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About Queensland Youth Housing Coalition (QYHC)

The Queensland Youth Housing Coalition Inc. (QYHC), established in 1984, is a not-for-profit state-wide peak body and coalition of organisations and individuals. We are a significant voice for and with young people impacted by homelessness and the various service systems they navigate. Our focus is on ending youth homelessness and addressing the underlying causes.

The vision of the Queensland Youth Housing Coalition is: All young people safely housed.

QYHC is committed to improving the life opportunities and wellbeing of young people impacted by homelessness by working collaboratively across government and non-government organisations and the private sector to address homelessness, through the provision of housing, and addressing the multitude of intersecting issues that impact wellbeing such as poverty, access to education, health services, income, safety, and social inclusion. QYHC acknowledges that connection and relationships are key for all young people and underpin our collective work.

This is supported through our Strategic Plan 2025-2030.

QUEENSLAND YOUTH HOUSING COALITION (QYHC) STRATEGIC PLAN 2025-2030



ADVOCACY



In Summary

There is significant evidence to demonstrate that:

- I. Children and young people need a safe place to call home with the support and guidance required for each stage of their growth and developmental journey.
- II. Regardless of circumstances, children and young people need at least one adult in their life who never gives up.
- III. Connection to family, kin, culture and place is key for children and young people.
- IV. A consistent whole of government, multi-systemic focus on prevention and early intervention is urgently required.
- V. Early intervention policies and programs must be developed in consultation with communities around Queensland – led by communities through a place-based model that ensures immediate and appropriate responses. Access needs to be ensured and any barriers to access identified and addressed.
- VI. Families who struggle with meeting the needs of their children due to health, social or other factors need support to improve their families' circumstances.
- VII. When meeting the needs of families, we need to look at the whole family unit; both parents and important kin relationships.
- VIII. Supporting families is a far more socially robust and fiscally responsible option. Half a million dollars to support a child in residential care in Queensland is most often better spent in supporting families to ensure children and young people can remain connected to their family, local community and culture and stay home.
- IX. Organisations working with children, young people and families need adequate resourcing to carry out this complex and nuanced work and an organisational culture that promotes safety, human rights, wellbeing, and personal agency, through a well-supported and skilled workforce. Understanding power dynamics inherent in helping relationships, in particular, abuses of power is paramount.
- X. Removing children and young people from their home is traumatic. Young people in care need trauma counselling and supports that recognise their needs at all stages of their growth and developmental journey.
- XI. Children and young people in statutory care need stability for long term wellbeing, which is too often lacking. This includes ensuring that they have a place to call home upon turning 18 and ensuring appropriate planning for this key transition at the time of entering care to prevent homelessness.
- XII. Aboriginal and Torres Strait Islander children and young people constitute around 50% of those in care whilst only being 8% of the population. Proactive steps to address the over representation of First Nation children and young people in the

statutory child protection and youth justice systems is a priority. This includes meeting the national agreed goals for Closing the Gap.

- XIII. Young people need greater agency in their lives. The institutional aspects of care need to be urgently addressed. The lack of certainty about where they will live, who they live with, turnover of key support people (including CSO's) creates a lack of stability, uncertainty, sense of future and knowledge of who to turn to for support. In turn this impacts the ability to set goals and clarity around expectations. Impacts include simple tasks, such as knowing who to seek permissions from for school excursions, transport or social opportunities, can feel insurmountable to young people.
- XIV. When a child or young person is taken into care, their access to family, including siblings, needs to be prioritised and occur regularly.
- XV. The trend of important relational social work practice being reduced to procedural compliance needs to be urgently reversed. The support work provided to children and young people is key to their wellbeing, particularly after being removed from their loved ones. Quality practice needs to be central to any child protection department and associated service providers, alongside respect and support for those carrying out this most vital service.
- XVI. Children and young people need consistent support staff in their lives and comprehensive, holistic responses to the myriad of intersecting needs including health, education, wellbeing, family connection, social and community connection. Organisations and government departments focused on staff wellbeing, staff attraction and retention and healthy and safe organisational cultures are integral to quality child protection.
- XVII. All the needs of children and young people must be responded to in a timely manner and barriers need to be actively and purposefully removed.

A research snapshot

Governments increasingly recognise that strong outcomes for children are essential to a healthy and prosperous society. Evidence consistently shows that children and young people who encounter child protection or youth justice systems experience poorer psychological, educational, and employment outcomes than their peers (Stevens & Gahan, 2024).

Recent inquiries across Australian jurisdictions have highlighted the need to shift investment toward prevention and early intervention to reduce the number of children entering these statutory systems (Stevens & Gahan, 2024). These approaches focus on addressing the underlying risk factors that contribute to care entry and have demonstrated effectiveness in reducing the incidence and long-term impacts of child maltreatment. Strengthening prevention and early intervention is therefore critical to improving the safety, wellbeing, and long-term life outcomes of children, young people, and their families (Commonwealth of Australia, 2021; Stevens & Gahan, 2024).

