

# Supporting the health of vulnerable children and families

Queensland Health submission to the Commission of Inquiry into the child safety system

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# 1 Introduction

On 1 July 2025, the Queensland Government commenced an independent Commission of Inquiry into Queensland's child safety system (Inquiry). Queensland Health plays a vital role in keeping all Queensland children safe and healthy, including ensuring that children and young people in the child safety system are provided with access to responsive, comprehensive, and coordinated health services.

This paper addresses elements of the Inquiry [Terms of Reference](#) related to tertiary health services and reforms intended to influence the health and wellbeing of children, young people and families in Queensland. It provides an overview of Queensland Health services in supporting those with involvement, or potential involvement, with the Department of Families, Seniors, Disability Services and Child Safety (Child Safety) and identifies system opportunities to improve health care for these vulnerable populations.

This paper also reviews the reforms implemented following the [Queensland Child Protection Commission of Inquiry](#) (Carmody Inquiry) in 2013, and the ways in which these reforms have shaped contemporary policy, strengthened interagency collaboration and influenced the capability of health services.

This paper has been developed based on a collation of feedback from Hospital and Health Services (HHSs), some of which have also made their own submissions to the Inquiry. HHSs design and implement localised programs tailored to the specific needs of their communities. They also collaborate with a range of external organisations to enhance service delivery and improve access to comprehensive and coordinated care. The appendices to this paper provide high-level descriptions of services offered across the state, including:

- Health system workforce and supports (Appendix B);
- Queensland Health services for families with children (Appendix C);
- Queensland Health services for children in care (Appendix D);
- Queensland Health services for all children (Appendix E); and
- Non-government organisations (NGOs) and services providing early intervention and support (Appendix F).

The appendices provide a high-level overview rather than a comprehensive catalogue of services and may not capture all available partnerships and referral pathways, or regional variations in service delivery.

This paper complements a December 2025 submission by Queensland Health to the Inquiry: *Queensland Health guidelines, strategies and frameworks related to child protection and child safety*, which itself provided a high-level overview of Queensland Health's engagement with the child safety system, together with a compendium of resources.

## 2 Health of children receiving child protection services

In 2023-24, about 1 in 31 (179,181) Australian children aged under 18 years had contact with the child safety system as the subject of an investigation of a notification, a care and protection order, or out-of-home care (OOHC). Of these children, 45,142 resided in Queensland, and 35.7 per cent of the Queensland cohort identify as Aboriginal and/or Torres Strait Islander children (n=16,095)<sup>1</sup>.

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<sup>1</sup> Australian Government, Australian Institute for Health and Welfare (2025). [Child Protection Australia 2023-24: Supplementary data tables, Cat. No. CWS 99. Last updated 25 June 2025.](#)

Children and young people in OOHC are particularly vulnerable to poor physical and mental health outcomes. Timely health assessments and interventions for children and young people in OOHC may support physical, dental, developmental, behavioural and mental health needs and improve outcomes<sup>2</sup>. The *Children in Care Census 2024*<sup>3</sup> (the Census) published by Child Safety estimates that 41 per cent of Queensland children in care have a disability and 20 per cent of children and young people have diagnosed or suspected mental illness (with higher numbers for anxiety, post-traumatic stress disorder and depression). Children's experiences are highly varied, and their mental health is influenced by a range of factors, including experiences in their lives prior to entering care and experiences while living in an OOHC placement<sup>4</sup>.

Child Safety reports on the proportion of children and young people with a current documented case plan, which may include the Child Health Passport or health information maintained by Child Safety Officers (CSOs) or carers. Queensland Health does not have direct access to Child Health Passports or the records contained within these files, which are maintained by Child Safety.

The creation of a Child Health Passport in a child or young person's case plan should initiate health planning, which may be an initial health assessment, as recommended by the *National Clinical Assessment Framework for Children and Young People in Out of Home Care*, to include:

1. a preliminary health check within 30 days of entering OOHC;
2. a comprehensive health assessment within 90 days of entering OOHC; and
3. thereafter, six-monthly health checks for children aged five years and under and annually for children aged over five years.

Aboriginal and Torres Strait Islander children and young people can access a comprehensive health assessment billed through Medicare Benefits Schedule (MBS) Item 715. There is no single MBS item for non-Indigenous children to access a comprehensive health assessment.

During the 2025 public hearings for the Inquiry, the Commissioner queried prevalence, diagnosis and management for children with Fetal Alcohol Spectrum Disorders (FASD). Further information about FASD is presented in the Appendices at Appendix A - Section 6.1.1.

## 3 Policy and system reforms

### 3.1 Safer Children, Safer Communities

Relevant to the Inquiry [Terms of Reference 3\(a\)\(i\) and 3\(a\)\(ii\)](#), children and young people with complex needs may require different care models to ensure their safety and the safety of others. As part of the *Safer Children, Safer Communities* plan, the Crisafulli Government, through the 2025 State Budget, [announced funding to deliver a SecureCare facility](#) for children in OOHC who pose a risk to themselves and the community. An initial \$10 million has been allocated to this work in 2025-26, as part of a total investment of \$50 million over the next three years. Queensland Health will work in partnership with other government agencies to implement government priorities, including the initiatives under the *Safer*

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<sup>2</sup> Woon J et al (2025). [Out-of-Home Care in Central Australia – A Retrospective Audit of Health needs and Timeliness of Assessment Compared to the National Clinical Assessment Framework](#). *Journal of Paediatrics and Child Health (The Royal Australasian College of Physicians)* 0:1-8.

<sup>3</sup> Queensland Government, Department of Families, Seniors, Disability Services and Child Safety (2025). [Children in Care Census 2024 – Full Report for Publication](#).

<sup>4</sup> Engler A et al (2022). [A systematic review of mental health disorders of children in foster care](#). *Trauma Violence Abuse* 23(1): 255-264.

*Children, Safer Communities* plan, aligning with the government's priorities to protect and support children and young people with complex needs.

## **3.2 Queensland Child Protection Commission of Inquiry - 2012**

Queensland Health remains committed to collaborating across government to support the effective delivery of government commitments, particularly where models of care and service delivery for vulnerable cohorts are being considered. Understanding how Queensland's legislative, policy and social landscape has evolved since the Carmody Inquiry informs an understanding of how parts of the child safety system have strengthened, where further development or expansion is required, and which challenges persist. A contemporary view of system performance also allows identification of opportunities for future improvement. The following information is relevant background to the Inquiry [Terms of Reference 3\(b\)\(i\), 3\(c\)\(i\), 3\(c\)\(f\) and 5\(f\)](#).

The Carmody Inquiry, led by the Honourable Tim Carmody QC, was established in July 2012 and tasked with reviewing the entire child safety system and charting a road map for the state's child safety system for the next decade. Subsequent reforms, including [Supporting Families Changing Futures](#), and those informed by the [Inquest into the death of Tiahleigh Alyssa-Rose Palmer](#), the [Royal Commission into Institutional Responses to Child Sexual Abuse](#), and the [Inquest into the death of Mason Jet Lee](#), have each contributed to delivering key elements of child protection policy, while also introducing new priorities, governance structures, and service models that refined or replaced earlier approaches.

In 2013, the Carmody Inquiry's report, [Taking Responsibility: A Roadmap for Queensland Child Protection](#) (the Carmody Report), detailed 121 recommendations, of which 115 were accepted and 6 accepted in principle. Queensland Health was not the lead agency for any of the recommendations from the Carmody Inquiry, however, several recommendations led and implemented by other agencies had impacts on Queensland Health, its workforce, and service delivery models. The Carmody Report recommendations with the most significant impact for Queensland Health were Recommendations 4.1, 4.2, 4.4, 4.6, 4.7, 7.7 and 9.1.

Queensland Health has examined its role in implementing the recommendations of the Carmody Report, with a focus on how health system reforms from that point in time have contributed to broader child protection outcomes. Sections 3.2.1, 3.2.2, 3.2.3 and 3.2.4 below examine policy changes, service delivery, and the effectiveness of Queensland Health's contributions, particularly in relation to health service access, interagency collaboration, and systemic reform.

### **3.2.1 Legislative frameworks - Recommendations 4.1, 4.2, 4.4, 4.6, 4.7**

These recommendations collectively proposed a legislative framework to facilitate a dual referral pathway, allowing professionals to refer families to non-statutory support services where appropriate, rather than directly to Child Safety. Between 2014 to 2018, the Queensland Government implemented these recommendations through amendments to the [Child Protection Act 1999](#) via the [Child Protection Reform Amendment Act 2014](#) and [Child Protection Reform Amendment Act 2017](#).

This staged legislative implementation approach delivered the following:

- enabled non-statutory referrals: families and children could be referred to family support services and other secondary services without triggering a formal investigation;
- clarified mandatory reporting: provided clearer thresholds for when professionals must report concerns to Child Safety, helping distinguish between cases requiring statutory intervention and those suitable for referral to support services;

- established the legislative basis for Family and Child Connect (FaCC) and Intensive Family Support (IFS): these services are part of the dual referral pathway, allowing families to access support without triggering statutory intervention;
- defined 'significant harm': clarified the definition of a child in need of protection, supporting consistent decision-making about whether a statutory response is required;
- enhanced information sharing: allowed prescribed entities to share relevant information with service providers, facilitating coordinated support outside the statutory system.

In 2018, Queensland Health developed updated information-sharing guidelines to provide Queensland Health staff with guidance on the information sharing regime for the child protection and family support system. In 2021, Queensland Health published the [Child Protection Capability Framework](#), to ensure all Queensland Health staff, clinical and non-clinical, have a common understanding of their responsibilities to recognise risk factors for abuse and neglect and respond appropriately to any suspicions of a child in need of protection, within the scope of their role.

All Queensland Health staff have access to a suite of child protection resources to support the identification of child protection concerns, reporting and referral processes to Child Safety, FaCC and IFS. Queensland Health clinicians can refer families directly to FaCC and IFS. These referral pathways allow Queensland Health to contribute to early intervention and prevention efforts. These resources are under review to continuously to reflect current best practice and any legislative changes.

### **3.2.2 Health assessments - Recommendation 7.7**

Recommendation 7.7 proposed that Child Safety, in conjunction with Queensland Health, ensure that a comprehensive health and development assessment for every child in OOHC be undertaken and completed within three months of placement.

The then Queensland Government committed to implementing comprehensive health assessments for children and young people in care as part of the [Supporting Families Changing Futures](#) reform program. In response, Queensland Health and Child Safety developed standardised protocols to ensure timely health assessments. These protocols were supported by the introduction of the Child Health Passport system by Child Safety, designed to track each child's health assessments, referrals and follow-up care, and the [Navigate Your Health](#) (NYH) initiative (further detailed at section 6.4.3).

In response to community need, and in line with the [Statement of Intent regarding the prioritisation of health services for children and young people in the child safety system](#) (Statement of Intent), HHSs provide a range of services for children and young people involved in child protection. These services include supporting and/or conducting health assessments of children and young people in OOHC, and health clinics for children and young people in OOHC. Eleven HHSs provide one or more health clinics specifically for children in OOHC. The remaining HHSs prioritise children in OOHC for appointments at a child health clinic where available and in accordance with assessed clinical need.

### **3.2.3 Post-care priority for young people - Recommendation 9.1**

Recommendation 9.1 required the Child Protection Reform Leaders Group<sup>5</sup> to develop a co-ordinated program of post-care support until at least the age of 21 years for young people leaving care, including priority access to government services in the areas of education, health, disability services, housing and employment services, and work with NGOs to ensure the program's delivery.

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<sup>5</sup> The Carmody Report recommended establishing a Child Protection Reform Leaders Group to provide cross-agency leadership and promote collective responsibility for child protection reform across the system.

Consistent with the Queensland Government's acceptance of the recommendation, Queensland Health developed and published the *Statement of Intent*, outlining Queensland Health's commitment to addressing the health needs of vulnerable children and young people, including those who are:

- at risk of entering the child safety system (0-18 years of age);
- currently in OOHC (0-18 years of age); or
- transitioning to adulthood following a care experience (15-25 years of age).

Queensland Health's commitment to these vulnerable children and young people is demonstrated by prioritising access to health services wherever possible. The Statement of Intent was originally published in 2015. It has been progressively updated since then to reflect additional child protection reforms and legislative changes that align directly or indirectly to the original intent of the Carmody Report (for example, the Royal Commission into Institutional Responses to Child Sexual Abuse).

Additionally, the Platform 18 initiative was established by Child Protection and Forensic Medical Service (CPFMS), Children's Health Queensland HHS (CHQ), to provide free primary health care to young people aged 15-18 years who are on child protection orders. The service was intended to ensure their health needs were assessed and met prior to and leading up to leaving care. During its operation, the service was offered in the catchment area north of Brisbane to Strathpine, west to Forest Lake and south to Redlands. Although that service was discontinued in 2019, the NYH Service was established around the same time and began providing support, including to those in the same cohort (15-18 years of age).

### **3.2.4 Considerations for delivery of Carmody Report recommendations**

In 2024, a workforce survey and consultation undertaken to review the scope and functions of Queensland Health's child protection workforce, involving 323 Queensland Health child protection specialist staff, noted the following challenges relevant to health-related Carmody Report recommendations:

- scope and responsibilities of Child Protection Liaison Officers (CPLOs) and Child Protection Advisors (CPAs) have expanded significantly in response to state and national inquiries, legislative and policy reforms, population growth, and increasing complexity in child protection;
- demand for health clinics serving children in OOHC continues to grow, driven by both the increasing number of children entering care, availability of Commonwealth funded primary health care and the complexity of their health and developmental needs; and
- limited availability and capacity of community-based services for early intervention and family support referrals.

Queensland Health clinicians continue to play a significant and pivotal role in Queensland's child safety system. Initiatives such as the NYH service (refer to section 6.4.3), partnerships with NGOs and community service providers, and the delivery of dedicated clinics for children in OOHC reflect Queensland Health's ongoing commitment to prioritising care and improving outcomes for this vulnerable cohort.

### 3.3 Child Death and Injury Review Model

The following information is relevant to the Inquiry [Terms of Reference 3\(b\)\(viii\), 3\(b\)\(x\) and 3\(c\)\(i\)](#).

Children and young people known to the child safety system are considered to be at higher risk of death<sup>6</sup>. Since 1 July 2020, the [Child Protection Act 1999](#) has required that Child Death and Injury Review Model (CDIRM) internal reviews are conducted when a child dies or suffers serious physical injury and has had involvement with a relevant agency over the past year. The independent Child Death Review Board (CDRB), hosted by the Queensland Family and Child Commission (QFCC), conducts systematic reviews following the death of a child of a child connected to the child safety system.

