



Submission: Complaints System Framework

Child Safety
Commission of Inquiry

Queensland Foster and Kinship Care

Queensland Foster and Kinship Care (QFKC) is a not-for-profit Peak Body organisation for foster and kinship carers, their families including children and young people in care in Queensland.

QFKC has been established since 1976 with the Board of Governance, Management Committee, who all bring a lived experience of providing foster and or kinship care in Queensland and who currently have more than a combined 200 years of experience in family-based care for children.

Across the state, QFKC represent over 6,000 carer families, which include foster, kinship, and provisionally approved carers, who provide family-based placements for children in need within the child protection System. The organisation's goal is *'To contribute to the development of an inclusive, responsive and fair foster care system'*, by committing to providing support, advocacy and training facilitation to carers and agency staff on child protection procedures and processes. QFKC is present throughout a carer's journey from recruitment, support, and advocacy, through to exiting.

Introduction

The Commission of Inquiry calls for submission in respect to the Complaints System, QFKC puts forward this submission specifically in relation to the adequacy of existing complaints systems, procedures and incident reporting guidelines for those wishing to raise serious safety concerns about children under the care of the state. Furthermore, including safety and other concerns in relation to residential care facilities, foster and kinship care placements and services delivered by funded service organisations.

QFKC will also put forward an additional submission in the coming weeks which highlights the experience of foster and kinship carers under each relevant Terms of Reference within the Commission of Inquiry.

The Commission of Inquiry was formally opened on Wednesday the 23rd of July 2025 and in the formal opening, The Honourable Mr Paul Anastassiou KC, The Commissioner, raised an area of concern which has been highlighted previously in his prior engagement to date with sector staff. The identification of a critical gap between carers and residential workers duty of care and the authority given to protect and parent children was raised by The Commissioner. An example was provided by The Commissioner where a youth worker providing care to a young person tried to run out in front of oncoming traffic. In this instance, the youth worker grabbed the young person's hoodie to prevent them from being run over, the young person fell on their back and sustained bruises. The youth worker was placed under an investigation for three months.

QFKC is pleased to see this important area being recognised for its potential to impact carer households every day, which leads to significant issues around the recruitment and retention of carers, and further creating confusion and unrealistic expectations on the ground.

Responding to concerns about the standards of care or harm to a child in care

In order to speak to the adequacy of systems responding to the serious safety concerns in respect to children and young people in care, it is important to understand the framework of expected care provided to children and young people from carers. This submission will only focus on responses that relate to the foster and kinship care system, not residential.

Statement of Standards (Standards of Care)

Carers have been expected to meet a high standard of care for children and young people since the Statement of Standards were introduced into legislation in the *Child Protection Act 1999*. Suitability requirements to be approved, either as a foster or kinship carer, require carers to meet the Statement of Standards – a set of legislated standards outlined in *Section 122* of the *Child Protection Act 1999*.

When the purpose is understood and explained to carers, the Statement of Standards can be a useful guide to support carers to provide care to children in a way that supports the child or young person to heal from their trauma.

There is no doubt that children and young people’s trauma has likely been caused in the context of a relationship and therefore, the ability for children and young people to heal from their trauma is through relationships. Relationships that offer predictability, emotional and physical care that is safe, and where the responses to their trauma-based behaviours are not pain based but understanding. The Standards of Care provide a framework which seeks to support carers to meet these needs.

QFKC has been asking for some time for a resource to be made available to carers to support their understanding of what it means for carers to meet the Statement of Standards on a day-to-day basis in family-based care. These Standards are often open to interpretation, value basis, impacted by different cultural lenses and provide a very westernised approach to parenting. Between 2024 and 2025, QFKC is pleased to have been partnering with Child Safety, non-government partners and carers to develop a Standards of Care resource for carers. QFKC is currently awaiting feedback from Child Safety as to when this resource will be made available to carers.

Parenting is complex. Any average parent reading the Statement of Standards would likely be able to provide multiple examples in their own parenting where they have not met these standards. When supporting carers, it is essential to ensure they understand the reasons why the system aims to achieve these standards. In other words, the impact on a child who has a history of trauma when these standards are not consistently met is likely to exacerbate their trauma and have a cumulative impact on their overall welling as opposed to a child in a home where they have not suffered trauma and where occasionally their parent may fall short of the Standards of Care. The likelihood of this having any significant impact is low due to their attachment and lived experience of relatively stable and predictable care.

