ChildProtectionPeak

Queensland Aboriginal and Torres Strait Islander

Child Protection Peak Limited

Response to call for submissions re: Far North Queensland (Child Safety Commission of Inquiry)

AUGUST 2025

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Acknowledgement of Country

QATSICPP acknowledges the Traditional Custodians across all the lands that make up the State of Queensland. We acknowledge the oldest living cultures of Aboriginal and Torres Strait Islander peoples and the continued connections to Country, language and tradition. We pay our respect to Elders past and present and acknowledge future generations of Aboriginal and Torres Strait Islander children and young people and the bright future they will have.

Introduction

The Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP) is the peak body for Aboriginal and Torres Strait Islander community-controlled organisations delivering child, youth, and family support services in Queensland. QATSICPP is also Queensland's Youth Justice Peak, collaborating with Aboriginal and Torres Strait Islander and non-Indigenous service providers to strengthen outcomes across the child protection and youth justice systems.

Our membership includes 38 Aboriginal and Torres Strait Islander community-controlled organisations (ATSICCOs), delivering vital services, guidance, and culturally grounded supports to ensure the safety and wellbeing of Aboriginal and Torres Strait Islander children, young people, and families. In Far North Queensland our membership includes 16 organisations providing crucial support to thousands of Aboriginal and Torres Strait Islander children, young people and families across the region each year, including Torres Strait and the mainland. QATSICPP's vision is that all Aboriginal and Torres Strait Islander children and young people are physically, emotionally, and spiritually strong; live in safe, caring, and nurturing environments within their families and communities; and are afforded the same life opportunities as other children and young people to reach their full potential.

Over its 21 years, QATSICPP has worked in partnership with Aboriginal and Torres Strait Islander leaders and the Queensland Government to promote approaches that are culturally responsive and community-led. With a strong history of collaboration, QATSICPP continues to lead the development of solutions that respond to the unique strengths and needs of Aboriginal and Torres Strait Islander children, families, and communities.

QATSICPP welcomes the opportunity to contribute to the Inquiry's important work in investigating Far North Queensland and the Torres Straits' child safety systems and identifying pathways for future reform. We acknowledge the challenging work of thousands of individuals across the region, from community and government who work to support our children and families and keep them safe.

This is incredibly challenging work and many individuals and services work in collaboration across the region to create positives outcomes for our community. However, there are ongoing barriers and inherent issues within the child safety system and its design. There is also incredible strength in the communities in Far North Queensland and the Torres Strait and potential for a very different system which supports children and young people, and their families and communities to thrive. Throughout our submission there are a number of recurring themes in the challenges and solutions we and our members have identified to improve outcomes for Aboriginal and Torres children and young people in Far North Queensland. These are:

1. Far North Queensland's vast geography, remote locations, and diverse cultural contexts—including distinct Aboriginal communities and Torres Strait Islander communities—create significant barriers to accessing child protection services. High costs, limited infrastructure, and seasonal isolation further exacerbate service gaps. To address this, investment is needed in regionally tailored, community-led service models that reflect local cultural protocols, alongside expanded funding for outreach and infrastructure to ensure consistent access and greater support for ATSICCOs to lead culturally safe service delivery.

2. Despite high levels of need and over-representation in the child protection system, ATSICCOs remain underfunded relative to demand, with funding decisions often based on legacy models rather than actual community needs. This can be addressed by shifting commissioning and investment decisions to culturally led processes, ensuring funding is proportionate to the level of need and over-representation, and scaling successful programs like Family Wellbeing Services and Family Participation Programs to meet the growing demand across the region.

3. Families often face exclusion from key decisions, lack access to legal support, and experience interventionist approaches that undermine trust and cultural safety, leading to inappropriate placements and missed opportunities for early support. Improving outcomes requires embedding cultural authority in all decision-making processes, including elevating the role of Cultural Practice Advisors, and implementing Family Led Decision Making as the default approach wherever possible.

Response to Emerging Issues Identified by the Inquiry

QATSICPP notes the list of emerging issues for exploration at the upcoming Cairns hearings published recently on the Inquiry's website. In the following section QATSICPP has responded to emerging issues most relevant to our expertise and sector, through drawing on existing research and ongoing consultations with our member organisations providing services in the Far North Queensland region (please note numbering below reflects the emerging issues identified by the Commission of Inquiry ahead of Cairns hearings).

1. What are the particular challenges facing participants in the child safety system in the Far North Queensland region?

Aboriginal and Torres Strait Islander children and families in Far North Queensland (FNQ) face a complex and often overwhelming set of challenges when engaging with the child safety system. While there are examples of strong partnerships and culturally responsive practice, these are not consistent across the region. The system continues to operate in ways that are often reactive, under-resourced, and disconnected from the cultural realities and strengths of First Nations communities.

A key challenge is the missed opportunities for early referrals to ATSICCOs for proactive support when concerns about children start to arise. Families frequently report that they are unaware of Department of Families, Seniors, Disability Services and Child Safety (the Department) interventions until after children have been removed. In some cases, newborns have been taken without prior engagement with available family supports, only to be returned weeks later—highlighting a "remove first, ask questions later" approach. This undermines trust and causes unnecessary trauma.

Our services report that whilst practice in some areas has significantly improved, there remains instances where there is a lack of transparency and collaboration in decision-making by Child Safety. Families are not always informed of their right to an Independent Person or to access legal support early in the process. ATSICCOs report that they are often excluded from critical decisions, despite being best placed to support families and uphold cultural safety. The system's crisis-focus and complexity also further erodes the opportunity for family-led solutions. Geographic isolation and underfunding compound these issues. In remote communities, access to services is limited by infrastructure, weather events, and high travel costs. For example, supporting Cape and Torres Strait Islander communities may cost $75,000 annually for a single staff member's travel—costs that are not fully funded. During the wet season, entire communities can be cut off for months, leaving families without access to domestic violence or child and family support services. In the Torres Strait specifically, families face additional barriers due to the region's unique cultural, linguistic, and geographic context, as well as severe lack of housing. Reports from local providers highlight that child protection responses in the Torres Strait are often delayed, culturally inappropriate, or misaligned with community protocols—further eroding trust and increasing the risk of harm.[i]

The system's funding model also presents a barrier. ATSICCOs are often funded based on historical or legacy decisions rather than analysis of demonstrated community need. This has resulted in long term under-resourcing of services that are already stretched, particularly in early intervention. While programs like the Family Wellbeing Service (FWS) and Family Participation Program (FPP) have shown success, they are not funded to meet the scale of demand in FNQ.

Despite these challenges, there is strength and resilience in community-led responses. Self-referrals to ATSICCOs in Cape communities exceed departmental referrals, and there are numerous examples of successful early intervention preventing removals. One provider supported 13 high-risk mothers to keep their babies through culturally safe, wraparound support—demonstrating what is possible when systems work in partnership with community. Strong partnerships and communication between an ATSICCO and Child Safety in another community

has significantly reduced the numbers of children coming into care throughout supporting families so children can stay safely at home.

In summary, the challenges in FNQ are not due to a lack of solutions, but a lack of consistent, culturally safe practice and implementation in the system. Addressing these issues requires genuine partnership, investment in community-led services, and a shift from reactive to preventative practice. Aboriginal and Torres Strait Islander families must be supported to lead decisions about their children, with systems that respect culture, connection, and community.

3. The extent to which the recommendations made in the Taking Responsibility: A Roadmap for Queensland Child Protection final report (Carmody Inquiry) have been implemented and the impact any such implementation has had on the child safety system in Queensland.

The final report of the 2013 Commission of Inquiry into Queensland's Child Protection System, outlined reforms to address systemic failures in the child protection system, including inadequate early intervention, overreliance on statutory responses, and an overstretched, risk-averse Child Safety department. The Queensland Government accepted nearly all 121 recommendations, investing $406 million over five years to strengthen early intervention, expand family supports, build non-government sector capacity, and improve oversight. Key reforms included adopting strengths-based approaches such as Signs of Safety and legislating stronger continuity of care for Aboriginal and Torres Strait Islander children through ATSICCO-led community programs. While these changes delivered structural improvements, a study undertaken in North Queensland five years after Carmody found practitioners reporting increasing case complexity driven by entrenched issues such as domestic violence, substance misuse, and mental health challenges (this is supported by QATSICPP's feedback from member organisations in the Far North Queensland region).[ii] Service gaps, more complex frontline workloads, and ongoing under resourcing of ATSICCO services to deliver critical programs like FWB and FPP continue to hinder the translation of systemic reforms into sustainable, effective practice.[iii]

Another issue Commissioner Carmody identified in his final report was a pervasive lack of cultural capability. He highlighted that the system was failing to adequately safeguard the safety, wellbeing and best interests of children, particularly Aboriginal and Torres Strait Islander children. A central concern was the department's "risk-averse culture," which favoured coercive and punitive interventions over supportive, culturally responsive approaches. The report recommended strengthening early intervention, family support and rehabilitative and therapeutic services to build family capacity and promote children's safety within their cultural context.

The Inquiry laid the groundwork for reforms towards family-centred and culturally respectful practice, including the adoption of evidence-based frameworks like *Strengthening Families, Protecting Children Framework for Practice* to enhance decision-making and engagement with Aboriginal and Torres Strait Islander communities.[iv] While these programs were effective in some instances, high staff turnover and limited uptake of the framework by the Department and other non-government organisations meant implementation has been mixed.[v]

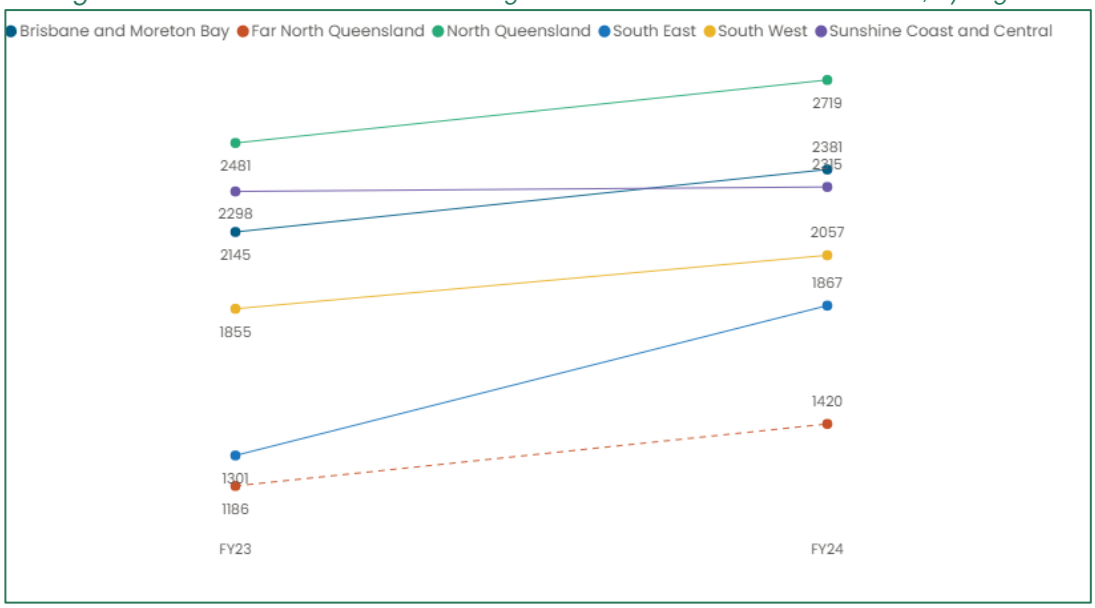
Positive progress

Family Participation and Family Wellbeing services

Since the Carmody Inquiry, Queensland has developed two key Aboriginal and Torres Strait Islander-led services—Family Participation Program (FPP) and Family Wellbeing Services (FWS)—to support self-determination and improve outcomes for families in contact with the child protection system. FPP enables culturally safe, family-led decision-making, with over 3,000 referrals in 2023–24, mostly from Child Safety, and is the main way Queensland operationalises the Participation element of the Aboriginal and Torres Strait Islander Child Placement Principle. FWS, delivered by 35 ATSICCOs, have supported thousands of families with complex needs, with 55% of consenting families having all or most needs met and over 90% of children avoiding re-investigation by Child Safety within six months of service exit.[vi] Evaluations show both programs are fostering cultural connection, healing, and reunification, though challenges remain in workforce capacity, data systems, and equitable access across regions.[vii] Together, FPP and FWS represent a significant shift toward community-led, culturally responsive child protection. However in the last few years these services have been challenged by the level of demand and complexity of the

families they are working with (in some instances because of missed opportunities to provide timely support), with the FPP particularly under-resourced to respond to the volume of need. From July 2022 to June 2024 the number of notifications for Aboriginal and Torres Strait Islander children across Queensland rose 13%. This increase is seen across all regions in the State as per the table below.

Figure 1: Number of notifications for Aboriginal and Torres Strait Islander children, by Region



Source: Family Matters Regional dataset provided from Department to QATSICPP

However, FWS services are struggling to keep up to this level of demand for this service and many across the state report having to establish waitlists for their services. Further to this in QATSICPP's view (supported by a recent Independent evaluation of the program) resourcing for FPP, particular in regional and remote areas is insufficient to meet this demand, in terms of FPP's critical role as a navigator for families in the child protection system.

Delegated Authority

The Carmody Inquiry recommended greater involvement of Aboriginal and Torres Strait Islander communities in child protection decision making, based on evidence from communities that increasing self-determination would assist to reduce over-representation of First Nations children in the child protection system. These recommendations laid the groundwork for the introduction of the transformational Delegated Authority reform across Queensland. Delegated Authority (DA) in Queensland's child protection system enables ATSICCOs to make statutory decisions under the *Child Protection Act 1999* (the Act), supporting culturally safe, community-led responses. As at 1 July 2025, there are a total of 21 funded DA service responses across the state, delivered by 16 organisations. In FNQ, there are two ATSICCOs that currently hold delegations. These delegations pertain to sections 87 and 88 of the Act. More information on DA is provided in our response to the Inquiry's specific question about Delegated Authority elsewhere in this submission.

Cultural Practice Advisors

Another positive part of the Carmody Inquiry was the development of Cultural Practice Leader positions created within the Department, one in each region and one centrally. This role has supported the work of cultural practice advisors bringing their knowledge to decisions about the safety of Aboriginal and Torres Strait Islander children. This work has shown promising outcomes in improving culturally safe practice and embedding the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) across the child protection system.

Challenges

Director of Child Protection Litigation (DCPL)

In response to the Carmody Inquiry's recommendation to improve accountability and the quality of child protection legal processes, the Office of the Child and Family Official Solicitor (OCFOS) and the Office of the Director of Child Protection Litigation (DCPL) were established in 2016. These reforms aimed to strengthen oversight of child

protection orders and enhance the standard of evidence presented to the courts. While the model has succeeded in improving procedural accountability, an independent 2021 review by the Nous Group found it lacked integration with broader child protection reforms and recommended a shift toward a more responsive, family-centric approach to better support outcomes for children and families.

However, QATSICPP is not confident this new child protection litigation system has led to improved outcomes for Aboriginal and Torres Strait Islander children. The model lacks mechanisms to ensure culturally safe engagement with families or uphold the Aboriginal and Torres Strait Islander Child Placement Principle to the standard of active efforts. Data from the Queensland Family and Child Commission (QFCC) and DCPL show increasing rates of notifications, long-term orders, and over-representation of First Nations children in the system. Without targeted reforms to embed cultural responsiveness and community-led participation into child protection legal processes, the current model risks driving more First Nations children into the system. Further detail of the impact of the DCPL model is detailed elsewhere in this submission.

Family and Child Connect (FaCC)

FaCC was established in response to the Carmody Inquiry to provide early intervention and support for vulnerable families before the need for statutory involvement. It serves as a single-entry point for advice, referrals and short-term support, aiming to prevent the unnecessary entry of children in out-of-home care. However, changes to mandatory reporting thresholds have led to increased referrals to regional intake services, creating bottlenecks and delays in support. This shift has resulted in missed opportunities for timely intervention, particularly for families with complex needs, and has placed significant pressure on ATSICCO services such as FPP and FWS.

Despite its intention to be culturally responsive, FaCC has struggled to effectively engage Aboriginal and Torres Strait Islander families. Only 13% of statewide referrals in March 2025 involved First Nations families, and staffing limitations mean not all families requesting a First Nations worker can be accommodated. Member organisations have highlighted systemic issues with FaCC including limited cultural expertise, high workloads, and poor alignment with community needs. These challenges undermine FaCC's ability to deliver culturally safe, meaningful support and demonstrate that the current model is not adequately serving First Nations children and families. Meanwhile in the southeast of the state there are examples of CCOs delivering FaCC services and more effectively providing services to First Nations families as well as the broader community; this approach should be explored given the high representation of Aboriginal and Torres Strait Islander families amongst the overall number of families involved with system in Far North Queensland.

Case Story

A FWB manager from one of QATSICPP's member organisations reported ongoing delays in families being able to access or actively engage with the ATSICCO due to the lengthy FaCC engagement process. The manager felt these delays have contributed to a high number of Aboriginal and Torres Strait Islander children being removed from their families. "By the time we reached families on our waitlist, we often found that the children had already been taken into care". The worst part was that families were hesitant to engage with FaCC because they feared it was linked to child safety, the manager explained. Many families instead choose to work directly with the ATSICCO, viewing FaCC as ineffective due to its limited capacity for intensive and ongoing support, minimal brokerage and lack of cultural competence when service is delivered from a service that is not an ATSICCO. This case underscores how service bottlenecks and a lack of culturally responsive, accessible support can undermine early intervention and lead to unnecessary statutory interventions for Aboriginal and Torres Strait Islander families.

Further issues relating to the implementation of the Carmody Inquiry recommendations are explored in the remainder of this submission.

