Child Safety

Commission of Inquiry

Voices of workers

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The Commission sought to hear the voices of workers in a range of different ways.

During the Inquiry, the Commission heard from people through submissions, public evidence, forums and surveys.

The following statements reflect the words and submissions of individuals who contributed to the Child Safety Inquiry. They represent the personal experiences, perspectives, and accounts of those who chose to share their voices with the Commission.

In recognition of the significance of these experiences, the statements have been reproduced as provided, as far as possible. This includes retaining original language and, where present, grammatical or formatting irregularities, to preserve the integrity and authenticity of each account.

The Commission acknowledges and thanks all those who shared their experiences of the child safety system in various capacities. We recognise the strength it can take to share personal experiences and are grateful for the trust placed in the Commission.

All stories, including those not published, have been heard and have significantly informed the work of the Commission.

Disclaimer

Given the volume of material received, the Commission has adopted an approach of publishing a representative selection of submissions to reflect the breadth and diversity of experiences shared. Not all submissions are published. Decisions about publication have been made having regard to the Commission's Terms of Reference, the preferences of submitters, privacy considerations, and whether the material is appropriate for public release.

To support the safety and privacy of contributors and others, the Commission has taken all reasonable steps to de-identify material as far as possible, including removing or altering names, locations, and other identifying details. Only material from submitters who have consented to the sharing of their de-identified accounts has been included. Material has been reviewed and, where necessary, redacted to support safe publication while maintaining the meaning and integrity of each account. However, due to the nature of personal experiences, there remains a possibility that individuals already familiar with particular circumstances may recognise aspects of the accounts shared. These statements are published without adoption or endorsement by the Commission and do not represent findings of fact.

Content Warning

Some material may be distressing. These statements may include references to child harm, violence, abuse, neglect, exploitation, self-harm, and may contain strong or confronting language. Some narratives may be about Aboriginal or Torres Strait Islander people who have passed away. Readers are encouraged to engage with this material in a way that supports their wellbeing.

If you need support, please visit the Commission's Contact & Support page or reach out to a trusted person or a relevant support service.

Front line worker 1

The department is not an effective corporate parent. Systemic issues, poor culture, limited resources and restrictive legislation undermine children's safety and stability across the continuum.

Children are pushed into residential care rather than bolstered support with carers, even when this breaks secure attachments and increases long-term costs to the department. Residential care is under resourced, staffed by young workers with limited life experience, and set up to fail due to poor planning and communication.

Communication between Child Safety and all services is fractured, leaving children without coordinated support.

Transitions from detention or from care at 18 are rushed, traumatic and lack planning. These failures reflect a system unable to think long term or act in a genuinely child centred way.

The government must take responsibility and drive genuine reform, so children receive safe, stable, and nurturing care.

Front line worker 2

I've been a practitioner and leader in out of home care. Collaboration across all services is key.

Parents do well when they are supported, respected, connected to culture & provided with the opportunity and resources to heal from their own personal/intergenerational trauma, address issues such as DFV (by holding the perpetrator accountable), MH and Substance Misuse.

In my experience, children do better when their parent's capacity is strengthened and are able to remain safely in their parent's care, not having attachments disrupted.

Invest in early and tertiary intervention & reunification to reduce children in OoHC. Primary prevention is easier than working with entrenched issues. Introduce basic, evidence informed Parenting & Respectful Relationship course to every single young person in year 10 to increase societal understanding and build healthy families moving forward.

YJ involvement will reduce accordingly.

Front line worker 3

Department to be audited every six months to ensure, current signed foster carer agreements, case plans placement agreements, cultural support plans, education plans, transition planning done.

Permanency planning done concurrent with case plans.

All child referrals to have correct and up to date information.

Same funding for all agencies, with additional funding for central Queensland to get access to support.

Child Safety Staff - to ensure the provide correct information relevant to Child Protection Act 1999 and their own practice manual if unsure check with Senior Team Leader too much power for new staff.

Independent complaints for carers and children, not just going back to Child Safety as nothing gets done.

Agencies working with families before coming into care being qualified and understanding of trauma.

Peak bodies need to have face in regional areas.

Funding to be cut back on agencies who have majority of staff working from home as part of funding is office buildings.

Front line worker 4

I have been working in child protection for over eight years.

Early Intervention

I feel in my region there is a lack of focus and funding in early intervention programs to support families before coming to the knowledge of statutory child protection.

Service wait times in the area are excessively long, sometimes exceeding six months. This includes early intervention programs and services who the Department refer to if a child is assessed to be not in need of protection.

Placements

There is a lack of family based placement options which leads to staff driving excessive hours after a full day of work to place children, siblings being separated and children under the age of five entering residential care.

