QIDAN

Queensland Independent
Disability Advocacy Network

# QIDAN's response to the Child Safety Inquiry

27 March 2026

Working together to achieve positive change for people with disability

# Contents

# Background

The Queensland Independent Disability Advocacy Network (QIDAN) is a statewide network of independent organisations providing individual advocacy to Queenslanders with disability. QIDAN member organisations are independent from government and service providers, which enables our advocates to provide rights-based support centring the voice, will and preference of people with disability. QIDAN's organisations have decades of experience supporting both parents and children with disability who have been impacted by the Child Safety system, and during the 2024-2025 financial year, QIDAN organisations worked on 118 Child Safety related services. Of these services:

- 44% were provided to a person with an intellectual disability, which was the most common type of disability recorded on Child Safety matters
- Over one-third (35%) were provided to a First Nations person with disability
- Almost 60% were provided to a person experiencing domestic and family violence
- Over one-quarter (26.3%) were provided to a child under the age of eighteen

Advocates across Queensland regularly observe how the system's pervasive lack of disability awareness contributes to the maltreatment, abuse, neglect, and poor outcomes faced by children with disability in care. Informed by our collective experience, QIDAN believe urgent reform is required to improve outcomes for children with disability and their families. However, improving outcomes cannot be the responsibility of the Child Safety system alone. Meaningful reform also involves the education, housing, health, justice and disability systems to fundamentally change both individually and relationally. If these systems work together to support families early, the need for Child Safety intervention will be significantly reduced.

QIDAN welcomes the opportunity to provide the Commission with insights from our advocates and the experiences of the people with disability we assist. This submission

responds to key components of the Terms of Reference for the Child Safety Commission of Inquiry and is grounded in the day-to-day work of disability advocates.

## Experiences of children and families with disability

The following case studies are taken from real advocacy matters. They illustrate the issues our advocates regularly observe when supporting children and families with disability who are trying to navigate the Child Safety system.

### Case Study – Child Safety's lack of accountability

Tom* is a teenage boy who contacted his local advocacy organisation anonymously seeking information about his rights and options to move out of his family home. Tom experienced pervasive coercive control and neglect by his family, including refusal to assist with things such as getting out of him out of bed to shower, use the toilet, or prepare food. He was also physically assaulted by members of his family.

Tom uses a manual wheelchair and was unable to leave his house unassisted due to physical disability. He was also very cautious of reaching out for help due to fears of experiencing repercussions from his family. With consent, Tom's advocate reached out to Child Safety on his behalf to make a notification, stressing the urgency and need for intervention due to the mounting danger of domestic family violence and isolation due to impaired mobility and living in a rural area. Subsequently, the advocate continued to provide regular updates to Child Safety about his worsening situation, warning Child Safety without intervention there was a significant risk of further violence. The advocate explicitly told Child Safety Tom would be in danger if his family learned he was reaching out for help.

Child Safety eventually visited Tom's home and told his family Child Safety had received information about the abuse and neglect he was experiencing. Consequently, Tom was

violently attacked by his family. This led to Tom attempting suicide, resulting in the police and Child Safety returning to the family home the next day. During this visit, Tom disclosed he had been sexually abused as a child. He also directly told Child Safety he wanted to be in their custody and requested support from the police. Unfortunately, he was neither removed from his family home nor provided with any support. Following this event, Tom's family cut him off from his support workers.

Despite everything he had been through, Tom found a way to discretely stay in contact with his advocate, who continued to ask Child Safety to intervene, though Child Safety would rarely respond. The advocate escalated the matter to the Department of Housing by requesting access to safe housing, however, Tom was denied any support, and the Department labelled the situation "too complex" due to Tom's young age.

After several months and realising no-one was going to assist, the advocate assisted Tom to access respite care. Alarmingly, Child Safety disclosed the location of the respite care to Tom's family, who then went to the respite care and attempted to physically remove Tom and his belongings. The police responded, and fortunately intervened and prevented Tom from being forced to return to his family home.

After this incident, Tom and his advocate continued to plead to Child Safety for custody and housing. Tom stayed in respite care as long as he could but eventually had to go to hospital under a social admission. During this time, Tom's advocate reached out to the Minister for Child Safety, and Child Safety subsequently opened a case for Tom. Child Safety did not substantiate Tom's accusations of harm and did not offer Tom with any accommodation. Once again, Child Safety communicated with Tom's family, advising his parents he needed to be "convinced to return home".

As it was again clear Child Safety were not going to meaningfully intervene, Tom's advocate helped him to contact a Supported Independent Living provider who was empathetic to his situation and offered to provide him with accommodation in the interim

while Tom and his advocate worked toward accessing increase NDIS funding. Tom remains in the Support Independent Living and has still not been offered housing by Child Safety. *Name has been changed to protect confidentiality.

**What this case shows**

Tom's case study highlights pervasive and serious failures in Child Safety's response to reports involving children with disability, including poor risk assessment, breaches of confidentiality, and a lack of accountability when children request protection.

## Case Study – Systems don't support parenting

Sally* and John* required support to request Internal Reviews on their NDIS plans and reached out to an advocate. Sally and John have been together for several years and recently married. They have supportive family and long-standing services who had been supporting them to work towards their goal of starting a family. The couple were expecting their first child and had requested additional support from the NDIS to assist them to achieve their goals of becoming a family, including additional help around the home to support them to be new parents.