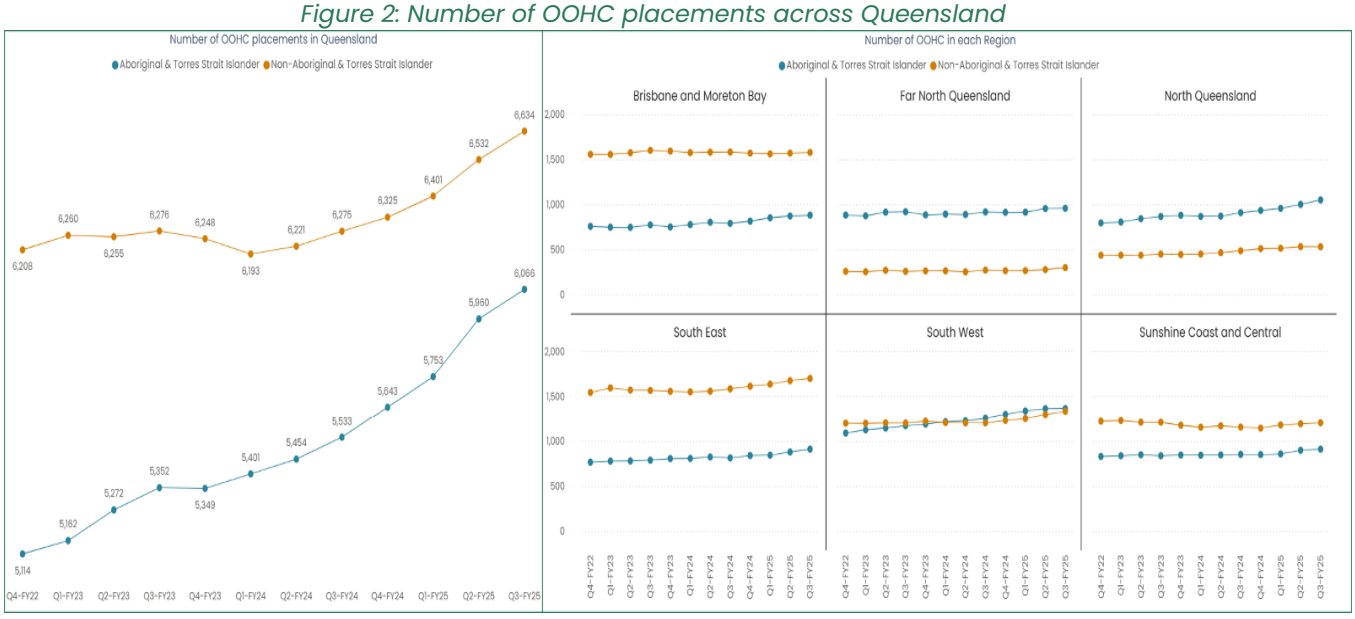
4. Since the Carmody Inquiry, what have been the proximate causes of the increases in the number of children in state care, and, in particular, in non-family based residential care?

Research, data trends and insights over a decade working in systems reform and supporting our members to deliver family and child support services means that QATSICPP understands there are several drivers for the increase in the number of children in care.

- The Carmody report recommended a shift from statutory intervention to early support and prevention, but this vision remains largely unrealised. For the most part the child protection system is still reactive and crisis-driven[viii], with the majority of funding directed to tertiary services and out-of-home care. The Family Matters Report (2024) shows that 85% of child protection funding still goes to intervention and out-of-home care (OOHC), with minimal investment in early intervention to respond to and manage risks for children in families comparatively. Government spending on OOHC, as opposed to family support and other services, is now 73 percent of total expenditure on child protection, an increase of 42 percent on this figure since 2014/2015 (whilst Queensland's number of children in OOHC has risen by 19% in this time[ix]). Feedback from QATSICPP members across FNQ also suggests whilst there are pockets of practice in the region that suggest the systemic and cultural shift recommended by Carmody is occurring, there still remains significant room for improvement in effective strategies to prevent families coming into contact with the system in the first place. In addition there is a lack of capacity, resourcing and expertise to significantly manage and reduce risks for the current number of children to ensure they do not unnecessarily come into care, through what is sometimes described as a "*remove children first and ask questions later approach to child protection*."

- Queensland's mandatory reporting obligations regarding child safety concerns changed in 2020 in the wake of the Royal Commission into Institutional Responses to Child Sexual Abuse, introducing criminal penalties for those working in educational settings who fail to protect children from sexual abuse or report sexual abuse of children. It appears that as a result of these changes, many educational facilities chose to move from a previous practice of referring all child safety concerns about children to non-statutory services such as the FaCC, to reporting them directly to the Child Safety Regional Intake service for their area. However, many of these concerns were screened as low risk then referred to the FaCC from Child Safety, creating another step in the referral process for a significant number of families. This change in reporting trends also meant more families were coming into contact with the statutory system, even if the concerns could have been better managed at the early support level through services like FWS or FaCC. The QFCC and Parenting Research Centre summarised in their 2024 "Queensland's Family Support System Service Context & Drivers into Statutory Systems" report that this has led to significant pressures on Queensland's child safety and family support system, resulting in "*the creation of bottlenecks in the intake, referral and reporting system caused by a lack of capacity, meaning that children who could have been receiving targeted early intervention or family preservation supports were compelled to wait, often while risks escalated*".[x] These and other factors such as population growth have significantly increased the numbers of children brought into contact with statutory child protection authorities. The table below shows the increasing demand in the system has converted through to more OOHC placements; from 30 June 2022 to 31 March 2025 Aboriginal and Torres Strait Islander children in OOHC has increased by 19% across Queensland and by 9% in the FNQ region.

Figure 2: Number of OOHC placements across Queensland



Source: Family Matters Regional dataset provided from Department to QATSICPP

- A recommendation from earlier Inquiries supported by Carmody was the creation of Child Safety Directors in every relevant government department, a high level position aimed at ensuring multi-agency cooperation, coordination and service delivery in a holistic and integrated child protection model, given that other government agencies are by far the biggest notifiers into the child protection system (including for example, police and education). Over time since the Carmody Inquiry this commitment to a whole of government response to child protection has faded and Child Safety Director positions have now morphed into other positions and the cross government commitment to supporting families has faded, resulting in other government agencies such as education and health (two of the biggest notifiers to the child safety department) directing more cases to the statutory system instead of appropriate community support agencies. As noted by the QFCC's report *Queensland's Family Support System Service Context & Drivers into Statutory Systems* (2024), "the current reporting and referral structures for children identified as at-risk can mean that responsibility for support is shifted from agency to agency."

- Alcohol and/or drug issues, domestic and family violence, housing instability, previous child safety system involvement, poverty, mental health issues, and child and parent disability are leading factors associated with child protection system involvement.[xi] There is research (including the Department's own observations) suggesting that families entering the child protection system are facing increasingly complex and interrelated challenges over the past ten years, with methamphetamine use being a significant emerging factor in the years since the Carmody Inquiry.[xii] These findings are echoed by QATSICPP member organisations working across FNQ, who report that over the past ten years the severity and number of issues families and children who they are working with has increased significantly. Whilst discussing these common characteristics it is important to distinguish between factors associated with child protection involvement and specific risk factors for children that warrant further investigation and response, as noted by the QFCC and Parenting Research Centre: "*Certainly, in some cases, parent or child characteristics are indicators of a need for support, but not necessarily indicators of risk*." [xiii]

- Further to the above, changes to Queensland's child protection litigation model highlighted earlier in this submission may have resulted in a legal model that drives increased rates of children entering OOHC. The model has shifted toward a legalistic approach that prioritises strong evidentiary cases, often resulting in more intrusive and longer-term orders. Stakeholders, including QATSICPP member organisations, have observed that families are frequently given only one chance at reunification, and that the litigation process now emphasises proving parental deficits rather than supporting family preservation. This shift has disproportionately impacted Aboriginal and Torres Strait Islander families, with concerns raised about the lack of cultural safety and responsiveness in the litigation process. The Aboriginal and Torres Strait Islander Legal Service (ATSILS) has noted that applications often include concerns related to best practice parenting—such as children not having their own room or playing in the street—rather than focusing solely on unacceptable risk of harm. This broadening of criteria has increased the burden on families and contributed to higher rates of child removal. ATSILS has recommended a range reforms, including mandatory Alternative Dispute Resolution (ADR) prior to litigation, with legal representation and the option for consent orders, to better support families and reduce unnecessary removals. Without such changes, the current model risks perpetuating systemic overrepresentation of First Nations children in OOHC.

In addition to the above, there is further information in the remainder of this submission about the particular drivers for the increase in residential care since the Carmody Inquiry.

5. Why are these increases (numbers and costs) proportionately larger in Queensland compared to elsewhere in Australia?

Without conducting a fulsome systemic analysis across Australian jurisdictions, it is difficult to make definitive conclusions on the reasons as to why Queensland's out of home care rates and costs have increased since the Carmody Inquiry. However, based on QATSICPP's experience and analysis of the system's operation over the past decade, there appears to be three key factors driving increases:

1. The factors outlined above in our previous responses regarding developments since the Carmody Report.

2. A mismatch in growing demand for family support services and the investment in these services, compared with other states. For example, over a three year period since June 2022, there has been a 20% increase in notifications for Aboriginal and Torres Strait Islander children (from 9,132 in FY22 to 11,010 children in FY24), yet at the same time, as Illustrated by the below table from the 2024 Family Matters report, the proportion of Queensland government child protection funding spent on family support has been in decline in recent years. [xiv]

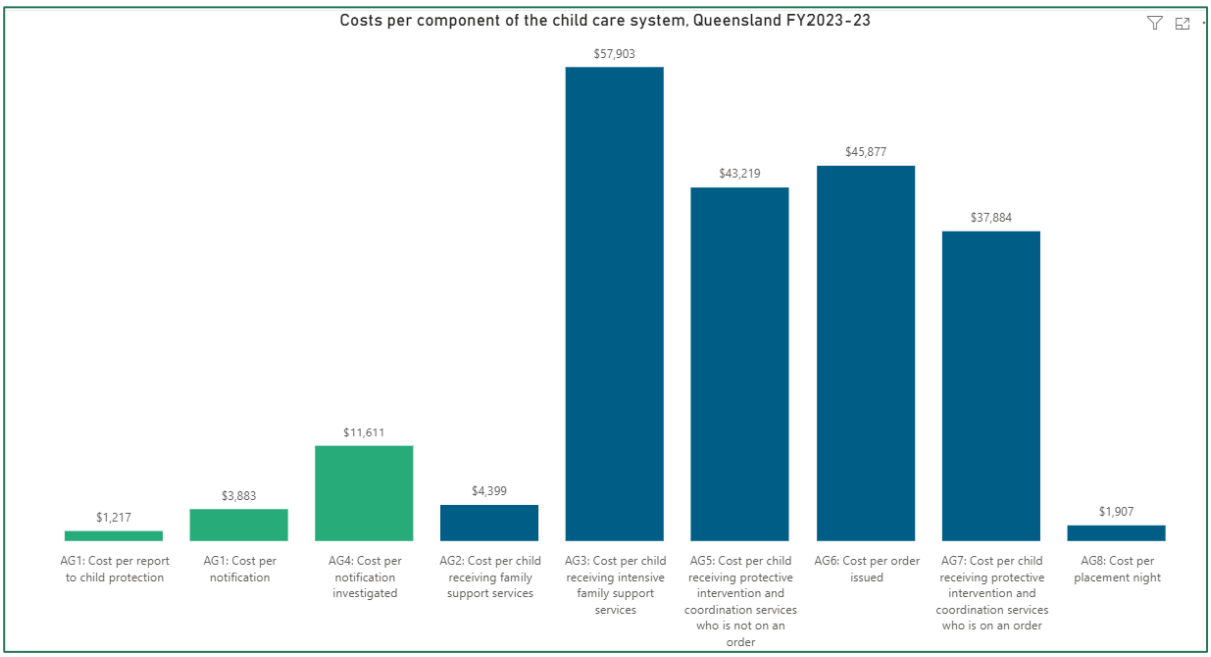
Table 1: Proportion of child protection expenditure directed to family support and intensive family support services, by state and territory, 2018–19 to 2022–23

Jurisdiction	2018-19	2019-20	2020-21	2021-22	2022-23
NSW	13.2%	12.9%	12.4%	12.1%	13.1%
VIC	25.2%	25.9%	27.3%	27.6%	26.9%
QLD	16.3%	15.9%	14.2%	12.3%	11.4%
WA	5.3%	5.7%	5.6%	5.0%	4.3%
SA	8.9%	8.8%	9.8%	9.8%	9.1%
TAS	12.8%	18.5%	25.2%	27.8%	25.4%
ACT	12.0%	12.3%	11.1%	12.0%	9.0%
NT	28.4%	27.3%	30.0%	33.0%	32.9%
Aust	16.0%	16.0%	16.2%	15.8%	15.4%

SOURCE: Family Matters 2024 Report

Further data from the Report on Government services indicates that While Queensland's total expenditure on care services is comparably high when comparing to other States, it has a lower proportion placed in early intervention responses aimed at preventing or deescalating a child's progression through the child protection system.

Figure 3 3: Cost per child, across the stages of the child protection system, Queensland FY2023-24



Source: ROGS 2025

3. Demographic factors, including the growing number (as opposed to rate) of Aboriginal and Torres Strait Islander children and young people in Queensland. When talking about the number increases of

children in care in Queensland compared with other states and the relative costs, it is important to note the significant population growth in Aboriginal and Torres Strait Islander children in Queensland over the period. In 2016, the estimated Aboriginal and Torres Strait Islander population in Queensland was **221,276.** By 2021, this had increased to **273,119**, a **23.4% increase** over five years. Of this 2021 population **34.0%** were children aged **0–14 years**, equating to approximately **92,860 children.** This compares to **18.1%** of the non-Indigenous population in the same age group. Assuming similar growth trends continued to 2023–24, the number of Aboriginal and Torres Strait Islander children in Queensland is likely to be **over 100,000**, reflecting both natural population growth and increased identification in census data. Population data provided by ROGS 2025 shows Queensland had the highest increase in 0–17-year-old Aboriginal and Torres Strait Islander children since 2017.

Table 1: Change in Aboriginal and Torres Strait Islander children (0-17yrs) from FY17 to FY24, each State & Territory

State	% change from FY17 to FY24
Qld	10%
Vic	9%
WA	8%
SA	7%
NSW	6%
Tas	1%
ACT	-1%

Source: ROGS 2025

The increase in the numbers of children in Queensland's out-of-home care system cannot be attributed to one sole factor and rather is a result of compounding and interrelated pressures that have more impact on those with intergenerational trauma. It is QATSICPP's view that the significant growth in Queensland's out-of-home care is an issue that ultimately comes back to the decisions made by the statutory child protection agency responsible for placing children in care, and its obligation to ensure there is an effective, well-resourced system of decision making and support in place to ensure children only enter OOHC when it is in their best interests to do so.

In terms of the rapidly increasing costs of Queensland's child safety system, this appears to be largely driven by the growth in residential care. According to the QFCC's recent *Buyer Beware* report, 51% of all child safety expenditure is now directed toward residential care—one of the most expensive and least effective models of care.[xv] As the number of children in care has grown, particularly those placed in residential settings, costs have exploded without adequate system checks or strategic response. This unchecked investment has diverted funding away from early intervention and family support, despite evidence that these approaches are more effective and less costly. The result is a cycle of inefficiency and harm, where children placed in institutional care are more likely to experience poor outcomes and later re-enter the system as parents, perpetuating intergenerational involvement in child protection.

6. What are the most effective methods of abating the need for child safety services?

Reducing the need for child safety services in FNQ requires a multi-system approach by both government and the community that prioritises prevention, early intervention, and community-led decision-making. Aboriginal and Torres Strait Islander children and families in the region face unique challenges, including geographic isolation, systemic discrimination, and intergenerational trauma. Effective strategies must be tailored to these realities and led by ATSICCOs, who hold the cultural authority and community trust necessary to engage families who are often reluctant to engage with the support needed to address any real or perceived child safety issues. The following must be prioritised in order to abate the need for tertiary child safety services:

1. Invest in Universal and Targeted Early Supports

Universal services such as culturally safe antenatal care, maternal and child health programs, early childhood education, and primary schools are foundational to creating safe environments where children can thrive. These services must be accessible, culturally responsive, and adequately resourced to meet the needs of families in remote and regional communities. Targeted supports—such as home visiting programs, intensive family support, and wraparound services—are equally critical. Programs like the FWS and FPP have demonstrated success in strengthening families and preventing statutory intervention, however it is also about the network of specialists and other support services in the region available to assist families work through complex issues. In FNQ, these services are often operating at, or beyond capacity, and expansion is urgently needed to meet growing demand. For more information and specific stories about the positive outcomes the FWS program is creating with children and families, QATSICPP recommends the Inquiry team visit: https://www.familywellbeingqld.org.au/family-stories. In addition to this, FWS service providers around the state provide regular case stories to the Department about their work and its impact on children and families as part of their regular reporting.

2. Embed Cultural Authority and Community-Led Decision-Making

The Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) must be implemented to the standard of active efforts. This means involving families, Elders, and ATSICCOs in all decisions affecting children. Family Led Decision Making (FLDM) processes should be the default approach, with plans developed by families recognised and acted upon. The HALT Collective model, developed in Brisbane, offers a promising framework for FNQ and should be implemented across the region taking into consideration cultural nuances and protocol. HALT brings together Elders, ATSICCOs, and departmental staff in weekly forums to review intake cases, slow down decision-making, and embed cultural perspectives. Cultural practice advisors and First Nations Regional Intake staff who are empowered to lead Departmental responses are also critical to effectively engage with and help families navigate child protection processes.[xvi]

3. Address Structural Barriers: Housing, Poverty, and Service Access

Housing insecurity is a major driver of child protection involvement in FNQ. Families are often removed from public housing under punitive policies, or unable to access emergency shelter, leading to child removals. Integrated housing and family support responses are essential. The Queensland Government must accelerate the delivery of social housing and ensure protections for vulnerable tenants. Poverty, unemployment, and lack of access to services compound the risks faced by families. Investment in holistic, community-led supports that address these social determinants is critical.

