

Child Safety Commission of Inquiry

Voices of carers



Voices of carers

The Commission sought to hear the voices of carers in a range of different ways.

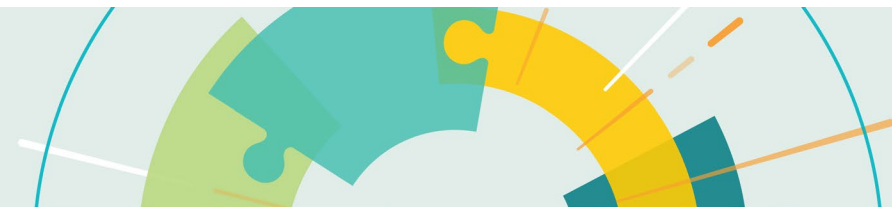
During the Inquiry, the Commission heard from people through submissions, public evidence, forums and surveys.

The following statements reflect the words and submissions of individuals who contributed to the Child Safety Inquiry. They represent the personal experiences, perspectives, and accounts of those who chose to share their voices with the Commission.

In recognition of the significance of these experiences, the statements have been reproduced as provided, as far as possible. This includes retaining original language and, where present, grammatical or formatting irregularities, to preserve the integrity and authenticity of each account.

The Commission acknowledges and thanks all those who shared their experiences of the child safety system in various capacities. We recognise the strength it can take to share personal experiences and are grateful for the trust placed in the Commission.

All stories, including those not published, have been heard and have significantly informed the work of the Commission.



Disclaimer

Given the volume of material received, the Commission has adopted an approach of publishing a representative selection of submissions to reflect the breadth and diversity of experiences shared. Not all submissions are published. Decisions about publication have been made having regard to the Commission's Terms of Reference, the preferences of submitters, privacy considerations, and whether the material is appropriate for public release.

To support the safety and privacy of contributors and others, the Commission has taken all reasonable steps to de-identify material as far as possible, including removing or altering names, locations, and other identifying details. Only material from submitters who have consented to the sharing of their de-identified accounts has been included. Material has been reviewed and, where necessary, redacted to support safe publication while maintaining the meaning and integrity of each account. However, due to the nature of personal experiences, there remains a possibility that individuals already familiar with particular circumstances may recognise aspects of the accounts shared. These statements are published without adoption or endorsement by the Commission and do not represent findings of fact.

Content Warning

Some material may be distressing. These statements may include references to child harm, violence, abuse, neglect, exploitation, self-harm, and may contain strong or confronting language. Some narratives may be about Aboriginal or Torres Strait Islander people who have passed away. Readers are encouraged to engage with this material in a way that supports their wellbeing.

If you need support, please visit the Commission's Contact & Support page or reach out to a trusted person or a relevant support service.

Foster carer 1

Child safety have been unacceptable with their communication especially with the little person we currently have with us. They don't answer phone calls emails and do not communicate or consider us or the little person in decisions they make.

We have had countless meetings and emails that never get resolved or answered everything gets swept under the rug with no accountability or repercussions for standards of care that are not being met. We have a communication guide in place which has done nothing to help.

We have tried and tried to advocate for this little person with no acknowledgement or understanding of her mental wellbeing and the impact their decisions have on her.

Child safety are also transporting parents in the car which is not acceptable we have raised this multiple times and nothing ever happens. We have asked about long term orders for our little person as she thrives in our home with routine and stability we just get nowhere.

Foster carer 2

I have been encouraged to try and tell our story to the commissioner.

I would like the commissioner to hear first hand from myself and my foster son.

[child] has been in my care since he was two years old, he is a young indigenous male who is desperate to no longer be in the child safety system. We have applied twice now for guardianship of [child] and his younger sibling.

We have a long history with a toxic work culture of the local child safety office and many examples of how these children are being disadvantaged due to the department not following permanency planning for indigenous children. I can provide examples of the impact of indigenous children being disadvantaged with the NDIS purely because they are in state care.

We would really like the opportunity to tell our story.

Foster carer 3

I was a foster carer from 2024-2025 affiliated with a CSSC.

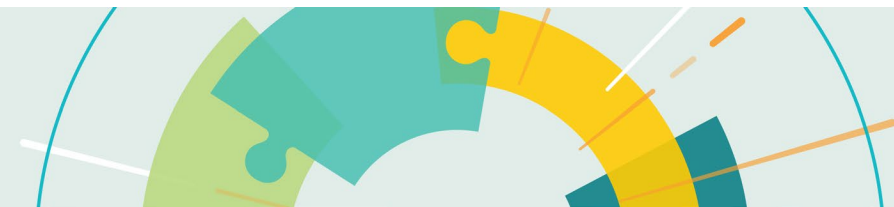
The CSO repeatedly breached the privacy act in regards to my personal information and personal information regarding 1 biological parent.

I raised 2 complaints, the first complaint was unsatisfactorily addressed by the centre Manager who called me for further explanation and then proceeded to tell me given the complaint was in regards to the CSO's work conduct there would be no further updates she can provide.

A few months later my privacy was breached again by the same CSO which only makes me think that the initial complaint was never addressed.

Repetitive breaches has caused me substantial stress and concern for others families who have her as their CSO.

I am no longer a foster carer.



Foster carer 4

As a grandmother and kinship carer, my experience in dealing with Dept of Child Safety has been extremely frustrating and upsetting. My family has experienced blatant bias from the first interaction with CS officers who have not followed their own Charter of Rights for Parents requiring equal & fair treatment.

Foster carer 5

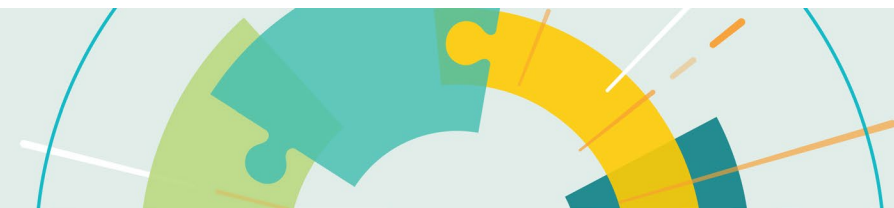
I had to resign from my management position due to the heavy appointment schedule required for the young people. I am currently needing to look at buying a new car. Going through a broker there are only 3 lenders who will consider foster and centrelink money as income. They will only lend a max of \$12,000 at 16% - 22%. We are then disadvantaged by getting ridiculous interest rates we are also having to buy scrappy 2nd hand cars that will need replacing sooner than if we were able to get a loan for a new car. This is the same with the current rental issue that your income needs to be 3 x the rent for the house you are applying for but again they do not count the foster or centrelink money as wages so is not counted. So when going for a rental house it shows I have \$0 income and would not be accepted for a house and then are risking homelessness and the kids being removed from my care. Buying a home is also off the table

Foster carer 6

Foster Care Agency workers are worried about raising any concerns they may have about the decisions made by the Child Safety Department. They are concerned that they may suffer retribution from the department including loss of child referrals and funding to the agency.