For example, if a parent was to yell at their child, whilst this would have an impact, it is unlikely to be significant or long lasting as the child’s usual experience is that at times mum or dad gets mad, but the relationship recovers quickly from this incident through relationship repair. Whereas for a child who has experienced abuse, a carer yelling at them is likely to have a more significant impact on the child as they may expect the yelling could escalate to violence, rejection and a relationship breakdown. The relationship cannot repair quickly as the child has not experienced predictable and stable care due to their experience of abuse and neglect.

QFKC has emphasised this level of detail in respect to the Standards of care to highlight the importance of understanding the complexities around the expectations of carers, as opposed to the average parent in society. The reasons as to why these standards are high is not often explained to carers, only that there is an expectation to meet them. Kinship carers in particular are more often than not entering their journey as carers with no training or even understanding of the Statement of Standards. Without

the necessary training or support, this essentially sets the placement up in a space where a child's needs may not be met and where a carer alone will be held accountable for these unmet needs.

Over many years the response to carers not meeting the Statement of Standards has been an unacceptable practice that continues to approach Standard of Care matters with a blame driven punitive approach. This approach is often more focused on who is to blame (carer focused) than how and what can be done to support the care team to get things back on track to meet the Standards of Care (child focused) and most importantly, focussing on the child and their needs

Despite the significant changes to the Standard of Care procedures in 2013, which sought to change language, highlighting the responsibility on all care team members, as well ensuring the process is approached collaboratively and places the child at the centre, this blame approach on carers is still practiced. QFKC was instrumental in this significant procedural change during 2013 and worked alongside Child Safety to roll out training throughout the State to reinforce these procedural changes. QFKC continued to offer a module of training in this space as well as recording a live webinar which can be viewed at any time on our website for ongoing learning.

Twelve years later, Child Safety continues to use language that was taken out of procedures in 2013, the department continue to approach Standards of Care matters in a blame driven way and carers experience of these processes (where there are no allegations of harm to children) are largely negative and have significant impacts on emotional wellbeing of all involved. Procedure changes cannot change culture and practice alone; this must be driven through leadership teams where there is a genuine understanding of the role that all care team members play in meeting the Standards of Care for children and young people in care.

It is important to note that when Child Safety reaches an outcome of Standards not met, the requirement is for the Placement agreement to be reviewed. Carers continue to report to QFKC through surveys and one on one individual casework support, that they either do not have placement agreements for children and young people they care for, or the placement agreement is a copied and pasted document that has little value. In QFKC's 2022 Carer survey¹, 49% of carers reported they currently had no placement agreement for the children in their care, this is despite there being a legislative requirement for carers to have a placement agreement under *Section 84* in the *Child Protection Act 1999*. One must reflect that if the very document that is to be reviewed when an outcome is reached that Standards have not been met for a child, has not been completed in the first instance, then this reflects a systems failure, not carer failure.

QFKC as the peak organisation offers training to the sector in the area of Standards of Care and highlights how procedures should be implemented in practice within the training. QFKC overtime has seen pockets of positive change in particular Child Safety Service Centres, where the leadership team is embracing the shift of responsibility and accountability to meet Standards of Care sitting as a whole care team rather than the carer. Outcomes in these Child Safety Service Centres (CSSCs) for carers and children have been reported as positive and child centred evidencing that the experience of a Standard of Care review when undertaken as the procedures intended can result in positive outcomes for the child and young person, as well as the carer household.

¹ Queensland Foster and Kinship Care, QFKC 2022 Carer Survey, 13.

Harm Reports

Historically referred to as ‘Notifications’, the language around Harm Reports changed during the 2013 review to differentiate between a notification for a child in the community and a notification for a carer or residential worker.

