Seeking safety

Keeping children safe when they remain at home during Child Safety interventions

Summary report

Queensland
Family & Child
Commission

Queensland Government

Acknowledgements

Following the death of a child, the Attorney-General and Minister for Justice can ask the Queensland Family and Child Commission (QFCC) to undertake a review into the adequacy and effectiveness of agency responses. This report summarises the findings of one of these reviews.

This report does not comment on any individual child who has died. This has been done out of respect for those children and their families, friends and communities who have already experienced loss and grief.

The information in this summary report was current at the time of undertaking the review and does not reflect changes which have since occurred to policies, procedures or practices. The QFCC has also referred to the names of agencies as they were at the time the review was undertaken. Several of these agencies have different names or configurations as a result of government changes or decisions.

The QFCC provided its findings and recommendations to government. Recommendations were either accepted or accepted in principle. Agencies are working together to implement these, and the QFCC is continuing to monitor this work.

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ISBN 978-0-6451352-1-3

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April 2021

FOREWORD

Protecting children is everyone's business, but it is not always easy to do.

Many of the families that come to the attention of the child protection system experience multiple and complex issues. The parents are often traumatised themselves, but this cannot be an excuse for unsafe parenting of children. Child Safety staff need to be ready to respond in such circumstances, including intervening when necessary and holding parents accountable for what has to change in order to keep their children safe.

One of the major vulnerabilities the child protection system has to contend with is the widespread use of drugs (in particular, crystal methamphetamine—ice) and the impact of parental drug use on the safety of children. The Queensland Government has already taken steps to address ice use in the community. (This report includes an appendix providing more information on the impact of parental ice use on child protection.)

Child Safety and the broader child and family support system helps families to address complex issues like this and protects children when their families are unable to keep them safe. That work should not go unrecognised.

However, despite the efforts and good intentions of many, the impacts of a system under increasing demand and strain are apparent.

Child Safety has to make hard decisions about whether children are at risk of harm and whether and how best to intervene. In doing so, it has to balance the expectations of the community with the wishes of vulnerable families, all the while keeping the needs of the children front and centre.

It has a number of approaches to use in different situations. One is an 'intervention with parental agreement', where the children remain at home, but their parents agree to work with Child Safety to meet their children's safety and protection needs. The parents have to be able and willing to actively reduce the level of risk in their home. The aim is to build their capability to meet the needs of their children once the intervention is over.

Because the children covered by these interventions stay in their homes, it can be challenging to monitor their health and wellbeing. When this is not done well, problems can arise, and tragedies can occur.

This report summarises a review of the child and family support system's responses to children who have been in this situation. Sadly, on some occasions, certain requirements intended to keep children safe have been overlooked, leaving parents without critical supports and children without protection. This report outlines the changes needed to respond better to these vulnerable children and families.

During the review, I wrote to the Director-General of the Department of Child Safety, Youth and Women advising of my concerns for other children who remain at home on Child Safety interventions. Child Safety immediately conducted a review of cases within the region to improve practice and to better understand the level of risk to these children. This is a good start, but there is more work to be done.

Queensland Health will need to strengthen its reporting processes so crucial information is shared with Child Safety when it should be, and the Queensland Police Service will need to examine its information-sharing processes.

The Queensland Family and Child Commission (QFCC) will undertake a broad review to make sure interventions with parental agreement are appropriate and effective.

I would like to thank the government and non-government agencies that contributed to this review. I also acknowledge the commitment of the agencies and services that work across the child protection system to support vulnerable Queensland children and their families.

We will continue to seek out opportunities to improve the child protection system. In this way, we will help protect vulnerable children and prevent avoidable tragedies.

Cheryl Vardon
Principal Commissioner
Queensland Family & Child Commission

CONTENTS

Foreword 2

Executive summary 4

Recommendations 6

Chapter 1—Introduction 7

1.1 Structure of this report 8

1.2 Methodology 8

1.3 Procedural fairness 8

Chapter 2—Safeguarding children during voluntary interventions 9

2.1 Introduction 10

2.2 Developing case plans to guide interventions 11

2.3 Responding to non-compliance 13

2.4 Monitoring and responding when families do not engage with services 13

2.5 Closing an intervention safely 14

2.6 Recommendations 15

Chapter 3—Sharing information to keep children safe 16

3.1 Introduction 17

3.2 Sharing information when a child is at risk of harm 18

3.3 Sharing information when there is a Child Safety intervention 19

3.4 Focusing on the safety of children rather than the motivation of people who report concerns 22

3.5 Recommendations 23

Appendix A: Parental ice use and child protection 25

1. Introduction 25

2. Effects of ice use on caregiving 25

3. Queensland Government policy on ice 26

4. Policies in other states 27

5. Child protection practice 27

EXECUTIVE SUMMARY

The Department of Child Safety, Youth and Women (Child Safety) has a number of different ways to respond when children are found to be at risk of harm. If Child Safety assesses that parents are able and willing to work cooperatively with the department to keep their children safe and to reduce the level of risk at home, it may pursue what is called an 'intervention with parental agreement'.

The intervention is meant to be time-limited and to focus on the 'safety, belonging, wellbeing and cultural needs of a child who is in need of protection, without the need for a court order'.[1] The goal is to build the capability of the family to meet the needs of the child.

However, some families confront several challenges, such as substance use, domestic and family violence, financial hardship and limited social support. At times, parental substance use can also lead to a lack of attachment to children and to contact with potentially dangerous people. (The use of crystal methamphetamine, or 'ice' in particular, is causing great concern. Appendix A provides information on the impact of parental ice use on child protection.)

This Queensland Family and Child Commission (QFCC) system review report considers children subject to interventions with parental agreement and the responses provided by the child and family support system (the system) to keep them safe in their parents' care.

The QFCC sought information from the several agencies these families would normally be in contact with. They include the Department of Child Safety, Youth and Women (Child Safety); the Queensland Police Service; Queensland Health; the Department of Housing and Public Works and a non-government service.

Safeguarding children during voluntary interventions

There are certain requirements that Child Safety must comply with in order to keep children on an intervention with parental agreement safe, including safety assessments and case planning.

Safety assessments are used to assess a child's immediate safety and guide decisions about what interventions or actions are needed to keep the child safe. A case plan sets goals and includes actions to hold parents accountable for making changes to their behaviours in order to keep their children safe.

Child Safety data indicates that of the total children in need of protection[2] subject to an intervention with parental agreement, more than 25 per cent do not have a case plan in place. In comparison, 98.1 per cent of children subject to a child protection order[3] have a case plan in place.[4]

The system must recognise the high-risk nature in many cases when children remain at home under a Child Safety intervention. This is particularly true if parental substance use is an issue and very young children are solely dependent on those parents to survive. Children cannot remain at home in these circumstances unless their safety is prioritised.

1 Queensland Government 2019, Child Safety Practice Manual—Glossary, **Glossary | Child Safety Practice Manual (csyw.qld.gov.au)**

This review identified issues in complying with safety and case planning processes, including:

- significant delays in implementing these processes
- limited action taken in response to a parent not complying with case plans and safety plans
- closing of the intervention before case plan goals were met.

Child Safety must put safeguards in place to protect children on interventions with parental agreement, and respond when parents are not able or willing to meet the conditions of the intervention.

Sharing information to keep children safe

All government and non-government agencies in the child and family support system have a responsibility to promote the safety of children. The *Child Protection Act 1999* (Qld) allows information to be shared between some agencies when they are making reports to Child Safety and coordinating services for a child at risk of harm or in need of protection. Child Safety provides several guides and tools to assist professionals in deciding when to make reports and share information.

This review identified circumstances in which the *Child Protection Guide*[5] was not applied when agencies were deciding:

- what child protection information should be requested and shared
- whether to report concerns to Child Safety.

The use of this guide should be embedded into Queensland Health reporting processes, and Child Safety Officer (Health Liaison) positions[6] should be required to refer to it.

The Queensland Police Service must also share information with Child Safety to support decisions about interventions. Information that may be relevant to child protection concerns should always be provided to Child Safety, regardless of agencies' judgements about its validity.

A recurrent issue arising in QFCC system reviews (including this review) relates to the making of assumptions about the motivation of people who raise concerns for children. This takes Child Safety's attention away from assessing the safety of children. The QFCC has identified opportunities to address this issue in previous system review reports and will continue to work with relevant agencies to action these (the QFCC has undertaken multiple system reviews since 2014).

