

JUNE 2025

Treated as Broken

Residential Care Expert Advisory Council

KINGAROY WORKSHOP

REPORT



QUEENSLAND
Family & Child
Commission



Queensland
Government

Workshop Overview

Elevating the voices that matter most

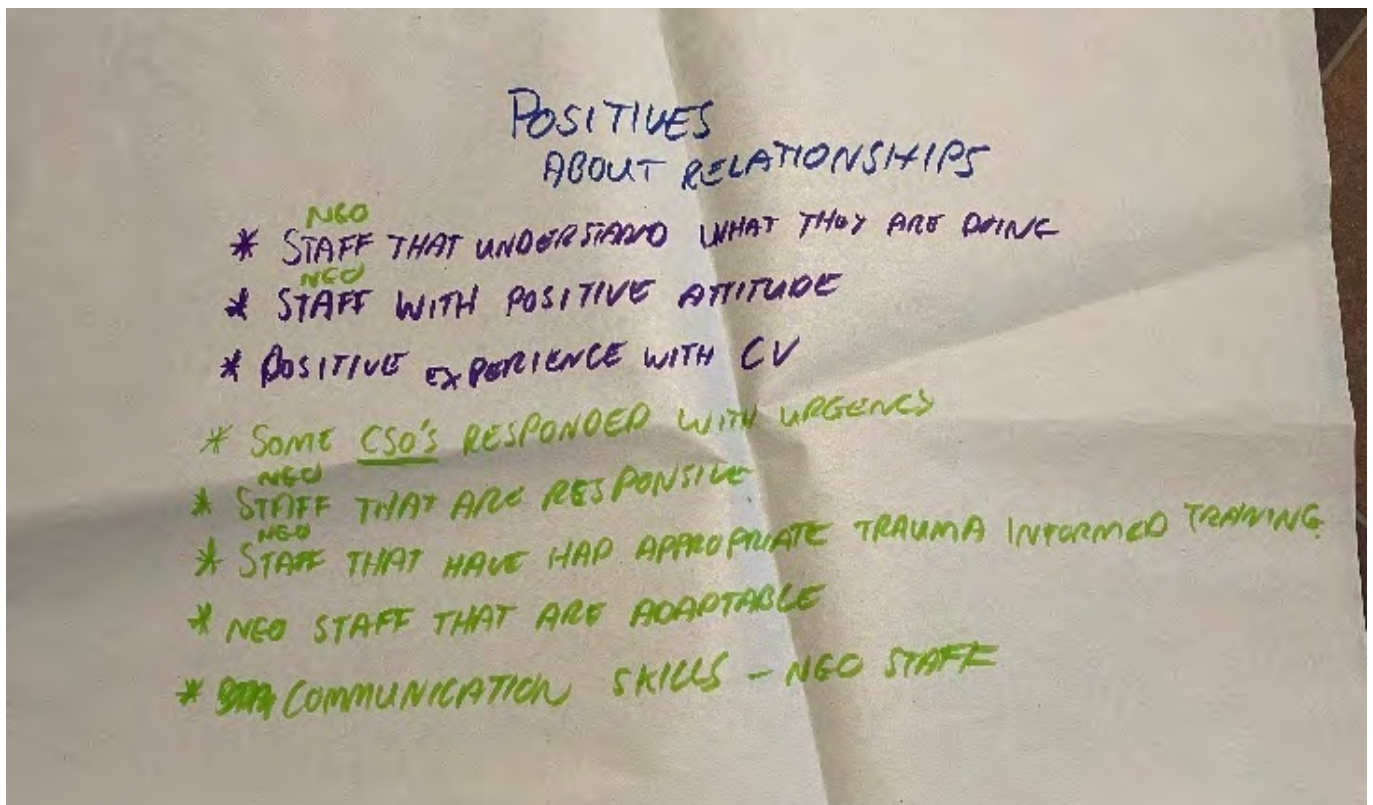
The Queensland Family and Child Commission (Commission) has partnered with Life Without Barriers (LWB) to conduct a series of Residential Care Expert Advisory Council workshops. The Council was established to enable direct consultation with young people living in residential care.

When it comes to the residential care system, young people continue to say the same thing: the system is not working. Their voices echo what the Commission has reported time and again - that bold reform is needed; young people must be part of the decisions that shape their lives and the journey into adulthood should be supported over time.

