

Queensland Foster and Kinship Care Main Submission

Child Safety
Commission of Inquiry

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Queensland Foster and Kinship Care

Queensland Foster and Kinship Care (QFKC) is a not-for-profit Peak Body organisation for foster and kinship carers and their families, including children and young people in care in Queensland.

QFKC has been established since 1976 with the Board of Governance, Management Committee, who all bring lived experience of providing foster and/or kinship care in Queensland and who currently have more than 200 combined years of experience in family-based care for children.

Across the state, QFKC represents over 6,000 carer families, including foster, kinship, and provisionally approved carers, who provide family-based placements for children in need within the child protection system. The organisation's goal is '*To contribute to the development of an inclusive, responsive and fair foster care system*', by committing to providing support, advocacy and training facilitation to carers and agency staff on child protection procedures and processes. QFKC is present throughout a carer's journey from recruitment, support, and advocacy, through to exiting.

QFKC is unique among peak bodies as the organisation provides direct service delivery to carer families. This enables QFKC to identify systemic issues from a practice-based perspective which can then be used to advocate for change at a systems level. The organisation's unique perspective, grounded in the lived experiences of carers, enables QFKC to highlight clear systemic issues in this submission.

To assist the Commission in understanding the service delivery arm of QFKC, which will assist in informing these submissions, the following provides a short summary of each program offered by the organisation.

Recruitment and Exit Program

Established in 2014, the Recruitment and Exit program is a statewide program that responds to initial enquiries from community members interested in becoming carers. The Recruitment Coordinator overseeing the program provides enquirers with information to enable them to make an informed decision about progressing their interest in caring. Once decided, the coordinator will then refer community members on to foster and kinship care agencies across the state.

When carers exit the system, our Exit Program involves foster and kinship care agencies to notify QFKC of a carer's exit. From there, QFKC contacts the exiting carer to invite them to participate in an exit interview, which are collated in a yearly report to Child Safety. The insight and data of these two programs will be referenced throughout this submission.

Brisbane and Moreton Bay Recruitment, Assessment and Training Program

The Brisbane and Moreton Bay (BMB) Program was established in late 2024 and currently has three assessment officers and support staff covering the BMB region. QFKC is the first service to be funded under the new Foster Care Specifications for recruitment, assessment and training of foster carers. As stated above, the Recruitment Program provides information and refers interested community

members to foster and kinship care agencies. However, with the establishment of this program, individuals residing within the BMB region are redirected to the BMB program, for which QFKC are then responsible for the training and assessment of these applicants. QFKC has had carriage of this program now for 12 months and will reference our experience in recruitment, training and assessment of new carers throughout this submission.

Returning Carer Assessment Program

The Returning Carer Assessment Program was initially established in 2020 in response to COVID-19, when QFKC submitted a proposal to Child Safety to promote the return of carers to the system – similar to other industries such as Qld Police and Qld Health. QFKC proposed a streamlined process for carers to return to caring. This program was initially funded for 12 months; however, it ceased in 2021 before returning in June 2024 with two full-time assessors. Since the re-establishment of the Returning Carers Assessment Program, in June 2024, 47 carer families have been approved to return to a carer role in providing family-based care at the time of writing this submission. At this stage, this program is not recurrently funded.

Case Officer Program

Established in 2006, the Case Officer Program has six full-time case officers who cover the state of Queensland. QFKC case officers provide support, advocacy and advice to carer families on complex carer matters that are unable to be resolved within the immediate care team (foster and kinship care agency and Child Safety). Whilst carers receive their day-to-day support from foster and kinship care agencies, carers can contact a QFKC case officer to support the resolution of a matter. Case officers complete monthly reports on the types of issues encountered when working with carer families, and this data will be drawn on in this submission. Among the six cases officers, the number of carers families on average in any given month is approximately 180 to 200, with an average of 80 new carers each month reaching out for assistance. Casework data and scenarios will be relied on throughout this submission to support the understanding of the complex matters carers face that require intervention from QFKC.

Retention and Development Officer Program

The Retention and Development (RD) program was established in 2024 and has three full-time RD officers. These positions are not recurrently funded. Each Retention and Development Officer (RDO) covers two regions, and their role is to identify systems issues within the individual Child Safety Service Centre (CSSC) and across the regions as a whole, and to work in partnership with Child Safety and foster and kinship care agencies on strategies focused on carer retention. Carer networks and connections are a pivotal component within the RD program, in which the RDOs have established a network of carers through a Carer Reference Group. This program draws on the rich source of lived-experience knowledge and has been relied on for consultation on retention initiatives; their views have also been sought to inform various parts of this submission.

Region	No. of Carer Reference Group Members
Brisbane and Moreton Bay	46
Sunshine Coast and Central	17
South East	35
South West	32
Far North Queensland	17

North Queensland	24
Other (carer has not identified region)	3
TOTAL	174

Table 1. Carer reference group member numbers¹

The RD program supports the development and delivery of practice-based training, with a focus on upskilling foster and kinship care agency staff through an online training package containing information to assist agency staff to support carers effectively. Whilst in its infancy, this program has developed resources, training, and networks of carers that has contributed to carers feeling heard, valued, and retained.

QFKC Support Team

QFKC's Support Team was established in 2002 and comprises of carers who are trained and supervised by QFKC staff to provide support, advocacy, and advice to fellow carers. The QFKC Support Team are supported by the Retention and Development officer for the region they support. QFKC currently has 16 Support Team members across the state who provide support to fellow carers, assist in the training of carers and are an invaluable source of consultation for QFKC.

Counselling Program

The Counselling program, established in 2024, has one full-time counsellor to develop a Service Delivery Model for a statewide counselling program for carers to access. The proposed Service Delivery Model was presented to Child Safety in January 2025, following extensive consultation with carers, foster and kinship care agencies, and other jurisdictions that have successfully delivered the program, and as well as QFKC's own service testing. QFKC has not been funded for the proposed model and was instead provided funding for one further year. Attached (refer to Attachment A) is a copy of the proposed Service Delivery Model in which QFKC has identified as the most appropriate model to meet the counselling needs of carers. QFKC will be drawing on data and de-identified examples of carers who have accessed the counselling service to inform this submission. As of the end of November 2025, 137 carers had accessed the counselling service, being mindful that this program is managed by one full-time counsellor.

Legal Program

The Legal Program, established in 2019, followed from submissions by QFKC over a 10-year period to establish a service for carers to access free legal advice and representation in review matters before the Queensland Civil Administrative Tribunal and in Child Protection Act 1999 Section 113 matters in the Children's Court. QFKC has partnered with HUB Community Legal Services to provide one 3-day-a-week lawyer position to cover the state through Child Safety's funding. QFKC will draw on data and de-identified examples from our legal program to inform this submission.

Summary

It is clear that the services provided by QFKC extend from the moment a member of the broader community decides to enquire about becoming a carer, through to training, assessment, support,

¹ Queensland Foster and Kinship Care, "Carer Reference Group Members" (Unpublished internal dataset, SharePoint), accessed November 2025.

advocacy, retention, and exit. These programs encompass the entire carer journey and place QFKC, as a Peak Body, in a position to provide an extensive and well-informed submission on behalf of the carer community.

Introduction

The Child Safety Commission of Inquiry calls for a submission in respect to the Terms of References as published in an Extraordinary Queensland Government Gazette on the 23rd of May 2025. QFKC will respond to those Terms of References (TOR) that are relevant to family-based care.

In preparing this submission, it is essential that QFKC, as the Peak Body for carers, accurately represent the lived experiences of carers. To achieve this, QFKC's submission will be informed by the following sources of information:

- Biennial Carer surveys facilitated by QFKC
- Exit Survey Data
- Service delivery programs de-identified scenarios and data
- Carer Reference Group
- 2025 Lived Experience Survey created for this Submission

QFKC needs to acknowledge that there are many examples of good practice undertaken by Child Safety on the ground with families, children and carer households. The very nature of QFKC's service delivery is that carers contact our programs because they have not had a positive experience with the system.

These examples will be referred to throughout this and future submissions; however, as a Peak Body, QFKC would also like to acknowledge the hard work, dedication and commitment of Child Safety staff.

As an overall observation relevant to each of the Terms of Reference, it is QFKC's view that the Queensland Child Protection System framework is not broken. The legislation, policies and procedures that should inform practice provides clear intent on how the system should respond to Child Protection as a whole. It is QFKC's experience that on the ground practice does not always reflect the purpose of these best practice frameworks.

It is important, when considering each of the Terms of Reference, to assess whether the framework already exists to support best practice, and whether focus should be on how we achieve this rather than changing legislation, policies, and procedures that already support the outcomes the sector is striving for.

Terms of Reference

Queensland Foster and Kinship Care (QFKC) will be addressing Section 3a, 3b and 3c of the full Terms of Reference under the *Commissions of Inquiry Order (No.1) 2025*, in relation to foster and kinship carers:

- Fixing a broken system: reviewing the effectiveness of Queensland's child safety system to keep children safe.

- Safer Children: failures both systemic and policy that have impeded the ability of the Department responsible for the Child Safety portfolio (the Department) to provide support to families and protection to children at risk of harm in Queensland.
- Reviewing Queensland legislation about the protection of children, including the *Child Protection Act 1999* and *Adoption Act 2009*.²

Fixing a Broken System

- i. The practices and procedures of the Department, specifically focussing on investigation, assessment, case work and reunification

The following response will specifically address casework and reunification for the purposes of this TOR.

Case Planning

Children come into care because they have or are at risk of experiencing significant harm. This harm is likely to have been caused by someone with whom the child shares a significant relationship and who is a primary attachment figure. Given that a child's trauma has been caused in the context of a relationship, the most important source of healing for a child will be through the development of a stable and secure relationship – their foster or kinship carer.

Child Safety should view foster and kinship carers as the central source of therapy and healing for a child and a central stakeholder in the case planning and reunification for the child. If viewed in this way, carers would be valued, consulted, listened to and supported.

The right for carers to participate in case planning for children is outlined in the Child Protection Act 1999 in various sections as follows:

- Section 51L (1) (d) – ‘who should be involved in a case planning meeting’: this section provides approved carers as an example of ‘other persons with whom the child has a significant relationship with’.³
- 51 W (1)(d): this section of the act speaks to the review of case plans and once again, provides carers as the example of someone with whom the child has a significant relationship and, therefore, should be consulted with.
- 51N states the responsibility of the convenor for a family group meeting where a case plan is developed to obtain the views of persons who are not attending. Therefore, whilst it is recognised that it is not always appropriate to have a carer present at a case plan meeting, there is still an obligation to consult for the views of those people outlined in Section 51L.

In addition to the Child Protection Act 1999, the Statement of Commitment speaks to ‘supporting and facilitating the participation of foster and kinship carers in the decisions affecting the life of the child

² The State of Queensland, *Queensland Government Gazette*, Vol. 399 No.16 (The State of Queensland, 2025), 1, <https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/20a4ca84-077f-4bab-bc99-09e2517ce1aa/23.05.25-16-extra-gazette.pdf?ETag=901b06f5cca7b23a3359024da03f9c9e>.

³ *Child Protection Act 1999* (QLD), s. 51L (1)(d).

or young person in their care' and have the carers 'share their knowledge and opinions to inform decision making processes to ensure the best interest of the children'.⁴

Amendments to the Child Protection Act 1999 under the Child Protection Reform and other Legislation Amendments Act 2022, strengthened the responsibilities for Child Safety to provide relevant information to carers under Section 83A of the Child Protection Act 1999; include the following:

- the provision of information about why the chief executive has custody or guardianship of the child,
- information about any special needs for the child, the proposed length of the placement and
- information the carer will reasonably need to ensure the safety of the child.

In addition to these amendments, further amendments were made that provide examples in legislation under Section 83A subsection 2 (a) - 'of information a carer may reasonably need to provide care for a child under this act'. An example of information reasonably required by a carer provided is a copy of the child's case plan.

The amendments also include the following under Section 83A subsection 6 –

'The chief executive must ensure the information given under this section is;

- (a) comprehensive; and
- (b) in a form that will be easily understood by the person to whom the information is given.'⁵

These amendments leave no doubt in the legislative intent for Child Safety to share information with carers.

Carers' experiences regarding the receipt of case plans and their involvement in case planning consultations have been documented through biennial surveys and a recent survey conducted in September 2025 for this submission. Carers told us the following:

- 56% of carers in 2020 (1139 sample) and in 2022 (770 sample) reported either only *sometimes* or *never feeling satisfied* in their ability to engage in case planning for children in their care.^{6,7}
- 51% of carers in the September 2025 Lived Experience Survey (sample 652) reported that they were not kept informed in relation to the progress of reunification and were not consulted during the reunification journey.⁸
- Only 25% of carers in the 2025 Lived Experience Survey reported either *mostly* or *always* receiving case plans for children in their care.⁹

⁴ Department of Children, Youth Justice and Multicultural Affairs, *Statement of Commitment* (n.d), 4, https://www.qld.gov.au/__data/assets/pdf_file/0014/152321/statement-of-commitment.pdf.

⁵ *Child Protection Act 1999* (QLD), s. 83A.

⁶ Queensland Foster and Kinship Care, *Carer Survey 2020*, (Brisbane: Queensland Foster and Kinship Care, 2020). <https://www.qfkc.com.au/resources/2020-carer-survey-report>.

⁷ Queensland Foster and Kinship Care, *Carer Survey 2022*, (Brisbane: Queensland Foster and Kinship Care, 2022). <https://www.qfkc.com.au/resources/2022-carer-survey-report>.

⁸ Queensland Foster and Kinship Care, *Lived Experience Survey*, internal report, (Brisbane: Queensland Foster and Kinship Care, 2025).

⁹ Queensland Foster and Kinship Care, *Lived Experience Survey*.

The journey of reunification requires a concurrent plan that all care team members, including the child or young person (where age appropriate), are aware of. The requirement to undertake concurrent planning was introduced into the Child Protection Act in 2018, Section 51B (2)(b) – *A case plan must include the following matters 'if returning the child to the care of a parent of the child is the goal for best achieving permanency for the child, an alternative goal in the event that the timely return of the child to the care of the parent is not possible'.¹⁰*

The introduction of concurrent planning was an outcome of the Carmody Inquiry. The Commission highlighted their *concern '...at the high number of children and young people subject to multiple short-term orders because this could indicate that many children are 'drifting' in care without achieving either reunification with the family or long-term out-of-home care.'*¹¹

In summary, legislation supports concurrent planning and allows carers to have a copy of the case plan to assist the care team in working towards the stated goals. The Statement of Commitment further emphasises Child Safety's responsibility to collaborate with foster and kinship carers through concurrent planning, ensuring children and young people achieve permanent care arrangements within the required timeframes, with reunification to parents as the preferred outcome. Therefore, it should be standard practice for carers to receive the case plan and to be actively consulted and informed about the child's concurrent, including their specific role in the process. This practice does not reflect the above.

Case Study

A scenario which reflects the above, relates to kinship carers who QFKC provided support to through our Case Officer Program. The grandparents were approved kinship carers and were able to view court documents through their daughter who was the mother to the children. In the case plans, the carers were listed as 'invited but did not attend'. The Kinship carers advised never being invited to attend case plan meetings and when they raised this with Child Safety, they were told that the drop-down boxes on the plan were limited and there was no option to reflect the carers not being invited. The kinship carer was left dismayed that official records repeatedly indicated they have been invited to these meetings, in accurately portraying them as disinterested in participating in such an important process.

In the 2025 QFKC Lived Experience Survey, carers were asked if they had been consulted and/or advised if there is a concurrent plan in place (if reunification does not occur). Of the 658 responses, only 16.7% said they had been consulted and were aware, 33% stated that sometimes they were, and 50% said no, they were not.¹²

When key messaging around case planning lacks clarity and transparency, it can have significant impacts and lead to serious consequences for carers and the children they care for. QFKC Case Officers work with carers who, at the time of placement, were told that children on short-term orders will not go home. Rightly or wrongly, this messaging may inform how a carer attaches to a child and how they

¹⁰ Child Protection Act 1999 (QLD), s.51B (2)(b).

¹¹ Queensland Child Protection Commission of Inquiry, *Taking Responsibility: A roadmap for Queensland Child Protection*, (State of Queensland, 2013), 222, http://www.childprotectioninquiry.qld.gov.au/_data/assets/pdf_file/0017/202625/qcpci-final-report-web-version.pdf.

¹² Queensland Foster and Kinship Care, *Lived Experience Survey*.

consciously or unconsciously support the goals of the case plan, particularly reunification. When the initial messaging then changes and a carer is now informed the child is transitioning to a kinship carer or being reunified, the emotional impact on the carer can be significant and detrimental. This is the type of practice that leads to carers exiting the system, as they are unable to manage the emotional impact that has resulted from inaccurate and inconsistent messaging.

Case Study

A de-identified case QFKC would like to share in respect to the above, relates to a matter that was managed through our Case Officer Program. A foster care family were newly approved and had their very first placement, a baby placed with them at birth. The baby had siblings who were placed with approved kinship carers; however, were unable to care for another child at the time. The foster care family supported contact between the child placed with them and the kinship care family, inclusive of the siblings. When the child was 18 months old, the foster carers were approached by Child Safety and asked whether they would consider a permanent care order for the child, which they expressed their willingness for. However, Child Safety had not yet ruled out the possibility of transitioning the child to the kinship care family with the siblings, who had since indicated their readiness and ability to care for the child. Even after the kinship family had also expressed their willingness to have the child transitioned into their care, the foster care family continued to receive messaging from the Chid Safety Officer (CSO) that Child Safety were still supportive of the foster carers becoming the child's guardian.

Ultimately, in accordance with legislation, a decision was eventually made for the child to transition to family, by this stage the child was 3 years of age. The foster family were left devastated by their loss. The initial and consistent messaging they had received from Child Safety led them to envision caring for the child long-term, shaping their attachment and parenting approach. Consequently, the carers did not accept another placement for two years and were in the process of resigning from fostering altogether due to their experience. However, after many months of reflection, it was decided they would continue their fostering journey as they were aware of the need for family-based placements. This case scenario clearly demonstrates the importance of concurrent planning and transparent communication, as required under the Child Protection Act, when these practices are not followed, the emotional impact on families can be profound.

The need for case planning, inclusive of concurrent planning, to be purpose-driven and not compliance-driven will be the key to ensuring that those children who can be reunified safely home to their parents can be, and children who are unable to will be provided with the opportunity for permanency either with family or, if not possible, a suitable person.

Permanency Planning

Despite the Carmody Inquiry highlighting in the 2013 report the need for better permanency outcomes for children and young people that encompass relational, physical and legal permanency, resulting in strengthened permanency legislation amendments to the Child Protection Act in 2018 and 2023, children and young people are still not achieving permanency in its complete sense.

