



15th August 2012

Hon Tom Carmody SC
Commissioner
Queensland Child protection Commission of Inquiry
PO Box 12196
Brisbane QLD 4003

Re: FCQ submission to the QLD Child Protection Commission of Inquiry

Dear Commissioner Carmody,

Foster Care Queensland is pleased to present our submission to the Queensland Child Protection Commission of Inquiry. FCQ welcomes the opportunity to provide this submission, which encompasses a number of areas based on the day to day practice of the organisation in providing advice, support and advocacy services to Foster and Kinship carer families including the children and young people they care for.

Foster Care Queensland was established in 1976 following a meeting held between a group of carers and staff from the Fortitude Valley office of the Department of Community Services. It was identified that Foster and Relative Carers as they were then, required a peak organisation that would provide not only individual support and advocacy but also strategic advice to the department.

Today FCQ is a vibrant practice based organisation which is strength and outcome focused. FCQ plays many roles within our community providing systems, peer and individual advocacy for Foster and Kinship Carers as well as contributing to the professional development of both Child Safety and non-government staff through the development of 15 practice based modules of training. FCQ also undertakes Exit Reporting activities on behalf of Child Safety and has connecting charity arm in partnership with Shared Family Care in Townsville (Angel Identity), which seeks to provide both material and financial help to family who have lost a child in care.

FCQ employs professional staff who supervises our Foster Carer Advocacy and Support Team (FAST). The FAST team are carer volunteers and is made up of experienced Foster Carers who are specifically trained to provide advice, support and advocacy services to carers at a local level. FCQ also has an office in Townsville from where we service the North and Far North Regions including Thursday Island and the Remote communities of the Cape and Gulf.

Foster Care Queensland fully supports the Queensland Governments commitment to the establishment of the inquiry that seeks to provide critical review of the past and current systems as well as being focused on outcomes that will enhance the child protection system for the future. Foster Care Queensland so fully supports the need to focus on the paramount principle of the Child Protection Act 1999, which states *the safety, wellbeing and best interests of the child are paramount*.

We provide this comment and recommendations as a critical partner in the Child Protection team with feedback being provided by Foster and Kinship Carers, staff and our FAST delegates from throughout Queensland.

We sincerely trust that our submission provides a holistic practice and solution focused view of the past, present and future child protection system.

Yours Sincerely



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Submission by Foster Care Queensland Inc

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**This submission is made on behalf of the Management Committee,
staff and members of Foster Care Queensland including all
registered Foster and Kinship Carers in Queensland.**

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Preface:

The information, comment and recommendation contained in this submission comes from Foster and Kinship Carers, Foster and Kinship Care staff and volunteer Foster Carer Advocacy and Support Team hereon in known as FAST delegates all of whom provide both fostering and practice experience totalling more than 120 years combined.

In 1999 we witnessed the most significant change to the Child Protection System in more than 30 years with the proclamation of the Queensland Child Protection Act 1999. This Act broke new ground in Queensland by bringing up to date reforms at a time when the use of the Children's Services Act 1965 was antiquated and out of touch with both practice and the environment in which the Act needed to operate.

From the proclamation of the new Act until now we have seen significant change both in the way in which the system operates and practices. It provides no pleasure to report that following the CMC inquiry we have witnessed a system that has become more risk averse with staff forced to "cover their butts" due to the risk of retaliation from both within and outside the system. This, at times has led to decision making that may not be seen as child centred with the result that children have been subject to systemic harm that should not occur.

While making this statement FCQ acknowledges the work undertaken by the vast majority of staff who appear to be striving for the safety and wellbeing of children while managing and navigating a system that lacks integrity and that at times stifles their greatest of efforts to undertake child centred practice.

Foster Care Queensland will detail case studies in this submission that will clearly show that in some cases we do not have the child as the centre of our framework in which we all aspire but rather undertake practice that is fraught with dysfunction and places children and young people at continued risk.

FCQ does not believe the Out of Home Care (Alternate Care) system is at breaking point and strives to provide comment that reflects the system at the current time. If we truly not only believe in a common culture of partnership

and focus on child centred practice together we can go a long way to improving a system that is requiring positive change.

Foster Care Queensland will provide information from a number of recent practice based surveys that supports our notion that we are not doing enough to support Foster and Kinship Carers both initially and within the system. Foster and Kinship Carers have been described as “our ultimate volunteers”. They are the only volunteers who volunteer 24 hours a day’s 7 days a week and the reality is that if we do not provide both recruitment and retention strategies that help carers to feel valued and supported within the system then we lose them with the affect that children and young people are displaced, significant attachments are broken and young lives are systemically harmed to a point where at times some children and young people never recover.

Foster Care Queensland believes that we all play a role in helping to ensure this does not occur.

Foster and Kinship Carer Support:

Defining Foster and Kinship Carer support is a difficult task as support means many things to many people and in this context we will break down areas of support for Foster and Kinship carers that will help to elaborate on the challenges and strengths of the current system.

Foster and Kinship Carer support needs to be separated when we look at the types of support available and required for both. Foster Carer needs are different to Kinship Carer needs and the support services available need to clearly identify and support those needs appropriately. Looking after children in the Fostering context is different to Kin. This is even more apparent when we look at Aboriginal and Torres Strait Islander and the CALD community as their definition of Kin varies from culture to culture from what we try and describe as the general population.

Foster Care Queensland is tasked with supporting all Foster and Kinship Carers in Queensland and as such has practice based experience that spans some 36 years. Our staff and Foster Carer Advocacy and Support Team delegates are trained to provide advice, support and advocacy services that are case responsive, meaning that we do not provide day to day support but rather support that deals with individual cases until an outcome is reached. Our FAST delegates deal with general matters such as Child Related Costs and the general support of carers etc. while our staff deal with more complex case matters such as children removed from carers, Matters of Concern and appeals to the Queensland Civil and Administrative Tribunal (QCAT). Our Executive Director, President and Team Leader provide systems and peer support so that carers have a voice in providing input into strategic development such as Legislative review, policy and practice advice to Child Safety and other agencies and day to day advice to non-government Foster and Kinship Care services including professional development for staff in these services. It is this broad ranging, ongoing practice that provides us with the ability to comment professionally on most areas of Child Protection including case work.

In Queensland there has been a long held belief that has only started to change in the last 2 years around the need to separate support services for Foster and Kinship carers. While Foster Carers are recruited and provided with

pre-service and standard training to help equip them to provide family based care, Kinship Carers are not provided the same support. Kinship Carers are not required to undertake pre service training or any standard and ongoing training modules because of the held belief by Child Safety that they are providing care for individual children who are known to them and that they are not approved to take further placements. However Kinship Carers are more likely to breach the Statement of Standards as set out in Section 122 of the Child Protection Act because they are not afforded the same ability to gain much needed information at the time they become carers as Foster Carers do. Kinship Carers tell us repeatedly that they lack information and believe that because they are looking after kin they carry the right to care for the children in the same way in which they have cared for their own children. Kinship Carers do not have a systems view and as such get into trouble because a system has not taken the time to reinforce the needs of the case plan, requirements of the Act and the relevant policies and procedures that need to be adhered to.

Essentially the system is asking Kinship Carers to abide by legislation, policy and procedure, which includes for example the Statement of Standards, when providing care to their kin and more often than not, kinship carers would not know that the Statement of Standards even existed, let alone have an understanding of what they mean in terms of the day to day care they provide. It is therefore not surprising that the rates of Matters of Concern amongst Kinship Carers are higher than that of foster carers.

Kinship Carers who are supported by Non-government Foster and Kinship services are being provided with day to day support by an agency whose task it is to provide information, opportunities for professional development and monitoring however while we are aware that approximately 70% of Foster Carers are supported by non-government only some 10% to 15% of Kinship Carers are provided this much needed support. Some agencies such as Pathways separate their functions of support for carers and dedicate staff to those functions recognising that looking after other people's children is different to looking after extended family members and the complexity of those families. It is our long held belief that all carers should be supported by non-government agencies so that Child Safety can concentrate on the

statutory intervention and case work responses to children and families as the Act requires.

Foster Care Queensland undertakes both regular surveys (*Appendix 1 and 3*) of carers as well providing Exit Reporting (*Appendix 2*) and *Children who Care project* (*Appendix 4.*) to Child Safety. Exit Reporting is the ability to gather information from Child Safety when a carer leaves the system for whatever the reason. FCQ then endeavours to connect with these families to ask a series of questions developed by Child Safety and Foster Care Queensland. The 2011-2012 year has been the 3rd year FCQ has been able to undertake this program and following a successful submission to Child Safety in 2011 FCQ was able to devote a ½ of a casework position to undertaking these surveys. The result has seen percentages of returns go from 14% in 2010-2011 to 23% for the 2011-2012 year.

Unfortunately the recent cuts to the state budget have seen FCQ lose two full time positions, so not only have we lost the position that we secured in 2011 to commit to the Exit Interview Program, we have also lost another position. FCQ is therefore unsure of our ability to be able to continue to commit or undertake the Exit Interview Program. FCQ feels that the Exit Interview program is absolutely vital in determining retention and recruitment strategies into the future in a system where the retention and recruitment of carers is becoming more and more difficult.

FCQ's Carer survey was completed in 2011 and extensive coverage was provided with 460 responses, which is more than 10% of the current Foster and Kinship Carer population. FCQ uses this tool to look at carer recruitment strategies as well as collecting information that may help in the provision of support of carers to promote retention. It's interesting to note that FCQ provided 31 recommendations to Child Safety for consideration. While a number of recommendations already have provision in the Child Safety Practice Manual the reality is that a large number of these recommendations are not reflected in practice and as such has the effect of disenfranchising carers, which in turn affects retention. FCQ is of the belief that such a responsive survey and recommendations has not been taken seriously enough in the past and as such carers can become reluctant to use word of mouth to inspire friends and family to think about becoming Foster Carers.

FCQ's Financial Survey (Appendix 3) has been released to Government in October 2012. This survey is important when considering the support provided by Government in the areas of Care Allowances and Child Related Costs (CRC's). This is an area of support that is critical to meeting a child or young person's day to day needs while trying to ensure that carers are reimbursed for the costs associated with a child in their care. The survey also provides an insight into the rising cost of living especially items such as electricity, water and petrol as well as Child Related Costs that need to be approved by the Manager of the Child Safety Service Centre.

In 2006 Queensland Foster and Kinship Carers were provided with a new system of payment of Carer Allowance, which for the first time incorporated a number of CRC's into the allowance so that carers did not have to continue to apply for a reimbursement and in turn place a financial cost on the system for administering these costs. The other major shift was the carer allowances are now indexed to CPI, which ensured that the allowance rose with the Cost of Living Index however there are day to day living costs that have risen far beyond the CPI with electricity, water, rates and petrol to name a few. In a report released by the Queensland Council of Social Services in May 2011, they reported a rise of 63% in the cost of Electricity, gas and water since 2006 and yet the CPI had only increased by 19% in the same timeframe.

Both the Carer Survey and the Financial Survey indicate that carers are most concerned about the reimbursement of Child Related Costs rather than the Carer Allowance itself. Everyday expenses such as Medical/Dental, Travel, School Fees, Recreational fees and Child Care Costs are the major issue confronting carers with endeavours to have these fees reimbursed. These fees other than travel to contact are at the Managers discretion and decisions are often based on, budget restraint, Managers philosophical views, or a view that carers should be able to meet these costs themselves.

When considering that Foster and Kinship Carers are volunteers who, should not be out of pocket for the costs associated with the children in their care we must understand that the Department of Communities, Child Safety and Disability Services are the legal parent and as such volunteer carers should never be out of pocket. Carers should also not be made to feel as though they have to "beg" in many cases when trying to meet these costs. This comes back

to the culture within the Service Centre and respect for the role carers undertake.

Our Exit Reporting shows that carers leaving the system do so for many reasons. The concerning factor for FCQ is the percentages of carers not satisfied with the system for whatever reason.

FCQ outlined in the Exit Report summary that there is a number of area's that improvement can be undertaken. They are -

- Information sharing
- Practice around the undertaking of procedures associated with Matters of Concern
- Child Related Costs reimbursements
- High Support Needs Allowance policies and practice
- Complex Needs Allowance policy and practice
- Case planning and Permanency
- Real valuing and respect of our family resources
- Day to Day support for those Foster and Kinship carers not yet linked to Foster and Kinship Care agencies
- Kinship Carer training and information provision.
- Transition from care.

These points are not exhaustive and vary from carer to carer however there appears to still be a culture in existence that treats carers as clients rather than professional partners in the child protection continuum.

Known comments such as, "Just remember that you're the carer and we don't have to listen to you" and "we know carers are only in it for the money" do not do anything for carer – staff relationships and as a result affects the placements of children and young people. For Kinship carers the comment "the apple doesn't fall far from the tree" is both unprofessional and disrespectful.

There is also the notion that carers do not have any viable input into case planning when in fact carers know more about the children and young people than any other partner and if consulted with appropriately, provide a true and accurate insight into a child's attachments, feelings, emotions and day to day needs. Section 7.1 (d) of the Statement of Commitment states:

All carers have the right to participate in discussions and decisions affecting the lives of children or young people placed in their care. Carers' knowledge and opinions should inform the decision making, but it must be accepted that the department has the statutory authority to make the final decision.

Support is not about agreeing to everything a carer says or does however support does recognise that a fair and just process is recognised and adhered to.

Supporting carers providing care for children and young people who are Aboriginal and Torres Strait Islander lacks specific cultural support at the current time. While we all aspire to the reduction in the over representation of Aboriginal and Torres Strait Islander children and young people in the system and placing these children with culturally appropriate families as articulated within the Child Placement Principle we know that is not always possible and up to now there has been no mandatory requirement for non-indigenous carers to undertake any form of cultural training. While many carers with placements of Aboriginal and Torres Strait Islander children go out of their way to embrace culture, many do not and this can lead to a separation from culture as the child grows as well as damaging relationships with the child or young person's family of origin and their extended family.

We are also starting to see a rise in the numbers of CALD (Cultural and Linguistically Diverse) children entering the system and as such the need for cultural diversity, understanding and training to meet these children's cultural needs are paramount.

Carers providing support to children and young people with Complex Needs have to endure a policy that is purely finance focused and has no attention placed on the level of care provided or recognition that the level of care can lead to carers sacrificing much of the personal lives to ensure these children and young people are provided with the very best of care. As the policy and practice currently focuses on finance what can and does happen is because the child or young person improves, physically, emotionally and psychologically due to the care and support provided the carer is then rewarded with a lower level allowance when in fact it is the level of care provided that helps to modify positive change for the child or young person. In most cases if the level of care

is compromised in any way then as a consequence the child or young person's behaviour would escalate.

Solutions:

- *Consideration is given to enabling Foster and Kinship Care agencies the ability to undertake the role of supporting all Foster and Kinship Carers as quickly as possible.*
- *A cultural shift in Child Safety that sees carers as professional partners in caring for children and young people and the respect this deserves.*
- *FCQ provided the resources to facilitate "Quality Support for Foster and Kinship Carers" training for all Child Safety Service Centres as is provided to non-government Foster and Kinship Care Services.*
- *Targeted recruitment campaigns driven by local community need, which the agencies undertake.*
- *Treat carers with respect and dignity as part of the caring team and recognise the role they play in a very difficult environment by providing compulsory Child Safety staff training about "Quality Support for Carers" as is already provided for non-government staff by FCQ upon request.*
- *Understand the role of Kinship carers and the very attachments driven by the need to "look after family"*
- *Design Kinship Carer specific induction training that is provided as soon as possible following the approval of the Kinship Carer family.*
- *Ensure that Child Related Costs that are validated are reimbursed and reimbursed in a timely way.*
- *Ensure that all child approved child related costs are reimbursed quickly and without carers feeling as if they are asking multiple times for something they should have.*
- *All Foster Carers wanting to care for children and young people to have culturally appropriate training and up to date and ongoing cultural support plans built into their Carer Agreements.*
- *Where possible Foster Carers to have culturally appropriate training and cultural support plans built in to Carer Agreements for the CALD community.*

- *Regular Carer forums be re-introduced that are carer and staff focused and focus on professional development identified by a working group that includes carers in each region.*
- *An urgent review of both the High Support Needs Allowance and Complex Needs Allowance policy and refocus this policy based on the level of care and financial cost rather than the singular, being finance*
- *FCQ is provided with the appropriate resources to undertake the Exit Interview Program which enables on going evaluation.*

None of the solutions suggested are difficult to employ and will have an instant effect of carer stability and respect.. This is more about the will of a system to move forward in a strength based framework that values everyone.

Kinship Care, Where it Starts:

The Child protection Act 1999, Section 5B (2) states –

Subject to subsection (1), this Act is also to be administered under the following principles—

- a. every child has a right to protection from harm;
- b. a child's family has the primary responsibility for the child's upbringing, protection and development;
- c. the preferred way of ensuring a child's safety and wellbeing is through supporting the child's family;
- h. if a child is removed from the child's family, consideration should be given to placing the child, as a first option, in the care of kin;

Section 5B of the Child Protection Act is as clear as it can be, however the reality in practice is quite different. Anecdotal evidence from across the state suggests that when a child/ren or young person/s are removed from family of origin the very first priority is ensuring the child or young person is safe. To do this, a referral is provided by the child's Child Safety Officer (CSO) to the Placement Services Unit (PSU) who in turn provides a referral to a Foster and Kinship Care service while looking at their own carer pool for placements. Our observations are that the other priority as prescribed by Section 5B appears to be rarely adhered to and rather than starting and following through with the process of endeavouring to find family of origin or significant others in the case of Aboriginal and Torres Strait Islander and the CALD families a Foster Care placement or Residential placement is found.

While understanding the pressure to find placements for children and young people with the priority being the child or young person's safety, it is difficult to understand why in practice the same priority is not also given to seeking kin. It is possible to do these tasks concurrently, that is, in the process of removal, Child Safety should be asking not just the parents, but also the children and their community for family options. FCQ has seen many cases where this does occur however our belief is that this practice is not consistent. Family may be identified this early and Child Safety has capacity to place with family immediately following initial checks. If this is not possible on the day, the days

and weeks following removal should have an absolute focus on identifying possible kin. There may be a view that Child Safety Officers either do not have the skills or do not see it as their role to seek Kinship Care placements preferring to defer responsibility to the PSU who may in turn place the responsibility back in the hands of the CSO's, the end result being nobody is actively seeking kin.

Another stage for seeking kin is the very first Family Group Meeting where the Coordinator of the Family Group Meeting, the CSO and the Team leader has an opportunity to explore Kinship Care options. While questions are asked of the family in most cases it is our belief that the relevant workers do not follow through and Eco Map families of origin. By this we mean having a look at the family of origin, their networks and significant others and mapping the ecology of relationships within that family structure to determine possible options for children very early in their placements. This does not appear to be undertaken as a matter of course and when not undertaken in suitable time frame has a significant impact on children and young people due to changing attachments.

FCQ has supported many carers where a family member has either been found or has contacted Child Safety sometimes many years after the initial placement. Where a child or young person has had support through a caring family based placement it's natural for that child or young person to bond to the Foster Carer family and for the family to bond and attach to the child. In these cases, including those of Aboriginal and Torres Strait Islander decent and CALD children the significant parent for the child changes due to attachment.

In the cases we have supported to QCAT there has been the notion that while we recognise the family of origin, as we should always do, we should also recognise where the child or young person's primary attachments are at that point in time rather than some practice which see's Child Safety trying to reunify with family of origin years after their initial placement. At this point connection becomes the primary factor not reunification.

When making this statement FCQ wants to make the point that in many of these cases, ineffective case work practice could have been avoided had the CSO, PSU or other undertaken the vital work of Eco Mapping family and where

kin can be found, assessing that family for a placement and then ensuring that the family is supported.

At the current time there are approximately 30% of all carer families in Queensland who are Kinship Carers. Not so many years ago this percentage was closer to 35%. When we consider that New South Wales have Kinship Carer numbers in the range of 50% there is a significant problem.

It is FCQ's belief that if we are to ever bring some relief to the already overburdened Foster Care system then we have to start mapping and engaging with prospective Kin, early, quickly and in a way that meets the need of the child or young person.

Solutions:

- *Affective and timely eco mapping of family of origin be undertaken at the point of intake for all children and young people.*
- *When identified, assessments are undertaken in a timely way ensuring that assessors understand the dynamic of these families using the eco mapping provided.*
- *All Kinship Carers be made aware of the need to undertake compulsory training focusing on Kinship Care and the Child Protection System*
- *All Kinship Carers to be supported by Non-Government Foster and Kinship Care agencies to ensure primary, ongoing support and monitoring for the family.*
- *Dedicated Kinship Care support staff employed by the agencies who are trained to support Kinship Carers as a defined group from Foster Care.*

Foster Carer Recruitment:

Foster Care Queensland has been involved in the recruitment of Foster Carers since its inception in 1976. This is by way of, undertaking active engagement with Child Safety in recruitment campaigns both at the development and delivery phases, with media speaking on behalf of carers, working with Foster and Kinship Care services, taking telephone inquiries and passing these on to relevant agencies and participating and facilitation of training to perspective carers. FCQ also provides practice advice to Child Safety and non-government services regarding recruitment. We are able to do this because of our unique perspective, that being that the Management Committee, FAST delegates and Executive Director are all Foster Carers or Kinship Carers who have in their own right considerable experience not only as Foster Carers or Kinship Carers but also affective considerable experience in recruitment strategies.

The difficulty with the recruitment of Foster Carers is not unique to Queensland. Other states and territories and the western world are experiencing similar concerns and there is nothing to indicate this problem is going to get easier in the near future however our community must remain proactive and at times think outside the square to identify those strategies in local areas that work and secondly then to continue to promote Foster Care at every possible opportunity. As we have discussed earlier one of the major impediments to recruiting carers is our inability to retain them. Carers are the greatest advertisement we have however can also be the very entity that stifles retention if we do not support them appropriately so that we retain a greater number of carers than we do presently.

FCQ notes that the statement from Antoine Payet, Acting Regional Director South East Region, *Paragraph (24)* states that one of the difficulties associated with the inability to recruit carers is that this places such a demand on the system that more grant funded placements are required. This is a theory that FCQ struggles with. The greater majority of grant funded placements are for children and young people who cannot be placed in family based care for a number of reasons and, the majority of these placement are not suitable for family based care and/or the difficulty in recruiting carers for Complex and Extreme needs children and young people.

There are a number of agencies in the South East who are successful in recruiting carers however if we cannot retain carers then we lose any momentum we have. One of the strategies proposed is the so called professionalisation of Foster Carers by providing them with a wage as an incentive. While there are a small cohort of children who are of *Extreme Need* that could and do benefit from carers who are able to stay at home where a wage would suit the situation the majority of children are of moderate/high need and fit in with families who provide care through the altruistic notion of wanting to care. FCQ is and has always been of the firm belief that the very motivation of volunteering to become a Foster Carer is born of the willingness to care and as such provides the child or young person with a caring family based environment where children should be able to bond and attach to that family and it's environment free from harm. The notion of professionalisation of Foster Care is seen by carers as contempt for their ability to provide care and FCQ views carers as professionals who have a role to play in the partnership that makes up alternative care. Carers are professionals and the more that the culture within the child protection system sees them as something less only exacerbates the system's inability to recruit because the current carer pool are treated as something less than professional. If the system wants carers to be waged then the system has to be prepared to endure the negative reaction on children and young people as we will change the very motivation that we aspire to when recruiting carers. FCQ does not want to see a child as a pawn in a family based environment dependent on a wage. There is nothing about this strategy that makes a commitment to providing the very best care for children and young people who are requiring a family based environment that they can not only call home but feel they are an integral part of, wage care will not do this.

FCQ is of the belief that recruitment strategies are systems based and locally delivered meaning; the system provides the overall momentum and tools, while local communities who know their area deliver strategies in a way that suits that community. Most agencies are very aware of the local environment and how recruitment best works however not all agencies continue to follow through with strategies as part of the day to day core work. Recruitment only works if it is consistent, providing honest and transparent messages about

Foster Care and starts the development of positive relationships right from the first meeting or phone call.

Child Safety and Foster and Kinship Care agencies share a common goal however at times they appear to be far removed from one another. It almost appears that rather than modelling best practice around recruitment non-government competes with Child Safety holding the inevitable big stick that is funding. While output based funding appears to be the order of the day very rarely do we talk about shared outcomes, what they are and how do we achieve them. Much more work needs to be undertaken to merge cultures into one that has a common purpose and goals without the threat of funding always being there.

Solutions:

- *Child Safety undertakes a holistic strategy for recruitment using all electronic media available within budget constraints including the use of the internet. Strategies should be in line with providing the community at large with a positive view of Foster Care, taking care to allow the community to understand the complexities of caring for abused and neglected children and young people.*
- *Child Safety use the functions and ability of the peak body to help get the message out to the public by allowing in partnership with Child Safety and the non-government to get the message across.*
- *Where possible undertake to make use of experienced and willing carers to help sell a recruitment strategy and encourage word of mouth marketing.*
- *Non Government Foster and Kinship Care programs undertake ongoing recruitment in their local communities using both, resources available from Child Safety and program resources developed in house.*
- *All recruitment strategies should be partnership focused to enhance the perception of partnership to the community at all times.*
- *Recruitment campaigns are not seen as a short snap in time, rather are ongoing to enable messages around the need for foster carers to become a well-known fact in communities.*

- *Exit Interview reports completed by FCQ to be reviewed yearly to assist in the identification of barriers of recruitment and to draw on positive experiences carers have had to use in ongoing Recruitment campaigns.*

Foster Care Queensland Inc

Foster Carer Initial Assessment and Re-approval

Following the CMC inquiry in 2003 Foster Carer Initial Assessment processes were reviewed in line with the inquiry recommendations and as such an assessment template has been developed and reviewed on occasion. The current system is robust enough except for 2 particular areas. They are, the length of time for assessments to be undertaken and in particular the need for carers to have screening done by both the Central Screening Unit and the Commission for Children and Young People and Child Guardian and, the lack of assessment panels across the state.

Carer Screening;

Prior to the CMC inquiry all carer screening was undertaken by the then Department of Families. There was generally very little complaint when screening was local however interstate screens could be arduous depending on the State the screening was asked of. This has not changed with the Commission however there continues to be holdups with the interface between Child Safety and the Commission, which at times can hold up carer approvals for months. When it is already difficult to recruit carers it is also equally difficult to explain to the applicants that there continues to be holdups with the screening, which at times means that applicants give up and withdraw. This is the start of the partnership process and when we have holdups such as this it indicates to potential carers that the system is already not supporting them.

Furthermore, given that the Commission is now responsible for completing criminal history checks as part of the blue card application process to become a carer, this means that Child Safety do not have access to the outcomes of criminal history checks unless requested when completing a Provisional Approval. Therefore Child Safety very much rely on firstly the carers to be open and honest in their application for approval and secondly on the Commission to exercise appropriate judgement in issuing a blue card.

What we need to remember is that when the Commission are considering applications for blue cards, they look at crimes that they believe could have had a direct impact on children, if they deem a criminal activity not to, then a blue card will be issued and Child Safety will have no knowledge.

FCQ has sat on Foster Care Assessment Panels for eight years now and are familiar with cases where this process has been shown to have flaws. For example one case where a carer applicant was somewhat honest in her application, stating that she had prior drug convictions. This applicant was successful in obtaining a blue card. Because of self disclosures, this matter was looked into further and it became apparent that the carer applicant had significant convictions relating to drug trafficking, which resulted in a six year sentence and three years spent in jail. It is concerning that had the applicant not been honest in her Application for Approval, this information would not have been made available to Child Safety . Although this crime may not have a direct impact on children, when taking into consideration the families that Child Safety work with, they absolutely must be mindful of placing children into homes where this criminal history is present as this person could well have been a supplier of drugs to the child's family at some point in time.

Assessment Panels;

Child Safety Service Centre Managers have the delegated authority under the Child Protection Act to approve, or not approve applicants. Up until 8 years ago Managers would undertake this task in isolation from other professionals who could also provide specialist critique to assessments. With the introduction of Assessment Panels Managers now feel that they are not the only professional making a recommendation. A more centred approach to assessment critique and recommendation has seen a significant improvement to quality and consistency of assessments.

Carer panels first started somewhat add hock with one service in Ipswich however the service and the 3 local service centres believed that the panel was value adding to critique of assessments. Some 7 years ago the then Logan and Brisbane West zone in consultation with Foster Care Queensland facilitated the first Carer assessment panel where a consistent Manager was tasked with approving or not approving assessments. Core members of the panel team were a Child Safety Manager, Foster Care Queensland and an experienced staff member from the PSU.

The quality and throughput of assessments and the professional critique provided to assessors was quickly recognised and assessments panels became

a feature and a model of best practice in that zone. Today we have assessments panels in South West, Brisbane, South East and more recently Far North Queensland. Unfortunately North Coast, Central and North Queensland are yet to establish carer assessment panels with one of the reasons possibly being that, Service Centre Managers do not want to give up any ownership of approval to another Manager. This may result in the regions not being able to establish what is a very effective, quality driven process that not only provides a best practice model for approval but also decreases the time taken to have assessments approved.

Foster Care Queensland is a core member on all of the Panels in operation at the current time and this has created true partnership and shared responsibility in these regions where everybody's expertise is valued and appreciated. Most importantly it has led to the substantial improvement in the quality of assessments of foster carers.

Re-approvals:

At times, what should be an easy process to undertake, re-approvals of Foster and Kinship Carer becomes a very difficult process due to a number of factors. The inconsistency of Managers undertaking critique of re-approvals using a strength based framework where carers, who are volunteers can be made to feel valued within a child protection partnership is a constant concern. Often punitive and risk averse measures are used when critiquing re-approvals with the result that assessors often have to compile re-approvals that have greater content than the initial assessment with evidence and research that has no impact on whether the carers have been undertaking their caring role in line with Section 122 of the Child Protection Act. FCQ's opinion is that it is not difficult to assess against the standards as outlined in Section 122 and, if the assessor has the relevant history for the period of re-approval then most assessments become a relatively easy process. If we truly value our volunteer carers who after all, undertake the service of providing care as volunteers in what is a very difficult environment, then Child Safety has a responsibility to undertake the task of re-approval in a managed, strength based framework that is the least intrusive and truly values the role that carers play.

Solution:

- *Queensland Government seriously consider the role of the Commission for Children and Young People in undertaking Criminal History checks with the view to all carer screening including Criminal History undertaken by Child Safety and a separate carer card issued.*
- *That Child Safety direct all regions to facilitate carer approval panels at their earliest possible opportunity.*
- *Redesign the re-approval process for carer re-approvals to improve consistency and focus on the carers strengths while challenging those areas that require further exploration.*
- *All complex re-approvals that are identified be presented to panel for critique so that the Manager is assisted in their task of decision making.*

Foster and Kinship Carer In-service Training:

Following the CMC inquiry in 2003 changes were undertaken to improve not only the variety of training provided to Foster Carers, but also the quality of the training which has also improved considerably. Eighty percent of Foster Carers reported (FCQ Survey 2011) that they are satisfied with both the type and quality of training provided while only 20% of those surveyed indicated that they were dissatisfied.

Foster Carers receive compulsory pre-service training and applicants then complete 3 compulsory standard modules during their first year of service. Training after the first 3 years is no longer compulsory however there are very few Foster Carers now who would not attend some type of in-service training throughout the year.

Kinship Care is a different story and one that FCQ has always been concerned with. Kinship Carers do not have to undertake any pre-service training nor do they undertake any standard modules during their first year and all other training is also non-compulsory unless there is a requirement in an Action Plan following a Matter of Concern. Child Safety has continued to inform FCQ that they feel training is not necessary for Kinship Carers as they are only approved for particular children who are usually kin.

FCQ believes that Child Safety continues to miss the point and that is that Kinship Carers need and deserve the same level of opportunity as Foster Carers. It is also FCQ's belief that Kinship Carers are much more vulnerable to Matters of Concern because they have very little knowledge of the Child Protection system and what that means for them looking after kin. Kinship Carers often tell us that they believe they would be bringing up their grandchildren, nieces and nephews etc. the same as they have raised their own children when in fact that is not the case due to the demands of the system for both them and the children they care for.

Although Kinship Carers are often invited to training, the take up rate for this is very small and it is the opinion of FCQ that Kinship Carers often feel isolated and are less inclined to want to attend training with Foster Carers as they don't feel they belong when in fact the opposite is true. Kinship Care by its very nature is more complex and as such the system is doing a disservice to Kinship

Carers and their families by not insisting that training be undertaken. At a time when we need to enhance the system to better identify kin for children who cannot live with their parents we are also placing the families at risk of breakdown because of our duty of care to the carers and their children.

We also need to be mindful of kinship carer's concerns around being judged if they attend training alongside foster carers. This can be a very challenging and difficult place for them to be and for this reason it is vital that options are made available to Kin that allows them to participate in training that is specific to them. This will not only have the benefit of being able to tailor training specific to the experience of caring for kin, but also will provide opportunities for these families to connect to others who find themselves in similar situations. For this reason, specific support programs aimed at supporting kin families, in FCQ's opinion is a must.

Another area of concern is the withdrawal of Foster and Kinship Carer forums that helped to provide professional development and networking opportunities for Foster and Kinship Carers as well as department and agency staff. The regions that consistently held these forums regularly had numbers of carers and staff over 100 where carers through surveys nominated the types of guest speakers, themes, workshops etc. A working group made up of carers, agency and department staff co-ordinated these events either quarterly or half yearly. These opportunities have for the most part been lost for what appears to be a number of reasons, lack of funding, lack of carer participation in working groups, lack of willingness from agency and Departmental staff to co-ordinate these events. If we truly value our volunteer assets then we should all be prepared to give of our time to ensure that worthwhile training events such as these forums occur. This not only helps to support both Foster and Kinship Carers but also helps with retention.

Solution:

- That any legislative review requires Kinship Carers to participate in a Kinship specific initial in-service training within the first 3 months of becoming carers.

- Kinship Carers be required to complete Standard modules of training Promoting Positive Behaviour (Module 5) and Self Care (Module 7) within the second re-approval period or before.
- Regions re-establish Foster and Kinship Carer forums on a regular basis (3 or 6 monthly) and these forums be funded by the Department of Communities, Child Safety and Disability Services.
- That Kinship carers also have a learning plan which will assist in the identification of learning needs and provide responsibility to the sector in ensuring these needs are met.

Foster Care Queensland Inc

Kinship Carer Initial Assessment and Re-Approval:

Unlike Foster Carer initial approvals and re-approvals Kinship Carer assessments should focus on firstly, having a comprehensive ecomap of the child's family and where the perspective Kinship Carer applicants is situated within that map. This is a significant way in which to determine family support and where challenges are likely to occur. Kinship Carer assessments also need to focus on support not only within the family of origin but also from outside agencies where identified that a Foster and Kinship Care service will be involved in the carers day to day support. The current assessment tool is inadequate for this task and while a new assessment tool exists in draft, which appears to more adequately meet the needs of assessment, this tool is yet to be approved.

