



volunteering
queensland

Submission to the Child Safety Commission of Inquiry

March 2026



Introduction

Volunteering Queensland welcomes the Commission of Inquiry into Child Safety and the subsequent opportunity to amplify the voices and concerns of volunteers within the sector. We would like to emphasise that we make our submission not as an expert on all aspects of child safety, but as an advocate for the very large number of foster carers who voluntarily work with children within the system and for the betterment of the communities and children they support. As such, we have confined our responses to those items on the List of Issues of which we believe we can offer substantive input.

The comments presented in this submission are grounded in the overarching principle that the safety and wellbeing of children must always remain paramount. Volunteering Queensland submits that a critical component of achieving this objective is the reduction of unnecessary barriers that may prevent capable individuals from contributing meaningfully to the care and support of children, while simultaneously maintaining robust safeguards to protect children from harm. In practice, these objectives are not mutually exclusive. Evidence demonstrates that enhanced support mechanisms, improved communication, clearer pathways, and reduced systemic obstacles for carers directly contribute to lower levels of burnout and attrition. This, in turn, increases the availability and stability of care placements and leads to improved outcomes for children and young people within the child safety system. Likewise, developing the capacity, accessibility, and range of community support services available - most of which rely heavily on volunteer input - expands opportunities for parents, carers, and children alike.

About Us

Volunteering Queensland is the state's peak body for advancing and promoting volunteering, founded in 1983 to support Volunteer Involving Organisations (VIOs) organise and maintain the robust volunteer workforces vital to bettering their communities.

We represent over 400 member VIOs and extend our free resources and support to many thousands more through our wider networks and our national training program. Additionally, Volunteering Queensland advocates for the rights and wellbeing of the over 2.8 million volunteers across the state, highlighting the

positive impact they have and ensuring communities continue to benefit from their work.

We advise VIOs on implementing the National Standards for Volunteering Involvement, deliver workshops, collect data, run campaigns, conduct community development activities, fund community projects and connect spontaneous volunteers for critical events. We work closely with all levels of government, peak bodies across Australia, individual volunteers, VIOs, and a diverse network of nation-wide organisations to foster a thriving volunteering culture within Queensland. We advocate for improvements in funding and resourcing for volunteering and strive to build the capacity of the volunteering ecosystem, ensuring that it is impactful, effective and rewarding, and ultimately inspire more people to volunteer regularly.

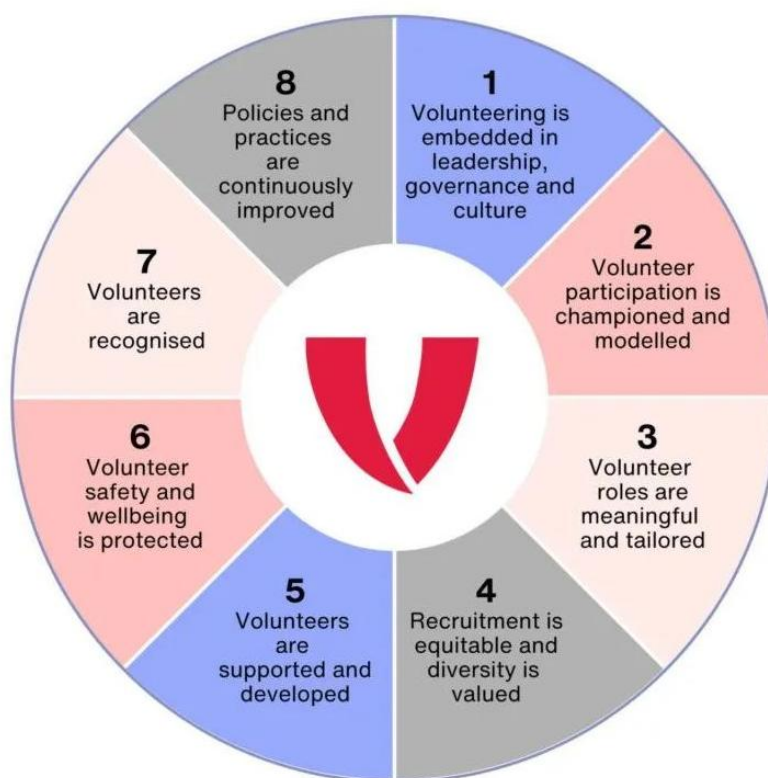
National Standards for Volunteer Involvement

