Queensland ILO, as appropriate
- ensure that the carers become approved carers in Queensland, before consenting to the transfer of the order, in accordance with Chapter 8. Regulation of care - the interstate carer assessment can form the basis of approval along with the outcome of Queensland personal history checks. However, the CSSC manager **must** decide whether the interstate assessment is sufficient to approve the carers, or whether a full assessment will have to take place
- sign the 'Consent to Transfer of Child Protection Order to Queensland', in accordance with the *Child Protection Act 1999*, section 221(2), unless the delegated officer is satisfied the transfer of the order would not be in the child's best interests
- return the original signed forms **by mail** to the Queensland ILO
- advise the family in writing that Child Safety has consented to the transfer of the order and provide details of a contact person and phone number - the Queensland ILO has a template of this letter.

The Queensland ILO will:

- arrange for registration of the transfer in the Brisbane Childrens Court, if satisfied that, under the interstate law, both:
 - the period for appealing, or applying for review of, the interstate transfer decision relating to the transfer has expired
 - the decision is not subject to appeal
- advise the CSSC manager once the transfer has been registered
- forward originals of the registration form to the CSSC manager for distribution to the child, the parents and the carers, as appropriate
- advise the other jurisdiction of the registration date, so that the carer payments in that jurisdiction can be finalised
- request a copy of the child's interstate files to be sent directly to the CSSC
- arrange for a scanned copy of the order registration to be recorded in ICMS.

Under the *Child Protection Act 1999*, section 223, the order is taken to be a child protection order of the Childrens Court in Queensland, made on the day of its registration.

Once an order is made the CSO will:

- provide the family with a copy of the registration of the order
- arrange for carer payments to commence from the date that the order was registered in the Brisbane Childrens Court
- complete the relevant ongoing intervention event case management screens in ICMS.

Judicial transfer of an order to Queensland

Another Australian state or territory may seek the judicial transfer of a child protection order to Queensland in accordance with their own legislation and practice. This usually occurs when parents refuse to consent to the order transfer, or in some jurisdictions, parents cannot be located.

When another jurisdiction seeks the judicial transfer of a child protection order, the Queensland ILO will:

- ensure the interstate order is compatible and thereby transferable
- post all relevant documents to CSSC manager including:
 - the completed and signed 'Request for Interstate Transfer of Child Protection Order' (or the requesting state's equivalent template)
 - all supporting documentation, including a copy of the interstate carer assessment, if available
 - a signed/stamped copy of the interstate order
 - an accompanying letter outlining the requested transfer
 - a request that the CSSC manager liaise with the PSU director to arrange for the assessment and approval of the carers as Queensland carers
 - the appropriate consent/registration filing forms (as required according to the specific legislative processes of the sending state)
 - a summary sheet outlining the processes for a judicial transfer of a child protection order
- send a copy of the accompanying letter and a copy of the interstate carer assessment (if available) to the PSU director, and request they liaise with the CSSC manager to have the carers approved as Queensland carers as soon as possible.

It is the responsibility of the CSSC manager to:

- review the request for judicial transfer of the order and liaise with the Queensland ILO about the transfer process
- provide a letter of provisional consent to the intended judicial transfer (the Queensland ILO will provide a draft copy of letter) - depending on the circumstances, this letter of conditional consent may be sought prior to the carers being approved as Queensland carers
- sign the 'Consent to Transfer of Child Protection Order to Queensland' in accordance with the *Child Protection Act 1999*, section 221(2), unless the delegated officer is satisfied the transfer of the order would not be in the child's best interests, and only when the Queensland ILO has advised that:
 - the interstate jurisdiction has had an order made to allow the transfer of the child

- protection order to proceed
- the appeal period in the interstate jurisdiction has lapsed
- the carers have been approved as Queensland carers
- return the completed and signed forms **by mail** to the Queensland ILO
- advise the family in writing that Child Safety has consented to the transfer of the order and provide details of a contact person and phone number – the Queensland ILO has a template of this letter.

The Queensland ILO will:

- arrange for registration of the transfer in the Brisbane Childrens Court, if satisfied that, under the interstate law, both:
 - the period for appealing, or applying for review of, the interstate transfer decision relating to the transfer has expired
 - the decision is not subject to appeal
- advise the CSSC manager once the transfer has been registered
- forward originals of the registration form to the CSSC manager for distribution to the child, the parents and the carers, as appropriate
- advise the other jurisdiction of the registration date, so that the carer payments in that jurisdiction can be finalised
- request a copy of the children's interstate files to be sent directly to the CSSC
- arrange for a scanned copy of the order registration to be recorded in ICMS.

Under the *Child Protection Act 1999*, section 223, the order is taken to be a child protection order of the Childrens Court in Queensland, made on the day of its registration.

Once an order is made the CSO will:

- provide the family with a copy of the registration of the order
- arrange for carer payments to commence from the date that the order was registered in the Brisbane Childrens Court
- complete the relevant ongoing intervention event case management screens in ICMS.

Transfer of child protection proceedings

When another jurisdiction requests the transfer of child protection order proceedings to Queensland, the Queensland ILO will:

- consult with the ILO from the other jurisdiction, and the relevant CSSC manager, in relation to the appropriateness of the request
- forward the appropriate paperwork to the CSSC manager for consent, or otherwise, to the request.

The CSSC will:

- refer all direct requests from another jurisdiction for transfer of child protection proceedings to the Queensland ILO to undertake and co-ordinate discussion between the two jurisdictions

- arrange for the matter to be heard in the Childrens Court, if the CSSC manager, as delegated officer, agrees to the transfer of proceedings.

Note: a judicial transfer of proceedings is a complex matter, and should not be seen by the interstate jurisdiction as an alternative to taking their own child protection orders.

4. Enacting a warrant

The *Child Protection Act 1999*, section 171, allows for the recovery of children who have been unlawfully removed from Queensland. The Interstate Child Protection Warrants Protocol (21 March 2002) (Warrants Protocol) has been signed by all Australian states and territories. It supports the Queensland legislation and provides some guidelines for the recovery from interstate of children subject to Queensland orders. Interstate jurisdictions are guided by their own legislation as to their implementation of the Warrants Protocol to recover children from Queensland.

4.1 Enacting a warrant from another state or territory in Queensland

When another jurisdiction advises that they have a valid warrant for the return of a child subject to a child protection order, and the child has been located in Queensland, the child may be recovered from Queensland utilising the Warrants Protocol.

The order made by the Magistrate in relation to recovery of a child using the Warrants Protocol is **not** an order made under the *Child Protection Act 1999*, and there is **no** provision for any Queensland child protection orders to be enacted in this process. For example, a TAO cannot be made to return the child to the original jurisdiction.

Recovering the child

When seeking to recover a child subject to a child protection order in another state or territory from Queensland, the Queensland ILO will:

- refer to the Warrants Protocol for the recovery of a child
- follow the procedures for the recovery of a child outlined in the warrant process below, in consultation with the other jurisdiction's ILO
- advise the CSSC of any action required to assist the interstate office to assume custody of the child in Queensland.

Warrant process - another jurisdiction enacting its warrant in Queensland

The warrant process is outlined below:

- the child protection worker in the other jurisdiction, or the other jurisdiction's ILO will contact the Queensland ILO to advise of the warrant being issued in their jurisdiction to recover a child from Queensland
- once the child has been located, the worker will provide the police in their jurisdiction with the warrant
- the police officer will contact the QPS (preferably the Child Protection and Investigation Unit) in the local area where the child has been located, and notify them of the warrant

and request that they execute the warrant under the *Service and Execution of Process Act 1992*

- the interstate worker will contact the relevant Queensland police officer to make arrangements for the QPS to execute the warrant and remove the child
- the interstate worker will make arrangements to be in Queensland at the time the warrant is being executed to assist the QPS and to attend the Childrens Court
- the interstate worker/ILO will notify the Queensland ILO of the arrangements made and who they have contacted at the QPS
- the Queensland ILO will liaise with the QPS to ensure that they are aware of the correct process
- at the earliest opportunity, the QPS are to present the warrant and the child at the local Childrens Court or Magistrate's Court for a Magistrate to make an order to return the child to the custody of the worker from the other jurisdiction
- the worker from the other jurisdiction should be present at the court so that the Magistrate can make the order returning the child to their custody immediately. They must have a copy of the warrant and a copy of the child protection order for the child at court.

