

IMPORTANT NOTICE: CONFIDENTIALITY AND LEGAL PRIVILEGE

This statement may contain legally privileged and confidential information. If you are not intended to view the contents of this document, you are notified that any transmission, distribution, or photocopying of this statement is strictly prohibited. The legal privilege and confidentiality attached to this document is not waived, lost or destroyed by reason of a mistaken delivery or production to you. If you have received this document without authorisation, please immediately notify Crown Law by telephone on 07 3031 5600 and return the document to Level 11, 50 Ann Street, Brisbane QLD 4000.

**CHILD SAFETY COMMISSION OF INQUIRY
STATE OF QUEENSLAND
PROACTIVE STATEMENT NO. 2**

STATEMENT OF VICTORIA VAN HOUDT

I, **Victoria Van Houdt**, of care of Crown Law, Level 11, 50 Ann Street, Brisbane, Acting Chief Practitioner, Office of the Chief Practitioner, Department of Families, Seniors, Disability Services and Child Safety (the Department), in the State of Queensland state as follows:

1. My qualifications include a Bachelor of Science (Applied Psychology) and a Bachelor of Laws.
2. I have been employed in the field of child protection and adoptions for 25 years, having undertaken roles including Child Safety Officer, Senior Team Leader, Manager, Regional Director and Director, Child Protection Practice.
3. As the Acting Chief Practitioner, I am responsible for providing strategic leadership and oversight to the Delegated Authority team, Domestic and Family Violence Integrated Service Response Program, Child Safety complaints, training, and child death and serious injury reviews teams; specialist services supporting child protection practice and for children with a disability; and the teams responsible for practice capability, complex case consultation, operational policy, procedures, partnerships and programs.
4. Prior to commencing as Acting Chief Practitioner in April 2025, I held the position of Director, Child Protection Practice in the Office of the Chief Practitioner, which includes overseeing child safety operational policy and procedures for the Department.

INTRODUCTION

5. This statement follows the proactive statement number 1 of the Director-General to the Child Safety Commission of Inquiry (Commission of Inquiry) and the Child Safety Practice Manual (CSPM) documents the Department provided in Notice to Produce (NTP) - 1.



Victoria Van Houdt
Acting Chief Practitioner



Witness

IMPORTANT NOTICE: CONFIDENTIALITY AND LEGAL PRIVILEGE

This statement may contain legally privileged and confidential information. If you are not intended to view the contents of this document, you are notified that any transmission, distribution, or photocopying of this statement is strictly prohibited. The legal privilege and confidentiality attached to this document is not waived, lost or destroyed by reason of a mistaken delivery or production to you. If you have received this document without authorisation, please immediately notify Crown Law by telephone on 07 3031 5600 and return the document to Level 11, 50 Ann Street, Brisbane QLD 4000.

6. The Department is the lead government agency for child protection in Queensland. It delivers statutory child protection services to protect children who have experienced significant harm, are experiencing significant harm or are at risk of experiencing significant harm, and do not have a parent able or willing to protect them.
7. Under a public health model, universal support is provided to all families; early intervention services provide additional support for vulnerable families and children; targeted and intensive services are provided to families and children experiencing significant difficulties; and statutory child protection intervention is used when supportive strategies are not sufficient to keep children safe at home.
8. In Queensland, universal services are predominantly provided by Queensland Health (e.g. maternal and child health), the Department of Education (e.g. early childhood education and care and schools) and the Australian Government (e.g. child-care subsidy and income and family support payments).
9. In addition to directly providing statutory child protection services as outlined in this statement, the Department funds a range of non-government agencies to provide early intervention, targeted and intensive support to families.
10. This statement provides an overview of statutory child protection services as they currently operate within the Department.
11. The information provided in this statement is based on relevant legislation, operational policies, practices guidelines and procedures, supplemented with advice received from relevant business units responsive for practice, commissioning and strategic policy within the Department.

LEGISLATIVE FRAMEWORK

12. The delivery of child protection services in Queensland is enabled by the Queensland *Child Protection Act 1999* (CP Act) and the *Child Protection Regulation 2023* (CP Regulation), supported by operational policies and procedures and practice guidelines. The Department's regional structure aims to ensure that frontline services are accessible across the state.
13. The purposes of the CP Act (section 4) are:
 - a) To provide for the protection of children;
 - b) To promote the safety of children; and
 - c) To the extent it is appropriate, to support families caring for children.

[Redacted Signature]

Victoria Van Houdt
Acting Chief Practitioner

[Redacted Signature]

Witness

14. The chief executive of the Department is responsible for exercising statutory powers by making decisions under relevant legislation, including the CP Act.
15. Commencing in January 2020, the *Human Rights Act 2019* (HR Act) established and consolidated statutory protections for certain human rights including the right to protection of families and children. The CP Act and HR Act work together to safeguard children's rights, with the HR Act providing a broad human rights framework and the CP Act focusing specifically on children who are, or may become, in need of protection.
16. The main principle for administering the CP Act, (see s 5A) is that the safety, wellbeing and best interests of a child, both through childhood and for the rest of the child's life, are paramount.
17. The CP Act (see s 5B) provides other general principles that are relevant to making decisions relating to the safety, wellbeing and best interests of a child. These include, but are not limited to:
 - a) A child has the right to be protected from harm or risk of harm;
 - b) A child's family has the primary responsibility for the child's upbringing, protection and development;
 - c) The preferred way of ensuring a child's safety and wellbeing is through supporting the child's family;
 - d) If a child does not have a parent who is able and willing to protect the child, the State is responsible for protecting the child;
 - e) In protecting a child, the State should only take action that is warranted in the circumstances;
 - f) If a child is removed from the child's family, support should be given to the child and the child's family for the purpose of allowing the child to return to the child's family if the return is in the child's best interests.
18. The CP Act (see s 5BA) sets out principles for achieving permanency for a child. The principles are relevant to making decisions about actions to be taken, or orders to be made, under the CP Act. This includes that for ensuring the wellbeing and best interests of a child, the action or order that should be preferred is the action or order that best ensures the child experiences or has:
 - a) Ongoing positive, trusting and nurturing relationships with persons of significance to the child (i.e. relational permanency);

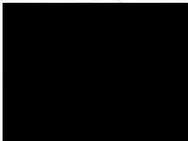


Victoria Van Houdt
Acting Chief Practitioner

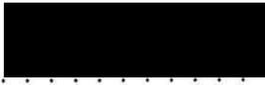


Witness

- b) Stable living arrangements with connections to the child's community that meet the child's developmental, educational, emotional, health, intellectual and physical needs (i.e. physical permanency);
 - c) Legal arrangements for the child's care that provide the child with a sense of permanence and long-term stability (i.e. legal permanency).
19. Section 5BA also provides an order of priority for deciding whether an action or order best achieves permanency for a child which is listed below:
- a) The first preference is for the child to be cared for by the child's family;
 - b) The second preference is for the child to be cared for under the guardianship of a person who is a member of the child's family, other than a parent of the child, or another suitable person;
 - c) If the child is not an Aboriginal or Torres Strait Islander child—the next preference is for the child to be adopted under the *Adoption Act 2009*;
 - d) The next preference is for the child to be cared for under the guardianship of the chief executive;
 - e) If the child is an Aboriginal or Torres Strait Islander child—the last preference is for the child to be adopted under the *Adoption Act 2009*.
20. Permanency decision making is informed by the views of relevant persons including the child's parents and the views and wishes of the child (see ss 5D, 5E). For Aboriginal and Torres Strait Islander children, permanency decision making must take into account the Aboriginal and Torres Strait Islander Child Placement Principle, the right to self-determination and Aboriginal tradition and Island custom (see s 5C).
21. The Aboriginal and Torres Strait Islander Child Placement Principle outlined in the CP Act (see s 5 C), includes five principles that apply in relation to Aboriginal or Torres Strait Islander children. These principles are:
- a) **Prevention** - a child has the right to be brought up within the child's own family and community;
 - b) **Partnership** - Aboriginal or Torres Strait Islander peoples have the right to participate in significant decisions under the CP Act about Aboriginal or Torres Strait Islander children and decisions relating to the development and delivery of services that support Aboriginal or Torres Strait Islander families, or provide care or protection of Aboriginal or Torres Strait Islander children;
 - c) **Placement** - if a child is to be placed in care, the child has a right to be placed with a member of the child's family group;



Victoria Van Houdt
Acting Chief Practitioner



Witness

- d) **Participation** - a child and the child's parents and family members have the right to participate, and be enabled to participate, in an administrative or judicial process for making a significant decision about a child;
 - e) **Connection** - a child has a right to be supported to develop and maintain a connection with their family, community, culture, traditions and language, particularly when the child is in the care of a person who is not an Aboriginal or Torres Strait Islander person.
22. An independent Aboriginal or Torres Strait Islander entity, with the child and family's consent, can help facilitate a child and family's participation in significant decisions being made about the child unless exceptions under the CP Act apply (see ss 5F and 5H). In practice, an independent Aboriginal or Torres Strait Islander entity is referred to as an "independent person".
 23. The Charter of Rights for a child in care in Queensland (Schedule 1, CP Act) reflects the obligation of the State to provide care for children in a way that ensures their rights, as documented in the Charter are met. The CP Act (see s 74) provides that if the chief executive has custody or guardianship of a child under a child protection order or has custody of a child under a care agreement, the chief executive must ensure the charter of rights is complied with in relation to the child.
 24. The CP Act (see s 5E) also includes principles for the participation of children.¹
 25. The Statement of Standards outlined in the CP Act (see s 122) specifies standards of care. The chief executive must take reasonable steps to ensure that children placed in care are cared for in a way that meets the Statement of Standards.

CHILD SAFETY PRACTICE MANUAL

26. Departmental service delivery to children and families is guided by departmentally approved policies, the CSPM and related practice guides.
27. The CSPM provides detailed procedures, guidance and resources to support and guide service delivery.
28. The CSPM was provided to the Commission of Inquiry in response to NTP-1.
29. The structure of the CSPM is outlined below:
 - a) **Our approach** outlines the Department's approach to service delivery including:

¹ This applies if a person exercises or will exercise a power under the CP Act that affects or may affect a child, or makes, or will make, a decision under the CP Act that affects or may affect a child. The principles include that the person must ensure the child is given meaningful and ongoing opportunities to participate.