While the full scope of volunteering within Queensland's child safety system may not always be immediately recognised, and has not traditionally been referred to as volunteering, we strongly assert that the nationally accepted definition of volunteering - "time willingly given for the common good and without financial gain"¹ - encompasses the significant contributions of foster and kinship carers. These individuals generously provide care, stability, and support to vulnerable children and young people, at considerable personal commitment and cost. In addition, volunteers engaged in support services and advocacy organisations play a critical role in strengthening the system by enhancing service delivery, community connection, and outcomes for children, families, and carers. Collectively, these voluntary contributions form a cornerstone of Queensland's child safety framework, underpinning its capacity to protect, nurture, and promote the wellbeing of children and young people across the state. Additionally, the issues faced - including falling foster care numbers, carer burnout and disengagement, difficulty recruiting new carers, and rising complaints - are mirrored across the

¹ Volunteering Australia. (2015). *The Review of the Definition of Volunteering*. <https://www.volunteeringaustralia.org/wp-content/uploads/Definition-of-Volunteering-27-July-20151.pdf>

volunteering sector and directly correlate to issues that the National Standards for Volunteer Involvement² address.

As such, we maintain that integrating the National Standards for Volunteer Involvement into relevant programs and frameworks within the child safety sector would greatly benefit carers and VIOs engaged with the system and ultimately increase capacity in providing quality care for children in Out of Home Care (OOHC). Many of the recommendations subsequently made in this submission are done so through the lens of these Standards, which can be found below:



The 8 National Standards for Volunteer Involvement - Volunteering Australia, 2023

Although elements of the Standards are explored in detail beyond this section, Volunteering Queensland would like to briefly outline potential strategies pertaining to each Standard that stand to enhance the sector:

² Volunteering Australia. (2023). *National Standards for Volunteer Involvement*. <https://volunteering.freshdesk.com/helpdesk/attachments/51146067060>

Standard 1 – Volunteering is embedded in leadership, governance and culture:

- Carers are consulted and further engaged in the development of key policies, procedures, and program support.
- Senior staff of the Department of Families, Seniors, Disability Services and Child Safety (henceforth referred to as the Department) meet regularly with carer advocates to inform areas of focus.
- Facilitate mutual discussion sessions to foster understanding and resolve points of contention.

Standard 2 – Volunteer participation is championed and modelled:

- The Department actively encourages and facilitates programs that involve volunteers.
- Increased funding is made available to VIOs providing early intervention, carer, and OOHC support.

Standard 3 – Volunteer roles are meaningful and tailored:

- Carer expectations are clearly defined, documented and communicated.
- The experience of carers influences training programs, resources and funding flows.

Standard 4 – Recruitment is equitable and diversity is valued:

- First Nations and CALD guidance is prioritised in developing models of care for children in their communities.
- Carer application processes are better tailored to accommodate First Nations kinship carers (See p.12).

Standard 5 – Volunteers are supported and developed:

- CSOs are resourced appropriately to better support volunteers.
- Continuously improved, trauma-informed training is made available to carers throughout their time engaged with child safety (See p.6).

Standard 6 – Volunteer safety and wellbeing is protected:

- Simplified pathways to a dynamic complaints system are made available to volunteers and carers (See p.8).
- Respite care and carer support programs are expanded to meet demand.
- Sufficient access to therapeutic and behavioural care is ensured for children, and carers are appropriately involved in decision-making for those in their care.

Standard 7 – Volunteers are recognised:

- Child safety regularly engages with carers about the impact of their contributions.
- The Department invests in the measurement and reporting of volunteer and carer effort.

Standard 8 – Policies and practices are continuously improved:

- Carers feedback is sufficiently reviewed and evaluated within quality management frameworks and further utilised to inform future improvements to policies and procedures.

These strategies are not presented as a comprehensive guideline for the Commission, but rather as an illustration of the congruity between the National Standards for Volunteer Involvement and areas of the child safety ecosystem in developing solutions to prominent issues.