2 Refers to the outcome of a Child Safety investigation and assessment when it is assessed that the child has suffered significant harm and/or there is an unacceptable risk of significant harm and there is no parent able to and willing to protect the child.
3 A court order allowing Child Safety to intervene to protect a child without the consent of their parents.
4 Department of Child Safety, Youth and Women 2019, Our performance website: Table CP.1: *Children subject to ongoing intervention with a case plan, by intervention type, Queensland*, **https://www.csyw.qld.gov.au/child-family/our-performance/high-quality-services-improved-wellbeing/case-plans**
5 A tool designed to assist professionals make decisions about reporting their concerns to the appropriate statutory agency or referring children and families to a family support service.
6 Child safety officers outposted to support hospital and health services.

RECOMMENDATIONS

Recommendation 1

The Queensland Family and Child Commission reviewed a case in which requirements intended to keep children safe at home during an intervention with parental agreement were not complied with.

We recommend the Department of Child Safety, Youth and Women takes immediate action to eliminate practice non-compliance within the Child Safety Service Centre that dealt with this case to make sure all children on current interventions with parental agreement are safe.[7]

Recommendation 2

We recommend the Queensland Family and Child Commission immediately commences a review into the safety of children during interventions with parental agreement.

At a minimum, this review must:

i. include a sample of cases from each Child Safety region in the state in which a child had been assessed as in need of protection more than 30 days prior

ii. examine safety and case planning guidelines and practices, including changes needed to make sure children returned to their parents' care have a current case plan

iii. examine established practices for drug testing parents who use ice and engaging them in treatment and supports

iv. determine how to monitor whether or not a parent is maintaining engagement with secondary services[8]

v. recommend improvements to strengthen assessment and reassessment of whether or not an IPA is/remains appropriate.

A review report is to be published by the QFCC as soon as practicable.

Recommendation 3

We recommend the Department of Child Safety, Youth and Women and Queensland Health commit to better assist professionals in making decisions in the best interests of children under the *Child Protection Act 1999* (Qld)[9] by:

3.1 revising Queensland Health child protection policies and guidelines to require use of the *Child Protection Guide* when making decisions to refer families for support or to report concerns to Child Safety

3.2 revising its *Child Safety Officer—Health Liaison* booklet to:

   i. require the Child Safety Officer (Health Liaison) to refer professionals to existing referral and reporting processes (including the *Child Protection Guide*)

   ii. require the Child Safety Officer (Health Liaison) to provide relevant advice, within delegated authority, to help inform referrals or reports, including information about a family's history of non-engagement with supports

   iii. include information relevant to assessing or responding to the health needs of a child at risk of harm or in need of protection, resulting from circumstances such as parent's use of ice or other drugs.

Additional findings

Assessing risk rather than motivation

The Principal Commissioner, QFCC will write to the relevant directors-general and the Police Commissioner to seek an update on progress in implementing recommendations made to address this issue in previous system reviews (the QFCC has undertaken multiple system reviews since 2014). These recommendations are listed at the end of Chapter 3.

7 At the time of writing, the Department of Child Safety, Youth and Women had undertaken a review of all open intervention with parental agreement cases managed by this service centre. This work will support Recommendation 1 of this report.
8 Services provided to vulnerable or at-risk families (such as family support services).
9 Specifically, ss. 13A, 13C, 13E, 13H and Chapter 5A of the *Child Protection Act 1999*.

CHAPTER 1

Introduction

This review:

- highlights the ways in which the child and family support system can better monitor the safety of children in families subject to interventions with parental agreement
- identifies opportunities to strengthen information sharing between health and child safety systems.

1.1 Structure of this report

This review:

- highlights the ways in which the child and family support system can better monitor the safety of children in families subject to interventions with parental agreement
- identifies opportunities to strengthen information sharing between health and child safety systems.

Chapter 2 highlights opportunities to keep children safe through voluntary interventions.

Chapter 3 discusses the impact of incomplete information sharing on decisions about responding to families. It identifies opportunities for agencies to improve information-sharing processes and their use of the *Child Protection Guide*. It also examines an issue identified in previous Queensland Family and Child Commission (QFCC) system reviews—that assumptions about the motivations of people reporting children protection concerns can affect decision making.

For the purposes of this review:

- The **child and family support system** (the system) is defined as all Queensland state government and non-government agencies providing child and family support services. The system extends beyond the statutory child protection system to include support services and programs.
- A **voluntary intervention** refers to when a parent has agreed to work with Child Safety (and includes an intervention with parental agreement).[10] An **involuntary intervention** (or child protection order) does not require the agreement of parents.

1.2 Methodology

In order to uphold the principles of procedural justice and give rigour to the findings, the QFCC undertook a consultative approach, including:

1. receiving and analysing case-specific information and supporting policy, practice and systems information from the following agencies:[11]
    a. Department of Child Safety, Youth and Women
    b. Queensland Health
    c. Queensland Police Service
    d. Department of Housing and Public Works
    e. A non-government service provider
2. reviewing contemporary child protection practice targeted to parental ice use and other risk factors
3. consulting with relevant agencies.

1.3 Procedural fairness

The report contains no adverse findings or inferences about individual people who work within the system. It does include commentary that could be considered as adverse to agencies in so far as it relates to system-level issues within and between agencies.

The review findings were provided in draft form to those agencies for responses. This summary report includes feedback from these agencies.

10 An ongoing intervention with a child who is considered in need of protection, based on an agreement by the child's parent/s to work with Child Safety to meet the child's safety and protection needs.
11 Several of these agencies have different names or configurations as a result of government changes or decisions. This report refers to the names of government agencies as they were at the time the review was undertaken.

CHAPTER 2

Safeguarding children during voluntary interventions

Summary of findings

The system must monitor and respond to warning signs that voluntary interventions with families are not effectively addressing child protection concerns.

At times, Child Safety procedures have not been complied with, which has meant some parents have not received the supports they needed to care for their children, and some children have not been protected.

Change needed to strengthen the system

The system must take immediate action to identify and respond to any Child Safety practice issues that may place children at risk during interventions with parental agreement.

The system must also review interventions with parental agreement to identify opportunities for strengthening procedures and practices in order to help protect children.

2.1 Introduction

In most circumstances, children are best cared for by their own parents; but some families require support to do this. In Queensland, vulnerable children and families have access to a range of universal,[12] secondary[13] and statutory[14] services intended to help them stay safe and stay together.

If a child has experienced (or is at risk of experiencing) significant harm and there is no parent able and willing to protect the child, Child Safety will investigate the concerns. If the outcome of this investigation is that a child is in need of protection, Child Safety will open an ongoing intervention case with the family. This can be done through:

- voluntary intervention, using an 'intervention with parental agreement'
- involuntary intervention, using a child protection order (which does not require parental agreement).

Definition

An intervention with parental agreement allows Child Safety Officers to work intensively with children and their families to meet their protection and care needs. Children remain at home for all, or most of, the intervention period.

This intervention may be used when parents are able and willing to work with Child Safety to meet their child's protection and care needs.

There are circumstances in which an intervention with parental agreement may not be appropriate. This includes when serious risks (such as substance use or intellectual disability) may impede a parent's ability to consent to or carry out safety planning and meet case goals. For example, if they are unwilling or unable to work with Child Safety or a family support service.[15]

The *Child Safety Practice Manual* includes requirements intended to make sure children remain safe during an intervention with parental agreement, such as:

- the child can remain safely in the home
- the parent is able and willing to actively work with Child Safety to address child protection concerns
- a case plan (which outlines the child protection concerns and goals of an ongoing intervention) is developed in a timely way and implemented
- mandatory drug testing of a parent is carried out if alcohol and other drug use is having or will have an impact on the child's safety and wellbeing
- Child Safety has regular contact with the family.[16]

There are also processes in place for reconsidering the appropriateness of an intervention when a parent does not adhere to these requirements. They include reassessing the family's engagement, completing a safety assessment to guide decision making, and considering whether an involuntary intervention (a child protection order) is required.[17]

The system must check for signs that the parents continue to be able and willing to work with Child Safety. Avoidant and resistant behaviours may be predictive of child maltreatment[18] and should trigger a review of whether the intervention with parental agreement remains appropriate for meeting the care and protection needs of any children.

This chapter identifies improvements needed to safeguard children who remain at home on voluntary interventions.

