

Government Response to the Child Death Review Board 2023-24 Annual Report

Background

The Child Death Review Board (the Board) was established on 1 July 2020 under the *Family and Child Commission Act 2014* (Qld) (the Act), as an independent model for reviewing the deaths of children connected to the child protection system.

Pursuant to section 29A of the Act, the Board's purpose is to identify opportunities for continuous improvement in systems, legislation, and practices, as well as to identify preventative mechanisms to help children and prevent deaths that may be avoidable.

To achieve its purpose, the Board carries out systems reviews; analyses data, and applies research to identify patterns, trends and risk factors in relation to the child protection system following relevant child deaths. In addition, the Board makes recommendations about any legislative change and improvements to systems, policies and practices, which are annually reported on via an Annual Report submitted to the responsible Minister (the Attorney-General and Minister for Justice and Minister for Integrity (the Attorney-General)).

The Annual Report is also a mechanism with which the Board carries out its function of monitoring and reporting on the implementation of its previous recommendations.

2023-24 Annual Report

The Attorney-General tabled the Board's Annual Report 2023-24 in the Legislative Assembly on 10 February 2025. In this report, the Board reviewed 70 cases relating to the deaths of children and young people who were connected to the child protection system.

The Board made nine recommendations (outlined in the table below) regarding a broad range of matters across government agencies to: prioritise the continuity of care for children with complex needs; further embed responses to strengthen child safety practice in response to parental substance and methamphetamine use; improve cross-government commitment to all children in care; support conversations about healthy relationships and sexual health and wellbeing; increase access to mental health supports for children in care; improve risk assessments for children with disability and chronic medical conditions; coordinate health service delivery for sibling groups; maintain action on reducing family and domestic violence; and enhance awareness of, and improve responses to the additional vulnerabilities of young and non-verbal children.

Government's response

The Queensland Government acknowledges and expresses profound sympathy for the children who have died, and their families and loved ones.

We acknowledge the Board, and its Secretariat and its important systemic focus to help prevent deaths that may be avoidable.

The Queensland Government is committed to reforms that improve outcomes for vulnerable Queensland children and keep the community safe including the *Safer Children, Safer Communities* plan to reform the residential care system. The Government Response reflects this renewed focus on reforming Queensland's child protection system.

While there is no statutory requirement to do so, for transparency and accountability, the Queensland Government will publish this response to keep the community informed about how we will respond to the Board's recommendations.



