

SUBMISSION TO THE

# Commission of Inquiry into Child Safety in Queensland

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Submitted by: Social Care Solutions Pty Ltd

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Social Care Solutions (SCS) is an Australian-owned, certified Social Enterprise founded in 2009 by Mel James, a dedicated social worker with more than 25 years of experience in child protection. Based in Queensland, SCS has grown into an internationally recognised organisation known for its integrity, quality, and innovation in the child and family services sector.

SCS works across the child protection, education, health, and early education sectors, delivering services that span the full spectrum of child safety practice. Our work is grounded in evidence-based, child-led, and trauma-informed principles, and is guided by a leadership team that collectively brings more than seven decades of frontline, senior management and policy experience in child protection.

Our core service streams include:

- **Consultancy:** including program reviews, quality assurance, team and leadership development, and special projects supporting organisations to build and improve their safeguarding practices.
- **Training:** bespoke and standard training programs for practitioners across child protection, foster care, and early education, including our Assessment Writing Workshop, Practice Enhancement Projects, and the Australian Assessor Preferred Pathway (AAPP).
- **Assessments:** delivering all forms of assessment from foster and kinship care assessments, guardianship and adoption assessments to parenting capacity, suitability and specialist assessments, delivered across Australia.
- **Direct Support:** in-home, in-placement and in-community support to families of origin and foster and kinship families, funded predominantly by Individualised Placement Support funding from the Queensland Department of Families, Seniors, Disability Services and Child Safety (DFSDSCS).
- SCS also delivers Family Group Meeting convening, complex case reviews and professional external supervision.

SCS is a certified Social Enterprise, an LGBTIQ+ ally, and a proud diversity advocate. We acknowledge the Traditional Owners and Custodians of the lands on which we work and are committed to culturally safe practice with Aboriginal and Torres Strait Islander families and communities.

It is from this position - as practitioners, assessors, trainers, and advocates who work daily with children, families, carers, and the systems that serve them - that we offer this submission.

# **The Funding-Need Inversion: Rethinking How Resources Reach Families**

One of the most significant and persistent barriers to effective child protection outcomes in Queensland is the structural mismatch between how family support services are funded and the complex, multidimensional reality of the families those services are meant to help.

Currently, families engaged with the child protection system are streamed into discrete, pre-defined funding categories, such as Individualised Placement Support (IPS) or Family Intervention Services (FIS). Each funding stream comes with its own eligibility criteria, service parameters, approved activities, time limits, and reporting requirements. In principle, this structure is designed to ensure accountability and appropriate use of public resources. In practice, it creates a system where the needs of the family must be squeezed and shaped to fit the funding available rather than the funding being shaped to meet the actual needs of the family.

This is not a minor administrative inconvenience. It is a structural flaw that directly undermines child safety, wellbeing and community protection.

## **Rigid By Design**

### **Families Do Not Fit Neat Categories**

The families most at risk in Queensland's child protection system rarely present with a single, clearly defined problem. They present with layered, intersecting vulnerabilities: domestic and family violence, substance misuse, mental illness, housing insecurity, intergenerational trauma, disability, poverty, and cultural disconnection often simultaneously. No single funding stream adequately addresses this complexity.

When a family is placed into a funding category that only partially matches their needs, workers are effectively constrained from addressing the full picture. They can only do what the funding allows. The family receives an incomplete intervention and when that intervention fails to produce the expected outcome, it is the family who is judged as lacking capacity, non-compliant or resistant, rather than the system being recognised as insufficient.

### **Tick-Box Compliance Is Not Child Safety**

Funding-driven interventions tend to focus on activities, tasks or steps, rather than genuine movement towards change. Workers document that sessions have been completed, goals have been set, and services have been engaged. But in many cases, the underlying drivers of risk remain entirely unaddressed because addressing them falls outside the scope of what has been funded.

