



**AASW**

Australian Association  
of Social Workers

# Submission to the Commission of Inquiry into Child Safety

Visit to Cairns

25 August 2025

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## About the Australian Association of Social Workers

Social work is a tertiary-qualified profession recognised nationally and internationally. The Australian Association of Social Workers (AASW) is the national professional body representing more than 1700 social workers throughout Australia. To be eligible for AASW membership, applicants are required to hold a Bachelor of Social Work, or a Social Work Qualifying Master's degree.

The AASW works to promote the profession of social work including setting the benchmark for qualifications, ethical conduct and professional practice in social work, while also advocating on matters of human rights to advance social justice.

## Social Work and Child Safety

The social work profession in Australia is based on an abiding respect for all persons and the principles of social justice and professional integrity. The AASW's vision is one of "Wellbeing and Social Justice for All". To fulfill this vision, the AASW works toward a society in which all people can thrive, develop their potential, contribute to their community, and pursue lives of meaning and purpose. To create such a society, social workers strive to ensure that all people enjoy the fulfillment of all their rights under the International Bill of Rights (IBR).<sup>1</sup>

Social workers consider the relationship between biological, psychological, social and cultural factors and how they influence a person's health, wellbeing and development. Social workers work with individuals, families, groups and communities, across a wide range of settings. Across every field of practice, they maintain a dual focus on improving human wellbeing; and identifying and addressing any external issues (known as systemic or structural issues) that detract from wellbeing, such as inequality and discrimination.

Social workers are employed in a broad range of areas relating to the health and well-being of children and families, including hospitals, the NDIS, schools and family support services. Social workers are found in organisations that work with vulnerable children and families including the full spectrum of child protection services: Family Support and Preservation, Statutory Child Protection and Out of Home Care. They also work in roles undertaking program management, service design and evaluation, research and social policy development within different levels of government and non-government services. Many AASW members work in Aboriginal Community-Controlled Organisations (ACCOs).

In all these settings, social workers consider the wellbeing and protection of children within their families, as well as the broader social and political context around their families. They promote the best interests of children demonstrating their unwavering commitment to the human rights of

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<sup>1</sup> By this term we include: The International Bill of Rights (encompassing: Universal Declaration of Human Rights (UNHHR); International Covenant on Economic, Social and Cultural Rights (ICESCR); International Covenant on Civil and Political Rights (ICCPR); First Optional Protocol to ICCPR; Second Optional Protocol to ICCPR); Convention on Status Relating to Refugees; Convention on the Rights of the Child; Declaration on the Rights of Indigenous Peoples; Convention on the Rights of Peoples with a Disability; Convention on the Elimination of All Forms of Discrimination; Convention on the Rights of Older Peoples; and, Protocol to Prevent, Suppress and Punish Trafficking in Persons, Particularly Women and Children, supplementing the United Nations Convention against Transnational Organized Crime.

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children, as expressed in the Convention on the Rights of the Child (CRC) and the Human Rights Act, 2019 (Queensland). The AASW endorses the principles in the CRC that:

*“The child shall be protected against all forms of neglect, cruelty and exploitation”.*

And:

*“The child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding”.*<sup>2</sup>

Similarly, social workers in Queensland endorse the position that:

*“Every child has the right, without discrimination, to the protection that is needed by the child, and is in the child’s best interests, because of being a child.”*<sup>3</sup>

For most children, these are best realised in the family into which they were born. Nevertheless, the AASW accepts that there are circumstances in which the family into which a child was born is not able to provide an environment which meets these standards, nor promotes their best interests.

Responding to, and working in partnership with children, young people and families requires an understanding of the inter-related nature of child wellbeing, abuse and neglect with issues such as poverty, housing insecurity, domestic violence, drug and alcohol misuse, disability, colonisation and the ongoing impacts of the Stolen Generation. No other professional discipline is so immersed in the areas of knowledge that are essential for quality, relationship-based child protection practice. As a result, social workers are recognised throughout the world as the core professional group in child protection policy, management and practice. The AASW welcomes the opportunity to participate in the Commission of Inquiry into Child Safety.

## The Stolen Generation, child safety and social work

The AASW recognises the coercive and the forced adoption practices of Aboriginal and Torres Strait Islander children for most of the 20th century which caused mass removals of Aboriginal and Torres Strait Islander children from their families and the forced separations of children, families and, communities over generations. The AASW’s 2004 Acknowledgement Statement to Aboriginal and Torres Strait Islander Peoples describes the role of non-Aboriginal social workers in contributing to the mass child removal within in Aboriginal and Torres Strait Islander communities. We recognise the fact that social workers were agents of practices that were antithetical to the values and ethics of the social work profession in terms of respect for persons, human rights, social justice and self-determination.

