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Ten Years On: Views from the Child and Family Support Sector Post-Carmody

Jemma Hamley, Alice Scott, Ines Zuchowski , Lucy Jordan, Albert Kuruvila, Hyacinth Udah and Allira Caddies

Social Work and Human Services, James Cook University, Townsville, Queensland, Australia

ABSTRACT

In this article, the views of practitioners in the child and family sector in North Queensland, Australia are explored. Drawing on mixed methods research, we examined what practitioners saw as changes, challenges, and innovations in their field of practice in the past 5 years. Data collection included a survey and a focus group interview with child and family practitioners. Using a grounded theory analysis, we outlined changes and challenges identified by participants that included an increased need to navigate constraints relating to staffing instabilities, practice complexities, and insufficient resources to address client needs. Participant accounts highlighted the complex reality of service delivery within Australia's current sociopolitical environment. Addressing systemic barriers to recruiting and retaining staff is critical.

IMPLICATIONS

- Mounting pressures on frontline child and family practitioners indicate a need for robust systemic responses.
- Addressing tensions between rising client demand and limited services requires improved government funding for Queensland's child and family sector.
- Promoting workforce sustainability is essential and requires strategies that support recruitment and retention of skilled welfare practitioners.

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In Australia, oversight of child protection legislation and practice sits at the state and territory level (Australian Institute of Family Studies [AIFS], 2022). Various inquiries into the delivery, effectiveness, and impact of Queensland child protection delivery have taken place, including the 2013 Carmody Inquiry that identified a range of systemic failures (Queensland Government, 2013). Among these failures was an overreliance on statutory interventions, resulting in a substantial increase in the number of children in out-of-home care (Queensland Government, 2013). Increasing pressure on child protection systems and a corresponding need to strengthen and build capacity within child

CONTACT Jemma Hamley  jemma.hamley@jcu.edu.au

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protection responses were highlighted (Queensland Government, 2013). The Carmody Report made 121 recommendations to improve and build capacity within child protection responses, which was swiftly followed by the release of an official Government commitment towards change (Queensland Government, 2013). This undertaking included the transfer of responsibility for foster and kinship care services to nongovernment providers; a workforce planning and development strategy; and a focus on early intervention and family support (Queensland Government, 2013). The importance of integrated collaborative responses between government and nongovernment departments was recognised, particularly in regard to supporting vulnerable and complex families (Queensland Government, 2013).

Five years after the Government's commitment to the recommendations, Zuchowski (2019) conducted a survey to explore practitioners' views on the challenges and changes in the child and family sector in North Queensland. Findings revealed increasing case complexity; a disconnect between legislative changes and practice frameworks; and funding levels that did not reflect growing challenges faced by the sector, thereby limiting quality service provision (Zuchowski, 2019). Practitioners expressed concern that the increasing severity of crises and range of families' needs, coupled with high staff turnover, were affecting their capacity to provide effective services. Further gaps in service delivery, particularly related to mental health services, were identified. Participants pointed to the overlap between domestic violence, child protection, and family law, noting that family law court decisions were still resulting in orders that put women and children at risk of violence and failed to meet the needs of victims.

Other literature presented similar themes across Queensland (Russ et al., 2020; Stafford et al., 2022). Qualitative research involving statutory practitioners from multiple regions in the state highlighted heavy demands, burnout risk, and retention pressures (Russ et al., 2020). Additionally, research into the experiences of nongovernment practitioners within various parts of Queensland revealed that organisational constraints, including administrative overload and insufficient resources, could reduce capacity to deliver inclusive, rights-based interventions (Stafford et al., 2022). Such constraints are consistent with analyses of social work practice within managerialist, neoliberal settings, which heighten administrative requirements, reduce capacity for meaningful intervention, and contribute to risks of burnout (Gray et al., 2015; Rogowski, 2018).

Pressures on the child protection system have continued. Contemporary data on children and families revealed that the number of children in care in the state of Queensland has risen over recent decades (Queensland Family and Child Commission [QFCC], 2024a). This number rose from 7,040 children in 2008 to 9,832 children in 2024 (QFCC, 2024a). Notably, overrepresentation of First Nations families coming to the attention of child protection services presents a persistent source of social injustice across the Australian child protection system (Higgins & Hunt, 2024).

