SUBMISSION TO THE
Commission of Inquiry into Queensland's Child Protection System
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Workforce Capability in Queensland's Out-of-Home Care Sector:

The Case for Practical, Simulation-Based Training

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Executive Summary

Queensland's child protection system is under sustained pressure. The workforce responsible for the safety and care of some of our most vulnerable young people those in out-of-home care and residential settings is undertrained, under-supported, and increasingly exposed to risk.

This submission argues that training reform is not a peripheral issue. It is central to any meaningful improvement in system outcomes. Theory-based training delivered in classrooms is insufficient. Workers require practical, simulation-based preparation that mirrors the realities of frontline care before they are placed with young people whose safety depends on the competency of the adults around them.

Progressive Youth & Community Care (PYCC) has developed a comprehensive crisis and care training framework purpose-built to address this gap. We respectfully urge the Commission to consider the workforce training deficit as a systemic issue warranting urgent, targeted reform.

1. The Sector Context: A System Carrying Unacceptable Risk

Queensland's out-of-home care system supports thousands of children and young people who have experienced significant trauma, abuse, neglect, and family breakdown. These young people are among the most complex and vulnerable in our community. The workers entrusted with their daily care are, in many cases, entering the workforce with a Certificate IV in Child, Youth and Family Intervention, a Blue Card, Hopes and healing online training and little else.

The sector has long acknowledged a workforce capability gap. The Commission's own terms of reference reflect a system under strain escalating critical incidents, high staff turnover, increasing rates of placement disruption, and a growing recognition that what has been done to date is not working. We submit that a significant driver of these outcomes is the inadequacy of current training standards for frontline residential care and youth workers.

The gap between qualification and capability

A qualification is not the same as competence. The Certificate IV in Child, Youth and Family Intervention is the minimum standard and for many workers it represents the ceiling of their formal preparation, not a foundation they build upon. The practical component of this qualification typically requires as few as 50 placement hours. To put that in context: 50 hours is approximately six standard working days. A worker can complete the minimum qualification requirement for working with Queensland's most vulnerable young people having spent less than two weeks in a supervised practice setting. They may have written an assignment on de-escalation. They may have watched a video on restrictive practices. But they have never stood in a room with a dysregulated young person in crisis and made a real-time decision that affected that young person's safety. Fifty hours of placement does not produce a crisis-capable worker. It produces a worker who has been present while others managed a crisis.

This is the gap. And it is not a small one.

> **The evidence is clear**
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> Research consistently demonstrates that knowledge alone does not translate to skilled practice under stress. The neurological and physiological demands of managing a crisis maintaining regulation, applying de-escalation, making split-second safety decisions require rehearsed, embodied skill. You cannot develop that skill by reading about it.
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> Studies in emergency medicine, aviation, military training, and increasingly in social work and mental health, consistently show that simulation-based training produces stronger skill retention, faster decision-making, and reduced errors in real-world application than didactic training alone.

What is currently happening in Queensland

The current landscape for residential care worker training in Queensland is characterised by:

- Mandatory qualifications that are predominantly theory-based, with practical placement requirements as low as 50 hours approximately six working days before a worker is considered qualified to work with children in residential care
- Mandatory reporting and duty of care training often delivered as online modules completed in a single sitting with no scenario practice
- Crisis intervention training that is either absent, completed via a single-day proprietary course, or inconsistently delivered across providers
- No mandated simulation or practice-based component in any current Queensland workforce standard for residential care
- High reliance on on-the-job learning meaning that real young people in real placements become the training ground for inexperienced workers

The last point deserves particular emphasis. When workers learn primarily through exposure when they develop crisis skills by being present during actual crises young people absorb the cost of that learning. Placement breakdowns, escalating incidents, physical interventions that should not have occurred, and the re-traumatisation of children already carrying significant harm histories: these are not abstract risks. They are daily realities in Queensland's residential care sector.

2. Theory Is Not Enough: The Case for Simulation

PYCC is not arguing against theoretical training. Understanding trauma, attachment, legislation, and child development is foundational. Workers must understand why a young person behaves the way they do. But understanding is not sufficient. A worker who understands the neuroscience of trauma but has never practised a de-escalation conversation under simulated pressure will still freeze, react, or escalate a situation when faced with it in real life.