In June 2025, 11 young people with lived and living experience of Queensland's residential care system came together in Kingaroy for a powerful, youth-led workshop. Together, they explored what is working, what is not, and what needs to change. They shared honest and deep reflections on a range of topics, with significant conversations surrounding:

- relationships
- residential care, other support staff and the child safety system
- connection to culture and community

What we heard in Kingaroy mirrors what was raised at the Caboolture workshop just a month earlier in May 2025, and it aligns with what young people continue to say across Queensland. The same issues continue to come up, because they are still happening. Young people are tired of repeating themselves. They are calling for real, effective reform that starts now and builds a better system for the future.

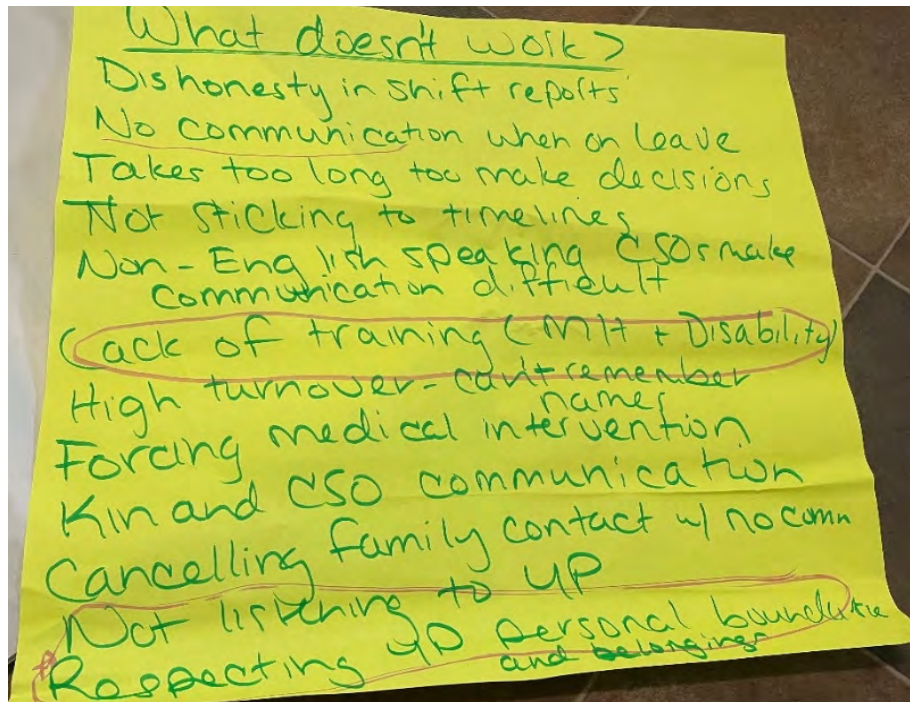


What we heard from the young people

The members participated in a collaborative workshop session to share experiences and develop solutions for positive change.

Principal Commissioner Luke Twyford and key Commission staff attended a forum session with young people following the workshop, where members shared their vision for change to improve the system in the future.

Members gave clear, practical advice about what needs to change, both immediately and in the long term.



What's working in residential care

Some members spoke about the benefits of relational approaches from individual staff members from service providers and highlighted the positive support impacts of these connections. They described staff who were emotionally present, responsive, and willing to have hard conversations. There were also examples of support provided to develop key life skills such as budgeting, cooking and building routines, all delivered in ways that felt trauma-informed and respectful. These were the experiences that most closely resembled an interim-parental role.

Importantly, some young people shared that with the right support, they had been able to maintain strong relationships with family and friends. These stories show what is possible when care is compassionate, consistent, and focused on connection.

It was made clear by members that these positive, relational experiences were not standard or consistent across all service providers, residential care placements or houses, or staff members. It was shared by the group that the impact of these experiences was amplified by the fact that the relational approach was not the usual approach experienced across the out-of-home care system – and that absence of this approach in other experiences highlighted the importance of human connection in the statutory system.