As of March 2025, there were 8,116 children and young people subject to Long-Term Orders; 6,106 (75%) were subject to Long-Term Guardianship Orders to the Chief Executive (LTG to CE).¹³

These outcomes can be linked to the lack of effective case planning and the absence of concurrent planning, resulting in Child Safety as a matter of course applying in the Children's Court for the least preferred permanency option for children and young people when a short-term order is due to expire. QFKC has many case examples of these situations where approved grandparents, aunts, and uncles have not even been approached to see if they would consider guardianship. The application for a Long-Term order to the Chief Executive is sought instead, despite this being the least preferred permanency option for children under the Child Protection Act 1999.

QFKC has attached two scenarios (refer to Attachment B) that demonstrate the drawn-out processes, lack of planning, and the impact of not undertaking permanency planning in accordance with the Act. The scenarios in this attachment reflect an example of both a kinship carer and a foster carer who have given permission for their stories to be shared.

Carers were asked as part of the 2025 Lived Experience Survey whether they were currently caring for a child on an LTG to CE order. Of the 620 carers who answered this question, 54% confirmed they were. Carers were then asked whether they had been approached to be assessed as a suitable guardian; of the 328 who answered, 47% had been approached. Carers were asked whether they would like to be considered as a suitable guardian, and of the 600 who responded 78% (468) said they would. Finally, carers were asked 'What do you consider the barriers to legal permanency for children and young people?' 488 carers responded to this question; their responses are attached (refer to Attachment C).¹⁴

In QFKC's experience, achieving permanency has not been prioritised for children and young people as data clearly shows the least preferred option of permanency is being sought, Long-Term Guardianship to the Chief Executive, when a short-term order expires for non-Aboriginal and Torres Strait Islander children and the third least preferred option for Aboriginal or Torres Strait Islander. This indicates that a final child protection order is in place, and the only way it can be varied in favour of a suitable person is through an application by the Director of Child Protection Litigation (DCPL), a parent, or the child themselves. This application requires extensive work and is not prioritised due to the critical nature of other Child Protection matters. For example, in a recent QFKC casework matter, an Aunty and her teenage niece requested a suitability assessment for Long-Term Guardianship but were told that the application process would take longer than the time of the young person had left on the current LTG to CE order, which was three years.

The intentional practice of meaningful concurrent planning, where two simultaneous plans occur side-by-side, would require pieces of work before the expiry of the short-term order that identifies whether the primary carer is willing to become a guardian and assess their suitability for the role. This ensures the most appropriate order is applied for in a timely manner, preventing unnecessary delays and additional work. This practice also further supports meeting the permanency requirements for children and young people in care in accordance with the Child Protection Act 1999.

¹³ Department of Families, Seniors, Disability Services and Child Safety, "Improving care and post care support", Our performance, access November 2025, <https://performance.dcssds.qld.gov.au/improving-care-and-post-care-support/who-we-work-with/children-on-orders>

¹⁴ Queensland Foster and Kinship Care, *Lived Experience Survey*.

It is also important to highlight the benefit of the correct order being applied for at the right time in respect to the overall pressure on the Child Protection system in Queensland, as follows:

Type of Long-Term Order	Legislative Requirements	No. of Children	Time to complete legislative requirements (Hypothesised)	Total no. of hours for all children under order per annum (Hypothesised)
Long-Term Order to Chief Executive	<i>Requires monthly home visits</i>			146,544
Long-Term Order to a Suitable Person	<i>Requires 1 home visit per year (at the same time as the yearly case plan review)</i>	6,106	2 hours (1 hour visit and 1 hour travel)	3,138

Table 2. The reality and hypothesised number of hours required to meet legislative requirements for Long-Term Orders

The estimated hours identified above do not account for the two case plan reviews required per year and for day-to-day administrative and case work tasks that a CSO, must undertake in respect of decision-making and other case plan requirements.

Whilst QFKC understands that all 6,106 children subject to an LTG to CE order will not have a suitable person able to take on the guardianship role, even if one quarter of these children were to have a suitable person willing to be their guardian, this could reduce the necessary workload of Child Safety by at least 36,636 hours.

Taking this a step further, if the most appropriate order for the child or young person is a Permanent Care Order (PCO), then no home visits or case plan reviews will be required, and no allocated hours per child to a CSO. Currently, only 5.4% of all children on Long-Term Orders have a Permanent Care Order granted, despite legislation introduced in 2018 supporting PCOs as a permanency option for children and young people.

Summary of Concerns: Casework & Reunification

1. Carers' Central Role Overlooked

- Foster and kinship carers are not consistently valued or consulted as central figures in case planning and reunification, despite legislation and policy stating they should be.

2. Insufficient Consultation and Information Sharing

- Many carers report dissatisfaction with their ability to engage in case planning.
- A significant proportion are not kept informed about reunification progress or provided with case plans for children in their care.

3. Concurrent Planning Not Effectively Implemented

- Although legislation requires concurrent planning (having a backup plan if reunification isn't possible), practice often falls short.
- Carers are frequently unaware of concurrent plans, leading to confusion and emotional distress.

4. Emotional Impact of Poor Communication

- Inconsistent or unclear messaging about case planning and reunification can cause significant emotional harm to carers and children, sometimes resulting in carers leaving the system.

5. Lack of Prioritisation for Permanency

- The least preferred option for permanency for non-Aboriginal and Torres Strait Islander children and third least preferred option for Aboriginal and Torres Strait Islander children (Long-Term Guardianship to the Chief Executive) is often chosen by default, rather than

exploring family or suitable person guardianship as the legislative preferred option for all children and young people.

- Many family members are not approached for guardianship assessments, despite being willing.

6. Systemic Workload and Resource Issues

- Ineffective case planning increases the workload for Child Safety Officers (CSOs), with thousands of hours spent on home visits and administrative tasks that could be reduced with better permanency planning.

7. Legislative Intent Not Reflected in Practice

- Despite strong legislative frameworks supporting best practice, actual practice on the ground does not consistently achieve intended outcomes for children and carers.

These concerns highlight the gap between policy intent and real-world practice, emphasising the need for more purposeful, transparent, and collaborative case planning that genuinely includes carers and prioritises permanency for children.

Recommendations

- **The Introduction of a Reunification Court**

For case planning to be effective, it is essential that there be active monitoring and intentional, purposeful reviews of case plans. In South Australia, a 'Reunification Court' was established to achieve this. The Reunification Court is where the judge meets with the parents and the caseworker to review progress towards reunification as agreed in the case plan. It is important to note that the Reunification Court is more relaxed than Care and Protection hearings, as everyone sits at the bar table and discusses the case plan or report. The judge then checks on whether the parents and the Department of Child Protection are doing what they agreed to and that the case plan is being followed.

The Reunification Court meeting occurs every 6-8 weeks and includes the equivalent Child Safety, parents, the child representative and, if applicable, the Aboriginal Youth Justice officer. The judge can also allow other support services to attend. Other points of interest for the Reunification Court include:

1. A carer or grandparent has a right to be heard and make a submission to the Court. This can be done either in person or by written submissions.
2. A child will have a lawyer who speaks on their behalf, however if they would like to attend, they can. If the child wants to say something to the judge a time can be arranged for the Judge to speak to them privately. Children can also write letters to the court.
3. The same judge attends every hearing.
4. The hearings occur for around 15-30 minutes.¹⁵

Whilst QFKC was unable to locate specific data that provides a cross-sectional examination into the success of the Reunification Court, a media release spoke to a 2022-2023 Report on

¹⁵ Courts Administration Authority, "Reunification Court Resources FAQs", Courts Administration Authority South Australia, 2025, <https://www.courts.sa.gov.au/going-to-court/court-locations/youth-court/care-and-protection-jurisdiction/rc-resources-faqs/>.

Government Services which showed that “96 per cent of children who exited out of home care to either reunification or a third-party placement, did not return to the care system within a 12 month period, this is the highest result for all jurisdictions and 8 percent above the national average”¹⁶

- **Resources**

Resources should be made routinely available to support effective concurrent planning. This includes investing in suitability assessments whenever concurrent planning identifies a potential suitable guardian. These assessments must be completed before the expiry of the short-term order, ensuring that, if reunification is not possible, the most appropriate long-term guardianship order can be applied for upon expiry of the short-term order.

Resourcing to be provided to undertake suitability assessments for those current primary carers for children subject to Long-Term Guardianship to Chief Executive orders, where they would like to be considered for Guardianship. Whilst current legislation allows a child to apply to vary an order under Section 65, the reality is that it is unlikely that a child or young person is either aware that this is a possibility or is able to take the steps necessary for the application to be made. For the views of children/young people to be genuinely considered in this section, legislation must provide the option of an adult making an application on behalf of a child or young person. The application on behalf of the child or young person would need to be approved in the first instance by a magistrate to be heard, to ensure that the hearing of the application would be in the best interests of the child or young person.

- **Additional Legal Assistance for Carers**

QFKC is in the process of finalising a submission to Child Safety with a request to increase funding to the organisation’s Legal Program. When the program was initially funded in 2019, the funding provided for one full-time lawyer; however, due to CPI not being applied for four years and award rate increases, the funding QFKC currently receives only covers one lawyer for three days per week. Given QFKC’s Legal Program is the only free legal service available to carers across Queensland, this part-time position does not meet the need for carers in both the QCAT and Children’s Court settings. This legal submission, completed for the purpose of increasing funding, is relevant to this section, as it would allow more carers to be provided with advice and/or representation under Section 113 of the Child Protection Act 1999 to participate in court proceedings relating to permanency planning for children and young people, for whom carers provide care for. The Attachment B scenario regarding the Kinship carers demonstrates the value of this independent legal program in achieving outcomes for families that would not have been achieved otherwise.

¹⁶ Government of South Australia, “New data shows strong improvements in child protection and family support system responses”, South Australia, n.d, <https://www.premier.sa.gov.au/media-releases/news-archive/new-data-shows-strong-improvements-in-child-protection-and-family-support-system-responses>.

ii. Tertiary child protection interventions, including adoption, case management, service standards, and decision-making frameworks.

QFKC has referenced case management above, highlighting concerns in relation to the impact of lack of case planning and resulting impact.

Adoptions

On 23rd March 2021 amendments to the Child Protection Act 1999 were passed in Parliament to ‘enhance the governments approach to permanency for children who require alternative long term’.¹⁷ The Child Protection and other Legislation Amendment Act 2021 delivered the government response to recommendation 6(b) of the findings of the Deputy State Coroner’s inquest into the death of Mason Jet Lee.¹ In summary, the recommendation was for the Department to review its policies and procedures to ensure that, in accordance with the Government’s acceptance of Recommendation 7.4 of the Carmody Inquiry:

- (i) adoption is routinely and genuinely considered as a suitable permanency option for children in out of home care where reunification or unification is unlikely and should be pursued in those cases, particularly children under the age of three years.
- (ii) Adoption is routinely and genuinely considered by Child Safety officers as one of the permanency options available to them when deciding where to place a child in out of home care.¹⁸

The coroner recommended that the Queensland Government consider the New South Wales (NSW) Adoption amendments, which require children to be placed within 24 months of entering the Department’s care. Child Safety were to report to the Coroners Court of Queensland the number of children adopted and the details of those matters every six months for the next five years.

The amendments to the Child Protection Act introduced adoption as the third option of permanency for a child or young person who does not identify as an Aboriginal and Torres Strait Islander and as the last preference for a child who does identify as an Aboriginal or Torres Strait Islander.

QFKC does not view this inclusion of adoption in legislation as a legitimate permanency option that is considered or even understood by the carer community and some front-line workers. As of March 2025, out of a total of 8,116 children and young people subject to Long-Term Orders:

- 6,106 children and young people were subject to Long-Term Guardianship to the Chief Executive orders,
- 1,569 were subject to Long Term Guardianship to Suitable person and
- 441 were subject to Permanent Care order.¹⁹

¹⁷ Department of Families, Seniors, Disability Services and Child Safety, “History of Child Protection”, Department of Families, Seniors, Disability Services and Child Safety, accessed November 2025, https://www.families.qld.gov.au/our-work/child-safety/about-child-protection/history-child-protection#section_legislative-amendments-2021.

¹⁸ Queensland Child Protection Commission of Inquiry, *Taking Responsibility: A roadmap for Queensland Child Protection*, 229.

¹⁹ Department of Families, Seniors, Disability Services and Child Safety, “Improving care and post care support”.

Adoptions Queensland has confirmed that as of November 2025, there have been no children previously subject to Child Protection Orders who have been adopted by following the permanency hierarchy outlined in Section 5BA of the Child Protection Act 1999 in the last three years.²⁰ Therefore, it indicates the option of adoption as a permanency preference on paper only and not a supported pathway in practice.

The process of adopting a child is not achieved through the Child Protection Act and requires an approved foster or kinship carer to be assessed as a suitable adoptive parent; the adoption process takes place under the Adoption Act Qld 2009. The statistics of no adoptions in the past three years demonstrate no change in practice since adoption became part of the permanency hierarchy.

The option of adoption as a permanency pathway does not align with many of the core principles of the Child Protection Act 1999, particularly those that emphasise the critical importance of preserving a child or young person's identity and their ongoing connection to their family of origin. Child Safety continues to have obligations under the Child Protection Act section 74A to children and young people when Long-Term Guardianship Orders and Permanent Care Orders have been granted, which ensure children and young people know their rights and the next steps if these are not being met. This includes the right for children to be connected to family. Long-term guardians and permanent guardians also have obligations under Section 79A of the Child Protection Act, these obligations specifically refer to 'preserving the child's identity and connection to the child's culture of origin; and to help maintain the child's relationships with the child's parents, family members and other persons of significance to the child'.²¹ If guardians do not meet these obligations, the Director of Child Protection Litigation (DCPL) can make an application to vary the order for both the Permanent Care Order and the Long-Term Order, and a parent and/or child can also make an application to vary a Long-Term Order.

An Adoption Order is a final order that cannot be revoked upon application by DCPL, a parent, a child or a young person. There is a level of risk associated with adoption, as children may lose connections with their family and siblings. However, the availability of other orders that a Magistrate can grant helps ensure that guardians remain responsible for meeting their obligations under the Child Protection Act relating to connection to family and culture.

The 'My life in Care Survey' undertaken by Child Safety in 2024 highlighted the importance children and young people place on their connections to siblings, the family they live with, and family they do not live with. Of the sample (991), 59% of children and young people identified their siblings as the people they would trust the most, 51% identified the family they live with and 51% identified the family they did not live with (children were able to tick multiple).²² These results are significant, as they demonstrate that, in addition to legislation requiring children to be and feel connected, children and young people themselves recognise the importance of these relationships.

Summary of Concerns

QFKC has sought to highlight the disconnect between legislative intent and practice. Despite the recommendations from the Coroner supporting the recommendations made by Carmody (in 2013)

²⁰ Adoptions Officer, Email message to author, November 17, 2025.

²¹ *Child Protection Act 1999 (QLD)*, s. 79A.

²² Department of Families, Seniors, Disability Services and Child Safety, *My Life in Care Survey 2024 Results*, (Queensland Government, n.d.), 13,
https://performance.dcssds.qld.gov.au/_media/documents/my-life-in-care-survey-2024-results.pdf.

that Adoption be considered as a genuine option for children and young people, and despite the Queensland Government's acceptance of this recommendation and implementation into legislation, no adoptions have occurred. It is critical that legislative intent is genuinely supported in practice. If adoption is not a legitimate permanency option supported by Child Safety staff, and there are other clear pathways for children and young people to achieve permanency that supports the ongoing connections to family, then consideration should be given to the purpose of retaining adoption as a permanency option in legislation.

Recommendations

- Remove Adoption as a permanency option for children and young people in the Child Protection Act 1999.
- Child Safety to invest genuinely in achieving permanency for children and young people through Long-Term Guardianship to Other (LTG-O) option or Permanent Care option as previously recommended in this submission.

iii. The management, training, supervision, and ongoing oversight of case work within the Department.

Training

In 2026, QFKC has been operating as a Peak body for 50 years. Our role in the training of Child Safety staff has seen many changes over the years. As a peak body, the organisation has witnessed different training models, most notably the transition to predominantly online training.

From 2004 to 2010, QFKC delivered training to new Child Safety Officers (CSOs) as part of their Induction training held at Warilda Conference Centre in Wooloowin. CSOs received six weeks of face-to-face training, during which QFKC was allocated a 9 am-12 pm timeslot in the final week of the training. CSOs were required, as part of their competency when back in their CSSC, to spend a few hours with a carer in their home without having casework responsibility, to gain perspective and allow CSOs to be curious with carers about their role. Carers who volunteered to open up their homes reported positive experiences; some of these carers continue to sit on QFKC's Management Committee today and still speak fondly of those days. QFKC's President, Hazel Little, remembers CSOs coming to her home in the afternoon, often the busiest time for a carer's household and reminisced about how beneficial it was for both the CSO and the carer, as it really helped a CSO to understand the role of a carer and build positive relationships during times that were not crisis-driven.²³

The face-to-face training undertaken by QFKC always included a QFKC staff member and at least one carer, ensuring the carer perspective was represented. During these training sessions, topic areas include how to approach carer concerns, the importance of communication, the development and impact of purposeful placement agreements and opportunities for CSOs to explore any questions they have for the carer. Hazel also represented the carers' voice at the CSO training and recalls the training as being very much needed for CSOs. Hazel remembers CSOs attending training with very little understanding of the carer role, with many being new graduates who identified they had no experience in caring for children. Listening to the lived experience of carers helped build a foundation of understanding. QFKC's current Chief Executive Officer, Bryan Smith, was the President of the then

²³ Hazel Little, in conversation with author, November 14, 2025.

Foster Care Queensland Association in 2004 and also remembers delivering training – first as the Association’s President and then as an employer with a lived experience of foster care.

QFKC had no input into the CSO training when this training model ceased in 2010 – the decision to exclude the voices of carers in this initial induction training potentially built a culture from the outset that carers are not a priority focus area. Yet, the relationship between child safety and a carer who provides family-based care, should be seen as one of most important areas of prioritisation.

Currently, CSO training is regional based. Through the RD program in Far North Queensland, QFKC has been partnering with local foster and kinship care agencies and carers to deliver a full-day training session for CSOs in the Far North Region since 2024. Topic areas covered in the training include:

- A session with the Regional Director and a carer to share a personal account from a carer on relationships, communication and valuing the role of carers
- Information on ‘Money Matters’ covering financial entitlements for carers delivered by Child Safety Business Support Officer
- Information on the Statement of Commitment, Placement Agreements and Foster Care Agreements, which is delivered by QFKC staff and QFKC Support Team Members
- The role of a carer support agency delivered by a Foster and Kinship Care agency
- Information on the Standards of Care delivered in partnership by QFKC, Child Safety and the agency.