We are calling for a fundamental shift in how the sector thinks about training: from knowledge transfer to skill development. This requires a methodology.

What simulation-based training means in this context

Simulation-based training in the residential care context does not require expensive technology or elaborate infrastructure. It requires structured scenarios, facilitated practice, observation, feedback, and repetition. It means:

- Workers practising de-escalation conversations with a trained facilitator or peer playing the role of a dysregulated young person
- Teams working through crisis scenarios in real time making decisions, adjusting their approach, and debriefing together
- Workers experiencing the physiological demand of a crisis situation in a safe environment before they encounter it with a vulnerable young person
- Facilitators providing immediate, structured feedback that connects the practised skill back to the theoretical knowledge
- Scenarios drawn directly from the residential care environment not generic workplace safety simulations

> **Why simulation works: the neuroscience**
> Stress inoculation theory well-established in both military and emergency response training demonstrates that controlled exposure to stress activates the same neurological pathways as real-world crisis. When workers practise under simulated pressure, they develop the capacity to access their knowledge and skills under actual pressure.

> By contrast, calm-environment learning activates different neural pathways to those engaged during a real crisis. A worker who has only ever learned in a calm classroom setting may find that their knowledge is inaccessible at precisely the moment they need it most when their nervous system is activated and a young person's safety is at stake.

The workforce retention dimension

Simulation-based training is not only about safety outcomes for young people. It is also a workforce retention strategy. Workers who feel underprepared are significantly more likely to leave the sector within 12 months of commencing employment. The residential care workforce in Queensland already experiences turnover rates that compromise placement stability and relational continuity for young people both of which are foundational to therapeutic outcomes.

Workers who have been practically prepared who have rehearsed their skills, received feedback, and experienced simulated challenge report greater confidence, lower anxiety, and higher intention to remain in the sector. Investing in simulation-based preparation is investing in a stable, skilled, and sustainable workforce.

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3. The PYCC Response: A Framework Built for the Frontline

Progressive Youth & Community Care has developed the Progressive Crisis and Care Framework. 11-modules, in-person training program purpose-built to address the practical preparation gap in Queensland's residential and youth care workforce. This framework was not designed in isolation from the sector. It was built in direct response to what frontline workers, service managers, and young people have told us is missing.

The foundational design principle: practice before practice

The PYCC framework is built on a single non-negotiable principle: workers must practise their skills in a simulated environment before they use them with real young people. This is not aspirational language. It is the structural design of every module in the framework.

> **Simulation methodology embedded throughout the framework**
> Every PYCC training module incorporates a structured simulation or scenario-based component. This is not an optional add-on it is the vehicle through which theoretical knowledge is tested, applied, and embedded.
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> Specifically, the PYCC simulation approach includes:

SCENARIO CONSTRUCTION: Each simulation scenario is designed to reflect authentic residential care environments: the morning routine, the school refusal, the peer conflict, the late-night escalation. Scenarios are drawn from real-world incident patterns, not abstract training exercises.

ROLE DIFFERENTIATION: Participants are assigned roles: the primary responder, the support worker, the supervisor, the observer. Each role carries different responsibilities and different skill demands. Workers rotate through roles to build cross-functional competence.

FACILITATED PRESSURE: Facilitators introduce complicating factors mid-scenario. a second young person becoming involved, a change in the young person's behaviour, a communication breakdown between workers. This mirrors the unpredictability of real crisis.

STRUCTURED DEBRIEF: Every simulation is followed by a structured debrief using a standardised framework: What happened? What worked? What would you do differently? What was the young person's experience? The debrief is where the learning is consolidated and connected back to theory.

PROGRESSIVE COMPLEXITY: Scenarios increase in intensity across the training program. Workers are not placed in high-acuity simulations without foundation. The framework builds from lower-stakes interpersonal scenarios to full crisis simulations as workers develop competence and confidence.