What needs to change

The workshop sparked broad and insightful discussions, exploring key aspects of life both within the residential care system and beyond. Members shared thoughtful reflections and offered practical advice for immediate and long-term change. Members spoke about broken trust, poor communication, and being treated as problems instead of people. They raised serious concerns about being lied to, manipulated or bribed having a lasting impact on their mental health and self-worth. Many described situations of feeling powerless, especially when their voices are ignored in crucial decisions.

They called for care planning and service delivery that centres them with real partnerships. They want to be heard, respected, and supported to lead decisions about their own futures. They offered structured solutions for effective, long-term change:

IMPROVED TRAINING

- Regular, practical training of staff in mental health, disability support, trauma-informed care, cultural capability, and time management, with refreshers every 3 to 6 months

PRE-EMPLOYMENT ASSESSMENTS

- Require all residential care staff to pass physical and psychological fitness assessments, thorough background checks, and demonstrate fluent English communication skills

ADVOCATE FOR YOUNG PEOPLE

- Ensure advocacy for young people by Child Safety Officers (CSOs) e.g. participating in staff recruitment panels

SHARED DECISION-MAKING

- Empower young people to have a say by involving them in decision-making and encouraging collaboration between new and existing CSOs to build strong relationships

BUILDING TRUSTED RELATIONSHIPS

- Support relationship-building by having experienced CSOs mentor new staff through shadowing, offering guidance and helping to establish rapport with young people

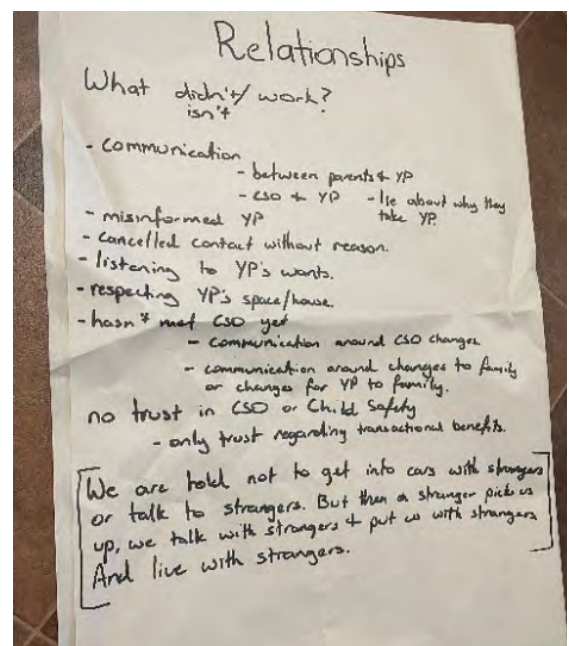
CULTURAL SAFETY

- Strengthen cultural connection by providing meaningful opportunities to engage in culturally significant events, places, stories, traditions and practices

