# Protecting children and supporting families

## A guide to reporting child protection concerns and referring families to support services

## Contents

**Supporting families earlier**

**Making decisions**

**Sharing information**

**Glossary**

## About this guide

This guide has been developed for professionals working with children and families. It aims to assist professionals to:

* understand their role and responsibilities in ensuring vulnerable children are protected and families supported
* make confident and informed decisions about referring or reporting concerns about a child’s safety or wellbeing
* understand the legislative provisions for sharing information about a child and their family
* make confident decisions about whether to refer families to Family and Child Connect or support services, or report to Child Safety.

## Supporting families earlier

In most circumstances, children are best cared for by their own families, but sometimes families need support to do this.

The Queensland child protection system is changing to better support families to keep their children safe by strengthening prevention and early intervention services. Vulnerable families and children now have access to a greater range of high-quality services at the right time to help them to stay safe and stay together.

The Queensland Government is strengthening intensive family support services and domestic and family violence prevention and support services.

These services will work with families to get them back on track before their problems escalate and require intervention by Child Safety.

### Queensland child protection legislation

Amendments to the *Child Protection Act 1999* that commenced in January 2015 provide the legal framework for sharing information about child protection concerns. The amended legislation:

* clarifies the definition of a ‘child in need of protection’ to include ‘significant harm’
* states that any person may report to Child Safety a reasonable suspicion that a child may be in need of protection, or an unborn child may be in need of protection after they are born
* consolidates mandatory reporting requirements
* requires that certain professionals, referred to as ‘mandatory reporters’, report to Child Safety a reasonable suspicion that a child may be in need of protection caused by physical or sexual abuse
* provides guidance on what to consider in identifying significant harm when developing a reasonable suspicion that a child may be a ‘child in need of protection’
* allows certain professionals from particular prescribed entities to directly refer families to Family and Child Connect or support services, where appropriate.

### Family and Child Connect

As part of the Supporting Families Changing Futures reform program, community-based intake and referral services, known as Family and Child Connect, provide an additional pathway for referring concerns about children and their families.

While serious child protection concerns should be reported to Child Safety, families who are at risk of entering or re-entering the child protection system can be referred to Family and Child Connect.

Family and Child Connect provides information and advice to people seeking assistance for children and families where there are concerns about their wellbeing. Families who find themselves in need of support can also contact Family and Child Connect for help.

The service is designed to support vulnerable families by assessing their needs and referring them to the most appropriate support service. Where a family has multiple or complex needs and is willing to access support, Family and Child Connect refers them to an intensive family support service.

A child protection practitioner employed by Child Safety is based at each Family and Child Connect to assist with identifying and responding to more serious concerns that may require statutory intervention.

Family and Child Connect also leads local-level alliances of government and non-government services within the community to ensure vulnerable children and their families receive the right mix of services at the right time.

## Making decisions

When you are concerned about a child’s safety or wellbeing, there are often many factors to consider. You may feel you do not have all of the information you need or you may be concerned about potential consequences.

In making a decision, you should:

* obtain what information you can within a reasonable timeframe, remembering that it is often better to make a timely decision based on what you do know
* where possible, speak to the family about your concerns:
  + Ask them about what services they may already be accessing and whether they would be willing to receive additional support.
  + Do not speak with the family about your concerns, if you believe this will place the child or another person at risk, or affect a possible criminal investigation.
* contact the domestic and family violence worker at Family and Child Connect or DVConnect on 1800 811 811 for advice on how to talk about your concerns without increasing the risk of violence, if you are concerned about this risk
* ensure you are familiar with your agency’s policies and procedures for dealing with child protection concerns and making referrals to support services
* use the Child Protection Guide (see page 4) to help you determine the most appropriate response
* apply your own professional judgment and expertise
* seek advice and assistance from colleagues or supervisors, or contact Family and Child Connect, if you are unsure.

### Where should I refer or report my concerns?

There are now a number of different pathways for referring or reporting concerns, depending on the seriousness of your concerns and the complexity of the situation.

### What is the threshold for a report to Child Safety?

Your concerns meet the threshold for a report to Child Safety if you have formed a reasonable suspicion that a child may be in need of protection, or that an unborn child may be in need of protection after they are born.