Sally and John had successfully completed several parenting classes and had been working closely with their midwife in the lead up to the arrival of their daughter. During one of the final check-ups before the birth of their daughter, Sally and John were notified by the hospital they were making a notification to Child Safety as they both have intellectual impairments. The advocate assisted Sally and John to arrange legal advice, prior to the birth of their daughter, about their rights and how to work with Child Safety. The advocate successfully advocated for a substantial increase in supports funded by the NDIS.

Following the birth of their beautiful daughter Amy*, a nursing assistant was permanently stationed in Sally's room. At this stage Amy was still in the nursery, due to her weight at

birth. After a couple of days without seeing her child, Amy was finally brought to Sally's room. At this time the nursing assistant stated her job was only to monitor and refused to assist Sally in any way, such as with the initial breastfeed. This added significant pressure on the new family. When the family were finally able to return home, they had a wealth of support from their family and NDIS service provider. Child Safety spoke with the family and their supports and closed the file.

Over time the paid supports reduced, and Sally, John and Amy are living happily as a family. Unfortunately, the fear of child safety has never left the minds of Sally and John. *Name has been changed to protect confidentiality.

**What this case shows**

This case highlights discrimination faced by parents with disability and the need for holistic supports and systems working together.

## Reforming the residential care system

The following section addresses reforming the residential care system, highlighting QIDAN's experience with factors driving the overuse of individualised placement support and residential care.

### Child removal

QIDAN believes the increasing reliance on individualised support and residential care is greatly influenced by the overuse of child removal. Children are often removed without meaningful investigation into early intervention supports, disability-related assistance or community based-alternatives. Where disability is present in a family, particularly cognitive disability, child removal is too often treated as the primary intervention by Child Safety. This deficit-based approach assumes disability inherently creates a safety risk, framing parents as incapable of caring for their children.

Numerous advocates have supported clients who, during the prenatal stage, were reported to Child Safety by their treating health professionals. This experience is consistent with the findings of the Family Matters Report 2025[1]. Often when reports by health professionals are made, they are done so without any offers of practical assistance or referrals to family support services, which reflects a system prioritising surveillance and removal over prevention and support. Concerningly, this trend can lead some expectant parents with disability to avoid prenatal care, not disclose subsequent pregnancies, or avoid seeking help for domestic and family violence due to fear of child removal[2]. It is important to emphasise practices like these disproportionately impact First Nations parents with disability. QIDAN has discovered the practice of triggering pre-emptive child removal of parents with disability is not random – it is the standard. The Queensland Child Protection Guide (which is decision-making tool for professionals i.e. doctors) directs professionals to consider reporting an unborn child for "circumstances [that] suggest that a parent may be unable to care for the baby upon birth", for reasons including "cognitive impairment or intellectual disability"[3]. Concerningly, professionals are guided to make this consideration after it is determined the parent *does not* have a history of significant abuse or neglect.

In situations where Child Safety decides to investigate a notification further, advocates regularly observe how Child Safety rarely seems to explore early intervention options, supports (including disability-related supports), and community-based peer networks. Increasing access to these types of supports would drastically improve outcomes for families where disability is present, which would effectively reduce the number of children arbitrarily removed and placed into residential care and individual placements. Despite this, Queensland is currently experiencing a historically low investment into early intervention programs[4]. QIDAN urge the Queensland Government to invest into community based and led family and parenting programs for parents with disability to reduce the number of parents with disability who lose custody of their children.

Recognising and supporting parents' lived experience and adaptive strategies is critical to promoting family preservation and child wellbeing, yet Child Safety's policies treat disability as an inherent risk. QIDAN urges the Child Safety system to move away from static, point-in-time risk assessments, and towards a model of practice that evaluates the likelihood of safe family preservation when appropriate supports are provided. This includes reasonable adjustments in assessments, adaptive parenting support, and access to early intervention tailored to family needs. Prioritising support over removal reduces harm, strengthens families, and upholds a children's right to stability.

## System failure as a driver of relinquishment

Some parents, particularly of children with disability, relinquish care due to profound systemic failures, including reductions in disability services, inaccessibility of supports, and lack of practical assistance. Making matters worse, advocates across Queensland report how families are experiencing escalating challenges within the education system, including inadequate reasonable adjustments, school refusal, suspension and exclusions. These issues are often compounded by limited access to NDIS supports. Without coordinated early intervention and access to adequate supports, families can become overwhelmed and feel unsupported, making relinquishment appear to be the only viable option. QIDAN highlight the critical need for stronger cross-agency collaboration and proactive early intervention to prevent family breakdown and avoid unnecessary relinquishment.

## Shrinking family-based, community-based and kinship care

In QIDAN's experience, most children in the system have family members and kin who are willing to care for them. However, they are often unable to provide care due to insufficient financial, therapeutic and practical supports. This situation is exacerbated for children with disability, who often require individualised disability-specific supports that are frequently unavailable, underfunded, or poorly coordinated by Child Safety. Foster and kinship carers

also experience placement stress, carer burnout, financial strain and eventual breakdown. In 2024, 53% of Queensland carers reported dissatisfaction with their allowance, and kinship carers reported overall dissatisfaction with Child Safety support[5].

QIDAN is also aware of situations where family-based and kinship placements appear to have not even been considered by Child Safety. One advocate worked with a young child living in North Queensland who had several family members and kin in their area. Child Safety did not reach out to any of the child's relatives to find a suitable placement, and instead automatically placed the child in residential care.