12 Services provided to all families (such as health or education services).
13 Services provided to vulnerable or at-risk families (such as family support services).
14 Services reserved for families experiencing high needs (such as Child Safety services). These services are funded or provided by government.
15 Department of Child Safety, Youth and Women 2019, *Child Safety Practice Manual—Decide the type of intervention—child in need of protection*, **https://cspm.csyw.qld.gov.au/procedures/decide-the-ongoing-intervention/decide-the-type-of-intervention-child-in-need-of-p#Decide_to_provide_intervention_with_parental_agreement**
16 Department of Child Safety, Youth and Women 2019, *Child Safety Practice Manual—Intervention with parental agreement*, **https://cspm.csyw.qld.gov.au/procedures/support-a-child-at-home/intervention-with-parental-agreement#Review_an_intervention_with_parental_agreement_case**
17 Department of Child Safety, Youth and Women 2019, *Child Safety Practice Manual—Intervention with parental agreement*, **https://cspm.csyw.qld.gov.au/procedures/support-a-child-at-home/intervention-with-parental-agreement#Review_an_intervention_with_parental_agreement_case**
18 Chance T and Scannapieco M 2002, 'Ecological correlates of child maltreatment: Similarities & differences between child fatality and nonfatality cases', *Child and Adolescent Social Work Journal*, vol. 19, issue 2 cited in New South Wales Government (Communities & Justice) 2019, *Engaging children, young people and families*, **https://www.facs.nsw.gov.au/providers/children-families/interagency-guidelines/engaging-people/chapters/difficulties**

2.2 Developing case plans to guide interventions

The *Child Protection Act 1999* requires a case plan to be developed for every child assessed as being in need of protection.[19] A case plan outlines the child protection concerns and goals and the actions a family must undertake to reduce the risk that their child will suffer harm from abuse or neglect.

The *Child Safety Practice Manual* provides guidance to Child Safety practitioners for developing a case plan. This includes facilitating the participation of the child (where appropriate), their family and other significant people (such as members of the safety and support network[20]) in developing the case plan.[21]

It provides further guidance on reviewing case plans (and interventions), taking into consideration the child's vulnerability, age and developmental needs as well as any change that triggers concern about the type of intervention.[22] When reviewing a case plan, the manual recommends that practitioners assess:

- the parents' continued ability and willingness to:
  - understand the worries [child protection concerns]
  - genuinely work towards completing actions and achieving the primary case plan goal
- progress made towards addressing identified risks and safety issues for the child
- the parents' continued commitment and ability to work with the safety and support network
- the parents' ongoing commitment to participating in substance testing when problematic drug use remains a complicating factor.[23]

Developing and reviewing a case plan provides an opportunity to outline the child protection concerns and actions required of parents and reassess their commitment to the actions.

Research highlights that good communication with parents at the start of an intervention is critical to improving their understanding of the reasons and associated processes.[24] This is important in circumstances where drug use may affect a parent's understanding of Child Safety's intervention.

Child Safety procedures require that a family group meeting[25] or family-led decision making process[26] be held to develop a child's case plan. This must occur within 30 days of a decision that a child is in need of protection. A lack of time and resources is not sufficient criteria to justify not convening a family group meeting.[27]

Case example—impact of delayed case plan

This review found evidence of delays in developing and implementing a case plan for a child. In this case, a family group meeting was held, but a case plan was not developed until several months after the child was assessed as being in need of protection.

In this case, there was a missed opportunity to communicate the child protection concerns and actions required of the parent to address them early on, when they were demonstrating their willingness to comply.

Instead, by the time the case plan was developed, they denied knowledge of the purpose of the intervention and denied having ever consented to it. Since the case plan included actions they were unable or unwilling to complete, this had serious repercussions in terms of the safety of the child.

19 *Child Protection Act 1999* (Qld), s. 51C.
20 A safety and support network is a team of family, friends, community members, carers and professionals who are willing to work with the child and the family to keep the child safe. Network members keep in regular contact with the child and their family, and take specific actions when there is danger and risk of harm to the child: Department of Child Safety, Youth and Women 2019, *Child Safety Practice Manual—Glossary*, **https://cspm.csyw.qld.gov.au/glossary#S**
21 Department of Child Safety, Youth and Women 2019, *Child Safety Practice Manual—Intervention with parental agreement*, **https://cspm.csyw.qld.gov.au/procedures/support-a-child-at-home/intervention-with-parental-agreement#Develop_a_case_plan_and_start_case_work**
22 A case plan should be formally reviewed at least every six months or more frequently, depending on the individual circumstances of the case: Department of Child Safety, Youth and Women 2019, *Child Safety Practice Manual—Intervention with parental agreement*, **https://cspm.csyw.qld.gov.au/procedures/support-a-child-at-home/intervention-with-parental-agreement#Review_an_intervention_with_parental_agreement_case**
23 Department of Child Safety, Youth and Women 2019, *Child Safety Practice Manual—Intervention with parental agreement*, **https://cspm.csyw.qld.gov.au/procedures/support-a-child-at-home/intervention-with-parental-agreement#Review_an_intervention_with_parental_agreement_case**
24 Darlington, Y, Healy, K and Feeney, JA 2010, 'Challenges in implementing participatory practice in child protection: A contingency approach', *Children and Youth Services review*, vol. 32, pp. 1020–1027.
25 A meeting between Child Safety, the child, family and significant people involved with the child and family to ensure the child's safety and support needs are met.
26 A practice approach in which the family is supported in taking the lead in making decisions and plans and taking action to meet the safety, belonging and wellbeing needs of the child.
27 Department of Child Safety, Youth and Women 2019, *Child Safety Practice Manual—Case planning*, **https://cspm.csyw.qld.gov.au/procedures/support-a-child-in-care/case-planning#Assess_and_prepare_to_develop_the_case_plan#Assess_and_prepare_to_develop_the_case_plan**

For children to remain at home safely during an intervention with parental agreement, parents *must* understand and acknowledge the child protection concerns and make progress towards achieving the case plan actions.

Without a case plan, there is no shared understanding or agreement between Child Safety and the family. This means there is no clear basis for the intervention or way to monitor the changes to parents' behaviours and the circumstances required to keep their children safe. It also means there is no clarity for individual child safety officers working with the family at different times.

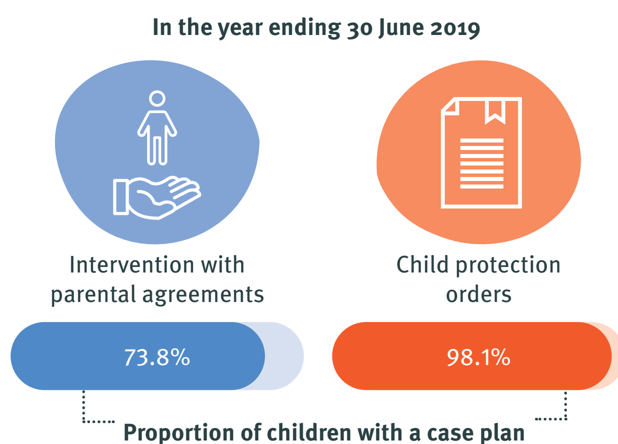


Figure 2.1: Proportion of children subject to an ongoing intervention with a case plan, in the year ending 30 June 2019.[28]

Over 25 per cent of children subject to an intervention with parental agreement did not have a case plan recorded in the year ending 30 June 2019 (see Figure 2.1). While there are some reasons why a small number of case plans may not be completed,[29] steps must be taken to increase the timely development of case plans for children subject to interventions with parental agreement.

2.2.1 Substance testing of parents

There are well-established links between parental substance use and child abuse or neglect. Depending on the type of substance and the frequency and amount of use, the parents' ability to function while under the influence and their ability to care for and protect a child may be impeded.[30] For example, poor supervision resulting from substance use may lead to children's needs not being met.[31]

Of the children who came into the care of Child Safety during the 12 months ending 30 September 2019, 39 per cent had a parent with current or previous methamphetamine use.[32]

Often parental substance use co-exists with other risk factors that can affect a parent's ability to adequately meet their child's care and protection needs. It may also create challenges for working with parents through an intervention with parental agreement due to their:

- lack of understanding of child protection concerns and the intervention process[33]
- refusal of services or drop-out from services.[34]

Appendix A provides further information about parental substance use and its effects on caregiving.