Approaches in Australia’s child protection systems remain predominantly crisis-driven, with statutory intervention occurring only after harm has already occurred. Systems are overwhelmed by demand, intake processes struggle to identify families needing early help, and investment remains heavily weighted toward tertiary responses rather than prevention (Bromfield, 2025). The evidence highlights the need for population-level early intervention, noting that the number of children experiencing adversity is far greater than the number who ultimately enter care. Universal and secondary supports—such as family services, youth programs, and housing stability initiatives—are therefore essential to reducing escalation and supporting families earlier (Bromfield, 2025).

Reviews and inquiries into Queensland’s child protection and youth justice systems have reinforced the urgent need to strengthen prevention and early intervention responses. The Queensland Family and Child Commission’s *Service systems designed to prevent involvement in child protection and youth justice: Literature review*, (Graham et al., 2024) highlights that prevention-focused service systems are essential to reducing statutory involvement and improving outcomes for children and young people. The review identifies that early intervention programs addressing family stress, housing instability, parental mental health, and domestic and family violence are among the most effective strategies for reducing risk and preventing system entry (Graham et al., 2024).

Current expert advice calls for whole-system redesign rather than incremental reform. This is not new, consecutive inquiries and research has clearly called for a responsive, integrated and progressive system (Lonne et al., 2009; Ungar et al., 2014). Key priorities include shifting investment toward early help, integrating child protection with housing, health, education, and youth services, strengthening the early-intervention workforce, embedding lived experience in system design, and establishing shared accountability

across agencies (Bromfield, 2025). Collectively, these directions provide a clear roadmap for reducing entry into care and improving outcomes for children, young people, and families.

Longitudinal research on early childhood intervention demonstrates the long-term benefits of early support. A 20-year Queensland study found that early intervention “can halve the rate of juvenile offending” and that implementing these findings could “transform the social landscape in Queensland within a decade” (ABC News, 2024; Allen et al., 2024; Homel et al., 2015). This provides strong evidence that early support changes developmental trajectories and reduces later system involvement.

Evidence across jurisdictions shows that early intervention reduces entries into care, improves stability, and strengthens family functioning:

- The NSW review into out-of-home care emphasises that the most effective way to keep children safe is to strengthen families before risks escalate (New South Wales Department of Communities and Justice, 2024).
- The Australian Institute of Health and Welfare reports that early and consistent family support reduces the likelihood of children entering out-of-home care (AIHW, 2023).

This aligns with what young people repeatedly tell inquiries: they want their families supported, not separated. Child protection reviews consistently show that early intervention is both more humane and more financially sustainable:

- The Carmody Inquiry found that “every dollar invested in early intervention saves many more in statutory responses and long-term care” (Queensland Child Protection Commission of Inquiry, 2013, para. 11).
- The NSW review noted that the current system allocates the largest share of funding to the part of the system that delivers the least impact, with the majority of funding tied up in crisis and OOHC rather than prevention (New South Wales Department of Communities and Justice, 2024).

Children who experience abuse and neglect have worse health, developmental and long-term life outcomes than other children. Numerous reports have highlighted the crisis-oriented child protection system and the urgent need to invest in the prevention of child maltreatment and its consequences (Falster et al., 2024). Informing effective planning and implementation of primary and secondary prevention measures, such as targeted supportive interventions, requires robust data. This includes population level data about the incidence of who is likely to require such services (Falster et al., 2024). It is only when we have accurate data that services can be designed and appropriately resourced to meet the needs of children, young people and their families at risk. This requires a whole of government approach to capture existing data that already provides insight into interactions with the child protection and other related systems (Falster et al., 2024).

Falster et al. (2025) analysed linked population-level data from New South Wales and South Australia, examining children's developmental outcomes at age 5 in relation to their child protection (CP) contact before school. The study used birth records, child protection records, and Australian Early Development Census (AEDC) data. Children with any form of CP contact reports, screened-in reports, investigations, substantiations, or OOHC, had higher rates of developmental vulnerability at age 5 compared with children with no CP contact. The authors argue that child protection systems tend to treat reports as administrative events rather than opportunities to connect families with support. Moreover, their analysis also highlighted the opportunities for prevention and early intervention if child protection contact was re-envisaged as a prevention opportunity to support child development and wellbeing (Falster et al., 2024).

A Consistent Whole of Government and Community Focus on Prevention

Whilst QYHC recognises there has been some investment in early intervention since the previous Queensland Child Protection Commission of Inquiry - the Carmody Inquiry (2013), it has barely scratched the surface of what remains a tertiary intense crisis response service system. One that will continue to consume significant resources because the prevention and early intervention work has not been adequately or holistically developed or implemented in an integrated government and community system response. It has been at best ad hoc and at worst – incredibly difficult to access services in order to provide services to vulnerable families, their children and young people.

Two of the most important questions to ask are:

- 1. Why do we continue to return to tertiary responses in spite of decades of research and practice wisdom advising the contrary?**
- 2. What is it that makes it so difficult to intervene early and respond effectively to need, instead of waiting until crisis to respond when we know the impacts of interventions in such chronic circumstances are far less likely to be effective?**

We refer to a previous submission to the Carmody Inquiry by the AASW/PeakCare Child Protection Practitioner's Group (CPP Practice Group) and endorse their prevention and early intervention modelling. 13 years ago, the CPP Practice Group recommended a reconceptualisation of the child protection system, one that aligned with the National Framework for Protecting Children and considered a whole of community and government approach to addressing the significant issue of protecting children from harm and supporting their families and carers to do so. 13 years on, this reconceptualisation remains as a valid solution to the systemic issues that are ongoing.

