COMMUNITY LIVING ASSOCIATION
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Community Living Association

Growing communities where all people are valued

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26 March 2026

The Honourable Paul Anastassiou KC

Commissioner for the Queensland Child Safety Commission of Inquiry

By email: info@childsafetyinquiry.qld.gov.au

Dear Commissioner,

Grow Together is a specialised team within Community Living Association Inc., committed to supporting families in which a parent has an intellectual and/or cognitive disability. Within our current cohort, 62% of parents have their children residing in kinship care arrangements, primarily with maternal grandparents. This reflects broader Queensland trends, where kinship care now makes up more than half of all out-of-home care placements according to the Australian Institute of Health and Welfare (2023).

Systemic Overrepresentation and Barriers to Reunification

Research indicates that parents with disabilities, particularly mothers with intellectual disabilities, are disproportionately represented at every stage of the child protection system and are less likely to be reunified with their children (Public Advocate [Qld], 2025). In our experience, kinship care is frequently used as a safeguarding measure based on assumptions about the abilities of parents with intellectual disabilities and the perception that reunification is unlikely. This results in significant decisions being made early in the child protection process.

We observe that the current kinship care model does not actively support or promote family reunification. It also fails to consider the additional challenges faced by kinship carers, particularly when the parent has an intellectual and/or cognitive disability.

Societal Attitudes and Family Dynamics

People with intellectual disabilities are frequently perceived as “childlike” or as “eternal children,” and are therefore often viewed as incompatible with parenting roles. These attitudes persist not only within broader society but are also reinforced within family systems. Evidence emerging from the Disability Royal Commission (2023) indicates that women with disabilities experience disproportionately high rates of forced

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sterilisation and are frequently denied autonomy over their reproductive health and decision-making. Similarly, a 2013 report by Women with Disabilities Australia (WWDA) documented instances in which family members made long-term, irreversible decisions on behalf of daughters with intellectual disabilities, often to prevent pregnancy, with many women reporting that they were unaware these procedures had occurred until adulthood.

These entrenched assumptions regarding limited parenting capacity contribute to practices that either prevent individuals with intellectual disabilities from becoming parents or lead to the removal of their children. This is reflected in the overrepresentation of parents with intellectual disabilities within the child protection system (Public Advocate [Qld], 2025).

Within the family context, parents of children with disabilities are also at increased risk of burnout and fatigue and often experience ongoing uncertainty about their children's futures. Although there is limited research examining the evolving relationships between parents of children with intellectual disabilities as those children transition into adulthood, practice experience suggests that these relationships are frequently strained. Tensions commonly arise around the adult child's decision to have children and may intensify in circumstances where grandparents assume kinship care roles for their grandchildren, further complicating family dynamics.

Challenges Facing Kinship Carers

Becoming a kinship carer is rarely a decision that families have time to consider or prepare for. It often occurs during a time of crisis, when a child or young person requires an immediate and safe place to live within their extended family network.

Kinship carers face challenges distinct from those encountered by general foster carers. These include managing complex family dynamics and their effects on ongoing relationships, understanding and responding to the trauma experienced by the child or young person in their care, adapting to significant changes in family roles and responsibilities, and coping with their own experiences of grief and loss.

Shift in Kinship Care and Its Implications

Kinship care has evolved from a temporary, family-preserving arrangement to a long-term placement option, often without equivalent resourcing or safeguards. As a result, children may be placed with carers who are not sufficiently equipped to manage trauma, disability, or complex family dynamics. Parents, particularly those with intellectual disabilities, frequently experience kinship placements as punitive and disempowering rather than supportive. This is evident in the subsequent case studies.

Case Study 1

Background:

Jamie is a parent with an intellectual disability whose children have been living with their maternal great-grandmother for the past two years. While Jamie has addressed the primary child protection concerns, significant barriers to reunification remain, largely associated with the kinship care arrangement.

Geography and logistics:

The children's great-grandmother lives approximately one hour from Jamie. Despite not having a driver's licence or access to a car, Jamie has consistently attended family time multiple times per week. However, the distance has limited the progression of contact. Reunification is typically a gradual process involving home visits and overnight stays; due to travel time and the children being school-aged, visits have not progressed despite Jamie making significant progress. Jamie's other child lives almost 100km from the great-grandmother and is also school-aged, further complicating reunification planning.