4. Strengthen Culturally Safe Maternity and Perinatal Care

Pregnancy and birth offer a unique opportunity to break cycles of trauma. The Birthing in Our Community (BiOC) program, co-designed by Aboriginal and Torres Strait Islander health services and hospitals, has shown that culturally safe maternity care can dramatically reduce newborn removals. Women receiving BiOC care were three times less likely to have their baby removed at birth, and pre-term births were reduced by 38%.[xvii] Trust and cultural safety are central to its success. Expanding BiOC-like models to every region, including FNQ would provide critical support to expectant mothers and prevent unnecessary intervention.

5. Legal Issues and System Reform

The current child protection litigation model in Queensland prioritises evidentiary strength over family preservation, often giving families only one chance at reunification. Stakeholders, including ATSILS, have highlighted that applications frequently include concerns about best practice parenting rather than actual risk, contributing to unnecessary removals. The adversarial nature of the system places immense pressure on families, requiring them to meet rigid case plan goals within short timeframes, often without adequate support.

Mandatory Alternative Dispute Resolution (ADR), legal representation, and consent orders should be introduced to support families and reduce adversarial processes. Additionally, the role of Cultural Practice Advisors must be elevated to ensure cultural advice is embedded in decision-making, not sought after key decisions have already been made. The litigation system must be reoriented to prioritise healing, cultural safety, and family preservation, as well as providing families engaging with the statutory child safety legal processes adequate access to legal representation.

6. Align with Broader Policy Frameworks: Closing the Gap, Our Way, and Breaking Cycles

Efforts to reduce child protection involvement must be aligned with broader policy frameworks. The Productivity Commission's 2023 Closing the Gap Implementation Review found that Target 12—to reduce the over-representation of Aboriginal and Torres Strait Islander children in OOHC—is not on track. The review emphasised that progress requires structural reform, genuine power sharing, and investment in community-led solutions. It also highlighted that culturally safe, place-based early intervention services are among the most effective strategies for reducing child protection demand.

Queensland's Our Way strategy—a 20-year generational plan—commits to eliminating the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care. Its current implementation phase, Breaking Cycles (2023–2031), focuses on transforming service design and delivery through co-design, cultural authority, and structural reform. These frameworks provide the policy mandate and accountability mechanisms necessary to drive systemic change and must be embedded in all efforts to reduce child safety demand.

The most effective methods of abating the need for child safety services for First Nations children are those that centre Aboriginal and Torres Strait Islander voices, leadership, and cultural knowledge. This means investing in community-led early supports, embedding cultural authority in decision-making, addressing structural barriers, reforming legal systems, and aligning with national and state policy frameworks. These approaches not only prevent harm but promote healing, stability, and long-term wellbeing for children and families.

11. For what reasons are non-family based residential care being used as a model to care for children for whom it was not designed (i.e. children under 12, including infants)?

When examining the increase in residential care placements, it is essential to consider the broader context OOHC trends and the systemic factors driving these changes—particularly for Aboriginal and Torres Strait Islander children.

Between 2018 and 2023, foster care placements initially rose but began declining from 2021 onward. While COVID-19 may have contributed to a temporary spike in demand, data shows that the upward trend in notifications and substantiations began before the pandemic. Specifically, between 2019 and 2023, there was an 8.9% increase in child protection notifications and a 2.8% increase in substantiated cases. In contrast, kinship care placements increased steadily, growing from 4,052 in 2018 to 5,592 in 2023—an average annual increase of 6.7%, with the largest jump of 10.4% occurring between 2019 and 2020. This growth aligns with departmental priorities and reflects a strategic shift toward culturally appropriate, family-based care.

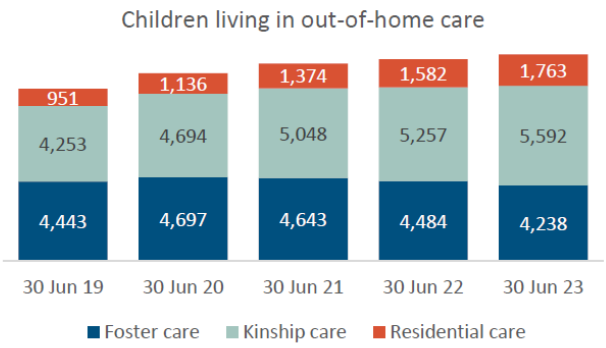
Despite this positive trend, the increase in kinship care has not been sufficient to offset the decline in foster care, and several systemic barriers explain why:

- **Limited pool of approved kinship carers**: Many Aboriginal and Torres Strait Islander families face barriers in the carer approval process, including Blue Card requirements, bureaucratic delays, and lack of culturally appropriate support. These barriers reduce the number of kin who can be formally approved, even when willing and available.
- **Lack of tailored kinship support**: Kinship carer often involves carers navigating complex family dynamics and transitioning to a different role in the child's life – there is a lack of training and support, making it harder to sustain placements—especially for children with complex needs.
- **Mismatch in placement needs**: The children entering care increasingly have high and complex needs, including trauma, disability, or behavioural challenges. These needs often exceed what kinship carers can manage without intensive support, leading to placement breakdowns or redirection to residential care.
- **Policy and workforce constraints**: The push to professionalise the carer workforce, while well-intentioned, may unintentionally exclude kinship carers who face educational or geographic barriers to meeting new standards. This disproportionately affects Aboriginal and Torres Strait Islander communities.
- **Systemic failure to implement the Aboriginal and Torres Strait Islander Child Placement Principle**: Despite policy commitments, active efforts to identify and support kin at key decision points are inconsistent. This results in missed opportunities to place children with family and community, as well as lack of family led process to engage and identify kin and explore family support outside of simply looking for a carer. Through

models such as Family Caring for Family, families can be supported to collectively provide care, and not necessarily through a nuclear family model in one house.

As a result, the system has not been able to absorb the shortfall in foster care placements through kinship care alone. Instead, the gap has been filled by a growing reliance on residential care, which has increased by 240% over the past decade, and by 381% for children under 12.

Figure4 4: Number of children living in out-of-home care, by placement type

Out-of-home care placements as at 30 June 2019-2023	Placement type	1-year change	5-year change
	Residential care	11.4% ▲	85.4% ▲
	Kinship care	6.4% ▲	31.5% ▲
	Foster care	-5.5% ▼	-4.6% ▼

Source: QFCCs response 'A Roadmap for Residential Care' [xviii]

Under 12s

According to the child safety Department, residential care is care that is provided for children and young people aged between 12 to under 18 years of age. Whilst there is a view that residential care is generally suited to children over the age of 12 years, there are a substantial number of children below that aged being placed in residential care. According to the QFCC, there is a concerning trend in Queensland that shows First Nations children are being placed in residential care at an increasing rate and at a younger age than non-Indigenous children.[xix] Most concerningly they are being placed in residential care because of the ongoing systemic pressures and lack of available family-based care placement options rather than as a way to meet the ongoing needs and rights of individual Aboriginal and Torres Strait Islander children.

A breakdown of the ages of Aboriginal and Torres Strait Islander children placed in residential care as of 30 June 2022 is detailed below:

Table2: Ages of children living in residential care services in Queensland, at June 2022

Age group	Aboriginal and Torres Strait Islander child	Non- Indigenous child	Total all children
0-4 years	19	7	26
5 to 9 years	96	121	217
10 to 14	346	380	726
15 to 17 years	243	370	613
Total all age groups	704	878	1,582

Source: Department of Children, Youth Justice and Multicultural Affairs (2022), Our Performance

Despite only small numbers, it is most concerning to see Aboriginal and Torres Strait Islander children aged under five years old making up 80 per cent of all children under five years old being placed in residential care. In some cases, this may be a decision to place with siblings or for short periods of time while a kinship placement is found, or to care for the child through disability care models for complex health and disability care issues.

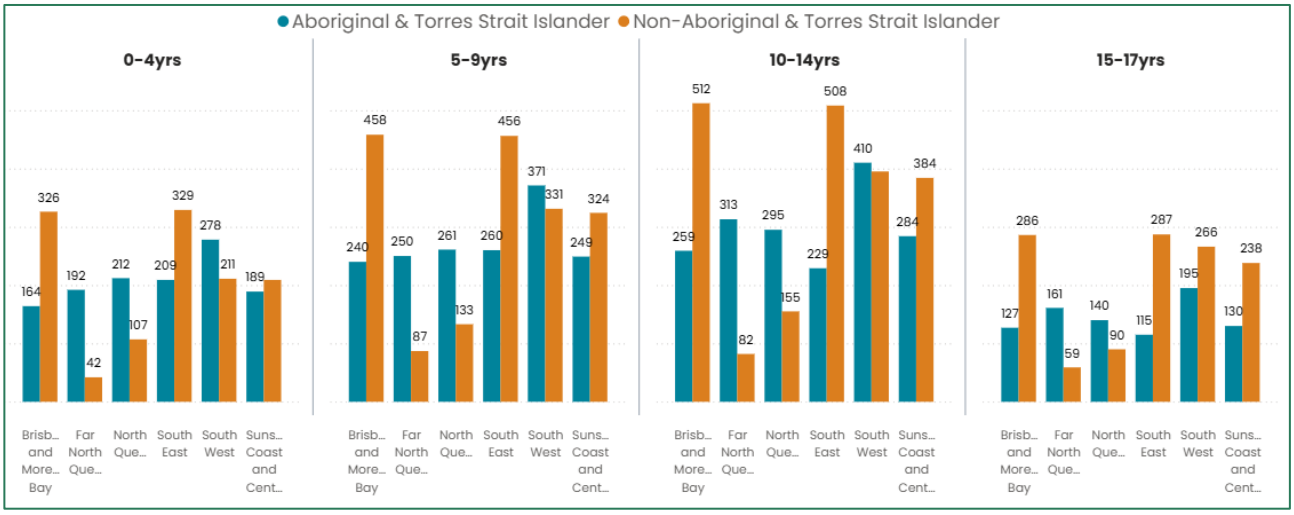
In 2024, QFCC's report in response to the Department's 'A Roadmap for Residential Care in Queensland' noted that almost one almost one in three children in residential care were under 12 years, meaning there were hundreds of children below the age of ten, and indeed below the age of five, in residential care settings. Residential care workers, and the sector itself, were concerned that infants were being placed in residential care. [xx]

QATSICPP member organisations report that residential care is increasingly used as a default option for under 12s due to systemic failures—such as underinvestment in family support, inflexible funding, and poor adherence to the Aboriginal and Torres Strait Islander Child Placement Principle. These member organisations highlight the lack of support for kinship carers, barriers in carer approval processes, and limited decision-making power for Aboriginal and Torres Strait Islander organisations further contribute to the use of these inappropriate placements for our children.

Below graphs represent Queensland 2023-24 Data Sets.

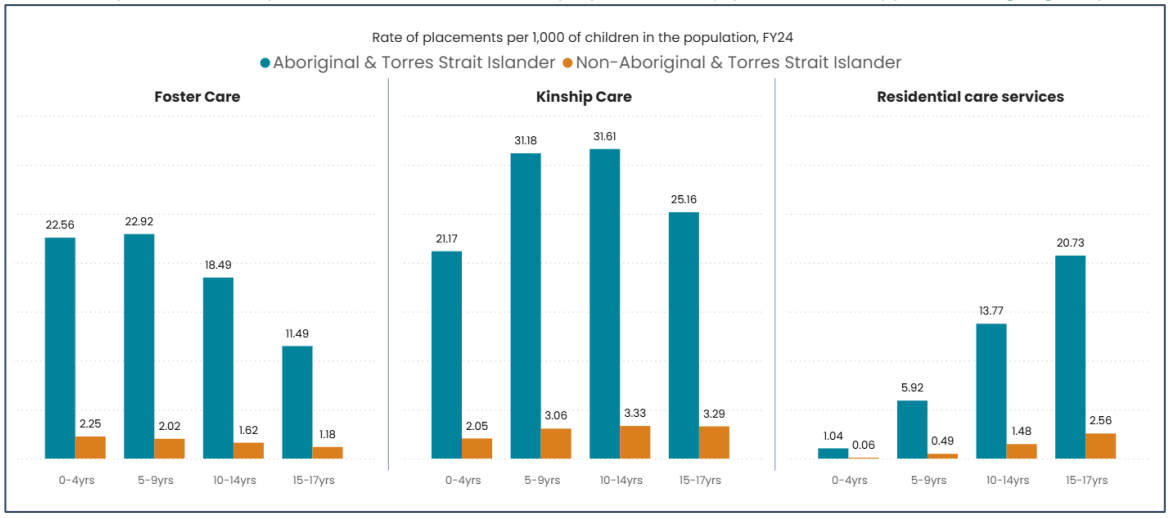
1. Queensland data of children in OOHC
2. Breakdown of the models of care per region
3. Ages of children within the placements.

Figure 5: Number of children in Out of Home Care by age and cultural status and Region, at 31 March 2025



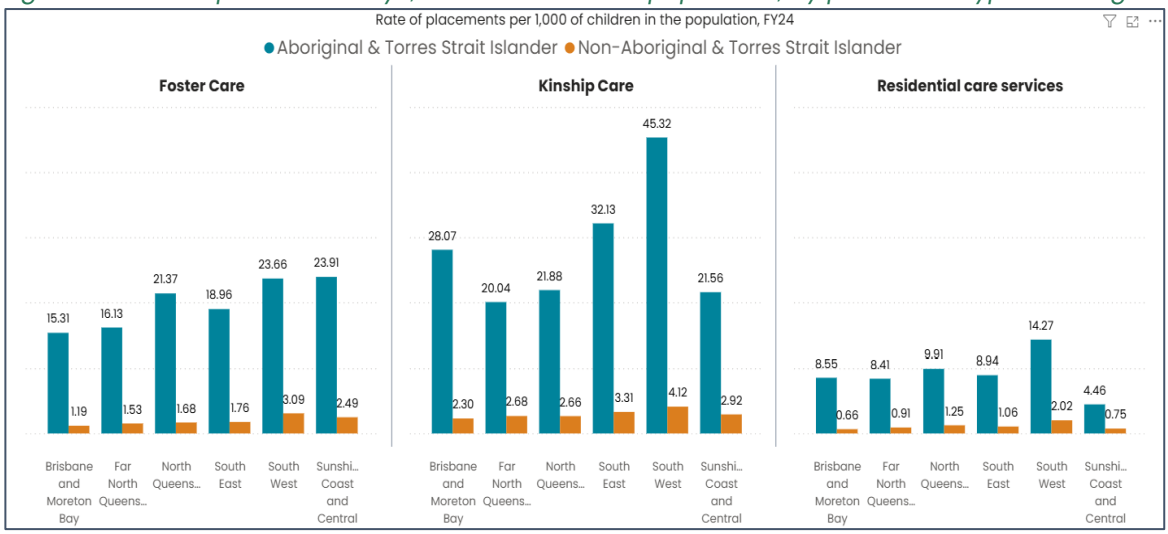
Source: Family Matters Regional dataset provided from Department to QATSICPP

5 Figure 6: Rate of placements per 1,000 children in the population by placement type and age group, Queensland



Source: Family Matters Regional dataset provided from Department to QATSICPP

Figure 76: Rate of placements by 1,000 children in the population, by placement type and Region



Source: Family Matters Regional dataset provided from Department to QATSICPP

13. Has the use of non-family based residential care for children under 12s led to negative outcomes that could likely have been avoided if those children were placed in a family-based model of care?

The use of non-family based residential care for children under 12 has led to negative outcomes that could likely have been avoided if those children were placed in family-based models of care. Evidence shows that children in residential care experience poorer outcomes in education, health, cultural identity, and attachment, and are more vulnerable to abuse, particularly sexual abuse, due to isolation and lack of stable, trusted relationships. These risks are heightened for Aboriginal and Torres Strait Islander children, who are overrepresented in residential care and often placed in environments lacking cultural safety and connection.

At a 2023 QATSICPP forum on residential care, leaders from ATSICCOs across the state expressed deep concern that the current system prioritises institutional responses over culturally grounded, family-led solutions, often placing children in care settings that are not designed to meet their developmental, cultural or emotional needs.

Forum participants called for urgent reforms, including immediate reviews of all Aboriginal and Torres Strait Islander children in residential care, investment in family healing models, and the development of culturally designed alternatives to residential care. These solutions emphasise relational permanency, cultural connection, and community-led decision-making, which are essential to improving outcomes and preventing harm. The QFCC echoed these concerns, noting that residential care often fails to provide the nurturing relationships children need, with young people expressing a deep longing for adults who genuinely care.

In summary, the current reliance on residential care for children under 12—particularly First Nations children—reflects systemic shortcomings that undermine children's wellbeing and safety and future potential. A shift toward family-based, culturally responsive care models is not only necessary but urgent to ensure children grow up connected to family, culture, and community, and are supported in environments that foster healing, stability, and long-term positive outcomes.

Children living in non-family based residential care can be a vulnerable group and generally have poorer outcomes, when compared with the broader population, for:

- educational attainment
- physical and mental health
- cultural identity
- appropriate attachment behaviours
- community connections when compared with the broader population[xxi]

The Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission) found that children in out-of-home care are highly vulnerable to all forms of abuse, and particularly sexual abuse. Separation from family of origin and instability of placements can leave children feeling isolated, lacking established relationships with trusted adults.[xxii] This makes them more accessible for potential perpetrators to take advantage of opportunities for regular, unsupervised, private interactions with children, or exploit the close relationships that develop between carers and children under their care.[xxiii]

A recent review undertaken by the QFCC noted that residential care does not support children's holistic growth and development adequately. At the Ministerial Roundtable, QFCC heard residential care staff expressed concern that *"kids in residential care need more attention and connection but our model gives them less".*[xxiv] At the centre of need is the primacy of attachment and relationships. Whatever their age, ongoing nurturing and responsive relationships provide children and young people with safety and security, giving them confidence and empowerment. Children and young people in residential care have histories of attachment disruption. Relational permanency is crucial to children and young people's wellbeing. It is QATSICPP's view that the current Child Safety Officer (CSO) caseworker and residential care worker model is not meeting this need.