CDIRM seeks to prevent future trauma to children known to the child safety system by guiding an internal review process and sharing learnings across participating agencies to identify opportunities for improvements (s 245(3) of the [Child Protection Act 1999](#)). Internal reviews aim to promote the safety and wellbeing of these children through ongoing learning and improvement to services; promoting the accountability of agencies and the litigation director; and collaboration and joint learning across the child safety system.

Internal reviews by agencies following the death or serious physical injury of a child known to the child safety system are conducted under [Chapter 7A of the Child Protection Act 1999](#). The Act requires Queensland Health and HHSs, along with other agencies (Child Safety, Department of Youth Justice and Victim Support (Youth Justice), Department of Education, the Director of Child Protection Litigation and Queensland Police Service (QPS)) to carry out an internal review where a child known to their agency dies or suffers serious physical injury.

Queensland Health must complete an internal review when:

- a section 245G Notice (s 245G notice) is received from Child Safety and at least one HHS provided a service to the child in the 12 months before the child's death or injury; or
- the Minister for Health and Ambulance Services requests an internal review.

An internal review is completed by each HHS that provided services to a child in the year before the child's death or injury. Most reviews undertaken by HHSs are either led by, or involve, staff from Child Protection Units (CPUs) including CPLOs, CPAs and clinical nurse consultants. Staff from other disciplines such as patient safety and quality, social work, nursing, and paediatrics also make significant contributions in leading and supporting Queensland Health's CDIRM.

Internal reviews by agencies for serious injury cases may be shared with relevant agencies on request pursuant to the [Child Protection Act 1999](#). Otherwise, they remain internal Queensland Health reports that are considered only within the authoring HHS.

## 4 System opportunities

Queensland Health staff play a vital role to identify and respond to child protection concerns, often serving as a first point of contact for vulnerable children and families and as a critical interface between the health system and child safety system. Different entities across Queensland Health contribute to health system activity to support this role.

The health system's ability to provide consistent and coordinated care for children known to the child safety system (or children at risk of involvement with the child safety system) can be affected by multiple

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<sup>6</sup> Queensland Family and Child Commission (2024). [Queensland Child Death Register Key findings 2022-23: Children known to Child Safety, March 2024](#).

factors, including geographical issues, workforce and resourcing, and access to information and data regarding children and families engaged with the child safety system.

The below section describes some of these factors and is relevant to the Inquiry [Terms of Reference 3\(a\)\(ii\), 3\(a\)\(iii\), 3\(b\)\(i\), 3\(b\)\(ii\), 3\(b\)\(iii\), 3\(b\)\(v\), 3\(c\)\(ii\), 3\(c\)\(iii\) and 5\(f\)](#). It is arranged in terms of themes, being early intervention and prevention, support for children in care, and transitions for children in care to healthy adulthood.

## **4.1 Early intervention and prevention**

### **4.1.1 Strengthen reach of universal and targeted supports across geographic regions**

Within the health system, workforce availability in paediatrics, child development, disability support and assessment, domestic and family violence (DFV) and child protection roles, especially outside metropolitan areas, can impact timely assessments and interventions for vulnerable children.

Specialist services relating to/for child protection, family supports, DFV, and mental health are often concentrated in metropolitan and larger regional centres. This can lead to children in remote areas, including those known to Child Safety, experiencing delays between identification (of issues) and receipt of therapeutic support. Distance and travel time are critical factors for regional, rural and remote residents seeking health and social services. Some HHSs suggest that geographic disparities and centralised models contribute to variability in service quality and access.

Persistent shortages of qualified healthcare professionals in both the public and private sectors, particularly in regional and remote areas, further exacerbate these challenges. Regional, rural and remote communities may have limited access to primary health care, paediatricians, DFV specialists and mental health clinicians, as well as allied health professionals to provide post-screening supports and ongoing care in areas such as speech therapy, occupational therapy and psychology. Children may need to travel or be transferred significant distances to access specialised services or, occasionally, be transferred to a larger tertiary centre offering specialty expertise and investigations.

Regional limitations in service availability and capacity can also factor into access to community support services, particularly those needed to address the complex and interconnected factors that may contribute to child protection concerns. Limited access to services such as FaCC and IFS can create additional challenges for vulnerable families. Families may experience long delays between referral and engagement, or services are unable to accept new referrals because of capacity constraints. These delays leave families without timely assistance and reduce opportunities for coordinated care, particularly when consent for information sharing is not provided.

Jacaranda Place is an example of a specialist extended care and intensive treatment service for young people with severe and complex mental health needs. The service offers a 12-bed residential unit for 13- to 18-year-olds (and up to 21 years of age in some circumstances), and a day program with integrated mental health treatment and educational/vocational services available. This statewide service is based in Brisbane but accepts referrals from across the state, with onsite accommodation available for family members and carers of young people from regional, rural or remote areas.

### **4.1.2 Mobilise coordination across agencies to promote health service engagement**

Families with a history of child protection contact may have a mistrust of government services, including public health services. This mistrust may lead to non-engagement with intervention programs, or a view of them as surveillance rather than support, especially for mental health or parenting programs.

Some families may also encounter barriers engaging with services due to:

- limited transport options;
- service fragmentation and siloed approaches by different agencies;
- limited social support services in regional, rural or remote locations;
- homelessness;
- limited finance;
- inability to leave DFV situations;
- wait lists; and
- mental health, alcohol and drug problems.

#### **4.1.3 Strengthen system responses to concerns regarding safety of an unborn child**

Queensland Health staff may notify Child Safety when child protection concerns arise during the antenatal period. Alternatively, staff may become aware of concerns when Child Safety issues an Unborn Child High Risk Alert (UCHRA). A UCHRA is the process used when Child Safety has a suspicion an unborn child will be at risk of significant harm upon birth. It triggers a notification to relevant HHSs, allowing for intervention planning and formal assessment upon the pregnant person's presentation for delivery.

When an infant is born and a UCHRA is active, CSOs often attend the hospital to assess safety. These interactions can occur in the birth suite or shortly after delivery. In some cases, an infant is removed from the mother's care immediately or soon after birth while Child Safety conducts further assessments of parental capacity. The decisions made at this point are highly variable and influenced by many factors. Some families are offered safety planning and in-home supports, but others experience immediate separation without such options.

From a service delivery perspective, infants placed into OOHC immediately post-birth can experience disrupted access to early health assessments, developmental screening, and parenting supports that would typically be coordinated through either Commonwealth-funded primary health care services or Queensland Government led child health services. Mothers whose infants are removed can be rendered ineligible for child health follow-up or parenting support programs, limiting their opportunity to learn caregiving skills or to engage in therapeutic interventions that could support future reunification.

The experience can also deeply affect hospital staff involved in these cases. Midwives, nurses, and medical practitioners often witness these removals. Some report feelings of distress, moral injury, and helplessness; some practitioners also express concerns about the lack of agency or clarity in their professional role once the removal occurs.

#### **4.1.4 Reduce reliance on social admissions**

Across Queensland, children can be admitted to emergency departments and paediatric units for reasons primarily related to social circumstances, rather than acute medical need, such as:

- placement breakdowns for children in OOHC;
- families unable to access or engage with appropriate community supports, sometimes "relinquishing" their child at the hospital as a perceived safe environment;
- children with no available parent or caregiver following DFV incidents, where the parent who has been hurt requires medical treatment; and
- children recently removed into Child Safety's care when a suitable placement is not immediately available.

Paediatric units are designed to provide acute clinical care. Admission of children for primarily social reasons places significant strain on hospital services and resources, with nursing and medical staff required to balance clinical responsibilities with managing the needs of these children.

Children admitted under these circumstances may display increased trauma-related behaviours, including aggression, withdrawal, self-harm risk, and heightened anxiety. These behaviours necessitate enhanced supervision and tailored psychosocial support, which can exceed standard staffing models. Paediatric units may respond by implementing high supervision ratios or one-on-one support to manage immediate safety concerns, which further stretches resources and impacts care delivery for other patients.

These hospital admissions highlight possible systemic gaps including:

- availability of stable OOHC placements, particularly in regional and remote areas;
- access to timely community-based support for families at risk of relinquishing children due to stress, trauma, or lack of resources;
- fragmentation between health services and child safety systems, resulting in hospitals assuming de facto social care responsibilities; and
- a reactive approach to ensuring a child's welfare, with hospitals acting as a default safety net rather than addressing underlying risks.

Children in regional and remote areas are particularly affected, as both OOHC placement availability and access to community support services can be limited. HHS stakeholders have indicated that these children are more likely to experience repeated admissions.

#### **4.1.5 Enhance and balance the Suspected Child Abuse and Neglect (SCAN) system**

SCAN team meetings provide an important platform for inter-agency responses to children and young people at risk, yet HHS stakeholders and networks have reported issues regarding the variable implementation of SCAN processes across Queensland. Despite the presence of working groups to address operational issues, some HHS stakeholders explained that structural power imbalances, lack of transparency and the growing scope and workload of SCAN limit its ability to function effectively.

Concerns raised by HHS stakeholders include:

- imbalance of power within the structure of SCAN, with Child Safety at times not perceived as valuing the combined expertise of other professional groups;
- misalignment between the timing of Child Safety's investigations and when matters are referred to SCAN;
- requirement to table missing children in SCAN meetings has increased the workload impacting other case discussion, with no discernible benefit to the subject children or realistic expectation of being able to contribute to locating said children; and
- delays in feedback to HHS staff and lack of transparency regarding outcomes of child protection reports.

Not only do these concerns potentially reduce the overall effectiveness of the SCAN system, but they also make it difficult for senior health staff to assess the appropriateness of decisions or escalate concerns constructively.

## 4.2 Support for children in care

### 4.2.1 Health services for children in OOHC

Queensland Health's commitment to address the health needs of vulnerable children and young people is outlined in the *Statement of Intent* whereby HHSs are committed to prioritise care for those who are:

- at risk of entering the child safety system (0-18 years of age);
- currently in OOHC (0-18 years of age); or
- transitioning to adulthood following a care experience (15-25 years of age).

Consultation feedback among the specialist child protection workforce and related Queensland Health clinical networks affirms that there is HHS stakeholder support to expand the scope to include children on Interventions with Parental Agreement, as provision of health care may assist with improving safety and addressing concerns held by Child Safety, including through delivery of earlier intervention and strengthening of protective factors for families.

Similarly, HHS stakeholders also identify that issues in the Commonwealth-funded primary health care system may limit access for vulnerable children and young people. For example, Child and Youth Mental Health Services (CYMHSs) are tertiary mental health services, and referrals are accepted when young people have complex or severe mental health difficulties. As such, children and young people presenting with mild to moderate difficulties, trauma responses or associated behavioural challenges may not meet the threshold for assessment or intervention and may not have primary mental health care services available to meet their needs.

### 4.2.2 Enable consistent, comprehensive, clinician access to health records

Health responses for children in OOHC can be compromised by the absence of a consistent health record. The Child Health Passport is a portable folder for children in OOHC maintained by Child Safety, documenting the child's medical history, medications, immunisations and health plans; but the Child Health Passport is not always available to clinicians during appointments. Continuity of care can be fragmented without a comprehensive and easily updated Child Health Passport accessible to carers and healthcare providers, leading to duplicated assessments and missed opportunities for intervention.

Health professionals report that residential care youth workers accompanying children and young people to appointments may be unaware of the child's health needs, because health information is not reliably documented in, or accessible from, a central record. Carers may be uninformed about scheduled appointments and ongoing health requirements. Professional paediatric networks have also stressed the issue of failure to attend appointments amongst the cohort of children and young people in residential care facilities.

### 4.2.3 Improve carer access to child medical history and emergent health needs

Carers may not have access to a child's complete medical history or current health information, which is essential for responding to the child's emergent health needs. This lack of access can create challenges for health services in delivering appropriate and timely care, including when using telehealth options available to all Queenslanders.

13HEALTH is a confidential phone service that provides health advice to Queenslanders (refer to sections 6.2.13 and 6.3.7 for further information). The practices of the 13HEALTH Service and 13HEALTH Child and Family Health Service have been adapted in response to a significant number of callers identifying as

carers of children in OOHC. These callers often report having little to no prior knowledge of, or engagement with, the health issues related to a child in their care. Similarly, CSOs are sometimes unaware of the emergent health and wellbeing needs of children under Child Safety's care.

Staff from the 13HEALTH Service and 13HEALTH Child and Family Health Service have reported numerous instances where carers, particularly those working in residential care facilities, lack access to critical medical information about the children or young people in their care, which at times results in delayed responses to emergent health risks. Further contributing factors include casual carers completing shifts at residential care facilities without knowledge of a child's medical history, medication requirements, or safety plan. Health staff also advise that in some instances, a child's safety plan was not implemented during periods when the child was absent from the care facility for extended durations.

In some cases, calls to 13HEALTH have escalated to emergency declarations, requiring the involvement of the Queensland Ambulance Service (QAS) to ensure the child's immediate safety. In some instances, children in care contacted 13HEALTH directly to seek advice about health concerns they had not disclosed to their carers.

Carers and providers would also benefit from the introduction of consistent and standardised practices to share and store this information securely, and clear guidance on managing specific health conditions, medication schedules, and related situations. Improved access of that kind would enable carers and residential care providers to respond more efficiently and effectively to emergent health needs, ensuring that children and young people receive appropriate care in urgent situations.

#### **4.2.4 Improve placement stability and caregiving arrangements**

Instability in a child's placement and caregiving arrangements can limit the health system's ability to provide consistent support, informed clinical decisions and maintain continuity of care across the child's life and time in OOHC. Issues reported by HHSs include:

- Placement and CSO changes can disrupt information sharing and handover, resulting in repeated assessments being undertaken and missed or inefficient clinical visits. This instability also affects the accuracy and timeliness of information that accompanies a child to appointments, leading to carers and youth workers attending without medical history, guardianship details or referral context thereby limiting the ability of health services to provide safe, appropriately informed care.
- Placement changes are not always communicated reliably, leading to out-of-catchment moves, missed appointments, disrupted treatment plans and children lost to follow-up, compromising the ability of services to plan and actively manage a transfer of care to another facility.