Note: If there has been a delay in the other jurisdiction's worker arriving in Queensland for the court appearance, the other jurisdiction may request that a Queensland worker attend court on their behalf. In this instance it is possible for the Magistrate to make an order giving temporary custody of the child to a Queensland CSO or other Child Safety officer, with the child to be returned to the other jurisdiction's care as soon as possible. In this circumstance, the child may be placed with approved foster carers in Queensland, and Child Safety may request payment for the care of the child.

Additionally, the Queensland ILO **must** be involved if an interstate jurisdiction contacts a CSSC to recover a child from Queensland.

Placement of child in Queensland

At times, Child Safety may be asked to assist with placing the child with Child Safety carers while waiting for the other jurisdiction's worker to arrive in Queensland to take custody of the child.

4.2 Enacting a Queensland warrant in another state or territory

When a child subject to a child protection order in Queensland has been unlawfully removed or withheld from a person's custody or guardianship in Queensland, and is currently in another state or territory, the child may be recovered from the other state or territory using the Warrants Protocol.

Recovering the child

When seeking to recover a child subject to a child protection order in Queensland from another state or territory, the CSO will:

- follow the procedure outlined below, in consultation with the Queensland ILO
- apply for a warrant under the *Child Protection Act 1999*, section 171

- refer to the *Child Protection Act 1999*, section 172, for an explanation of the matters the court must be satisfied with before a warrant can be issued
- ensure that a Child Safety staff member is available to travel interstate at the time of the child's apprehension.

Warrant process - Queensland enacting its warrant in another jurisdiction

A warrant for the recovery of a child from another jurisdiction can **only** be made when the child has been unlawfully removed or withheld from a person's custody or guardianship under the *Child Protection Act 1999*, section 171(1). A warrant for recovery **cannot** be obtained if the child has moved interstate of their own volition, for example, a 15 year old absconds from an out-of-home care placement and moves interstate to live with her boyfriend.

The child **must** be located interstate before the warrant recovery process can be initiated. If the child's whereabouts are not known, the child must be listed as a missing person with the QPS, who will then notify their interstate colleagues.

Once the child has been located interstate, and a decision has been made by the CSSC that the child is to be returned to Queensland, it is best to try to negotiate with all parties to see if the child can be returned without the instigation of the warrant process. If this is not successful and a decision is made to return the child to Queensland using the warrant process, the Queensland CSO should contact the Queensland ILO to discuss the process and for guidance regarding the procedures to be followed. The Queensland ILO will not make decisions for the CSSC, but will provide informed advice to guide and assist with the decision making and recovery process.

The process of enacting a warrant is about returning the child to the jurisdiction which holds the child protection order, and any argument in the interstate court should **not** centre on whether the child needs to be subject to a child protection order, or where various family members are currently residing.

If it is agreed that the child should be recovered via the warrant process, the process outlined below will occur:

- The CSO will complete a Form 27 - Application for warrant for apprehension of child and make an application to the Childrens Court for a warrant to be issued for the apprehension of the child from another jurisdiction.
- The CSO will provide the QPS in their local area with the warrant.
- The Queensland police officer will contact the local police station in the interstate jurisdiction where the child has been located, notifying them of the warrant and requesting that they execute the warrant under the *Service and Execution of Process Act 1992* on Queensland's behalf. The Queensland police officer will then fax the warrant to the interstate police station and arrange for the original to be sent by express post to the interstate police officer.
- The CSO will contact the relevant police officer in the other jurisdiction to make arrangements for the warrant to be executed and the child removed. Only the interstate police can execute the warrant, and they must bring the child before the nearest Magistrate as soon as possible after the child is apprehended.

- The CSO will make arrangements to be in the other jurisdiction at the time the warrant is being executed to assist the police, and to attend the Childrens Court. It is important that the appropriate Child Safety approvals for interstate travel of staff are sought and flights and rental cars booked in advance, prior to the interstate police taking the child from where the child was located.
- The CSO will notify the Queensland ILO of the arrangements made and who they have contacted from the other jurisdiction's police force. At all times the CSO or CSSC manager remains the contact point for the police.
- The Queensland ILO will contact the other jurisdiction's ILO to advise them of the situation and to ensure that they are aware of the correct process, as well as assisting with any requests Child Safety may have of staff of the interstate child protection department in the local area.
- Upon agreement between the CSSC and the interstate police, the police will remove the child from the placement, and at the earliest opportunity, present the warrant and the child at the local Childrens Court for a Magistrate to make an order (see [Example of warrant order to return child to Queensland](#)) to return the child to the custody of the Queensland CSO. This order is only about returning the child to Queensland and placing the child in the custody of the Queensland CSO for this to happen - it is **not** to be a new child protection order.
- The Queensland CSO is to be present at the court so that the Magistrate can make the order returning the child to their custody immediately. The CSO must have a copy of the warrant and a copy of the child's child protection order at court. It is also advisable to have a copy of the *Child Protection Act 1999*.

Note: If there has been a delay in the CSO travelling to the other jurisdiction for the court appearance, Child Safety may request that a worker from the other jurisdiction attends court on behalf of Child Safety. In this instance it is possible for the Magistrate to make an order giving temporary custody of the child to a child protection worker in the other jurisdiction, with the child to be returned to the Queensland CSO as soon as possible.

Placement of a child in another jurisdiction

At times, Child Safety may request that the other jurisdiction places the child with carers, until the Queensland worker arrives to take custody of the child. Child Safety may be asked to pay for this placement.

The recovery of children from Victoria

There have been issues in the past with the recovery of children from Victoria, where the Magistrate has sometimes treated the request for recovery as a child protection matter. In these cases the Magistrate will place the child on a Victorian Interim Accommodation Order (IAO) and will adjourn the matter while the child is appointed a child representative and argument may then centre on whether the child needs to be subject to a Queensland order. This delays enforcement of the order to return the child to Queensland.

If the child's family members are in Victoria, the child representative will more than likely argue that the child should remain in Victoria where the family is and the Queensland CSO may be

required to fly back and forth between Victoria and Queensland while the court process takes place. The Victorian police and the Queensland CSO should draw the Victorian Magistrate's attention to the 'Warrants Protocol', and all that is required is for an order to be made to return the child to Queensland. The Victorian child protection workers can be called on to provide support if there is an IAO made, custody in this circumstance is given to the Victorian department not Queensland Child Safety.

The recovery of children from New South Wales

Under the *Children and Young Persons (Care and Protection) Act 1998* (New South Wales), section 231Z(1)(c), Child Safety may request that a child on a Queensland child protection order be returned to Queensland. A letter from the Queensland regional director to the New South Wales regional director is required. This option can be used when a child has self-placed in New South Wales and a warrant for the child's return can not be sought under the *Child Protection Act 1999*. Liaise with Queensland ILO for further discussion when considering using this process.

Resources

Forms and templates

- Form 27 - Application for warrant for apprehension of child

Child Safety resources

- Example of warrant order to return child to Queensland

External resources

- Interstate Child Protection Warrants Protocol (21 March 2002)
- Protocol for the Transfer of Care and Protection Orders and Proceedings and Interstate Assistance 2009

10.19 The review of child deaths

Purpose

This procedure outlines the process for undertaking a review of Child Safety intervention following the death of a child whom Child Safety received information about in the three years prior to the death.