KINSHIP CARERS

Kinship care plays a vital role in ensuring Aboriginal and Torres Strait Islander children remain connected to family, culture and community. The outcomes for children in kinship care are generally seen as positive in terms of identity formation, stability of placement, behavioural and mental health outcomes, enabling siblings to live together and child protection. [xxv]

One of the primary strengths of kinship care is that all children and young people can benefit from maintaining family, cultural and community connections. Research on the effectiveness of kinship care remains limited, however there is evidence that kinship care can afford children and young people the following benefits:

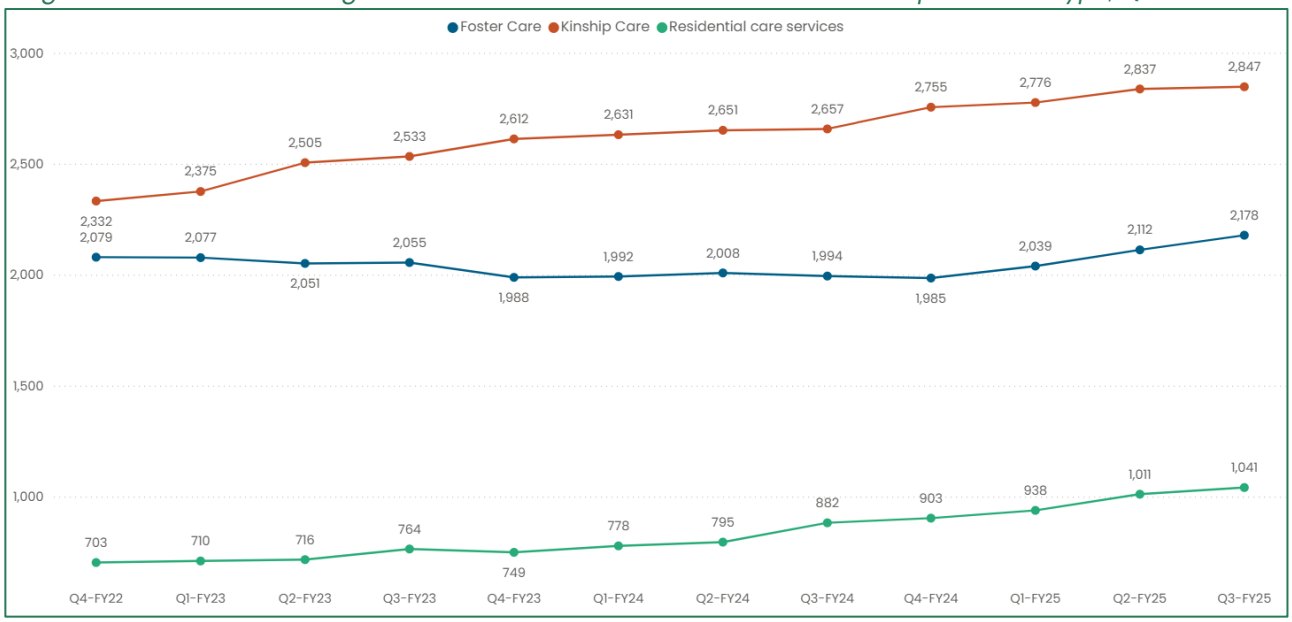
- increased stability and continuity
- enhanced opportunity to develop their identity
- feelings of belonging
- better opportunities for family contact and ties
- increased chance of siblings remaining together, resulting in reduced anxiety about separation
- a buffering against the effects of family separation
- longer care arrangements and fewer placement changes.[xxvi]

For Aboriginal and Torres Strait Islander children, maintaining strong connections to family, community and culture is essential in developing their identity and in supporting their overall well-being. QATSICPP understands cultural connections are pivotal in fostering a sense of belonging and self-awareness for Aboriginal and Torres Strait Islander children. Central to this is the kinship system, which governs family and social structures that differ markedly from non-Indigenous family models. Kinship among Aboriginal and Torres Strait Islander peoples encompasses a wide network of relatives bound by shared bloodlines and social ties which are integral to child-rearing practices, with responsibilities often shared by extended family members such as grandparents, uncles, aunts, cousins, and even non-blood relatives. For Torres Strait Islander communities, the Ailan Kastom system, recognised by the Meriba Omasker Kaziw Kazipa Act 2020, allows for the transfer of child-rearing responsibilities within kin, based on social factors and customary practice. It is QATSICPP's view that kinship care is the only culturally appropriate form of OOHC for Aboriginal and Torres Strait Islander children.[xxvii]

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

Data available to QATSICPP suggests rates of kinship care for Aboriginal and Torres Strait Islander children has grown slightly, not declined in recent years, as illustrated by the below graph.

Figure 8:7 Number of Aboriginal and Torres Strait Islander children in each placement type, Queensland



Source: Family Matters Regional dataset provided from Department to QATSICPP

Across Queensland the number of kinship carers for Aboriginal and Torres Strait Islander children has grown in number and proportion of total placements. QATSICPP believes that by addressing the barriers identified below that these numbers are able to grow.

Locating and Assessing Kin

In Queensland, Child Safety Officers have a critical role at the outset of any intervention, with primary responsibilities to locate and engage a child's immediate family during the Investigation and Assessment process. The Queensland Child Safety Practice Manual (2025) directs officers to gather and assess information efficiently to determine whether a child is at risk of harm, while working collaboratively and respectfully with the child, their parents, extended family, and community. Engagement should be strengths-based, culturally safe, and focused on exploring whether significant concerns exist and whether safety can be achieved within the Aboriginal and Torres Strait Islander family. Only a small proportion of investigations result in removal and placement. Where concerns are substantiated and safety cannot be maintained at home, the Department must work with the family to develop a safety plan, which may include temporary placement outside the home. In these cases, engagement with family and community should continue to identify culturally appropriate supports and ensure the child remains connected to kin, culture, and Country. If longer-term placement becomes necessary, the Department should prioritise the identification of safe and appropriate kinship carers and maintain cultural connections. Safety and support plans must be developed in genuine partnership with families and communities, focusing on family-led protective measures and preserving cultural and kinship connections in line with the Aboriginal and Torres Strait Islander Child Placement Principle.[xxviii]

In practice, however, these best-practice processes are rarely implemented comprehensively or in a timely manner, with the Department's finite resourcing instead dedicated towards evidence gathering and further investigation rather than spending time locating family. To this end QATSICPP maintains that kinship mapping for Aboriginal and Torres Strait Islander children and young people should be conducted by ATSICCOs. The rise in the number of children living in residential and general foster care placements, alongside the success of Aboriginal and Torres Strait-led services in maintaining cultural connections, highlights a persistent gap; that CSOs and departmental staff can lack the knowledge, community connections and capacity to understand and navigate First Nations kinship structures leading to find and engage children to care for children who are not able to live safely with their mother and father.[xxix]

Effectiveness is further undermined by systemic challenges, including over-regulation, inconsistent assessment practices and fears within communities about formal scrutiny and intervention, which can discourage kin from coming forward to care. To address this QATSICPP members and other bodies, such as the QFCC[xxx] have consistently advocated for continued improvements in practice consistency, family engagement, and culturally informed assessment are essential to fully realise kinship care as a core placement option.

Lack of investment and support

Our members that support kinship care programs have consistently highlighted to us that the failure of the system to support and invest in carers contributes to declining recruitment and retention. Unlike general foster carers, who undergo lengthy assessment, training and matching processes through service providers, kinship carers are often engaged as a reactive response to child protection concerns and subsequent child removals. Kinship carers typically receive little to no training, minimal preparation and are excluded from decision-making processes, despite being asked to care for children in highly complex circumstances. Kinship care profoundly shifts family relationships and there is little to no consideration or support to families to enable them to navigate that and potential conflict that arises from the change in role and relationship, exacerbated at times by departmental expectations on carers to manage family connection and contact.

Financial pressures further undermine kinship placements as carers are only funded for the children in their care and are not provided with additional support for housing, rent or rising living costs. They are essentially paid as volunteers but have the responsibility for some of the states most vulnerable children that require full time 24/7 high level care. Families supporting children with high needs, such as disabilities, are often denied the equipment, transport or accessible housing required to meet the child's needs. These gaps in investment and systemic underfunding leave many families unable to sustain care, despite their willingness and cultural capacity.[xxxi]

In addition to financial and material support, QATSICPP has heard from our member services in the Far North Queensland region that a significant additional barrier to the retention of kinship carers is the ability for kinship carers to make important decisions related to the care of children, including consent and approval for the child to receive support services. QATSICPP recommends the Commission of Inquiry explore with a variety of stakeholders avenues for addressing this critical issue kinship carers face in assisting children in their care to recover and heal from abuse and neglect and lead healthy fulfilling lives.

There are alternatives to Queensland's current trajectory in the use of residential care. Commenced in 2023, the What Will it Take (WWIT) partnership between QATSICPP, and the Department delivered a residential review process to highlight both the opportunities and risks on all Aboriginal and Torres Strait islander children and young people in the residential care system. The review, initiated after the 2023 QATSICPP Residential Care Forum, demonstrated that a collaborative, community-led approach delivers real outcomes. Of the 775 children reviewed, 293 children and young people exited residential care, including 80 who were successfully transitioned to parents or kin; an outcome that generated significant cost savings for the department. Ninety-two percent of children in scope benefited from cultural expertise and strengthened compliance with placement principles. Yet, despite these successes, there was a lack of follow through on commitments to reallocate funds from residential care to ATSICCOs and families to sustain transitions. Without therapeutic, financial and housing supports, many placements have already broken down with 15 children returning to residential care or entering detention.

Blue Card Regulation

Systemic barriers associated with Blue Cards also compound challenge with carer recruitment. Kinship carers frequently face delays or exclusions due to Blue Card requirements, even where historical offences would not prevent the Department from approving a placement with the person. Families with past child protection involvement are retraumatised when historical matters are raised through application processes or in meetings and departmental staff often rely on "best interest of the child" rhetoric to justify decisions that sideline carers and ignore the Aboriginal and Torres Strait Islander Child Placement Principle. In some cases, the Department has actively placed children away from identified kin, particularly in Aboriginal and Torres Strait Islander families, reflecting entrenched bias against kinship carers and a failure to view culture as a strength. [xxxii]

Together, these issues demonstrate that the child safety system continues to undervalue and under-resource Aboriginal and Torres Strait Islander kinship care. Without investment in training, housing, family led decision making, meditation and genuine inclusion in decision-making, Aboriginal and Torres Strait Islander carers remain set up to fail, perpetuating cycles of placement breakdown and institutionalisation. WWIT has shown great promise and solutions that are not only grounded in community-led decision-making but if resourced appropriately could see a future where transitions for children home are adequately support and culture is viewed as a protective strength. Unless these lessons are acted upon, the system will continue to marginalise Aboriginal and Torres Strait Islander carers and deny children the right to be raised in safe, strong and culturally connected families.

25. What are the Principal Reasons for Potential Kinship Carers Having their Applications for a Blue Card System Rejected?

A potential carer may be rejected for a Blue Card for several reasons. The clearest response is where an applicant has a disqualifying or serious offence such as child sexual abuse or murder which automatically prevents them from holding a card. Beyond this, broader criminal history can also result in rejection as Blue Card Services considers not only convictions but also charges, child protection orders, domestic violence incidents or other relevant information (even where the person was not convicted). In some cases, a "negative notice" is issued, formally deeming the applicant an unacceptable risk to children. Applications may also be refused in "exceptional cases," where Blue Card Services exercises discretion based on factors such as the nature and timing of past offences, rehabilitation, or other risk considerations.

The QFCC has highlighted that this system disproportionately impacts Aboriginal and Torres Strait Islander people, particularly kinship carers. Despite making up only about 5% of Blue Card applicants, First Nations people account for 22% of rejections. Contributing factors to this difference include historical and at times current over-policing of First Nations communities and criminalisation of offences historically such as public drunkenness. In addition, there are a range of well documented reasons, why First Nations community members don't appeal the outcome or provide contextual information to Blue Card services whilst navigating this process. This over-representation creates significant barriers for children being placed safely within family, undermining the Aboriginal and Torres Strait Islander Child Placement Principle and severing vital cultural connections. The QFCC's advocacy has created some reform, recommending the removal of mandatory Blue Card requirements for Aboriginal and Torres Strait Islander kinship carers, alongside the development of a culturally safe, child protection specific screening framework. [xxxiii]

In September 2024, Queensland Parliament passed legislative changes to the Blue Card system. As part of these changes kinship carers and their adult household members would no longer need to hold a Blue Card before they can be approved to care for children in their family. The intention was that this change was to come into effect after the Department had developed a new screening process for kinship carers.

However, progress on this important issue has stalled. The replacement screening process is yet to be developed and QATSICPP has been advised by the Department that further legislative changes need to be made for the kinship carer exemption to come into effect. In the 12 months since Qld Parliament passed this legislation, more First Nations children have been placed into residential care due to challenges with the Blue Card system. It is deeply concerning that there is not a sense of urgency to resolve this impasse given its criticality and relevance to this barrier to collective desire for more family-based care for children in OOHC.

Removing unnecessary Blue Card barriers for Aboriginal and Torres Strait Islander kinship carers, alongside enhanced investment in culturally safe transition supports, would reduce the risk of placement breakdowns, strengthen family and community connections and ensure that the lessons from WWIT are effectively implemented across the child safety system.

26. Does the prioritisation of the reunification principle contribute or detract from the goal of promoting permanency, long-term stability and security for children and young people in care?

Connection to culture is consistently identified in both research and lived experience as a core need for Aboriginal and Torres Strait Islander children and young people in OOHC. Not only is culture central to identity and belonging it is also central to social, emotional and spiritual wellbeing. Strong cultural connections support resilience, healing and positive life outcomes while cultural disconnection is associated with loss of identity, exclusion, poorer wellbeing and long-term harm. Aboriginal and Torres Strait Islander young people describe culture as "everything"; a foundation of strength and a shared sense of belonging that must be maintained and protected in child protection practice.[xxxiv]

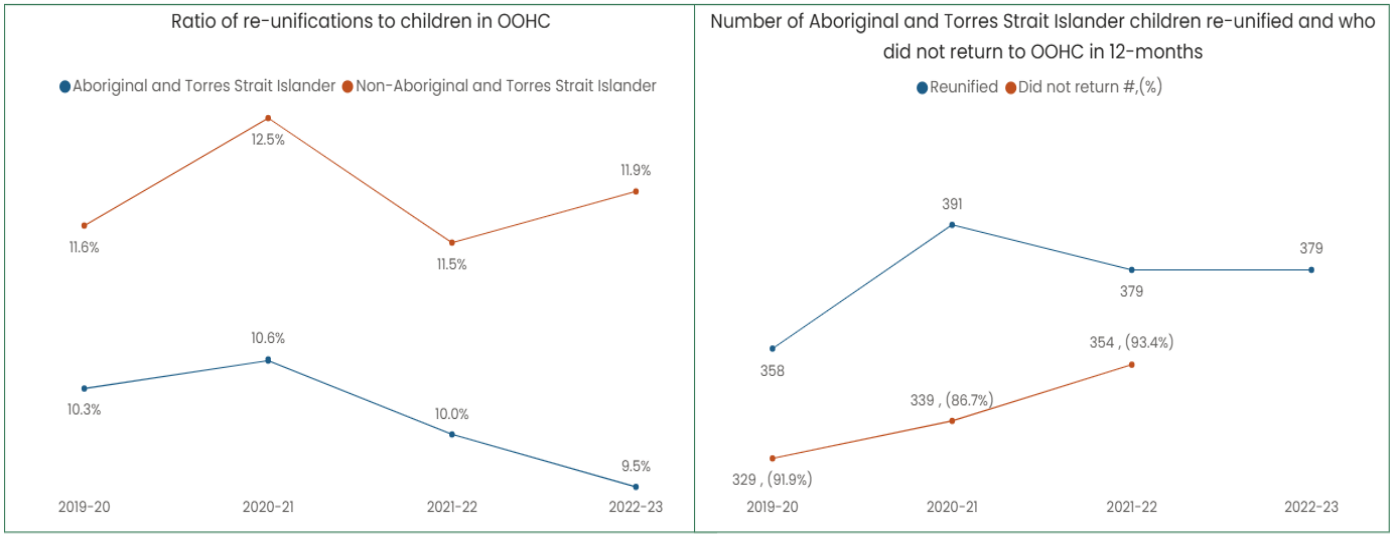
In Queensland, the *Child Protection Act 1999* states the reunification principle, requiring that wherever it is safe and in the best interests of the child, priority is given to supporting children to return to the care of their biological parents or care givers. This principle acknowledges that children are best cared for within their own family and community and that removal should occur only when necessary to ensure safety of the child or young person. Where a child has been removed, the Department is required under the Act to make active efforts to assist parents

address the issues that led to intervention by facilitating access to supports such as housing, parenting programs and health or substance use services. Reunification must always be considered the first permanency goal before long-term care arrangements are pursued.

For Aboriginal and Torres Strait Islander children, the reunification principle must be implemented in alignment with the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP). This requires culturally safe, family-led approaches that uphold children's rights to kinship, culture and community.[xxxv] When reunification is not a safe, viable option for the child or young person, the Department also pursues permanency across three dimensions: relational, physical, and legal permanency. Relational permanency is achieved through sustaining meaningful and loving relationships with parents, siblings, extended family, carers and community, providing children with trust and emotional security. Physical permanency is about ensuring safe, stable homes that meet health, education and developmental needs while remaining connected to community. Legal permanency is secured through guardianship, permanent care or adoption orders, providing enduring stability. Importantly, for Aboriginal and Torres Strait Islander children, adoption (outside cultural adoption) is the last resort and not a widely supported option by the sector in recognition of the significance of cultural identity and continuity.