Perhaps if it has not already been considered, a separate department in charge of the funding that is given to Foster Care Agencies. This will help avoid the possibility of concerns not being reported, as well as the possibility of conflict of interest.

This will surely be in the child's best interest and also help retain carers.



Foster carer 7

We are Carers with Child safety, and have been involved in a harm report.

We have been Carer's for over 10 years, and the young person involved in harm report has been with us for over 6 years.

The Police were involved and No Evidence, No charges were laid.

The Officer in charge actually said he could see how many happy memories I had in my photos.

We disagree to harm report and are still waiting for a review, to which many emails have been sent asking when, to not being able to tell us when. We are not happy with the way we have been treated throughout the ordeal. We have never been through any of this before and have opened our home up every month to several people for the 10 or so years of being Carers.

Foster carer 8

Queensland's "volunteer" model is failing. The base allowance (\$702.94/fn) is just \$2.09/hour for 24/7 care. This covers only a child's basics, valuing a carers expertise at \$0.

Carers act as unpaid Case Managers, coordinating complex medical and therapeutic systems. While family care saves the State ~\$390k/year compared to residential care (\$420k+), carers are forced to "beg" for support via HSNA/CSNA applications.

Recommendations

1. Increase Base Rate: Transition to a "Carer Service Payment" reflecting coordination labor.
2. Remove Support Hurdles: High-needs should trigger higher base rates without administrative burdens.

\$2.09/hr is an insult. Carers are holding up the Child Safety system by absorbing costs that are completely unrealistic for families in this economy. To stop the exodus of experienced carers, the base rate must reflect the professional-level service and coordination we provide.

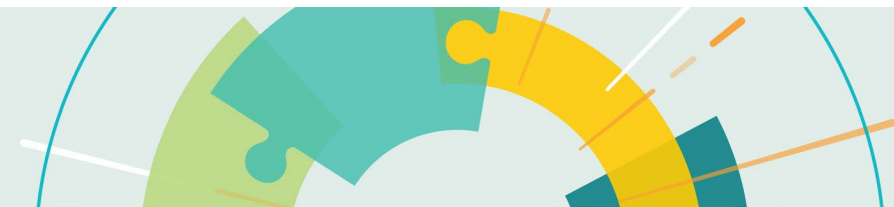
Foster carer 9

I am a foster carer of over 15 years. A key systemic issue is the excessive delay in achieving permanency for children in long-term care. In my experience, it took 8 years for a child in my care to receive a Permanent Care Order.

During this time, the child remained under state guardianship despite no realistic reunification plan, with ongoing caseworker involvement and mandated family contact.

This prolonged uncertainty impacts attachment, identity, and emotional wellbeing. Where reunification is not viable, there should be clear timeframes and decision thresholds to progress children to permanent care.

The system must prioritise stability and belonging over process. Additionally, if the State retains guardianship, it should fully meet financial responsibilities for education, health and development, rather than relying on carers to absorb these costs.



Foster carer 10

We fostered more than 120 children over a period of 25 years in our home. Our last foster child had over 31 CSOs and 21 team leaders.

We suffered ongoing bullying, threats and lies from Child Safety Workers in the Child Safety Centre.

For example, we had to miss important family milestones such as family weddings, funerals and birthdays due to be threatened with removal if the children couldn't attend family contact visits.

For years our family lived under the constant threat of removal which was very traumatic to us and the children. We were constantly told we had no say in the children's lives.

Foster carer 11

We have been carers for over 10 years. We have had a sibling group for most of that time .

The children wanted us to go for guardians which we were more than happy to. One of the children we have had from birth.

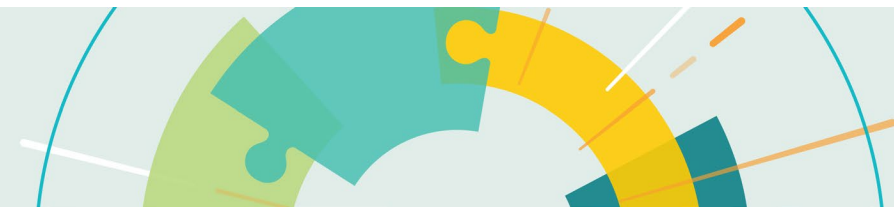
We went through the process and got to the end of it while we were going through this one of the sibling group abused one of my granddaughters and another foster child. No blame to us :(but they took away our chance of ever being their guardians our girls were devastated. We were punished for no wrong doing by us and so were our kiddies :(

Foster carer 12

We had a child in our care from birth to almost 3 years old, we warned DOCS that she would be abused by her maternal grandfather and his wife if she was placed in their care and that's exactly what happened.

The child suffered for 7 months in his care before DOCS removed her from his care yet she is still being forced to spend time in his care unsupervised for contact visits overnight, this is traumatising her more than the 4 placements she has had since leaving our care in 20 months, how is this in the best interests of the child.

We would love to have her returned to our care forever.



Foster carer 13

I would like to propose that all children in out of home care who have been considered to be in the bracket of very high complex cases, should be clinically assessed for neurological conditions, foetal alcohol syndrome effects and other long term trauma related conditions.

These analysis be conducted by appropriate professions at Universities and the findings serves as qualified recommendations to tackle these debilitating conditions head-on.

Some of these children are being subjected to the run of the mill check ups at local GP clinics where they desperately lack the means let alone the time to rescue these children from the conditions they suffer in silence and may I add, no fault of their own.

Foster carer 14

foster and kinship care is Queensland's primary and preferred parenting platform for children who cannot live safely at home. Yet carers are often under-prepared, under-supported, over-scrutinised, and excluded from key decisions, making placements brittle and driving escalation into residential care, crisis responses, higher costs, and increased youth offending risk through disrupted belonging and repeated relational loss.

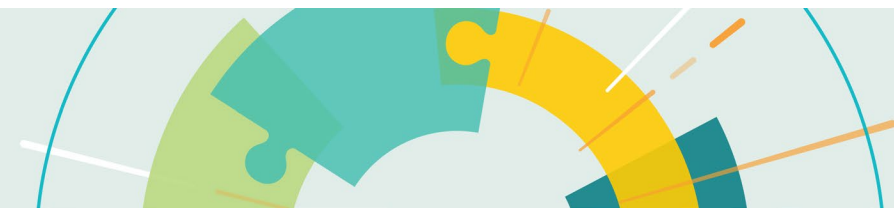
The core problem is drift from relationship-sustaining design to vacancy management.

Reforms proposed: truthful recruitment; a consistent team around the child and carer household; universal attachment/trauma-informed capability (DDP/PACE); front-loaded DDP and whole-family support; protected support separate from assessment; healthy endings with staying-in-touch where safe; measurable KPIs; and independent oversight.

Foster carer 15

Child Safety are not following the Child Protection Act 1999, instead they are harming families and children.

Sharing information with parties not privy to the information.