Harm Reports are raised, in relation to carers, when there is information to indicate that a child or young person has been harmed or is suspected to have been harmed. The threshold to raise a Harm Report is the same threshold under the *Child Protection Act 1999* as it would be in raising a notification for a child in the community under *Section 9* of the *Child Protection Act 1999*, what is harm –

- (1) *Harm to a child is any detrimental effect of a significant nature on the child’s physical, psychological or emotional wellbeing*
- (2) *It is immaterial how the harm is caused*
- (3) *Harm can be caused by –*
 - (a) *Physical, psychological or emotional abuse or neglect or*
 - (b) *Sexual abuse or exploitation*
- (4) *Harm can be caused by –*
 - (a) *A single act, omission or circumstance; or*
 - (b) *A series of combination of acts, omissions or circumstances*

It is unclear whether the language change from Notifications to Harm Reports in 2013 has created a practice where despite the threshold for Harm reports being the same as Notifications under the act, the rationales for Harm reports being raised do not always clearly align with the definition.

The significance of this cannot be underestimated for the following reasons:

1. When language change in 2013, Harm Reports were an internal process only that had no impact on carers outside of the Child Protection System.
2. Since 2013, subsequent reviews into Blue Card systems have resulted in carer’s Child Protection history being requested and assessed by Blue Cards. The new legislative changes relating to the Working with Children (Risk Management and Screening Act 2000) that will be implemented into law in the coming months will mean that when a carer (or residential worker) has a substantiated Harm Report, this outcome will be required to be reported to Blue Cards Services. This will likely result in a review of the carer’s suitability to hold a Blue Card and therefore, in these circumstances for carers this could result in removal of children even if Child Safety’s assessment is that an action plan can mitigate any risk they have identified through the Harm report process. Furthermore, the carer could also lose their job if they require a Blue Card for work purposes.
3. Reportable Conduct will be introduced on 1st July 2026, adding another additional external organisation who will be informed of alleged and substantiated instances of harm and potentially a record of Reportable conduct in respect to a carer.

The Harm Report procedure speaks to raising a Harm Report when *‘there is a reasonable suspicion that the child may have experienced harm due to the actions or inactions of their carer or an adult member of their household...’*² The procedure does not specifically refer to abuse or neglect or refer

² Queensland Government, “Response to Concerns About the Standards of Care or Harm to a Child in Care.”

the reader back to *Section 9* of the *Child Protection Act 1999* when providing guidance on a response decision for harm, although it does reference *Section 122* of the Act when referencing whether to raise a Standard of Care.

In the section referencing ‘Analyse the information’, practitioners are encouraged to take a –

‘...holistic approach and expand the focus beyond whether an alleged incident or abusive action did or did not occur, include focus on the risk of future harm, consideration of cumulative harm and assessment around whether the standards have been met.’³

In guiding practitioners in the assessment of cumulative harm, the Practice Manual states –

‘the assessment of a harm report will also consider whether prior experiences of harm are likely to exacerbate the effect of trauma the child has previously experienced in their family or a previous care arrangement.’⁴

Child Safety provides a practice tip that states –

‘A child has experienced cumulative harm if the current experience exacerbates the effect of trauma previously experienced by the child and caused detriment to their physical, psychological or emotional wellbeing.’⁵

In QFKC’s 2022 Carer Survey⁶, 770 carers participated of which 56% of carers reported they were never or only sometimes provided with information relating to the child or young person at the time of placement. In addition to this, 59% of carers felt they were only sometimes or never provided with information about a child or young person as it became available to Child Safety. These findings were consistent with previous bi-annual carer survey results dating back to 2007. This raises significant concerns on how a finding of harm can be raised against a carer due to the carer exacerbating a child’s experience of trauma, when a carer does not necessarily hold knowledge in respect to a child’s experience of abuse or neglect and subsequent harm.

As with Standards of Care Review processes, Harm Report processes are experienced by carers as being blame driven with a punitive approach even when there is evidence of contextual information that would support that the system has contributed to the experience of the child. For example, a child may not be provided with the appropriate therapeutic support to help them manage their experience of trauma. The carer may not have been provided with sufficient information about the child’s trauma history, triggers and family history and/or training to support them to respond to these needs. Additionally, Child Safety may not have reimbursed the carer appropriately in meeting the financial needs of the placement, hence placing additional financial pressure on the family. Also, the Placement agreement may not have been done, and the carer does not have a copy of the case plan, nor has the carer been provided with information they are entitled to receive in respect to the Child under Section 83A of the Child Protection Act. However, despite all of these contributing factors, the finding of harm remains against the carer alone.

³ Queensland Government, op. cit.

⁴ Queensland Government, op. cit.

⁵ Queensland Government, op. cit.

