

26 February 2026

Commission of Inquiry
Child Safety System
Reply Paid 89453
Brisbane QLD 4000

Via email: info@childsafetyinquiry.qld.gov.au

Dear Commissioner,

Re: Child Safety Commission of Inquiry

Thank you for the opportunity to provide a submission to the Child Safety Commission of Inquiry.

As you are aware, my role is centred on systemic advocacy activities and projects to promote and protect the rights and interests of Queensland adults with impaired decision-making ability.¹

Supporting parents with cognitive disability

The first matter I wish to raise in this submission concerns my office's 2025 report, *Supporting Parents with Cognitive Disability in Queensland: The need for reform*. This report, as the Commission of Inquiry knows, was tabled in Queensland parliament on 9 June 2025 and contained these two recommendations:

Recommendation 1: The Queensland Government should establish a Ministerial Advisory Committee with the responsibility to review the policies and procedures that apply, and the current practices that occur, when parents with cognitive disability interact with the child protection system.

The proposed core elements of the review, I suggested, would be:

- a. early intervention policies, procedures and practices;
- b. the adequacy of the support given to parents with cognitive disability; and
- c. the accessibility of the child protection litigation process.

Recommendation 2. The Queensland Government should fund, as part of the Queensland Disability Advocacy Program, a specific program of advocacy support for parents and soon-to-be parents with cognitive disability.

These two recommendations remain under consideration by the Queensland government.

I had hoped to have the opportunity to speak further with the Commission of Inquiry about the impact of this report, but the Commission's revised timeframe might make that difficult. In view of that, I simply record here my hope that the Commission of Inquiry might add its voice to the need for a thorough review to be conducted of:

- the parenting support available to parents and soon-to-be parents with cognitive disability; and

¹ *Guardianship and Administration Act 2000* (Qld), s 209.

- the impact a parent's cognitive disability has on child removal decisions.

I also hope the Commission of Inquiry might support my call for greater advocacy assistance to be available to parents and soon-to-be parents with cognitive disability.

Leaving state care

The second matter I wish to raise concerns a project my office is undertaking on the transition of young people with cognitive disability from the child protection system when they reach 18 years of age.

This project is examining the issues experienced by these young people and will identify potential reform options aimed at improving their life trajectories. The project will result in a discussion paper that will be released later this year.

I have detailed below some of the key issues my office has identified during the course of this project to date.

The transition to adulthood

There are many key points of life transition that present challenges for people with impaired decision-making ability. One such challenge is the transition to adulthood. This transition can be particularly difficult for young people with cognitive disability who are under the guardianship of Child Safety and must exit care when they reach 18 years of age.

The decisions made around this period of transition are critical to a young person's future trajectory and are the key to them achieving independence and security. Without individualised, targeted planning, young people with cognitive disability exiting care face significant challenges when they turn 18 years of age and must leave the care of the state.

Legislative Issues

Under the *Child Protection Act 1999* (Qld), a young person falls outside the definition of 'a child in need of protection' when they turn 18 years of age. At this age, any Child Protection Orders to which they are subject cease, and Child Safety's legal guardianship of the young person concludes.

Supports in various forms can be made available to a young person exiting care to assist them transition to adulthood and independence, such as Extended Post Care Support (EPCS). EPCS, which is offered through the Department of Families, Seniors, Disability Services and Child Safety (DFSDSCS), will work with a young person, up until the age of 21, to provide the practical support a young person needs to find a safe and affordable place to live, maintain their connections with family, culture, country and community, apply for a job or enrol in a training course, and attend appointments to meet their health and wellbeing needs.²

Young people with complex needs can also receive support through DFSDSCS's Transition and Post Care Support (TPCS) program. As part of the TPCS program, Transition Officers (TOs) can start supporting a young person in care from 15 years of age and post-care up until age 21.³ Services are prioritised for those young people who are most at risk of homelessness as they transition to adulthood or who are experiencing homelessness post care.⁴

² Queensland Government, *Support when you leave care*, <<https://www.qld.gov.au/youth/support-services/young-people-in-care/leaving-care/support-when-leave-care>>, updated 15 April 2024.