Foster carer 16

I have always wanted to be a foster carer but the lack of sufficient allowances for full-time carers has delayed me from leaving my current job (96k) to do this due to the cost of housing.

We have 2 kids and fostering for us requires us purchasing a bigger house, renovating it and adding extra rooms which we are in the process of. Hopefully in the next year we will be in a position to start fostering only because my husband is a high income earner and we are passionate to do it, but it will be a financial sacrifice for us and I think that should be recognised by the Commission.

Kids who have experienced trauma should have a safe home rather than residential group homes. If carers were compensated better, I think it would help more people who want to foster do it.

Foster carer 17

A child in my care has suffered severe trauma and abuse while under the supervision and responsibility of Child Safety. This included abuse by an older sibling, as well as emotional neglect and harm from both parents and other family members.

Despite my repeated reports and concerns, adequate protection and timely intervention were not provided. The department's lack of appropriate action resulted in significant emotional and psychological damage that continues to impact the child's daily life.

The child now requires ongoing psychological and therapeutic support, which has been difficult to access and fund due to limited departmental assistance.

I believe there has been a serious breach of duty of care and a failure to safeguard a vulnerable child.

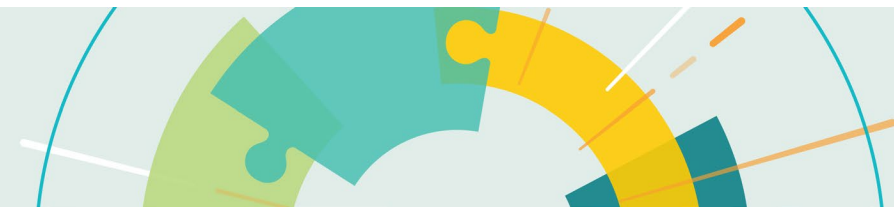
Foster carer 18

We cared for a child from birth and were preparing for long-term permanency when, with no warning, she was abruptly removed from our care and placed with a father she had only met twice. We were not informed of the court decision, given no opportunity to say goodbye, and her mother was not properly notified.

This process lacked planning, transparency, and consideration for the child's emotional wellbeing. The impact on our family, including our other young child, was significant and ongoing.

Months later, her father relinquished care, and she returned to the system, causing further trauma.

Our experience highlights serious systemic issues, including poor communication, rushed decisions, lack of accountability, and failure to prioritise children's emotional needs.



Foster carer 19

I just want to highlight the level of contact that these kids have with their parents. I can not understand how these parents that neglect, abuse, mistreat and even worse things can still have the right to see the kids. People who treat animals as above are charged with animal abuse and sometimes end up in jail.

Yet time and time again we have kids come into our home that are a shell of what they should be and those parents get the right to see them. We've had kids plead not to have to go to contact but nope they are made to go.

We've had babies come back completely different after a contact. They go on and on about breaking the cycle well break it by having no contact. The parents need to know that what they did is not ok.

We've had kids come to us that have been in a home where the department have removed the older siblings but left the baby. So by the time they get removed the damage is done.

Please change the system to give the rights back to the kids.

Foster carer 20

I am a kinship carer for my nephew. His mother, my sister, is a long-term drug user. I contacted the Department when I became aware she was pregnant. The Department commenced investigations and although she was open about her active use of drugs, my nephew was sent home from the hospital with her.

The police took custody of him when he was 2 weeks old and my husband and I became his carers. We have no other children.

Our experience working with the Department of Child Safety has been a traumatic one. My primary grievances are:

1. That my foster son was sent home from hospital to his biological mother, an active drug user who had openly admitted to using within the same week.
2. That the Department's mistreatment of my husband and I as carers is tantamount to bullying and harassment, and that there is no apparent recourse for this.

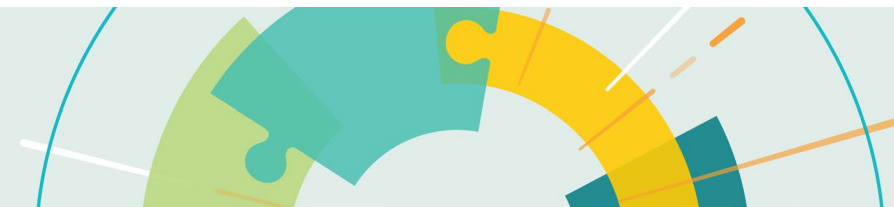
Foster carer 21

Child safety removed a young child from a kin placement and placed the child in a residential facility to make it easier for mum to have contact.

They took the child from his family, off country and to a residential facility instead of workers taking mum to the other town for contact. It was done for ease of workers with no thoughts given to the child and no active efforts of following the cold placement principles for Aboriginal and Torres Strait people's.

The child remains in the residential facility even though he has limited contact with his mother.

As aboriginal person i am discussed this has happened. Who will be responsible for this child's attachment disorder from having no primary carer? What manager and RD thought this was okay for a kid to do this?



Foster carer 22

My wife and I have cared for children for nearly 25yrs and have seen many children come through our home but nothing has been as frustrating as the cruelty that child safety has forced on a young person in our care who is both Torres Strait and Aboriginal he now nearly 15 but unfortunately has endured many years of ignorance by a department who does not take his voice into account.

He has had very little positive contact with his family but is still harassed and tricked to try and connect with his family when he is not interested and when we tried to speak on his behalf his case was transferred to a [different service centre]. it seems if things are to hard we will make it harder for the carers you so desperately need and the young people your meant to be helping .I would like more acceptance that white people can properly look after Indigenous children and culture.

Foster carer 23

I have a foster daughter currently requiring urgent dental care. A plan of treatment has been forwarded to the department of child safety with recommendations to NOT delay treatment, and advising treatment be urgently undertaken.

The department (her guardian), refuses to provide consent for her treatment, instead directing us to the public sector, which cannot provide this within the recommended timeframe.(I have contacted them). Complaints and requests for consent to treatment are being ignored and declined.

The child is in pain, the department is aware and still declines to consent to treatment.

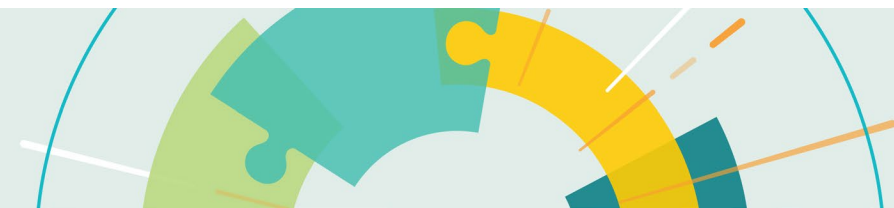
The support agency has advocated for treatment and offered to pay half of the costs. The department still will not provide consent.

I hate seeing her suffer and struggling with food intake due to pain.

Pursuing all avenues of complaints processes. Just one of the many unnecessary struggles carers and the children they care for face.