Recommendations	Responsible agencies	Response
<p>1. Improved cross-government commitment to all children in care</p> <p>The Board recommends that the Department of the Premier and Cabinet facilitate the publication of commitments from each portfolio Minister or Director-General regarding their commitment to children in state care. This public commitment to children in care should include commitments regarding the core business of the portfolio, as well as broader employment and training, economic and work placement opportunities.</p>	<p>Department of the Premier and Cabinet (DPC); Department of Families, Seniors, Disability Services and Child Safety (DFSDSCS)</p>	<p>Support</p> <p>The Queensland Government recognises the need to foster collective responsibility, and that supporting the needs of children and young people who are in care, or have experience of living in care, is not the single responsibility of any one government agency. The Queensland Government supports the intent of this recommendation in highlighting that many government agencies have a critical role to play in supporting the health, wellbeing, education, training and social needs of children and young people in care.</p> <p>The Queensland Government is embarking on an ambitious child safety reform agenda through its <i>Safer Children, Safer Communities</i> policies and associated comprehensive reforms. <i>Safer Children, Safer Communities</i> will identify the practical things needed to make a real difference to children and young people in care.</p>
<p>2. Supporting conversations with young people about healthy relationships and sexual and reproductive education</p> <p>The Board recommends that the Department of Families, Seniors, Disability Services and Child Safety (Child Safety) and Queensland Health collaborate to revise and/or develop new practice guidance for child protection practitioners, foster carers and residential care providers on providing regular, effective, sensitive and contextual guidance to children in care to support and promote their sexual health and wellbeing. This must include topics of sexual and reproductive education, contraception, healthy relationships and consent.</p>	<p>DFSDSCS; Queensland Health (QH)</p>	<p>Support in principle</p> <p>QH is the lead agency responsible for sexual and reproductive health education and advice for all Queenslanders. In 2023, QH delivered approximately 2,056 hours of training to foster/kinship carers, a range of other personnel from government and non-government sectors, and key partner agency staff on topics including the effects of trauma, abuse and disrupted attachments, harmful sexual behaviours, and trauma informed care. Additionally, several capacity building resources have been developed including fact sheets and resources on harmful sexual behaviours.</p> <p>The <i>Queensland Sexual Health Framework</i>¹ includes an objective to support culturally responsive early education and preventive health measures for priority populations that focus on healthy relationships, sexual health, and pregnancy. Young people are a priority population for key actions in the Framework.</p> <p>True Relationships and Reproductive Health were funded by QH in collaboration with the Department of Education (DoE) between 2019 and 2024 to develop and implement a comprehensive Relationships and Sexuality Education Support program (Relationship Ready) for school educators, parents and carers, school students, youth sector workers, and vulnerable young people. The program includes online or face-to-face training and resource materials and covers a range of sexual health and wellbeing topics including those proposed in Recommendation 2. In 2023-24 the program focused on vulnerable young people and those who were not attending traditional schooling. A key resource co-designed with young people was 'Real Talk: About Sex n' Stuff' (Relationship Ready True².)</p> <p>QH will partner with DFSDSCS to promote awareness of these training and resource materials and will work collaboratively to determine any changes required to further support child protection practitioners, foster/kinship carers, and residential care providers. If the training and other resource materials require updating, further consideration will need to be given to appropriate funding.</p> <p>QH notes the Position Statement³ from the Office of the Chief Health Officer regarding social media and the mental health and wellbeing of young Queenslanders.</p> <p>DFSDSCS has regular engagements with QH with the aim of continuously improving access to health services and health education for children in the department's care. DFSDSCS will work closely with QH as part of existing engagement activities to ensure sexual and reproductive health education and information is easily accessible to children in care and meets their needs. DFSDSCS notes these conversations have the greatest impact when delivered by someone with whom the child has a positive and trusted connection.</p> <p>DFSDSCS has partnered with the Healing Foundation to develop and deliver tailored training on respectful relationships to help young people understand healthy relationship dynamics, consent and where to get information and support if they are</p>

¹ https://www.health.qld.gov.au/_data/assets/pdf_file/0026/1150694/queensland-sexual-health-framework.pdf

² <https://www.true.org.au/community-education/prep-year-12/relationship-ready>

³ https://www.health.qld.gov.au/_data/assets/pdf_file/0020/1332362/cho-statement-social-media.pdf