³ DFSDSCS, 'Transition to Adulthood', *Child Safety Practice Manual*, 'Working with a young person with disability', 9 September 2025, p. 46.

⁴ DFSDSCS, 'Transition to Adulthood', *Child Safety Practice Manual*, 'Working with a young person with disability', 9 September 2025, p. 46.

TOs provide direct support to young people, as well as their safety and support networks, 'to ensure they will be safe, well supported, connected to community and culture, involved in fulfilling activities and maintaining healthy relationships with others.'⁵

However, EPCS, TPCS, and other supports, are not guaranteed and generally rely on active engagement by the young person who will often be distrustful of a system with which they have not had positive experiences. This means that there is no assurance that a young person with cognitive disability will have the supports they rely on for day-to-day living, or even appropriate accommodation, on the day they turn 18 years of age and need to move out of residential care (if that is where they have been residing).

EPCS services also have limited operating hours and can only be contacted from Monday to Friday between 9am and 5pm,⁶ which does not recognise that young people can experience crises outside of business hours.

Stakeholders consulted for this project have noted that the fixed deadline to move out of residential care at 18 years of age does not acknowledge all of the elements necessary for a young person to successfully transition to a life outside of the child safety system. Housing shortages and delays in securing a National Disability Insurance Scheme (NDIS) plan, or a review of a plan, can be immovable roadblocks to a smooth transition, despite the best efforts of Child Safety to ensure that all supports are in place.

After they transition from care, many young people with disabilities also require ongoing monitoring and support. It has been argued that the State, which has taken on the role of a 'corporate parent', must continue to be accountable for the post-care accommodation and support that is provided to young people with disability who are transitioning into adulthood.⁷

Stakeholders expressed support for a degree of flexibility to be incorporated into existing legislation in relation to the timing and staging of the transition from child to adult support services. This would allow for the provision of the support services required and sufficient time for a young person (and particularly those with a cognitive disability) to adjust to a more independent environment.

While we can all agree that residential care may not be an appropriate living arrangement for a young person when they enter adulthood at 18 years of age, some flexibility in the legislation for young people to remain in place until permanent and secure accommodation and support arrangements can be made may alleviate a crisis situation. The incorporation of this type of flexibility into the existing legislation could prevent a situation where either emergency accommodation or homelessness are among the only options for the young person involved.

Housing

Access to safe, affordable, secure and stable housing options has been cited as an integral factor in improving outcomes for young people transitioning out of care. Unfortunately, for young people with cognitive disability, finding permanent suitable housing that meets their support needs can be very problematic.

Available housing options often include rooming and boarding houses, where a young adult would reside with other, often older, residents who may have significant mental ill health or substance addictions, and who may have criminal histories. Other forms of support and accommodation are

⁵ DFSDSCS, *Improving care and post-care for children and young people*, <<https://www.families.qld.gov.au/our-work/child-safety/about-child-protection/improving-care-post-care-children-young-people>>, 18 July 2025.

⁶ Queensland Government, *Support when you leave care*, <<https://www.qld.gov.au/youth/support-services/young-people-in-care/leaving-care/support-when-leave-care>>, accessed 24 February 2026.

⁷ P Mendes and P Snow, *The needs and experiences of Young People with a Disability Transitioning from out-of-home care: The views of practitioners in Victoria, Australia*, 2014, p. 5.

often crisis driven, which can see some young people with disabilities transitioned into places like residential aged care if no other suitable accommodation is available at short notice.

My office was informed by a stakeholder that some young people have no choice but to return to the homes from which they were originally removed (which were previously deemed unsafe and unsuitable environments) due to alternative housing not being available.

