

**AAPI**

AUSTRALIAN ASSOCIATION  
of PSYCHOLOGISTS INC

*a true voice for psychology*

# Feedback to the Independent Commission of Inquiry into Queensland's Child Safety System

31 July, 2025

The Australian Association for Psychologists Incorporated thanks the Queensland Government for the independent Commission of Inquiry into Queensland's child safety system.

The Australian Association of Psychologists (AAPI) is a values-driven national peak body for psychologists that aims to promote the rich diversity of psychological practice in Australia. We advocate for the wellbeing of Australians and are motivated to comment on this bill due to the ongoing implications for the wellbeing of young people.

Please see our responses to the inquiry terms of reference below.

#### 1. Reforming the Residential Care System: Investigate models of care and the factors contributing to the growth and reliance on a billion-dollar residential care sector

The overreliance on residential care services (RCS) in Queensland reflects a systemic failure to build sustainable, community-based alternatives for children with complex needs. Residential care has become an increasingly default option, despite substantial evidence that it often lacks therapeutic value, especially when implemented in large institutional settings. Its high cost, combined with significant concerns about the quality of care, makes this reliance ethically and fiscally questionable. Poor outcomes include high rates of placement breakdowns, lack of family connection, trauma exposure, and increased youth justice involvement. Furthermore, residential care substantially restricts autonomy and limits opportunities for emotional and cognitive development.

Whittaker et al., (2003) showed in their research that alternatives like Multisystemic Therapy, Multidimensional Treatment Foster Care (MTFC), and Wraparound Services provide equal or better outcomes in less restrictive settings and at a lower cost. A therapeutic foster care model like TFCO-A is more effective in reducing behavioural problems without the potential iatrogenic effects found in RCS, including peer contagion, institutional repression, and neglect. The ideology behind the system of care movement strongly advocates for care within family and community-based environments, suggesting RCS should only be used when there is no other viable alternative and immediate safety concerns are present.

A reformed care system must be evidence-based, trauma-informed, and holistic, with an emphasis on smaller care environments that prioritise therapeutic relationships, continuity of care, and developmental outcomes. The Practice Framework's Nine Core Components, such as therapeutic milieu, residential carers as change agents, and trauma-informed care, must underpin all services. Reform should focus on investing in specialist foster care, wraparound models, and early intervention to prevent family breakdown. Public investment must be redirected toward upskilling the workforce, ensuring stability in placements, and fostering a relationship-based model that promotes healing, identity formation, and future security for children.

#### 2. Fixing a Broken System: Reviewing the effectiveness of Queensland's child safety system to keep children safe

Queensland's child safety system is not effectively keeping children safe, particularly those with complex and intersecting vulnerabilities. While child maltreatment is one of the leading causes for entering care, its roots in poverty, structural inequality, and trauma are too often overlooked. Research shows that economic hardship increases the risk of child neglect and abuse due to parental stress, mental health decline, and housing instability (The Home Stretch, 2020). The

child protection system too often responds punitively, removing children without addressing the broader socio-economic contexts that led to harm. This disconnection reinforces cycles of trauma and institutionalisation, rather than providing families with the resources they need to recover and thrive.

The existing system also inadequately addresses the complex psychological and neurodevelopmental needs of many children in care. A significant proportion of children in residential care present with intellectual disabilities or neurodevelopmental disorders such as ADHD, ASD, and FASD. When services are ill-equipped to manage these needs, children experience multiple placement breakdowns, escalating behaviours, and deteriorating mental health. This highlights the urgent requirement for trauma-informed, therapeutic models of care and for care environments that promote belonging, attachment, and a positive sense of identity.

Systemic failures include poor integration between child protection and allied services, insufficient family preservation strategies, and inadequate carer support. Carers are increasingly being asked to manage children with highly complex needs without appropriate training, clinical support, or respite.

Fixing this broken system demands a whole-of-government approach centred on prevention, early intervention, and long-term stability. Recommendations from the National Framework focusing on collaboration, continuity of care, and safety must be enacted with urgency. Investment in income supports, housing stability, and parent-focused interventions (including increasing mental health and substance abuse support) can drastically reduce the need for removals (Moeller-Saxone et al., 2016). System reform should embrace restorative family support practices, cultural healing frameworks for First Nations children, and a recommitment to building genuine partnerships with children, families, and communities to achieve sustainable safety and wellbeing.