This submission was based on the strong body of evidence pertinent to focusing on meaningful and holistic child and family wellbeing as opposed to responding only to immediate risk of safety. Research in this area remains as consistent today as it was over a decade ago. Lonne et al. (2009, p.7) argued that some of the key challenges facing our child protection systems in Western democracies include:

- The need for a renewed focus on child and family wellbeing rather than investigation and surveillance.
- A new ethical framework with a well-articulated value base.
- A return to a relationship-based practice and genuine partnerships with children and parents.
- Accessible and integrated programs and services that are embedded within neighbourhoods and communities.
- Child and family informed practice.
- A long-term focus on outcomes of children, families, neighbourhoods and communities ‘over time’.

The above key considerations capture the essence underpinning the conceptual model that was presented and is outlined in page 12 of this submission.

In Queensland, we recognise an endeavour to return to more relational models of practice and interventions as opposed to the forensic focus in child protection work, as recommended by the CPP Practice Group. This needs further attention and a commitment to ensure all staff are supported through holistic learning and development models across all organisations working with vulnerable families, children and young people. This includes professional supervision external to organisations that is focused on staff wellbeing and capacity – not line management.

Whilst we need to remain cognisant that there are some parents who operate as perpetrators in both their behaviour and their intent, they represent a small minority of parents in the statutory child protection system. Comprehensive assessment is required to ascertain when parents are genuinely struggling with their roles and therefore require family support intervention as opposed to a legalistic and forensic intervention (Bromfield, 2025; Homel, et al., 2015; Lonne et al., 2009).

Working alongside children and families as opposed to a forensic approach that relies on investigation and intervention resulting in a corresponding ‘to do list’ of requirements to demonstrate their capacity, has been convincingly demonstrated over years as being more effective (Hardy & Darlington, 2008; Turnnell & Edwards, 1999). This involves offering genuine assistance and wrap around support instead of a reductionist and punitive response; children need a supportive family that is supported in turn by the community and broader society (Bromfield, 2025; Turnnell & Murphy, 2017). This is exemplified in the conceptual model developed by the CPP. Below is an extract from the original submission.

Reconceptualising the child protection system

Child abuse and neglect do not occur in isolation, rather in context. It cannot be easily disentangled from individual, family and community issues such as poverty, mental health, drug and alcohol dependency, domestic violence, homelessness, and social isolation. Most families would be able to identify someone close to them who may have experienced any number of these issues at one time or another. Indicators such as the significant increase in the rates of reporting to child protection authorities and the projected growth of children entering out of home care (with an Aboriginal or Torres Strait Islander child being ten times more likely to be in out of home care than any other child in Australia) (AIHW, 2023) suggest that further work is urgently required to address these issues.

The initial challenge in addressing the issues is to understand how the current system responds to concerns regarding children and families. Drawing upon the expertise of international child protection advocates such as Dr Bell, Dr Sanders and Dr Pecora, before commencing systems reform, we first need to establish what are the current 'rules' that maintain the status quo? What would we like to see in a system that protects children? How do we get there and who are the key stakeholders we need to engage? Most importantly, how will we know when we are there? Historically, we have separated the child from the family and the child/family from the community.

We need to re-think the paradigm to one of inclusiveness that sees the child/family and community as a whole - as the "client" in relation to service delivery. As illustrated below, using a public health model, the key interventions to prevent the occurrence or recurrence of abuse and neglect can be broadly categorised as primary, secondary and tertiary interventions aimed at responding to the needs of children and families as they arise. All elements are critical in establishing an effective and responsive system that protects children.

Intervention services continue to focus on mothers, with less support to the father, with 'mother blaming' continuing to be a key theme in service provision (Azzopardi, 2021; Scourfield, 2006). The whole family unit needs to be supported for intervention to be successful. Further, where there are strong kin who are active participants in the family unit, they need to be included in the support.

Whilst recognising the important role that universal and secondary systems play in responding to children and families who voluntarily seek support in times of need, it is within the cohort of families that are resistant to help that the overreach of tertiary services exists. When concerned about children that come to their attention, overstretched universal and secondary services report their concerns to the tertiary agency, legitimately citing the limitations of their role and their inability to engage with families that are involuntary.

Even with the knowledge that child protection authorities are unlikely to respond, the report itself fulfils organisational obligations and shifts this risk of inaction to tertiary services. These families often accumulate a lengthy history of reports (each an indication that a child may be harmed and each a missed opportunity to intervene) prior to any intrusive tertiary intervention.

A number of studies have been conducted and models developed that have considered the type of treatments, support, and staff training required to provide services to families at the highest level of risk. In a study conducted by Crittenden (2009; 2017) of child protective services in Florida she identified and described 5 different levels of families.

These are described below (with adaptations made to the definitions):

Level 1: “Independent and adequate” - Families who are able to meet the needs of their children by combining their own skills, help from friends and relatives, and services that they seek to use. They are competent in resolving problems and crises.