Key steps

1. Implement actions following the death of a child
 2. Decide the type of review
 3. Actions arising from review processes
-

Standards

1. Child Safety reviews its involvement with a child where the child was known to Child Safety in the three years prior to their death.
 2. Reviews are completed within six months of the date Child Safety is informed about the child's death.
 3. Final review reports are provided to all Child Safety participants, relevant CSSC managers and the relevant regional director, to allow critical discussion and reflection on learnings.
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Authority

- Child Protection Act 1999, section 246A-H
 - Policy No. 361: Child Death Case Review Policy and Procedures
 - Policy No. 391: Critical Incident Reporting
 - Policy No. 421: Obligations, actions and responsibilities upon the death of a child in out-of-home care
-

Key steps - The review of child deaths

1. Implement actions following the death of a child

- 1.1 Complete a critical incident report
- 1.2 Implement actions specific to the death of a child in out-of-home care
- 1.3 Record information following the death of a child
- 1.4 Complete a child death briefing note
- 1.5 Provide file material to the Case Review Unit

2. Decide the type of review

- 2.1 Limited review
- 2.2 Detailed review

3. Actions arising from review processes

- 3.1 Provision of final report to staff and dissemination of review learnings
- 3.2 Provision of information to the external Child Death Case Review Committee
- 3.3 Provision of final report to the Coroner
- 3.4 Development of an action plan

1. Implement actions following the death of a child

The *Child Protection Act 1999*, section 246A, **requires** Child Safety to review its involvement with a child where the child was known to Child Safety in the **three years prior to** their death, irrespective of whether or not the child is subject to a current open case. This includes circumstances where, prior to the death of the child:

- Child Safety:
 - became aware of alleged harm or alleged risk of harm to the child
 - took action under the *Child Protection Act 1999*, in relation to the child
- the child was born and, before the child was born, Child Safety reasonably suspected that the child might be in need of protection after he or she was born.

The review must be completed **within 6 months** of the date Child Safety is informed about the child's death (*Child Protection Act 1999*, section 246D).

1.1 Complete a critical incident report

The death of a child known to Child Safety constitutes a critical incident, requiring the child's death to be reported to the applicable line manager and the completion of a Critical incident report form, in accordance with the requirements outlined in the Critical Incident Reporting policy.

The 'critical incident report' form is completed by either:

- the CSSC or RIS responsible for the child, where the death is reported to Child Safety during business hours
- the CSAHSC, where the death is reported to Child Safety after hours
- the Case Review Unit (CRU), where the child's death is reported to Child Safety by the Registry of Births, Deaths and Marriages.

1.2 Implement actions specific to the death of a child in out-of-home care

The death of a child in out-of-home care **must** be reported direct to the QPS by either Child Safety or the hospital in which a child dies. In addition, when a child in out-of-home care dies, provide all relevant parties with information about:

- reportable deaths under the *Coroners Act 2003*
- the parents responsibilities for post death decisions and funeral arrangements
- persons or services available to assist all parties in making relevant decisions, and in dealing with their grief.

For further information, refer to Chapter 5, 9. What if there is a death of a child in out-of-home care?

1.3 Record information following the death of a child

When information, about events and actions that preceded the death of the child, is added to case files following the death of a child, including the recording of case notes:

- it must be clearly stated that the recording of this information has occurred after the death of the child
- it must be clearly stated why this information is being added after the death of the child
- any records, including handwritten notes relied upon in recording this information, must be placed on the child's file
- if the information is sourced from memory and not from a document, this must be stated.

While additional information may be added to case files following the death of a child, client records are not to be deleted or altered in any way.

1.4 Complete a child death briefing note

The regional director completes a child death briefing note, **within five working days** of the completion of the 'Critical incident report form', and forwards the child death briefing note to the Director-General, via the Government and Executive Services Branch, with a copy to the CRU.

The child death briefing note is to include:

- an overview of Child Safety involvement with the child and their family
- the current situation regarding Child Safety involvement
- advice on the safety of:
 - any siblings of the deceased child
 - other children known to be part of the child's household.

1.5 Provide file material to the Case Review Unit

The CRU will advise the relevant regional director and CSSC or RIS manager that a review will commence and request that the manager courier one copy of the following to the CRU, **within one week**:

- all paper files, including intake records, handwritten case notes and case plans
- SCAN team minutes and files
- Information Coordination meeting records
- relevant Child Safety emails
- ICMS, CPIS and FamYJ records, including historical records, printed in landscape
- any files held at regional office level, including ministerial and executive correspondence
- archived files
- court files
- carer files.

2. Decide the type of review

The CRU decides the type of review to occur following the receipt of all file material. There are **two types** of reviews, either:

- a limited review
- a detailed review.

2.1 Limited review

A limited review is conducted where it has been assessed, during the review planning process, that there is limited potential for identifying and modifying decision making or practice issues and there is limited educative value in conducting a more detailed review. In such cases it is considered an unjustifiable use of resources to conduct a detailed review. In these cases, the review methodology is a limited review and is based on a review of the file material, the critical incident and a discussion with the relevant CSSC or RIS manager and/or regional director. These discussions occur to ensure there are no significant decisions or issues within the case which were not apparent in the file material. It is unlikely that any further discussions with relevant staff would occur if a decision is made to complete the review by way of a limited review.

At the completion of the limited review, the relevant CSSC or RIS manager and regional director are provided with a copy of the review.

2.2 Detailed review

There are two types of detailed reviews:

- **Detailed review - led by a reviewer external to the department.** This option involves a detailed review by an external reviewer, including discussions with relevant staff and agencies, and is used when:
 - there may be a connection between the death of the child and the associated Child Safety practice and decision-making, which needs to be tested in the review process
 - there is any other reason the review process would benefit by being led by an external reviewer
- **Detailed review - led by an internal reviewer.** This option involves a detailed review by an internal reviewer, including discussions with relevant staff and agencies. This option is used when it is identified that there is no direct connection between the death of the child and Child Safety decision-making and practice, but that:
 - associated practice may have significantly impacted on service delivery to the child under the *Child Protection Act 1999*
 - further information is necessary to determine whether decision making and/or associated practice may have significantly impacted on service delivery to the child under the *Child Protection Act 1999*
 - it has been determined there is potential educative value for learning across the Department of Communities, Child Safety and Disability Services.

The review team

Reviews are undertaken by a review team that consists of two review officers, who may be internal Child Safety staff from the CRU or external reviewers, and may include a cultural consultant.

Review discussions

Staff identified as review participants will be contacted by the reviewers confirming the purpose and process for the review, outlining their rights and obligations and the terms of reference for the review.

The review team will conduct discussions with staff as a means for gathering additional data and information for analysis by the review. The discussions may be conducted through group or individual meetings and may occur face-to-face or through telephone conferencing. These discussions provide staff with the opportunity to reflect upon their understanding of, and involvement with, a particular case.

In preparation for discussions, staff are encouraged to:

- gather relevant information
- reflect on their involvement with the subject child
- try to identify factors that contributed to practice with the child or family
- consider other sources of information which may inform the review, including work and CSSC or RIS statistics, diaries and contextual information.

If the review team obtains information during the review process that suggests possible official misconduct or behaviour of a criminal nature, the matter will be referred to the Human Resources and Ethical Standards Branch.

Consultations

Staff who have participated in the review, the relevant managers and regional director will be provided with a 'consultation cut' of the report and will be invited to participate in a consultation facilitated by the review team. This consultation provides opportunity for feedback and input into the final analysis being undertaken by the review team. Consultation may also occur with specialist branches of Child Safety for their relevant input.

Systems and Practice Review Committee

The Systems and Practice Review Committee (SPRC), a Child Safety committee which oversees child death review matters, is provided with an 'SPRC cut' of the report for their consideration, comment or amendment. The SPRC cut includes information obtained during the consultation process. Amendments are made to the report after this input and a final version is completed. The final version is fully endorsed by the SPRC.

3. Actions arising from review processes

The CRU is responsible for providing the final report and if applicable, related file material, to relevant parties, as outlined below.