Intergenerational trauma:

Jamie has her own history of child protection involvement, having lived with her grandmother as a child. Jamie's mother also experienced periods in statutory care due to substantiated concerns involving the same grandmother. This reflects three generations of statutory involvement. Jamie has raised concerns about emotional abuse she experienced while in her grandmother's care and believes similar behaviours are occurring toward her children.

Family bias:

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Jamie acknowledges the reasons for the initial removal of her children and accepts that, at the time, she was unable to provide a safe and consistent home due to domestic and family violence. She has since addressed these concerns. Despite this, her grandmother continues to reference Jamie's past circumstances, disability, and personal history as reasons the children should not be returned to her care, despite demonstrated progress.

Family conflict:

Family conflict existed prior to the children's removal and has escalated since the great-grandmother became the kinship carer. Jamie reports receiving demeaning messages and experiencing limited support for reunification and family connection. Examples include exclusion from medical appointments, revoking contact as a behavioural consequence for the children, lack of information sharing, criticism of Jamie's parenting during family time, sharing confidential information with extended family, and speaking negatively about Jamie in front of the children.

Jamie continues to maintain contact with her great-grandmother to preserve her relationship with her children; however, she has expressed that ongoing contact would be difficult if reunification occurred, contributing to increased isolation.

Case Study 2

Tracey is a parent with an intellectual disability and has two young children who were placed under a short-term protection order and initially lived in foster care. In early 2026, the children were relocated more than 700 km away to live with their grandmother who was approved as a kinship carer. The move was framed as being in the children's best interests as it allowed them to live with family. However, the distance, family dynamics, and unclear role expectations have created additional barriers to reunification and maintaining meaningful contact.

Geography

Prior to the move, Tracey had semi-supervised contact with the children several times per week. The children were approved to visit their relative with the possibility of remaining there if the kinship placement was approved. The decision for them to stay permanently was confirmed while they were already away.

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Tracey was initially provided with financial support to visit the children during the two-week period, after which ongoing contact has relied on Tracey travelling the 700km.

Family attitudes

Tracey has experienced significant life challenges, including violence and housing instability, partly linked to the impacts of disability. Despite making positive changes, Tracey reports that the grandmother has made comments about her being 'stupid'. Tracey has also shared that the grandmother urged doctors to perform an abortion during Tracey's pregnancy because she believed Tracey shouldn't be a parent. Such attitudes can influence family decision-making and may undermine efforts toward reunification. This reflects broader societal bias toward parents with intellectual disabilities, despite evidence that parenting capacity is strongly influenced by access to appropriate supports.

Family conflict

The relationship between Tracey and the grandmother has historically included both support and conflict. Tensions have increased since the grandmother assumed the kinship care role, which now involves supervising contact and making day-to-day decisions for the children. The parent reports feeling that their role as the children's parent is often undermined.

Role clarity and expectations

There also appear to be misunderstandings regarding the roles and responsibilities within kinship care arrangements, including decision-making authority and financial supports available to carers. The grandmother has sought financial support from Tracey to buy food for the children despite receiving the carers allowance and has commented that she is planning to take the children interstate for a holiday. This has contributed to tension and confusion regarding expectations and boundaries.

Case Study 3

Background

Jane is a young mother with a suspected disability and a history of complex life experiences, including out-of-home care during childhood, domestic and family violence, housing instability, and substance misuse. Her child was removed from her care and placed with the paternal grandmother. Jane reports a history of

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harm perpetrated by the grandmother prior to the kinship placement, which she states has continued since the placement commenced.

History of harm

Jane experienced domestic and family violence perpetrated by her former partner, the father of her child, who now resides with his mother. Prior to the child's removal, Jane intermittently lived with the paternal grandmother and her former partner due to housing instability. During these periods, Jane reports experiencing abuse from both her former partner and the grandmother, with the behaviour being minimised or normalised.

Relationship dynamics

Jane's relationship with the paternal grandmother is inconsistent. At times, the grandmother supports contact by hosting visits, involving Jane in decision-making, and including her in family celebrations. At other times, contact is withdrawn, and Jane is excluded from her child's life. Jane reports these changes often occur when she does not engage with her former partner or declines to facilitate a relationship between him and the child.