Carer Support

"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,] it is not easy to think of another volunteer cohort that reports the experiences of treatment that foster and kinship carers do." - QFKC, Inquiry submission, p.41.³

³Queensland Foster and Kinship Care. (2026). *Queensland Foster and Kinship Care Main Submission Child Safety Commission of Inquiry*. p.41. https://www.qfkc.com.au/assets/docs/commission-of-inquiry-2026/-qfkc-submission_commissionofinquiry.pdf

Carers, both kinship and foster, play an integral role in supporting children and young people navigating the child safety system, and are proven to facilitate better education, safety, and health outcomes than that of residential care.⁴ However, carers' ability to effectively support the children in their care is directly linked to the quality of communication and support – both formal and informal – they receive within their role. Numerous studies find that carers face difficulties regarding insufficient training, perceived mistrust and/or lack of support from CSOs, financial strain, and limited respite care.⁵ Kinship carers face additional challenges, including entering care arrangements on short notice and receiving fewer tailored supports than foster carers.

*"Services intended to support the placement were experienced as disrespectful, ignoring families' requests for help or offering a surveillance role only. For Aboriginal kinship carers, this experience of disrespect was compounded by racism and racial micro aggressions throughout the placement assessment process."*⁶

These factors can lead to burnout in carers; reducing placement availability and negatively impacting children in out-of-home care (OOHC). The sustainability of the system depends on better recognising, resourcing, and supporting carers in their roles. Consequently, we have identified several areas to focus improvement, detailed below:

Comprehensive trauma-informed training:

Insufficient training poses a significant barrier for carers and has the potential to limit their capacity to provide informed, sensitive, and culturally safe care for the children they are responsible for. It may also foster mistrust in the child safety system when insufficient training leaves carers feeling inadequately prepared and their charges feeling misunderstood.

"When a carer's authorised, there's ongoing training needs that they have. So that can be a range of things about, you know, how to look at issues to do with behaviour management. It can look at issues

⁴ Australian Institute of Health and Welfare. (2022). *Child protection Australia 2020–21*. <https://www.aihw.gov.au/getmedia/f9e8c32e-c9b7-40e8-9637-98560f6f9b9d/child-protection-australia-2020-21.pdf?v=20250207113926&inline=true>

⁵ Riggs, D. W., Lohmeyer, B., Rosenberg, S., Clark, Y., & Due, C. (2025). 'The whole system is designed to create more trauma than it solves': Australian foster and kinship carers navigating child protection systems. *Children and Youth Services Review*, 176, 108401. doi:10.1016/j.childyouth.2025.108401

⁶ McPherson, L., Gatwiri, K., Day, K., Parmenter, N., Mitchell, J., & Macnamara, N. (2022). "The most challenging aspect of this journey has been dealing with child protection": Kinship carers' experiences in Australia. *Children and Youth Services Review*, 139, 106550. p.1. doi:10.1016/j.childyouth.2022.106550

*around cultural connections, it can look at issues to do with understanding child development... [depending on] what the specific needs of that particular carer is and the training needs."*⁷

Strengthened communication between stakeholders:

Carers often express a lack of communication from the department and child safety officers (CSOs) relating to the relevant family and medical history of the children in their care, including ongoing medical care arrangements and appointments. Additionally, rules and expectations for carers should be clearly and consistently conveyed and applied to reduce confusion and fears of negative CSO recourse.

*"...child protection systems (and the people who work within them) enact forms of systematisation that are intended to ensure consistency, but... ultimately often serve to enshrine power differentials that render foster and kinship carers vulnerable to the inconsistent application of rules."*⁸

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Enhanced financial and practical assistance:

While the carer role is fundamentally defined by its voluntary and selfless nature and should in no way become a paid position such as that of a residential care worker, many foster and kinship carers often find themselves significantly out of pocket in providing for the children in their care. Sufficient compensation should be allotted not only as an entitlement, but as a mechanism to ensure the wellbeing of the children in their care, as well as the ongoing sustainability of these individuals taking on foster and kinship roles. Furthermore, opportunity for respite care is rare, and social/ specialised support can be difficult to pursue. The department should invest in expanding carer subsidies and stipends, as well as increasing access to supports like respite care, peer-support, and mental health and wellbeing services.

⁷ Smart, J., et al. (2022). *Identifying strategies to better support foster, kinship, and permanent carers – Final Report*. Australian Institute of Family Studies. p.62. https://aifs.gov.au/sites/default/files/2022-07/22-01_identifying-strategies-to-better-support-carers-final-report.pdf

⁸ Riggs, et al. (2025). p.7.