3.1 Provision of final report to staff and dissemination of review learnings

Following consideration of the review by the SPRC, copies of the final report are emailed to all Child Safety participants, relevant managers and the relevant regional director, to allow critical discussion and reflection on learnings.

A de-identified copy of the report may also be disseminated to a wider audience if the SPRC deems the learnings relevant.

3.2 Provision of information to the external Child Death Case Review Committee

All reviews, together with all material used in the preparation of the report, are provided to the Child Death Case Review Committee (CDCRC), which is responsible for overseeing the review process of Child Safety. The CDCRC is chaired by the Commissioner for Children and Young People and Child Guardian, and membership includes child protection specialists, indigenous representatives, health professionals, and a police representative. The CDCRC reviews the Child Safety report and may make further recommendations.

3.3 Provision of final report to the Coroner

A de-identified copy of a review is provided to the relevant Coroner, **only** where the death is defined as a **reportable death** under the *Coroners Act 2003*. This includes deaths in unexpected circumstances and all deaths of children in out-of-home care. The Coroner reviews the cause and circumstances of the child's death, and this may include consideration of information about the involvement of Child Safety.

3.4 Development of an action plan

Child Safety will develop an action plan in response to the recommendations detailed in a review report. Complaints and Review monitors the progress of all action plans and provides the SPRC with ongoing progress reports as required, until each matter is completed.

Resources

Forms and templates

- Critical incident report form

10.20 Victims of crime and the role of Victim Assist Queensland

Purpose

This procedure outlines the process for advising relevant persons about Victim Assist Queensland. Victims Assist Queensland administers the Queensland Government's assistance scheme for victims of crime, which assists the recovery of victims who have been injured as a result of an act of violence. This procedure outlines the circumstances in which information needs to be provided to a victim of crime to enable them to apply for assistance and support from Victim Assist Queensland, and when an application may be made on behalf of a child who is a victim of crime.

Key steps

1. Determine if a person has been a victim of crime
 2. Provide information to a victim of crime
 3. Make an application to Victim Assist Queensland
-

Standards

5. Parents, children, staff members and approved carers are informed of the role of Victim Assist Queensland and provided with appropriate information in a timely manner
 6. Eligible children and young people either have an application made on their behalf, or are provided with the necessary information to enable them to make an application at an appropriate time.
-

Authority

- *Child Protection Act 1999*
 - *Victim of Crime Assistance Act 2009*
-

Key steps - Victims of crime and the role of Victim Assist Queensland

- 1. Determine if a person has been a victim of crime**
- 2. Provide information to a victim of crime**
- 3. Make an application to Victim Assist Queensland**
 - 3.1 Supports available
 - 3.2 Consult with Legal Services
 - 3.3 When to make an application

1. Determine if a person has been a victim of crime

'A victim of crime is anyone who has been injured by an act of violence that has been committed against them in Queensland' (Victim Assist Queensland).

An act of violence is a crime or a series of related crimes, whether committed by one or more persons that are committed in Queensland and directly result in the death or injury to one or more persons. Injury means a bodily injury, mental illness or disorder, intellectual impairment, pregnancy, disease or injury resulting from a sexual offence.

A victim of crime eligible for assistance under Victim Assist Queensland criteria could be a primary victim, related victim, parent secondary victim, or witness secondary victim. There is also a special victim category, which includes children under the age of 18 years. Where this is applicable, the act of violence does not need to be reported to the police, it can be reported to their doctor, counsellor or psychiatrist. For further information about victim 'types', refer to the [Victim Assist Queensland website](#).

For acts of violence that occurred after 1 December 2009, a victim of crime is eligible to apply for assistance from Victim Assist Queensland, regardless of whether or not the person who committed the act has been found guilty of the offence.

If the act of violence occurred prior to 1 December 2009, transitional provisions apply. This means the victim must establish that they would have been eligible under the previous criminal injury compensation schemes. For further information, contact Victims LinkUp on telephone 1300 546 587.

2. Provide information to a victim of crime

In accordance with the *Victim of Crime Assistance Act 2009*, in any circumstance when it is believed that a child, family member, staff member or approved carer has been a victim of crime, Child Safety staff are obligated to ensure that the person has access to adequate information to allow them to contact Victim Assist Queensland.

Provision of this information could be in the form of providing Victim Assist Queensland's telephone number (1300 546 587), web address (www.justice.qld.gov.au/justice-services/victims-of-crime) or a brochure.

There are additional responsibilities for children subject to a child protection orders. These are outlined below.

3. Make an application to Victim Assist Queensland

3.1 Supports available

The support available for victims of crime through Victim Assist Queensland may include:

- financial assistance, such as financial reimbursement to service providers for the cost of counselling, medical and dental, reasonable incidental travel expenses, loss of earnings, interim assistance and funeral expenses

- non-financial assistance, including referral to support services for victims of domestic violence and sexual abuse and sexual assault, as well as victims under 18 years of age, indigenous victims of crime, relatives of homicide victims, court support and legal support
- a special financial assistance payment for primary victims, between \$130 and \$10,000, in acknowledgement of the act of violence committed against them.

Victim Assist Queensland is a complimentary scheme. As such, assistance will only be paid for goods and services that have not already been covered by another scheme, such as Workcover, Medicare, Centrelink, private insurance, or in the case of a child subject to a child protection order granting custody or guardianship to the chief executive, child related costs.

For further information about supports available, refer to the [Victim Assist Queensland website](#).

3.2 Consult with Legal Services

Prior to making an application for a child, or advising a parent or guardian to make an application, contact Legal Services for advice.

3.3 When to make an application

If a child is subject to a custody or guardianship order to the chief executive, consideration must be given to Child Safety making an application on behalf of a child whilst they are in out-of-home care. Alternatively, an application can be made by a parent or a child, if they are over 12 years, once there is no longer a child protection order in place. Children, aged 12 years or older, may apply for assistance, where they are represented by a lawyer.

The decision about when to make the application to Victim Assist Queensland should be made at the earliest possible time, as part of the case planning process for the child.

Ensure that prior to the child exiting care, the parents and the child, if they are over the age of 12 years, are provided with information about their right to apply to Victim Assist Queensland and the ability to make an amended application if one was made when they were in care, and the process for making the application.

For a young person approaching 18 years of age, who is likely to require ongoing support in relation to being a victim of crime, ensure they are provided with sufficient information about how to make an application once they are no longer in care of Child Safety.

In all other situations, when a child is not subject to a child protection order granting custody or guardianship to the chief executive, ensure that the appropriate person (parent, guardian or child) is provided with information about Victim Assist Queensland and how an application for assistance can be made.

Refer to the [Victim Assist Queensland website](#) for further information in relation to eligibility, application processes and support services available.

Resources

External resources

- [Victim Assist Queensland](#)

10.21 Family courts

Purpose

This procedure outlines the interface between Child Safety and family courts, including the process for:

- responding to information about harm or risk of harm to a child subject to family court orders or proceedings, or whose parents reside separately
 - responding to a family court order, including Magellan matters, requesting intervention by Child Safety
 - undertaking an investigation and assessment, where there is an interface or potential interface with the family court or family court orders
 - intervention by Child Safety when a child requires protection from a parent who has a parenting order, or where there are current proceedings in a family court or the child's parents reside separately.
-

Key steps

1. The family courts and child protection interface
2. Exchange of information
3. Assess information received about harm or risk of harm
4. Respond to an order requesting intervention by Child Safety - section 91B orders
5. Undertake an investigation and assessment
6. Respond to a child in need of protection

What ifs - responding to specific family court matters

Standards

1. A child of separated parents is afforded the same right to protection and intervention by Child Safety, as other children.
2. A decision to intervene in a family court proceeding, or to provide documentation for a family court application or proceedings, is made only after consultation with the Court Services Unit.
3. Documentation to be provided to a parent, in relation to a family court application (other than a letter to a parent under the *Child Protection Act 1999*, section 15(2)), is forwarded to the Court Services Unit in the first instance (for quality assurance), and is signed by a CSSC manager.
4. If there is a protective parent who is assessed as willing to protect a child but unable to do so, because of an order requiring the child to live, or have contact, with a parent to whom child protection concerns apply, Child Safety will take necessary action to protect the child.