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		<p>experiencing or perpetrating domestic and family violence (DFV). In July 2026, the Healing Foundation will submit a final report evaluating the training program, including any learnings for training.</p> <p>Additionally, training is being provided to youth and family support workers to use in a variety of settings, including youth support services, residential services and youth homelessness services and has a strong focus on engaging with Aboriginal and Torres Strait Islander young people. Training in Brisbane, Cairns, Mount Isa, the Gold Coast and online commenced in July 2024 and will run until June 2026 with resources and training remaining available online.</p> <p>The DoE will work in conjunction with DFSDSCS and QH to support the sexual health and wellbeing of children and young people in care in state schools and state school boarding facilities.</p>
<p>3. Continuity of care for children with complex needs (Revisiting Recommendation 3 from the Board's 2021-22 report)</p> <p>The Board recommends that Government prioritise its response to the <i>Child Death Review Board 2021–22 Annual Report Recommendation 3: Continuity of care for children with complex needs</i>, noting that cases reviewed by the Board in 2023–24 reinforced the need for flexible, specialised care models, particularly those who display violent and dysregulated behaviours or who are experiencing significant substance use or mental health concerns. Given the ongoing seriousness of this issue, Government's response to this recommendation should include nomination of a lead role who will produce quarterly public reporting on the status of this work.</p>	<p>Lead: DFSDSCS</p> <p>Supporting: QH; DoE; Department of Youth Justice and Victim Support (DYJVS)</p>	<p>Support in principle</p> <p>The Queensland Government recognises the requirement to provide continuity of care to children with complex needs., including in the context of the Government's <i>Safer Children, Safer Communities</i> plan and commitment to develop a Secure Care facility.</p> <p>In 2024, DFSDSCS began trialling and reviewing new models of residential care to build an evidence base for models to meet the needs of children and their families.</p> <p>DFSDSCS continues to fund Intensive Family Support and Aboriginal and Torres Strait Islander Family Wellbeing Services to respond to families experiencing complex needs placing them at risk of involvement in the child protection system. This includes families of young people with significant behaviour issues. DFSDSCS is enhancing funding for the Family Wellbeing Services program to expand the availability of support. Queensland (along with other states and territories) are also working with the Commonwealth in the development of new National Disability Insurance Scheme (NDIS) rules, which may have impacts on planning and funding for all participants, including children with complex disability support needs. The Commonwealth also anticipates the introduction of more NDIS legislation in 2025, which will introduce stricter regulatory requirements for NDIS service providers and increase quality and safeguarding for NDIS participants. Additionally, the Queensland Government is providing \$7.5 million over two years under Action 2.2.3 of the <i>Queensland Disability Reform Framework – the Next Chapter</i>⁴ to ensure continuity of selected disability supports for children with autism while foundational supports are designed.</p> <p>QH supports in principle the need to develop tailored models that promote interdepartmental collaboration; further consideration will need to be given to appropriate funding.</p> <p>DoE will continue to work collaboratively with DFSDSCS and other government and non-government agencies to consider and plan for implementing this recommendation to further support the learning and wellbeing needs of children and young people in care with complex needs.</p> <p>DYJVS delivers a variety of programs to support youth with complex needs, including multi-agency responses and the permanent establishment of the Youth Justice Disability Practice Team to deliver the neurodevelopmental disability framework and support the expansion and improvement of disability supports throughout the youth justice system. Permanently established allied health teams within youth detention centres work directly with onsite QH primary and mental health teams to assess young people and refer to tertiary services and NDIS supports as required. Early identification and screening of disability needs will support staff to be more responsive to specialised needs and collaboration with support services.</p> <p>DYJVS will roll out two crime fighting programs including the <i>Staying on Track</i> and <i>Regional Reset</i> programs.</p> <p>The state-wide <i>Staying on Track</i> program will provide throughcare for young people exiting detention, with intensive support available from the non-government sector for up to 12 months post-detention to assist their transition back into the community and facilitate connections with appropriate education and employment pathways. <i>Staying on Track</i> will provide continuity of support through individualised casework relationships with young people that address a range of risks and needs, with the ultimate</p>

⁴ <https://www.families.qld.gov.au/our-work/disability-services/queensland-disability-reform-framework>

