ChildProtectionPeak

YouthJusticePeak

Queensland Aboriginal and Torres Strait Islander
Child Protection Peak Limited

Community-led, Reform-ready

Community-controlled leadership. Shared responsibility.

Early action. Better outcomes.

MARCH 2026

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 the bright future they will have.

About QATSICPP

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 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.

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 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.

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Executive summary

This submission sets out a decision-ready reform package that shifts Queensland from late, fragmented responses to a system that restores early, community-connected help and centres culturally governed decision-making, so Aboriginal and Torres Strait Islander children are supported to grow up safe, strong and connected in family and culture.

This submission is grounded in the operational expertise and cultural authority of Aboriginal and Torres Strait Islander Community-Controlled Organisations (ATSICCOs) across Queensland.

The case for change

Before colonisation, there was no child protection system. Aboriginal and Torres Strait Islander children were raised within kinship systems, connected to family and Country, where cultural practices supported their wellbeing for more than 65,000 years.

Currently, the vast majority of Aboriginal and Torres Strait Islander families raise their children safely at home. Only a small proportion of all Aboriginal and Torres Strait Islander children in Queensland, 6.05 per cent, are subject to a child protection order.[1]

Despite being only a small share of the total children in Queensland, Aboriginal and Torres Strait Islander children make up around half of all children in OOHC.[2]

When a system meant to serve and care for all, fails the few, **it is broken**.

System conditions that drive over-representation

All Queenslanders want a child protection system that is fair, keeps children safe and when it does intervene, should deliver better outcomes for those in its care. We also expect government services represent value for money.

The evidence is strong and consistent: Aboriginal and Torres Strait Islander children who remain with family and community experience stronger safety, wellbeing and life outcomes than those who are removed.

Culture, family and community support children to thrive, yet system settings consistently fail to activate early support and culturally safe supports, assess risk and make decisions without cultural context and service pathways are fragmented.

Funding structures reinforce tertiary responses and fail to meet demand. System settings undermine the Aboriginal and Torres Strait Islander workforce and there is little investment in dedicated evaluation, limiting opportunities to take corrective action when monitoring shows worsening trends.

The cost of failure

When systems fail to protect these connections, the cost is paid first by Aboriginal and Torres Strait Islander children. Separation and disconnection strip away the protective factors known to keep them safe. Harms compound over time, increasing the likelihood of placement instability, residential care, poor health and mental health outcomes, disrupted education and later justice involvement, with lifelong consequences.

When early help isn't available, culturally governed decision-making is absent and responses default to statutory intervention, the result is a system that captures Aboriginal and Torres Strait Islander children at disproportionate rates, who could have been safely supported to remain with family. Public dollars are funnelled into crisis-driven interventions, demand increases, outcomes worsen. The causes are known and preventable.

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[1] Data supplied to QATSICPP by Queensland Government under Family Matters data sharing agreement

[2] Australian Institute of Health and Welfare. (2025). Child protection Australia 2023–24: Data table S4.7. https://www.aihw.gov.au/getmedia/7ccd479b-8592-42d0-99ac-5e65ca9acf4a/AIHW-CWS-99-child-protection-data-tables.xls

From system failure to decision-ready reform

The following section outlines a decision-ready reform package designed to directly address these system failures and set Queensland on a path toward sustained reduction in overrepresentation.

A decision-ready reform package

QATSICPP has provided a series of submissions to the Commission of Inquiry setting out recommendations to reform Queensland's child protection and youth justice systems across the Commission's Terms of Reference to shift the levers of decision-making, service delivery, oversight and system enablers to:

- Strengthen culturally governed, family-led decision-making at critical points
- Shift investment toward earlier, community-controlled support
- Reform litigation and complaints mechanisms to improve fairness, accountability and cultural safety
- Reduce reliance on residential care through culturally governed models of care
- Confirm whole-of-government accountability and responsibility when the state acts as Guardian
- Reform commissioning, workforce, accountability and evaluation

This final submission brings all QATSICPP's submissions and recommendations together as a single, cohesive reform package. It provides practical, implementable actions to connect and link how they operate together. It also addresses early intervention a central driver that cuts across the Commission of Inquiry's Terms of Reference.

The resulting decision-ready reform package provides a clear line of sight to improved outcomes, to reduce over-representation and demand on statutory systems, strengthen value for public expenditure and ensure Aboriginal and Torres Strait Islander children growing up safe, strong and connected in family and culture.

Why reform must be led by those who know their communities best

Aboriginal and Torres Strait Islander people know what is best for their communities. Our children are safer and outcomes improve when Aboriginal and Torres Strait Islander families and communities exercise cultural authority over decisions that affect their children and when servicers are culturally governed, safe and connected to community. [iii]

For Aboriginal and Torres Strait Islander children, wellbeing cannot be separated from culture, family, kin, community and Country. Cultural connection is protective in childhood and a critical determinant of lifelong outcomes, including identity, mental health, stability, education and reduced contact with statutory and justice systems.

Over-representation is not a reflection of Aboriginal and Torres Strait Islander parenting.[iii] It stems from structural inequities, including poverty, housing stress, systemic racism and limited access to culturally safe early support. These inequities intersect with intergenerational trauma, which is the legacy of harmful government interventions, increasing the likelihood of state intervention.

This can change through self-determination. Self-determination is not an abstract concept, it is a practical strategy that is enacted by shifting how and when decisions are made and by investing in the ATSICCO sector.[iv]

Evidence in focus

A systematic analysis, conducted by the Australian Institute of Health and Welfare (AIHW) of recommendations from 61 Australian inquiries and reviews between 2010 and 2022 confirms Aboriginal and Torres Strait Islander peoples are best placed to lead decision-making about the safety and wellbeing of Aboriginal and Torres Strait Islander children. The analysis demonstrates that self-determination is consistently identified as a protective system design feature, not an untested reform concept.[1]

Carmody: Strong intent, undermined by known risks

The Carmody Inquiry articulated a strong reform framework grounded in early intervention, cultural connection, family participation and shared responsibility. Important reforms followed. Yet over-representation has continued to worsen.

In Australia and internationally, when self-determination is said to have 'failed' the causes are well established:

- Authority is transferred superficially
- Responsibility is not matched with resourcing
- Reforms are not given time or scale to mature
- Systems do not embed Aboriginal and Torres Strait Islander ways of knowing, being and doing
- Evaluation is absent or constrained by mainstream measures.[v]

QATSICPP's decision-ready reform package addresses these gaps directly. It restores early intervention as the system's organising function, embeds culturally governed decision-making at the points where trajectories are set and aligns commissioning, workforce, accountability and evaluation so reform intent translates into sustained, measurable change.

The critical elements to complete QATSICPP's decision-ready reform package

Together, these elements ensure the reforms presented in this submission operate as a single, integrated strategy rather than a series of independent initiatives.

This submission's recommendations are grouped into four linked categories: early help and enhanced services, decision-making, improved pathways and system enablers. The categories and recommendations are complementary, aligned and reinforce the others to produce integrated, scaffolded and sustainable change.

This submission directly addresses factors which have undermined or constrained positive outcomes:

- Culturally informed early help and system diversion through ATSICCO-led Aboriginal and Torres Strait Islander Support Hubs
- More availability when families need help through Family Wellbeing Services (FWS), increasing their funding and Domestic and Family Violence (DFV) supports to meet demand
- Mandatory notification and expanded, culturally governed and collective decision-making with Child Safety, alongside Delegated Authority
- Removing barriers to extended family care, before statutory thresholds are crossed
- Improved pathways out of detention and residential care back to family and kinship
- System enablers including reformed commissioning to fund pathways not programs, long-term investment in the Aboriginal and Torres Strait Islander workforce and First Nations-led evaluation and data governance

Together, the recommendations move Queensland from late, fragmented responses to a joined-up system that acts early, listens to those who know the child best and shares responsibility and risk.

The recommendations focus on Aboriginal and Torres Strait Islander communities working with government to move the system from crisis response to prevention, timely access to basic supports, culturally legitimate decisions and a dignified, safe pathway to grow up strong in family and culture.

Aboriginal and Torres Strait Islander-led co-design and implementation

The proposals in this submission are intentionally framed at a system level to assist the Commission to recommend reforms with the greatest likelihood of delivering structural and lasting change.

Detailed design, sequencing and implementation must be led through Aboriginal and Torres Strait Islander authority, in partnership with the child and family community-controlled sector, community, government and non-government stakeholders. This is not consultation after decisions are made. It is shared design and shared accountability for how reform is delivered on the ground.

An Aboriginal and Torres Strait Islander-led approach to co-design is essential to ensure reforms are practical, culturally legitimate and capable of operating across Queensland's diverse contexts. Without this leadership embedded from the outset, even well-intentioned reforms risk being diluted in implementation, unevenly applied and unable to achieve sustained impact at scale.

The stakes are high

Outcomes improve when Aboriginal and Torres Strait Islander communities lead and share accountability for the safety and wellbeing of their children, with authority, responsibility and resources aligned. When power is genuinely shared, decisions are better informed, risk is more fairly held and children are more likely to remain safely connected to family, culture and community.[vi]

The alternative is not neutral. Maintaining current system settings means decisions about Aboriginal and Torres Strait Islander children continue to be made largely by non-Indigenous institutions, distant from children's lives and cultural context. The evidence shows this approach is failing to reduce overrepresentation and in key areas outcomes are worsening. Choosing not to act is a decision within itself and the consequences of inertia are already being borne by children and families.