What the 11 modules address

The Progressive Crisis and Care Framework covers the full spectrum of knowledge and skill required for safe, trauma-informed residential care practice. The modules are sequenced to build knowledge before practice, and practice before crisis application:

Modules 1–5	**Foundations**	Trauma-informed care, attachment theory, child development, neuroscience, therapeutic relationships, and behaviour as communication. These modules establish the theoretical understanding that underpins all practical skill.
Module 6	**Staff Safety**	Crisis recognition, de-escalation methodology, protective interventions, legal thresholds for physical intervention, the Joint Agency Protocol, and Capacity Threshold. Heavy simulation component.
Module 7	**Rights & Regulation**	Regulatory frameworks, the rights of young people in care, and the legal obligations of workers and organisations.
Module 8	**Understanding Escalation**	The Pressure model, trigger recognition, predictable routines as de-escalation, and trauma-informed follow-up.

Module 9	Critical Incidents	Recognising harm, mandatory reporting obligations, the Reportable Conduct Scheme, critical incident documentation, and post-crisis support.
Module 10	Legislation	Duty of care under Queensland law, the Child Protection Act 1999, information sharing frameworks, and legal versus ethical decision-making.
Module 11	Resilience	Reflective practice, compassion fatigue, blocked care, staff wellbeing, and sustainable practice.

4. What This Means for Young People

Every argument made in this submission ultimately returns to a single point: the young people in Queensland's out-of-home care system deserve to be cared for by workers who are genuinely prepared to care for them.

These are young people who have, in many cases, already experienced the consequences of adults being unprepared, under-resourced, or unsupported. They have experienced placement instability, the loss of relationships, and the trauma of crisis. They did not choose this system. They are subject to it. The least we owe them is a workforce that is not learning on the job at their expense.

The direct connection between worker preparation and child outcomes

Workers who have been practically prepared are better able to regulate their own nervous systems during crisis and a regulated adult is the single most powerful de-escalation tool available in any residential care setting.

Workers who have practised de-escalation in simulation are less likely to inadvertently escalate situations through reactive body language, punitive tone, or poorly timed demands.

Workers who understand the neuroscience of trauma and have rehearsed trauma-informed responses are less likely to misinterpret a young person's behaviour as deliberate defiance — and more likely to respond with curiosity and support.

Workers who feel prepared and supported are more likely to remain in the sector — meaning young people experience relational continuity rather than a revolving door of unfamiliar faces.

5. Recommendations to the Commission

PYCC respectfully submits the following recommendations for the Commission's consideration. These recommendations are grounded in sector experience, the evidence base for simulation-based training, and the realities of Queensland's current workforce preparation standards.

REC. 1 That the Commission recommend the establishment of mandatory minimum standards for practical, simulation-based training for all workers employed in Queensland's residential out-of-home care sector, to be delivered prior to commencement with young people in care.

REC. 2 That any revised workforce training standards for the sector require a minimum number of hours of scenario-based or simulation practice, distinct from and in addition to theoretical training hours, within the first six months of a worker's employment.

REC. 3 That the Commission recommend investment in the development and accreditation of simulation-based training methodologies specific to the residential care and youth justice context drawing on existing sector expertise, including frameworks such as the PYCC Progressive Crisis and Care Framework.

REC. 4 That Queensland Government funding attached to residential care licensing conditions include requirements for ongoing, practical skills-based professional development not solely compliance-based online training as a condition of continued service approval.

REC. 5 That the Commission give consideration to the establishment of a Queensland-specific workforce capability framework for the residential care sector, developed in partnership with sector providers, that sets clear, measurable standards for practical competence alongside theoretical knowledge.

6. Conclusion

Queensland's child protection system is at an inflection point. The Commission has an extraordinary opportunity and an obligation to look beyond service structures and funding models and examine the human capability that sits at the foundation of every child safety outcome: the worker who turns up to a placement at 11pm, who sits with a young person in crisis,

who makes a decision in real time that will either escalate or contain a situation, who does or does not know how to hold space for a young person in the aftermath of a breakdown.

That worker's competence or lack thereof is not a matter of character. It is a matter of preparation. And preparation is a matter of training design.

PYCC has built a training framework that takes preparation seriously. We have designed every module to move workers from knowledge to skill, from theory to practice, from the classroom to the simulated floor. We are not the only organisation committed to this work. But we are a sector voice calling clearly for the Commission to recognise that training reform is not a secondary issue it is the issue.

We urge the Commission to make practical, simulation-based workforce preparation a central and non-negotiable recommendation of its final report. The young people of Queensland's out-of-home care system are waiting for a workforce that is ready for them.

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