

Prepared by: [REDACTED]
[REDACTED]

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This submission responds to the Terms of Reference for the Queensland Child Safety Inquiry making specific reference to practitioner wellbeing within child safety. It provides a direct response to some of the Terms of Reference for the Queensland Child Safety Inquiry and highlights systemic challenges and proposes evidence-based strategies to improve child protection outcomes in Queensland.

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Reforming the Residential Care System

The OOHC system is not currently fit for purpose. It is well known that this system is an unofficial pipeline to the criminal justice system and often offers avenues to child exploitation. It is unsafe for young people and staff and provides little therapeutic benefit. Whilst we could seek to revise the residential care system with new models or via more emphasis on family reunification, I believe this too can become costly and ineffective responses over time.

The only way to really “fix” the residential care system is to eliminate it. No young person wants to grow up in residential care, they deserve to be with

family, kin and community. Emphasis should be given to early intervention services not just in terms of family function but via primary and secondary services. For example, currently only one drug rehabilitation service in the entire state can safely house families. This means if a parent has a drug or alcohol issue, they may not be able to seek help, may risk losing their children if they seek help or are unable to find appropriate carers whilst they seek help. Considering the large numbers of parents with drug and alcohol issues with the child safety system in Queensland this level of service provision is clearly not enough. Additional services to support families with mental health issues, unstable housing, criminal justice involvement, and disability are also needed if we are to decrease the numbers of young people in residential care. More community-led initiatives, particularly for Indigenous families who are disproportionately affected by child safety interventions and removals are desperately needed.

Those working in residential care are at great risk of vicarious trauma, burnout and due to the nature and type of service provision, the lack of resourcing within these services and their limited experience of responding to young people experiencing trauma (Bloomquist et al., 2015; Lloyd et al., 2002; Maddock et al., 2024; Malesic, 2022; Maslach & Leiter, 2022; McFadden et al., 2015; Palma Contreras & Pardo Adriasola, 2024). Because residential services are contracted to be the 'corporate parent' they cannot evict or exclude a young person, a process different from most social services. This means staff must find a way of working with young people who are threatening, violent and aggressive. Responding to this requires great skill and resourcing, which are not always available to staff. Often those employed in residential care are the least qualified in the sector, they are entry level, casualised positions with a high level of turnover. Instead, if residential care is to be continued, we need to be employing those with the highest level of skill and qualification.

Workforce instability, such as that seen in the residential care system, is exacerbated by neoliberal funding models that prioritise efficiency and cost-

effectiveness over staff wellbeing (Green & Dalton, 2016; McCrea et al., 2019). Often, team leaders and managers' report feeling powerless to support staff due to underfunding and unrealistic performance expectations (Egan et al., 2016; McFadden et al., 2015; Newcomb, 2022; Patterson, 2019). This systemic under-resourcing contributes to burnout and attrition, which in turn increases reliance on residential care placements (Ravalier et al., 2022). I would advocate for serious consideration of how child and family services are resourced in Queensland with a focus on embedding care ethics into organisational practice to foster relational care and reduce burnout, offering a low-cost, scalable solution to improve workforce stability and service quality (Held, 2006; Pease et al., 2018).

Fixing a Broken System

My concern with the current child protection system lies in practitioner wellbeing. Workers within the child protection system are known to experience high levels of burnout, direct trauma, and vicarious trauma stemming from statutory obligations, high workloads, safety concerns and exposure to child abuse (Gyori & Perpek, 2022; McFadden et al., 2015; Tsantefski et al., 2024). This ultimately affects the quality of child protection services and, consequently, vulnerable children and families. Greater understanding of workforce attrition and stress in child protection in Queensland is needed. Research which understands how we can reduce staff attrition in child protection leading to better outcomes for vulnerable children and families is required. A comprehensive snapshot of staff wellbeing within Queensland Child Safety would assist in creating a more resilient, capable, and supported child protection workforce. In particular, the creation of targeted resources such as practice guidelines, safety planning tools, and resources for debriefing may assist in limiting staff burnout and attrition.

My research in the related field of social work shows that team leaders and managers are adept at identifying signs of burnout but often lack organisational support to intervene (Newcomb, 2025). The absence of systemic responses to burnout leads to high attrition and poor outcomes for vulnerable children and families. Embedding care ethics into management practices such as

emotionally engaged supervision and peer support can mitigate these effects (Beddoe & Maidment, 2015; Chiller & Crisp, 2012; McFadden et al., 2015; Newcomb, 2022; Ornellas & Engelbrecht, 2021). [REDACTED] a conceptual model that reconceptualises organisational responsibility, shifting from caring *about* burnout to actively caring for frontline staff which could be applicable to child safety (Newcomb, 2025). This approach aligns with the Safe and Supported: National Framework for Protecting Australia's Children 2021–2031, and recent changes to the Work Health and Safety Regulations, which mandate psychosocial safety in workplaces. Addressing practitioner wellbeing is not only a moral imperative but a strategic necessity for improving child protection outcomes in Queensland.

I urge the Inquiry to consider these recommendations and welcome the opportunity to contribute further to policy development in this area.

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