

# Child Safety Commission of Inquiry



## Angie's story

**Disclaimer:** This is the story of a person who shared their personal experience with the Commission of Inquiry through a submission or interview. The names in this story are pseudonyms and identifying details have been removed. The person who shared this experience may not have been a witness and their account is not evidence. They did not take an oath or affirmation before providing the story.

Nothing in this story constitutes a finding of fact by the Commission of Inquiry. Instead, these stories have been published to show how people are experiencing the current child safety system in Queensland. Any views expressed are those of the person who shared their experience, not of the Commission of Inquiry.

**Content warning:** Some material may be distressing. These statements may include references to violence, abuse, neglect, exploitation, suicide, or self-harming behaviours, and may contain strong or confronting language. Some narratives may be about First Nations people who have passed away. Readers are encouraged to engage with this material in a way that supports their wellbeing.

If you would like support, please visit the Commission's [Contact & Support page](#) or reach out to a trusted person or a relevant support service.

---

My husband and I have been foster carers in [REDACTED] for the past [REDACTED] years.

In [REDACTED] we took on a placement of three siblings.

Our home was the first home that these children could live 'comfortably' together, after being in separate foster homes for many years.

At the time the oldest young person was [REDACTED], this young person experienced server trauma under the guardianship of [REDACTED] child safety.

We managed to support this young person right through schooling and he even graduated from High school. The young person also was accepted into university.

In [REDACTED] child safety approved testosterone treatment for this young person. The decision was signed by a team leader.

As part of the treatment there were assigned appointments with the gender clinic in [REDACTED], that were held only by telehealth. Myself and the young person attended these appointments alone.

Despite holding legal Guardianship of this young person, no child safety officer attended any of these appointment.

Nor did [REDACTED] child safety attend any medical appointments regarding any form of treatment for this young person, including testosterone injections.

[REDACTED] child safety also did not hold any meetings in regards to guidance, training or any form of support plan.

We did not have any crisis management planning, which I find alarming given how significant this treatment is.

I also believe that the young person's family was not notified about the decision.

They found out when the young person's physical image started to change.

# Child Safety Commission of Inquiry



I also found this extremely alarming as I believe the family should have had access to support for the grief and loss that this would of caused them.

As a result, significant medical decisions were made without the active involvement of the legal guardians. The responsibility for managing the consequences of those decisions was placed entirely on us as the foster carers. In my view this represents a failure to properly exercise duty of care towards both the young person and our fostering household.

At no point do I recall [REDACTED] child safety offering guidance in the following:

- The psychological effects of hormone transitioning on a young person in care
- The side effects of testosterone therapy on a young person in care
- How to safely manage and support the emotional needs and hormone change in a young person in care

This lack of understanding and leadership from [REDACTED] child safety left my husband and I to manage situations well outside of what any untrained carer should be expected to handle.

Due to the lack of support given and medical oversight from [REDACTED] child safety, this left our home in a very vulnerable situation.

In [REDACTED] this young person's mental health declined significantly. His moods and behaviors became increasingly difficult to manage, and the environment in our home became extremely stressful.

At some point at the end of [REDACTED], one team leader (the team leader that signed off on the testosterone) and a child safety officer came to our home unannounced regarding a harm report against this young person, this report did not accurately reflect the situation.

The two officers were very intimidating and did not respect the mental wellbeing of this young person.

At that moment the young person was living in our shed, which we had done earlier in the years as a safeguard for the rest of our household.

I was instructed that the young person was not allowed in our home whilst the younger children were there.

This left the young person without access to the bathroom, toilets, water or food, or emotional support.

Child safety never gave a guideline or plan to help assist this young person or us through this time. Nor did they help seek appropriate accommodation for this young person.

# Child Safety Commission of Inquiry



Because of the isolation and the lack of access to human rights that was instructed by [REDACTED] child safety, this young person's mental health deteriorated and he became suicidal, [REDACTED] had also lost an alarming amount of weight during that short period.

We let child safety [REDACTED] know and I personally had to take this young person to the hospital to seek guidance and support for [REDACTED].

But because [REDACTED] is transgender we were told there is not a lot of support for this situation at the local hospital. Again, we did not receive adequate support for this young person during this crisis.

In [REDACTED] we had to make the difficult decision to move this young person out of home to live with [REDACTED] [REDACTED], in hope that he would have better access to mental health services.

This decision was made in the best interests of the young person.

This also broke the sibling connection.

There has not been any mention for this young person to be allowed to come to our home to spend time with Family.

Through this entire period, we continue to act in good faith to support this young person, as we were the only form of positive attachment he had ever had, also calling us Mum and Dad, [REDACTED] child safety all his rights away. However, the lack of involvement, guidance and crisis support from [REDACTED] child safety placed this young person and our fostering home at very high risk.

This statement highlights serious failure in duty of care for this young person and us as foster carers.

[REDACTED] child safety failed to exercise their legal responsibilities, there was a lack of coordination with health services, and they also failed to consider the wellbeing and safety of our household.

I personally believe that as foster carers, we were not supported, informed or protected when caring for this young person with complex needs.