The surge in child protection concerns has been driven by multiple interconnected factors that have emerged or worsened in recent years (Bennett et al., 2020; Jones et al., 2020). Corona Virus (COVID) lockdowns in Australia are recognised as having coincided with increased child protection involvement, as the pandemic directly contributed to poorer parental mental health and compounded the risks of domestic violence, poverty, and parental stress (Jones et al., 2020). Further, Australian households have experienced increasing financial challenges in recent years, particularly in relation to food, energy

costs, and housing (Australian Bureau of Statistics, 2025). In addition, the nature and consequences of substance misuse in Australia continue to evolve. The impacts of alcohol and other drug misuse on family functioning and child wellbeing have been a longstanding focus of national and international attention (Kuppens et al., 2020; QFCC, 2024b; United Nations Office on Drugs and Crime, 2023). Concern has grown around methamphetamine use in recent times (Australian Criminal Intelligence Commission, 2024; QFCC, 2024b). Those who use methamphetamine represent a marginal segment of the Australian population; however, a significant percentage of those who do intersect with the child protection system. Queensland Family and Child Commission (QFCC; 2024b, p. 8), for instance, noted that “an estimated 42[% ...] of children in care in March 2021 had at least one parent who had a record of methamphetamine use.”

Mounting pressures within the child and family sector appear evident. In 2023, the QFCC evaluated the child protection reforms via a workforce survey, a community perception survey, and a parent survey (QFCC, 2023a, 2023b). The Statutory Systems Workforce Survey sought to gain insights into the views of frontline professionals within Queensland’s statutory services, including Youth Justice, residential care, and child protection (QFCC, 2023a). Workplace tensions were evident in that just 47% of respondents felt that their “caseload is manageable” (QFCC, 2023a). Perspectives on the quality of service delivery achievable within this context were of equal concern. Thirty-nine percent of participants expressed that they did not have enough time to build relationships with other services (QFCC, 2023a). Most respondents expressed concern that systems were overloaded and that there is not sufficient capacity within secondary or tertiary systems to meet client demand (QFCC, 2023a). Moreover, 19% of respondents indicated that they intended to “leave the sector within 12 months” (QFCC, 2023a, p. 13).

Amidst rapid changes in social conditions, it was timely to examine reflections from the field through an exploration of the following research question: “What are the current changes, challenges, and innovations in the child and family sector?” This article situates contemporary practice approximately 10 years post-Carmody, with a 5-year window (2019–2024) to capture recent sector shifts and service provision.

Applying a grounded theory approach, we explored the lived experiences and evolving practices of child and family sector practitioners in North Queensland. Grounded theory is particularly suited to contexts where existing theories fall short in capturing the nuances of a complex and shifting practice environment (Charmaz, 2014; Corbin & Strauss, 2014). Rather than testing a preexisting finding, we used grounded theory to build understanding from the ground up, directly from the data, as expressed by practitioners themselves. Our approach enabled us to identify emergent themes that reflect real-world conditions, including staffing instabilities, resource limitations, and increasing practice complexity. These themes were not imposed from theory but were inductively developed through coding and constant comparison across survey and focus group data (Birks & Mills, 2015). This allowed the voices of practitioners to shape the conceptual understanding of the sector’s current practices. We consider practitioner insights essential in understanding emerging issues, client needs, and advancing practice outcomes (Rowan et al., 2018). Further, social work literature has been critiqued for its urban bias, often overlooking the realities of remote and regional practitioners (Green & Baldry, 2008; Meng & Gray, 2025). This gap highlights the need for research into practitioners’ experiences across Australia’s diverse regional contexts. Communities in places

such as Townsville may have distinct sociocultural experiences and face challenges that differ from those in major metropolitan areas (Meng & Gray, 2025). In this article, the grounded theory approach provides a flexible yet rigorous structure to capture the varying impacts of policy shifts, workforce changes, and community needs as experienced on the frontlines (Birks & Mills, 2015). It creates space to understand practitioner-led insights into innovation and adaptation, offering a framework of practice that is embedded in context and responsive to change.