This produces a cycle of surface-level compliance that obscures genuine risk. Families learn to navigate the system without genuine change occurring. Children remain in unsafe or unstable environments while paperwork confirms that intervention has taken place. Or, children are removed and placed in residential services, due to a lack of foster care placements, with the view this is less risk, than remaining with family; with risk seen in the vacuum of reducing immediate physical

harm, and not holistically acknowledging the harmful, long-term effects of multiple placements, or under-qualified and under-skilled rotational rosters of youth workers in some residential services. This is not child safety; it is the appearance of child safety.

## **Service Fragmentation as a Source of Harm**

When a family's needs span multiple funding streams, the result is often a patchwork of uncoordinated services from different providers with different case managers, different goals, and different reporting frameworks. For families already under enormous stress, navigating multiple simultaneous interventions is confusing, exhausting, and counterproductive.

In our direct practice experience, families frequently describe feeling overwhelmed by the number of workers coming in and out of their lives, confused by the purpose of their intervention, and of the closure of their services, which are often due to time-limits, geographical locations or other non-client related factors. Silo working between organisations can often add more stress to families in this complex environment and time for services to connect, network and partner are largely by choice and driven by organisational values, rather than funding support. This experience of fragmentation actively erodes trust, reduces engagement, and increases the likelihood families will disengage or remove their trust from services entirely.

## **Time-Limited Funding Ignores the Nature of Entrenched Risk**

Many funding streams have imposed time limits on interventions which bear no evidence-led relationship to the time required to achieve meaningful and sustained change for families dealing with complex and entrenched issues. Intergenerational trauma, long-term substance dependence, and entrenched domestic violence do not resolve within a six or twelve-week, or six or twelve-month funding window. When funding ends, so does support regardless of where the family is in their journey toward safety.

## **Illustrative Case Examples**

*The following are heavily de-identified examples that reflect the types of situations commonly encountered in practice. All details are de-identified for respect and privacy of our clients.*

### **Example A: The Endless Justification of Need and Worth**

Social Care Solutions supports a kinship carer who has the full time care of his three young relatives. The carer has complex medical challenges himself. Respite every month is promised, committed to in his Placement Agreement, to ensure he can meet his own physical care needs, while ensuring the girls remain safe, stable and together. However, due to the drought of general foster carers and a lack of safe alternative kinship carers, there is no one able to provide consistent, regular respite weekends for this family; the only available option is separating the children and using a revolving door of inconsistent and rarely available respite carer households.

Social Care Solutions has been providing 'respite' via the same, known, committed Youth and Family Support Workers for this household for well over a year, with our team members staying in the home and providing physical, practical, emotional and social support to the children, and their carer, one weekend every month. The

children have grown connected to the workers and the carer can meet his own health care needs, knowing the children are together and safe.

Every 8 to 12 weeks, this support package is under threat, with our team having to re-apply for the same funding, evidencing the worth and value of the respite support funded through the Individual Placement Support (IPS) package of funding. We are asked to evidence our intervention is successful and prove that we are actively working to transition out of the family, reminded every application that the funding is 'time-limited'. Given the carer's own health needs will not change, the capacity and availability of respite carers has not changed, the cost and the burden on our organisation and the stress on the carer to prove need remains unchanged. The underlying, and times overt, threat of the placement not being 'sustainable' due to the ongoing IPS cost, and the children being potentially removed and placed in residential care as the only (yet more costly) alternative, looms over the family every time the funding must be re-applied for; a 'hoop' to be jumped through.

The funding model does not support family or child centred focus or decision making, creates risk of traumatisation, breaking attachment and in the longer term, increases the risk of the children experiencing adverse life experiences, utilising government support services through adulthood which they may not have otherwise accessed.

A flexible, individually tailored funding response could stabilise this placement permanently at far less cost, in every sense, than the alternative of the children being separated in alternative general care placements or entering residential care.

### ***Example B: Interrupted by Design - When Funding Cycles Override Family Need***

Social Care Solutions supported a family needing intensive, in-home, personalised support due to high risk of harm and neglect, through our Direct Support Team, funded by Child Safety's IPS funding stream. The funding was time-limited; 12 weeks to provide intensive support to reduce significant risk, where generational trauma and complex matters involving substance misuse, domestic and family violence, unemployment, homelessness and poverty were all present.