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		<p>aim to reduce reoffending. \$175M over four years has been announced to support the delivery of this program, which is expected to be procured in the first half of 2025.</p> <p>A <i>Regional Reset Program</i> is also planned to deliver early intervention programs and wraparound supports to at-risk young people who require more intensive support to address their complex behaviours across nine locations, with \$50 million allocated to this program. These will be delivered from 2026 as short-stay residential programs providing 24/7 intensive interventions.</p> <p>The Queensland Government (DYJVS) is also investing \$40 million to create four 'Youth Justice Schools' to work exclusively with high-risk offending youth while they are subject to youth justice orders. This will involve individualised case planning, mentoring, wrap around family support and parental coaching to identify and work towards long-term change.</p>
<p>4. Guaranteed access to mental health supports for children in care</p> <p>The Board recommends that Queensland Health:</p> <p>4.1 Take action to ensure that where a child in state care does not engage with a public mental health service, their referral is not closed until:</p> <ul style="list-style-type: none"> the child's case is discussed at a Suspected Child Abuse and Neglect (SCAN) meeting (or other equivalent multi-agency coordination mechanism) a multi-agency strategy to support engagement has been developed and enacted. <p>4.2 Take action to ensure that where there is non-engagement of a young person in state care with a mental health service including Child and Youth Mental Health Services (CYMHS) or Evolve Therapeutic Services, this does not result in the closure of the referral and Queensland Health maintains responsibility and takes alternative action to respond to the mental health needs of the child.</p> <p>4.3 Improve access to mental health supports for child and young people by:</p> <ul style="list-style-type: none"> improving staff awareness of Gillick competency and the ability for Gillick competent children and young people to access mental health services without parental consent allowing young people who are Gillick competent to nominate any appropriate adult as their support person. 	QH	<p>Recommendations 4.1 and 4.2 – Support in principle</p> <p>Public mental health services are provided to young people on a voluntary basis unless strict criteria for involuntary treatment are met under the <i>Mental Health Act 2016</i> (Qld) (Mental Health Act). Where a child or young person does not engage or disengages, QH will continue to support the care system around the child and will work with DFSDSCS, as the guardian, to explore options about supporting the mental health needs of the child. This includes contributing to the development of a multi-agency plan for the child and family/carer. Where a child is engaged with the Evolve Therapeutic Service (ETS) there is a multi-agency process already in place. As per the ETS model of service, standard practice is to work with the carers and stakeholders even if the young person does not engage or disengages.</p> <p>Working in partnership is a key component of QH models of service, including stakeholder engagement as an intended intervention, including when a young person is considered Gillick competent and is not wanting to engage. Discharge planning incorporates strategies for relapse prevention, crisis management and clearly articulated service re-entry processes. SCAN does not currently have a mental health representative as a core member. A mental health representative attends if a known mental health consumer is being discussed.</p> <p>Recommendation 4.3 - Support</p> <p>QH will continue to promote existing resources to child and youth mental health services and ETS regarding decision making for young people. This includes:</p> <ul style="list-style-type: none"> Less Restrictive Way (Mental Health Act, section 13) Decision Making for Child and Youth Mental Health Treatment and Care flowchart:https://www.health.qld.gov.au/_data/assets/pdf_file/0023/860540/LRW_Decisions_Flowchart_CYMHS.pdf Capacity Assessment for Mental Health Treatment (Gillick Competence) – Child and Youth:https://www.health.qld.gov.au/_data/assets/pdf_file/0024/860532/LRW_Capacity_Assess_Form_Guide_CYMHS.pdf Capacity Assessment for Child and Youth:https://www.health.qld.gov.au/_data/assets/pdf_file/0029/860528/LRW_Capacity_Assess_Form_CYMHS.pdf Decision Maker Information Checklist: Child and Youth Mental Health:https://www.health.qld.gov.au/_data/assets/pdf_file/0029/860537/LRW_Decisions_Checklist_Guide_CYMHS.pdf
<p>5. Improving risk assessments of children with disability and chronic medical conditions</p> <p>The Board recommends that Queensland Health take action to provide clear guidance that will support Child</p>	QH: DFSDSCS	<p>Support</p> <p>QH has existing education and guidelines that support delivery of this recommendation and support clinician training and development. In 2025, the Statewide Child Protection Clinical Partnership and System Policy Branch will work in collaboration</p>