Kinship Carer re-approval is another area where, in the past we have defined Kinship Carer re-approval the same as we have Foster Carers. Kinship Carer re-approvals should be a relatively easy task to complete given that Kinship Carers are looking after specific children who in the majority of cases are extended family. While the re-approval should be straight forward they are often complicated by Managers who expect too much from Kin. Defining whether any carer remains suitable is determined by a number of factors including ongoing screening however if these factors are met then our expectation is that Kinship Carers are able to meet the Statement of Standards as defining by Section 122 of the Child Protection Act however, what appears to occur in many cases is that the expectation of Kinship Carers is much greater and there is pressure on Kin to have knowledge of Child development, Trauma Theory etc and are placed under considerable pressure at times to undertake the facilitation of contact, when the situation within the family is not allowing for harmonious relationships sometimes by the very fact that there has been some form of relationship breakdown due to Kin looking after a perpetrators children within the family.

Kinship Carer motivation is also an area that at times is misunderstood. While Foster Carer motivation tends to be altruistic meaning that Foster Carers tend to care for children because of a desire to help others Kinship Carer motivation is generally driven by the need to look after family. The emotion involved in Kinship Care is vastly different because caring in this instance is about looking

after family, not other people's children. Often FCQ finds that Departmental staff has a different view of Kinship Carers and this is not always positive. FCQ has identified where in some cases Departmental staff see Kinship Carers as clients rather than carers and as such are often treated with some disdain with some staff seeing Kin as just as responsible for a child's harm as the perpetrator is hence the term "the apple does not fall far from the tree". This can then reflect on the re-approval where assessors are using a client framework rather than a strength based framework based on the Kinships carers ability to not only adequately care for a child but also keep the child safe.

Kinship Carer assessments are also a significant issue for remote communities. As we are aware Aboriginal and Torres Strait Islander families have extended family that can incorporate a whole community and as such family composition in a household can shift at any given point in time. This has become a significant issue for both Child Safety and the Commission for Children and Young people and Child Guardian. On one hand Child Safety is seeking to assess risk within the perspective family home while the Commission has a more prescribed formula for identifying whether a family is suitable. One of the effects of this on the Gulf Communities for instance is that we see children and young people displaced from their community and placed in MT Isa, Townsville or even Brisbane because of the lack of suitable placement options.

We should all be aware that displacing any child from their community is harm in itself however we should also be just as aware that placing an Aboriginal or Torres Strait Islander Child outside their community can have disastrous effects both for the family of origin and more importantly for the child or young person.

There has been some work undertaken by the Commission and Child Safety to identify areas where risk can be mitigated however this work appears to be ad hoc and without significant purpose. FCQ is of the belief that further work needs to be undertaken as a matter of urgency to identify families available to care for children in remote communities. At the same time Child Safety and the Commission need a much clearer understanding of what is "Acceptable risk" as

opposed to what appears to be risk adverse assessments that appear to have no understanding of the child and families needs.

FCQ is of the opinion that there needs to be a much broader view taken to how we can attempt to keep children and young people in their community rather than displacing them. By identifying protective behaviours required including the challenge of where the perpetrator resides and the ongoing risk to the child or young person as well as providing adequate supports for the family and if need be removing the perpetrator/s from the community rather than the child from the community we may well see a much more stable community that is able to manage risk within the Kinship Care arrangement.

Solutions:

- *Child Safety approves and implements the new Kinship Carer Initial Assessment tool as a priority.*
- *Training occur for staff of both government and non-government facilitated by FCQ on how to undertake effective assessments including eco mapping while gaining an understanding of Kinship Care and it's needs.*
- *As a priority Child Safety and the Commission for Children and Young People provide strategies for both identifying and assessing Kin in a much more culturally appropriate environment that has a focus of family retention rather than family separation.*
- *That Child Safety and the Queensland Police Service investigate methods in which some perpetrators may be removed from their communities through community engagement with elders.*

Matters of Concern:

Matters of Concern is a process used by Child Safety under policy to address concerns raised by a party as to whether a carer/non-government staff member have complied with procedures outlined that states that Child Safety has a legislative responsibility to ensure that children in out of home care receive a level of care that is consistent with the standards of care outlined in the statement of standards (*Child Protection Act 1999*, section 122).

Policy CPD326-7, Assessing and responding to Matters of Concern states- “The Department of Communities (Child Safety Services) has a legislative responsibility to ensure that out-of-home care provided to children and young people subject to statutory intervention under the *Child Protection Act, 1999* (the Act) meets the standards of care set out in the Statement of Standards, section 122 and the Charter of Rights for a Child in Care Schedule 1, section 74 of this Act”.

Matters of concern include any concern raised in relation to the quality of care provided to a child placed in an out-of-home care placement under the Act, section 82(1), where a breach of the standards of care is indicated.

A Child Placement Concern report is undertaken if there is information provided to Child Safety that a breach of the Statement of Standards (Section 122 Child Protection Act) has allegedly occurred and a Notification is where information and or assessment indicates that alleged “Harm” has occurred to a child or young person.

Policy states that, concerns about the standards of care provided to children or young people in out-of-home care will be responded to in a manner which promotes existing professional partnerships and enables partners to work together to effectively promote and ensure the safety and well-being of children and young people who require out-of-home care, in accordance with the principles and requirements of the Act, the Child Safety Practice Manual and the *Statement of Commitment between the Department of Child Safety, foster care services and the carers of Queensland*.

The policy also states that - For a matter of concern to meet the threshold for a notification, it must meet the legislative definition of harm as outlined in the

Act, section 9, that is, any detrimental effect of a significant nature on the child's physical, psychological or emotional well-being. Harm can be caused by physical, psychological or emotional abuse, neglect or sexual abuse or exploitation.

The departmental response to matters of concern will consist of either:

A Child Placement Concern Report – where the concerns raised indicate that an approved carer or staff member has provided inadequate or poor quality care that fails to meet the standards of care outlined in the Act.

A Matter of Concern Notification – is where the concerns raised indicate a child has experienced harm or risk of harm by an approved carer or staff member as defined under Section 9 of the Child Protection Act.

The separation of an alleged breach of the "Statement of Standards" and alleged "Harm" are done so to recognise the difference between an act where the carer may have wittingly or unwittingly breached the standards however no harm has been identified. A notification is about Harm to a child and as such the response needs to be in line with the assessment and investigation requirements as prescribed in the practice manual.

The written policy and procedures can be at times ambiguous with staff not discerning the difference between a CPCR and a Notification. As such the resulting investigation and assessment can become quite punitive in the case of a Child Placement Concern report. When Child Safety staff do not have the ability or learning to deal with any matter relating to a colleague, which is significant in nature the relationship between the parties suffers as a consequence.

While many CSO's, Team Leaders and Managers undertake the role of dealing with Matters of Concern in a Child Centred framework that respect the rights of all concerned there are also many that do not. Matters of Concern are possibly the most difficult process for carers to undertake yet the whole process of dealing with CPCR's and Notifications differently is so that CPCR's can be dealt with in a more informal manner, which in most cases can be done with a visit from a CSO and an Agency worker. Notifications are identified as a much more significant concern and as such need to be undertaken in a more formal setting where appropriate investigation and assessment occurs however this can still be done within an environment of respect and trust.

Sadly though, FCQ support many cases where Child Safety have simply not followed their own procedures and this has led to MOC's being recorded inappropriately and where outcomes reached have not reflected a fair and just process'

As can be seen in the FCQ Exit Report and Carer survey one of the greatest blockages to carers being retained is the way in which they are treated as part of a partnership caring for a child or young person. If we do not respect the carers right to a fair and just process and presume they have done something wrong then we simply end up losing them.

Where Child Safety has assessed that a Carer has harmed a child there are clear processes that need to be adhered to and FCQ fully supports these. FCQ was part of the extensive review into the MOC process in 2007 which led to the revision of these procedures. It is vital then that we put these procedures into practice when assessing an MOC as this will ensure a fair and just process and therefore outcome for carers who are subject to an MOC process.

FCQ also notes that Kinship Carers appear to be subject to ever increasing Matters of Concern yet Child Safety still does not afford them compulsory training and support with what is a very difficult system for a volunteer. We simply cannot expect to increase the numbers of Kinship Carers to relieve the Foster Carer system of some stress if we are setting Kinship Carers up to fail.

Detailed below are 8 short example case histories of concerning Matters of Concern as recorded by Foster Care Queensland staff. This is a small sample of the types of concerning actions taken by Child Safety.

Summary of MOC Cases:

Case Example One:

Details:

A MOC Notification was raised for the following:

- Child of 4 years of age
- Child got up in the early hours of the morning
- All doors in the house were locked, the carport door locked, the garage door locked, both gates locked, the door in the laundry was able to be locked however it was a push button locks. The security screen was one that needed the lock pushed down to lock.

- The child was able to get out of the laundry door.
- The child climbed over a 6 ft fence.
- He was picked up by someone and taken to the Police, unharmed. The child told Police that he was going home to his mother.
- The day after this incident the carer contacted the Real Estate agent and had them come and replace the locks. The carer was horrified that this had happened and even took to sleeping outside the child's bedroom. The placement ended because of other reasons. This had been the first incident of anything like this happening.
- While everyone agreed this carer provided excellent care a Notification was still recorded.
- FCQ staff member contacted CSSC Manager to discuss why it was raised as an MOC and not just case worked. Manager stated that this was because of what could have occurred to the child, that this was the process that needed to be followed.

Outcome recorded

The MOC process went ahead, a breach was recorded (1)(B) The child's needs for physical care will be met, including adequate food, clothing and shelter.

Case Example Two:

Details

A MOC Notification was raised for the following:

- 14 year old boy in care was assaulting female and male carer – causing significant bruising to the carer's face and chest, young person repeatedly punched the male carer in the chest as he was aware the carer had a pacemaker.
- Male carer restrained young person and pulled him away from his wife.
- Young person's elbow went into glass door during restraint
- Child Safety did not acknowledge the incident as trauma to the carers or apologised for their lack of sensitivity toward the carers in this case.
- FCQ also raised concerns in this case that there was a history of violent behaviour exhibited by the young person and that it appears the carers acted within the Positive Behaviour Support policy. FCQ also raised

concerns that carers did not have the opportunity to have a discussion with Child Safety Service Centre when the matter was raised and before MOC was recorded.

Outcome MOC Notification Substantiated Recorded, MOC review unit currently reviewing MOC and the MOC Unit disbanded. Carers are still waiting for the department to sign off on their re-approval, it has been 16 weeks since the incident was recorded.

Case Example Three:

Details

A MOC CPR was recorded, details are as follows:

- Within two weeks of increased contact with their parents, the subject children started stating things such as 'we've been told we will get lollies if we lie about you', the carer reported this to Child Safety and it must be noted that the carers had cared for these boys for four years through two failed reunification attempts.
- Not long after, one of the boys reported to their CSO that they were being 'starved and flogged on their bums'
- Even though CSO acknowledged to carer that she did not think there was anything to worry about, she advised that they had to record an MOC
- It does not appear that any attempts were made prior to the recording of the MOC to gather contextual information as the procedure allows for, which could have prevented the need to record an MOC i.e.
 1. contacting the children's schools to ask about whether they had appropriate packed lunches,
 2. contacting one of the children's doctors who the child sees regularly due to a diagnosed condition of Cerebral Palsy to ask whether they had seen a decline in the child's weight
 3. contacting the Community Visitor to see whether they had seen a change in the children's behaviours or weight that would cause concern.

Outcome

No Breach of Standard recorded – taking eight weeks to finalise

Case Example Four:

Details

A MOC Notification was recorded against carer, details as follows:

- FCQ and the carers acknowledge the need to raise an MOC Notification in respect to the main concerns raised in this MOC, which included allegations of putting hands around a child's neck where the child felt that the carer was choking her and making the children eat hot chilli's. Whilst the carer denies these allegations – she understood that such information would need to be investigated when received
- What is concerning for FCQ and the carer is the additional concerns that have been put into the MOC which included
 1. One of the children not attending swimming lessons while another two do – carer advises that she pulled this child out of lessons because of her disability and that she was frightening other children in the pool, she had been contacting Child Safety to enquire about Hydra lessons, with no response
 2. The school had to provide one of the children with a jumper, laces for shoes and a water bottle – only stating this occurred once – a conversation with the carer would have sufficed we would think
 3. The children are late by 30 minutes on regular basis to school
 4. The carer did not attend the teacher parent interview – carer had only just attended an 2 hour IEP meeting with teacher and Principal 2 weeks prior
 5. The school have great difficulty contacting carer – this had never been raised with carer
 6. Other adults are always transporting children to school – how has this reached threshold for a breach of Standards ??
- Whilst FCQ understood the need to record the more significant concerns as above, we struggle to understand why these added issues would just be thrown in the midst of the MOC, all of these should have been issues that were discussed with the carer
- The Aboriginal and Torres Strait Islander Fostering Agency who was supporting this carer advises that they were not consulted about the MOC or any of the issues above, that the first they knew of it was when the MOC had been recorded. It would seem that the minor issues as

listed above, should have been discussed with the fostering agency that provide the day to day support to the carer.

Outcome

The outcome for one of the children in the carer's care was substantiated harm and breach of standards, the letter outlines the breaches as being (a), (b), (c), (e) (f) and (g), these standards all seem to relate to the lower level concerns detailed above, there is no detail as to what harm has been substantiated or how they reached this outcome– it is also very interesting to note that throughout the MOC process, Child Safety have been having discussions with the carer about taking on 3rd party guardianship of children in her care

Also interesting to note that MOC was recorded on 2nd September, and outcome letter is recorded as 25th November – a total of 12 weeks to finalise despite the 6 week guideline.

Case Example Five:

Details

A MOC CPR was raised – details are as follows:

- A child left a front door open in the home and the three year old run out
- At a point of panic, the carer yelled 'who left the fuckin door open' – statement not towards the child, rather the situation
- Carer recognises this is inappropriate
- Carer advised that the grandmother of the child in question told her of the impending MOC the day before Child Safety did
- We question whether this could have been addressed through casework

Outcome – No Breach recorded

Case Example Six:

Details

A MOC CPR was raised – details are as follows:

- School reported that carer has sent child to school sick and has refused to pick up when requested to do so. Carer advised that she had taken child to four different doctors, all confirming that she had asthma, not

contagious and she was fit to go to school. This was the first time carer heard of this concern, not addressed with carer

- Not engaging with Evolve – once again, carer advises that this issue had never been raised with her before and she disputed this, stating she had always allowed Evolve access to the child and listened to their advise
- That on one occasion, the father of the child in her care had weekend contact, he rang the carer when he was due to return the child (after two nights contact) to say he was not able to get her back, carer e-mailed Service Centre, however CSO did not get the e-mail until two days later and carer was told that she should have called After hours and advised them. Department advise that they had clear conversation with carer about not allowing contact to go over two days, must be noted, carer did not allow this, father advised he could not return child and carer reported to Child Safety, only thing she did not do was call afterhours.

It needs to be noted that in the MOC meeting, FCQ Caseworker was told when she attempted to challenge the process, that her role was one of support only, not advocate. The meeting went on for 3 ½ hours and Child Safety did not provide timeframes as to when the two first concerns happened, they raised a number of other concerns that they said were connected, but not included in the MOC and that some of the concerns were old and some new. The fostering support agency attached to the carer stated that some of the concerns raised in the meeting by Child Safety dated back two years ago

It has to also be noted here, that this carer feels that the MOC was recorded in response to her contacting FCQ about a respite placement she did not think should go ahead for the child in her care. FCQ advocated on the carers behalf, this all occurred on the Friday and the following week an MOC was recorded.

Case Example Seven:

Details:

MOC notification raised details are as follows:

- Child made allegation around carer smacking them – absolutely appropriate that this course of action was taken, FCQ's issue with this particular MOC was not the decision, rather the process

- When the decision was made to record an MOC – a letter was sent out to the carers to inform them of the concerns raised. Whilst FCQ acknowledges the Practice Manual does not state how a carer should be advised of concerns, certainly best practice would see Child Safety picking up the phone and having a conversation with a carer about concerns raised, rather than simply sending out a letter.
- FCQ is aware that Child Safety were aware of the concerns well in advance of the 48 hour time frame provided to Managers in which to make a decision as to whether the concerns constitute recording an MOC. Child Safety advised FCQ on 29th June of the concerns and yet the initial MOC meeting did not take place until 23rd August and the carers did not find out about the concerns until just before this time
- FCQ was advised that whilst the matter was recorded as a Notification, the CSO assigned to the children's case at least partially investigated the concerns as she interviewed one of the children. If this information is accurate, it is against procedural advice which clearly states that Notifications should be managed by the I&A team and the children should be interviewed by an I&A worker with the assigned CSO sitting in as a second person to the interview if necessary
- The MOC Outcome (verbally) was provided to the carer 9 weeks after the concerns were recorded despite the 6 week time frame provided in procedures. The official outcome letter was then not provided until 2 weeks after this date. At no time did the carers receive advice as to why there would be a delay in the outcome as per procedure.
- It is our understanding that despite these carers being attached to another office to the one undertaking the MOC process, the other office were not involved in the process at all and yet are now being told they need to develop the action plan which has resulted from an MOC outcome that they have not been part of

Outcome

Substantiated MOC Notification

Case Example Eight:

Details: MOC CPR recorded, details as follows:

- 6 year old boy attached to Intensive Fostering Agency became extremely out of control in room and was destroying it, i.e pulling all his draws out, throwing blocks at the door and destroying his bed
- Carers called their agency who came to the home and witnessed outburst
- Police and Ambulance called – Ambulance called to sedate child, however Police arrived and were able to calm situation so Ambulance no longer needed
- Carers had MOC CPR recorded for not restraining the child – Support Agency were present and also did not attempt to restrain

Outcome Recorded – still under investigation

It is FCQ's firm belief that in all the above cases, had the procedures been applied as intended, then either the MOC would not have been recorded in some instances in the first place or in the cases where the recording of the MOC was appropriate, FCQ would have no knowledge of the case as the carer would have felt respected and valued through a process rather than feeling attacked and targeted.

Solutions:

- *Partnership with Carers training to be introduced to CSO Induction Training as a matter of urgency.*
- *Foster Care Queensland given the opportunity to provide "Matter of Concern" training to all Child Safety services centres.*
- *Review of Matters of Concern practice across the state.*
- *Matter of Concern unit to be re-introduced with a focus on best practice.*
- *A significant cultural shift at all levels of Child Safety to focus on carers as professional partners and colleagues rather than the current adversarial approach, which tends to treat carers as clients.*

Child Intake and Initial Placement:

There has been an increasing concern that the number of child intakes outnumbers the carers available at the time of the initial referral. This is a real concern given the ever increasing number of children and young people entering the child protection system.

FCQ has repeatedly advocated for a change to the system to see a number of actions occur that would alleviate some of the stress caused to the current system and to, just as importantly minimise some of the trauma caused to children and young people especially those coming into the system for the first time.

At the current time there appears to be very little focus on children's short and medium terms needs at the time of entering the child protection system. CSO's are pushed by workload which may result in lack of process other than the identification of an initial placement option.

CSO's at the current time refer children to the Placement Services Unit who in turn send referrals to the Foster and Kinship Care services while looking at placement matching with their own carer pool if that's available. There appears to be very little planning at this point to very quickly map families of origin to see if there is a possible Kinship Care placement. It appears that the only consideration at times, is to find a placement no matter how and with very few matching principles. As a sector we have had a culture for some time that drives crisis centred outcomes at the initial point of entry of children and young people and while staff struggle with the need to place children and young people they also challenge their own ethics about why they are undertaking the role.

Another direct concern is the lack of carers available to take initial placements or, carers available who are only able to care for children for very short time frames, 3 to 4 nights. This not only places ongoing trauma on children and young people but also places both Child Safety and Foster and Kinship Care Service in a difficult place. Often due to the lack of placement options these same carers who have stated that they can only care for a child or young person for a short period have pressure placed on them to extend placements with the result that carer feel pressured into undertaking a role that they

clearly articulated they did not want to do. The issue of over committing carers can have disastrous effects including placement breakdowns of not only the children recently placed, but other children in the placement too due to the stress that has been placed on the foster family. Other effects include Matter of Concerns being recorded as carers are simply out of their depth and unable to meet the Statement of Standards for amount of children in their care.

Queensland does not have a pool of dedicated emergency carers at this time and any notion that this may occur has been left to simmer while the continued placement concerns exist. A dedicated pool of Foster Carers who are trained/retrained to accept and care for emergency placement only for very specific periods of time provides a release valve so that Child Safety or a Foster and Kinship Care Service can explore Kinship options and at the same time explore longer term placement options in Foster Care. This has the added advantage of keeping placements stable for a period of time. The 'Emergency Carers would do nothing else but take initial placements and undertake extra pre-service training to add to their skill base. One of the modules to be added would be "observation" and another 'how to deal with attachment anxiety". These carers would observe and provide input into future placement considerations by helping to identify children and young people's needs, behaviours and social supports. This information would in turn help agencies and child safety best match children to longer term carer families or provide valuable information to Kin. This system, FCQ believes, would result in less placement breakdowns, better placement matching and would be reflective of the practice of concurrent planning, where children's lives are not being put on hold for years at a time where the only focus is reunification.

While the majority of children and young people would be place in family based care there is also an awareness that not all young people are suitable for family based placement for any number of reasons and FCQ is not of the opinion that Emergency Family Based Care is an option in all cases this is where alternatives such as tendered by the "Healing House" would provide options for young people in either therapeutic emergency residential placement or specific need houses but again only for specific periods of time while some appropriate assessment can be conducted.

FCQ believes there needs to be fundamental change in thinking to allow an easier transition for children and young people at the time of placement while providing a specific period of time to both eco map families of origin while planning for ongoing family based placement with Foster Carers if Kin are not available.

Solutions:

- *Eco mapping families of origin at the time of intake as a priority. This could be undertaken by Child Safety or a Foster and Kinship Care Service.*
- *Concurrent planning occurs at the same time to match children and young people with Foster Carers if suitable Kin placement cannot be accessed.*
- *Develop a pool of Emergency Foster Carers whose role it is to take only emergency placements for a specific period of time to allow for appropriate matching with either Kin, where they are not found initially or matched with Foster Carer families.*
- *Emergency Carers to be supported by Foster and Kinship Care Services who would provide ongoing day to day support and required training to undertake this specific task.*
- *Training be provided to Emergency Foster Carers including, observation and case report writing and “Dealing with attachment anxiety”*

Child Protection Casework Activities and the Children's Court

It has become evident throughout the Child Protection sector that following the 2003 CMC Inquiry and subsequent outcomes that Child Safety both systemically and in practice has become risk adverse. There appears to be a concerning culture where staff appear to worry more about the directions of system than the principles of the Act in which they are endeavouring to administer a service to children and young people and their families.

There is also an ongoing concern that staff are also placed under considerable pressure by the system, which does not appear to be strength based focusing on a child centred framework but rather a framework that hobbles CSO's from undertaking their role appropriately.

Case Planning and Case Work are a statutory response under the Act and as such children and young people who have to enter the system should be confident that the principles of the Child Protection Act (Section 5) are adhered to both within the Departments Case Planning and Case Work response. At the same time children and young people have the right and deserve to be treated in the Children's Court system fairly rather than what appears to be an ad hoc approach where the legal fraternity make the rules governed by the advocacy to be provided to their clients, who are not the children and young people for whom the Children's Court is responsible for.

It appears that all too often Child Safety staff who are under significant pressure miss case work responses at times and it is these responses that appear to be picked up in court proceeding where the weight of evidence outweighs the balance of probability, which is contrary to Section 105 of the Child Protection Act 1999 which states,

Section 105, Evidence

(1) In a proceeding, the Children's Court is not bound by the rules of evidence, but may inform itself in any way it thinks appropriate.

(2) If, on an application for an order, the Children's Court is to be satisfied of a matter, the court need only be satisfied of the matter on the balance of probabilities.

It appears that all too often Section 105 does not apply within the Children's Court framework where evidence underpins every action undertaken both by Solicitors and Magistrates.

At the same time Children and Young People are rarely able to speak for themselves or have another party such as an Independent Children's lawyer as happens in Family Law with the outcome that a child or significant other, such as Kin's view and wishes are not taken into consideration.

Section 113 states that –

113 Court may hear submissions from non-parties to proceeding

*(1) In a proceeding on an application for an order for a child, the Children's Court may hear submissions from the following persons (each a **non-party**)—*

- (a) a member of the child's family;*
- (b) anyone else the court considers is able to inform it on any matter relevant to the proceeding.*

(2) A submission may be made by a non-party's lawyer.

(3) The court may allow the non-party to view a document or other information before the court on the application if the court is satisfied—

- (a) the document or information is relevant to a submission the non-party may make to the court; and*
- (b) the non-party needs to view the document or information to make the submission; and*
- (c) it is in the child's best interests for the non-party to view the document or information; and*
- (d) each person to whom the document or information relates—*
 - (i) has been informed that the document or information may be viewed by the non-party; and*
 - (ii) has been given a reasonable opportunity to make submissions to the court about the non-party being allowed to view the document or information.*

This Section of the Act all but prohibits non-parties from making statements through submissions due to the fact that Magistrates rarely agree to this occurring and a Non Party as defined cannot be joined to proceedings therefore is not able to support the child in any real tangible way within the Children's Court matter. This is unlike Family Law where a relative or interested other can be joined as a party upon consent from the court.

It is FCQ's belief that Case Work has become focused on possible outcomes to be delivered by a Child's Court based on the legal argument provided by Child Safety and Solicitors acting on behalf of their clients who are normally the birth parents of children, who after all harmed these children in the first instance. It appears from cases we are providing to the inquiry that the safety of children are placed at risk every day because of the probable notion that courts care more about a legal framework than a child centred strength based child risk framework.

FCQ also offers the thought that our system may offer a fairer system if rather than having a Children's Court Magistrate deciding Child Protection matters we look at a Child Protection Tribunal with sitting members coming from Legal, Practice, Indigenous and CALD backgrounds where the tribunal uses a Child Protection framework based on the balance of probability with a broader perspective of decision making that is centred on the welfare and best interests of children and young people. This may also have the effect of pacifying Solicitors engagement with their clients where they would have to concentrate not only on the legal context of their actions but also focus on the principles of why children young people and are in care in the first instance. .

FCQ provides for the Commission's perusal 3 case studies that are real however have been de-identified. We will leave these to the Commissions discretion as to whether they are to be made public or not and FCQ will not publish these cases unless the Commission determines that the cases can go on public record.

The Cases are –

Appendix 5. Lillie's Story

Subject Child -

Lillie Age 2years 3 months

Parents-

Father

Mother

Kinship Carers -

John and Lorraine

Parents to Birth Mother and Maternal Grandparents to Lillie

Case History:

Lillie was removed from her mother's care at 7 weeks of age due to significant neglect. Lillie was placed with the Maternal Grandparents, John and Lorraine who were already approved Foster Carers. Documents indicate that there were 2 initial Notifications recorded in relation to the protective needs of Lillie. The first notification was unsubstantiated however the second was substantiated and Lillie was removed. At the time of Lillie's removal from her mother the father and mother were not living together.

Initially a Temporary Assessment Order (TAO) was requested and approved by the Children's Court followed by a Court Assessment Order (CAO), which was also granted. At the completion of the CAO an application was made to the Children's Court for a 1 year Custody Order, which was granted. This order was to expire on October 2011. The grounds for the order were –

- Lillie's was observed to be underweight, non responsive to stimuli and dirty while in the care of her mother
- Lillie's mother had limited skills to parent Lillie
- Lillie's mother appeared to have a limited understanding of the basic care needs for Lillie
- Lillie's mother had mental health issues which were impacting on her ability to adequately care for Lillie
- Lillie's mother had extensive child protection history, which appeared to be impacting on her ability to care for Lillie
- Lillie's father never had the primary care of Lillie
- Lillie's father had been violent towards Lillie's mother
- Lillie's father had a significant history in relation to substance abuse
- Lillie's father appears to have a limited understanding of the basic care needs of Lillie
- Lillie's father failed to acknowledge the extent of the Child Protection Concerns.

Case Planning goals during this period were developed for Lillie and her parents and stated that –

- Lillie's to remain in the care of her maternal grandparents and that Lillie have all her health needs met through attendance at ongoing medical appointments and reviews
- Lillie's mother attend a parenting course to develop skills that will enable her to meet Lillie's care and protective needs.
- Lillie's father attend a parenting course to develop skills that will enable him to meet Lillie's care and protective needs
- Both Lillie's mother and father engage in random urine testing to demonstrate that they are not engaging in substance misuse
- Both Lillie's mother and father attend a neuro- psychological assessment to provide Child Safety with a clear understanding of their current functioning and capacity levels.
- Lillie's mother to engage with a psychologist to address her mental and emotional health.

It was also noted that Lillie's father had significant health issues that affected both his physical and neurological health.

During this period of Case Planning and Case Work activity both Lillie's mother and father underwent random urine screening with the outcome being that Lillie's mother never undertook a screen when asked to do so however did admit to Child Safety officers that she had on one occasion indulged in drug taking.

Lillie's father had 2 urine screens and undertook both screen with the result that both tests came back positive to an illegal substance.

- **It must be noted here that no further screens were asked for the period of the order.**
- **While neurological assessments were conducted with significant outcomes for both parents these did not appear to be followed up on.**
- **While Lillie's mother did not undertake a Parenting Course during the period of the Case Plan Lillie's father did however statements to the**

court indicate that that he did not engage in the course and was observed to fall asleep on occasion.

- Both parents had failed on occasion to attend contact making up a myriad of reasons as to why they could not attend.**
- Child Safety appears to have failed to follow up on Lillie's father's significant health concerns.**

Following a Practice Panel discussion attended by the Manager, Senior Practitioner, 3 Team Leaders and the CSO responsible for the case a decision was made based on the information provided to apply for a 18 month Child protection Order granting custody to the Chief Executive for a period of 18 months.

A hearing was set down for October 2011 however this was adjourned to a future date due to one parent not having legal advice. It appears that it was at this time that Child Safety's Case Planning and Case Work response went horribly wrong.

Lillie's father had engaged a Solicitor through Legal Aid who it appears was stating that Child Safety had not proven in evidence that Lillie's father could not parent or look after Lillie's care and protective needs and was prepared to go to court and provide argument based on evidence and Lillie would be placed with her father following the hearing.

Lillie's Grandparents made application at this time to provide a submission to the court under Section 113 of the Child Protection Act however when this matter was heard the decision was that the Grandparents could not provide a submission that in any way had content where by the grandparents were challenging Child Safety or Lillie's parents on anything provided in court document. Lillie's grandparents were only able to provide a submission based on Lillie's current care arrangements with them. As Lillie's grandparents were wanting to challenge the court documents before the court they decided not to follow up with a submission.

It appears that Child Safety reacted by negotiating to firstly reduce the time of the order to 12 months and then to 6 months on the day of the hearing.

On the day of the hearing Child Safety, following negotiation with Lillie's father and his Solicitor made the decision to allow and order that allowed a quick transition (1 month) of Lillie's care to her father starting with overnight visits. **(It must be noted that Lillie's mother and father only ever had supervised visits at the Child Safety office, a Library or a park).**

Child Safety stated that they would go back to court at the end of the month transition and ask to be granted a Protective Supervision Order where custody would be with Lillie's father and that Child Safety would monitor Lillie's care for a period of 12 months.

Lillie's mother although not happy with this arrangement was told by a Crown Law Barrister that at least this way she would continue to see Lillie because if Child Safety had lost the case for a 6 month order then any time spent with Lillie would be at the discretion of Lillie's father.

Lillie's grandfather was present at this time and witnessed Lillie's mother, who had no legal representation of her own sign a hand written note on a piece of A4 paper agreeing to the transition and the PSO.

It was observed by not only the Grandparents but also several workers that as the transition started and progressed Lillie became more and more withdrawn and would come back from overnight visits with her father and lay on the floor and cry and self harm by hitting her head on the floor and chairs. At this time Lillie was 1 month shy of 2 years old and could not indicate her feeling through speech. It was also observed that when workers attending Lillie's father home were leaving Lillie would cry and want to go with them.

It was also observed that Lillie had bruises, suspicious in nature indicating that she may not have come across these bruises in an accidental manner. One such mark on her finger appeared to all that witnessed it to be a burn however was passed off as a scratch that Lillie had picked.

Following the transition to Lillie's father's care Lillie's grandparents, who it is acknowledged only ever had Lillie's best interests as their focus engaged a Family Law entity to consider all possible concerns and whether they had any right to challenge Lillie's current circumstances in the Family Court.

Following this application was made to the Federal Magistrates Court for an Emergency Hearing based on both recent and historical evidence that suggested that Lillie's father had not been able to meet Lillie's care and protective needs and that Lillie was at significant and ongoing risk of harm if she was to remain in her father's care.

This initial application was denied in May 2012 however the matter was set down for a hearing in late June. During this adjournment period Child Safety had been undertaking monitoring of Lillie's care and on one of these visits a worker arrived at Lillie's father's home to find Lillie asleep on a bed. Lillie was 2 year and 1 month old and it was found that the front door was open, there appeared to be no one else in the home and the worker could not raise any person when calling out. Arriving home some ½ hour later Lillie's father made an excuse that he was chasing some young people up the street and had left Lillie in the care of a person who lived next door.

At this time Child Safety also asked Lillie's father to undergo a random urine screen and this subsequently came back as positive indicating a significantly high amount of an illegal substance was present.

That same day Child Safety provided a report to the Family Court outlining the events that had occurred and this was followed by an emergency hearing of the Family court the next day where it was ordered that Lillie be removed from her father's care that day and be placed with her maternal grandparents who were granted Temporary Custody until a hearing in August. At the August hearing the court ordered an Interim Custody order in favour of the grandparents and that the court appoint an Independent Children's Lawyer to look at Lillie's needs.

Case Planning and Case Work Concerns:

- Child Safety did not follow through with Case Work to the extent they should have given that Case Planning indicated a significant number of events to occur that were either not undertaken or undertaken however not at an adequate level.

- Child Safety did not present a concise case to the Children's Court that met the needs of the child under Section 5 of the Child Protection Act.
- Lillie's protective needs were not met by the legal parent (Child Safety) and as such placed her at risk, exposed Lillie to significant trauma and forced her into a position where a child of her age could not react other than show her grief through trauma.
- Child Safety "made a deal" with Solicitors before a matter was presented to the magistrate that essentially left the magistrate with little choice however the magistrate may have and should have adjourned the case given that Lillie's mother did not have any legal representation.
- By not undertaking adequate case work Lillie was placed at significant risk of future harm and were then unable and unwilling to present and argue Lillie's case as they should have.
- The courts inability to exercise its power as stated in Section 105 by being able to decide a case based on the balance of probability rather than some very loose and misguided evidence provided by a Solicitor whose primary focus was to win on behalf of their client.
- Child Safety and the court negligence in not affording Lillie her own natural justice by not promoting and appointing a state legal representative to look after Lillie's needs.
- The inability of the grandparents to be joined as a party to the proceeding and being able to actively engage in the court process based on a best needs framework for and on behalf of Lillie as can be achieved in the Family Court.
- Child Safety and the systems inability to recognise the cost of the case proceeding to the Family Court, which was last reported by the grandparents to be more than \$30,000.00 with a trial date yet to be announced when it was and remained Child Safety's responsibility to keep Lillie safe.