Data from the AIHW children in care report shows the number and proportion of reunifications for Aboriginal and Torres Strait Islander children have declined since financial year 2021. The proportion of children who do not return to the child protection system once reunified remains high, tracking between 87% to 93% of those reunified.

Figure 9: Reunifications and 12 month return to care



Source: Child protection Australia 2022–23, Pathways from out-of-home care for Aboriginal and Torres Strait Islander children - Australian Institute of Health and Welfare

Why Reunification is Important for Aboriginal and Torres Strait Islander Children

As evidenced in a report by Life Without Barriers on *'Designing an evidence informed approach to family time to support reunification and family strengthening',* reunification enables children to remain with or return to the care of their parents and extended family, preserving essential attachments, identity and cultural connections.[xxxvi] Children who experience regular, high-quality family time are more likely to be reunified and spend less time in OOHC, supporting their mental health and emotional wellbeing. Further to this, connection and family time helps parents build skills, demonstrates safe and protective parenting while also strengthening relationships, ensuring children maintain connection with their families and communities. For Aboriginal and Torres Strait Islander children, reunification is particularly important for sustaining connections to kin, country and culture further reinforcing a sense of identity and belonging for the child and young person.[xxxvii] When family time is supported and resourced effectively by both Departmental officers and the ATSICCO sector, outcomes for children and families improve significantly.[xxxviii] Collaborative, unified approaches between families and agencies foster healing, reduce trauma and contribute to long-term positive outcomes, whether children are reunified or remain in permanent care. Reunification should not be seen as competing with permanency but as a fundamental pathway to stability, security and long-term wellbeing. For Aboriginal and Torres Strait Islander families, this requires genuine investment in culturally safe, family-led reunification pathways, especially within the critical first year of intervention. When

families receive early and appropriate support, children are more likely to return home safely, and cycles of removal and trauma can be disrupted. Strengthening and supporting families in this way not only ensures children grow up safe, loved and deeply connected to their culture, kin and community but also ensures that Aboriginal and Torres Strait Islander children are not a product of systemic and institutional abuse.[xxxix]

To this end, QATSICPP and its member organisations hold the position that every Aboriginal and Torres Strait Islander child has the right to be cared for within their family, kin and community. Achieving this requires targeted investment in resources, time and support for parents and close connections, empowering them to provide safe, stable and culturally strong care. Strengthening families not only upholds children's rights but also delivers the best long-term placement outcomes.[xl]

What are the primary barriers to reunification?

Reunification for Aboriginal and Torres Strait Islander children remains significantly restricted by systemic, structural, and practice-based barriers, despite clear evidence of its critical role in supporting children's wellbeing. A range of factors continue to limit the number of children deemed safe to return to the care of their families. These include:

- Insufficient post-return support for the child and family;
- Rushed or under-prepared reunifications routines;
- Unresolved parental risks (including substance use, domestic and family violence, or mental health);
- Access to supports that were available when children were in care are no longer available – EVOLVE, Education Support Plans, additional funding - complex and high support needs funding;
- Placement instability;
- Fractured or fragile parent–child relationships all contribute to breakdowns in reunification.[xli]

For Aboriginal and Torres Strait Islander families, chronic underinvestment in ATSICCO's limits access to culturally safe, family-led support and reunification services while a shortage of First Nations carers and kinship placements makes it harder for children to maintain identity, belonging and community connection.[xlii] Historical and intergenerational trauma, the legacy of the Stolen Generations and ongoing experiences of over surveillance by government departments and systemic bias further erode trust and engagement with families, while structural inequalities such as poverty, housing instability and barriers to essential services create additional obstacles outside families' immediate control.

Furthermore, early intervention and family support are often lacking with limited assistance typically provided to families after the removal of their children due to services primarily focused on children once they are in OOHC. This practice and lack of support reinforce a reactive rather than preventative approach. Other evidence indicates that sustained, planned post-return support, relationship continuity, culturally safe ATSICCO-led services and careful attention to parental change and safety networks are critical to improving reunification outcomes, reducing cycles of removal, and ensuring children grow up safe, connected to family, community and culture.[xliii]

What are the proximate causes of failed reunification?

As noted in the Department of Child Safety Practice Manual; A reunification breakdown is often linked to insufficient assessment or understanding of the child's history, inadequate preparation or planning, delayed or insufficient service provision and unresolved parental challenges.[xliv] Older children, particularly those over ten, children with behavioural or emotional difficulties or families with prior unsuccessful reunification attempts are at higher risk. Additional risk factors include parental uncertainty, social and cultural isolation and a lack of informal support networks. Australian research further highlights that culturally informed and culturally safe interventions coupled frequent quality contact between children and their parents and the presence of an active care network surrounding the family significantly support reunification outcomes.[xlv] Equally, prolonged time in care, chronic parental challenges such as mental illness, substance abuse, poverty or housing instability, children with high physical or behavioural support needs, poor parent-child attachment and geographic isolation can hinder a successful reunification. It is important to note that these factors do not determine whether reunification should or should not occur. Instead, they should inform strengths-based practice, identifying opportunities to build on indicators of success while mitigating risks. Understanding these factors allows practitioners to tailor interventions, supports and planning processes to maximise the likelihood of safe and sustainable reunification.[xlvi]

The adversarial nature of Queensland's child protection legal framework places immense pressure on Aboriginal and Torres Strait Islander families, requiring them to achieve an overwhelming number of case plan goals within

rigid timeframes, often in just two years. This approach assumes that families can resolve deep-rooted psychosocial challenges and demonstrate sustained behavioural change rapidly, despite the reality that such progress requires time, stability and consistent, culturally safe support. At the same time, the system frequently fails to prioritise and maintain children's cultural connections, undermining identity, belonging, and healing, which are critical to family preservation and reunification. As a result, reunification rates for Aboriginal and Torres Strait Islander children remain unacceptably low and have declined further in recent years, a trend directly linked to systemic underinvestment in culturally appropriate services and supports. Evidence consistently demonstrates that Aboriginal community-controlled organisations play a vital role in improving reunification outcomes by providing culturally informed interventions, maintaining kinship placements, and strengthening children's connection to family, culture, and community.[xlvii]

27. What are the challenges for Aboriginal and Torres Strait Islander children who are placed in care, particularly in regional and remote areas, in maintaining connection to family, Country and culture?

QATSICPP members in FNQ report Aboriginal and Torres Strait Islander children placed in care in regional and remote Queensland face significant challenges in maintaining connection to family, Country, and culture.

A key factor is the extent to which there is inconsistent departmental practice and resourcing to support cultural connection. While policy frameworks like the ATSICPP are in place, the *Family Matters Report 2024* highlights that implementation is inconsistent, and cultural support planning is often under-resourced. Without dedicated funding, training, and accountability, cultural connection risks being sidelined in daily casework.

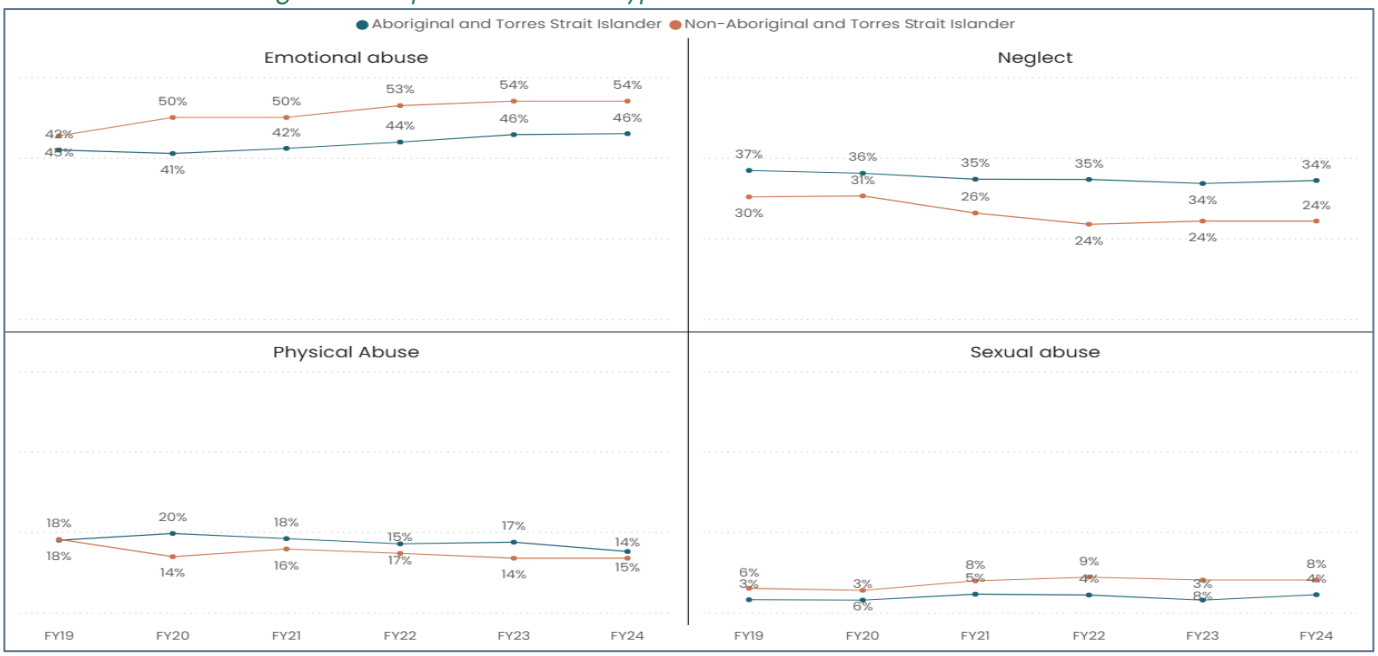
In FNQ, logistical barriers compound these challenges. The vast geographical area makes regular contact with family and community difficult. Travel costs, limited transport infrastructure, and workforce shortages mean children are often placed far from home, with infrequent opportunities to engage in cultural activities or visit Country. These constraints are particularly acute for children in residential care, where cultural connection is rarely prioritised.

The Family Matters report 2024 report also notes that only 1.2% of care services funding (mainly related to the prevision of out-home-care services) funding in Queensland goes to ATSICCOs, despite Aboriginal and Torres Strait Islander children making up 46% of Queensland's out-of-home care population at the time of the report's publication. This underinvestment limits the reach of culturally safe services, especially in remote communities.

33. What are the proximate causes for the over-representation of Aboriginal and Torres Strait Islanders children and young people in care?

The proportions of abuse types found in the investigations of substantiated notifications, have followed similar trends over a five-year period for Aboriginal and Torres Strait Islander children compared to non-Indigenous children. As seen in the table below emotional abuse remains the most prevalent abuse type in both cultural groups however neglect is found more frequently in Aboriginal and Torres Strait Islander children and sexual abuse is found less frequently than non-Indigenous substantiations.

Figure 10: Proportion of abuse types found in substantiated notifications



Source: https://www.pc.gov.au/closing-the-gap-data/dashboard/se/outcome-area12/rates-of-substantiation-by-type-of-abuse

Behind this data is a series of issues that drive the entry of Aboriginal and Torres Strait Islander children into OOHC. QATSICPP proposes the following as the leading causes for the disproportionately representation of Aboriginal and Torres Strait Islander people in OOHC across Queensland:

1. Colonisation, Assimilation Polices and Stolen Generations

Centuries of colonisation stripped Aboriginal and Torres Strait Islander peoples of their lands and their languages, tore apart kinship and cultural systems, and enforced assimilation through devastating child removal policies – culminating in the Stolen Generation, the impacts of which are still being felt today. These policies cemented a legacy of mistrust, where Aboriginal and Torres Strait Islander families were not only denied of autonomy but systematically targeted with suspicion, institutionalised, and denied the right to make decisions for themselves, their own children and communities. For too long, child protection has been driven by a welfare approach that sees children as passive recipients of help, rather than active citizens with rights. For Aboriginal and Torres Strait Islander children this paternalistic approach has cast them as victims in need of rescuing – justifying interventions that have torn families apart and eroded culture. It is a model that has not only failed these children, their families, and communities, but caused deep and lasting harm.[xlviii]

2. Intergenerational Trauma and Structural Disadvantage

The trauma of forced removals, the deliberate dismantling of culture, and the weight of systemic discrimination have scarred generations—undermining mental health, weakening parenting capacity, and breaking trust in the very institutions meant to protect and support Aboriginal and Torres Strait Islander families. Forced removals that are still occurring today, disrupts physical, emotional, mental and intellectual development, alters brain function, triggers chronic stress responses, and impairs learning, relationship building, behaviour regulation and coping skills in Aboriginal and Torres Strait Islander children.

Chronic poverty, insecure housing, limited access to quality education and essential health care—combined with the relentless reality of racism—are not the result of personal failings, but of structural inequities created and maintained over generations. These systemic injustices trap families in cycles of disadvantage, making them more visible to—and targeted by—the child protection system, where interventions often replace the genuine, early, and culturally safe supports that could have kept children with their families.[xlix]

In FNQ, where many communities are remote, the cost of living is already high—and now, with prices rising across Australia, children and families are facing even greater hardship in accessing the necessities and supports they need. Essential services in these areas are scarce, and fly-in-fly-out models cannot provide consistent support, build trust, or delivery quality care. Departmental funding for child and family services falls far short of what's required. In the Cape York communities, for example, just one staff member—funded at $75,000 a year—is expected

to travel across that vast region to support families. This is an impossible expectation, and it means many families in need are faced with the possibility of having their children removed. The Family Wellbeing Service evaluation highlighted the need for an increase in funding particularly for remote services but also identified the lack of specialist and consistent service delivery.

3. Systemic and Procedural Factors

The over-representation of Aboriginal and Torres Strait Islander children, and the unequal impacts they face, point to a system that is discriminatory—whether by design or through application. Cultural bias and lack of competency within mainstream child protection services can lead to mislabelling Aboriginal and Torres Strait Islander families as neglectful. Through our engagement with members in FNQ, QATSICPP have heard clearly how cultural bias continues to shape the way Aboriginal and Torres Strait Islander families are judged. For example, Child Safety Officers raised concerns about mattresses on the floor or children playing naked around the home. Yet, in FNQ, these are not signs of neglect—they are everyday parts of family life, shaped by climate, culture and cost of living. In the tropical heat, it is healthier and more comfortable for children to be free from heavy clothing, and with the high price of furniture, many families choose practical sleeping arrangements that suit their needs. When these normal cultural practices are misinterpreted as risk factors, it reflects not child safety concerns but the imposition of Western standards that fail to respect Aboriginal and Torres Strait Islander ways of raising children. This bias contributes to incorrect assumptions of risk and removal thresholds are set too low. Cultural bias operates both outside of and within the child protection system. Externally, it shows up through mandatory reporting processes that lack cultural capability, relying on 'tick and flick' approaches to generate Child Concern Reports (CCRs). Too often, these reports are shaped by personal beliefs or even outright racism rather than genuine risk factors. The lack of cultural capability of these mandatory reporters adds to the ever-increasing number of CCRs.

There is structural over-surveillance resulting in disproportionate reporting and substantiation against Aboriginal and Torres Strait Islander children and families, often irrespective of actual harm. [I]

4. Decision-Making Practices

The "better-safe-than-sorry" attitude in child protection often gets in the way of understanding what's best for the child. This ends up causing rushed decisions that break up Aboriginal and Torres Strait Islander families and ignore the rights of the child. Cultural considerations are often misunderstood—for example, what is seen as overcrowding in Aboriginal and Torres Strait Islander households is a reflection of strong kinship and extended family networks. The stereotyped perceptions influence decision-making. A recent article in the Townsville Bulletin[Ii] exposed systemic racism and cultural bias highlighting the 'remove first, find evidence later' approach, discrimination against Aboriginal and Torres Strait Islander women—mother-blaming for domestic violence cases, fabricated and biased evidence—and more alarmingly a culture of racialised patterns of decision-making where removals were rewarded and praised. These experiences align with what QATSICPP have heard from some of our members across FNQ.

Once an Aboriginal and Torres Strait Islander child enters the system they are met with child safety officers who often have very limited parenting experience themselves, very limited understanding of Aboriginal and Torres Strait Islander child rearing practices, and very limited understanding of the ATSICPP. When non-Indigenous child safety officers fail to effectively engage with First Nations families at this point of crisis in their lives due to lack of cultural competence, this results in a less than full picture of the family's circumstances and strengths being understood. Often the lack of engagement is seen as a deficit of the family not the workers. This compounds the disadvantage and significantly increases the likelihood of children entering OOHC. At a recent consultation with QATSICPP members in FNQ concerns were raised that the DFSDSCS Cultural Practice Advisors (CPAs) are not being utilised effectively. To strengthen culturally safe practice and embed ATSICPP, their role must shift from being advisory only to being embedded in decision-making processes. Their cultural knowledge and expertise must be recognised as essential, not optional, and their voices must be valued as more than symbolic contributions. Elevating CPAs into genuine decision-making roles will help ensure that cultural considerations are central to practice. Engaging the CPAs and ATSICCOs in initial conversations and decision-making must be a priority of DFSDSCS.

34. Why has the over-representation of Aboriginal and Torres Strait Islanders children and young people not only failed to abate since the Carmody Inquiry, but, in fact, grown?

The introduction of the Family Wellbeing Services (FWS) following the Carmody Inquiry has demonstrated that culturally led, community-controlled services can make a significant difference for Aboriginal and Torres Strait Islander families. Evaluation findings of the program show that of the 6,841 cases closed between 2018-2021, the majority (55%) were closed because families' needs had been met, with 37% reporting all or most needs met and a further 18% reporting partial needs met. Importantly, analysis found that over 90% of children from families who had their needs met did not undergo a child safety investigation within six months of exiting the program, showing the protective impact of FWS involvement. These results point to the service's success in both strengthening families and reducing the immediate risk of children entering or re-entering the child protection system.