Victoria Van Houdt
Acting Chief Practitioner



Witness

STRENGTHENING FAMILIES PROTECTING CHILDREN FRAMEWORK FOR PRACTICE

31. In June 2013, the Queensland Child Protection Commission of Inquiry led by Commissioner Tim Carmody KC (the Carmody Inquiry) recommended the Department implement a new practice framework (Recommendation 7.1).
32. In response to this recommendation, a strengths-based, safety-focused framework, the *Strengthening Families Protecting Children Framework for Practice* (Framework for Practice) was developed in consultation with stakeholders including young people, families, carers and Aboriginal and Torres Strait Islander representatives as per documents provided in response to NTP-1.
33. The Framework for Practice aimed to improve family engagement, enhance participation of children and young people in decision-making and strengthen case planning.
34. Tools were designed to improve child safety assessments, develop behaviour-based safety plans, identify kinship care options and address over-representation of Aboriginal and Torres Strait Islander children. These tools were provided in response to NTP-1 and include the:
 - a) **Collaborative assessment and planning framework** - used in partnership with children, young people, their family and networks to assess harm, risk and safety, and collaboratively identify goals and action steps to build future safety, belonging and wellbeing for a child;
 - b) **Three Houses Tool** - a process to involve children, young people and their families in assessment and planning;
 - c) **Family Roadmap** - a process to elicit the views of family members for detailed planning;
 - d) **Future House** - a process to support parents and caregivers to identify their vision and goals for children's future safety, belonging and wellbeing;
 - e) **Circles of Safety and Support Tool** - a process to help parents identify people for their family's safety and support network;
 - f) **Safety House Tool** - a process for engaging children and young people in safety planning;
 - g) **Immediate Story** - a process to help children understand child protection interventions;
 - h) **Foster carer profile** - used to support parents and carers to start to build a relationship;



Victoria Van Houdt
Acting Chief Practitioner



Witness

- (i) Principles to guide practice including - the Framework for Practice, the Aboriginal and Torres Strait Islander Child Placement Principle and the Safe and Together model (which responds to domestic and family violence);
- (ii) Engage and partner - supporting positive engagement and the development of partnerships with children, families and stakeholders;
- (iii) Role, responsibilities and delegations - outlining delegated roles and responsibilities of departmental staff. These roles and responsibilities include the chief executive; child safety officers (who provide statutory child protection services to children and families), senior team leaders (who lead and manage professional staff, including child safety officers to ensure high-quality service delivery), senior practitioners (who support and monitor the quality of child protection services and child safety service centre managers (who provide overarching leadership and management). Proactive statement number 3 of Meegan Crawford, Acting Deputy Director-General, Service Delivery, provides further information regarding the roles of the various staff members;
- (iv) Operational policies – that guide service delivery.

- b) **Procedures** outline the key steps required in practice including actions needed to meet legislative responsibilities. Seven procedures cover all aspects of departmental service delivery including: - receive and respond at intake, respond to a notification, recommend a child protection order, support a child at home, support a child in care, provide and review care, and engage with other jurisdictions.
- c) **Practice kits** provide best practice guidance for delivering child protection services. A practice kit including information and resources about a particular topic and is designed to help staff identify, observe and respond to diverse child, youth and family situations.
- d) **Forms and templates** include available tools to streamline and support service delivery functions.
- e) **Resources** are a collation of practice tools, handouts, check lists and other manuals to assist practice.

30. The CSPM and departmental policies undergo regular reviews and updates in response to changes in legislation, findings from reviews, recommendations and changes in practice and policy direction.



Victoria Van Houdt
Acting Chief Practitioner



Witness

- i) **Safe Contact Tool** – used to engage all of the significant people in the children’s lives, including the children if they are old enough, in decision making and planning to ensure that contact between the children and their family is safe, and is regular and frequent enough that it enables children to maintain their connections with their family, community and culture;
 - j) **Child- and family-centred safety plans** - can be created as immediate safety plans as part of the initial assessment; following changed circumstances in a family that may place the child at risk; as long-term action plans build enough safety, belonging and wellbeing to return a child home and/or close a case;
 - k) **Collaborative action planning tool** - describes the day-to-day arrangements that a family and their safety and support network have agreed to put into place to ensure that the child will be safe in the future.
35. The Framework for Practice was launched on 9 March 2015, with comprehensive training rolled out to support its implementation. The tools developed under this framework have been integrated into child safety practice, accessible through departmental systems and embedded in new child safety officer training to ensure consistent application and understanding.

STRUCTURED DECISION MAKING

36. The Structured Decision Making (SDM) model was introduced in Queensland in 2005 in partnership with the then National Council on Crime and Delinquency and the Children’s Research Centre (now known as Evident Change).
37. SDM is a research-based framework supporting consistent decision-making in child protection through structured assessments and considerations, enhancing professional judgment via a systematic approach to gathering information, identifying key decision points, and evaluating options to promote a child’s safety and well-being.
38. Initially, the SDM suite of tools used in Queensland consisted of eight tools and was supported by a SDM policy and procedures manual. The eight tools included:
- a) Screening Criteria;
 - b) Response Priority Assessment;
 - c) Safety Assessment;
 - d) Family Risk Evaluation for Abuse/Neglect;
 - e) Parent Strengths and Needs Assessment;
 - f) Child Strengths and Needs Assessment;



Victoria Van Houdt
Acting Chief Practitioner



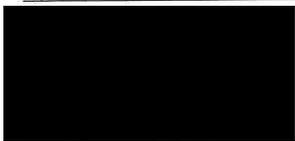
Witness

- g) Family Risk Re-Evaluation for in-home cases; and
 - h) Family Reunification Assessment.
39. In 2021, the Office of the Chief Practitioner, alongside the evaluation of Professor Clare Tilbury and Dr Brian Jenkins², reviewed the eight SDM tools to identify opportunities to improve the tools and update practice guidance, and to ensure SDM were culturally appropriate and meeting the needs of children and young people in contact with the child protection system.
40. The review recommended replacing three risk assessment tools (family risk evaluation, re-evaluation, and reunification assessment) with practice guidance.
41. In April 2025, the screening criteria and response priority tools were retired and replaced with practice guidance to support the rollout of the Department’s Enhanced Intake and Assessment Approach (discussed further below). Current SDM tools in use in Queensland as provided in response to NTP-1 consist of:
- a) **Safety Assessment** - assists in assessing whether any children in a household are currently in immediate danger of serious harm; and, if needed, determining what interventions should be initiated to ensure the child’s safety;
 - b) **Child Strengths and Needs Assessment** - is used to systematically identify critical problems and strengths in order to develop effective case plans;
 - c) **Parental Strengths and Needs Assessment** – is used to systematically identify critical parental problems and strengths to help develop effective case plans.

PHASES OF THE CHILD PROTECTION CONTINUUM

42. There are three key phases in the delivery of child protection services by the Department including:
- a) **Intake** is the initial phase where child protection concerns are reported to the Department and screened to determine whether the concerns meet the threshold for statutory intervention under the CP Act, whereby the case progresses to the assessment phase;
 - b) **Assessment** involves the assessment of child protection concerns through information gathering, conducting interviews and assessing the child’s safety to determine if a child is a child in need of protection;

² Jenkins, B., and Tilbury, C. (2024) An evaluation of racial equity of the actuarial Family risk assessment instrument used in Queensland, Australia, Children and Youth Services Review 164, Article 107891



Victoria Van Houdt
Acting Chief Practitioner



Witness

- c) **Ongoing intervention** commences when a child is assessed as a child in need of protection (see s 10). This phase involves case management, which may include making out-of-home care arrangements for a child, arranging support services and monitoring the child's needs to ensure their safety.

43. This statement does not outline departmental processes to respond to child protection concerns for unborn children as this information was provided to the Commission of Inquiry in my statement of 21 August 2025, in response to NTP-21.

INTAKE

44. Intake is the process where the Department receives and gathers information about harm or risk of harm to a child, or an unborn child (who may be at risk of harm after they are born) and determines the appropriate response to the information received.

45. Intake processes are initiated when professionals, family members or members of the public, referred to as a Notifier, contact a Regional Intake Service or child safety service centre with concerns about a child. This information may be received via phone, email, post or in person.

46. Departmental officers assess this information using the *Decision making at intake guide* and their professional judgement to consider whether there is a reasonable suspicion that a child may be a child in need of protection in accordance with the CP Act (see s 14).³ In practice, this is referred to whether the concerns meet the threshold for a notification.

47. In certain circumstances, additional information can be sought to assist the decision about the appropriate response at intake, using the information sharing provisions of the CP Act. Chapter 5A generally provides an enabling framework for information sharing in certain circumstances. Further details may be gathered by re-contacting the notifier or seeking information from professionals such as the child's school, doctor or service provider.

48. If it is determined that the concerns do not meet the threshold for a notification, a child concern report is recorded and either the intake is closed with no further action or one of the following responses is undertaken:

- a) **Protective advice** - advice is provided to the notifier about how to respond to their concerns, referral options the notifier could pursue, or general information aimed at increasing safety for the child and preventing the need for child safety involvement in the future;

³ A child in need of protection is a child who has suffered significant harm, is suffering significant harm, or is at unacceptable risk of suffering significant harm; and does not have a parent able or willing to protect the child from harm (see s 10 of the CP Act). Harm refers to any detrimental effect of a significant nature on a child's physical, psychological or emotional wellbeing, regardless of how it is caused (see s 9 of the CP Act).



Victoria Van Houdt
Acting Chief Practitioner



Witness

- b) **Referral for family support** - the family is referred to an appropriate family support service to help address the identified risk factors experienced by the family;
 - c) **Active support response** - this response is considered where there is a pattern of ongoing child concern reports over a 12-month period. It enables Child Safety to contact parents to discuss the concerns and offer help and support including facilitating referrals to appropriate services. During an active support response, the department contacts a parent by telephone, seeking their consent to discuss the information received and, where they are agreeable, share the notified concerns. Parents must be advised the department is not investigating the concerns but believes the family could benefit from support.
49. Since 2009, Regional Intake Services have primarily managed intake during business hours (9.00 am – 5.00 pm, Monday-Friday). There are seven Regional Intake Services in total, with one intake service per region with the exception of the South West region, which has two intake services.
 50. Regional Intake Services are staffed by child safety officers who are supervised by a senior team leader and manager and supported by a senior practitioner and, more recently in 2025, a First Nations Intake team.
 51. The inclusion of First Nations intake staff, through the statewide implementation of the First Nations Intake Program, allows more decisions about Aboriginal and Torres Strait Islander children and families to be made by Aboriginal and Torres Strait Islander people, consistent with Aboriginal and Torres Strait Islander self-determination principles.
 52. Child Safety After Hours Service (CSAHS) is a statewide service provided by the Department, operating 24 hours per day, 7 days a week, to respond to urgent and emergent child protection matters outside of business hours and works across the child protection continuum, from intake through to ongoing intervention matters.
 53. Where it is assessed the concerns reach the threshold for a **notification**, the concerns progress to the second phase, i.e. assessment, of departmental service delivery.
 54. In this phase, the concerns are considered against priority response criteria to determine the most appropriate assessment response including a:
 - a) **Standard response** - where no priority response criteria have been met, the notification is responded to via a standard response within seven days of the decision to record the notification; or a
 - b) **Priority assessment** - where priority criteria have been met, the notified concerns are responded to via a priority assessment where urgency prompts and procedural guidance are applied to determine whether a 24 hour or 72 hour response priority timeframe will be applied.