Method

Research Design

This was a mixed methods research project that comprised the implementation of a survey followed by a focus group discussion. The research aimed to establish the current changes, challenges, innovations, and research needs of practitioners in the child and family sector. Research objectives were to document the changes, challenges, and innovations experienced by practitioners over the past 5 years; to identify current strategies and forms of collaboration; and to identify practice- and policy-related research questions that would be useful to the sector.

Survey questions comprised 8 closed questions and 11 open-ended questions. Closed questions captured background characteristics, such as service type, referral pathways, client mandate status, client groups, practitioner role, and length of experience. Open-ended questions were designed to elicit qualitative insights into practice challenges, innovations, collaboration, sector developments, and research priorities. The focus group discussion was informed by emergent themes from survey responses and served to facilitate greater depth and contextualisation of the preliminary survey findings. Where grounded theory sits within mixed-methods work, researchers must be explicit in methodological decisions (Charmaz, 2014). Therefore we report that closed questions were used solely to provide background context. Qualitative components, namely open-ended survey responses and the focus group discussion, formed the primary analytical base of this research.

The survey questions were developed based on insights from the literature about the complexity of child protection practice and child protection in Queensland (QFCC, 2023a, 2023b) and on discussions with the Local Level Alliance Facilitator. Local alliances are collaborative networks of government and nongovernment services that aim to strengthen local service responses for vulnerable children and families (Queensland Government, 2025). Such discussions ensured that the survey was in tune with current sector developments. Although this research encompassed broad aims and objectives, this article focuses on practitioners' experiences of recent changes, challenges, and innovations in the child and family sector.

Data Collection

The survey data were collected online in the final quarter of 2023 via a Qualtrics survey, and focus group data were collected in the final quarter of 2024. Email invitations for both the survey and focus group components of this research were sent via the mailing list of the Local Level Alliance network. Focus group invitations included the

lead researcher's email address. Those who emailed were subsequently enrolled as focus group participants. Three reminders were sent out to the group of identified potential respondents. Practitioners from across the child and family sector including nongovernment and statutory practitioners were invited to participate in the study. Following the interim analysis of the survey data, a focus group discussion was facilitated in person with seven participants in Townsville. A semistructured question guide was developed to investigate further the findings from the survey. Three researchers (the first, fourth, and sixth authors) facilitated the 2-hour focus group interview. The structure included presenting an overview of the survey findings, inviting comments and reflections on these interim findings, and open discussion. Prior to the data collection, Human Ethics approval was sought and granted by James Cook University, approval number H9324. Informed consent was obtained from all participants, and data were de-identified to ensure confidentiality.

Survey and Focus Group Participation

The survey link was emailed to 79 practitioners across statutory and nongovernment services, and 14 surveys were completed. This gives an 18% response rate based on the initial email list. Because the link may have been forwarded to others and we could not track onward sharing, the actual number of people who received the survey is unknown, so the true response rate may be lower. This research comprised 7 focus group participants. It is noted that while focus group invitations were distributed through the same professional and sector networks as the survey, participation in each component was anonymous, and the focus group and survey data were not linked. Therefore, it was not possible to determine whether focus group participants completed the survey or to determine a distinct focus group participation rate.

Participant Characteristics

The survey captured responses from 14 experienced professionals across various roles within the child and family support sector. Team leaders and managers/CEOs each comprised 28.6% of respondents, indicating strong representation from leadership positions. Case workers made up 21.4% of responses, with support workers and other specialised roles accounting for the remainder (21.4%). Regarding professional experience, the current role tenure ranges from 3 months to 12 years, with most respondents (43%) having 2–4 years in their current position. The sector experience ranges from 18 months to over 20 years, demonstrating substantial collective expertise of the participants. Leadership roles represent 57% of respondents, suggesting the survey captured perspectives from decision-makers and senior practitioners.

The focus group comprised 7 participants with experience working in the child and family support sector. All focus group participants identified as operating outside statutory child protection roles, with current or recent involvement in community-based service provision. One participant contributed as an activist and volunteer within the child and family sector rather than as an employed practitioner. It is noted that detailed demographic characteristics collected for survey participants were not collected for focus group participants.