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<p>Safety to better assess the safety of children living with disabilities and/or chronic medical conditions with a specific focus on distinguishing between intentional parental neglect or maltreatment compared to deficits in the health literacy or competency of the parent that should be addressed through health and/or disability support services.</p>		<p>with DFSDSCS to develop practice guidance for assessing the safety of children living with disabilities and/or chronic medical conditions.</p> <p>DFSDSCS is introducing new decision-making guidance for Child Safety, which provides a detailed summary and framework to better understand neglect, including for children living with disabilities and/or chronic medical conditions. This guidance is expected to be implemented in the first half of 2025.</p> <p>DoE will continue to share information with staff from DFSDSCS and QH, in line with information sharing provisions in the <i>Child Protection Act 1999</i> (Qld), to support decision making by DFSDSCS staff in relation to their assessments and intervention for children with disability and chronic medical conditions.</p>
<p>6. Coordinated health service delivery for sibling groups</p> <p>The Board recommends that Queensland Health develop guidelines for clinicians to promote a family-centred approach to the provision of health services to children and young people, such that clinicians consider the wellbeing of siblings and can directly refer siblings into the health service, or to the clinician, if risks or health concerns are identified.</p>	QH	<p>For further consideration</p> <p>This recommendation requires consideration of balancing clinical priority with person-centred and family-centred approaches to health care provision. In 2025-26, QH will consider this in the context of the implementation of the Child Safe Organisations regulatory framework.</p>
<p>7. Maintaining action on reducing family and domestic violence</p> <p>The Board recommends that Queensland Government continue to prioritise its response to the impact of family and domestic violence on Queensland children, and continue to implement the past recommendations of the Board and the following reviews:</p> <ul style="list-style-type: none"> • The <i>Not Now, Not Ever report, the Hear her voice – Report One – Addressing coercive control and domestic and family violence in Queensland</i> • The <i>Hear Her Voice – Report Two – Women and girls’ experiences across the criminal justice system</i> • The <i>Independent Commission of Inquiry into Queensland Police Service (QPS) A Call for Change</i>. 	DFSDSCS; Queensland Police Service (QPS)	<p>Support in principle</p> <p>The Queensland Government recognises the intersection of domestic, family, and sexual violence (DFSV) and the safety of children and is committed to supporting and improving integrated responses. This includes children as specific victims of DFSV in their own right, and those exposed to violence. The Queensland Government is committed to maintaining and improving responses to reduce the rates of DFSV.</p> <p>As part of ongoing implementation of recommendations made by the Women’s Safety and Justice Taskforce (the Taskforce) in the 2021 and 2022 <i>Hear Her Voice</i> reports, \$588 million in funding has been allocated to support the delivery of key reforms. The charter letters of responsible Ministers reflect this Government’s commitment to progressing the Taskforce recommendations in a timely manner. As of 30 September 2024, 102 of the 277 recommendations have been delivered.</p> <p>On 14 November 2022, the Commission of Inquiry into Queensland Police Service Responses to Domestic and Family Violence delivered its report, <i>A Call for Change</i>, and companion report, <i>Behind the Call for Change. A Call for Change</i> made 78 recommendations for reform, concentrating on QPS but also touching on broader systemic issues. \$100M was initially allocated to support QPS and related agencies to build capability and drive internal reform. As of 29 January 2025, 42 of the 78 recommendations have been completed. The work of the Taskforce followed on from the Special Taskforce on Domestic and Family Violence’s, <i>Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland 2015</i> report.</p> <p>The Queensland Government is also committed to additional reforms, including to:</p> <ul style="list-style-type: none"> • Deliver three new Beyond DV Hope Hubs to provide safe, hidden places for victims to receive wraparound support, to be delivered in shopping centres in key spots around Queensland • Double DVConnect, Womensline and Mensline capacity with a new Townsville based hub, providing greater crisis response and referral pathways • Pilot a new GPS tracker program for high-risk DFSV offenders, where up to 500 offenders will be monitored 24 hours, seven days a week, in real time by a specialised team • Invest in DFV Safe Phones to ensure Queensland victim-survivors have access to a safe and reliable phone

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		<ul style="list-style-type: none"> • Improve the efficiency and timeliness of the delivery of support to victims • Maintain action on reducing family and domestic violence • Increase penalties for offenders who breach Domestic Violence Orders. <p>These reforms will support the Government's efforts to end DFSV in Queensland and ensure all Queenslanders are safe in their homes.</p> <p><u>Previous Child Death Review Board Annual Report recommendations:</u></p> <p><i>2021-2022 Recommendation 4</i></p> <p>The QPS continues to operate under the Domestic Violence Protective Assessment Framework (DV-PAF), which seeks to guide initial police responses to DFV. The DV-PAF supports police to identify the person most in need of protection and incorporates a range of risk factors including cultural considerations and child abuse.</p> <p><i>2022-2023 Recommendation 1.1</i></p> <p>The QPS advised the Child Abuse and Sexual Crime Group will undertake a full review of Chapter 7 (Child Harm) of the QPS Operational Procedures Manual. This will include reviewing supporting guidelines to ensure a continued focus on appropriate child harm reporting, including the risk to children in DFV contexts, and ongoing consideration of emotional and cumulative harm. This review may include updating reporting and information sharing guidelines. As of January 2025, this review remains ongoing.</p> <p><i>2022-2023 Recommendation 6</i></p> <p>The QPS advised DFV targeted training was strengthened to support the introduction of the <i>Criminal Law (Coercive Control and Affirmative Consent) and Other Legislation Amendment Act 2024</i>. These DFV training products continue to be administered, in addition to the operation of a number of victim-centric practices to maintain high-quality police responses to victim-survivors of DFV.</p> <p><u>DFV reform recommendations:</u></p> <p>The QPS continues to progress towards implementation of allocated recommendations relating to police responses to DFV as part of the co-ordinated whole-of-government implementation reform program. Progress of implementation is published through the Women's Safety and Justice Reform annual reports and the Domestic and family violence reform: A pathway forward for change, first annual report.</p> <p>Many of the recommendations from <i>A Call for Change</i> intersected and overlapped with reviews and reports from other ongoing reform programs aimed at tackling DFV, such as the Taskforce reforms.</p> <p>Extensive work to map related recommendations has been commenced to provide a holistic understanding of the changes required and identify opportunities to create efficiencies in the delivery of the remaining recommendations.</p> <p>The Queensland Government is also committed to additional reforms, including improving the efficiency and timeliness of the delivery of support to victims.</p> <p>DYJVS have Domestic Violence High Risk Team (HRT) officers who participate in the High Risk Teams. The officers provide local intelligence to the HRT for discussion regarding youth justice interventions being applied along with any assessments that have been conducted. The officer will ensure any known risks or concerns for escalation are provided to the HRT in order to establish the collective plan. The Youth Justice Caseworkers are responsible for implementing/ adjusting their case plans with the outcomes from the HRT. This may include the level of supervision and contact being provided or referral to specific counselling from specialist DV services.</p>