The family were tentative and cautious to trust our team, with rapport taking time to build through consistent, reliable and professional engagement. During the first four weeks of intervention, rapport building was the focus, allowing the mother to feel safe and able to speak to the violence and coercive control she was experiencing. The next four weeks were spent with the family, supporting them through a period of conflict and chaos; multiple police attendance at the home, subsequent arrest and imprisonment of the father to the children, alongside further-traumatised children with increased behavioural outbursts, subsequent school refusal, and a decline in the mother's mental health and wellbeing.

The final four weeks were spent with the family starting to 'turn the corner', taking small but critical steps forward in goal setting to meet the children's case plans. Securing a Domestic Violence Order, moving to a safer location, re-settling the children back into school and supporting the mother to build new, healthier trauma-informed parenting strategies. This final month of engagement was where the work was finally starting to gain momentum; with the mother moving from mistrust and reluctance to engage, to seeing the value of seeking and receiving support to keep her children out of care. Due to the momentum and the need for further intervention with the family, an application for another 12 weeks funding was made and was successful.

As the second round of IPS funding commenced, further gains were made, with the mother engaging with mental health service providers, the home environment becoming more physically safe, clean and appropriate, and a reduction in school absences demonstrating a marked improvement in the circumstances for the family.

Mere weeks into the second intervention period, this momentum stopped, when the family was abruptly moved from our service to a different organisation's Family Intervention Service, as it had a lower-cost, grant-funded 'spot' available. This family had been receiving up to four hours of support a day, for five days a week. The move to a FIS program saw a reduction in intervention support to one home visit by a practitioner per week, without any youth work support or practical assistance or brokerage. The resultant outcome was a steep decline in the family's functioning. The gains made were lost, with the mother growing suspicious of the new service, angry at the funding model confusion, with a further engrained reluctance to work in partnership with the Department.

A bespoke, family centred, needs-led approach would have recognised from the outset that relationship-building, rapport, and trust are not peripheral to intervention, they *are* the intervention, particularly where years of complex, multi-dimensional trauma have eroded any foundation for engagement with helping systems. Funding wrapped consistently around this family would enable consistent progress toward case plan goals, delivering an integrated response that addressed parenting concerns and the biopsychosocial layers of need in parallel, from a single coordinated point of intervention.

### ***Example C: When the Clock Runs Out - Funding Timelines Determine a Young Person's Future***

Our IPS-funded services include active reunification support. We worked with a young person, age 14, who experienced homelessness, minor substance misuse, disengagement from education and was at risk of exploitation and interaction with the youth justice system. He was not connected to any formal support institution, having experienced multiple foster care placement breakdowns over the decade he had been in care and numerous residential placement breakdowns due to complex behaviour presentations.

The young person expressed to his Child Safety Officer a desire to reconnect with family, and a 12-week IPS-funded intervention was approved. Social Care Solutions was tasked with connecting and supporting the young person to reunify him back with known, safe adults. This young person was mistrustful, anxious, disengaged and experiencing complex mental health challenges so took time to connect with our team, with his experiences of helping professionals being inconsistent and unsafe in the past. In parallel with building rapport and trust with the young person, our team commenced working with the family, to help them understand the young person's needs and commence the reunification planning process.

Without a space for him to sleep, strict rules around expectations of behaviours and a commitment to be 'earning or learning' which was a challenge for the young person at that point in time, the reunification inevitably was destined to be challenging and needed more time for the safe, stable transition to take place. With the young person not yet reunified, the funding ceased at 12 weeks, for both the young person and the potential carer household. The young person, now aged 16, remains homeless, heavily involved in the justice system and known to be using illicit substances.

The investment required to extend this intervention was modest. The cost of not doing so - measured in ongoing homelessness, justice system involvement, and substance misuse - is substantial, enduring, and entirely foreseeable. Flexible, needs-led funding is not a luxury. For this young person, it was the only viable path to safety.