Child Safety must be aware of alleged harm or risk of harm to a child, and reasonably suspect that the child is in need of protection, in order to take action. Although Child Safety is responsible for making the final determination about whether a child is in need of protection, it is important that you consider the definition of a child in need of protection when reporting to Child Safety.

You can form a reasonable suspicion that a child may be in need of protection, if you have information to suggest that the child:

* has suffered, is suffering, or is at an unacceptable risk of suffering significant harm and
* may not have a parent able and willing to protect them from harm.

The *Child Protection Act 1999* defines harm to a child as any detrimental effect of a significant nature on the child’s physical, psychological or emotional wellbeing. It is immaterial how the harm is caused. Harm can be caused by physical, psychological or emotional abuse or neglect, or sexual abuse or exploitation. Harm can be caused by a single act, omission or circumstance, or a series of acts, omissions or circumstances. In identifying significant harm, you may consider detrimental effects on a child’s physical or psychological state, the nature and severity, the likelihood that it will continue and the child’s age. These considerations will also be informed by your professional knowledge, training and expertise.

The meaning of ‘may not be able and willing’ is important. A parent may be willing to protect their child, but not have capacity to do so (that is, they are ‘not able’). This includes situations where the parent’s inability is due to ill health or because they are a victim of domestic violence. Alternatively, a parent may have the capacity and be able to protect their child, but may choose not to do so (that is, they are ‘not willing’). This includes situations where a parent chooses an ongoing relationship with a person who is harming their child. In many serious cases where a child has suffered, is suffering, or is at an unacceptable risk of suffering significant harm, the severity of the harm or risk of harm itself could be an indication that there may not be a parent able and willing to protect the child.

Pathways for reporting and referring concerns

### The Child Protection Guide

The Child Protection Guide is an online tool to support you in deciding which pathway to take to refer or report your concerns about a child’s safety or wellbeing.

It was developed by government and non-government agencies to ensure that Queensland professionals meet reporting obligations to report to Child Safety, while also enabling families in need of support to access services without unnecessary statutory intervention.

The Child Protection Guide asks a series of ‘yes or no’ questions about your concerns and provides a recommended ‘decision point’ based on your answers. The guide supports your decision making by:

* focusing on the critical factors
* clearly identifying the threshold for concerns that require a report to Child Safety
* identifying alternative and additional ways to support a family where the concerns do not meet the threshold
* operationalising the legislation to ensure reporting obligations are met
* providing details of local support services
* providing a consistent and objective framework for analysing concerns
* promoting shared principles, language and thresholds across the system.

The Child Protection Guide also contains contact details for support services and links to forms for reporting and referring concerns.

It is designed to complement your professional judgment, expertise and critical thinking. It should be applied within your respective agency’s policies and procedures for managing child protection concerns and making referrals to support services.

The Child Protection Guide is available at [Child Protection Guide - Department of Child Safety, Seniors and Disability Services (dcssds.qld.gov.au)](https://www.dcssds.qld.gov.au/our-work/child-safety/about-child-protection/child-protection-guide)

## Sharing information

Sharing information is a key part of ensuring that vulnerable children are protected and supported. The *Child Protection Act 1999* sets out the legal framework for reporting concerns about children to Child Safety and referring families to Family and Child Connect and support services, including intensive family support services. It outlines information sharing rights and responsibilities between professionals, Child Safety and services that support children and families.

When referring or reporting, you are required to act reasonably and honestly and in the child’s best interests. Child Safety, Family and Child Connect and other support services that take action to support the child and family must also consider the child’s best interests.

Sharing concerns and information about a family with the right service enables a comprehensive assessment, informs decision making and leads to better outcomes that ensure the child’s safety. Sharing information can also facilitate a coordinated multi-agency response to families with multiple or complex needs.

### Am I legally obliged to report to Child Safety?

The Act requires certain professionals, referred to as ‘mandatory reporters’, to make a report to Child Safety, if they form a reasonable suspicion that a child has suffered, is suffering or is at an unacceptable risk of suffering significant harm caused by physical or sexual abuse, and may not have a parent able and willing to protect them.