This particular case appears to quite clearly identify weaknesses in our current system to adequately protect a child even though the Child Protection Act prescribes to do so. This case also appears to show clear weaknesses in being able to adequately allow the child a fair and just

process that helps ensure their safety and wellbeing and as such breach the very Act that is there to protect them.

Appendix 6. Julie and Kevin's Story

Subject children

Julie – aged five

Kevin – ages 6

Parents

Mum – Mother to both children

Dad – Father to both children

Carers

John and Sarah – carers for Julie and Kevin.

Child Protection Notifications from December 2004-2005

1. Substantiated physical abuse
2. Substantiated physical and emotional abuse
3. Substantiated physical and emotional abuse
4. Substantiated for physical and emotional abuse

Brief Case History

The children were taken into care at birth due to the following concerns.

- Domestic violence
- Drug and Alcohol Misuse
- Mum has an intellectual impairment
- Mum was admitted into hospital following a domestic violence incident. Mum was pregnant at the time and went into premature labour. Police protection was required at this time due to concerns regarding Dad's extremely violent behaviour following being served with the DV order.

Child Safety identified ongoing concerns in case plans as follows:

1. Dad has throughout the entire time been very aggressive and oppositional towards Child Safety and other services that have tried to work with the family to address the Child Protection concerns.

2. Mum and Dad have separated on several occasions due to domestic violence issues however Mum continues to return to the relationship.
3. Contact has been more consistent with Mum when she is not in a relationship with Dad. Visits with Mum were however supervised as she was not able to cope with the children on her own.
4. Contact has not been successful with Dad when done at a contact house as he becomes aggressive towards staff. There have been at least 2 services that have refused to work with Dad because of his aggressive behaviour. At one point Dad would only agree to have contact if it was at his residence.
5. The children have made disclosures on 2 occasions in relation to sexual harm by Dad. One in 2009 and the other in 2010. This was disclosed to several people including the foster carer and Child Safety Officer. This was investigated however no charges were laid. In 2009 the children disclosed that they were being physically hurt by Mum and that one of the children had been locked in a room.
6. Dad has made death threats against the foster carer family and his own children. A High Alert was placed with the Police on Dad and this remains current. (2009)
7. Department agreed to have security systems placed at the carers residence due to the above concerns.
8. An agency was asked to complete a parental assessment for reunification. This assessment concluded that reunification was not in the children's best interest. This was provided to the department on the 10th December 2009.
9. The One Chance at Childhood team also completed an assessment and recommended that the children not be reunified (2009).

Children's Orders

- The children's orders were due to be heard in December 2011 however this was adjourned until February 2012. The application to the court was for a Long term Guardianship Order.
- Dad's solicitor was pushing for there to be more contact and that contact should be unsupervised. He asked for at least 3 visits per week with a weekend visit included. He also wanted that children to have contact on Christmas Day. Department were not agreeing to this.

- Dad was offered visits for months before this however because the visits were not at his house he would not attend. Mum also stopped having contact as she would only go if Dad went to.
- Magistrate ordered that there was to be 2 visits per week; one being for 1.5 hours and the other between 2-4- hours and also Christmas Day. This was to remain in place until February. He also ordered that Dad's sister be assessed by the department to be able to supervise the contacts with the Department only able to supervise the first one. Visits were to be at Dad's house. Dad's mother was assessed to be able to supervise.
- Magistrate also ordered that a social assessment be completed.
- Department and number of other stakeholders had stated that they were very anxious about the Magistrates ruling. Department have sought advice from Crown Law in relation to this case.
- Several strategies were put in place to support the children through this period such as counselling and some work with the children around protective behaviours being mindful to keep it balanced and positive and not directed at Mum and Dad.
- When the case returned to court in February no final decision was made however Magistrate ordered that the children have overnight contacts beginning with one increasing to Friday through to Monday. Department did not support this. This was to be put in place until the Magistrate made the final ruling. This was a recommendation that came out of the social assessment. It is interesting to note that no attempt was made by the assessor to meet with the children in the foster carer environment which had been the children's home for the last 4 years.
- Department went back to court to stop the sleepovers after having received information about domestic violence. The Magistrate then placed a DVO against Dad on Mum and children however ordered that the sleepovers continue as long as a family member was present.
- During this time Mum left Dad and has since provided an Affidavit to the Department describing many domestic violence incidences whereby she had had to leave the house.
- When the next contact occurred Dad became aggressive with departmental staff in front of the children resulting in the Police needing to be called and Dad being admitted to the Mental Health Unit. The children were removed at that point.

- When department went to court for a mention they were advised that no decision about contact will be made until there is more information about Dad's current Mental Health condition.
- Department are asking that contact be limited to 2 hours per week supervised at the Child Safety Service Centre.

Outcome for children

- Throughout the last 10 months the children's behaviours have declined. Both have become very aggressive in play with other children both at home and at school. School have raised their concerns on several occasions. One of the children has begun wetting the bed and is also displaying baby like behaviour such as baby talk and crawling on the ground. Both have regressed at school and have become oppositional towards teachers and peers. Teachers have commented that one of the children appear to be sad all of the time.

Concerns

- Magistrate appears not to have taken into consideration the safety of Department officers when ordering they supervise contact at the father's home pending assessment of family members. Child Safety appear to have provided clear evidence around the violence displayed by Dad by numerous stakeholders. Therefore ordering a CSO attend the father's home to supervise contact, not only places the children in an at risk situation, but also the CSO supervising the contact
- It appears this is a case whereby Child Safety have undertaken sound casework, however have continued to be blocked in their applications for orders that they consider to be in the best interests of the children by a Magistrate who continues to give these parents opportunities despite the children being in care for over five years and despite the many independent assessors and evidence that demonstrate that Dad is an unacceptable risk to his children.
- It appears that the Magistrate has also not taken into consideration the children's attachments and recognised that given they have both been with their carers since birth, the foster family is who they consider to be their significant family. To continue to place the children in a situation where they have experienced harm damages all their attachments. That

is the attachments with their current carers as they soon become the scapegoat for the children when seen by the children as not protecting them, and then the birth parents as any chance of forming positive attachments are destroyed by the very nature of the contact and Dad's ongoing violence.

Appendix 7. Sarah, Tommy and Betty's Story.

Subject children

Sarah – aged four

Tommy aged two

Betty – aged nine

Parents

Mum – Mother to all three children

Dad – Father to Sarah and Tommy

Carers

Tim and Mary – carers for Tommy and Sarah.

Gill and Peter – carers for Betty

Brief Case History

Child Safety records indicate there have been eight Notifications received in relation to the mother as a parent since November 2000. These notifications have been recorded as:

- 2 x substantiated emotional, physical and sexual harm
- 3 x substantiated emotional harm
- 1 x substantiated emotional and physical harm
- 2 x unable to commence or complete due to workload reasons

Child Safety identified ongoing concerns in case plans as follows:

1. Dad is a convicted sex offender, charges related to indecent assault of a child under 16year old and an under 12 year old.
2. Mum has no insight into Dad's offending and therefore risk to her children
3. Dad has history of illicit drug use

Mum and Dad were together when he was charged and convicted for the sexual offences, he was subsequently sentenced to prison. Sarah and Betty

were removed from Mum's care and during this time Mum had little contact with her girls.

When Dad was released from prison, contact became established once per week, it appears that now that Dad was out of prison, he was the driving force behind having contact. Although Betty has never disclosed, Child Safety believe that she too was sexually abused by her step dad, she refused contact with him and has expressed her fear of him 'hurting' her and her sister

Mum got pregnant to Dad again and Tommy was removed at birth and placed with Tim and Mary. The case plans continued to be 'reunification' to Mum, however specification that reunification would not occur whilst mum continued her relationship with Dad.

Contact was an ongoing issue, with carers expressing their concerns about the children's behaviour's leading up to and following contact. A review was conducted around contact and this resulted in an actual increase in contact, at this time (2010), Child Safety advised with the exception of Betty, all the children's case plan goals were now reunification to both Mum and Dad as a household. Carers were directed by Child Safety to their responsibility of supporting reunification plans and reprimanded for previously raising concerns about visits and decisions.

FCQ sought clarification of the changes to the case plans and were informed:

- Mum and Dad were contesting Child Safety's application for further orders
- That assessments completed on Dad regarding his sexual offending assess him as 'low risk' to the children
- Child Safety had no choice but to increase contact and work towards reunification

Six months later carers were still experiencing significant issues regarding children's behaviour leading up to and following contact, behaviours included, pulling out hair, nightmares, aggression, refusal to get into car for contact and Sarah clearly stating to carers that she did not want to go. Tommy being non-verbal would have violent tantrums, biting, hitting, screaming, disturbed sleep and nightmares, physically refusing to get out of car for contact visits. All behaviours started when routine would begin to get them ready for contact.

Once again FCQ contacted CSSC and requested review of contact and assessment of carer concerns – Child Safety reported they were not seeing any of this behaviour when supervising the contact. Request denied.

Another five months later, carers contacted FCQ again raising concerns about children's behaviours around contact. FCQ called a meeting with all stakeholders and finally Child Safety agreed to have an independent assessment completed.

The report was completed and confirmed all the carers concerns around behaviours, they recommended immediate decrease to contact due to the traumatising nature of the contact with their parents. The report supported an application by Child Safety to apply for Long Term Guardianship. Child Safety followed recommendation to decrease contact leading up to hearing for LTG

Two months later, FCQ received a call from Child Safety to advise that they had withdrawn their application for LTG in the Children's Court, that they would need to increase contact immediately again and the case plan goal would be reunification to both parents. Child Safety advised that this decision was made due to the magistrate telling them they would not get an LTG order on the evidence they had put before the court. The evidence before the court already included:

- Independent Social Assessment completed 18 months previous – this supported LTG to Child Safety
- Updated Social Assessment – supporting LTG to Child Safety
- Court appointed Separate Representative for the children also commissioned a social assessment for the hearing – this supported LTG to Child Safety

The hearing saw only one witness give evidence before Child Safety decided to withdraw their application.

The Report writer was more than willing to give evidence and felt that his evidence was strong and creditable. Report writer was not given opportunity to give evidence, was not assisted in his preparation to give evidence prior to the hearing despite many calls to Child Safety for help with this and was not told that Child Safety were withdrawing their application, therefore he sat for three hours outside court on the day he was due to give evidence and no one was even there.

Child Safety acknowledged that the decisions made would be traumatising for the children, however because there were holes in their evidence, they had no choice but to go down this road, otherwise they risked losing custody all together. Child Safety was concerned about placing the carer on the stand as the one witness who had given evidence had been 'torn apart'; they did not want the carer subjected to this. Child Safety did not speak to the carer about their concerns, carer was more than happy to go on the stand.

Contact was increased – behaviours declined yet again. Child Safety commissioned another report, this report clearly demonstrated that the Father was in fact a sexual risk to the children. Child Safety made further application for LTG, however did not decrease contact leading up to application.

Case Plan Issues.

1. The Father in this instance is a convicted sex offender with children being his victim, this should preclude him from reunification with his children, but did not. It appears other parts of the Child Protection Act overtook the Best Interest Principal for the children – therefore the Act failed these children miserably.
2. Child safety should have taken more notice of the carers' concerns around contact earlier on, Child Safety can and should have restricted contact, the parents would have been able to appeal this through QCAT, however with the weight of evidence Child Safety had, this should have led to an outcome that saw the children's best interests being put first. Instead the children were subjected to week after week of harm and when concerns were raised, contact was increased, because the parents were contesting the order. This decision was clearly not Child Focussed, rather systems focussed.
3. Multiple CSO's meant that when evidence was given, there was no continuity that could be demonstrated by Child Safety, therefore enabling case plan gaps to be identified and focussed on, rather than the best interests of the children
4. Child Safety clearly did not prepare their case adequately, despite the overwhelming amount of evidence they had, including three independent assessments and creditable witnesses willing to testify, they withdrew their application believing they did not have enough. This is despite one of the witnesses (report writer), stating to FCQ that they believed they would have been able to speak to any of the issues

and questioning put to them and provided strong evidence that the children's best interests would be met through an LTG to Child Safety. This witness was not prepared for court or even told when the application was withdrawn.

In all of the cases listed above, FCQ would argue that the very intent of the Child Protection Act has not been enacted, that is the Act has failed to protect the rights of the children involved.

Solutions:

- *A review, by an independent body of Case Workloads is undertaken as a matter of urgency.*
- *A review of the skill level required by CSO's and Team Leaders to adequately undertake their role.*
- *An urgent review of the role of legal representation in child protection matters to look at protective needs framework based on the principles of the Act*
- *An urgent review of the role of the Magistrate in exercising their powers under Section 105 and Magistrates be directed to comply with the Act around "balance of probability" rather than the evidence based framework that appears to be currently being undertaken.*
- *Modification or Changing Section 113 of the Child Protection Act to allow for "Non Parties" to be joined to the proceeding similar to that afforded under the Family Law Act.*
- *Seek a review of the Children's Court function and independently explore then option of establishing Child Protection Tribunals.*

Permanency Planning:

Appendix 7 echo's the thoughts of the majority of Foster and Kinship Carers in Queensland. Kara Thomas is a Foster Carer who, like the vast majority of Foster and Kinship Carers belief that permanency in a child's life is a must if we are to provide nurture to a child in an environment where the child not only feels safe but also feels that this is their home. All too often our system harms children and young people by continuing to engage in practice, which is parent centred rather than child centred, where the needs of the parent, for many reasons outweighs the needs of the child.

While we all acknowledge that the goal of a case plan in the initial stages of placements is to assist the birth parent to undertake strategies that will or may provide them with the tools to successfully care for their children in a safe and loving environment we also know that there is a time when enough should be enough. There is conjecture as to what those time frames are in research however there appears to be no real commitment from Child Safety to active Permanency Planning with set goals and time frames. . Furthermore, despite Child Safety developing some policies around permanency planning which sought to put some timeframes around when reunification attempts should cease, in many cases when FCQ has sought to challenge reunification decisions using this very policy, the response has been that these policies are not reflected in legislation and therefore magistrates will not recognise them. Of course the question then begs itself, why would Child Safety develop policy which in practice has no mandate behind it.

FCQ often deals with cases of children on their 3rd and 4th Short Term Custody Order. This can span many years of a child's life and in turn traumatises children who do not feel secure because they cannot feel permanency in their lives.

The reasons for this may be many. It may be that Child Safety Officers have a particular leaning due to their education and or own backgrounds. It may be because there is much more pressure placed on Child Safety staff because of ways in which Solicitors engage Child Safety seeking a "win" for their clients. It may also be that Children's Court Magistrates all too often do not have Child

Protection experience and may favour the birth parent over the needs of the child.

Or it may just be that we do not have comprehensive, time focused Permanency Planning policies and procedures that are adhered to in a way which, provides a parent/s with the ability in the short term to successfully redesign their own skills and ability to appropriately care for their children while being very aware that this is a time centred process that looks at the ongoing permanent wellbeing of children and young people.

Appendix 8.

Breaking the Cycle: The Positive Impact of Timely Permanency Decisions on Child Development

A Queensland Foster Carer's Perspective

By Mrs Kara J. Thomas

Edited by Dr Daniel I. Thomas

"It is easier to build strong Children than to repair broken Men"

Frederick Douglass

"There can be no keener revelation of a society's soul than the way in which it treats its children."

Nelson Mandela

Executive Summary

1. Research has overwhelmingly shown that children who suffer abuse and neglect by their parents have very poor life outcomes, which are extremely costly to the individual, their community and the economy.
2. Child maltreatment severely impairs anatomical and physiological development of the brain, leading to lifelong impairments in learning, behaviour, physical and mental health. It shapes the Adults these children become, impacts their capacity to live positive fulfilling purposeful lives, and can lead to generations of disadvantage.
3. Children who do not experience stable attachment relationships are very likely to have abnormal developmental processes and altered brain function. This severely impairs the child's **capacity** to interact with others and form healthy relationships **throughout** life.
4. The QLD State Government made amendments to the Child Protection act 1999 in 2004 following the CMC enquiry. Highlighting that the safety, wellbeing and "best interests" of a child are paramount, advocating a child focused approach to ensure improved case planning supporting children's need for stability and continuity of care. These amendments were designed to ensure that priority is given to the children's need for long-term stability and continuity of care while in the child protection system.

5. Current procedures are not reflective of these amendments or evidence-based “best interests”. Minimal intervention is built into child protection legislation. It is inconsistent with the objective to protect children from harm. The interpretation of child protection legislation by Children’s Courts tends to be conservative and biased towards family preservation. It leads to chronic short term decision making in which the concept of risk replaces the concept of harm. Therefore the focus swings to how to support parents to decrease the risk of abuse occurring again. Child protection workers are then bound to implement plans that give parents almost limitless opportunities to change before decisive action is taken.
6. The practical constraints surrounding child safety intervention unfortunately mean that “the best interests of the child” are not vigorously sought and ultimately accept what is “good enough”. It is not just a question of what we know, but of what we have the ability to do. At present Child protection intervention is dependent on procedures and available options.
7. Timely and permanent decisions have proven to be vital to supporting positive life outcomes for children who have suffered abuse and neglect. Researchers have called for permanent care for children in and out of home care as a result of abuse and neglect be **vigorously pursued**. It is critical to secure **permanency** for children in a **timely** manner. Knowing the urgent and critical nature of providing permanency for children, our laws and procedures should be reflective of this evidence. There are some serious questions that need to be asked:

- a) In **2004**, the Crime and misconduct Commission's inquiry emphasised the importance of concurrent permanency planning, being joint planning, so if reunification with a birth family cannot be achieved in a timely manner, there is already an alternative plan in place. The aim is to reduce further harm and to give children a chance at a stable permanent "family" arrangement and decrease "drift" in care. Is this a reality?
- b) In **2008** the One Chance at Childhood initiative was introduced to support timely permanency planning for Children and toddlers under the age of 4. If families involved in the program failed to address their parenting issues in 12 months, the department would cease reunification plans, recognising the importance for children to have a stable, safe home environment. However in **2009** the time limit associated with the OCC initiative was revoked. On what research evidence and legal precedence was this decision made?
- c) In **2006** the QLD Government Commissioned a discussion paper on the Permanent Parenting Order and the recommendation was that it be introduced as another Permanency option. Why has this not occurred?
- d) How do we seek ways to practically improve the constraints surrounding child safety intervention? Perhaps if we have more available options to pursue best practice and excellence we will have a better chance of attaining it and "good enough" will no longer be the accepted goal. It is

likely that if the public believed that “good enough” was no longer acceptable there would be many more willing carers.

8. We cannot expect to build a successful nation if we do not create a culture that greatly values the innate dignity of every human being and lovingly nurtures its children into their full potential. The Queensland of the future will be led and built by the people we raise from childhood. It really is easier to build strong children than to repair broken men

Foster Care Queensland Inc

Introduction

The children of our nation are our most valuable resource. When we parent them to their optimal physical and psychological development, shaping in them depth of character and moral integrity, we are creating a generation with optimal capacity to build and lead a strong and prosperous Queensland (forde, 1999). Promoting high standards of parenting is in everyone's best interests.

It is the view of many that the majority of cases of child abuse, neglect and murder are preventable, and that the rights of the child are as important as the rights of the parents (Goddard et al, 2009).

As a signatory of the United Nations Convention on the rights of the child 1989, we are responsible for protecting the rights of our child citizens. It is paramount that our State's suffering children are seen as more than statistics, that we see the human being, and that every abstract number is a child with a name, with innate dignity, value and with the possibility of a great future.

The future of these children is what this review seeks to highlight. Research undertaken by the Queensland Government, other states and bodies indicates that unstable and harmful environments adversely impact on a child's normal development and can cause irreparable damage that will be carried throughout their entire life.

In order to understand this, the information provided in this review defines what is considered normative parenting, as contrasted with child abuse and neglect. The review then explores the consequences of abuse and neglect upon a child: The negative

impact on life outcomes, physiological and psychological development and economic cost.

This review then explores evidence-based permanency planning options which have been shown to support positive life-outcomes for children, in the unfortunate circumstance that a child has experienced harm.

The review concludes with questions raised by the research that points overwhelmingly to the importance of permanency planning and why this work has not been applied (or in some cases reversed) in Queensland.

It is hoped that this review will stimulate interest in and discussion of evidence-based recommendations to assist in the implementation or alteration of laws and policies to ensure that decisions made on behalf of our most vulnerable citizens, our children; are consistent with their “best interests”.

Parenting Defined

It has been well documented that parents have the most significant impact on a child’s development. Research has clearly shown that the capacity of parents/primary caregivers to provide quality nurturing parenting influences a child’s ability to form attachments/relationships throughout life and impacts on their early brain development.

A parent is defined by the (Child protection act, 1999) as the child’s mother, father or someone else (other than the chief executive) having or exercising parental responsibility for the child. The

purpose of parenting is to facilitate the optimal development of a child in a safe and nurturing environment. Parents have the greatest influence over their children; their parenting capacity has profound consequences on a child's life. Parenting will either guide a person to successful socialisation and functionality or it will not (C3EO, 2010 & NSW Department of Communities, 2005).

Parenting capacity refers to parents' ability to nurture their children, protect them from risk and enhance their developmental experiences. Parenting Capacity is integral to the work of child protection practitioners as assessments are used to inform decisions about whether to remove and/or restore children to the care of their parents (NSW department of Communities, 2006).

Parenting capacity is the ability to parent children in what is considered a "good enough" manner for the length of time required for the child to reach independence. **Capacity** is different from "parenting ability," which suggests a person may be able to parent reasonably for short periods of time, but does not have the capacity to parent effectively long term (NSW department of Communities, 2006).

Inconsistent community standards, as to what constitutes acceptable behaviour, make it difficult to define and quantify minimum parenting standards and establish benchmarks (NSW department of Communities, 2006).

However, ask this simple question: What care would you want for your children? If the answer is what is most likely to support optimal development then that is the care we should seek and strive to provide.

It has been found that most parents are largely unaware of the conditions that promote optimal life outcomes through, attachment

and early brain development. Now that we have such compelling evidence to show that what a child experiences during the early years (starting in the womb) lays down a foundation for the whole of their life, this needs to be reflected in policy and practice, both at a national and local level. Our state and Nation needs a whole of society shift in attitude towards parenting, akin to those achieved with seat belt wearing and drink driving. Instead of parenting being seen as a private matter which must not be invaded, it should be celebrated as a matter where achieving high standards is in everyone's best interests, and it is socially acceptable for everyone to recognise they are able to learn (C4EO, 2010)

When parent's capacity is altered through for example, substance abuse, marital conflict, mental health issues, learning difficulties, inability to regulate behaviour, it can make the parents vulnerable to reduced capacity. This reduced capacity is associated with an increased risk of child maltreatment, abuse and neglect (NSW department of Communities, 2006).

As parenting capacity assessments form the basis for child protection decision-making, the quality of the reports is crucial (NSW department of Communities, 2006).

When a child has been harmed a parent's capacity to protect that child comes into question and an investigation and assessment needs to be undertaken along with ongoing intervention decisions. These decisions made on behalf of vulnerable children are of monumental importance as they may well decide that child's future. It needs to be considered who makes these decisions, what experience do they have, what knowledge training and understanding of the consequences do they have, what pressures

are they under and what options are available to them? Media releases frequently highlight the lack of training, high staff turnover, heavy caseloads and lack of available out-of-home care placements (Council of Australian Governments, 2009). Without a change in the current processes and options we will fail these children. These are decisions that will determine the course of someone's life, they better be made by extremely well informed people with a good understanding of evidence based best practice. Those involved in Child Safety decision making must be provided the support, education and options necessary to ensure a child best interests.

It has been noted that reduced capacity increases the likelihood of child maltreatment and that this maltreatment impacts on a child's development. So what is child maltreatment?

Maltreatment; Child Abuse and Neglect

Child abuse and neglect is a violation of a child's human rights, according to the United Nations Convention on the rights of the child 1989.

Child Protection Act 1999 defines harm as:

What is Harm?

- 1) Harm, to a child, is any detrimental effect of a **significant** nature on the child's physical, psychological or emotional wellbeing.
 - 2) It is immaterial how the harm is caused
 - 3) Harm can be caused by—
 - a) Physical, psychological or emotional abuse or neglect;
- Or
- b) Sexual abuse or exploitation.

4) Harm can be caused by—

- a) A single act, omission or circumstance; or
- b) A series or combination of acts, omissions or circumstances.

10 Who is a child in need of protection?

A child in need of protection is a child who—

- a) Has suffered harm, is suffering harm, or is at unacceptable risk of suffering harm; and
- b) Does not have a parent able and willing to protect the child from the harm

Department of Community services NSW; Policy definition of **significant** harm,

What is meant by 'significant' in the phrase 'to a significant extent' is that which is sufficiently serious to warrant a response by a statutory authority irrespective of a family's consent. What is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child or young person's safety, welfare or well-being.

In the case of an unborn child, what is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child after the child's birth.

Significance can result from a single act or omission or an accumulation of these

What is disturbing to recognise is there is evidence that suggests that children who are suffering **significant** abuse or neglect from their parent or caregiver rarely experience them in isolation; often these precious children experience multiple forms (Higgins, 2004). It seems however, that public policy is developed which addresses single categories of abuse independently to one another rather than generating strategies which reflect the complexity of the actual experience of harm of children (Goddard et al, 2008).

The rates of abuse and neglect have more than doubled in the last 10 years; the increasing child abuse statistics are alarming, this constitutes an emergency for Queensland, and in fact, our Nation.. As a signatory to the United Nations, Every State of Australia, including Queensland has a responsibility to provide our Children with child protective services which stop abuse and neglect when it has occurred, and prevent further abuse and neglect from occurring (Goddard et al, 2008, Department of

Communities, 2011 & Council of Australian Governments, 2009). Children, citizens under the age of 18, have the right to expect their Government to take responsibility for providing them with protection, and an environment which fosters **optimal** health, growth and development (Jordan et al, 2009 & Forde, 1999).

These rights are theoretically enforced through *the Child Protection act 1999* below:

**“Part 2 Purpose, principles and administration of Act
Division 1 Purpose of Act and principles for its administration**

4 Purpose of Act

The purpose of this Act is to provide for the protection of children

5A Paramount principle

The main principle for administering this Act is that the safety, wellbeing and best interests of a child are paramount”

Example—

If the chief executive is making a decision under this Act about a child where there is a conflict between the child's safety, wellbeing and best interests, and the interests of an adult caring for the child, the conflict must be resolved in favour of the child's safety, wellbeing and best interests. *(This introduced as an amendment in 2004 following the CMC inquiry into the abuse of children report)*

5B Other general principles

The following are general principles for ensuring the safety, wellbeing and best interests of a child—

- a child has a right to be protected from harm or risk of harm
- a child's family has the primary responsibility for the child's upbringing, protection and development;
- the preferred way of ensuring a child's safety and wellbeing is through supporting the child's family;
- if a child does not have a parent who is able and willing to protect the child, the State is responsible for protecting the child; in protecting a child, the State should only take action that is warranted in the circumstances;
- if a child is removed from the child's family, support should be given to the child and the child's family for the purpose of allowing the child to return to the child's family if the return is in the child's best interests;
- if a child does not have a parent able and willing to give the child ongoing protection in the foreseeable future, the child should have long-term alternative care;
- if a child is removed from the child's family, consideration should be given to placing the child, as a first option, in the care of kin;
- if a child is removed from the child's family, the child should be placed with the child's siblings, to the extent that is possible;

- a child should only be placed in the care of a parent or other person who has the capacity and is willing to care for the child (including a parent or other person with capacity to care for the child with assistance or support);
- a child should have stable living arrangements, including arrangements that provide—for a stable connection with the child’s family and community, to the extent that is in the child’s best
- Interests; and for the child’s developmental, educational, emotional, health, intellectual and physical need.
- a child should be able to maintain relationships with the child’s parents and kin, if it is appropriate for the child; a child should be able to know, explore and maintain the child’s identity and values, including their cultural, ethnic and religious identity and values;
- a delay in making a decision in relation to a child should be avoided, unless appropriate for the child

Tragically, both experience and statistical data, suggest that although our laws state a child will be protected from harm, the interpretation of harm, protection and best interests is open to discussion and the “other general principles” associated with decisions to intervene when there is evidence of harm to a child mean we often are not acting in the “best interests” of the child. Practically the constraints surrounding child safety intervention mean that *“the best interests of the child” are not vigorously sought and ultimately accept what is “good enough”*. There is talk of best practice, continuous quality improvement and the search for excellence. But child welfare has given the world the less-than inspiring notion of the ‘good enough’ parent (Bath, 2008). Unfortunately, **it is not just a question of what we know, but of what we have the ability to do** (Bath, 2008). Child protection action taken is dependent on procedures and available options.

Professor C. Goddard and Dr J. Tucci from the Child abuse prevention Research Centre at Monash submitted a paper to the

Australian Government in 2008 which highlighted the ambiguous nature of our child protective legislation.

“The legislative principles of minimal intervention and family preservation are only partially compatible. As a consequence, child protection systems are skewed towards family support, family reunification and family preservation. Practices in most states are underpinned by the principle of minimal intervention, which provides the context in which practice and decision-making are conducted. This principle is not consistent with avoiding episodic intervention, nor with achieving stability planning or family reunification. It is more consistent with cost saving, with no evidence that it achieves the goal of protecting children.

Minimal intervention is built into child protection legislation. It is inconsistent with the objective to protect children from harm. The interpretation of child protection legislation by Children’s Courts tends to be conservative and biased towards family preservation. It leads to chronic short term decision making in which the concept of risk replaces the concept of harm. Therefore the focus swings to how to support parents to decrease the risk of abuse occurring again. Child protection workers are then bound to implement plans that give parents almost limitless opportunities to change before decisive action is taken.

These are systems built on false optimism and that are dangerous for children. Indeed, rather than being “risk averse” as is often claimed, these systems are frequently “risk blind”.

There is insufficient evidence to suggest that interweaving a family support response to reports of child abuse and neglect is an effective policy platform for protecting children. It has the very real potential to further minimize perceptions of violence against children, re-interpreting children’s experiences of violation as family dysfunction. Family support services have limited expertise in intervening to stop violence. There is no reliable research, which shows that secondary prevention strategies of parent education and support are effective in changing entrenched patterns of parental violence against or neglect of children

It is critical that future public policy development should focus on children’s needs for ongoing protection from violence and neglect, rehabilitation, and stability. A complete policy paradigm is required that is able to place children’s needs at the core of decision-making and be able to adequately deal with the complexity of child protection function”

Consequences

Failing to provide children protection from harm results in a number of adverse consequences. These impacts are pervasive affecting

life outcomes due to altered physiological and psychological development of these children. This ultimately has cumulative adverse economic and societal impacts (such as the economic burdens placed upon public resources).

This section explores these consequences and the impact this has on a child's life.

Life Outcomes

What is the consequence of failing to provide children the protection that is their right by not seeking ways to ensure that their “best interests” are sought? If we do not actively pursue optimal nurture and development opportunities for these children, there will be some serious ramifications. Research shows that all areas of a child's development can be impaired;

Physical; they suffer from Physical health problems such as shaken baby syndrome, impaired brain development, poorer overall physical health (Child welfare information gateway, 2008).

Psychological; Research shows that Abuse and neglect is also linked to mental health problems such as depression and anxiety.

Cognitive; the effects on early brain development can impair learning capacity, speech and language development and overall educational achievement.

Behavioural; Abuse and neglect can result in post-traumatic stress and over-reactive stress responses, which affects their behaviour and capacity to self-regulate.

Social; Children who have suffered abuse and neglect have various attachment problems, which can severely affect a child's capacity to form healthy relationships throughout their life (Lamont, 2010)

Although discussed as separate consequences, in reality they are interrelated. Damage to the developing brain can lead to psychological problems. Psychological problems often result in high risk behaviours such as drug and alcohol abuse, which in turn has long-term impacts on a person's health and behaviour (Child welfare information gateway, 2008).

Children who have been abused and/or neglected are more likely to, commit suicide, suffer eating disorders, abuse drugs and alcohol, become pregnant as a teenager, be homeless, use aggressive and violent behaviour resulting in juvenile and adult detention, and are at a higher risk of death (Lamont, 2010).

It shapes the Adults these children become, impacts their capacity to live positive fulfilling purposeful lives, and can lead to generations of disadvantage, at great cost to the individuals and all of society. (Child welfare information gateway, 2008 & Forde, 1999).

Physiological and Psychological Consequences

It has been established that abuse and neglect results in severely impaired life outcomes for children, as well as being extremely costly. So what is it that changes in the development and functioning of an infant-child causing such devastating consequences? There are two foundational areas of a child's

development which have been extensively researched and the evidence is clear. Brain development and attachment relationships underpin the quality of every human beings life. Environments which promote optimal brain development and positive attachment relationships are the foundation of successful life outcomes for every human being (Bath, 2008, Department of Communities, 2011, Department of Child Safety 2006, Jordan, B et al, 2009, Lamont, 2010, Garner. Et al, 2012, The Australian Social Inclusion Board, 2011 & Goddard et al, 2008).

Brain Development

It is now well known that what happens to a child from pregnancy through the first 5 years of life is critical to determining the quality and quantity of their life (The Australian Social Inclusion Board 2011). In the last two decades there has been an extensive amount of research conducted on the neurobiology of trauma, how abuse and neglect affects the anatomy and physiology of the developing brain (Bath, 2008 & Goddard, C et al. 2008).

It has been found that every person is born with an inherited genetic predisposition for the development of particular abilities, skills and characteristics. However, the environment in which they live greatly influences the expression of these potentials in all domains of development – cognitive, language, social and emotional (Jordan et al, 2009).

It has also been discovered that toxic stress resulting from maltreatment has monumental implications on the architecture of the developing brain by disturbing brain circuitry. This impacts every area of infants – adult life, their capacity for, emotional

management, self-regulation, educational attainment, good health and economic sufficiency (Garner et al. 2012 & Jordan et al, 2009)

These findings are supported by Howard Bath, Children's Commissioner NT, presented, at the Child protection.....joining the dots.....integrated research, policy and practice, Brisbane conference. He stated that, one of the key research discoveries was that although most of us are born with the same basic neuroanatomy, the ways that the brain regions connect with each other are strongly influenced by the environment in which a child is born. The brains of Children who experience abuse and neglect are:

- Smaller Overall** than their non-abused fellow citizens

- Have impairments in the critical **corpus collosum** structure that integrates the hemispheres.