The feedback provided from CSOs who have attended this training has been highly positive, with CSOs reporting increased knowledge and some acknowledging they had no prior knowledge of the topics. CSOs reported hearing the carers’ lived experience was valuable, and comments included suggestions for more training in this area for CSOs to become more proficient.²⁴

This will likely be extended to the Northern Region following discussions with regional staff. QFKC aims to deliver training to CSOs, in partnership with Foster and Kinship Care services and carers, in all regions. New CSOs must receive early messaging about the critical role that carers play in the lives of children, and view carers as an integral part of the care team. This can only be achieved if Child Safety prioritises the inclusion of carers in a CSO’s induction training.

The RD program conducted a survey with Department staff in late 2024/early 2025, to explore from a Child Safety perspective, the key challenges Child Safety staff were experiencing. As part of this survey, QFKC asked Child Safety staff about their experience of training. The following insights were gained (sample 144):

- 44% of staff had only worked in one CSSC, 56% across multiple CSSCs
- 43% of those who worked across multiple CSSCs identified a difference in the training provided. Comments included that there were fewer opportunities for remote staff, leadership experience impacted on the quality of training received.
- 76% of respondents reported they had completed Child Safety’s GRO induction training (CSO induction training) – the overall rating given by CSOs was an average of 3.1 stars. Several comments from Child Safety staff reported that the training was outdated in the GRO Learning

²⁴ Queensland Foster and Kinship Care, “Training Evaluation Forms,” unpublished forms, 2025.

and Development Program. Staff identified the need for more practical aspects relating to being a Child Safety Officer.²⁵

The common feedback Departmental staff identified they would like more training on was:

- Trauma-related behaviour management
- How to have difficult conversations/stakeholder communication
- How to implement Child Safety policy and processes
- Further training on Court processes and expectations of writing affidavits²⁶

CSOs were asked what they wished they had learned early on in their time in Child Safety, the main themes identified were:

- Self-care, work-life balance and dealing with vicarious trauma
- Working within a Care Team approach
- How to write affidavits/court and legal processes
- Information on working in practice (example templates) with regard to implementing processes
- Opportunity for mentoring/work shadowing when first starting as a CSO
- Training and mentoring in how to have difficult conversations²⁷

A continuing theme from the 2021 Queensland Child and Family Commission Deep Dive study, supported in QFKC's survey, was that staff felt high caseloads make it not always possible to undertake supervision, so they are not always supported in reflecting on their practice and in developing their skills and expertise.²⁸

Supervision

QFKC is not in a position to provide an in-depth overview of the supervision of Departmental staff, as this is not an area in which, as a Peak Body, the organisation would have the level of insight required to merit any position held.

As an observation, however, it is essential to highlight that those holding leadership positions should have the necessary knowledge and skills to lead teams of Child Safety Officers. Through QFKC's Case Officer Program, QFKC has identified many case examples where the knowledge held by the Senior Team Leader in casework activity has not accurately reflected legislation, policy or procedure. For example, Senior Team Leaders provide the following advice:

- Advising CSOs that a carer is not entitled to a copy of the case plan.
- Advising a QFKC Case Officer that Positive Behaviour Management plans are only for children and young people on NDIS plans.

²⁵ Queensland Foster and Kinship Care, *Departmental Survey 2024*, internal report, (Brisbane: Queensland Foster and Kinship Care, 2025).

²⁶ Queensland Foster and Kinship Care, *Departmental Survey 2024*.

²⁷ Queensland Foster and Kinship Care, *Departmental Survey 2024*.

²⁸ Queensland Family and Child Commission, *Respecting the workforce: How did the Queensland Child Protection Reform Environment impact the frontline Child Safety workforce?*, (The State of Queensland, 2021), 9, <https://www.qfcc.qld.gov.au/sites/default/files/2022-06/Deep%20dive%20Respecting%20the%20workforce%20report.pdf>.

- Advising a carer that they need to provide receipts to qualify for a higher payment allowance.
- Advising CSOs that Child Safety must first seek an LTG to CE order for at least a year prior to going on an LTG to Suitable Other.
- Advising carers that they are unable to record a harm report interview.²⁹

The above are just a few examples; however, they illustrate the impact of inaccurate information held by a leadership team member. The sheer volume of information that a leadership team member within the Department needs to know is significant.

QFKC staff, who manage a wide range of complex issues, from the point of application to becoming a carer, through QCAT, Children's Court, financial matters and case planning, are advised that unless they can be 100% certain of the advice provided (i.e. verified legislation, policies and procedures as the source), they must take onus for sourcing the information and ensuring its accuracy. Too often, the wrong information is shared within workplaces, and it becomes the reliable source, rather than the actual source. This inaccurate information can sometimes lead to the whole CSSC practising in a particular way, i.e. carers attached to a particular CSSC will not receive copies of case plans, or a view is formed within a CSSC that it is a carers responsibility alone to transport children to and from family time, or an office will as a matter of course apply for a Long-Term Guardianship Order to CE as a first option, because this practice has always been done.

The manager of a CSSC is responsible for the supervision of all Senior team members. Given the crisis nature of the work being undertaken in Child Safety, QFKC are unsure as to whether these supervision sessions are prioritised, nor are we aware of the supervision model is expected of managers. In any case, given the critical nature of the work undertaken, the risk of burnout, vicarious trauma and the supervision load alone that Senior Team Leaders have of their own CSO's, QFKC believes that an external supervision model should be made available to Senior Team Leaders to allow opportunities for reflection and professional development outside of the fast-paced, crisis driven nature of the CSSC.

Summary of Concerns: Training & Supervision of Child Safety Officers

1. Loss of Carer Voice in Training

Earlier, QFKC and carers were directly involved in face-to-face induction training for new CSOs, which helped build understanding and positive relationships. This model was discontinued, and QFKC no longer has input into initial CSO training. The absence of carer perspectives risks creating a culture that fails to see carers as a priority, despite their central role in child safety.

2. Regional Inconsistencies and Gaps

Training is now regionally based, with some regions (like Far North Queensland) benefiting from a collaborative, carer-inclusive training. However, this is not consistent across all regions, leading to variable experiences and knowledge among CSOs.

3. Outdated and Insufficient Training Content

²⁹ Queensland Foster and Kinship Care, *Case Management*, internal data source (Share Point), November 2025.

Staff surveys reveal that much of the current induction (GRO) training is outdated and lacks practical content. CSOs report a need for more training in trauma-related behaviour management, stakeholder communication, policy implementation, and court processes.

4. Lack of Early Practical Experience

New CSOs wish they had received more early guidance on self-care, work-life balance, care team collaboration, legal processes, and practical templates. There is a desire for mentoring and shadowing opportunities when starting.

5. High Caseloads Impact Supervision and Development

High caseloads mean CSOs often cannot access supervision, limiting their ability to reflect on and develop their practice. This was also highlighted in the Queensland Child and Family Commission Deep Dive study.

6. Leadership Knowledge Gaps and Inconsistent Advice

QFKC has observed that some Senior Team Leaders provide advice that does not align with legislation, policy, or procedure (e.g., misinformation about carers' rights to case plans, requirements for higher payments, or harm report processes). This can lead to entire service centres adopting incorrect practices.

7. Unclear Supervision Models for Leaders

There is uncertainty about whether supervision for leadership team members is prioritised or what models are expected. Given the high demands and risk of burnout, QFKC recommends that external supervision be available to Senior Team Leaders to support professional development and reflection.

The concerns highlight a need for more consistent, practical, and carer-inclusive training for CSOs, better support and supervision (especially for leaders), and a stronger focus on accurate, up-to-date knowledge and reflective practice. These improvements are seen as essential for building a culture that values carers and delivers better outcomes for children and families.

Recommendations

- All regions adopt the current training model being undertaken in the Far North Queensland Region, where CSOs are provided with a day of training supported by current carers, QFKC and Foster and Kinship Care agency staff.
- Those leadership team members who have not had the benefit of attending any direct training supporting the role of carers in the care team are also required to participate in the training.
- Implementing an external supervision model for Senior Team Leaders and prioritising advanced learning opportunities.

iv. Departmental delivery structures including organisational culture; management structures and operations of regional service delivery (in each region).

As a Peak Body that operates and provides direct service delivery statewide, QFKC can speak directly to the inconsistencies that exist across CSSCs and regions. For many carers who offer placements across CSSCs, the experience of inconsistent decision-making, operations, and organisational culture is something that they must live with on a day-to-day basis.

QFKC has worked with carers who live in regions where they may be offered placements from a range of different CSSCs, and they will refuse to accept a placement for a child attached to a particular CSSC due to prior experiences with that CSSC. For carers who do not offer placements across different CSSCs, the presence of social media and carer-led groups means that carers are finding out about these inconsistencies through their carer networks.

Case Study

A recent example of this is a carer who approached QFKC for support in having their High Support Needs Allowance (HSNA) reinstated after it was cut off without a conversation. This was not the first time the carer had faced this issue, and it was not the first time QFKC had encountered this when advocating for carers to have the allowance paid on their behalf. The carer reflected with sadness to QFKC that she reads on social media platforms, carers who are attached to other CSSCs, where the CSSC approves HSNA for all carers and yet here she is having to provide spreadsheets to Child Safety about every penny she is spending to justify receiving what has already been determined previously as being reasonable, with no changes to the situation. The CSSC to which that a carer is attached should not determine the level of financial or other support they receive; the circumstances of the carer's household should determine this.

The experience of equality and fairness is something we all expect; laws drive this in the workforce and in society as a whole. It is the experience of being treated equally and with fairness that makes someone feel valued. In the workplace, this results in satisfied employees who want to stay in their positions. When QFKC works alongside a CSSC whose culture reflects fairness and consistency in decision-making, we see carers who will speak positively about being a carer and the care team that surrounds them. These experiences directly impact on the retention and recruitment of carers.

In the Lived Experience Survey, carers were asked whether they provide placements to children across multiple CSSCs; 212 (out of 608) stated they did. These carers were then asked whether they had identified any inconsistency in decision-making across the different CSSCs they worked with, and 87% said they had.³⁰

When asked to identify the main areas of inconsistency, carers identified the following (*carers were able to identify multiple answers*) in the table below:³¹

Area of Inconsistency	Number of carers
Financial decisions	125
Family contact decisions	144
Case planning decisions	133
Standard of Care/Harm Report decisions	69

Table 3. Area of CSSC decision-making inconsistencies based on carers lived experience

Carers were provided with the options of providing comment – other themes included:

- Communication
- Differences in views and assessments from one CSO to another in the same CSSC
- Staff's interpretation of policies
- What decisions sit with carers as day-to-day decisions
- Timeliness of responses

³⁰ Queensland Foster and Kinship Care, *Lived Experience Survey*.

³¹ Queensland Foster and Kinship Care, *Lived Experience Survey*.

- Decisions relating to education, therapy
- Gathering views and wishes of children

Carers were then asked, 'what have been some of the differences you have identified if any', a total of 129 responses were recorded, these responses are attached (refer to Attachment D).

Some comments provided include:

"I have worked as a carer with 7 different service centres across the past 20 years. Some are renown for being very supportive of carers and prioritise support for children and carers, particularly with complex needs/HSNA etc. Others are known to be (unnecessarily) difficult to work with, as a long term carer, I will actually consider the service centre a child is attached to when making a placement decision, as it can be a game changer if the child is case managed by a good centre"

"Decision making not consistent. One STL/CSO makes a decision and if you get a new STL/CSO decisions are different, eg reunification process, sleepovers, yes/no"

"Financial support, one is upper hard to get CRCs paid for, other support private school when it is important for a child's identity and integration into the family and school is better equipped to support child's needs."

"Sometimes it is not even different service centres. I can't tell you how many times what a CSO discusses comes from a personal opinion rather than policy or practice. Communication is different from each office. I have emailed several times with the same enquiry since May and not once have I got a reply email, then they don't answer phones either. For the last few months if we try and call we get told we are triaged and if they deem it is important enough they will get back (not good enough)."

Summary of Concerns: Inconsistency across CSSC and Regions

1. Inconsistent Decision Making

Carers experience significant differences in decision-making, operations, and organisational culture across CSSCs and regions. This inconsistency can affect a carer's day-to-day experience of providing care and can result in outcomes such as a carer's willingness to accept placements from particular CSSCs. This type of outcome directly effects on placement options for children.

2. Spread of Information

Even carers who do not work across multiple CSSCs learn about inconsistencies through social media and carer networks, which amplifies dissatisfaction and mistrust within the system.

3. Financial Support Inequities

There are disparities in financial decisions, such as approving higher payments with some CSSCs approving HSNA for all carers and other CSSCs applying a stringent approval process. Carers in the Lived Experience Survey reported a high level of inconsistency in financial decision-making in particular.

4. Fairness and Retention

Perceptions of fairness and equality are crucial. Where CSSCs demonstrate fairness and consistency, carers feel valued and are more likely to remain in their roles, positively impacting retention and recruitment.

These concerns highlight the need for greater consistency, transparency, and fairness across all CSSCs in the regions to ensure carers feel supported and valued, ultimately benefiting children in care.

Recommendations

- Carers have referenced in the Lived Experience Survey of working alongside CSSCs, where they readily accept placements due to their experience of support. It is crucial to explore best practice models of service delivery within CSSC's and role model these to other CSSC's.
- Child Safety to review policy and procedures relating to the support and services provided to carer households where practice is reflecting a discrepancy amongst Service Centres in the application of the policy and procedure in practice, for example Dual respite, High Support Needs Allowance, Complex Support needs allowance.

vii. **Whether Departmental frontline staff are resourced and supported to do their work and outline any deficiencies in the level of support, decision-making frameworks, caseloads, and court and tribunal processes.**

It is QFKC's view that, on the whole, Child Safety frontline staff intends to make a positive difference in the lives of children, young people and their families. The burden of working within a statutory organisation can make this task extremely difficult due to competing priorities, red tape, decision-making frameworks, high caseloads, and, of course, administrative burden. To put it in context, it is unlikely that a CSO would deliberately ensure consent is not provided for a young person to engage in a school activity that requires Child Safety consent. It is also unlikely that a CSO would deliberately fail to follow up on the necessary steps to obtain a passport for a child or young person so they could travel overseas with their carer family. However, the instances where children and young people miss out on activities and holidays because of these very reasons are ones that QFKC comes across a lot.

What can already be seen as a big task for a person in the community becomes an extraordinary task when it must be completed in the context of the Child Protection system. For example, QFKC has developed a passport guide outlining the steps carers, parents and Child Safety staff must take to obtain a passport for a child. The attached guide (refer to Attachment E) illustrates the complexity of the processes involved in parenting within the Child Protection system.

Again, it is important to highlight that the system is not designed for Child Safety to be the long-term decision makers for children and young people. The Child Protection Act 1999 identifies this clearly through the permanency hierarchy under Section 5BA (4).

Of the 13,336 children and young people currently in care (as of March 2025), 60.8% of are subject to Long-Term Orders.³² QFKC have provided hypothesised data, on page 12 of this report, stating the hours of casework required for home visits for this number of children, for each child, when the Chief Executive has responsibility for guardianship. There is no doubt that CSOs workloads would become unmanageable. Of the 39.2% of children and young people who are subject to Short-Term Orders, Child Safety has a significant responsibility to provide every opportunity for reunification to occur. Section 5B of the Child Protection Act 1999 outlines general principles that should guide decisions relating to the safety, wellbeing and best interests of children. Principle 5B(f) states –

*'If the child is removed from the child's family, support should be given to the child and the child's family for the purpose of allowing the child to return to the child's family if the return is in the child's best interests'*³³

Essentially, this means that if Child Safety removes children, the Department has the responsibility to work alongside the children's family with the provision of identified support so that the children can be safely returned. Families who have had their children removed from their care are not going to be in a position to manage this alone and will often withdraw in the initial stages of removal due to experiencing grief, loss and other overwhelming emotions. Child Safety must be able to demonstrate effective efforts to support the family throughout the entire duration of the order, not just the initial months and final months. The ratio of Short-Term Orders to Long-Term Orders reported by Child Safety over a five-year period has remained relatively stable at 40% Short-Term Orders and 60% Long-Term Orders.³⁴ These statistics indicate that reunification rates for children and young people are not improving.

The Children in Care Census Report provides insight into the reunification attempts for children and young people who have had more than one reunification attempt and are currently subject to orders, a total of 24% of children and young people.³⁵ Child Safety reports that children and young people who have had more than one reunification attempt "have higher levels of complexity compared to children who have not experienced a reunification attempt" and "are more likely to have a suspected or diagnosed mental illness and be self-harming".³⁶

The report goes on to state that "children who have experienced more than one reunification attempt are much more likely to have been in care for more than 5 years in total and will be older than children who have experienced one reunification attempt or no reunification attempts".³⁷

³² Department of Families, Seniors, Disability Services and Child Safety, "Improving care and post care support".

³³ Child Protection Act 1999, s 5B (f).

³⁴ Department of Families, Seniors, Disability Services and Child Safety, "Improving care and post care support".

³⁵ Department of Families, Seniors, Disability Services and Child Safety, *Children in Care Census 2024*, 4, https://performance.dcssds.qld.gov.au/_media/documents/2024-children-in-care-census-full-report-for-publication.pdf.

³⁶ Department of Families, Seniors, Disability Services and Child Safety, *Children in Care Census 2024*, 41.

³⁷ Department of Families, Seniors, Disability Services and Child Safety, *Children in Care Census 2024*, 41.

This data highlights the need for increased support for carers who are accepting placements for children where reunification attempts have been unsuccessful. If a carer is not supported appropriately to manage the increased complexities of behaviours and Child Safety has identified children who have experienced multiple reunification attempts, these placements are more likely to break down. Further resulting in even more trauma to the child or young person as they continue to experience placement disruptions.

QFKC has recommended earlier in this submission the introduction of a Reunification Court, which is currently operational in South Australia. This recommendation ensures the reunification processes are intentional through an effective monitoring process, where decisions are monitored and reviewed not only by Child Safety but also by all key care team members – such as the child’s lawyer, family members and the carers.

Tribunal Processes

QFKC has a long history with the Queensland Civil and Administrative Tribunal (QCAT), dating back to the Children Services Tribunal (CST) era, and therefore, can provide observations on this system over the years and its impact on the Child Protection system.

The tribunal processes are designed to be accessible to the public in a way that promotes equality, with an emphasis on processes that do not require or encourage legal representation. In QFKC’s view, during the CST era, this was, by and large, how carers experienced the process. CST provided an opportunity for carers to be heard regarding review matters, and carers were mostly able to navigate the process either with the support of QFKC or on their own, with the help of CST registry staff and panel members. Any system issues experienced by key stakeholders were resolved through quarterly stakeholder meetings comprising of: QFKC, Legal Aid, Child Safety Court Services, Blue Card Services, and CST members, often including the CST President.