[Redacted Signature]

Victoria Van Houdt
Acting Chief Practitioner

[Redacted Signature]

Witness

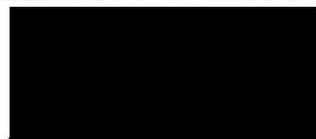
55. Notifications and their associated standard or priority response assessments are sent from the Regional Intake Service to the service centre responsible for undertaking assessments in the child's location. In some locations across the state this may be a dedicated assessment service centre and in other locations this may be a service centre responsible for assessments and ongoing intervention service delivery.

ASSESSMENT

Standard child protection response

56. A standard child protection response is a proactive and supportive approach to respond to a notification where there are no immediate safety concerns and the concerns do not meet the criteria for a priority response. Its purpose is to:
- a) Determine if a child is safe;
 - b) Assess the family's needs;
 - c) Determine if there are supports that the Department or other agencies can provide to the child and family to reduce risk to the child; and
 - d) Take other action to ensure the child's safety, if required.
57. A standard child protection response involves a pre-planned home visit where a departmental officer visits the family, undertakes a safety assessment of the child's immediate safety needs and if deemed safe, assesses the family's needs and supports and services required. The family is offered the opportunity to link with supports and services to address the identified needs and resolve issues. Additional information gathering also occurs as required. The assessment is completed by the Department and whenever possible, with an Assessment and Service Connect⁴ co-responder.
58. A standard response involves sighting and engaging with the child, engaging with the parents and other adults, completing a safety assessment, assessing the family's needs and coordinating support.
59. Where information or engagement with the child and family indicates there is an increased level of risk of harm to the child or the child is a child in need of protection, the response is escalated to a priority response.
60. The outcome of a standard child protection response is one of the following:
- a) **Assessed and closed** - where the child was sighted and assessed as safe, the family needs assessment found no further support is required and no identified risks require escalation to a priority response;

⁴ Assessment and Service Connect (ASC) services are funded non-government organisations that engage with families subject to a notification to undertake an assessment of their needs and refer to appropriate supports to increase the safety of children.



Victoria Van Houdt
Acting Chief Practitioner



Witness

- b) **Assessed, referred and closed** - where the child was sighted and assessed as safe, the family needs assessment was completed and the family was referred for further assessment, support coordination or intervention;
- c) **No assessment completed** - where an assessment could not be commenced or completed because the child and parents could not be located or the child died before the assessment could be completed, or a referral to a First Nations collective has been accepted⁵;
- d) **Reviewed and closed** – a standard child protection response may be reviewed and closed if all the following apply:
 - (i) It has been open for more than 60 days;
 - (ii) The subject child and family have not been contacted or engaged;
 - (iii) The assessment does not include an unborn subject child;
 - (iv) The subject child is not a subject child in another open assessment;
 - (v) Reasonable attempts have been made to allocate the matter for assessment, but the matter cannot be allocated due to workforce capacity issues;
 - (vi) The previous notification in relation to any subject child was assessed and finalised, which included the child being sighted by a departmental officer; and
 - (vii) A subject child was not subject to an ongoing intervention in the last six months.

61. A **safety and support response** is a sub-set of the standard response. The criteria for a standard response must first be met before determining whether it may be appropriate for a safety and support response. It allows a Regional Intake Service to make a direct referral to an Assessment and Service Connect provider when a notification has been recorded and when the service has capacity to respond.

62. With the parents’ consent, the Department will facilitate a referral to an Assessment and Service Connect service. The service will engage with the family to assess their needs and link with supports, independently of the Department. If the family does not consent to the referral, the Department will proceed with the assessment in line with procedures under the standard response pathway.

⁵ First Nations collectives have been established on the Sunshine Coast (the Early Indigenous Response Collective (EIRC)) and Brisbane Moreton Bay region (HALT). First Nations collectives are comprised primarily of First Nations staff from Aboriginal Community Controlled Organisations and aim to support decision making at the point of Intake and during Assessment. The collectives provide information and advice to Child Safety staff on the most culturally appropriate and available supports and services for children and families.



Victoria Van Houdt
Acting Chief Practitioner



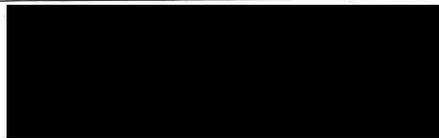
Witness

Priority child protection response

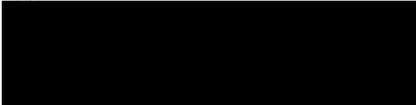
63. A priority child protection response is a timely and rigorous assessment of whether a child is a child in need of protection. This response is appropriate when a notification requires immediate action to address imminent safety issues, including severe neglect, significant physical abuse and sexual abuse.
64. The purpose of a priority response is to:
- a) Determine if a child is safe;
 - b) Assess allegations of harm and risk of harm;
 - c) Assess the child and family in their home environment;
 - d) Assess and decide if the child is in need of protection;
 - e) Assess the child's experience of the alleged harm; and
 - f) Take appropriate action in response to the outcome of the assessment.
65. The priority child protection response has two response timeframes of 24 hours or 72 hours to allow immediate action to commence to promptly address imminent safety concerns while providing flexibility to coordinate the response across agencies. A priority child protection response may be conducted as a joint response with police.
66. A priority child protection response involves a child safety officer sighting and engaging the child, interviewing the child's parents and other adults, gathering information from service providers and professionals engaged with the family as needed and completing a safety assessment. In some circumstances contact with the child may occur at the child's school (see s 17).
67. Outcomes of a priority child protection response include:
- a) **Child in need of protection** – where it is assessed that there is an unacceptable risk of harm to a child and one of the following apply:
 - (i) The child has experienced harm and does not have a parent able and willing to protect them;
 - (ii) there is unacceptable risk of harm, and the child does not have a parent able and willing to protect them.
 - b) **Child not in need of protection - Child in need of support: referral unable to be progressed** where:



- (i) It is assessed that the child has experienced harm, but there is no unacceptable risk of future harm as the child has a parent able and willing to protect them; or
 - (ii) No harm has occurred and there is no unacceptable risk of harm, as the child has a parent able and willing to protect them; or
 - (iii) There are support needs for the child, but there is no service with capacity to provide support, or a parent did not give consent for a referral.
- c) **Child not in need of protection - Referral to a support service** where:
- (i) It is assessed that the child has experienced harm, but there is no unacceptable risk of future harm as the child has a parent able and willing to protect them; or
 - (ii) No harm has occurred and there is no unacceptable risk of harm, as the child has a parent able and willing to protect them; or
 - (iii) The child and family have been referred for support.
- d) **Child not in need of protection - No further action** where:
- (i) It is assessed that the child has experienced harm, but there is no unacceptable risk of future harm as the child has a parent able and willing to protect them; or
 - (ii) No harm has occurred and there is no unacceptable risk of harm, as the child has a parent able and willing to protect them; or
 - (iii) There are no support needs for the child, or the family are already engaged with services to help reduce risk to the child.
- e) **Ongoing intervention continues** where the child is already subject to ongoing intervention and:
- (i) No harm has occurred, and no unacceptable risk of harm has been identified during the current assessment;
 - (ii) The child has not suffered harm, but is at unacceptable risk of harm, without a parent able and willing to protect the child;
 - (iii) The child has suffered harm, but no unacceptable risk of harm has been identified during the current assessment;
 - (iv) The child has suffered harm and is at unacceptable risk of harm, without a parent able and willing to protect the child.



Victoria Van Houdt
Acting Chief Practitioner



Witness

f) **No assessment completed** where:

- (i) Credible information has been received and there is no longer a reasonable suspicion the child is a child in need of protection;
- (ii) The assessment could not be commenced because the child and parents or pregnant person could not be located and actions to locate them were unsuccessful;
- (iii) The assessment commenced but could not be completed because either there was insufficient information to decide the outcome and the family moved following contact with the Department and could not be located;
- (iv) The parent refused contact with the child and a Temporary Assessment Order or Court Assessment Order (see below) has been applied for, but the order was not granted by the Childrens Court;
- (v) The child died before the assessment was completed and there is insufficient information to decide an outcome;
- (vi) A pregnant person advises that they are no longer pregnant or has never been pregnant and this has been confirmed with a medical practitioner;
- (vii) A pregnant person has not been located, and two months have passed since the estimated date of delivery.

68. If a child is assessed as needing protection, the child and family move to the ongoing intervention phase of child protection service delivery. What is needed to meet the child's safety, belonging and wellbeing needs and what is needed to reduce the likelihood of future harm to the child is considered in deciding the type of ongoing intervention.

Responding to immediate risk during the assessment phase

69. In circumstances where immediate harm indicators are present, the child safety officer must take immediate action to ensure the safety of the child. Wherever possible the Department will work with the child, parent and family's informal and formal support network to develop a safety plan. A safety plan is an agreement between the family and the department and outlines the child protection concerns and agreed actions immediately required to keep the child safe.
70. Where it is assessed that a safety plan will not adequately address the immediate safety needs of the child, the department will pursue an out-of-home care placement either through a voluntary care agreement with the parents' consent or an order under the CP Act, including a child protection order.



Victoria Van Houdt
Acting Chief Practitioner



Witness

71. In cases where the child is at risk of harm and the child is likely to suffer harm if the child is not immediately taken into custody, a child can be taken immediately into the chief executive's custody under the CP Act (see s 18). If this power is exercised, the officer must, as soon as practicable, apply for either a Temporary Assessment Order or a Temporary Custody Order. However, if eight hours pass after the child is taken into custody and no decision has been made about a temporary order, the chief executive's custody of the child ends.
72. The CP Act contains provisions that enable the Department to apply to the Childrens Court to for the following orders :
- a) **Temporary Assessment Order** - authorises actions when parental consent cannot be obtained. In practice, the Department seeks these orders during a priority response. A Temporary Assessment Order can provide the authority to take a child into the chief executive's custody, but guardianship remains with the child's parents. It may also authorise specific actions relating to the assessment of a notification, e.g. a medical examination of a child. A Temporary Assessment Order can only be granted for a period of three business days and can be extended via a Temporary Assessment Order Extension application by one business day;
 - b) **Court Assessment Order** - authorises actions necessary to assess whether a child is a child in need of protection if parental consent is unavailable or withheld, and the assessment is expected to take more than three business days. In practice, the Department seeks these orders during a priority response. It provides authority to take a child into the chief executive's custody, but guardianship remains with the child's parents. A Court Assessment Order may also authorise specific actions relating to the assessment of a notification and can be granted for a maximum of four weeks from the day of the initial hearing of the application before the Childrens Court. A Court Assessment Order can be extended via a Court Assessment Order Extension application for a maximum of four weeks and cannot be extended more than once;
 - c) **Temporary Custody Order** - authorises the actions necessary to secure the immediate safety of a child, pending a decision of what further action is necessary to meet the child's protection and care needs. A Temporary Custody Order can provide the authority to take a child into the chief executive's custody, but guardianship remains with the child's parents. A Temporary Custody Order may also authorise specific actions. A Temporary Custody Order can only be granted for a period of three business days and can be extended by one business day via a Temporary Custody Order Extension application if intending to apply for a child protection order.