## The realities of residential care and individualised placement

Residential care is increasingly becoming the default response of the Child Safety system, particularly for children with disability. For children with disability, this shift is not merely procedural, it is profoundly harmful. Residential care environments are characterized by rotating staff, high workforce turnover, and limited relational continuity. Young clients with disability in residential care regularly report to advocates they experience diminished agency, instability, and a pervasive loss of relationship continuity. Furthermore, a one-size fits all approach to residential care is fundamentally incompatible with the needs of children with disability. Children with disability require consistent caregivers who understand their communication styles, sensory profiles, developmental needs, and the cumulative impact of trauma.

Numerous advocates have shared how Child Safety appears to shift core parenting responsibilities to residential care workers, such as conversations about sexual education and bodily autonomy. These conversations, along with other critical life decisions, emotional guidance, behavioural support, and developmental teaching, are often delivered by staff who may not have the necessary disability-specific training or deep understanding of the child's communication style, support needs, or trauma history. In these circumstances, children with disability can experience confusion, embarrassment, and

misinformation. Child Safety's overreliance of residential care workers separates children from those who know them best, increasing the risk of placement breakdown.

## "Best Practice" models

Family and kinship-based care, including foster care, is the "gold standard" best practice model. Evidence, including the Carmody Inquiry, consistently shows how these placements improve relational stability, wellbeing, and community connection. However, recruiting and retaining carers is an ongoing challenge. Improving the number of family and kinship-based carers requires meaningful financial investment to better enable carers to support children in their care with social participation, reduce isolation, and maintain community connection. In addition to family and kin-based placements, innovative, participant-led programs provide additional "gold standard" models require greater recognition. Examples include:

- ARROS offers specialised parenting support for parents with cognitive disability and outreach for young people at risk of homelessness, funded via NDIS or Transition and Post Care Support funding streams[6].
- Family Inclusion Strategies Hunter supports parents with lived experience, providing informal peer sessions to navigate Child Safety involvement[7].
- BEROS provides intensive case management for children under Child Safety orders, including overnight outreach and "street-to-home" responses for self-placing young people[8].

In QIDAN's experience, these programs consistently deliver positive outcomes, showcase the benefits of voluntary engagement, harm reduction, disability-informed practice, and relational continuity. Embedding these principles into Child Safety policy would reduce reliance on residential care, strengthening family and community-based responses.

### Recommendations:

1. Child removal must only occur as a last resort, and Child Safety must actively support families to access community-based family programs and disability-related supports before child removal is considered.
2. Disability must not be used as an automatic reason for Child Safety notification in any relevant guides, procedures, and policy.
3. Child Safety must fully comply with the Aboriginal and Torres Strait Islander Child Placement Principle.
4. Increase long term and consistent funding to kinship and foster carers, and funded carer support services.
5. Invest in community-led, voluntary place-based programs that provide support and short-term accommodation to children who are self-placing.

## Fixing a broken system

The next section outlines QIDAN's concerns regarding the effectiveness of Queensland's Child Safety system, with a focus on case work practices and procedures.

### Investigations and Assessments

Child Safety's investigation and assessment procedures are deeply affected by bias, ableism, and extreme risk-aversion. Advocates regularly observe parents with disability being assessed by Child Safety through a deficit lens, where disability is treated as evidence of risk rather than one aspect of a family's circumstances. These assumptions are reflected in the Child Safety Practice Manual, which guides Child Safety practitioners who are investigating the validity of a notification to Child Safety to consider whether a parent is "willing, but unable" to protect their child from harm due to "factors that would impact on their capacity" for reasons including "psychiatric illness, [and] disability"[9]. In practice, this guidance conflates disability with incapacity, driving risk-averse decisions over holistic

assessment. This type of conflation can also lead to one's disability being used as a framework to assess the whole family's situation. A 2023 Disability Royal Commission (DRC) report describes how negative assumptions and beliefs about disability often shape how Child Safety interprets family circumstances[10]. For example, how housing insecurity is often attributed to a parent's disability, rather than product of broader systemic pressures.

Beyond this, assessment processes, including parenting capacity assessments, require significant reform to ensure they are accessible, disability-informed and culturally safer. Current parenting capacity assessments are based on Western concepts of parenting, and the DRC recommends First Nations parents with disability co-design culturally appropriate assessment tools[11]. Advocates further report existing parenting capacity assessments are not appropriate for all parents with cognitive disability, which leads to disproportionately poorer outcomes for these parents. One of the key issues identified by advocates is the lack of flexibility and strict timeframes embedded into parenting capacity assessments. QIDAN therefore recommends the Queensland Government co-produce new assessments tools with parents with cognitive disability.

More broadly, notifications, investigations and assessments occur at a single point in time and fail to capture full context, leading to long term capacity and engagement to be overlooked. QIDAN urges a shift from isolated parental capacity assessments to assessing the whole needs of the family, including identifying supports (like disability supports) a family requires to remain unified. Decision-making frameworks should also embed the consideration of the risks associated with removal itself. We recommend the Commission refer to the 'Harm of Removal Concept Map' developed by the Washington State Court's Family and Youth Justice team[12], which highlights the significant and often under recognised harms removal can cause.