Investing more effectively in supporting carers is a vital and overdue step in ensuring system sustainability and positive outcomes for children and young people.

Connectivity to other current government activities regarding volunteering:

As quoted above from QFKC's submission, "the *Queensland Child Protection system depends almost entirely on volunteers to sustain family-based care*". In 2025, a Queensland Parliamentary Committee conducted a comprehensive Inquiry into Volunteering in Queensland, and the Government Response to this, covering 18 components, was tabled in December 2025.

Key themes stated by the Government informing their response across all those 18 areas included "enhancing (and supporting) the volunteer experience across government", "removing barriers to make volunteering rewarding and welcoming for all", and "promoting growth and volunteer sector sustainability"¹⁰.

While some aspects of volunteering related to child safety, including but not only direct caring responsibilities, are unique to that area of activity, the core principles remain the same. Volunteering Queensland encourages the Commission, when finalising its recommendations, to consider how changes to policies and programs would affect volunteers (positively or negatively), and take into account both the existing National Standards for Volunteer Involvement, and ensuring consistency with the commitments given in the Government Response to the Parliamentary Inquiry into Volunteering.

Complaints System

To comprehensively support and foster trust with all parties navigating the child protection system, it is essential that an accessible, accountable and culturally safe complaints mechanism is enshrined within Queensland's child protection framework. The current complaints system is ill-equipped to handle diverse stakeholder grievances without generating perceived conflict of interest and raising concerns of potential reprisal against complainants. For instance, service providers may fear funding cuts, parents may fear interference in visitations and reunification processes, carers may be apprehensive about removal of the children

¹⁰ Local Government, Small Business and Customer Service Committee. (2025). *Inquiry into Volunteering in Queensland: Queensland Government Response*. Queensland Government.
<https://www.parliament.qld.gov.au/Work-of-the-Assembly/Tabled-Papers/docs/5825t2026/5825t2026.pdf>

in their care or their carer certifications, and children may become distressed or anxious about being ignored, disbelieved, or their complaint being reported to their guardian. It also relies heavily on internal processes that do not facilitate independent review and accountability, with escalation and decision-making processes murky and difficult to navigate.

An improved complaints system would provide carers, families, and children in care with greater confidence to raise concerns without fear of reprisal that could compromise the outcome of their matter.

“It is untenable for statutory staff to be able to impose rules upon carers without carers having a mechanism by which they too can hold statutory staff to account for their actions.”¹¹

By offering clear processes, independent oversight, clear feedback, and culturally appropriate pathways, the system could ensure carers receive timely, tailored support that recognises the unique contexts in which they provide care. Importantly, strengthening complaints mechanisms would help address existing gaps in accountability during review processes, promote procedural fairness, and reinforce trust between affected parties and the child protection system. Carers want to be heard. A complaints system that is seen as effective and credible, and which shows that it contributes to meaningful change, would also very likely assist in improving retention of carers, as well as attracting more new ones.

Accessibility and Oversight:

It is crucial that the complaints response mechanism has adequately defined stages of progression with clearly circumscribed timeframes, departmental jurisdictions, outcome notifications, and impartial escalation pathways. Procedural channels must be clearly communicated to parents, carers and children, with information tailored to individuals depending on relevant concerns and contexts.

¹¹ Haysom, Z., Shlonsky, A., & Hamilton, B. (2025). Balancing the high personal costs and rewards in providing foster care: Experiences of non-related foster carers in Australia. *Children and Youth Services Review*, 170, 108168. doi:10.1016/j.childyouth.2025.108168

Furthermore, there should be sufficient external recourse to initiate reviews into Departmental decision-making to ensure adequate oversight. Independent monitoring is vital to uphold good governance.

Cultural Safety:

We echo QATSCIPP's recommendations¹² to partner with relevant Aboriginal and Torres Strait Islander community-controlled organisations (ATSICCOs) to design and deliver culturally safe frameworks for complaint escalation, as well as a dedicated hotline for those in contact with Aboriginal and Torres Strait Islander children in OOHC to access support.

System Support Services

The child safety system extends beyond statutory agencies and formal care arrangements; it is underpinned by a broad network of community-based, auxiliary, and early-intervention services, advocates, and grassroots organisations – many of which are volunteer-led and run. These organisations are relied upon by stakeholders across the sector and play a critical role in delivering accessible, locally responsive supports, particularly in preventative and early intervention programs.