Level 2: “Vulnerable to crisis” - Families who need temporary help in resolving unusual problems; otherwise, they function independently and adequately. Common precipitating crises include death of family members, natural disasters, loss of employment, caring for family members with disabilities.

Level 3: “Restorable” - Multi-problem families who need training in specific skills or therapy around specific issues. With therapy, education and support, new skills and knowledge will be developed and sustained over time. Interventions may last up to 2 years duration and may require active case management to organise the sequence of service delivery and to integrate the services. Following the intervention, it is expected that the family will function independently and adequately.

Level 4: “Supportable” - For these families no rehabilitative services can be expected to lead to independent and adequate functioning; but with specific and ongoing services, the family can meet the basic physical, intellectual, emotional, and economic needs of their children. Services will be required to scaffold the family's inabilities until all the children are grown. Examples of such families include those with chronic mental health issues, chronic history of alcohol or drug use; disabilities; or intellectual impairments.

Level 5: “Inadequate” - Families remain involuntary to supports or the provisions of services available are insufficient to enable these families to meet the basic needs of their children, now or in the future.

Permanency through alternative care arrangements should be considered. In spite of the needs of the children and families Crittenden (2009) found that many were only receiving a parenting group and no other adequately designed interventions were made available to the families. It was found that the children and parents were not making any gains at all and as the children got older more behavioural and emotional disorders were apparent. Clearly the children and families who often come to the attention of statutory services are at the three highest levels of risk of this model; “restorable”, “supportable” and “inadequate”, and, as pointed out by Crittenden (2009), require complex and intense services to address their needs. Although this research is dated, its relevance endures; with consistent research building on this. The gap lies not in the evidence base but in our failure over decades to act on it.

A reconceptualised Solutions Focused Model for the wellbeing and safety of children and families.

The designed Solutions Focused Model for protecting and safeguarding children (referred to as the Conceptual Model) reflects an ecological systems approach, designed to establish a system that protects children. In accordance with the National Child Protection Framework, the model is designed to demonstrate the fluidity in which families can transfer between non-stigmatising systems, accessing the required services to address their needs in a responsive and timely manner. The filters between each level are symbolic of how each respective level will 'capture' families and prevent them from slipping through the gaps. The goal is to engage families within well-resourced universal and secondary systems, where they voluntarily access early intervention and prevention services.

The model reflects the work of McCroskey (1998, cited in Boyle, 2013) in that “no service program can provide all that is needed to support and strengthen every family. A system of well-coordinated, accessible, family centred services must rest on a foundation of a healthy community that affords adequate basic services and opportunities for education, housing, and employment. Efforts to strengthen family-centred services will be insufficient unless the basic needs of families are met.”

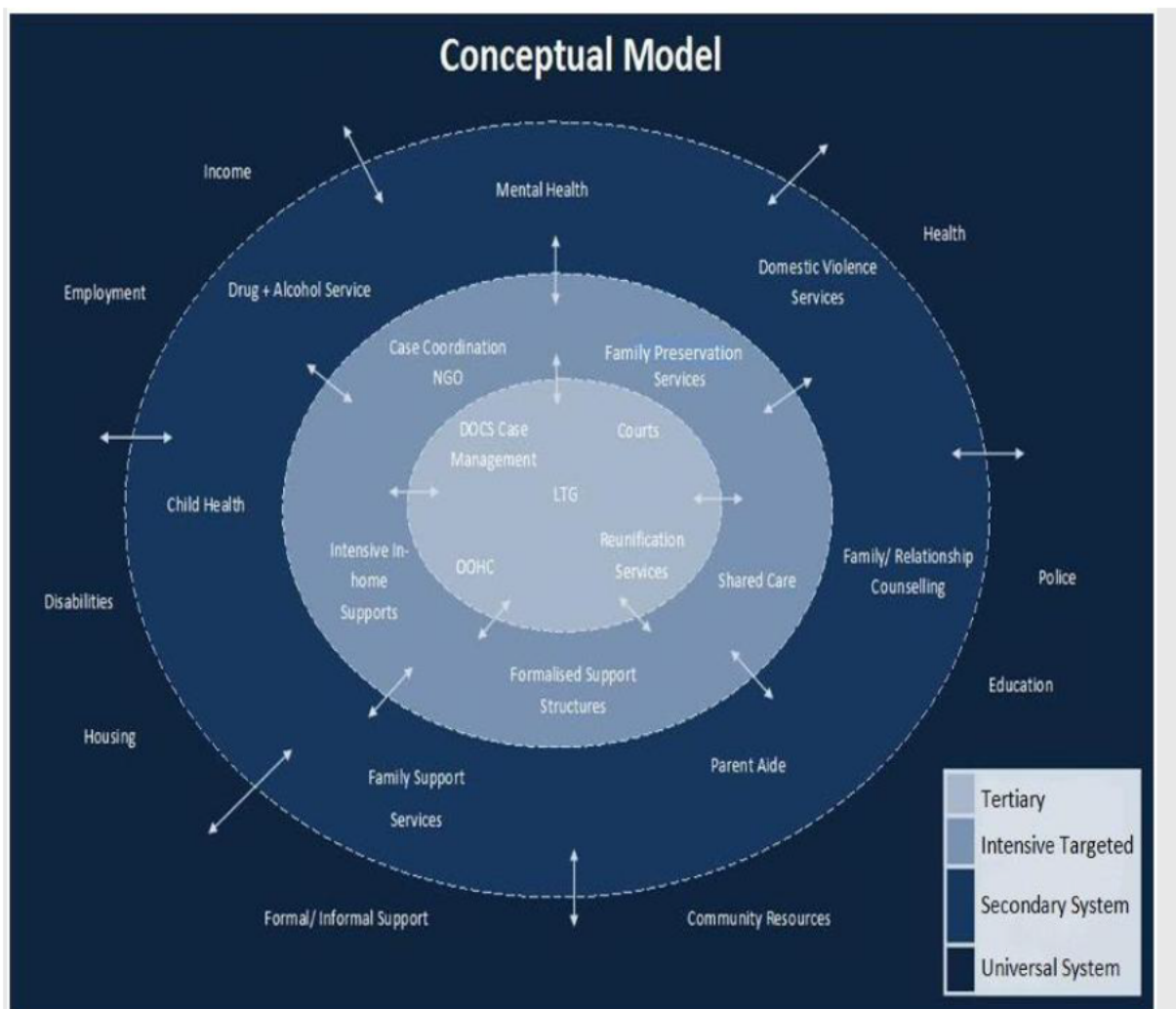
Services within the Universal System are referred to as prevention services. Individuals and families, regardless of circumstances, are entitled to receive services within the Universal System. Families are able to voluntarily access these services as required. Services within the Secondary System are referred to as early intervention services, aimed at targeting families who are “at risk” for child maltreatment, due to the presence of one or more risk factors associated with abuse or neglect. Secondary interventions generally involve early screening or voluntary referral to identify children who are most at risk. If eligible, families may access a range of services and supports, including home visiting, parent education, relationship counselling and skills training to address the associated risk factors. However, as with preventative services, families must be voluntary in order to access early intervention services and supports.