Authority

- *Child Protection Act 1999*
 - *Family Law Act 1975*
 - *Family Law (Child Abduction Convention) Regulations 1986*
 - *Family Law Rules 2004*
 - *Federal Magistrates Court Rules 2001*
 - Protocol between the Family Court of Australia and the Federal Magistrates Court of Australia and the Department Child Safety Queensland
-

Key steps - Family courts

1. The family courts and child protection interface

2. Exchange of information

- 2.1 Family consultants
- 2.2 Independent Children's Lawyers
- 2.3 Magellan case management model
- 2.4 Court Services Unit

3. Assess information received about harm or risk of harm

- 3.1 Official notification by a family court or a party to proceedings - Form 4
- 3.2 Consider the implications of an existing parenting order

4. Respond to an order requesting intervention by Child Safety - section 91B orders

- 4.1 Section 91B orders
- 4.2 Magellan matters, including a section 91B order

5. Undertake an investigation and assessment

- 5.1 Alleged harm during contact ordered by a family court
- 5.2 Alleged harm by a parent with whom the child lives under a parenting order

6. Respond to a child in need of protection

- 6.1 Intervention where there are current proceedings in a family court
- 6.2 Provide intervention where a parent has a parenting order
- 6.3 Provide intervention where a parent has a contact order
- 6.4 Provide Intervention when a child requires ongoing protection

What ifs - responding to specific family court matters

1. What if a decision is required about which court should hear proceedings?
2. What if a parent requests a 'statement of position' letter from Child Safety?

1. The family courts and child protection interface

Family courts

The Family Court of Australia is a federal (Commonwealth) court established under the *Family Law Act 1975*. It deals with a range of matters arising out of relationship breakdowns, including divorce, property settlement and the care of children of a relationship. In deciding whether to make a particular parenting order, a family court must regard the best interests of the child as the paramount consideration.

The Federal Magistrates Court of Australia and state Magistrates Courts also have jurisdiction under the *Family Law Act 1975* to deal with children's matters. For the purpose of this procedure, the term 'family courts' refers to the Family Court of Australia, the Federal Magistrates Court of Australia and State Magistrates Courts.

The family courts' jurisdiction includes:

- the power to make parenting orders in relation to children - for further information, refer to the practice resource [Working with family courts](#)
- a broad welfare jurisdiction to deal with special matters such as consent to medical treatment
- certain powers under international conventions - refer to [Chapter 10.17, 2. Manage intervention under the Hague Convention.](#)

Further information about family courts is available on the [Family Court of Australia](#) and [Federal Magistrates Court of Australia](#) websites.

Child Safety

Child Safety has the statutory authority to investigate allegations that a child has been harmed or is at risk of harm, assess a child's need for protection or take other actions considered appropriate. The family courts do **not** have the expertise, role or resources to perform this function. Whether or not there are proceedings in a family court, Child Safety has the **lead responsibility** to ensure the child's safety and need for protection. A child of separated parents has the same right to protection and to receive services from Child Safety, as any other child.

The interface between Child Safety with the family courts is guided by this procedure and the [Protocol between the Family Court of Australia and the Federal Magistrates Court of Australia and Child Safety Queensland.](#)

Consider the level of intervention in family court proceedings

Where matters come before the family courts and Child Safety holds relevant information related to child protection matters involving any of the relevant parties, it is highly desirable that this information is made available to the court at the earliest opportunity.

Whenever consideration is given to intervening in proceedings and **prior to** making a decision to do so, Child Safety staff **must** consult the Court Services Unit, about the matter. Costs and other responsibilities may be incurred by Child Safety intervening, including Crown Law representation.

In general, the more intrusive the Child Safety intervention, the more significant the level of intervention in family court proceedings - refer to the [Intervention diagram](#) and the [Key factors for the Department when considering the level of intervention in a Family Law Court Proceeding](#).

When a child is in need of protection and Child Safety is considering intervening in family court proceedings, refer to [6. Respond to a child in need of protection](#).

2. Exchange of information

Information exchange between Child Safety and family courts **only** occurs where legislation permits the disclosure of information. For further information, refer to the practice resource [Working with family courts](#) and the [Protocol between the Family Court of Australia and the Federal Magistrates Court of Australia and Child Safety Queensland](#).

Before exchanging relevant information, consider the following matters:

- the safety, well-being and best interests of the child are the paramount consideration
- any statutory requirements of privacy and security of personal information
- the well-being and protection of children at risk is generally better secured through the exchange of information between those concerned with the child and the family
- courts are in a better position to make appropriate orders if they are fully aware of proceedings in other jurisdictions.

Ensure that the information to be exchanged is limited to **only** that which is:

- relevant to the respective roles of each party
- relevant to the specific purpose for which it is disclosed
- in the best interests of the child involved in a particular matter.

2.1 Family consultants

Family consultants (social workers or psychologists) may be assigned to a family court case to:

- help parties to resolve a dispute
- assist and advise the court and give evidence about a case
- write and provide a report to the court about the family
- advise the court about the services provided to families by government, community and other agencies.

For further information, refer to the [Family Consultants Fact Sheet](#).

Contact by a family consultant

Should a family consultant contact the CSSC directly to request information about a child or family, refer the family consultant to the Court Services Unit in the first instance. The Court Services Unit will advise the CSSC as to how to progress the family consultant's request.

2.2 Independent Children's Lawyers

An order for an Independent Children's Lawyer (ICL) may be made during family court proceedings. The ICL is appointed to represent and promote the best interests of a child in family court proceedings, by enabling the child to be involved in decision-making about the proceedings. The degree of the child's involvement is decided by the ICL, based on the extent to which the child wishes to be involved and the extent that is appropriate for the child having regard to the child's age, developmental level, cognitive abilities, emotional state and views.

Where a family court is aware that Child Safety has had some involvement with the child and their family, the court will usually make an order under the *Family Law Act 1975*, section 91B, at the same time as an order appointing an ICL - refer to [4. Respond to an order requesting intervention - section 91B order](#).

For further information, refer to the 'Protocol between the Family Court of Australia and the Federal Magistrates Court of Australia and Child Safety Queensland and the [Guidelines for Independent Children's Lawyers](#).

Contact by an Independent Children's Lawyer

When an ICL is appointed by a family court, the ICL will contact Child Safety, to seek information about:

- the extent of any child protection involvement with the child or family, in particular, any abuse or neglect notifications and investigations
- if there has been any such involvement, whether Child Safety intends to become involved in the family law proceedings or is considering the initiation of other legal proceedings.

It is appropriate for the ICL and CSSC to liaise with each other in respect of any involvement Child Safety may have had, or has, with the child and family, however, it is **necessary** for the ICL to confirm their appointment **prior to** being provided with any information.

The ICL will demonstrate their appointment by providing a *Notice of Address for Service* form, a prescribed family court form. This requirement applies regardless of whether a family court case is designated as a Magellan matter - refer to [4.2 Magellan matter, including 91B order](#).

2.3 Magellan case management model

The Magellan case management model was developed to deal with family court cases involving serious allegations of physical and sexual child abuse, and involves:

- rigorous judicial management including the imposition of strict timeframes
- an early 'front loading' of resources such as the appointment of an Independent Children's Lawyer (ICL)
- requesting information from Child Safety early in the court process
- close liaison on case management between external information providers and a small team of judges, registrars and family consultants.

Only the Family Court of Australia has jurisdiction to deal with Magellan matters. Where a case is designated as a Magellan matter, an ICL may be appointed by the court and there is a requirement for Child Safety to respond - refer to [4.2 Magellan matter, including 91B order](#).

Generally, the aim is to complete Magellan cases within six months from the case being placed on the Magellan list by the court.