Community organisations such as The Pyjama Foundation – which employs almost 900 volunteers to provide trauma-informed mentoring and support to more than 14,000 children and young people – address significant gaps within the statutory system. By offering stable, long-term relational support, these programs promote agency, connection, and voice for children and young people, while also supporting carers through complementary networks and advocacy. Despite their demonstrated impact, funding for community-based and volunteer-driven initiatives is not consistently prioritised within the current child safety funding framework, limiting their capacity to operate sustainably and to scale effective programs.

Children and young people in out-of-home care (OOHC) also frequently experience inequitable access to opportunities and supports compared with their

¹² Queensland Aboriginal and Torres Strait Islander Child Protection Peak. 2025. *Submission to the QLD Child Protection Commission of Inquiry: Complaints Systems*. p.10. https://www.qatsicpp.com.au/wp-content/uploads/2025/08/QATSCIPP_Sub_Complaints-System_01.08.2025.pdf

peers. This disparity can be mitigated by strengthening pathways to inclusive services and activities within the broader community, rather than relying solely on traditional sector providers. Participation in mainstream educational, recreational, cultural, and mentoring opportunities is critical to improving wellbeing, social connection, and long-term outcomes for children and young people in care.

We support the recommendations outlined by The Pyjama Foundation in their submission to the Commission. In particular, we reiterate their calls to increase sustainable funding for community-based programs; embed trauma-informed volunteer mentoring within Queensland's child safety strategy; expand structured supports for carers; and formally recognise and fund volunteer-led programs that provide preventative, long-term relational support.

Accordingly, the following recommendations are proposed:

Community Engagement:

Increase community capacity and actively engage local organisations to expand accessible, inclusive opportunities for children and young people in OOHC to participate in community-based activities and supports. This may include pre-existing programs within the community establishing express policies and funds to ensure the inclusion of these children.

Support Networks:

Strengthen the personal and professional support networks available to foster and kinship carers by providing ongoing emotional, educational, and financial assistance; including tailored programs and subsidies, to reduce the risk of carer stress and burnout.

Recognition:

Encourage, resource, and formally recognise volunteer-involved organisations within the child safety sector, acknowledging their role in prevention, early intervention, and the provision of stable, relationship-based supports that complement statutory services.

First Nations Voices & Kinship Processes

Volunteering Queensland uplifts the concerns and recommendations made by ATSILS and QATSICPP in their submissions to the commission, and we strongly

believe in the importance of enabling Aboriginal and Torres Strait Islander self-determination and autonomous decision making within the child safety system. While Volunteering Queensland does not purport to be a representative organisation of First Nations or Culturally and Linguistically Diverse (CALD) communities, we do represent the collective volunteering sector, within which Indigenous and multi-cultural communities are an integral part.

It is important to acknowledge that First Nations peoples have developed and practiced complex systems of communal care, kinship, and reciprocal obligation for tens of thousands of years – expanding beyond Western concepts of volunteering centred on formal and structured engagement. This divergence in definitions means Indigenous contributions are less likely to be recognised within mainstream volunteering research and ecosystems¹³, and highlights the need for a culturally inclusive and diverse conceptualisation of volunteering. Per the National Strategy for Volunteering, "improving the understanding of volunteering to include different cultural expressions and interpretations will ensure volunteering, in all forms, is well supported and celebrated across Australian communities"¹⁴.

First Nations values of communal giving should not only inform how volunteering is understood, but how systems of care within the Child Safety sector are structured.

Despite continuing recommendations from Aboriginal and Torres Strait Islander elders and communities, alongside the earlier 2013 Carmody Report's recommendations on First Nations input, First Nations models of care and self-determination principles have not been sufficiently actioned. The 2024 *Family Matters Report* projects that if the current trend continues, the number of Aboriginal and Torres Strait Islander children in OOHC and on third-party parental responsibility orders will increase by 38% within the next decade, in stark contrast to the expected 5% increase for non-Indigenous children¹⁵. This growth will need to be matched by an increase in carers willing to volunteer to care for these children. Furthermore, the disproportionate representation of First Nation children in contact with child safety highlights the urgent need for system reform and investment,