## Our submission

The AASW has consulted with members in Northern Queensland for their experiences and insights into the systems that support vulnerable children, young people and their families. We anticipate that many of these apply equally to other regional and remote areas of Queensland.

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<sup>2</sup> (Office of the High Commissioner for Human Rights, 1989)

<sup>3</sup> (Queensland Government, 2019)

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## Regional Child Safety Challenges

Social workers in rural areas have observed that there is a shortage of appropriately qualified and experienced staff in family support and child protection roles in these areas. Even when positions are filled, the staff have lower levels of qualifications and experience than their counterparts in metropolitan areas. This raises considerable safety concerns because many of the staff are not sufficiently trained or experienced to work with the specialist, complex needs of the families and children in these services. For example, many families are also experiencing challenges from mental ill-health such as PTSD from their military service, or unmet medical needs because of the scarcity of specialist medical services. Many children are living with undiagnosed disability such as Autism or Attention Deficit Hyperactivity Disorder (ADHD).

This means that the staff in family support services and child protection need to understand the commonalities and differences between mental health needs and disabilities; and substantive child protection challenges. Each of these has different implications for supporting families in which a member lives with them; and for keeping children from those families safe.

Regardless of their initial qualifications, staff need continuing professional development and supervision to ensure that they are up to date with developments in understanding and practice in these complex areas. The AASW requires continuing professional development as a condition of maintaining status as an Accredited Social Worker, and provides continuing professional development resources, which are also accessible to non-members.<sup>4</sup>

### Recommendation:

- That Continuing Professional Development be mandated for all professional staff in Queensland's Child Safety system and Family Support Services.

## Residential Care

Although current residential care providers claim that their primary motivation is the best interests of the children in their care, AASW members are concerned at instances where this claim is not reflected in practice. Although these facilities are meant to be the home of the young people living in them, social workers have observed instances where facilities are not maintained adequately:

*"Even basic safety, security and maintenance can be an issue, especially in remote communities where doors do not lock properly and gates do not close, allowing anyone to enter the property." -AASW member*

The challenges noted in the above section for adequate staffing are also experienced by residential care providers. Staff levels in funded residential care providers appear to social workers to be inconsistent, fluctuating and to have high turnover rates.

This is a particularly serious issue for the traumatized children and young people in these residences. It must be remembered that their life circumstances before entering the system did not contain the consistent love, support and care that all children need. Any residual unmet needs and trauma from these initial experiences was then compounded by the shock of removal from the only home and family environment they had known, and dislocation of being placed into another living situation. Children in residential care have the added trauma of having observed

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<sup>4</sup> <https://www.aasw.asn.au/professional/cpd/cpd-overview/>

that no-one in their family was willing or able to provide kinship care and that they were not successful in obtaining foster care.

This means that children in residential care have complex, long-standing needs which translate into challenging behaviours. First among these needs is for a caring, supportive and predictable relationship with a responsible adult. It is immediately obvious that unpredictability and interruptions in staffing makes it impossible for these children to experience the care and support they need.

And even when they are present, staff do not appear to be adequately trained to respond therapeutically to the complex behaviours of the children and young people in their care. AASW members believe that more comprehensive professional development to understand that complex, challenging behaviours are the result of trauma and unmet needs, and to respond accordingly, using positive behaviour management and strategies that de-escalate conflict:

*“Staff are not role modelling clear, firm boundaries, or positive reinforcement for the children, and often just use punishment.” – AASW member*

### **Recommendation:**

- That Continuing Professional Development in therapeutic, trauma-informed responses to challenging behaviours and complex needs be mandated for all staff in Queensland’s residential care facilities.

## **Family-based Care (Foster and Kinship)**

### *Obstacles to becoming a carer*

The requirement that kinship carers hold blue cards remains an obstacle to finding sufficient numbers of kinship carers. Social workers are aware of examples where failure to qualify for a blue card was caused by factors that do not affect people’s ability to care for nieces, nephews or grandchildren. This requirement persists despite legislative changes in 2024 to remove it, because the Department of Families, Seniors, Disability Services and Child Safety still have not implemented a screening framework to replace blue cards.<sup>5</sup>

Implementing changes to the kinship carer process, and the requirements to be a kinship carer would have an immediate impact on the number of children currently either placed out of the community, or in informal placements where kinship family members aren’t receiving the same level of support that an approved carer would receive.