## **What Needs to Change: Our Recommendations**

Social Care Solutions respectfully submits the following recommendations to the Commission:

### **Recommendation 1: Introduce Needs-Led, Flexible Funding Frameworks**

The current funding architecture of the child and family welfare system is built around categories, programs, and eligibility criteria designed for administrative convenience, not family complexity. The result is a system that asks families to fit the funding model, rather than designing funding responses around the actual, assessed needs of the family.

We recommend a fundamental shift away from rigid, category-based funding streams toward flexible funding frameworks anchored in thorough, holistic assessment. Funding allocations should reflect the full picture of a family's circumstances; their strengths, vulnerabilities, cultural context, history with services, and risk profile and should be structured to flex and adapt as those circumstances evolve throughout the intervention. A family in crisis at intake looks different six months into a well-supported intervention, and the funding response should be able to move with them.

This is not a call for uncapped or unaccountable funding. It is a call for funding logic that is driven by evidence of need rather than the boundaries of a program design. Needs-led funding frameworks exist in other complex service systems and have demonstrated both better outcomes and, over time, reduced downstream costs. The child and family welfare sector deserves the same investment in intelligent, responsive resource design.

### **Recommendation 2: Fund Bespoke, Tailored Interventions as a Standard, Not an Exception**

Personalised intervention has been treated as a premium offering, available to a fortunate few, or delivered by specialist providers operating at the edges of the system. For families with complex, multi-dimensional needs, bespoke, tailored intervention is not a luxury. It is the only approach with credible evidence base for achieving lasting change.

We recommend government funding frameworks be reimagined to support and expect individualised intervention design as standard practice for complex cases. This means funding service providers develop responses specific to the individual family, built around their cultural identity, their relational history, their strengths and their risks, rather than defaulting to pre-packaged programs that may bear little relevance to the family's actual circumstances. It means allowing practitioners the time, resources, and professional autonomy to design interventions which are genuinely responsive, rather than selecting the closest available program from an approved list.

The proliferation of program-based funding has created a system of structured irrelevance where families are assessed, categorised, and assigned to services that

were not designed with them in mind. The evidence consistently tells us that therapeutic relationships, cultural responsiveness, and individualised goal setting are among the strongest predictors of positive outcomes in family intervention. Our funding models must reflect that evidence, or we will continue to invest heavily in approaches that do not work for the families who need us most.

### **Recommendation 3: Align Funding Durations with Realistic Timelines for Change**

Meaningful change in complex family systems does not occur on a pre-determined, administrative timeline. Where a family's circumstances involve entrenched intergenerational trauma, long-term substance dependence, severe and enduring mental health challenges, or histories of chronic system involvement, the expectation that a funded intervention of eight, twelve, or even twenty-four weeks will produce durable, sustainable change is not evidence-based. It is wishful thinking embedded in a funding model.

We recommend funding durations for complex family intervention be formally aligned with the realistic timeframes required for meaningful, sustained change, informed by clinical assessment, evidence-based frameworks, and the professional judgement of the practitioners closest to the work. This requires a shift in how funding bodies conceptualise intervention endpoints: not as fixed calendar dates, but as milestone-based transitions informed by genuine progress toward case plan goals.

Short-term funding windows in complex cases are not simply ineffective; they may be seen as actively harmful in some cases. They create false endings which rupture therapeutic relationships at precisely the moment when trust has been established and progress is beginning. They return families to a baseline of crisis, often requiring a more intensive and costly intervention at a later point. And they send a clear message to families who have experienced chronic system failure that this time will be no different. Aligning funding durations with clinical reality is not a cost driver. It is a cost prevention strategy.

### **Recommendation 4: Establish Lead Worker or Key Practitioner Models for Complex Cases**

Families with complex, multi-dimensional needs do not experience their lives in funding silos. They experience housing instability, family violence, substance misuse, mental health challenges, and child safety concerns simultaneously and interdependently yet the service system that is meant to support them is structured to respond to each of these domains separately, through different providers, different practitioners, and different funding streams. The result is fragmentation which places an impossible coordination burden on families who are already overwhelmed and creates conditions in which critical risks fall through the gaps between services.