#### **4.2.5 Streamline consent and referral pathways for Medicare and NDIS**

The interaction between Commonwealth programs such as the National Disability Insurance Scheme (NDIS) and Medicare can result in barriers that limit timely access to healthcare and disability supports for vulnerable children, particularly for those in OOHC. These limitations reduce access to essential health, early intervention, and disability supports, leaving already vulnerable children and families at heightened risk of missing out on the services they need.

Obtaining parental consent for NDIS applications can be a protracted process, especially for children in OOHC, thereby delaying access to services. Delays in securing consent may lead to extended periods where a child is unable to access early intervention or disability supports, compounding existing developmental and behavioural challenges.

Clinicians have reported that children coming into care may not have access to their Medicare card, limiting access to primary healthcare and timely identification of health care needs.

Commonwealth programs like the NDIS have strict eligibility criteria and complex application processes. Families who do not meet the threshold for intensive disability support may fall into a 'gap,' where they need more support than a universal service can provide, but less support than that offered by a specialist service. Gaps in Medicare and the NDIS funding may result in significant out-of-pocket costs for some families, which is a major barrier for low-income families caring for children.

#### **4.2.6 Child Safety Officers**

HHS stakeholders acknowledge the commitment and ongoing efforts of Child Safety. Enhanced capacity, consistency, and experience across the system would further support continuity of care planning and enhance well-informed decision-making for vulnerable children.

Some HHS stakeholders report variable engagement by CSOs regarding the health care for children in care, missing opportunities to discuss healthcare concerns and failing to ensure recommended follow-up and interventions are addressed. For confidentiality reasons, and due to changes in carers and placements, Queensland Health relies on Child Safety to notify caregivers of appointment details and to secure consent for recommended interventions. Notification to caregivers can be delayed or inadequate, resulting in missed or delayed appointments and healthcare needs remaining unmet.

Workforce and capacity issues within Child Safety also impacts the ability of health services to contact intake and response services for acute matters, particularly outside business hours. Staff report difficulties contacting intake and after-hours services in circumstances where there are immediate safety concerns to be addressed and other time demands on health staff.

### **4.3 Transitions for children in care to healthy adulthood**

#### **4.3.1 Coordinated approaches to support young people transitioning to adulthood**

Young people transitioning from OOHC to adulthood represent one of the most vulnerable cohorts within the health system. The transition to adulthood is a critical period to establish lifelong health behaviours; yet young people with a care experience may enter this stage without the structures needed to maintain their wellbeing. Young people leaving OOHC may face complex and intersecting vulnerabilities, and higher rates of physical, developmental, behavioural and mental health needs that contribute to poor health and social outcomes<sup>7</sup>. These challenges can be compounded by limited social supports, unstable housing, and difficulties navigating adult systems of care.

No dedicated processes exist to support this group as they move into independence. Absence of a coordinated transition model can result in a loss of continuity between paediatric and adult health services, limited monitoring of health status, and missed opportunities for early intervention during a critical developmental period. Some HHSs have developed targeted Adolescent and Young Adult (AYA) or youth health services, but these are not designed specifically for care leavers and access is variable across the state.

Queensland Health information systems do not identify when a young person is leaving care or has recently transitioned from OOHC. As a result, many care leavers disengage from health services at 18 years of age, losing continuity of care, preventative health supports, and specialist follow up. This gap

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<sup>7</sup> Woon J et al (2025). [Out-of-Home Care in Central Australia – A Retrospective Audit of Health needs and Timeliness of Assessment Compared to the National Clinical Assessment Framework](#). *Journal of Paediatrics and Child Health (The Royal Australasian College of Physicians)* 0:1-8.

may be particularly pronounced in regional, rural, and remote areas, where limited youth-focused infrastructure and workforce shortages may further restrict access.

Specialist Health Liaison Officers-Child Safety (SHLO) positions in Queensland Health facilities assist with coordination and targeted local responses to young people transitioning to adulthood from OOHC.

## 5 Additional considerations for Aboriginal and Torres Strait Islander peoples

The First Nations Health Office (FNHO), Queensland Health, is responsible for driving reforms across the health system to improve health and wellbeing outcomes of Aboriginal and Torres Strait Islander Queenslanders. FNHO works in collaboration and partnership with stakeholders to drive measurable improvements in the health of First Nations Queenslanders, works as a system leader to influence the delivery of quality services that are culturally and clinically safe, accessible and integrated, and operate as part of a networked system to drive health system improvements and reforms with HHSs, Aboriginal and Torres Strait Islander Community Controlled Health Organisations and other partners.

Aboriginal and Torres Strait Islander children and families are significantly overrepresented across all aspects of the child safety system, including notifications, substantiations, and OOHC placements<sup>8</sup>. Information in this section is considered relevant to the Inquiry [Terms of Reference 3\(b\)\(v\), 3\(b\)\(vii\), 3\(f\) and 5\(f\)](#).

### 5.1 Systemic issues and barriers

Systemic issues within the child protection and healthcare systems can present significant challenges for meeting the needs of Aboriginal and Torres Strait Islander children, young people and families. Some of these issues may stem from historical and structural disparities, geographic isolation or cultural misunderstandings, which can hinder access to services and engagement with the system<sup>9</sup>. Access to appropriate, high-quality and timely health care throughout life is essential to improve health outcomes for Aboriginal and Torres Strait Islander children and families.

#### 5.1.1 Geographic barriers to service access

Queensland's Aboriginal and Torres Strait Islander peoples are more decentralised than the overall population and may live in smaller, remote communities<sup>10</sup>. Some families must travel long distances for medical assessments and services related to Child Safety concerns. This distance from support networks, combined with potentially limited access to health workers, can create significant barriers to provision of culturally-appropriate care.

#### 5.1.2 Intergenerational trauma and barriers to service engagement

Aboriginal and Torres Strait Islander experiences of colonisation and the forced removal of children from their families have created long-lasting impacts on the First Nations peoples of Australia, particularly within the context of the child safety system and engagement with government agencies<sup>11</sup>. Historical

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<sup>8</sup> Queensland Government, Department of Families, Seniors, Disability Services and Child Safety (2026). [Our Performance: Meeting the needs of Aboriginal and Torres Strait Islander Children – Over-representation in care](#).

<sup>9</sup> Australian Government, Australian Institute of Health and Welfare (2024). [First Nations people and the health system](#). Web article. Release date 02 July 2024.

<sup>10</sup> Queensland Treasury, Queensland Government Statistician's Office (2022). [Queensland regions compared, Census 2021](#).

<sup>11</sup> State of Queensland, Department of Communities, Child Safety and Disability Services (2017). [Our Way: a generational strategy for Aboriginal and Torres Strait Islander children and families 2017-2037](#).

interactions with services that lacked culturally safe and supportive frameworks may have contributed to stigma and mistrust and some Aboriginal and Torres Strait Islander peoples may be reluctant to access early intervention and support services for fear it could lead to the loss of custody for their children.

### 5.1.3 Cultural and communication challenges

Engagement with Aboriginal and Torres Strait Islander communities benefits from culturally-informed practices that respect community structures and protocols<sup>12</sup>. This includes considering community and familial connections, as well as confidentiality issues, before sharing information with Aboriginal and Torres Strait Islander services that may know the person or family. It also involves understanding differing kinship systems, supporting First Nations-led decision-making, and respecting cultural protocols and obligations. Language can also be a significant barrier for communities where English is not a first or second language spoken, or where literacy rates are low. Building trust through culturally-safe behaviours, addressing personal biases and assumptions, and using trauma-informed communication are essential to creating an environment that supports self-determination and effective engagement.

## 5.2 System enablers

A range of initiatives and programs have been identified as system enablers, supporting improved health outcomes for Aboriginal and Torres Strait Islander peoples. These enablers highlight the importance of approaches that deliver culturally safe care, strengthen community partnerships, and address the unique needs of Aboriginal and Torres Strait Islander children, families, and communities.

### 5.2.1 First Nations Health Equity Strategies

Development and implementation of First Nations Health Equity Strategies by HHSs is a legislative requirement under the *Hospital and Health Boards Act 2011* (HHB Act) and the *Hospital and Health Boards Regulation 2012* (HHB Regulation). Amendments to the HHB Act and the HHB Regulation in 2020 and 2021 respectively were part of a broader suite of reforms introduced across Queensland Health to achieve health equity for First Nations peoples. Each of Queensland's 16 HHSs has also developed a [Health Equity Strategy](#), tailored to its local context, with distinct priority areas and targeted outcome goals.

### 5.2.2 Workforce and partnerships

Dedicated Aboriginal and Torres Strait Islander Health Workers and Liaison Officers within HHSs provide culturally responsive care and advocacy. These roles help bridge communication gaps, support families navigating complex systems, and uphold cultural protocols. Their presence fosters trust and improves engagement, particularly in high-stress environments like emergency departments and maternity wards. There can be sensitivities associated with Aboriginal and Torres Strait Islander health workers proactively engaging within their own local cultural groups around child protection matters, due to the real or perceived risk of being socially isolated from those same groups outside of the work setting. Health system supports for their own wellbeing may be required.

Partnerships with Aboriginal and Torres Strait Islander Community Controlled Health Services enable services to be designed and delivered by community, for community<sup>13</sup>. These collaborations ensure that care models reflect local cultural knowledge, priorities, and strengths. Co-design also enhances

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<sup>12</sup> Deloitte Access Economics, Murawin, and Social Research Centre and the Queensland Government Department of Children, Youth Justice and Multicultural Affairs (2022). [Our Way Changing Tracks – Final report](#).

<sup>13</sup> National Aboriginal Community Controlled Health Organisation (NACCHO) (2025). [A new approach to programs for families and children](#).

accountability and sustainability, making services more responsive and effective across urban, regional, and remote settings.

Programs like Deadly Kindies and Birthing in Our Community (BiOC) exemplify best practice in culturally safe, family-led care<sup>14</sup>. These initiatives promote early childhood development and maternal health through culturally grounded frameworks, empowering families and strengthening community ties. Their success is supported by strong evaluation outcomes and community endorsement.

### **5.2.3 Early intervention and support**

Culturally-safe early intervention and support services for children, young people and their families either currently known to Child Safety or at risk of involvement, offers significant benefits for addressing concerns held by Child Safety and improving health outcomes.

A sustained commitment of government agencies to culturally-safe, community-driven approaches can support Aboriginal and Torres Strait Islander children, young people and families to access services and address child protection issues. Expanding or building upon partnerships, programs and strategies that have demonstrated benefits for Aboriginal and Torres Strait Islander peoples will create opportunity to build trust, improve engagement, and achieve meaningful outcomes.

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<sup>14</sup> Kildea S et al. (2021). [Effect of a Birthing on Country service redesign on maternal and neonatal health outcomes for First Nations Australians: a prospective, non-randomised, interventional trial](#). *The Lancet Global Health* 9(5): e651-e659.

## 6 Appendices

### 6.1 Appendix A - Spotlight on FASD

Fetal alcohol spectrum disorders (FASD) are the most common, preventable non-genetic cause of developmental disability in Australia. A significant proportion young people involved with the child safety system in Queensland have suspected or diagnosed neurodevelopmental impairments, including FASD caused by prenatal alcohol exposure<sup>15</sup>. This section details factors associated with cause of FASD, prevalence among the child safety cohort, screening and diagnosis, management and support.

Information in this section is considered relevant to the Inquiry [Term of Reference 3\(f\)](#).

#### 6.1.1 Cause of FASD

No safe level of alcohol consumption during pregnancy has been established. Alcohol consumption is a frequent accompaniment to Australian social and cultural activities, but many women are uninformed about risk factors for the baby related to alcohol consumption, and over half of all Australian pregnancies are unplanned. FASD is fully preventable if babies are not exposed to alcohol during pregnancy. Self-reported data on maternal consumption of alcohol during pregnancy is variable. In 2022, 5.2 per cent of Queensland mothers reported consuming alcohol during the first 20 weeks of pregnancy, and 0.8 per cent reported consuming alcohol after 20 weeks of pregnancy, comparable to the national estimate<sup>16,17</sup>.

Alcohol consumed by the mother can cross over through the placenta to an unborn baby, and exposure can interfere with development of the baby's brain, critical organs and physiological functions. The spectrum of birth effects from maternal alcohol consumption can be shaped by factors such as the quantity of alcohol consumed, how frequently it was consumed, and the timing of consumption during pregnancy, as well as maternal age, nutritional deficiencies, type of drinking (such as binge drinking), the ability to metabolise alcohol and co-morbidity with other physical and mental illnesses<sup>18,19</sup>.

#### 6.1.2 Prevalence among the child safety cohort

Australian children are not routinely screened for FASD in infancy or childhood. Accurate FASD prevalence among the general population, and among children involved with the child safety system, is unclear due to limited FASD screening, diagnosis and reporting. A recent analysis estimated FASD prevalence of 3.64 per cent of the Australian general population<sup>20</sup>. Internationally, a systematic review and meta-analysis reported an estimated FASD prevalence of 18.8 per cent among infants and children in foster care<sup>21</sup>. The majority of people with FASD live with their condition and its effects without understanding the cause<sup>22</sup>.

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<sup>15</sup> Queensland Government, Queensland Child and Youth Clinical Network (2023). [Fetal Alcohol Spectrum Disorders \(FASD\) Position Statement](#).

<sup>16</sup> Queensland Government, Queensland Health (2025). [The health of Queenslanders. Report of the Chief Health Officer Queensland](#).

<sup>17</sup> Australian Government, Australian Institute for Health and Welfare (2024). [Australia's mothers and babies, alcohol consumption during pregnancy](#).

<sup>18</sup> Akison L et al (2024). [Prenatal alcohol exposure and associations with physical size, dysmorphology and neurodevelopment: a systematic review and meta-analysis](#). *BMC Medicine* 22(467).

<sup>19</sup> May P et al (2011). [Maternal Risk Factors for Fetal Alcohol Spectrum Disorders](#). *Alcohol Research and Health* 34(1): 15-26.

<sup>20</sup> Tsang TW et al (2025). [Estimating the Prevalence of Fetal Alcohol Spectrum Disorder in Australia](#). *Drug and Alcohol Review* 44(5): 1522-1525.

<sup>21</sup> Engesether B et al (2024). [Prevalence of fetal alcohol spectrum disorder in foster care: A scoping review](#). *Alcohol Clinical and Experimental Research* 48(8): 1443-1450.

<sup>22</sup> Impact Economics and Policy report, prepared for the Foundation for Alcohol Research and Education (Dec 2024). [National FASD Program: Social Return on Investment](#).