1 Early help and enhanced services

1.1 Establish Aboriginal and Torres Strait Support Hubs as a model for genuine place-based early intervention for families

Queensland Aboriginal and Torres Strait Islander Support Hubs (Hubs) to provide a voluntary, community-based entry point where Aboriginal and Torres Strait Islander families, kin and children can access genuine early intervention supports.

In the current system, support too often is only available after risk escalation and statutory child protection involvement. Pathways to help commonly require formal reporting or substantiation before assistance is unlocked, shaping engagement as assessment and surveillance rather than support. The Hubs interrupt this pattern by providing voluntary, community-based early intervention support that does not require a formal trigger.

The Hubs provide an ATSICCO-led, non-statutory front door for early worries, resourced to interrupt default reporting to Child Safety. This front door is first and foremost a welcoming entry point to support, not an intake, triage or investigative function. Engagement is voluntary and consent based, designed to prevent escalation into statutory pathways.

Where information indicates statutory thresholds are met, including significant harm and no parent willing or able to protect, the Hubs will facilitate a clear, timely handoff to Child Safety, ensuring children's safety while protecting the Hub's role as a safe early help pathway.

Non-engagement with the Hub does not of itself trigger statutory involvement, and engagement with the Hub must not be treated as a protective factor in statutory decision-making. Families accessing the Hubs will be given clear information about statutory thresholds and transparent advice about the Hub's obligations, ensuring the Hub is not positioned as an additional surveillance system and remains a trusted early support pathway.

The Hubs can undertake assessments but only where welcomed by the family and to support therapeutic and other responses. Assessments are sequenced after trust and relationships are established. Assessment approaches are culturally informed, relational and distinguish need from risk.

ATSICCOs have a proven track record in delivering early intervention, with consistent evidence showing they are more effective than mainstream organisations in engaging Aboriginal and Torres Strait Islander families. Their cultural authority, local knowledge and relational models of practice support accurate, holistic and contextually appropriate assessment of need. [vii]

Queensland must also reform current child concern reporting pathways so Aboriginal and Torres Strait Islander children and families don't experience unnecessary statutory contact and families are directed to early intervention supports before escalation occurs.

Outlined below is a summary of **how the Hubs work and what they deliver**:

- Provide early intervention supports and services
- Coordinate community engagement and system responses
- Child-centred assessments to understand need, not risk
- Enable seamless connection to Family Wellbeing Services (FWS) where needs escalate

Hubs will also require **critical system changes** to achieve the intended goals:

- A new Aboriginal and Torres Strait Islander-led 'front door' for all non-mandatory concerns
- Changed referrer behaviour, with a focus on professional referrers

Together, these changes ensure earlier access to support and better responses, welcoming families before concerns escalate, so they receive the right level of help at the right time. Our reforms will ensure statutory systems are reserved for significant or significant risk of harm and Aboriginal and Torres Strait Islander families experience early help as supportive, relational and trustworthy.

How the Hubs work and what they deliver

The elements of the Hub will be further refined through co-design; however, a core design principle is a model that retains key consistencies alongside flexibility to tailor and be responsive to place-based service system contexts.

Early intervention supports and services

The Hubs will offer light-touch, flexible support without always requiring formal intake or recording service access in all cases as QATSICPP members report this can lead to reluctance to engage with services. The Hubs will collect only the minimum information needed for safe support and coordination, governed under community-control, with consent-based information sharing and clear boundaries from statutory records.

Support is offered first through relational, practical assistance, with assessment and therapeutic responses deliberately sequenced after trust and continuity are established.

Support options may include parenting support groups, practical guidance, cultural connection, system navigation and brokerage and access to in-hub expertise such as alcohol and other drug workers, specialist domestic and family violence worker, developmental and cognitive assessment and NDIS eligibility and navigation support. Investment is required to engage these specialist providers within the Hubs to avoid delays and disconnection in receiving an early response, when other services may still require an escalation trigger for prioritised access.

The Hubs will have access to flexible brokerage to address immediate practical barriers affecting child wellbeing and safety, including food, transport, emergency accommodation, school costs and urgent access to specialist appointments. This rapid support recognises that cost-of-living pressures can be the difference between families being able to keep children safe, attend appointments, remain engaged with school and take up early help before concerns escalate. Evidence supports brokerage as critical to resolving practical barriers quickly, strengthening engagement and enabling early intervention to work as intended.[viii]

By starting with support rather than screening, recording or risk classification, the Hub ensures early concerns are understood as indicators of need, not risk, enabling families to engage easily, without fear and on their own terms.

QATSICPP members have been clear that the Hub must feel like support, not activate surveillance or immediate assessment. The Hubs will begin with relationship-based help and only move into deeper engagement, assessments and supports when needed and after trust is established.

Community engagement and system co-ordination

We recognise families do not experience issues in isolation and meaningful outcomes depend on practical connections across housing, health, education, early childhood and other universal systems, rather than

fragmented program responses. The Hubs respond to a well-recognised system gap: collaboration is widely understood as necessary, but it is not consistently supported through clear roles, shared accountability or aligned systems. The Hubs therefore provide deliberate co-ordination capacity to clarify and enact roles and responsibilities across statutory services, health and community organisations, identify service capacity and gaps and drive practical opportunities for collaboration and integration.

Investment will support outposted and connected workforce arrangements to coordinate supports for families and strengthen response capacity in the universal service system. These partnership arrangements make co-ordination embedded rather than dependent on individuals. This creates the conditions for more coherent responses and improved engagement. Investment in community engagement functions will increase visibility to families, ensuring access is de-stigmatising and accessible, increasing self-referrals and providing multiple entry points, while also supporting partner and professional referrer confidence. Together, these factors will contribute to an increased uptake of the Hubs as the new front door by both families seeking support and referrers seeking to help families access supports.

Child-centred assessments to understand need, not risk

Early intervention requires a different approach to the risk-based screening and escalation logic that dominates the current system and delays support until concerns harden into statutory pathways. The Hubs treat early worries, including parenting stress, housing instability, family conflict, emerging domestic and family violence risk, school disengagement and unmet disability or developmental needs, as indicators of need to be addressed through relational engagement and tailored assistance, not triggers for investigation.

The Hubs begin with support, relationships and practical help. Assessment is not a prerequisite for support and is undertaken only where it adds value, is welcomed by the family and informs next steps. This sequencing reflects consistent feedback from QATSICPP members that when the first system response feels like assessment, families withdraw and early engagement is lost.

Where needed, the Hubs can activate child-centred, needs-focused assessments to identify what is driving concern and what would stabilise the family early, including developmental, cognitive, disability and wellbeing needs that are frequently missed in current pathways. Addressing these needs early prevents them being misread as risk or non-compliance and reduces predictable trajectories of escalation, placement instability and later system involvement.

When sustained support is required, the Hubs commence a single strengths-based case plan that travels with the family if FWS are engaged, minimising re-intake, repeated retelling and fragmentation. This ensures assessment remains purposeful and supportive, directly linked to timely access to practical and specialist supports, rather than replicating statutory risk framing. Dedicated assessment and navigation capability within the Hubs, including NDIS eligibility and navigation support where required, enables the Hubs to connect families to the most proportionate mix of universal and community supports.

This sequencing also protects the intent of early intervention by ensuring the Hubs' assessment function remains purposeful and supportive, clarifying what help will change a child's trajectory, rather than replicating the statutory system's risk framing. By identifying and responding to underlying needs early and by linking assessment directly to timely access to specialist and practical supports, the Hubs reduce escalation into statutory responses that are more harmful for families and significantly more costly for the system, while improving children's stability, development, wellbeing and connection to family, kin and community.

Seamless connection to Family Wellbeing Service if more support is needed

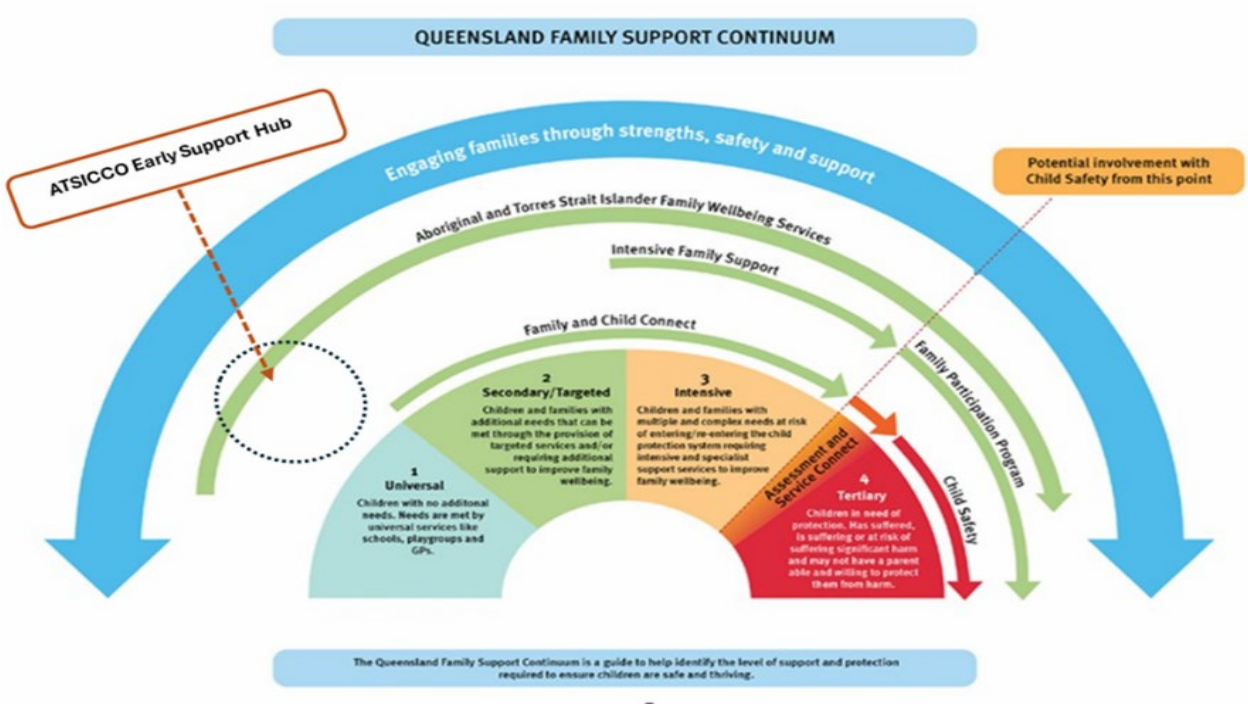
There is a clear distinction and alignment between the Hubs and FWS:

- Hubs provide early, short-term, culturally connected support and advice. Hubs can also provide system navigation, child-centred assessment of need and a light touch case plan.
- FWS deliver sustained, relational, family-led support to families with ongoing or evolving needs.

Aligning the Hub explicitly with FWS ensures the system is simplified rather than layered. Families and referrers encounter a clear pathway that enables the right help at the right time. Support is designed to move with families

across the continuum as needs change, rather than families being forced to navigate multiple programs, thresholds and hand-offs as circumstances evolve. QATSICPP members reiterate that support needs are not always linear for our families. Figure 1 below locates the Hubs within current service system architecture.

Figure 1: Support Hubs in Queensland's Family Support Continuum.[ix]



Our reform package will have the positive impact of more families being supported into FWS (FWS) entry, at the point where a family's needs escalate beyond the early intervention mandate of the Hubs. In 2023–24, Child Safety recorded 27,819 Child Concern Reports (CCRs) about Aboriginal and Torres Strait Islander children and only 13% were referred to community-based services after families were already known to the statutory system.

As the Hubs receive more significant proportions of these reports, diverting them from the statutory system, the demand on FWS will also increase. This means FWS must be resourced with increased staffing levels and reduced caseloads to absorb the increased volume of referrals. Recommendations 1.2 & 1.3 detail the need for increased investment in FWS to meet demand.

Together, the Hubs and enhanced FWS increase delivery capacity across early intervention and secondary and targeted services, providing early and proportionate responses. By preventing escalation into the tertiary system, these services deliver better value for money and support positive family and child outcomes.

A new Aboriginal and Torres Strait Islander-led 'front door' for all non-mandatory concerns

Currently, the front door of Queensland's child protection system doesn't offer a consistent, trusted, non-statutory pathway that families and service providers can use to connect Aboriginal and Torres Strait Islander families with early worries to the supports they need. Consequently, early worries (for example: housing stress, parenting under pressure, school disengagement, emerging DFV risk, unmet disability or developmental needs and caregiver wellbeing) are pushed into a statutory pathway by default.

For the purpose of this reform, non-mandatory concerns are concerns that do not meet mandatory reporting thresholds, mandatory reporting obligations remain unchanged and Hubs provide the endorsed, ATSICCO-led pathway for early worries that can be safely responded to without statutory contact being necessary pathway to support.

Operating outside Child Safety intake and statutory governance, these front doors support provides a safe, accessible reporting and help seeking pathway for families, kin, community members and professionals (including

education, health, police, housing and NGOs), directing early worries to immediate support, not statutory contact. This new front door provides an early, responsive support pathway enabling lower threshold concerns to be safely diverted from Child Safety towards the Hub, delivered by ATSICCOs that communities trust.

New investment will support developing the intake systems and dedicated ATSICCO intake officers. Central to the successful implementation will be investment dedicated to referrer behaviour change and the supporting policy, practice and system settings. Increased referrals from professional partners will also be enhanced through the community engagement and system co-ordination functions of the hub.

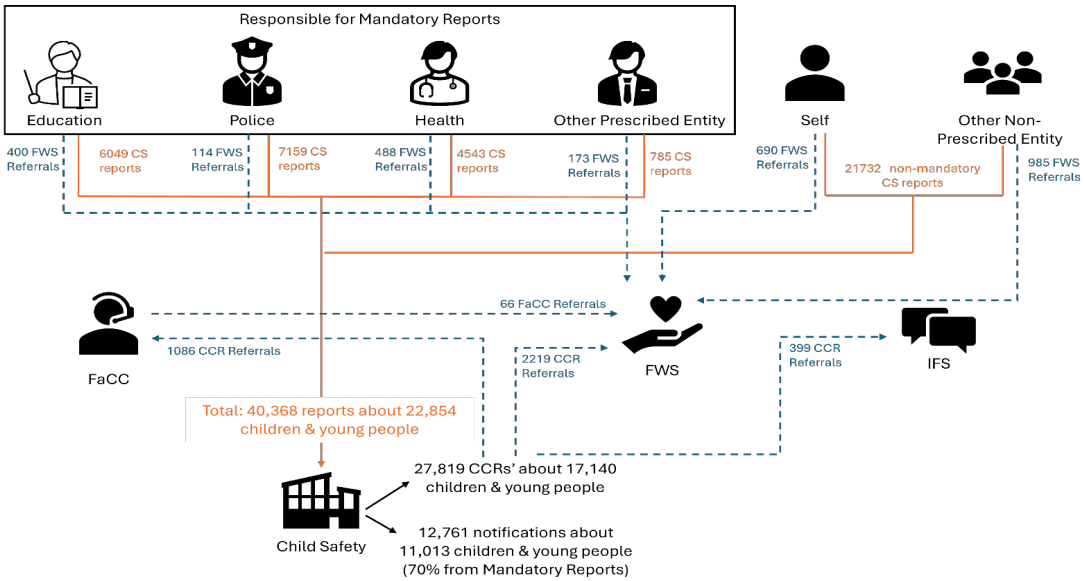
The Hub model must be recognised and treated as core system infrastructure. Communities, families and professionals need a shared understanding of the Hub as a non-statutory support pathway, not a surveillance or investigative function, so concerns are raised earlier and with confidence. Protective information sharing arrangements are essential, enabling coordination of support while maintaining clear boundaries between early help and statutory action. Escalation to Child Safety must remain timely where thresholds are met, but ATSICCOs must not be positioned as an extension of statutory control, ensuring early support remains genuinely protective and safe.

To ensure the Hubs are not an additional service layer and do not duplicate existing services, it will be essential to review Family and Child Connect (FaCC) and consider options to transition the current FaCC front-end function, shifting it from a program-based referral service into a culturally governed, ATSICCO-led early intervention approach that operates *before* statutory thresholds are reached.

As seen in Figure 2, In 2023–24, Child Safety recorded 27,819 Child Concern Reports (CCRs) about Aboriginal and Torres Strait Islander children and only 13% were referred to community-based services after families were already known to the statutory system.

Additionally, data shows that currently early concerns that do not meet the statutory threshold for notification are frequently recorded as Child Concern Reports (CCRs), often without any meaningful support response. Although no immediate action follows, these records remain within the child protection system and can later be relied upon to substantiate risk and justify statutory intervention when families experience further vulnerabilities.

Figure 2: Flow of Reports to Child Safety and Referrals to Family Wellbeing Service, during 2023-24[3]



[3] Department of Families, Seniors, Disability Services and Child Safety. (2024). *Our Performance: Supporting Queensland Families – Family Wellbeing Service (FWS)*. Retrieved from https://performance.dcssds.qld.gov.au/supporting-queensland-families/who-family-support-services-work-with/family-wellbeing-service-fws#7606

Changed referrer behaviour

QATSICPP members report that referral behaviour within the current system is shaped by departmental workforce instability, unclear thresholds and inconsistent assessment practice. High staff turnover and limited cultural and community context mean non-ATSICCO workers often misinterpret family circumstances, where everyday poverty, stress or household conditions are assessed through a deficit lens rather than understood in context. As a result, concerns are more likely to be escalated unnecessarily, while Aboriginal and Torres Strait Islander community-controlled organisations despite being best placed to interpret concerns accurately and engage families early, are not consistently involved at the point where their supports could prevent escalation.

This pattern creates predictable harms: families experience fear and mistrust when their first system contact is statutory rather than supportive, early voluntary engagement is missed and services receive families later when stress has escalated and engagement is fragile. Overall, current referral and reporting practice about child concerns consumes substantial professional and system capacity without delivering early support or improved outcomes for children or families.

The Hubs provide a formal diversion pathway so non-mandatory concerns no longer default to Child Safety due to uncertainty, fear of blame or lack of alternatives. For this reform to be effective, the Hub must be supported by clear system settings that change how concerns about children in the community are handled and responded to. Designating the Hub as the primary destination for non-mandatory concerns gives practitioners working in areas such as health, housing and education (high volume reporters to child safety) a safe, authorised pathway for early worries and shifts the system's default 'front door' away from statutory intake.

This change cannot rely on individual discretion, confidence or risk appetite. It must be embedded structurally within the system. It must be reinforced through policy direction, organisational protocols and shared risk frameworks across government. Clear expectations about when and how concerns should be directed to the Hub are essential to prevent risk-adversity driving unnecessary escalation.