To address this issue, stakeholders have impressed the need for a 'housing first' approach to provide a strong foundation for a young person's transition to adulthood.⁸ Housing opportunities could be developed that are 'creative, flexible, and responsive options for the diverse needs of young people leaving care.'⁹ As opposed to a specific housing model, opportunities could include 'consideration for individual young peoples' needs, such as matching people with tenancies, building relationships with co-tenants and neighbours, and broadening the availability of housing stock for those in need'.¹⁰

An example of a housing first approach targeted at young people with disability in Queensland is the Endeavour Foundation's Youth Disability Support Service. This service was launched in 2025 to assist young people with disability to transition from Child Safety services into NDIS funded supports.¹¹ The service receives referrals from Child Safety and undertakes compatibility testing to match prospective tenants to a residence and ensure it is a good fit for all involved.

Beyond providing stable accommodation, the service has a focus on trauma-informed care. The teams available at the service provide active tailored support to young people and provide them with a 'voice' in decisions affecting their lives.¹² This helps them to build independence, emotional resilience and community connections as they transition to adulthood.¹³

Undiagnosed disabilities

According to several stakeholders with whom my office has engaged, some young people who have been in care since birth may not yet have had any form of formal disability diagnosis. One stakeholder commented that disability related behaviours can be misinterpreted as merely the behaviours of a problematic or 'bad' child, with no actions taken to put disability supports in place.

One stakeholder also observed that some young people have had numerous placements over the course of their time with Child Safety. This lack of consistency then requires assessments to be undertaken, and support needs identified, within a very short period when it comes time to begin planning the transition to adulthood.

A stakeholder further noted that if a young person's cognitive disability is only identified when they approach adulthood, a cognitive assessment conducted at this stage of their life can be psychologically harmful. Young people in this situation may be simply informed that they have a disability and then directed towards the NDIS without any acknowledgement that this may be the first time they've been made aware that they have any kind of impairment.

A stakeholder commented that living in residential care can itself lead to the development of mental health conditions in young people with cognitive disability. As such, they may also require additional mental health supports due to the trauma they may have experienced in this type of care environment.

Early planning

⁸ ARROS, *The experiences and hopes of young people with intellectual and/or cognitive disability and transition from out of home care: Practice Issues and Responses informing Transition from Care practice and models*, n.d., p. 1.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Endeavour Foundation, *Annual Report 2024-25*, 2025, p. 18.

¹² Ibid.

¹³ Ibid.

A number of stakeholders observed that planning for a young person's transition to adulthood is often not occurring early enough, leading to last minute efforts to find secure accommodation and other critical supports for a young person about to exit care.

For young people with a previously undiagnosed cognitive disability, early assessments are especially critical. If a diagnosis can be made early, appropriate supports can be put in place to prepare the young person for a life outside of the child safety system.

Holistic support

Stakeholders consistently advised that successful transitions to adulthood rely on young people in care receiving holistic support in all aspects of their lives. It was repeatedly observed that young people with cognitive disability need a consistent safety and support network that they can reach out to when they need assistance with aspects of their lives as an adult.

Relationship building with a young person was highlighted by several stakeholders as critical to the transition to adulthood to ensure that a young adult is comfortable and confident enough to contact their Transition Officer or Child Safety Officer when they need assistance.

The ARROS program, funded by DFSDSCS as part of the Transition and Post Care Support (TPCS) program, offers a holistic model of support to young people in the Brisbane and Moreton Bay regions.

The program supports young people with intellectual or cognitive disabilities aged 15-25 years who are at risk of homelessness and focuses on:

- undertaking assertive and pro-active outreach through the recruitment of skilled workers who can build and hold relationships with young people;
- being flexible to a young person's needs;
- engaging with a young person's networks; and
- prioritising holistic responses that support young people to find somewhere safe to live, someone to call on, something meaningful to do, and places to feel accepted.¹⁴

In Victoria, initiatives such as the Berry Street Stand By Me program,¹⁵ the Cluster Housing Model¹⁶ and Youth Housing First Partnership pilot¹⁷ are all examples of the holistic support that could be useful for the Commission to examine as models for transition support in Queensland.