The model acknowledges the current and apparent, growing gap that exists between those voluntary families who access supports willingly and independently and those families who are resistant, incapable or involuntary. These families represent the largest cohort of families referred to statutory authorities and sadly, over time, it is the children within these families with multiple and complex needs who represent the highest risk of entering the out of home care system. To provide a practice insight, statutory authorities make decisions to open interventions to families based on an assessment of harm or risk of harm, and parental willingness and ability to meet the care needs of their child. The decision about whether the level of intervention required (in-home or out of home care) is often based on an assessment of safety. The decision to remove a child is usually made following an incident of harm or to prevent the likelihood of such, commonly made at a time of familial crisis, where primary carers and supports are unable to meet the conditions of safety required to ensure the child remains safe. Statutory authorities are therefore required to increase the level of intrusiveness to ensure the child’s needs are being addressed, frequently resulting in removal. Furthermore, common practices around returning children to their family

home requires parents to address case plan goals to reduce the likelihood of future harm; not on an assessment that the crisis has been resolved and the conditions of safety have been re-established. As we know, these issues of harm require many years to address, if indeed they are to be addressed at all. This process can become more complicated by the adversarial relationship that can exist between the statutory agency and the parents during lengthy and conflictual court processes.

The Conceptual Model proposes a system that provides a different response to children and families in times of crisis, especially when children are at imminent risk of removal. The Conceptual Model also highlights the importance for services across the Universal and Secondary Systems to provide ongoing access to services for children and families, rather than shifting responsibilities (and blame) to the Tertiary System. The Conceptual Model imagines what could be if we focused on responding to families as per the national child protection framework at the right time, namely as early as possible in the process of support being required.

Diagram: Reconceptualising the child protection system



The report can be accessed here: [Child-Protection-Practitioners-Practice-Group-Response-to-Discussion-Paper.PDF](#)

“I was there” What Young People say about statutory care experiences and their hopes for young people coming through the system into the future.

This section is based on the research that QYHC has undertaken through our reference groups with young people and discussions with service providers over many years. It is very easy when looking at the statistics pertaining to the needs of children in care to forget that every statistic is a child, with a right to all the hopes and dreams of all children in Queensland. Yet we know without a shadow of a doubt that this is not the reality for children and young people in care. Rarely do they enjoy childhoods free from trauma, abuse, stigma and isolation. That is not to say that young people with a care experience do not all thrive, many do. However, the demonstration is that too often they do so in spite of their adverse experiences and limitations of their upbringings. They then have years of healing and rebuilding their lives ahead. Our aim as a society needs to be to raise holistically well children and young people able to cope with the challenges of life. Too often in this system, children and young people are traumatised and harmed and begin their adulthood on negative trajectories for those whose self-worth has been significantly impaired.

There are very few young people we have spoken with over the years who, upon reflection of their care experiences and life circumstances leading to them being taken into statutory care, believe they were best served by being in care. For many, this is their observation of their peers too. In a recent conversation, several young people stated that they believe that approximately 10% of the children and young people in care absolutely need to be there. Most needed assistance for their parents to be OK – either with financial assistance, mental health support or domestic and family violence intervention.