Community connector and liaison roles are central to this model. These roles support earlier self-referral and community referral and assist practitioners use the pathway with confidence. By operating in community settings and maintaining strong relationships with referrers and families, these roles help build trust and engagement at the earliest point, before concerns escalate or statutory involvement occurs.

There must be greater clarity and support to enact mandatory reporting, only where it is genuinely required, across high volume notifier systems. This clarity must be applied consistently and reinforced through workforce guidance, supervision and cross agency protocols, so early concerns are proportionately referred to the Hub rather than escalated "just in case." Clear distinctions between what is legally required to be reported to Child Safety and what should be directed to early, non-statutory support is critical to reducing precautionary escalation.

The cost and benefit of early intervention

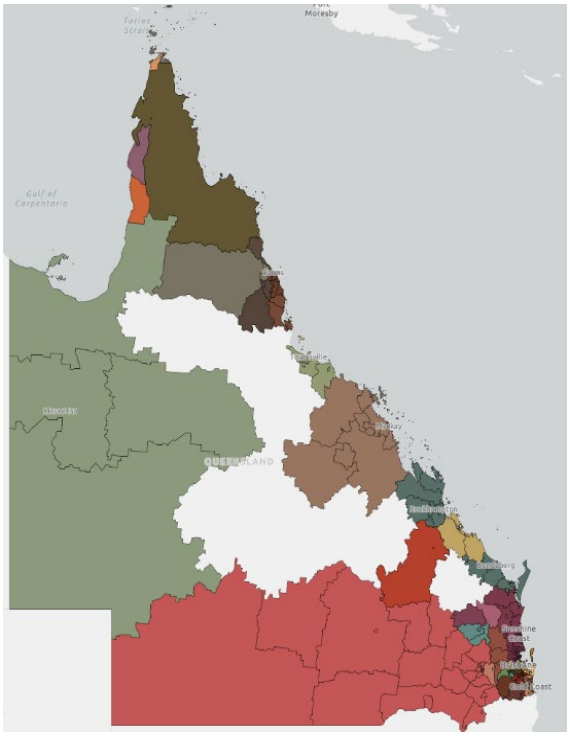
New investment will be required to establish and operate the Hubs. This investment reduces demand on the most expensive parts of the system, investigations, court processes, statutory case management, out-of-home care and downstream youth justice.[x] Continued underinvestment in early intervention is a false economy.[xi]

By contrast, culturally led, community-based early intervention can prevent system entry altogether or reduce the intensity and duration of later involvement, delivering stronger outcomes at lower long-term cost and improving the value and effectiveness of public expenditure.

Figure 3: Map of FWS catchment areas in Queensland

1.2 Invest in Family Wellbeing Services to meet need and demand

The critical under-resourcing of Family Wellbeing Services (FWS) must be addressed. System performance data shows FWS work with a substantially higher proportion of Aboriginal and Torres Strait Islander families than Intensive Family Support services, reflecting their role as the primary response for First Nations families. Yet FWS receive significantly lower per family investment than later stage, predominantly mainstream services. National evidence echoes this pattern, Aboriginal community-controlled services support the greatest share of Aboriginal and Torres Strait Islander families and achieve stronger prevention outcomes but receive a disproportionately small share of child protection funding. The result is that FWS are critically under resourced to meet demand.



Weak early pathways and overwhelming demand pull FWS into later stage, higher risk work, reinforcing funding inequities. Geographic gaps in FWS coverage compound these issues, leaving some communities without access to culturally safe early support at all. Figure 3 illustrates gaps across Queensland where there is currently no Family Wellbeing Service available.

Introducing the Hubs will increase demand for FWS because earlier visibility of need and stronger engagement will identify more families who require sustained, relational support. While many families will be safely supported and diverted through light touch early intervention, more will also require step up support over time, especially where concerns deepen or complexity increases. This makes FWS the sustained assistance pathway that must be resourced for increased volume and intensity of work.

Explicitly aligning the Hubs with FWS simplifies the system rather than adding another layer. Families and referrers encounter a clear, accessible pathway that delivers immediate help without unnecessary delay, transfers or repeated retelling. Support moves with families as needs change, enabling step up to FWS when sustained support is required and step down again when stability strengthens, rather than forcing families to navigate multiple programs, thresholds and handoffs over time.

Accordingly, introducing the Hubs must be accompanied by targeted investment so FWS can meet increased demand and fulfil their role as the sustained support pathway. This includes increased staffing capacity, reduced caseloads and flexibility in delivery so services can respond proportionately across the spectrum of need, from light touch early support to more intensive intervention, without defaulting families into statutory pathways due to service gaps or capacity constraints.

Together, ATSICCO led early intervention through the Hubs and seamless connection to FWS should be funded and delivered as an integrated continuum, enabling families to access the right support at the right time from the earliest sign of worry through any escalation in complexity and system involvement.

1.3 Double Aboriginal and Torres Strait Islander–led DFV capacity within Family Wellbeing Services

Evidence is clear; DFV is a common pathway into child protection for Aboriginal and Torres Strait Islander families. FWS are increasingly expected to manage complex, high-risk DFV limited specialist capacity, creating another gap between early help and crisis response.

ABT's independent evaluation found that specialist DFV workers within FWS materially strengthen safety and wellbeing outcomes, particularly in high-risk and regional settings, demonstrating that existing DFV capability is effective but not yet available at the scale required to meet demand.[xii]

Research by ANROWS and QATSICPP confirms there is a system gap for whole-of-family support, child-focused healing and clear perpetrator accountability. It calls for specialist DFV capability that supports women's and children's safety, provides child and youth-focused responses and strengthens culturally grounded training for men and boys to build accountability and sustain behaviour change.

QATSICPP's 2024-2025 submission to the Queensland Budget estimated DFV resourcing within FWS should be increased to double current capacity, including dedicated children's, women's and men's DFV roles to ensure services can effectively respond in a timely manner to safety, child-wellbeing needs, men's accountability and whole-of-family healing, allowing more families to access a specialist response each year. QATSICPP recommends doubling current state-wide investment to deliver the specialist DFV capacity needed to meet demand and expand geographical coverage.

Our members have consistently reported significant limitations in providing healing interventions for children who are impacted by DFV. Members are reporting rising youth DFV offending at a time when services for young people remain limited. Early and effective responses are needed to stop avoidable pathways into child protection and youth justice and heal our children and families.

A practical foundation already exists in QATSICPP's "Healing our children" framework, which sets out child-centred, trauma-informed, strengths-based actions and the system changes needed to make them work, for policy makers and practitioners.

Strengthening ATSICCO-led DFV responses within FWS, aligned with the Support Hubs, improves child outcomes by providing earlier access to practical, culturally safe support that promotes safety and stability for families. This approach supports healing at home wherever possible and reduces reliance on crisis-driven responses or family separation.

1.4 Implement QATSICPP's Family Caring for Family model statewide and remove the barriers that prevent support for extended family to care

QATSICPP recommends that our Family Caring for Family model (FCFF) be rolled out statewide, as an ATSICCO-led approach that finds, equips and sustains immediate and extended family to care for Aboriginal and Torres Strait Islander children before they enter the statutory out-of-home care (OOHC) system. It seeks to make "family caring for family" the norm in prevention and early intervention by funding family finding, family-led decision-making and tailored wraparound supports (including a flexible funding pool) under Aboriginal and Torres Strait Islander community-control.

It's important to note that this model is different to the 'Family Caring for Family' model piloted by Aboriginal and Torres Strait Islander Community Health Services (ATSICHS), which is tightly focussed on transitioning children out of residential care, into kinship care, prioritising children under 10. The model developed by ATSICHS provides the blueprint for a structurally embedded pathway out of residential care (See recommendation 3.1).

Currently, policy and funding settings focus help after statutory thresholds are crossed. Extended family is often identified too late or are unable to take a child because the supports they need are not available unless the child enters OOHC. This structural lag, combined with fragmented coordination and narrow eligibility rules, drives preventable entries into OOHC and fractures connection to family, community and culture. The FCFF models focuses on how extended family support, family finding and culturally led decision-making can be mobilised earlier to prevent escalation to statutory intervention.

The model addresses current barriers to extended family caring for children by:

- Actively finding family mapping immediate and extended connected family and kin through dedicated Family Finder roles and shared genogram and connection tools.
- Supporting families to decide and plan using Family-Led Decision-Making to identify who in family can safely care and what supports are required.
- Funding the supports families say they need, via a flexible funding pool to meet practical, cultural and therapeutic needs quickly (for example, transport, household goods, return-to-Country, targeted therapies and short-term income "bridging" supports).

These elements are purpose-built for the pre-OOHC phase and are governed locally to reflect cultural authority and consent.

To be effective statewide, the implementation of FCFF should be accompanied by system reform to remove legislative and administrative barriers that currently prevent support being provided to family to care for family before child protection orders are made. This includes:

- Enabling ATSICCOs to provide material and therapeutic support to extended family without children needing to enter OOHC.
- Establishing clear, consent-based information-sharing pathways with government and mainstream agencies.
- Reforming Blue Card and related screening pathways so that responses are proportionate to risk and context, and
- Ensuring flexible supports do not disadvantage families in terms of their tax payments

QATSICPP's 2024-2025 submission to the Queensland Budget estimated the cost of FCFF at $81.7 million over four years to establish and expand the program to 16 locations across Queensland. This investment in FCFF creates significant benefits in the prevention space. Children stay within family, Country and culture, strengthening identity and social and emotional wellbeing; families receive the exact supports they need to care safely; and the system reduces unnecessary entries to OOHC by acting before risk escalates. The model aligns with holistic implementation of the Aboriginal and Torres Strait Islander Child Placement Principle by centring family authority and cultural governance in everyday decisions, not just placement hierarchies.