The [Children in Care Census 2024](#), published by Child Safety<sup>23</sup> reports that of a sample of 2,612 children in care, 41 per cent have a diagnosed or suspected disability, and one in five of these children have FASD. Of this subset of children with FASD, 60 per cent had a diagnosis, and 40 per cent had a suspected diagnosis.

Fetal Alcohol Spectrum Disorder Australian Registry (FASDAR) summary data reported over the period 1 January 2015 to 30 June 2025 analyses 1,432 confirmed cases of FASD where practitioners provided voluntary notification for Australian children aged younger than 15 years<sup>24</sup>. Key findings describe a median age of diagnosis at 8.8 years of age, 53 per cent identifying as Aboriginal or Torres Strait Islander, and 43 per cent in foster care. Comorbidities were frequently reported, including attention deficit hyperactivity disorder (ADHD, 67 per cent), communication disorders (60 per cent), trauma, stress-related or attachment disorders (51 per cent), motor disorders (32 per cent), autism spectrum disorder (24 per cent) and specific learning disorders (23 per cent).

### 6.1.3 FASD screening and diagnosis

Early detection of FASD-related conditions in babies and young children optimises early intervention opportunities to improve long-term outcomes. Diagnosis is complex and ideally requires a multidisciplinary team of clinicians, such as a neuropsychologist, paediatrician, speech pathologist and occupational therapist. The *Australian Guidelines for Assessment and Diagnosis of Fetal Alcohol Spectrum Disorder: Full Guidelines* is a publicly-available tool released in April 2025, with diagnostic instruments and guidance to assist clinicians in diagnosis, referral and management of FASD<sup>25</sup>.

Diagnostic and clinical support for children and families is available at selected public health services across Queensland. However, waitlists are lengthy, sometimes longer than two years. Services offered through Queensland HHSs include a diagnostic clinic based at Gold Coast HHS that also accepts referrals from all Queensland regions, but the service has a long waitlist. Referred children are triaged into three categories based upon severity of functional deficits, developmental delays, residence in OOHC or at risk of entering the child safety system, involvement with the police and/or justice system, behaviour at school, and risk of harm to themselves or others.

### 6.1.4 FASD management and support

Queensland does not have a specific, endorsed strategy for FASD prevention, assessment and support. The health and developmental issues associated with FASD impact affected individuals, families and communities and require a multifaceted assessment and intervention approach<sup>26</sup>. People with FASD can experience lifelong challenges with physical activity, language, memory, executive function, learning and behaviour<sup>27</sup>. Co-morbidities experienced by people with FASD may result in increased medical and social costs, with an annual cost of FASD in Australia estimated at more than \$1.18 billion<sup>28</sup>. These costs may be associated with involvement with social services, foster care, urgent care, mental health support, corrections, and justice settings.

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<sup>23</sup> Queensland Government, Department of Families, Seniors, Disability Services and Child Safety (2025). [Children in Care Census 2024](#).

<sup>24</sup> Fetal Alcohol Spectrum Disorder Australian Registry (FASDAR) (2025). [Biannual Data Summary Report – June 2025](#). The University of Sydney, Westmead, Australia

<sup>25</sup> Australian FASD Guidelines Development Group (2025). [Australian clinical practice guidelines for the assessment and diagnosis of fetal alcohol spectrum disorder](#).

<sup>26</sup> Queensland Government, Queensland Health, Queensland Child and Youth Clinical Network (last updated Sept 2023). [Fetal Alcohol Spectrum Disorders \(FASD\) Position Statement](#).

<sup>27</sup> The Kids Research Institute Australia. FASD Hub Australia (2025). [What is fetal alcohol spectrum disorder?](#)

<sup>28</sup> Food Regulation Standing Committee advice to the Australia and New Zealand Ministerial Forum on Food Regulation (2018). [Decision Regulation Impact Statement: Pregnancy warning labels on packaged alcoholic beverages](#).

## 6.2 Appendix B - Health system workforce and supports

An outline of Queensland Health's structure and support for child protection is outlined in the submission *Queensland Health guidelines, strategies and frameworks related to child protection and child safety*, that was provided to the Commission on 8 December 2025.

Health services in Queensland are delivered through both public and private providers across the primary, secondary and tertiary care system. Primary care is mostly delivered by private general practitioners (GPs), community health providers and Aboriginal Community Controlled Health Services. Secondary care includes hospital-based outpatient and inpatient services, which are offered by both private hospitals and Queensland Health through the HHSs. Tertiary care involves complex specialist services and statewide referral hospitals, and Queensland Health is responsible for providing these public tertiary services across the state.

Primary, secondary and tertiary health services all play an important role providing care to children, young people and families, either currently known to Child Safety or at risk of being known to Child Safety.

Queensland Health hospitals play a vital role in identifying and responding to child protection concerns, often serving as a first point of contact for vulnerable children and families and act as a critical interface between the health system and statutory child protection services. A range of Queensland Health professional groups contribute to the secondary and tertiary health system activity to support this role.

The sections below detail specialist workforce working through Queensland Health to support care and protection of children. Information in this section is considered relevant to the Inquiry [Terms of Reference 3\(b\)\(v\), 3\(c\)\(e\) and 3\(c\)\(f\)](#).

### 6.2.1 Specialist workforce

The Queensland Health child protection specialist workforce was introduced in 2005, establishing two child protection specialist roles, CPAs (medical officers) and CPLOs (nursing, social work and psychology professionals) to support health professionals to recognise, report and respond to child abuse and neglect and enhance Queensland Health's participation in SCAN.

In 2024, Queensland Health undertook a *Review of Queensland Health's Child Protection Workforce* (the Review) and in February 2025, the Executive Leadership Team endorsed the Review and prioritised three areas for implementation:

- actions to establish a minimum data set for child protection;
- actions to support workplace wellbeing and capacity building, including a model of care for supervision and ongoing training and development; and
- actions to enhance the Queensland Health child protection workforce's role in addressing and eliminating racism.

The child protection specialist workforce continues to experience sustained pressures due to increasing service demand, staff turnover, and the complexity of cases involving children with diverse needs.

### 6.2.2 Child Protection Units (CPUs)

A primary function of CPUs is to support Queensland Health staff to fulfill their mandatory reporting responsibilities under the *Child Protection Act 1999*. Queensland Health employs over 70,000 doctors and nurses who are mandated to report concerns if they suspect a child is at risk or is experiencing physical or sexual abuse and may not have a parent willing or able to protect them from harm. While many clinicians do not work directly with children, mandatory reporting also applies if concerns arise when treating adults with caring responsibilities.

There are 36 CPUs across the 16 HHSs and the Mater. CPU staff assist the frontline response to child protection concerns in collaboration with partner agencies including Child Safety, QPS and the Department of Education. They also play a pivotal role in educating and supporting the broader Queensland Health workforce to meet mandatory reporting obligations. Key personnel in CPUs include CPLOs (nursing, social work and psychology professionals) and CPAs (medical officers).

Both of these child protection specialist roles were first established in 2005 following the [Crime and Misconduct Commission of Inquiry report, Protecting children: an inquiry into abuse of children in foster care](#) (CMC Inquiry), to support health professionals to recognise, report and respond to child abuse and neglect, and to enhance Queensland Health's participation in SCAN teams.

While the responsibilities of these roles vary slightly across the state and within the CPUs they work in, core functions consistently include responding to information requests from Child Safety, participating in SCAN teams, providing child protection consultations, inpatient case management, case conferencing, care coordination, delivery of child protection clinics, and staff education and training on child protection matters and mandatory reporting requirements. CPUs also provide case-specific advice and guidance to staff through consultations, alongside regular in-person education.

The SHLOs, introduced in 2017, are specialist roles that provide expertise in health-related support to Child Safety Service Centres (CSSCs) in some HHS catchments. These roles are employees of Child Safety. The role complements the Queensland Health CPLO role and provides system interface support between Child Safety and the health system. Some SHLOs co-locate in local hospitals or health services which promotes high levels of communication and cooperation between Child Safety and Queensland Health. In the workforce review undertaken in 2024, feedback from the review found that where SHLOs are assigned to a hospital, relationships with Child Safety were generally reported as well supported, however, the relationships between staff of the two agencies (Queensland Health and Child Safety) are critical and need to be sustained, particularly when there are staffing changes.

### **6.2.3 Statewide Child Protection Clinical Partnership**

The Statewide Child Protection Clinical Partnership (SCPCP), hosted by CHQ, serves as a forum for professionals with clinical or research expertise in child protection, offering a source of specialised knowledge. Its key contributions include:

- providing clinical insights into the implementation of statewide child protection policies and reforms;
- developing and contributing to statewide resources and guidelines;
- advocating for the health and wellbeing of vulnerable children and young people; and
- hosting the annual CPLO/CPA workshop that brings together the child protection specialist workforce for annual professional development and networking.

### **6.2.4 Child Protection Forensic Medical Service (CPFMS)**

CHQ hosts the CPFMS, which delivers child protection and forensic medical advice and services, both locally and across the state.

The CPFMS is a multi-disciplinary tertiary referral hospital service for the consultation and management of suspected child abuse and neglect in children and young people aged 0-17 years. The service is based at the Queensland Children's Hospital (QCH) and has services at Redlands Hospital and Inala Community Centre. The service provides forensic assessment of children who have experienced or are at risk of physical, sexual (0-13 years inclusive for sexual abuse) or emotional harm; neglect; or who have been exposed to DFV.

Referrals are received from inpatient teams, emergency departments, and as direct requests from Child Safety and the QPS, as well as from the community and primary care, such as GPs. CPFMS paediatricians also provide expert witness statements and expert evidence for the courts. CPFMS paediatricians are the core Queensland Health representatives at SCAN meetings and are supported in this role by Clinical Nurses and Clinical Nurse Consultants within the CPFMS service. CPFMS social work and psychology teams provide limited post-acute counselling for those children who have been sexually abused or assaulted.

CPFMS also provides a state-wide clinical leadership role in education, training and research. This includes:

- statewide education and expert support for paediatricians, nursing and other health professionals;
- education to QPS and Child Safety through training and forums; and
- participation in Project ECHO, a statewide multi-agency education and support session.

CPFMS is involved in several statewide initiatives including Child Death Reviews, Infant Mortality Review Committee, SCPCP, Regional Forensic Coordinator group, community of practice for sexual assault examiners as well as other statewide sexual assault committees.

### **6.2.5 Social workers in hospitals and health services**

Social workers in HHSs play a vital role in supporting children, families, and individuals where health issues intersect with social vulnerability. Their work spans clinical practice, providing direct patient care, and systemic interventions, such as advocacy, liaison, and referral to community supports.

Social workers bring a holistic perspective to health care, recognising how socioeconomic, cultural, psychological, and political factors shape health outcomes and overall wellbeing. They engage with people across all levels of the health system, considering the full context of a person's life, including relationships, environments, and systems.

Social work practice in health is diverse, covering areas such as mental health, alcohol and other drug services; family, youth and child health; maternal and infant health; DFV; and trauma services. Core responsibilities include conducting psychosocial assessments, identifying risk factors, and facilitating referrals to specialist supports. These may include services for DFV, homelessness, mental health, and disability supports such as the NDIS.

Social workers, alongside CPUs, advocate strongly for the safety and wellbeing of children and families who are at risk or engaged with the child safety system, ensuring their needs are heard and addressed. Social workers may also provide support with antenatal and perinatal health care and supporting families when Child Safety has removed an infant.

### **6.2.6 Aboriginal and Torres Strait Islander health workforce**

The Aboriginal and Torres Strait Islander health workforce in Queensland Health is essential to improving health outcomes and achieving health equity for Aboriginal and Torres Strait Islander peoples.

Queensland Health's Aboriginal and Torres Strait Islander health workforce combines clinical expertise with cultural understanding, creating a health system that is more inclusive, responsive, and effective for Aboriginal and Torres Strait Islander peoples.

These roles provide culturally safe care, strengthen trust between communities and health services, and ensure that health systems respond to the unique needs of Aboriginal and Torres Strait Islander peoples. By embedding cultural knowledge and holistic approaches into health care, this workforce plays a critical role in Closing the Gap and delivering better health outcomes across Queensland.

Within Queensland Health, Aboriginal and Torres Strait Islander Health Workers and Health Practitioners deliver a wide range of services, from health promotion and preventative care to clinical interventions. They work in hospitals and community health clinics, supporting individuals, families, and communities to access care and manage health conditions. Health Practitioners, as registered professionals, often have an expanded scope of practice that includes clinical assessments, treatment, and contributions to policy, education, and research.

Indigenous Hospital Liaison Officers complement this work by providing cultural brokerage and advocacy in hospital settings. They help patients and families navigate the health system, connect with social and emotional wellbeing supports, and ensure care is delivered in a culturally respectful way. These roles are vital in reducing barriers to care and improving communication between health professionals and First Nations clients.

The *Review of Queensland Health's Child Protection Workforce* in 2024 identified opportunities to 'improve the contribution of the Queensland Health child protection workforce to eliminate racism in health services through updated and regular training and development to support culturally responsive approaches.'

Work is progressing to align training and professional development for the Queensland Health child protection specialist workforce with the [First Nations First Strategy 2032](#), [Growing Deadly Families Strategy](#) and the HHS' Health Equity strategies, particularly through the redevelopment of the Child Protection Capability Framework and SaFE Modules.

### **6.2.7 Allied Health Professionals**

Queensland Health supports a diverse range of allied health professions that contribute to the delivery of comprehensive and person-centred care. Each profession plays a critical role in improving health outcomes across hospital and community settings, with tailored information and resources available to support professional development and service delivery across the state.

In performing their roles, allied health professionals:

- deliver therapeutic interventions to support development, communication, mobility, behaviour and daily living;
- provide early intervention for infants and children with developmental delays;
- support families with strategies, education and care planning; and
- work collaboratively in multidisciplinary teams to optimise health outcomes.

A selection of allied health professionals who may interface with the child safety cohort include audiology, occupational therapy, pharmacy, physiotherapy, psychology, social work and speech pathology.

### **6.2.8 Disability-specific and inclusion roles**

Queensland's disability reform agenda provides an important foundation for understanding how Queensland Health delivers services to children with disability who are known to Child Safety or who may be at risk of entering the child safety system. The current policy and legislative settings articulate rights, responsibilities and system expectations that shape how health services respond to the needs of these children, including those in OOHC or those requiring early intervention, developmental support or rehabilitation services.