Data Analysis

Frequencies and percentages were calculated by the fifth author to describe the closed-ended demographic component of survey questions. All qualitative responses were perused carefully by the first, second, and third authors. NVivo was used to facilitate the initial manual extraction of survey data. Responses to the qualitative questions were analysed using grounded theory. There is a minimum of two phases of coding involved in grounded theory analysis, namely, initial and focused coding (Charmaz, 2014). These phases were jointly undertaken by two members of the research group. A method of continual comparison “lies at the very heart” of grounded theory (Tarozzi, 2020, p. 10). Therefore, the analysis involved comparing the survey and focus group data and reviewing them afresh as new concepts emerged to identify areas of similarity and difference (Charmaz, 2014; Corbin & Strauss, 2014). A collaborative approach to comparisons of the data was facilitated through regular meetings. Further, at various points during analysis, we documented and shared our ideas and thought processes through “memoing” (Charmaz, 2014).

Our research team consisted of social work and human services academics with varied experience in frontline practice. Both authors involved in the qualitative component of data analysis have direct practice experience in the child and family sector in North Queensland. These backgrounds are acknowledged to have shaped how we understand the issues explored in this study. Interpretations were discussed during data analysis to ensure a transparent approach to coding and theme development.

The initial coding phase involved coding open-question responses from the survey and focus-group responses widely (Charmaz, 2014). During initial coding, a range of codes relating to micro, meso, and macro issues were identified. During focused coding, data were coded selectively around “common themes and patterns” that emerged (Charmaz, 2014, p. 189). Significant and frequently used codes were subsumed into larger, more abstract categories (Charmaz, 2014). Specifically, while experience within the sector varied, themes of “staffing instabilities,” “field complexities,” and “resources versus need” emerged as focused categories within our analysis.

From a grounded theory perspective, identification of one core category that captures shared ideas across various categories and their subcategories is desirable (Levitt, 2021). A core category of “navigating constraints,” that encapsulated a central relationship between data clusters (Levitt, 2021), was identified. It is noted that a third phase of coding, often referred to as theoretical coding, is frequently, but not always, undertaken within a grounded theory analysis (Charmaz, 2014; Timonen et al., 2018). Theoretical coding was not embarked upon for this research project. Rather, findings presented in this article represent a conceptual framework of understanding, as opposed to a systematic theory designed to fully explain or predict (Timonen et al., 2018).

Findings

Qualitative Insights from the Field

Overwhelmingly, participants identified challenges relating to staffing stability and resource allocation. They considered these challenges to be exacerbated by an increasingly complex social environment. The following analysis captured these experiences

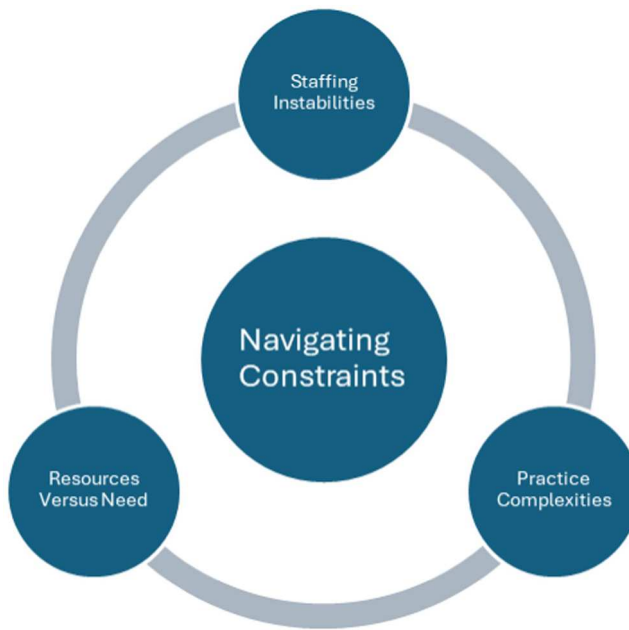


Figure 1 Navigating constraints

under the themes “staffing instabilities,” “resources versus need,” and “increasing practice complexities.” Participants were not passive in the face of such challenges. Rather, as illustrated in [Figure 1](#), “navigating constraints” was an overarching theme that captured how practitioners responded to challenges through a range of innovative strategies and collaboration.