Foster carer 24

this is a current example however we have had many, currently we have a order of harm and a removal order in place, this we believe was brought on by CSO changing so many times, we have had 3 in 3 months and using a tick box system and not looking outside there little box. we also believe this was in place due to the fact the child that has been in our care for 4 years has [medical condition] and behaviour problems, to the point where we sourced a allied health person to assist with the behaviours etc and was having that blocked by CS not activating the service in the childs NDIS portal it took them about 10 weeks after the service agreement was signed, I also still had to chase that up at the time as well. the knowledge was not there by the CSO, even after the support co explained what needed to be done. the CSO never took the time to understand our family and how we operate as a family. The support agency did the same and have just made assumptions without asking questions.



Foster carer 25

There really needs to be financial awareness of breakages to carers home and property. Not make us use our household insurance to claim. The financial stress to carers is huge. We are always out of pocket.

Easier way to be reimbursed when we put in financial receipts.

When a child has a disability it puts a lot more pressure on carers and having out allowance questioned is very stressful.

We rely on complex needs payments to drive kids to the therapies and extra activities to help with their disability . The manager needs to be more punctual with approving request made by carers.

Foster carer 26

I make this submission to the Queensland Commission of Inquiry into child protection as a foster carer writing with care and concern for a child in my care. This submission centres the child. A baby who relies entirely on adults and systems to keep them safe. What I have witnessed shows a system that too often loses sight of the child's lived experience.

This baby was expected to spend hours in a contact room that was unclean and inappropriate. The space felt unsafe and showed little regard for hygiene or comfort. Contact visits should support attachment. In such environments they cause harm.

There was a severe lack of communication between Child Safety Service Centres. Contact with the child's mother and siblings only occurred after relentless advocacy. I was forced to chase responses to ensure plans went ahead.

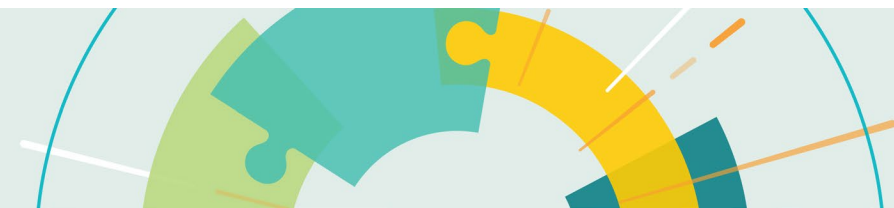
Most disturbing was being warned that my advocacy could result in the baby being removed. This silences carers and puts children at risk. Children deserve better now Today.

Foster carer 27

Changes need to be made to ensure that children are safe within their placements and that carers are supported. Children need boundaries and carers need to be able to give boundaries. Child Safety whilst there to support the child need to realise that just because a child is upset about something it doesn't mean that they need to do investigations and formalise things. They need to normalise the child's concerns and work with carers and children the same as in any family.

Thank you for reading, as a previous child in care, I cannot not see much change in how child safety operates from the carer or child point of view.

There has been changes from the Carmody enquiry however, they have not affected how on the ground work is done.



Foster carer 28

I am a Kinship Carer. I have been dealing with Child Safety for over 10 years. I can honestly say that I would NEVER recommend anyone do Foster / Kinship Care.

For almost a year now I have been trying to get reimbursed for out-of-pocket expenses. These are not small expenses. They add up to over \$2,000 (school uniforms, broken laptop, Specialist Appointment, etc).

Child Safety do not reimburse carers promptly. They reimburse in dribs and drabs and then misplace requests for reimbursement.

Years ago Child Safety did not allow me to have contact sibling contact due to their Carer saying they were traumatized by their last visit with me. I argued with Child Safety for months as this was a lie and the carer were trying to alienate the kids from their biological family. The siblings were eventually removed from the Carers.

Foster carer 29

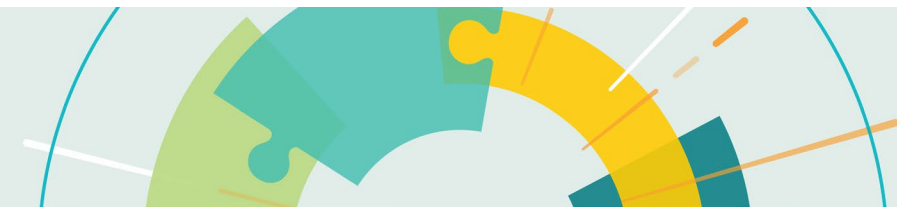
The submission is regarding reunification practice in Queensland and the management of attachment continuity for children who have experienced long-term foster care.

We make this submission in good faith and in support of safe and sustainable family reunification. We bring more than 25 years of continuous foster care experience in Queensland, having cared for over 300 children, including complex and high-needs placements. We also have professional backgrounds.

Our concern is not with the principle of reunification. Rather, it relates to systemic practice issues in the management of attachment continuity during and following reunification from long-term carers, and the governance and oversight mechanisms that apply while a child remains subject to statutory intervention.

Foster carer 30

I have attached my story of applying for Foster Care...I naively thought that Child Safety would see a family supporting a young person as a great thing and we would be supported. Unfortunately the whole process has been a nightmare and very stressful. The system is very broken if prospective Foster Carers need to feel like they are the enemy of the state. We are both very disillusioned and feel very dejected in this process....please help.



Foster carer 31

1) Carers are not funded appropriately and have to fight to get allowances, reimbursements to cover out of pocket expenses (times taking up to 4 months for reimbursement)

2) stuck on numbers - if a carer is willing to take a full placement of children ie 3 when they are only approved for 2 therefore splitting the children - judge each case by case not just an auto no - keep the kids together if they are willing and capable to have them. You can't just say your only allowed 4/5 kids

3) You can never get a hold of CSO's - you never get ATC unless you follow up - the ATC should auto link to Centrelink to save 4-5hrs on phones and organising Centrelink and child care submissions

4) carers are at the beck and call of parents with visits - allowances do not cover the running around and waiting around - some kids are 4 visits a week for 1.5 hrs and therefore you are really out for 2.5hr min and \$44 a day doesn't cover this running around, food, fuel, clothing, schooling, activities.

Foster carer 32

The Department seems to have lost sight of the primary principle when making decision about children in care that all decision made about a child should be made with the best interest of the child as the primary outcome.

The Statement of Commitment between the Department and Carers details that the Department, carers and carers agencies should work closely and co-operatively in the best interest of the child and that carer input to decision about the child will be valued.

It has been our experience that as soon as carers advocate for a child in their care the Department either ignores the requests, minimises the urgency or simply tell you to mind your own business. Once a carer challenges or questions a Departmental decision they can expect some form of censure or retribution from the Department.

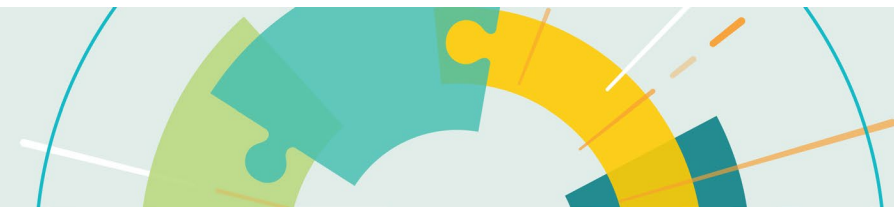
If the Department decide that you are difficult to work with or are a trouble maker they will work to remove you from the system.