Appropriately increasing mental health support for the young people in care, and the adults who support them, is vital. This could be immediately improved by reinstating the 10 additional Medicare subsidised Better Access sessions, as the current maximum of 10 sessions per year with a psychologist does little to work adequately with complex presentations that often coincide with the care system. The Medicare Better Access scheme also needs to be modernised, and the rebate increased to \$150 for all psychologists, so clients are able to access psychological care under bulk billing arrangements, or so they do not need to ration or forgo psychological supports due to an unsustainable gap fee.

### 3. Safer Children: Systemic and policy failures that have impeded the Department's ability to protect children at risk of harm in Queensland

The Queensland child protection system continues to struggle with protecting children from harm due to deeply embedded systemic and policy failures. A critical issue is the overrepresentation of children in care who have experienced long-term trauma, neglect, and failed early intervention (The Home Stretch, 2020). The system often responds too late, after cumulative harm has occurred. Furthermore, frontline staff operate in high-pressure environments with heavy caseloads and limited resources, which compromises their ability to build trust-based relationships with families and children (Cameron-Mathiassen et al., 2022). This results in reactive rather than proactive responses, and an over-reliance on out-of-home care instead of prevention and early intervention.

Residential care settings, designed for children with the most complex needs, are consistently failing to provide safety and psychological containment (Gutterswijk et al., 2020). Many children report feeling unsafe due to peer violence, lack of warmth from carers, and institutional environments that mirror previous traumatic experiences (Cameron-Mathiassen et al., 2022). Studies highlight the impact of negative peer dynamics, staff instability, and lack of therapeutic engagement, all of which further traumatise vulnerable children. Violence and neglect within care, particularly large-scale or poorly supervised institutions, not only replicate trauma but contribute to the intergenerational cycles of abuse the system aims to prevent.

Another major policy failure is the absence of effective transition planning for young people exiting care. Youth are being thrust into independence without the scaffolding that other young adults receive from their families. The result is high rates of homelessness, involvement in the justice system, and mental health crises among care leavers (Bath, 2008). As seen in the United Kingdom and New Zealand, extending care to age 21 leads to improved education, employment, and housing outcomes. Yet Queensland remains behind in offering this support at scale, despite economic analyses showing a 2.69 benefit-to-cost ratio for extending care to 21 (The Home Stretch, 2020).

For children to be genuinely safe, reform must prioritise child-centred policy design, quality assurance in all care settings, and post-care planning as an integral part of service delivery. Investments must be made in the carer workforce, including training in trauma-informed and therapeutic care, supervision, and staff retention (Porter et al., 2021). Critically, children must have a voice in shaping their care environment, with greater participation in decision-making. Without addressing these fundamental issues of safety, continuity, trust, and developmental needs the Department will continue to fail its core mandate; protecting children at risk of harm (Crane et al., 2014).

Wood et al., (2022) stated that ‘...it would be ideal to increase family income for all people in poverty through changes to welfare benefits, reducing economic inequality and bringing the social benefits found in more equal societies...’. A relationship between poverty and child maltreatment is well established in research evidence. Child maltreatment is in turn a key reason for children being removed from their birth families into out-of-home care

Individual-level studies have reported higher rates of maltreatment in families facing economic disadvantage (Wood et al., 2022).

#### 4. Safer Communities: Evaluating the Department as a corporate parent and its ability to meet community expectations around parenting

As a corporate parent, the Department’s ability to provide consistent, loving, and responsive care is gravely inadequate. Community expectations around parenting involve nurturing emotional connections, offering stability, supporting education and personal development, and fostering a sense of belonging, all of which are difficult to achieve in large institutional environments or through fragmented care services. Many young people report that residential care does not feel like a home (Calheiros et al., 2014). They experience control rather than empowerment, emotional detachment rather than connection, and fear rather than safety (Crane et al., 2014). These deficits fundamentally fail to meet the obligations of a parent, particularly for children who have already endured significant trauma and loss.

Research highlights that a young person’s sense of ‘home’ is tied to relational continuity, emotional safety, and agency (Crane et al., 2014). These qualities are often missing in the

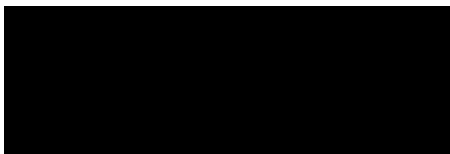
Department's approach. Young people report feeling unheard and unimportant, and relationships with carers are often short-term or disrupted by staffing changes. While friendships among peers in care offer solace, they are frequently marred by peer violence and lack of adult protection (Wall et al., 2013). Children who cannot trust adults in their care environment are unlikely to form secure attachments or develop a sense of agency and belonging (Whittaker et al., 2023). This leads to developmental delays, self-doubt, and disengagement from education and community life.