Staffing Instabilities

Survey respondents outlined a range of issues related to staffing instabilities in response to a question exploring changes they observed in their field of practice in the last 5 years. Such instabilities included “waitlist times due to high staff turnover,” “recruitment and retention of staff,” and “CSSC [Child Safety Service Centre] being severely understaffed.”

This theme of staffing instabilities was elaborated upon within the focus group, where issues with staff retention were described to occur within a context of competition between government and nongovernment sectors:

I have two programs with zero staff, because we’re competing with child safety and Queensland Health, Corrections, Youth Justice. And we can’t—we can’t win. We don’t provide housing, we don’t pay 90% of their accommodation subsidy, and those types of things make it very challenging for an NGO to be competitive in that space ... at this point we are left begging for people to come and work for us. (focus group participant)

In the quotation above, staffing challenges are linked to competition between government and nongovernment agencies, arising from longstanding pay inequities between the sectors (Stanford, 2020). Disincentives for people interested in the sector to become qualified were described and included university expenses:

when you add, like, HECS debt ... it can sometimes not be worth it ... at one period of time, I think I was better off, maybe by about \$30, \$40 ... a week or fortnight, yeah, it was very minimal. (focus group participant)

Burnout was described as a palpable concern, reflecting a broader pattern identified in the literature of burnout risk and retention pressures (Russ et al., 2020): “a lot of people leave their workplace because they are burnt out ... I only graduated from my faculty 3 years ago, and I have been like this close to burnout pretty much the entire time” (focus group participant).

Consistent with reported widespread skills shortages across the social services sector (Babacan et al., 2019; Carles et al., 2025; Morley et al., 2024), participants within this study discussed staffing challenges that at times could influence the quality of service delivery:

our senior leadership team have made a decision in the last couple of years to really hold to tertiary qualifications. There was a period of time where they didn't ... we had people turning up who had worked at Coles ... I'm not quite sure how you send someone who's worked at Coles, and you don't know what their parenting framework is ... (focus group participant)

In this sense, a multitude of factors including a lack of workers, disincentives for prospective workers to become qualified, and risks of burnout were described that could affect service delivery.

Resources versus Need

Survey respondents reported that changes in their field of practice over the preceding 5 years included tensions between available resources and needs across the sector. At the individual level, one respondent stated that “frontline workers are not paid enough to satisfy cost of living and justify the work required of such a demanding role.” At the organisational level, another respondent observed that there is “not enough awareness/training of best practice.” Tensions between resources and need were particularly marked in relation to service gaps for clients, such as “limited access to allied health,” “not enough intensive services for the need that exists in the community,” “barriers for families who desperately need help,” and “no increase in services within the region or funding to provide services despite increase in need.” Survey respondents further identified resource challenges related to a “lack of social housing inventory” (survey group participants).

Service gaps creating a sense of some children falling between the cracks were critiqued within focus group discussion:

most programs are funded for a section, and the problem is, if there's a gap between your section and mine, then this is no man's land. But working outside of scope would mean that we could triple our caseload tomorrow. (focus group participant)

Training gaps were discussed, including that staff are “not getting the trauma-informed training and how to best support these clients” (focus group participant). Further, participants highlighted the tension between allocating time to training and meeting service-delivery targets. One focus group participant explained that “[training] then takes away for the amount of time that your FTE has been already apportioned to service delivery. So if you spend 7 hours in training, then that's a day of outputs that you haven't achieved this week.”

Another issue identified during the focus group discussion concerned overstretched foster care resources for vulnerable children. It was observed that “the number of children in placements makes it often very difficult” (focus group participant). One participant stated, “I used to have a client who was one of 13 children in a house, and so her physical needs are being met, but emotionally, absolutely not in a foster placement” (focus group participant). Lack of support for foster carers was noted to be an ongoing issue:

[they] don’t get the support they need. Don’t get financial support, because that’s another barrier. They need to approach health service managers to get funding, whether it’s hospital needs, whether it’s paying for a school camp, whether it is whatever the kids need. (focus group participant)

Increased socioeconomic pressures were described as affecting people’s ability to provide foster care:

Then you throw the cost of living on top of that, and you have parents—used to have one parent was able to stay at home, one parent at work. You now have both parents going to work, you know? So those options for foster carers are very minimal. (focus group participant)

In this sense, resource-related tensions extended beyond frontline practitioners to include scarcity of foster carers while striving to support vulnerable children.