Recommendations	Responsible agencies	Response
<p>8. Enhanced awareness of, and improved response to, the additional vulnerabilities of young and non-verbal children</p> <p>The Board recommends that:</p> <p>8.1 The Queensland Government invest in a public campaign to assist parents to understand childhood behaviour development, positive parenting techniques and the consequences of corporal punishment.</p> <p>8.2 All child protection entities (Child Safety, Queensland Health, Education, QPS and Youth Justice) enhance staff awareness of the additional vulnerabilities of young (under five years) and/or non-verbal children. This may include how to interpret and seek corroborating evidence in response to verbal and non-verbal disclosures. It is recommended that this includes:</p> <ul style="list-style-type: none"> consideration of implementing a bruising clinical decision rule, such as the Ten-4-Faces-P material, to ensure that it is captured in their current guidance on indicators of physical abuse to increase their capacity to identify non-accidental injuries consideration of the need to seek information from a broader range of sources who know the child than might otherwise be required for verbal children. This would include early childcare workers, support workers, neighbours and extended family improving how agencies facilitate and receive medical assessments of children including how they provide relevant context as to why the review has been requested, contact the medical practitioner prior to the review, and nominate an independent medical professional. 	<p>DFSDSCS: QH: DoE: QPS</p>	<p>8.1 – Support in principle</p> <p>The Queensland Law Reform Commission (QLRC) is currently conducting a <i>Review of particular criminal defences</i>⁵, which includes consideration of domestic discipline (corporal punishment). The QLRC review is due to be delivered on 1 December 2025.</p> <p>Any campaign will be informed by the QLRC findings to ensure messaging on these important issues is clear for the community.</p> <p>As required, all agencies will work collaboratively with DFSDSCS to consider and plan for the implementation of this Recommendation.</p> <p>8.2 – Support in principle</p> <p>In 2025, QH will include information in its mandatory child aware training for all QH staff to enhance awareness of the specific vulnerabilities of children under five years and/or non-verbal children.</p> <p>The QPS acknowledges the additional vulnerabilities of young and non-verbal children and their diverse indicators of abuse. This is appropriately captured in existing frameworks and practices employed by police officers who respond to child victims of abuse. The QPS will continue to review and deliver existing practices to maintain trauma-informed and child-focused responses to young and non-verbal children. QPS is committed to continuous improvement and will always examine opportunities to improve its responses to children.</p> <p>Where a child protection matter involves a young or vulnerable child, specialist Child Protection and Investigation Unit (CPIU) officers will usually conduct the investigation to ensure the delivery of trauma-informed and child-focused responses. These officers receive specialist training such as the Child Protection and Youth Justice and Interviewing Children and Recording Evidence (ICARE) course to undertake these investigations. CPIU officers and QPS Suspected Child Abuse and Neglect representatives are also available to provide advice to general duties officers regarding child protection matters they may come across in the course of their duties</p> <p>ICARE training, provides investigators with the skills to interview children who are suspected of being a witness or victim to a crime and where a child protection concern exists. The training includes a protective strategies script to allow officers to build rapport with a child, encourage disclosure of abuse and collect admissible evidence. The ICARE interview framework aligns with the internationally recognised 'PEACE' method, that is Preparation and Planning, Engage and Explain, Account, Closure and Evaluation.</p> <p>The Queensland Intermediary Scheme is available to police investigators in Brisbane and Cairns seeking to interview victims of child sexual abuse, who are under the age of 16, have an impairment of the mind or have difficulty communicating. The scheme links intermediaries, usually speech pathologists, psychologists, occupational therapists, or social workers with vulnerable witnesses and police investigators to facilitate effective communication during the interview process. During a police investigation, an intermediary conducts a witness assessment, recommends strategies for effective communication with the witness during the police interview and may attend the police interview to support the vulnerable witness.</p> <p>Where there is evidence of physical injury to a child, police investigators will make a request to a medical practitioner during the investigation process for an interim medical report, followed by a formal statement for evidentiary purposes, if required.</p> <p>A police decision to commence proceedings for an offence is guided by the <i>QPS Operational Procedures Manual</i> and the <i>Director of Public Prosecutions Guidelines</i> (DPP Guidelines). Police investigating crimes, including those that may involve child abuse, are bound by a two-tiered test relating to the sufficiency of evidence and public interest. Police are trained and required to obtain all necessary available corroborating evidence when investigating crimes.</p>