Victoria Van Houdt
Acting Chief Practitioner



Witness

Changes to intake and assessment

73. Current intake and assessment phases outlined in this statement reflect the Enhanced Intake and Assessment Approach, which was fully implemented on 12 April 2025.
74. This approach was developed as a contemporary way of working with families by providing a range of proportionate, flexible child protection responses that aim to ensure children get the right response at the right time.
75. It reflects a commitment to place-based cultural knowledge, understanding the wishes and needs of Aboriginal and Torres Strait Islander children and families. As part of the Enhanced Intake and Assessment approach, First Nations Officers in the Regional Intake Services offer culturally appropriate engagement and support to Aboriginal and Torres Strait Islander families.
76. The Enhanced Intake and Assessment Approach was implemented in stages. Stage 1 involved the operationalisation of standard response procedures for suitable notifications in select regionally endorsed locations. Stage 1 was effective from 29 July 2024 as part of a time-limited strategy approved by the then Director-General.
77. Stage 2 commenced upon full operationalisation of the Enhanced Intake and Assessment Approach in line with Release 2 of Unify⁶ in April 2025.
78. Prior to the Enhanced Intake and Assessment Approach, outcomes for intake included:
- a) **Intake enquiry** - when information was received but no child protection concerns identified;
 - b) **Child concern report** - when concerns did not indicate harm or risk of harm, and no reasonable suspicion existed that a child was in need of protection, a child concern report was recorded. This could occur without contacting parents but could involve referring the family to support services;
 - c) **Notification** - where concerns indicated that a child had been harmed or was at risk of harm and it was reasonably suspected that the child may be a child in need of protection and an investigation and assessment was required. Timeframes for responding to a notification included 24 hours, five days or 10 days.
79. Notifications then progressed to the investigation and assessment phase (now the assessment phase). Investigation and assessment outcomes included:

⁶ Unify is a contemporary case and client management system that is currently being implemented across the Department, replacing the Integrated Management System (ICMS), the department's previous client management system for frontline use.



Victoria Van Houdt
Acting Chief Practitioner



Witness

- a) **Substantiated - child in need of protection** where it was assessed there was an unacceptable risk of significant harm to a child and one of the following applied:
- (i) The child had experienced significant harm and there was an unacceptable risk of significant harm as the child did not have a parent able and willing to protect them;
 - (ii) No harm has occurred, but there was an unacceptable risk of significant harm, as the child did not have a parent able and willing to protect them.
- b) **Substantiated - child not in need of protection** where it was assessed that the child had experienced significant harm, but there was no unacceptable risk of significant harm as the child has a parent able and willing to protect them;
- c) **Unsubstantiated - child not in need of protection** where it was assessed that no significant harm had occurred and there was no unacceptable risk of significant harm, as the child had a parent able and willing to protect them;
- d) **Unsubstantiated - ongoing intervention continue** where the child was already subject to ongoing intervention and no significant harm had occurred, and no unacceptable risk of significant harm has been identified during the investigation and assessment;
- e) **Substantiated - ongoing intervention continues** where the child was already subject to ongoing intervention and:
- (i) Had suffered significant harm, but no unacceptable risk of significant harm had been identified during the investigation and assessment; or
 - (ii) Had suffered significant harm and was at unacceptable risk of significant harm, without a parent able and willing to protect the child; or
 - (iii) Had not suffered harm, but was at unacceptable risk of significant harm, without a parent able and willing to protect the child.
- f) **No investigation and assessment outcome** - this outcome was recorded on rare occasions only, if:
- (i) The investigation and assessment had not commenced because the child and family could not be located, and actions taken to locate them had been unsuccessful;
 - (ii) The investigation and assessment had commenced, but could not be completed as there was insufficient information to decide on an outcome, and either the family has moved following contact by the Department and could be located or the parent has refused contact with the child and a



Temporary Assessment Order or Court Assessment Order had been applied for, but the order was not granted by the magistrate or the Childrens Court;

- (iii) A subject child had died before the investigation and assessment was completed and there was insufficient information to decide on an outcome;
- (iv) A pregnant woman advised she was no longer, or had never been, pregnant; her appearance supported this information; and it was confirmed with her medical practitioner (or reasonable attempts had been made to do so);
- (v) The pregnant woman had not been located and two months had passed since the estimated date of delivery.

ONGOING INTERVENTION

- 80. The third phase of departmental service delivery is ongoing intervention.
- 81. Ongoing intervention refers to intervention by the Department that occurs with a child and their family following the completion of an assessment when it is assessed that a child is in need of protection.
- 82. Ongoing intervention has not changed as part of the Enhanced Intake and Assessment Approach.

Deciding which intervention is most appropriate to meet the child's protection needs

- 83. To determine the most suitable intervention to address a child's protection needs, a case may be referred to a practice panel.
- 84. A practice panel is an internal, facilitated case discussion forum that provides an authorising environment for making critical decisions or recommendations about case direction, enabling critical decision-making and group analysis and reflection.
- 85. Practice panels are critical to permanency planning and decision making, enabling focused discussion about the best interests of a child, the most suitable permanency arrangements to best achieve relational, physical and legal permanency for a child and how the rights of an Aboriginal or Torres Strait Islander child are being upheld and applied.
- 86. A case may also be referred to a practice panel for key decisions such as:
 - a) When deciding whether to open or close an Intervention with Parental Agreement case (see paragraphs 119-131 of this statement);
 - b) When deciding in whose care to place a child.



Victoria Van Houdt
Acting Chief Practitioner



Witness

87. A case must be referred to a practice panel prior to:
- a) A child protection order expiring;
 - b) Making a permanency decision for a child, including a decision to reunify a child to a parent, or to pursue a long-term child protection order;
 - c) A case plan review for a child under the CP Act (see s 51VAA), which relates to whether permanency for a child currently subject to an order granting long-term guardianship to the chief executive would be best achieved by an alternative arrangement in line with the order of priority in section 5BA(4).
88. Practice panel members apply their professional knowledge and expertise to the group decision making process. When considering panel membership, the panel chair, typically the child safety service centre senior practitioner, will decide who has relevant practice experience and skills to best contribute to the process.
89. A practice panel includes the following members:
- a) The senior practitioner, responsible for facilitating the discussion;
 - b) The senior team leader, responsible for overseeing case management of the child;
 - c) The child safety officer, responsible for case management;
 - d) The child safety service centre manager, where they are delegated to make the decisions;
 - e) Other departmental staff who are working with the family;
 - f) If the child is an Aboriginal or Torres Strait Islander child, at least two Aboriginal or Torres Strait Islander peoples with appropriate cultural authority and expertise such as:
 - (i) a cultural practice advisor;
 - (ii) an Aboriginal or Torres Strait Islander Child Safety practitioner;
 - (iii) A practitioner from an Aboriginal or Torres Strait Islander community-controlled organisation; and
 - (iv) The Aboriginal and Torres Strait Islander practice leader.
 - g) A person who is independent of the decision and has had no previous involvement, who can bring an objective point-of-view (referred to as a ‘critical friend’);



Victoria Van Houdt
Acting Chief Practitioner



Witness

- h) Professionals from other government or non-government agencies who are working with the child and family; and
- i) A professional with specialist knowledge or expertise (e.g. expertise in domestic and family violence, child sexual abuse) that is relevant to the decision, where necessary.

Case planning

- 90. Every child assessed to be a child in need of protection must have a case plan developed and reviewed in line with Part 3A of the CP Act. A case plan is a written plan for meeting a child's protection and care needs.
- 91. A case plan clearly states:
 - a) The goal and actions to achieve permanency for the child, and timeframes for achieving them;
 - b) An alternative permanency goal, if the primary goal is reunification;
 - c) Actions to promote the child's safety, belonging and wellbeing;
 - d) The people or services who are responsible for completing the action; and
 - e) If the child is aged 15 or older, the help and support they require to transition to adulthood.
- 92. If a child is Aboriginal or Torres Strait Islander, the case plan will detail how the child will be supported to develop and maintain a connection with their family, community, culture, traditions and language.
- 93. A child's case plan is recorded in the prescribed form in Unify.
- 94. Case planning is a collaborative process that involves four cyclical steps:
 - a) Assessment;
 - b) Planning and developing;
 - c) Implementation; and
 - d) Review.

Assessment

- 95. When a child is in care, the Department works with the child, their parents and their safety and support network to develop a case plan for the child that identifies a primary permanency goal and an alternative permanency goal if the primary permanency goal is reunification with the child's parents.



Victoria Van Houdt
Acting Chief Practitioner



Witness

96. Before a case plan can be developed, the child's strengths and needs and, for in-home or reunification cases, the parents' strengths and needs are assessed using the SDM Strengths and Needs assessment tools. This case planning stage builds on information gathered during the assessment or previous reviews of the child's case plan, to clarify strengths that may be leveraged and needs to be addressed. This enables the development of appropriate goals and actions to achieve the overall permanency goal for the child.
97. Engaging with the family during this stage assists departmental officers to develop in-depth of understanding about family functioning, dynamics and needs. Family participation in the assessment stage can foster a sense of ownership, encourage engagement in case planning, and help them understand the Department's involvement.
98. The child's case plan will address a child's needs, as identified in the Child Strengths and Needs Assessment, as well as support a child's strengths. For in-home and reunification cases, the case plan will also include goals and actions relating to the needs identified for the parent within the Parental Strengths and Needs Assessment to support a child's return home. A case plan will focus on three priority needs of a parent at a time.
99. The assessment stage will also identify non-negotiables, that is, essential actions required to ensure a child's safety, based on immediate harm indicators or significant risk factors. For example, requiring supervised parental contact for safety concerns, with these measures reviewed as the case plan progresses.