2.4 Court Services Unit

A Child Safety officer who is advised of, or provided with a copy of, a family law application should **immediately** inform the Court Services Unit. This enables the Court Services Unit to provide Crown Law with sufficient notice if required to attend court, and provides the CSSC or RIS with sufficient notice if they are required to prepare any written material in response to an application.

3. Assess information received about harm or risk of harm

As with general intake matters, when Child Safety is provided with information about harm or risk of harm to a child subject to family court orders or proceedings, or whose parents reside separately, the information is assessed to decide the appropriate Child Safety response.

In addition to existing intake procedures, assess the information provided and decide the Child Safety response, having regard to the considerations outlined below.

3.1 Official notification by a family court or a party to proceedings - Form 4

The *Family Law Act 1975* requires Child Safety to be notified about allegations of child abuse or family violence. Specifically, where a party to proceedings before a family court alleges that a child to whom the proceedings relate has been abused or is at risk of being abused, or where a specified staff member of the family court has reasonable grounds for suspecting that a child has been abused or is at risk of being abused, Child Safety is notified of the concerns as follows, either by:

- a [Form 4 Notice of Child Abuse or Family Violence](#), completed and filed by a party to the proceedings (under the *Family Law Act 1975*, section 67Z)
- a [Notification under section 67ZA Family Law Act 1975](#), completed and filed by a specified staff member of a family court (under the *Family Law Act 1975*, section 67ZA).

The family court forwards the completed form and any other relevant information to the Data Management Services (DMS). This documentation is then forwarded to the relevant RIS, by DMS.

The Court Services Unit should be consulted if the RIS requires further advice about responding to notifications from the family court.

For further information about responding to this information, refer to [Chapter 1, 8. What if child protection concerns are received from the Family Court/Federal Magistrates Court of Australia?](#)

and the Protocol between the Family Court of Australia and the Federal Magistrates Court of Australia and Child Safety Queensland.

3.2 Consider the implications of an existing parenting order

Parenting orders include orders stating the person/s with whom the child is to live and the person/s the child is to spend time with and communicate with. Further information about parenting orders is provided in the practice resource Working with family courts.

When a family court order is in place, the protective parent **may be willing** to protect the child, **but may not be able** to do so because of an order requiring the child to live, or have contact, with the non-protective parent. This consideration will inform the information to be gathered from the notifier at intake, to assess whether a child has been harmed, is being harmed or is at risk of being harmed, and whether they have a parent able and willing to protect them.

It is important **not** to assume that a child is not in need of protection because a protective parent has taken action to notify Child Safety.

Where the source of the information received is a parent of the child, it is important **not** to assume that the parent is a vexatious or malicious notifier.

When information is received that a child is suspected of being harmed or at risk of harm by a parent, where there are family court parenting orders in place, gather all relevant information from the notifier, conduct a child protection history check and where necessary, a pre-notification check and assess and decide the Child Safety response in accordance with procedure outlined in Chapter 1. Intake.

4. Respond to an order requesting intervention by Child Safety - section 91B orders

4.1 Section 91B orders

During proceedings under the *Family Law Act 1975*, a family court may make an order pursuant to the *Family Law Act 1975*, section 91B, requesting the intervention of the chief executive. This order enables the family court to alert Child Safety to current proceedings in the family court, which in turn, enables investigation by Child Safety officers as to what related information Child Safety may hold and how best this may be presented to the family court, without the onerous need for Child Safety to intervene on every occasion.

Family courts consider making a '91B order' in circumstances where:

- one of the parties in the proceedings, or family court personnel, report concerns about harm or risk of harm to a child, to Child Safety
- there is some evidence of the prior involvement of Child Safety with the child and family
- an ICL has been appointed for the child.

Upon receiving the 91B order, the manager, Court Services Unit, will:

- email the CSSC or RIS to advise them of the making of the order

- if necessary, discuss the making of the order with the CSSC or RIS manager or other relevant Child Safety officers
- forward a copy of the order to the CSSC or RIS
- if necessary, make arrangements with the family court to search and take copies of the relevant documents on the court file
- advise the ICL, in writing, of the relevant CSSC or RIS and provide a summary of any relevant Child Safety history on the child or children
- advise the CSSC or RIS of the ICL's name and contact details
- notify the relevant family court, by completing and forwarding to the court the completed CSSC response 91B letter of:
 - whether or not Child Safety intends to intervene in the proceedings at that stage
 - relevant information about the child and family, including whether there has been any previous Child Safety involvement, if there is a child protection order for the child and where there is an order, the type of order and when it ceases
- forward a copy of the completed CSSC response 91B letter to the CSSC or RIS manager.

The CSSC or RIS will attach the order to the relevant event in ICMS and provide relevant information to assist the Court Services Unit in deciding the most appropriate response to the making of the 91B order.

4.2 Magellan matters, including a section 91B order

When a case is considered to be a Magellan matter, the Family Court of Australia forwards a Magellan notification, requesting intervention by Child Safety (91B order) **and** the preparation of a Magellan report, to the Court Services Unit. The Court Services Unit will:

- inform the CSSC or RIS of the Magellan matter via email
- forward a copy of the order to the CSSC or RIS
- advise the ICL, in writing, of the relevant CSSC or RIS
- advise the CSSC or RIS of the ICL's name and contact details
- liaise with the CSSC or RIS, to prepare and complete the Magellan report.

In response to the Magellan matter, the CSSC or RIS will:

- attach the order to the relevant event in ICMS
- provide information to assist the Court Services Unit in preparing the Magellan report
- endorse the Magellan report.

Following endorsement by the CSSC or RIS of the Magellan report, the Court Services Unit will provide a copy of the report to the Family Court of Australia (Magellan Judge), the ICL and the CSSC or RIS.

Note: a copy of the Magellan report may also be provided by the court to the parties to the family law proceedings.

In addition to preparing a Magellan report, the CSSC or RIS and the Court Services Unit may be required to liaise with the ICL - refer to [2.2 Independent Children's Lawyers](#).

For further information, refer to the [Protocol between the Family Court of Australia and the Federal Magistrates Court of Australia and Child Safety Queensland](#).

5. Undertake an investigation and assessment

The term 'contact parent' is used where a parent has an order to spend time, and/or communicate, with their child.

5.1 Alleged harm during contact ordered by a family court

Where a notification relates to harm or risk of harm during a visit required under a family court order:

- consider when the next contact visit is due to occur when determining the appropriate response timeframe for commencing the investigation and assessment
- if possible, complete the investigation and assessment **prior to** the child's next contact visit - refer to [Chapter 2. Investigation and assessment](#).

If the investigation and assessment cannot be completed prior to the next ordered contact visit, attempt to negotiate with the parent against whom the child protection concerns apply (the contact parent) to agree **in writing** not to exercise contact while the investigation and assessment is being undertaken.

Handle the attempted negotiation sensitively, clearly outlining the authority of Child Safety to investigate under the *Child Protection Act 1999*, section 14. In **no circumstance** will the parent with whom the child lives be required to negotiate the contact parent's consent.

If the contact parent will **not** agree to suspend contact and it is considered necessary to ensure the child's safety while the investigation and assessment is undertaken, apply for a TAO or CAO - refer to [Chapter 2, 2. What if a parent will not consent to actions required - use of a TAO?](#) or [Chapter 2, 3. What if a parent will not consent to actions required - use of a CAO?](#)

In **no circumstance** will the parent with whom the child lives be told by a Child Safety officer to prevent the child from having contact as ordered by a family court, without either the written consent of the contact parent or a Childrens Court order directing the contact parent not to have contact. Otherwise, the parent with whom the child lives would be in breach of a family court order for which there are penalties under the *Family Law Act 1975*. These penalties include fines and imprisonment. A parent with whom the child lives will **not** be in breach if the contact parent has consented in writing to not having contact, or an order has been made under the *Child Protection Act 1999*.