## Child Safety's case work practices and procedures

Advocates across Queensland have shared observations of Child Safety Officers (CSO) who appear to have limited-to-no experience or understanding of the nature a child's disability, and how disability influences assessments, planning, and support requirements. One advocate recalls a CSO questioning the validity of a child's disability because the child "only had ADHD". Poor disability knowledge and awareness create a serious risk for children in care to lose critical access to things like reasonable adjustments at school, therapeutic supports, and assistance with daily living. It also undermines the development of disability pride and identity. Advocates note many children in care avoid identifying as being disabled due to fears of stigma and discrimination, especially for children under dual orders detained in youth detention centres.

In our experience, families with disability are often left out of case plan development processes. This especially affects First Nations parents, who are often prevented from participating in planning, decision-making and self-determination. One advocate attended a case plan meeting with a young First Nations client, only to find out on the day the meeting had been scheduled by Child Safety at a time that was known the mother was unavailable. The advocate described the young client appearing sad and overwhelmed during the meeting and was detached from the case planning process. Bias and misunderstandings about disability can further undermine reunification efforts. Advocates report how a parent's disability-related behaviours can be misinterpreted as "disengagement", leading CSOs to assume parents are not interested in family contact or reunification. In other cases, parents with disability are excluded from discussions entirely because they are perceived as "too complex". We recommend the Commission refer to the report 'Supporting parents with cognitive disability in Queensland' by the Public Advocate to learn more about the barriers faced by parents with cognitive disability[13].

These experiences highlight the crucial role of independent advocates. QIDAN recommend all children and parents with disability have access to independent advocacy to ensure their voices are heard throughout case planning and decision-making processes.

## Communication practices

Clear, open, and reciprocal communication is incredibly important for a child's development, and is essential for promoting confidence, trust, and self-determination[14]. Advocates consistently observe inadequate, and even absent, communication between CSOs and children with disability. In some cases, children in youth detention under dual orders have gone months without contact from their CSO. In one such situation, a young, incarcerated advocacy client who had low literacy repeatedly asked their CSO for help understanding legal paperwork but never received a response. Poor communication also leads to situations where basic needs are not addressed. In one case, an advocate was working with a young child with disability who was an avid reader, and who had been placed in a residential care facility without their reading glasses and with only a few pairs of socks and underpants. Despite repeated requests, the CSO took several weeks to provide the child with their glasses and additional essential items. Children with disability must be able to rely on Child Safety to provide them with clear and transparent communication channels. Without this, children in care cannot meaningfully participate in decision-making, nor can they trust they will have their needs met.

Parents with disability are similarly subjected to poor communication practices, and have shared feeling left out of important conversations, including around case planning. This is a significant issue for both First Nations parents with disability and parents from culturally and linguistically diverse (CALD) backgrounds who have disability, who can face additional communication barriers. One advocate described working with a First Nation parent with disability who received almost no communication from the CSO for six-months despite repeated requests for updates. Another advocate shared their experience working with a

parent who disclosed to a CSO they had certain communication needs and requested reasonable adjustments. The CSO subsequently limited email communication with the parent to one email per week, significantly reducing the parent's access to information and active participation in their child's life.

Advocates themselves also experience significant barriers to clear communication and collaboration with CSOs. Delays in responses, exclusion from stakeholder meetings, and refusal to engage with referrals are common. Numerous advocates have reported cases where they had identified supports like counselling services, peer networks, and support groups, for children with disability, only to have their referrals and suggestions go unactioned by the CSO. In one case, despite an advocate identifying multiple free counselling options for a child in residential care with deteriorating mental health, the CSO refused to act on the referrals. QIDAN believe Child Safety's lack of accountability has led to the system's hesitation to work collaboratively with other agencies and support networks. One advocate described this situation leads to children with disability in care to be "shown a very narrow version of what life can be – curated entirely by [the] few adults they're exposed to".

## Recommendations:

6. The Queensland Government must reform Child Safety decision-making to require explicit consideration of the risks of removal, ensuring removal is a last resort.
7. The Queensland Government must implement mandatory, ongoing training for all Child Safety staff on disability, including disability awareness, inclusion. This should include training on what disability is, how different disability presents, how different cultures understand disability, trauma-informed practice, inclusion, and accessibility. Child Safety Staff must also engage in mandatory training on the NDIS, including how to support a person with NDIS access.

8. The Queensland Government must ensure investigation and assessment processes are accessible and equitable by
    a. Co-designing parenting capacity assessment tools with people with cognitive disability
    b. Developing culturally safe assessment approaches with First Nations parents with disability
    c. Mandating reasonable adjustments at all stages of assessment.
9. The Queensland Government must co-design and implement a mandatory disability screening tool for all children in the Child Safety system, to be applied at key developmental stages and embedded in the Child Safety Practice Manual.
10. The Queensland Government must establish an independent, accessible complaints mechanisms separate from Child Safety, which:
    a. Includes a child-led pathways for complaints about Child Safety Officers and residential care workers
    b. Provides information in accessible and culturally appropriate formats
    c. Requires timely responses and clear, enforceable outcomes.
11. The Queensland Government must provide sustained, long-term funding for independent advocacy, self-advocacy, early intervention programs, and community-based programs to ensure children and parents with disability can access independent support.

## Safer children

The following section outlines systemic and policy failures limiting the Department's ability to support families early and keep children safe.