All Aboriginal and Torres Strait Islander children deserve a high-quality life that statutory care can rarely provide, together with the full protection of their rights as recognised in policy and legislation. Rolling out FCFF statewide gives practical effect to that obligation by keeping children safely with family wherever possible, providing a dignified, culturally grounded route to care within kin and community and equipping carers with the practical and therapeutic supports they need. This approach strengthens identity and wellbeing, reduces preventable entries to OOHC and gives children every chance to experience safety, stability, belonging and connection through family care.

2 Decision making

2.1 Strengthen statutory decision-making by restoring early ATSICCO involvement, supporting family and kin participation and embedding collective decision-making at critical points

QATSICPP recommends a single, connected reform to strengthen statutory decision-making for Aboriginal and Torres Strait Islander children. The purpose is to ensure cultural authority, and the voices of family and kin, shape decisions early and consistently, including where possible through shared decision-making with the Department at critical points.

Where the current approach falls short

This reform addresses gaps created over time. Before Carmody, the Recognised Entity model included mandatory ATSICCO notification and advice. After Carmody, Independent Person arrangements strengthened cultural authority by enabling an Aboriginal or Torres Strait Islander person connected to the child and family, or their community or language group, to help the family have their say and explain personal or cultural matters relevant to decisions.

QATSICPP member feedback indicates that Independent Person is valued by families once Child Safety involvement is underway, however, they consistently report its impact is constrained by design and system settings, where it is often activated late, referrals remain discretionary rather than guaranteed and resourcing does not support sustained or proactive engagement across decision points.

At the same time, the Family Participation Program (FPP) was introduced to support participation in significant child protection decisions, with a key function being Aboriginal and Torres Strait Islander Family Led Decision Making. The

program was designed as a resource for families, not for the provision of cultural advice to the Department and it is not activated at intake under current settings.

As a result, cultural authority and participation support are often brought in late, after key decisions have already begun to form and without mandatory notification, ATSICCOs cannot always activate support at this key statutory activation point.

Further, except where Delegated Authority applies, decision-making authority remains with Child Safety. This limits the information available to decision-makers and how that information is interpreted, without a consistent cultural lens, and can sometimes increase the visibility of risk while undervaluing culturally aligned protective factors and supports.

What this reform changes

Collectively, the elements of this recommendation build on the strengths of Aboriginal and Torres Strait Islander cultural decision-making that currently continues to drive better outcomes and addresses the system gaps that limit the full transformation of the way decisions are reached, the information relied upon and how concerns and protective factors are interpreted.

It restores early sector visibility and early action, strengthens supported participation so family and kin with cultural authority can shape decisions in practice.

This reform also embeds statewide collective decision-making at critical points, drawing on HALT and EIRC as proven models, so decisions are made through a shared process guided by place-based cultural governance and partnerships, informed by family and community - before options narrow.

Aboriginal Family Led Decision Making underpins all elements of this reform. It provides the practical mechanism to find, support and empower the right family and kin to shape decisions, to bring the right people together at the right time and to ensure decisions are informed by family and cultural authority, not made first and explained later.

What is needed to make it work in practice

This recommendation sets out the resourcing required to implement the reform in full, including the safeguards that must apply, clear expectations for timeliness, defined circumstances where elements may be bypassed, and the delivery imperatives needed to ensure consistent, effective operation.

How the reform works and what it will deliver

- Restore mandatory notification and advice so ATSICCOs are informed early and can act at intake
- Ensure ATSICCOs find, support and empower family and kin with cultural authority to shape decisions at key points
- Embed collective decision-making mechanisms at defined critical decision points, demonstrated through HALT and EIRC

Restore mandatory notification and advice, early visibility and early action

Mandatory notification should ensure ATSICCOs are informed when Aboriginal and Torres Strait Islander children enter statutory pathways and when key escalation points are reached. This enables ATSICCOs to activate support immediately at intake, stabilise families, start family mapping and engage the right family and kin with cultural authority. This resolves the current reliance on discretionary referrals and uneven practice.

Where ATSICCO-led hub models operate, existing systems to receive early worries, including the management of diverted Child Concern Reports, could provide the practical infrastructure to support implementation of this element (See Recommendation 1.1).

This also restores the system's capacity to connect participation with support at the earliest point. Where families need ongoing support to implement plans, this notification function must operate in a way that enables timely connection to ATSICCO-led supports, including FWS, rather than allowing early worries to drift into escalation by default.

ATSICCO-led supported participation, family and kin voice strengthened in practice

This element ensures family and kin with cultural authority are not left to carry participation alone and are not brought in late. ATSICCOs would find, support and empower family and kin to shape decision-making from first contact and at key statutory escalation points. This includes supporting families to understand decision points, prepare for participation and have their say in ways that carry weight while decisions are being made.

This element strengthens the intent of Independent Person arrangements and the FPP. Independent Person supports families to have their say and explain cultural and personal matters relevant to decisions. The FPP supports participation through Aboriginal and Torres Strait Islander Family Led Decision Making once statutory involvement is underway. This reform closes the gap by ensuring supported participation is not dependent on late activation, discretionary referrals or limited resourcing, and by ensuring ATSICCO involvement is early and sustained across decision points.

Where families are overwhelmed, disengaged or in crisis, participation must be actively supported through outreach and stabilisation rather than treated as a prerequisite or barrier to decision-making.

Collective decision-making at critical points, shared responsibility at the moments that set a child's trajectory

At the most consequential decision points, including escalation toward removal, decisions should not be made in isolation. Collective decision-making mechanisms should be embedded statewide and properly resourced as standard system practice, linked to each Child Safety Service Centre and informed by the outcomes and process of HALT and EIRC. These mechanisms should operate as a structured shared decision-making forum where Child Safety brings concerns about Aboriginal and Torres Strait Islander children to a collective process with ATSICCOs, Elders and relevant services.

HALT is a community-led intake forum in the Brisbane district, where Child Safety's Regional Intake Service brings Aboriginal and Torres Strait Islander intakes to a shared decision-making process with ATSICCO partners and Elders, to slow down intake, improve information sharing and ensure decisions are made through a cultural lens.

HALT demonstrates what becomes possible when decisions are guided by Elders, informed by family and community knowledge and supported through strong, consistent partnerships and information sharing, with reported outcomes showing that most children and families discussed at intake can be supported through community-led responses without progressing to ongoing statutory intervention. The HALT Promising Practice Case Studies, developed by the Centre of Excellence, set out the practical elements to inform scaling such as meeting structures, information sharing requirements and the deliberate pacing that creates time for fuller information and culturally informed decision-making.

The Early Indigenous Response Collective (EIRC) is another demonstrated collective decision-making mechanism that members report as achieving significant reductions in notifications for families engaged.

Safeguards, timeliness and when the mechanism can be bypassed

QATSICPP recognises the need to balance early Aboriginal and Torres Strait Islander involvement with timely responses to ensure children's safety and that in some circumstances the full process may not be practicable. To ensure the mechanism is only bypassed in emergent situations, written justification by a Child Safety Service Centre manager should be required where a decision is made to escalate directly to statutory intervention without ATSICCO involvement.

Resourcing and delivery

To deliver this reform at scale, the scope and resourcing of the current Family Participation Program must be reviewed and increased. Under this model, participation practitioners employed by ATSICCOs should lead Aboriginal and Torres Strait Islander Family Led Decision Making activity so families are supported to participate safely, confidently and meaningfully, including understanding decision points, preparing for participation and articulating their perspectives.

Current settings demonstrate the scale mismatch between need and involvement. In 2023–24, FPP involvement was just over 3,000 referrals statewide against 12,746 child protection notifications concerning Aboriginal and Torres Strait Islander children in Queensland. This limits the system's capacity to make well-informed decisions grounded

in children's lives and contributes to higher rates of placement disruption, escalation to residential care and poorer long-term outcomes for children.

For this model to operate credibly at scale, participation and facilitation funding will require a sustained uplift in the order of 30 per cent. This investment reflects the expanded role across multiple decision points and will enable consistent statewide operation. The expected benefits include reduced escalation driven by uncertainty or risk aversion, fewer placement disruptions, reduced reliance on residential care, more focused court processes and reduced long-term harm to children.

2.2 Strengthen Delegated Authority to maximise outcomes

QATSICPP recommends Delegated Authority (DA) must continue and the conditions required for it to operate consistently, safely and at scale across the state must be strengthened.

QATSICPP's Delegated Authority evaluation has been drafted and is progressing through review, and early analysis surfaces the critical design features, processes, workforce capabilities, partnerships and supports that enable DA to work as intended, and the system enablers and barriers that determine sustainability and scalability. These insights can be utilised to inform community-led co-design of what must be strengthened or embedded as core infrastructure through the next phases of implementation.

Current practice shows uneven implementation across Queensland, including variation in departmental participation and regional operating approaches. This variability creates avoidable risk, uneven outcomes for children and undermines confidence in scalability. Government should partner with ATSICCOs to agree the minimum conditions that protect children, strengthen decision quality and support consistent implementation, support by funding equity that recognises the reality that ATSICCOs are holding statutory responsibility and risk when exercising delegated decisions.