To eliminate over-representation of Aboriginal and Torres Strait Islander children and young people in the child protection system we must ensure exits exceed entries, there is a reduction in the duration of time children spend in care, there is a short-term focus on reunification to increase exits from care, as well as a long term focus on reunification to reduce duration of time in care.

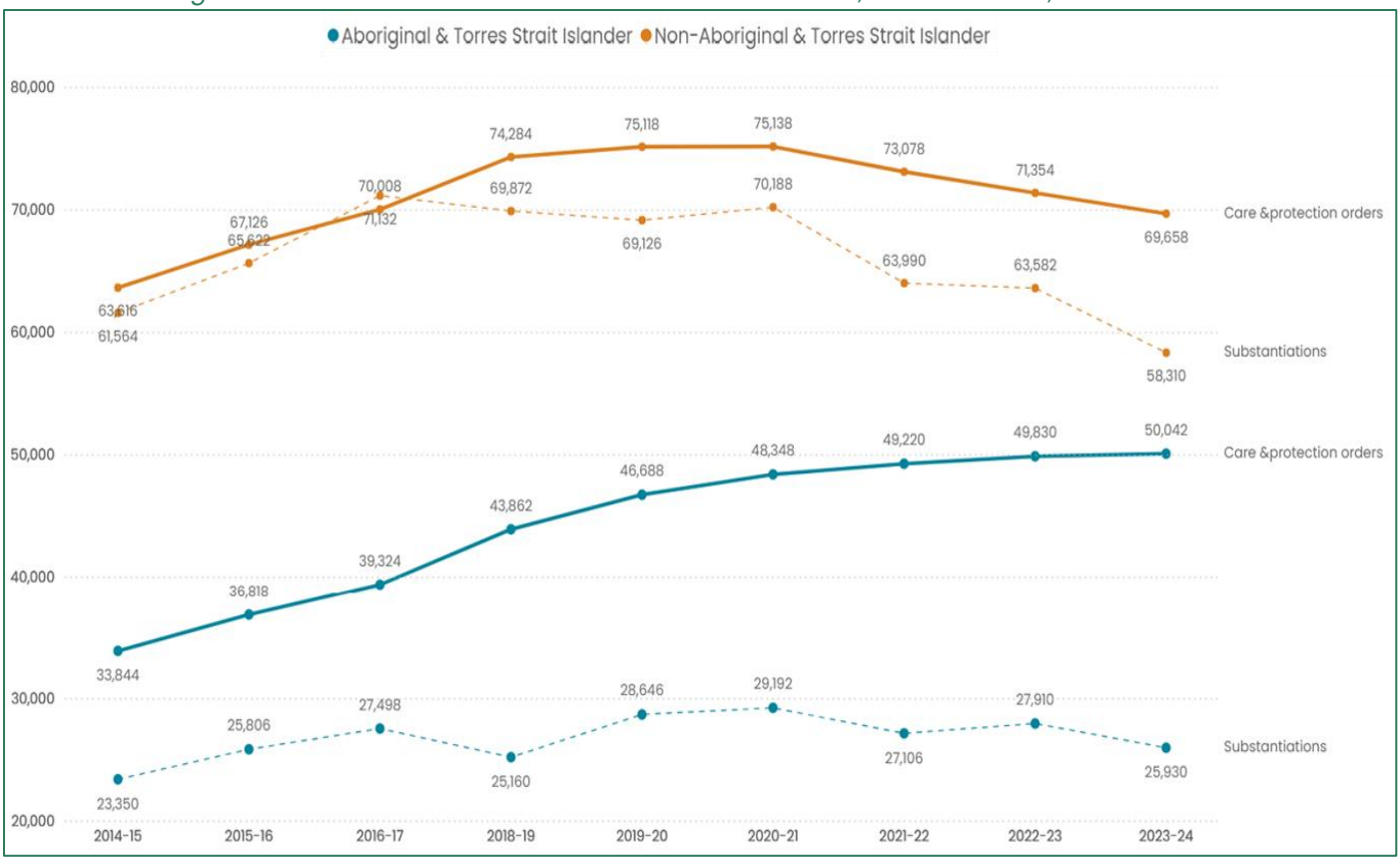
In this context there are a range of issues in QATSICPP's view that have contributed to disproportionate representation of Aboriginal and Torres Strait Islander children in OOHC worsening in recent years.

Systemic Issues

Systemic issues remain largely unaddressed. While the Carmody Inquiry made important recommendations, many problems—such as institutional racism, cultural biases, and risk-averse decision-making—have yet to be fully tackled or transformed within child protection services. The persistent over-representation of Aboriginal and Torres Strait Islander children and the increasing over-representation as they are pulled more deeply into the system shows that efforts to keep them out of care have not achieved meaningful change. And once a family becomes involved in the system, they are less likely to be able to exit it. This is despite the best efforts of many leaders and practitioners within and outside of government.

Over a nine-year period the number of substantiated notifications for Aboriginal and Torres Strait Islander children has remained stable, and from FY21 with 29,192 substantiated notifications they have been declining to 25,930 in FY24, however the number of care and protection orders continue to increase. As seen in the table below the care and protection orders for non-Indigenous children have responded to the decline in substantiated notifications, however, this has not occurred for Aboriginal and Torres Strait Islander children.

Figure 11: Care and Protection Orders and Substantiations, Cultural Status, source: ROGS



Source: ROGS 2025

In 2022, the Child Safety Department discontinued the use of parts of the Structured Decision Making tool after an independent review showed it produced biased outcomes for Aboriginal and Torres Strait Islander families, actually driving them into the system. Despite the tool's removal the development of new approaches, it is QATSICPP's view that the legacy of the tool remains as families and continue to be impacted by previous decisions and ingrained thinking. Until these systemic flaws are confronted directly, the over-representation of Aboriginal and Torres Strait Islander children will continue unchecked.

Further in response to the Question 4 above QATSICPP reviewed the Child Protection Litigation model and determined that since its introduction there have been several key issues that continue to undermine efforts to reduce over-representation of Aboriginal and Torres Strait Islander children in the child protection system such as:

- Systemic Racism and Cultural Bias – QATSICPP's Direction of Child Protection Litigation Model report highlights that despite reforms, institutional racism and cultural bias too often remain embedded in decision-making. CSOs often approach assessments from a Western perspective, overlooking cultural practices such as sleeping arrangements, which are normal in Aboriginal and Torres Strait Islander households.
- Failure to Implement the ATSICPP - Application of the ATSICPP to the standard of Active Efforts is inconsistently applied. Families and communities are excluded from key decisions, and there is little accountability for ensuring children remain connected to kin, culture, and Country.
- Tokenism of Cultural Advisors - CPAs are not empowered as decision-makers, and their expertise is underutilised. Their role risks being tokenistic, as their advice is often sidelined in favour of risk-averse departmental decisions.
- Over-reporting and Mistrust of Systems - Data shows ongoing over-reporting of Aboriginal and Torres Strait Islander families, often based on subjective judgments rather than evidence of harm. This is often influenced by media coverage that seeks to find blame and simple solutions to complex issues, which in turn fuels mistrust of Child Safety systems and reduces families' willingness to engage with support services.
- Risk-Averse Decision-Making – Due to system pressure and in some cases a lack of experience CSOs often default to removal due to risk-averse practices, rather than exhausting family-led alternatives. The

discontinuation of the Structured Decision Making (SDM) tool in 2022 was significant, as it had produced biased outcomes — but without addressing entrenched cultural biases, the system still perpetuates unfair removals.

There is inconsistent practice in the Department across and within regions—some regions are very innovative and collaborative with our members, others are very closed, do not share information, rarely refer to family support services, do not meaningfully explore kinship care options and do not invest time or resources to reunification for children. However, in Yarrabah there has been one child removed in the past 18 months which the local ATSICCO—Gurriny Yealamucka Health Services—have attributed this success to the cross disciplinary teams and collaborative approach.

Funding Supports

There remains a disproportionate focus—and funding—on OOHC, rather than on early intervention and family support programs that could prevent removals in the first place.

While the FWS and Family Participation Program (FPP) were introduced after the Carmody Inquiry, referrals from Child Safety Officers are often slow or non-existent, and when families are finally referred, lengthy waitlists delay vital support. Child Safety frequently criticises ATSICCOs for low referral numbers—yet referring families is Child Safety's responsibility. Too often, Child Safety intervenes with families without notifying ATSICCOs such as FWS and FPP, which are specifically designed to provide support in these circumstances. This exclusion undermines the role of ATSICCOs and the help families could receive. To understand how the FWS program is hindered by the internal processes of DFSDSCS we can look at the role of FaCC. While intended as an early intervention gateway, FaCC operates as a 'light touch' service and often struggles to engage Aboriginal and Torres Strait Islander families in a meaningful and culturally safe way. The EIAA Baseline Report commissioned by the Department and produced by Nous shows that less than half of Aboriginal and Torres Strait Islander families referred to FaCC were successfully engaged, with many cases closed early or without families receiving any sustained support. Instead of quickly escalating referrals to FWS, FaCC frequently attempts limited engagement on its own and when unsuccessful fails to pass families on for culturally appropriate support. This results in families being left without timely intervention, creating avoidable delays where needs remain unmet and risks escalate further through the system. This impact is serious and families are more likely to reappear in the system at a crisis point, where removal becomes more likely rather than being prevented. This delay undermines the intent of early intervention and compounds the risks Aboriginal and Torres Strait Islander families face in the child protection system.

Despite being one of the most effective programs at diverting Aboriginal and Torres Strait Islander families from child protection, FWS remains underfunded when compared to non-Indigenous NGO-led services. ATSICCOs are uniquely placed to support Aboriginal and Torres Strait Islander children and families and many QATSICPP members around the state report a waitlist for their services. If outcomes for Aboriginal and Torres Strait Islander children are to improve, more investment must be directed to ATSICCOs to meet the demand.

When Child Safety genuinely engages and partners with ATSICCOs, outcomes for children improve. Yet too often, this success depends on the goodwill of individual departmental staff, rather than being embedded as consistent, systemic practice. To create lasting change, funding for ATSICCOs must be scaled appropriately to meet the real needs and demands of families.

35. Which system responses of the Department do Aboriginal and Torres Strait Islander communities wish to challenge and what practical system changes do such communities consider are required?

Our response to this question draws on the collective insights shared by ATSICCO leaders during the QATSICPP Child Safety CEO Workshop on 18 August 2025, which was attended by the Commissioner of the Inquiry. The workshop provided an opportunity for ATSICCO CEOs from across Queensland to reflect on systemic issues and propose practical reforms to address the worsening over-representation of Aboriginal and Torres Strait Islander children in OOHC.

At the workshop our leaders identified a range of system responses our communities wish to challenge

1. Department-Led Decision-Making and Funding Control
Communities strongly challenge the Department's dual role as both funder and statutory authority. This creates a

conflict of interest, where services designed to prevent child protection intervention are funded by the same agency responsible for removing children. This undermines trust, restricts innovation, and limits the autonomy of Aboriginal and Torres Strait Islander organisations.

2. Risk-Averse and Deficit-Based Practice
The Department's culture of risk aversion leads to preventable removals. Families are assessed through a deficit and Western lens, with little regard for protective factors such as kinship networks, cultural strengths, and community support. The failure to apply the Aboriginal and Torres Strait Islander Child Placement Principle to the level of active efforts has created, and has the potential to continue to create, another Stolen Generation.

3. Inadequate Early Intervention and Prevention Investment
Despite clear evidence of success from programs like Family Wellbeing Services (FWS) and Family Participation Programs (FPP), funding remains disproportionately directed toward OOHC. The current $1 billion annual OOHC budget has grown by $300 million over five years, while early intervention funding has plateaued.[lii] This imbalance perpetuates crisis-driven responses and undermines community-led solutions.

4. Exclusion from Key Decision-Making
Too frequently ATSICCOs are often brought in late, if at all, and are excluded from critical decisions about children's care. Plans developed through Family Led Decision Making are frequently ignored, and Cultural Support Plans are either absent or tokenistic.

5. Harmful Departmental Culture and Practices
The Department's use of historical information to justify intervention, inconsistent regional practices have traumatised Aboriginal and Torres Strait Islander workers and families. Families are often confused and intimidated by departmental language and processes, which further alienates them from participating meaningfully.

In response to the above, our leaders offer the following system wide solutions:

1. Transfer Authority and Investment to Community-Controlled Organisations
Decision-making and case management for Aboriginal and Torres Strait Islander children should be transferred to ATSICCOs in line with self-determination, effective outcomes and most cost-effective solutions. Investment decisions should be transitioned to Treasury or culturally led commissioning processes should be developed that remove departmental control and ensure funding aligns with community needs.

2. Redesign Commissioning and Accountability Structures
Commissioning should be redesigned so that services aimed at keeping families together are not funded by the Department. Non-government and government agencies across the system must be held accountable for outcomes, not just outputs, with KPIs focused on family connection, preservation, and reunification.

3. Strengthen Cultural Authority and Participation
Cultural authority must be respected in all decisions involving Aboriginal and Torres Strait Islander children. Families, Elders, and communities should lead Family Led Decision Making processes, and their plans must be recognised and acted upon. Cultural Support Plans must be co-designed and implemented meaningfully.

4. Reform Blue Card and Screening Processes
Blue Card barriers must be addressed urgently. Historical convictions unrelated to harm of children should not exclude family members from being approved as kin carers. The Department must apply legislatively approved changes and ensure equitable access to culturally appropriate screening for Aboriginal and Torres Strait Islander applicants.

5. Prioritise Early Intervention and Healing
Prevention must be prioritised over crisis response. Programs like What Would it Take have demonstrated cost-effective success in reunifying children. Investment in healing and culturally responsive support must be scaled to meet the real needs of families.

6. Protect Contributors to the Inquiry
A Statement of Commitment should be developed to protect individuals and organisations participating in the Inquiry. Mechanisms for anonymous submissions and culturally safe engagement must be embedded throughout the process.

These messages reflect the lived experience and expertise of Aboriginal and Torres Strait Islander leaders working in a wide range of communities across Queensland. They offer a clear roadmap for child safety system reform grounded in cultural authority, community leadership, and a commitment to keeping children safe, connected, and with family.

36. What is meant by the term "culturally safe" when used in the context of the provision of child safety services, pathways and processes, and against what criteria is this concept measured by:

a. The Department; and

b. Aboriginal and Torres Strait Islander peak bodies and their members?

Aboriginal and Torres Strait Islander children are eleven times more likely to be placed in OOHC than non-Indigenous children,[liii] and we know that when an Aboriginal and Torres Strait Islander child is removed from their family and community, there are significant negative impacts on their development, including a diminished ability to form cultural connections and drastically reduced opportunities to learn and practice cultural beliefs and traditions that sustain wellbeing.

Additionally, for many Aboriginal and Torres Strait Islander families, there is a deep-seated fear of government intervention and intergenerational trauma experienced due to the extreme adverse outcomes caused from the Stolen Generations. These experiences have been intensified by the impacts of racism, discrimination and lack of culturally safe interactions with government 'systems' in particular the child protection system.

What is Cultural Safety?

SNAICC defines cultural safety for First Nations children as 'the child being provided with a safe, nurturing and positive environment where they are comfortable with being themselves, expressing their culture … their spiritual and belief systems, and they are supported by the carer … (who) respects their cultural identity and therefore encourages their sense of self and identity.'[liv] It also includes upholding the rights of Aboriginal and Torres Strait Islander children to:[lv]

- identify as Aboriginal and/or Torres Strait Islander without fear of retribution or questioning
- receive an education that strengthens their culture and identity
- maintain connection to their land and Country
- maintain their strong kinship ties and social obligations
- be taught their cultural heritage by their Elders
- receive information in a culturally sensitive, relevant and accessible manner
- be involved in services that are culturally respectful[lvi]

Improving the cultural safety of a service or system requires an improvement of the service itself and a reduction of the barriers that discourage Aboriginal and Torres Strait Islander people from using those services in the first place. In the child protection system, many child protection assessment procedures ignore and don't understand Aboriginal and Torres Strait Islander cultural and parenting practices, despite the Departments' efforts to increase cultural competence.

The first steps in implementing cultural safety include practitioners—and the child protection system as a whole—acknowledging the widespread mainstream Westernised views of childrearing that impacts the value system and practice of the department. Professor Helen Milroy states that for child protection practitioners, cultural safety means ensuring respect for all cultural and social differences, so that services are accessible, responsive and free of racism. [lvii]

Although DFSDSCS does have cultural capability online training available to staff and practice guidance for staff in working with Aboriginal and Torres Strait Islander families in their Child Safety Practice Manual,[lviii] it appears much more can be done to strengthen cultural safety and deeply improving practice.

Cultural safety is also reflected in the structures and systems within departments and whether they support and privilege First Nations voices and perspectives.

At recent community meetings in FNQ, QATSICPP heard from staff within ATSICCOs – Mamu, Wuchopperen, DIYDG and Gurriny Yealamucka, who spoke about the Aboriginal and Torres Strait Islander staff within DFSDSCS:

> *"Our Indigenous workers in the Department need the authority to speak …. the culture in the Department is restricting them from doing that. We work in a system that never works for us – we need to drive the system and drive the change around that."*

> *"Our peers in the Department – they are not statutory positions; they are decision making for Aboriginal and Torres Strait Islander. If you don't hold a piece of paper, your opinions are not always taken into consideration. Lots of Aboriginal and Torres Strait Islander people still feel their voices are not heard…. they are working in the system that our communities don't like, don't want to engage - yet here are our Murri staff – where is the supervision to help handle that cultural load they are carrying every day. Consider the cultural load that our Cultural Practice Advisors and Cultural Practice Leaders have."*

b. Aboriginal and Torres Strait Islander peak bodies and their members? Aboriginal and Torres Strait Islander Placement Principle

We know that when ATSICCOs have authority in child protection, where families have a voice in decision-making, and where there are accessible, culturally safe child and family services and supports, there are better outcomes for children and families.

The Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) is enshrined in the Child Protection Act and recognises the importance of connections to family, community, culture and country in child and family legislation, policy and practice, and asserts that self-determining communities are central to supporting and maintaining wellbeing and connections.

All five elements of the ATSICPP embed cultural safety and advocates and enable the involvement of local ATSICCOs where appropriate.

1. **Prevention:** *Each Aboriginal and Torres Strait Islander child has the right to be brought up within their own family and community.*
   - ATSICCOs deliver culturally safe targeted and intensive supports to address issues in family functioning, promote healing, and address specific parental issues including trauma, substance misuse, mental health issues, family violence, and poverty; an integrated and holistic service system that provides vulnerable families with the opportunity to readily engage with the full range of culturally safe service supports they require.

2. **Partnership:** *The participation of Aboriginal and Torres Strait Islander community representatives, external to the statutory agency, is required in all child protection decision-making.*
   - Aboriginal and Torres Strait Islander organisations (or ATSICCOs more specifically) to lead holistic, integrated prevention, early intervention and out-of-home care service delivery based on their knowledge of local needs.

3. **Placement:** *Placing an Aboriginal and Torres Strait Islander child in accordance with the hierarchy of placement.*
   - No placement should be made unless consultation with the child's family and community representatives to the level of active efforts can be demonstrated to ensure all possible higher-order placement options have been considered and revisited and reexplored if necessary. Community representatives should be able to provide independent advice to the courts on the most appropriate care options. ATSICCOs are ideally positioned to provide this advice.

4. **Participation:** *Aboriginal and Torres Strait Islander children, parents and family members are entitled to participate in all child protection decisions affecting them, including intervention, placement and care, and judicial decisions.*

- Ensuring the rights of Aboriginal and Torres Strait Islander children and families to participate in decisions affecting them requires:
    i. A child rights-based values framework for child safety staff
    ii. High cultural competency of professionals (such as key ATSICCO staff) to engage families in child protection decision-making processes;
    iii. Family participation in case planning; and
    iv. Quality family decision-making processes.

5. **Connection:** *Aboriginal and Torres Strait Islander children in out-of-home care are supported to maintain connections to their family, community, culture and country, especially children placed with non-Indigenous carers.*
    - ATSICCOs often deliver culturally safe and trauma-informed services that can wrap around Aboriginal and Torres Strait Islander children to ensure they are connected to culture and family.

Further to the above, in terms of how compliance with the ATSICPP is monitored by QATSICPP at a wider level, this is through:

a. Ongoing advocacy for ATSICPP implementation to the standard of active efforts and for removal of barriers to implementation through policy and legislative, as well as practice advice.
b. Coordinating data and policy analysis in partnership with the Family Matters Queensland Leadership Group to identify Queensland's progress towards key ATSICPP indicators. This culminates in the national Family Matters annual reports.

37. What effect is the application (or lack of application) of the Aboriginal and Torres Strait Islander child placement principle (s 5C(2)) having on the outcomes of Aboriginal and Torres Strait Islander children and young people in care?

Families are fundamental not only to children's development, but to our culture and society. Families are the basis of Aboriginal and Torres Strait Islander culture and are central to how our culture maintains and develops. The Aboriginal and Torres Strait Islander Placement Principle (ATSICPP) was developed in response to our community's calls for Australia to move away from child protection policies focused on segregation and assimilation to a new approach, grounded in self-determination. The ATSICPP is an expression of Aboriginal and Torres Strait Islander culture, as it defines how we raise our children and in doing ensures our distinct cultural identity endures and flourishes. The Bringing them Home Report found that Aboriginal and Torres Strait Islander people had suffered generations of forced child removal on the notions of 'best interest' for children, and to address this, recommended the placement of First Nations children be in accordance with the ATSICPP, which recognises the importance of family, community and culture to the child's wellbeing.

QATSICPP members in FNQ report whilst there is a greater awareness about the ATSICPP and the obligation of the Department to implement the ATSICPP to the standard of active efforts, application across the region is inconsistent. Where there is a failure to uphold ATSICPP, there can devastating impacts on the life trajectories of Aboriginal and Torres Strait Islander children; our members in FNQ report that often a tragic trajectory for children is their removal from family, a failure to resource kinship care options resulting in their entry into residential care, which can then lead to involvement with the youth justice system and an ongoing cycle of detention and homelessness. Children removed from Cape York communities are often found to have significantly heightened behavioural problems when they return to community from unsuccessful care attempts in residential facilities around Cairns. Other negative impacts for children, include social isolation, mental health issues, placement instability, and disrupted educational engagement. Evidence from the Pathways of Care Longitudinal Study (POCLS) and national reviews shows that children who maintain cultural connection—through regular contact with family, kin, and community—have healthier socio-emotional wellbeing and stronger developmental outcomes.

To address the need for greater implementation of the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) in FNQ, QATSICPP recommends the following actions:

- **Invest appropriately in community-led kinship care, recruitment and resourcing**
  Kinship care is central to maintaining cultural identity and connection for Aboriginal and Torres Strait

Islander children. Investment must support not only the recruitment of kinship carers but also their ongoing resourcing, training, and support to ensure placements are sustainable and culturally safe.

- **Sustain cultural connection over time**
  Cultural connection is not a one-off event but a lifelong protective factor. Regular contact with family, kin, community, and access to cultural activities are associated with better wellbeing outcomes. Disconnection from culture should be treated as a risk factor requiring a formal response, with systems held accountable for maintaining cultural continuity.[lix]
- **Shift decision-making and services to ATSICCOs to prevent disconnection and improve stability and healing**
  ATSICCOs are best placed to lead child protection responses for their communities. Transferring decision-making authority and service delivery to ATSICCOs will ensure culturally grounded, healing-informed approaches that prioritise family preservation and self-determination.[lx]
- **Introduce a HALT-like mechanism in Far North Queensland**
  The HALT (Hope, Action, Local, Together) Collective is a promising practice model developed in Brisbane to address the over-representation of Aboriginal and Torres Strait Islander children in the child protection system. HALT brings together Elders, ATSICCOs, and departmental staff in a routine, collaborative forum to review intake cases and ensure that cultural knowledge, interagency information sharing, and collective accountability are embedded at the earliest point of contact with the system. HALT has demonstrated measurable success: in 2021, only 4% of children presented to HALT were subject to ongoing intervention, compared to 21.4% of children not presented[lxi].

38. To what extent does the Aboriginal and Torres Strait Islander Placement Principle conflict with other principles set out in ss 5A to 5BA and, to the extent of any conflict, how does the Department resolve any conflict of priorities?

It is QATSICPP's view that if implemented with sound practice and decision making, the application of the ATSICPP does not conflict with section 5B of the Child Protection Act but in fact provides a framework with which to realise what 'best interests' means for Aboriginal and Torres Strait Islander children. Children's identity, belonging, and emotional health are deeply tied to their connection with family, community, culture, and Country. The ATSICPP is focused on ensuring these connections are preserved, which is essential for lifelong wellbeing and resilience. The Bringing the Home report concluded culture, experienced through being part of a kinship network, underpins and is integral to safety and wellbeing for Aboriginal and Torres Strait Islander children.

The ATSICPP asserts that every child has a right to be brought up in their own family and community. Recognising there are instances where it is unsafe for a child to be living with their birth parents the ATSICPP provides a hierarchy to prioritise placements for children in out-of-home care. Within this hierarchy kinship placements are prioritised, and this is not only a critical measure for us culturally, but one well supported by evidence of positive impact. Whilst a variety of studies do not state kinship care is universally "better," they strongly support the view that kinship care is more culturally appropriate and beneficial for Aboriginal and Torres Strait Islander children—when it is well supported, respected, and resourced.[lxii] Furthermore, when compared with the safety risks and unproven effectiveness of residential care, kinship care is the preferred option in the best interests for the vast majority of Aboriginal and Torres Strait Islander children.

The ATSICPP is also founded on our community's decades long experience that decisions about our children are best made when we are involved with them. The ATSICPP does not propose that children be placed in unsafe environments or that reunification or reconnection with family should occur in all circumstances, regardless of the risk to the children. The paramount priority of QATSICPP and our members is the safety and wellbeing of our children and whilst we support our children's rights to grow with family and community, we support careful and considered implementation of the ATSICPP to ensure decision making to best ensure its application is in alignment with 5A of the Child Protection Act.

Regarding the relationship between the ATSICPP and Section 5Ba of the Child Protection Act, QATSICPP does not see inherent conflict between these, but recognises that there is considerable tension between the two in system currently.

Section 5BA of the Child Protection Act's states that a child has a right to be protected from harm or risk of harm. These goals are entirely consistent with the ATSICPP, which seeks to maintain children's connections to family, culture, and Country while ensuring their safety and wellbeing. SNAICC asserts that in addition to being a fundamental human right, culture underpins and is integral to safety and wellbeing for Aboriginal and Torres Strait Islander children.

With regards to questions of permanency for children in care, QATSICPP supports SNAICC's view that "*Stability for Aboriginal and Torres Strait Islander children is grounded in the permanence of their identity in connection with family, kin, culture, and country."*[lxiii] This is supported by research identifying that true stability is not just about staying in one home—it's about being raised within kinship networks, maintaining cultural practices, and knowing one's place in the world.[lxiv] QATSICPP also notes that the placement hierarchy outlined in the Child Protection Act 5BA aligns strongly with the hierarchy outlined in the ATSICPP.

To the question of how the Department resolves conflicts between the ATSICPP and the Child Protection Act, QATSICPP would suggest this varies widely across different regions and child safety service centres. SNAICC's reports on the implementation of the ATSICPP in Queensland between 2021 and 2023 highlighted practical challenges in implementation, such as: Inconsistent application of placement hierarchy, limited support for kinship carers, and insufficient resourcing of Family Participation Program. Further to these issues, FNQ members report that children are placed into care on the basis of safety concerns but because the Department does not have the capability or resourcing to engage extended family to care for children, they are placed into residential care, in which many feel unsafe and/or experience abuse, and seek to return the care of their family. QATSICPP notes these are systemic issues, not legislative contradictions. The Child Protection Act speaks to child's best interests now and in the long term; residential care is highly unlikely to be in the best interests of children in the immediate or long term and yet continues to be the default for far too many children.

Further to the above, QATSICPP restates its previous strong position against the use of adoption for Aboriginal and Torres Strait Islander as a placement response for children in care. Adoption has historically caused significant trauma for Aboriginal and Torres Strait Islander communities, particularly through forced removals during the Stolen Generations. These practices severed children from their families, culture, and identity, resulting in long-term psychological, emotional, and social harm. National and international research shows mixed and often negative outcomes for adopted children, including psychological distress, identity issues, and disrupted attachments. Adoption does not consistently produce better outcomes than other long-term care options and can lead to breakdowns in placements. The voices of adopted individuals frequently highlight lifelong impacts on mental health and wellbeing.

Given the very significant impact adoption has a child's connection with their family of origin, it is critical that the child protection system provides sufficient opportunities for families and children to stay together, and that removal only happens truly as a last resort. However systemic issues such as intergenerational trauma, inadequate support services, and poor cultural competency within child protection agencies contribute to Aboriginal and Torres Strait Islander people's over-representation in the system. Adoption risks being used as a shortcut to reduce system pressure rather than addressing root causes and supporting family reunification.

QATSICPP recommends:

- Adoption should be removed as an option for Aboriginal and Torres Strait Islander children in the child protection system, noting that traditional Torres Strait Islander practices occur outside of the system and subject to the Meriba Omasker Kaziw Kazipa Act 2020.
- Permanent care decisions must involve Aboriginal and Torres Strait Islander community-controlled organisations and be based on culturally informed assessments.
- Investment must shift toward early intervention, family support, and healing services to prevent child removals and strengthen families.

39. What effect has the devolving of delegated authority to Aboriginal and Torres Strait Islander community-controlled organisations had on the outcomes for Aboriginal and Torres Strait Islander children and young people in care?

The trialling of DA arrangements commenced in the Sunshine Coast and Central Queensland region at the end of 2020 with Central Queensland Indigenous Development (CQID) and REFOCUS (Sunshine Coast) as the two DA early adopter sites. In 2024, DA extended to the FNQ region with Mura Kosker Sorority covering the Torres Strait and Remote Area Aboriginal and Torres Strait Islander Child Care (RAATSICC) Advisory Association beginning their implementation of DA in Kowanyama. One of the guiding principles noted for the implementation of DA is that it be 'co-designed and locally driven' to best respond to local community priorities and engage most effectively. As expected, the community engagement and resulting local DA arrangements developed very differently for the two ATSICCOs that started DA in FNQ. With great diversity of people and place, the flexibility of the DA implementation process is particularly pertinent to the FNQ region.

Across FNQ, there has been mounting interest in DA by ATSICCOs. Wuchopperen Health Service in Cairns and Mamu Health Service in Innisfail commenced DA in January 2025, and Northern Peninsula Area Women's Shelter (NPAWS) of NPA Family and Community Services recently commenced DA in July 2025. With a total of five ATSICCOs signed up for DA, the FNQ region now has the greatest number of organisations engaged in DA of any Child Safety region, representing the fastest growing region for ATSICCOs starting DA.

In the 2023-24 Annual Report on the performance of the Queensland child protection system, the Queensland Family and Child Commission (QFCC) acknowledged the positive outcomes of DA in restoring and recognising the rights of Aboriginal and Torres Strait Islander peoples to self-determination for the 197 children and young people engaged in DA up till 30 June 2024. [lxv]The exceptional results noted for the Sunshine Coast and Central region in the report were attributed to the genuine partnerships between Child Safety and the ATSICCOs in the region, with numerous examples of collaborations yielding positive outcomes for Aboriginal and Torres Strait Islander children and young people across the child protection continuum.[lxvi] The need for positive relationships with Child Safety was identified by both DA early adopter sites, as vital to their successes with DA in the critical learnings shared by QATSICPP's Centre of Excellence.[lxvii] This may be a greater challenge for the ATSICCOs in FNQ as it may take more time to establish the type of open, transparent, trusting partnerships that underpin the progress of DA in the Sunshine Coast and Central region.

The blueprint for the implementation of DA, *Reclaiming our storyline: Transforming systems and practice by making decisions in our way 2023 – 2032*, explains how the outcomes of DA are dependent on the readiness and capability of the Department and ATSICCOs to work together in new ways.[lxviii] The blueprint provides the rationale for DA to begin for each community with a focus on connection, enhancing the connections of Aboriginal and Torres Strait Islander children and young people to family, kin, culture, Country, community. This is how DA has progressed in FNQ, with all delegations for the region currently for sections 87 and 88 of the Act. There are yet to be any delegations in FNQ beyond sections 87 and 88.

DA practitioners, across Queensland, have continually highlighted the outcomes achieved through their strong engagement with children, young people and their families. Recent reflections by the DA community of practice acknowledged how DA supports healing for families that have long been involved with the child protection system without truly feeling they have voice and choice for their views and wishes to inform decision-making processes. There have been many experiences across Queensland, for families with short-term custody orders, of DA nurturing renewed hope and positive outcomes in the progress needed for safe reunification to be possible (however it should be noted no organisations undertaking DA in North Queensland currently have delegation to decide where children will be placed).

It is accepted that the co-design and delivery of new DA arrangements will take time and this needs to be actioned in a way that gives respectful consideration to the readiness, priorities and needs of the local communities. The change process is recognised as complex, requiring sustained commitment to truly embracing new ways of working together in genuine partnership. The Department is committed to progressing the transition of resources allocated for the delivery of departmentally funded services for Aboriginal and Torres Strait Islander children and families to ATSICCOs. As ATSICCOs take on more responsibilities, including additional delegations of statutory child protection functions and powers, many more workers are required. Expanding, fostering, and upskilling the ATSICCO workforce presents various unique challenges and opportunities. QATSICPP published a Workforce Strategy in 2025 on the ATSICCO sector's vision and goals of growing the workforce.[lxix] Workforce development will play a critical role in advancing the capacity, autonomy, and allocation of resources to ATSICCOS to lead the transformational practice and systems change necessary to improve outcomes for Aboriginal and Torres Strait Islander children, young people and families across Queensland.

In summary, what DA Is:

- Delegated Authority (DA) refers to the transfer of selected statutory child protection powers from the Department to ATSICCOs.
- DA is locally driven and shaped according to each community's priorities and context.
- Noted benefits of DA include increased cultural connection for children in out-of-home care where ATSICCOs hold the delegation to support family time and connection to culture and community.

What DA Is not:

- Not a full transfer of all statutory powers: Current authority is restricted to certain provisions of the Act, rather than the entire suite of statutory functions.
- Not a program that supports the unsafe reunification of children
- Not a quick fix: Building community trust, readiness and capacity takes time and sustained effort.

40. What factors, assessed against what criteria, result in the Department seeking temporary assessment orders (or other orders) under the Child Protection Act 1999 to remove newborn children from their mothers?

The removal of babies at birth or early in their life results in a disconnection from their family, community, Country and culture, with serious detrimental impacts on their physical, mental, emotional, social and spiritual health and wellbeing, both in the immediate sense and over the course of their lifetime. Separated mothers and babies are deprived of the opportunity for skin-to-skin contact, breastfeeding, bonding, and early mother-infant attachment, all critical for an infant's physical, cognitive, sensory and relational development.[lxx] Once lost, this unique period of time in the life of a child and family cannot be recovered.

Currently, it is estimated that in Queensland, Aboriginal and Torres Strait Islander unborn children could be 25 times more likely to be subject to child protection services and entering out-of-home care at birth. It is clear that this is an urgent area of reform to prevent more trauma and distress being experienced by Aboriginal and Torres Strait Islander families and communities and to ensure our children grow up in their culture to ensure the best start in life.