In 2009, CST was merged into the super tribunal, QCAT, and over the past 16 years of operation, QFKC has observed that QCAT has become increasingly difficult for carers to navigate without legal support and/or representation. In 2019, after many years of advocacy, QFKC successfully secured funding from Child Safety to partner with a local community legal service (HUB Community Legal Services) to provide free legal support to carers. As of 2025, whilst QFKC receives recurrent funding for this position, it is equivalent to one 3-day-a-week position, which is not sufficient to meet the increasing demand for this service. At the time of writing this submission, QFKC case officers were supporting 41 applications in QCAT and five matters relating to Section 113 of the Child Protection Act 1999.³⁸ QFKC are in the process of working alongside our community legal partners to complete a submission for additional funding that would ensure QFKC’s ability to provide adequate legal services to all carers requiring legal support.

With QCAT, managing so many jurisdictions through its Human Rights Division, Civil, Administrative and Disciplinary Division, and Client Services can lead to delays in response times. In QCAT’s 2023-2024 Annual Report, QCAT reported managing 75,580 calls and scheduling a total of 24,978 proceedings.³⁹

³⁸ Queensland Foster and Kinship Care, “Case Management”. 2025, SharePoint Database (internal data).

³⁹ Queensland Civil and Administrative Tribunal, 2023-2024 Annual Report (The State of Queensland, 2024), 14, https://www.qcat.qld.gov.au/_data/assets/pdf_file/0018/821322/qcat-annual-report-2023-24.pdf.

The annual report records the average wait time for a member of the community to speak to a QCAT representative as 16.79 minutes (an increase of nearly 10 minutes from 2018-2019 – 7.82 minutes).⁴⁰ QCAT's 2023-2024 Annual Report announces a funding increase that would provide for a “resource injection which would make a real difference in QCAT seeking to achieve its statutory objectives”⁴¹ The 2024-2025 annual QCAT report was not available at the time of this submission, as it would have provided insight into whether this injection of funding has begun to achieve the desired outcome.

Case Study

From a carer's perspective, the QCAT process can feel like another bureaucratic system that can be affected by significant time delays, and most obviously one where a carer feels the imbalance of power in trying to navigate a legalistic system alone. This scenario illustrates the experience of a kinship carer, a grandparent, who had to navigate the QCAT process after her carer certificate of approval was cancelled. The grandmother received support from a QFKC Case Officer and received representation through our legal service. The process took 18 months and led Child Safety to change its initial decision, allowing the grandmother to care for her grandson again. During the course of the QCAT proceedings, the child aged 7 years had been in a residential care facility. This grandmother did not believe she would have achieved this outcome without QFKC's legal services and described the QCAT process as 'intimidating'. During the process, she would need to speak to QFKC's lawyer after any proceeding had taken place, as she had no idea of the next steps, why decisions were made, or why paperwork had to be filed.

If the Tribunal is to be promoted as a fair and just process for carers to seek administrative reviews under the Child Protection Act, it must be perceived and experienced as an even level playing field. It is QFKC's experience in supporting carers through QCAT processes that this is not their lived experience.

Children's Court

It is important to note that, unlike QCAT, QFKC staff do not play any active role in Children's Court proceedings. Of note, however, is that funding for QFKC's Legal program is to provide advice appointments and representation for carers in respect to Section 113 – Applications under the Child Protection Act (applications to join as a non-party to the proceedings).

The Director of Child Protection Litigation (DCPL) was established under the Director of Child Protection Litigation Act 2016 on the 1st of July 2016, as an independent statutory agency within the Department of Justice portfolio, reporting directly to the Attorney-General and Minister for Justice and Minister for Integrity.⁴² The establishment of DCPL was a result of Recommendation 13.17 from the Queensland Child Protection Commission of Inquiry *Taking Responsibility* report, published in 2013.

The purpose recorded on DCPL's website is to 'improve outcomes for at-risk Queensland children and their families by providing greater accountability and independent oversight for child protection order applications proposed by the Department of Families Seniors, Disability Services and Child Safety (Child

⁴⁰ Queensland Civil and Administrative Tribunal, 2023-2024 Annual Report, 14.

⁴¹ Queensland Civil and Administrative Tribunal, 2023-2024 Annual Report, 5.

⁴² Queensland Government. “About DCPL,” Director Child Protection Litigation, accessed November, 2025, <https://www.dcpl.qld.gov.au/>.

Safety), and ensuring that applications filed in Children's Court of Queensland are supported by good quality evidence, promoting efficiency and evidence-based decision-making.⁴³

QFKC would like to highlight data in respect to DCPL applications for 2023-2024 regarding Long-Term Guardianship orders in the table below:

	Number of Child Safety assessments and % total	Number of applications made and % total	Number of applications determined and % total
<i>Long-term guardianship to a suitable family member</i>	69 6%	76 7%	118 12%
<i>Long-term guardianship to another suitable person</i>	64 6%	56 5%	69 7%
<i>Long-term guardianship to the chief executive</i>	1019 88%	1032 89%	836 82%
Total	1152 100%	1164 100%	1023 100%

Table 4. DCPL data on Long-Term Guardianship Orders on assessments, applicants and determined applications in 2023-2024

Note: This table was adapted from multiple tables within the annual report, specifically, Table 76 and Table 110-112.⁴⁴

It is important to note that whilst Child Safety has the responsibility to undertake assessments and make recommendations to the DCPL, the DCPL have a role in ensuring 'greater accountability and independent oversight for child protection order applications proposed by Child Safety'.⁴⁵ With Child Protection legislation clearly outlining the preferred order in which Long-Term Orders should be considered, it is concerning that during 2023-2024, 82% of all Long-Term Guardianship Orders applied for by DCPL in the Children's court were to the Chief Executive.

Whilst QFKC understands that one of the goals in establishing DCPL was to reduce the lengthy delays experienced by children, families and carers in the Children's Court, feedback from the carer community suggests that this goal has not been achieved. In a recent matter managed by QFKC, we supported a kin carer to be assessed as a suitable guardian for her 15-year-old niece. The views and wishes of the young person have been made clear – she wants her aunt to be her guardian. However, one of the reasons given to the carer family for not progressing the assessment was the expectation that a final order could not be achieved before the young person turned 18 due to protracted delays in the Children's Court. This statement by a Senior Team leader suggests that obtaining a Long-Term Guardianship Order to Suitable Person order within a three-year timeframe is considered unrealistic.

When Carers were asked in the Lived Experience Survey what they consider to be the barriers to legal permanency for children and young people, one carer wrote:

"The time it takes for children to progress from an interim order to short term order to long term order. We care for a now 1 year old who has been with us since birth, no contact has occurred with parents for over 8 months and we are no closer to progressing to a short term

⁴³ Queensland Government. "About us," Director Child Protection Litigation, accessed November, 2025, <https://www.dcpl.qld.gov.au/about-us>.

⁴⁴ Queensland Government, *Annual Report 2023-2024 Office of Director of Child Protection Litigation*.

(The State of Queensland, 2024), 84, 115-116, https://www.dcpl.qld.gov.au/_data/assets/pdf_file/0009/822996/annual-report-2023-2024.pdf.

⁴⁵ Queensland Government. "About us," Director Child Protection Litigation.

custody order. We have been advised it may take years to progress to a short-term order and then LTGO.”⁴⁶

Summary of Concerns

- QFKC is unable to comment on whether the introduction of DCPL has had the intended impact, in respect to applications relating to Short-Term Orders.
- There remain significant concerns in relation to Children’s Court matters being drawn out, with children and young people subject to interim orders for excessive periods of time.
- Long-Term Guardianship Orders to suitable person have not increased since the establishment of DCPL. During the Carmody Inquiry, LTG to CE rates were around 75%, and this remains to be the case in 2025. The most recent data show that majority of Long-Term Orders applied for during 2023-2024 were to the Chief Executive, with only 12% in favour of a family member and 7% in favour of another person, most likely a foster carer. It is therefore reasonable to conclude that the introduction of the Office of the Child and Family Official Solicitor (OCFOS) and DCPL has not resulted in children and young people in Queensland achieving permanency in accordance with the Child Protection Act.

Recommendation

- QFKC has referenced earlier in this submission the need for carers to have access to appropriate free legal advice services to enable them to make applications to join as non-parties to proceedings under Section 113 when deemed appropriate by the magistrate. This may assist the courts in determining whether a more suitable permanency option that is, in fact, being presented to the courts.

viii. Investigate the role of the privacy provisions of the Child Protection Act 1999 and whether the provisions hamper transparency around system failures.

QFKC will speak to this Terms of Reference as they relate to and impact family-based care. As referenced throughout this submission, the Child Protection frameworks that currently exist within the Child Protection legislation, policy, and procedures are often sound; it is the practice that requires significant improvement. Information sharing is a clear example of this.

Currently, the following frameworks exist that support the sharing of information between Child Safety and carers:

1. Section 83A Child Protection Act 1999– Giving Information to carers and children.

This section provides in-depth information about what information should be provided to a carer, as follows:

- Provision of information to a carer prior to a placement to ensure the proposed carer can make an informed decision about accepting the placement with an outline of examples of what should be provided.⁴⁷

⁴⁶ Queensland Foster and Kinship Care, *Lived Experience Survey*.

⁴⁷ Child Protection Act 1999, s83A (1)(a).

- When a child is placed with a carer, the provision of information that the carer reasonably needs to provide care for the child must be provided. Examples include:
 - A copy of the child's case plan.
 - Information about the child's goals, preferences, and behaviours.
 - Information about any special behaviour management needs.
 - Information about the child's family, culture, and background.
 - Information about any arrangements for contact between the child and the child's family group.
 - Information about the cultural needs of the child.⁴⁸
- Provision of any information to ensure the safety of the child, the carer, and other members of the carer's household.⁴⁹

2. Statement of Commitment, legislative requirement under the Child Protection Act Section 7 (j), Child Safety commits to:⁵⁰

- Provide foster and kinship carers with timely and ongoing information about a child or young person, including information about the child or young persons' medical, emotional and developmental needs, to provide a safe, healthy and protected environment for them, the carer and the carers family
- Provide information about the child or young person's family to support ongoing connection and where necessary to mitigate any risks from family members who may be distressed or aggrieved by decisions made about the child or young person in their care
- Where foster and kinship carers have been a party to a process, provide copies of reports, case and other records that are held in Child Safety and/or agency files, such as providing meeting minutes to carers where they have been participants in a meeting'.
- Assist access to records through Right to Information or Administrative access if required
- Provide clear, written goals and expectations for each child or young person through case plans and care agreements.

As previously outlined in this submission, the 2022 amendments to the Child Protection Act under Section 83A further enhanced Child Safety's capacity and obligation to share information with carers. These recent legislative changes, along with existing frameworks, make it clear that Child Safety intends to ensure carers receive the information they need to fulfil their roles effectively. However, in practice, this intention is not consistently realised as demonstrated in the following examples:

- QFKC's Lived Experience Survey asked carers, 'Are you provided with sufficient information at the time you are offered a placement in order to make an informed decision about acceptance of the placement?' A total of 570 carers responded to this question, and 69.8% stated they did not.⁵¹

⁴⁸ Child Protection Act 1999, s83A (2)(a).

⁴⁹ Child Protection Act 1999, s83A (2)(b).

⁵⁰ Department of Children, Youth Justice and Multicultural Affairs, *Statement of Commitment*, 5.

⁵¹ Queensland Foster and Kinship Care, *Lived Experience Survey*.

- The Lived Experience Survey then asked carers whether there had been times when they were aware of information known to Child Safety about a child that was not shared, which would have impacted their acceptance of a placement. A total of 563 carers responded to this question, and 66.6% stated yes.⁵²

Carers were able to provide comments on this question, which has been attached (refer to Attachment F). Themes of the comments centred on behaviours of children and diagnosed disabilities being withheld.

Carers were then asked to provide comments on the impacts on their family and the child or young person when Child Safety did not share all the information. The attached document (refer to Attachment G) contains the comments provided by carers. Clear themes articulated by carers included:

- Placement breakdowns
- Safety concerns for family members
- Harm to household members
- Unsustainable stress and pressure on households

It is clear that the Child Protection Act allows information to be shared with carers; however, the real barriers to sharing lie not in legislation, policy, or procedure, but in everyday practice. When vital information is withheld, the consequences fall most heavily on children and young people. Carers have described how this lack of transparency leads to instability and breakdowns in placements, which can be profoundly disruptive and traumatic for those in care.

Data from the 2024 Children in Care Census report underscores the scale of this issue: 38% of children and young people had experienced more than four different placements, while only 29% had remained in a single placement.⁵³ The situation is even more difficult for those in residential care, where 73% had endured more than four placements. Such instability can undermine a child's sense of safety, belonging, and trust, making it harder for them to form secure relationships and heal from past trauma.⁵⁴

In contrast, children and young people placed with kinship carers were most likely to experience stability, with 41% having only one placement.⁵⁵ This highlights the critical importance of supporting family-based placements and ensuring that carers have the information they need to provide consistent, nurturing care. Ultimately, when information is not shared effectively, it is children and young people who bear the brunt of the system's shortcomings, facing repeated disruptions that can have lasting impacts on their wellbeing and development.

Lack of information sharing can also be attributed to a carer's experience of systems harm, where the impact of this practice is seen in the lived experience of carer families. For example, a carer family member is harmed because of inadequate information sharing, which placed the carer family in unsafe situations. Systems harm is a further contributing factor to carers exiting the system and the

⁵² Queensland Foster and Kinship Care, *Lived Experience Survey*.

⁵³ Department of Families, Seniors, Disability Services and Child Safety, *Children in Care Census 2024*, 15.

⁵⁴ Department of Families, Seniors, Disability Services and Child Safety, 15.

⁵⁵ Department of Families, Seniors, Disabilities Services and Child Safety, 15.

experience they then share with their community is not positive. The 2024-2025 QFKC Carer Exit Report highlights the broader impact of these issues: only 21% of foster carers and 25% of kinship carers leaving the system said they would recommend fostering to a friend.⁵⁶ This low rate of recommendation reflects the negative experiences many carers have had, often due to inadequate information sharing and challenges that result. Since word of mouth is a key driver for recruiting new carers, these negative experiences can further reduce the number of available family-based placements, ultimately affecting the stability and wellbeing of children and young people in care.

There is a need to provide clear practice advice, mentoring and education to Child Safety staff so they are confident in the information they can share. Carers were asked in the Lived Care Experience Survey whether they were confident that the CSOs they work with are clear about what they can and cannot share with them as a carer. Of the 580 carers who answered the question, only 16% (93) reported that CSOs were clear (yes); another 34.5% answered sometimes, and 49.8% stated no.⁵⁷

Child Safety staff will cite confidentiality provisions under the Act when deciding to withhold information from a carer; however, it is unclear which provisions they are referring to. The Child Protection Act has many sections that speak to the sharing of information, and if the intention of the sections is not understood or interpreted appropriately, it is very reasonable that a CSO would err on the side of caution and not disclose for fear of consequences.

Summary of Concerns: Information Sharing in Family-Based Care

1. Legislative Frameworks Exist, but Practice Falls Short

- The Child Protection Act 1999 (Section 83A) and the Statement of Commitment clearly outline what information should be shared with carers, including case plans, details about the child's needs, family background, and safety considerations. However, these frameworks are not consistently implemented in practice.

2. Carers Often Lack Sufficient Information

- Surveys show that nearly 70% of carers did not receive enough information at the time of placement to make an informed decision.
- About 67% of carers reported instances where Child Safety withheld information that would have impacted their decision to accept a placement.

3. Consequences of Poor Information Sharing

- When information is withheld, carers and children face significant risks:
 - Placement breakdowns
 - Safety concerns for family members
 - Harm to household members
 - Unsustainable stress and pressure on carer households.
- These issues can lead to instability and trauma for children, with data showing high rates of multiple placements, especially in residential care settings.

4. Systemic Harm and Carer Attrition

- Inadequate information sharing contributes to “systems harm,” where carers and their families are put at risk, leading to negative experiences and higher rates of carers leaving the system.

⁵⁶ Queensland Foster and Kinship Care, 2024-2025 Carer Exit Survey, unpublished raw data, 2025, SharePoint.

⁵⁷ Queensland Foster and Kinship Care, *Lived Experience Survey*.

- Only 21% of foster carers and 25% of kinship carers leaving the system would recommend fostering to a friend, reflecting the impact of poor information sharing on recruitment and retention.

5. Lack of Clarity and Confidence Among Staff

- Many Child Safety Officers (CSOs) are unclear about what information they can legally share with carers. Only 16% of carers felt CSOs were clear on this point, while nearly 50% said CSOs were not.
- Staff often cite confidentiality provisions as a reason for withholding information, but the relevant sections of the Act actually support information sharing when interpreted correctly.

Despite strong legislative intent, everyday practice does not consistently deliver the transparency and information sharing required to support carers and ensure stable, nurturing placements for children. This gap leads to placement instability, carer burnout, and ultimately impacts the wellbeing of children in care.

Recommendations

- Training and education that is practice based on the information sharing framework Child Safety staff can rely on in their practice. This training would need to be repeated on a regular basis to drive a culture within offices that supports sharing of information and ensures new staff are equipped with the knowledge they require.
- Creating a culture where CSOs are enabled to share information, where resources are visible and available to CSOs and where the narrative is to share information to keep families safe and informed for example, posters in the staff room, toilets, shared common areas, messaging in Child Safety's Unify system.
- Direct line supervisors explore information sharing as a key component to regular supervision sessions to ensure that CSO's are sharing information in accordance with Child Safety's Information sharing guidelines.

xii. Review the effectiveness of the existing Complaints Process.

QFKC has worked alongside Child Safety's Complaint Unit, most notably in the past five years, in an attempt to gain better insight into the policy and procedures that drive the complaint process so that QFKC is better positioned, as a Peak Body and service delivery organisation, to educate and support the carer community through these processes. QFKC developed a training module on complaint processes, in partnership with Child Safety's Complaint Unit. A live webinar was recorded, stepping carers and stakeholders through the process of complaints. QFKC has made this webinar available as a training resource. With this level of knowledge, QFKC feels well positioned to provide insight into the effectiveness of the existing complaint process.

In practice, it is QFKC's experience that the introduction of First Attempt at Resolution (FAAR) is largely productive, with positive outcomes for the care team. This experience is reflected in Child Safety's Data on Complaint Processes recorded between 1st July 2024 and 30th June 2025, with a total of 2656 matters raised as FAARs, all identified as requiring further action, and no matters outstanding for the

financial year.⁵⁸ This data represented a 22.1% increase (2,175) in FAAR recordings from 2023-2024 data, and could demonstrate increased community awareness of their ability to resolve issues through this process.⁵⁹

QFKC has some concerns regarding the accuracy of the data; however, with respect of the 2,656 matters recorded as resolved, we would ask whether the persons who raised these matters would also consider them resolved. In the Lived Carer Experience Survey, the following comment was provided by a carer in one of the areas relating to a question as to whether they were satisfied with the outcome of a complaint:

“My complaint (what I deem a serious matter) was referred to the service centre as a FAAR (first attempt at response). I am still trying to get someone to take the complaint seriously”⁶⁰

Nevertheless, QFKC are supportive of this approach to early resolution and frequently uses the language of raising a FAAR to address issues at a local level. The experience of QFKC’s Case Officer team is that these processes are mainly positive.

