

When Care Becomes a Risk Factor

*Practitioner Submission into the systemic harm in Queensland's Child Protection System*

**Submitted By**



Social Worker

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I make this submission as a qualified Social Worker, supported by extensive additional training in attachment-informed and therapeutic child protection practice, and sustained, independent analysis of coronial findings, serious case reviews, and systemic child protection failures. [REDACTED]

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[REDACTED] I have worked directly with children, parents, carers, and frontline practitioners across the continuum of family preservation, reunification, and long-term care.

Over this time, I have observed a marked and accelerating deterioration in the physical, psychological, emotional, and relational wellbeing of children and young people within the child protection system, alongside a significant decline in the system's capacity to respond effectively and ethically. These outcomes are not the result of individual failings. They are the predictable consequence of systemic, structural, and policy decisions that have progressively dismantled relational, therapeutic, and preventative child protection practice.

The sustainability of foster and kinship care in Queensland has been critically eroded. Rising costs of living, housing insecurity, and broader economic pressures mean foster carer allowances no longer meet the basic costs of caring for children with complex needs. Many carers are now required to maintain dual incomes simply to survive, making traditional caregiving arrangements unviable.

Concurrently, carers are routinely marginalised within decision-making processes. While they are expected to provide children with safety, consistency, emotional availability, and genuine attachment relationships, core protective factors identified in decades of attachment and trauma research, they are frequently excluded from critical planning, disregarded when raising concerns, and framed as impediments to reunification or permanency decisions. This contradiction places carers in an impossible position and has contributed directly to carer burnout, withdrawal, and attrition.

The decline in foster and kinship care has directly driven the rapid expansion of and reliance on residential care models. It is well known that policy indicates residential care is designed for children aged 12 and above; however, in practice, 1 in 3 children in residential care are aged under 12 years. Even more alarmingly, this includes infants and children under the age of five years, notably the most critical periods of attachment formation and neurodevelopment.

Residential care in Queensland is largely a privatised model. While many individual workers demonstrate care and commitment, the model itself is fundamentally ill-equipped to meet the complex developmental, relational, and therapeutic needs of children who have experienced significant trauma. Financial imperatives routinely override therapeutic intent.

Children in residential care are frequently unsupported to engage with and maintain critical medical, psychological, and therapeutic appointments. Many are not engaged in any formal education. Family contact, including sibling contact, is inconsistently supported or actively undermined due to staffing shortages, rostering issues, communication failures, and inadequate training in trauma-informed practice.

Children are commonly placed with multiple unrelated peers, even where siblings exist in other placements, compounding trauma, dysregulation, and identity loss. They are poorly matched with peers, in manners where foreseeable and preventable risks of harm are dismissed. This can include

age gaps of close to a decade, and multiple children with documented and active trauma related sexualised behaviours placed together. These mismatches reflect that the individual needs of children cannot be consistently considered or met within the current system; placement decisions are often determined by bed availability rather than by developmental, safety, or therapeutic considerations.

Critically, children are not silent about their experiences. Children regularly, clearly, and repeatedly disclose experiences of harm in residential care, including physical and sexual assault, verbal abuse, intimidation, neglect, and emotional cruelty. These disclosures are often loud, consistent, and developmentally credible. Mandatory reports are made. The Department may acknowledge that placements are unsuitable or unsafe, yet no alternatives exist. Children remain in placements known to be harmful because there is nowhere else for them to go.

As a result, children as young as their early primary years are “self-placing” back into families of origin from which they were removed due to significant safety concerns. Not because risk has resolved, but because care placement feels more dangerous, more chaotic, and more frightening. Additionally, there exists a deep longing for reconnection to familial relationships that the system has not been able to support in safe, consistent and sustainable ways.

Families are systematically left without meaningful support across both preservation and reunification pathways. Evidence-based family support and therapeutic interventions, shown to improve safety and family functioning, thereby reducing removal of children, or supporting timely reunification, are frequently inaccessible due to limited funding and waitlists that can extend to twelve months or longer. During these delays, family dysfunction escalates to crisis and removal of children, or children remain in care, attachments deteriorate, and family capacity diminishes.

Legislative timeframes, procedural safeguards and Human Rights, particularly those related to the protection of families and children, are routinely breached. It is not unheard of that there are children and families engaged in the system for up to nine months before they receive an initial case plan.

Parents, particularly those with intellectual disability, mental health challenges, their own child protection and trauma histories, and limited capacity for self-advocacy have gone weeks or months without seeing or speaking to their children. During this time, children may experience multiple placement changes without parental knowledge. Supervised contact is not organised or cancelled due to resourcing shortfalls. Sibling contact is virtually non-existent, dissolving relational permanency. Phone calls and emails to follow up go unanswered.