Increasing Practice Complexities

Survey respondents identified increasing complexity in their field of practice as a further change over the preceding 5 years. These complexities included levels of homelessness, neurodivergence, drug use, and family dysfunction. Some participants reported that client referrals now involve multiple, interconnected issues:

[There is] greater complexity in needs. For example, a referral will no longer be for “emotional regulation.” It will now be for “emotional regulation, suspected ASD and ADHD, drug use within the household, poor school attendance, and relationship concerns with mum and partner.” (survey respondent)

Complexities directly impacted practice, leading to a sense of feeling overwhelmed:

I don’t know that a lot of the issues have necessarily changed, but that families are experiencing more of them ... there was always drug issues, there was always accommodation challenges, but it’s like these poor families are experiencing 10 of those things ... I think that is the overwhelm that we see with the families that come to us—this general sense of, I don’t even know where to start. (focus group participant)

Greater complexities could be fuelled by a challenging socioeconomic climate. One participant observed that “[the] number of families are increasing; the complexity is increasing, which is now coupled with cost-of-living crisis. So there’s all these other issues that are underneath and on top of those existing issues” (focus group participant).

Methamphetamine use within the community was referred to as an increasing challenge:

our average DVO appointments don't look the way they would have 10 years ago ... the problem was the alcohol and weed then. And now I'm like, that was great. That was a much easier problem to have than ice. (focus group participant)

Methamphetamine was noted to have particular implications regarding domestic violence risks. One participant illustrated this point: "we can have unhealthy relationships that then transform into violent, terrifying relationships with the introduction of ice" (focus group participant).

Interrelations between staffing issues and increased field complexities were evident:

The complexity has changed ... So the average appointment for one worker has now increased from maybe 2 hours [to] 4 or 5 hours ... but we have the same amount of workers ... so there's more clients coming through the door, high complexity, and the same amount of workers until those seats are filled. (focus group participant)

Navigating Constraints: An Overarching Lens

Participants did not respond passively to these barriers; some reported taking active steps to navigate staffing and resource constraints. For example, survey respondents sought to channel resources towards areas of need through "strong advocacy for those needing support to access support" or "working with services to increase capacity." Some respondents discussed offsetting operational costs by "exploring social enterprise activities" or seeking ways to reduce lease expenses. One survey respondent noted, "[we] have moved location 3 times in 12 years—each time to a lower lease cost." The innovative use of resources could include concentrating resources into identified areas. One focus group participant expressed, "[w]e're being quite targeted in saying these are areas where we think there may be an unmet need."

Survey respondents reported using several strategies to navigate staffing issues, including "creative approaches to recruitment," "stepping in to help with casework where possible," "utilising agency backfill to fill vacancies," and being "comfortable sitting with a vacancy if it means getting the right person."

Focus group participants elaborated on themes of navigating constraints. Some described working within resource constraints by using funding in innovative ways:

I think for us, innovation is really around the fact that there are lots of efficiencies to be had ... I had small amounts of money across three or four programs for community capacity building ... We were able to negotiate and pitch an idea to say, "I want to bundle all of that." (focus group participant)

Another focus group participant described how practitioners found innovative ways to stretch funding to benefit multiple members of a family: "where we might have a complex child, then we have a high extreme child, we have to be innovative about how we're going to work the funding to advantage everyone."

One focus group participant described using an alternative service-delivery model to make limited staffing resources available in an area of need:

We had an increase in referrals in [town]. I didn't have enough staff going up there enough days. And so we spoke to the people on our wait list and said we'd like to offer you a different model. It'll be face to face once a fortnight, and on the alternate fortnight, it'll be teams or phone. (focus group participant)

Similarly, another focus group participant described “looking at fly in, fly out, options. They’re not ideal, they’re not perfect, but they are better than nothing.”