Young people transitioning from care frequently face a compressed, unsupported leap into adulthood. Unlike their peers, they do not have the support of a family network to guide them through employment, education, housing, or relationships (Wall et al., 2013). They are disadvantaged not only by their past experiences but by the systemic failures of a corporate parenting model that does not offer lasting support. Extending care to 21 and investing in personalised, relationship-based transition planning is vital. These young people deserve the same commitment, consistency, and love that any good parent would provide (Victoria & Campaign, 2020).

To meet community expectations, the Department must undergo cultural transformation, viewing every decision and action through the lens of what a good parent would do. This includes prioritising permanency, stability, love, and the rights of children to participate in decisions that affect them. Services must be designed with children, not just for them, and foster environments where they feel safe, cared for, and understood. Corporate parenting should not be a bureaucratic concept but a lived reality of support, stability, and care that endures as children grow into adulthood (Moeller-Saxone et al., 2016).

Thank you for providing us with the opportunity to work on this issue. We look forward to working closely with you in the future to improve the experience of all young people in care in Queensland.

Sincerely,



Carly Dober  
Psychologist & Policy Coordinator  
Australian Association of Psychologists Incorporated



[www.aapi.org.au](http://www.aapi.org.au)

## References

- Bath, H. (2008). Residential care in Australia, Part I: Service trends, the young people in care, and needs-based responses. *Children Australia*, 33(2), 6-17.
- Calheiros, M. M., & Patricio, J. N. (2014). Assessment of needs in residential care: Perspectives of youth and professionals. *Journal of Child and Family Studies*, 23, 461-474.
- Cameron-Mathiassen, J., Leiper, J., Simpson, J., & McDermott, E. (2022). What was care like for me? A systematic review of the experiences of young people living in residential care. *Children and Youth Services Review*, 138, 106524.
- Crane, P., Kaur, J., & Burton, J. (2014). Homelessness and leaving care: The experiences of young adults in Queensland and Victoria, and implications for practice.
- Gutterswijk, R. V., Kuiper, C. H., Lautan, N., Kunst, E. G., van der Horst, F. C., Stams, G. J. J., & Prinzie, P. (2020). The outcome of non-residential youth care compared to residential youth care: A multilevel meta-analysis. *Children and Youth Services Review*, 113, 104950.
- Moeller-Saxone, K., McCutcheon, L., Halperin, S., Herrman, H., & Chanen, A. M. (2016). Meeting the primary care needs of young people in residential care. *Australian family physician*, 45(10), 706-711.
- Porter, R., Mitchell, F., & Giraldi, M. (2021). Function, quality and outcomes of residential care: Rapid evidence review.
- Souverein, F. A., Van der Helm, G. H. P., & Stams, G. J. J. M. (2013). 'Nothing works' in secure residential youth care?. *Children and Youth Services Review*, 35(12), 1941-1945.
- The Home Stretch. (2020). *Extending care to 21 years: The case for Queensland*. Home Stretch Campaign. [https://thehomestretch.org.au/site/wp-content/uploads/2020/06/2020\\_Home-Stretch-report\\_Qld-edition\\_final\\_v1.1.pdf](https://thehomestretch.org.au/site/wp-content/uploads/2020/06/2020_Home-Stretch-report_Qld-edition_final_v1.1.pdf)
- Wall, S., Redshaw, S., & Edwards, K. (2013). Beyond containment: Driving change in residential care: A Queensland, Australia model of therapeutic residential care. *Scottish Journal of Residential Child Care*, 12(1).
- Whittaker, J. K., Holmes, L., del Valle, J. F., & James, S. (Eds.). (2023). Revitalizing residential care for children and youth: Cross-national trends and challenges.
- Wood, S., Scourfield, J., Stabler, L., Addis, S., Wilkins, D., Forrester, D., & Brand, S. L. (2022). How might changes to family income affect the likelihood of children being in out-of-home care? Evidence from a realist and qualitative rapid evidence assessment of interventions. *Children and Youth Services Review*, 143, 106685.