The next steps for Delegated Authority must include a sustainable funding model that matches the added responsibility and risk, including stable operational funding, cultural and clinical supervision and continuous workforce professional development. Pay inequity between government and community-controlled organisations must be addressed to sustain the workforce required to hold statutory risk and deliver consistent practice statewide.

It is unquestionable that DA can deliver clear benefits for children and families and the clearest impacts to date have been seen in improved contact, connection and reunification pathways, where cultural authority and relational practice most directly change children's experience of the statutory system.

Reunification is presented in the evaluation as a clear early signal of impact. The report notes departmental advice that at least 57 reunifications have occurred involving children with delegations in place. While the evaluation is not comparative and notes current systems do not yet support consistent sector-wide disaggregation or comparative outcome analysis, it still shows reunification outcomes are being achieved at meaningful scale within the reform. The evaluation also indicates reunification pathways are typically supported by earlier activity that strengthens safety and readiness, including increased connection to family, kin, community and culture, improved family engagement and more culturally safe decision-making aligned to the views and wishes of children and families.

QATSICPP's reform package leverages this strength and builds the system architecture to maximise it.

DA should be strengthened and fully enabled as part of a coherent system sequence if the Commission accepts QATSICPP's recommendations as a connected package. In that, the Support Hubs (Recommendation 1.1) provide the non-statutory pathway for early worries. The strengthened statutory decision-making approach (Recommendation 2.1), including early ATSICCO involvement, stronger family participation and collective decision-making, where DA is not applicable, strengthens the legitimacy and proportionality of statutory decision-making at key escalation points.

DA then operates within the statutory system as a mature reform and should be treated as core statutory infrastructure, continuing to strengthen contact, connection and reunification pathways, not as an add-on or location by location approach.

DA requires aligned systems, policy, practice and supervision so decisions translate quickly into action for children and families. This includes clear, consent-based information sharing, agreed operating pathways with Child Safety

and shared case planning conventions so DA decisions are implemented consistently and are not delayed by process or uncertainty. Joint training between Child Safety and ATSICCOs should be standard, covering roles, thresholds and cultural governance, so partners work from the same expectations and decisions are not undermined in practice.

Where DA outcomes are strongest, partnerships are strong and structured. DA should therefore include minimum expectations for partnership practice, including operational agreements, routine joint review points and clear mechanisms to resolve disagreements early and prevent drift. This is not about forcing uniform relationships, it is about ensuring children receive a consistent standard of decision-making and follow-through regardless of region, staffing changes or local operating approaches within Child Safety.

Children thrive when decisions are made by those who know them and hold cultural authority. Under DA, one ATSICCO used community knowledge and statutory powers to strengthen contact and connection and support a reunification pathway, rebuilding a nine-year-old's relationships, locating kin, restoring sibling contact, engaging grandparents and strengthening connection to Country. Over eight months, the child's confidence and stability improved and the foster carer was supported to understand and enable cultural connection. This illustrates how DA can improve statutory decisions and children's outcomes.

3 Improving pathways

3.1 Fund a structurally embedded pathway for Aboriginal and Torres Strait Islander children to transition out of residential care and return to kin & family.

QATSICPP recommends an ATSICCO-led, structurally embedded pathway out of residential care and into kinship care. This pathway will ensure kin are identified, supported and resourced early through family-led decision-making, coordinated transition planning and sustained practical and therapeutic supports.

Aboriginal and Torres Strait Islander children remain over-represented in residential care not because family options are absent, but because kin are identified, assessed and supported too late. As detailed in QATSICPP's Models of Care submission, the absence of an embedded family-first pathway has contributed to the expansion and normalisation of residential care for Aboriginal and Torres Strait Islander children, even where family-based options could have been identified and stabilised earlier.

On 31 March 2025 there were 1,041 Aboriginal and Torres Strait Islander children in residential care in Queensland, more than any other state or territory.[4] These children are progressively distanced from their strongest protective factors such as family, culture, kin, community and Country. As a result, wellbeing outcomes worsen and harm escalates.[xiii] Children living in residential care record the poorest educational outcomes of all children in out-of-home care, with the 2024 Queensland Children in Care Census showing 26% had been suspended or expelled and many experiencing significant developmental and learning delays, undermining their future pathways.[5]

When the cost of residential care is in the vicinity of $500,000 per child, per year, it is unquestionable that a pathway back to family must be a structurally embedded feature of the system.[xiv]

QATSICPP recommends funding and embedding a permanent pathway that is triggered the moment a child enters residential care and remains active until a safe, sustainable family-based arrangement is achieved. Core functions include:

- Immediate, comprehensive kin-finding

[4] Data supplied to QATSICP by Queensland Government under Family Matters data sharing agreement

[5] Children in Care Census, 2024

- Early child-centred assessment and understanding of child's needs
- Structured family-led decision-making for all aspects of care, transition planning and placement support needs
- Funded wraparound supports for kin carers (practical, therapeutic and cultural) from day one

Commissioning and licensing settings should require this pathway to be used in every residential care placement, with accountability through routine and transparent monitoring.

The ATSICHS Brisbane Family Caring for Family (FCFF) program provides a proof of concept. FCFF was funded for $2.46M as a 12-month pilot kinship reunification program to transition Aboriginal and Torres Strait Islander children living in residential care into stable, supported family-based care arrangements. The FCFF team works in partnership with Child Safety, residential care staff, the young person and their family, to help ensure any potential ongoing placements are given the best possibility of success through being well-informed and supported. Central to this model is:

- Innovative, deliberate and evidence-based approaches to kin-mapping and finding.
- Child-centred practice: Getting to know the child, completing a child-centred context assessment, engaging the residential care team and child.
- Family-Led Decision-Making (FLDM) and placement planning support the family to have their views and wishes heard in a safe and supportive environment and develop a plan for the ongoing care of the child.

After less than a year of operation, FCFF has resulted in a number of children being supported to transition out of residential care and into kinship care , with some reunification outcomes also achieved.

QATSICPP's Centre of Excellence is currently undertaking an evaluation that aims to combine early financial analysis with implementation and model insights, to explain how the pathway operates and what must be embedded to achieve sustained reductions in residential care and associated costs. The Value for Money Analysis element has been developed. Peer review has not yet been completed, but early analysis confirms what is already well accepted, there are significant cost savings when comparing the cost of FCFF and ongoing kinship care, with residential care.

FCFF is not prescribed here as the sole pathway, rather, it exemplifies the structured, ATSICCO-led approach a statewide pathway would fund and scale, which can be informed by the implementation evaluation currently in progress.

Resourcing this pathway as core system infrastructure, not a short-term project, will ensure residential care, if absolutely unavoidable, is consistently oriented to returning children to kin and family.

All Aboriginal and Torres Strait Islander children deserve a high-quality life that residential care cannot provide. Embedding a mandated pathway from residential care back to kin and community provides children with safety, stability, belonging and connection. It also represents responsible use of government funding.

3.2 Implement an annual What Will it Take (WWIT) review of Aboriginal and Torres Strait Islander children in out-of-home care

Queensland should implement an annual review for every Aboriginal and Torres Strait Islander child in residential care. The annual review must:

- Require regular, culturally governed placement reviews
- Mandate clear documentation of what will it take to transition each child to kin, family-based or culturally governed, community-led care
- Embed Delegated Authority and the ATSICPP in all review decisions
- Ensure residential care remains time-limited, purpose-driven and aligned with future models
- Create regional accountability mechanisms to prevent placement drift

- Prioritise cultural connection, family involvement and stability in every review so residential care remains a reviewed, supported and temporary pathway, not an end point

The What Will It Take (WWIT) project was a time-limited statewide initiative delivered between November 2023 and November 2024 that identified what would be required to transition each Aboriginal and Torres Strait Islander child out of residential care and into family-based or culturally appropriate alternatives wherever possible.

WWIT reviewed the circumstances of 775 Aboriginal and Torres Strait Islander children in residential care in Queensland. It demonstrated that targeted, culturally informed and system-wide reviews can achieve meaningful change within existing system settings when there is a clear expectation that transition pathways must be pursued and followed through.

Over the life of the project, more than one-third of the cohort exited residential care. A substantial proportion of these exits were into family-based care, including reunification with parents, kinship care and approved foster care. These outcomes were achieved through focused review, strengthened cultural oversight, intensive relational work and deliberate cross-system problem-solving, rather than through structural reform to residential care itself. This shows residential care need not be an inevitable or permanent endpoint when children's circumstances are actively reviewed and action is taken.

WWIT also revealed the risks created when there is no structured, ongoing review mechanism. The largest category of exits occurred through self-determined transitions, where children left placements to live with parents, family members or friends outside approved pathways. While reflecting strong self-determination and a desire to return to family and community, these moves frequently occurred without adequate planning, safety assessment or funded support, increasing the risk of instability, re-entry to residential care or escalation into other systems.

An annual WWIT review provides a formal mechanism to identify these pressures early and support planned, safe and sustainable transitions rather than crisis-driven exits. Implementing the annual WWIT review will directly enable the earlier recommendation in this submission to establish a structurally embedded pathway out of residential care by providing a disciplined, recurring process that identifies the specific conditions to change, the supports to mobilise and the system barriers to resolve for each child. The annual review is the accountability engine that ensures the pathway out of residential care is used consistently, not left as aspiration.