Flexible service model

Stakeholders also indicated that a service model that is flexible, adaptive, and responsive is needed to provide young people with the supports required to successfully transition to adulthood and independence.

Such a model should be:

- built on relational practice that is young person centred;
- flexible, adaptative, responsive and proactive in outreach;
- trauma informed and disability informed;
- staffed by skilled Social Work and Human Services professionals with specialised skills across all areas of practice, to enable the navigation of complex systems; and

¹⁴ Community Living Association, Arros, <<https://communityliving.org.au/about-us/our-teams/arro/>>, accessed 24 February 2026.

¹⁵ see <https://www.berrystreet.org.au/shop/products/evaluation-of-the-berry-street-stand-by-me-program>.

¹⁶ C Craig, N Halfpenny, and C Stockley, 'Incremental transitions from care: The cluster housing model', *Developing Practice: The Child, Youth and Family Work Journal*, 33(Spring), 2012, 83-91.

¹⁷ see <https://www.mcm.org.au/about/our-current-projects/youth-housing-first>.

- sufficiently flexible as to the age range being supported.¹⁸

Other stakeholders my office has consulted have proposed a flexible model that incorporates a 'drop in, drop out' service for young people who are at crisis point. This would provide young people with an independent service, that is not part of a government agency, that they could visit for guidance on any issue that may arise as they navigate adulthood and its associated responsibilities. Having a dedicated team of support workers for young people to contact on an as-needed basis could potentially provide the intervention required to prevent a small problem becoming a crisis.

Specialised support

Stakeholders have consistently identified the need for dedicated disability support officers to be available in every regional Child Safety service centre, to ensure that young people with cognitive disability have specialist support throughout their entire journey with Child Safety. This could allow for targeted support in accessing supports such as the NDIS and securing appropriate accommodation.

Disconnect between Child Safety and NDIS

Stakeholders consulted to inform this project noted that there is confusion about the relative responsibilities of the NDIS and Child Safety that can hinder care leavers in their transition to adulthood. It can be difficult to delineate between what is a disability support, versus what constitutes capacity building for a young person as they approach adulthood, which would normally involve acquiring skills concerning, for instance, budgeting and basic living.

For example, a stakeholder noted that a number of young people in residential care have speech and language issues, mental health concerns or behaviour support needs, yet have not received relevant therapeutic supports under the guardianship of Child Safety.

This can create uncertainty for young people and those who support them, often leading to delays in supports being put in place in time for a young person's 18th birthday.

Navigating the NDIS

Stakeholders also identified the navigational challenges faced by young people exiting care as NDIS participants. A stakeholder observed that the National Disability Insurance Agency (NDIA) does not always recognise the urgency of securing supports before a young person turns 18 years of age. The rules around the evidence to substantiate what amounts to 'reasonable and necessary' supports are not always clear, with much 'back and forth' time required to finalise an NDIS plan.

Further to this, one stakeholder noted that it can be difficult for a young person to secure NDIS funding for some supports before they exit care as such supports are deemed as not yet being required if the young person is, for instance, living in residential care.

Several stakeholders also noted the importance of social workers for young people approaching adulthood. However, stakeholders commented that the NDIS does not recognise social work as a necessary support in securing a smooth transition to adulthood.

One stakeholder noted that the development of a Positive Behaviour Support Plan (PBSP) can assist a young person with cognitive disability to obtain NDIS funding for transition support. A PBSP is a document prepared in consultation with the person with disability, their family, carers, and other support people to understand and address challenging behaviours.¹⁹ The PBSP ideally contains person-centred, proactive, and evidence-informed strategies to enhance a person's quality of life by

¹⁸ ARROS, *The experiences and hopes of young people with intellectual and/or cognitive disability and transition from out of home care: Practice Issues and Responses informing Transition from Care practice and models*, n.d, pp.1-2.