Foster carer 33

Investigations are not enough, too many children stuck in neglectful and abusive households due to them being set up to look like a happy household. Interview everyone, remove the children to discuss in PRIVATE with people who can read body language!

Carers are held to standards higher than the average parent and are barely supported to meet deadlines and the ever-growing list of things that the children need in the Dept's eyes who put extracurricular activities as a priority over children learning the basics they need to function as humans first.

Carers are often under-communicated with and left feeling stranded due to lack of staff in local offices. The carer allowance does NOT cover everything these children continually need. Medicare rebates are a lengthy process to claim as cards cannot be linked to carers mygov



Foster carer 34

I was a carer with my husband and in our care we had 4 high needs children. my husband was killed in an accident, I requested help and none was given, so I continued grieving and caring for my 4 children.

Less than 12 months later a complaint was made from one of the children regarding my care. The children were removed from my care, one of them forcibly into a car while screaming... I did not hear anything else for 2 weeks no letter no email even after my continuous calling.

Eventually I called [support provider] and was 3/4 days later received an email stating what was happening and also being warned that [service provider] were going to come and see me and there were charges pending. which never happened.

There is alot more to this story.

Foster carer 35

My wife and I have cared for a sibling group since infancy.

Both my wife and I are non indigenous we have been carers for over 5 years.

Both my wife and I feel that we are consistently targeted for intervention programs where other carers necessarily aren't.

Our first interaction with [provider] was that they were trying to establish a leadership program for two older cousins who were in care. To this day we are still unclear on the family connection, however I am aware that [child] was a foster sibling to the two girl for a brief period. they also used this time to facilitate contact with the children's biological father which we weren't aware of, as they were meant to be participating in the leadership program.

Our children live with their biological siblings where many don't.

I feel they need to work on establishing biological sibling contact for children in care.

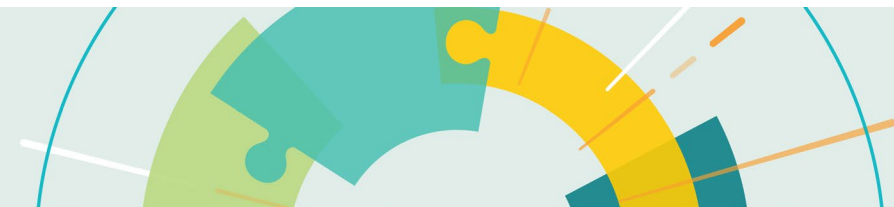
I am frustrated how my household is treated by this agency.

Foster carer 36

This little one is a child with very complex special needs and the fight we have to fight to get the support he needs is absolutely ridiculous. The fight we have between NDIS and Child Safety is unbelievable.

Last year I spoke up about it and they kept saying about residential care and that was intimidating because all we were wanting is for the support we need. I found it weird how they were talking about residential care which would be over a million dollars a year but won't pay for any supports he needs now and the cost is less. I found they were using residential care as a weapon to stop us asking for help. We had youth support under our agency and they had to stop that because Child Safety hadn't fix the funding at one stage. It was eventually fixed up.

When we need paper work signed they have to be reminded so many times before it gets done, which the paper work is for the childs therapies and things through NDIS. They are the guardian and we shouldn't have to fight this fi



Foster carer 37

I am a 52yr old single foster mum to a severely disabled boy that has been in my care since birth. I have had to fight CS & NDIS for funding to cover costs & therapies needed. I have always maintained my commitment to caring for him until I no longer can which includes setting our home up to cater for his needs.

This child started off profoundly deaf & over the years has been diagnosed with [medical conditions] & other issues. A new Team Leader at CS comes onboard last week & without knowing myself or the child has decided to withdraw IPS funding & the much needed respite funding.

I was told our private supports will no longer be allowed to work with child even though they are very much like family. They want my child to utilize residential services. This child is mentally at a 2yr old child & I have protected him from harm which occurred at a previous residential place they made me put him into 2 yrs ago.

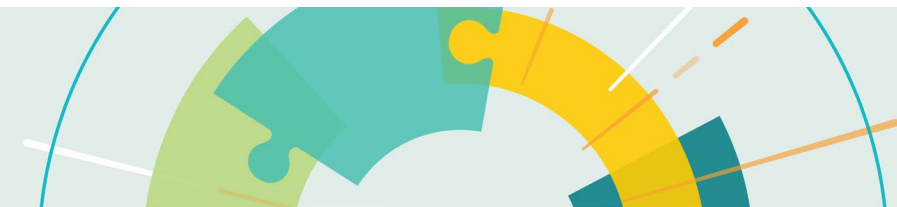
Foster carer 38

This submission asserts that Child Safety has, through a pattern of systemic disregard, procedural failure, and uninformed decision-making, directly contributed to:

- The foreseeable deterioration of a vulnerable child into severe mental health crisis, neglect and harm
- The functional neglect of children in statutory care
- The destabilisation of a long-term kinship placement
- The systematic undermining of a primary carer with critical knowledge of the children

Foster carer 39

I'd like to put in a complain about the very unprofessional and unfair treatment I have been given as a kin carer, I contacted the CSO in Feb to let her know of a conversation I had with my granddaughters other carer and they have believed the other carer and have since cancelled my caring role because of it, I think they are very one sided and very unfair, I never saw my granddaughter for 10 weeks and now only get to see her for 1.5 hrs a fortnight when I was looking after her at my house for 4 days a fortnight, I did apply to be my granddaughter's permanent carer until she is reunified with my son but was shut down and they wouldn't even consider it, even though it was to better help with reunification with her father as I live in the same town as my son and the other carer lives 3 hrs away, and reunification will take a lot longer when she lives so far away.



Foster carer 40

We are kinship carers for my wife's biological grandson who I consider to be my own grandson.

Our experience with our office has been nothing short of abysmal. SMS messages go unanswered, zero understanding of the need for communication.

Example 1: I took our child for his vaccinations so he could start daycare. I was told that they couldn't do it as they needed parental consent.

Then the practice manager said that they would do this if I had an ATC. I had no idea what an ATC was. I contacted the department and after much frustration, was connected with someone who offered to email it to me. I received the ATC and it was dated 2 weeks previous, but I'd never received it. Additionally, the child's surname was incorrect. More complaints no space.

Foster carer 41

The court order is the outcome of a long battle with child safety. Since the child's return to us I have not been able to contact child safety regarding his contact with his sister. Our child is very explicit in that he wants to see his sister but not while his previous carer is supervising. One time he was returned from contact with his sister on a Wednesday sucking his thumb. When I asked why he was sucking his thumb the carer replied "He got a bit out of hand" He is happy to see his sister when mum is with him.