Although not specified in the legislation, mandatory reporters should also report to Child Safety, if they form a reasonable suspicion that a child is in need of protection caused by any other form of abuse or neglect.

#### **Am I a mandatory reporter?**

Under the *Child Protection Act 1999*, mandatory reporters are:

* teachers
* doctors
* registered nurses
* police officers with child protection responsibilities
* a person performing a child advocate function under the *Public Guardian Act 2014*
* early childhood education and care professionals.

Doctors and registered nurses are mandatory reporters whether they are employed in the private or public health sector.

Child Safety employees and employees of licensed care services are mandated to report a reasonable suspicion that a child in care has suffered, is suffering, or is at an unacceptable risk of suffering significant harm caused by physical or sexual abuse.

#### **Failure to report laws**

In addition to mandatory reporting requirements for certain professionals under the *Child Protection Act 1999*, it is an offence under the *Criminal Code Act 1899* for any adult not to report sexual offending against a child by another adult to police. This means all adults have the responsibility to report sexual offences against children to police – unless they have a “reasonable excuse” not to.

For this law, a child means a person under 16 or a person under 18 with an “[impairment of the mind](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.qld.gov.au%2Flaw%2Fcrime-and-police%2Ftypes-of-crime%2Fsexual-offences-against-children%2Flaws%23impairment&data=05%7C02%7CJessica.Shepherd%40cyjma.qld.gov.au%7C3321dfd93a0a4a9ffa3408dc49fca171%7C95b907c2752b485088ad86939ce522f0%7C0%7C0%7C638466596596032994%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=d6Ut9JufbfC6nlrIFtTbEm8oz0UgoGov%2FkLrlh9P%2FRU%3D&reserved=0)”. A child sexual offence is broadly defined and may include conduct such a fondling a child in a sexual manner, having the child touch a sexual body part, taking a sexual photograph of a child, or grooming a child or their parent or carer. “Reasonable excuse” includes if you have already reported your concerns to Child Safety, or you know another adult has or will report it.

For more detail about this offence see [Failing to report sexual offences against children | Your rights, crime and the law | Queensland Government (www.qld.gov.au)](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.qld.gov.au%2Flaw%2Fcrime-and-police%2Ftypes-of-crime%2Fsexual-offences-against-children%2Ffailure-to-report&data=05%7C02%7CJessica.Shepherd%40cyjma.qld.gov.au%7C3321dfd93a0a4a9ffa3408dc49fca171%7C95b907c2752b485088ad86939ce522f0%7C0%7C0%7C638466596596039947%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=gD5Vi%2BZTxWmdviNjzbduHFq7nJKav4yS12lMWObd%2BGA%3D&reserved=0)

### Sharing information with consent

Where possible, you should obtain a family’s consent to share information. You do not need written consent to share information. A verbal agreement or acknowledgment is sufficient. It is advisable to document the conversation for your own records.

The section ‘Do I need consent to refer or report?’ summarises the circumstances in which consent is required to share information.

### Sharing information without consent

If you form a reasonable suspicion that a child is in need of protection, you should report your concerns to Child Safety.

In cases where your concerns do not meet the threshold for a report to Child Safety but you consider the child is likely to become in need of protection if no support is provided, the *Child Protection Act 1999* allows certain professionals (listed in the section ‘Who can directly refer families for support?’) to make a direct referral to Family and Child Connect or a support service to enable support to be offered to the family. Service providers are skilled at engaging families and encouraging them to access support.

The legislative provision that enables direct referrals without consent allows early support to be offered to the family before problems escalate and require statutory intervention. Sharing information takes precedence over a parent’s right to confidentiality or privacy because the safety, welfare and wellbeing of the child is paramount.

Following a direct referral, the family must give consent for any further information sharing with another Family and Child Connect or support service.

### Who can directly refer families for support?

Certain professionals from particular entities prescribed under section 159M of the *Child Protection Act 1999* can directly refer families to Family and Child Connect or support services to prevent a child from becoming in need of protection. This enables the professional to provide information about the child or their family to a support service to assess their needs and offer help in a timely manner.