⁶ Queensland Foster and Kinship Care, *QFKC 2022 Carer Survey*, 7.

In the same 2022 QFKC Carer survey⁷, carers were asked to provide feedback in relation to their experiences of Standard of Care and Harm report processes. A total of 165 carers responded to this question as relevant to them (i.e. had been through a Standard of Care Review or Harm report) –

- 73% reported not feeling satisfied with the overall process.
- 65% reported being not satisfied with the communication around the outcome.
- 70% reported not feeling satisfied around sensitivity and respect shown to them through the process.
- 71% reported not feeling satisfied in relation to information provision during the process.
- 70% reported not feeling satisfied in respect to the timeliness of the process.
- Of those that accessed the review process 67% reported not feeling satisfied with the review process.

The above results were consistent with previous bi-annual QFKC carer results and clearly evidences carers views and experiences of these processes as being mostly dissatisfied in all areas. The above figures also provide helpful insight for the Commission, in respect to the views held by carers regarding Child Safety's current complaints framework, relating to how Child Safety responds to serious safety concerns raised in relation to children and young people.

Restrictive Practice

Although Child Safety policies and procedures relating to Positive Behaviour Management Plans and Restrictive practice has been around for a long time, the introduction of the National Disability Insurance Scheme (NDIS) and the NDIS Quality and Safeguards Commission has appeared to have created a level of confusion in an already complex Child Protection System. The introduction of NDIS has resulted in reactionary responses that lack a commonsense approach and further contributes to the disconnect in what the system expects of carers in providing daily care to children and young people.

The system appears to be full of contradictions and the terminology used confuses sector staff and carers which in turn creates an environment that is fear-based and risk-adverse. Child Safety Officers (CSOs) and foster and kinship care agency practitioners are often ill informed due to the complex nature of the procedures and confusion around what sits in the NDIS space and is regulated as a restrictive practice and what is procedurally driven through Child Safety.

Adding to this complexity is that Queensland does not have any state base authorisation available for the use of regulated restrictive practices for children (including NDIS participants) for children under the age of 18 years, in comparison to neighbouring states and territories. In practice, this means when the use of prohibited and restrictive practice is needed to support a child subject to a child protection order, there is no overarching body or framework that can authorise this, rather it is managed through a reporting system only.

The use of prohibited restrictive practice in the Queensland Child Protection system was highlighted in the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, where Queensland Child Safety appeared unable to provide data relating to the number of children and young people in care, at the time of the Inquiry, that were prescribed psychotropic medications

⁷ Queensland Foster and Kinship Care, QFKC 2022 Carer Survey, 6.

(prohibited practice – Chemical restraint) as there was no centralised system that monitored this. The Child Safety representative stated in the witness box “That’s a theoretical basis, yes”⁸ when asked whether there should be no use of chemical restraint on any child. This statement continues to be reflective of current practice and the confusion this creates on the ground is significant.

Other examples of prohibited restrictive practices include:

- environmental restraint (i.e. restricted access to items),
- seclusion,
- containment,
- mechanical restraint and
- high risk physical restraint.

The Child Safety Practice Manual recognises there will be circumstances where the use of an emergency prohibited, or restrictive practice is required. For example, the use of a restrictive practice to keep a child from harming themselves or others, or as a strategy in the short-term to achieve safety for a child or others. In these instances, Child Safety’s procedures outline the need for consultation with Senior Practitioners, the use of Positive Behaviour Management plans, and other plans to manage crisis situations and reporting requirements.

The practice manual is designed as a guiding tool for CSOs in their practice, it is not designed for foster and kinship care workers or carers. There is a disjoint between the documented procedures as opposed to the messaging carers are receiving in their homes, for example, QFKC has been advised of concerns raised by carers in respect to the use of restrictive practices these include, but are not limited to, carers are being told –

- not to remove mobile phone from any child or young person (environmental restraint).
- during Getting Ready to start training and during their caring journey they are unable to restrain a child in any way, including restraining a child who is about to run on the road (physical restraint).
- they are unable to lock their front doors at night (containment).
- they are unable to buckle in a toddler on a change table (physical restraint).
- they are unable to have baby gates in their home (containment).
- when they broke up a fight between two siblings and placed one in their room preventing them from getting out that this was containment.