In late 2016, the then Minister for Communities, Women and Youth, Minister for Child Safety and Minister for the Prevention of Domestic and Family Violence, the Honourable Shannon Fentiman, announced that parents who consented to an intervention with parental agreement would also be subject to mandatory drug testing to ensure their children remain safe.[35]

The *Child Safety Practice Manual* guides staff in considering substance testing parents during an intervention with parental agreement. It is intended to be used in addition to appropriate intervention strategies to help a parent meet their child's ongoing needs when their problematic alcohol and drug use is assessed as having a significant impact on the child's safety, belonging and wellbeing. Substance testing should not be relied on alone to ensure a child's safety.[36]

28 Department of Child Safety, Youth and Women 2019, *Our performance website: Table CP.1: Children subject to ongoing intervention with a case plan, by intervention type, Queensland*, **https://www.csyw.qld.gov.au/child-family/our-performance/high-quality-services-improved-wellbeing/case-plans**
29 For example, if the 30-day time period for the holding of a family group meeting has not yet elapsed, or in exceptional circumstances, such as if a parent is unwilling to engage in case planning: Department of Child Safety, Youth and Women 2019, *Our performance website: Table CP.1: Children subject to ongoing intervention with a case plan, by intervention type, Queensland*, **https://www.csyw.qld.gov.au/child-family/our-performance/high-quality-services-improved-wellbeing/case-plans**
30 Bromfield L, Lamont A, Parker R and Horsfall B 2010,' Issues for the safety and wellbeing of children in families with multiple and complex problems: The co-occurrence of domestic violence, parental substance misuse and mental health problems', *NCPC Issues* no. 33.
31 Dawe S, Frye S, Best D, Moss D, Atkinson J, Evans C, Lynch M and Harnett P 2007, *Drug use in the family: Impacts and implications for children*, Australian National Council on Drugs Research Paper 13.
32 Department of Child Safety, Youth and Women 2019, *Our performance website: Family and household characteristics*, **https://www.csyw.qld.gov.au/child-family/our-performance/family-household-characteristics**
33 Venables, J, Healy, K and Harrison G 2015, 'From investigation to collaboration: practitioner perspectives on the transition phase of parental agreements', *Children and Youth Services Review*, vol. 52, pp. 9–16.
34 Piper KA, Vandervort F, Schunk S, Kelly C and Holzrichter J 2019, *Issues in differential response: Revisited*, Policy Report: The American Professional Society on the Abuse of Children, **http://centerforchildpolicy.org/assets/IssuesInDifferentialResponseRevisited.pdf**
35 Media statement 2016, *Drug testing for parents to keep kids safe*, **http://statements.qld.gov.au/Statement/2016/11/29/drug-testing-for-parents-to-keep-kids-safe**
36 Department of Child Safety, Youth and Women 2019, *Child Safety Practice Manual—Intervention with parental agreement*, **https://cspm.csyw.qld.gov.au/procedures/support-a-child-at-home/intervention-with-parental-agreement**

Case example—over-reliance on substance testing and lack of follow-up

This review found evidence of Child Safety relying on substance testing as the main intervention to address parental substance use, without supplementing this with other treatment options. This is a requirement outlined in the *Child Safety Practice Manual*.[37]

On at least one occasion, while attempts were made by Child Safety to refer a parent to a secondary service for their substance use, the parent did not engage.

In addition, the parent's compliance with testing requirements was not monitored and discontinued a few months into the intervention with parental agreement.

2.3 Responding to non-compliance

Decisions about whether a child can remain safely at home during an investigation and assessment and throughout an ongoing intervention are guided by safety assessments.[38] They are used to identify immediate harm indicators and decide if the child:

- can remain at home safely
- can remain at home with protective interventions[39]
- must be placed outside of the home to keep them safe.[40]

For a child who remains at home, a safety plan is developed.

The *Child Safety Practice Manual* requires safety assessment tools to be used and plans to be made as soon as possible at the start of an investigation and assessment and at key points during an ongoing intervention.

A key point could include when new information or a change in circumstances indicates a threat to a child's safety (including a change in household members) or when a party is non-compliant with the current safety plan.[41]

Case example—leaving a child unsafe

This review identified a circumstance in which changes in household membership and care arrangements meant that conditions outlined in child's safety plan had been breached. Child Safety did not comply with requirements to reassess a child's safety following this.

2.4 Monitoring and responding when families do not engage with services

The Queensland Government, through Child Safety, funds a range of service providers to help vulnerable families to access the right service at the right time.

These services focus on the care and protection of vulnerable children. They work with families to strengthen their capability, parenting skills and resilience. Services are available to work with families requiring different levels of support.

Following the recommendations outlined in the Office of the State Coroner's report *Inquest into the death of a child, Faith*,[42] Child Safety required (as part of its service agreements) funded services to notify it of case closures due to families not engaging. This information is intended to be used to form part of the child protection history for the family and ensure that further action considers the family's (non) engagement in secondary support services.[43]

Child Safety procedures require that information about lack of engagement is to be recorded on the family's file to be considered in later decisions about the child and family.[44]

Despite these procedures, this review found that Child Safety has not always recorded non-engagement as part of a family's child protection history.

37 Department of Child Safety, Youth and Women 2019, *Child Safety Practice Manual—Intervention with parental agreement: Implement the case plan* **https://cspm.csyw.qld.gov.au/procedures/support-a-child-at-home/intervention-with-parental-agreement#Implement_the_case_plan**
38 A safety assessment is a Structured Decision-Making® tool used by Child Safety to determine whether a child is safe and, if not, what the child needs in order to be safe.
39 That is, conditions required to mitigate any risk of harm to the child while they remain at home.
40 Department of Child Safety, Youth and Women 2019, *Child Safety Practice Manual—Carry out a safety assessment*, **https://cspm.csyw.qld.gov.au/procedures/investigate-and-assess/carry-out-an-immediate-safety-assessment**
41 Department of Child Safety, Youth and Women 2019, *Child Safety Practice Manual—Carry out a safety assessment*, **https://cspm.csyw.qld.gov.au/procedures/investigate-and-assess/carry-out-an-immediate-safety-assessment**
42 Queensland Courts 2014, *Office of the State Coroner Findings of Inquest: Inquest into the death of a child, Faith*, **https://www.courts.qld.gov.au/__data/assets/pdf_file/0007/265651/cif-faith-20140627.pdf**
43 Department of Child Safety, Youth and Women 2019, *Families—Investment Specification*, **https://www.csyw.qld.gov.au/resources/dcsyw/about-us/funding-grants/specifications/investment-spec-families.pdf**, p. 21.
44 Information provided by the Department of Child Safety, Youth and Women to the Queensland Family and Child Commission on 5 March 2020

There does not appear to be an established Child Safety process explaining how to do this. Instead, Child Safety has, on occasions, continued to make referrals to secondary supports for families even though the parents did not engage. On one occasion, it re-referred families to a service that had only recently advised that the parents would not engage with it.

If non-engagement is not closely monitored, parents will not receive family supports they need to reduce risk of neglect of their children.

Research demonstrates that parents under voluntary interventions are less likely to participate in family support services than those who self-refer or are ordered by a court to engage.[45] In these circumstances, continued attempts to engage parents with the secondary support system may not be appropriate or useful.

There is a need to better monitor a family's non-engagement and respond appropriately. Doing this will also uphold the intent of the Office of the State Coroner's recommendation.

2.5 Closing an intervention safely

The *Child Safety Practice Manual* allows for an intervention with parental agreement case to be closed when a child is either no longer in need of protection or is subject to a child protection (court) order.[46]

For a child to be considered no longer in need of protection, a case plan review must first determine that:

- Child Safety is satisfied the family has made progress in resolving the child protection concerns and achieving the main case plan goal.
- A safety assessment has indicated there are no immediate indicators of harm present in the household.
- The outcome of a family risk re-evaluation[47] is 'low' or 'moderate'.
- The child is no longer assessed as being at unacceptable risk of significant harm.
- The family can continue to work with the safety and support network to meet the child's ongoing needs.[48]

If a parent has withdrawn their consent to the intervention with parental agreement, Child Safety must also use this process to assess whether the child still needs protection.

This review found evidence of interventions with parental agreement being closed before these standards were met.

Case example—closing the intervention too quickly

This review found that Child Safety closed an intervention with parental agreement, despite the parent not having completed or complied with case plan actions. The family was also facing significant life stressors at this time, including domestic and family violence, social isolation, substance use and financial stress.

At this time, their child was assessed as safe.

45 Navarro, I 2014, 'Family Engagement in "Voluntary" Child Welfare Services: Theory and Empirical Evidence from Families under Differential Response Referrals in California', *Child Welfare*, vol. 93, issue 3, pp. 25–45.
46 Department of Child Safety, Youth and Women 2019, *Child Safety Practice Manual—Intervention with parental agreement*, **https://cspm.csyw.qld.gov.au/procedures/support-a-child-at-home/intervention-with-parental-agreement#Close_an_intervention_with_parental_agreement_case**
47 A process to re-estimate the likelihood that there will be further abuse or neglect in a family.
48 Department of Child Safety, Youth and Women 2019, *Child Safety Practice Manual—Case planning* **https://cspm.csyw.qld.gov.au/procedures/support-a-child-in-care/case-planning#Close_a_case**

2.6 Recommendations

Improving safeguards for children who remain at home on interventions

Recommendation 1

The Queensland Family and Child Commission reviewed a case in which requirements intended to keep children safe at home during an intervention with parental agreement were not complied with.

