

Statement of Intent regarding the prioritisation of health services for children and young people in the child protection system

1. Purpose

This Statement of Intent outlines Queensland Health’s commitment to addressing the health needs of vulnerable children and young people including those who are:

- **at risk of entering the child protection system (0 – 18 years of age)**
- **currently in out of home care (OOHC) (0 – 18 years of age), or**
- **transitioning to adulthood following a care experience (15 – 25 years of age).**

Queensland Health’s commitment to these vulnerable children and young people is demonstrated by prioritising access to health services wherever possible.

2. Context

In 2012, the Queensland Government established the Queensland Child Protection Commission of Inquiry (the Carmody Inquiry), to review the Queensland child protection system. In 2013, the Commission’s report, *Taking Responsibility: A Roadmap for Queensland Child Protection*, detailed 121 recommendations which were accepted, or accepted-in-principle by the government. A key theme of the recommendations is that child protection is a community wide responsibility, and everyone has a role to play to ensure that Queensland children can grow up in a nurturing and safe environment.

In January 2013, the Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission) was established and tasked with examining the sexual abuse of children in institutional settings throughout Australia. On 15 December 2017, the Royal Commission presented its *Final Report*, outlining 409 recommendations, of which 317 were directed to the Queensland Government, either solely or jointly with other jurisdictions. Of these 317 recommendations, a total of 302 recommendations have now been accepted or accepted in-principle.

The key areas of reform recommended in the Royal Commission’s *Final Report* are:

- creating child-safe institutions
- improving complaints and allegations handling
- improving record keeping and information sharing
- enhancements to advocacy, support and therapeutic treatment services for people subject to abuse in institutional settings, and
- enhance oversight and governance of services for children.

The current child protection reform agenda is also supported by *Supporting Families Changing Futures 2019 – 2023*; a whole-of-government strategy for helping Queensland children, young people, parents, and families experiencing vulnerability.

In 2021, the Queensland Health *Child Protection Capability Framework* (the Framework) was published with an aim of ensuring all Queensland Health staff, clinical and non-clinical, have a common understanding of their responsibilities to enable them to recognise risk factors for abuse and neglect and respond appropriately, within the scope of their role, to any suspicions of a child in need of protection. One of the overarching goals of the

Framework is to “support Queensland Health’s shared commitment to the safety and wellbeing of children and prioritisation of the health needs of vulnerable children and young people”.

3. Commitment

Queensland Health in its role of providing public hospital and health services:

1. Is committed to:
 - contributing to the health and wellbeing of all Queensland children and young people
 - working with parents, carers, and families to enhance their parenting skills
 - referring parents and children (with their consent if required) to appropriate support services where it has been identified that parents are in need of support to provide a safe environment for their children
 - working in partnership with other government departments, non-government agencies, private health care providers and communities to ensure a coordinated and collaborative response to the protection, safety, health and wellbeing of children, young people, and their families
 - ensuring that health professionals in Queensland who work with children and young people have access to contemporary information regarding their legal and ethical obligations regarding the protection and safety of children and young people
 - creating and maintaining key positions across Queensland Health to support frontline staff to ensure children, young people and their families in the child protection system are provided with equitable, accessible, and culturally appropriate care, and
 - supporting the implementation of the activities and reform initiatives detailed in the *Queensland Government response to the Royal Commission into Institutional Responses to Child Sexual Abuse*.
2. Acknowledges that:
 - children and young people at risk of entering the child protection system (0 – 18 years of age); currently in OOHC and young people with a care experience transitioning to adulthood (aged 15 – 25 years) have unique health care needs
 - children and young people in the child protection system are a vulnerable population group and are more likely to have significant and often unmet health needs compared to children and young people who do not have experience with the child protection system. Children and young people in OOHC are less likely to consistently access health services as a result of multiple placements, or alternating periods of placement at home and in OOHC
 - Aboriginal and/or Torres Strait Islander children are significantly overrepresented in the child protection system compared to non-Indigenous children and have unique health care needs. Queensland Health also acknowledges the importance of referrals to Aboriginal and Torres Strait Islander Health Workers and Hospital Liaison Officers to assist community, provide follow-up to address concerns and identify risks which can be escalated for management, and
 - Queensland Health staff play a vital role in service delivery and ensuring that children and young people in the child protection system are provided with access to responsive, comprehensive and coordinated health services.
3. Reaffirms its commitment to the successor plan to the *National Framework for Protecting Australia’s Children 2009 – 2020*.