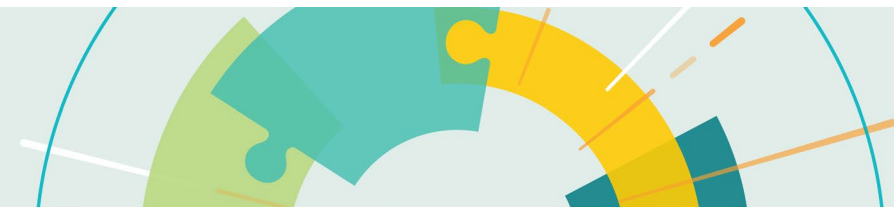
We are more than willing to become her carers in order for them to stay in contact.

Foster carer 42

Essentially I am campaigning for Foster Carers to be financially recognised for the hard work they do, to enable more people to consider becoming carers and ease the load on the system and provide more sustainable care for children in the child safety system and to hopefully reduce the number of children growing up and contributing to the current youth violence crisis.

Taking a child into your home 24/7, giving up spare rooms which could be used to provide lucrative rent, giving up your spare time to love, nurture and to care for children - all for free (except for a basic allowance that doesn't come anywhere near covering the actual costs) let alone have any left over to remunerate the carers for their time and efforts and lost income, is wrong. We should be valued members of the system, like everyone else is.

The current model is wrong and it's not working.



Foster carer 43

I was caring for an infant child. They had been in my care for 6 months. After not hearing from our CSO for a couple of months, we received a call saying the child's father had exited prison and that they'd booked in a contact session two days later. There was no check-in to see what our week looked like and whether we could manage the arranged time slot.

As it turned out, I was working that day and the child was booked into daycare. The child safety officer said that that didn't matter and that they could send a youth worker to pick up the child and take them to the contact session with their father and then return them to daycare afterwards.

This plan was not child centred practice. Whilst the youth worker would have been a qualified and 'safe' person, to the child, they were a perfect stranger. The child had also never met their father so should not have been expected to meet them for the first time alone, without any familiar people in the room.

Foster carer 44

I was a previous foster carer for five children (siblings) and during their time with me I identified a couple of concerns I had for them, to Child Safety. These concerns I feel did not get the attention they deserved, and the children have suffered because of it.

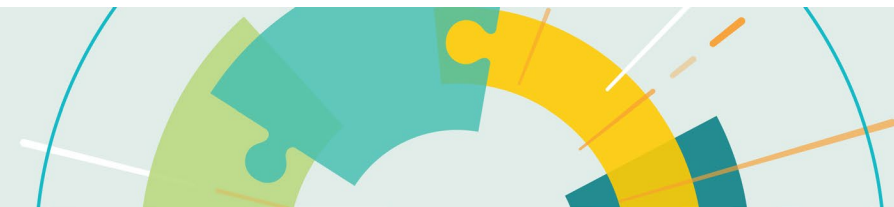
When I signed up to be a foster carer, I was told that the Department take very opportunity (when possible) to return children to Kinship care. From what I have experienced during a court proceeding were this could have been achieved; it was not a priority for Child Safety or the courts. I have witnessed a Kin of the children, with a current QLD Blue Card, is the Maternal Grandparent, has been able to dismiss all allegations made about them, not be granted the care of their own Grandchildren.

Foster carer 45

We have a child who came in as a Ready Response with severe health concerns. The night he arrived, we were given a bag of medication with a hand written note of different doses. No explanation except he had a [medical condition]. Even after pursuing child safety for days and days we were left without contact from CS or information. It was the health department that found us. Yes its that important. They pursued Child Safety because the matter was urgent. Child Safety did not notify the hospital of change in care.

This child has been with Childs Safety for over a year. They have not seen to health, emotional or educational needs. Medication changes daily, several blood checks a week. If a less experienced carer took this child, there could quite easily have been a different outcome.

We have decided to take him and his sister as primary as we have real concerns that he would not be looked after by CS.



Foster carer 46

I was given a SOCR for a child having nappy rash. Leading up to this SOCR I had been reporting to the CSO multiple times via sms and email that said child had been returning from unsupervised contact with an overflowing nappy. No response or follow up ever received from the CSO.

CSO goes on 4 weeks annual leave and does not inform us, 3 weeks into CSO leave I received a phone call from the step in CSO to advise there will be a formal meeting around a SOCR.

This investigation went on for over 8 weeks, for a child who had nappy rash (please note child is also on HSNA payments due to severe sensitive skin) 8 weeks of stress for something I had reported and has never happen while I had child, nor had ever happened over the 18 months I have had this child. It went to panel twice before it was finally resolved and I was advised by a quick phone call as no CSO turned up for the final meeting to advise it has been removed from my file and will just be case notes.

Foster carer 47

Interactions with the department:

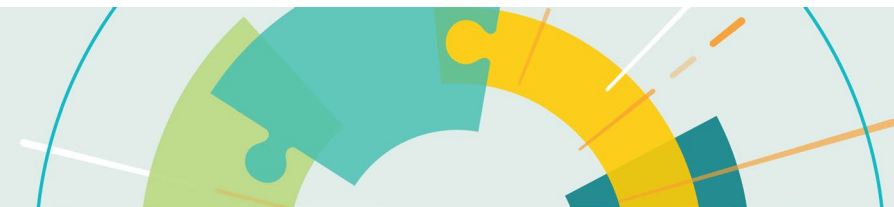
It is rare to encounter an excellent CPO - if you encounter one, you know they're not going to last long unfortunately. Even rarer is a good Team Leader. In 15 years, we encountered two excellent CPOs and one TL. Even rarer is a good manager.

We had the unpleasant experience of a Service Centre Manager lie to us, with her Team Leader in attendance, silently complicit. We had travelled many hours for a face to face meeting, we knew she was lying to us, she knew she was lying to us. Instead she blamed her CSOs. We actually put it to her you would rather us believe that two of your CSOs and a previous TL consistently lied to us, rather than admit that you have changed your mind about the future care of the children after advising the parent of the plans and objection and escalation from the parent. We later found that is exactly what happened.

Foster carer 48

Interacting with Child Safety:

Staff turnover is a huge problem. As former carers we often experienced very frequent changes of case managers. Our grandchildren were known to CS for all of their childhoods so their case files would have been substantial. Often the new case manager would not have read the background information or even met the children before speaking with us. It was extremely frustrating to be constantly providing important and relevant background information. When contacted by yet another new case manager who obviously knew nothing about our grandchildren in care, I asked her if she'd had an opportunity to review their case notes to which she responded "are you kidding me, do you know how big the file is?" yes, we do know, and so do our grandchildren, they've lived it.



Foster carer 49

I have recently had dealings with the [support provider] for the kids that come into care.

It is an amazing program, well over due to put all of a foster child's medical information in one place. It's a game changer.

Currently the program is only accessible for children and carers within the Brisbane area.

It would be a fabulous idea to roll this out state wide for many reasons.