The above in practice should be seen as day-to-day parenting of children or young people but instead has been referred to as a restrictive or prohibited practice, some of which have resulted in incident reporting and Standard of Care matters.

These scenarios provide a few examples of the impact when policies and procedures are unclear to those charged with implementing and monitoring them. Further resulting in the very disconnect the Commissioner speaks to in the ability of carers to undertake their day-to-day role as parents without the necessary discharge of powers to undertake their role effectively. It is reasonable for a carer to

⁸ Eastman, “Transcript Proceedings Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.”

expect the ability to carry out what would be considered a reasonable approach to parenting without any concerns that their approach will become subject to a Standard of Care or Harm report process.

QFKC has become very aware of the confusion on restrictive practice and the impact of this on carer households. The organisation has sought to focus on ways in which carers, in particular, could be more informed. It was apparent to QFKC the gaps in restrictive practice knowledge were not only isolated to carers and agency, however, it became very apparent within Child Safety staff too. For example, Senior Team Leaders advising QFKC case officers when officers were requesting the development of a Positive behaviour management plan for children and young people with high-risk behaviours, were informed these Positive Behaviour Management plans were only for children and young people with NDIS plans and could only be completed by suitably qualified persons.

This is simply not the case and not consistent with Child Safety policy and procedure. QFKC developed a training on the use of Positive Behaviour Support plans with a significant section on Restrictive and Prohibited practice and a focus on differentiating between a NDIS Positive Behaviour Support Plan, and a Positive Behaviour Support Plan created for the purposes of managing a child's high-risk behaviours. This training also seeks to differentiate between what is genuinely high-risk behaviour which requires management through a positive behaviour management plan and further elaboration on what is within the bounds of what we would expect for a child or young person developmentally at any given age with a trauma experience and can be managed through day-to-day parenting. The intention of this training was for it to become a standard module of training for carers to support their understanding in this space during their first year as approved carers. This draft training module was provided to Child Safety in December 2024; to date the organisation has received no feedback since then.

Complaint System in the context of raising concerns about serious safety concerns for children and young people

Since 2022, QFKC has worked closely with the Complaints Unit in an attempt to elevate awareness in the carer community on how to navigate the complaints process and promote the need for carers to seek early resolution to areas of concern through a First attempt at resolution. QFKC has seen some success in this space. QFKC will speak more broadly in respect to the strengths and gaps that the organisation has identified in the interactions with the complaint system in the main submission to the Commission which will speak to those Terms of Reference that are relevant to QFKC as a Peak Body representing foster and kinship carers across Queensland.

For the purposes of this submission, it is important to highlight the role of the complaints system in the context of responding to serious concerns about the safety of children and how a carer experiences this process.

The only avenue currently available to carers when there is a finding of substantiated harm against them, or Standards not met is to seek a review through the Complaints Unit. Presently, there is no external avenue of review available to carers. It has been QFKC's experience that when a carer seeks a review of a Harm report through the Complaints system, this review is completed by a Senior Practitioner in the CSSC or region and is largely undertaken as a 'desktop review'.

The desktop review is when the reviewer will only look at the information readily available on Child Safety's Unify system to determine whether the outcome was justified. Often when carers are seeking

a review it is due to the original investigation of harm not considering all relevant information, i.e. parties that the carer would like interviewed have not been. However, a desktop review will not consider any new information and therefore, it is more than likely that the reviewer having access to the same information as the original assessor, will reach the same outcome.

The system described above does not afford carers procedural fairness and therefore when outcomes of Harm Reports can result in the removal of children, loss of Blue Cards and in the near future a record of Reportable Conduct with the Queensland Child and Family Commission, it is crucial that an external avenue of review sits outside of the existing Complaints Unit and is available to carers.