¹³ Cultural & Indigenous Research Centre Australia. (2016). *Giving and volunteering in culturally and linguistically diverse and Indigenous communities*. <https://volunteeringhub.org.au/wp-content/uploads/2021/02/Giving%20and%20Volunteering%20in%20Cultural%20and%20Linguistically%20Diverse%20and%20Indigenous%20Communities.pdf>

¹⁴ Volunteering Australia. (2023). *National Strategy for Volunteering 2023 – 2033*. <https://volunteeringstrategy.org.au/wp-content/uploads/2024/01/National-Strategy-for-Volunteering-2023-2033.pdf>

¹⁵ SNAICC – National Voice for our Children. (2024). *Family Matters Report 2024*. <https://www.snaicc.org.au/wp-content/uploads/2024/11/241119-Family-Matters-Report-2024.pdf>

including in early intervention, community-led decision-making, and culturally responsive services, alongside a comprehensive framework to create a carer-focused ecosystem which attracts, retains and supports more people to volunteer as foster carers.

Self-Determination and First Nations-Led Models of Care:

Volunteering can appear differently in First Nations and CALD communities that have cultural kinship obligations embedded, however the principles of good volunteer engagement and involvement still apply to those volunteers, and to the many volunteer involving organisations that provide support in and to these communities. Meaningful progress arguably begins with the expanded integration of First Nations decision-making processes and models of care into the child safety system.

Positive outcomes have previously emerged from the implementation of earlier Carmody Report recommendations. However, the increasing rate of notifications, long-term orders, and over-representation of First Nations children in the system indicate that targeted reforms are urgently required.

First Nations models of care, tailored in partnership with the Department – such as the Minintitja Care Model¹⁶(MCM) – ensure children remain connected with their kin, culture, and Country, reducing instability in their placements and ensuring better outcomes for their care. By empowering First Nations people to guide placement arrangements, adjusting process and procedure, normalising dynamic household compositions and flexible care arrangements, and ensuring assessors are in culturally sensitive collaboration with communities, several major issues with the current child safety framework are addressed; the pool of compatible First Nations carers is increased, carer burnout and drop-out is reduced through improved communication, more flexible engagement, shared carer responsibility, and most importantly, children's cultural safety and wellbeing is prioritised.

Cultural Kinship Care Application Process:

To accommodate First Nations models of care, as well as encourage higher rates of Indigenous carer applications, current kinship carer application processes need to be adjusted and purpose-built for Aboriginal and Torres Strait Islander contexts. This adjustment would further align with Standard 4 of the National Standards for Volunteering – '*Recruitment is equitable and diversity is valued*'¹⁷. While it is

¹⁶ Beaufils, et al. (2025). p.7.

¹⁷ *National Standards for Volunteer Involvement* (n 6).

understood that the Department is working towards a new system to check kinship carers, the present lack of progress or established timeline means First Nations people looking to become carers are still indefinitely subject to the universal Blue Card system. Designed to assess suitability for child-related employment rather than kinship care, the Blue Card system does not sufficiently meet the requirements of ATSI CPP and ultimately undermines the pursuit of the best interests of the child. Queensland has one of the lowest rates of Indigenous carer recruitment in Australia¹⁸, and the ill-suited Blue Card system is a clear barrier to increasing First Nations carer numbers when evidence shows that removing/ replacing it would not place children at risk.

Conclusion

The contributions of volunteers and volunteer involving organisations, in both delivering and supporting foster care, are integral to the care of tens of thousands of children and young people in contact with Child Protection across Queensland. However, current conditions engendering high carer turnover and burnout, alongside an underrepresentation of First Nations accessibility and decision-making can prove detrimental to the stability, wellbeing and safety of already vulnerable children. Building volunteer engagement, communication, education, recognition and capacity, increasing funding, removing unnecessary barriers, and improving support for volunteers and VIOs engaged in the sector must be prioritised to address the ongoing limitations of the system.

¹⁸ SNAICC - National Voice for our Children. (2025). *Reviewing Implementation of the Aboriginal and Torres Strait Islander Child Placement Principle Queensland 2025*. p.17. <https://www.snaicc.org.au/wp-content/uploads/2026/02/Reviewing-Implementation-of-the-Child-Placement-Principle-QLD-2025.pdf>

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