1. All health records hubbed in one place
2. Carers can access information directly from health department rather than having to go through Child Safety.
3. If a child is moved to a different region, the record just follows them wherever they go. No loss of valuable information.

Foster carer 50

This submission highlights systemic failures by Child Safety. Despite documented unsuitability including physical harm, withholding viable kinship options, boundary violations, and emotional manipulation the Department has repeatedly approved [this person] as a carer. Disclosures of harm, drug exposure, domestic violence, and coercion were mishandled, ignored, or contaminated through unsafe interviewing practices.

Cultural safety was disregarded when carers were marginalised, despite their professional expertise and role as a stabilising placement. Critical Incident Reporting obligations were breached, permanency planning neglected, and decisions repeatedly driven by staff convenience rather than the child's welfare.

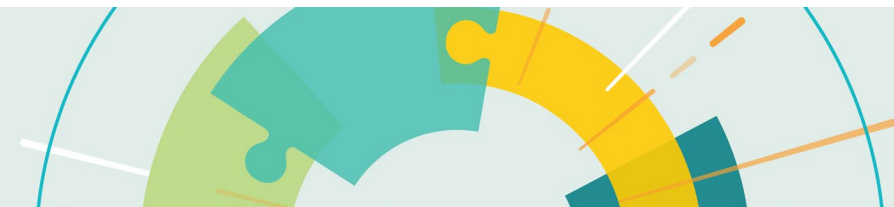
Officers minimised domestic violence, abandoned the child in unsafe environments, and relied on fabricated disclosures. I look forward to the opportunity to discuss my experience with the Commission.

Foster carer 51

Throughout our engagement as carers with Child Safety we were bullied, gaslighted, coerced and shut out by Child Safety. Decisions made and actions taken very rarely involved reference/involving us as carers, nor the children or their mother. Care Plans, FGMs, etc., never occurred.

Actions taken by Child Safety resulted in emotional harm to the children and continuing, unrelenting stress on us (carers) and the children's mother.

I have undergraduate and postgraduate qualifications in [profession] and worked for many years as a [profession] work programmes after a number of years working in the children protection and youth justice sectors.



Foster carer 52

I have been a carer of my Nephew and Niece for over 10 years.

The lack of communication and follow-up actions committed to by the Dpt is the worst I have ever experienced. CSOs lose focus of what is best for the children at all times they are always pushing biological parents request and agendas even though the children are refusing to agree. the Dpt always writes how they think I'm the cause as to why the kids don't want interactions. Their voices are never heard or respected and always made to feel like they are making the wrong choice because they don't want interactions.

They let things drop off - HSNA and it takes months to be reinstated and the carer is left struggling. They write things into agreements that the kids or carers don't agree to or even know about, even told carers to betray kids to meet the req.so much more

Foster carer 53

The system is in crisis. Our key concerns are:

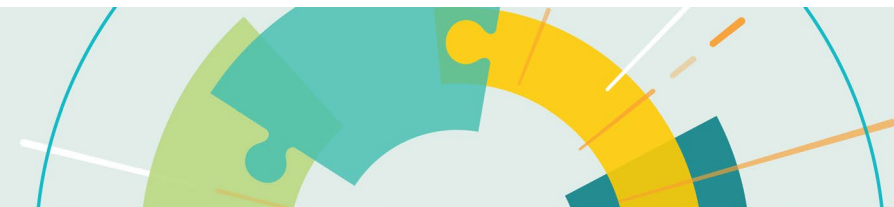
- Turnover and workforce shortage at Child Safety (the worst we've seen it in 10 years)
- Workloads of CSOs and Team Leaders, contributing to the lack of action and follow up (e.g. we and the care team for one child have been advocating to Child Safety for a year for critical health-related decisions and supports) and placement breakdown
- Supports only available once a child/family is at crisis point
- Lack of priority given to ongoing family contact (including sibling co-placement or contact, and extended family contact) once children have long term orders
- Critical shortage of foster carers, contributing to the high number of children and young people in residential care who could be better supported in a family based environment
- Requirements of carers that don't add value and probably turn prospective carers away (frequency of case plan, placement agreement and allowance reviews, home visits, care team meetings, etc.)

Foster carer 54

I am a new carer who also works in the sector. I am supporting my first placement. The Department withheld vital information about the complex needs of the children placed with me which include significant developmental delay and a potentially life threatening medical condition. I was told this was a low needs placement, as it was my families first experience providing care to children in out of home care.

I am now stretched past my capacity and struggling to meet these children's needs. I have my own children at home and my husband and I both work full time. This is affecting my work and income. This is affecting my children's mental health. This is affecting my marriage.

I am now in the terrible position of choosing between my own families well being and ending a placement and adding to the significant trauma already experienced by these children. If we end this placement, we will resign as carers and the Department has lost a highly qualified and competent foster carer.



Foster carer 55

Our experience with FGMs over many years was mixed, but mostly negative. Often it was the skills of the convenor and the accuracy of information provided to her that made for a successful FGM however this rarely occurred. Some convenors were frankly hostile from the first interaction prior to the meeting actually taking place, or had not reviewed the records appropriately. Often times they lacked the skills to successfully convene a meeting and were unable to respond appropriately to inappropriate behaviour by participants. Many times the FGM was for show only, decisions had been made without consultation and were held to tick a box. As we actually used to drive several hours to attend in person, we felt the majority were a complete waste of time. The exception was the very few times when there was a CPO who knew the children, the history, the carers, and supportive and knowledgeable team leader combined with a capable conveyor however that happened rarely.

Foster carer 56

As grandparents raising our two grandchildren, we often feel dismissed and unheard when access decisions are made. The children's best interests are too often placed behind the parents' wishes, and our role as their daily carers is overlooked. We see the emotional impact visits have on the children, yet our voices carry little weight.

We are expected to be endlessly flexible, with no regard for the strain this places on our family. Communication with Child Safety has at times been unprofessional and hurtful, leaving us feeling unappreciated despite putting our lives on hold to give these children love, safety, and stability. Without our kinship carer support worker, the journey would feel almost impossible. We are not asking for praise, only to be respected, included, and valued as the people who know the children best. For the system to truly put children first, kinship carers must be listened to and supported.

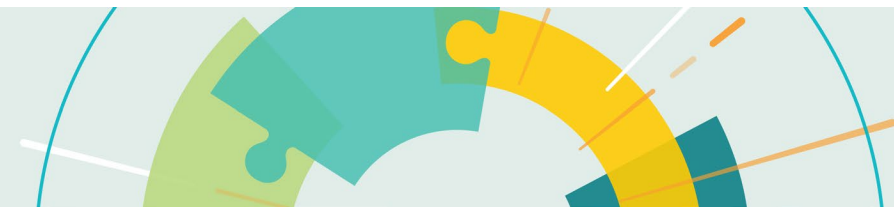
We have many stories as we previously cared for two other grandchildren.

Foster carer 57

My husband and myself have been carers for 20 years. Particularly the last 10 years we have been disregarded, disrespected, lied about, bullied, intimidated and threatened by child safety officers and team leaders at Child Safety.