Studies have found that the risk of prenatal reporting[lxxi] or of an infant being removed from their mother and family following birth[lxxii] increases when:

- the child is Aboriginal and/or Torres Strait Islander
- the parents are struggling with mental health and/or substance use issues
- the parents' relationship is marked by domestic violence
- the parents are involved in criminal activity
- the parents have a history of adverse childhood experiences
- the parents live in a remote area and/or are from a low socioeconomic community
- previous infants have been removed from the parents' care
- older siblings of the unborn child are known or already subject to child protection intervention.

In addition to the above factors, Queensland Health guidelines[lxxiii] advise staff to consider the need to make an unborn child report to the Department in cases involving:

- very young parents
- parents who are subject to a current care and protection order themselves
- parents who do not have stable housing (homeless or transient)
- parents who have an intellectual or physical disability
- limited engagement by the pregnant woman in antenatal care and/or support services
- parents who have limited family and/or social support
- concerns about the pregnant woman's bond with her unborn baby
- parents with a history of contact with the child protection system as a subject child
- an infant who is born prematurely and/or with a disability.

41. To what extent does any practice of removing a newborn child from the mother act as a disincentive for expectant mothers to seek medical care during pregnancy, and with what consequences?

Mistrust of government health and child welfare systems due to their past involvement in child removals and ongoing systemic discrimination and racism creates a situation whereby pregnant Aboriginal and Torres Strait Islander women may actively delay or avoid engagement with such services out of a fear that it will trigger a report to child protection authorities. Paradoxically, the delay or limited engagement with these services is often given as a reason for making a prenatal report or child protection intervention.[lxxiv]

This problem is further compounded by the tendency of health practitioners and services to be risk averse, resulting in higher rates of reports to child protection agencies and a pattern of 'referring out risk' rather than 'responding to needs'.[lxxv] The lack of culturally appropriate, safe and responsive maternity, health, mental health, early childhood and family support services results in an under-representation in universal prevention and early intervention services, which in turn contributes to the over-representation in the statutory child protection system.

42. What notice is provided to the mother of a newborn child of the Department's decision to seek orders under the Child Protection Act 1999 for the removal of a newborn child from her care?

Current Departmental policy and practice does not appear to reflect the true intent of provisions in the Child Protection Act related to reducing the likelihood that a child will need protection following birth, nor show a genuine commitment to implement all elements of ATSICPP. Failures within the child protection system to respond in a timely manner to prenatal reports with casework support leads to more intrusive action being taken following birth than may otherwise have been necessary if active efforts were made.[lxxvi]

43. What support is provided to pregnant mothers, in respect of whom the Department holds child safety concerns, with a view to mitigating child safety risks and avoiding the prospect of removal at birth?

Unfortunately, it appears supports are inconsistently offered. By failing to provide prevention and early intervention responses, parents are denied the opportunity to address the child protection concerns and their rights to participate in decisions affecting their lives and the life of their child are undermined.[lxxvii] Families also report experiences of not being told in advance of the plan to remove their baby following birth or alternatively being told that their baby would not be removed only for it to occur. Such actions raise serious concerns about procedural fairness, transparency and unethical practice.

QATSICPP and their members collectively advocate for the following:

- A focus on kinship as central to supporting pregnant mums and newly born babies. Kinship is at the heart of Aboriginal and Torres Strait Islander societies. Strong kinship systems keep babies safe, healthy and strong. When we support families, we support a child's physical, mental, emotional, social and spiritual wellbeing.
- Services should focus on support for pregnancy, birth and the first months of a child's life, which offer a unique life-course opportunity to prevent the intergenerational transmission of trauma. While it can be a time of significant vulnerability for parents and infants, it can also be a time of enormous healing and growth, opening up new possibilities for meaningful engagement with parents and families and supporting them in their roles as nurturers, protectors, and teachers of their children.
- Prevention and early intervention are key to stemming the tide of Aboriginal and Torres Strait Islander infants coming into out-of-home care. Early intervention means engaging with a woman and her family early in the pregnancy and early in their contact with services and systems and requires early identification of and response to the family's support needs.[lxxviii]
- A comprehensive stepped or staged care approach in the perinatal period should be implemented that allows for resources to be matched to the needs of a woman and her family, with the intensity of support increasing in response to the complexity of the family's support needs.[lxxix]

- Culturally safe, community designed and led, integrated maternity, primary health and family wellbeing services in the perinatal period are crucial and have shown the most promise in improving service engagement and maternal and infant health, wellbeing and safety outcomes. Continuity of care and respectful, trusting relationships between the woman and her family with the care team are critical to success.[lxxx]
- Every effort must be made to keep Aboriginal and Torres Strait Islander babies with their mothers and families. Removal of infants from their parents and families must only be done when ALL alternative options have been explored and exhausted. Removal of infants must be a measure of last resort.

44. What information is given to the mother of a newborn child of any right she has to legal representation in any legal proceedings in respect of the proposed removal of a newborn child from her care?

It is acknowledged that workload demands, allocation processes and prioritising cases based on immediate safety concerns all contribute to the pattern of unborn child reports not being responded to by the Department in a timely manner prior to the birth of the infant, if at all. This means parents are denied the opportunity to understand and address the child protection concerns prior to the arrival of their baby. This results in missed opportunities for prevention and early intervention, leading to more intrusive action being taken than may otherwise have been required if active efforts were employed. Structural and system changes are required to ensure consistency with the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP), in particular the elements of Prevention and Participation.

Current child protection practice does not routinely include referral to a secondary support service following the recording of a Child Concern Report to offer timely and proactive support to a pregnant woman and her family. Such practice is not consistent with the Prevention element of the ATSICPP as it does not support the provision of early support to a woman and her family prior to the birth of a child and before concerns have reached the threshold for statutory intervention.

Similarly, current practice involves the Department, primarily staffed by non-Indigenous practitioners, conducting an investigation and assessment following the recording of a Child Protection Notification for an unborn child and attempting to engage the woman in a support service case during pregnancy when a notification has been substantiated. Aboriginal and Torres Strait Islander women and families are often mistrustful and wary of the Department due to its past involvement in child removals, ongoing systemic discrimination and racism, and lack of cultural safety. This hesitancy to engage with the Department is often perceived as a lack of acknowledgement of concerns and an unwillingness to address them, rather than a reflection that the service approach and offering is not culturally appropriate or acceptable. This issue again reflects inconsistency with the ATSICPP, in particular the Partnership and Participation elements.

The legislation states that a pregnant woman must agree to the involvement of an Independent Entity and agree to any Departmental intervention in the form of an assessment or support service case. However, it is not evident in the legislation that the initial contact must come from the Department or that the Department must seek the agreement themselves. It is broadly accepted that ATSICCOs would be more successful in obtaining the agreement of women and families to work with them than Departmental staff and, as such, should initiate contact if engagement and early intervention is the key goal. This requires a strong relationship between the Department and the ATSICCOs to share information in a fulsome and timely way.

Culturally lead early intervention:

In 2024, as part of the Thriving Aboriginal and Torres Strait Islander Children's Initiative (TATSICI), QATSICPP travelled to 10 identified locations and held Knowledge Circles across Queensland to yarn with Aboriginal and Torres Strait Islander communities about their communities' strengths, barriers and solutions with regards their communities' approaches to the first 2000 days.

It was clear consistently within all communities, that raising children in culture from conception is fundamental to helping them to feel safe, loved and proud in their identity. Cultural identity and connection are strongly recognised as supportive and protective factors for children's safety, health, wellbeing and development. Aboriginal and Torres Strait Islander communities highlighted the most valued 'milestone' was their uniquely localised child rearing

practices. These practices have been shared via stories, kin, family and community and are equally foundational to the social and emotional wellbeing of the caregiver as they are to the child.[lxxxi]

Sharing of these stories through the Knowledge Circles uncovered not only the joy in raising children this way, but the pain and suffering that still occurs due to the hurtful impacts of colonisation, including the impacts of the forced removal of children through Stolen Generation and intergenerational trauma. We know that those impacts have caused lifelong damage to the family unit, which can be seen with the rate of Aboriginal and Torres Strait Islander Children in out-of-home care.

Barriers

The highest barrier for the diverse selection of Aboriginal and Torres Strait Islander service providers and community members was the confusion and frustration created by the difficulties navigating government systems and services.

Although many of these systems are viewed as universal support services, collectively they have become a burden. Navigating western systems (i.e., Centrelink, Medicare, NDIS, Births Deaths Marriages, Childcare, School) can be complex, fragmented and frustrating for many. However, for Aboriginal and Torres Strait Islander people who have significant history of heavily surveyed, regulated and repressed by the government, complicated access to systems can trigger trauma responses. Having a difficult pathway to access basic necessities creates broad inequities to health and education services. This impacts the functionality of the family ecology negatively. Research suggests that due to the confusion and lack of trust it has resulted in, Aboriginal and Torres Strait Islander people are less likely to access necessary services at all – or leave early before adequate support is given.[lxxxii]

The importance of acknowledging and deeply analysing the feedback of the barriers, is to unpack the most effective solutions. Collectively, the communities said that a key solution is culturally safe and supportive services that are delivered flexibly and respond to the community and the family's needs. These services are First Nations led, culturally informed and 'walk beside families' [lxxxiii]

This requires a strong cross sectoral commitment that does not offer bursts of support from one government department. It requires collaboration and belief that the communities their children and families know best, and if adequately supported will ensure they thrive.

54. What are the current gaps in the models of care, including in respect of:

When examining models of care within the child protection system, it is essential to first understand which care programs/frameworks are currently being widely applied and how effective they are in ensuring the safety and wellbeing of Aboriginal and Torres Strait Islander children in OOHC. Best practice, which is supported by strong evidence, notes that all children should be placed with family or a safe person with whom they have an existing connection. However, within the current system many Aboriginal and Torres Strait Islander children are being placed in care facilities operated by non-government providers, often without a thorough and genuine effort to exhaust kin placement options first.

Aboriginal and Torres Strait Islander safe houses;

As noted in the QATSICPP practice paper on The Palm Island Community Company (PICC), PICC is one of two ATSICCO services in Queensland that has established and successfully run 'Safe Houses' in their regions to support children who are in OOHC to remain in community. Central to PICC's impact on Palm Island is the Safe House model, which provides short-term residential placements for children and young people needing a safe place to reside while the family are addressing the child protection concerns. Uniquely, the Safe House enables children to remain within their community, maintaining vital connections to family, language, country and identity. The environment is intentionally homely and responsive to cultural realities, replacing historic dormitory-style care with a nurturing atmosphere where children can reconnect with relatives and the wider community. The FPP process is hosted within the Safe House and champions family-led decision making to empowers families to actively engage in child protection processes, restoring voice and agency.

PICC's practice is shaped by the five elements of the Aboriginal and Torres Strait Islander Child Placement Principle and guided by deep local knowledge and staffed by community members, programs are tailored to individual and family strengths, supporting cultural healing and identity in a context where historical trauma, dispossession, and intergenerational fear of government intervention have shaped lives. The approach is flexible and relational,

bridging families and statutory services, and creating trusted, safe pathways for reunification. PICC's innovative model, coupled with sustained relationships and a commitment to cultural leadership, has delivered significant positive outcomes: reunification of children with family, stronger cultural connections, empowerment through information and participation, and improved engagement with other community services.

Independent evaluations highlight PICC's effectiveness, culturally safe delivery and role as a connector between families and broader service systems. Staff and stakeholders overwhelmingly value PICC's contribution to wellbeing and self-determination. Through continual adaptation, respect, and partnership, PICC is laying foundations for lasting change, advocating for families, and restoring cultural strength and identity among Palm Island's children and young people.[lxxxiv]

Residential Facilities

Evidence shows that a significant number of Aboriginal and Torres Strait Islander children are placed in residential care in circumstances that do not support or promote their wishes or best interests. These placements are often driven by structural and practice shortcomings within Queensland's placement system, compounded by a lack of investment in alternative OOHC options that would enable full implementation of the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP).

At a QATSICPP led forum reviewing Residential Care; participants stressed the urgent need for Aboriginal and Torres Strait Islander designed models of care to replace the current over reliance on foster, kinship and residential care led by DCSSDS. Community members and leaders emphasised that alternative types of care must be genuinely co-designed with ATSICCOs, led by QATSICPP and grounded in culture, family and healing. The vision put forward was for models that reflect Aboriginal and Torres Strait Islander ways of caring for children which are grounded in family focused, healing-centred and delivered by the Aboriginal community-controlled sector. Such approaches would prioritise continuity of family and kinship connections, embed cultural integrity, provide integrated wraparound supports across health, housing and education while also ensuring that children and families have access to purposeful and culturally safe programs. Participants strongly supported the development of a Residential Care Reform Fund governed by QATSICPP to accelerate the design and implementation of these alternatives, with QATSICPP's *Family Caring for Family* program highlighted as a promising model.

The Residential Care Forum also highlighted the concept of placing Aboriginal and Torres Strait Islander children and young people, who are subject to Child Protection Orders and in OOHC, within Elders and community led kinship homes. This model of care, similar in structure to the Safe House Model, would provide a culturally grounded alternative that ensures children remain connected to family, community and culture while in care. Importantly, it was noted that this approach would serve as a short-term option, providing stability and cultural connection while longer-term family placements are identified and supported.

Jarjums Home and Babies Gunyah

On the Sunshine Coast, QATSICPP member organisation REFOCUS has in recent years developed a range of innovative models to address safety concerns for children and ensure they can live with family wherever possible. These are the *Jarjums Home* and *Babies Gunyah* programs. Jarjums Home provides culturally safe, family-focused placements for Aboriginal and Torres Strait Islander children aged 0–18 who are subject to statutory orders, with a strong emphasis on reunification with kin or parents. The model includes tailored assessment and action plans, family participation in care routines, and support from a multidisciplinary team to strengthen connections and prepare for long-term care transitions. Complementing this, Babies Gunyah offers a wrap-around early intervention model for First Nations mothers and infants under 24 months, aiming to prevent child protection involvement by addressing housing instability, health, and parenting capacity. With live-in practitioners, structured wellbeing programs, and strong partnerships—including with the Department of Housing—the initiative has already supported successful reunifications and improved outcomes for families. Together, these models reflect REFOCUS's commitment to keeping jarjums safe, connected, and thriving within their communities.

Family Caring for Family (FCFF)

QATSICPP's Family Caring for Family (FCFF) program is a culturally responsive and trauma-informed alternative to Queensland's statutory OOHC models of foster, kinship and residential care. It enables Aboriginal and Torres Strait Islander families to keep their children safe within family and community, while still accessing the supports and benefits that are too often only available after a child has been removed.

Grounded in the principle of self-determination, FCFF empowers Aboriginal and Torres Strait Islander peoples to reclaim and restore child rearing practices that have been systematically undermined by colonisation. The program seeks to directly address the significant over-representation of Aboriginal and Torres Strait Islander children in the child protection system by supporting families to meet their needs and reduce risks before children are displaced into costly OOHC placements. The objective of FCFF is to end the ongoing removal of children from their families, culture and communities. To support this, ATSICHS Brisbane has been funded to design and trial a locally tailored FCFF model, which commenced in 2025. QATSICPP recommends further investment to expand FCFF trials across regions, enabling ATSICCO's to design bespoke models that reflect local cultural protocols and family structures. To support this expansion, QATSICPP has developed a general program model that can be adopted directly or adapted to local needs. This investment could be resourced through reducing reliance on residential and foster care, further building on the demonstrated success of programs such as FPP and What Will It Take.

Through FCFF, families are resourced and authorised to make decisions for themselves while ensuring children's physical, emotional and cultural safety in line with legislative requirements. The program represents a practical, community-driven pathway to keeping children safe, connected and thriving within family and culture. To this end, QATSICPP and the sector has been calling for investment to implement FCFF statewide.

55. What does "success" look like for children and young person who have been made the subject of orders under the Child Protection Act 1999 because they did not have a parent who was willing and able to protect them?

QATSICPP's view on what success looks like for all Aboriginal and Torres Strait Islander children and young people is articulated broadly in our 2023-2033 Strategic Plan:

> *All Aboriginal and Torres Strait Islander children and young people are physically, emotionally and spiritually strong; live in safe, caring and nurturing environments within their own families and communities; and are afforded the same life opportunities available to other children and young people to achieve their full potential.*[lxxxv]

Further to the above, the Wellbeing Outcomes Framework for Queensland Aboriginal and Torres Strait Islander Children and Young People developed under the Our Way Strategy provides more information on what success looks like for this cohort. This outcomes framework conceptualises wellbeing as eight interconnected domains of safety, culture and connection, economic empowerment, health, mental health and emotional wellbeing, learning and skills, home and environment, and empowerment. The Framework emphasises that wellbeing encompasses physical, emotional, social, and spiritual dimensions, and must be supported through culturally responsive, community-led services. Success is also measured by children's ability to participate in decisions affecting their lives and access opportunities that nurture their development and identity. While cultural connection is not the sole focus, it is recognised as a foundational element that strengthens resilience and long-term wellbeing. The framework was intended to be used by Queensland Government agencies to guide policy and investment decisions and by service providers to inform service design, delivery and evaluation. It appears that recently the framework was removed from the Queensland government's website, however QATSICPP or the Department would be able to provide a copy to the Commission of Inquiry if this would be useful.

Conclusion

The issues outlined in this submission are critical to the wellbeing and futures of Aboriginal and Torres Strait Islander children, families, and communities across Far North Queensland. The persistent overrepresentation of First Nations children in the child protection system reflects significant systemic issues that require reform. The Department also holds a wealth of data and information (including case stories about programs like FWS) which would also help to showcase the valuable work of ATSICCOs across the state in addressing family support and child protection issues in our communities. QATSICPP stands ready to work in genuine partnership with the Commission of Inquiry to co-design solutions that uphold cultural authority, community leadership, and the rights of our children to grow up safe, loved, and connected.

Contact

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