### Access to appropriate support and early intervention for children in care

Early intervention is critical for family preservation and reducing youth criminalisation, yet advocates have observed how early interventions are routinely underutilised by Child

Safety. Our experience aligns with Queensland Family and Child Commission (QFCC) 2024-2025 annual report data, which showed a 23% reduction in referrals to early intervention services, alongside declining case plan outcomes[15]. The reduction in referrals has been partly attributed to the recent defunding of seven early intensive family services. The lack of early intervention means the Child Safety system is mostly reactive, not proactive. Advocates have worked with parents and families who have experienced acute stress and who have reached out to Child Safety with the hopes of obtaining supports, referrals and advice as an early intervention measure. In our experience, this assistance is rarely provided, and parents and families are often ignored by Child Safety. When families do not receive the support they need, their situations can escalate into crisis, inevitably leading to Child Safety intervention. QIDAN sees this situation as a vicious cycle ultimately caused by Child Safety's failure to intervene when it would be most helpful.

## Inappropriate early intervention referrals

QIDAN stress early intervention programs utilised by Child Safety *must* be evidence-based and should be holistic and community led. Given the clear connection between the Child Safety and Youth Justice systems, QIDAN highlight the recent suite of Youth Justice programs initiated by the Queensland Government, in particular the Regional Reset program, and the risk they will be inappropriately over-utilised by the Child Safety system. The Regional Reset program is targeted at "young people demonstrating high-risk behaviours such as substance use, aggression or truancy", with Child Safety and schools identified as key referral pathways to the program[16]. This program is intended for children who are not subject to a Youth Justice Order, and who are suspected to be at-risk of potentially engaging in criminalised behaviour in the future.[17] QIDAN believes there is a significant risk for disability-related behaviours will be conflated with "at-risk" behaviours, for instance school disengagement. Alarmingly, statistics show 64% of suspended students have a disability[18], and one-third of children in care were excluded or suspended from school in 2024[19].

QIDAN is concerned the Regional Reset program has been designed without proper consideration of the impacts of trauma and disability. For example, the program involves an up to three-week placement in a live-in "camp", where children are subjected to 24/7 supervision, focusing on "discipline"[20]. Again, children referred to these camps are not subject to Youth Justice Orders yet face placement in a facility where they are removed from their support networks and placed under 24/7 surveillance. As demonstrated throughout this submission, children with disability in care are unsupported, disconnected, and deeply traumatised, and ample evidence reveals how this disadvantage leads to higher risk of criminalisation[21]. Regional Reset and similar programs will increase this criminalisation.

## Access to therapeutic services

Access to therapeutic support through the Child Safety system is inconsistent, delayed, and hindered by administrative barriers. Research into Adverse Childhood Experiences (ACE) note the most recognised ACE's relate to abuse, neglect and household adversities[22] and Child Safety defines substantiated maltreatment under these same definitions[23]. The evident connection between Child Safety and ACEs show a need for therapeutic services such as Trauma-Focused Cognitive Behavioural Therapy to reduce ACE-related trauma and increase resilience[24].

Child Safety's Child Related Costs (CRC) procedures and policy determine health and wellbeing support funding. Though the CRC policy states there is "no set amount" for services[25] (implying there is no cap to service funding) advocates report requests for counselling and mental health supports are frequently refused or delayed. Additionally, the CRC's requirement to first pursue public or bulk billed services creates significant barriers for children trying to access help[26]. Currently in Australia, psychologists and psychiatrists have average wait times in of 100 and 127 days respectively[27], which means children in care who are forced to pursue public mental health support can go months

before receiving the vital support they need. These types of delays not only impact wellbeing and recovery; they can also affect a child's willingness to engage with services in the future. One advocate shared repeatedly asking Child Safety to fund counselling for a child who experienced a significant traumatic event. The advocate tried for months, and by the time the CSO agreed, the child was no longer willing to see a counsellor. Even when funding is approved, multiple layers of internal approval create further delays. These barriers undermine timely access to care and can have lasting impacts on children's wellbeing and willingness to engage with services.

## The value of NDIS access

Access to the NDIS is crucial for children with disability in the Child Safety system, yet QIDAN consistently observes how children with disability and their families are rarely supported to access or maintain NDIS support. NDIS funding can significantly improve outcomes for children in care providing access to daily living activities, opportunities for community participation and other crucial therapeutic services.

Furthermore, NDIS funded support workers and support coordinators provide consistency in otherwise unstable environments and are, at times, the only reliable adult relationship in a child's life. Support workers and coordinators also play a vital role in Child Safety stakeholder meetings, often providing a disability lens otherwise absent. Despite this, Child Safety frequently fails to support children and families with the NDIS access process. While policy states Child Safety will assist with NDIS access at all stages if requested[28], advocates report this rarely occurs in practice. Where support is provided, it is often ineffective. Numerous advocates have observed NDIS applications being submitted by Child Safety with outdated and missing evidence and incomplete documentation.

In QIDAN's experience, Child Safety will often ignore expert advice on applications. Advocates are frequently prevented from assisting with applications. In one case, an advocate was repeatedly prevented from beginning the NDIS application process on

behalf of a young client over a period of over six months. This issue is particularly acute for young people transitioning to adulthood, and numerous advocates report many children nearing their eighteenth birthday receive little-to-no information of the processes or their rights.

For children in care who do have NDIS access, continuity of NDIS supports is consistently not considered in out-of-home-care (OOHC) placement decisions. Children are often placed in residential care far away from their disability-related supports, disrupting existing relationships and supports and causing additional distress and instability. Additionally, in QIDAN's experience, the NDIS is often relied upon to fill gaps in the Child Safety system, rather than operating as a complementary support. For instance, advocates have observed Child Safety refuse to pay for mental health treatment, which has led to young clients using their NDIS funding for services like psychology. This often leaves these children with less funding for other required treatment like occupational therapy.