⁵ <https://www.qlrc.qld.gov.au/reviews/review-of-particular-criminal-defences>

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		<p>In addition, the DPP Guidelines require an appropriately qualified expert to assess the competency of a child under five years to give evidence, that is, the child is able to give an intelligible account of events which he or she has observed or experienced.</p> <p>For DoE, implementation will relate to those components of Recommendation 8 applicable to staff in state schools, regional offices and central office, noting that these staff are not statutory officers with powers under legislation to gather information from multiple sources, or conduct investigations, and do not have authority to request medical investigations for students in care.</p> <p>DoE provides information to staff in its student protection guidelines, the annual mandatory student protection training program (reviewed annually) and associated resources on identifying possible abuse and neglect of children, and additional considerations for vulnerable groups, including children with disabilities and managing and responding to disclosures.</p> <p>In addition, DoE has provided staff with access to two online advanced training modules that provide more detailed information about identifying possible harm, and strategies for speaking with a student about the disclosed/suspected harm, managing mandatory reporting and providing support after speaking with the student.</p> <p>As of March 2025, <i>High Risk Infants</i> has become a mandatory training program for designated child safety positions. Procedures and practice guidance related to Intake functions and responding to notifications has been recently reviewed and reinforces when to seek medical assessment and other information to inform assessment outcomes. Revised procedures will go live with the release of the UNIFY information system.</p>
<p>9. Revisiting 2022–23 Recommendation 5: Strengthening child safety practice in response to parental substance and methamphetamine use</p> <p>The Board recommends that the Queensland Government outline the work it is doing to further embed the practice guidance it created in response to the <i>Child Death Review Board 2022–23 Annual Report Recommendation 5: Strengthening child safety practice in response to parental substance and methamphetamine use</i>, noting cases reviewed by the Board in 2023–24 confirmed the ongoing need to support frontline practitioners in their risk assessments of children whose parents' substance use is problematic.</p>	DFSDSCS; QH	<p>Support</p> <p>In June 2024, the Office of the Chief Practitioner in DFSDSCS established a role of Practice Leader (Alcohol and other Drugs). This position provides leadership and expertise in alcohol and other drug treatment and harm reduction and contributes to strengthening practice and improved outcomes for children, young people, their families, and communities impacted by substance abuse issues. The Practice Leader provides statewide consultation, mentoring, expert advice and training/education services about the impacts and interface of substance misuse and complex child protection matters to departmental staff and key partners working with children and families. The role has a focus on the development and embedding of a child safety alcohol and other drug practice strategy with three key objectives:</p> <ul style="list-style-type: none"> • Review of the Child Safety drug and alcohol practice kit and guidance • Workforce capability and training strategy • Referral pathways and access to services. <p>In December 2024, the Office of the Chief Practitioner held a webinar for all Child Safety staff on 'Assessing and Responding to Alcohol and Substance Risk in Child Safety Practice'. A follow up webinar was held in February 2025 on substance use intervention, pathways and service landscape in Queensland. DFSDSCS continues to work with the Mental Health Alcohol and Other Drugs Strategy and Planning Branch, and Clinical Planning and Services Strategy Division in QH to support alcohol and other drug practice in a Child Safety context.</p> <p>QH will continue to work collaboratively to support DFSDSCS to implement practice guidance through providing advice about the specialist alcohol and other drug treatment and harm reduction service system, and clinical advice and information. This is provided through QH's Insight – Centre for alcohol and other drug training and workforce development.</p>