In contrast to the FAAR process, QFKC’s experience of the complaint process through the carers’ lens has highlighted significant systemic flaws, where the outcomes received by carers appear to be more focused on defending a position as legitimate to protect an institution, rather than providing a truly objective response based on the views of all parties involved. It is worth reflecting on the data provided by Child Safety in respect to complaints: of the 493 complaints received during the 2024-2025 financial year, Child Safety identified 106 as not finalised, 47 requiring further action, and 340 requiring no further action. To put this data into perspective, out of the 387 finalised complaints, Child Safety reached an outcome, that in 87.8% of these matters, no further action was required, whereas in the FAARs, 100% of the matters were identified as requiring further action. It is difficult for QFKC to accept that in 87.8% of the complaints raised, there was no need for Child Safety to do anything differently.⁶¹

Child Safety’s Complaint Unit is, for many matters, the only available pathway for having decisions reviewed by carers. This is despite the significant consequences of these decisions for carers, both within their role as carers and, more recently, outside it.

A clear example of this is the available pathway for a carer to have a Harm Report outcome reviewed as follows:

- The carer receives an outcome of Substantiated Harm, in the letter they are provided with their review rights, which is only through Child Safety’s Complaint process.

⁵⁸ Department of Families, Seniors, Disability Services and Child Safety, *Complaint Report 1 July 2024 to 30 June 2025*, (Queensland Government, 2025), 1, https://www.families.qld.gov.au/_media/documents/contact-us/complaints/s219a-publishing/complaints-data-2024.pdf.

⁵⁹ Department of Families, Seniors, Disability Services and Child Safety, *Complaint Report 1 July 2023 to 30 June 2024*, (Queensland Government, 2024), 1, https://www.families.qld.gov.au/_media/documents/contact-us/complaints/s219a-publishing/complaints-data-2023.pdf.

⁶⁰ Queensland Foster and Kinship Care, *Lived Experience Survey*.

⁶¹ Department of Families, Seniors, Disability Services and Child Safety, *Complaint Report 1 July 2024 to 30 June 2025*

- Substantiated Harm reports as of 20th September 2025 must be reported to Blue Cards by the carer under new self-disclosure laws within 7 days of the receipt of the outcome. The outcome of a substantiated Harm will likely lead Blue Cards to review the suitability of the carer to hold a Blue Card and may result in the cancellation of a Blue Card.
- If the carer requests a review of the Harm report, this review will take place almost entirely through what is identified as a 'desktop review'. This means a Senior Practitioner or Regional Practice Leader will review the information recorded in Child Safety's Unify system to determine whether the outcome was justified.
- If the carer has additional information, they would like the review to consider in the process, they are mostly advised that this is not possible due to the review being a desktop review and a 'point in time assessment'. This means they will only consider information provided during the original process, even if the essence of the complaint is that the original process omitted vital information in the assessment.
- In cases where the Harm report outcome has resulted in a suspension, cancellation of a carer certificate of approval, and/or removal of a child and the carer has lodged applications in QCAT to review these decisions, QCAT has no jurisdiction to review the outcome of the Harm report. It has been QFKC's experience that the Complaints Unit will also not review the outcome of the Harm report, reporting it is 'out of scope' due to the matters being in QCAT. Whilst the Complaints Unit cannot review decisions around removal and cancellation of carer certificates due to these being out of scope, Harm report outcomes are not out of scope, however the outcome of harm is so clearly aligned with the subsequent decisions of removal and cancellation, that it becomes problematic for the Complaints unit to objectively review the Harm Report outcome without potentially placing their own Department in an adverse position in QCAT regarding their decisions. There is a clear conflict of interest here that has profound implications for carers' experiencing procedural fairness.
- This issue extends to carers' Blue Cards. If the substantiated outcome of harm results in a carer losing their Blue Card, it is not the role of Blue Cards to re-investigate the allegations of harm and/or form a position as to whether the outcome is valid or not. The Blue Card System relies on their colleagues in Child Safety to reach a fair and just outcome, and this is the outcome they use to decide whether someone is suitable to hold a Blue Card.

The above provides just one area in which a carer may seek review through the complaint process, demonstrating that the complaint system is not effective nor aligned with principles of procedural fairness.

Carers who have participated in the complaints process report to QFKC that, rather than resolving their concerns, the process can intensify their negative experiences and worsen their situation. One carer QFKC has worked with who has given permission for their example to be used in this submission, explained his experience of the complaints process –

"I knew there was a 99.9% chance that filing a complaint wouldn't lead anywhere. Still, I went ahead—because this time, it involved a deeply significant and serious incident concerning my

eldest grandchild in our home. It was a matter of safety, and what happened should never have happened.”⁶²

When the Carer submitted the complaint and statutory declaration, the outcome received was: “Not substantiated. Not substantiated. Not substantiated.” The Carer said the reason provided was because there was nothing in the system to confirm what he had said.

The Carer had submitted a sworn statement of events, yet the absence of documentation in Child Safety’s system led to the carer’s complaint being dismissed. The Carers said that when he received the outcome, he could not help but think *“What’s the point? the outcome made me feel like I was being treated as if I were lying”*.

A major issue with organisations conducting their own investigations is their dependence on internal information systems to determine outcomes. These systems are only as comprehensive as the information entered by staff, which often reflects the viewpoint of the individual recording the data rather than the full range of perspectives involved.

Case Study

An example of this relates to a complaint matter where QFKC were supporting a foster carer through a Standard of Care process and subsequent complaint process. The allegation in the complaint was listed as –

“...following a SOCR being finalised the carers. assert that the CSSC agreed to write a new SOC outcome letter and this task has not been acted on.”⁶³

The response provided in the outcome letter was that the *“...reviewer identified that the SOR-R letter was provided to the carers on 18th August 2023 is important and relevant, however, could have been delivered more sensitively, it could not be identified in departmental records that the department agreed to provide a re-written letter.”⁶⁴*

In response to this outcome, the carer provided a written response to advise that others were present (the QFKC Case Officer and a foster and kinship care agency support worker) at the SOCR outcome meeting and could attest to the commitment made by the CSSC staff to rewrite the letter. The response back from complaints was to say *“...the department’s complaints process does not include a forensic investigation involving contacting other people or agencies...”*. This particular allegation was never resolved with Child Safety, and no new findings letter was issued.

The example above highlights the Complaints Unit’s heavy reliance on internal systems, and records to determine outcomes. When the complaints process does not include gathering relevant third-party information or witness accounts and instead relies exclusively on departmental files, it fails to meet the principles of procedural fairness.

⁶² Queensland Foster and Kinship Care, “Case Management”, 2025, SharePoint Database (internal data).

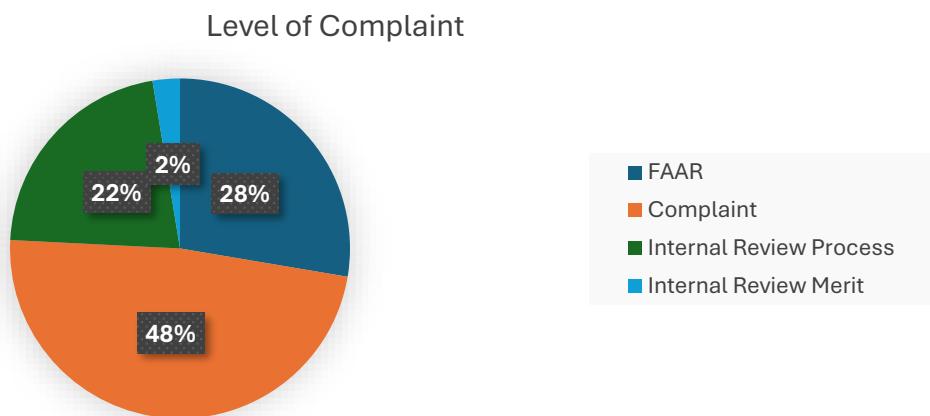
⁶³ Queensland Foster and Kinship Care, “Case Management”. 2025, SharePoint Database (internal data).

⁶⁴ Queensland Foster and Kinship Care, “Case Management”.

As part of the Lived Experience Survey, carers were asked a range of questions relating to the complaint process. Of the 580 carers who participated in the survey:

- 392 (67.6%) advised they were aware of the Complaint process
- 207 or 35.6% of respondents confirmed they had accessed the complaint process⁶⁵

The below provides a graph as to the process the carers have experienced.⁶⁶



Graph 1. Percentage of a carers by level of complaints experience

Carers were then asked whether they were satisfied with the outcome of their complaint, 76.6% said no, they were not and then asked if they would support access to an external avenue of complaint – an overwhelming percentage of 97.2% said Yes (sample 575).⁶⁷

The absence of an independent complaint system available to carers and others affected by Child Safety's decisions, including children and young people and their families, is not acceptable. Whilst QFKC acknowledges the existence of the Ombudsman as the next step for carers to take when not satisfied with an outcome reached by Child Safety. The Ombudsman only has the power to recommend, not direct, State agencies. QFKC are not aware of case examples with carers where accessing the Ombudsman as an external avenue of complaint has resulted in a changed outcome. This is not to say they do not exist; however, QFKC has not been involved in one.

Data from the Queensland Ombudsman for 2024-2025 is as follows of the 12,399 contacts received by the Ombudsman⁶⁸ –

- 4,526 were considered out of jurisdiction and referred to the appropriate agency
- 7,006 complaints received that were considered in jurisdiction:
 - 3,899 of these complaints related to state agencies (55.6%)⁶⁹
 - 400 of these complaints were directed to the Department of Families, Seniors and Disability Services and Child Safety, and

⁶⁵ Queensland Foster and Kinship Care, *Lived Experience Survey*.

⁶⁶ Queensland Foster and Kinship Care, *Lived Experience Survey*.

⁶⁷ Queensland Foster and Kinship Care, *Lived Experience Survey*.

⁶⁸ Office of the Queensland Ombudsman, *Annual Report 2024-2025* (The State of Queensland, 2025), 37, <https://www.ombudsman.qld.gov.au/ArticleDocuments/262/QO%20Annual%20Report%202024-25%20-PUBLIC.pdf.aspx?Embed=Y>.

⁶⁹ Office of the Queensland Ombudsman, *Annual Report 2023-2024*, 38.

- 247 directed to the previously known Department of Child Safety, Seniors and Disability Services (647 in total for the financial year)
- 600 of the state agency complaints (inclusive of State departments and State authorities) had the following outcomes:⁷⁰
 - 139 No further investigation warranted
 - 361 No error identified
 - 91 Rectified (89 – informally resolved, 2 – finding of administrative error)
 - 39 Withdrawn

The Ombudsman made 185 recommendations to agencies. Most recommendations asked agencies to:⁷¹

- review a decision (21%)
- provide a better explanation or reasons for a decision (17%)
- improve a policy or procedure (36%)
- change a decision (8%)

Whilst the above provides clear data on the likely experience of a carer contacting the Ombudsman, it is important to present a lived experience to capture what this process looks like and feels like for a carer. QFKC has attached a case scenario from a carer (refer to Attachment H) who has shared her experience from the point of complaint to the CSSC, right through to attempts to resolve with the Ombudsman.

It is critical that an external avenue of complaint process is afforded to those affected by Child Safety decisions and actions, and that those who administer the process has both the knowledge and expertise to investigate the complex nature of Child Safety complaints and the ability to issue directions.

It is also important to bring to the Commissioners' attention to barriers that carers face when considering lodging a complaint in the first instance. Through QFKC casework experience it has been identified that carers can be reluctant to raise a complaint for many reasons including, but not limited to:

- Fear of consequences, i.e. Standard of Care matters being raised, children being removed from their care, and financial disadvantage.
- Unable to commit to the time required to navigate a complex complaint process.
- A sense of imbalance of power and therefore reluctance to engage in such a process.

Complaint processes are explored in QFKC's biennial carer surveys. The comments below have been taken from the 2022 Carer Survey reports, which QFKC has previously lodged with the Commission and wishes to highlight for the purpose of this Terms of Reference:⁷²

"Carers are busy and I am not sure that making a complaint actually helps. Rather it just becomes adversarial. I would like to make a complaint to effect change, but from my experience

⁷⁰ Office of the Queensland Ombudsman, *Annual Report 2024-2025*, 43.

⁷¹ Office of the Queensland Ombudsman, *Annual Report 2024-2025*, 11.

⁷² Queensland Foster and Kinship Care, *2020 Carer Survey*, unpublished raw data, 2022, SharePoint.

carer-departmental relations are worse now than ever. When I make a complaint it is only for something very serious - like one child in my care was not seen for six months. This was irrefutable and validated; however, the natural consequence of casework not being completed and orders wallowing in limbo meant significant distress to the child in my care and vacillating legal decisions. This was not validated. Interesting and complaints made to the department tend to be lenient to the department"

"I would not have time to complain so would just give up. I know we have a lot to offer children in our care but when the bureaucratic requirements take more effort than the care of the children I am starting to lose interest."

"It was some time ago but I still don't have any faith in the system of complaints. It is a biased process and favours departmental personal because they hold the power and have the knowledge and resources to use the system to their own advantage. We are also 'penalised' if we complain."

"I feel like no one will listen to my complaint as I have not been heard so far."

"I feel putting in a complaint and it goes to the same service centre should not be the way it happens ... it should be a different office/area/zone."

"Repercussions and threats to remove the children in your care make it impossible to make a complaint and have that heard and addressed."

"The processes skewed and geared towards either a) child safety refusing to take responsibility for the actions of foster care agencies that they fund and b) thinking their staff could never do anything wrong!!"

"Noone has done anything. I've spent so much time trying to follow the complaint up. They promise to get back and no one does. Noone holds child safety accountable and they know this. The system needs a massive overhaul. Is shameful adults know about the issues and no one does anything for the poor kid."

"When discussing concerns with OPG about lack of support by the Department for the placement, negative rude comments were then made to me by the CSO instead of any support or collaboration to resolve any concerns"

"When you make a complaint about the office, it is referred back to the office to investigate. That's a conflict of interest and leads to no change."

"I did have a situation where I felt a child was reunited with a parent which was clearly unsafe. I spoke to and wrote to our agency but I did not feel I had the opportunity to make an official complaint and I would not have done so as I would be afraid the CSO would penalise myself and partner for doing so."

“Due to the significant power imbalance between myself and the Manager of the CSSC I will not make a complaint.”

“There is nothing positive I can say about complaints being managed at a local level. It is impossible to describe how poorly we have been treated by CSO’s, team leaders and managers at times. Only a government department with layers of protection could operate with so little accountability.”

“I sent an email to the ministers office when my young persons speech therapy was cancelled by cso for funding reasons. We’d been on the wait list for months. Ministers office forwarded it to service centre and I got in trouble.”

“Complaining to the department is just a waste of time they internally assess the compliant and bury it.”

Summary of Concerns: Complaint System Framework

The review of the Child Safety’s complaints process reveals both strengths and significant areas of improvement. The introduction of FAARs has generally led to productive outcomes, with data showing that all FAAR matters required further action, indicating responsiveness at this early state. However, in contrast, the formal complaints process has highlighted systemic flaws: carers are often left dissatisfied, and a disproportionate number of finalised complaints resulted in no further action, raising concerns about the objectivity and effectiveness of the complaint process. Carers frequently perceive the process as more focused on defending departmental positions, than on genuinely resolving issues.

There are clear barriers to a fair review system. The reliance on internal information systems and ‘desktop reviews’ can limit the consideration of new or overlooked evidence and/or information. This approach, combined with potential conflicts of interest, undermines carers’ confidence in the fairness of outcomes, especially when decisions have significant personal and professional consequences, such as the loss of a Blue Card.

Carers report barriers to even lodging an initial complaint, including fear of repercussions, the complexity of the process, and perceived and real imbalances of power. Many feel that complaints are not taken seriously or lead to meaningful change.

Many carers report that engaging with the complaints process can worsen their experience, intensifying feelings of frustration and powerlessness. Survey data indicate that most carers are dissatisfied with the outcomes of complaints, and nearly all support the need for an independent avenue for complaints. Whilst the Ombudsman provides an external review option, its powers are limited to making recommendations, rather than directing agencies and carers rarely see their concerns resolved through this channel in QFKC’s experience.

In summary, while initial resolution mechanisms show promise, the broader complaints process requires greater transparency, independence, and support for carers to ensure fair and effective outcomes. An external complaints avenue, supported by experienced specialist workforce who

understands the complexity of Child Protection work, is required to deliver an effective, transparent and accountable complaints management system.

Recommendations

- The establishment of an independent complaints body that has both the knowledge and independence to appropriately review complaints.
- Harm report outcomes to become a reviewable decision in the Queensland Civil and Administrative Tribunal.

Safer Children

i. Review the decline in foster care and treatment of foster carers by the Department and by service providers contracted by the Department.

It is not easy to think of another volunteer cohort that reports the experiences of treatment that foster and kinship carers do. For over 15 years, QFKC, as a peak body, has been conducting carer surveys to gather information about carers lived experience. Survey data continues to reveal a high proportion of carers reporting negative lived experiences, such as:

- They do not feel their views are considered (59% 2020 and 60% 2022 felt views were only sometimes or never considered),
- There is a lack of consideration given to the carer family as a whole (63% 2020 and 59% 2022 reported consideration only sometimes or never),
- The department provide a supportive environment for carers to undertake their role (55% 2020 and 52% 2022 reported this only sometimes or never occurred)
- There can be a lack of respect (40% 2020 and 42% 2022 felt respect was given sometimes or never).^{73,74}

To provide some contrast, QFKC explored satisfaction rates amongst State Emergency Service (SES) volunteers. In 2016, 307 SES volunteers participated in the Volunteer Satisfaction Survey, during which 86% of respondents reported general satisfaction with their role.⁷⁵

Word of mouth is commonly known as the best source of recruitment in any industry; in fact, in the SES volunteer survey, respondents were asked where they first learnt about volunteering opportunities through the SES, and 63% reported word of mouth.⁷⁶

At its essence, volunteerism is altruistic, with motivations largely driven by a desire to make a difference and help their broader community. 70% of the SES volunteers reported their motivations for joining the SES were to contribute to their community, 69% wanted to help people, and 57% wanted

⁷³ Queensland Foster and Kinship Care, 2020 Carer Survey.

⁷⁴ Queensland Foster and Kinship Care, 2022 Carer Survey.