- Have **shrunk hippocampi** impairing their ability to develop explicit memory – but have **overdeveloped amygdala** structures that stimulate stress responses.

- Tend to excessively secrete the stress hormone **cortisol**, even when they are at rest.

The research clearly shows the overwhelming links between toxic stress from child abuse and neglect and brain development which lead to lifelong impairments in learning, behaviour, physical and mental health (Garner et al. 2012 & Department of Communities, 2011).

Ultimately children who are not raised in environments which foster healthy brain development have their capacity to have and enjoy life greatly impaired. If those in power do not take what is known of the critical nature of neurobiology on the life outcomes of individuals

and implement policies reflective of that knowledge we will all suffer the consequences.

Attachment Theory

Bowlby in (Colin, V et al, 1991) defines an **attachment** as an enduring emotional bond characterized by a tendency to seek and maintain closeness to a specific figure, particularly during stressful situations. Attachment theory states that a child's first relationship is a love relationship that will have profound long-lasting effects on an individual's subsequent development.

When considering child development, how important is positive attachments with primary caregivers? It has been found, and is now widely understood from worldwide research evidence, that the quality of a child's attachment with a loving and responsive caregiver, will **strongly** influence, if not determine that child's future. Investing in the early years of children's lives significantly increases their chances of achieving normal developmental milestones, educational attainment, positive social relationships and good physical and mental health (Bath, H.2008 & Department of Child Safety 2006).

These findings were also noted in a **2011** Queensland Government practice paper on Permanency Planning for children in care.

*Research suggests that children who have secure **attachments** are more likely to develop into socially competent adults and experience a range of positive life outcomes (e.g., good interpersonal relationships, scholastic achievement, pro-social behaviour) (Howe et al, 2000)*

As well as in: The Australian Social Inclusion Board, **2011**, Breaking Cycles of Disadvantage:

Research shows that positive nurturing stimulates growth in the brain, and supports the development of healthy attachment behaviours, while the absence of attachment to a consistent caregiver can have significant negative effects on brain development and cognitive functioning and can result in withdrawal or disorganisation.”

From these finding it is obvious to see that the quality of the attachment relationship between an infant or child and their primary caregiver has a profound impact on the trajectory and success of that child’s life (Jordon et al, 2009). Is good enough, enough? Or will we find a way to provide excellence for our children?

Early intervention is vital, because children who are not given the “right” to experience protective and nurturing, “good parent/s or caregiver/s”, relationships resulting in secure attachments, are very likely to have abnormal developmental processes and altered brain function. This severely impairs the child’s **capacity** to interact with others and form healthy relationships throughout life (Lamont, 2010 & Jordan et al, 2009). “**Throughout** Life!!” which means as adults they may not have the physiological “**capacity**”, even with extensive intervention, to work productively, to form relationships, to manage their behaviour, to have good health, to care for themselves effectively, to parent their children in a nurturing way and thus continuing the cycles of disadvantage abuse and neglect (The Australian Social Inclusion Board, 2011).

Societal and Economic Impacts

The cost to our society for providing prevention and intervention services is only the beginning of the overall economic and personal cost of child maltreatment. Studies have consistently shown the adverse outcomes of abuse and neglect, which have been above

discussed, result in extensive costs to health and support services, welfare, judicial and further child protection intervention (Goddard, C et al. 2008).

Take into account the cost on the health care system due to preventable mental and physical health issues. Cost of providing public housing and rent assistance for homelessness. Welfare dependency, resulting from an inability to work, due to lack of skills or illness. The cost to our legal system and corrective services. Cost of providing rehabilitation for drug and alcohol abuse. The overall loss of taxable income and GST revenue. These are extensive indeed (Australian Government, 2012 & The Australian Social Inclusion Board 2011).

The long term economic impact of child maltreatment to the Queensland Government is substantial, and makes effective prevention and timely intervention a wise economic decision. More than this the prevention of child abuse and neglect are critical because of the social cost to our society and the devastating effects to the individual child's life (Australian Government, 2012

Permanency Planning

There is no question that abuse and neglect detrimentally alters someone's innate potential and capacity for positive life outcomes as well as being an abuse of the human rights of the child. It has also been established that the laws and procedures we currently have in place are not effectively protecting and nurturing Queensland's most vulnerable: The increasing statistics suggest we are failing them.

Research has proven the obvious, that to grow into socially functional adults, children need to be nurtured in safe, loving and predictable environments that support optimal brain development and bonding relationships. In order to provide children with these necessities of life there has to be a plan for ensuring a **permanent** secure “family”.

The plan is “Permanency planning” which is a systematic goal-directed and timely approach to planning for all children subject to child protection intervention, aimed at promoting stability and continuity, (Department of Communities, 2011) the process of making long-term arrangements with families that can offer life-time relationship and sense of belonging (commission for children and young people and child guardian, 2006) .

The Department of Communities, 2011 practice paper on *Permanency Planning* as well as the Queensland Government, 2006 *Improving Permanency for Children in Care* papers, state that researchers have called for permanent care for children in out of home care as a result of abuse and neglect be **vigorously pursued**. It is critical to secure **permanency** for children in a **timely** manner.

Knowing the urgent and critical nature of providing permanency for children Queensland laws and procedures should be reflective of this evidence. Children cannot afford “**time**”; especially young children under the age of 4, there is a limited window of opportunity to decide their “best interests” and **act** so they have the chance to develop optimally (Jordan et al, 2009, Department of Child Safety 2006 & Goddard et al, 2008).

If permanent stable families are the goal, what are the current options available here in Queensland? There are three main permanency options that exist:

Reunification,
Long-term out of home care and;
Adoption.

For reunification with birth parent/s to be considered an option, it would have to be demonstrated that the birth family is the **optimal** and **safest** place for the child to be nurtured into their full potential, supporting their emotional, psychological and physical development (The Department of Communities, 2011). However, from discussion with child safety staff it is interesting to note that the level of care required from foster carers is much higher than what is required from the biological parents. It seems that genetics has a way of lowering the definition of **optimal**.

It has also been found both from research evidence and practice that focusing on reunification with birth parents has often resulted in the parent's wishes given precedence over the rights and best interests of the child (Department of Child Safety 2006). Children's development cannot be held hostage to parental incapacity to change. Time limits for change need to be imposed on parents. If parents are unable or unwilling to make changes within a specified time period, children's needs for stability should become a priority. Greater emphasis needs to be given to planning for permanency earlier in children's lives who are removed from their families for their own protection (Goddard et al, 2008).

To address these issues the following measures were enacted:

*“In 2004, the Crime and misconduct Commission’s inquiry highlighted the need to improve case planning to ensure children’s need for stability and continuity of care are met, and advocate a child focused approach. The Child Protection act 1999 was amended to ensure that **priority** is given to the children’s need for long-term stability and continuity of care while in the child protection system. (Department of Child Safety 2006)”*

The CMC also emphasised the importance of concurrent permanency planning, being joint planning, so if reunification with a birth family cannot be achieved in a timely manner, there is already an alternative plan in place. The aim is to reduce further harm and to give children a chance at a stable permanent “family” arrangement and decrease “drift” in care (Department of Child Safety, 2006 & Jordan et al, 2009)

Feedback from children themselves in out of home care has indicated they wanted to be part of a family and not be continually moved. They believed that feelings of being loved and belonging provided them with a sense of certainty and normality and made them feel confident and happy (Department of Child Safety, 2006). Another survey undertaken by the *commission for children and young people and child guardian* in 2006, found that more than 90% of children in out of home care indicated that things were better than at home. More than 97% also indicated that they felt safe in their current placement

The current procedures in place for permanency planning taken from the Queensland Government; Department of Communities Child safety services online policies and procedures are as follows:

5.4 Undertake permanency planning

Permanency planning begins when a child is removed under a child protection order. Even if the goal of the intervention is reunification, planning needs to occur in the case that reunification can not occur in a **timely** and appropriate manner and alternative options must be pursued.

When a child is aged under **three years**, a long-term out-of-home care placement will be pursued when:

- The risk level has remained 'high' or 'very high' for 12 consecutive months, or the child has been in an out-of-home care placement for 18 of the past 24 months
- The contact has been rated as 'fair', 'poor' or 'none' for 12 consecutive months, or the child has been in an out-of-home care placement for 18 of the past 24 months
- The household has been deemed 'unsafe' for 12 consecutive months or the child has been in an out-of-home care placement for 18 of the past 24 months.

5.5 Refer the case to a permanency panel

The permanency panel process applies to all children, aged **under four years**, subject to statutory intervention, who are placed in out-of-home care under the *Child Protection Act 1999*, section 82(1), subject to a child protection order granting custody or guardianship to the chief executive.

For all children referred to the permanency panel:

- Complete sections 1,2,3 and 7 of the 'Permanency panel: Key factors for consideration' form and attach the **One Chance at Childhood (OCC)** *"Is an initiative of the Queensland Government designed to assist in promoting the rights and best interests of children."*
- review or recommendation report

Timely has mildly varying definitions and application. As a general observation from findings, the current Queensland permanency planning time frames from 5.4 are reflective of evidence.

One Chance at Childhood

In 2008 the Department of Child Safety attempted to introduce an initiative to support timely permanency planning for Children and toddlers under the age of 4. With the original implementation being, in line with overwhelming research identifying the permanent and debilitating effects on brain development, relationship attachments

and overall poor life outcomes for children who were subject to abuse, neglect and “drift” in foster care. The objective was to ensure that all children have a stable start to life as early as possible. Newly appointed early childhood and reunification officers were to provide specialist services to high-risk families with babies and infants aged 0–4 years (Commission for children and young people and child guardian, 2009). The minister responsible for the department at the time stated:

“If families involved in the program failed to address their parenting issues in 12 months, the department would cease reunification plans, recognising the importance for children to have a stable, safe home environment and a loving relationship with a primary carer” (Margaret Keech Minister for Child safety and Peak Care Queensland).

However in 2009, a decision was taken within the department that removed the 12-month deadline. Stating:

“There would be no 12 month deadline for parents, who through the OCC program have access to intensive specialist support and remedial services.

Child protection is complex, and it would be inappropriate to attempt to restrict families’, opportunities for reunification.”

This decision was and still is gravely concerning; given such a decision is not reflective of evidence and leaves our state’s children vulnerable to drifting into uncertain futures. It is also questionable to leave an expensive initiative in place which costs the government money but which appears to have little impact on permanency outcomes for children in the current system.

It is true that often times the needs of children will conflict with the **time** required by their parents to resolve the complex issues that

resulted in departmental intervention. In these instances difficult decisions will have to be made on behalf of the children in their “best interests”. The critical questions for our society is where we will draw the line in seeking OPTIMAL parenting for our children by transferring responsibility to someone other than the birth parents permanently (Child Safety, 2006). Remember also, the child protection act 1999 states: If the chief executive is making a decision under this Act about a child where there is a conflict between the child’s safety, wellbeing and best interests, and the interests of an adult caring for the child, the conflict **MUST be resolved in favour of the child’s safety, wellbeing and best interests.** Therefore the Queensland Government must consider reinstating the time limits associated with the OCC initiative as a matter of urgency.

As a side note, what amount of harm does a child have to suffer for them to be released of their genetic obligation of relationship? In no other area of the Justice system are victims forced to establish relationships with their abuser. It also appears that children are seen as the property of their parent/s. The ability to have sex is not reflective of an ability to parent, children are entrusted to you and nobody is entitled to them. Yet our system is geared more towards the resulting children as property not individual citizens with innate human rights.

Current Queensland Permanency Options

In Queensland at present, if reunification fails there are two options for permanency: Long term out of home care with kin or foster carer, or adoption. However adoption is rarely considered an option, although adoption gives the most permanency to children and

greatest sense of control to the carer, the severing of identity is considered potentially detrimental (Department of Child Safety, 2006).

Therefore when reunification fails and adoption is not a viable option the only other current option is the “long-term out of home care order”. The order should have been concurrently planned for so it can be implemented immediately ensuring the greatest chance of stability. The preferred permanency option is with relatives or kinship carers, because it is believed that this will best meet the child’s cultural, familial and continuity of community. If kinship care is not possible the only other option in Queensland, for children under the age of independence, is with foster carers.

The following table is a comparison of the two current permanency options as well as the 2006 proposed Permanent Parenting Order that will be discussed in more detail in the next section (Department of Child Safety

2006.

Characteristics	Long-term guardianship order	Proposed Permanent Parenting Order	Adoption Order
Threshold	<ul style="list-style-type: none"> Where a child cannot be safely returned to their birth family in the foreseeable future The child has been in out-of-home care for a prescribed period, and all reasonable attempts at reunification have been exhausted The timeframe may differ for children of different ages Can only be made if the child is already in custody or guardianship under a Child Protection Order Can only be made to a non-relative carer if the child is already in this placement No legislative requirement for parental consent but it is current departmental practice to seek it 	<ul style="list-style-type: none"> Where a child cannot be safely returned to their birth family in the foreseeable future The child has been in out-of-home care for a prescribed period, and all reasonable attempts at reunification have been exhausted The timeframe may differ for children of different ages Final order can only be made if the child is already in this placement No proposed requirement to obtain parental consent but agreement would be sought where possible 	<ul style="list-style-type: none"> Birth parents must provide consent, but in specified circumstances it can be dispensed with by the court
Legal status	<ul style="list-style-type: none"> Long-term guardians have legal custody and guardianship of the child, but the Department of Child Safety maintains an oversight role Birth parents are the legal parents but cannot exercise any parental responsibilities 	<ul style="list-style-type: none"> Permanent caregivers would become the legal guardians of the child and there would be no departmental oversight Birth parents would retain legal status as parents but could not exercise any parental responsibilities 	<ul style="list-style-type: none"> Adoptive parents become the legal parents of the child Birth parents are no longer recognised by law as the child's parents Removes the child's legal relationship with their extended birth family
Duration	<ul style="list-style-type: none"> Until the child is 18 but subject to review 	<ul style="list-style-type: none"> Until the child is 18 but is intended as an enduring bond 	<ul style="list-style-type: none"> Life long
Name change	<ul style="list-style-type: none"> No name change 	<ul style="list-style-type: none"> Name change not part of order but could occur by other means 	<ul style="list-style-type: none"> New birth certificate – usually name change
Ongoing support and financial payment	<ul style="list-style-type: none"> Yes 	<ul style="list-style-type: none"> No 	<ul style="list-style-type: none"> No
Ongoing monitoring	<ul style="list-style-type: none"> Yes 	<ul style="list-style-type: none"> No 	<ul style="list-style-type: none"> No
Inheritance	<ul style="list-style-type: none"> Through birth parents 	<ul style="list-style-type: none"> To be considered 	<ul style="list-style-type: none"> Through adoptive parents
Contact with birth family	<ul style="list-style-type: none"> Yes – can be assisted by department 	<ul style="list-style-type: none"> Yes 	<ul style="list-style-type: none"> Limited
Revocation options	<ul style="list-style-type: none"> The department or birth parents can apply to the Children's Court for revocation Strict criteria for court consideration 	<ul style="list-style-type: none"> Only the department could apply to the court for revocation Only in exceptional circumstances 	<ul style="list-style-type: none"> By Supreme Court and only when the order is made improperly or in error, and before the child turns 18

While a long term order does provide a degree of permanence it still leaves both the child and carer with an air of uncertainty and fear of separation.

The Role of Foster Carers

We know the purpose of foster care is to provide for children who have been removed from their families, a “home” which is safe and nurturing, where they can experience a sense of safety and stability,

“where a responsive and sensitive caregiving, can assist in repairing attachment difficulties with time and due care”¹, while permanency planning for their future best interest is undertaken (Permanency Planning, a Practice paper, QLD Government, 2011)

However, with such dedication and emotional investment required from carers, it is disappointing to note that little is known about foster care from the carers perspective (Commission for children and young people and child guardian, 2006) and since their role in child welfare is seen as peripheral their views are rarely incorporated into case planning (Goddard et al, 2008).

So who are the carers who provide the dedicated stable responsive caregiving whose views are overlooked? It has been found that the majority of people who volunteer to become foster carers do so because they have a desire to help children in need. They enjoy working with children and want to share their life and love with vulnerable children (FCQ, 2011). Carers undergo extensive training, interviewing and background checks all designed to ensure OPTIMAL care for children. The carers are the OPTIMAL primary caregivers research says is needed for children to experience successful life-outcomes.

Approved Carers are then placed in a child safety system where they have no control and are devalued as peripheral's - just responsible for acting as a child's primary attachment figure providing a nurturing attachment, which as has been established, is

necessary for optimal development. With the legislation geared towards minimal intervention and “significant harm”, children who have been removed and placed in care are often very hurt or severely neglected with challenging behaviours. Seeing a precious vulnerable child damaged and at the same time working with difficult behaviours is of itself a confronting and heart-breaking scenario.

This is an extremely difficult position to be in and many foster parents encounter an inherent role conflict. On the one hand, the infant-child needs them to be a primary attachment figure, to be emotionally available, preoccupied with them and their needs, and committed to them. However, until a permanent plan of reunification with parents or permanent placement is made, the potential duration of this relationship is unknown. The foster parent is facing the issue of loss while simultaneously forming an attachment with the child (Jordan et al, 2009).

At times, expectations and norms about the foster carer's role can undermine the relationship with the infant (e.g., treating an infant-child in one's care as one would treat one's own child may be seen as undermining the role of the biological parents and a violation of the limits of the role of the out-of-home carer). In fact, research evidence demonstrates that infants-child require the commitment of foster carers to establish an attachment relationship with them in order to thrive. In a study of 84 caregiver-child dyads, it was found that commitment (defined as the extent to which the carer had a strong emotional investment in and was motivated to have an enduring relationship with a particular child) was the strongest predictor of placement stability” (Jordan et al, 2009)

It has already been outlined that child protection laws are open to discussion with interpretation of child protection legislation by Children's Courts tending to be conservative and biased towards

family preservation with parents given almost limitless opportunities to change (Goddard et al, 2008 & Bath, 2008). Carers know that the care required of them is much higher than what is required from the biological parents and that in practice there is a huge focus on reunification with birth parents, often resulting in the parent's wishes given precedence over the rights and best interests of the child (Department of Child Safety 2006).

Are we then surprised when it is found that foster carers in all jurisdictions are declining, while the number of children coming into care is increasing (child safety, 2006). We expect our carers to love without attaching too strongly, to act without adequate information, to live without a plan or timeframes and to happily return a recovering/optimally developing child, that they may likely never have the opportunity to see again, to an environment they know is less than optimal and where there may still be a "risk of harm" even if not "significant" to a child they love and whom in many cases loves them back. Could you do this?

To move towards an evidence-based "best interests" model of child safety their needs to be a far greater emphasis on ensuring stability for children affected by parental incapacity to change. As well as seeking ways to practically improve the constraints surrounding child safety intervention. If we have the available options to pursue best practice and excellence we will have a better chance of attaining it and "good enough" will no longer be the accepted goal.

It is likely that if the public believed that "good enough" was no longer acceptable there would be many more willing carers. It is safe to assume the majority of people would be supportive of

reunification where the parents have demonstrated within a **timely manner** behaviour and situation changes that allow them to appropriately parent their children in a safe and nurturing manner, which is in the “best interests of the child”. *In Accordance with the Child Protection act 1999*. However, it is absurd to believe, loving people with moral integrity will happily volunteer to have their hearts shattered repeatedly as they linger in uncertainty only to watch a child they have poured their heart and soul into, guiding them towards a great future, returned to environments which are less than ideal (Child Safety, 2006).

Is there any way to overcome the issue of what we have the ability to do, and begin to function in what we know?

Permanent Parenting Order

One way of potentially increasing the pool of available carers, therefore giving a greater capacity to provide optimal out of home care, is to reconsider implementing the **Permanent Parenting Order**, or adding the level of permanency offered in the PPO to the current Long term order. In 2006 the Queensland government commissioned a Discussion paper on a Permanent Parenting Order (PPO) which adds another option for children who cannot return to their birth families. The PPO was discussed as another more permanent option for children whom adoption was not appropriate. The proposed option would not be a child protection order and was intended to reduce the stigma associated with child protection systems intrusion into family life.

The Permanent Parenting Order may be the most appropriate option where a child would benefit from the security and stability that a permanent family could provide and where the

*child or caregiver does not need any ongoing assistance or support from the department. The order would be more difficult to revoke than a long-term guardianship order and, therefore, more **secure**. Importantly, there would be no departmental oversight or intrusion into family life. The child would also still be able to maintain an ongoing meaningful relationship with their birth parents, who may want to be involved in their child's life but who are not able to provide day-to-day care for the child (Department of Child Safety, 2006)*

This order would not only be Just and Right it would also be cost effective. The proposed order would pull Queensland in line with best practice and other jurisdictions that already have legislation highlighting the urgency of timely decision making and permanency planning. It is vital that Queensland state authorities respond to the pressing need shown in research, to provide security and stability in a timely manner for children's "best interests". The implementation of the PPO would reflect the human rights of the child over the wishes of birth parents (Child Safety 2006).

From a foster carers perspective the new order would give them and the child in their care, a greater sense of security and reduce the fears of separation they both might feel (Child Safety 2006).

Comparisons with other Jurisdictions (Department of Child Safety 2006)

NSW has a Parental Responsibility Order. In 2002 they amended the Children and young persons (care and protection) Act to highlight the need for stability in a timely manner for children in out of home care. The time frames for permanency decision making include;

- Decisions within 6 months for children under 2
- 12 months for Children over 2.

It expressly states that 'the safety, welfare and wellbeing of a child or young person who has been removed from his or her parents are paramount over the rights of the parents'. However, timelines on decision-making and the requirement for concurrent planning are contained in policy only, not in legislation.

Victoria has had a PPO since 1992, they work from the 2005 Children, youth and families Act. The new Act will incorporate shorter timeframes for permanency planning, which are linked to a child's age *and developmental level. Permanency decisions must be made no later than:*

- 12 months after entering out-of-home care, for a child under two years of age
- 18 months after entering out-of-home care, for a child between two and six years of age
- Two years after entering out-of-home care, for a child seven years of age or over.

The new legislation will also specifically reduce the timeframe required before an application for a Permanent Care Order can be made; a child will only have to have been subject to a Child Protection Order for six months.

In addition, the Act legislates for a concurrent or parallel planning model which specifies principles and timeframes. This model allows work towards reunification to be undertaken at the same time as contingency planning, to ensure that children's needs for permanency are met as soon as possible.

ACT under the Children and Young People Act 1999 specifically acknowledges that it is important for children and young people to have settled and permanent living arrangement. Under the Act, the

Children's Court may make an Enduring Parental Responsibility Order for a child until they turn 18, if the child has been in care for two continuous years, or for periods that total two years out of the last three

In the **USA**, over the last decade in the United States there has been an emphasis on achieving permanency through case planning to address instability in care arrangements for children in the child welfare system, including timely decision making.

In 1997 the federal Adoption and Safe Families Act 1997 was enacted. Provisions of the Act limited the length of time most children could be in foster care before an alternative other than return home was pursued, encouraged "concurrent planning" (planning for both return home and other alternatives at the same time), and encouraged states to increase the number of adoptions. The Act confirmed the swing of the pendulum back to emphasis on the safety of the child (Westat Chapin Hall Centre for Children, 2001)

UK requires a plan for permanency to be made within six months of being continuously "looked after" by the authorities, and delivery promptly. The Children Act 1989 and the Adoption and Children Act 2000 also introduced a new Special Guardianship Order at the end of 2005 as an integral part of the government's policy to create more opportunities for permanent family placement, reducing the number of children in the child protection system.

Research from NZ indicates that once a PPO has been issued, children in care made tremendous gains in their personal

development (Commission for children and young people and child guardian, 2006).

The rationale behind the proposed PPO, as another permanent option where Adoption is not appropriate, is to improve security and stability for children who cannot live safely with their birth parents. This order recognises the critical nature of timely permanency decisions being made on behalf of children involved with child protection for their “best interests”. The PPO is intended to provide a greater sense of permanence than is currently available. Seeking timely permanency for children is the “Right” action. If our state is a truly just society then we must eagerly pursue a child safety system that protects our most vulnerable members that is based on concrete research findings supporting permanence and attachment as the foundation of successful life for all of humanity.

Conclusion

This review of research has restated what has been known for some time: Children who suffer abuse and neglect by their parents have very poor life outcomes that are extremely costly to the individual, their community and the economy. It has also been highlighted that child protection laws in Queensland, state decisions MUST be made in favour of the “child’s best interests”. However, issues of legal interpretation, policies and procedures geared towards minimal intervention and a lack of available placement options mean that ultimately we are not effectively providing for the “child’s rights and best interest”

There needs to be a change in the decision-making frameworks from an absolute priority on reunification to an increased focus on providing stable, permanent care in a timely manner for children.

In 2011, The Australian Social Inclusion Board stated that greater investment in the early years will yield significant benefits to society in later years, reduce the intergenerational transmission of disadvantage and reduce reliance on the child protection system.

Timely and **permanent** decisions have proven to be vital to supporting positive life outcomes for children who have suffered abuse and neglect. Therefore there are some serious questions that need to be asked followed by seeking (that means to strive after and acquire) ways to implement evidence based processes. Consider;

1. Are the decisions that will determine the course of a child's life being made by experienced, well informed people, with a good understanding of evidence based best practice?

It would be recommended that those involved in Child safety decision making, must be provided the education, training, support and options necessary to ensure a child best interests.

In **2004 (it is now 2012)** The Crime and misconduct Commission's inquiry highlighted that the safety, wellbeing and "best interests" of a child are paramount; this was solidified by amendments to the Child protection act 1999. The CMC emphasised the importance of concurrent **permanency** planning, in a **timely** manner. There were

two particular initiatives put forward which have been discussed, the OCC and PPO. These initiatives were designed to both, ensure timely and permanent decisions were made with the child's "best interests" as the priority, as well as assisting in overcoming the lack of placement options.

2. The OCC initiative was introduced in **2008** with 12 month time limits. Only a few months later in **2009** these time limits were revoked. This decision is not in line with the Child protection law 1999 nor evidence based practice. It is now **2012** and the time limits have not been reinstated. Why?

The evidence discussed in this report would support the reinstating of the time limits associated with the OCC.

3. Why has the PPO, recommended in **2006** and which is already an option in many other jurisdictions, not been introduced? **6** years after discussion and it has neither been implemented nor rejected. Why?

The permanency associated with the PPO would be recommended for children requiring long-term out of home care. This level of permanence could be achieved through the additional of the PPO or through alterations to the current Long-term order.

The evidence is irrefutable: Timely, stable and permanent, "families" are what children need.

“Ultimately we are aiming to minimise the negative impacts of abuse and neglect on infants and children and facilitate their best possible developmental outcomes and opportunities for full participation in society in the future.” (Jordan et al, 2009)

Why then are intervention decisions not reflective of this knowledge? Why are so many children still suffering?

“We are often worried about what we don’t know we should worry about what we know and don’t do” (Howard Bath 2008)

We cannot expect to build a successful nation if we do not create a culture that greatly values the innate dignity of every human being and lovingly nurtures its children into their full potential. The Queensland of the future will be led and built by the people we raise from childhood. It really is easier to build strong children than to repair broken men.

To quote the well-known Forde inquiry:

“Children are our most precious resource. They are our future. Their experience as children will determine what kind of adults they become and what kind of society there will be. One act of abuse or mistreatment towards a child is one act too many. Repeated acts of abuse that have gone unrecognised and unaddressed are inexcusable. Although there have been many reasons presented to the Commission as to how and why the abuses took place, none excuse the abuse, nor do they excuse the failure of those in authority in government, churches and society in general to effectively deal with complaints of abuse. We have failed these most disadvantaged and powerless children in the past. It is vital that we do not continue to do so.” (Forde Inquiry, 1999)

What we do with this knowledge is our choice, as William Wilberforce said:

“You may choose to look the other way but you can never say again that you did not know.”

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Solutions:

- *That Child Safety as a matter of urgency seeks to review and modify existing permanency planning policy and procedure.*
- *That existing legislation be modified to enshrine permanency in legislation with timeframes which is reflective of Child Safety's permanency policy and procedure*
- *That Child Safety within any new policy and procedures introduce timeframes for moving to Long Term Orders and that they are adhered to.*

Carer Support Line:

The Carer Support Line was established to provide after hours telephone support to Foster and Kinship Carers throughout the state. FCQ acknowledges the skills of the workers involved in providing this service however like many specialised support workers in Child Safety they eventually end up undertaking other tasks rather than the role they are employed to do.

The growth of Non-Government Foster and Kinship Care Services in recent years has also meant that these services provide 24 hour support to more than 70% of all Foster Carers and to approximately 10% of Kinship Carers who are also attached to agencies.

The challenge is that there are approximately 900 Foster Carers and 1200 Kinship Carers who do not have an agency they can rely on after hours other than the support line.

The sad fact is that Child Safety has always struggled to quarantine workers for specific roles and the After Hours service is no different. Anecdotal feedback provided indicates that After Hours support workers are often called upon to undertake other tasks such as, Child Safety after hour's intake, youth work and general travel of children and young people. This is not their role and while it is acknowledged that the crisis nature of the work the After Hours Service Centre undertakes is seen as a priority it must also be acknowledged that the support of Foster and Kinship Carers is also just as critical.

FCQ believes that the Foster and Kinship Carer support line can be a valuable resource if the service is given the priority it deserves to undertake a vital role. FCQ also believes that the line would be more efficient if carers were aware that the Support Line was manned by staff who were auspiced by their support network rather than a government agency as the majority of Foster Carers and some Kinship Carers already are when attached to Foster and Kinship Care services.

The migration of vital Foster and Kinship Carer support services started in 1993 due to the recognition that the Non-Government were much better positioned to provide such a service. It is therefore reasonable to expect the After Hours

Foster and Kinship Carer support line would also be better positioned by being placed in the non-government sector

Solutions:

- *That Child Safety undertake an urgent review of the Foster and Kinship Carer Support Line and its function*
- *That consideration is given to the re-establishing the After Hours Foster and Kinship Care services with Foster Care Queensland.*

Commission for Children and Young People and Child Guardian:

Foster Care Queensland would firstly like to acknowledge the work undertaken by the Commission for Children and Young People and Child Guardian in undertaking the Community Visitor program and Foster and Kinship Carer Blue Card system.

FCQ would also like to acknowledge the independence of the Commission, which is vital in an environment where external oversight and monitoring is a must when we are dealing with our communities most vulnerable assets.

However, like all agencies involved in the protection of children and young people there must be continuous resolve to professionally challenge ourselves. To this end the Commission has to look at its current independence, not from a legal perspective but from a community perspective, it's current and future role in monitoring children and young people placements through the Community Visitor program and its ability to continue to value add to the Blue Card system for Foster and Kinship Carers both now and in the future.

While it has already been acknowledged in the Commission of Inquiry that there are several Commissions and Tribunals that are linked directly to their auspice however are still seen as independent. FCQ would challenge the structure of the Commission for Children and Young People sitting directly under the very portfolio that it is tasked with monitoring. While legally this may not be setting any precedent it is FCQ's view that the community perception is rather different and for the community this carries far more weight than the legal context. We are constantly challenged as organisations to view seriously perceived conflicts of interest and this appears to be no different.

The Community Visitor program, which was formally the Official Visitors program, was fully supported in its inception to start visiting Foster and Kinship Carers homes to provide an independent monitor for children and young people's wellbeing in Out of Home care. At the time post the CMC inquiry there was a need to fulfil a commitment to our children and young people to help ensure that their ongoing care was in a nurturing, caring and loving environment where the child's ability to deal with the trauma and interrupted development in their lives was enhanced by the care provided as well as

monitoring the Department's case work practice to help ensure children and young people's needs are met.

At the same time we have seen the growth of non-government Foster and Kinship Care services, who as part of their licensed role undertake monitoring on a daily basis. We still have some 90% of Kinship Carers and 30% of Foster Carers not attached to Foster and Kinship Care services and there continues to be a role for the commission with those carers not yet attached. However FCQ is of the belief that Foster and Kinship Care services by the very nature provide a much more extensive monitoring role than the Commission could even hope to undertake and it could be perceived currently that these carer households are being over monitored to a point where we are placing even more stress on children and young people by having yet another person in their lives. At the same time it is also the role of the Commission to monitor the systems and practices undertaken by Child Safety and as such we need to ask ourselves whether there is another solution that does not place pressure on placements and at the same time continues to monitor those day to day practices that directly affect children and young people.

FCQ would hope that in the near future all Foster and Kinship Carers in Queensland would be afforded the support of a Foster and Kinship Care services and as such a review of the role of the Community Visitor would be undertaken to determine the ongoing viability of the program while at the same time acknowledging that there remains a role for the Commission to monitor case work practice.

While FCQ accepts that the Blue Card system was introduced to bring uniformity to the community of volunteers who provide services every day to children and young people in many environments we are also concerned that the system is now so large that it helps stifle recruitment of potential Foster Carers and hinders Kinship Carer applications. FCQ is a member of all Foster and Kinship Carer Initial Assessment panels currently operating in Queensland and also takes calls from carers and agencies with issues focused on carer re-approvals and the lengthy time it takes to get Blue Card checks back at times. Prior to the Blue Card system Foster and Kinship Carer checks were undertaken by the then Department of Families. Child Safety currently still have these systems in place through the Central Screening Unit (CSU) who, in tandem with

the Commission undertake screening for Child Protection History as well as Domestic Violence and Traffic History where required.

FCQ does not deny that the Commission for Children provides a vital role in monitoring the wellbeing of children and young people in our community however FCQ does seek to try and challenge whether the current system of screening is effective. In 2011 FCQ presented Child Safety with 30 cases where the issuing of Blue Cards was a significant concern. The result of the audit undertaken resulted in 29 of the cases being the responsibility of Child Safety where administration functions at either the Regional or Central level had resulted in the delays recorded however we continue to have a 2 tiered system that appears to challenge each other without satisfactory outcomes at times with the result that new carer applicants applications are taking longer than needed.

Solutions:

- *That the Queensland Government considers investigating whether the current auspice for the Commission for Children and Young People is appropriate given the community perspective of how a government entity is truly independent.*
- *That the Queensland Government considers the role of the current Community Visitor program and its relevance in the future if all Foster and Kinship Carers are monitored by Foster and Kinship Care services.*
- *That the Queensland Government gives consideration to a change or purpose for the Community Visitor program to adequately monitor the role of Child Safety in administering the Child Protection Act.*
- *That consideration be given to a review of the current Blue Card system for Foster and Kinship Carers and whether a more streamlined approach be undertaken by Child Safety for all required checks including, Criminal History, Child Protection History and where required Domestic Violence and Traffic History.*

Child Protection Commission of Inquiry:

Foster Care Queensland fully supports the establishment of the Commission of Inquiry. FCQ is of the opinion that the Commission provides a catalyst for future planning of the Child protection system that improves the current system, enhances support for staff within the system and strives for excellence in undertaking the role of Child Protection as prescribed under Section 5 of the Child Protection Act 1999.