Planning and development

100. In accordance with the CP Act (s 51D), case planning must be carried out in a way that:
 - a) Enables timely decision making;
 - b) Is consistent with the principles for administering the CP Act;
 - c) Encourages and facilitates the participation of the child, their parents and other appropriate family members, other appropriate persons and, for an Aboriginal or Torres Strait Islander child, Aboriginal and Torres Strait Islander persons and agencies;
 - d) Facilitates input from other appropriate entities, such as professionals and services working with the family; and
 - e) Enables those involved in the development of the plan to understand it.
101. A family group meeting is an inclusive, family-focused process for developing a case plan. It is a collaborative process, that seeks to identify the necessary steps to ensure

the safety and wellbeing of a child, and the necessary steps and actions to facilitate this.

102. A family group meeting must be held to develop the initial case plan for a child, or if the Childrens Court orders a family group meeting on adjournment of a proceeding for a child protection order. A family group meeting may also be held to review a child's case plan.
103. A family group meeting may be convened by:
- a) A family group meeting convenor, who are departmental officers who plan, prepare and facilitate family group meetings;
 - b) An external convenor, including a family led decision making from the Family Participation Program; or
 - c) A departmental officer such as a child safety officer, senior team leader, senior practitioner or child safety service centre manager.
104. The family group meeting convenor is responsible for liaising with and preparing participants for the family group meeting, and/or representing the views of participants that are unable to attend but were consulted.
105. During the family group meeting, participants work together to create goals and actions that describe:
- a) Who is part of the network or plan;
 - b) What actions will be taken by the parents, carer or the network to address the unacceptable risk of significant harm to a child; and
 - c) How long the behaviour will need to be demonstrated for the Department to be confident the behaviour will continue.
106. After the child's case plan has been approved, the plan must be shared with:
- a) The child (where appropriate to do so);
 - b) The child's parents; and
 - c) Anyone effected by the plan (likely to be a person who has a role in implementing the child's case plan).
107. The Family Participation Program facilitates family-led decision making processes for Aboriginal and Torres Strait Islander families. The Family Participation Program provides a culturally safe space for parents, families and children to work together to solve problems and lead decision making. When developing a case plan for an



Victoria Van Houdt
Acting Chief Practitioner



Witness

Aboriginal or Torres Strait Islander child, the family must be offered a referral to a Family Participation Program.

Implementation

108. Implementation of the case plan involves executing actions in the case plan, regularly assessing progress towards goals and monitoring the child's safety, belonging and wellbeing. Other actions during the implementation stage include:
- a) Engaging with and coordinating professionals and services who are providing help and support to the child and the child's parents;
 - b) Facilitating family contact between the child, their parents, siblings, extended family members and other persons of significance;
 - c) Undertaking meaningful face-to-face contact visits with the child and child's parents;
 - d) Responding to harm, immediate safety concerns or risk of harm.
109. During implementation, a child safety officer assesses, monitors and records progress towards case plan goals. This helps to inform the review of the child's case plan, which is conducted within six months of its development.

Reviewing a case plan

110. The review of a child's case plan involves looking back at actions taken and progress made towards achieving case plan goals, including the overall goal to achieve permanency for the child.
111. Part 3A, Division 5 of the CP Act sets out periodic review requirements for case plans. For children who do not have a long-term guardian, or who are subject to the guardianship of the chief executive, the chief executive must review the plan at least every 6 months (see s 51V).
112. At the review stage, a decision is made about the focus of a child's revised case plan or whether to close the ongoing intervention. The review of a child's case plan provides an opportunity for the department and the child, their carer, their parents and their safety and support network (where relevant) to share information on what has been accomplished so far, and what other actions need to be taken to achieve the overall case plan goal. These actions form the child's next case plan.
113. A family group meeting is not required to review a case plan and develop a revised case plan, unless a family group meeting has been ordered by the Childrens Court on adjournment of an application for a child protection order, or to enable participation of relevant persons.



Victoria Van Houdt
Acting Chief Practitioner



Witness

114. Where ongoing child protection concerns continue and a child remains in need of protection, a new case plan is developed, restarting the case plan cycle.

TYPES OF ONGOING INTERVENTION

115. Ongoing intervention can take the form of an Intervention with Parental Agreement or child protection order.

116. The Department is required to allocate a child safety officer to manage cases for children under ongoing intervention. A child safety officer, in line with case management requirements is required to:

- a) Implement effective, ongoing assessment, planning, implementation and collaborative review processes; and
- b) Participate in joint planning processes with relevant people, such as the child's immediate and extended family, the child's carer, school and other service providers for the child and their parent/s where relevant to negotiate responsibility for case work tasks, based on the case plan goal and anticipated outcomes.

Intervention with Parental Agreement

117. Intervention with Parental Agreement refers to time-limited intensive intervention by the Department focusing on the safety, belonging, wellbeing of a child who is a child in need of protection, but remains in the family home, without the need for a court order.

118. In accordance with the CP Act (see s 51ZB), there are circumstances where the Department must consider Intervention with Parental Agreement.

119. An Intervention with Parental Agreement aims to ensure the safety and wellbeing of a child in need of protection, if the child's parents are able and willing to work with the Department and it is likely that by the end of the proposed intervention, the child's parents will be able to meet the child's protection and care needs, except where the child would be assessed as at immediate risk of harm should the parents withdrawn their agreement to the intervention.

120. The purpose of an Intervention with Parental Agreement is to reduce the level of risk in the home, increase safety for the child and to build the capacity of the family so that, following the intervention, they are able to meet the child's protection and care needs. It is generally short term and intensive, and the child usually remains at home for all, or most of, the intervention period.

121. The appropriateness of an Intervention with Parental Agreement is further informed by procedural and practice guidance contained with the CSPM, which outlines an Intervention with Parental Agreement is appropriate when:

[Redacted Signature]

Victoria Van Houdt
Acting Chief Practitioner

[Redacted Signature]

Witness

- a) The child is assessed as immediately safe - the outcome of the safety assessment must be 'safe' or 'safe with immediate safety plan';
 - b) The parents understand and acknowledge the child protection concerns. Concerns that are not understood or acknowledged pose a significant risk to a child's safety.
 - c) At least one parent must:
 - (i) Be both able and willing to work with the Department to meet the safety, belonging and wellbeing needs of the child;
 - (ii) Agree to participate in the development and implementation of a case plan to meet the protection and care needs of the child; and
 - (iii) Be assessed as likely to be able to meet the child's need for safety, belonging and wellbeing when the intervention is completed.
122. Case management responsibility for an Intervention with Parental Agreement case is allocated to the child safety service centre where the child is residing.
123. There is no maximum timeframe for an Intervention with Parental Agreement case to remain open, however:
- a) Extending an Intervention with Parental Agreement case beyond 12 months requires approval by the child safety service centre manager; and
 - b) Up to 12 months is considered an appropriate length of time in to address the concerns while a child remains in the home.
124. Factors specific to case planning for Intervention with Parental Agreement cases includes:
- a) The parents' continued ability and willingness to:
 - (i) Understand the risk of unacceptable harm (sometimes referred to as worries); and
 - (ii) Genuinely work towards completing actions and achieving the primary case plan goal.
 - b) Progress made towards addressing the identified risk and safety issues for the child and the ability and willingness of a parent to protect the child, to determine whether the child continues to be in need of protection.
 - c) The parents' continued commitment and ability to work with the safety and support network.



Victoria Van Houdt
Acting Chief Practitioner



Witness

- d) The parents' ongoing commitment to participating in substance testing when problematic alcohol and other drug use remains a complicating factor.
 - e) The parents' ongoing commitment to behavioural change and ceasing use of domestic and family violence, where this remains a risk factor.
125. The Department reassesses the suitability of this intervention if a family is not able to:
- a) Sustain their commitment or ability to meet a child's safety, belonging and wellbeing need; or
 - b) Work towards addressing the concerns.
126. In these circumstances, the child safety officer will consult with the senior team leader and the Office of the Child and Family Official Solicitor⁷ to determine if the child's safety, belonging and wellbeing needs are best met by a recommendation to the Director of Child Protection Litigation⁸ for a child protection order.
127. If an Intervention with Parental Agreement case plan has been reviewed, and the primary case plan goal has not been achieved in a 12 month period, the Department will reassess whether Intervention with Parental Agreement is the most appropriate way to meet the child's needs.
128. An Intervention with Parental Agreement case is closed when the child is no longer in need of protection as a case plan review has determined:
- a) The Department is satisfied the family has made progress in resolving the child protection concerns and achieving the primary case plan goal;
 - b) The child is no longer assessed as being at unacceptable risk of significant harm, without a parent able and willing to protect them;
 - c) A subsequent safety assessment has been completed and there is no immediate harm indicators present in the household; and
 - d) The family can continue to work with their safety and support network to meet the child's ongoing safety, belonging and wellbeing needs.
129. An Intervention with Parental Agreement will also be closed if the child becomes subject to a child protection order granting custody or guardianship to the chief executive or a suitable person.

Child protection orders

⁷ The Office of the Child and Family Official Solicitor in an in-house legal unit that provides early and independent information and legal advice to the Department at the commencement of child protection applications in Queensland

⁸ The Director of Child Protection Litigation is an independent statutory agency located in the portfolio responsibility of the Department of Justice.



Victoria Van Houdt
Acting Chief Practitioner



Witness

130. A child protection order is an order made by the Childrens Court under the CP Act Chapter 2, Part 4. Among other matters, the Childrens Court may only make a child protection order if it is satisfied the child is in need of protection and the order is appropriate and desirable for the child's protection.
131. Since 1 July 2016, in response to recommendations of the 2013 Queensland Child Protection Commission of Inquiry, child protection legal proceedings are conducted by the Director of Child Protection Litigation. The Director of Child Protection Litigation is the only entity that can apply for a child protection order in Queensland.
132. Where the Department assesses a child protection order is required, to ensure the safety, wellbeing and best interests of the child, the Department, through the Office of the Child and Family Official Solicitor, refers the matter to the Director of Child Protection Litigation for consideration *Director of Child Protection Litigation Act 2016* (DCPL Act) (see s 15)).
133. The Director of Child Protection Litigation will support an application for a child protection order or refer the matter back to the Department with written reasons for their decision not to apply for the order under the DCPL Act (see s 18).
134. The Department will only recommend a child protection order to the Director of Child Protection Litigation if a child's need for safety is unable to be met by providing another type of ongoing intervention, and an order is needed to enable intervention by the Department.
135. The Director of Child Protection Litigation can seek any information from the Department deemed relevant to the proceedings. As the applicant, the Director of Child Protection Litigation will ultimately decide whether information is relevant to a proceeding and whether it should be filed as part of the proceedings.
136. The types of child protection orders under the CP Act include:
- a) **Directive Order** - an order directing a parent to do or refrain from doing something directly related to the child's protection, and/or not to have contact (direct or indirect) with the child, or to only have contact when a stated person or a person of a stated category is present;
 - b) **Supervision Order** - an order that requires the chief executive to supervise the child's protection in relation matters stated in the order
 - c) **Child Protection Order granting custody** to a suitable member of the child's family (other than a parent of the child) or the chief executive, typically known as a Short-term Custody Order;
 - d) **Child Protection Order granting short-term guardianship** to the chief executive, typically known as Short-term Guardianship Order;