Resultingly, children lose connection to their families, their stories, their identities, and their cultures. Cultural needs, particularly for Aboriginal and Torres Strait Islander children, are frequently inadequately assessed, inconsistently supported, or not meaningfully embedded in case planning, despite clear legislative and evidence-based obligations and practice frameworks.

Over time, the system has progressively moved away from best-practice, family-centred approaches. Family Group Meetings (FGMs), in their original, intended, and evidence-based form, as a family-led, strengths-based, culturally responsive decision-making process, have all but disappeared. Where FGMs occur, they are often reduced to a procedural step rather than a genuine mechanism for family empowerment, shared responsibility, and sustainable safety planning.

This loss is significant. International and Australian evidence consistently demonstrates that the authentic FGM model improves child safety, strengthens family engagement, enhances cultural connection, and reduces long-term system involvement.

Erosion of this practice is representative of a broader pattern, the displacement of therapeutic, relational, child-centred practice by risk-averse, time-pressured, administratively driven responses that fail to address the root causes of harm.

Escalating domestic and family violence, parental drug and alcohol misuse, housing instability, poverty, and an acute shortage of mental health and disability services are driving factors for system engagement. Early exposure to these factors sees young children increasingly present with severe mental health distress, complex trauma responses, and neurodevelopmental needs that the current system is not resourced or designed to meet, perpetuating statutory involvement across generations.

Frontline practitioners operate under unmanageable caseloads, chronic workforce instability, and sustained exposure to trauma. Many experience vicarious trauma and moral injury, knowing what children need, yet being structurally prevented from providing it. Despite this, workers continue to show up for children, often at significant personal cost to their own mental health and wellbeing. We need to be clear; the workforce is not failing children. The system is failing them both.

These failures within child protection directly increase children's likelihood of entering youth justice pathways. Elements of the system operate as a de facto feeder system to youth justice, not through intentional design, but through sustained systemic neglect that normalises harm, criminalises trauma-driven behaviour, and leaves children without protective relationships, advocacy, or meaningful support. Children in care are propelled toward youth justice by factors including repeated placement breakdowns, exposure to violence and abuse within care settings, exclusion from education, fractured family and cultural connections, untreated trauma and neurodevelopmental needs, and prolonged system involvement without therapeutic intervention. The pathway from child protection to youth justice is therefore both predictable and preventable, arising from systemic failure to meet children's fundamental needs for safety, stability, attachment, and dignity.

There is substantial national and international evidence demonstrating what works for children and families namely:

- Early intervention and the prevention of statutory involvement through support of families experiencing identified risk factors.
- Immediate access to intensive family intervention services in support of family preservation and prevention of entry into OOHC and the reunification of children to family;
- Attachment-informed, therapeutically supported foster and kinship care, adequately funded and genuine partnership with carers;
- Strict limits on the utilisation of privatised residential care, particularly for young children, with therapeutic governance and oversight;
- An authentic Family Group Meeting model that supports family-led, culturally responsive decision making;
- Stable staffing models and smaller caseloads;

- Guaranteed sibling contact and cultural connection as rights, not options;
- Integrated mental health and disability supports embedded and available within child protection responses.

These approaches are not aspirational. They are research-backed, ethical, and achievable.

I could tell this Inquiry real stories of real parents, real carers and real children. I carry them with me every day. They are children whose fear I have seen, whose distress I have heard and whose lives have been shaped by the decisions of this system.

These voices deserve to be heard first-hand. Too often they are absent from processes not because they have nothing to say, but because the system consistently fails to provide information, advocacy, access, support and safety to the very people it labels as vulnerable.

A child protection system that knows children are being harmed in its care and cannot offer safety has lost its moral authority and community trust. A system that removes children to protect them and then cannot meet their most basic needs has failed its purpose. Children matter. Families matter. Their pain is real, present, and preventable.

This Inquiry must be brave enough to name the harm, to listen deeply to those most affected, and to demand reform that restores human rights, relationship, trust and safety to child protection practice.

I urge you to listen to the children. The ones who are speaking now through this Inquiry, and the ones who no longer can. Fifty-seven. Fifty-seven children known to our system, lost last year alone. They are not numbers. They had real lives and real futures that we will never see. Their absence ripples through families, communities, and through every child still depending on the child protection system to keep them safe. I speak for them, for all the children lost before them, and for every child who will follow unless change is real, urgent, and unflinching.

Our children should no longer have to survive the system meant to protect them.

Signed,