Disability liaison officers, Inclusion and accessibility advisors, consumer engagement officers, hospital disability coordinators (in some HHSs) play a critical role in supporting children, young people and families with disability. Responsibilities include:

- improving accessibility of health services for people with disability;
- supporting staff to deliver inclusive, rights based care;
- ensuring compliance with disability legislation and Queensland Health commitments; and
- facilitating communication between families, clinicians and service systems.

The *Disability Services Act 2006* establishes a rights-based framework that applies to all Queenslanders, including children with disability, who may be NDIS participants, non-NDIS eligible or living in OOHC, and who require ongoing health, developmental or rehabilitation services. The *Disability Services Act 2006* reinforces that clinical health needs remain a health system responsibility even when disability or child protection involvement is present. The *Human Rights Act 2019* further strengthens the obligations on Queensland Health by requiring deliberate consideration of rights when delivering healthcare to children with disability.

The Queensland Disability Plan 2022-2027 commits Queensland Health to early identification, early intervention and improved accessibility of mainstream services for children with disability. It also emphasises co-design of services with children, young people and families.

The Department of Health Disability Service Plan 2025- 2028 identifies seven priority action areas and maps commitments the Department of Health has made that directly or indirectly influence the health system to optimise health outcomes for all Queenslanders and reduce health inequities for people with disability.

Reform efforts also include targeted communication initiatives aimed at improving the experiences of people with disability when accessing healthcare. The *See Me. Hear Me. Respect Me* campaign provides resources to strengthen workforce awareness, while Julian's Key offers a practical communication tool that enables people with disability to share important information with healthcare workers.

### **6.2.9 Suspected Child Abuse and Neglect (SCAN) team system**

The *Child Protection Act 1999*, sections 159I–159L, provides the legislative basis for the establishment and activities undertaken by the SCAN team system. Child Safety is the lead agency for the SCAN team system and whole of government response to child protection in Queensland.

Queensland Health staff from CPUs, including CPLOs and CPAs, have an active role in the SCAN process. They participate in SCAN meetings as health representatives, initiate referrals for cases requiring multi-agency consideration, and carry out essential administrative and follow-up actions. These responsibilities help ensure that every case is reviewed thoroughly and that agreed actions are implemented to safeguard children. When referring to a SCAN team, the Queensland Health core member representative must ensure that the matter meets one of the following criteria:

- notification - the matter has been assessed and screened by Child Safety as a notification and the investigation and assessment has not been finalised;
- ongoing intervention - Child Safety is responsible for ongoing intervention with the child through a support service case, intervention with parental agreement, or a Child Protection Order;
- missing child - a child in care has been reported as missing to the police; and/or
- Child Concern Report (CCR) consult - a matter has been recorded as a CCR by Child Safety and, following a discussion with the Child Safety senior team leader, a core member representative seeks a multi-agency discussion.

### 6.2.10 Domestic and Family Violence Specialist Health Workforce and High Risk Teams

Queensland Health continues to progress work to build the capacity of the health workforce to respond safely and sensitively to DFV, which affects some of the families engaged with the child safety system. Queensland Health is committed to delivering health services to support victim-survivors and their children, as recommended by whole-of-government DFV reform work including:

- The *Women's Safety Justice Taskforce, Hear Her Voice Reports One and Two*;
- The *Domestic and Family Violence Prevention Strategy 2016–2026 (Fourth Action Plan)*;
- The *Queensland Audit Office, Report 5: 2022–23 Keeping people safe from DFV*; and
- The DFV Death Review and Advisory Board Annual Reports.

In 2020, Queensland Health established the DFV Specialist Health Workforce Program (SHWP) to build the capability of the frontline health workforce to respond to DFV through the delivery of training by Specialist DFV clinicians located in each HHS. The DFV SHWP is aimed at increasing and strengthening the capability of the health workforce to respond safely, sensitively and effectively to the unique experiences of DFV victim-survivors, including children as victims in their own right. DFV SHWP clinicians regularly engage in DFV case consults involving children.

The Queensland Health DFV Capability Framework was released in 2025 to ensure that all members of the Queensland Health workforce have an appropriate understanding of the dynamics and impacts of DFV, and can respond to DFV presentations consistently, safely, and appropriately. The internal Queensland Health Framework outlines three levels of capability for the Queensland Health workforce, with a separate level for leaders, including people leaders and system leaders. It ensures that all members of the Queensland Health workforce, clinical and non-clinical, have a common understanding of their roles and responsibilities in recognising, responding to, and referring patients affected by DFV, including children. Each capability level is designed to build on the previous level, documenting additional knowledge, skills and behaviours required.

The internal Queensland Health DFV Toolkit of Resources for health workers is available to assist staff, particularly frontline, clinical staff use sensitive inquiry to safely and appropriately recognise DFV, respond to suspicions and disclosures of DFV and refer patients on to the relevant support services. The DFV Toolkit was updated in 2025 and includes a range of resources, including training modules, microlearning videos, guidelines, factsheets and clinical tools for a range of health workers, including first responders and those working in HHSs. The training modules include information about recognising and responding to DFV experienced by children and young people. The Toolkit also includes the Antenatal screening for DFV guideline, developed for Queensland Health professionals involved in providing care to women during the antenatal period, to enhance the safety and wellbeing of women and their babies.

Although child-focused responses are essential, effective DFV practice in health settings involves close engagement with the non-offending parent or caregiver. A child's safety and wellbeing are closely connected to the safety of their caregiver and siblings, requiring holistic and coordinated responses across the family system.

Multi-agency collaboration, including through information sharing and referrals to High Risk Teams (HRTs), support DFV responses. Part 5A of the *Domestic and Family Violence Protection Act 2012* enables specific entities, including HHSs, government agencies, and specialist DFV service providers, to give, receive and use information on a confidential basis for the purpose of assessing or responding to serious DFV risks. These provisions are used to share information in the interest of maximising the safety, protection and wellbeing of victim survivor's and their children.

The [Common Risk and Safety Framework \(CRASF\)](#) is the whole-of-system framework for identifying, assessing and managing DFV risk. It offers an evidence-based, consistent approach to assessing DFV risk to victim-survivors and their children and aims to strengthen common approaches across the service system.

In cases where a high risk is identified, HRTs are used to share information between agencies to ensure victim-survivors are provided with comprehensive support and safety plans, with a view that people using violence are held to account for their behaviours. HRTs consist of officers from agencies with a role in keeping victim-survivors safe and holding perpetrators to account, including specialist DFV services, police, health, corrections, housing, courts, child safety, youth justice and Victims Assist Queensland. The HRT program is overseen by Child Safety.

HRTs are a vital referral option for emergency department clinicians and other health professionals, who are typically not DFV specialists. Referring a patient to a HRTs allows for multi-agency responses to be implemented for victim-survivors at a high risk of harm. HRTs are located across Queensland in Brisbane, Caboolture, Cairns, Ipswich, Logan/Beenleigh, Mackay, Mount Isa/Gulf, Redlands, Rockhampton, South Burnett and Townsville.

### **6.2.11 Queensland Health Child Sexual Abuse Service**

CHQ is also host of, and is currently implementing, the Queensland Health Child Sexual Abuse Service, which is an outcome of Recommendation 32 of the Women's Safety and Justice Taskforce *Hear Her Voice: Report Two*, which recommended the establishment and funding of a statewide forensic examination service. This service provides coordinated access to forensic medical examinations and psychosocial care for Brisbane, and a 24-hour medical advice phone support across the State.

### **6.2.12 Queensland Ambulance Service (QAS)**

The QAS encounters the child protection cohort through multiple service touchpoints, reflecting both acute crisis responses and the QAS's capacity to identify children and young people at risk by virtue of the privilege of being inside people's homes and environments when they are experiencing an emergency.

The QAS sees and assess the whole person experiencing the crisis, as well as their environment and those around them. Child protection encounters include:

- frontline paramedics attending incidents and responding to emergency calls involving children at risk, including situations of injury, illness, or safety concerns;
- the QAS Clinical Hub and the QAS Mental Health Liaison Service which review emergency cases where a Triple Zero (000) call has been made for either physical or psychosocial reasons. They support decision-making and triage before a responding crew is dispatched, including for children and young people in complex or high-risk situations. These services can access Queensland Health information systems, to support a fuller understanding of the emergency presentation;
- QAS Social Work Service referrals, which assist with reporting to Child Safety, supporting families, and liaising with other agencies where child protection concerns are identified, even if it is not for the identified patient on scene; and
- Complex and Frequent Presenter Program engagement which facilitates coordinated care and treatment responses by liaising with multiple agencies and supporting children and families with high-risk or recurring presentations.

QAS encounters arise from a variety of situations, including:

- calls from NGOs or parents or carers struggling to manage challenging behaviours or accessing support in the primary, secondary or tertiary health sectors;

- calls from residential care providers due to escalating behavioural concerns or a young person exhibiting at-risk behaviours, which may result in the young person self-placing outside their care arrangements, or the care providers unable to provide support at the time of the emergency;
- concerns raised by schools about children's safety or parental capacity which has become an emergency situation requiring immediate interventions;
- suspected abuse or neglect, such as visible bruising, unexplained injuries, malnutrition, poor hygiene identified by attending QAS clinicians;
- concerns regarding children's exposure to DFV, noted by attending QAS clinicians;
- concerns regarding parent's mental health and/or substance use and potential impact on their ability to provide safe and appropriate care by attending QAS clinicians or through contact with the Clinical Hub or Mental Health Liaison Service;
- situations where parents relinquish care or young people are homeless;
- family court matters or parental dysregulation in the context of Child Safety involvement which has escalated to an emergency in a domestic setting and children are deemed to be at risk;
- young people refusing hospital care, to return home or engage with appropriate supports; and
- young people who call Triple Zero (000) due to the parent or care giver's deterioration in their mental health, compromised mental state, drug and alcohol misuse, impact of a significant life event (e.g. sudden or unexpected death of a family member) or prolonged periods of absence from a residence.

These varied points of engagement mean the QAS is often the first point of contact in a crisis, as well as playing a key role in collaborative response efforts with other agencies to ensure children and families are linked into sustained and coordinated care and supports.

### **6.2.13 13HEALTH**

The 13HEALTH Virtual Care service operates 24 hours a day, seven days a week, delivering confidential telephone assessment and information services to the people of Queensland. The aim of the 13HEALTH Virtual Care service is to provide a comprehensive nursing assessment of symptoms via telephone resulting in a recommendation of a time and place of care. The service also provides immediate, evidence-based healthcare information and referral to other health care providers which is targeted to the appropriate level and location of care and ensures the holistic and therapeutic requirements of the caller are met.

The 13HEALTH Virtual Care service is conducted by Registered Nurses. As Mandatory Reporters it is the staff's duty to recognise signs of risk or harm and complete Child Protection reports. Staff will also engage emergency services if the situation requires it. 13HEALTH Virtual Care service regularly receives calls regarding children in care, which can be in relation to the symptoms associated with the use of alcohol and other drugs, overdoses of medications, missed medications, self-harming behaviour intentions or attempts, or underage pregnancy etc.

The 13HEALTH Virtual Care service has a Complex Caller Management process and some children in care arrangements are accepted to this list. This involves identifying callers with complex needs (e.g. complex medical history, frequent number of calls, challenging behaviours etc). These callers are reviewed by the Complex Caller Management Working Group fortnightly to develop management strategies and a plan to support staff and manage the caller in navigating these interactions. This process helps to clearly convey the complexity of a caller's situation or background, allowing staff to best support callers.

## 6.3 Appendix C - Queensland Health services for families with children

This section examines the health system's role in supporting families and individuals involved with or at risk of child protection intervention. It outlines how health services contribute to early intervention and ongoing support through targeted programs, referral pathways, and collaborative care models. The section also addresses health responses for children in care, parents seeking reunification, and young people transitioning from care to independence. The services listed below are not exhaustive. Many HHSs implement local, place-based approaches that respond to the specific challenges and health needs of their communities.

While not all supports or services outlined below are specifically designed for families at risk of entering the child safety system, they play a role in enabling early intervention, fostering collaborative care approaches, and supporting children, young people and their families across life stages and throughout any interaction with the child safety system.

Information in this section is considered relevant to the Inquiry [Terms of Reference 3\(b\)\(v\), 3\(c\)\(e\) and 3\(c\)\(f\)](#).

### 6.3.1 Alcohol and Other Drugs Service and Adult Mental Health Services

Queensland Health provides specialist mental health assessment, treatment, and support for individuals most severely affected by mental illness, as well as those experiencing mental health crises or suicidality. These services deliver comprehensive care, including assessment, counselling, and therapeutic interventions for parents managing conditions such as depression, anxiety, trauma, and other mental health issues that may affect parenting capacity and family safety.

*[Better Care Together](#)* – a plan for Queensland's state-funded mental health, alcohol and other drug services to 2027 is Queensland Health's five-year plan setting the strategic directions and priorities across the state-funded mental health, alcohol and other drug service system. Better Care Together aims to advance healthcare and outcomes for people experiencing mental health crisis, including suicidality, mental ill health, and problematic alcohol and other drug use.

Better Care Together focuses on 6 key priorities:

- strengthening service capacity and the built environment so that the state-funded service system can adapt and respond flexibly to the existing and emerging needs of Queenslanders across their lifespan (including priority actions specific to children, adolescents and young people);
- responding to mental health crisis and suicidality innovatively with clinical and non-clinical supports so that people can move through a crisis period quickly and achieve a sustained recovery;
- delivering improved services with First Nations people that support efforts to reduce disparities in health outcomes, and improve social and emotional wellbeing outcomes for Aboriginal and Torres Strait Islander peoples and communities;
- strengthening quality to reduce harm and improve outcomes ensuring that people accessing our state-funded services have access to treatment, care and support that is safe and respects their dignity and rights, and meets their individual needs and preferences;
- improving workforce capability and sustainability is critical to ensuring that safe, high quality, responsive mental health, alcohol and other drug treatment, care and support can be provided to people across Queensland;

- delivering digital capability and digitally enabled treatment, care and support to improve the care experience of individuals, open up new possibilities for healthcare accessibility across Queensland, and enhance the delivery of safe, efficient and effective care.

Many parents involved with the child safety system experience multiple, complex, and interrelated challenges, including mental illness, substance use, homelessness, intellectual disability, and a history of intergenerational trauma. Addressing these issues requires intensive, coordinated, and sustained support across multiple service systems.