Note: A TAO or CAO directing a parent not to have contact, or to only have supervised contact with a child, may **override** a family court order, depending on the wording of the family court order. The *Family Law Act 1975*, section 69ZK, provides that a parenting order made by a family court does **not** affect the operation of a state child welfare law in relation to a child.

5.2 Alleged harm by a parent with whom the child lives under a parenting order

Generally, the investigation and assessment process is the same for a child subject to a parenting order as for a child where there is no family court order - refer to [Chapter 2. Investigation and assessment](#).

If the contact parent is assessed as able and willing to safely care for the child, attempt to negotiate **written** agreement from the parent with whom the child lives, for the child to reside with the contact parent, until such time that the investigation and assessment is completed and/or the matter is finalised in the family court.

6. Respond to a child in need of protection

6.1 Intervention where there are current proceedings in a family court

Whenever consideration is given to intervening in proceedings and **prior to** making a decision to do so, Child Safety staff **must** consult with the Court Services Unit manager, about the matter. Costs and other responsibilities may be incurred by Child Safety intervening, including Crown Law representation.

If, following an investigation and assessment, it is determined that a child is in need of protection, Child Safety may respond in the following ways:

- commence an intervention with parental agreement case, including where required, the placement of the child subject to a child protection care agreement - refer to [Chapter 6. Intervention with parental agreement](#)
- commence child protection proceedings in the Childrens Court to protect the child
- after consultation with the Court Services Unit, intervene and become a party to the family court proceedings pursuant to the *Family Law Act 1975*, section 92A.

The family court may request the intervention of the state child welfare authority under the *Family Law Act 1975*, section 91B. If the family court makes a 'section 91B' order, Child Safety may respond by intervening in the proceedings and/or by producing the Child Safety file in response to a subpoena by the independent children's lawyer (ICL).

The subpoena **must** be addressed to the chief executive of Child Safety and is served on the Court Services Unit manager. On receipt of the subpoena, the Court Services Unit will lodge the child's Child Safety file with the court, with the notifiers identifying information kept confidential. Child Safety will 'flag' the notifications, investigations and assessments and outcomes on the subpoenaed file.

The CSSC, in consultation with the Court Services Unit, may wish to prepare a detailed report for the ICL, in the following circumstances:

- when Child Safety considers the most appropriate way to present the relevant information to the court is by way of a written report, for example, where there may be a number of files, but only a small amount of relevant information

- when Child Safety has had significant involvement with the family and considers the preparation of a detailed report in the child's best interests.

If Child Safety intervenes in the proceedings, it is taken to be a party to the proceedings, however in some circumstances it may be appropriate for Child Safety to seek leave to withdraw from proceedings. Once Child Safety becomes a party to the proceedings, it is bound by any orders the court may make. Child Safety may be involved by either:

- becoming a party to the proceedings, where Crown Law will be instructed to act on behalf of Child Safety
- a Child Safety officer attending to assist the court as a 'friend of the court'
- providing relevant information to the court, through the ICL, subject to the agreement of the ICL
- writing to the court directly.

6.2 Provide intervention where a parent has a parenting order

Irrespective of the presence of family court orders, Child Safety will intervene to ensure a child's safety and well-being when it is determined that a child is in need of protection.

This includes circumstances where, following an investigation and assessment, it is determined that **all** of the following apply:

- a child is in need of protection from the parent with whom the child lives
- the contact parent is assessed as able and willing to safely care for the child
- the child's protective needs would be met by a change to family court orders.

In the above circumstance:

- advise the protective parent to seek legal advice regarding the options available to them in the family law jurisdiction
- where a current parenting order exists, advise the protective parent of the need to apply for a variation of the family court order
- provide written information about the outcome of the investigation and assessment, if requested by the parent (*Child Protection Act 1999*, section 15(2)) - refer to [Chapter 2, 4.3 inform the parents about the outcome of the investigation and assessment](#) or a statement of position letter, where appropriate - refer to [2. What if a parent requests a 'statement of position' letter from Child Safety?](#)

The Court Services Unit, is available for consultation should the CSSC require assistance in relation to the provision of written information to the parents.

If the parent requests a 'statement of position' letter, to assist with their application for legal aid, refer to [2. What if a parent requests a 'statement of position' letter from Child Safety?](#)

If the parent with whom the child has contact consents to a change to family court orders, an application for variation of parenting orders may be filed with a family court. Alternatively, an application for consent orders may be filed with a family court. In each instance the chief executive should be served as a party/respondent to the proceedings. Due to the complexities of the *Family Law Court Act 1975*, section 69ZK, a decision regarding the most appropriate option

must only be made in consultation with the Court Service Unit, as the various provisions of this section carry different obligations and responsibilities for Child Safety.

If the parent with whom the child lives will **not** consent to a variation of family court orders, advise the protective parent to seek legal advice regarding lodging an application in a family court.

6.3 Provide intervention where a parent has a contact order

This includes circumstances where, following an investigation and assessment, it is determined that **all** of the following apply:

- a child is in need of protection from the contact parent
- the parent with whom the child resides is assessed as able and willing to safely care for the child
- the child's protective needs would be met by a change to family court orders.

In the above circumstance:

- advise the protective parent to seek legal advice regarding the options available to them in the family law jurisdiction
- where a current parenting order exists, advise the protective parent of the need to apply for a variation of the family court order
- provide written information about the outcome of the investigation and assessment , if requested by the parent (*Child Protection Act 1999*, section 15(2)), to enable the parent to apply for legal aid if required - refer to [Chapter 2, 4.3 Inform the parents about the outcome of the investigation and assessment.](#)

The Court Services Unit, is available for consultation should the CSSC require assistance in relation to the provision of written information to the parents.

If the parent requests a 'statement of position' letter, to assist with their application for legal aid, refer to [2. What if a parent requests a 'statement of position' letter from Child Safety?](#)

If the parent with whom the child has contact consents to a change to family court orders, refer to the actions required in [6.2 Provide intervention where a parent has a parenting order](#).

If the parent with whom the child has contact will **not** consent to a variation of family court orders, advise the protective parent to seek legal advice regarding lodging an application in a family court.

6.4 Provide intervention when a child requires ongoing protection

If the child requires ongoing protection while the protective parent applies for a family court order or a variation of family court orders, an application for a child protection order in the Childrens Court will be made. In this circumstance, in order to place the child in the custody of the protective parent, Child Safety will seek an interim order granting custody of the child to the chief executive, restricting contact, and request an adjournment until the matter is listed for interim hearing in the family court.

It is essential that advice be sought from the Court Services Unit about the effect of any parenting orders, as the way in which family court orders are framed could result in parents having shared parental responsibility, which in turn, may impact upon the response of Child Safety to these matters (and therefore the types of child protection orders that may be deemed appropriate).

Advice **must** be sought from the Court Services Unit about:

- the best way to proceed in each individual case
- the appropriate level of involvement of Child Safety in the family court proceedings, for example, instructing Crown Law, attending court as a ‘friend of the court’, providing information to the independent children’s lawyer appointed for the child or writing to the court.

Becoming a party to family court proceedings has a financial cost and other implications, including the cost of engaging Crown Law, and **no action** will be taken in a family court without prior consultation with the Court Services Unit.

Child Safety will ensure that all relevant information is provided to the family court to enable the court to make the most appropriate order.

If the protective parent is unable to obtain legal aid and cannot afford to fund the application in a family court, Child Safety can **only** seek a child protection order by presenting evidence that the safe parent cannot protect the child because of the existence of a family court order which the parent cannot afford to seek to vary.

The use of a directive order about contact may be the only alternative where the child is at risk of harm on contact visits, but it should **not** be used as a long-term option. In some cases, a decision to make an application under the *Child Protection Act 1999* for a child protection order granting custody to the chief executive, and place the child with the protective parent may be unavoidable. However, such arrangements are undesirable and should be avoided if there is another alternative.