Foster Care Queensland is concerned that at this point in time the Commission of Inquiry has not adequately sort the views of Foster and Kinship Carers throughout the state. Out of Home Care in the modern world depends on Family Based Care as the primary form of placement for children and young people who have been harmed and cannot live with their parent/s. As such, more than 90% of children and young people in care in Queensland are in family based placements.

FCQ sees Foster and Kinship Carers as volunteer professionals who provide a vital role in the journey of a child or young person in care and as such should be afforded the respect to speak to the Commission of Inquiry at some stage.

Foster Care Queensland is also disappointed that the Commission of Inquiry has developed Steering Committees that involve other Child Protection peaks or networks however it appears the one body that has supported all carers in Queensland since its inception in 1976 has not been afforded the right to speak through a particular steering committee.

If partnership is to truly exist then all relevant bodies should have the opportunity to be represented and Foster Care Queensland places no validity on another entity speaking on our, or our represented carers behalf.

Solution:

- *That consultation occurs with Foster Care Queensland to engage carers, both Foster and Kinship Carers in focus groups to gain their views on the current system and how our system may look in the future.*

Summary:

Foster Care Queensland has endeavoured to provide a view of the Child Protection system as seen by Foster and Kinship Carers who voluntarily provide their time, energy and nurture to help ensure children and young people who cannot live with their parent/s have a happy, safe and caring environment where they can grow through their trauma and interrupted development to become young adults who are confident, supported, secure and willing to meet life challenges.

Carers with many years' experience are very aware that some of our children and young people struggle to place all the pieces of the jigsaw back together and need support well beyond their time in care. We are also aware through experience that young people can grow into adulthood knowing that they have the support of a family who have loved and cared for them through the difficult times and never close the door on their needs as they wouldn't for their children of origin.

FCQ appreciates that there are no safe answers to an ongoing concern that is, children and young people suffering harm and while we absolutely believe that all children enter this world deserving of all the care and nurturing that we as a community can provide we are under no illusion that this goal we set ourselves is very difficult to achieve.

Any outcomes from this inquiry should be focused clearly on the needs of children and its primary aim and we as practitioners should never lose sight of that in any environment within the Child Protection sector.

While not having a submission laced with research and theory we do hope that we have provided a snapshot of a carers perspective based on the knowledge of our work with Foster and Kinship Carers over a long period of time and the day to day practice that we face every day.

FCQ also recognises that the system needs to do more with Early Intervention and Prevention so that families have a greater opportunity to participate in activities that enhances their ability to safely care for their children with the result they do not have to engage with the Child Protection System however, as we have seen in the past any strategy that takes resources from the Tertiary

system such as what occurred after the Forde Inquiry will only lead to a continuing breakdown of the Tertiary system, which whether we like it or not will need to be resourced adequately in the future. The vast majority of the 55 comments posted in the Courier Mail on the 31st October titled, *“Child protection inquiry hears foster care system is in crisis as volunteers opt out”* is indicative of the feeling of carers and friends about the system and what that means for carers. Unless our culture and practices change we will continue to lose our most valuable resource, that is, Foster and Kinship Carers. The end result would be the total collapse of the Child Protection system, which directly affects the very children we are here to protect.

Foster Care Queensland would like to thank the range of carers and FCQ staff who have provided their input into this submission including the FCQ Management Committee who are all Foster and Kinship Carers and Kara Thomas (Foster Carer) who has provided her significant insight into permanency planning.

Bryan Smith

Executive Director

Hazel Little

President FCQ

Appendixes:

1.Foster and Kinship Carer Survey 2011

2.Exit Report 2011 – 2012

3.Carer Financial Survey

4.Children Who Foster Report

5.Lillie’s Story (Insert)

6.Julie and Sarah’s Story (Insert)

7.Sarah, Tommy and Betty’s Story (Insert)

8.Kara Thomas – Permanency Planning (Insert)

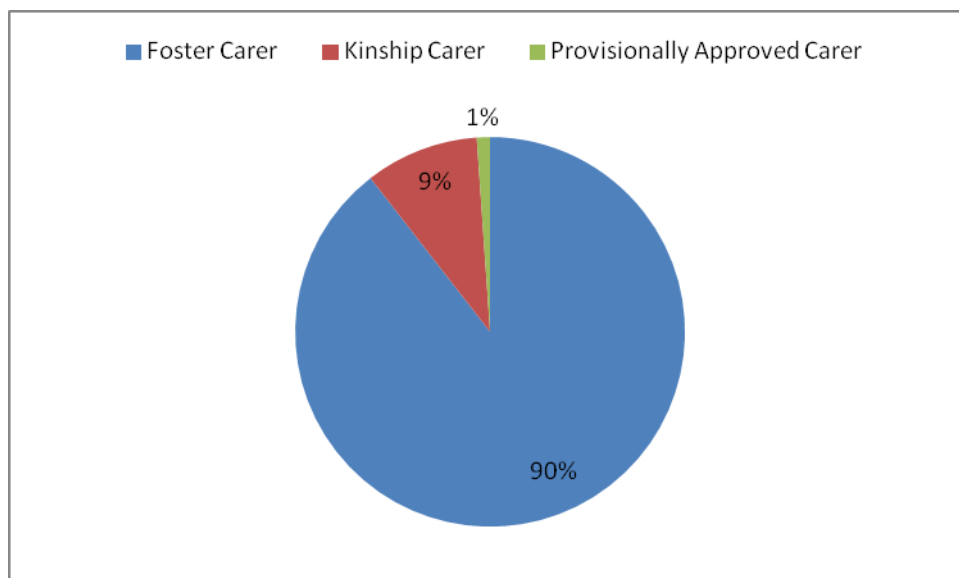
Appendix 1.

FOSTER CARE QUEENSLAND, FOSTER AND KINSHIP CARER SURVEY:

Foster Care Queensland circulated the Foster and Kinship Carer Survey for approximately a twelve month period. The survey was posted to all Foster Care Queensland (FCQ) members and circulated through carer networks in hard copy and also placed on the Foster Care Queensland website.

A total of 459 surveys were completed, this equates to just over 10% of the carer population in Queensland and therefore gives us a good sample to work from and draw conclusions.

The Child Protection Act (1999) recognises three types of carers, Foster, Kinship and Provisionally Approved Carers. Of those who completed the survey, the following graph provides a breakdown of the type of care they provide.



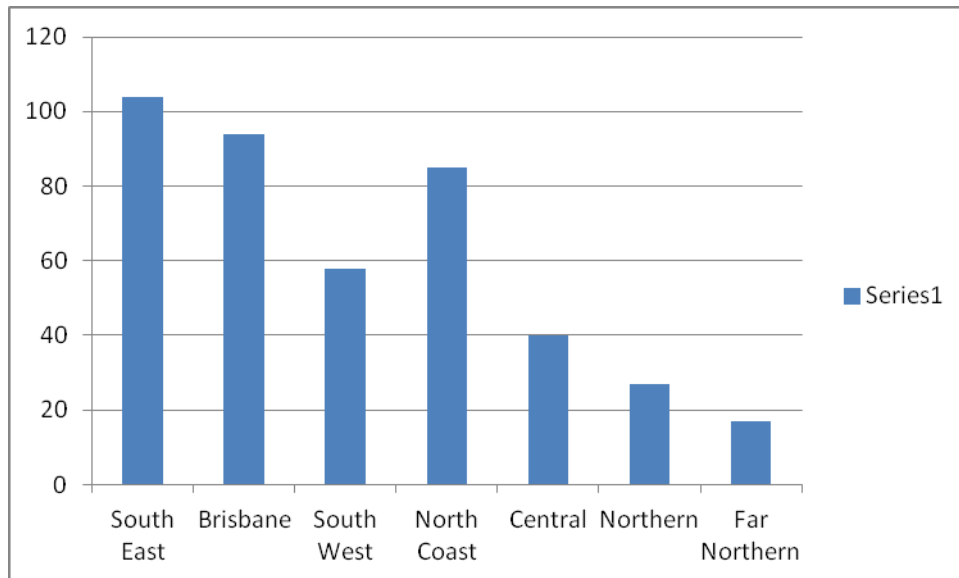
The survey had a great response from Foster Carers, however Kinship Carers did not engage well. This lack of engagement is consistent with the separate Kinship Care Survey that FCQ currently has posted on its website with a less than a 1% return rate on surveys across the State.

Recommendation 1:

That Child Safety and Foster Care Queensland provide increased focus on Kinship Care information resources throughout the state and that Child Safety provide FCQ with all names and addresses of Kinship carers at time of approval to enable FCQ to send out a letter introducing them to their peak and advising them what services can be provided to them

Carer Demographics:

Carers by Region:



In breaking the data down further, it is important to compare the return rate to the percentage of carers in each Region to ascertain whether the survey is representative of the State's population of carers. As the table below evidences, the percentage of return rates in each Region is mostly consistent with the amount of carers in each Region.

Region	% of Survey's returned	% of Carers in State
South East	24.5%	23.6%
Brisbane	22%	14.3%
South West	12.7%	16.1%
North Coast	21%	13.2%
Central	9.4%	12.7%
Northern	6.4%	11.3%
Far Northern	4%	8.6%

Agency affiliation:

Agency	Number of carers	Agency	Number of carers
TRACC	91	IFYS	8
Pathways	66	FSG	7
Mercy	60	Anglicare	4
Families Plus	36	Life Without Barriers	4
Western Districts	13	SCAFS	1
Kyabra	10	KIPPA	1

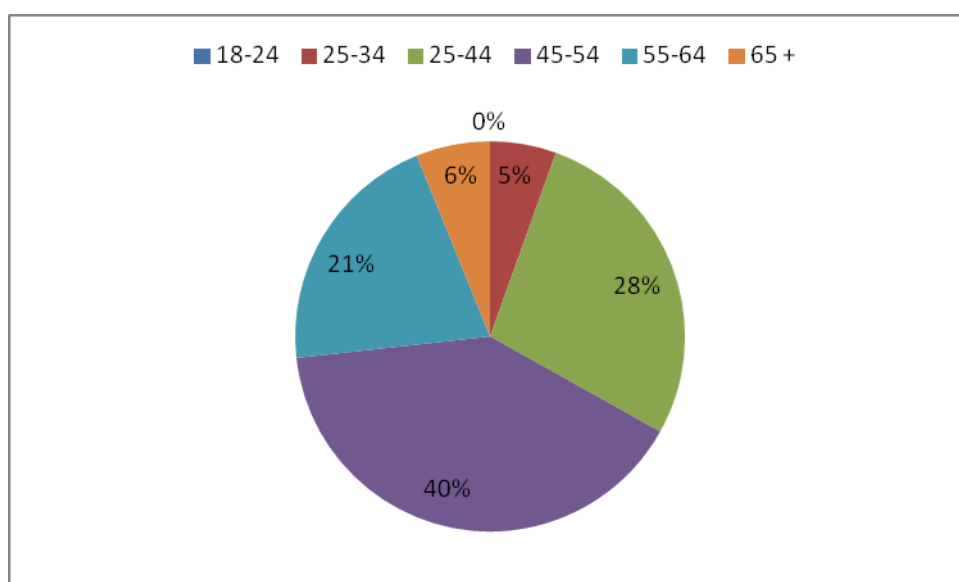
Shared Family Care	10	Partners	1
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Foster Care Queensland received 345 responses in respect to this question; it is likely those whom skipped the question were not affiliated with an agency. Twenty three of those who provided an answer to this question specifically advised they were not affiliated with an agency, however as stated above it is likely that those who skipped the question also were not affiliated with an agency.

Recommendation 2:

That Foster Care Queensland be provided the resources to focus more closely on the needs of carers in Central Queensland, North Queensland and Far North Queensland.

Age of Carers:



There were no carers under the age of 24 who responded to this survey. It is significant that 66.7% of those who completed the survey were over the age of 44, as it is likely that this number also reflects the average age of carers in Queensland.

Although FCQ is not aware of any recent data of the age of carers in Queensland, the aging population of carers has been an issue both nationally and internationally for some time. The Australia Foster Care Association completed a survey in 2002 with 812 respondents. Of those who responded 58% were over the age of 44. Now eight years later in Queensland our data indicates that this percentage may have increased even further.

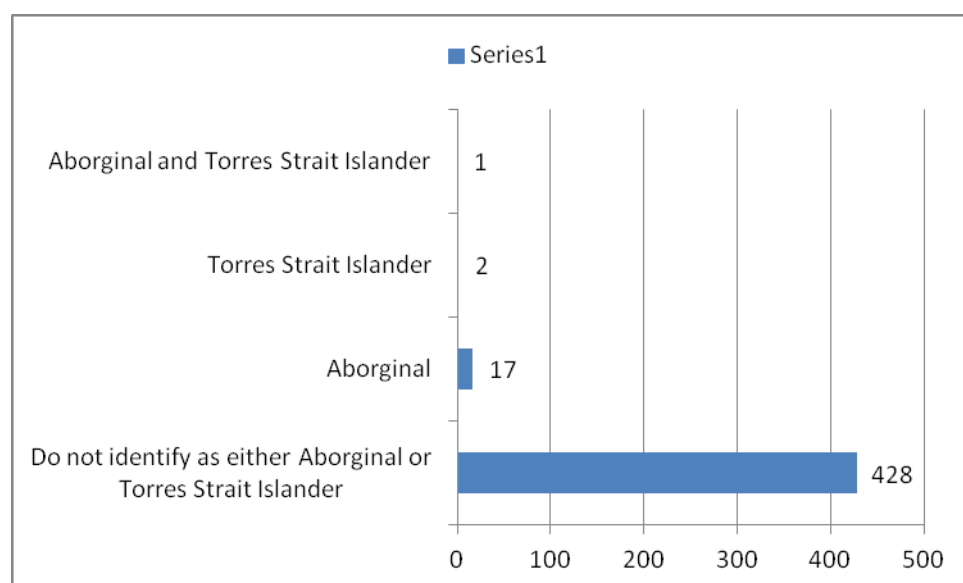
Internationally there has been a focus on the aging population of carers. In 2009 the Fostering Network in UK released a report which revealed that 65% of carers in the UK were over the age of 50. Whilst the UK rightfully acknowledged that there is no upper age limit on fostering, their concern lay with the number of carers who would choose to retire from fostering, leaving the foster care system in crisis

(https://www.fostering.net/sites/www.fostering.net/files/public/resources/reports/age_of_foster_care.pdf)

Recommendation3:

That consideration be given to jointly looking at strategies for the recruitment of carers in younger age groups

Ethnicity of carers:



To further breakdown this data:

95.5% reported as not identifying as either Aboriginal or Torres Strait Islander

3.8% identified as Aboriginal

0.4% identified as Torres Strait Islander

0.2% identified as Aboriginal and Torres Strait Islander

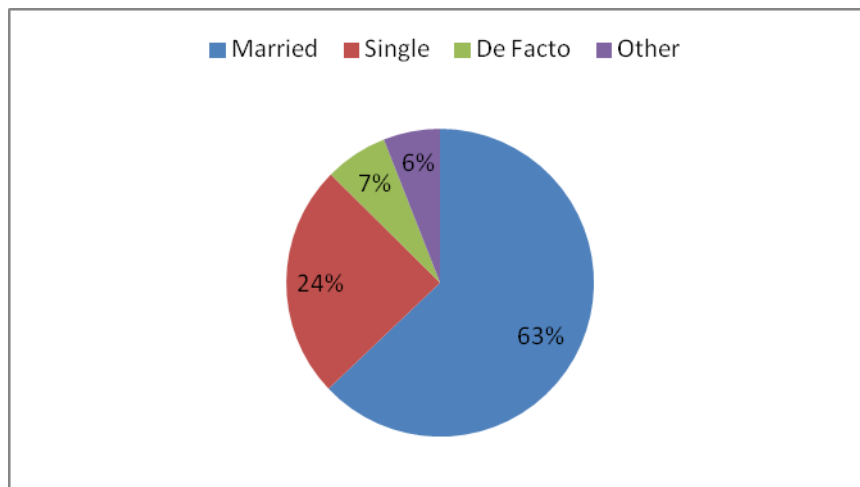
These figures support concerns around the lack of culturally appropriate placements for Aboriginal and Torres Strait Islander children coming into care.

However it must also be noted that the way in which the survey was promoted may have not met the needs of Aboriginal and/or Torres Strait Islanders and in future surveys conducted by FCQ will consult with the Queensland Aboriginal and Torres Strait Islander Peak to attempt enhanced responses in this area.

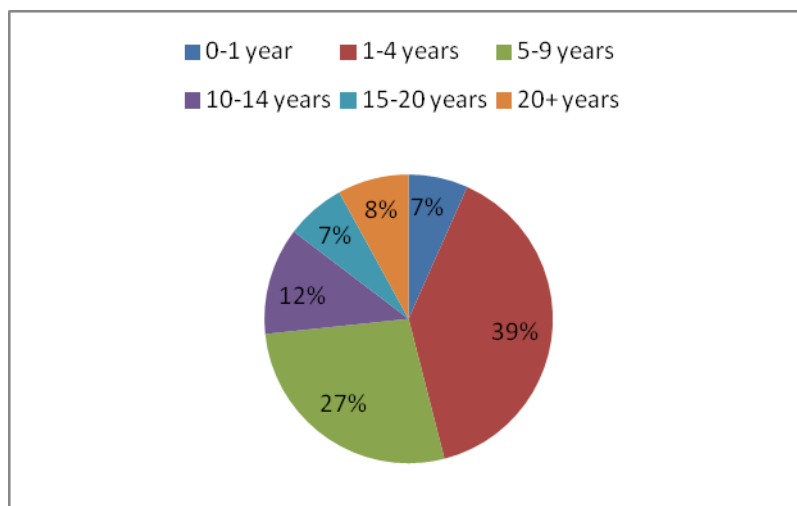
Recommendation 4:

That Foster Care Queensland work in partnership with QATSIP to develop a suitable tool to enable constructive feedback from Aboriginal and Torres Strait Islander Foster and Kinship carers

Marital Status:

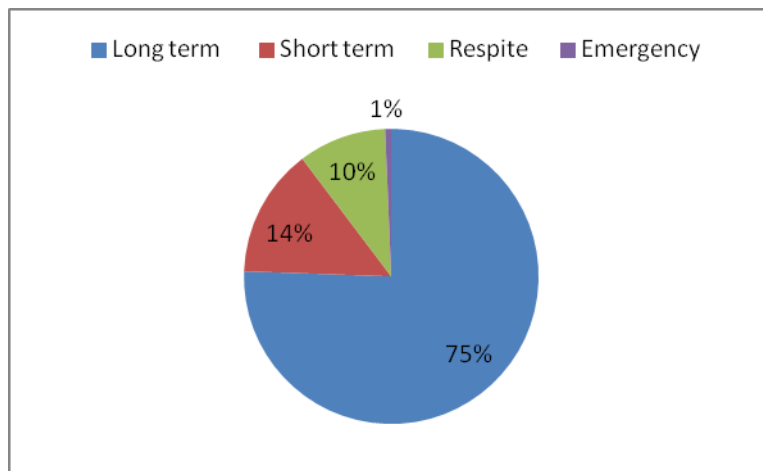


Length of time as a carer:



It is significant that 39% of responses came from carers who had been approved for 1 to 4 years and 27% from 5 to 9 years. Feedback from these groups is helpful when looking at retention strategies now and in the future. This data is also an indicator that current retention strategies may need to be revised to enhance our focus on the retention of carers.

Type of care provided:



Although it is pleasing to see a high number of carers providing Long term care, indicating stability for children and young people in care, it is of great concern that only 1% of carers surveyed identified as emergency carers. This is a significant gap within Out of Home Care as the numbers of children in care continue to rise requiring emergent placements. FCQ is aware of South East Region piloting a program that will see Emergency carers quarantined. FCQ supports this pilot as a way forward and would hope to see its implementation in other Regions in the future.

Recommendation 5:

That consideration be given to increasing the number of pilot programs that focus on the identification/recruitment of specific carers for Emergency Care.

Recommendation 6:

That Child Safety, Foster Care Queensland and the Non Government Foster and Kinship Carer develop specific tools that support Emergency Carers.

Aboriginal and Torres Strait Islander Placements:

Aboriginal and Torres Strait Islander children are over represented in the Child Protection System in Queensland. FCQ wanted to further explore this area with carers with the hope of identifying strengths and areas for growth. The following data was gathered -
Placement of Aboriginal and Torres Strait Islander Children

Carers were asked whether they had ever provided care for a child who was either Aboriginal or Torres Strait Islander. A staggering 63.7% of carers responded that they had. As only 4.4% of those who responded to this survey identified as either Aboriginal or Torres Strait Islander, this clearly demonstrates the numbers of children being placed in families where neither carer identifies as Aboriginal or Torres Strait Islander and appears to be a reflection of the lack of culturally appropriate

placements available, or a lack of sound practice at trying to identify either Foster Carers or appropriate kin in line with the Child Placement Principle.

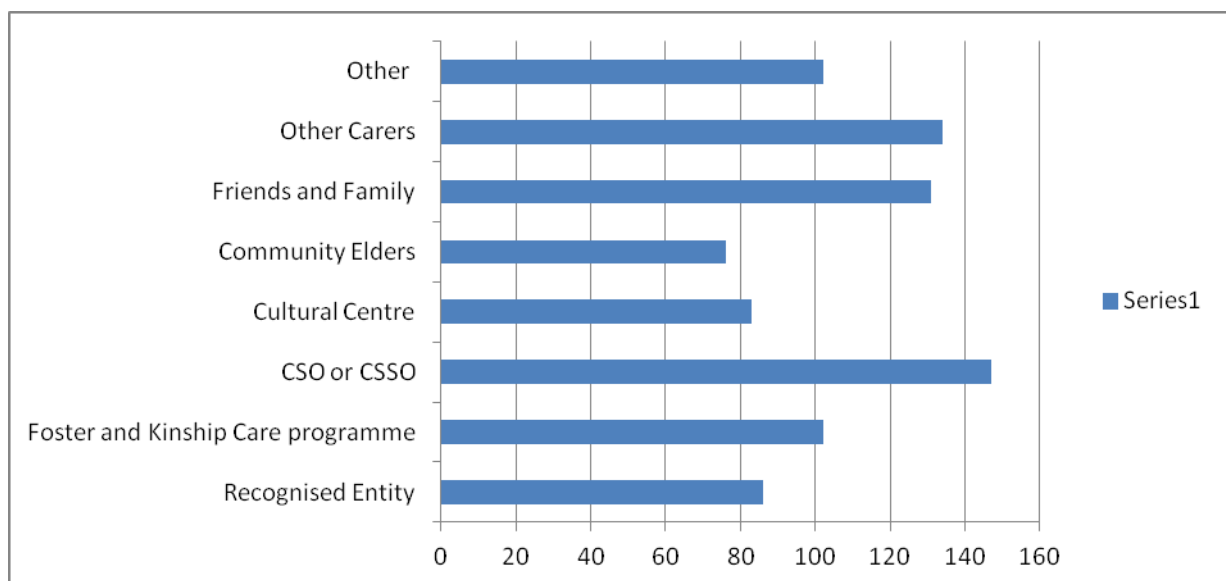
Further data gathered in this area included the following:

From 281 responses – 66.9% of carers advised they were not supported by an RE in meeting the cultural needs of an Aboriginal or Torres Strait Islander child in their care. From 282 responses – 67.7% advised that they did not have a cultural support plan in place for an Aboriginal or Torres Strait Islander child in their care

From 279 responses – 63.4% advised that they were not provided with cultural awareness training when caring for children who identified as Aboriginal or Torres Strait Islander

From 282 responses – 77.3% advised that they did understand the Aboriginal and Torres Strait Islander Placement Principal

When asked how they access their support in respect to meeting the cultural needs of children placed with those from Aboriginal or Torres Strait Islander background, the following answers were provided:



Please Note: Carers have provided more than one response resulting in a total of 861 responses.

There were 262 comments about supporting a child's culture and the majority of them provided feedback about positive affirmation, connection to community, attending events, cultural awareness through education, food, dance and art. Some examples are:

'Maintained connections with their community and opportunities to develop their own cultural awareness'

'Participation in community events and traditional dance, reconnect with family and community elders.'

'By reading him stories about his culture, talking about his culture, having aboriginal art in his room and throughout the home, indigenous playgroup and including him in NAIDOC week activities.'

'cultural days, museum, books/stories, festivals.'

"facilitate extended family contact so that cultural links are maintained. Access information on traditional customs and significant events and encourage attendance.'

'respecting culture and participating in cultural activities when possible'

'making them aware of indigenous issues knowledge of natural environment (we plant aboriginal food trees) mix with indigenous carers, learn skills eg. dance. Research the family history'

'Supporting family contact, being generally positive about culture, awareness of and respect for different religions and languages, providing familiar foods and researching foods and customs, bringing cultural references to clothing/decor, attending show/events with cultural reference or significance'

'teaching pride, recognition of culture and community connections and culture values.'

'by giving them the ability to understand who they are- where they come from and the traditions important to their individual family group'

'talking to them about their biological heritage, educating them using web based information, visits to the ATSI exhibition at the Brisbane Museum, crafts and activities, downloaded from the internet, displaying a TSI flag in the home, celebration of coming of the light.'

'by recognising they're part of the culture and supporting them in understanding that culture'

"by making a child aware of their culture and to be proud of it'

There were very few comments that showed little understanding of the need to support Aboriginal and Torres Strait Islander children and young people to access and appreciate their culture.

'we would facilitate whatever requests were made of us (within reason)'

'Attending workshops'

'not sure they are aware of their culture'

'honestly I don't feel I am with most of the children. With one child I send them to an aboriginal kindergarten. Other than that we do little to support her culture'

Some comments suggested that carers believed that family contact was enough to meet children's cultural needs.

'through family contact'

'I try to bring them up in a manner they would be brought up by their own parents.'

'child has continuing contact with family members allowing cultural awareness'

'Take to family for holidays'

'facilitating family contact'

'constant contact with family and other relations'

'has regular contact with grandmother and attended aboriginal family'

A couple of comments suggested that as respite carers they were not required to support culture.

'as respite carers we rarely require assistance'

'Weekend respite'

'Respite only'

'we only do respite so this is not applicable'

There were only six comments that stated they were not supported or felt unable to provide cultural support because of lack of support.

'not supported, RE promised to support but we have not ever had contact since placement meeting'

'I don't as there is not enough information out there for carers.'

'I'm not as I've not even had a visit from IFACCS'

'I have felt very unsupported when I've had an indigenous placement.'

'I found I had to go to the internet for information'

'Sorry I can't answer this question for I do this myself best way I know how to explain to very young boys'

Summary:

This data clearly identifies the need for Child Safety to have consistent cultural awareness training available to carers who care for, or want to care for Aboriginal and Torres Strait Islander children. It appears that a large proportion of Aboriginal and Torres Strait Islander children are not having cultural support plans completed. This has been identified as one of the key tools that can be used to ensure that a Child or Young Person's cultural needs are being met. Therefore if these are not been completed and training is not being offered, we need to be asking the question as to whether Aboriginal and Torres Strait Islander Children are in fact having their cultural needs met. There is no one single entity responsible for meeting the cultural needs of children and young people It is FCQ's belief that responsibility rests with the whole Community including all those allied services such as Health and Education.

Recommendation 7:

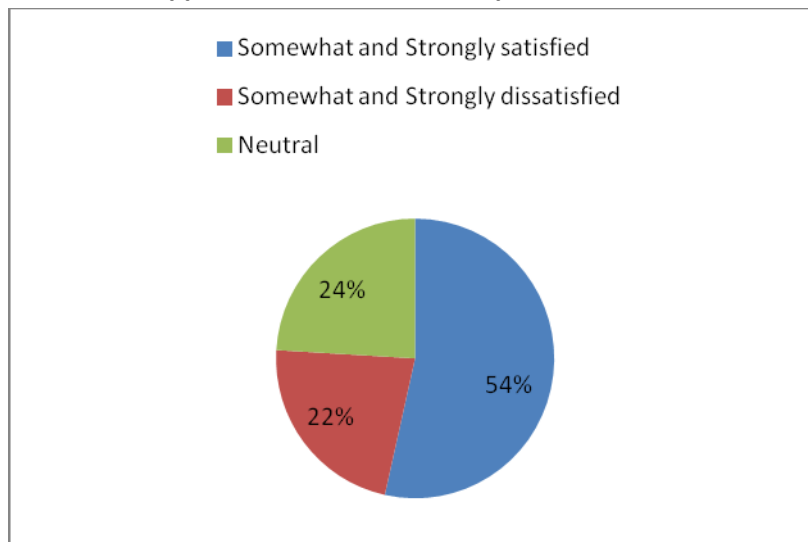
That Child Safety, Recognised Entities and Placement and Support Services ensure that all Aboriginal and Torres Strait Islander Child and Young People in Care have up to date Cultural Support Plans

Recommendation 8:

That Child Safety give strong consideration to ensuring that all non Indigenous Carers wanting to care for children and young people of Aboriginal and Torres Strait Islander decent be required to have undertaken Cultral Awareness training and be familiar with, and understand the Child Placement Principle through the development of an additional module of training offered in the first year of caring.

Child Safety Processes:

Renewal of Approval - Satisfaction with process:



Some of the comments provided in this section include:

'use of external assessor for renewal of approval is not fair.....my experience is very negative.'

'approval and renewal procedure too long and arduous and most of the questions are irrelevant, and information is doubled up and repeated the next time'

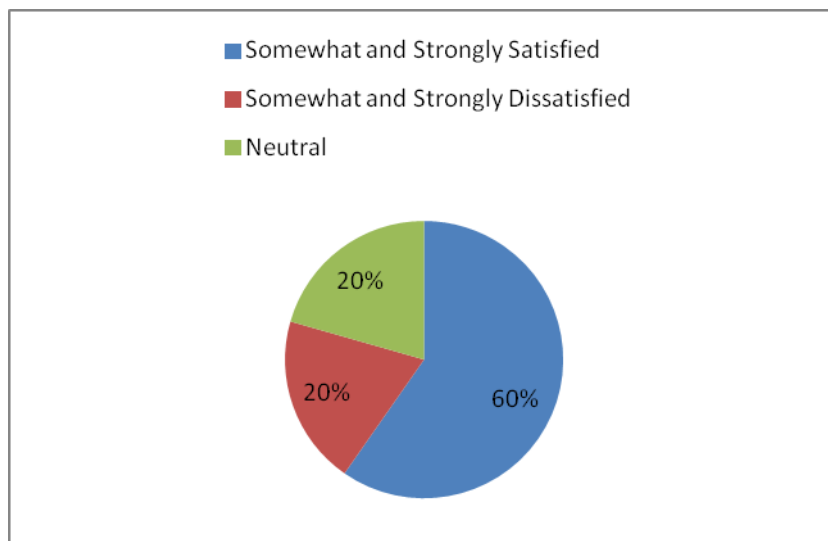
'renewals are too bogged down in paperwork and red tape and not done in a timely way'

'My approval lapsed due to a relationship breakdown and I am discouraged to reapply due to the lengthy and costly processes'

Recommendation 9:

That consideration is given to a review of the Renewal of Approval procedure and associated forms to streamline the process and that Agencies and PSU's be encouraged to participate in Foster Care Queensland "Renewal of Approval" training

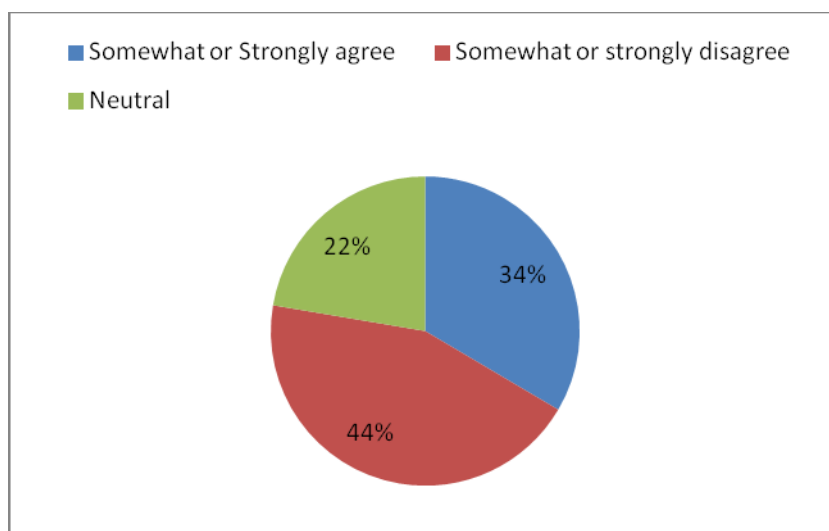
Amount and type of ongoing training offered:



These outcomes are consistent with the Exit Interview report in that the majority of carers were happy with the training offered. It is also encouraging that the amount and variety of in-service training available to carers has increased dramatically over the past 5 years with the result that carers feel comfortable.

Placement Agreements:

Were you satisfied with the completion of Placement Agreements (made at the beginning of a placement with regular reviews?)



It is concerning that such a large proportion of carers having expressed their concern in this area. Some of the comments included:

'placement agreements are never made at beginning-happen if you're lucky in 5-6 months after receiving child-next week what has been agreed is changed by department to suit themselves or natural family'

'Placement meetings are not always on offer on time. Information agreed on (High Support Needs) often without an outcome.'

'No placement meeting done on children that have been in care for over 6 months, plus we have no idea what the CSO looks like, never met her.'

'Have not had a placement meeting for nearly 2 years for one long term child in care'

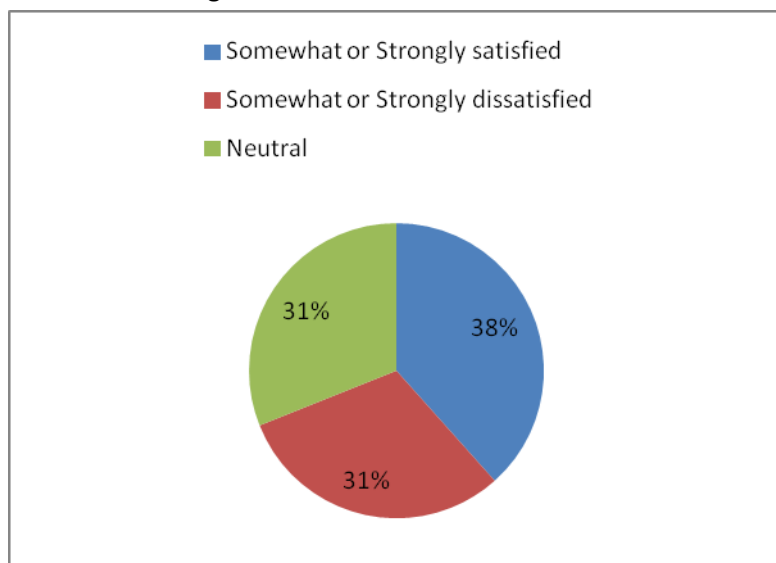
This information is consistent with FCQ's experience in providing support and advocacy for carers across the State. We often have to follow up on Placement meeting outcomes or on a Placement meeting happening in the first instance. It appears that the value of a placement meeting is not recognised as it should be. These meetings may be the only opportunity for a carer to be heard in respect to the crucial elements of a placement. This is also an area where data indicates that professional practice is at times not applied consistently as part of the placement.

