Child Safety
Commission of Inquiry

Angelina'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.*

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This submission was assisted by Speaking Up For You (SUFY)

Family Voice, Disability and Cultural Safety in Child Protection Decision-Making

Angelina is an Aboriginal woman and the maternal grandmother of Child A, a [redacted] child currently in the care of child safety and placed in kinship care with an extended family member. Angelina's experience highlights recurring concerns regarding how disability is interpreted within child protection decision making, the assessment of family capacity, and the extent to which family supports are recognised when considering safe care arrangements for children.

Angelina reports that she has parented seven children, several of whom have disability, and that caregiving within the family has historically been shared with her adult daughter, creating a strong pattern of collective family care. Angelina describes this shared caregiving model as practical, longstanding, and reflective of how the family has consistently managed care responsibilities despite limited resources.

Child A was removed from the care of her mother, Olive, following concerns linked to Olive's disability and assessments that concluded she was unable to safely parent independently. Angelina reports difficulty understanding why the broader family's demonstrated caregiving capacity has not been given greater weight in decisions regarding Child A's placement, particularly where support from both family and external services is already established.

The family states that while they may have limited material resources, they believe Child A's strongest protective factor is remaining connected to family, culture, and known supports. Angelina expressed concern that Child A is currently experiencing harm in her placement, reporting repeated bruising and physical injuries that have been raised with child safety services on multiple occasions. Angelina reports that these concerns have not led to meaningful responses or reassurance that Child A’s safety is being adequately reviewed.

A significant issue identified by Angelina is that her own suitability as a potential carer has been negatively affected by assessments referencing disability. She reports that child protection assessments concluded she was not suitable to care for her granddaughter because she was considered “unfit” due to her disability. Angelina disputes this characterisation and states that she does not identify herself as unable to provide care, particularly given her history of raising seven children and the practical family support available to her.

This reflects a broader concern observed through SUFY advocacy that disability is frequently interpreted within child protection processes through a deficit lens, without sufficient assessment of practical supports, adaptive caregiving arrangements, or the ways family systems already compensate successfully for functional limitations. In many matters, diagnosis or perceived impairment becomes a primary risk indicator, rather than one factor considered alongside demonstrated parenting capacity and available support networks.

Angelina also reports distress regarding allegations made by the current kinship carer, including claims of drug and alcohol misuse, which she strongly denies. She states that she has repeatedly offered to undertake drug and alcohol testing to disprove these allegations, but reports that this has not been pursued by child safety. The family describe these untested allegations as highly damaging to their credibility and to their efforts to seek placement review.

Angelina is currently engaged with Legal Aid funded lawyer and attends court proceedings regularly to demonstrate her ongoing commitment to Child A and her wish to be considered as part of her granddaughter’s care. Despite this, she reports feeling uncertain that her voice, or that of her legal representatives, is making meaningful impact within the child safety processes.

The family also describe significant difficulty navigating the formal carer approval requirements required by child protection systems. Angelina questions why formal approval pathways create barriers where family care already exists in practice and where multiple family members, alongside NDIS-funded supports, are available to contribute to Child A’s day to day care.

Angelina reports that attending the child safety service centre is highly distressing and triggering, describing the environment as one where she feels closely watched, judged, and unable to engage safely. This has affected her ability to maintain contact with her granddaughter when visits are required to occur in the departmental settings. She notes that when contact occurs in community-based settings, she is better able to participate and maintain a connection.

The family report that they already received substantial support through NDIS funded services and believe that with these supports, combined with shared family care, Child A could safely remain within her immediate family network alongside her mother and grandmother.

This case demonstrates the importance of child protection systems assessing family capacity in a holistic way, particularly where disability is present. It raises important questions regarding whether assessments adequately distinguish between disability itself and actual parenting risk, and whether available family supports, adaptive care arrangements, and culturally safe family care are being sufficiently recognised.

For Aboriginal families, these issues are further heightened where decisions may unintentionally separate children from family, culture, and kinship supports without fully exploring family led protective arrangements. Angelina’s case study demonstrates the need for culturally responsive decision making that recognises the strengths of Aboriginal family systems and avoids assumptions that disability alone reduces caregiving capacity.

SUFY’s broader observation across similar matters is that where disability intersects with poverty, trauma, and statutory intervention, families often experience assessment processes as focused primarily on deficits rather than on strengths, supports, and culturally relevant care arrangements. This can lead to family exclusion even where practical caregiving capacity exists.

Angelina reports that despite attending every court date, engaging legal support, and consistently raising concerns, she remains uncertain whether the system is genuinely hearing the family’s concerns regarding both Child A’s current safety and the family’s capacity to provide care.