We recommend the formal adoption and funding of a Lead Worker or Key Practitioner model for all complex cases; a single, skilled practitioner with the mandate, the relationships, and the cross-boundary accountability to coordinate all elements of a family's support plan. This practitioner would hold the whole family in view, maintaining the therapeutic relationship that is central to effective intervention while ensuring that no risk factor goes unaddressed because it sits outside a particular provider's funded scope.

The evidence for key worker and lead practitioner models in complex care contexts is robust and longstanding. They reduce duplication, improve information sharing, strengthen therapeutic alliance, and produce better outcomes for children and

families. What has historically prevented their widespread adoption is not a lack of evidence, it is a lack of funding will. Families navigating the most complex intersections of need deserve a system that meets them with coherence and continuity, not a fragmented constellation of services that they are expected to navigate alone. The Lead Worker model is not an innovation. It is an obligation.

### **Recommendation 5: Invest in Practice-Focused Supervision as a Pillar of System Integrity**

While our submission has focused on the impact of rigid funding models on families with complex, shifting needs, there is a parallel need relating to practice support. If addressed, this will create scaffolding for good practice supporting families who are in contact with the statutory child protection system. The child and family welfare sector cannot deliver evidence-led, child-centred practice without the infrastructure to support it. Current supervision models in high-pressure statutory environments are predominantly administrative and task-focused, oriented toward case throughput, compliance, and fiscal management rather than reflective practice, clinical reasoning, or workforce wellbeing.

This has consequences. Workers operating without high-quality, structured reflective supervision are more vulnerable to cognitive bias, vicarious trauma, and burnout, all of which compromise decision-making quality, often invisibly. In resource constrained environments, decisions that should be driven by evidence, theory, and the best interests of the child are instead shaped by what is available, affordable, or administratively convenient. The gap between our stated intentions and our actual practice is, in part, a supervision gap.

We recommend the introduction of a formal practice supervision model for those engaged in Child Safety practice, distinct from line management and administrative oversight in which skilled, experienced practitioners provide regular, structured supervision focused on reflective practice, theoretical grounding, trauma-informed frameworks, cognitive bias awareness, and evidence-based decision-making. Supervisors in this model should be accountable for practice quality, not funding implementation. Good supervision is not a workforce wellbeing initiative. It is a critical child safety mechanism.

## **Conclusion**

Children are safest when the people and systems around them respond to who they actually are and what they actually need. The same principle applies to the families those children belong to, and to the funding frameworks that determine what support those families can access, for how long, and on whose terms.

In many cases, Queensland's current funding model does the opposite. It takes a complex, unique human situation and asks it to conform to a funding category. When it cannot conform fully - when a family's needs are too layered, too intersecting, or too entrenched to be contained within a single stream - the intervention falls short, the timeline expires, and the family bears the consequences of a system that was never designed to hold their complexity. The outcome is recorded as unsuccessful. Rarely is the funding model examined with the same scrutiny as the family it failed to serve.

This matters not only for the families who fall through the gaps, but for the practitioners asked to deliver meaningful outcomes within structures that make meaningful outcomes unnecessarily difficult. And it matters for the broader system,

because the downstream costs of inadequate early intervention, measured in residential care placements, youth justice involvement, ongoing homelessness, and intergenerational harm, far exceed the cost of getting the response right the first time.

Social Care Solutions urges the Commission to recommend a fundamental shift in the philosophy underpinning family support funding in Queensland: from a system that asks families to fit the funding, to a system that designs the funding to fit the family. From fixed timelines to milestone-driven transitions. From program-based responses to needs-led ones. From administrative compliance as the measure of success, to child and family outcomes as the only measure that matters.

This is not a radical proposition. The evidence is clear, the practice wisdom is consistent, and the moral case is unambiguous. What has been lacking is not knowledge; it is the structural and political will to design a system that reflects what we already know. This inquiry represents a meaningful opportunity to close that gap.

We thank the Commission for the opportunity to contribute to this important inquiry and welcome any opportunity to expand on the perspectives and recommendations raised in this submission.

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**Mel James — Chief Executive Officer**

Social Care Solutions Pty Ltd

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