We recommend the Department of Child Safety, Youth and Women takes immediate action to eliminate practice non-compliance within the Child Safety Service Centre that dealt with this case to make sure all children on current interventions with parental agreement are safe.[49]

Reason

For a child to remain at home safely during an intervention with parental agreement, Child Safety must comply with several requirements and respond to changes in the parents' ability and willingness to address the child protection concerns.

This review identified that this does not always occur, and children have been allowed to remain at home without necessary requirements in place. Any non-compliance must be recognised by Child Safety and responded to immediately.

Recommendation 2

We recommend the Queensland Family and Child Commission immediately commence a review into the safety of children during interventions with parental agreement (IPAs).

At a minimum, this review must:

i. include a sample of cases from each Child Safety region in the state in which a child had been assessed as in need of protection more than 30 days prior
ii. examine safety and case planning guidelines and practices, including changes needed to make sure children returned to their parents' care have a current case plan
iii. examine established practices for drug testing parents who use ice and engaging them in treatment and supports
iv. determine how to monitor whether or not a parent is maintaining engagement with secondary services
v. recommend improvements to strengthen assessment and reassessment of whether or not an intervention with parental agreement is/remains appropriate.

A review report is to be published by the QFCC as soon as practicable.

Reason

This review found evidence that Child Safety has, on occasions, overlooked or not responded to clear red flags for the safety and wellbeing of children in the care of their parents. For various reasons, several requirements for safety and case planning have not been complied with by Child Safety during interventions.

The system must acknowledge the uncertainty and risk that surrounds children who remain at home during a Child Safety intervention—particularly when a parent uses drugs. Safeguards must be put in place and responses must appropriately prioritise the safety of the children when parents are no longer able and willing to engage in the intervention.

49 At the time of writing, the Department of Child Safety, Youth and Women had undertaken a review of all open intervention with parental agreement cases managed by this service centre. This work will support Recommendation 1 of this report.

CHAPTER 3

Sharing information to keep children safe

Summary of findings

The system does not always use information-sharing processes effectively, resulting in missed opportunities to share facts critical to decisions about children.

Decisions can be affected when agencies focus on the motivations of those who report concerns rather than on the safety of children.

Change needed to strengthen the system

The system must strengthen information-sharing processes to better assist professionals in making decisions about whether to report concerns for a child's safety.

The system must continue to implement recommendations made in previous Queensland Family and Child Commission (QFCC) system review reports to recognise and negate the influence of assumptions on professional decision making.

3.1 Introduction

The Queensland child protection system requires government (and non-government) agencies delivering services to vulnerable children and families to take on a range of responsibilities. These are mainly outlined in the *Child Protection Act 1999*, and some are also included in other state Acts.

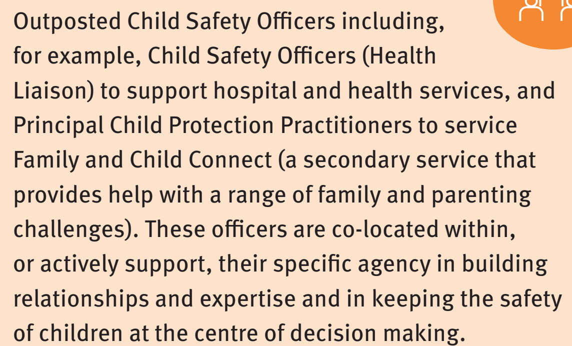
There are clear legislated requirements in the Child Protection Act 1999 for agencies in the system to report child protection concerns to Child Safety and to share information and coordinate services between agencies to protect children at risk.[50]

Knowing when to share information about vulnerable children (and unborn children) and families with Child Safety or other agencies—and knowing what information should be shared—is challenging.

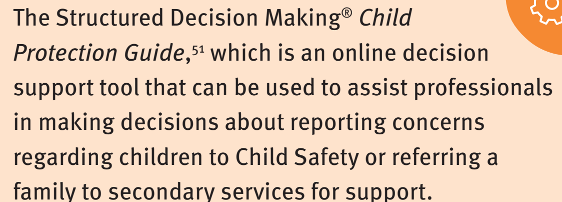
This chapter identifies ways to strengthen existing processes. It builds on recommendations made in previous QFCC system reviews regarding:

- information-sharing processes
- the need to focus on the safety of children rather than on the perceived credibility of people who report concerns about them.

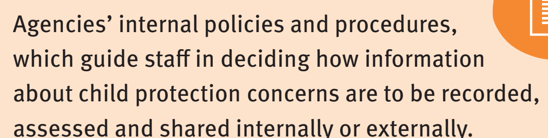
The system has several supporting processes in place. Some of these include:



Outposted Child Safety Officers including, for example, Child Safety Officers (Health Liaison) to support hospital and health services, and Principal Child Protection Practitioners to service Family and Child Connect (a secondary service that provides help with a range of family and parenting challenges). These officers are co-located within, or actively support, their specific agency in building relationships and expertise and in keeping the safety of children at the centre of decision making.



The Structured Decision Making® *Child Protection Guide*,[51] which is an online decision support tool that can be used to assist professionals in making decisions about reporting concerns regarding children to Child Safety or referring a family to secondary services for support.



Agencies' internal policies and procedures, which guide staff in deciding how information about child protection concerns are to be recorded, assessed and shared internally or externally.

Figure 3.1: Processes for sharing information about vulnerable children

50 *Child Protection Act 1999* (Qld), ss. 1, 3A, 13E, 13F and ss. 159M–159NA.
51 Department of Child Safety, Youth and Women 2019, *Queensland Child Protection Guide 2.1*, https://www.csyw.qld.gov.au/resources/dcsyw/about-us/partners/government/child-protection-procedures-manual.pdf, p. 83

3.2 Sharing information when a child is at risk of harm

Child Safety's specialised staff positions (for example, the Child Safety Officer (Health Liaison)) and its online support tool, the *Child Protection Guide*) are resources that can help professionals make decisions when they hold concerns for children.

The *Child Protection Guide* uses decision support trees and a series of questions to help agencies report their concerns to the appropriate statutory agency or refer children and their families to a family support service.

It has been 'designed to complement, rather than replace, a professional's critical thinking and does not preclude a professional from any course of action they believe is appropriate'.[52]

Queensland Health requires all employees, as part of their induction, to receive information on child protection legislation, reporting and referral processes. This includes information about the availability of the *Child Protection Guide*,[53] but its use is not embedded in child protection reporting processes.

In April 2017, the Queensland Government announced it would place child safety officers in major hospitals to improve information sharing and enable rapid responses when doctors have concerns about a child's safety.[54]

These are the Child Safety Officers (Health Liaison) positions, and there are 12 of them. Most of these officers work from the Child Safety Service Centre where they are based. Some are based at the major hospital within their Child Safety Service Centre region or hospital and health service catchment.[55]

The requirements for the positions are set out in the *Child Safety Officer–Health Liaison* booklet.[56] There are no separate procedures or guidelines specifically for these positions outside of the booklet.[57] The positions must, like all child safety officers, comply with the *Child Safety Practice Manual*.

Some of the responsibilities of the positions, as outlined in the booklet, include:

- meeting a child's safety and wellbeing needs
- sharing information and ensuring Queensland Health staff can access up-to-date information about children to assist planning and decision making
- consulting on cases about mothers of unborn babies, to facilitate planning, co-ordination and service delivery.[58]

52 Department of Child Safety, Youth and Women 2020, *Queensland Child Protection Guide*, **https://www.csyw.qld.gov.au/about-us/partners/child-family/our-government-partners/queensland-child-protection-guide**
53 Queensland Health 2018, *Child protection*, **https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/patient-safety/duty-of-care/child-protection**
54 Department of Communities, Child Safety and Disability Services June 2018, *Child Safety Officer (Health Liaison)*.
55 Information provided by the Department of Child Safety, Youth and Women to the Queensland Family and Child Commission on 5 March 2020; Queensland Health is made up of the Department of Health—responsible for the management of Queensland's public health system—and 16 hospital and health services, which deliver health services to the public. While each hospital and health service is a separate statutory body governed by a hospital and health service board, its performance is monitored by the Department of Health: Queensland Health 2019—*Queensland Health organisational structure*, **https://www.health.qld.gov.au/system-governance/health-system/managing/org-structure**
56 Department of Communities, Child Safety and Disability Services June 2018, *Child Safety Officer (Health Liaison)*.
57 Information provided by the Department of Child Safety, Youth and Women to the Queensland Family and Child Commission on 5 March 2020.
58 Department of Communities, Child Safety and Disability Services June 2018, *Child Safety Officer (Health Liaison)*.

Case example—incomplete information sharing to respond to a child at risk of harm

This review identified an example when this arrangement has not worked as well as it should have.