Professionals from particular prescribed entities include:

* the chief executive or authorised officers of the department responsible for administering the Act
* delegated officers of government:
  + community services
  + corrective services
  + disability services
  + education services
  + housing services
  + health services
* the police commissioner
* the chief executive of the Mater Misericordiae Health Services Brisbane
* principals of non-state schools.

### What should I do if I am not authorised to directly refer families for support?

If you are not a professional from a particular prescribed entity and not authorised to share information without family consent, you should continue to discuss your concerns with the family and encourage them to either give their consent for you to make a referral or seek support themselves.

A family may initially refuse support but then change their mind once they have had time to consider the offer or if their circumstances change.

For this reason, you should ensure the family has the information to contact appropriate services themselves and, if possible, continue to support and monitor the child and family. If the situation changes and your concerns become more significant, you should reconsider your options for referring or reporting.

### Do I need consent to refer or report?

**I am from Child Safety**

I want to refer or report to Family and Child Connect. Is consent required? No

I want to refer or report to a support service. Is consent required? No

**I am from a particular prescribed entity**

I want to refer to Family and Child Connect. Is consent required? No

I want to refer to a support service. Is consent required? No

I want to report to Child Safety. Is consent required? No

**I am from Family and Child Connect Child Safety**

I want to report to Child safety. Is consent required? No

I want to refer to a support service. Is consent required? Yes

I want to report to Another Family and Child Connect. Is consent required? Yes

**I am from an organisation or agency that is not a particular prescribed entity**

I want to report to Child safety. Is consent required? No

I want to refer to a support service. Is consent required? Yes

I want to report to Another Family and Child Connect. Is consent required? Yes

Note: A reasonable suspicion that an unborn child may be in need of protection after they are born may be reported to Child Safety without consent. However, a referral to Family and Child Connect or a support service can only be made with the consent of the pregnant woman, regardless of your profession or the organisation you work with.

### Case study

Matt is a professional from a particular prescribed entity — the government housing department. He has ongoing contact with a family with two children regarding the upkeep of their house. The father lost his job several months ago and the family has been struggling to manage their budget. Matt has noticed there are often a lot of beer cans in the garbage and is concerned that one or both of the parents are drinking heavily, although they have denied it.

On a few occasions, the children have asked Matt for food as they were hungry and there was limited food in the house.

The children appear to be maintaining a healthy weight so Matt does not feel his concerns reach the threshold for a report to Child Safety.

He has spoken to the parents about his concerns and has suggested that they seek help from a support service. The parents advised that they do not need help to get back on track, they just need to find work.

Matt is concerned that the situation has been ongoing for some time now and may worsen if the family does not access support, which may place the children at risk of harm. He feels that the family has multiple issues and more could be done to engage them and identify their needs so that appropriate support can be accessed, so he makes a referral to the local Family and Child Connect.

Matt is aware that as a delegated officer from a particular prescribed entity he is authorised to make a referral without the family’s consent. However, he lets the family know that he has contacted Family and Child Connect and that they will be in contact to offer help.

### What if I refer or report to the wrong service?

Referring or reporting your concerns to the most appropriate service leads to a faster response and often better outcomes. The service you refer or report to will gather further information and use their specialist expertise to decide how best to respond, including sharing the information with another service if they determine it is better placed to respond to the concerns.

For example, if you act honestly and reasonably in referring a family to Family and Child Connect or an intensive family support service, and the service assesses that the matter reaches the threshold for a report to Child Safety, they will ask you to report this directly to Child Safety. This ensures that all relevant information can be provided to Child Safety, and protects you as the notifier under the *Child Protection Act 1999*. If the service is unable to gauge whether the report has been made, they will report the matter to Child Safety and provide your contact details in the event that Child Safety requires more information from you.

### Will my identity be disclosed?

Many professionals wish to keep their identity confidential when they share information with Child Safety, and confidentiality provisions are in place to allow for this.

However, better outcomes are often achieved when you are open about your concerns and advise the family that you intend to share or have shared their information, particularly when you are referring them to support services. The family will then be more open to addressing their problems, rather than questioning who made the referral or report.

Identifying yourself also makes it easier for you to be part of any plans developed to help the child and family.

When making your referral, advise Family and Child Connect or the support service if you have any concerns about your identity being disclosed to the family.

When sharing information with Child Safety, your identity will remain confidential.

