



Commission set to dissect the costings of resicare in final public hearing

Since its inception, the Commission has conducted nine weeks of public hearings and received over 1000 submissions. It has heard from myriad sources that the child protection system in Queensland is not working and that there is an urgent need for systemic and lasting change.

Next week the Commission will hold its final hearing block to consider what has caused the exponential increase in the cost of non-family based residential care in Queensland over the past decade.

The growth of, and reliance on, residential care is an important issue to investigate and ventilate publicly. It was a key factor which prompted the Government to announce the Inquiry in the first place.

In recognition of the centrality of this issue to the Commissioner's remit, the Commission deferred any public examination on this point until this point to allow ample time to investigate and understand the practical and financial challenges impacting the residential care model in their full context.

Statistically, we know that the number of children in Queensland's residential care model is abnormally high when compared to children in residential care across the country. Furthermore, continued growth on current projections is unsustainable.

Between March 2015 and March 2025, the number of children living in residential care in Queensland rose by a staggering 229 per cent. The cost of the residential model alone is \$1.2billion per year. Yet despite the billion dollar price tag – dominated by for-profit and unlicensed providers – the Commission has heard that residential care industry delivers poor outcomes for children and the wider community.

Residential care placements are increasingly used for children under 12 (and even under five) as the only available option – despite the fact that residential care was not designed for this young cohort.

The residential care model brings into focus systemic failures, including failings in department and government level stewardship and accountability.

The increasing reliance on residential care reveals that failings at earlier stages of the child safety continuum have a compounding impact on the capacity of the system to provide quality care for



children and young people – the bigger the problem becomes, the harder it is to provide qualitatively effective solutions.

It is my hope we see a reverse in current trends in residential care, both from a cost and quality of care standpoint, as soon as possible, first, by redoubling efforts to support families to care for their children at home, second, for those who can't live safely at home with family, by placing them within desirable models of care, such as family-based care, and third, by implementing significant changes to the design of the residential care model and the stewardship of the child safety system holistically.

Ends

