



## Blake's story

**Disclaimer:** This is the story of a person who shared their personal experience with the Commission of Inquiry through a submission or interview. The names in this story are pseudonyms and identifying details have been removed. The person who shared this experience may not have been a witness and their account is not evidence. They did not take an oath or affirmation before providing the story.

Nothing in this story constitutes a finding of fact by the Commission of Inquiry. Instead, these stories have been published to show how people are experiencing the current child safety system in Queensland. Any views expressed are those of the person who shared their experience, not of the Commission of Inquiry.

**Content warning:** Some material may be distressing. These statements may include references to violence, abuse, neglect, exploitation, suicide, or self-harming behaviours, and may contain strong or confronting language. Some narratives may be about First Nations people who have passed away. Readers are encouraged to engage with this material in a way that supports their wellbeing.

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I worked in residential care from 2018 until 2025 in both Youth Worker and Case Manager roles. In these positions, I provided direct daily care to children and young people, supported them through crisis situations, implemented therapeutic strategies, and contributed to case planning and long-term care planning.

As a Youth Worker, I was responsible for supporting children in their day-to-day lives, maintaining their safety, helping them regulate their emotions, and providing consistent therapeutic care. This included managing high-risk situations, responding to trauma-based behaviours, and building trusting relationships with young people who had experienced significant harm.

As a Case Manager, I coordinated care, supported placement stability, worked with Child Safety, families, therapists, and other professionals, and advocated for the needs of the child. This role provided deeper insight into the systemic issues that lead to children entering residential care and the challenges in achieving long-term stability.

I left residential care last year and now work within Child Safety. This has given me further insight into the broader child protection system, particularly the pathways that lead to children entering residential care and the systemic pressures influencing placement decisions.

Based on my experience across both residential care and Child Safety, I believe it is critical to state that the behaviours displayed by children and young people in residential care are not caused by residential care itself. These behaviours are the direct result of trauma, abuse, neglect, instability, and harm experienced prior to entering residential care.

Residential care is responding to trauma; it is not creating it.

Children and young people in residential care often present with complex and high-risk behaviours, including aggression, emotional dysregulation, absconding, self-harm, and disengagement from education. These behaviours must be understood within the context of trauma. Many of these children have experienced physical abuse, sexual abuse, chronic neglect, domestic violence, emotional abuse, abandonment, and repeated attachment disruption. These experiences significantly impact a child's neurological development, emotional

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regulation, and ability to feel safe and trust adults. In addition, many children who enter residential care have first experienced foster care and kinship care placements that have broken down. In some cases, these placements have not been adequately supported or prepared to meet the child's complex trauma needs. Each placement breakdown reinforces feelings of rejection, instability, and lack of safety, and contributes to increasing behavioural complexity. By the time a child enters residential care, they have often experienced multiple placement disruptions and significant relational trauma.

This highlights the urgent need for mandatory, comprehensive training and ongoing therapeutic support for foster carers and kinship carers. Carers must be equipped with the knowledge and skills required to support children with trauma, attachment disruption, and complex behavioural needs. Without adequate preparation and support, placement breakdowns are more likely, and children experience further re-traumatisation.

Residential care exists because earlier interventions, supports, and placements were unable to meet the needs of the child. Residential care is often the placement of last resort.

It is also important to acknowledge that residential care is frequently managing the consequences of systemic resource limitations. Placement decisions are often made based on availability and system pressure rather than therapeutic compatibility. This can result in young people with complex and incompatible needs being placed together, increasing the risk of conflict, escalation, and harm. These decisions are not made by residential care providers, but residential care staff are responsible for managing the outcomes and maintaining safety in these environments.

Residential care is often left to stabilise situations that could have been prevented or reduced through earlier intervention, greater investment in family support, and stronger support for foster and kinship placements.

The increasing reliance on residential care reflects a broader lack of sufficient investment in prevention and early intervention. Many families do not receive the level of support required to safely care for their children, including access to mental health services, drug and alcohol support, domestic violence intervention, parenting support, and intensive family preservation services. Early intervention can prevent removal, reduce trauma, and improve long-term outcomes.

Preventing trauma is far more effective and less costly, both financially and socially, than attempting to repair it after years of harm and placement disruption.

Residential care plays a critical role in providing safety, stability, and therapeutic support to children who have experienced significant trauma. When residential care is adequately resourced, staffed appropriately, and able to provide consistent, relationship-based care, positive outcomes are possible. I have personally observed young people stabilise, build trust, re-engage in education, and significantly improve their emotional regulation when provided with consistent, therapeutic care.

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However, residential care cannot compensate for systemic gaps in early intervention, prevention, and placement support. Residential care is responding to harm that has already occurred.

Based on my professional experience across both residential care and Child Safety, I strongly believe that improving outcomes for children requires greater investment in early intervention, family support, and comprehensive training and support for foster and kinship carers. Strengthening support at the beginning of a child's care journey would reduce placement breakdowns, reduce retraumatisation, and reduce the number of children requiring residential care.

Residential care is not the cause of the current challenges within the child protection system. It is a response to those challenges.

Children deserve stability, safety, and therapeutic support from the earliest possible point. The most effective way to improve outcomes is to invest in prevention, support carers properly, and ensure children receive the right support before their needs escalate to crisis level.