⁷⁵ Richard Bishop and Caitlin Manche, *Queensland Fire and Emergency Services Volunteer Satisfaction Survey 2016*, (Queensland Government, 2016), 10, <https://www.fire.qld.gov.au/sites/default/files/2021-04/QFES-Volunteers-2016-SES-Central-Report.pdf>.

⁷⁶ Richard Bishop and Caitlin Manche, *Queensland Fire and Emergency Services Volunteer Satisfaction Survey 2016*, 41.

to make a difference.⁷⁷ This is compared to other, less altruistic motivations, such as wanting to improve a resume at 9% and feeling as though it was a citizen's duty at 17%.⁷⁸ These statistics are relevant and comparable to volunteerism among foster carers as evidenced consistently in QFKC's surveys of carers exiting their caring role.

In the 2022-2023 Exit Survey, 92% of respondents identified a desire to help children in need as one of their main motivating factors; in the 2023-2024 survey, 85% did so.^{79,80} When reviewing all previous Exit Report data, dating back more than a decade, 'the desire to help a child in need' is consistently the most selected box.

One of the options provided to carers is 'thought it would increase our family income', this box is rarely ever chosen. Any belief that carers are motivated to undertake fostering for monetary reasons is, in QFKC's view, not supported by the realities of fostering, where, if anything, carers will report consistently being out of pocket. The Queensland Government's website recognises that the fostering allowance '*...may not cover all costs associated with caring for a child...*'⁸¹

The Queensland Child Protection system depends almost entirely on volunteers to sustain family-based care, which is considered the best option for children and young people who cannot safely remain at home. However, this foundation is under strain, as Queensland is seeing a significant increase in the number of children and young people placed in residential care. Residential care does not offer the supportive environment needed for children to develop stable, secure relationships, and it also places a substantial financial burden on the sector.

QFKC's casework experience shows that many carer households lack the necessary foundations for success. Insufficient placement agreements, limited financial support, inadequate responsiveness to the needs of children and young people, and poor communication all contribute to considerable stress for carers. Instead of providing the support required to maintain stable placements, these gaps often lead to placement breakdowns, resulting in children and young people being moved into residential care settings. If foster or kinship carers—and even birth parents—were given the same level of resources allocated to residential placements, the outcomes for children could be significantly improved.

Case study

A de-identified QFKC case work example of this relates to a foster care couple who were caring for a sibling group of three children aged eight and under, the children had all been placed with the carers since birth. The carers contacted QFKC following the removal of all three children from their care into a residential care facility, following the carers relinquishing care of the eldest child due to feeling they were no longer in a position to meet their increasing needs and following countless requests for support. The Department's response to the carer

⁷⁷ Bishop and Manche, *Queensland Fire and Emergency Services Volunteer Satisfaction Survey 2016*, 42.

⁷⁸ Bishop and Manche, *Queensland Fire and Emergency Services Volunteer Satisfaction Survey 2016*, 42.

⁷⁹ Queensland Foster and Kinship Care, 2023-2024 Carer Exit Survey, raw data, 2024, SharePoint.

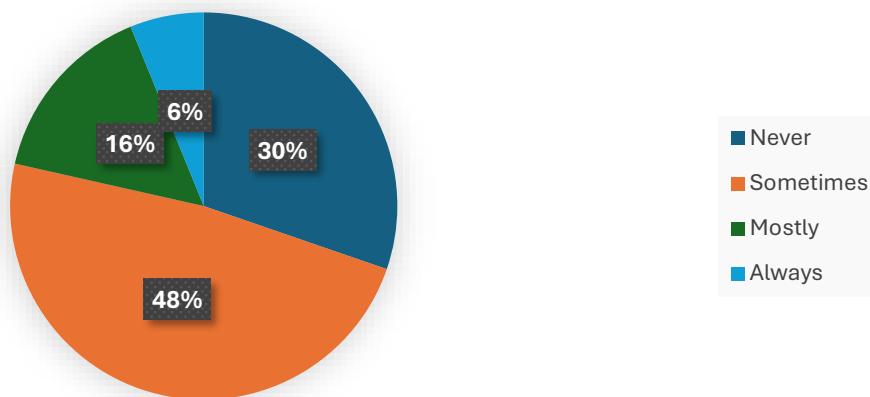
⁸⁰ Queensland Foster and Kinship Care, 2022-2023 Carer Exit Survey, raw data, 2023, SharePoint.

⁸¹ Queensland Government. "Carer Allowances", Queensland Government, accessed November 2025, <https://www.qld.gov.au/community/caring-child/foster-kinship-care/information-for-carers/money-matters/carer-allowances>.

relinquishing care was to take all three children and place them in a residential to keep them together. The carers were distraught when they contacted QFKC and had since told Child Safety that one of them would give up working in order to meet the needs of the eldest child, so that they could all come back. This offer was refused. The carers requested contact with all three children and were denied contact for over 6 weeks, with the rationale being that the children needed to settle into the residential care. Through QFKC's intervention with the Regional Senior leadership, the children were returned to the care of the foster carers, with an agreement reached on the supports required to sustain the placement. The removal of the children in this scenario could have been avoided altogether if the necessary supports had of been provided to the family in the first instance.

To support the need for current and up to date data for the Commissioner for this Terms of Reference, QFKC directed specific questions to carers in the 2025 Lived Experience Survey on the treatment of carers from their perspective. The following results were gathered, carers were asked in their experience whether they felt valued, respected and part of a team:⁸²

Carers Experience: Feeling valued, respected and part of a team.



Graph 2. Breakdown of carers who feel valued, respected and part of a team (%)

78% of the 568 respondents reported that they only *sometimes* or *never* felt valued, respected and part of a team.

Carers were then asked 'what they feel are the biggest challenges for carers on the ground' – in this answer, carers were asked to rank the answers with five main areas provided to choose from, the following overall rankings were identified:⁸³

Ranking:

- 1st Communication with Child Safety
- 2nd Managing complex behaviours of children and young people
- 3rd Financial burden of fostering
- 4th Not feeling valued, respected or part of a team

⁸² Queensland Foster and Kinship Care, *Lived Experience Survey*.

⁸³ Queensland Foster and Kinship Care, *Lived Experience Survey*.

5th Threats of Standards of Care and Harm report processes

Carers were asked to comment on other challenges; 375 carers provided written responses, which are attached (refer to Attachment I).

Some highlighted comments include:

“Trying to juggle life with own family and meet the constant changes CSO ask, getting permission all the time to take child when in their eyes you are their family”

“...I have regularly rescheduled appointments to facilitate being available for CS (at their request) only to have them not show and not offer any explanation or provide a courtesy call, hours wasted, I would loose my job if I treated my customers the way I am treated by the CS department....”

“being lied about and having our integrity, loyalty, honesty and everything else questioned”

“....treated like we as carers are the problem, red tape in access and decisions regarding the welfare of grandchild, lack of access to support services”

“Feeling like a criminal asking for finance and documents for children”

“Getting burnt out, not getting supported, communication not being valued. Our voices are not heard, our children’s voices are not heard, especially when it comes to children with complex needs, trauma and family contact”

“Lack of communication with child safety, always hearing information second hand”

“No superannuation due to inability to work, no income, constant calls from the school saying pick up the child, weekly therapy appointments, home visits, family time visits etc. it’s a full time job just being a foster carer, you can’t have a career or social life. Friends and family rarely visit and you are not welcome at their house due to the children’s behaviours”

“Being exposed to a system that places the needs of adults before children and is significantly under resourced, that does not acknowledge the burden of care or vicarious trauma and is adopting external management via ngos, leaving poor connectivity and CSOS with workloads that are unhealthy and unmanageable, affecting Australian children badly”

As stated at the beginning of this submission, QFKCs’ contact with carers is often tied to complex situations, where carers need to reach out to QFKC for support to resolve issues. QFKCs main business is resolving issues; this means we are not receiving phone calls from carers who wish to share their positive experiences. We do, however, know these experiences occur. When we hear through our Retention and Development program about examples of best practice, we acknowledge and celebrate them with the CSSC and Region.

Carer Story

A carer has permitted for QFKC to share her story for this submission. This carer is a single carer who has dedicated 14 years to fostering and was at the brink of walking away due to feelings of not being valued, financial hardship resulting from fostering, and not being heard. During a carer morning tea where QFKC was present, QFKC staff sat down, listened to her story, and provided guidance to the foster and kinship care service and the carer on steps they could take to work through the issues they were experiencing. Some months later, QFKC were delivering a workshop in the region on a new Communication Guide initiative, the carer presented very differently to the morning tea only months before. When conversing with QFKC staff again, the carer shared her story of meeting with the CSSC manager one-on-one and leaving the meeting with a new sense of hope. She felt heard and valued, and the practical elements of her fostering journey were resolved in that meeting. She had also taken on the advice from QFKC provided at the morning tea earlier in the year and had a very positive experience. The carer went on to be a significant voice in the Communication Guide Initiative and experienced the success of the care team working together with a shared understanding. The carer is currently caring for four children and is very happy in her role and no longer wants to walk away; rather, she is spreading positive messaging about fostering.

How one is treated in any role they undertake in society will determine how they present the role to their community. We accept that word of mouth is our most valuable tool for recruitment; we must therefore ensure that the experience of those fostering is one that balances the tough aspects of the job with its rewards and supports.

QFKC, as a matter of course, ask carers in our exit surveys whether they would recommend fostering to a friend. In the 2015-2016 Exit Survey report, 31% of respondents said they would recommend fostering to a friend, 34% said they would not, and 35% said maybe they would.⁸⁴ When comparing data 10 years on, in 2023-2024, the percentages were almost the same: 27% said they would recommend, 39% said they would not, and 34 % said they might.⁸⁵

Based on the above, it would be fair to draw some conclusions regarding to the treatment of carers who play a role in the decline of carers; however, this is certainly not the only factor. The traditional foster care role was adopted during a time when there was predominately a stay-at-home parent available to meet the daily care needs of their own children, as well as the additional needs of a child in care.

The President of QFKC's Management Committee is a classic example of this era. Hazel Little has been a carer for 43 years. Her journey as a carer began when she was a mother to young children, and she considered she had the capacity to care for more children who needed care. Hazel did not return to the workforce when her biological children grew older, as she continued to provide primary care to many babies, toddlers and small children. Hazel had the capacity to support the children's appointments during the day, including contact, therapy, Child Safety visits, and eventually foster and kinship care agency visits. The type of carer Hazel was, and still can provide, soon became the

⁸⁴ Queensland Foster and Kinship Care, 2015-2016 Carer Exit Survey, raw data, 2016, SharePoint.

⁸⁵ Queensland Foster and Kinship Care, 2023-2024 Carer Exit Survey.

expectation placed on carers; however, this has not been a sustainable expectation, as the realities of households over the past 10 years, in particular, have seen the need for parents to be in the workforce to keep up with the cost of living.⁸⁶

QFKC has submitted a submission to the Australian Institute of Family Studies on carer payments to the Commissioner on the 21st of August 2025. This submission provides details regarding the changing demographics of carer families, the impact on employment resulting from fostering, and the overall financial impact. QFKC would submit that this submission is considered in the context of this Terms of Reference.

Providing family-based care is a complex undertaking, and it is important to recognise that Queensland Foster and Kinship Care (QFKC) does not believe that an entirely professional care model is the solution for building a strong family-based care sector. While there is certainly a place for professional care for some children, the heart of foster and kinship care must remain rooted in altruism—a genuine desire to help children in need.

However, good intentions alone are not enough. For placements to be successful and sustainable, carer families need comprehensive, wrap-around support that goes far beyond a monthly visit from a fostering agency or a basic fostering allowance. Too often, the system has focused on what carer families can offer to the system, rather than considering what the system can do to support and enable these families to foster. This mindset needs to change if we are to achieve stable placements and support both foster and kinship care households effectively.

The decline in foster care is not due to people being unwilling to help; rather, it stems from the increasing pressures—both anticipated and unforeseen—that families face when considering fostering. Many individuals are interested in becoming carers, but the reality of the demands placed on them often makes the prospect feel overwhelming. To address this, the system must do more than simply encourage people to foster; it needs to actively reassure families that they will be fully supported throughout their journey as carers. This means providing practical assistance in the home to help manage daily responsibilities, ensuring that carers are not left financially disadvantaged, and offering access to emotional support through both foster and kinship care services, as well as independent, free counselling. It also means genuinely treating carers as part of a care team, with their experiences, views and feedback given the validation and consideration they deserve. Ultimately, Child Safety must communicate clearly to the community, that any barriers, real or perceived, that might prevent someone from enquiring about fostering will be addressed. Only by making this commitment can we hope to encourage more families to step forward and provide family-based care that is so urgently needed.

The next TOR is closely aligned with the above, and therefore, possible solutions will be identified in the context of placement breakdowns.

⁸⁶ Hazel Litte, phone call with author, November 14, 2025

iii. Review Child Placement breakdowns, with a focus on cases with more than four placements in a child's life.

QFKC's casework activity involves direct involvement with carers; QFKC indirectly advocates for children and young people through carer families. However, we do not follow the journeys of children and young people, but rather those of carer households. For this reason, we are unable to provide any specific examples of children or young people who have experienced more than 4 placement breakdowns; however, we can comment more broadly on our experience of the factors that contribute to placement breakdowns from a carer perspective.

As part of the Lived Experience Survey, carers were asked whether they had experienced a placement breakdown. 568 carers responded to this question, and 60% (343) of respondents confirmed they had.⁸⁷ To put into perspective, 343 carer families out of 568 reported they had to end a placement unplanned, that is, at least 343 children or young people in this small sample whose lives were disrupted, who experienced hurt, a sense of rejection and yet another home where they were unable to stay. The system manages placement breakdowns daily; it has become a norm, an expectation, a common language used amongst peers in the industry, and yet the experience for a child or young person is anything but normal: it is life-changing, heartbreaking. It can reinforce internal messages of shame and worthlessness. The system needs to stop normalising what is not normal; we need a system that treats placement breakdowns as rare rather than a common daily occurrence.

There are many factors that contribute to placement breakdowns, and many of these factors are avoidable. Carers were asked in the Lived Experience Survey what they felt were the contributing factors to the breakdown in their placement. Four main areas were identified, with the option of carers writing a response if the reason did not fall into one of the categories or if there were additional factors. 347 carers were able to put their answers into one of the four categories with, 106 additional written responses, which are attached (refer to Attachment J).

The results with respect to the categories are as follows:



Graph 3. Additional attributing factors to placement breakdowns.

Some of the written responses provided by carers included:

"Failure of everybody, ourselves included, to recognise carer burnout. We were cooked, but didn't realise why. If we had been offered respite for 3-4 weeks, the placement would likely not have broken down"

⁸⁷ Queensland Foster and Kinship Care, *Lived Experience Survey*.

"All of the above, these are not 'behavioural issues' prenatal drug and alcohol exposure, requires proper diagnosis, intervention and NDIS support to manage. We are setting children and families up for failure by ignoring the facts and continually treating this as 'behavioural challenges'. Lifelong brain injury is not behaviour issues."

"Our inexperience at the time was a factor, we did have good support from the department at the time"

"We manage complex children with increased diagnosis and very challenging behaviours, very little respite for most children. We get told there is definitely no respite available for heightened difficult teenagers. Carers feel like only the focus is mostly on the child's needs, the foster carer matters even less"

"My disagreeing with the manager resulted in the breakdown"

"I ticked one, but the other three also apply"

Placement Agreements are a legislative requirement under Section 84 of the Child Protection Act 1999 stating the following –

84 Agreements to provide care for children

- (1) *If an approved carer agrees to care for the child, the chief executive and approved carer must enter into a written agreement for the child's care*
- (2) *The terms prescribed under a regulation must be included in the agreement*⁸⁸

The Child Protection Regulation 2023 includes details as outlined in Section 84 (2) of the Child Protection Act, as follows –

5 Agreement to provide care for a child – Sect 84

- (1) *For section 84(2) of the Act the following terms are prescribed –*
 - (a) *The time for which the agreement is to have effect*
 - (b) *The time for which it is intended that the approved carer will care for the child*
 - (c) *Information, from any case plan the chief executive prepares for the child, about matters involving or affecting the approved carer*
 - (d) *If a notice provision applies in relation to the child-*
 - (i) *Whether the chief executive has complied or intends to comply with the notice provision; and*
 - (ii) *If the chief executive has complied or intends to comply, with the notice provision, the information given or intended to be given to the child's parents under the notice provision*
 - (e) *Arrangements for contact between the child and the child's parents or other members of the child's family, including for example, the child's transport arrangements*
 - (f) *The responsibilities of the chief executive and of the approved carer in the provision of dental, medical, therapeutic, schooling and other services to the child;*

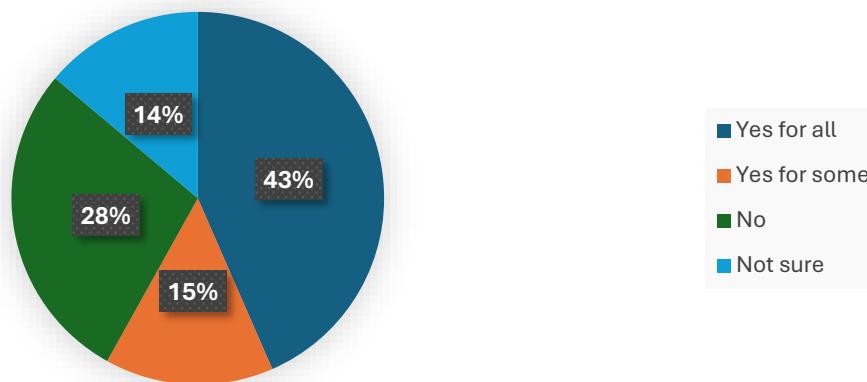
⁸⁸ Queensland Child Protection Act 1999, s 84.

- (g) *Information about any special needs of the child, including information about –*
 - (i) *any special health needs; and*
 - (ii) *any special behavioural management needs; and*
 - (iii) *the resources needed to meet the special needs*
- (h) *the amounts to be paid to the approved carer for the child's care and maintenance*
- (i) *arrangements for ensuring the child's connection with the child's culture of origin*
- (j) *for an Aboriginal or Torres Strait Islander child – arrangements for ensuring the development and maintenance of a connection of the child with the child's family, community, language and'*
 - (i) *for an Aboriginal child – Aboriginal tradition; or*
 - (ii) *for a Torres Strait Islander child – Island custom*⁸⁹

QFKC have provided this level of detail in the submission, as placement agreements are a central element in ensuring placement stability. They are a legal requirement and a document that Child Safety reviews when a determination is reached that the Statement of Standards under Section 122 of the Child Protection Act have not been met for a child. Yet they are not prioritised within care teams and have become more compliance-driven when completed than purposeful. Placement agreements that are not completed in collaboration with the care team or copied and pasted from previous placement agreements are not fit for purpose. Whilst Child Safety statistics may represent a high percentage of placement agreements, there would need to be scrutiny of the quality of these agreements.

