Submission to the Child Safety Commission of Inquiry

Date: [Insert Today's Date]

Re: Systemic Failings in Residential Care – Lived Experience and Current Concerns for children in care

Introduction

I hold long-term guardianship of my daughter, who is currently in out-of-home residential care. I am submitting this statement to highlight serious concerns about her care, and to show how my own lived experience in care ([redacted] reflects a continuity of systemic issues that the Carmody Inquiry ([redacted] promised to address but which remain unresolved.

Lived Experience – Then and Now

My Childhood in Care [redacted]

- At age 13, I came home to find my belongings packed on the verandah. A Child Safety Officer told me I was being taken to a foster carer, with no prior contact or preparation.
- I lived there for 18 months. I do not recall any regular visits from Child Safety. When the placement broke down because the carer's daughter "didn't want me there," I was told I was "too difficult to place" and would be sent to a home.
- I suggested another family I had previously stayed with. The CSO said "if you want to ring them, you can, but we won't." I rang them myself, and they rearranged their lives to take me. Child Safety did not provide financial support for two years, nor did they check in regularly.
- Transition to adulthood: When I turned 18 in January, my CSO did not return until June, when they simply said I was "no longer under Child Safety." There was no structured transition planning. I was left without support for work, housing, or independence.

My Daughter's Experience [redacted]

- Consent ignored: She has had invasive procedures - [redacted]

  She would not meet Gillick competency standards which include

  1. Understand the nature of the medical treatment,
  2. Weigh up the risks and benefits of the treatment,

3. Appreciate the long-term consequences of the decision, and

4. Communicate a clear and reasoned choice.

- Health care neglected: [redacted]
- Medication mismanaged: [redacted]
- Unsafe placement: [redacted] Previously she would use art/drawing as a regulation method where she would sit at the kitchen table and engage in conversation whilst drawing. [redacted]
- Social isolation: Residential Care rules prevent her from bringing friends home this is linked with ensuring that children who come to visit aren't related to the children in the house and is a general rule for all residential care faciities. This pushes her into unsafe environments where there is alcohol, drugs, and people with no blue card. She and her friends sit at MacDonalds until 8 or 9 at night talking which leads to eating junk food [redacted]
- Arbitrary rules: [redacted]
- Low expectations: Staff treat her as "just another Aboriginal kid in care," with no plan for education, employment, or independence. [redacted] they agreed to support her with a bank account, Centrelink, Prep-L licence, and housing. [redacted] I had to open her bank account myself.
- Staff shift responsibility, saying *"we offered, but she won't do it."* There does not appear to be any consistent planning to do things with children her age from other residential houses so that there is appropriate socialisation
- Program mismatch: [redacted]

Systemic Patterns Across 40 Years

Despite inquiries and reforms, the same failings persist:

- Arbitrary moves and placements – children are still being moved by child safety with little or no discussion with the child. Placements are not reviewed to ensure it is appropriate for all children involve
- Poor oversight – continue to have poor oversight by child safety, regular visits do not happen, follow up on appointments are not done, children miss paediatric appointments because information not correct, CSO was busy. It is expected that when child safety want an appointment it needs to be done, however they don't follow through
- Consent ignored – No consistent information for carers, consents for vaccinations, health care cards, birth certificates. Child Safety need to identify who is the legal guardian and ensure that the carer is aware. Residential care workers are not legally able to give consent for invasive procedures and training to empower workers to tell medical officers they need to get legal consent is needed
- No structured transition – there has been no real change in how children are transitioned to adulthood. It is not commenced at 15 with assistance to get a job, get a house etc, this is left to when a child is 17 ½ and many children are aged out with no actual accommodation or assistance.

Trauma-informed rationale for consistency and boundaries

- Children with complex trauma need predictability, consistent routines, and supportive processing time. Arbitrary or inconsistent environments heighten distress.
- [redacted]
- However, the current system wrongly assumes all children in care have trauma histories. This framing contributes to blanket, deficit-based approaches. Some children enter care through circumstance, not trauma, yet are still labelled. The label of "foster child" diminishes their individuality, the care they receive, and their opportunity for normalisation and growth.

3. Breaches of Law, Standards, and Policy

- Child Protection Act 1999 (Qld), Schedule 1 – Statement of Standards for Children in Care: requires health care, stability, support for independence, and involvement in decisions.
- Child Safety Practice Manual: requires guardian consent for medical treatment, and proper monitoring of health and wellbeing.
- Transition to Adulthood policy: requires structured planning from ~15 years, with active, practical supports through and beyond 18.
- Trauma-informed practice: assumes trauma where it may not exist, applying blanket responses instead of individualised support. Children with trauma histories require consistency and boundaries, but the system fails to provide even these basics.

4. Carmody Inquiry – Promises vs Reality

The Carmody Inquiry recommended:

- Matching placements to need – [redacted]
- Stronger oversight, consent, and governance – procedures go ahead without consultation; staff miss hospital and therapy handovers.
- Health access and follow-up – specialist appointments and sexual health referrals missed.
- Transition planning – emails to find out what has been done while I and the Support Coordinator organise everything.
- Respect for identity and participation – still treated as a label, "foster child," rather than an individual with strengths, rights, and aspirations.

[redacted]

5. Requested Actions from the Commission

1. Audit [redacted] case against Carmody recommendations with time-bound corrective action.
2. Guardian consent enforcement: invasive procedures must not proceed without guardian consultation.
3. Strengthen handover systems: mandatory shift-to-shift clinical handovers; reminders for appointments and hospital admissions flagged to guardian.
4. Placement review: ensure that placements are appropriate for all children in the house.
5. Safe socialisation: allow safe, supervised peer contact, not blanket bans that drive children into unsafe environments.
6. Respect individuality: end deficit labelling; recognise carers' love and commitment; treat each child as more than "just a foster kid."
7. Transition planning: enforce active planning from age 15; provide practical support (banking, Centrelink, licence, housing) until after 18.
8. Accountability parity: ensure residential care providers face the same "matters of concern" standards as foster carers.

6. Conclusion

From [redacted] my lived experience and my daughter's experience demonstrate that reforms promised under the Carmody Inquiry remain in name only. Children continue to face arbitrary placements, consent breaches, missed health care, and inadequate transition planning. Carers remain undervalued, and children labelled as "just foster kids." Urgent action is needed to ensure safety, stability, and dignity for all children in care.

Appendix – Carmody Inquiry Promises vs Practice

Carmody Theme	Intended Practice	My Lived Reality ([redacted]	My Daughter's Reality ([redacted]
Placements matched	Safe, stable	Moved abruptly;	Placed with three

to need	placements matched to developmental needs.	placement broke down; told I was 'too difficult to place.'	[redacted] arbitrary house rules.
Consent & oversight	Guardians consulted; strong case management.	Minimal CSO contact; no consultation; had to arrange own placement.	[redacted] staff unaware of [redacted] or appointments.
Health access & follow-up	Timely health care, consistent follow-up.	No health oversight.	[redacted]; missed specialist appointments repeatedly.
Transition to adulthood	Planned from ~15; support with jobs, housing, independence.	No transition support; aged out with no help.	Tasks left undone (bank account, Centrelink, licence, housing) until guardian acted; Child Safety only sends emails.
Respect for identity	Children treated as individuals; carers' role valued.	Labelled 'just a foster child'; carers unsupported financially.	Treated as 'just another Aboriginal kid in care'; told to share iPhone; low expectations.
Accountability & oversight	Equal accountability for all care types.	CSOs absent, carers blamed.	Foster carers face 'matters of concern'; resi care not held to same standards.