A hospital and health service requested information from a Child Safety Officer (Health Liaison) regarding concerns about an unborn child to help decide what action to take. The information provided in response did not include contextual information about the parent's child protection history (such as their history of ice use, concerns of neglect contributed to by ice use or earlier Child Safety intervention).

If either the hospital and health service or the Child Safety Officer (Health Liaison) position had referred to the *Child Protection Guide* when the concerns for the unborn child were raised, it would have been clear that the concerns should have been reported to Child Safety in light of the family's child protection history.[59]

This meant an opportunity was missed to decide whether to report concerns to Child Safety and to put health services in place to support the parent and protect the unborn child once born.

Queensland Health should embed the use of the *Child Protection Guide*, as should the Child Safety Officer (Health Liaison) positions, within reporting processes. This will support better information sharing and decision making.

3.3 Sharing information when there is a Child Safety intervention

Child Safety, the Queensland Police Service and Queensland Health have procedures in place to guide how child protection information should be shared within their agencies and with other agencies, to keep children safe. Generally, these procedures have been developed under the information-sharing provisions of the *Child Protection Act 1999*.[60]

This review identified gaps in information sharing, both within and between agencies, that have meant concerns about children were not properly assessed and service delivery was not coordinated.

Specifically, the review found instances where:

- the Queensland Police Service did not share information that was relevant to Child Safety decisions about whether to close an intervention with parental agreement
- Child Safety did not share information about a parent's ice use with Queensland Health. If it had, the parent could have received targeted, health-based support to address their substance use, and the risks to a child would have been more obvious to Queensland Health. It could then have shared its concerns with Child Safety, which could have reassessed the safety of the child and its ongoing intervention with the family.

59 Department of Child Safety, Youth and Women 2019, *Queensland Child Protection Guide 2.1*, **https://www.csyw.qld.gov.au/resources/dcsyw/about-us/partners/government/child-protection-procedures-manual.pdf**, p. 83 (Pregnant Woman—Unborn Child).
60 *Child Protection Act 1999* (Qld), Chapter 5A, Part 4.

3.3.1 Information requests from Child Safety

The details provided in Child Safety's requests for information are used to help agencies decide which information is relevant to the particular decision being made.

However, the information-sharing sections of the *Child Protection Act 1999* do not limit the agencies to only providing the information Child Safety asked for. The agencies are all responsible for contributing to the protection and care of children and supporting their families.[61]

When Child Safety is deciding to close an intervention or keep it open, it sometimes needs information from other agencies. This is a critical decision that can have a lasting impact on the ongoing safety of children. Agencies must prioritise the sharing of information in the best interests of a child's safety and wellbeing.[62]

The Principal Commissioner of the QFCC will write to relevant directors-general and the Police Commissioner requesting that staff be reminded to keep the safety, wellbeing and best interests of children at the centre of information sharing with Child Safety.

Case example—incomplete information used to close an intervention

Shortly before closing an intervention with parental agreement, Child Safety requested information from the Queensland Police Service.

The Queensland Police Service did not share information it had recently received about a parent using and dealing drugs from their house. The rationale for not sharing this information was not recorded, but the Queensland Police Service advised that some considerations could include:

- the information did not contain anything Child Safety had specifically asked for
- it was unverified information from an anonymous source and could therefore not be used to confirm information already known to Child Safety (that is, the parent's history of ice use)
- caution must be exercised in raising expectations that unverified intelligence provided to police should be given to Child Safety as a matter of course.[63]

This information could have been disclosed for consideration by Child Safety to aid in their decisions about the ongoing intervention with the family and the safety of the child.

61 *Child Protection Act 1999* (Qld), s. 159B(d).
62 *Child Protection Act 1999* (Qld), s. 159B(h).
63 Information provided by the Queensland Police Service to the Queensland Family and Child Commission on 26 February 2020 and 19 June 2020.

3.3.2 Health-based supports for children and families

The number of Child Safety interventions in which parental substance use is a factor is on the rise.[64] The Queensland Government is committed to combatting the effect of the use of this drug in the community.[65]

The *Child Safety Practice Manual* states that, when working with parents who are problematic users of drugs and alcohol, collaboration between child protection and drug and alcohol services is crucial for good outcomes.[66]

However, in practice, there are different recording protocols across different hospital and health services and associated speciality services (including paediatrics, maternity, mental health and alcohol and other drug services).[67] As a result, it may not be clear to health professionals if parents who are involved with Child Safety are accessing Queensland Health's Alcohol, Tobacco and Other Drugs (ATODS) services. This is a missing and critical piece of information when they are making decisions about protecting children.

Queensland Health is making changes to make critical ATODS information available to more health professionals.[68]

To promote the safety of vulnerable children, the QFCC encourages Queensland Health child protection units to routinely access ATODS System information and embed its use through its child protection policies, procedures and education modules.

Case example—a lack of information sharing within Queensland Health

This review identified a case in which a parent contacted the ATODS service for support around substance use. The parent disengaged from the service after the initial intake phone call, but advised Child Safety that they were still working with this service.

Other Queensland Health staff were not aware of the parent's substance use or that they had contacted ATODS. If they were aware of the child protection history and substance use issues, they may have:

- advised Child Safety the parent was not receiving treatment from ATODS during the intervention with parental agreement
- reported concerns for the safety of the child.

64 Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence, The Honourable Di Farmer 23 January 2020, *Rise in ice use increases demand for child protection*, **http://statements.qld.gov.au/Statement/2020/1/23/rise-in-ice-use-increases-demand-for-child-protection**
65 Queensland Government February 2018, *Action on Ice*, **https://www.premiers.qld.gov.au/assets/action-on-ice.pdf**
66 Department of Child Safety, Youth and Women 2019, *Child Safety Practice Manual—Practice Kits—Alcohol and Other Drugs*, **https://cspm.csyw.qld.gov.au/practice-kits/alcohol-and-other-drugs**
67 Information provided by Queensland Health to the Queensland Family and Child Commission on 6 March 2020.
68 Information provided by Queensland Health to the Queensland Family and Child Commission on 6 March 2020.

3.4 Focusing on the safety of children rather than the motivation of people who report concerns

Keeping the safety of children at the centre of decision making about reports of child harm is crucial.

A child's right to protection is recognised under law.[69] In Queensland, in decisions relating to a child, the safety, wellbeing and best interests of the child are paramount.[70] If a child does not have a parent who is able and willing to protect them, government agencies are responsible for protecting the child.[71]

At times, this has not been kept at the forefront of system responses. Instead, the focus has been on the motivations of individuals who raised concerns.

Several QFCC system reviews have found that organisations have focused on the motivations of a reporter[73] rather than on the safety of children.

This review identified that this can mean Child Safety will not fully assess the family's child protection history and known experiences and vulnerabilities, which in turn can mean it does not make informed decisions about the safety of children.

Case example—assessing motivation rather than risk

In one case, Child Safety received multiple reports about concerns for a child.

Although there had been a history of previous concerns of neglect and parental drug use, Child Safety considered that the information received did not suggest the child was in need of protection,[72] because the information was thought to be motivated by a custody dispute.

Child Safety considered there was no evidence to support the concerns the parent was using drugs. Its information was dated, and it made this decision based on a misperception that the parent had previously worked well with Child Safety and a secondary service.

Instead of acting on the reports, it referred the family to a secondary service. The parent did not engage.

69 *Human Rights Act 2019* (Qld), s. 26(2).
70 *Child Protection Act 1999* (Qld), s. 5A.
71 *Child Protection Act 1999* (Qld), s. 5B(d).
72 The information provided was recorded as child concern reports (which is what occurs when Child Safety determines that further investigation is not required).
73 A 'reporter' is someone who contacts Child Safety with concerns about harm or potential harm to a child.

3.5 Recommendations

Improving information sharing between agencies

Recommendation 3

We recommend the Department of Child Safety, Youth and Women and Queensland Health commit to better assist professionals in making decisions in the best interests of children under the Child Protection Act 1999 (Qld)[74] by:

3.1 revising Queensland Health child protection policies and guidelines to require use of the *Child Protection Guide* when making decisions to refer families for support or to report concerns to Child Safety

3.2 revising its *Child Safety Officer – Health Liaison* booklet to:

i. require the Child Safety Officer (Health Liaison) to refer professionals to existing referral and reporting processes (including the *Child Protection Guide*)

ii. require the Child Safety Officer (Health Liaison) to provide relevant advice, within delegated authority, to help inform referrals or reports, including information about a family's history of non-engagement with supports

iii. include information relevant to assessing or responding to the health needs of a child at risk of harm or in need of protection, resulting from circumstances such as parent's use of ice or other drugs.