However, for the other 90%, the cost of care has become so high that it far outweighs the level of support available to families. There is no fiscal or social reason to take children into care unless they are at serious risk of immediate harm. Having said that, interventions need to be timely and targeted as discussed. Supports to address the issues families are facing need to be immediate. Improved protections for women and children experiencing domestic and family violence and enhanced accountabilities for those perpetrating violence are key, with the evidence to support this irrefutable. Children need to remain with their protective parent and not be removed from home due to a lack of appropriate and safe responses. A safe response for women and children experiencing violence is far more prudent than wearing the cost of taking a child into care (Haycock, 2025).

One of the most concerning child safety practices identified in our practice has been the continued ‘flagging’ of mothers who have grown up in care with hospitals when they

become pregnant. Quite apart from this being a discriminatory act, it gives a clear message that the Queensland government is so sure that as a 'parent' they are so bereft of capacity that those who grow up in their care need to be red flagged with regard to their capacity to parent. For young people who become parents, this ensures that they enter yet another system stigmatised and feeling brutalised. The level of trauma this creates for young people is understandably significant.

First Nations Young People and those working with them

QYHC is committed to a process of recognising the trauma history of our First Nation peoples, especially families, children and young people. We recognise the unacceptable overrepresentation of our First Nations people in child protection, youth homelessness, detention, prison, mental ill health and AOD use. Every resource needs to be available to turn the tide. Place based community-controlled solutions need to be resourced and supported by whole of government and non-government agency responses. Additional services need to be funded where there are none. Holistic wrap around supports need to be offered to families and their children and young people.

QYHC works closely with QATSICPP and respects their vital expertise and advocacy in this space. We endorse and support their submission to the Inquiry.

Despite representing a small share of the total children in Queensland, on an average day Aboriginal and Torres Strait Islander children make up around half of all children in OOHC, and 72% of children under youth justice supervision. This overrepresentation is unacceptable.

On 31 March 2025, of the estimated 113,805 Aboriginal and Torres Strait Islander children in Queensland, including 50,864 aged between 10 and 17 years:

- 5,025 were living in family based OOHC.
- 1,041 were living in residential care, with Queensland placing more children into residential care than any other state.
- 158 children were subject to both a child protection order and a supervised youth justice order. (QATSICPP, 2026, p.3)

First Nations young people also constitute one third of young people experiencing homelessness in Queensland. Improved responses for First Nations young people include an increase in community-controlled entities, particularly in regional areas, additional models of housing with support and increased outreach to young people sleeping rough to encourage a relationship with workers of organisations to assist young people in rebuilding their lives and accessing homes with the support required to begin preparing for their futures.

What young people say:

“It helps if they (workers) share their story and normalise a young person’s story. They need to be able to have a yarn”.

“Involving the local community as much as possible and giving ownership to First Nations young people adds another layer to making a space feel culturally safe.”

Domestic and Family Violence

The following case study demonstrates the complexity involved with regards to domestic and family violence and the traumatic impact on the child.

Stella (not her real name) was 7 years old when she was taken into care upon the domestic violence murder of her mother. She was placed with a high profile and much respected member of a child protection organisation, subjected to severe abuse and trauma then relinquished by the foster carers and placed in housing in the homelessness system at the age of 13. When later as a young woman she fled domestic and family violence, she was accused of failing to act protectively by the department when she fled on foot down the street to a neighbour’s house after being stuffed into the boot of the car alongside an axe, shovel and tarpaulin. She survived and left. Instead of being applauded for surviving such a horrific assault, she was blamed for leaving her children in the house unattended. Her children were then taken into care and given to a family member of the perpetrator. A simple and convenient fix for the department – a solution that suited the perpetrator and ensured his access to the children whilst their mother was blamed for not being able to stop the attack of a violent man.

A new case worker some years later meant a new analysis and a more comprehensive understanding of what transpired.

Stella’s story however is common. A child safety worker explained to her one day that because her mother died as a result of domestic violence and she too had experienced domestic violence, she was likely to receive the same fate as her mother and her children were not safe. Such antiquated analysis has no place in any child protection system. The cumulative levels of systemic harm perpetrated against this young woman was significant. So much so, the cycle of harm continued.

Young people have consistently told us at QYHC that continuing to watch good fortune and support for perpetrators as they are given all they want is an ongoing point of fury and frustration. In telling her story, Stella reminds us repeatedly that she has been vilified, held responsible for the behaviour of her perpetrator and left to her own devices to try and heal herself and her children. While there may be a number of resources for the

extended family providing temporary care of the children, missing were services to assist Stella to try and rebuild her life and those of her children. As demonstrated in this real-life story, the level of advocacy required for support to be offered is totally unacceptable. Stella finally had a worker at child safety who understood what had happened and recognised the abuse of power dynamic – both in her previous home life and now by the department. While this is late in the game, it is nonetheless a relief. Two of her children are now in the youth justice system; hurt, angry and living out their learned behaviours with the most significant learning of all – those who abuse their power and abuse others win. Stella and her children told us that they have learned that might is right and the person who did the abusing is the one least touched by the systems of accountability and intervention; this person has the power. Further, that feeling powerless, they would like some of that too especially given the perpetrator who used violence has moved on with his life and sees his children whenever he wants. The children shared that they viewed their mother as weak, jumping through hoops to please everyone, stressed out and unable to fight back. Not surprisingly they have elected to use power.