Working around staffing constraints was described by another focus group participant:

with our [program] there’s been difficulty recruiting staff ... they couldn’t get the accredited staff in [town] ... So they partnered with the local service there to meet that contract, meet those needs, and ran with that model for a while to meet the need.

Collaboration could be one way in which participants navigated complexities in the field. It is noted, however, that experiences of collaborations across the data were mixed. Survey respondents indicated that collaboration consisted of “some positive some quite negative” experiences. Such experiences could depend on organisations or individual workers. For instance, one survey participant reported that “some organisations prefer to stick to themselves,” and another described the quality of collaboration as “highly dependent on individual.”

Further, resource and staffing constraints appeared to restrict opportunities for collaboration. As one participant noted, “Some child safety officers are absolutely fantastic. Others are incredibly overworked and do not have time” (focus group participant).

In this sense, the interplay between staffing instability, practice complexity, and the mismatch between resources and client needs could create conditions in which practitioners had to navigate constraints. Despite innovative strategies, these constraints were not always surmountable and could ultimately affect service quality.

Discussion

This study investigated the perspectives of professionals working in the child and family sector in North Queensland, Australia. Objectives included capturing the changes, challenges, and innovations experienced by child and family service practitioners over the past several years. Consistent with findings from prior research conducted in Queensland, practitioners reported facing increasingly complex cases, characterised by rising levels of crisis and need among families, alongside gaps in training and funding that has not kept pace with growing demands. Together, these factors limited service quality (Russ et al., 2020; Stafford et al., 2022; Zuchowski, 2019). Although the survey did not explicitly reference the Carmody Inquiry or its report, the practice challenges that participants described—particularly those relating to staffing instability and limited resources—suggest a disconnect between frontline practice realities and the intentions outlined in the Carmody Report. Whereas espoused intentions from the Carmody Report included building capacity and increasing resources in child protection responses (Queensland Government, 2013), participant descriptions indicate that these improvements have not been realised fully, with ongoing challenges in staffing stability and resource allocation discussed.

Participants’ accounts suggested that staffing instability—including recruitment and retention difficulties and severe understaffing—could have flow-on effects on service delivery. Some participants linked high staff turnover to burnout. Such phenomena appear to reflect nationwide skills shortages for social service workers and the effects of stressful working environments (Babacan et al., 2019; Carles et al., 2025; Morley

et al., 2024; Russ et al., 2020). Given that skills shortages are particularly prominent in regional areas (Babacan et al., 2019; Morley et al., 2024), these findings illuminate the particular effects of such shortages on staff and service delivery for vulnerable families within regional Australian contexts such as Townsville.

Staffing instabilities linked to competition between government and nongovernment agencies reflect pay inequities between these sectors as a long-standing source of contention (Stanford, 2020). Stanford (2020) highlighted that pay inequalities create division between sectors, which fuels workforce instabilities for nongovernment organisations. Insufficient government support for students within a neoliberal policy context further compounded the difficulties faced by nongovernment organisations in attracting prospective workers (Morley et al., 2024).

In addition, participants in this study identified foster care as an overstretched and undersupported resource. Further, rising socioeconomic pressures were reported to make it harder for people to become foster carers. In this context, despite the Queensland Government's pledge to improve the viability of high-quality foster care services (Queensland Government, 2013), a pressing need for continued improvements remains.

The data revealed a fundamental tension between increasing client complexity and limited service capacity. Although practitioners report that client presentations have become significantly more complex over the past 5 years, funding and staffing models have not adapted accordingly. This creates a service delivery paradox: demand for intensive, specialised support is growing while resources remain constrained. The increasing challenges described appear to reflect a range of interrelated social and environmental issues that have been identified as contributing to child protection risks (Bennett et al., 2020; Fogarty et al., 2022; Jones et al., 2020). Bennett et al. (2020) asserted that family wellbeing has become increasingly impacted by interlinked poverty, use of violence, unstable or inadequate housing, and parental stress. All such factors were identified as direct pathways to child safety involvement and the subsequent increased removal of children from their families since 2020 (Bennett et al., 2020; Fogarty et al., 2022; Jones et al., 2020; Pfitzner et al., 2022; Roberts et al., 2021).