### **Recommendation:**

- That work commence immediately to design a quality and safety framework for assessing potential kinship carers to replace the Blue Card.

### *Lack of support for carers*

AASW members believe that foster and kinship carers need higher levels of support than they currently receive. Despite genuine motivation, caring for children who have experienced neglect or abuse and a subsequent intervention from the child protection system, is difficult and can be overwhelming at times. For these placements to succeed, holistic supports need to be

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<sup>5</sup> (Department of Families, Seniors, Disability Services and Child Safety, 2025)

established at the start of the placement. Carers also need continuing education and training about parenting children who have experienced trauma or live with disability. AASW members report that many placements which break down, could have succeeded had they received sufficient support early in the placement.

#### **Recommendation:**

- That Queensland's Department of Families, Seniors, Disability Services and Child Safety, immediately commence work on a review of the level and timing of support provided to kinship and foster carers.

#### *Inadequate Housing*

Inadequate and insufficient housing remain among the most common causes of children entering out-of-home care. This relationship is particularly acute in rural areas. Social workers know of many extended families (indigenous and non-indigenous) who are willing to provide kinship or foster care for children in their family but are assessed as unsuitable because of insecure, over-crowded or poor-quality housing. This forces those children into the over stretched and expensive out-of-home care system. In many cases this also means that children and young people are forced to move away from their family and community.

#### **Recommendation:**

- That the Queensland Government take every necessary step to improve the supply and quality of family accommodation in rural Queensland as a matter of urgency.

#### **Aboriginal and Torres Strait Islander Children and Young People**

Effective child protection work in remote communities relies on information sharing and collaboration between community organisations. There are still very few Aboriginal and Torres Strait Islander people employed in the Department as frontline child protection staff, or in positions where they can provide advice and guidance about culturally safe practice to front line workers. This can mean that non-Aboriginal or Torres Strait Islander workers are brought into communities to make decisions about children's futures, without sufficient knowledge of the family and community options for those children.

Similarly, the residential services in the remote communities, often referred to as safe houses, are still not being run and operated by Aboriginal controlled organisations. Many are still owned and operated by large, generalist Community Sector Organisations, some of which are For-Profit companies.

An essential aspect of the best interests of Aboriginal and Torres Strait Islander Children's Best Interests, is that they must remain connected to their families, communities, culture and country. These have been adopted in policy through the Aboriginal and Torres Strait Islander Child Placement Principle (the Principle).<sup>6</sup>

AASW members report that the principle is not yet fully realized in rural Queensland. The pressures on the foster and kinship care system described above often result in children being removed from communities, and placed in distant locations further south in the state. One of our members assessed an infant who was removed from Aurukun and placed on the Sunshine Coast.

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<sup>6</sup> (SNAICC, 2025)

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Because the carer was caring for other Aboriginal children, and had cared for the mother of that child, for a very brief period of time when she was younger, the Department assessed this as a kinship placement, against the direct advice provided by the Department's cultural practice advisors.

The AASW is aware that Queensland was the first Australian state to enshrine all 5 elements of the Principle into Child Protection legislation.<sup>7</sup> Although awareness of the principle is very high, the level of active efforts to enact the principle remains unfortunately low.<sup>8</sup> The AASW urges continued efforts on the part of the government to implement all 5 principles of the Principle.

**Recommendation:**

- That the Queensland government continue all efforts to Implement the Aboriginal and Torres Strait Islander Child Placement Principle.

## Conclusion

The AASW welcomes the commission of inquiry and its comprehensive nature. For this submission, we have drawn on the observations of members from northern Queensland, but we believe that our recommendations can be applied to all rural and regional areas of the state.

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<sup>7</sup> (SNAICC, 2025)

<sup>8</sup> *ibid*

© Australian Association of Social Workers

**Melbourne office**

Level 7, 14-20 Blackwood St

NORTH MELBOURNE 3051

PO Box 2008

Royal Melbourne Hospital VIC 3050

ACN 008 576 010

ABN 93 008 576 010

T: 03 9320 1000

W: [www.aasw.asn.au](http://www.aasw.asn.au)

For general enquiries please contact:

[social.policy@aasw.asn.au](mailto:social.policy@aasw.asn.au)

For enquiries relating to this submission  
please contact:

[REDACTED]

[REDACTED]



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