




24 August 2025

To Whom It Concerns

Re: CHILD SAFETY COMMISSION OF INQUIRY

As a past Foster Parent for 17 years and still with two of my previous foster children as integral parts of our family, I believe that I have some valuable insights into the issue currently being investigated by the Inquiry. I am also in touch with quite a few current Foster Carers and so am abreast with their concerns.

Please allow me to inform you of my thoughts. I must admit though that I have thought hard about this as I am somewhat sceptical about the process and the outcome as since my initial involvement with the Dept.  I have seen many Royal Commissions and Inquiries taking place and many Ministers lose their positions but still the same problems are sitting in the background and surfacing regularly. These have never been tackled and/or rectified as the same Senior Public Servants are in charge.

A. REGIONAL CHILD SAFETY CHALLENGES

- The obvious one that comes to mind is the distance covered by our Region and the differences in Cities, towns, and outback communities and the issues that that brings.*
- The ever-changing staff of the Department is quite obviously one of the biggest challenges. This is possibly due to the unfortunate attitude of some of the Senior staff members and the negative attitude towards Children in Care and their Carers.*
- The next issue is the difference in expectations of the communities in those different areas – quite massive differences in Social Norms etc.. This is particularly evident in the difference between Cairns and the Indigenous Communities.*
- Another issue is the mobility of some of the population. Some people move very frequently between towns, communities and a combination of both, so keeping track of the children can be difficult.*

C. INCREASE IN THE NUMBERS OF CHILDREN IN, AND THE COST OF, THE CHILD SAFETY SYSTEM

a. the number of children in state care, and, in particular, in non-family based residential care?

- My belief is that this has been coming for a long time due to the manner in which Foster Carers have been treated by the Department staff. This has been happening for as long as I have been involved and has not changed since I resigned. It was the reason that I resigned when my permanent foster children turned 18. I can give many examples of this.*

- *If Foster Carers have the responsibility of 24-hour care of the children, then they should be trusted and treated as team members rather than clients. So many Carers leave for this reason and the fact that they are not backed up by the Department so leave and then the children have nowhere else to go except Resi Care or motel rooms etc. which is extremely detrimental to the children.*

b. the increase in the cost of the provision of child safety services, particularly in respect of non-family based residential care and the use of Individualised Placement and Support?

- *This has developed over many years because of the breakdown of the 'family-like' care that Foster Parents used to give (I know there were problems with some but that was because of a lack of proper recruitment). When the system went from Family Group homes to Residential Care with rotating 'Carers' the costs went up and the care and behaviour standards went down.*
- *No amount of Individualised placement and support can take the place of caring. The children in these placements have no feeling of security and belonging – important factors in children's lives. Refer Maslow's Hierarchy of Needs.*

D. DISCONNECT BETWEEN DUTY AND AUTHORITY

7. What are the limits upon carers exercising authority over children and young people in their care, particularly in respect of matters such as decision making, discipline, boundary-setting, containment and the use of restrictive practices generally?

- *This is where the relationship between the Department staff and the Foster Carers really shows why there is so much trouble. The Foster Carers, in the majority of cases, do not trust the staff and the staff do not trust the Carers. There is very little respect between the two and usually a strong power play on behalf of the staff, although it is portrayed that they are partners.*
- *Carers have very little authority over decision-making, boundaries, placements etc but all the responsibility. The Department staff have all the authority but very little responsibility – this is especially evident after 5pm, on weekends and/or on holidays.*
- *Of all the terrible cases of children in care coming to serious harm or death, never once have I heard of a Departmental staff member being charged. No accountability.*
- *There is a very large turn-over of Case Officers and this leads to disharmony and lack of flow-through for decisions and case plans. [REDACTED] came into care at 1 year old and stayed in care until 18 years of age and had 36 Case Workers in that time as well as a period of 4 years accumulatively, where they had no Case Worker. That is not unusual although it is unusual that children in Care stay with the same family for 17 years – but that is another story!*
- *New Case Workers quite often want to show their authority and have been known to make life-changing decisions without ever meeting the child, knowing and using the child's right name or the child's birth date.*

- *I had a new Case Worker come to my home to tell me that she had made a decision about a little one in my care, who she had never laid eyes on and was calling the wrong name. I told her that I did not agree with the decision, and she had the audacity to tell me that she had the qualifications and the position, so I had to do as she said. I promptly and assertively told her to leave my home for being so rude to not know the child's name, and presumptuous about my qualifications and not to come back.
How can that be in the best interest of the child, when they don't know who the child is?*
- *Generally, Carers have little say in decision-making and Case Workers just demand that the Carer do as the Case Worker says. Often the Carer has children of their own older than the Case Worker. Very often the Case Worker has very little practical experience with raising children but relies on the Theory – and we all know that the Theory and the Practical DO NOT go hand in hand very often. Also, the Theory changes from time to time, particularly in the area of discipline.*
- *The birth children of the Carer/s are very rarely, if ever, given a thought when it comes to decisions and yet these children share their lives with other children who come into their home. They should be given more recognition and respect.*