Alcohol and Other Drugs Services (ATODS) and Adult Mental Health Services provide targeted interventions to address these needs. Adult Mental Health Services offer assessment, counselling, and treatment for parents experiencing mental health conditions that impact their ability to provide safe and effective care. ATODS delivers assessment, counselling, and treatment for parents struggling with substance use, incorporating harm reduction strategies, relapse prevention, and pathways to rehabilitation programs. These supports are critical in reducing barriers to reunification and improving family stability.

Specialist programs include Perinatal Mental Health Services, which assist parents during pregnancy and early parenting, and the Alcohol and Drug in Pregnancy Team (ADAPT), which provides targeted interventions for families affected by substance use and mental health concerns. These programs work collaboratively to reduce harm, promote recovery, and strengthen family wellbeing.

### **6.3.2 Nurse and Midwife Navigators**

The Nurse and Midwife Navigator Service is a nurse and/or midwife-led model of care that supports consumers and their families through care coordination, advocacy and education. By working across multiple specialties, it aims to reduce service fragmentation and improve access for consumers throughout health services in Queensland.

These positions ensure the most complex and vulnerable patients are supported through system navigation. The Nurse and Midwife Navigator Service supports patients to have integrated care close to home and in their communities. Navigators work in advanced practice models using their extensive health system knowledge to assist patients in their journey across health service boundaries.

Midwifery navigators are called upon to coordinate access to various social welfare resources such as refugee organisations, women's support services and family/child supports. These can enhance women's engagement with health services by providing them with resources to attend appointments, make phone calls and increase communication to health services where they would not otherwise have the funds to do so and would therefore fail to attend appointments.

### **6.3.3 Emergency Department Integrated Care Coordinator Model**

The Emergency Department Integrated Care Coordinator Model, developed at QCH, demonstrates a proactive, relationship-based approach that builds long-term support structures around vulnerable children and families rather than relying on short-term fixes.

### **6.3.4 Queensland Centre for Perinatal and Infant Mental Health**

Perinatal and Infant Mental Health (PIMH) services provide multidisciplinary specialist assessment, collaborative treatment, and evidence based clinical interventions in a safe and therapeutic setting. These services are underpinned by a framework that promotes a culturally sensitive, family centred, biopsychosocial, integrated response across the health service continuum of care.

The PIMH services framework focuses on building capacity, resilience, child safety and security, with the aim of achieving positive outcomes for the mental health and social and emotional wellbeing of mothers, fathers, infants and families in the perinatal period and during infancy and early childhood.

The Queensland Centre for Perinatal and Infant Mental Health (QCPIMH) supports patient care within CHQ by providing the following direct clinical services to infants and young children experiencing severe and complex mental health issues.

Statewide, the QCPIMH Strategy Unit supports local service systems to meet the full spectrum of needs in perinatal and infant mental health for parents, infants and families across the health service continuum of primary through to tertiary and quaternary care across five core areas:

- statewide strategic cross-sectoral leadership in PIMH service development and implementation - collaborate to develop and implement perinatal and infant mental health services that are recovery focussed, accessible, family-centred and culturally sensitive;
- statewide PIMH workforce development - develop and support a skilled perinatal and infant mental health workforce;
- statewide PIMH mental health promotion and prevention - work in partnerships to promote social and emotional wellbeing and prevent mental ill-health of parents, infants, young children and their families;
- statewide, national and international PIMH evaluation and research, in partnership with a range of research partners - contribute to the evidence-base for perinatal and infant mental health; and
- PIMH advocacy at the State, Commonwealth and International levels - advocate for parents, infants, young children, their families and PIMH services.

QCPIMH hosts two teams within the Clinical Unit providing direct clinical care and support in the CHQ catchment:

1. Zero to Four CYMHS - providing mental health services for:
  - infants and young children experiencing emotional and/or behavioural difficulties to the degree that their social, emotional or developmental wellbeing is at risk;
  - infants and young children where the relationship between them and their parents is difficult, and spending time is not enjoyable; and
  - women and their families who are struggling to develop a positive relationship with the unborn baby.
2. Zero to Four Family Support Service - providing volunteer parent support for families experiencing mental health difficulties who are at risk of entering child protective services in the north Brisbane metropolitan area. The family support volunteers visit families at home to provide hands on practical support helping them create a safe and positive environment. The service also provides strategies and activities to families and care givers that support positive caregiving relationships and understanding behaviour.

### **6.3.5 Ellen Barron Family Centre (EBFC)**

The Ellen Barron Family Centre (EBFC) is a statewide residential Early Parenting Centre (EPC) providing specialist tertiary-level child health services to families who require support to gain practical skills and confidence in parenting infants and young children from birth up to the child's third birthday.

Service delivery may be in either the residential facility or via virtual modality. EBFC has capacity to admit up to fifteen families for residential care and nine families for virtual care each week. EBFC also facilitates at Day Stay Plus Program (DSPP) which is a specialised integrated service incorporating PIMH, Child Health and EBFC services.

The aim of the DSPP is to strengthen the parent/carer-infant relationship and enhance parenting capacity by increasing knowledge and confidence in parenting abilities, using modelling, anticipatory guidance, and formal and informal education strategies.

The DSPP utilises a multi-faceted approach which is individually tailored to address early parenting issues and infant concerns, including feeding and sleeping challenges, with a focus on supporting the parent/carer-infant relationship and infant mental health. The model of care is underpinned by the CHQ principles of family-centred care and partnering with families, and the principles of infant mental health practice. The care provided aligns with the Australasian Association of Parenting and Child Health position papers on Responsive Parenting and Family-Centred Care.

The DSPP provides a supported environment for families experiencing challenges related to early parenting. The program is especially designed to support the transition to parenting role and infant connection with their caregiver. The DSPP has been developed by CHQ multidisciplinary teams from the PIMH, Child Health Service and EBFC.

### **6.3.6 Family services delivered through partner agencies and organisations**

Queensland Health staff play a critical role in identifying families who may be experiencing vulnerability and connecting them to early support services. Timely referral can prevent escalation to statutory child protection intervention and improve outcomes for children and families. Queensland Health staff are well placed to identify risk factors and initiate referrals to the following services as part of holistic care. These services include services funded by Child Safety such as FaCC, Aboriginal and Torres Strait Islander Family Wellbeing Service and IFS.

In addition to these referral programs, Queensland Health partners with a variety of NGOs and service providers to support early intervention and support for vulnerable families. Children, young people and families may be referred through a variety of pathways including, but not limited to, CPUs, mental health teams, maternity care and social work. Section 6.6 details a selection of NGOs providing early intervention and prevention services for families, identified by HHSs, Clinical Networks and Departmental units.

### **6.3.7 13HEALTH Child and Family Health Service**

The 13HEALTH Child and Family Health Service operates between 7am to 9pm, seven days a week, delivering confidential telephone assessment and information to parents, caregivers and families of zero to 5-year-old children within Queensland. Mandatory child protection reports are completed for those children when risk of harm is identified that meets the mandatory reporting threshold.

The Nurse Unit Manager of the Child and Family Health service is the 13HEALTH service lead for Child Protection and holds responsibility for review of all completed child protection reports. During 2025, this position commenced escalation of 13HEALTH reported children under child protection care arrangements, directly with the CSO or CSSC to raise the concerns for the child in care.

This escalation process is also a safety check against potential service gaps where children in care, who are frequently called into 13HEALTH, may not have had those concerns escalated by carers to the supervising CSO. This is important in cases where a child is attempting self-harm or identifies with suicidal ideation, requiring a timely response with targeted support.

## **6.4 Appendix D - Queensland Health services for children in care**

This section examines the health system's role in supporting children and young people in OOHC care. It outlines how health services contribute to early intervention and ongoing support through targeted programs, referral pathways, and collaborative care models. The services listed below are not exhaustive. Many HHSs implement local, place-based approaches that respond to the specific challenges and health needs of their communities.

Information in this section is considered relevant to the Inquiry Terms of Reference 3(b)(v), 3(c)(e) and 3(c)(f).

### **6.4.1 Health clinics for children and young people in OOHC**

Some CPUs deliver additional health services for children and young people involved with child protection. These services include supporting or conducting health assessments and providing dedicated health clinics for children and young people in OOHC.

Currently, 11 HHSs operate one or more clinics specifically for this cohort. The remaining HHSs prioritise children in OOHC within existing child health clinics, based on availability and assessed clinical need. These clinics, staffed by paediatricians and clinical nurse consultant, provide timely assessment and intervention for children at risk or already engaged with child protection services.

For example, Gold Coast HHS runs a nurse-led adolescent clinic tailored for young people in OOHC. Older adolescents, particularly those over 16 years who transition to adult health services, require targeted attention as they may have missed essential age-appropriate health information (such as sexual health) due to inconsistent placements or late entry into care. Queensland Health staff across the state have observed improved appointment attendance and fewer rescheduling issues when dedicated OOHC clinics are offered.

The Sunshine Coast OOHC Health Service is a nurse-led, trauma-informed model that works in close partnership with paediatricians to provide coordinated, longitudinal health oversight for children aged 0-13 years in OOHC. Delivery is underpinned by close collaboration with Child Safety and paediatric services, and flexible approaches including home visits and after-school appointments to maximise engagement.

The service directly assesses, tracks, and reviews children at 6-12 monthly intervals without reliance on additional referral, maintaining oversight until the child exits care. Children entering care are assessed by a specialist trauma-informed nurse within three weeks, or by a paediatrician within eight weeks, ensuring timely access to services and achieving over 90% active health management plan coverage each year.

Now in its ninth year of operation, the model demonstrates sustained and reliable oversight of children in care with complex needs within routine service delivery. With established interagency partnerships and defined governance arrangements, the approach has potential to be scaled and adapted in other service settings.

### **6.4.2 Evolve Therapeutic Services**

Evolve Therapeutic Services (ETS) is a Queensland Health tertiary mental health service established in 2005 to address severe and complex mental health therapeutic needs of children/young people with OOHC experience within Queensland. More specifically, ETS provides specialist intensive trauma-informed mental health interventions for children/young people:

- subject to an interim or finalised Child Protection Order granting custody or guardianship to the Chief Executive of Child Safety; or

- on an Intervention with Parental Agreement and subject to a child protection care agreement, or Support Service Case.

ETS is funded by Child Safety and referrals to ETS can only be made by Child Safety. ETS can also work with young people on reunification orders and collaborates with all stakeholders in care planning and supporting reunification. In most instances, ETS clinicians will work with both the reunifying parent and current caregiver (residential provider or foster/kin carer).

### 6.4.3 Navigate Your Health (NYH)

NYH commenced in 2018 as a two-year pilot delivered in partnership between CHQ, Child Safety and the Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) Brisbane to improve health outcomes for children and young people in care. The overarching goal of NYH is to provide eligible children and young people with improved access to healthcare assessments, referral coordination and healthcare support, ultimately improving their health outcomes.

The following program eligibility criteria apply for referral to NYH:

- children and young people in care who are case managed by in-scope CSSC of Child Safety;
- children and young people who are subject to an interim or finalised Child Protection Order granting custody or guardianship to the chief executive;
- children and young people new to care are eligible for referral once an application for a Child Protection Order, granting custody or guardianship to the chief executive, has been filed at the relevant Children's court.

Following the successful completion of the two-year pilot, the NYH Expansion commenced in January 2020 with the inclusion of the then Department of Youth Justice and the Office of the Chief Nursing and Midwifery Officer (OCNMO) as program partners. A further commitment was made by program partners to sustain NYH in the Brisbane District, in addition to scaling the model to additional communities in Queensland (Logan, Cairns and later Ipswich), broadening the model to be applied to young people engaged with the Department of Youth Justice in these communities.

The Statewide hub is based and accommodated by CHQ - catchment areas include Chermside CSSC, Alderley CSSC, Mt Gravatt CSSC, Cannon Hill CSSC, Forest Lake CSSC, Inala CSSC, Logan Central CSSC, Loganlea CSSC, Cairns CSSC and Edmonton CSSC.

In line with the [CHQ Integrated Care Strategy](#) and [National Clinical Assessment Framework for Children and Young People in Out-of-Home Care](#), NYH continues to achieve the following goals:

- improved timely access to health services for children and young people in care in the Brisbane Region;
- improvements in health outcomes including but not limited to increased rates of immunisation, oral health outcomes such as preventative services, early intervention for child development concerns and improvements in overall health as young people transition out of care;
- children and young people are receiving the accurate identification of their physical, mental and developmental health needs, and a coordinated approach to meeting these needs. There will continue to be increased levels of health literacy of children and young people, carers, residential care staff and Child Safety staff;
- strengthened partnership and collaboration between CHQ, Child Safety, Primary Health Networks, and ATSICHS Brisbane through a single point of coordination across the health, child safety and welfare sector; and

- improved capability for Child Safety and partners to make informed decisions for children and young people regarding their health and wellbeing needs whilst in care and through transition points, i.e. entry into, whilst living in, reunification or exiting care.

The service plays a critical role in improving health outcomes for those already involved in statutory care; but service criteria do not currently include children and young people *at risk* of entering the child safety system.

NYH utilises the National Clinical Assessment Framework to guide comprehensive health assessments and care planning. Nurse Navigators work in close collaboration with multidisciplinary care and support teams including Child Safety, Department of Education, and Queensland Health to ensure that the health needs and goals of children and young people are identified and addressed.

The service leverages a deep understanding of the health system to navigate complex pathways, ensuring timely access to appropriate services.

This includes:

- utilising existing referral pathways across primary, secondary, and tertiary health services;
- creating new referral pathways where gaps are identified; and
- facilitating collaborative care approaches that bring together health professionals, case workers, carers, and other stakeholders to deliver coordinated, child-centred care.

In addition to addressing the health needs of children and young people in care, NYH contributes to reunification efforts by supporting parents to actively engage in their child's health journey. Nurse Navigators:

- advocate within stakeholder groups during multi-agency meetings and care planning discussions to ensure the health needs of both the child or young person and their parent are considered holistically;
- collaborate on health goal setting with parents, helping them understand and support their child's health needs, facilitating access to healthcare services, and coordinating appointments; and
- build health literacy and empower parents by increasing their understanding of their child's health conditions, treatment plans, and available services. This strengthens parental capacity and supports successful reunification.

## 6.5 Appendix E - Queensland Health services for all children

This section examines the health system's role in supporting all children and young people, including children and young people in OOHC care. It outlines how health services contribute to early intervention and ongoing support through targeted programs, referral pathways, and collaborative care models.