Reason

This review identified evidence of decisions about whether to report concerns to Child Safety being based on incomplete information. On one occasion, Queensland Health sought advice from the Child Safety Officer (Health Liaison) about a family. Information about parental substance use and contextual information about a previous intervention with parental agreement was not provided in response.

This information would have been useful for Queensland Health when deciding whether to report information to Child Safety.

74 Specifically, ss. 13A, 13C, 13E, 13H and Chapter 5A of the *Child Protection Act 1999*.

Additional findings

Assessing risk rather than motivation

The QFCC has identified the issue of agencies focusing on the motivation of reporters rather than on the safety of children in previous system reviews. The Principal Commissioner, QFCC will write to relevant directors-general and the Police Commissioner to seek an update on progress in implementing recommendations previously made to address this issue. They are:

- **Recommendation 2** of the *A spotlight on vulnerable infants: Improving responses to red flags* report. This report identified the adverse influence of attitudes and assumptions on critical decisions for keeping children safe. It recommended that a survey of frontline staff across the child and family support system be designed and administered to identify attitudes and assumptions about domestic and family violence and the involvement of the family law courts. It also recommended that an educational tool aimed at addressing the influence of attitudes and assumptions on system responses be designed, implemented and evaluated.
- **Recommendation 1** of the *Hear me, see me: Keeping children at the centre of the child and family support system* report highlighted the importance of child-centred responses to reports of child harm. It recommended that the Department of Child Safety, Youth and Women establish a new policy and procedures to manage concerns about a reporter's motivations. This is to replace the existing procedures and guidance in the *Child Safety Practice Manual and Practice guide–Vexatious and malicious notifiers*.

The new policy and procedures will:

i. focus on the rights of a child to be protected from harm, separate from any consideration of the motivations of the reporter

ii. make sure that, while other agencies' assessments of reporters may be taken into account, they do not override Child Safety's own processes

iii. provide a response that promotes the safety of the child, even if reports are found to be inaccurate, unfounded, vexatious or malicious in nature

iv. make sure no-one is classified, dealt with or referred to as a 'vexatious reporter' unless they have been formally assessed as such under the policy

v. initiate a multi-agency case discussion (like the Suspected Child Abuse and Neglect team approach) when the reporter is the child's parent. This is to consider information and expertise held by agencies about the:

- safety and wellbeing of the children
- motivations of the parent in reporting concerns
- dynamics and circumstances of the family as a whole
- ongoing support needs of the family, and strategies to meet them
- strategies for delivering an adverse outcome to the parent in a supportive environment.

Under the recommendation, Child Safety is also to develop an implementation plan for the new policy and procedures, including for the training and supervision of staff.

APPENDIX A

Parental ice use and child protection

1. Introduction

Crystal methamphetamine (ice) is a stimulant drug that works by triggering the release of chemicals in the brain that lead to feelings of euphoria, arousal and motivation.[75] It is the strongest and most addictive form of methamphetamine.[76]

Long-term use of ice increases the user's tolerance, so larger and more frequent doses are needed to achieve the desired feeling of euphoria.

The timing and intensity of a dose depends on how it is administered. If smoked or injected, the effect of ice is almost immediate and comes on as a 'rush'. If ingested orally, it takes longer (about 30 minutes) for this to occur. Ice can also be snorted or taken rectally. The high from ice is most intense for up to two hours, with the stimulant effects persisting for six to 12 hours. It takes two to three days to leave the body.[77]

Long-term, regular use of ice can damage or destroy certain receptors in the brain, resulting in some ice users no longer feeling normal without having ice in their system. When a person stops using ice, it can take a long time for these changes in the brain to return to normal[78] and the damage may be permanent.

2. Effects of ice use on caregiving

Ice use is consistently linked to characteristics that result in poor caregiving.[79] In general, while a person is high on ice, their judgement is impaired and there is an increased chance of harm to themselves or others. Children whose parents/caregivers use ice are more likely to experience abuse, neglect, isolation, victimisation and an increase in antisocial behaviour.[80] In the words of one author:

> The ice user may exhibit anxiety; talk incessantly; be aggressive and very moody; exhibit repetitive, purposeless behaviour; or have a false sense of confidence. Paranoia, hallucinations, homicidal or suicidal thoughts, and mood disturbances are among the long-term effects of ice use. Children of ice addicts are therefore said to be 'living with persons with serious psychiatric disorders'.[81]

Ice can keep a user 'up' for up to 12 hours, compromising their ability to perform their parenting responsibilities. A user binging on ice may stay awake for 10 days, often not eating or drinking in this time. Addiction to ice can result in the significant disengagement of a parent from their parenting responsibilities.

Withdrawal can have adverse effects such as increased anxiety, irritability, sleeplessness, depression, paranoia and exhaustion. This means that children may be left alone for long periods.

75 Australian Government Department of Health 2018, *The effects of crystal methamphetamine on the brain*, **https://cracksintheice.org.au/pdf/the-effects-of-ice-on-the-brain.pdf**
76 Australian National Audit Office 2019, *National Ice Action Strategy Rollout*, **https://www.anao.gov.au/work/performance-audit/national-ice-action-strategy-rollout**, p. 14.
77 National Drug and Alcohol Research Centre 2016, *Methamphetamine*, **https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/NDA073%20Fact%20Sheet%20Methamphetamine.pdf**
78 Cracks in the Ice 22 October 2019, *How does crystal amphetamine work?—Ice and the brain*, **https://cracksintheice.org.au/how-does-ice-work**
79 Derauf C, LaGasse L, Smith L, Grant P, Shah R, Arria A, Huestis M, Haning W, Strauss A, Della Grotta S, Liu J and Lester B 2007, 'Demographic and psychosocial characteristics of mothers using methamphetamine during pregnancy: preliminary results of the infant development, environment, and lifestyle study (IDEAL)', *American Journal of Drug and Alcohol Abuse*, vol. 33, issue 2, pp. 281–289, **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2737408/**; McKellar, N 2009, 'Parental Use of Meth and Its Effect on Children in My Community', *The Newspaper of the National Association of School Psychologists Communiqué*, vol. 37, number 8, pp. 24–26; Robinson L, Kelly P, Deane F, and Townsend L 2019, 'The residential status of children whose parents are in treatment for methamphetamine use', *Drug and Alcohol Review*, vol. 38, pp. 359–365; Altshuler S and Cleverly-Thomas A 2011, 'What do we know about drug-endangered children when they are first placed into care?', *Child Welfare*, vol. 9 number 3 pp. 45–68; Broomfield L, Lamont A, Parker R, and Horsfall B 2010,' Issues for the safety and wellbeing of children in families with multiple and complex problems: The co-occurrence of domestic violence, parental substance misuse, and mental health problems', *NCPC Issues*, number 33.
80 Australian Government Department of Health 2018, *Supporting children with parents who use ice: a guide for health professionals*, **https://cracksintheice.org.au/pdf/download/supporting-children-with-parents-who-use-ice-a-guide-for-health-professional.pdf**
81 McKellar, N 2009, 'Parental Use of Meth and Its Effect on Children in My Community', *The Newspaper of the National Association of School Psychologists Communiqué*, vol. 37, number 8, p. 24.

One recent Australian study of parents attending residential treatment services for substance abuse found that those who identify ice as their primary or secondary substance of use are more likely to have a child living out of home than other parents using drugs.[82]

Women who use ice during pregnancy have been found to have multiple characteristics that may result in 'maladaptive parenting or caregiving'.[83] The study also identified lower maternal perceptions on quality of life, greater likelihood of having family and social systems where substance abuse is normal, increased risk for ongoing legal issues, and a higher likelihood of meeting the medical criteria for substance dependence.

3. Queensland Government policy on ice

In November 2016, the Hon Shannon Fentiman MP, then Minister for Communities, Women and Youth, Minister for Child Safety and Minister for the Prevention of Domestic and Family Violence, announced parents would be required to undergo drug testing, particularly testing for ice, under any intervention with parental agreement.[84]

The *Child Safety Practice Manual* advises officers reviewing case plans for interventions with parental agreement to consider the willingness of parents to agree to regular and random drug testing, where drug use has been identified as a factor contributing to harm or risk of harm.[85]

However, drug testing alone is not enough. A practice paper released in 2007 summarised research claiming drug testing of parents is not an effective intervention and has little influence in the long term, unless it is linked to quality treatment.[86]

In April 2017, the Queensland Government announced it was introducing the following enhancements to child protection service delivery where parental ice use was a particular concern:[87]

- 20 new nurses to provide support and advice on drug and alcohol addiction and mental health for families in contact with child safety services
- the roll-out of a 'child safety quality assurance' flying squad to drive improvements in the way individual service centres respond to families using drugs (especially ice) and mental health issues, and to strengthen the way staff work with families
- drug and alcohol nurses embedded in family support services.