4. Scope

This Statement of Intent provides information for all employees, contractors, and consultants within Queensland Health and commercialised business units.

5. Target Population

The target population includes children and young people who are:

- at risk of entering the child protection system (0 – 18 years of age)
- currently in OOHC (0 – 18 years of age), and
- transitioning to adulthood following a care experience (15 – 25 years of age).

6. Key elements of priority access to public health services

6.1 Clinical urgency is the dominant consideration in the prioritisation of referral, access to, and provision of health services.

6.2 Following consideration of 6.1, and any other relevant information, health services should consider the prioritisation of children and young people (0 – 25 years) who are:

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

6.3 Eligibility may be determined in a number of ways including:

- a letter from the Department of Children, Youth Justice and Multicultural Affairs case manager
- a letter from a Family and Child Connect service or Intensive Family Support service
- a letter from a Hospital and Health Service manager (e.g. in an Aboriginal and Torres Strait Islander/Multicultural team)
- a copy of the current child protection order
- self-identification of a care experience
- a letter from an After Care Service, or
- other appropriate information.

7. Human Rights Impact Assessment

Queensland's *Human Rights Act 2019* places obligations on the Department as a public entity to act and make decisions in a way that is compatible with human rights. Section 37 of the *Human Rights Act 2019* protects equitable access to health services and requires the Department to take actions which progressively realise a high standard of accessible healthcare. There is the potential that prioritisation of health care services for children and young people in the child protection system could impact timely access to healthcare for other children due to the current high demand for tertiary children's health services. However, any impact would be small and necessary to meeting the needs of children and young people in the child protection system as an already disadvantaged cohort.

8. Definitions

Term	Definition / Explanation / Details	Source
Out-of-home care (OOHC)	Out-of-home care refers to alternative accommodation for children and young people who are unable to live with their parents. In most cases, children in out-of-home care are also on a child protection order.	https://www.dss.gov.au/sites/default/files/documents/pac_national_standard.pdf
Child	For the purposes of this document, a child is 'an individual under 18 years of age'.	s.8 Child Protection Act 1999 (Queensland)
Family and Child Connect (FaCC)	Family and Child Connect is a local, community-based service that helps families to care for and protect their children at home, by connecting them to the right services at the right time.	https://www.qld.gov.au/community/caring-child/family-child-connect/
Intensive Family Support (IFS)	Intensive Family Support services work with families who need support to safely care for and nurture their children and reduce the need for Child Safety to intervene.	https://www.csyw.qld.gov.au/resources/dcsyw/about-us/funding-grants/specifications/ifs-model-guidelines.pdf
After Care Service	DCYJMA's Youth Housing and Reintegration Service offers a statewide After Care Service available for young people aged 17 to 21 who are leaving or have recently left OOHC and are homeless or at risk of homelessness. The service can provide support to access case management support and financial help toward things like electricity, rent, clothes or food.	https://www.qld.gov.au/youth/family-social-support/housing-accommodation/yhars-youth-housing

9. Document approval details

Document custodian: Manager, Strategy, Children and Families Unit, Social Policy and Legislation Branch

Approval officer: Director-General, Department of Health

Approval date: 13 July 2021

The updated Statement of Intent was also endorsed by Health Service Chief Executives on 13 July 2021.

Version control

Version	Date	Comments
1	August 2015	Draft version – unpublished
2	28 May 2018	Final version – published online
3	13 July 2021	Periodic review and updates from consultation with HHSs, QCYCN, SCPCP, A&TSIHD, BSPHN and DCYJMA representatives Approved by Director-General, Department of Health Endorsed by Health Service Chief Executives
4	04 November 2021	Minor terminology amendment, change of “transition to independence” to “transition to adulthood”