

Submission to the Commission of Inquiry into the Child Safety System

by Inala Community House

Introduction

Inala Community House (ICH), in collaboration with Family Intervention Service (FIS) leaders from several organisations, welcomes the opportunity to contribute to the Commission of Inquiry into the Child Safety System.

Our collective experience spans intensive family support, domestic and family violence (DFV) intervention, parenting capacity development, and community-based prevention initiatives in Queensland. We work alongside families at the earliest point of statutory involvement and through reunification processes.

While there are significant pressures across the system, this submission focuses on opportunities for reform — grounded in what we know works — and how resources can be redirected to achieve earlier intervention, safer family preservation, and faster, more sustainable reunification outcomes.

1. A System Under Pressure — and the Opportunity Within It

Across services, we are witnessing:

- Growing population demands that outpace funding growth for support
- Increasing family complexity (mental health, neurodivergence, DFV, housing instability, intergenerational trauma, increased DFV and substance misuse)
- Workforce instability within statutory services
- Delayed referrals and late-stage intervention
- Limited therapeutic and assessment pathways for parents
- Escalating reliance on high-cost residential care

These pressures are not a reflection of workforce commitment. They are structural challenges in a system that is increasingly reactive rather than preventative.

The opportunity before the Commission is to rebalance investment toward:

- Earlier intervention when families first come to attention
- Intensive, relational work that builds parenting capacity
- Structured, supported reunification processes (clear milestones for goals)
- Community-based accountability and support models (such as Community Healing and Accountability (CHAA))

2. Redirecting Resources to the Front End - Early Referral to Family Intervention Services

When FIS services receive referrals early — at the point of initial Child Safety involvement — outcomes are significantly stronger. Delayed referrals often result in:

- Prolonged statutory involvement
- Escalated risk profiles
- Reduced parental trust and system trauma
- For children - increased likelihood of out-of-home care placement, delayed reunification and systems abuse and attachment disruptions

Redirecting resources to ensure universal early FIS referral and at the point of first statutory involvement would:

- Shorten system involvement
- Prevent escalation
- Reduce reliance on residential care
- Support safe family preservation

3. Investing in Reunification — Doing It Differently - Shared Parenting as a Structured Model

We are currently piloting a Shared Parenting approach, where birth parents and carers are supported to collaborate around the child's needs.

When facilitated intentionally:

- Conflict reduces
- Parents remain engaged and feel part of their children's lives
- Children experience continuity of care
- Reunification transitions are safer and less abrupt
- Carers can potentially remain in the child's life following reunification creating a strong support network for the family.

Reunification should not be a hurried process triggered by order expiry. It requires structured preparation, therapeutic repair, and supported transition planning.

We recommend:

- Formal adoption of Shared Parenting frameworks as part of good practice
- Dedicated resourcing for facilitated shared parenting meetings
- Training across Child Safety and sector partners in the model

4. Residential Care — A Missed Opportunity for Therapeutic Parenting

Residential care is among the most costly response in the system, yet it is often disconnected from parenting capacity development.

We propose trialling a Supported Residential Parenting Model, where:

- Parents (where safe) reside alongside their children
- Residential workers adopt a coaching and shared parenting approach
- Parenting responsibility is gradually transferred from workers to parents
- Attachment can be strengthened, not further disrupted

This would be particularly beneficial:

- For parents experiencing homelessness
- For women and children impacted by DFV
- For infants requiring attachment-focused intervention

The recent loss of residential mother-and-baby services such as Grace Homestead, Mercy Community, and Cherish Family Support Services (from the Brisbane/Ipswich regions) represents a significant gap. Reinvestment in therapeutic live-in parenting supports is urgently needed.

5. Parenting Capacity Requires Practical and Therapeutic Investment - Parent Coach together with Case Worker Model

Our Parent Coach pilot demonstrates that pairing:

- A case worker (addressing housing, financial stress, DFV, AOD, mental health etc), together with
- A specialist parent coach (focused on attachment, regulation, trauma-informed parenting)

results in stronger engagement and measurable improvements in parenting capacity.

Parents can compartmentalise stressors and focus on skill development when broader needs are actively supported. Parent Coach roles provide a vital specialised resource in FIS teams. This model warrants recurrent funding and system-wide scaling.

6. Timely Mental Health and Neurodivergence Assessment

Parenting plans frequently require ADHD or mental health assessment, yet:

- Parents cannot afford assessments
- Public pathways are long
- There is limited support navigating access

There is a strong correlation between:

- Untreated ADHD
- Impulsivity and executive functioning challenges
- Substance misuse

- Inconsistent parenting practices

Funded and fast-tracked assessments at first system contact would directly strengthen parenting safety. Assessments provide workers and parents with insights into their strengths and support needs and documentation on diagnosis supports with accessing NDIS when appropriate.

7. Engaging Fathers and Addressing Abusive Behaviour

There is positive momentum in engaging fathers more consistently. However:

- Many practitioners lack confidence and skill in working with persons using violence (PUV)
- Intervention pathways are limited (incarceration, orders, or referral to short-term Men's Behavioural Change Programs)
- Behaviour change requires longer-term, relational, scaffolded work

While Men's Behaviour Change Programs have a role, an 18-week group alone is insufficient for entrenched behavioural patterns.

We recommend:

- Practitioner training across health and social sectors in working with PUV
- Communities of practice focused on reflective skill development
- Networked responses that support behaviour change beyond compliance
- Expansion of community-based accountability models (such as Community Healing and Accountability – CHAA). CHAA is a community-based movement coordinated by ICH support groups in the community to empower their members to know more about DFV and how they can safely support victim survivors. As networks of natural helpers grow across our communities, there will be more informal supports for families who are experiencing challenges parenting their children.

8. Community Healing and Accountability — Building Protective Communities

Families involved in the Child Safety system often experience profound isolation and intergenerational trauma.

The Community Healing and Accountability (CHAA) movement demonstrates that:

- Natural helpers can be mobilised
- Communities can safely hold harmful behaviours accountable
- Support can occur before statutory intervention

With appropriate funding, this model could extend beyond DFV to:

- Support struggling parents early
- Reduce system entry
- Strengthen informal protective networks

At ICH we have had success in creating pathways for parents exiting FIS, to access community support through our community engagement service. Parents are introduced to support groups while they are engaged with FIS which provides them with a safe and easy transfer to their support groups upon closure with the tertiary service. A model which steps down intervention towards more community-based support enables more natural supports in a family's life resulting in less reliance on formal services and systems.

Redirecting investment from crisis response to community capacity building would create sustainable protective environments for children.

9. A Strategic Rebalance

We respectfully suggest that significant funds currently directed toward:

- Intensive personalised fee-for-service packages
- High-cost residential placements
- Late-stage statutory responses

could achieve greater long-term impact if redirected toward:

- Early FIS engagement
- Parent Coach models
- Funded therapeutic assessments
- Shared Parenting facilitation
- Community Healing and Accountability expansion
- Supported residential parenting pilots

This is not a call for increased surveillance or control. It is a call for earlier support, relational practice, and practical resourcing that enables parents to succeed safely.

Conclusion

Queensland's child safety system is filled with committed professionals working under immense pressure. The solution does not lie in greater risk aversion or increased downstream expenditure.

The opportunity is to:

- Intervene earlier
- Support parents more intensively at first contact
- Build communities that share responsibility for safety
- Make reunification structured, therapeutic, and intentional

Children are safest when families are supported well — early, relationally, and practically.

Inala Community House and our partner organisations stand ready to contribute to reform efforts grounded in collaboration, evidence-informed practice, and community-led accountability.