Victoria Van Houdt
Acting Chief Practitioner



Witness

- e) **Child Protection Order** granting long-term guardianship to a suitable member of the child's family (other than a parent of the child) or to another suitable person or to the chief executive until a child turns 18, typically known as a Long-term Guardianship Order;
 - f) **Permanent Care Order** granting long-term guardianship of a child to a suitable person (other than a parent of the child or the chief executive), nominated by the Department until the child turns 18.
137. Under section 65A, a Court may make a transition order to extend an existing child protection order up to 28 days to support a child's gradual transition to their parent's full-time care. It cannot be extended and may be issued when a court revokes, denies an extension, or upholds an appeal against an existing order.
138. Prior to making a child protection order the Childrens Court must be satisfied of the matters set out in the CP Act (see s 59).
139. Three months before a child protection order ends, a practice panel will review the case to determine if a new order is needed, consulting the Office of the Child and Family Official Solicitor if required.
140. The Office of the Child and Family Official Solicitor also provides written legal advice to departmental officers on the merits of proceeding with a referral to Director of Child Protection Litigation.
141. Under the CP Act (see s 65), a child, their parent or the Director of Child Protection Litigation can apply to the Childrens Court to vary or revoke an order and make another order in its place, other than a permanent care order.
142. A child's parent cannot apply to revoke:
- a) A child protection order and make another order in its place that grants guardianship of the child to any other party; or
 - b) A permanent care order.
143. Only the Director of Child Protection Litigation may apply to vary or revoke a permanent care order, providing a more secure legal option than a Long-term Guardianship Order.

PLACING A CHILD IN DEPARTMENTAL CARE

144. When a child is placed in care, the Department has a responsibility to provide a safe, supportive and therapeutic environment for a child. At the same time, it works towards either family reunification or alternative permanency option. A child may be



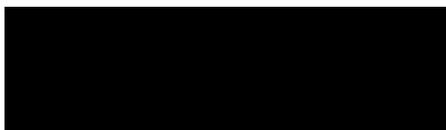
Victoria Van Houdt
Acting Chief Practitioner



Witness

placed in care during the assessment or ongoing intervention phases of child protection intervention.

145. A child in the custody or guardianship of the chief executive must be placed in accordance with the CP Act. Section 82 provides the options the chief executive may consider when deciding where and in whose care a child should live.
146. Placement decisions are guided by departmental policies and procedures with the following policies provided in response to NTP-1 are of particular relevance:
 - a) Placement of children in care (578-5);
 - b) Kinship care (632-3);
 - c) Foster care matching: A partnership approach (639-2);
 - d) Residential care (606-4)
147. When a child is placed in care, the Department will work with the child, their family, care provider and other relevant agencies to:
 - a) Make active efforts to uphold an Aboriginal and Torres Strait Islander child's right, under the Aboriginal and Torres Strait Islander Child Placement Principle, to maintain connection with family, community, culture and country;
 - b) Support the child through important transitions, such as moving from home to care, changing placements and leaving care;
 - c) Ensure the protection and care needs of the child are met including their developmental needs;
 - d) Assist the child to gain the skills and sense of wellbeing that will allow them to realise their potential and positively participate in the wider community.
148. The Department is responsible for decisions about where and with whom a child is placed. These decisions are based on consideration of the individual child's needs and the care arrangements available. Section 5B(i) of the CP Act provides that a child should be placed with their siblings, to the extent that this is possible.
149. When a care arrangement is required for a sibling group, or for a child with siblings in care, the first preference is to maintain or restore the sibling group in the same care arrangement, if this is in the best interests of all the children.



Victoria Van Houdt
Acting Chief Practitioner



Witness

Family based care

150. Foster and kinship care are referred to as family-based care arrangements.
151. The CP Act requires that when placing a child in care, consideration should be given to place them in the care of kin as a first option. Kin is defined in Schedule 3 as persons who are:
- a) a member of the child’s family group who is a person of significance to the child;
 - b) a person who, under Aboriginal tradition, is regarded as kin of the child (if the child is an Aboriginal child);
 - c) a person who under Island custom, is regarded as kin of the child (if the child is a Torres Strait Islander child).
 - d) another person:
 - (i) who is recognised by the child, or the child’s family group, as a person of significance to the child; and
 - (ii) if the child is an Aboriginal or Torres Strait Islander child, with whom the child has a cultural connection.
152. For an Aboriginal and Torres Strait Islander child, active efforts must be made to identify a care arrangement for a child with a member of their family group. Where this is not possible, active efforts must be made to identify another care arrangement, in accordance with the provisions in place for an Aboriginal and Torres Strait Islander child in care under the CP Act (see s 83).
153. In practice, family-based care arrangements are preferred for all children, with kinship care as the first option, followed by foster care, because they provide children with a care experience most consistent with being raised at home with a parent.
154. Kinship carers and foster carers are approved individuals or couples who provide the day-to-day care for the child in their home. Family-based care enables children to experience predictability and stability with a consistent caregiver, supporting the development of a secure bond to a trusted, reliable adult. Children who experience secure attachments are more likely to develop into socially competent adults and experience a range of positive life outcomes.
155. Family-based care supports a child’s connection to family and culture, particularly when placed with kin. It can also serve as a pathway to a preferred permanency arrangement (guardianship to a person who is a member of the child’s family or another suitable person), if the child cannot be reunified to a parent.



Victoria Van Houdt
Acting Chief Practitioner



Witness

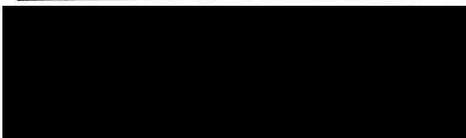
Residential care

156. If an appropriate family-based care arrangement cannot be identified, either because family-based care is unlikely to meet the needs of the child (such as where a child has complex or extreme behavioural needs) or a family-based care placement is not available, another placement is made in accordance with the CP Act (see s 82 (1)(d) or 82(1)(f)). This is referred to as ‘nonfamily-based care’ and includes residential care.
157. The Residential Care policy outlines the scope of residential care placements for young people aged 12 to 17, noting a residential care placement may be considered for children younger than 12 years in particular circumstances.⁹
158. Family-based care for children under 12 is preferred to support secure attachments, brain development, emotional regulation and trauma recovery. This particularly recognises the needs of younger children for whom the importance of developing a secure attachment to a consistent, responsive and attuned primary caregiver is particularly essential to support brain development, learn emotional regulation and help recover from trauma.
159. Proactive statement number 5 of Bernadette Harvey, Acting Deputy Director-General, Commissioning, provides further information about foster and kinship care and residential care including the role of funded non-government organisations and quality and licensing requirements.

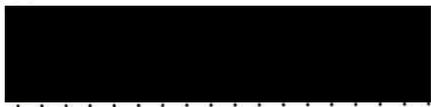
Identifying a placement for a child

160. When a non-kinship care placement is required, the child safety officer completes a referral to the regional placement services unit to secure a suitable placement.
161. There are a suite of care (placement) service arrangements within the out-of-home care system available to the Department, outsourced to third party providers. These are outsourced through two different funding approaches:
- a) Outsourced Service Delivery funding: A long-term contract spanning multiple years with payment made to the supplier a quarter in advance. These long-term contracts may be funded for a single care site or consolidate a number of care sites under one contract; and
 - b) Fee for Service funding: Individualised Placement and Support arrangements are funded for specific children and young people identified as having

⁹ if: comprehensive assessment indicates that their safety, wellbeing and belonging may need best be met by placement in residential care and/or they are one of a sibling group that would benefit from being placed together and/or the service model has been explicitly developed and approved for children younger than 12, for example Indigenous Community Residential Care and Family Intervention Services (“Safe Houses”).



Victoria Van Houdt
Acting Chief Practitioner



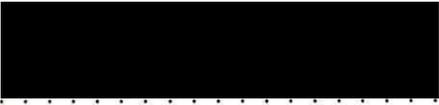
Witness

particular care and support needs that cannot be provided through contracted OSD. Payment is made after services have been delivered.

162. The placement services unit coordinates care arrangement referrals to these regional service providers such as non-government organisations, Aboriginal and Torres Strait Islander Community Controlled Organisations, Indigenous Businesses and other entities.
163. The referral for placement requires information about the child and their level of support needs to match the child's needs to the care provider. To determine or to review the child's level of support needs, the child safety officer will consider information from the Child Strengths and Needs Assessment, along with recent assessment information from other sources, such as the child's therapist, health practitioners and school. The child's current carer or service provider will inform:
- a) How the child's behaviours and characteristics impact their daily functioning; and
 - b) The likely level of support the child will require from their new care arrangement.
164. Placement offers consider the match between a child's needs and the capabilities and characteristics of the proposed care arrangement. The delegated officer will review the offer or offers received from service providers and where there is a medium and low match with a foster carer, consider what additional supports and services may be required to support the child within the care arrangement to improve the level of match, should the child be placed with that foster carer.
165. At the commencement of the care arrangement, the child safety officer will provide a signed authority to care form to the care provider and will arrange to meet with the carer, their support worker or non-family-based care service providers to develop a placement agreement (see s 84). A placement agreement:
- a) Provides those responsible for the child's daily care with the most recent information about the child's needs;
 - b) Responds to the need for additional supports to meet the child's needs or to assist those caring for the child to meet the child's needs;
 - c) Reflects the family contact schedules and cultural connection arrangements;
 - d) Shares responsibility for meeting the child's needs; and
 - e) Helps the parties to be clear about their role and responsibilities, and that of others in the child's safety and support network.