Relationships

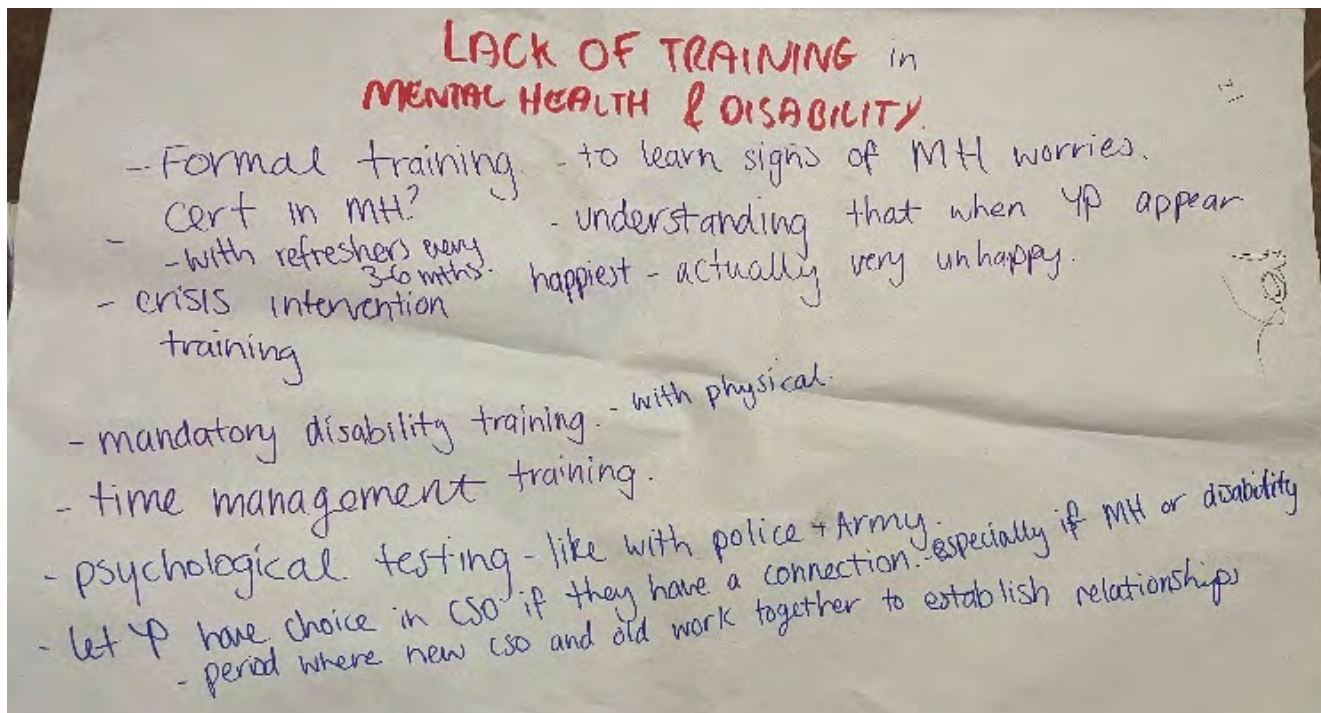
Members consistently described feeling silenced, dismissed, and left out of critical decisions that deeply affect their lives within the child safety system. Through their words, we heard stories of broken trust, being lied to, misrepresented through inaccurate shift reports, or given confusing and inaccurate information. Many spoke of the harm and frustration caused by minimal communication, particularly when they are unable to speak with their parents or when critical updates, like cancelled family contact, are not shared. For some, the language barriers of their Child Safety Officers (CSOs) further isolate them, especially when the CSOs are unable to speak English fluently.

Young people describe their relationships with adults in the system as largely transactional - lacking the connection, care, and consistency they deserve. They also share how their personal spaces are treated with little respect, with their rooms being entered without permission.



“We are told [as children] not to get into cars with strangers or talk to strangers. But then a stranger picks us up, we talk with strangers and live with strangers.”

Residential carers, other support staff and the child safety system



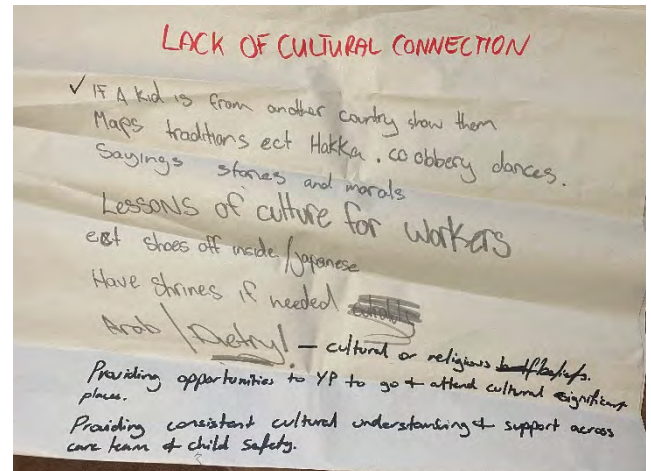
The presence and actions of staff in residential care shape almost every aspect of a young person’s daily life, from their sense of safety to their ability to form trusting relationships. When staff are well-trained, consistent, and genuinely care, they can be a powerful source of stability and support. However, when underprepared, constantly changing or dismissive, the harm to a young person’s wellbeing can be profound and lasting.

Members have shared confronting accounts of being failed by systems that should protect and support them. Many describe the deep impacts of high staff turnover, the constant introduction of new faces, forgotten names, and the loss of any real chance to build trust. They speak of workers who lack the training to support mental health or disability needs, and who are unprepared to respond to complex medical issues with the care and adaptability required. Some have experienced being pressured into medical interventions they did not fully understand or agree to. Members also mentioned their social networks have been disrespected.