Recommendation 10:

That Child Safety provides an increased emphasis on ensuring that Placement Agreements are undertaken in a timely manner as per the Child Protection Practice Manual.

Provision of Information:

Information provided to you in relation to safety checks completed prior to your identifying information being released



This large percentage of carers who stated dissatisfaction would indicate this would be an area of concern as carers would more than likely feel threatened in situations where their identifying information has been released without real knowledge of how Child Safety came to make that decision.

Section 86 of the Child Protection Act 1999 states that –

86 Chief executive to notify parents of placing child in care—child protection order

(a) the person in whose care the child is placed and where the child is living; and (4) If, after considering the matters, the chief executive reasonably suspects compliance with subsection (2) would constitute a significant risk to the safety of the child or anyone else with whom the child is living, the chief executive may decide not to comply with the subsection.

There has long been the held concern by carers that the child's birth parents have specific rights however there is nothing further that a carer can do once Child Safety has assessed risk to be of a level where they cannot withhold information from birth families. Foster and Kinship Carers are volunteers and have families of their own it is felt much more consideration should be afforded to carers when they are not feeling safe.

Comments offered included the following:

“Last year a parent came to my home screaming, trying to kick in the security door. I had to put the children (including my own biological child) in a room and called the police. It was enormously distressing. The parent had been driving up and down the street approaching their daughter and

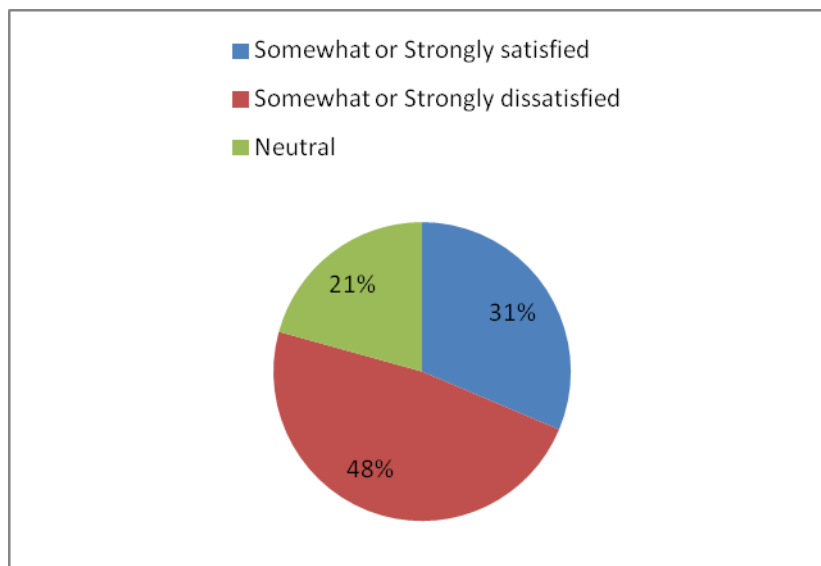
mine for a number of weeks before hand. The Service Centre was ineffectual in handling the drive pasts and offered no support after the police incident, although they were fully informed”

“I do not see foster care being viable in the long term where foster families are regularly endangered or threatened as a result of the release of information, failure to properly supervise visits and poor handling of MOCs”

Recommendation 11:

That Child Safety practice more clearly recognise the right of carer families to not only be seen to be safe but to feel safe and that more emphasis be placed on the release of information to parents during the Pre-Service Quality training and how Child Safety reaches their decisions.

Information provision about the child for whom you are caring for:



These results are consistent with FCQ’s Exit Interview data. Carers appear to be sending a clear message that they are not receiving appropriate information about children or young people prior to placement. Whilst it is acknowledged that Child Safety do not have access to all the information at times, particularly when children are first removed, it is vital when this information is gathered, it is passed onto the carers as soon as possible.

The Statement of Commitment states the following:

7.2 (c) Carers need to have certain knowledge and skills in order to provide a safe environment. Carers have the right to:

Timely and ongoing information about a child or young person as is available to enable them to provide a safe, healthy and protected environment for them, the carer and the carer’s family. This includes all available information related to the child or young person’s medical, educational, emotional or developmental needs as it becomes available, including information from other professionals.

Some of the comments made in this area include:

'we receive very little information on some children and only find out more by constantly questioning the CSO.'

'I feel that as a carer I am not given full information about most things, and I am not included in the decision making process, even though I have requested this on numerous occasions. I feel that we are treated as the "babysitter".

"Information about children in our care is very inconsistent. It is totally influenced by the individual CSO. Some will tell us everything we need to know so we can understand and help the child, whilst other CSO's will only give over limited information".

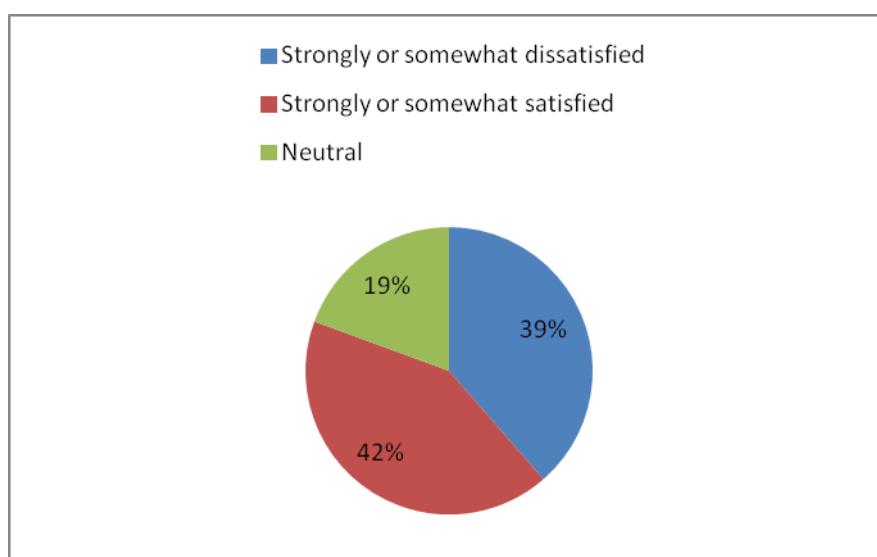
'I feel that the dept do not keep carers properly informed, trying to get some information is a bit like pulling teeth. A lot of what I ask is what I'm needing to know'

Recommendation 12:

That Child Safety review their practice to ensure that carers receive all available information both at the time of the placement of a child or young person and periodically when information becomes available and that all information is provided in a timely way to ensure that the carer is both informed and is able to employ strategies resulting from information provided.

Home Visits from CSO's:

Home visits being completed by Child Safety as per procedure (one per month for children subject to short term orders and once per 6 months for children subject to Long term Orders)



Over recent years we have seen positive attempts to increase home visits by CSO's from some Service Centres however visits appear to remain inconsistent. It is a responsibility that should be a priority for CSO's yet it appears that this is not the case for many.

Some comments are:

Some do not visit, some change so regularly that there is no continuity (the new CSO's are often so unprepared that they spend their entire time in our home learning about the children). There is one CSO who is extremely proactive and she gets the parents to ring two days before contact and confirm their attendance/non attendance. This should be a set procedure because it allows us as carers to make alternative arrangements and avoid the disappointment which ultimately results from visits not occurring.'

'Have had very few home visits (no more than 6) in the time this child has been with me (May2009).....'

'this depends on your child's case worker some are good and some are not so good'

'CSO do not visit regularly – One child I have is 18 months old, he has had 5 CSO's now and each of them have visited our home once during 18 months of life- this is how children in care are able to be abused by their carers- no one is monitoring what is going on.'

'child on short term order same CSO for 15 months only been out once for 5 mins...'

'CSO too overloaded to find the time for visits'

'we do not have CSO visit us unless we request it. This is despite having a child on a short term order and two children on long term orders'

'as for home visits have had maybe 2 in the 3.5 years I have been caring'

'CSO never had home visit although always phone accessible'

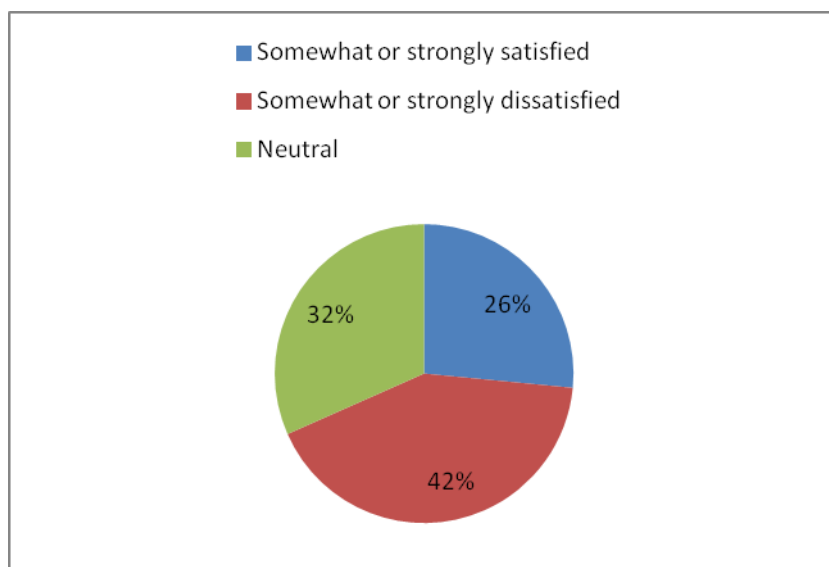
'the only people we see are community visitor and KYABRA'

As with the Exit Interview results, this is an area of concern for FCQ. Procedure is clear in respect to home visiting requirements. If regular non crisis driven home visits are occurring as per Procedure, it is FCQ's view that these would then act as a preventative for things such as MOC's, placement breakdowns and resignations of carers. Carers need to feel part of a team, where their role is appreciated, respected and they are supported. If this were the case they are more likely to be more resilient when faced with difficult and challenging situations.

Recommendation 13:

That Child Safety Service Centre ensure that home visits with carers and children and young people are a priority and that these visits occur as per procedure.

Family Group Meetings:



Please note: the large proportion of those who marked Neutral in this section indicated in comments that they have not experienced an FGM and therefore cannot comment on the process.

These statistics would indicate some significant issues for carers with regard to the Family Group Meeting process. Examples of comments on FGM's are as follows:

'FGM- these are always haphazard-every FGM appears to follow different rules – some carers are invited, others not, sometimes they occur without carers knowing and case plans developed without the carers knowledge and then they are asked to implement it'

'I see FGM's as a way to make us do things we don't want to and if we don't then we are difficult.'

'I have been told as a carer, I do not have to be invited to attend family group meetings even though I've expressed a great desire to be present. On some occasions I've been invited but not all.'

'times for FGM are never suitable for carers to attend-then team leader goes on about if we cared we would turn up-sometimes not even been invited to FGM..'

FCQ continues to see inconsistent practice especially when determining whether a carer should be invited to attend an FGM and whether they can have a support person with them. The Child Safety Practice Manual, Chapter 2, 2.3 Deciding who will attend a Family Group Meeting does not provide any direction to the Convenor to invite a carer yet the carer has more information than any other single participant about the child's day to day needs and behaviours. The Manual states:

It is the responsibility of the convenor to decide who will attend the family group meeting. In every case this determination is based on whether the participation or attendance of a person is in the child's best interests and whether the person is likely to make a useful contribution to the development of the case plan.

All people who are significant to the child must be given a reasonable opportunity to attend and participate in the family group meeting. The case plan should reflect and combine the knowledge, strengths, resources and supports of the child's family and support network with the professional expertise and resources of Child Safety representatives and other service providers.

The following people must be given the opportunity to participate in the family group meeting:
The child, where age and developmentally appropriate the child's parents extended family members, who are likely to make a useful contribution to the case plan (*Child Protection Act 1999*, section 51L)

any legal representative for the child

a member of the recognised entity for an Aboriginal or Torres Strait Islander child

anyone else who the convenor considers likely to make a useful contribution to the development of the case plan at the meeting, for example a service provider

any support person nominated by the child or parent

a Child Safety representative if the convenor is a private convenor.

Many carers are invited to FGM's and are able to have active input either directly at the meeting or separately where it is not deemed safe to attend. Unfortunately it appears that this practice is not consistent and the Child Safety Practice Manual allows for the inconsistency to occur. Many convenors do not even attempt to contact carers for their views and this can be seen as a significant gap in sound practice in developing a child or young person's case plan.

The Statement of Commitment recognises the valuable input that carers are likely to have in case planning for children. Section 7.2 (d) states:

All carers have the right to participate in discussions and decisions affecting the lives of children or young people placed in their care. Carers' knowledge and opinions should inform the decision making, but it must be accepted that the department has the statutory authority to make the final decision.

51L Who should be involved

(1) The convenor must give the following persons a reasonable opportunity to attend and participate in the meeting—

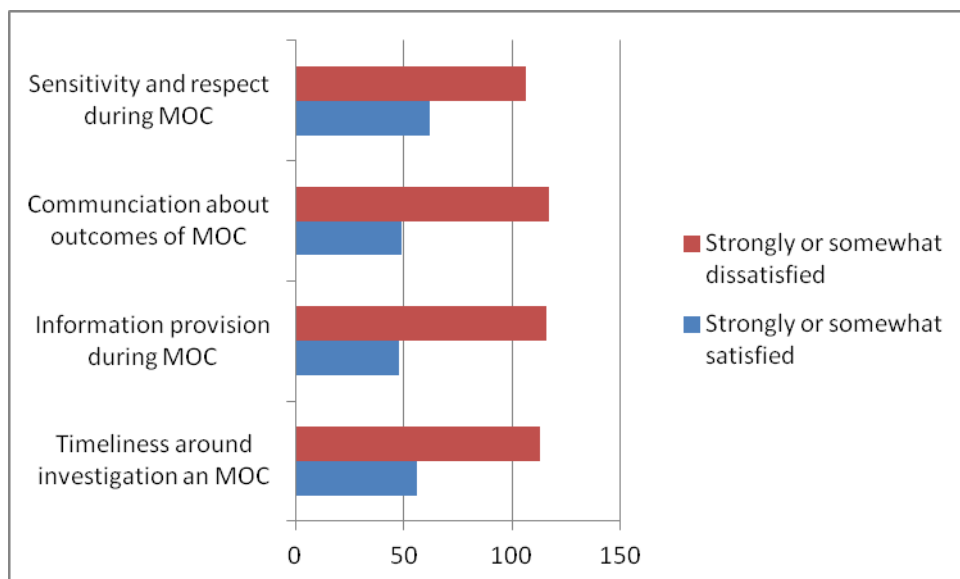
(d) states 'other people with whom the child has a significant relationship with i.e. the approved carer'

Recommendation 14:

That Child Safety amends the Child Safety Practice Manual to provide carers the opportunity to participate in Family Group Meetings in line with legislative requirements and that this be reflected in day to day practice.

Matters of Concern:

The next four questions were about the Matter of Concern process. There was a very small percentage of carers who were somewhat or strongly satisfied, indicating there is a significant amount of carers who may be dissatisfied with the practice around the Matter of Concern process



Please note: the results above include those that indicated their level of satisfaction. Those who marked neutral have not been included as the comments attached to those who ticked neutral demonstrated that these carers may not have experienced an MOC so this area was seen as not applicable to them.

The majority of comments were concerns about MOC process and practice.

'MOC process is more about "power" and very negative-even if the carer has been volunteering for a great deal of time."Colleagues" all of a sudden become adversaries. Communication is always very negative and shows no compassion or empathy for the role the carer plays with often very demanding children.'

'MOC process is not being followed by department as set out in the policy. Carers feel they are not supported through this process nor are fully informed of their rights.'

'MOC eventually substantiated a matter not raised in initial MOC-no carer interview. MOC took so long to complete that the CSSC manager would not re-open.'

'Received very little support'

'More communication with carers before it becomes a MOC'

'MOC process has improved –communication and information provided is basic and could be improved.'

'I do not see foster care being viable in the long term where foster families are regularly endangered or threatened as a result of the release of information, failure to properly supervise visits and poor handling of MOC's.'

'MOC is the most contentious issue facing innocent carers wrongly accused. It almost got rid of us. It took 18 months to recover.'

FCQ believes that the current policy and procedure in place for MOCs is very good, however it becomes an issue as to how these procedures are being interpreted into practice.

Child Safety has an obligation on behalf of children and young people to ensure they are provided a level of care consistent with the Statement of Standards, Section 122 and the guiding principles of the Child Protection Act. This has always been a difficult and contentious area and one that the majority of workers feel emotionally draining however it must be strongly noted that Foster and Kinship Carers are volunteers and as such have the right to have a fair and just process recognised and undertaken. Many staff undertake this role with the utmost respect for carers and the role they play. Unfortunately practice in this area can be inconsistent at times and can, and has resulted in poor practice with the result that carer families are damaged by the process no matter what the outcome. Carers are volunteers and colleagues and generally come into fostering with very high ideals however many are so damaged by processes to the point where they cannot continue. In some cases it is noted that family breakdown can occur as a consequence of this process. FCQ recognises that there are cases where unfortunately harm has occurred and carers need to be assisted to leave this vocation while at the same recognising that everyone has the right to dignity and a just process.

Review process:

52% of carers who responded in this section were neutral; again this figure is reflective of carers having never engaged in an appeals process. Of those who provided a response in respect to their level of satisfaction, 30.7% were somewhat or strongly dissatisfied and 17.2% were somewhat or strongly satisfied. Regarding the Provision of information in respect to appeals, 29.4% were somewhat or strongly dissatisfied and 15.5% were somewhat or strongly satisfied the remaining 55.1% were again neutral.

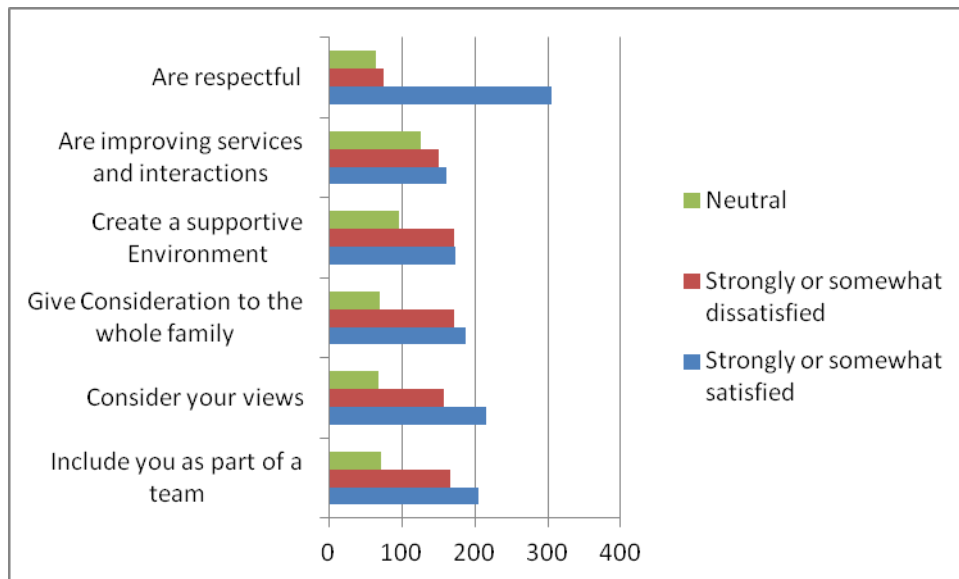
It should be noted that the survey would have been confusing with this question given that there is no right of appeal but rather the right to ask for a review. For the purpose of a response the word "appeal" has been replaced with the word "review". This question will be modified in future surveys.

Recommendation 15:

That Child Safety consider further training for CSO's and Team Leaders on Conducting MOC's. FCQ has developed a module of training endorsed by Policy and Practice Development Branch. Child Safety gives consideration to enabling FCQ to deliver this training across all Service Centres.

Relationships with Staff at Child Safety Services:

Staff Interactions:

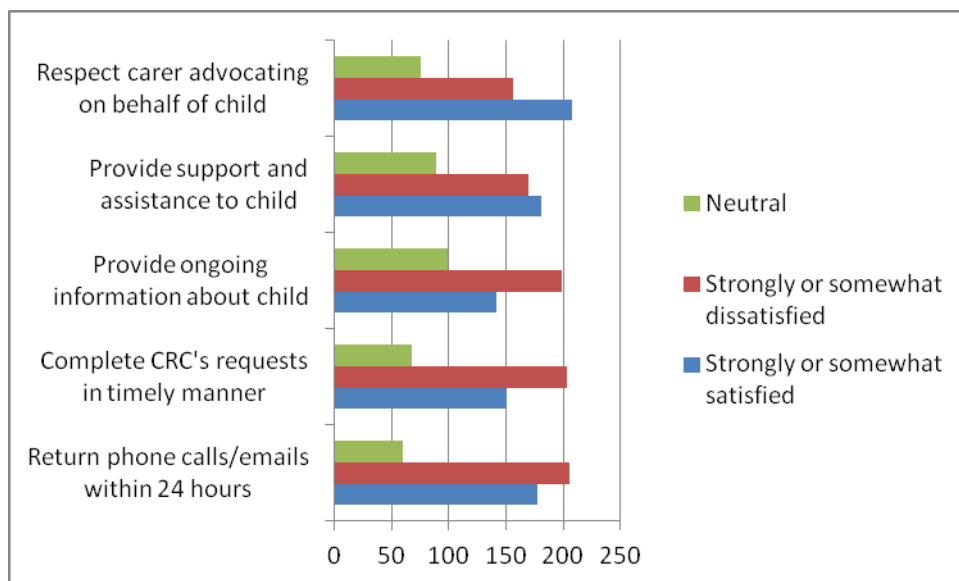


A very pleasing statistic is that the majority of carers reported feeling respected by their staff in their local Service Centre. Regarding the remaining outcomes, whilst the pattern appears to show that there are more carers feeling satisfied in the areas questioned than dissatisfied, this is only a very slight majority and it is important therefore that we recognise the number of carers who have reported not feeling satisfied in these areas. When looking at actual numbers in all the areas other than feeling respected, over 150 carers reported feeling either dissatisfied or strongly dissatisfied in all areas.

Recommendation 16:

That Child Safety considers increasing the level of involvement of FCQ in CSO Induction Training to provide a realistic overview of Fostering and Foster and Kinship Carers.

Casework and Relationships:



It is positive that the majority of carers felt confident that they were respected in their advocacy and support of children in their care and that they felt the children in their care were being provided with support and assistance from their CSO. Of concern however is the amount of carers dissatisfied with the timeliness of phone calls being returned (consistent with responses from Exit Interviews). Timely completion of CRC's and the provision of ongoing information about children being placed with them.

Comments were mixed, the majority citing negative experiences, however some very positive and hopeful comments about particular CSO's and office staff.

Some comments were:

'I can see the service centre staff have good intentions but they are limited by their resources and supervision.'

'The questions are a joke, things have not changed enough to make a significant difference.'

'We need to be recognised as colleagues working in partnership for the common good of the children.'

'We have no longer a relationship with CSO's what happened to working together.'

'we until this year had a awesome CSO, but sadly she was replaced with a CSO that has not been able to meet basic expectations, we now work directly with the team leader and find things 100% more effective.'

'They change so much it is hard to answer but they are usually okay'

'The most difficult situation for carers and the child in care is changing of CSOs. I have been fortunate and in 5 years have only experienced one CSO who made life very difficult for myself and disrupted the stability of the child in my care. I have always had a great relationship with CSOs and Dept Staff'

'Child Safety made lots of positive changes following the CMC inquiry but it appears that practices have gone backwards since Child Safety have become part of the Dept of Communities'

'They are fantastic and need to be fully supported in their roles'

'Q16 is hard to answer because some CSOs are absolutely great - everything done on time, make themselves available, are friendly and approachable, while others are still slack. Luckily there are few of the slack variety around now, but even the good ones are so busy that reports and suggestions get overlooked. It gets frustrating at times, when you keep alerting them to something and they just don't register it'

'feel staff are always reacting to crisis and are not available to be proactive in planning for children. some cso's treat carers very disrespectfully. Seems to a culture in the department'

'have always been satisfied with Staff at Department'

'It is difficult to generalise with the above questions, given the high turnover of staff and the fact that I have not even met my newest CSO, however the last couple of years have seen a vast improvement in communication from and with CSOs in general. It would be good if this were also the case with those higher up the ladder'

'advocating can at times be responded to in a minimising way. I.e. as if we don't understand the full story or impact'

'CSO generally don't support carers well, which I think is more about their capacity to do so rather than ability'

'I believe there is more openness in the last years between staff and carers which is a good thing.'

Recommendation 17:

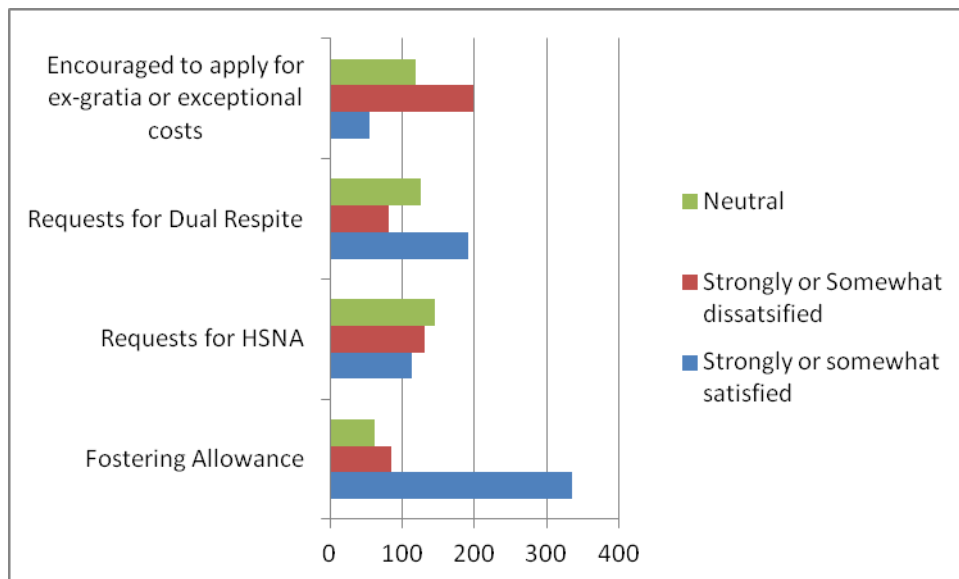
That CSO Induction training provides a greater capacity to allow for a greater insight into the need for respectful and balanced relationships with Foster and Kinship.

Recommendation 18:

That FCQ have the opportunity and ability to facilitate training of CSO and Team Leaders in "Working with Foster and Kinship Carers"

Financial:

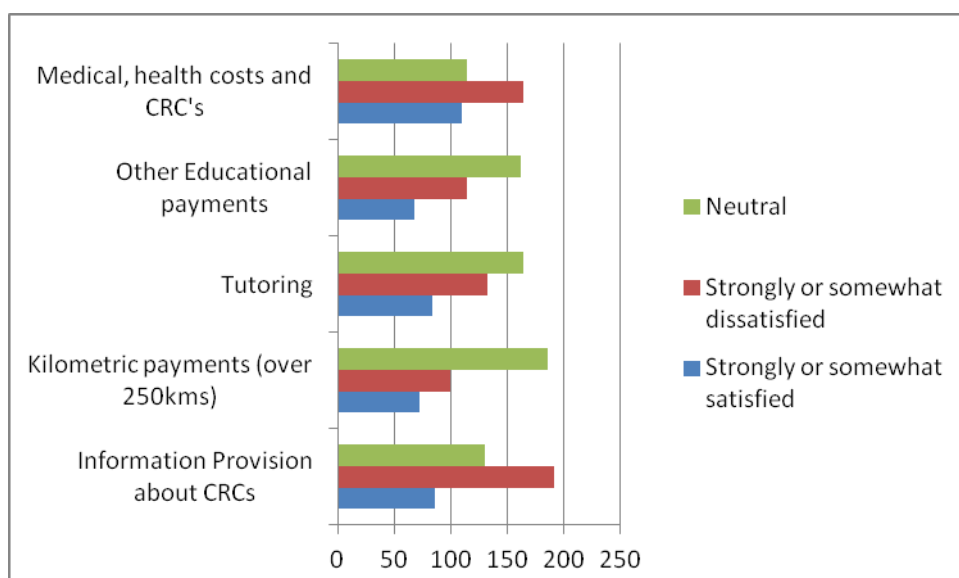
Allowances and other payments:



As with the Exit Interview, results from this survey are very promising in respect to the overall satisfaction with the Fostering Allowance, with an overwhelming 76.1% of carers reporting feeling satisfied and only 10% reporting feeling a level of dissatisfaction.

One area that did stand out here was carers feelings of satisfaction regarding being encouraged to apply for Ex-Gratia payments and other exceptional payments (i.e. extension to housing, special courses, study etc). Carer's level of satisfaction in this area was low. It has been evident when FCQ provides training on carer entitlements that there is a lack of knowledge in respect to carer's ability to apply for Ex-Graita, FCQ will continue to educate in this area.

Child Related Cost matters:



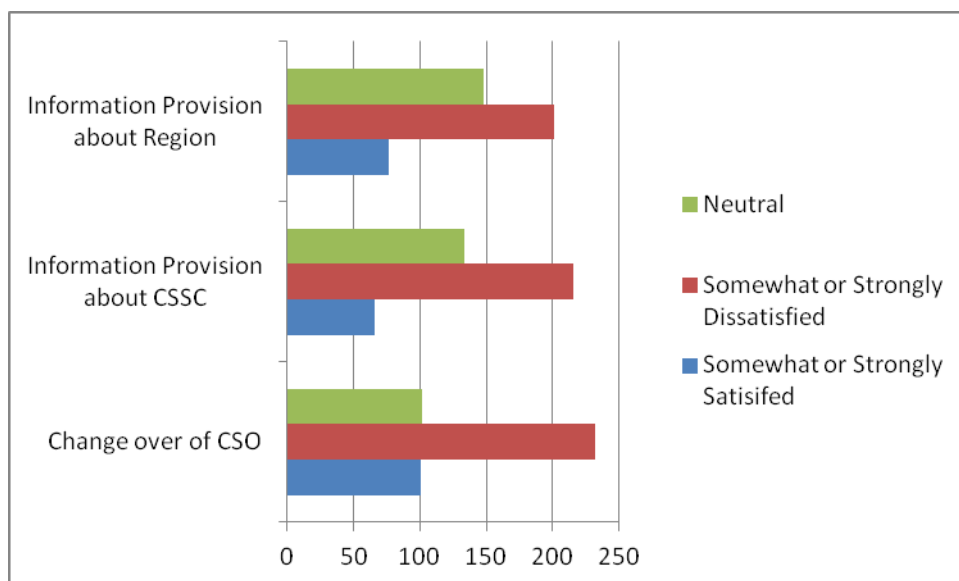
There were many carers who marked neutral in this area. In looking at comments these carers stated that they did not apply for CRC's mostly. It is disappointing that nearly 200 carers reported that they felt a level of dissatisfaction with the provision of information in relation to CRC's. FCQ has completed a training package on Carer Entitlements, which has been endorsed by the Department of Communities, Child Safety and we will continue to deliver this to carers and agency staff to build knowledge in this area. However there are other just as important ways in which carers can be provided with information around CRC's such as, CSO's providing appropriate information at Placement Meetings and Agency staff actively advocating for carers for CRC's.

Recommendation 19:

That FCQ have the ability and resources to provide Carer Entitlement training to a Service Centre staff.

Local Practice of local CSSC:

Service Centre Practice:



This was an area where high level of dissatisfaction was recorded, particularly in relation to turnover of CSO's. Comments under 'Home visits from CSO's' above, capture many of the frustrations held by carers in relation to this topic. It can become very hard for carers to work within a team environment, when the team and goals continue to change.

There is also some learning in respect to Child Safety's communication around the provision of information to carers about CSSC and Regional issues and changes. Carers have rated a high level of dissatisfaction in this area. This is something that could be addressed through avenues such as:

Quarterly newsletters

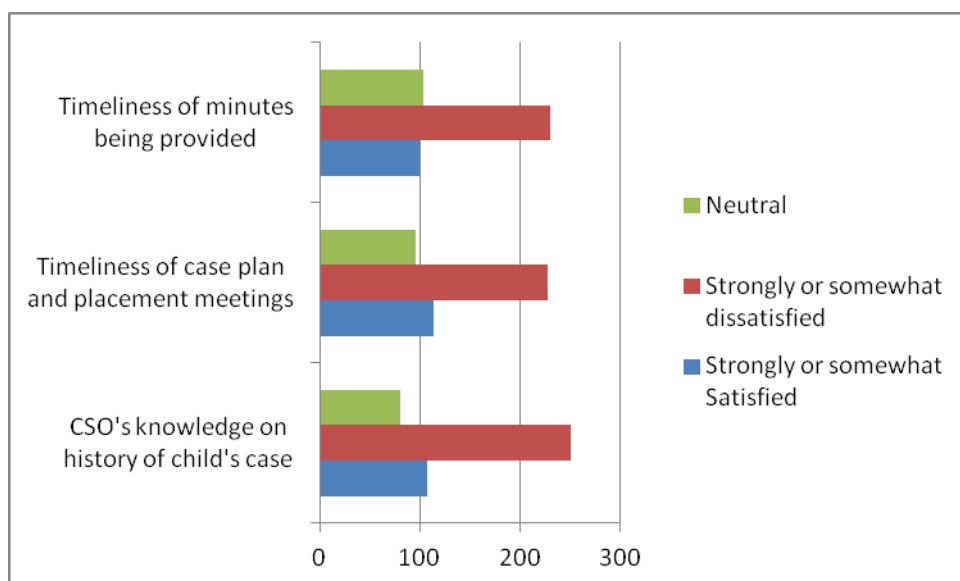
CSSC and Regional updates at Carer Forums

Carers being advised through e-mail when there are changes to the office make up, both regionally and locally.

Recommendation 20:

That regions and CSSC's improve communication to carers by providing relevant and up to date about changes to regions and CSSC's

Casework Practice:



In total 57.1% of carers reported that they had a level of dissatisfaction with the knowledge CSO's held in respect to children placed in their care. Carers often report to FCQ that it is left up to them to provide an overview to the CSO in respect to a child's history on meeting the CSO as they have not read the case file. Whilst it is fully acknowledged that CSO's have high workloads and must prioritise accordingly, it is vital that decisions being made in respect to children are based on all the information, this means those informing decisions absolutely must have an in-depth knowledge of a case.

Other areas of concern in this section include carers feeling that placement meetings and case plans are not occurring in a timely manner (52.1%) and then not receiving minutes from such meetings in a timely manner or in some cases at all (53.2%).