### Can I be asked to share information?

Child Safety or Family and Child Connect can ask you to share information that is relevant to the work they are doing with a child.

Chapter 5A of the Act allows relevant information to be shared between Child Safety, other government agencies and non-government organisations that provide services to children and families. It outlines information-sharing provisions and the circumstances under which relevant information can be shared without the consent of the family in order to meet the protection and care needs of the child.

Although the Act allows relevant information to be shared without the consent of the family in certain circumstances, it is best practice in most cases to seek consent. There may be some instances when it is more appropriate to share the information immediately without seeking consent — for example, Child Safety may seek information from you to inform their decision making during an investigation and assessment.

### How am I protected when I share information with Child Safety?

The *Child Protection Act 1999* offers the following protections when you provide information about a child who may be in need of protection, or an unborn child who may be in need of protection once they are born:

1. Your identity will not be disclosed unless the disclosure of your identity is permitted under limited exceptions.
2. You cannot be held legally liable (for example, for criminal prosecution or a civil suit for defamation or breach of privacy) if you are acting honestly and reasonably.
3. You cannot be held professionally liable (for example, for disciplinary action) if you are acting honestly and reasonably.

#### What is relevant information?

Section 159C of the Act defines ‘relevant information’ and the circumstances under which it can be shared.

The types of information that may be shared with Child Safety, Family and Child Connect or a support service may include, but is not limited to:

* the progress of a child or family towards achieving the goals of the support or case plan and of the service you provide
* the views and wishes of the child
* the views and wishes of family members
* any known history of the child suffering harm
* any periods that the child has been cared for by other people
* any significant issues relating to the child’s siblings
* the child’s physical health, including any medical treatment and needs
* any psychological and emotional difficulties the child may have
* the child’s education, including any special educational needs
* any disabilities the child may have, including any special care they may need
* any significant health problems of the child’s parents
* whether a parent has a mental illness, substance-abuse problem, disability or a history of domestic and family violence
* whether a parent is receiving treatment or accessing support for any of the above issues
* information about a person who may pose a risk to the child.

### Can I confer with colleagues?

Section 13H of the Act authorises mandatory reporters to confer with a colleague employed within their own agency to:

* form a reasonable suspicion that a child may be in need of protection
* take action to respond to suspected harm or risk of harm
* report to Child Safety and maintain records about a child who may be in need of protection.

For example, a teacher might discuss their concerns with the school principal so that the principal can make a report to Child Safety and ensure the child is protected at school.

### What happens after I make a referral or report?

If you would like further information about the process following your referral or report, you can discuss this with Family and Child Connect or the support service.

For more information about the Child Safety process following a report, please contact the local child safety service centre or visit [www.dcssds.qld.gov.au/our-work/child-safety](http://www.dcssds.qld.gov.au/our-work/child-safety)

## For more information

For more information about information sharing, reporting to Child Safety, referring to Family and Child Connect or other support services, or the *Child Protection Act 1999*, go to www.qld.gov.au/strongerfamilies

You may also discuss any queries with your line manager, a child protection specialist in your agency or with Family and Child Connect on 13FAMILY.

## Glossary

**Child**

An individual under 18 years. Once a person turns 18, they are regarded as an adult.

**Child in care**

A child placed in the care of an entity conducting a departmental care service, or a licensee.

**Child in need of protection**

A child who has suffered significant harm, is suffering significant harm, or is at an unacceptable risk of suffering significant harm, and does not have a parent able and willing to protect them from harm.

**Child Protection Guide**

An online tool to support professionals in making decisions about where to refer or report their concerns.

**Child Safety**

The Queensland Government agency responsible for child protection and adoption services. It is dedicated to protecting Queensland children and young people who have been subject to harm or are at risk of significant harm, and whose parents cannot adequately care or protect them. It is part of the department that administers the *Child Protection Act 1999*.

**Domestic and family violence**

Violent or abusive behaviour by a person towards their partner, ex-partner, co-parent, family member, carer or person for whom they are providing care. Domestic and family violence includes physical and sexual abuse, emotional and psychological abuse, economic abuse, threats, coercive behaviour, or any other behaviour that controls, dominates or causes fear for the safety and wellbeing of the direct victim or any other person, including a child.