Impacts of substance misuse on family functioning in general have been a longstanding source of national concern (QFCC, 2024b). Practitioners in this study reflected on the disruptive and, in one participant's words, "terrifying" role of rising methamphetamine use in family violence in recent years. These accounts are consistent with research documenting widespread methamphetamine use amongst families that come to the attention of child protection services and indicating that this substance can significantly alter mood and exacerbate violence (QFCC, 2024b).

Practitioners described working around constraints such as funding insufficiencies and high caseloads. Many relied on creative strategies, such as reallocating funds and adjusting delivery methods, to meet client needs. Although this highlights practitioner resilience, it reveals a system increasingly dependent on individual effort to compensate for structural shortfalls. These conditions reflect existing trends in neoliberal welfare reform, where efficiency, competition, and personal responsibility drive service delivery (Gray et al., 2015; Rogowski, 2018). Within a neoliberal model, care work is undervalued, collaboration is fragmented, and services remain largely reactive rather than preventive, often at the expense of both community wellbeing and sector sustainability.

Whereas collaboration was noted to be one way in which participants navigated complexities in the field, experiences of collaboration were inconsistent and could be negatively impacted by staffing instabilities. Although the Carmody Report acknowledged the value of collaboration between government and nongovernment sectors (Queensland Government, 2013), these accounts indicated a gap between rhetoric and reality. Despite strong policy emphasis on early intervention and prevention, the data suggest services continue to operate primarily in reactive modes.

Recommendations

The findings of this study contribute to the existing literature by showing that practitioners in regional Queensland were experiencing systemic changes and challenges at the time of the study (QFCC, 2023a). Mounting pressures faced by the sector require robust action to support frontline practitioners as they navigate practice complexities. Some participants in this study noted themes of stress and burnout. Often burnout is framed as an inevitable phenomenon linked to a stressful environment, yet it is important for organisations and departments to acknowledge overarching social issues and accordingly adopt robust and systemic strategies proactively (Carles et al., 2025).

It is further suggested that, at the macro level, governments have a responsibility to ensure that adequate resources are available to meet needs. Gaps in service delivery, that resulted in clients on waitlists across a range of services becoming exasperated, indicate a fundamental tension between increasing client complexity and limited service capacity. It is advised that governmental allocations for this region should be reconsidered in line with tensions between the demand and capacity described.

Pay inequities between comparable roles in the government and nongovernment sectors created recruitment and retention barriers for nongovernment organisations, highlighting the need to increase wages for nongovernment staff to address workforce shortages and support sustainable, high-quality service delivery (Stanford, 2020). Addressing systemic issues that create barriers for recruiting and retaining staff is particularly crucial in regional areas such as Townsville, where shortages of welfare practitioners are severe (Babacan et al., 2019; Morley et al., 2024).

Limitations

The limitations of this project include the small sample size that limits generalisability. Further, the high proportion of participants in leadership roles may have influenced the findings, as their perspectives may differ from those of frontline practitioners without leadership responsibilities. The timeframe provides a current sector snapshot, but longitudinal comparison would be needed to track trends over time. This research was conducted among practitioners based in North Queensland. This regional focus provides valuable local insights but limits broader national applicability, as the inclusion of only one region may restrict the diversity of perspectives captured. Additionally, this study did not collect detailed information on focus group participants, and because participation in the survey and focus group was anonymous and unlinked, it is not possible to determine overlap between samples.

Conclusion

The findings outlined in this article provide insights into the current state of the child and family support sector in North Queensland, revealing a field characterised by increasingly complex service environments. The data highlight critical tensions between policy aspirations and operational realities. The findings align with broader child protection literature regarding workforce challenges, service complexity, and the difficulties of translating prevention policy into practice. Greater support for welfare practitioners, including increased funding, is argued to be essential to improving service delivery.

Disclosure Statement

No potential conflict of interest was reported by the authors.

ORCID

Ines Zuchowski  <http://orcid.org/0000-0002-1270-203X>

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