The type and level of support to assist this family back to health and wellbeing does not exist in currently funded options of intervention. Yet Stella’s story is the story of thousands of young people who have been through the child protection system and live in a society without the back up of family, or alongside fractured families who do not know how to reconstruct, reconnect and heal.

Being Heard

Young people in the system often speak of not being heard and those working in the system who speak out not being heard either. One of the reasons these abuses of human rights persist is that systemic abuse is often difficult for the average person to believe. Individuals within these systems who attempt to speak out are frequently sidelined, discredited, or problematised, particularly when they challenge poor practice or expose prejudicial and biased assessments. The following quotes evidence this.

“People made decisions about my life without even asking me what I wanted.”
“When adults actually listened, things worked better. When they didn’t, everything felt harder.”
“I know what’s happening in my life — I just need people to trust that.”

Jaimie (not her real name) is one of the few young people who recognise a care experience was unavoidable due to domestic and family violence. These experiences

however continued long after her care experience and it took significant advocacy on her behalf to fight for her right to be protected from ongoing abuse as she entered adulthood. The difficulty in navigating systems is an issue for young people. Our systems and the way we work do not lend themselves to assisting those tackling complex life traumas – especially those that involve abuse of power such as DFV. Young people regularly speak to the trauma and insurmountable frustration of attempting to gain support from multiple services often to no avail, particularly because anecdotally we understand that some workers have more experience in navigating the complexities and nuances than others. This means that young people’s lives and future can be dependent on the experience, skill and qualification levels of workers.

The time and energy taken to receive assistance impacts all aspects of a young person’s life. QYHC has heard multiple stories of the cost in terms of employment positions, housing and homelessness, and significant financial and emotional stress.

“We’re not problems to be fixed. We’re young people who need support.”

“Listen to us. We’re the experts in our own lives.”

“If you want to improve the system, start by asking us what works.”

Stigma

Young people consistently speak to us about the stress of exclusion brought about by the stigma of their experiences – in particular, being in care and homeless. The judgement levelled at them is hard to fathom but exists across all parts of society – from their attendance at school to their casual work positions to full time employment, in relationships with friends and partners. They share their experiences as professionals in the workforce – including social work, human services and psychology, and their feelings of shame and embarrassment for experiences they endured through no choice of their own. This is incredibly disempowering. It also speaks volumes to the way in which our systems and those of us within them respond to young people. Our education, health and social care services all have a role to play in educating our workforce and community members as well as being aware of our own internalised prejudices and biases.

It is our position that the statutory child protection services need to increase their efforts/resources/support to find safe and secure homes for young people. Extended Post Care Support (EPCS) with its emphasis on safe and secure housing is a good start but there is a disconnect with this service not available to all young people with a care experience. Importantly, this is not currently available until they are actually 18 years old, the same day they have no more State government support. There is often a period of homelessness, emergency accommodation or similar while EPCS can work with the

young person to find a housing solution. This service needs to commence while the young person is still in care so the transition to being housed is seamless. While it is recognised this current policy requires planning for transition prior to a young person turning 18, we know that this does not occur, resulting in the young person being in a crisis situation where their security and future are unknown, a terrifying place to be for anyone.

On stability and placements

What young people tell us

“I moved so many times I stopped unpacking my bag. I never knew how long I’d be staying.”

“Every time I got used to a worker, they left. It felt like starting over again and again.”

“I just wanted one place that felt like mine.”

On leaving care:

“Turning 18 didn’t magically make me ready for adulthood.”

“Housing was the biggest stress. I was more worried about where I’d sleep than about my future.”

Young people have clearly expressed what they want the system to understand. For young people reaching adulthood they need:

- Safe, secure and affordable housing and the ability to maintain this housing.
- A stable income and being able to manage their money.
- To be independent but still have support if needed.
- Practical supports - financial such as rent assistance; budgeting/life skills support; maintaining a tenancy courses/support; housing with follow up support that becomes less over time; regular reviews
- More follow up support

Quality staff and relationships are key to the child protection and wider support system

Young people consistently tell us that what works well is workers’ relationships with young people. Those who are respectful, supportive, and non-judgemental made a huge difference in the lives of young people and how they felt about their experience in

organisations. Staff who were engaged and experienced as well as those from diverse backgrounds enabled them to address the complex needs of young people.

Child Safety and Housing responses to young people under the age of 16 years.

Recognising that young people under 16 years of age fall outside of the scope of many support services in Queensland, including Specialist Youth Housing Services, it is essential these homeless young people are acknowledged as a priority cohort and afforded greater tailored support (Gaetz & Scott, 2012). Within Queensland where a child under the age of 16 is unable to live in or return to the family home and/or is leaving institutional care, **no** accommodation options are available to them.

In many jurisdictions within Australia, it is evident there is a gap in adequate policy responses to meet the needs of this vulnerable population (Cooper, 2017). Worthy of particular note is the initiative undertaken by the Tasmanian Government that released the *Under 16 homelessness: Children and young people under 16 who are alone and at risk of or experiencing homelessness: A Policy framework for Tasmania* (Tasmanian Government, 2022a). This document provides a useful policy setting to guide response to unaccompanied children and young people under the age of 16 who face homelessness. Establishing a foundation that Government, families, community services and the broader community share responsibility for the safety and wellbeing of children and young people, the Framework aims to:

- Improve collaboration and integration so that services and communities work together towards improved outcomes for children, young people, and families.
- Outline key policy principles for a shared response.
- Articulate commitments that place the safety and wellbeing of children and young people at the centre of the Tasmanian service response (Tasmanian Government, 2022b).