Front line worker 5

The department does not utilise resources successfully. CSOs completed degrees to be able to help children - not to sit at desks completing administrative tasks.

As an officer, I believe the department needs to place more resources in the AO stream and realign tasks to the skills and abilities of the correct stream.

It is a waste of skills and abilities to have CSOs complete administrative tasks and at the same time devalues the skills and abilities of the administration officers.

To enable this to occur additional resources in business teams would be required including career progression. Workload management ratios are not met -1 admin to 4 CSOs.

This would allow CSOs to be working with children.

CSSO numbers are insufficient to support CSOs- the ratio of 3.5 CSSOs to 24 CSOs. Again insufficient resources.

Front line worker 6

There is a lot of scrutiny into for Profits making profits which is a transparent framework. What your missing is the central turn a blind eye to the non for profits making profits through Labourhire and Consulting companies that the own which are for profits. Some of these hold significant debts and risk.

People in high roles are scapegoating for profit providers because they're worried about the can of worms that will open when it's identified that the NFPS are operating with significant profit. The likes of [REDACTED] and [REDACTED] both left the sector when they were given the heads up about the enquiry.

For profits make profit that's the model of the business but what about non for profits. This is what I'm having to deal with as [REDACTED]. We're bullying for profits who have been transparent to cover up our own internal mistakes by then funding model we set up.

Front line worker 7

The current caseload of child safety officers is appalling in QLD especially in the southeast. We are told we should have a caseload of 16 children however the reality is that most staff have over 30.

We are continually told by the delegates that there is not enough government funding for increased staff numbers.

The government cannot have it both ways. They cannot refuse to fund more staff and expect current workers to deliver the high quality of work on a caseload that is double what we are supposed to have.

There are inquiries into things that are missed but no one is acknowledging that the issue stems directly from the government refusing to fund appropriate staffing numbers to ensure quality.

Staff are burning out and going on stress leave and work cover due to extreme caseloads and expectations. The government is the direct source of the problem and needs to seriously look at funding a lot more service staff.

Front line worker 8

There are no Paralegals available to Torres Strait yet these offices do the most amount of travel to communities and Islands with complex cases - and families speaking other community languages like Creole.

Thursday Island and Hubs are more disadvantaged than the bigger offices. In addition the longstanding staff that want to remain remote may not be able to due to the five year limit of gov Housing. Remote staff also have less opportunity for face to face training due to cost.

Front line worker 9

When CSOs have concerns we raise them with our team leader or senior practitioner, however at times a team leader may not agree the concerns are significant or that action needs to be taken. This can lead CSOs feeling uncomfortable and second guessing the safety of children.

I think it would be beneficial to have a service where CSOs can call for a second opinion, where the case can be discussed with people who are separate from the office. This would allow us to talk about our concerns with someone not connected to the case to get an unbiased view on how to approach the situation, then if needed the service could support us to escalate the concerns.

Front line worker 10

1. After hours - long wait time on the line, e.g. 1 hour+; if a message was left, you don't hear back until the next day
2. Investigation - biased assessment
3. Unrealistic caseload - reducing quality, interim/Short-term order focusing on court work, no regular home visits or support for carers or parents
    - Not receiving sufficient support, new staff leaving within the first year, difficulties retaining experienced staff
    - Children getting more complexed, technology and social media causing more behavioural issues, parents show less capacity of parenting
4. Limited early intervention and therapeutic support
5. Carers - ongoing concerns, e.g. physical discipline, preventing reunification, coercing children to stay in placement; multiple Reviews and still eligible to be a carer
6. Unable to find safe family members as kinship carers
7. Funding - carers using allowance for holiday
8. Residential care - drug use, not engage in school

Front line worker 11

Corporate parenting does not exist.

The government - child safety does not provide support to NGOs who are caring for their children.

We are left abandoned with no help or support for the children, with many of them so frustrated at the lack of support lash out, leave placements and threaten their rights against workers who are helpless to do anything

The system is broken and the only way back to help our clients is staff being more supported, more tools to work with and a feeling of being supported.

I've been in CP for a number of yrs and never have I seen it this bad. The children are suffering as a result of the lack of Corporate parenting CSO, who are 22 are case managing 17 yr olds.

NGOs are being blamed for the kids behaviour we are helpless to do anything or we will have a SOC - investigation on us. Residential care can work if you help us by enabling natural consequences without fear. Please look into Residential Care. Speak to staff managers, hear their stories if only to help the children.