Group members named concerning behaviours such as staff forcing their personal beliefs onto young people, bribery, and being treated as though they are “broken” with no interest or space provided for autonomy, growth, or self-determination. Perhaps, most seriously, they describe times when their allegations of abuse were not listened to, and when formal complaints processes were absent or inaccessible. Similar stories continued to be shared across Queensland.

Connection to culture and community

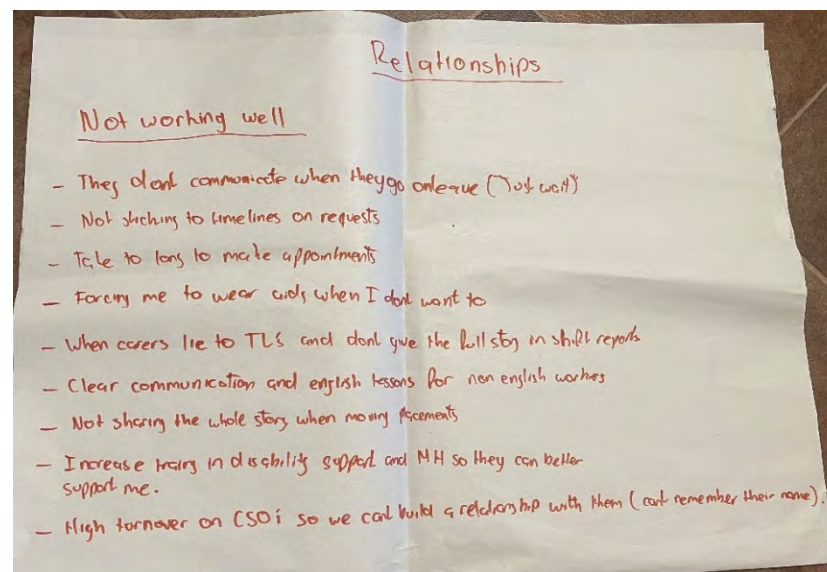
Members expressed a strong desire to stay connected to their culture, family, community and Country while in care. Many spoke about wanting more opportunities to practice culture, speak their language, and maintain meaningful relationships with their communities and kin. However, they often face barriers including a lack of support, planning or resources to return to Country or engage in cultural activities. For young people from culturally and linguistically diverse backgrounds, their need to stay grounded in cultural identity is often overlooked or not understood. They are clear: cultural connection is not a preference, it is essential. Their experiences highlight that culturally safe care must be embedded as a fundamental right, not treated as an afterthought.



Final thoughts

The messages from the attending members of the Kingaroy Residential Care Expert Advisory Council workshop were powerful, clear and consistent. In every conversation and consultation, the same fundamental needs emerge with unwavering clarity: young people want to feel safe in their environments, to be treated with genuine respect, to experience meaningful connection with those around them, and above all, to have a genuine say in the decisions that directly affect their lives. These are not fleeting or isolated concerns, they reflect deep, universal human needs that young people are calling attention to with urgency and purpose.

Their voices and lived experiences offer more than just a list of issues needing to change, they provide solutions to create meaningful reform. Young people emphasise the importance of stronger, trusting relationships with the adults in their lives and the wider community. They call for systems that are culturally safe, that recognise and respect the diverse backgrounds and identities they bring, as well as systems that are trauma-informed and acknowledge the complexities of their past experiences. They insist on well-trained, compassionate staff who are not only skilled but also appropriately prepared for the roles they hold, capable of building rapport, and offering consistent support. They deserve a system that is caring and understanding.



Now more than ever, by listening closely to these voices, acting with integrity, and committing to structural change, we have an opportunity to transform our care system into one that genuinely supports, respects, and uplifts every young person. Such a system will not only respond to immediate needs, but will also foster resilience and empowerment, laying a foundation for healthier, more connected futures for generations to come.

Appendix

NOT RESPECTING PERSONAL BOUNDARIES.