Key Themes Across the Case Studies

Across all three case studies, the experiences of Jamie, Tracey, and Jane highlight recurring systemic and relational issues within kinship care arrangements that create significant barriers to reunification, particularly for parents with intellectual disability or suspected disability.

1. Kinship Care as a Barrier to Reunification

While kinship care is intended to preserve family connections, in all three cases it has functioned as a barrier to reunification rather than a pathway toward it. Kinship carers hold substantial power over children's day-to-day lives and family contact, and this power is not always exercised in a way that supports reunification. In each case, the kinship arrangement has stalled or regressed contact progression despite the mothers addressing or making progress towards the original child protection concerns.

2. Geographic Distance and Logistical Barriers

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All three women experienced significant geographic separation from their children following kinship placements. Distance limited the frequency, quality, and progression of contact, particularly where children were school-aged and mothers lacked access to transport or financial resources. Reunification processes that typically rely on gradual increases in contact, home visits, and overnight stays were rendered impractical or impossible due to distance, despite the mother's demonstrated commitment and consistency.

3. Family Bias and Perceived Parental Incapacity

A strong theme across the cases is bias held by kinship carers toward the mothers' parenting capacity, often linked to disability, mental health, past trauma, or past mistakes. Even where mothers acknowledged past risks and made meaningful changes, carers continued to reference historical circumstances as justification for opposing reunification.

4. Intergenerational Trauma and Historical Power Dynamics

All three cases involve intergenerational trauma and longstanding family power imbalances. Jamie and Jane both experienced harm within the same family systems now caring for their children, and Tracey's relationship with her mother is shaped by lifelong dynamics of control and conflict. These histories influence current kinship arrangements, often resulting in unresolved trauma being replayed within the care context.

5. Ongoing Harm, Conflict, and Control Within Kinship Placements

Each woman described experiences of emotional harm, coercion, or control by kinship carers. This included unkind or demeaning communication, exclusion from decision-making, inconsistent or conditional contact, criticism of parenting during visits, withholding information, and, in Jane's case, ongoing abuse. Contact was frequently used as leverage, contributing to fear, compliance, and emotional distress for the mothers.

6. Lack of Role Clarity and Accountability in Kinship Care

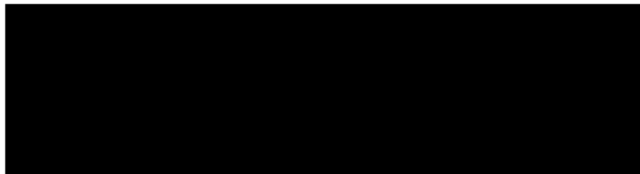
There were consistent confusion and conflict around the roles, responsibilities, and limits of kinship care. Mothers reported carers making decisions beyond their authority, including financial requests,

travel plans, and decisions about contact, despite the mother's retaining guardianship in some cases. Unlike foster care, kinship care arrangements often lacked clear oversight, training, or accountability, increasing the risk of boundary violations and misuse of power.

7. Impact on Maternal Wellbeing and Isolation

The cumulative effect of distance, conflict, bias, and lack of control significantly impacted the women's mental health, wellbeing, and social isolation. All three mothers continued to engage with difficult family relationships primarily to maintain contact with their children, often at great emotional cost. When parents indicate they do not want ongoing contact with the kinship carer if their children return home, this is viewed as a risk as it may increase isolation and reduce family connections, potentially conflicting with the children's best interests.

Warm regards,



Tania Lawrie

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References

Australian Institute of Health and Welfare. (2025). *Supporting children*. https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2023-24/contents/insights/supporting-children

Public Advocate (Qld). (2025). *Supporting parents with cognitive disability in Queensland: The need for reform*. Queensland Government. https://www.justice.qld.gov.au/__data/assets/pdf_file/0009/827613/202505-supporting-parents-with-cognitive-disability-final1.pdf

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (2023). *Final report: Volume 6, Enabling autonomy and access*. Australian Government. https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Volume%206%2C%20Enabling%20autonomy%20and%20access.pdf

Women with Disabilities Australia. (2013). *Dehumanised: The forced sterilisation of women and girls with disabilities in Australia*. https://wwda-org-au.assets.ionatahosting.net/uploads/2020/05/WWDA_Sub_SenateInquiry_Sterilisation_March2013.pdf