Front line worker 12

I am supporting a young lady who has been living independently. Despite there being repeated child safety concerns raised for my client and her siblings, including harm to the children, no child safety order was placed. This then limits availability of funding for my client to access next step. Despite the younger brother being removed also and being placed , as long as he is considered away from the home hes considered safe and no further intervention is required. There was no intervention regarding any charges for the harm caused to my client. she remains extremely traumatised and unwell as a result of her mothers alleged behaviours. No assistance at all provided by child safety as the police dropped her off at a friends home and have decided she is safe there. this then places a lot of stress and pressure on another family who have been traumatised by the hostile mother.

Front line worker 13

Residential care provider had a change in management. After this change, many youth workers were performance managed and fired for not reporting known behaviours of the young people (vaping, smoking etc).

The directive to not incident report this was given by previous management. About 2 days after youth workers were told to incident report these known behaviours, management rescinded the instruction, but still fired many workers.

Since the change in management, the provider has repeatedly instructed workers to change their incident reports to better reflect the company. This meant manipulating the truth of what actually happened. Every worker who refused to do this based on ethical and legal grounds has been fired.

Due to so many workers being fired, shifts are not being filled, meaning that some people are working 24+ hour shifts without a break. This was preventable.

Front line worker 14

I've been supporting foster carers for the last 6 years in a non-government agency in Southeast Queensland.

I have seen a huge shift within the last 6 years, Child safety officers are overworked, and they have too many children to supervise and I'm worried another child will be hurt.

Foster carers are also overworked and under paid, the children are becoming more complex, and the government have cut funding to help support these families. Children in care are not receiving the adequate therapeutic counselling they all desperately need. The $50 a day carer allowance received is no longer enough to support children, as we continue through the cost-of-living crisis.

Families no longer have the financial means to support children with complex needs, and we are seeing them leave the system not long after they enter. I would like to see carers get paid more and I would like extra child safety support staff to help manage the increasingly high number of children coming into care.

Front line worker 15

I have had many years working with Young People both in Residential Care and other community sectors.

The care and wellbeing provided for these young people has deteriorated hugely over the years as organisations appear to look at the Residential sector as a money making opportunity, using these young people as "cash cows" and not providing adequate services to meet their often-complex needs. The Department seems to turn a blind eye to this and when CSOs visit there is often an organisation staff member present which stops YP from been totally honest with the CSO. Youth Workers only need to be enrolled in a Cert 4 to work in the sector, and are naive to the YP needs

Front line worker 16

I argue that many children are not in short-term placements but are effectively growing up in residential care, where they are often protected from immediate harm but neglected in their need for stable relationships, belonging and a coherent home.

Bed-driven funding and service design undermine stability and push some young people towards school exclusion, police contact and later involvement in youth justice and adult criminal systems.

Residential care should be redesigned as a small, relationship-based therapeutic caregiving system, with flexible house sizes (including single-child placements), realistic no-fight per-child funding, and a properly trained, supported workforce of carers or develop mentors recognised as helping to raise the State's children, not simply supervise them.

Front line worker 17

As an NDIS worker who supports children at risk, the way to report suspected child abuse is not accessible enough.

Due to my high caseload and work demands, I do not have time to sit on hold with the regional intake office for several hours so that I can make a report. A recent example is yesterday, when I was on hold for 30 minutes before leaving a message. It is now 20 hours after I left this voicemail, and I have not heard back.

An online submission form would be a great way to streamline reports of child abuse and would make it more likely for people to actually make a report, as it would not take several hours. The submission form can be laid out in a way that the specific information needed must be answered to be able to submit the form.

Front line worker 18

My views on parenting are shaped by lived experience and professional expertise. I became a parent young and learned firsthand that love alone is not enough when support is missing. I then trained and worked as a nurse, where I developed a deep understanding of child development, attachment, trauma, and the impact of stress on parenting capacity. I now work as a program manager for a young parents program, supporting families every day who are navigating parenting alongside poverty, violence, mental health challenges, and isolation.

Parenting does not fail in isolation. Systems fail parents long before children are removed. Corporate parenting and government responses focus heavily on intervention after harm, rather than prevention. We do not need more carers or residential homes. We need investment in parents early, practical supports, trusted relationships, and services that walk alongside families. Supporting parents protects children. Early intervention is not optional.

Front line worker 19

I work as part of a child development provider who accepts referrals of child who are in foster care and also those who have child safety guardianship. There is not one positive interaction that I have had with the child safety department in my area. They are slow to act when concerns are expressed about developmental concerns with children with numerous attempts to contact them about referrals or review about children that are not answered. This is down to a very poor communication system and rapid staff turnover with no accountability.