Comments included:

"We have not received copies of placement meetings/case plans for the past two years"

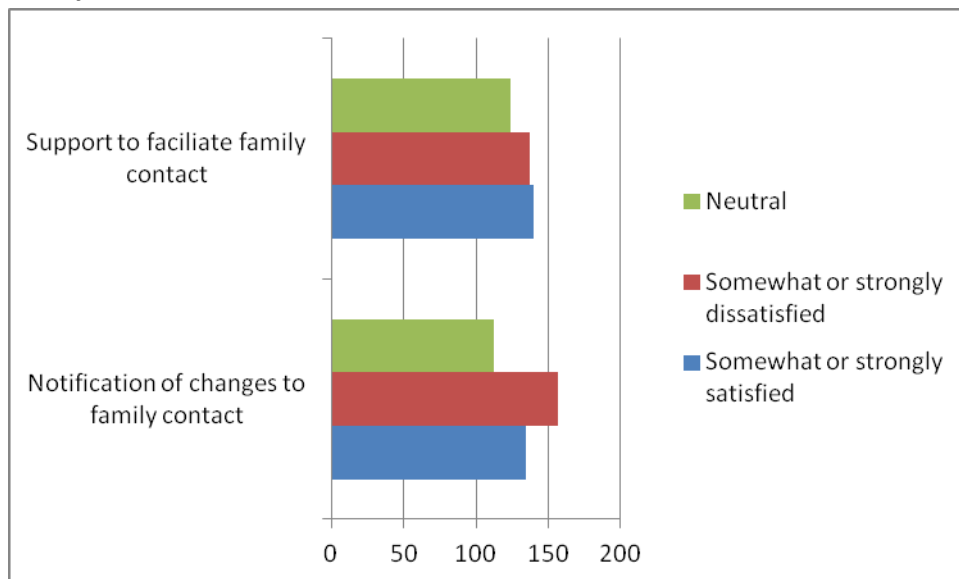
*When looking at sustainability of placements, the areas listed above are all vital components in ensuring the stability of a placement. It is vital that CSO's have knowledge that inform their decisions, it is vital that case plans and placement meetings occur in a timely manner and that **these***

are then communicated and provided to the carer. Improvements in these three areas could lead to a decline in placement breakdowns.

Recommendation 21:

That CSO's provide carers with the most up to date information available and this includes the timely provision of Initial Information about the child, ongoing new information, Case Plans and minutes of Placement Meetings

Family Contact:



Supporting the facilitation of Family Contact is a key role of carers and makes up part of the Statement of Standards. **(j) the child will be encouraged to maintain family and other significant personal relationships;** Like everything else in Child Protection, success in this area depends on all those involved working as a Team to achieve the ultimate goal, in this case, positive family contact for children. There is room for improvement in this area with 34.2% of carers reporting a level of dissatisfaction in being supported to facilitate family contact. While carers often undertake the facilitation of family contact this should not be a given. Child Safety has a statutory responsibility to facilitate family contact, not carers. Facilitation of contact should always be negotiated and where a carer is not able or feels unsafe then it is Child Safety's responsibility to ensure contact occurs. As stated in Section 122 of the Child Protection Act a carer's responsibility is to encourage family contact, not facilitate.

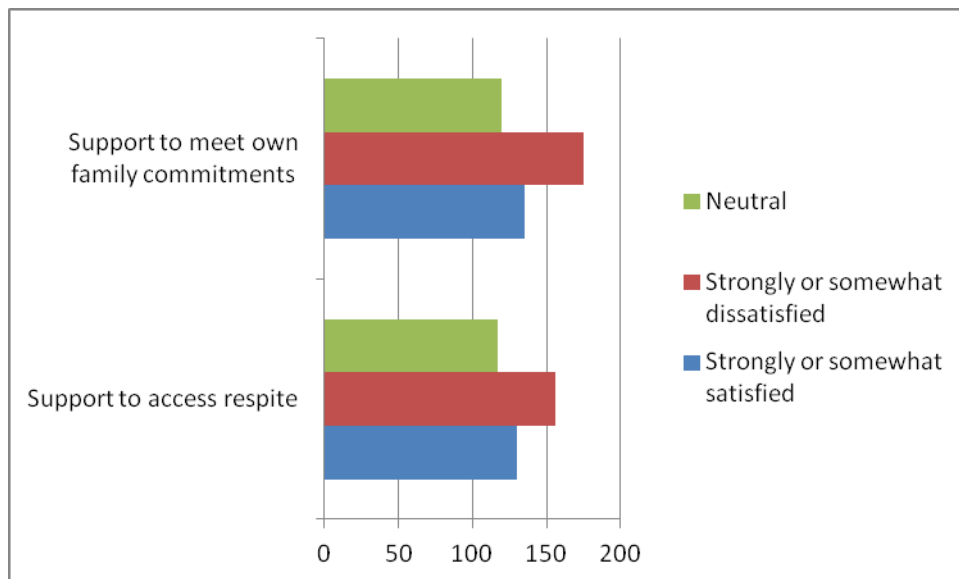
One comment made was:

"support to facilitate family contact doesn't happen, I am expected to transport both ways no question"

Recommendation 22:

That Child Safety negotiates all facilitation of family contact with carers at all times.

Support from local CSSC:



It is concerning that over 40% of carers reported that they did not feel that Child Safety supports them in meeting their own family commitments. When reflecting on the Exit Interview Survey (2009-2010) which FCQ completed, a primary reason given for carers leaving the system was their lack of time. If carers are not feeling supported to meet their own family's commitments, they are more likely to leave the fostering system. This is an area often forgotten by CSO's especially when there are competing demands where carers have children placed and there may be 2 or more CSO's involved.

It is also acknowledged that children and young people placed in Out of Home Care have far greater needs than children who have not experienced harm. Given this fact it also needs to be acknowledged that there are times when respite is not only to meet the child's needs but also the families need to recover. Lack of respite at times can lead to placement breakdowns and in some circumstances carers leaving the system altogether as indicated in data from Exit Reporting.

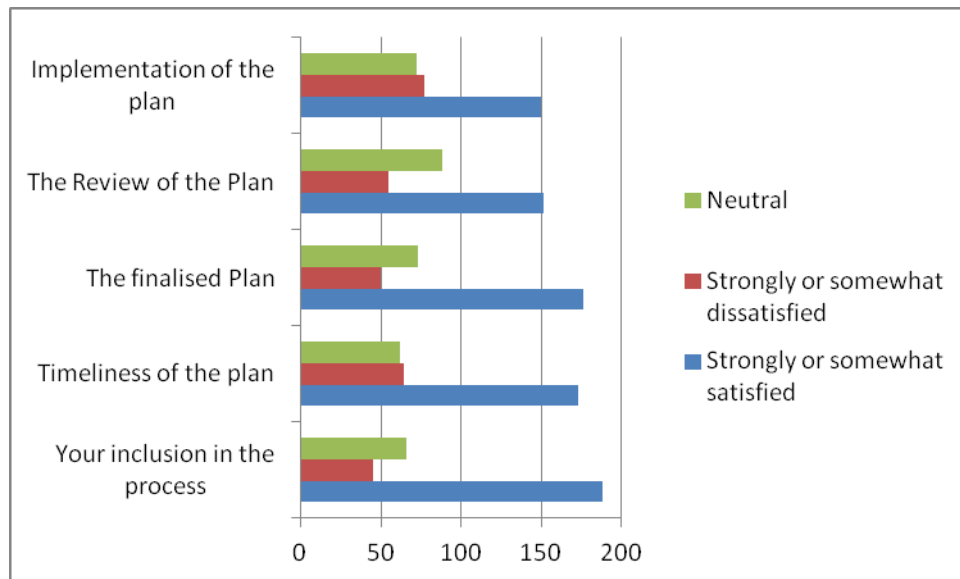
Recommendation 23:

That FCQ be adequately resourced and supported in the facilitation of "Working with Foster and Kinship Carers" training to staff from CSSC's

Education Support Plans:

Carers were asked to only respond to this section if the children in their care had ESP's, 159 carers did not answer this question, indicating a total of 34.6% of those surveyed either do not have current ESP's for children in their care or have children not of school age .

Of those who answered, the following data was collected.



It is very pleasing to see that in every area, the majority of carers felt a level of satisfaction with the ESP process, and it must be noted that the levels of satisfaction decreased in relation to the review and implementation of the plan. While it appears that in general most carers are comfortable with ESP's and the process it must be noted that some carers are concerned about the lack of input into the process. Given that the carer has day to day care and is the one primarily monitoring a child's school activities it should be expected that carers have input in all cases.

Some comments included:

" We are extremely happy with the ESP for one of our kids and the way her school has handled her difficulties"

"Very satisfied with ESP which was organised by Guidance officer at school"

"fully included in the plan"

"very fast to do this to help the children"

"have had one ESP meeting in 14 months, and have not had a copy of the finalised ESP nor any reviews. I have not been informed of any of the items being implemented"

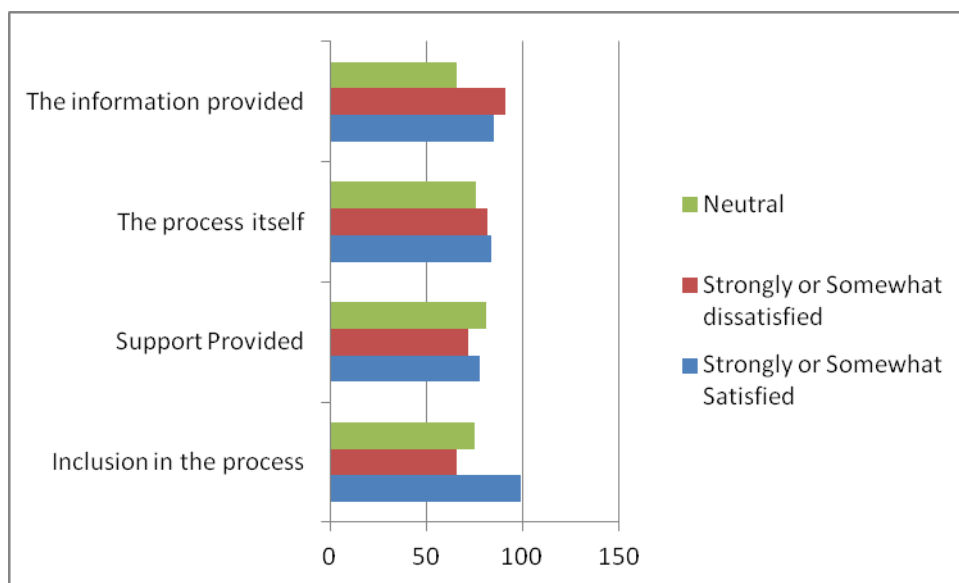
“the school organised this, no input from Department”

“deputy principal from school wrote it up, she didn’t include anyone and said she didn’t have time to”

Child Health Passport:

Carers were asked to respond to this question only if they had Child Health Passports for children in their care, 216 carers skipped this question indicating that 47% of carers surveyed did not have Child Health Passports for children in their care.

Of those who answered the questions, the following data was collected:



Carer’s views in this area appear to be split. Most of the comments provided in this section were from carers who did not have Child Passports for children, many commented on their repeated requests for Child Passports to no avail. Many of the other comments were negative in context.

Some other comments provided included:

‘No support provided, just handed the folder and told to keep it up to date’

‘one child has a very outdated one when they came to our home, the other born since doesn’t have one, I believe it has been in the making for the past two years’

‘The child in our care has had operations and the department can’t or won’t provide details of, along with other medical issues’

‘It was left on my front doorstep with all information I thought to be confidential, apparently not’

‘Have only even had one child have a child passport in three years, despite asking for many other children’

'Most of the information in the Child Passport has already been provided to me'

'need to have follow up regularly as changes in the child's behaviours can change quite rapidly and carers are left high and dry'

"Lots of mention about it, but have never seen it"

'Has been 10 months since I took child to DR to begin CHP process, have not heard anything since'

'Don't even know what this is'

Summary:

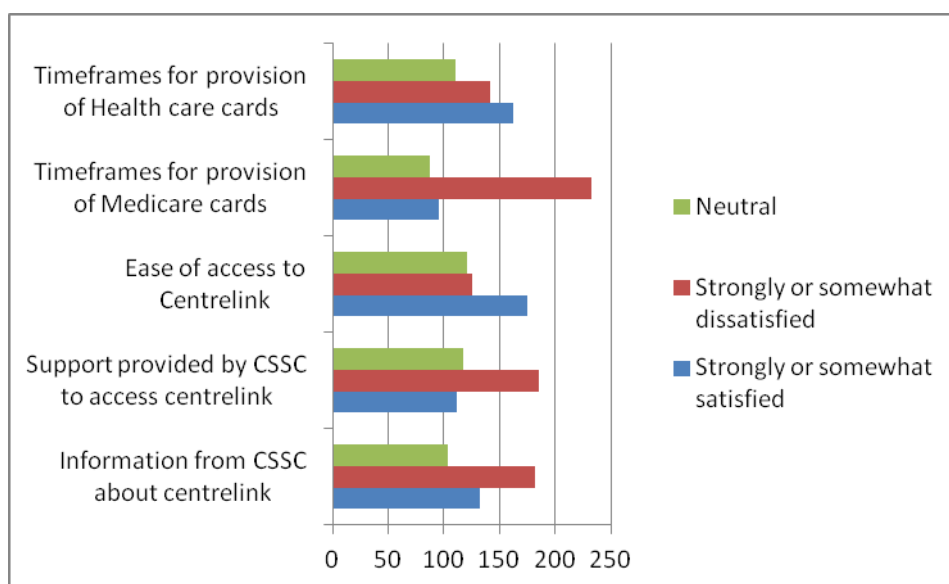
FCQ finds both the comments and numbers of carers who do not appear to have Child Health Passports to be of great concern. This has been an area of concern for quite some time and it appears we are still not seeing this very important data not recorded and/or not provided to carers and children in care.

Recommendation 24:

That Child Safety undertake a full and holistic review of the Child Health Passport process and that Child Safety Service Centre's meet their obligation to children and young people and carers by ensuring that Child Health Passport are both undertaken and monitored to ensure they are kept up to date

Centre link:

Interaction with Centrelink is often part of accepting a placement. Carers were asked about their levels of satisfaction regarding matters relating to Centrelink and the following responses were provided.



Of most significant concern, is the number of carers dissatisfied with the timeliness of Medicare cards being provided with 56% reporting a level of dissatisfaction in this area. Whilst it is acknowledged that Child Safety cannot always get access to the Medicare card at time of removal, there are procedures which can be followed to ensure that a Medicare Card is obtained and provided to the carer.

All areas in respect to Centrelink have showed a higher rate of dissatisfaction. This indicates that this is an area which needs further work. Centrelink can be a daunting and complex process for someone who has never experienced the process and it is vital that not only carers are educated in respect to rights and responsibilities but also Child Safety Service Centre staff, so they are then in a position to support a carer to access services based on eligibility.

Some of the comments provided in this section included:

'The department has never helped with any information regarding centrelink, we resourced for ourselves through our family and friends network'

'If I did not have prior experience I would not have known this information'

'The CSO had no idea what you were entitled to through Centrelink, took 6 weeks to get Authority to Care form to provide to Centrelink and was then dated wrong so Centrelink could not pay me what I was due'

'I still don't understand the connection between childcare, dept and Centrelink'

'We were asked by another carer who had a child over a 6 month period, whether they could have a Medicare Card for the child and whether they could apply for Centrelink payments, it was the carer's first long term placement'

'was not aware until this placement that I was entitled to Centrelink payments'

'I am still waiting on a Medicare card for children who have been in my care for two years'

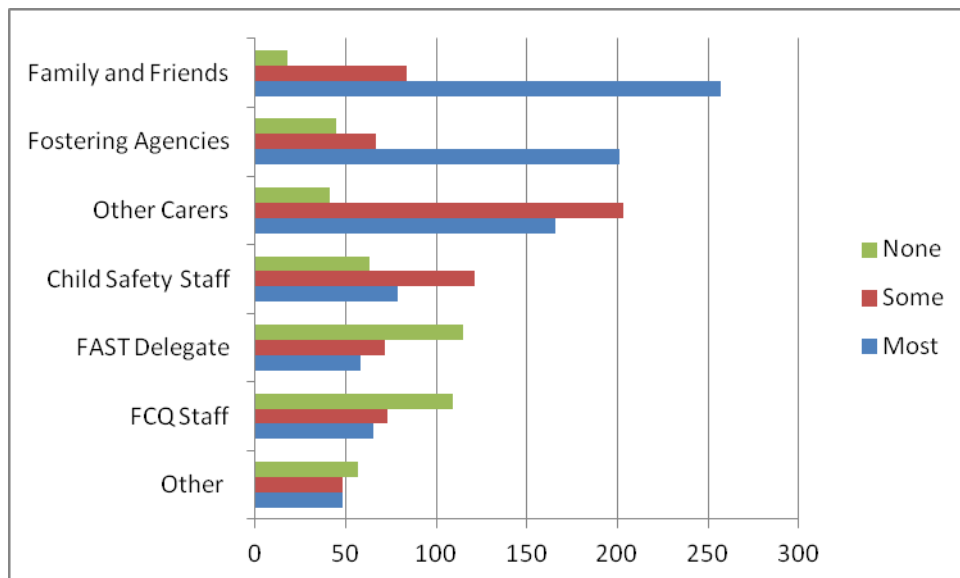
'We have not received Medicare cards for any child in our care, nor do we receive a health care card for the infant that has been in our care for 6 months'

Recommendation 25:

That Child Safety Service Centre's ensure that the provision of Medicare Cards is a priority at the time of Placement and, that CSSC staff receive appropriate training on the provision of entitlements to carers and children.

Carer Support:

Carers were asked where they access most of their support from. The following answered were provided:



An overwhelming source of support identified by carers was family and friends. Whilst it is important that carers have social networks available to them for support, it is vital that they have a confidential source of support they can access for times when they need to vent and discuss case specific issues. It is positive to see that the next most popular source of support was fostering agencies for this reason.

A number of carers stated they do not access FCQ staff or Delegates for any of their support. This is an outcome that FCQ would expect given that we deal with more complex cases, not day to day support issues, which should always be managed through the fostering agency.

To break this question further down by percentage specific to how many carers access each support either some of the time or most of the time, the following statistics provide some interesting data:

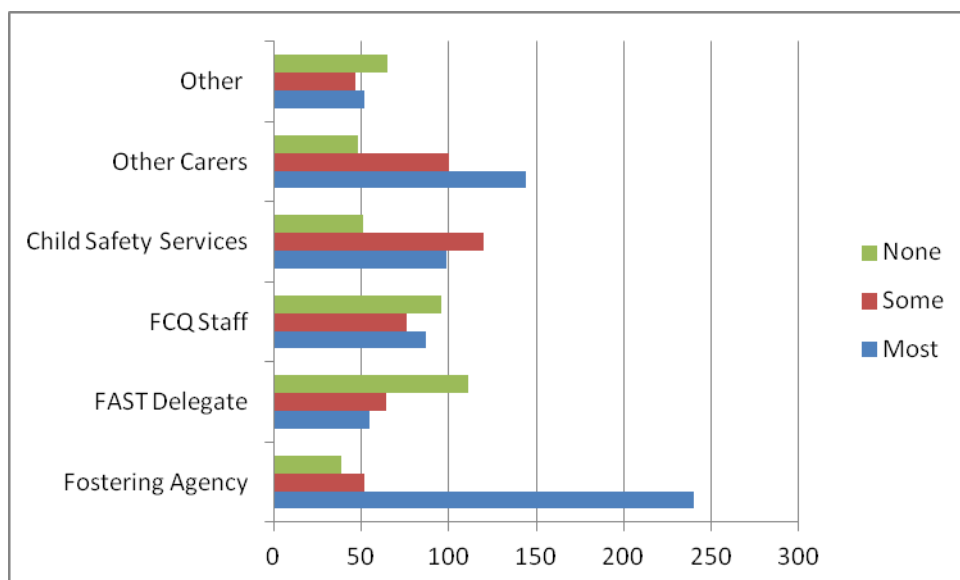
(Please note, percentages are worked out based on the response count to each question and carers ticked multiple answers)

- 85.6% of carers access their Fostering Agency for support some or most of the time
- 53.1% of carers access their FAST delegate for support some or most of the time
- 55.9% of carers access FCQ staff for support some or most of the time
- 76% of carers access Child Safety for support some or most of the time
- 86.8% of carers access other carers for support some or most of the time
- 95% of carers access their family and friends for support some or most of the time

It is pleasing to see that carers have been able to identify a wide range of supports they can access and that it is evident through the response count that carers are accessing different levels of support dependent on their support needs.

Provision of Information about role as a carer:

Carers were asked where they gain the majority of information relating to their role as a carer and the results were as follows

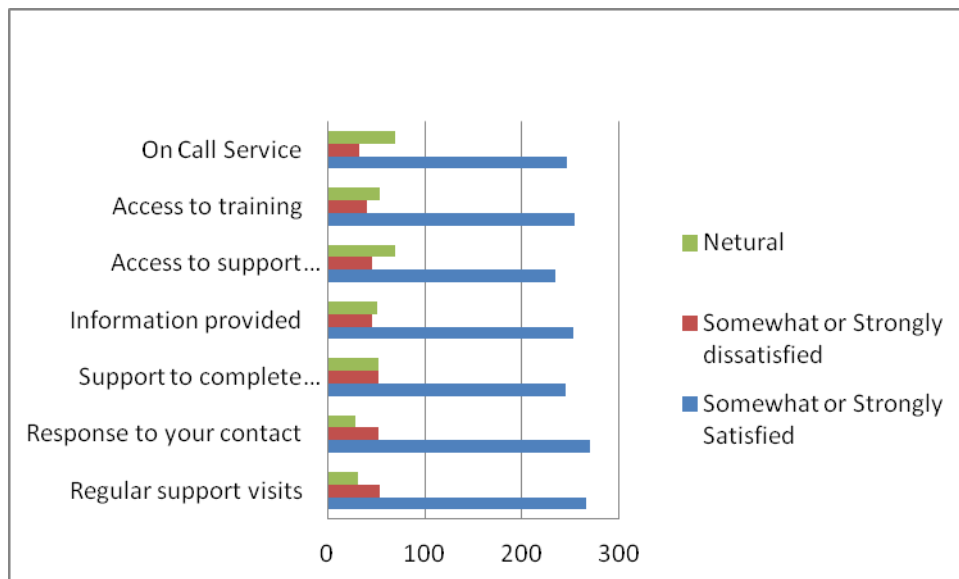


Once again there was an overwhelming response from carers in this section as to where they access their information from – Fostering Agencies. This is extremely positive feedback as it evidences that carers are having their learning needs met through fostering agencies.

It is also positive to see that carers are accessing their provision of information through other sources when needed.

Foster Care Agencies:

FCQ felt it important to seek the views of carers in respect to how satisfied they were with support provided by agencies. The following responses were received



This feedback is extremely positive and evidences that foster and kinship care agencies are meeting the support needs of the vast majority of carers.

To breakdown this data further less than 16% of carers reported feeling either strongly or somewhat dissatisfied in each of the above sections. FCQ continues to be a strong advocate of foster and kinship care agencies and this data for us further highlights the benefits of carers being supported by a foster and kinship care service.

Some of the positive comments provided in this section included:

‘ Thank you Mercy, you do a really great job’

‘mine are legends !!!!! always there to support me, even after hours’

‘ We are more than happy with TRACC and always have been, they have been the prime reason that we continue to provide foster care to children’

‘Due to the service from our agency, we continue to provide care’

‘My fostering agency have been fantastic so far with all the situations I have encountered’

‘Pathways is a highly valuable resource to carers’

‘Overall very satisfied with IFYS support, very good at providing the extra training that I have requested over the years’

'Pathways have never let us down in any way, we are proud to belong to their agency and regular recommend them to others'

'I have excellent support from my worker, probably one of the main reasons I am still a carer''

'They do a fantastic job, it is like I am the only one out there when I need them'

'I would not be a carer today without our support workers at our agency, I am very grateful to the staff and our agency

Some other comments that were negative in context included:

'our agency had a high turnover of staff last year, this made it difficult for us as we have had a lot of workers'

'I would like to leave my agency, I don't feel that they offer me any support at all. In fact they make situations worse because you think they will support you and they don't'

'at the end of the day you are on your own, only so much an agency can do'

'My agency has not given me any information, I have learnt via training and FCQ and another carer'

'My support worker does a lot of talking and not enough listening. They don't do anything wrong but at the same time I don't feel like I can call and get what I need unless it is urgent.

Whilst there are both positive and negative comments - the majority of comments provided were positive in respect to agencies and were therefore consistent with the positive results above.

Recommendation 26:

That Child Safety continue to move all Foster Carers to the non-government foster and kinship care programs and that strong consideration be given to moving Kinship Carers to non-government foster and kinship care services at the earliest possible opportunity.

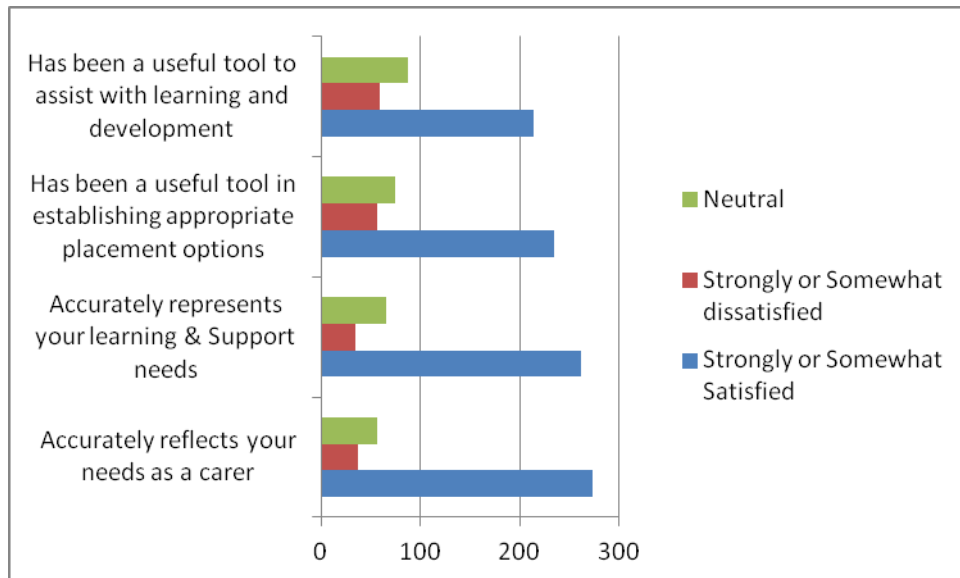
Carer Agreements:

It is procedure that all Generalist Foster Carers have a current Carer agreement. It is not a procedural requirement for Kinship Carers however, Pathways Morton who are a Kinship Care agency are undertaking Carer Agreements with their Kinship Carer families

Carers were asked whether they had a current Carer agreement, 69.2% (295 Carers) reported that they did, 7.3% (31 carers) reported that they did not, however it must be noted that Kinship Carers are not required to have a carer agreement. I therefore attempted to break down the information further. In breaking down the numbers, of those who provided a written response, 7 were kinship carers and 17 were Foster carer's.

Of concern was that 23.5% of those surveyed (or 100 carers) stated that they did not know what a Carer Agreement was.

To those who answered they did have a Carer Agreement, further information was gathered from them in respect to their experience of their Carer agreement. The following information was collected:



It is very pleasing to see that for the most part, carers who have current Carer Agreements view them as a useful tool which assists them in developing their learning needs and identifying appropriate placements. This is the very intention of a Carer Agreement and if used appropriately can decrease the likelihood of placement breakdowns and MOC's through careful matching and learning and support plans. There remains a concern that there are carers who either do not have a Carer Agreement or do not know what a Carer Agreement is. This has been a significant issue in the past and appears to remain that way.

One carer commented *'we were pleasantly surprised at the accuracy of the document. A shed-full of work had been put into this document and I have found it useful'*

For those who did not feel that the Carer agreements were positive, the following comments were provided to support their views:

'I feel these are just completed because they have to be and then filed, no one refers to them anyway'

'it would seem that if you put in a complaint about the department, you get a restriction on your next agreement'

'the last agreement did not reflect my requirements as a carer'

Recommendation 27:

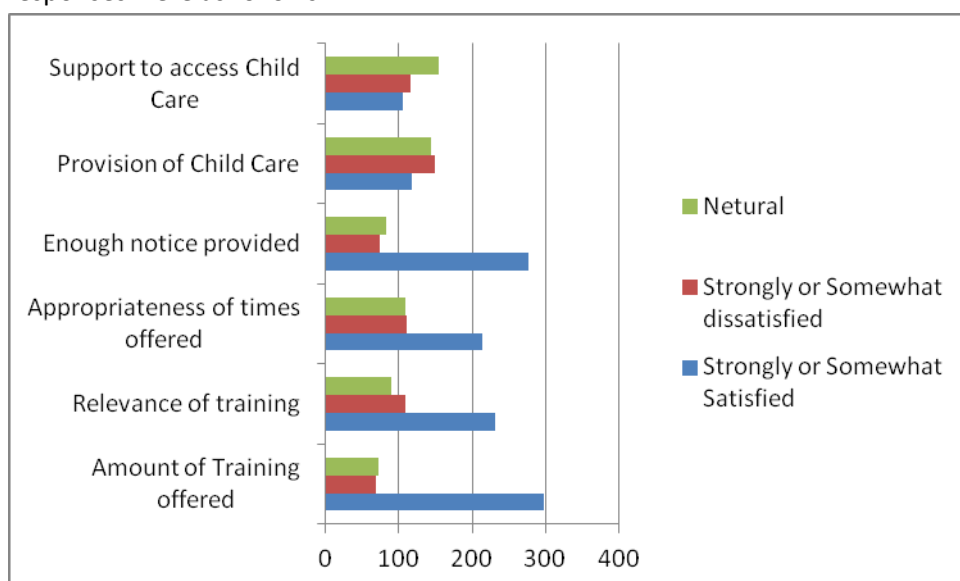
That all Foster Carer have carer agreements that are up to date and appropriately negotiated with the carer and the document implies.

Recommendation 28:

That strong consideration be given to the inclusion of new procedures requiring Kinship Carers to have modified Carer Agreements.

Foster Care Training:

Carers were asked how satisfied they were in respect to aspects of training offered to them, their responses were as follows:



It is pleasing to see that the majority of carers reported a level of satisfaction with the amount of training offered, relevance of training and the times it is held and notice given.

Of concern however is the drop in satisfaction rates when it comes to carers being offered or supported to access Child Care to enable them to attend training. Carers providing care for small children whom don't attend school or day care would find it near impossible to attend training sessions where child care facilities are not available.

FCQ is involved in carer forums across the State and in the most part we see very good attendances by carers. One of the reasons for good attendances appears to be that Child Care facilities are offered on the grounds. Carers are able to take some time out and attend the Carer forums (which often have training included), they can then network and have some much deserved time out, before going next door to pick their children up again. Feedback from carers in respect to this service is always fantastic.

Some of the comments provided in this section included:

'The trend to not provide child care during training does not take into account the isolation that foster carers experience when they have children that have behavioural issues. It is expecting a lot of

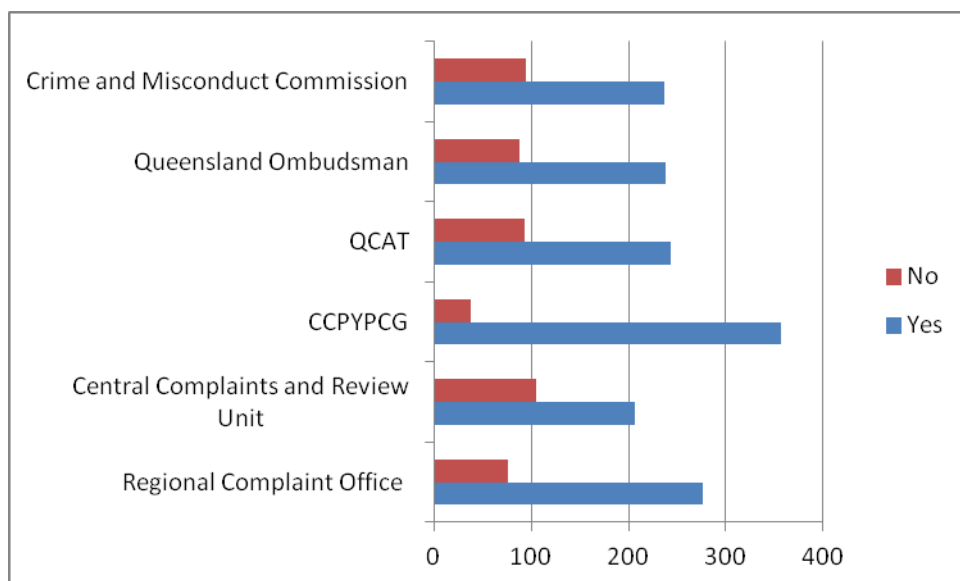
friends to baby sit these children. This is not your normal family situation and child care should be provided during training

Recommendation 29:

That Child Safety in partnership with Foster and Kinship agencies provide Child Care for care attendance at forums and training events.

Complaints/Appeals Processes:

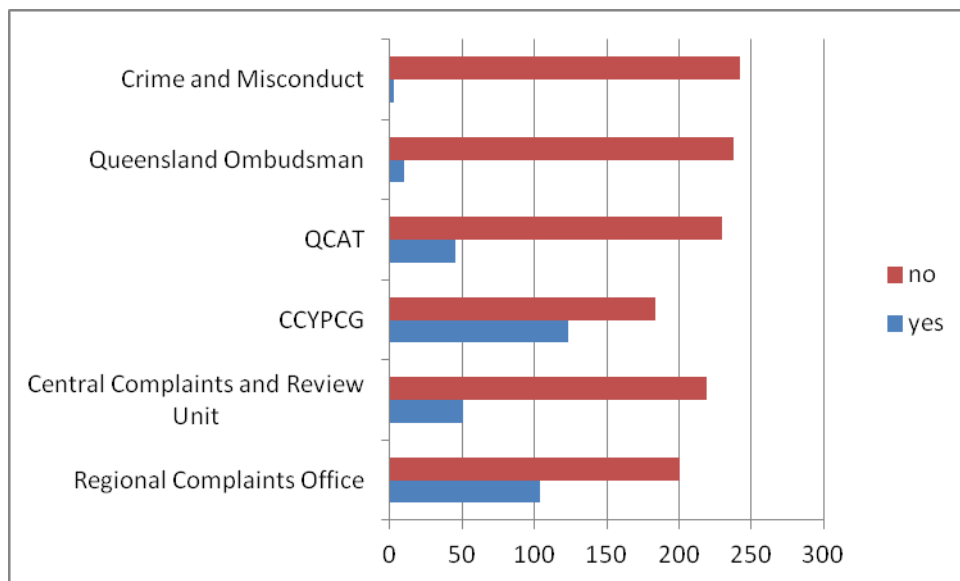
Carers were given a list of available complaint and appeal processes that are available to them in their role as a carer and asked whether they were aware of them. The following responses were received:



It is very pleasing to see that more than 90% of carers have knowledge around their ability to make a complaint or raise concerns with the Commission for Children and Young People and the Child Guardian (CCPYPCG). This significant number is probably linked to the Community Visitor program and their ability to pass on information to carers during the monthly or bi monthly visits to the carers.