The services listed below are not exhaustive. Many HHSs implement local, place-based approaches that respond to the specific challenges and health needs of their communities.

Information in this section is considered relevant to the Inquiry [Terms of Reference 3\(b\)\(v\), 3\(c\)\(e\) and 3\(c\)\(f\)](#).

### 6.5.1 Child Health Service

The Child Health Service aims to engage with and respond to the needs of young children. Services provided by the Child Health Service in Queensland vary slightly in each HHS but will offer:

- universal child health clinics;
- universal key age core contacts through child health clinics;
- health surveillance, screening and parenting advice through child health clinics outside of core contact visits;
- groups, such as:
  - new parents, and mums and bubs programs;
  - key age groups, for example a 4-month, 6-month, and 12-month groups;
  - Triple P positive parenting program;
  - Family Care Program and Intake Service;
  - targeted groups for some parents/carers related to Circle of Security, including a drop-in service for parents and carers and a self-weigh facility through many Child Health Centres and clinics; home visits (including sustained visiting programs); and support with an early intervention parenting clinician, such as a social Worker or psychologist, for parents/carers experiencing complex parenting issues.

Queensland Health also offer support to all Queensland parents and carers through the Health Contact Centre telehealth phone line 13 HEALTH, whereby experienced nurses can care for parents to help with children's physical and mental health, development, behaviour, immunisation, feeding and settling. The service aims to do the following:

- improve long-term outcomes for children;
- provide expert child health advice and information utilising evidence-based resources;
- build a therapeutic relationship with parents to enhance their confidence in their individual parenting skills;
- provide information and referral to local Child Health and community services;
- support and advise in health and development areas, including behaviour, feeding, elimination, growth and perinatal mental health;
- give optimal recommendations and/or time frames to seek medical treatment if required.

The service is available 7 days per week, 6:30am to 11:00pm.

### **6.5.2 Child Development Service**

The Child Development Service operates out of HHSs and assist children who require multidisciplinary assessment and diagnostic input due to complex developmental concerns. This service offers assessment and diagnosis to support understanding for children and their families in their local community. The team includes developmental paediatricians, occupational therapists, nurses, physiotherapists, psychologists, speech pathologists and social workers.

The Child Development Service fulfills the health's system responsibility to deliver diagnostic assessment and specific screening for development delay and other mental or physical conditions that are likely to lead to a disability, and to facilitate transition to early intervention services and supports available in the community.

Medical referral is required, and eligibility varies across HHSs. Most children accessing Child Development Services will be referred concurrently to the region's Early Childhood Partner organisation for early intervention supports and/or support to access the NDIS.

### **6.5.3 Queensland Paediatric Rehabilitation Service**

The Queensland Paediatric Rehabilitation Service (QPRS) provides co-ordinated family-focused rehabilitation and tertiary health assessments and interventions for children and adolescents with a range of disabilities resulting from injury, illness or disease. QPRS is based at QCH with rehabilitation and cerebral palsy outreach locations in nine HHSs.

Services are delivered through inpatient and day hospital rehabilitation or specialist programs and outpatient clinics to manage musculoskeletal issues (including spasticity), neurocognitive issues following brain injury, limb differences, and to improve pain and function across conditions.

A medical referral is required for access to these services. Children with complex care needs can be eligible until they turn 18 years old, and support is available for children and young people living in Queensland and Northern New South Wales. Most children accessing QPRSs are also NDIS participants.

### **6.5.4 Paediatric Palliative Care Service**

The Paediatric Palliative Care Service (PPCS) delivers physical, emotional, psychological and spiritual support to children and young people who have a life limiting illness. This support includes pain management, linkages with community supports, assistance with equipment and bereavement support for families and carers.

The service is based at QCH and provides outreach support across Queensland and Northern New South Wales, including through telehealth.

A medical referral is required before a young person turns 16 years of age. Existing patients can continue to use the service until 18 years of age. Most children accessing PPCS are also NDIS participants.

This service fulfils the health system responsibility to deliver sub-acute services, including palliative care, geriatric evaluation and management, and psychogeriatric care. These services are delivered as inpatient and outpatient care in either the person's home or clinical settings.

### **6.5.5 Child and Youth Mental Health Service**

The CYMHS provides specialist mental health services for children, young people (0 to 18 years) and their families who are at risk of, or are experiencing, severe and complex mental health problems, including eating disorders, and where their needs cannot be met by other services.

The CYMHS provides comprehensive, recovery-orientated mental health care services that aims to improve the mental health and wellbeing of children and young people and their carer networks. The service has a defined target population and has a responsive intake mechanism for assessment and intervention which prioritises collaborative care, consultation, and liaison in line with current state policy and the Mental Health Plan.

In some HHSs, including North West HHS, CPLOs and Paediatricians also attend CYMHS weekly intake meetings to provide relevant information regarding a child's current or past child protection history, and to identify children that require follow-up.

Community CYMHS support consumers aged 5-17 years who experience mental health symptoms associated with high psychological distress and significant functional impairment, with needs that differ markedly from those of their same-age peers. Infants and children aged 0-4 years are seen by the 0-4 years CYMHS team. Community CYMHS works closely with relevant stakeholders to support young people and their families who are at risk or are already engaged with the child safety system.

Brisbane has six Community CYMHS clinics. Three in the north (Nundah, Pine Rivers–Strathpine, and North West–Keperra) overlapping with Metro North HHS, and three in the south (Mount Gravatt, Inala, and Yeronga) overlapping with Metro South HHS; some are co-located with other public health services, while others operate independently.

#### **6.5.6 Jacaranda Place**

[Jacaranda Place](#) is a specialist extended care and intensive treatment service for young people with severe and complex mental health needs. The service was opened in 2021 as a Government commitment in response to a recommendation of the Commission of Inquiry into the closure of the [Barrett Adolescent Centre](#). The service offers a 12-bed residential unit for 13- to 18-year-olds (and 21 years of age in some circumstances), and a day program with integrated mental health treatment and educational/vocational services available.

This statewide service is based in Brisbane but accepts referrals from across the state, with onsite accommodation available for family members and carers of young people from regional or rural areas. In 2023-24, Jacaranda Place recorded 53 patient admissions, each representing a new episode of care<sup>29</sup>. Young people using the service may stay in the centre for up to 6 months.

#### **6.5.7 Assertive Mobile Youth Outreach Services (AMYOS)**

The [Assertive Mobile Youth Outreach Service \(AMYOS\)](#) is a tertiary mental health service in the continuum of child and youth mental health services offered by Queensland Health across 12 HHSs. AMYOS teams provide assertive community-based outreach mental health care through recovery-oriented assessment and treatment for adolescents referred internally by CYMHS teams between the ages of 13-18 years, for a duration of up to two years or prior to their nineteenth birthday.

Due to the complexity and acuity of young people referred to AMYOS, the teams have a capped caseload of eight young people per full-time clinician to support outreach activities, a more intensive intervention, and collaborative care processes as clinically indicated.

For individual young people and their families, CHQ AMYOS interfaces with the child safety system for clinical purposes to support young people referred into the service as required. AMYOS will also refer to

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<sup>29</sup> Australian Government, Australian Institute for Health and Welfare (23 January 2026). [MyHospitals data: Jacaranda Place Queensland Adolescent Extended Treatment Centre](#).

community based non-government early intervention services such as the IFS and FaCC services, when necessary.

### **6.5.8 Ed-LinQ Program**

Ed-LinQ is a statewide program that complements the continuum of mental health services responding to the needs of school-aged children and young people in Queensland. The program is delivered by 24 Ed-LinQ Coordinators across all 16 HHSs and is supported by a Statewide Ed-LinQ Coordinator hosted by CHQ. Ed-LinQ aims to improve linkages and service integration between the education, primary care, community, and mental health sectors.

### **6.5.9 Youth Step Up Step Down Model of Service**

The Youth Step Up Step Down (SUSD) service is a community bed-based (sub-acute) mental health service operating in a rehabilitative and residential environment where the HHS provides clinical services alongside provision of non-clinical support services by a NGO.

It is designed to provide a service option for young people whose treatment and recovery is better suited to intensive, short-term (up to 28 days) treatment and support in a rehabilitative and residential setting in the community, 24 hours a day, 7 days a week.

The Youth SUSD model of service seeks to be inclusive, ensuring that Aboriginal and Torres Strait Islander People, those from Culturally and Linguistically Diverse (CALD) backgrounds and people of diverse sexual orientation, gender identity or intersex variations requiring additional consideration are provided with accessible, high quality, culturally appropriate mental health treatment and care.

### **6.5.10 Youth Residential Rehabilitation Service Model of Service**

The Youth Residential Rehabilitation Service provides a service option for young people who would benefit from longer term support (up to 12 months) in a rehabilitative and residential setting in the community 24 hours a day 7 days a week.

Operating as an integrated and collaborative model with the NGO providing on-site psychosocial recovery support services and 24-hour care together with the HHS providing in-reach clinical services, it is designed to provide a service option for young people whose treatment and recovery is better suited to longer term mental health support and access to treatment in a rehabilitative and residential setting in the community.

Young people accessing the service may come from a range of living situations including a family home, transient community environment or under the care of the Child Safety.

### **6.5.11 School Based Youth Health Nursing Service**

The School-Based Youth Health Nursing (SBYHN) service is a joint initiative between Queensland Health (via local HHSs) and the Department of Education, delivered onsite in state secondary schools across Queensland.

SBYHNs visit public high schools across Queensland to deliver individual appointments, small group sessions, classroom education, and whole-school health promotion activities. The program provides health information, facilitates referrals, and promotes a preventive approach to care. It addresses contemporary youth health issues, including sexual health, mental health, and substance use, through proactive collaboration with schools and has delivered the Love Bites program since 2008.

### **6.5.12 Deadly Ears**

The Deadly Ears program works through a strong partnership model that prioritises identification, prevention and family-led support before statutory intervention is required.

Deadly Ears collaborates closely with a range of partners across health, education and community sectors to strengthen local systems of care. Deadly Ears works closely with local health services through collaborations with multiple regional hospitals to coordinate care and ensure follow-up for children identified with concerns. This includes linking families with child health nurses, primary health teams and outreach specialists.

The service holds strong relationships with local schools, daycares and kindergartens. These relationships enable early intervention and health promotion, and integrate and support children and their families with safe and familiar learning environments. Deadly Ears also engages with local community organisations such as Aboriginal Community Controlled Organisations, early years groups and programs, local councils, Child Safety, the Department of Education, elders and cultural advisors, and local primary health and specialist child health and disability services. Through these partnerships, Deadly Ears supports families to access early, culturally responsive care, reduce barriers, and prevent issues from escalating into broader wellbeing or child safety concerns.

### **6.5.13 Connected Care Program**

The Connected Care Program works with families, caregivers and health care teams to improve communication and coordination of care, across services, specialists and facilities needed.

The Connected Care Program:

- acts as a central point of contact;
- helps parents and their child access the services they need including coordinating appointments;
- develops a care plan for the child if required;
- links child's health care teams with each other, including their GP, private health providers and services, school and allied health professionals; and
- supports parents to manage and understand their child's healthcare needs.

The Connected Care Program works with the Aboriginal and Torres Strait Islander Complex and Chronic Disease team to support Aboriginal and Torres Strait Islander children and their families to understand their health condition and treatments they need.

### **6.5.14 Health services for young people involved with youth justice**

Children and young people known to the youth justice system may also be known to Child Safety, particularly as both cohorts may experience similar vulnerabilities, including abuse, neglect, violence, trauma, socio-economic disadvantage and poor rates of school attendance.

Queensland Health delivers a range of health services to children and young people in contact with the youth justice system across community and custodial settings, including services delivered in Queensland's Youth Detention Centres. Within the context of youth justice, Queensland Health provides a range of services for children and young people in contact with the youth justice system:

- Primary health services in Youth Detention Centres (Statewide) – HHSs deliver nurse-led primary health care in all three of Queensland's existing Youth Detention Centres. Medicare is a common Commonwealth funding mechanism for primary care delivered in the Queensland community,

however, young people in detention centres are ineligible for Medicare funding and do not have access to the Pharmaceutical Benefits Scheme.

- Forensic Child and Youth Mental Health Service (Statewide) – The service provides mental health and alcohol and other drugs services to children and young people in contact with, or at high risk of contact with, the youth justice system. Services provided by Forensic Child and Youth Mental Health Service include the Court Liaison Service, Youth Justice Clinics, in-reach mental health alcohol and other drugs services in Youth Detention Centres, and watchhouse responses.
- Navigate Your Health (Brisbane, Logan, Cairns).
- Early Action Groups (Cairns, Mt Isa, Townsville) – A multi-agency collaboration providing intensive coordination of service response to children (and their siblings), aged 8 to 16 years, who have a moderate or high risk of future offending. A dedicated clinician at each location is involved in overseeing and contributing to the case management of each child referred.
- Multi-agency Collaborative Panels (Statewide) – MACPs bring relevant information and planning skills to oversee and coordinate services for children who are identified as serious repeat offenders. Queensland Health is a core member of the 20 existing MACPs across Queensland and representatives ensure appropriate referral to relevant health services to address identified health needs.

## 6.6 Appendix F - NGOs and services providing early intervention and support

Table 1 presents a selection of NGOs and services that HHSs regularly link with or refer to in order to provide early intervention and support for children, young people and families. These examples were identified through consultation with HHSs, Clinical Networks and departmental units. The table does not necessarily reflect organisations or services that are funded by Queensland Health. The list is not exhaustive and is provided to highlight the breadth of services accessed across Queensland.