¹⁹ NDIS Quality and Safeguards Commission, 'Behaviour Support and Restrictive Practices', Version 1.0, *NDIS Commission Policy*, May 2024, p. 4.

enabling the acquisition of new skills, and supporting the individual to communicate their needs; it ought not just contain strategies for managing a person's behaviours.²⁰ A good PBSP is intended to address the needs of the person and reduces the likelihood and impact of behaviours of concern.²¹

The stakeholder observed that there is potential for PBSPs to be used as a tool to clearly articulate the NDIS transition supports that are needed to allow a young person to participate in society as an adult.

Reliance on the guardianship system

During consultation, stakeholders also observed that young people with cognitive disability who are under the guardianship of Child Safety are often the subject of adult guardianship applications to QCAT, by default rather than based on individual assessment, with the aim of having the Public Guardian appointed as their substitute decision-maker when they turn 18 years of age.

Stakeholders commented that there is often insufficient consultation with the young person about a guardianship application, with few policies or practices that encourage supported decision making to enable the young person to make their own decisions and avoid the appointment of a guardian.

Notably, several stakeholders observed that many young adults could achieve independence without a guardianship order being made, if the right supports were put in place during their teenage years.

Stakeholders have also noted that young people in care with cognitive disability who are the subject of adult guardianship applications should be provided with funded legal representation to enable their voice to be heard.

Other jurisdictions have more prescribed processes to follow when an adult guardianship application is being considered for a young person with cognitive disability who is exiting the child protection system. In Victoria, for instance, a number of obligations exist – under a Memorandum of Understanding between the Department of Health and Human Services and relevant agencies – on the Secretary of the relevant Department, or the Aboriginal Children in Aboriginal Care provider, to ensure that appropriate supports are already in place (including NDIS funded supports) for the young person.²²

In addition, that MOU outlines a number of steps that must be taken by the relevant authority when an adult guardianship application is being considered, which include initiating contact with the Office of the Public Advocate (Victoria's adult guardian of last resort) 'as early as possible after the young person's 17th birthday'.²³ The aims of these requirements are both to help ensure that adequate supports are in place for the young person, and to ensure that adult guardianship orders are only used in situations of necessity (rather than simply to compensate for a lack of planning).

I hope the Commission of Inquiry, in its final report to government, might add its voice to the need for more comprehensive transition planning for young people with cognitive disability as they approach adulthood that could potentially make a guardianship appointment unnecessary. This could include more specific obligations on the Department to ensure adequate supports are in place, and an obligation on the Department to consult with the Office of the Public Guardian where an application for an adult guardianship order is being actively considered.

²⁰ Ibid.

²¹ Ibid.

²² See clauses 28 to 36 of the 2020 Memorandum of Understanding at: <https://www.cpmanual.vic.gov.au/sites/default/files/2020-03/2845%20DHHS%20OPA%20VACCA%20BDAC%20MOU%20v2.pdf>.

²³ See clause 37 of the 2020 Memorandum of Understanding above

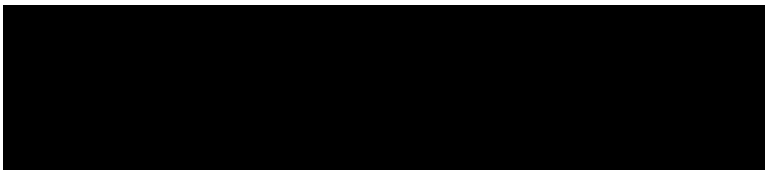
I trust this information is of assistance, in this condensed format, for the Commission to consider this important transitional period for all children in care, and its particular impacts on young adults with cognitive disability.

Turning 18 years of age should be a time of celebration, opportunity and excitement as young adults move towards independent lives and becoming valuable members of the community. Young people with cognitive disability leaving state care deserve a similar experience and a transition to adulthood where appropriate services are in place to support them as necessary.

Thank you again for the opportunity to provide this submission.

Please don't hesitate to contact me if you would like to discuss this submission further.

Yours sincerely



John Chesterman (Dr)
Public Advocate