In the Lived Experience Survey, carers were asked about placement agreements – 649 responded to the question, 'Do you have a current placement agreement for children in your care?'

Placement Agreements for the children in their care



Graph 4. Percentage of carers who had a Placement Agreement for the children in their care

In summary, less than half of the carers surveyed have placement agreements for all the children in their care, despite placement agreements being a legislative requirement and the very document reviewed when Standards are not being met for a child or young person. 42% of carers reported either not having one or being unsure if one was in place.

⁸⁹ Child Protection Regulation 2023, s 5.

Carers who did have a placement agreement were asked whether they were involved in its development – 50% said they were and 50% said they were not.⁹⁰ The Child Protection Act 1999 states ‘the chief executive and approved carer must enter into a written agreement for the child’s care’.⁹¹ Placement agreements should always be done in partnership with a carer. The areas to be covered as set out in the Regulation of Care Act 2023 cannot be sufficiently explored and met without the participation of the carer.

Carers were then asked in the Lived Experience Survey what they considered were the major consequences in their experience of not having a placement agreement. The following responses were provided (carers were able to select multiple boxes):

Consequences	Number of carer participants
Child or young person’s needs are not met	423
Carers needs are not met	376
Additional financial burden	293
Roles and responsibilities not clearly defined	378
Standards of Care/Harm Report matters arise	106

Table 5. Major consequences experienced by a carer who does not have a placement agreement

Carers were provided the option of providing an open response, 86 additional responses were provided, and these responses are attached (refer to Attachment K).

Some of the additional responses provided were as follows:

“Child safety not having an accurate idea of where the kids are at”

“Clearly you as the carer try to do what you think is the right thing but that’s not how it always pans out because the department have completely different expectations that they haven’t made you aware of.”

“We don’t even have an updated safe contact plan so we cannot ensure contact or safety plans”

“Up until the change in government, we hadn’t seen our CSO in person or rarely heard from her for two years”

“Child safety say you have agreed to things but you have never signed off”

“No real effort goes into creating the placement agreement, they just update it and ask you to look through it, I don’t understand its purpose”

“Emotions and mental state of children and carers are heightened”

“haven’t seen any consequences”

⁹⁰ Queensland Foster and Kinship Care, *Lived Experience Survey*.

⁹¹ Child Protection Act 1999, s 84(1).

“Child Safety have no accountability”

“Team are forced to operate reactively instead of proactively”

When considering the role of a CSO and the enormous administrative burden that it comes with it, QFKC does not believe it is a matter of CSOs intentionally avoiding placement agreements or refusing to undertake them; rather, it is a matter of prioritisation and worth.

CSO's are expected to undertake the following plans:

- Case plans as prescribed in the Act
- Placement agreements as prescribed in the Act
- Cultural Support Plans as prescribed in the Act, policy and procedure
- Education Support plans as prescribed in policy and procedure
- Positive Behaviour support plans as prescribed in policy and procedure
- NDIS planning as prescribed in legislation, policy and procedure.

The above represent just some of the requirements needing to be undertaken for each child and young person in care. If CSOs are not able to see the value and/or purpose in these documents, then they are less likely to be prioritised and completed. If leadership teams are not driving a culture where CSOs know what they should be prioritising and why, then, once again, the documents are likely to be undertaken as a tick box task or not at all.

Giving meaning to these plans/agreements requires CSOs to see the true value in completing them, and this requires CSOs to be in a position to offer the resources necessary to make the plans meaningful. CSOs have no financial and little decision-making delegation; therefore, completing placement agreements becomes an exercise in which the CSO has no ability to confirm any level of support beyond what is generally provided to carers. What is generally provided to carers as a rule of thumb in 2025 is no longer enough for the average carer family to manage financially, socially, emotionally and practically.

Envisioning Enhanced Support for Carer Households

Imagine a system where Child Safety Officers (CSOs) could access a resource pool—traditionally reserved for residential care settings—but now extended to support family-based care. In this model, the non-government sector would employ Family Support Workers (FSWs) at various levels, tailored to the specific needs of each carer household:

- **Family Support Level One:**
FSWs at this level would assist with daily activities such as transporting children to contact visits, supervising family time when needed, facilitating access to therapies, helping with household duties, and providing babysitting support. The required qualification would be at the Diploma or Certificate level.
- **Family Support Level Two:**
In addition to the responsibilities listed above, Level Two FSWs would deliver therapeutic

interventions, including training and coaching for carers and therapeutic support for the entire family. These workers would hold degree-level qualifications.

- **Family Support Level Three:**

This level would be dedicated to families caring for children or young people with complex or extreme needs. Intensive family support would be provided through advanced therapeutic interventions, and the FSW would coordinate multidisciplinary teams—such as NDIS and Evolve—to address the full spectrum of identified needs. Level Three FSWs would be highly experienced and hold degree-level qualifications.

This approach envisions a flexible, needs-based support system for carer families, ensuring that resources and expertise are matched to the complexity of each placement. By adopting such a model, the system could better sustain family-based care, improve placement stability, and ultimately enhance outcomes for children and young people in care.

The Queensland Child and Family Commission projects that, without immediate reform, the state's residential care system will cost Queensland \$7 billion annually within just five years.⁹² This alarming forecast is based on an 85% surge in the number of children placed in residential care over the past five years.⁹³ While the idea of employing Family Support Workers to assist family-based care may depart from traditional family-based models, it is increasingly clear that the system must evolve to create environments that empower kin and community members to provide care. Responding proactively to family-based arrangements — through preventative measures rather than crisis intervention when families reach breaking point—is essential to sustaining family-based care as the preferred option for children and young people.

It is important to recognise that there will be families from one end of a continuum requiring support to another, there will be families that identify they do not require any level of additional family-based support, others that require intensive support and families who may at different times require different levels of support. The key to sustaining family-based care is listening to carers tell the system what they need to provide care, not having the system tell carers what they need, or what they can or cannot have.

Summary of Concerns

- Despite Placement Agreements being a legislative requirement under the Child Protection Act with expectations set out in the Regulation of Care Act 2023 as to what they must cover, Placement Agreements are not a document that is being prioritised for completion – this could be one of the contributing factors to the rate of placement breakdowns.
- An overwhelming number of carers who responded to the Lived Experience Survey reported placement breakdowns, highlighting their occurrence as a normality rather than a rarity.

⁹² Queensland Family and Child Commission, *Buyer Beware: How economic forces are shaping Queensland's residential care market*, (Queensland Family and Child Commission, 2025), 21, <https://www.qfcc.qld.gov.au/sites/default/files/2025-08/Paper-Buyer-Beware-How-economic-forces-are-shaping-Queenslands-residential-care-market.pdf>

⁹³ Queensland Family and Child Commission, *Buyers Beware: How economic forces are shaping Queensland's residential care market*, 1.

- The impact of placement breakdowns on children and young people cannot be underestimated, with the consequence of system harm for children and young people experiencing multiple placement breakdowns
- CSOs have little decisions-making delegations to independently undertake placement agreements and approve required supports for carer households.

Recommendations

- The system must change the way we approach family-based care from ‘what can a family offer fostering’ to ‘what can the system offer a family to enable them to foster’.

This will require a new way of thinking where the system accepts that families in today’s world are unable to operate as they did 20 years ago. As caregivers will likely need to work, levels of support will likely be required to maintain family-based care. The level of support required will depend on the child or young person, and individual families’ need should be driven by the family, not Child Safety.

- The implementation of a family support model that enables families to provide care with the lens of a tailored approach to the specific needs of each carer.

iv. Investigate the contributing factors for breakdown of placements due to lack of support for kinship carers.

The vast majority of kinship carers start their journey off as Provisionally Approved Carers. The intent behind provisionally approving kinship carers is child centred as it aims to prevent children and young people from having to be placed into either foster care or residential care. When children are removed from their families, not only have they likely experienced harm in the context of what are meant to be safe relationships, but the removal itself is often an extremely traumatic event. The ability for children to be placed directly with family members, who Child Safety has assessed as able to meet the child’s immediate safety needs can be a positive experience for the child.

However, unfortunately, the experience for kinship carers can be one that sets families up to fail, and result in further disrupted relationships for the child or young person, some of which become irreparable.

A Provisional approval template consists of the following under the ‘Assessment information’ section of the document:⁹⁴

- Brief interview with applicant in their home
- Household Safety Study part 1 mandatory safety requirements
- ICMS (Unify) review for CP History
- Discussed self-disclosures of criminal, traffic, DV and CP history with applicants
- Discussed relevant health and wellbeing issues with applicant and how to manage
- CSU outcome/urgent Criminal history applicant and adult household members (RD can approve where CSU checks are not back)

⁹⁴ Queensland Government, *Provisional approval assessment*, (Queensland Government, 2025), 2, <https://cspm.csyw.qld.gov.au/resources/template/Provisional-approval-assessment/504fd091-ce28-4b74-b19c-794c766fdc4b>.

- Manager to manager endorsement where the child is being placed in the area of another CSSC

Further, details within this approval template includes:^{95,96}

- Brief assessment of the applicant's ability to meet the statement of standards (*Child Protection Act 1999 Section 122*)
- Brief assessment about applicant's suitability to be a provisionally approved carer in accordance with the Child Protection Regulation 2023 section 24.
- Views of child about proposed arrangements or the reasons why the views have not been obtained.
- Views of the parents about the proposed arrangements or the reasons why the views have not been obtained.

Unlike initial or renewal assessments, carers are not provided with this document to read and sign, to ensure the information obtained and provided in the assessment accurately reflects the information provided.

The template requests that the assessor identify any risks and vulnerabilities, and potential strategies and supports to mitigate them. The identification of these supports and strategies should be limited to areas of risk and vulnerability; any new kin placement comes with vulnerabilities, and, as a matter of course, kin must be provided with support from the outset, tailored to the family's needs.

The newly introduced Kin specifications are an excellent example of Child Safety thinking differently in this space. Having NGOs funded to map, assess, equip, and support kin families provides a foundation on which kin should expect support from the beginning – the challenge is then to ensure that support is maintained through adequate resourcing to meet the changing needs of the carer family.

The Child Protection Act's Regulation of care was built around a system with a primary focus on foster care. There is no differentiation between the legal requirements that make a foster carer suitable and those that make a kinship carer suitable, other than that a kinship carer is not required to undertake mandatory training. However, the foundational elements of these two types of care are fundamentally different, from what brings them into the system, to the complexity of the relationships, to what the role of a kinship carer would expect to undertake when caring for one of their own. And yet, the expectations of both do not differ; from decision-making to suitability to information sharing, there is no practice difference.

It is important to put the above into context by providing a lived example. QFKC has the carer's permission to give this de-identified scenario.

Case Study

QFKC worked with an Aboriginal carer who applied to be a foster carer and was approved. Not long after their joint approval with her husband, they were approached to provide care for their nieces and nephews; they did not hesitate. The carer spoke to QFKC about being shocked by the little say she had as the aunt to her nieces and nephews. The carer expected that decisions such as immunisations and taking children on holidays for children that are not

⁹⁵ Queensland Government, *Provisional approval assessment*, 3.

⁹⁶ Queensland Government, *Provisional approval assessment*, 1.

related to her in any way would not sit with her but was completely dismayed when she found she could not make any of these decisions for her nieces and nephews because those decisions just came naturally to her as their aunt.

The carer recalled them needing to leave their nieces and nephews in Queensland (Qld) to go over the border for sorry business, where they were not permitted to take the children to attend also, which meant the children not only were left with strangers for respite, but also missed out on a significant cultural ceremony in respect to the passing of a family member. The carer spoke of how being a kinship carer was too difficult because she was not provided with the environment to care for her niece and nephews naturally, which resulted in tension and conflict. When the carer's nieces and nephews were reunified, the carers swore they would never take on the care of family again due to the stress. This experience was 14 years ago; the carers continued to be approved as foster carers in Qld.

Last year, the carer family were approached by family to take on the care of a newborn baby, subject to orders in New South Wales (NSW). The carers agreed, and a sibling was subsequently also placed under NSW approval with the carer family. The family then asked the carers to care for a third sibling who was subject to orders in Qld and was at the time being cared for by foster carers. The carers were hesitant due to their lived experience of kinship care 14 years ago but believed it had changed and felt a sense of duty and obligation to their family. The carers have told QFKC that their experience has not been any different to what it was 14 years ago, with the carer stating they were unable to leave the state for four and a half months, despite most of their extended family being over the border. For the NSW children the carers are caring for, they do not require permission to do this, but for the child subject to Qld orders, not only was permission needed to go over the border, but the carers were asked to provide Child Safety with the names, dates of birth and addresses of all family members they intended the child to have contact with. The carer spoke about this being completely culturally insensitive and unsafe, with some of the family members being elders, where it would not be appropriate for the carers to ask such questions. This left the child unable to visit her great-grandmother because the carer refused to obtain the requested information.

The carer spoke of the difference in providing care to her two nieces, subject to NSW orders, compared to the one child that is subject to a Qld order. Contact was one example, where she is trusted to supervise contact between family members, with the NSW Department only making decisions in relation to contact where a risk is identified, i.e. parental contact. Another example provided by the carer concerned her ability to make medical decisions for NSW children, i.e., immunisations.

This example highlights how kinship carers are often excluded from meaningful decision-making and the consequences this has on their experience. Kinship carers consistently report that being directed by departmental staff—who frequently change, lack established relationships, and do not possess a deep understanding of the family or child—is challenging and disempowering. Many kinship carers have shared with QFKC that they feel unable to voice concerns or advocate for the children in their care, fearing that doing so may result in the children being removed or that they themselves will be perceived as difficult.

The Statement of Standards are a set of standards set out in the Child Protection Act s122; it provides an expected standard of care for children and young people in care that sits above the average community standards of acceptable parenting. For example, the Statement of Standard that refers to Corporal punishment –

*'For subsection 1(g), techniques for managing the child's behaviour must not include corporal punishment or punishment that humiliates, frightens or threatens the child in a way that is likely to cause emotional harm' The Criminal Code states under S280 *is lawful for a parent or a person in the place of a parent, or for a schoolteacher or master, to use, by way of correction discipline, management or control, towards a child or pupil, under the persons care such force as is reasonable under the circumstances*⁹⁷*

The Queensland state has passed legislation in the Education and Child Safety Acts that prohibits the use of corporal punishment by carers and teachers; however, the law stands as stated above for parents providing care in the community. While QFKC supports the position of no corporal punishment for children in care who have already experienced trauma, it is essential to consider the context when assessing situations, such as when a grandmother disciplines a child in care with a smack on the hand or bottom compared to similar actions by a teacher, youth worker or someone unrelated to the child.

The system must consider whether children are better off in foster care and/or residential care where Child Safety can expect a level of care that foster carers and residential care workers are trained in and agree to provide, or a model of kinship care where the standard of care may not meet the threshold of the Statement of Standards, but where the child is safe from harm and risk of harm and where the care provided is good enough.

A further challenge with the Standards of Care is that, as currently prescribed in legislation, they primarily reflect Western parenting practices and do not adequately consider the diversity of cultural approaches to caregiving. Examples of these can be seen as follows:

- A typical example cited by Child Safety regarding the respect of a child's dignity and rights is the expectation that each child should have their own room for privacy. However, this perspective overlooks the realities of many cultures, where sharing bedrooms or beds is the norm and isolating a child in their own room could actually make them feel afraid or rejected.
- Another example is some of the words used in the Statement of Standards are unable to be translated into relevant languages spoken by carer communities. For example, QFKC has been advised that in some of the Pacific Islander languages, there is no translation for 'positive self-regard'. This makes it difficult for our fostering and kinship care services to support carers in understanding what it means to provide care in line with the Statement of Standards on a day-to-day basis.

Recent data show an increase in the number of Standards of Care (SOCs) and Harm Reports raised in relation to Kinship care families. Our most recent exit data (2024-2025) further evidences an increase in exit referrals, where a carer has been subject to either a SOC or Harm report. SOC rates amongst exited carers have increased from 7.9% to 9.5%, and Harm Reports have increased from 5.8% to 7.2%.⁹⁸ The increase in Harm reports does not appear to be a foster care issue, rather a kinship care issue

⁹⁷ Child Protection Act 1999, s 122(1)(g).

⁹⁸ Queensland Foster and Kinship Care, 2024-2025 Carer Exit Survey.

mostly. In comparison to reporting periods, carer exits where the carer is subject to a Harm report are approximately double for kinship carers vs foster carers. The incidents of exiting foster carers subject to a SOC are relatively consistent but are trending upwards for kinship carers. Overall, the data points to an ongoing and concerning pattern and reinforces the strain on kinship carers.

As referenced above, a key difference between what is expected of a foster carer and a kinship carer is the delivery of mandatory training. Whilst the intent of not making training for kinship carers mandatory was well-intended and aimed at not creating barriers to families caring for their own, the unintended consequence of this is that we have kinship carers coming into a role that still holds the same expectations as foster carers, but without the information and knowledge to undertake the role.

The Queensland Family and Child Commission's (QFCC) Blue Card and Foster Care Systems Review published in July 2017 listed recommendation 28 as –

'...the Department of Communities, Child Safety and Disability Services develops a training program specifically for kinship carers:

- *recognising the unique and varying nature, culture and challenges of kinship care*
- *with flexible delivery modes (for example, online modules, attendance by video link, or one on one delivery methods)*
- *requiring all kinship carers to begin the training within six months of their first placement.*⁹⁹

Child Safety accepted 42 recommendations; however, as of 2025, there is no such training available. On 1st October 2025, Child Safe Standards came into effect, the QFCC website states –

'The Child Safe standards and the Universal principle under Queensland Law aim to make prevention of harm to children and young people a collective institutional responsibility. They align Queensland with national and international child protection standards, ensuring we are leaders in safeguarding children'.¹⁰⁰

One of the 10 Standards, Standard 7, states –

*'Staff and volunteers of the entity are equipped with the knowledge, skills and awareness to keep children safe through ongoing education and training'*¹⁰¹

This particular standard place accountability on Child Safety and on foster and kinship care services, which provide support to kin carers, ensuring they have the training and information necessary to undertake the complex role of being a kinship carer.

⁹⁹ Queensland Family and Child Commission, *Keeping Queensland's children more than safe: Review of the foster care system*, (the State of Queensland, 2017), 56, <https://www.qfcc.qld.gov.au/sites/default/files/2022-08/Review%20of%20the%20foster%20care%20system.pdf>.

¹⁰⁰ Queensland Family and Child Commission. "Background Child Safe Standards", Queensland Family and Child Commission, accessed November 2025, <https://www.qfcc.qld.gov.au/childsafe/background>.

