



## Earl & Shana's story

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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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Dear Commissioner,

We respectfully provide this submission to the Commission of Inquiry regarding reunification practice in Queensland and the management of attachment continuity for children who have experienced long-term foster care.

We make this submission in good faith and in support of safe and sustainable family reunification. We bring more than 25 years of continuous foster care experience in Queensland, having cared for over 300 children, including complex and high-needs placements. We also have professional backgrounds in policing and psychology.

Our concern is not with the principle of reunification. Rather, it relates to systemic practice issues in the management of attachment continuity during and following reunification from long-term carers, and the governance and oversight mechanisms that apply while a child remains subject to statutory intervention.

### 1. Context

In 2020, a newborn child was placed in our care at 10 days of age. The child remained continuously in our care for two years. She was then placed with kin for just over a year. During that time, we maintained regular contact and provided respite support, preserving a strong relational bond. When that placement broke down, the child returned to our full-time care.

By late 2024, the child was four years of age and had spent the majority of her life in our care. Departmental documentation during this period acknowledged her attachment to us and identified separation anxiety, relational vulnerability, and the importance of maintaining stable relationships within case planning.

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In late 2024, the Children’s Court ordered reunification with the child’s mother. We supported this process and cooperated fully with a gradual transition plan involving progressively increased contact and overnight stays.

Reunification was completed in January 2026.

The child is now approaching six years of age.

Immediately following reunification, all contact between the child and ourselves ceased.

## **2. Practice Concern**

The concern we respectfully raise is not reunification itself, but the apparent practice approach of complete and immediate cessation of contact between a child and her long-term primary attachment figures.

The explanation provided to us was that “breathing space” was required to allow consolidation of the mother and child attachment.

We understand the importance of supporting parental attachment. However, contemporary attachment and trauma-informed frameworks consistently emphasise:

- the importance of relational continuity for children who have formed secure attachments to long-term carers
- the risk of emotional distress associated with abrupt severance of primary attachment relationships
- the value of structured, time-limited, supported contact during transition
- the need for gradual adjustment rather than binary relational shifts

The concept of “breathing space”, as explained to us, appeared to operate as an informal practice rationale rather than as a clearly defined, evidence-based planning framework with articulated review mechanisms.

We respectfully suggest that, where children have formed primary attachments to long-term carers, any decision to discontinue contact should be supported by documented clinical reasoning and subject to structured review.

## **3. Case Planning, Statutory Obligations and Oversight**

The child remains subject to a current child protection order and one of us continues as a party to proceedings.

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In this context, decisions regarding contact occur within an ongoing statutory and court oversight framework.

We have not been provided with any updated case planning documentation addressing the cessation of contact, nor with any articulated timeframe or review mechanism. We have been advised that the child's counsellor supports the cessation of contact, but no written clinical rationale, risk assessment or documented review structure has been provided to us.

We respectfully submit that this raises systemic questions regarding:

- compliance with case planning obligations under the Child Protection Act 1999
- the transparency of decision making where significant attachment relationships are affected
- the alignment of operational practice with statutory best interests principles
- the alignment of operational practice with statutory principles for achieving permanency, with reference to Section 5BA (2)(a)
- the adequacy of oversight mechanisms while protection orders remain in force

Where protection orders are current, and where court oversight continues, clarity, documentation and review mechanisms are particularly important to ensure decisions are demonstrably grounded in the child's safety, wellbeing and emotional stability.

#### **4. Relevance to the Commission's Terms of Reference**

We understand that the Commission is examining systemic issues within Queensland's child safety system, including governance, decision making, case planning, oversight and the safety and wellbeing of children subject to statutory intervention.

We respectfully submit that post-reunification attachment management falls squarely within this scope, particularly in relation to:

- whether current policies and practice guidance adequately address attachment continuity for children returning home after long-term care
- whether decisions affecting significant attachment relationships are required to be documented and reviewable
- whether sufficient safeguards exist to ensure trauma-informed practice during reunification
- how accountability operates where discretion is exercised administratively while court orders remain in force

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We are aware through foster care networks that similar experiences have occurred in other matters. This suggests the issue may not be isolated but may reflect broader practice patterns requiring systemic consideration.

## 5. Submission

We respectfully submit that Queensland would benefit from clear, evidence-based guidance regarding post-reunification attachment continuity, including:

- structured and time-limited transition frameworks
- documented clinical reasoning where contact is ceased
- explicit consideration of continuity of care within case planning
- defined review mechanisms while protection orders remain current
- transparent alignment between attachment science and operational decision making

Our intention is not to challenge reunification as a principle, but to encourage systemic clarity to support children and families in achieving sustainable and trauma-informed outcomes.

We thank the Commission for its consideration.