We are still carers for the children but working with child safety has been extremely difficult. We have engaged a solicitor to act on our behalf because of the lack of trust. I have a lot of examples.

The other thing that is really disturbing is the lack of communication with our agency and ourselves



Foster carer 58

As a former kinship carers we left the system with a very negative view of the department and most of the employees we came into contact with during the time we were advocating and/or caring for our grandchildren.

Child protection legislation:

Doesn't go far enough to provide stability for children who are known to the department over their entire childhoods. It gives multiple chances to parents who make no changes despite being provided many opportunities, taking none, and don't comply with departmental requirements but have their children returned creating a situation where children are in and out of care for years, under short term orders. In our case when a parent removed a child under a CPO from our care in contravention of the order, there were no consequences for the parent at all despite the legislation clearly providing for this. It often appeared that the rights of the parent were more important than the rights of children in need of protection.

Foster carer 59

Early intervention starts at an early age. I had 2 children from birth and both children were sent to family at the age of 2. Both families are known for domestic violence. Many complaints made to department but they leave a lot of these things off the files and hide things. Breaking the cycle starts at 2yrs of age not 12. The complaints process is a waste of time as it is just child safety investigating themselves and nothing will ever change while it's like that. Private investigators need to look into complaints.

As a carer I interacted with the families on a regular basis a lot more than child safety and our voices aren't heard.

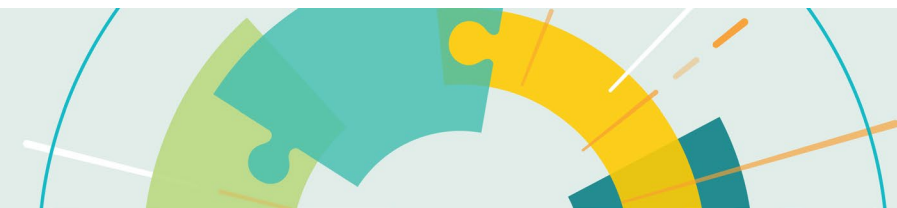
Foster carer 60

Trying to be kinship carers for young grandson. It's been 3 weeks now and unable to get answers. It appears that the grandad has not been clear enough in his answers about how he would care for the child!

Neither of us have any history with Child Safety. We are new to this. I took 4 weeks emergency leave as we were led to believe this would happen quickly. I now have 2 weeks left and feel that we are going to have to withdraw our application because of the red tape and unacceptably long time to get kinship status.

Meantime, the child has been in foster care. There have been "behavioural issues"; with him. How about scared, confused, lost? This system is not at all friendly and the poor child is suffering immeasurably.

So much for putting the child first! This is the most ridiculous system I have encountered. It should not be this hard to care for our grandson. I'm disgusted and very upset.



Foster carer 61

In many instances children in our care do not have their needs prioritised by child safety. The most recent is shocking/heartbreaking & should be included in the royal commission as it is reflective of the experiences of many children & foster carers. We've been offering respite for a pre-teen girl in residential care. It's become evident that she is experiencing severe neglect at the hands of child safety & the agency managing her unit. Including:

- unmonitored, unfiltered & unlimited use of internet in bedroom
- inadequate nutrition (predominantly fast food only)
- failure to enrol in school
- failure to treat severe/persistent headlice, related skin infections & tonsillitis
- failure to ensure hygiene
- failure to move placements despite risk of harm from co-tenant
- repeated absconding & promiscuity

Foster carer 62

As our foster child began to trust us, she disclosed a long-standing pattern of emotional abuse, control, and psychological manipulation by her previous carers, her grandparents, and physical abuse toward her brother and sister. She chose to remove herself from their home due to this. She decided to speak out following years of exposure to harm, her decision to speak out has been met with blame and continued emotional intimidation from her grandparents.

We have made various contact with CS over the years with concerns, as well as other agencies concerned with harm to her siblings. It seems to fall on deaf ears as they still allow unsupervised contact after the children were removed for the abuse.

She has only received a pity apology after she contacted the Public Guardian office to complain.

We did not have one CS employee enter our home for 7 months!!! This is so legislatively wrong.

We feel the reports and evidence provided to them of harm are not taken seriously.

Foster carer 63

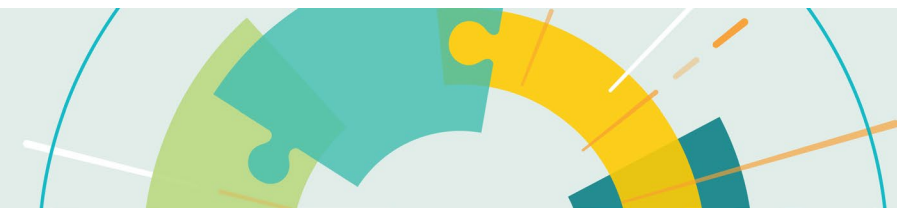
Currently child safety in [location] are a mess. The CSO manager and stl do not work with carers or PSW. They put demands on carers and do not consider the fact they are volunteers.

They do not effectively communicate with carers. Households of foster carers are at breaking level. With nearly all households over capacity.

At least 50% of CSOs have not sited their children. biological carers get to call all the shots.

CSOs are changing constantly due to the constant turn over of staff and them all being understaffed and not being able to complete the requirements of the job. This puts everyone at risk.

Carers are paid about \$50 per day for a child if they do not require extra payments. With the cost of living crisis this is no where near enough to expect a volunteer to meet the standards of care unless they are highly funding the placement themselves. So many kids in care are not attending school.



Foster carer 64

CS & Youth Justice: we were kin carers of a teenager with previous involvement with Youth Justice. While in our care he engaged positively in education, ceased drug, alcohol and cigarette use and had no involvement with Youth Justice. He was removed from our care by his mother in contravention of the Child Protection Order. Within days he had stopped attending school, resumed drugs, alcohol and smoking and was again involved on multiple occasions with Youth Justice. His mother severely limited Child Safety's access to him and they were effectively useless in remediating the situation, as were Youth Justice. He went on committing crime and progressed into the adult Justice space. Not nearly enough is done in both spaces to get young people back on track. It appears as though they are effectively written off with almost an expectation that they will continue to commit crime and duly progress into the adult Justice system where they will become someone else's problem.

Foster carer 65

Child safety is in tatters, the system is so broken that it is resulting in decisions being made that are not always in the best interest of the children, and they are often put in more harm from these decisions

Reunifications to family are in the best interests of the children but not when they are going to be subjected to further harm, neglect and abuse.

Many child safety staff are not trained, they are making decisions about children's lives that create more trauma .

Many child safety staff do not treat foster carers as part of a child's care team, and do not afford them the respect they deserve - carers know these children better than anyone .

Carers need to be paid a wage, then we might see more placement options and less kids in the Resi space

Kids are coming in more complex, needing lots of supports and therapies - too big an ask for carers when they receive a fortnightly pittance.