Even when they manage to work through a referral for services, they have never paid an invoice on time. There are numerous times that we have gone unpaid or have had to progress to complaints and even debt collection services and The whole system needs a total overhaul

Front line worker 20

I worked for a Not-For-Profit as a abuse counsellor, I have witnessed the services being neglected and counselling sessions not being delivered to our vulnerable young clients.

I am very client centric, my concerns raised were for my clients, many who were under 10yrs of age living in out of home care. I recently contacted child safety to re-open a client's file, after speaking to several CSOs, no-one could locate the file.

When attempting work with family Intensive Services, many of the Family Intervention Services staff report families are well but, in many cases, have not sighted the carers for many weeks at a time.

The surplus money I have seen spend at the end of each financial year, has made me feel physically ill.

Front line worker 21

Queensland's child protection system is under sustained pressure. The workforce responsible for the safety and care of some of our most vulnerable young people those in out-of-home care and residential settings is undertrained, under-supported, and increasingly exposed to risk.

training reform is not a peripheral issue. It is central to any meaningful improvement in system outcomes. Theory-based training delivered in classrooms is insufficient. Workers require practical, simulation-based preparation that mirrors the realities of frontline care before they are placed with young people whose safety depends on the competency of the adults around them.

We respectfully urge the Commission to consider the workforce training deficit as a systemic issue warranting urgent, targeted reform.

Front line worker 22

CSOs don't want another inquiry that won't be listened to by the government and won't be implemented effectively (due to budget constraints, time constraints, capacity constraints.)

We want pay rises to keep CSOs in the department, rapid expansion of the numbers of CSOs and support roles employed by the department to reduce workload, extended support to CSO mental health and a replacement for UNIFY (our new database which was a waste of millions of dollars and only slows our job down)

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Front line worker 23

The Department is not an effective corporate parent due to unstable workforce and slow decisions.

The Department is not meeting community expectations about parenting, nor is it meeting its obligations under the legislation.

Many children in child safety are under youth justice supervisions (73% in Qld have had interactions).

the instability of not having a permanent long-term home for the child in early years means complete instability in all areas of life. - school, social, emotional, $$

Children have Low education, poor or no community around them, they don't belong anywhere.

Front line worker 24

From a mental health service perspective it is unsafe dealing with child safety because there is a lack of understanding of the mental health needs of children.

The front line workers are young untrained and seem to have one agenda only: to protect the decision they made at the cost of safety of children. None of the mental health clinicians feel supported by current frame, there is concern for their own safety and risk of complaints made.

There is mandatory reporting however there is always the fear that child safety will do an investigation, often delayed with detrimental effects on family's trust in systems and increasing the risk to the young person.

The Department is known to either do nothing, making things worse by their insensitive investigations or go all in without taking into account a holistic approach into the mental health needs of parties.

On top of that the alternative to removal from a family is often a residential care facility with again young untrained staff.

Front line worker 25

Despite repeated follow up by agencies, essential statutory requirements such as home visits, placement agreements, case plans, authority to cares, and referrals are frequently not occurring by [service centre].

As a result, carers report feeling unsupported and poorly treated, while children and young people are not consistently receiving fundamental supports including counselling referrals and leaving care planning.

While system pressures and high caseloads are acknowledged, agencies remain subject to audits and licensing requirements, and legislative obligations must still be upheld.

There is an ongoing pattern of agency and allied health professionals being dismissed when attempting to act proactively to prevent placement breakdowns or further trauma.

Basic legislative and practice standards are not being consistently met, creating significant risk.

Front line worker 26

My submission primarily concerns the following:

- Problems with the liaison between Child Safety, the Family Court and the QLD Police and the absence of touchpoints between these three areas
- The training and competence of the Child Safety Officers within investigations and Interim Parental Agreements - for example understanding coercion and manipulation and how trauma affects victims, impacting the way they respond
- The lack of objectivity and processes / procedures - e.g. risk assessments (why is the Attorney General's Gold Standard Child Risk Assessment Screening Framework not used / dismissed by the Department?)
- The difficulty in making a complaint
- The use of victim blaming when a complaint is made or concerns are raised
- The lack of accountability (or even the understanding of roles) across the three areas of the Family Court, Child Safety and the Police

Front line worker 27

I have been a Paediatrician for over 10 years and involved in local child protection matters over that period. It has been disappointing to follow the deterioration of child protection services, the gradual erosion of funding, professional expertise and positive outcomes for children.

The Carmody Inquiry promised, among other things, focus on early intervention services, better support for families, review of children in out of home care and a last-resort secure care model. None of these have eventuated in my region.

Early intervention and parental support services previously provided have been downgraded.

Younger and younger children are being placed in residential care, with serious effects on their social and emotional development. Very few children in care receive any psychological support.

You can judge a nation by how it treats its children.