## Restrictive practices

Children with disability in care remain subject to restrictive practices in their everyday lives, and QIDAN has serious concerns about the existing protections (or lack thereof) for children in care. There are no clear legislative protections in the *Disability Services Act* or the *Child Protection Act 1999* (Qld) directly regulating the use of restrictive practices on children with disability, or children at all. Existing operational policies are more concerned with assessing risk and reviewing the behaviour safety plan rather than the child's actual safety or rights. In practice, disability-related behaviours are often treated as problems to be controlled rather than signs of unmet need. Responses such as reviewing positive behaviour support plans and completing a behaviour risk assessment places responsibility and blame on the child, rather than addressing the environment, supports, or trauma underpinning the behaviour. QIDAN stress the urgent need for the Queensland Government to ensure restrictive practices are only ever used as a last resort.

## Placement deterioration

Child Safety placement breakdowns are a system wide issue, and in QIDAN's experience the blame for placement breakdowns is often placed on the child. However, breakdowns are largely caused by inappropriate and unstable OOHC placements and a lack of disability-related and trauma-informed support. Despite at least 30% of children in OOHC having a disability[29], previous residential care workers have disclosed to QIDAN they received no training on disability, inclusion, or accessibility, and were provided limited-to-no advice on how to support children with disability who were in placements.

Furthermore, OOHC environments are often physically inaccessible, limiting independence and social participation. Children with disability in OOHC, particularly residential care, need continuity of caregivers, flexibility to access individualised supports whenever required, and most importantly to be supported by workers with disability awareness. Often disability-related behaviours are misunderstood by OOHC workers, and met with punishment, restrictions, and at times police intervention. For instance, a child with autism who experiences a last-minute change they were not prepared for may experience a 'meltdown' involving physical behaviours such as punching walls and throwing objects. Rather than recognising this as a response to distress and unmet support needs, numerous advocates have shared experiences where this type of behaviour was treated as deliberate by OOHC workers, leading to blame and punishment.

In our experience, OOHC placements can be restrictive and conditional. One young client with disability was removed from their residential care placement by the police due to the residential care worker discovering they had used substances. The child was not provided with any support or alternative accommodation and was denied any future access to the specific residential care placement. Situations like this can lead to homelessness and highlight the residential care's system-wise reliance on punitive, inflexible responses to circumstances requiring a harm-reduction approach.

QIDAN is deeply concerned about rushed co-tenant matching, inappropriate placements, and inadequate transition-out-of-detention planning throughout the OOHC system. Numerous advocates have worked with young clients in care who have not been provided the opportunity to meet their co-tenant or view their new home prior to moving in, significantly impacting their sense of safety, belonging, and agency. Concerningly, QIDAN has received several accounts of children with disability placed in residential care placements where they had experienced sexual assault. In one situation, an advocate was working with a young person with disability who was *repeatedly* placed in a residential care setting where they had been sexually assaulted, despite this being known to Child Safety and the young person expressing they did not feel safe returning. The young person repeatedly ran away from the placement, often sleeping rough, while months of requests for alternative accommodation and therapeutic support were not actioned by Child Safety. The child was labelled "historically difficult" by Child Safety who suggested they were "extremely limited in providers that are willing to work with [them]."

Advocates emphasise the critical role of sibling relationships as a source of stability, safety, and emotional support for children with disability in care. Despite this, placement decisions frequently separate siblings or fail to prioritise maintaining these relationships. For many children, siblings are a primary source of connection, co-regulation, and advocacy; and separation can compound trauma and instability. Placement decisions must actively consider and prioritise maintaining sibling relationships wherever safe and possible. These issues are further exacerbated for First Nations children with disability, where placement decisions often fail to uphold connection to family, community, and culture. Maintaining cultural and family connections must be a core consideration in all placement decisions.

Finally, it is important to highlight several advocates have observed children being moved out of placements they are thriving in, typically at the request of a worker. These practices

undermine children's safety, agency, and stability and contribute to disengagement and placement breakdown.

## Recommendations:

**12.** Child Safety must co-produce a transition-to-adulthood program for children with disability, including:

a. A requirement to ensure all children with disability have access to the program
b. Early identification and access for children requiring additional support
c. NDIS access support to be offered to all children in the program
d. Guaranteed participation for all eligible children
e. Clear pathways to housing, supports, and community participation.
f. Application to the Office of the Public Guardian to only ever be considered a last resort.

**13.** Child Safety must ensure children in care can access timely therapeutic and health supports by removing requirements to prioritise public or bulk-billed services where this delays access.

**14.** Child Safety and residential care providers must adopt harm-reduction approaches to behaviours identified as 'at-risk'.

**15.** Child Safety must co-produce and implement a scaffolding program aiming to build the capacity building program for all children in care to support engagement with therapeutic services (both NDIS and non-NDIS), build community connection, independence and self-determination.

**16.** Child Safety must ensure all placement decision and practices meet the needs of children with disability, including:

a. Providing children with genuine choice and the ability to object to placements and co-tenancy arrangements

b. Prioritising placement with siblings and maintaining sibling relationships wherever safe and possible
c. Ensuring placement decisions uphold connection to family, community, and culture, particularly for First Nations children
d. Maintaining continuity of existing supports and relationships
e. Ensuring access to therapeutic and disability-related supports, regardless of NDIS status
f. Enabling participating in community, cultural, and social activities of the child's choosing
g. Implementing and monitoring all required reasonable adjustments for participating in decisions about their lives.