¹⁰¹ Queensland Family and Child Commission. "Standard 7", Queensland Family and Child Commission, accessed November 2025, <https://www.qfcc.qld.gov.au/childsafe/standards/standard-7>.

Reviewing Queensland legislation about the protection of children, including the Child Protection Act 1999 and Adoption Act 2009

QFKC has referenced in this submission our position that Section 65 of the Child Protection Act 1999 should allow a person to make an application on behalf of a child, rather than requiring a child to make an application in their own right. This option is available to children and young people for the purpose of reviewing applications under Section 99P of the Child Protection Act 1999. An application under this section can only be made with the president's permission, the president may give permission only if the president considers –

- (a) *The person is not, on the person's own behalf, entitled to apply for the decision to be reviewed by the tribunal;*
- (b) *it is in the best interests that the application be made; and*
- (c) *it would be inappropriate for, or unreasonable to require, the child to make the application himself or herself.*¹⁰²

It would be QFKC's position that a similar measure would need to be in place, if available for the purposes of variations of orders in the Children's Court.

The Child Protection Reform Act 2017 introduced principles for achieving permanency for a child. As part of this reform, the Child Protection Act introduced three dimensions for achieving permanency – relational, physical and legal.

Relational permanency in the Child Protection Act refers to the right of the child and young person to experience and have an –

‘ongoing positive, trusting and nurturing relationships with persons of significance to the child, including the child’s parents, siblings, extended family members and carers...’¹⁰³

Despite the Permanency Principles referencing the importance of the child’s relationship with carers, there is no legal right for foster carers to request contact with children following a placement ending with them when the child continues to be subject to a Child Protection order under the Child Protection Act. All kin have the right to have contact decisions reviewed through QCAT; however, this review right does not extend to foster carers under the Schedule 2 Reviewable Decisions and aggrieved persons of the Child Protection Act 1999 –

‘refusing to allow, restricting, or imposing conditions on, contact between a child and the child’s parents or a member of the child’s family (Section 87 (2))’¹⁰⁴

This section has been tested in QCAT, with foster carers previously making applications under this section.

Case Studies

In 2018, QCAT decided in favour of a foster carer who applied to have a decision reviewed around restriction of their contact with a child they had provided care for over five years and

¹⁰² Queensland Child Protection Act 1999, s 99P (2).

¹⁰³ Child Protection Act 1999, s 5BA (1)(a).

¹⁰⁴ Child Protection Act 1999, Schedule 2 (7).

Child Safety appealed this decision on the basis that the foster carer did not meet the legal definition of family under Section 87(2) of the Child Protection Act and therefore was not entitled to have the decision reviewed. The appeal was upheld, and the application for review was dismissed in a decision handed down on 24th July 2019. The basis for the decision was that the foster carer did not meet the legal definition of parent or kin under Section 87 of the Child Protection Act and therefore had no review rights under the Act.¹⁰⁵

For children who have been placed with carers for many years, where children are transitioned to live with kin or are removed due to an outcome of a Harm Report, Child Safety can effectively decide not to support any form of contact. There is no ability for the carer and/or the child to seek any external or legal review of this decision. QFKC have worked with many foster carers who have been denied any form of contact following significant lengths of placements.

The following provides just some examples:

- QFKC worked with a carer who had taken a newborn home from the hospital after being born prematurely. At the age of 8, the child was removed due to a Harm Report where other children were the subject of a harm report relating to an adult household member and then subsequently allegations in respect to the male carer. The female carer was initially permitted unsupervised contact; this was then restricted to supervised contact due to concerns about the child's behaviour upon returning from contact (the child was reported as distressed), and the decision was made to stop contact. The carer was advised to seek a review of the decision through the complaint process. When these steps were taken, the complaints unit advised that it was out of jurisdiction, as matters relating to the child's removal were before QCAT. The carer could not seek any external review of this decision; the carer had never been found to have harmed this child.
- A carer couple supported a transition for a child whom they had cared for, for two years to live with their sibling, with the understanding they would be involved in the child's life, offering respite and attending special family occasions. Upon this transition, the arrangement was not upheld, despite the carer family accessing the complaint process to raise their concerns about the impact this would have on the child. There was no change in the decision, and the carer family was no longer to be part of the child's life. In this case, there were never any Standard of Care or Harm Report concerns with respect to any household members.
- A foster carer had cared for a child from a Culturally and Linguistically Diverse (CALD) community as one of her earlier placements. Fifteen years later, this now mother (foster child) had her own children come into care. The foster carer had maintained a relationship with the now mother since she had been placed with her. When their children came into care, the children were placed with the foster carer whilst Child Safety explored kin. When Child Safety located a kin option, the children were transitioned. The foster carer requested to continue to see the children due to the already established relationship, but this was denied. The kinship placement was reported to have broken down just 3 months later.

QFKC would like to see an insertion in the Child Protection Act that supports Section 5BA regarding the relational permanency between carers and children and young people. Section 87 of the Child

¹⁰⁵ *Department of Child Safety, Youth and Women v PJC and The Public Guardian*, QCATA 109/2019 (Queensland Civil and Administrative Tribunal, 31 August 2018).

Protection Act could be extended to include a provision for Child Safety to consider contact between a person of significance to a child who does not meet the definition of Kin, for example, a foster carer.

The child or young person should be at the centre of this decision, as the person affected by the decision, and therefore the aggrieved person for the purposes of review. If a child or young person cannot make the application in their own right, a significant person, i.e. a foster carer, could make an application under Section 99P of the Child Protection Act on behalf of the child for the restriction of contact to be heard. This would ensure applications were only heard where the President of QCAT was satisfied that the child or young person could not make the application in their own right and it was in the best interests of the child or young person for the application to be heard.

Recommendation

- Introduce legislative change to allow a child or young person to have a review right in respect to contact decisions for people of significance to them that do not meet the definition of kin.

Any other matter relevant to the inquiry

Kinship Suitability – QFKC’s Position

The Orphanages Act 1879 was the first to consolidate legislation governing the care of children in Queensland. The Orphanages Act 1879 permitted destitute or deserted children under the age of 12 years to be sent to an orphanage and to remain there until they reached 12 years of age, unless boarded out with a 'trustworthy and respectable person', hired out or apprenticed. A child could be hired out or become an apprentice at 10 years of age. At this time, the state subsidised orphanages in Brisbane, Rockhampton and Townsville, and an inspector of orphanages was appointed. Parents or relatives of children living in these institutions were expected to contribute to their support.¹⁰⁶

This earliest version of legislation, which sought to protect children and young people and provide alternative care arrangements, made no mention of kinship carers. The approval and regulation of family-based placements were designed around foster care.

In an article published in 2008 titled 'Children in out-of-home care in Australia: International comparisons', it was reported that in Queensland in June 2005, there were 99% of children in out-of-home care in family-based placements - 27% in kinship care and 72% in foster care.¹⁰⁷ Only 1 % were in residential care. For Aboriginal and Torres Strait Islander children, the percentage of children in kinship care was slightly higher at 36%. The article reported that Queensland had the lowest level of kinship care in Australia.

Five years later, in 2013, the Commission of Inquiry into Child Protection explored kinship care in the final report, 'Taking Responsibility', handed down by Carmody. The report highlighted that as of the 30th of June 2012, there were 1,555 households with at least one child place in kinship care, which equated to 34%.¹⁰⁸ This percentage was reported as being well below the national average of 46.7%, which the report identified "as concerning given the clear benefits kinship care can bring".¹⁰⁹ The

¹⁰⁶ Department of Families, Seniors, Disability Services and Child Safety, "History of Child Protection".

¹⁰⁷ Clare Tilbury and June Thoburn, "Children in out-of-home care in Australia: International

comparisons," *Children Australia* 33, no.3 (2008): 5-12, <https://doi.org/10.1017/S1035077200000262>.

¹⁰⁸ Queensland Child Protection Commission of Inquiry, *Taking Responsibility*, 257.

¹⁰⁹ Queensland Child Protection Commission of Inquiry, *Taking Responsibility*, 257.

report stated that “much of the evidence for the low rate of kinship care points to the failure of the child protection system to recruit, support and retain kinship carers, especially in comparison with the support received by foster carers”.¹¹⁰

The report identified two responses as being required in order to improve the rate of recruitment and retention of kinship carers, both in indigenous and non-indigenous communities:

1. Kinship carer should be provided under a stand-alone framework, instead of being treated as a subset of foster care.
2. Identification of possible kinship carers could be improved through the mandated use of genograms and eco-mapping.¹¹¹

The report highlighted many barriers to the recruitment of kinship carers, including the requirement for kin and their household members to hold Blue Cards. The report handed down two recommendations in respect to kinship care:¹¹²

Recommendation 8.3

That the Department of Communities, Child Safety and Disability Services build on efforts already began to articulate the uniqueness of kinship care and its importance as a family based out of home care placement options to that kinship carers feel they are part of the team.

Recommendation 8.4

That the Department of Communities, Child Safety and Disability Services engage non-government agencies to identify and assess kinship carers.

It is encouraging to see advancements in kinship care since Carmody’s report was handed down in 2013, with kinship carers now benefiting from dedicated support services and, more recently, the introduction of Child Safety’s kinship care specifications. These specifications aim to identify and address the unique support needs of kinship carers through a tailored mapping and equipping process.

However, despite these improvements in the support system, the assessment framework for kinship carers remains unchanged. It continues to be based on the model originally designed for foster carers in Queensland.

Child Safety’s performance data in the past five years continues to evidence an upward trend in the number of children and young people being cared for by kin. In 2020, 41% of children and young people were placed with family; by March 2025, this had risen to 45%.¹¹³ Whilst the rates of children in kinship arrangements continue to rise, the family-based system continues to be designed around foster care.

The Centre for Excellence in Therapeutic Care published a research paper in 2022 on ‘Understanding the needs of kinship carers in Australia’, which QFKC has attached (refer to Attachment L). This research

¹¹⁰ Queensland Child Protection Commission of Inquiry, *Taking Responsibility*, 257.

¹¹¹ Queensland Child Protection Commission of Inquiry, *Taking Responsibility*, 283.

¹¹² Queensland Child Protection Commission of Inquiry, *Taking Responsibility*, 260.

¹¹³ Department of Families, Seniors, Disability Services and Child Safety, “Living arrangements of children”, accessed November 2025, <https://performance.dcssds.qld.gov.au/improving-care-and-post-care-support/what-we-do/living-arrangements-of-children>.

paper provides a great level of insight into how "...State and Territory child welfare policy and practice was previously geared towards placing children in foster care arrangements, rather than with family and kin".¹¹⁴ The policies, legislation and practices that were set up around placing children in foster care arrangements then became the same policies, legislation and practices that were expected of kinship care arrangements, despite the two being very different.

Kinship carers requiring a BlueCard provides an example of how the uniqueness of family caring for family did not appear to be considered different to that of a foster carer providing family-based care. The requirement for carers to hold Blue Cards was introduced in stage 3 of the legislation reforms following the CMC inquiry, via the Child Safety (Carers) Amendment Act 2006. The requirement to hold a blue card meant that carers were considered to be engaged in a 'child regulated employment'.

QFKC, among other organisations, advocated the removal of Blue Cards for kinship carers during a review of the Working with Children's Act 2022. In a media release published by the Queensland Family and Child Commission (QFCC) on the 1st of November 2023, QFCC called for the removal of the Working with Children screening for kinship carers, noting it would remove barriers for Aboriginal and Torres Strait Islander kin caring for their family members. The QFCC reported that "the current universal Blue Card system is designed to assess suitability for child-related employment, not suitability to care for family members. Cultural kinship care is family caring for family, it is not employment".¹¹⁵

In September 2024, the Working with Children (Risk Management and Screening) and Other Legislation Amendment bill was passed, removing the need for kinship carers and their adult household members to hold a Blue Card. At the time of this submission, the requirement for a kinship carer to hold a Blue Card continues, as the alternative risk assessment framework that Child Safety is required to implement prior to the proclamation of this change has not been made.

Despite the requirement for kinship carers to hold a Blue Card, this significant shift in legislation should pave the way for Child Safety to review other legislation, policies and procedures in which kinship carers have been automatically included, but where they do not align with what it means for family to care for family. The Statement of Standards set out in Section 122 of the Child Protection Act 1999 is an example of this.

The Statement of Standards was introduced into the Queensland Parliament through the Child Protection Bill 1998, in Chapter 5, Regulation of Care, Section 123 and was later passed in the Child Protection Act 1999. The Standards were developed to provide a framework for assessing the quality of care and to ensure the care environment was suitable for the child's development and wellbeing. Now set out in Section 122 of the Child Protection Act, some 26 years later, the legislation continues to read the same despite significant advances in the Queensland Child Protection landscape.

There is no question that when children and young people enter care, the system has a fundamental responsibility to establish frameworks that foster safety and healing. However, when these frameworks are not clearly understood by those responsible for implementing them and are instead

¹¹⁴ L Macpherson, J Mitchell et al. *Understanding the Needs of Kinship Carers in Australia*, (Centre of Excellence in Therapeutic Care, 2022), 3, <https://www.cetc.org.au/wp-content/uploads/2022/07/needs-of-kinship-carers-in-australia-research-brief.pdf>.

¹¹⁵ Queensland Family and Child Commission. "QFCC calls for reform to kinship care assessment," Queensland family and Child Commission, published November 1, 2025, <https://www.qfcc.qld.gov.au/news-and-media/qfcc-calls-reform-kinship-carer-assessment>.

perceived as punitive tools when standards are not met, their original purpose is undermined and ultimately lost.

As discussed earlier in this submission, despite the Queensland Family and Child Commission recommending that Child Safety develop a purposeful training for kinship carers to complete within 6 months of approval, this has not occurred. There are also currently no resources on Child Safety's website that support any carer in understanding what it means to meet the Statement of Standards. QFKC has advocated for one for many years, and we are pleased to advise that a resource is currently being developed to support a better understanding of what it means for the care team to meet the Statement of Standards.

It is QFKC's view that the focus for children and young people placed with kin must be more simplistic; kinship carers should not be assessed against the Statement of Standards, instead they should be assessed against what defines a Suitable person as outlined in Section 24 Regulation of Care:¹¹⁶

- a) Does not pose a risk to the child's safety and;
- b) Is able and willing to protect the child from harm; and
- c) Understands and is committed to the relevant principles; and
- d) Has completed any training reasonably required by the chief executive to ensure the person is able to care properly for a child

The focus must be on ensuring that a kinship carer can provide a safe environment for a child, is protected from harm and the risk of harm. This environment would be one in which Child Safety would reunify a child. Providing training to kinship carers will support them in growing their knowledge and understanding of providing a trauma-informed care environment. The newly established Kinship Care specifications will focus on how organisations can best equip and support kin families, with a focus on safe care that is free of harm and risk of harm, rather than an idealistic set of parenting standards never designed for family caring for family.

Recommendation

- Kinship Carers are provided with the appropriate information and the required training to best equip their role in caring for family.
- Kinship carers are assessed against the legislative requirements to provide care as set out in Regulation of Care Act 2023 only and not against the Statement of Standards as set out in Section 122 of the Child Protection Act 1999.

QFKC's Recommendations

Fixing a Broken System

Queensland Foster and Kinship Care recommend the following for the Terms of Reference, 3a:

- The introduction and implementation of a Reunification Court.
- Additional resources to support effective concurrent planning and investment in suitability assessments when a concurrent planning identifies a potential suitable guardian.

¹¹⁶ Child Protection Regulation, s 24.

- Changes in legislation under Section 65 of the Child Protection Act 1999 to expand the inclusion of adults having the ability to complete an application on behalf of the child or young person.
- Investment in the expansion of legal assistance for carers to access, especially for matters related to Section 113 of the Child Protection Act 1999.
- Remove Adoption as a permanency option for children and young people in the Child Protection Act 1999.
- Child Safety to invest genuinely in achieving permanency for children and young people through Long-Term Guardianship to Other (LTG-O) option or Permanent Care option.
- The adoption of a training model, as undertaken in the Far North Queensland region, across all regions across the state where CSOs are provided a day of training supported by carers, QFKC and Foster and Kinship Care agency staff.
- Leadership team members are provided the opportunity to undertake direct training (same training as the CSO training) as part of their professional development.
- Implementation of an external supervision model for Senior Team Leaders and prioritising advanced learning opportunities.
- Explore best practice models of service delivery within CSSC's and role model these to other CSSC's.
- Review of Child Safety policies and procedures relating to the support and services provided to carer households where practice is reflecting a discrepancy amongst Service Centres in the application of the policy and procedure in practice. For example, Dual respite, High Support Needs Allowance, Complex Support needs allowance.
- Training and education that is practice based on the information sharing framework Child Safety staff can rely on in their practice. This training would need to be repeated on a regular basis to drive a culture within offices that supports sharing of information and ensures new staff are equipped with the knowledge they require.
- Creating a culture where CSOs are enabled to share information, where resources are visible and available to CSOs and where the narrative is to share information to keep families safe and informed.
- Direct line supervisors explore information sharing as a key component to regular supervision sessions to ensure that CSO's are sharing information in accordance with Child Safety's Information sharing guidelines.
- The establishment of an independent complaints body that has both the knowledge and independence to appropriately review complaints.
- Harm Report outcomes to become a reviewable decision in the Queensland Civil and Administrative Tribunal.

Safer Children

Queensland Foster and Kinship Care recommend the following for the Terms of Reference, 3b:

- The system must change the way we approach family-based care from 'what can a family offer fostering' to 'what can the system offer a family to enable them to foster'.

Any other matter relevant to the inquiry

Queensland foster and Kinship care recommend the following for the Terms of Reference, 3c:

- Kinship Carers are provided with the appropriate information and the required training to best equip their role in caring for family.
- Kinship carers are assessed against the legislative requirements to provide care as set out in Regulation of Care Act 2023 only and not against the Statement of Standards as set out in Section 122 of the Child Protection Act 1999.

Conclusion

Queensland Foster and Kinship Care (QFKC) would like to thank the Commission of Inquiry in providing the opportunity to share the lived experiences of foster and kinship carers across Queensland. As the peak body representing this vital demographic in family-based care, QFKC is committed to ensuring that every child and young person is supported and never left behind within the Child Protection system. We remain deeply dedicated to advocating for systemic improvements that prioritises the safety, wellbeing, and the voices of children and young people, while recognising and valuing the essential role of carers in achieving these outcomes.

ⁱ Mason Lee Jett aged 22 months old died on the 11th of Jue 2016, as a result of injuries sustained by his stepfather. The family were subject to Child Safety intervention at the time of Mason's death. Twelve Child Protection staff faced disciplinary actions for 'their errors of judgement' and three service staff were stood down. A Coroner's inquest was ordered in respect to Mason's death, Deputy State Coroner, Jane Bently, delivered her findings of the inquest on the 2nd of June 2020.