Victoria Van Houdt
Acting Chief Practitioner



Witness

166. The CP Regulation prescribes terms that must be included in a placement agreement (see reg 5).
167. Additional supports and services can be sourced from existing resources available from the service provider and may include:
- a) Increasing the frequency of support visits to the carer or supplementing the staffing roster in a non-family-based care arrangement for an identified period.
 - b) Responding to the learning needs of the carer or rostered staff, by developing their specific knowledge or skills required to care for the child.
 - c) Providing financial or other practical supports using additional funding, where available.
 - d) Proposing that the placement be supported by short-break arrangements, where the child may spend short periods of time in other care arrangements, if the carer's availability is affected by work or other commitments (consistent with the Department's approval requirements).
 - e) Helping the carer to expand their informal support network.
168. In accepting a placement offer for a child, the delegated officer needs to be satisfied that:
- a) The carer or non-family-based care service provider agree with the level of information to be provided to parents;
 - b) For a care arrangement located in another child safety service centre area, written approval from that area has been given;
 - c) Kinship care options are being actively explored or have been explored and exhausted;
 - d) For an Aboriginal or Torres Strait Islander child, active efforts have been made to identify a care arrangement for the child with a member of their family group. Where this is not possible, active efforts have been made to identify another care arrangement, in accordance with the provisions for placing Aboriginal and Torres Strait Islander child in care (see s 83);
 - e) Efforts have been made to identify a care arrangement where siblings can be placed together, and if this is not currently possible, the proposed care arrangement will maintain sibling connections;
 - f) The views of the child and their family have been sought and taken into account; and



Victoria Van Houdt
Acting Chief Practitioner



Witness

- g) For a child whose immunisations are not up to date, consider if they will be placed at increased risk of infection from others living in the care arrangement.
169. Following the decision to place a child in a care arrangement, the Department must undertake the following:
- a) The CP Act (see ss 85 and 86) requires the Department to tell the child's parents where and with whom their child is placed unless the parents, or another relevant person (see Reg Cl 6), pose a significant risk to the child's safety, or to anyone else with whom the child is living, if they were given the child's address. The Department must consider the matters prescribed in reg 6 when deciding whether there is a significant risk.
 - b) For a child in the custody or guardianship of the chief executive under a child protection order, the Department is required to provide parents and the child with the reasons for placing the child in the specific care arrangement, and how they may have this decision reviewed.
 - c) The CP Act (see s 83A(2)), requires the Department to provide the carer or non-family-based care service provider with information about the child that they reasonably need to provide care for the child and to ensure the safety of the child, the carer and members of the carer's household. When the child is placed in the care arrangement, the senior team leader, as the delegated officer, will make sure the carer, or the service provider (for a child placed in a non-family-based care arrangement) is given information that is needed for them to care for the child.
 - d) The CP Act (see s 74) requires the child be provided with information about the proposed care arrangement including the charter of rights for a child in care.
170. In practice, if it is the child's first time in a care arrangement, or they are returning to care following reunification, the Department:
- a) Provides the child with either the *My rights in care - information for children* resource or the *My rights in care - information for young people resource*;
 - b) Provides the child with other information to assist their understanding about being in care, for example:
 - (i) *My journey in care* for an older child; or
 - (ii) *Independent person - information for children and young people*, for an Aboriginal or Torres Strait Islander child.
 - c) Information about the role of a community visitor and relevant community visitor publications.

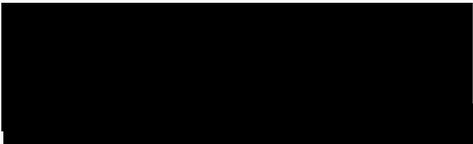
SUPPORTING CHILDREN IN CARE ARRANGEMENTS

Home visits to children in care

171. Regularly visiting a child in care is critical for ensuring the child's safety, belonging and wellbeing. Visiting the child in their home environment enables the child safety officer to develop a relationship with the child and make observations of their behaviour, development and functioning, as well as their interactions with carers. It also assists with making ongoing assessments about the child's emotional, physical, therapeutic, cultural and educational support needs.
172. Visiting a child in their care arrangement is part of the implementation phase of the case plan cycle.
173. Home visits must include a conversation with the child on their own, where they are old enough and have the capacity to talk or can communicate with support. For younger children, the child safety officer may engage them in play or activities suited to their age and stage of development.
174. It is vital for the child safety officer to see the child and speak with the child independently to seek their views and wishes about case plan goals and progress, to enable the child to participate in decisions affecting their lives and to allow the child safety officer to monitor the child's safety, belonging and wellbeing.
175. When visiting a child in care the child safety officer considers the standards of care in the CP Act (see s 122) and observes:
- a) The physical environment to ensure it is meeting the child's physical care and safety needs;
 - b) The interactions between household members, including with the child, to assist with determining how these relationships are supporting the child; and
 - c) The child's interaction with the carers and household members and whether these are positive.
176. During the home visit, the child safety officer may talk with the carer about the child's current wellbeing and any issues the carer wishes to raise such as support needs, family contact arrangements, financial matters and maintaining the child's cultural connection.

Family contact

177. When a child is in care, the chief executive must provide an opportunity for contact between the child and the child's parents and appropriate members of the child's family as often as is appropriate in the circumstances (see s 87). This is referred to as family contact.



Victoria Van Houdt
Acting Chief Practitioner



Witness

178. A child's ongoing relationship with their family, friends, other significant people and community can help them to feel connected and supported in managing the difficulties of transitions. Family contact helps with:
- a) A child's sense of identity;
 - b) A child being reunified to the care of a parent; and
 - c) A child's ongoing relationship with their family while they are in care or transitioning to adulthood.
179. Family contact may include:
- a) Face-to-face visits;
 - b) Phone calls;
 - c) Emails;
 - d) Text messages;
 - e) Letters; and
 - f) Activities attended by the child, family members and other significant people. For example, school concerts and school sports days.
180. The senior team leader is delegated to approve, restrict or place conditions around family contact arrangements and the child safety officer is responsible for maintaining family contact arrangements for a child who is subject to a child protection order granting custody or guardianship to the chief executive. All decisions to refuse to allow, restrict or impose conditions on contact between the child and the child's parents or member of the child's family under the CP Act (see 87(2)) are reviewable decisions and must be provided to the affected persons in writing (see s 87(3) and schedule 2).
181. The child safety officer monitors and reviews family contact arrangements on a regular basis:
- a) Seeking the child's views and experience of the contact;
 - b) Assessing the parent's progress in meeting the child's safety, belonging and wellbeing needs during the contact;
 - c) Addressing any concerns as they arise;
 - d) Gathering information about the progress and suitability of the contact from all parties, including the parents, family members, carer and child safety support officer; and



- e) Assisting and supporting the child, their family and other significant people in enjoying and participating in the contact visits.

Reunification

182. Reunification is the process of working with one or both parents, to safely return a child to their care. Reunification begins from the development of the child's first case plan, with the process continuing throughout each of the phases of the case planning cycle - assessment, planning, implementation and review. During the reunification process, the focus is on securing the most appropriate permanency option for a child that will ensure the child's long-term safety, belonging and wellbeing, in a timely manner. In accordance with principle 5B(f) and 5BA(4) of the Act, the first preference for permanency for a child is with their family, if it is assessed to be in the child's best interests.
183. Reunification is not just the return of a child to the care of their parent/s. It is a process along a continuum of service delivery. It includes maintaining family relationships, important connections and routines while a child is in short-term care, responsive case planning and ongoing support after the child returns home.
184. At each review of a child's case plan where they are subject to a short-term child protection order, an assessment of whether the child can be reunified with a parent is made. A decision to reunify a child can only be made once immediate harm indicators are resolved, risk of future harm sufficiently reduced and at least one parent assessed as likely to be able and willing to meet the child's need of safety, belonging and wellbeing in the near future. A child can be placed in the care of a parent whilst a child protection order granting custody or guardianship to the chief executive remains in place (see s 82(2)). This may occur as part of the reunification process.
185. The child safety officer will refer the matter to a practice panel for a collective decision making process, to decide whether the case plan focus will be reunification of the child to a parent if an assessment is made that:
- a) Ongoing risk to the child in their parent's care has been sufficiently reduced or mitigated;
 - b) The parent has demonstrated over time, their ability and willingness to safely care for and protect the child;
 - c) The relationship and interactions between the child and parent are consistently positive, with the parent demonstrating an ability and willingness to meet the child's physical and emotional needs during family contact arrangements; and
 - d) There are no concerns for the child's immediate safety in the parents' household.



Victoria Van Houdt
Acting Chief Practitioner



Witness

Transition to adulthood

186. All children subject to a child protection order granting custody or guardianship to the chief executive have the right to receive assistance and support with their transition to adulthood. The Department must, as far as practicable, ensure help is available to assist the person in the transition from being a child in care to independence; and ensure the help is available to the person for the period starting when the person turns 15 and ending when the person turns 25 (see s 75(2)). The Charter of Rights for a child in care in schedule 1 of the CP Act recognises that a child has the right to receive appropriate help with the transition from being a child in care to independence, including, for example, help about housing, access to income support and training and education. The aim is to maximise their life opportunities and choices.
187. Transition to adulthood is a planning process that occurs with the young person as part of ongoing case work and review processes from the year they turn 15. It is an opportunity for young people to:
- a) Identify their future goals and needs;
 - b) Work towards the goals with the support of the Department and the community; and
 - c) Receive the necessary supports as they grow towards independence.
188. In the year that a young person turns 15, the child safety officer will work with them to review their case plan and include transition to adulthood planning. Under the CP Act, a child's case plan must include actions for helping the child transition to independence if the child is 15 years or older and does not have a long-term guardian, or is subject to the long-term guardianship of the chief executive (see s 51B(3)).
189. Transition to adulthood plans are integrated with case plans and start to encourage the young person to consider their future hopes and ambitions. According to practice guidelines, these plans need to be reviewed at least every six months for a child in the custody or guardianship of the chief executive.
190. Transition to adulthood planning continues throughout the phases of preparation, transition and after care and is coordinated by the allocated child safety officer in partnership with other members of the safety and support network, or at the preference of the young person.
191. A transition to adulthood plan should include practical actions supporting a young person's development in preparation for adulthood and should:
- a) Reflect their goals for their future;



Victoria Van Houdt
Acting Chief Practitioner



Witness

- b) Focus on their strengths and future needs;
- c) Address their needs in the key life areas;
- d) Identify strategies and timeframes for meeting their stated goals;
- e) State who is responsible for implementing each action;
- f) Detail the resources required to achieve each outcome;
- g) Include information about kicbox¹⁰;
- h) Include contingency plans for responding to changes in the young person's life and future goals;
- i) Ensure the cultural support plan supports the young person's connections to family, community, culture and country.

192. Six months before a young person leaves care, the child safety officer will plan for how the young person's transition will be celebrated and make sure they are prepared with the necessary information and documents they will need in adulthood.

193. The child safety officer will provide the young person with information about Extended Post Care Support to help them decide whether to accept a referral to the service which provides:

- a) Intensive, culturally appropriate and proactive case support that includes assistance to find accommodation and to develop and maintain a connection to family, culture and community;
- b) If the young person is not living in a family-based care arrangement or intends to leave their family-based care arrangement before they turn 18, they can receive financial support of up to \$16,000 per year to help them to live independently, and to assist with meeting everyday living costs;
- c) Financial support:
 - (i) Is not delivered in isolation of the case support; and
 - (ii) Is administered by the Extended Post Care Support provider on behalf of the young person, not provided as cash directly to the young person.

194. When the young person turns 18 years, the child safety officer provides them with a letter and a copy of their child protection order. The letter:

- a) Acknowledges their milestone birthday;

¹⁰ Kicbox is the Department's application that provides a private, digital memory box that keeps everything safe and in one place. It also provides a convenient way for young people to communicate and share information with their Child Safety team.