WWIT also highlighted persistent system barriers, including family housing shortages, Blue Card challenges for kin carers, gaps in therapeutic and disability supports and limited placement options for children with complex needs. An annual review process enables these barriers to be tracked over time, escalated regionally and addressed at system level, rather than being repeatedly rediscovered in individual cases. It also strengthens the role of Aboriginal and Torres Strait Islander community-controlled organisations in identifying kin, providing cultural authority and supporting culturally informed decision-making.

Embedding WWIT as an annual review will help ensure residential care remains time-limited, purposeful and aligned with the objective of family-based care wherever possible, shifting residential care from a static placement type to a reviewed and continually justified intervention.

3.3 Reform Child Safety and Youth Justice Detention Transitions

It is recommended Child Safety reform its funding and placement policies to allow placements to be secured and funded prior to release from youth detention for young people subject to dual child protection and youth justice orders. This system reform would reduce ongoing costs, meet the objectives of the Queensland Government to make Queensland a safer place and most importantly provide support in the best interests of the child.

For more than two decades, Queensland has accepted a policy position that prevents Child Safety from funding or reserving placements until a court formally orders a young person's release. This policy is widely acknowledged as financially driven rather than legally required or in the best interests of the child. Young people exiting detention, particularly those disconnected from family while in the care of the State, require predictability, familiarity and trust to stabilise behaviour.[xv] Release into uncertain or unfamiliar placements staffed by unknown adults significantly increases risks of absconding, re-offending and re-detention.[xvi]

Despite youth justice policy consistently identifying transition from detention as critical since at least 2001, Child Safety has retained funding rules that actively undermine safe transitions. Recent sector feedback highlighting this specific issue suggests it remains yet unresolved.

Allowing placements to be secured in advance directly addresses this failure. Youth justice evidence consistently demonstrates that stable accommodation is one of the strongest protective factors against re-offending.[xvii] The cost of holding placements vacant is outweighed by the financial and social costs of re-detention, emergency responses and community harm.

This reform requires significant reform to Child Safety funding policy, supported by co-design with ATSICCOs, youth justice practitioners and placement providers to establish safeguards and accountability mechanisms. Modest increases in flexible placement funding, would be offset by avoided ongoing detention and crisis costs.[xviii]

Ensuring young people leave detention into safe, planned and familiar accommodation is fundamental to rehabilitation, community safety and the upholding the state's responsibility to children in its care.

4 System enablers

4.1 Invest in and sustain the Aboriginal and Torres Strait Islander Workforce by funding the full, long-term implementation of QATSICPP's Workforce Strategy

It is recommended that QATSICPP's Workforce Strategy be fully funded for long-term implementation to build and sustain the Aboriginal and Torres Strait Islander child and family workforce. The 10-year strategy outlines clearly staged implementation: immediate actions that can start now, actions in the first one to three years where most changes can be implemented and medium to long-term actions where initiatives are strengthened and evaluated. This timeframe matters because workforce growth, training pathways, retention and sustainable regional and remote delivery cannot be achieved through short-term funding cycles.

Community-led workforces play a critical role in protecting children and families through early intervention, specialist services and culturally safe practice. The ATSICCO-led sector continues to face barriers that undermine workforce growth and service delivery capacity. Current investment in workforce capacity does not match the demand for early intervention and prevention supports. Pay inequity means ATSICCOs are competing against government and non-government services that offer higher pay for comparable roles. Cultural load continues to impact Aboriginal and Torres Strait Islander workers, with limited resourcing for the support that sustains safe and effective practice.

Government should partner with QATSICPP to implement the Workforce Strategy, which sets out a practical pathway to address these constraints through four linked areas. Recruitment, retention and career progression, including growing staffing, leadership roles and supervision structures. Sustainable regional and remote workforce models, including supporting communities to grow their own workforce. Improved training pathways, qualifications and opportunities, including stronger partnerships with the education system. System enablers delivered through a strengthened partnership with the Queensland Government, recognising mutual accountability for making this transition work.

The consequences of short-term funding and under-investment are clear. Workforce instability limits the sector's ability to grow in line with demand and disrupts continuity for children and families. It also undermines the transition of responsibility and decision-making to ATSICCOs because the workforce cannot be planned, recruited, trained and retained at the scale required. The Strategy is explicit that achieving its vision and implementing key actions depends on securing the necessary and appropriate funding, including funding equity, to enable workforce growth and sustainment over time.

Long-term funding should therefore be structured to support the full implementation of the Workforce Strategy over its 10-year term. This includes stable operational funding that enables workforce growth, supervision structures including cultural and clinical supervision, training and qualification pathways that support entry and progression and regionally appropriate models that reflect the realities of regional and remote delivery.

Pay inequity must also be addressed so ATSICCOs can recruit and retain a workforce capable of delivering culturally grounded, early and effective service delivery and holding increased system responsibility as reform progresses. These reforms uphold and value the essential role of Aboriginal and Torres Strait Islander workforces in applying cultural knowledge, cultural authority and relational practice to keep children safe and connected in family, community and culture.

4.2 Fund and implement a dedicated First Nations monitoring, evaluation and learning framework

QATSICPP recommends Queensland establish a First Nations–led monitoring, evaluation and learning framework to support system accountability, continuous improvement and sustained reductions in Aboriginal and Torres Strait Islander over-representation across child protection and youth justice.

Addressing Aboriginal and Torres Strait Islander over-representation requires more than policy intent. It requires a robust, First Nations led evidence infrastructure capable of explaining system behaviour and driving policy and practice reform. Implementing this recommendation will strengthen accountability and learning across government and community sectors, improve wellbeing and life trajectories for children and families and enable a shift from reactive responses to sustained, evidence-informed prevention.

In developing this framework, Aboriginal and Torres Strait Islander governance and authority must be embedded from inception, including priority setting, methodology approval, data access decisions and interpretation and publication approvals. Indigenous Data Sovereignty principles must be embedded as more than a statement of intent, they must be embedded contractually and operationally, including decision-making authority over data access and use, ethical governance and collective benefit.

This framework must:

- Adopt and embed a Wellbeing Outcomes Framework for Aboriginal and Torres Strait Islander children as the common basis for measuring reform success across relevant systems, prioritising wellbeing outcomes. The framework should include indicators aligned to outcomes and impact but must embed indicators of process, genuine cultural governance and self-determination.
- Be structured as a layered evaluation approach that helps the system do three things, track what is happening, understand what is driving it and act quickly when results are not improving. It must connect and combine process and implementation evaluation with outcomes and impact evaluation, so the system can distinguish what was delivered from what changed and why. Without this layering, population-level monitoring can track trends but cannot reliably explain causal pathways or support timely course correction. The Closing the Gap agenda demonstrates how reporting on headline indicators can show movement but does not provide sufficient evaluative insight to identify which reforms are driving change or why results are worsening.
- Fund independent evaluation of major system reforms and specific models as they are implemented, including Aboriginal and Torres Strait Islander–led models of residential care and Safe Houses, to test model fidelity, cultural safety in practice, outcomes and unintended consequences and to inform commissioning, licensing and scale decisions.
- Operate as an active learning system, with regular review cycles that identify when implementation is drifting or outcomes are deteriorating and trigger timely system pivots rather than allowing poor outcomes to entrench over time.

Capacity funding must be provided so Aboriginal and Torres Strait Islander organisations can lead analysis and translation and build an enduring First Nations evaluation workforce.

Queensland Longitudinal Child Protection Study, a flagship evidence asset

The First Nations–led monitoring, evaluation and learning framework must include a Queensland flagship longitudinal Aboriginal and Torres Strait Islander child system impact and wellbeing study as a core component, linking data across child protection, health, education, housing and youth justice and the direct voices of children, families and carers, using culturally safe methods.

Over-representation has been produced over generations and will not reverse quickly. The impacts of removal and system escalation are cumulative and many consequences are only visible over years across multiple systems. A longitudinal study provides the strongest basis for understanding trajectories over time, identifying causal pathways and protective factors and clarifying which decision points and system settings most influence long-term wellbeing outcomes.

Studies of this nature are rare in Australia because they are complex, expensive and require sustained commitment to governance, data linkage, ethics and repeated data collection over time. Funding and long-term commitment are the primary barriers, not feasibility. Where governments invest in this kind of evidence infrastructure, it becomes a gold-standard platform for continuous improvement because it supports stronger inference about what is driving outcomes and where leverage sits. This study would be an enduring policy asset for Queensland, guiding reform over years, providing insights on the impact of sociopolitical context and enabling the true and full costs if the system continues to misalign investment into tertiary responses rather than early intervention.

This study should function as part of Queensland's core evidence infrastructure to support transparency, learning and sustained improvement over time.

4.3 Reaffirm and Strengthen the Aboriginal and Torres Strait Islander Child Placement Principle as a Best Interests Mechanism

As part of its recommendations, the Commission of Inquiry should affirm the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) as a child centred, evidence based best interests framework and recommend actions to strengthen its consistent and effective application.

QATSICPP's position is that the ATSICPP, as embedded in the *Child Protection Act 1999 (Qld)*, is not a cultural or placement hierarchy to be applied mechanically. It is a holistic decision-making framework, comprising five interlocking elements—prevention, partnership, participation, placement and connection—designed to secure children's safety, wellbeing, identity and long-term life outcomes. Properly applied, the Principle is entirely aligned with the best interests of Aboriginal and Torres Strait Islander children across their lifetime.