8. What are the practical consequences experienced by carers that arise from the imposition of these limitations?

- *When information about the child is withheld from the Carer because of 'Privacy Issues' by the staff, it can be harmful and sometimes dangerous. The Carer is entrusted with the child for 24 hour care and yet not trusted with information about that child so that the Carer/s can make changes to how they treat a child eg not turning a bedroom light off at night if a child has been locked in a dark room previously.*
- *Often decisions about the child are made to placate the birth parent, which are detrimental to the child, and for no reason except the birth parent wants it. An example of this is some birth parents get very jealous if they see their child bonding to a carer so will make up some reason to have the child moved to another carer, and then this is repeated again and again. Therefore, the child has no stability because of the birth parent/s jealousy. This is a known fact among Carers but Case Workers turn over so often they do not see this. The Carer/s are often the most stable people in the child's life and yet their concerns are often dismissed.*

9. To what extent do these limitations conflict with the goals of:

a. reunification; and/or

- *Most carers want to see a child reunited with their parent/s, if at all safe and practical. If Carers could have more input into the Decision Making and limitations etc, I am sure there would be better outcomes.*
- *However, carers often see and experience a different side of the birth parent during access visits etc than the Case Workers see but when they voice these concerns are dismissed as being negative and wanting to keep the child.*

- Carers, because the majority are experienced parents, have learnt to read children's body-language and can tell when a child is scared, frightened, or happy. Care Workers are not as skilled in this area. Too many times, I have watched a Case Worker take a child away to reunite with the parent and I could see the concern in the child's eyes and fear on their face. Sure enough, within a short while, that child is back in care (with another Carer) and more physical and emotional damage done to them.
- One argument the Case Workers use is "His/her mother/father loves them". My reply is "But they do not know what love really is"


b. nurturing the child or young person so as to prepare them as far as practicable to live a functional, meaningful and healthy life within the Queensland community or elsewhere.

- *When children are allowed to make adult decisions about their life and behaviour, then they are not going to be prepared for the life ahead. They need guidance and support to move through the changes in their minds, bodies and circumstances.*
- *When a young person in care can't get their own way in the Foster Home all they have to say to the Case Worker is that they are unhappy there and not treated right – it might be that they are not allowed to smoke or have a boyfriend in their bedroom (in their eyes) and the Case Worker moves them, and then this becomes the pattern for the future. This is NOT an adult way to resolve issues, but this is what has been taught to them and will carry forward into the future.*
- *This is a very common happening in Foster Homes.*
- *When a child in care turns 18, they are virtually dumped by the Department. A young person at 18 is not equipped to be out in the world on their own without the guidance of a parent figure to help guide them through the ups and downs of life. I have personally known of 7 young people who, within a couple of years of turning 18 and coming out of care, have committed suicide. This is really unacceptable.*

F. FAMILY-BASED CARE (FOSTER AND KINSHIP CARE)

21. The factors that are contributing to the decline in the recruitment and retention of foster carers, including:

- a. Financial impost of being a volunteer;*
- b. Lack of certainty regarding tenure of care, including by reason of the reunification principle;*
- c. Exclusion of foster carers from key decisions about a child in their care, including in respect of removal;*
- d. Experiencing a lack of support (including respite care) from the Department;*
- e. Experiencing a lack of transparency by the Department;*
- f. Experiencing a lack of consultation by the Department;*
- g. Experiencing poor communication and/or 'gate-keeping' of information by the Department;*
- h. Limitations on the ability of foster carers to use restrictive practices;*
- i. Limitations on foster carer's ability to make decisions on behalf of the child;*
- j. Fears of reprisal action by the Department if legitimate safety concerns are raised.*



The Fear of reprisal is a very big one and is frequently voiced by Carers and even frequently threatened by Case Workers – “you will not get any more kids if you don’t do as we say!”

I think I have written enough for this time as even after 24 years of retirement from paid (ha-ha) fostering, the memories are still quite taxing. I am happy to elaborate on what I have written and to answer any questions because I worry for the children in the system today.

In closing I would like to say that I have met some very nice staff of the Department, but they usually do not last long.

There are good and bad staff as there are good and bad Foster Carers – the system needs a better method of assessing both.

I don’t believe that many Policies need changing except definitely those to do with Residential Care. I believed that it is the Procedures and training that needs to change and/or be followed.

A new way of looking at Foster Care in a positive light rather than a negative would be a good start. Look to give each child in care the best care and outcomes possible so their lives can go on to be successful.

Thank you for giving me this opportunity.