Victoria Van Houdt
Acting Chief Practitioner



Witness

- b) Makes reference to the young person's journey and achievements while in care;
- c) Clearly states that the child protection order has expired;
- d) Outlines information about any ongoing contact with Child Safety either through;
 - (i) A support service case; or
 - (ii) Support from Child Safety in accessing services until they turn 25 (including the telephone number to contact Child Safety).
- e) Reminds them they will retain 'read only' access to view and download from their kicbox account.

195. Young people also have the right to receive, in a timely manner, collated information and important documents held by Child Safety, before they leave care.

196. The *Leaving care* report details the necessary information to be collated for a young person about their time in care, including details of care arrangements, schools attended, and health information. A separate Confirmation of Care letter is also provided which the young person can use for official purposes, such as to:

- a) Access Centrelink payments;
- b) Obtain support services; and/or
- c) Apply for higher education services.

ENDING A CARE ARRANGEMENT

197. An ongoing intervention case for a child in care is closed when either:

- a) The family has sufficiently addressed the concerns to the point that the child is no longer in need of protection;
- b) Where an emergent or child protection order was in place, this order has expired or has been revoked; or
- c) The child has turned 18 years and no longer requires support from the Department.

REGULATION AND MONITORING OF CARE

198. The Department is responsible for regulating and monitoring the provision of care to children under the CP Act. This includes:

- a) Ensuring the standards of care provided to children are consistent with the statement of standards under the CP Act (see s 122);



Victoria Van Houdt
Acting Chief Practitioner



Witness

- b) Working collaboratively with non-government partners to recruit, assess, train and support carers and monitor the standards of care provided to children in care arrangements;
- c) Deciding where and with whom a child will live;
- d) Working collaboratively with members of a child's safety and support network, to proactively monitor the child's care and support the carer or care service to meet the child's needs;
- e) Taking action including supporting carers when it is indicated that the standards of care may not have been met for a child, or where the child has experienced harm or it is suspected that they have experienced harm, to ensure the child is safe from harm and resolve identified concerns.

199. The Department is responsible for the assessment, approval and management¹¹ of carer approvals and provisional approvals.

200. Certificate of approvals include assessments of blue card or exemption card status of carers and all adult household members, suitability of carers and adult household members, the carer's ability to meet standards of care and the carer's ability to help towards achieving plans for the child's protection.

201. Provisional approvals include assessments of suitability of carers and all adult household members, mandatory safety requirements of the household and carer's ability to meet the standards of care.

Responding to concerns about the standards of care or harm to a child in care

202. When concerns arise about the quality of care provided, the Department assesses these concerns and determines an appropriate response to safeguard the child's safety and wellbeing.

203. If concerns are raised, the Department works with foster and kinship care service providers to decide on the most suitable action, which may include a:

- a) **Standard of care review** - is undertaken when there is a reasonable suspicion that the child's carer may not have met, or be meeting, one or more of the standards of care as outlined in the CP Act (see s 122). The department and/or service providers discuss the situation with the carer to understand what is happening and assess whether standards are being met. The child's perspective is also considered, depending on their age and developmental level. The outcome will determine if the standards have been met or not.

¹¹ Management of a carers' approval means amendment, cancellation, suspension, renewal of a certificate of approval or provisional approval.



Victoria Van Houdt
Acting Chief Practitioner



Witness

- b) **Harm report investigation and assessment** - is undertaken when there is a reasonable suspicion that the child may have experienced harm due to the actions or inactions of their carer or an adult member of their household, or a staff member in a non-family-based care arrangement. It involves interviews with the carer, the child, and other relevant individuals. The Queensland Police Service may also be involved, depending on the nature of the harm. The outcome of this process is provided to the carer in writing.
204. Both processes aim to ensure the child's safety and to address any concerns about their care.
205. If a standards of care review finds the care does not meet the standards, the Department will update the child's placement agreement to confirm placement goals and document supports required. The carer's foster carer agreement¹² may also be reviewed to address placement needs, including learning or development requirements.
206. If the standards of care review determines that a staff member in a non-family-based care arrangement has not met the standards, the service provider will work with the department to develop an action plan to address the standards of care that were not met.
207. If harm or suspected harm becomes apparent during a standards of care review process, the child safety officer will:
- a) Immediately consult the senior team leader and senior practitioner;
 - b) Tell the foster and kinship care service provider or non-family-based care service provider about the new concerns, and seek additional information from them and their views about the response decision;
 - c) Consult the child safety officer for the child, if case responsibility for a subject child is with another child safety service centre;
 - d) The child safety service centre manager will decide whether a harm report is to be recorded.
208. Where a harm report investigation and assessment takes place, one of the following outcomes will be recorded:
- a) **Substantiated-standards not met** when it has been determined that:
 - (i) The child has experienced harm or is likely to experience future harm;
and

¹² An agreement negotiated between each foster carer and the Department and the foster and kinship care service, that sets out the terms, conditions and responsibilities of the foster carer and the child safety service centre or foster and kinship care service. The agreement sets out the type of care the carer wishes to provide and how the carer's development, learning and support needs will be met.



Victoria Van Houdt
Acting Chief Practitioner



Witness

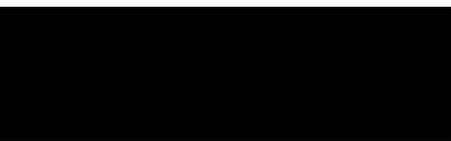
- (ii) The actions or inactions of the carer or staff member have contributed to the harm.
- b) **Substantiated harm-standards met when it has been determined that:**
 - (i) The child has experienced harm or is likely to experience future harm, but the actions or inactions of the approved carer or staff member have not contributed to the harm (for example, there is no indication a carer or staff member failed to protect a child); and
 - (ii) There is no indication that the carer, staff member or care service has not met the standards of care required under the CP Act (see s 122).
- c) **Unsubstantiated-standards not met when it has been determined that:**
 - (i) The child has not experienced harm and is unlikely to experience future harm; and
 - (ii) There is an indication that the approved carer or staff member has not met the standards of care required under the CP Act (see s 122).
- d) **Unsubstantiated-standards met when it has been determined that:**
 - (i) The child has not experienced harm and is unlikely to experience future harm, and
 - (ii) There is an indication that the approved carer or staff member has not met the standards of care required under the CP Act (see s 122).
- e) **No outcome** - in exceptional cases, an assessment outcome may not be recorded if it cannot be completed, such as when concerns are historical and relevant individuals are unreachable.

209. After approving a standards of care review or harm report assessment, the outcome is shared with relevant parties, including the child's parents for harm reports.

210. Wherever possible, an action plan¹³ is developed to address issues identified in a standards of care review or to ensure the children in the care arrangement are safe from harm and that the care they receive meets the required standards of care.

211. However, if during a harm report assessment, it becomes apparent that the child is at immediate risk of harm or unacceptable risk of future harm in their care arrangement and protective intervention would not ensure their safety and wellbeing, the child

¹³ An action plan is developed to address issues identified in a standards of care review or in the assessment of a harm report to ensure the children in the care arrangement are safe from harm and that the care they receive meets the required standards of care.



Victoria Van Houdt
Acting Chief Practitioner



Witness

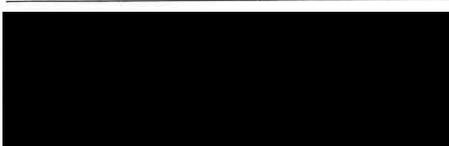
safety service centre manager can make the decision to remove the child from the care arrangement.

212. Before making a decision about removing a child from a care arrangement, the child safety service centre manager will consult the senior practitioner (if doing so will not jeopardise the immediate safety or wellbeing of the child), having already taking into consideration the views of:
- a) The child, if appropriate ¹⁴;
 - b) The carer and their foster and kinship care service provider; or
 - c) The coordinator or manager or the non-family-based service.
213. If a decision is made that a child cannot safely remain in a care arrangement, the child safety service centre manager will advise the carer in writing of the reason for the decision. Depending on the child's order and the type of care arrangement, the carer may have review rights before the Queensland Civil and Administrative Tribunal (see ss 89-91 and schedule 2).

Action Plans for carers

214. All parties involved in the development of the action plan are responsible for working in partnership to undertake the agreed actions within the agreed timeframe, and for monitoring and supporting the implementation of the action plan within the designated timeframe.
215. The child safety service centre responsible for the carer will assist in this process by:
- a) Ensuring the placement agreement is current and includes up to date information about the child's care and support needs and the agreed supports to be provided to the carer; and
 - b) Having regular contact with the child, the carer and the foster and kinship care service provider, to assist with actions required to meet the child's needs and support the carer in providing the required standards of care.
216. An action plan is not required if:
- a) A decision is made to cancel the approved carer's certificate of approval;
 - b) The child is removed from the kinship carer and there are no other children placed with the carer; and

¹⁴ Under schedule 3, appropriate for a child means appropriate for the age, maturity, capacity, culture and circumstances of the child.



- c) The carer surrenders their certificate of approval, or their certificate of approval expires during the course of the assessment.

Action plans for service providers

- 217. Where an action plan is required, the non-family-based care service provider is responsible for developing an action plan, in partnership with the Department.
- 218. The service provider will take the lead and arrange for relevant parties to meet to determine the specific actions required to address the concerns, the timeframes to be met, and the review process. Relevant parties include:
 - a) Staff members of the care service, as identified by the non-family-based care service;
 - b) The child safety officer with case responsibility for the child;
 - c) The child if appropriate;
 - d) The child's support person, if the child wishes;
 - e) The senior team leader or senior practitioner, if required;
 - f) A member of the regional team responsible for non-government contracts, if required; and
 - g) A member of the placement services unit, where relevant.
- 219. The action plan will address issues identified during the assessment and include actions to ensure the child is safe from harm and that the care provided meets the required standards of care.

Action plan review and finalisation

- 220. Actions plans for either a carer or non-family-based care service provider are reviewed within three months. An action plan review meeting, including all people responsible for implementing the action plan, will be convened to review the plan's progress and the current standard of care the child is receiving.
- 221. The Department determines whether or not the issues of concern have been adequately addressed to ensure the care provided meets the required standards of care.
- 222. Proactive statement number 5 of Bernadette Harvey, Acting Deputy Director-General, Commissioning, provides further information about the regulation of care including licensing of care services.



Victoria Van Houdt
Acting Chief Practitioner



Witness

I make this statement of my own free will believing its contents to be true and correct.

Dated this 5th day of September 2025.



Victoria Van Houdt
Acting Chief Practitioner



Witness



Victoria Van Houdt
Acting Chief Practitioner



Witness