Young people under 16 are consistently identified by organisations across Queensland as the most vulnerable and most underserved cohort in the current system. Stakeholders repeatedly emphasise the importance of Child Safety and Housing working together to ensure that a young person's only option is not an unsafe environment or exploitative community arrangements. Without coordinated responses, these young people are left exposed to significant harm.

At present, these are the young people for whom the system has neither adequate answers nor appropriate responses. A coordinated approach across Housing and Child Safety is urgently required for young people under 16 who cannot live at home and are not formally in the care of the state. Stakeholders have put forward a range of ideas to support this cohort, including:

- assertive outreach and collaborative, multi-agency approaches;

- high-level case coordination;
- youth justice prevention and early intervention;
- a clear Child Safety policy specific to under-16s who are not formally in care; and
- programs of accommodation and support for young people under 16 years of age who experience homelessness or are at risk.

QYHC has been called on many occasions when all avenues for a homeless and at-risk young person under 16 years of age have been exhausted, in order to escalate the case. Over the past few years an increase in ‘acceptance’ of young people being homeless at such a young age seems to have become apparent. Some of these children are in care and are considered to be ‘self-placing’; others are asking to be in care and are being assessed as not needing support. Yet this begs the question of how such a situation can be acceptable in our society? A more robust and fulsome system of intake and assessment is needed, particularly for this young cohort. Dedicated services for 12–15-year-olds are key. QYHC’s recent working group on this issue alongside conversations with risk management services noted that the development of these services needs to occur with consideration of the legal and insurance aspects of service delivery, acknowledging that government underwriting may be required. QYHC’s findings were that these continue to be key blocks in offering services to this group of young people. As such these barriers need to be addressed to ensure appropriate responses for the most marginalised of homeless and at-risk young people.

QYHC endorses the Community Living Association’s Submission to the Commission also highlighting the importance of dedicated housing and support options for young people between the ages of 12 and 15 years.

QYHC supports the call for:

- development of dedicated housing responses for 12–15-year-olds;
- strengthened, timely and accountable Child Safety engagement;
- increased resourcing and capacity within the youth and community sector; and
- improved cross-system collaboration to ensure young people can access safe, appropriate supports without barriers.

The recommendations put forward in this submission are both necessary and urgent. Without structural reform, young people under 16 will continue to rely on unsafe environments, unstable informal supports, and high-risk survival strategies that place them at significant harm. Ultimately, this impacts the very fibre and future of our society.

Conclusion

We know from research and speaking with countless young people that rigid authoritarian processes do not work for anyone, particularly young people who have experiences of trauma and multiple reasons to mistrust those in authority. The statutory

child protection departments over decades have continued to operate in contradiction to what is needed. Despite past and current endeavours, they are generally not child centred; they are institution centred. It remains as a crisis driven culture, where the urgent, current need is met and the less urgent need (often the work that is child and family focussed) is not prioritised due to a lack of time and resources. Addressing the culture of the organisation at its core is paramount. This includes all government and non-government organisations working with children, young people and families. To achieve this involves embracing relational practice and ensuring appropriately qualified and skilled staff have the time it takes to genuinely build a relationship and work holistically with each child, young person and the whole family. The work needs to be valued. Front line practice is the most important part of the child protection system. This needs to be recognised. Young people are emphatic about this and as demonstrated, it is comprehensively supported by the research.

What young people hope for future young people:

1. That they are supported to stay at home. Genuine support that includes working with parents around family dynamics, parenting, abuse of power, mutual respect and listening to each other.
2. That support is given to parents and children as needed – especially mental health and drug and alcohol help, relationship counselling and family counselling. All family members need to be considered. If this support is offered effectively, interventions do not need to be long standing. They may be short term.
3. When children are taken into care (especially temporary care) that they are placed with foster carers who understand the importance of family contact and navigating complex relationships whilst the family undergoes counselling and are supportive of the family.
4. When children are in long term care, they need to be part of a family – in all aspects. They need to go on family vacations, get to know extended family members and be included in all parts of family life. The foster parents need to be supported to parent them and undertake all school, health and wellbeing roles they would for their own biological children. The experience needs to be as ‘normalised’ as possible. Children and young people need to be enabled to feel they belong and are welcome. Feeling safe and nurtured is key.
5. Children and young people need be encouraged to have the same hopes and aspirations of all Queensland children. Whilst needing support and compassion around their trauma, they also need to have clear boundaries, accountabilities and connection to safe and appropriate adults who encourage their potential.
6. Children and young people need access to health care including dental care.
7. Children and young people need access to supportive and appropriate education that meets their holistic wellbeing needs.

8. That the department responsible for child protection and family support looks to core organisational culture issues that lead of abuses of power and prejudicial practices.
9. That intervention services are increased and include strong outcome measures to ensure the families most needing the support receive it.
10. Valuing and recognising the roles of the whole family unit including fathers and kin.

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