## Safer communities

This next section offers QIDAN's opinion on the effectiveness of the Department as a corporate parent, and whether it is currently meeting community expectations around parenting.

### The role of the corporate parent

Parents of children with disability are often exceptional advocates, helping their children navigate complex systems like the NDIS and education whilst also promoting confidence and disability pride. In contrast, QIDAN believes Child Safety consistently fails to meet community expectations of a caregiver for children with disability. As outlined earlier, a persistent lack of disability awareness and respect for children's needs negatively impacts diagnosis, access to therapeutic care, behaviour management, education outcomes, sense of self, and transitions into adulthood.

In QIDAN's opinion, certain Child Safety practices would never be accepted for a parent or kinship carer - in particular, Child Safety's over-reliance on law enforcement. Advocates

report CSOs and OOHC workers frequently contact police to manage behaviours a parent would typically handle, unnecessarily exposing children with disability to criminalisation and youth justice responses. For instance, programs embedding CSOs into police sites, such as in Cairns, Caboolture and Logan, increase the risk of unsafe policing responses, particularly for children who 'self-place' and have histories of trauma. Enforcing return to placements through police intervention significantly damages trust with Child Safety and potentially forces them to return to places that are unsafe. Given children who 'self-place' will more than likely be experiencing intersecting disadvantage and a history of trauma, QIDAN do not believe the police are equipped to respond to these children safely.

In addition, advocates regularly observe Child Safety fail to support school attendance and inclusive, accessible learning experiences. As a result, children with disability in care often miss a significant amount of school, fall behind academically, and experience further disengagement from peers and learning opportunities. This lack of instability also undermines their sense of structure, routine, and prospects. Furthermore, advocates have consistently observed how children with disability in care receive limited support to form and maintain friendships and social relationships. Children in care are often left isolated from their peers due to unnecessary red tape, restrictions, and lack of facilitation from Child Safety and youth workers. This lack of support undermines children's social development, sense of belonging, and protective networks, which are typically things a parent would naturally prioritise.

One of the clearest failures of Child Safety's corporate parenting is the lack of support and guidance children with disability in care receive when transitioning into adulthood, which is supposed to begin from the age of fifteen. For children in care with disability, the process of transitioning into adulthood can be daunting, and often involves additional responsibility compared to non-disabled peers. Yet, advocates have consistently observed how children in care do not receive adequate transition support, even in the months leading up to their eighteenth birthday. QIDAN is greatly concerned about the over-reliance on guardianship

arrangements initiated by Child Safety in the lead up to disabled children's eighteenth birthday. Numerous advocates observed referrals made to the Office of the Public Guardian in the absence of appropriate transition planning. Often, the child is not even informed what the guardianship entails.

QIDAN note parenting should and does look different for each family. Both the needs and expectations for children and their families change with factors like location, cultural and religious background, and disability. Advocacy organisations work with a wide range of different communities, and all these communities have been impacted by Child Safety in distinct ways. There is no universal way to parent, yet in QIDAN's experience, Child Safety applies a one-size-fits-all approach to parenting, which is ineffective and harmful. QIDAN urges the Commission to refer the report 'I was raised by a checklist', highlighting the experiences of children in care and their views of Child Safety as a corporate parent[30] .

## Care criminalisation

There is a widely recognised connection between children in the Child Safety system and an increased risk of life-long involvement in the criminal justice system[31]. The DRC explored this intersection and found factors such as delayed diagnosis of disability, cultural disconnection, and poor transitional support contribute to this risk[32]. A key factor leading to care criminalisation is the misinterpretation of disability-related behaviour as criminalised behaviours. Advocates have worked with children with disability who have been arrested, and sometimes charged, because law enforcement have misidentified disability-related behaviours such as dysregulation, meltdowns, oppositional defiance, and executive dysfunction. It is worth noting Child Safety Orders inherently reduce agency, autonomy and self-determination, and this can lead to situations where children in the system engage in risky behaviours as an attempt to regain a sense of control over their own lives. To reduce care criminalisation and the number of dual orders, systems must strengthen protective factors including trauma-informed support, screening and timely

disability diagnosis, and support with NDIS access. It is essential to recognise the benefits of strengthening a child's informal support networks. Providing practicable support to family and kin of children with disability in the Child Safety system can build resilience, which ultimately helps to reduce the rate of care criminalisation.

## Experiences of children under dual orders when incarcerated and upon release

Most of Queensland's advocacy clients under Child Safety care are also involved in the youth justice system. These children experience multiple adversities including exposure to domestic and family violence, neglect, abuse, school exclusion, poverty, limited access to disability-related supports, and a lack of engagement with their peers and communities. These experiences are exacerbated by the trauma of being separated from their families and communities, as well as being incarcerated and deprived of certain inherent human rights. As one advocate described, "trauma is a huge part of these children's lives".

In QIDAN's experience neither system provides an adequate level of trauma informed care nor access to trauma related support. Numerous advocates have observed CSOs and youth justice workers discount and undermine children's traumatic experiences, reject the connection between challenging behaviours and trauma, and even deny requests for trauma-related counselling because a child's experience "was not as bad as other kids". Both the Child Safety and Youth Justice system require a greater understanding of trauma and how it manifests and affects relationships, connection to self and future opportunities.