Table 1. Services Queensland Health refers children, young people and families to for early intervention and support

Service	Description	Location/s
1800RESPECT	1800RESPECT is a national service available in Queensland that provides free, confidential support 24/7 for people affected by domestic, family and sexual violence. It offers trauma-informed counselling, safety planning, practical information, and referrals to specialist services. Support is accessible by phone, online chat, SMS and video call, with options for interpreters and tailored assistance for diverse communities including Aboriginal and Torres Strait Islander people, LGBTQIA+ individuals, people with disability and culturally diverse groups.	Statewide
13YARN	13YARN is a free, confidential, 24/7 crisis support helpline designed for Aboriginal and Torres Strait Islander people in Queensland and across Australia. Callers are connected with a Lifeline-trained Indigenous crisis supporter for culturally safe “yarning” about worries, emotional distress, trauma, family violence and more. The service provides non-judgemental listening, culturally informed crisis care, safety planning and referrals to ongoing support options.	Statewide
54 Reasons	Sexual assault counselling support services.	Statewide + Centres in Brisbane, Townsville, Mount Isa
Aboriginal and Torres Strait Islander Community Health Service (ATSICHS)	ATSICHS is a not-for-profit community-owned health care and community services organisation delivering on the unique health and wellbeing needs of Aboriginal and Torres Strait Islander peoples in greater Brisbane and Logan. Services include medical and dental clinics, child and family health services, youth services, social and emotional wellbeing programs and services, a birthing in our community hub, an aged care facility, and a variety of family and child support services including child protection, family wellbeing services, kindergarten programs and a children and family centre.	Brisbane and Logan
Act for Kids	Act for Kids is a for-purpose organisation that delivers evidence-led professional therapy and support services to children and families who have experienced or are at risk of harm, including an Intensive Family Support Program, therapy services, education services, family support and counselling services.	Statewide (some specialised services are location specific)
Anglicare	Provides a suite of services including family support programs such as Children and Parenting Programs, Family Wellbeing Programs, Family Support Resources.	Inala, Ipswich, Gold Coast, Lockyer Valley, Somerset, Acacia Ridge, Beaudesert, Toowoomba + surrounding regions, Warwick, Roma, Charleville, Maryborough, Hervey Bay, Caboolture, Gympie

Service	Description	Location/s
Benevolent Society	The Benevolent Society provides a comprehensive suite of family and child support services across Queensland, including early childhood intervention for children aged 0–9 under the NDIS, parenting coaching, maternal and paediatric health, Family & Child Connect, intensive in-home support for at-risk families, domestic and family violence counselling, and foster care programs.	Gold Coast, Brisbane, Cairns
Blue Knot Foundation	Blue Knot Foundation supports people experiencing domestic and family violence by providing trauma-informed counselling, guidance, and referrals through its national helpline, along with specialist resources to help individuals understand and manage the impacts of complex trauma. They also offer training for practitioners and services working with DFV survivors, helping ensure responses are safe, supportive, and grounded in best-practice trauma care.	Statewide
Bravehearts	Bravehearts supports people affected by domestic and family violence through its specialist focus on child sexual abuse, offering trauma-informed counselling for children and young people, guidance and support for safe caregivers, and advocacy to help keep children safe across systems. Their prevention education and professional training programs also strengthen the capacity of families, schools, and services to recognise and respond to harm that can co-occur with DFV.	Springwood, Strathpine, Nambour, Cairns
Brisbane Emergency Response Outreach Service (BEROS)	BEROS is a partnership between Community Living Association (lead organisation) and Micah Projects Inc to provide service to young people 12-18 years who are in the care of Child Safety who are identified as self-placing (which may include sleeping rough) in the Brisbane, Lower North Coast and Sunshine Coast districts.  BEROS also often engage with young people who are still connected to a placement but are regularly absent from placement, working alongside the young person's CSO and placement to keep them connected to their placement and support them to safely return.	Brisbane, Lower North Coast and Sunshine Coast districts
Brisbane Youth Service (BYS)	Supports homeless and vulnerable young people (aged 12-25) and their children to secure housing and access health, education and employment pathways.	Brisbane Metro and outreach
Carbal Medical Services	Community-responsive Aboriginal Medical Service (AMS) with clinics, services and programs operating across Toowoomba, Warwick and the Darling Downs.	Darling Downs region (Toowoomba and Warwick)
Catholic Care DFV Response Program	DFV response program.	Central West Queensland
Catholic Care Youth Worker	Youth support services.	Central West Queensland
The Centre for Women & Co.	The Centre for Women & Co. is a not-for-profit organisation that provides specialist domestic and family violence support and women's wellbeing services for women and children across the Logan, Beenleigh and Redlands regions. Their work focuses on educating women to make informed choices, offering practical and emotional support during times of crisis, and empowering women and children through counselling to build safety, resilience, and long-term wellbeing.	Logan, Beenleigh and Redlands
Circle of Security	Circle of Security is a relationship program designed to strengthen the parent/ caregiver relationship through enhancing attachment security. It is an evidence-based program that helps parents/ caregivers recognise new ways to understand their child's needs and	Statewide

Service	Description	Location/s
	behaviours, and learn effective ways to connect with their child. It enhances a child's sense of security, self-esteem and parent- child relationship.	
CREATE Foundation	CREATE Foundation is the national consumer body representing the voices of children and young people with an OOHC experience. Our vision is that all children and young people with a care experience reach their full potential.	Statewide
Deadly Indigenous Youth Doing Good (DIYDG)	Youth-led, non-profit organisation that delivers culturally grounded programs for Aboriginal and Torres Strait Islander young people in Far North Queensland. It provides leadership development, family support, counselling, alternative education pathways, and NDIS services, all co-designed with youth to strengthen wellbeing, cultural identity, and community empowerment.	Cairns region and Far North Queensland
DVConnect	DVConnect is a statewide service in Queensland that provides free, confidential support for people affected by domestic, family, and sexual violence. They operate 24/7 helplines including Womensline for crisis counselling, safety planning, and emergency accommodation; Mensline for men seeking help or wanting to change violent behaviour; and a Sexual Assault Helpline for survivors and their families.	Statewide
Early Action Groups	Coordinate multi-agency case management for youths aged 8–16 years who are at moderate/high risk of future offending and their families. They provide early intervention responses that address the complex cultural, social, and economic factors contributing to youths' offending behaviour, including family functioning, health needs, educational engagement, substance misuse, peer relationships and attitudes.	Mount Isa, Cairns, Townsville, Moreton Bay
Early Intervention Parenting Support Clinician	Delivers evidence-based early intervention parenting supports for carers of children aged conception to 8 years.	Roma and Charleville
e-PIMH Service	Perinatal Infant Mental Health service.	Statewide (telehealth inclusive)
Gidgee Healing	Provides a wide range of primary health care services to Aboriginal and Torres Strait Islander people across the region, including GPs, Nursing; Aboriginal Health Workers / Aboriginal Health Practitioners; Allied Health professionals; Maternal and Child Health; Family wellbeing service and visiting Medical Specialists.	Mount Isa, Normanton, Doomadgee, Mornington Island
Goolburri Aboriginal Health Advancement Company Limited	An incorporated Aboriginal Community Controlled Health Service for Aboriginal and Torres Strait Islander and non-Indigenous communities, offering health and wellbeing services including dental, GP services, allied health, Healing and Wellbeing Service, Family Wellbeing Service, Family Participation Program Service, Foster and Kinship Care Service, Bunji Burri to Gunadoos Services, Commonwealth Home Support Program.	Toowoomba and Darling Downs regions of South West Queensland
HALT Collective	The HALT collective aims to slow the intake process and place trusting collaborative relationships with partners, improving information sharing and Aboriginal and Torres Strait Islander perspectives at the centre of decision-making.	Children's Health Queensland (Statewide reach)
Headspace / Head to Health	Australia's National Youth Mental Health Foundation, providing early intervention mental health services to 12-25 year olds.	Statewide

Service	Description	Location/s
Health Justice Partnership with Women's Legal Service	Provides weekly legal support to vulnerable women during health visits to address DFV and child protection concerns.	Redcliffe Hospital (Metro North HHS)
Institute for Urban Indigenous Health (UIH)	Community Controlled Health Service delivering health, family wellbeing, and social support services. Includes Child and Family Services program which provides support to mothers and families through member clinics, freestanding services and the Birthing in Our Community (BiOC) Program.	South East Queensland (Brisbane, Moreton Bay, Ipswich, Logan, Gold Coast, Redland, Lockyer Valley, Scenic Rim)
Kalwun Aboriginal and Torres Strait Islander Medical Services	Provides culturally appropriate health services including GPs, immunisation and health assessments at three clinics on the Gold Coast.	Gold Coast (Miami, Coomera, Bilinga)
Kambu Family Wellbeing Services	The Family Wellbeing Service is a culturally safe, early intervention program offered to Aboriginal and Torres Strait Islander families with an aim to build strong and resilient families through connectedness with community and enhancing the social and emotional wellbeing of vulnerable children and young people.	Laidley
Kids Helpline	Kids Helpline is a free, confidential service available 24/7 for children and young people aged 5 to 25 in Queensland. It provides counselling and support via phone, web chat and email for issues such as mental health, family conflict, bullying, abuse, identity concerns and school challenges. The service offers crisis intervention, ongoing counselling, self-help resources and the option to reconnect with the same counsellor for continuity of care.	Statewide
Kummara Family Wellbeing Service	Kummara Family Wellbeing Service is funded by the Queensland government and is a community controlled, free of charge, service for all Indigenous families who have children under the age of 18 years old living in their care.  This service offers community programs such as playgroups, parenting groups, and Circle of Security, and provides individual family support including home visits, help with budgeting, child behaviour strategies, and assistance in working with schools and government agencies.	Stones Corner, Annerley, Moorooka, Carina, Mt Gravatt and Sunnybank Hills
Mater Refugee Complex Care Clinic	Provides comprehensive primary care, psychiatry and paediatric services for people seeking asylum throughout south-east Queensland.	Brisbane
Mercy Family Services Queensland	Delivers inclusive, responsive and innovative services for children, young people and families in south-east Queensland.	Brisbane
Micah Projects Women, Children and Families	Dedicated support services for Brisbane women, children and families experiencing adversity, housing stress and homelessness.	Brisbane
Mission Australia	Works with people who are homeless or at risk of becoming homelessness, helping them find and stay living in a stable home. We also provide ongoing, tailored support so people can stay housed and build independence.	Statewide
MobLink	MobLink is a free, culturally safe care coordination service for Aboriginal and Torres Strait Islander people in South-East Queensland. It provides telehealth and outreach support seven days a week, including early pregnancy, general health, and mental health	South East Queensland

Service	Description	Location/s
	advice. Services include transport assistance, hospital and home visits, and connections to allied health, disability, alcohol and drug support, family services, aged care, legal aid, and advocacy. Referrals can be made by individuals, GPs, or agencies.	
Mununjali Housing & Development Company Limited	The program provides affordable long-term accommodation and is available to Aboriginal and Torres Strait Islander members of the community.	Logan
National Disability Insurance Scheme Queensland Partners	Contact details for all NDIS Partner Organisations in Queensland can be found <a href="#">here</a> .	Statewide
Nerang Neighbourhood Centre	Nerang Neighbourhood Centre provides a wide range of community support services, including daily food assistance, financial advice and no-interest loans, domestic and family violence support, employment and youth coaching, counselling, disaster relief, help for new migrants, free tax assistance, and bulk-billed Nurse Practitioner clinics.	Gold Coast
Ngukuthati Family Wellbeing Centre	Aims to improve access for Aboriginal and Torres Strait Islander children 0-8 years and their caregivers through: <ul style="list-style-type: none"> <li>• Early childhood education services: through adjunct care, Playgroup and a long daycare centre.</li> <li>• Family support service: Staff facilitate family and community activities and events that bring together service providers, to promote health and wellbeing programs and resources in the community. It works with mums in support and personal development programs.</li> <li>• Child &amp; Maternal Health &amp; community education on child and family related matters.</li> <li>• Pride in My Home: This program can assist families to establish and maintain a safe and healthy home.</li> <li>• Men's Shed: supports fathers and men in the community. Provides a space to discuss issues and support men through group discussions and activities. Activities including art, carpentry and welding.</li> </ul>	Mount Isa
PCYC Queensland	PCYC Queensland provides youth and community programs that promote safety, wellbeing, and crime prevention. Services include sports and recreation, after-school care, mentoring, leadership programs, driver education, and support for vulnerable young people through case management and engagement activities.	Statewide
Queensland Indigenous Family Violence Legal Service (QIFVLS)	QIFVLS is a free legal service for Aboriginal or Torres Strait Islander people affected by family violence or sexual assault.	Statewide
Queensland Program of Assistance to Survivors of Torture and Trauma	Offers supports (mental health and otherwise) to people who identify as refugee or having refugee background. The service offers counselling, supports, homework club etc.	Brisbane, Toowoomba, Townsville, Cairns

Service	Description	Location/s
Queensland Transcultural Mental Health Centre	Specialist statewide service that offers transcultural mental health support for people of CALD backgrounds. The workforce includes mental health clinicians and cultural consultants.	Statewide
Rainbow Sexual, Domestic and Family Violence Helpline	Provides free, confidential, 24/7 support for LGBTQIA+ people in Queensland who have experienced sexual, domestic or family violence. The service offers trauma-informed counselling, safety planning, information, referrals to specialist supports, and assistance navigating police and medical systems. It also supports friends, family and professionals with advice and debriefing.	Statewide
Triple P Parenting Program	Evidence-based system that helps parents build positive relationships, manage behaviour, and support children's emotional and social development.	Statewide
Uniting Care Community	Health and community services provider. Includes services such as those relating to Family Support, Foster and Kinship Care, and Homelessness.	Statewide
Wesley Mission Queensland	Suite of services offered by Wesley Mission Queensland includes community and family support services such as parenting support services, playgroups (Pee Wees Brisbane), and the Mabel Early Learning Centre (Beenleigh),	Gold Coast, Brisbane
World Wellness Group	Offers mainstream and holistic (including alternative and complementary treatment like acupuncture and massage therapy) mental health supports for people of CALD backgrounds.  Also offers services to people with no Medicare eligibility such as international students.	Brisbane
Wuchopperen Health Service	Community controlled Aboriginal Health organisation providing comprehensive primary health care services to the Aboriginal and Torres Strait Islander people. Wuchopperen delivers a <a href="#">variety of programs under the categories</a> of Primary Health Care, Allied Health, Child, Youth & Family Services, Health Support, Women's, Children and Maternal Health.	Cairns, Edmonton
Youth Empowered Towards Independence (YETI)	YETI is a support agency for young people aged 12-25 years old living in Far North Queensland. YETI is a not-for-profit NGO. YETI facilitates a range of programs focusing on the needs of vulnerable young people, including: a day program; case management; therapeutic counselling; outreach; and research and evaluation. YETI currently employs a multidisciplinary team of teachers, social workers, community development workers, counsellors and psychologists.	Far North Queensland
Yulu-Burri-Ba	A community-controlled health service providing primary health care and associated health services to the community of North Stradbroke Island and Brisbane's Bayside suburbs.	North Stradbroke Island and Brisbane's Bayside suburbs