In February 2018, the Queensland Government released its *Action on Ice* plan, which committed more than $100 million over five years, including $7.4 million over three years for support services for the families of ice users, by:

- expanding support services for families involved in the child protection system to overcome ice issues
- allocating $1.7 million in funding over three years to the Lives Lived Well program to establish live-in recovery units and supporting coordinated outreach and intensive case management support. This is for families in Logan and surrounds who are impacted by ice and other drugs and are subject to ongoing child protection intervention
- investing in resources (in particular Family and Child Connect and Intensive Family Support[88] services) to make sure families experiencing challenges can access appropriate support in a timely manner to avoid unnecessary contact with the statutory child protection system.[89]

82 Robinson L, Kelly P, Deane F and Townsend L 2019, 'The residential status of children whose parents are in treatment for methamphetamine use', *Drug and Alcohol Review*, vol. 38, p. 362.
83 Derauf C, LaGasse L, Smith L, Grant P, Shah R, Arria A, Huestis M, Haning W, Strauss A, Della Grotta S, Liu J and Lester B 2007, 'Demographic and psychosocial characteristics of mothers using methamphetamine during pregnancy: preliminary results of the infant development, environment, and lifestyle study (IDEAL)', *American Journal of Drug and Alcohol Abuse*, vol. 33, issue 2, pp. 281-289, **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2737408/**
84 Minister for Communities, Women and Youth, Minister for Child Safety and Minister for the Prevention of Domestic and Family Violence, The Honourable Shannon Fentiman 29 November 2016, *Drug testing for parents to keep kids safe*, **http://statements.qld.gov.au/Statement/2016/11/29/drug-testing-for-parents-to-keep-kids-safe**
85 Department of Child Safety, Youth and Women 2018, *Child Safety Practice Manual: Intervention with parental agreement*, **https://cspm.csyw.qld.gov.au/procedures/support-a-child-at-home/intervention-with-parental-agreement**
86 Department of Child Safety (Qld) 2007, *Practice Paper: Parental substance misuse and child protection: intervention strategies*, **https://www.csyw.qld.gov.au/resources/childsafety/practice-manual/prac-paper-substance-misuse-intervention.pdf**, p. 25.
87 Premier and Minister for the Arts, The Honourable Annastacia Palaszczuk and Minister for Communities, Women and Youth, Minister for Child Safety and Minister for the Prevention of Domestic and Family Violence, the Honourable Shannon Fentiman 10 April 2017, *Additional staff, reform to further strengthen child protection system*, **http://statements.qld.gov.au/Statement/2017/4/10/additional-staff-reform-to-further-strengthen-child-protection-system**
88 Intensive Family Support is a free service available to families who have children aged 0–18 years in their care. It is designed to build on family strengths, improve family relationships and help parents and families who need support to increase the safety and wellbeing of their children.
89 Queensland Government February 2018, *Action on Ice*, **https://www.premiers.qld.gov.au/assets/action-on-ice.pdf**

Lives Lived Well provides drop-in and residential services in the Brisbane south area. In Beenleigh and Beaudesert, it offers alcohol and drug counselling services, day and family programs, and ongoing support for people to prevent relapse.[90]

At Logan House in Chambers Flat, it provides a residential alcohol and drug treatment program, which aims to reduce substance use and help people to learn parenting skills.[91] Some fees apply. Children are now able to stay at Logan House with their parent.

Parental ice use is in many cases not the only vulnerability a family in contact with Child Safety may be experiencing. It is important that the child and family support system plans for and responds to each of those interconnected vulnerabilities, which could include domestic and family violence issues and lack of social supports.

4. Policies in other states

Some states and territories have established strategies to reduce the use of ice across the whole population.

For example, Victoria's *Ice Action Plan*, released on 6 March 2015, includes $4.7 million for training for families affected by a loved one's drug use.[92]

In April 2019, the Western Australian Government's response to the *Western Australian Methamphetamine Taskforce Report* was that its Mental Health Commission would promote increased screening for alcohol and other drug conditions for people presenting to workers in child protection.[93]

5. Child protection practice

As early as 2015, the final report of the Northern Territory 'ice' Select Committee noted it 'was particularly concerned to learn that the relationship between child protection services and drug and alcohol agencies is not yet well developed'.[94]

However, there is no jurisdiction in Australia with a specific plan to address the impact of ice use on the child protection system.

5.1. Substance testing

The Queensland *Child Safety Practice Manual* offers guidance on substance testing and responding to alcohol and other drug use. It states that substance testing:[95]

- may be used to confirm or dispute allegations of alcohol and other drug use if it will have a detrimental impact on a child's safety, belonging or wellbeing
- may be considered a necessary and important part of an intervention with parental agreement based on the extent of the harm and risk
- may be used if there are indicators a parent is engaging in serious and persistent problematic alcohol and other drug use
- may be used if confirmation of alcohol and other drug use is required to make an assessment about whether a child is in need of protection or continues to be in need of protection
- cannot specify how the substance affects a parent's ability to meet the safety, belonging and wellbeing needs of their child.
- of a parent can only be undertaken when a parent provides written consent
- by way of initial screening tests will either provide a negative result or a non-negative result:
  - A positive result cannot be determined from an initial screening test—a confirmation test is required.
  - When the result is non-negative, consultation needs to take place with a senior team leader or senior practitioner to assess whether action is required to ensure the immediate safety of the child.

90 Lives Lived Well 2019, *Queensland Locations*, **https://www.liveslivedwell.org.au/find-a-service/queensland-locations/**
91 Lives Lived Well 2019, *Logan House*, **https://www.liveslivedwell.org.au/our-services/qld/live-in-recover/logan-house/**
92 State Government of Victoria 2015, *Ice Action Plan*, **https://www2.health.vic.gov.au/alcohol-and-drugs/aod-policy-research-legislation/ice-action-plan**
93 Government of Western Australia 2019, *Full Government Response to the Western Australian Methamphetamine Taskforce Report*, **https://www.wa.gov.au/government/publications/full-government-response-the-western-australian-methamphetamine-taskforce-report**, p. 26.
94 Legislative Assembly of the Northern Territory 2015, *Breaking the Ice: Inquiry into 'ice' use in the Northern Territory*, **https://parliament.nt.gov.au/__data/assets/pdf_file/0009/362952/Breaking_the_Ice_inquiry_into_ice_use_in_the_Northern_Territory.pdf**, p. 10.
95 Department of Child Safety, Youth and Women 2020, *Child Safety Practice Manual: Intervention with parental agreement*, **https://cspm.csyw.qld.gov.au/procedures/support-a-child-at-home/intervention-with-parental-agreement**

5.2 Alcohol and other drugs treatment program

If concerns are held for the safety or wellbeing of a child and alcohol and other drug use is a contributing factor, the *Child Safety Practice Manual* states that:

- substance testing will always be paired with treatment options[96]
- it is useful to make and maintain contact with the alcohol and other drug service providers, as they provide help for the parents
- when speaking with service providers, Child Safety should be clear about the harm and the worries [child protection concerns] it has for the child and explain how to recognise these and what should be done
- Child Safety should also talk with services to understand their experience with identifying risks for children that stem from problematic substance use
- a parent's substance use can affect a child or create risks that are immediately visible or [that] appear over time
- Child Safety should give service providers access to guides on supporting parents and identifying developmental trauma
- Child Safety should be clear about what information it needs to share, who it needs to share it with, and how and when it will be shared. Child Safety should consult and draw on the expertise that alcohol and other drug professionals can offer. This can build an understanding about suitable treatment options and what supports parents need[97]
- collaboration with drug and alcohol service providers is crucial for good outcomes
- while recovery can take a long time, a child's safety has to be addressed immediately. This balance is only possible with the support of families and their network, which could include community and service providers.[98]

96 Department of Child Safety, Youth and Women 2020, *Child Safety Practice Manual: Intervention with parental agreement*, **https://cspm.csyw.qld.gov.au/procedures/support-a-child-at-home/intervention-with-parental-agreement**
97 Department of Child Safety, Youth and Women 2019, *Child Safety Practice Manual, Working with alcohol and other drug services* **https://cspm.csyw.qld.gov.au/practice-kits/alcohol-and-other-drugs/case-planning/seeing-and-understanding/working-with-alcohol-and-other-drug-services**
98 Department of Child Safety, Youth and Women 2019, *Child Safety Practice Manual: Building a partnership with alcohol and drug services* **https://cspm.csyw.qld.gov.au/practice-kits/alcohol-and-other-drugs/case-planning/seeing-and-understanding/building-a-partnership-with-alcohol-and-drug-servi**

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