In QIDAN's experience, Child Safety commonly disengages with a child in care as soon as a child enters detention. Children under dual orders in youth detention sometimes wait months between contact from their CSOs. Advocates have shared their young clients have expressed they have no expectations of hearing from their CSOs, feeling as though their CSOs simply do not care about them. Poor communication can significantly impact not only a child's sense of trust and self-worth, but also have major ramifications on

transitional planning, legal proceedings, schooling, and social connection. Children under dual orders also face serious gaps in support, often falling into gaps between the two systems resulting in unmet needs. Advocates report delays in providing disability support services, counselling, occupational therapy, speech pathology, or medication such as ADHD medication. Advocates have heard countless stories of children requesting access to services like counsellors, speech pathologists, and occupational therapists, but neither the Child Safety system nor Youth Justice system accept responsibility for providing access to the services. In one instance, a child with disability who was deeply traumatised repeatedly requested counselling only to be told they could not be referred for counselling as they had previously been offered placement in an alcohol and other drugs program and had refused at the time. Importantly, the child had asked for mental health support, not access to a program for substance use. Another concerning trend advocates have reported concerns access to medication. There have been several accounts of children with disability in detention who have been prevented from accessing their medication. One advocate reported noticing how nurses would offer medication to children at a time that wasn't convenient or appropriate and would refuse to return and administer the medication later.

The most common form of negligence observed by QIDAN is the lack of transitional planning offered by Child Safety. QIDAN has heard of countless stories of children under dual orders being released from detention with little-to-no transitional planning. This includes both transitions out of custody, and transitions into adulthood. Advocates have worked with numerous children who have never heard from a transitions officer, and who have no idea of where they will live upon release. One advocate shared a story of a young client who, on the day of being released, was waiting for their CSO to pick them up, only to find out the CSO was not coming. The child had no other mode of transport. QIDAN has learned that often when a child who is in residential care has been incarcerated, their placement is closed. This often means when the child is released, they are unable to return to the placement they were used to, and potentially felt at home in. QIDAN also know of

several children with disability under dual orders who have been released from custody into homelessness, including a number of children who were provided with tents from Child Safety instead of housing. Other aspects of transition in adulthood planning are also routinely neglected, including supports with access to identification, mobile phones, Medicare, bank accounts, disability-related supports, and employment.

## Recommendations:

**17.** Child Safety must initiate transition-out-of-detention planning as soon as a child enters custody, without exception, including ensuring access to safe housing, continuity of supports, and consideration of family and cultural connections.

**18.** Child Safety must uphold minimum standards of care as a corporate parent for all children in out of home care, ensuring:

a. Children have regular, meaningful contact with a trusted Child Safety Officer, with continuity wherever possible to build trust and stability.
b. Children attend school regularly, receive necessary adjustments, and have access to support for learning needs.
c. Children are supported to maintain friendships, participate in recreational activities, and engage with their communities, including culturally appropriate and First Nations connections.
d. Children have timely access to medical, mental health, therapeutic, and disability-related services, with advocacy to remove barriers and ensure accessibility.
e. Children are empowered to make choices about their daily lives, including where they live, who they live with, and what activities they participate in.
f. Placement decisions actively consider maintaining connections with siblings, family, and kin.
g. Children are supported to develop skills for independent living, self-advocacy, and participation in community life.

h. Emerging risks are proactively identified and addressed, including mental health crises, school disengagement, or behaviours related to disability.

**19.** The Queensland Government must publicly report on outcomes for children with disability in the Child Safety system, including access to NDIS supports, education attendance, placement stability, and contact with the youth justice system.

## Other matters QIDAN believe are relevant to the Inquiry

While Secure Care is not explicitly included in the Terms of Reference, QIDAN believes it is highly relevant to the Inquiry. Children with disability in care are already at risk of over-surveillance, restrictive practices, and institutionalisation. QIDAN is deeply concerned Secure Care will become a new form of institutionalisation for children with disability. Research, including Kate Crow's article 'Community-based alternatives to Secure Care for seriously at-risk children and young people', demonstrates Secure Care models are largely ineffective and community-based approaches in other countries provide safer and more effective alternatives[33]. Children with disability, particularly those in OOHC, should be provided with the level of support they require to live safely and happily in their community. We echo the findings made in this article, and further state children with disability should not be held in closed, segregated settings for indetermined periods of time.

To QIDAN's knowledge, there has been no meaningful consultation regarding the purpose, design, staffing, facilities, transition processes or development of Secure Care. This consultation must occur urgently, and all relevant information must be made publicly available. Without it, Secure Care risks becoming a form of detention for children with disability. Given current staff shortages in detention centres, we are particularly concerned about the availability of allied health professionals and trauma-informed disability specialists, as well as the high risk of restrictive practices and solitary confinement. This is particularly concerning given the systemic issues outlined throughout this submission,

including over-reliance on restrictive responses, lack of disability-informed practice, and inadequate community-based supports.

## Recommendations

**20.** The Queensland Government must engage in thorough consultation with children, people with lived experience and the broader community before developing Secure Care, including exploring community-based accommodation alternatives.

**21.** The Queensland Government must ensure no child under Child Safety orders is placed into Secure Care due to lack of housing, particularly children under dual orders transitioning out of custody.

**22.** Both the Australian and Queensland Governments must enshrine the key provisions of the Optional Protocol to the Convention against Torture, and the Queensland Government should legislate to establish the key functions of the National Preventative Mechanism bodies to facilitate inspections by the United Nations Subcommittee on the Prevention of Torture.

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