Main points of concerns regarding adequacy of existing processes

It is important for QFKC to highlight the main points of concerns when considering the above areas:

1. Existing processes to respond to serious safety concerns about children and young people are carer focused and do not properly consider how the system has contributed to reported harm against children and young people. An outcome of harm can only be recorded against a carer, regardless of how the system has contributed to this harm.
2. Processes are fixated on investigations and assessments, immediate support and assistance to the carer household, child or young person to respond to the concerns raised are often overlooked. Timeframes for completion of processes as per procedures are often not achieved therefore pushing out the response or outcome to the child and carer household further
3. Carers (Kin in particular) are often not equipped with the appropriate training to support and understand how to respond to trauma.
4. QFKC surveys continue to evidence that many carers are not receiving case plans and/or placement agreements, or necessary information at time of accepting placement about the child or young person despite legislation supporting this. This often means that carers have not been provided with the necessary information a carer requires to understand and subsequently respond to a child's behaviours. However, carers are expected to not contribute to a child's experience of harm in their responses to a child's behaviours with the practice manual guiding practitioners to come to a finding of harm in these instances.
5. Harm Report procedures are not clearly aligned with supporting practitioners to reach decisions around the recording of a Harm report or the outcome of a Harm report in consideration of the definition of Harm as defined in the *Child Protection Act 1999* under *Section 9*. Language is focused on the 'actions or inactions of carers' rather than abusive and neglectful behaviours of carers and actions or inactions of the system.
6. Policies, procedures and practice around the use of restrictive and prohibited practice is confusing, resulting in mixed messages and in some instances reports of Standards of Care and Harm Reports being raised against carers for parenting practices that would be considered reasonable in the community.
7. The lack of an external avenue of review available to carers to have outcomes of Harm Reports and Standard of Care matters reviewed is a significant concern for QFKC.

Possible solutions

- The Commission to consider the impact of Queensland not currently having any authorisation framework around the use of Restrictive or Prohibited practice for children under the age of 18. Additionally, the impact this absent framework is having on children in care, both with and without disability. Existing authorisation frameworks for prohibited and restrictive practices are present in other states and territories, and it is recommended that the development of a framework is to be considered in the context of Queensland.
- Any authorisation framework must use the current *Queensland Human Rights Act 2019* as a guiding foundation of legislation when needing to limit a human right, that this limitation is considered reasonable and justifiable under *Section 13* of the Act. The practical application of the *Human Rights Act 2019* can be a guiding tool in supporting Core (government – Child Safety) and Functional (foster and kinship care staff and carers) entities in their understanding of and use of any restrictive practice in both context of NDIS and everyday parenting.
- Queensland Child Safety need to provide a clear distinction between Restrictive and Prohibited practice for a child with a disability and subject to NDIS regulatory systems, also for a child who is not. Particular consideration should be given to the role of a parent and the necessary discharge of responsibility that should be given to carers when provided with an Authority to care for a child or young person in their care.
- For the training module on Positive Behaviour Support plans currently sitting with Child Safety (completed by QFKC) to be considered as a mandated module of training for carers in their first year, inclusive of Kinship carers.
- For the above training to be made available to Foster and Kinship Care agency staff as a standard module of training during relevant induction into the role of a foster and kinship care agency worker.
- For Harm report Procedure to be reviewed with the following points identified to focus on:
 - The review of language used in Harm Report process with an emphasis for Harm Reports to be recorded when the alleged harm meets the legal definition within the *Child Protection Act 1999* under *Section 9* and is consistent with abuse and neglect of children.
 - Considerations of the impact of recording substantiated harm against a carer for cumulative harm when a carer is not aware of the trauma history nor has been provided with the necessary information about the child, training and or support to respond to past trauma of the child or young person.
 - Consider requirement for Child Safety to consult with a ‘critical friend’ who is independent of Child Safety when deciding to record a Harm Report with the exception of when alleged harm relates to an alleged criminal offence of physical or sexual abuse.
 - Consider specialist regional teams to consult (which will be inclusive of critical friend above) when assessing whether a Harm report should be recorded, during the investigation and assessment phase and deciding outcome. Regional teams to operate outside of the CSSC’s and provide independent advice, coaching and consultation throughout a Harm report process.
 - Consider the requirement for an outcome of harm to require an assessment of all contextual information with any finding of harm being able to identify ‘systems harm’ as an outcome
 - Establishing an external avenue of review outside of Child Safety for all carers with a substantiated outcome of harm.

- For responses to allegations of harm or Standard of Care matters relating to children and young people, to ensure a child centred approach is practiced where assessment of any immediate needs of support and assistance is provided to the child or young person and/or carer household as a priority and primary action, with the investigation or assessment being a secondary priority.

QFKC appreciates the invitation from The Commissioner to provide a submission, in respect to the above points and would be happy to provide additional evidence to the information state and referenced in this submission.

References

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