- * TIMETABLE WHERE HOUSE COMES TOGETHER & CLEANS ROOMS
 - ROUTINE
 - COLLABORATIVE
 - DO IT TOGETHER
 - PLANNED.
- * GIVE OPPORTUNITY TO COMMUNICATE WHAT EACH YP IS COMFORTABLE WITH
- * KNOCK ON DOORS - DOOR BELL
- * PEOPLE coming in without asking
- * COMMUNICATION
 - ↳ HAVE AN OPEN MIND.
 - ↳ RESPECT PERSONAL BOUNDARIES
 - ↳ HEALTHY DEBATE → ENCOURAGE DIFFERENT VIEWPOINTS.
- * TRAINING STAFF ON WHAT TO EXPECT REGARDING BOUNDARIES.
- * APPROPRIATE HOUSE RULES SET.

NEGATIVES (relationships)
NOTE: BEING THERE IS CRUCIAL WITH SOME YOUNG PEOPLE WHO DON'T WANT TO GO

- * BATTERY - ATTEMPTING TO FORCE TO DO SOMETHING I DON'T WANT TO DO
- * STAFF RETENTION IN RESI.
- * RATIO IN THE RESI 1-4 → NOT WATCHING EVERYONE'S MESSAGES
- * CSO - DEMANDING THINGS & REQUESTS
 - NOT WORKING WITH SCHEDULE
 - TREATING ME LIKE A CHILD - 16
- * NOT GIVEN INDEPENDENCE
- * ↳ NOT GIVEN A CHANCE TO GROW & LEARN
- * FEELS LIKE ALL CSO'S ARE REALLY NEW (TRAINING FOR CSO'S IN KITCHEN)
- * PUSHIVE BELIEFS ONTO STAFF & YOUNG PEOPLE.
 - ↳ BACKWARD CHECKS
 - ↳ MANUAL HEALTH SCREENING
- * LISTENING TO COMPLAINTS & CONCERNS
 - ↳ REGULAR CONTACT WITH CLIENTS
- * MATCHING PROCESS
 - ↳ FEELS LIKE A LIE - DOES NOT FEEL LIKE THIS IS HAPPENING.
- * CONCERNS NOT TAKEN INTO CONSIDERATION
 - VOICES NOT HEARD
 - RESULTED IN BP DRUGS - DUE TO WORKERS INCOMPETENCE
- * SEEN AS A PROBLEM TO BE FIXED
- * NOT PROPERLY TRAINED
 - ↳ CSO NOT MEDICALLY TRAINED → DID NOT RESPOND TO MEDICAL EMERGENCIES
- * MOVING TO RESIDENTIAL CARE PROVIDERS WHO ARE NOT SAFE
 - ↳ NOT FOLLOWING SAFETY PROCEDURES
 - ↳ WHAT IS THE REASON FOR REMAINING?
- * NOT HOPEFUL OR LISTENING TO CHILD IN DANGER - BEING ABUSED, SOME DANGERS - ONLY CHANGED DUE TO NEIGHBOUR WITNESSING ABUSE & REPORTING.

Positive

- follows Rules
- Health walks.
- supportive carers
- drives us places.
- herbs
- Mommy Philips!
- Activities

Relationships

What is working well:

- When I asked for help from my carer, they actually helped eg: helped create a diet plan and cooking
- My CSO and carer helped me see my family
- My Carer helped me with Budgeting
- My TL helps organise contact with my partner.
- CTC treats us like family
- I felt heard by my TL when I made a complaint and they actually did something about it

BECA

- careers provide travel
- careers understand jokes
- careers are there for me
- careers provide support
- careers some good some bad
- i like videogames movies
- i like families
- i don't like that some say careers follow the rules too much
- i don't like that i have to wait for my technology

Lack of trust - only transactional
~~not~~ "stranger" quote
 CSO not respecting ^{social} network
 (suggesting)
 CSO not willing to be creative
 and find rotations - not
 adaptable

Bribery ~~is~~
 Ratio 1-4

Lack of cultural connection
 and family -
 Lack of resources to return to country
 CSOs treating UP as children when
 independent
 No independence - treated as broken
 CSOs untrained - ~~is~~

Not listening to serious allegations
 of abuse

No Formal complaints

Not helping UP w/ complex
 medical needs

**UNTRAINED, FOREIGN CSO'S
 & CAREERS IN KINGAROO (REGIONAL)**

- Consistent recaps on training including Mental health and self reflection on emotions
- More experienced CSOs shadow new CSOs and give advice on report building.
- Passing a character and fitness test.
- Background checks and fluent in English.
- Helping to choose my team (Be on the interview panel)