In the circumstances where the protective parent cannot afford to fund the application, it is preferable that Child Safety provides practical assistance to the parent to make the application. If an application is filed in the Family Court of Australia, the *Family Law Rules 2004*, rule 6.02(2), requires that the applicant **must** serve Child Safety. If an application is filed in the Federal Magistrates Court of Australia, the *Federal Magistrates Court Rules 2001*, rule 11.01 provides that the applicant **may** serve Child Safety.

Once served, Child Safety is party to the application and can present evidence to the court in relation to child protection matters. This may include a summary of the Child Safety involvement with the family, any assessments of risk and information about the child’s case plan. In rare circumstances, it may be appropriate for Child Safety to make the family court application seeking orders in favour of the protective parent.

What ifs - responding to specific family court matters

1. What if a decision is required about which court should hear proceedings?

It is generally **not** in the interests of a child or their family, that there are proceedings in both a family court and the Childrens Court.

Child Safety, as the agency with statutory responsibility for child protection, decides the jurisdiction in which the protective concerns should be determined. **The Court Services Unit must be consulted about the most appropriate forum for determination of matters in each case.**

When deciding in which court the matter should proceed, refer to the practice resource [Working with family courts](#) and consider matters such as:

- which court is likely to provide the most timely and effective solution to secure the safety and well-being of the child
- will the child's need for protection be established and/or can the child's well-being be more effectively assured through parenting orders
- can the protective concerns be alleviated by a change in parenting orders
- is there an appropriate parent or carer able and willing to lodge an application to establish or vary parenting orders.

2. What if a parent requests a 'statement of position' letter from Child Safety?

At times, the CSSC might be asked by a parent to provide a [Statement of position letter](#), in respect of a prospective family court application. The provision of this letter may assist the parent in their application for legal aid funding, however, the letter may also be provided at any time during family court proceedings.

Decision-making about whether to support an application being made in a family court by a protective parent should not be premature, but rather based on a sound decision-making framework supported by relevant evidence, based on a thorough assessment by Child Safety of **both** parents. Child Safety will be required to provide a comprehensive level of evidence to a family court, including the rationale for its decision-making. The assessment by Child Safety will include considerations about residence and contact, as the family court will need to consider both in making any parenting orders.

The decision to provide documentation to a parent initiating family court proceedings will be made by a team leader, senior practitioner or CSSC manager.

The 'Statement of position letter' is **not** intended to favour one particular parent over another. It will outline the nature of the current Child Safety involvement with the child and family and the current risk assessment of each parent. It will also outline Child Safety's position should certain orders be made by the family court.

When a parent requests the provision of a ‘Statement of position letter’:

- liaise with the Court Services Unit to:
 - determine the appropriateness of issuing the letter, based on the circumstances of the case
 - assist with the drafting of the letter
- ensure that both parents are informed of the decision about providing a ‘Statement of position letter’ and where possible, record this decision in the case plan for the child
- provide the draft letter to the Court Services Unit and incorporate any feedback provided
- the completed letter **must** be signed by the CSSC manager
- forward a copy of the signed letter to both parents, the Court Services Unit and if applicable, the Independent Children’s Lawyer.

Resources

Forms and templates

- CSSC response 91B letter
- Statement of position letter

Child Safety resources

- Intervention diagram
- Key factors for the Department when considering the level of intervention in a Family Law Court Proceeding
- Practice resource: Working with family courts

External resources

- Family Consultants Fact Sheet
- Family Court of Australia
- Federal Magistrates Court of Australia
- Form 4 Notice of Child Abuse or Family Violence
- Guidelines for Independent Children’s Lawyers
- Magellan notification
- Notification Under Section 67ZA Family Law Act 1975
- Protocol between the Family Court of Australia and The Federal Magistrates Court of Australia and Child Safety Queensland

10.22 International child protection matters and the Hague Convention

Purpose

This procedure outlines the interface between Child Safety and family courts, including the process for:

- managing international child protection matters and responding to a request from an overseas authority
 - responding to matters under the Hague Convention on the civil aspects of International Child Abduction.
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Key steps

1. Manage international child protection matters
 2. Manage intervention under the Hague Convention
-

Standards

1. Court Services Unit is contacted for all matters that have an international child protection component.
 2. Any matter relating to the abduction of a child to or from another country is referred to and managed by the Court Services Unit.
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Authority

- *Child Protection Act 1999*
 - *Family Law (Child Abduction Convention) Regulations 1986*
 - *Queensland Child Protection (International Measures) Act 2003*
-

Key steps - International child protection matters and the Hague Convention

- 1. Manage international child protection matters**
- 2. Manage intervention under the Hague Convention**

1. Manage international child protection matters

Child Safety continues to experience an increasing number of child protection matters which involve the need to liaise with overseas authorities and related agencies such as Department of Immigration and Citizenship.

Queensland's responsibilities under the Hague Convention on the Jurisdiction, Applicable Law, Recognition, Enforcement and Co-operation in respect of parental responsibility and Measures for the Protection of Children (Child Protection Convention) are largely encapsulated in the *Queensland Child Protection (International Measures) Act 2003*.

The responsibility for administering the Child Protection Convention in Queensland lies with the Department of Communities, Child Safety and Disability Services. The Court Services Unit is responsible for the coordination of duties on behalf of the Director-General as the State Central Authority, and for the management of international child protection matters.

Currently there are limited other countries who are signatories to this convention, however, the principles of the Child Protection Convention are considered desirable in how Child Safety approaches all child protection matters where there is an international component.

The Court Services Unit **must be contacted** as soon as it becomes apparent that a case may require enquiries with other services due to some international aspect of the case. Types of referrals include:

- clarification of visa or residency status
- locating a family member overseas
- assessing a family member overseas (Note: obtaining child protection checks from overseas are managed through Data Management Services)
- making a child protection notification to an overseas welfare authority
- requesting case work from an overseas welfare authority.

The Court Services Unit is also responsible for forwarding similar referrals from overseas welfare authorities to the relevant CSSC and will assist and support the CSSC in responding appropriately within the general principles of the Child Protection Convention.

Note: these procedures exclude requests to or from New Zealand. For information on responding to requests from, or generating requests to, New Zealand, refer to [Chapter 10.18 Interstate and New Zealand matters](#).

2. Manage intervention under the Hague Convention

The [Hague Convention on the Civil Aspects of International Child Abduction](#) (Hague Convention) entered into force for Australia on 1 January 1987. The Hague Convention is an international treaty under which arrangements are made for the return of children who have been wrongfully removed from, or retained outside their country of habitual residence. The Hague Convention is legislated in Australia under the *Family Law (Child Abduction Convention) Regulations 1986*.

The purpose of the Hague Convention is to discourage international parental child abduction and to ensure that children who are abducted or wrongfully retained are returned promptly to their country of habitual residence, so that disagreements about residence and contact can be resolved by the courts or relevant authorities of that country. The usual issues relevant to parenting disputes regarding who the child lives with and has contact with are not relevant in Hague Convention applications and court hearings. The Hague Convention is concerned with which country has jurisdiction to deal with the child's affairs, not custody or residence issues.

The Court Services Unit, on behalf of the Director-General acts as the State Central Authority pursuant to the Hague Convention.

Respond to a matter under the Hague Convention

The Court Services Unit is responsible for the management of Hague Convention matters, assisting parents to bring an application under the Hague Convention for the return of a child from another convention country, as well as processing applications from overseas in respect of children located in Queensland. The latter matter often requires resolution before a family court and Crown Law is also engaged to represent the Director-General in these matters.

Hague Convention matters are unlikely to involve a CSSC, however, occasionally a CSSC may be requested to assist with the placement of a child, under a family court order.

Where a matter falls within the jurisdiction of the Hague Convention, and a placement is required for a child:

- the Court Services Unit contacts the appropriate CSSC, or CSAHSC, to locate and facilitate an initial placement for the child
- the Court Services Unit liaises directly with the CSSC manager responsible for the approved carer, where an extension to the initial placement is required.

Resources

External resources

- Hague Convention on the Civil Aspects of International Child Abduction