A best interest assessment that focuses narrowly on immediate safety, without equal regard to a child's long-term wellbeing, identity and connection, risks producing decisions that are legally defensible in the short term but harmful across a child's life course. [xix]Concerns about whether the ATSICPP always serves children's best interests often arise from inconsistent or partial implementation, particularly where the focus narrows to placement alone and neglects the active efforts required across all five elements.

Evidence from Queensland demonstrates that where prevention, early intervention, culturally informed decision making and genuine partnership with Aboriginal and Torres Strait Islander community-controlled organisations are weak, outcomes deteriorate and risks escalate, sometimes being wrongly attributed to the Principle itself rather than system failures.[xx]

What is needed is clearer expectations on active efforts, stronger Aboriginal and Torres Strait Islander participation—including through independent entities and representatives and better support to enable kinship care to be supported and sustainable.

Strengthening implementation will ensure that the Principle delivers what it was intended to deliver: decisions that keep children safe and connected, now and across their lives.

4.4 Mandate a cultural safety framework across all child and family services

A culturally governed safety framework must be mandated and applied consistently across child protection, family justice, early intervention, family support and all associated child and family services. Its purpose is to ensure Aboriginal and Torres Strait Islander children and families experience culturally safe, accountable and relationally grounded practice at every point of system interaction.

Despite repeated inquiries and policy commitments, cultural safety remains inconsistently defined, unevenly applied and weakly regulated. Existing licensing, accreditation and quality frameworks largely assess organisational compliance, facilities and procedural documentation, rather than whether services uphold cultural authority, family

voice, culturally informed decision-making and practices that protect connection to family, kin, community and culture.

A mandated framework would establish clear, enforceable standards for cultural safety, workforce capability and system accountability across government and non-government child and family services. It would be community-designed and community-led, ensuring Aboriginal and Torres Strait Islander knowledges, values and lived experience shape standards, assessment criteria, accreditation processes and ongoing oversight. Once established, the framework must be funded by the Queensland Government and embedded in licensing, accreditation, commissioning and quality assurance systems, making cultural safety a core condition of service delivery rather than a discretionary or program-specific expectation.

Mandating a single, statewide framework would address long-standing systemic weaknesses, including variable cultural capability across the workforce, inconsistent application of the Aboriginal and Torres Strait Islander Child Placement Principle and fragmented practice across services working with the same families in disconnected and culturally misaligned ways. Without a shared cultural safety standard, these interactions compound risk, erode trust and increase statutory involvement rather than prevent harm.

QATSICPP is well placed to lead the co-design, implementation and ongoing accreditation of a mandated cultural safety framework, ensuring community-endorsed standards are upheld as a condition of working with Aboriginal and Torres Strait Islander children and families across Queensland's child and family services system.

4.5 Reform Commissioning to Support Better Outcomes

It is recommended there be a deliberate shift in how Queensland invests in children and families by repurposing a defined proportion of existing child protection expenditure, initially in the order of 10-20 per cent, into a broader, pooled funding envelope for early intervention, family support and decision-making pathways led by ATSICCOs. This pooled funding should be allocated and monitored by Government through a First Nations-directed commissioning framework, in which Aboriginal and Torres Strait Islander community-controlled organisations hold authority to design, direct and shape culturally grounded pathways, while Government retains accountability for system performance, funding stewardship and outcomes. This reform does not increase overall system cost; it reorients investment away from late, crisis-driven statutory responses and toward coordinated, culturally governed pathways that demonstrably prevent escalation and improve outcomes.

QATSICPP is clear that commissioning reform must not dilute or transfer Government accountability. The Queensland Government must retain responsibility for system performance, funding adequacy, equity and outcomes for children. The purpose of First Nations-directed commissioning is not to excuse or replace Government responsibility, but to ensure that decisions about how services are designed and delivered are informed by the cultural authority, lived knowledge and local expertise of Aboriginal and Torres Strait Islander communities.

Queensland's current commissioning arrangements are a significant barrier to effective reform. Program-based commissioning fragments service delivery across multiple, narrowly defined funding streams, each with fixed eligibility criteria, output measures and reporting regimes. This forces ATSICCOs to deliver holistic, relational and family-centred responses through disconnected programs that were never intended to operate as an integrated system. Critical enabling functions, such as cultural governance, family-led decision-making, coordination, navigation, workforce development and community outreach, are routinely underfunded or not funded, despite being essential to effective early intervention for Aboriginal and Torres Strait Islander families.

This funding architecture also reinforces late intervention. Investment is typically triggered only once families meet program thresholds or enter statutory pathways, rather than when early signs of stress first emerge. As a result, families frequently encounter the system for the first time through Child Safety rather than through supportive, community-controlled services. This dynamic escalates risk, undermines trust and generates higher long-term costs through investigations, court involvement, placement instability and extended time in care, even where earlier support would have been sufficient.

Repurposing a portion of existing child protection expenditure into a pooled funding envelope enables a fundamental shift from funding programs to funding pathways. Rather than commissioning isolated services, pooled funding supports coordinated responses across prevention, early support, decision-making and stabilisation,

allowing families to receive the right mix of supports as needs change without being pushed between service silos. Importantly, locating allocation and oversight within an independent Aboriginal and Torres Strait Islander commissioning body ensures that investment decisions are grounded in cultural authority, community accountability and lived knowledge of what works to keep children safe.

Evidence from ATSICCO reforms in Australia demonstrate that pooled and flexible commissioning models can materially improve outcomes for families with multiple and intersecting needs. The Cape and Torres Health Commissioning Ltd (CaTHC) model in Queensland provides transferable lessons of how place-based, community-controlled commissioning enables communities to influence how funding is planned, pooled and sequenced according to local priorities, rather than being constrained by fragmented program silos. As an independent, Aboriginal and Torres Strait Islander-governed commissioning entity, CaTHC was established to progressively assume responsibility for commissioning health services across Cape York, the Northern Peninsula Area and the Torres Strait, aligning investment with evidence of community need and agreed outcomes.[xxi]

Flexible, pooled funding under models like CaTHC allows Aboriginal and Torres Strait Islander community-controlled organisations to respond earlier, adjust the intensity and sequencing of supports and integrate responses across housing, wellbeing, disability, domestic and family violence and family support, rather than delivering narrowly defined interventions once risk has escalated. Importantly, community-controlled commissioning embeds cultural authority and local decision making alongside service delivery. This strengthens the system's capacity to address underlying drivers of harm and pressure in families' lives, rather than relying on isolated service responses that can unintentionally escalate statutory involvement

Redirecting 10–20 per cent of child protection expenditure into child protection early-intervention is both realistic and fiscally responsible. Comparative reforms consistently show that modest rebalancing of investment toward prevention infrastructure reduces downstream demand for costly statutory responses. Savings accrue through fewer investigations, reduced court involvement, increased placement stability and lower long-term care costs.[xxii] Importantly, these benefits flow without increasing overall expenditure, instead improving the social return on existing investment.

This model strengthens accountability rather than weakening it. Pooled commissioning aligned to shared outcomes, such as reduced statutory escalation, improved family stability and better child wellbeing, creates clearer lines of responsibility than program contracts focused on activity volumes alone. An independent Aboriginal and Torres Strait Islander commissioning body provides transparent monitoring, longer-term investment horizons and greater system coherence, while offering the stability ATSICCOs require to invest in workforce capability, community relationships and continuous improvement.

Under a First Nations-directed commissioning model:

- Government retains accountability for funding, equity, system performance and legislative responsibility.
- Aboriginal and Torres Strait Islander community-controlled organisations exercise authority to design, direct and deliver culturally grounded responses.
- Advocacy, commissioning direction and service delivery functions remain distinct, transparent and appropriately governed.
- Local and regional decision-making structures determine priorities based on community need, not central prescription.

Reforming commissioning in this way is foundational to building a child and family system that is effective, culturally legitimate and fair. By repurposing a portion of existing child protection expenditure into a pooled funding envelope governed through Aboriginal and Torres Strait Islander authority, Queensland can move decisively from fragmented, late intervention toward integrated, preventative pathways that provide timely access to support, preserve dignity and materially improve outcomes for children and families.

Conclusion

This submission brings together all recommendations made by QATSICPP's across the inquiry into a coherent, reform package designed to shift Queensland from late, fragmented responses to an integrated system that acts early and is led by Aboriginal and Torres Strait Islander cultural authority. It connects early help, decision making, pathways out of harm with the system enablers required to sustain reform, so change in policy translates into change in practice and outcomes.

Over-representation is not inevitable. It is produced by system settings, how families enter the system, how decisions are made and how support is accessed. When the only reliable pathway to help is escalation, harm compounds, removals increase and outcomes worsen. The reforms presented in this submission are designed to change that trajectory by reorienting the system toward prevention, practical support and culturally legitimate decisions before crisis and removal become entrenched.

The stakes are too high for inaction. Our children carry the oldest living culture in the world and the impacts of removal and disconnection are borne across generations. When the systems and structures meant to serve and care for all fail the few, it is Aboriginal mothers, fathers, Elders, families and communities who pay the ultimate price. The rates of removal and their generational impacts will not reverse quickly, which is why reform must begin now and be sustained with discipline, resourcing and accountability over time. Our children and their grandchildren's lives demand it.

QATSICPP urges the Commission to recommend these reforms as a connected package and to require genuine Aboriginal and Torres Strait Islander-led co-design with communities, families, children, Elders, ATSICCOs and frontline practitioners, so implementation is practical, locally grounded and capable of delivering lasting change across Queensland.

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