**Family and Child Connect**

A non-government community-based intake and referral service to refer child protection concerns, so that vulnerable children and their families can access relevant support services based on their assessed needs.

**Intensive family support services**

Family support delivered under a lead case management model to address multiple and/or complex needs and assist families to build their capacity to care for and protect their children. General and specialist interventions, including practical in-home support, are delivered by the service as part of a single family case plan. Families are linked to appropriate external specialist responses in order to address identified needs. Intensive family support is delivered over an extended period until case plan goals are met, resulting in measurable improvements in the wellbeing of children and their families.

**Local-level alliance**

An alliance of government and non-government services within the catchment area to ensure collaborative planning and integrated and timely responses to vulnerable children and their families. Family and Child Connect leads local alliances.

**Mandatory reporters**

Teachers, doctors, registered nurses, police officers with child protection responsibilities, and persons performing a child advocate function under the *Public Guardian Act 2014*. Doctors and registered nurses are mandatory reporters whether they are employed in the private or public health sector.

Child Safety employees and employees of licensed care services are mandated to report a reasonable suspicion that a child in care has suffered, is suffering, or is at an unacceptable risk of suffering significant harm caused by physical or sexual abuse.

**Multiple and/or complex needs**

‘Multiple needs’ refers to situations where the family may be facing several different issues, for example, domestic and family violence, substance misuse, and mental health. ‘Complex needs’ refers to the impact on many aspects of the family’s functioning caused by a single chronic or significant issue.

**Parent**

A child’s mother, father, or someone else having or exercising parental responsibility for the child. A person temporarily standing in the place of a parent is not a parent of the child. A parent of an Aboriginal child includes a person who, under Aboriginal tradition, is regarded as a parent of the child.

A parent of a Torres Strait Islander child includes a person who, under Islander custom, is regarded as a parent of the child.

**Prescribed entity**

Certain professionals from particular entities prescribed under section 159M of the *Child Protection Act 1999*, including the chief executive of the department responsible for administering the Act; delegated officers of government community, corrective, disability, education, housing, and health services; the police commissioner; the chief executive of the Mater Misericordiae Health Services Brisbane; and principals of non-state schools.

**Reasonable timeframe**

A period of time that, in your professional opinion, is appropriate to the severity and urgency of the situation.

**Reportable suspicion**

Where a child has suffered, is suffering, or is at an unacceptable risk of suffering significant harm caused by physical or sexual abuse, and may not have a parent able and willing to protect the child from harm.

**Reporter**

A person who informs Child Safety about alleged significant harm or alleged risk of significant harm to a child and reasonably suspects the child may be in need of protection, irrespective of how the information is recorded or responded to by Child Safety.

**Service provider**

Any person providing a service to children or families, including Recognised Entities and prescribed entities.

**Significant harm**

Any detrimental effect of a significant nature on the child’s physical, psychological or emotional wellbeing. Harm can be caused by physical, psychological or emotional abuse or neglect, or sexual abuse or exploitation, and it is immaterial how the harm is caused. The *Child Protection Act 1999* provides guidance on what can be considered in identifying ‘significant harm’, including detrimental effects on a child’s body or psychological state that are evident or may become evident, their nature and severity, and the child’s age. A professional may use their knowledge, training and expertise in identifying significant harm, which recognises that professionals may detect an impact of harm that non-professional people may not.

**Support services**

A broad range of services provided by government or non-government organisations to assist and support members of the community. These services may include case management, Intensive Family Support services, or specific services such as counselling, parenting courses, health, domestic and family violence support, or emergency housing.

**Teacher**

An approved teacher under the *Education (Queensland College of Teachers) Act 2005*, employed at a school.

**Disclaimer**

The information in this guide about responding to child protection concerns and providing early intervention for families is specific to Queensland.

This guide is intended to support a holistic approach for responding to child protection concerns that may also include:

* consulting legislation
* applying the Child Protection Guide
* participating in training
* referring to agency-specific policy and procedures
* applying your own professional judgment and expertise.

It should not be considered in isolation when making decisions about information sharing, reporting and referring.

Further information and resources can be found at www.qld.gov.au/supportingfamilies