In all other areas, whilst the majority of carers reported knowledge, it must be noted that on average 25% did not have any knowledge, which makes up a quarter of all carers in this survey. There is an obvious need for ongoing education in this area.

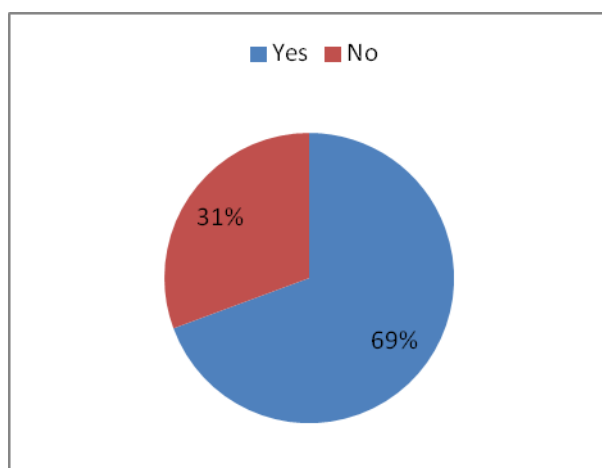
Carers were then asked whether they had accessed any of the following services, the following results were provided (please note that over 100 carers skipped this question, which would equate with the numbers above who were unsure of such avenues for complaint):



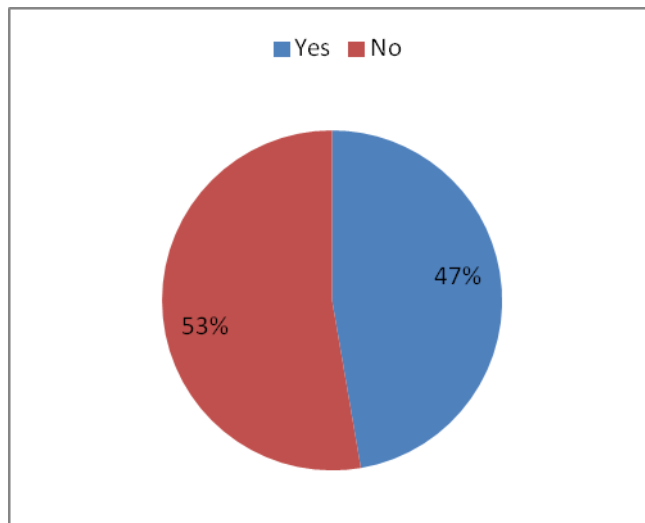
As evidenced above, it appears that these services are not being used in great numbers. Interestingly carers have reported going to Regional Complaints, Central Complaints and the CCYPCG in much greater numbers than the more formal avenues of complaint and appeal, i.e. QCAT, Ombudsman or Crime and Misconduct

Finally carers were asked if they had accessed the above services, for feedback as follows:

Did you feel your concerns were heard?



Were you satisfied with the outcome?



Some of the comments received from carers in this section included:

'this was several years ago and the complaint went around in circles from one person to another and we were placated with meetings which ultimately didn't solve the problem'

'It was a waste of time and effort trying to get any worthwhile response from the dept. They just keep passing the complaint around or ignoring it'

'It was seven years ago, but the hurt and consequences are permanent, I lost my marriage'

'My lack of knowledge on some of these services is due to my lack of interest which would of course change should I need to utilize the services'

'Grateful for the support at the time'

'Complaints about staff at the department have generally been addressed to the either the CSO or Team Leader, which I feel have not been adequately dealt with. I did call the Zonal office once and my call was not returned. I also phoned the Commission regarding the Community Visitor, which has been handled both promptly and efficiently'.

'was told by Child Safety not to send any further complaints as they would be ignored, all decisions had already been made by them and our complaint suggestions would not be listened to'

'was told QCAT never overruled a decision made by Doc's. It is humiliating process for the carer, it can jeopardise future caring for children'

'After giving letters of matters of concern to the Minister, Regional Director and Director General, all at once, the matter was dealt with quickly'

'I felt that the concerns were heard, however felt the department did a short term fix, rather than a true fix and outcome for the child'

'QCAT were great and supportive, Zonal we are still waiting'

'When I need to complain, I would go immediately to the Supervisor. I have on two occasion's written letters to the Minister commending good work'

'We followed the complaints process in accordance with the carer handbook. Spoke to CSO in June and he was replaced, we brought the issues to his attention in November (carer completed this in December), there should be a 28 day updated progress report requirement put in the process'

FCQ has recently completed a training module on 'Complaint and Appeal Processes', this has been seen by the Manager of the Central Complaints and Review Unit and they report they are happy with the content. FCQ absolutely highlights the need for carers to always attempt to address any issue at a local level, with CSO, then Team Leader and then Manager, prior to accessing any further complaints process. However it is important that carers have an understanding of what to do when they feel they have gotten nowhere with their Service Centre . This training, with minor modifications is suitable for staff of Child Safety and Non-Government foster and kinship carer services and is yet another area that can be critical in carer retention. To have issues resolved quickly and in a balanced way benefits everyone including children and young people.

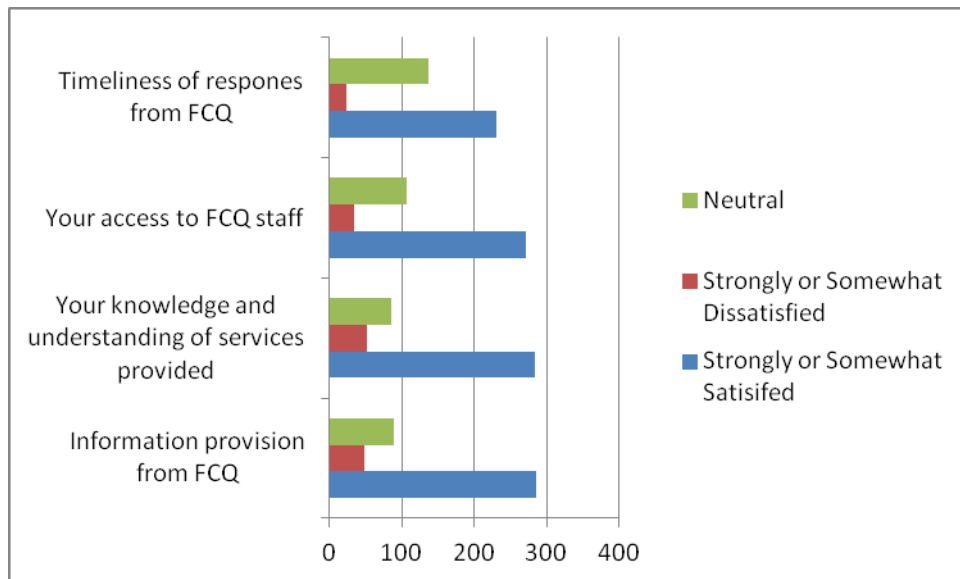
Recommendation 30:

That Child Safety adequately resource FCQ to continue to undertake the facilitation of training the modules, QCAT and Carer Complaints for staff of both Child Safety and non-government foster and kinship carer services

Foster Care Queensland:

FCQ is unique as a Peak body due to providing direct service delivery areas, our primary one being the advocacy and support of carers. It must be highlighted here that FCQ is not funded to provide day to day support to carers. This lies with Foster and Kinship Care Agencies. FCQ becomes involved in the more complex matters where, for whatever reason a carer is not able to resolve an issue through their local CSSC with the assistance of their agency.

Carers were asked to comment on how satisfied they have been with services FCQ offers. The following responses were provided:



It is pleasing to see for us that in all areas the majority of carers felt satisfied with the services provided to them by their Peak body. However there are identified areas of development for FCQ too, including further education to carers about the services we provide as a Peak Body and ensuring that carers feel that they can access FCQ when required.

FCQ recently set up an On Call system within the office. This came as a result of the continued increase in calls to the office and the fact that having only four case officers in the office means that it is easy for everyone to plan appointments during the same time leaving no one in the office. The current On Call system, established six months ago, now ensures that there is someone available to take a carers initial phone call into the office at all times.

Some comments made in the survey included:

'I have accessed information from FCQ on a couple of occasions; the staff have been very helpful'

'They report straight back to the Department about anything that is said'

'Newsletter is very informative'

'Agencies, zonal do not promote FCQ as being the place for support, a lot of carers have no idea it exists'

'FCQ is the lifeline for carers – the FAST team answers questions, correctly, FCQ provides most of the information we need'

'FCQ funded by department of communities I believe ? – this shows their bias'

'fantastic job needs a medal, all the staff are very supportive and helpful'

'Once Child Safety actually explained what FCQ is and does, I have found great support, but was unclear about this for the first two years of being a carer'

'I have always been pleased with the quick response I get when I have raised an issue with FCQ'

'It is unclear as to the role of FCQ – I would like more understanding'

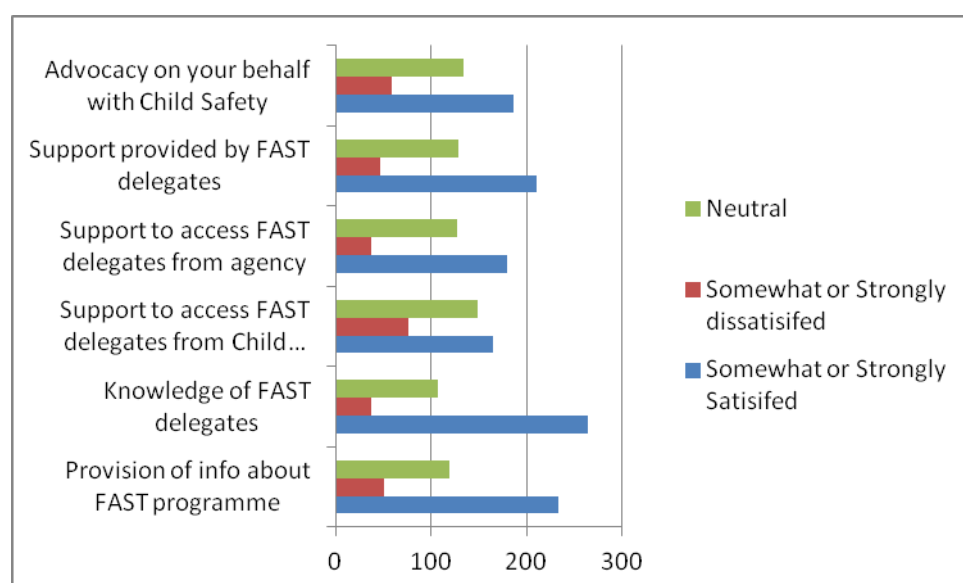
'FCQ are a fantastic organisation and it's good to know that support is only a phone call away'

'I am neutral because I have only rang once and they did not know anything about what I needed'

'I would like to see FCQ tackle a difficult issue'

For the most part the comments made by carers were positive in respect to our organisation.

One of FCQ's key Service Delivery areas is of course our FAST program. The Carer survey sought feedback from carers in relation to their experiences with FAST delegates. The outcomes were as follows:



It must be noted that those who answered 'Neutral' to this question have mostly commented that they have never accessed a FAST delegate. There was not a section that allowed them to answer in this way.

Therefore if taking into account the numbers of carers who provided an answer around their satisfaction levels the following breaks down the information further:

Advocacy on behalf with Child Safety	76%
Support provided by FAST delegates	82%
Support to access FAST from support agency	82%

Support to access FAST from Child Safety	68%
Knowledge of FAST delegates	88%
Provision of information about FAST	82%

These satisfaction results are extremely positive; however we must take into account the amount of carers who marked neutral to this question.

Some of the comments in this section included:

'Very good support and response from our local FAST delegates follow up on all issues raised and continually check that we are satisfied with the outcomes'

'Not afraid to go head to head with difficult subjects with department'

'never had anything to do with a FAST delegate, did know the local one though'

'FAST like FCQ is our first point of contact if we have questions, great service and always timely', we are not with an agency'

'They don't give any support to the carer they strongly support the Department'

'was in a meeting for MOC and FAST seemed to be more on Department's side'

'Delegates are very supportive and understand the carer's perspective in relationships to children and their wellbeing'

'The fast delegate I had moved and gave me no support at all'

'Although I am aware, more should be done to educate new carers prior to receiving their first placement, perhaps a welcoming letter from FCQ'.

'Do not know the FAST delegate or what they can advocate for '

'We have only had a couple of dealings with FAST and we were happy with her support and advice'

'Generally I feel that staff at agency and department loathe to engage with FAST delegates and even more loathe to mention their support as a possibility to carers'

'Not really aware of what happens with FAST, have not had any information on it'

'Child Safety don't like FAST'

Generally there appeared to be many comments around lack of knowledge of FAST and Child Safety and Agencies not passing on this information.

FCQ has just undertaken a significant review of the FAST program in 2010. This has seen the introduction of a Practice Manual for FAST delegates and Professional Development Plans. All of the above areas are covered in a FAST delegates PDP, i.e. ability to work and network with key stakeholders, promotion of FCQ/FAST and the capacity to provide support and advocacy. FAST support workers have identified areas of growth for each FAST delegate within these plans and will work with them through 2011 to gain strengths in those areas. Already this has had a positive impact as FAST delegates are attending staff meetings at both CSSC's and Agencies and are ensuring attendance at Foster Carer Forums and functions where they can promote FCQ and FAST to carers as their Peak Body.

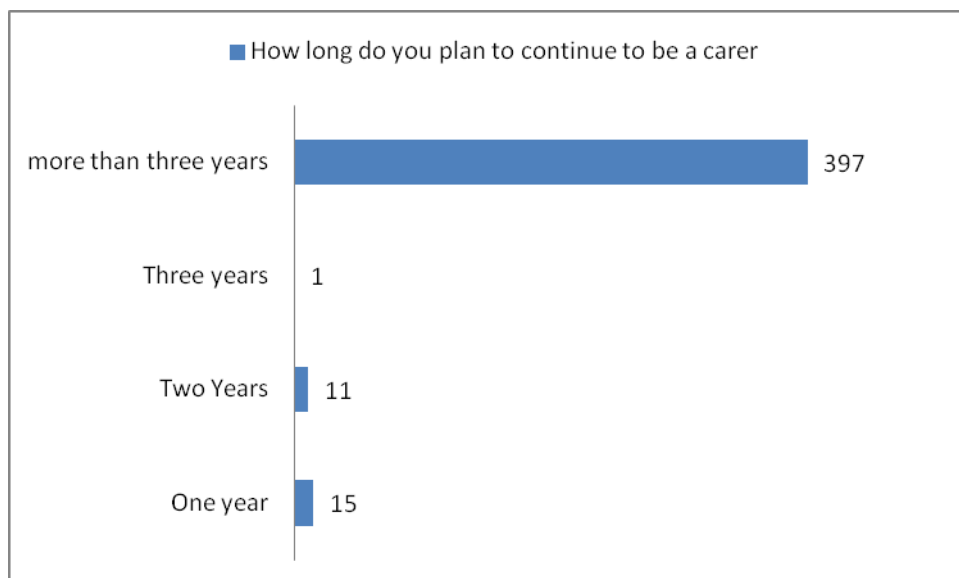
During these staff meetings, FAST delegates are able to clearly articulate their role as opposed to a CSO's role and Fostering Caseworker role, they are also able to state that their role is not about advocacy no matter what, that it is about a carer's right to a fair and just process. Once agency and Child Safety staff realise this, they tend to be more open to assisting carers to engage in the programme.

RECOMMENDATION 31:

That FCQ receive all carers information (with their permission) at time of approval to allow FCQ to send out letter introducing carers to their Peak and advising carers of our role within the Child Protection sector and the services we can offer them.

How long to you plan on being a carer for:

Carers were asked to respond to the above question and the following responses were provided:



It is extremely positive that 93.6% of carers reported that they plan on remaining as a carer for longer than three years, particularly given that the majority of carers who responded to this survey have stated they are providing long term care for children.

Carers were then asked if there would be any support/issue that would influence the decision, 62.3% stated there would not be, however 37.7% stated there would be.

Comments were sought from carers as to what some of these issues could be, responses were as follows:

'If the children currently in my care move, I will resign, due mainly to lack of respect from CSO and no action being taken against this person'

'If we continue to get 'bullied' into accepting kids that impact negatively to our family because of inappropriate ages and keep having to feel frustrated about the information or lack of it – it can all get too hard and I would certainly reconsider my decision to stay at home to be a full time foster parent and look for opportunities to return to work '

'Docs treating carers as if they are second class citizens'

'Respecting carers advocating for a child re: health issues and taking these seriously'

'The children's case officer with Child Safety'

'I would like the children to be matched more carefully with personalities and lifestyle/activities of the carers'

'age, physical ability and health'

'lack of contact with CSO, lack of reply from CSO'

'Disrespectful staff at Dept'

'lack of financial support'

'MOC process too long and scary, don't want to go through that again'

In total 142 carers stated that there could be an issue that changes their mind in respect to caring and some of the reasons are given above. This is a significant number and highlights the need for the Child Protection system to work as a team, which includes carers. Retention of carers should be a primary focus of Child Safety. As with continued recruitment, retention of carers has to be a priority and if it isn't we will continue to see both a drift away from families wanting to provide family based care and the numbers of new applicants decrease. As a sector we need to adequately address the area of support and staff need to be more adequately informing and providing appropriate information to carers as well being prepared to accept Foster and Kinship Carers as a professional team member who an integral role to play in the provision of care to children and young people. It is not only resources that are constantly required but also education in the form of ongoing, holistic and practice based information and training. FCQ is well placed to deliver these

much needed resources and is able to do so. We all need to work as partners to strengthen our support services which in turn have the affect of influencing retention in a positive way.

Further Suggestions:

Carers were asked to provide further suggestions, a total of 230 responses were recorded. There were certainly some strong themes that came out of the suggestions as follows:

34 responses included carers stating that they felt there needed to be better communication between carers and Child Safety and that Child Safety should listen to carers

22 responses included suggestions from carers around increasing financial payments to them to assist in the cost of caring. Four of these suggestions included carers stating that carers should be employed by Child Safety, one comparing it to the UK model

15 responses included carers stating that they would like to feel more respected from Child Safety

13 responses included carers stating that Child Safety are under staffed and CSO's are expected to do too much

11 responses included carers stating they require more support from Child Safety

11 responses included carers stating that they would like more information from Child Safety prior to taking on placements

9 responses included carers stating they feel that everyone in the Child Protection system needs to work together better

7 responses included carers stating that they feel training is an issue both for carers and staff

4 responses directly referred to Centrelink and the need for carers to be exempt from means testing

2 responses provided a suggestion that Child Safety support a low interest loan for carers to purchase cars as they often need to upgrade to a van and the wear and tear on their cars is much more as a foster carer

Other responses included carers feeling that rural and remote carers need better access to training and support, carers need better recognition, natural children need recognition and the MOC process needs overhauling

Summary:

Child Protection is, and has always been a difficult, fluid environment where we are dependent on many factors to help ensure that we are providing children and young people who cannot live with their families of origin due to abuse and neglect, with the best possible care for however long that may be. Since the closure of the last orphanage in the late 1970's Queensland has been highly dependent on family based care for the placement of the majority of children and young people who require care.

Family Based care will remain the option of choice for placements in the future as it should and FCQ is pleased to see a greater focus placed on Kinship Care especially given that it is becoming increasingly difficult to recruit Foster Carers in a society where more and more families do not have a stay at home family member. However this survey indicates that in many areas we have a lot of

work to do to ensure we not only continue to actively recruit new carers but more importantly retain the carers we have including Kinship Carers.

Support for carer families is broad and individualised and we must get out of a mindset in many areas where we do not appear to see or treat Foster and Kinship Carers as partners, but rather clients of a service. FCQ is and has always been of the belief that carers are professionals in their own right and as such have a pivotal role to play in not only a child's care but also ongoing case planning for that child. The survey clearly indicates that Non-Government Foster and Kinship Care services are best equipped to provide support services for carers and it's interesting to note that in a newspaper article in 1993 shortly after the introduction of what was then called Shared Family Care, a statement was made by a representative of the Foster Parents Association of QLD, (now FCQ) that, "research indicates that careprovider support can be more valuable if undertaken by the non government while child protection should be the focus of the statutory body".

This survey indicates that the mean age of Foster Carers has changed little over time and it makes sense that it is the families who have experienced parenting and feel the need to continue to parent are older and have more life experiences are the same families choosing to foster. This changes little from other jurisdictions around the world however the downsides are that we have more children and young people requiring care in an environment that makes it harder for families to contemplate fostering as a volunteering act because of the life pressures to meet mortgages and day to day expenses. Foster Care is altruistic in nature and as such motivations are drawn for the "need to help". We have heard a lot about so called "professional payed care" however one of the very reasons that Foster Care has been successful is that altruism providing a motivation that see's children and young people as part of a family unit rather than as a means to provide a wage is still the determining factor for the vast majority of carers. Nothing in the survey indicates that this has changed from previous surveys.

As a caring community we have seen significant, positive change over many years and that needs to be recognised by our whole community however the same concerns are raised by carers now that were raised in the early 1990's. If we are going to raise the bar with retention of Foster and Kinship carers then it is clear that we need to ensure they are a truly respected member of an alternative care team where communication is open, honest and accountable from all involved including the carers themselves.

Only together we can enhance our services we provide to children and young people and the reality is that without alternate family based care our system would collapse and the affect of children and young people would be catastrophic. As the peak organisation for Foster and Kinship Care in Queensland we will continue to not only advocate for strategic change but also contribute to the sector through staff training and awareness where ever we possibly can given budget constraints.

Bryan Smith
Executive Director

Carissa Inglis
Team Leader

Recommendations:

Recommendation 1:

That Child Safety and Foster Care Queensland provide increased focus on Kinship Care information resources throughout the state and that Child Safety provide FCQ with all names and addresses of Kinship carers at time of approval to enable FCQ to send out a letter introducing them to their peak and advising them what services can be provided to them

Recommendation 2:

That Foster Care Queensland be provided the resources to focus more closely on the needs of carers in Central Queensland, North Queensland and Far North Queensland.

Recommendation 3:

That consideration be given to jointly looking at strategies for the recruitment of carers in younger age groups

Recommendation 4:

That Foster Care Queensland work in partnership with QATSIP to develop a suitable tool to enable constructive feedback from Aboriginal and Torres Strait Islander Foster and Kinship carers

Recommendation 5:

That consideration be given to increasing the number of pilot programs that focus on the identification/recruitment of specific carers for Emergency Care.

Recommendation 6:

That Child Safety, Foster Care Queensland and the Non Government Foster and Kinship Carer develop specific tools that support Emergency Carers.

Recommendation 7:

That Child Safety and Recognised Entities ensure that all Aboriginal and Torres Strait Islander Child and Young People in Care have up to date Cultural Support Plans

Recommendation 8:

That Child Safety gives strong consideration to ensuring that all non Indigenous Carers wanting to care for children and young people of Aboriginal and Torres Strait Islander descent be required to have undertaken Cultural Awareness training and be familiar with, and understand the Child Placement Principle

Recommendation 9:

That consideration is given to a review of the Renewal of Approval procedure and associated forms to streamline the process and that Agencies and PSU's be encouraged to participate in Foster care Queensland "Renewal of Approval" training

Recommendation 10:

That Child Safety provides an increased emphasis on ensuring that Placement Agreements are undertaken in a timely manner as per the Child Protection Practice Manual.

Recommendation 11:

That Child Safety practice more clearly recognise the right of carer families to not only be seen to be safe but to feel safe and that more emphasis be placed on the release of information to parents during the Pre-Service Quality training and how Child Safety reaches their decisions.

Recommendation 12:

That Child Safety review their practice to ensure that carers receive all available information both at the time of the placement of a child or young person and periodically when information becomes available and that all information is provided in a timely way to ensure that the carer is both informed and is able to employ strategies resulting from information provided.

Recommendation 13:

That Child Safety Service Centre ensure that home visits with carers and children and young people are a priority and that these visits occur as per procedure.

Recommendation 14:

That Child Safety gives strong consideration to amending the Child Safety Practice Manual to include carers as possible participants in Family Group Meetings.

Recommendation 15:

That Child Safety consider further training for CSO's and Team Leaders on Conducting MOC's. FCQ has developed a module of training endorsed by Policy and Practice Development Branch. Child Safety gives consideration to enabling FCQ to deliver this training across all Service Centres.

Recommendation 16:

That Child Safety considers increasing the level of involvement of FCQ in CSO Induction Training to provide a realistic overview of Fostering and Foster and Kinship Carers.

Recommendation 17:

That CSO Induction training provides a greater capacity to allow for a greater insight into the need for respectful and balanced relationships with Foster and Kinship carers.

Recommendation 18:

That FCQ have the opportunity and ability to facilitate training of CSO and Team Leaders in "Working with Foster and Kinship Carers"

Recommendation 19:

That FCQ have the ability and resources to provide Carer Entitlement training to Service Centre staff

Recommendation 20:

That regions and CSSC's improve communication to carers by providing relevant and up to date about changes to regions and CSSC's

Recommendation 21:

That CSO's provide carers with the most up to date information available and this includes the timely provision of Initial Information about the child, ongoing new information, Case Plans and minutes of Placement Meetings

Recommendation 22:

That Child Safety negotiates all facilitation of family contact with carers at all times.

Recommendation 23:

That FCQ be adequately resourced and supported in the facilitation of "Working with Foster and Kinship Carers" training to staff from CSSC's

Recommendation 24:

That Child Safety undertake a full and holistic review of the Child Health Passport process and that Child Safety Service Centre's meet their obligation to children and young people and carers by ensuring that Child Health Passport are both undertaken and monitored to ensure they are kept up to date

Recommendation 25:

That Child Safety Service Centre's ensure that the provision of Medicare Cards is a priority at the time of Placement and, that CSSC staff receive appropriate training on the provision of entitlements to carers and children.

Recommendation 26:

That Child Safety continue to move all Foster Carers to the non-government foster and kinship care programs and that strong consideration be given to moving Kinship Carers to non-government foster and kinship care services at the earliest possible opportunity.

Recommendation 27:

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RECOMMENDATION 31:

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Appendix 2.

Executive summary

This report brings Foster Care Queensland (here after referred to as FCQ) to the end of our fourth year managing the Exit Interview Program.

Unfortunately due to staff funding we were unable to dedicate a large amount of time to the program until funding was received for an additional staff member in October 2011. After the funding was received we were able to assign the co-ordination of the program part time to one Case Officer who was assisted by administration staff and FAST delegates.

From the time FCQ received the additional funding, considerable time has been spent on the Exit Interview Program which has lead to a rise in completed interviews, up from **14%** last year to **23.2%** this year. It is hoped with the additional staff funding and FCQ'S ability to dedicate time specifically to the survey, that we will be able to see a rise in the survey return rate back to that of 2009-2010 period when we achieved a return rate of over **50%**

In October of 2011 FCQ was assigned a contact person for each region, this has meant that FCQ can follow up when referrals come through with incorrect contact information. This has helped to streamline the process; however there are still over **15%** of exiting carers who Child Safety do not have current contact details for.

FCQ received a total of 387 valid referrals for the period from the 1st July 2011 – 30th June 2012; these numbers have been broken down further in this report. A total of 90 interviews were completed, which gave us valuable data from nearly **25%** of the carers who exited the system.

While FCQ received 387 referrals it is important to note that FCQ does not believe that referrals were received for all of the carers who have exited the system in the 2011-2012 financial year, this belief is based on the anecdotal evidence as below:

- FCQ has worked with approximately 4 carers who have resigned where referrals have not been received. FCQ has requested these referrals directly from the regions.
- FCQ has received anecdotal information from agencies that carers have resigned and referrals have not been received.

This may also be why FCQ has received some referrals for carers who have exited the system some time ago (in one instance it had been over 2 years). It is imperative that in order to get carers to engage in the process and to receive valid, relevant information that referrals be sent through as soon as a carer resigns. Ideally the process from resignation to completion of interview should be finalised in less than one month.

In collating this report some of the strengths identified from exiting carers included Foster Care Agreements, Pre Service Training and Carer satisfaction with respite.

Some of the challenges included Kinship Carers frequency of contact with Child Safety, Child Safety Service Centre staff timeliness of retuning phone calls and children and young people's opportunities to participate in decision making.

All of these strengths and challenges are discussed in detail through the content of this report.

Data and Finding:

FCQ received a total of 405 Exit Interview referrals for the period July 1st 2011 to 30th June 2012. 90 interviews were completed as of the 30th June 2012. FCQ collates information from time of receipt of interview rather than when carer exits the system as it can take some time to get this information back, therefore any exit interviews received after 30th June 2012 will be captured in next year's yearly report.

FCQ received a total of 405 referrals; however the following must be noted:

- 7 stated that they had never had a placement or had not been approved
- 1 referral was in relation to a birth parent
- 9 stated that they had not resigned
- 1 referral was a carer who had passed away

Therefore although 405 referrals were received, only 387 of these (172 Kinship, 4 provisional, 208 foster and 3 unclear) would be considered legitimate referrals and where a survey would have been appropriate to complete. Taking this into account, of the legitimate referrals FCQ received a return rate of interviews of **23.2%**.

From the period of July 2011 to October 2011 FCQ sent out a letter to every carer who had been referred after exiting the system advising them that they can complete the survey on line or they can make contact with FCQ to arrange an over the phone or face to face interview. This was followed up with one phone call around 10 days later if there had not been a response to the letter

In the period from October 2011 to June 2012 FCQ sent out a letter to every carer that exited the system advising them that they can complete the survey on line or they can make contact with FCQ to arrange an over the phone or face to face interview. This was then followed up with a minimum of three phone calls starting around 10 days after the letter had been sent. These phone calls were conducted in and outside of working hours to ensure the best chance of making contact with carers. In addition to these phone calls carers whose email addresses had been included in their referrals received a follow up email.

297 or **76.7%** of referrals failed to receive a completed survey response. The following provides a breakdown of the reasons behind interviews not being completed:

- 36 or **9.3%** of those carers contacted were not interested in completing a survey.
- 37 or **9.6%** of carers still have intentions of filling them in and returning them to FCQ.

- 60 or **15.5%** of referrals did not have a current contact number or email address
- 164 or **42.3%** of carers were un-contactable.

There is a clear need to identify why carers are leaving the system, this report will seek to compile the answers to those questions, however it will also look at the many aspects of caring and will seek to illustrate the strengths and weaknesses of the system. Having nearly a quarter of all exiting carer referrals interviewed we have a good source to draw this information from.

Aboriginal and Torres Strait Islander Data:

In the 2011-2012 Exit Interview period 40 or **10.3%** of referrals received were for carers who identified as Aboriginal and or Torres Strait Islander. Only 6 carers or **6.6%** of Carers who completed the surveys identified as either Aboriginal or Torres Strait Islander. Breaking the information down further illustrated the following:

- 5 or **83.3%** of Aboriginal or Torres Strait Islanders' who returned the survey identified as Aboriginal but not Torres Strait Islander.
- 1 or **16.6%** of Aboriginal or Torres Strait Islanders who completed the survey identified as Aboriginal and Torres Strait Islander.
- **0%** identified as Torres Strait islander only.
- Of the 6 carers 4 were kinship carers, 1 was a foster care and 1 skipped this question.
- The 6 carers all ceased caring for different reasons including, unsubstantiated Matter of Concern, substantiated Matter of Concern, lack of supervision, health reasons (primary carer), behavioural issues with the child and due to the child turning 18.

With such a small pool of Aboriginal and Torres Strait Islander carers interviewed, who all reported different reasons for leaving the system it is not possible to draw any specific conclusions from this year's data.

With the number of Aboriginal and Torres Strait Islander children in care sitting at 37% and rising we need to increase and retain the amount of Aboriginal and Torres Strait Islander carers in the system, in order to meet the needs of these children. It is hoped that with the additional funding FCQ has received that next year there will be a significantly higher proportion of carers interviewed when they exit the system and we will be able to provide findings to assist in the recruitment and retention of Aboriginal and Torres Strait Islander carers.

Some comments from Aboriginal and Torres Strait Islander Carers:

- 'I don't know if the case management issues were about child safety as much as they were about the court system and the delays associated with it.'
- 'There were some (CSO's) who were better than others, but overall it was a positive experience.'
- 'I thought the support that I was receiving was very good, but clearly they were not being open and transparent with me, so I now question the quality of support that I was getting.'
- 'I do think that they need to be aware of the effect on pensioners when they do not start the money when the child comes to you, as there were a lot of expenses for things that my grandson needed right away and I was not willing to make him wait for so we got into debt.'

Provisionally approved carer data:

In the 2011-2012 Exit Interview period there were 4 referrals received for provisionally approved carers, **100%** of provisional carers completed the Exit Interview, this represented only **4.4%** of the carers who completed the survey. Breaking the information down further illustrated the following:

- **2** provisionally approved carers resigned due to the child turning 18
- The other **2** reported more than one reason for resigning including; health reasons, change in family circumstances, the child returning to parents and other child safety related reason.
- **2** knew the child prior to being approved.
- **3** reported that they only saw child safety occasionally.
- **2** were dissatisfied with the level of supervision provided during the placement
- **2** were dissatisfied with their relationships with the child's CSO

As there were only 4 provisionally approved carers interviewed there is not enough data to draw conclusions from or to make any recommendations.

Some comments from provisionally approved carers:

- 'We requested to discontinue as carers, the child with us was placed with another foster carer.'
- 'now that the child we cared for has turned 18 and has a life of her own (attending uni) we can enjoy our retirement and do a bit of travelling, we feel that we achieved what we wanted to with her and we are too old to take on another child.'
- 'Because the child was in a happy, secure and safe home, we hardly saw Child Safety Officers owing to their large case loads. Over the years they seemed to change continually.'
- 'Again poor communication between ourselves and the dept caused a lot of disappointment. Things like Health care Cards, Medicare Cards, immunization records etc were very slow to arrive if they arrived at all.'

Regional Data:

Region	Referrals received	Interviewed
South East	77	21
South West	35	4
Brisbane	43	15
North Coast	52	8
Central	61	15
Northern Queensland	81	11
Far Northern Queensland	38	7
Region not stated		9

*region not stated refers to people who have completed the survey "anonymously" by not putting in a name, service centre, region or postcode.

To break this data down further in terms of percentages received back in each region, the following outcomes were achieved:

Region	Return rate
South East	27.3%
South West	11.4%
Brisbane	34.9%
North Coast	15.3%
Central	24.6%
Northern Queensland	13.6%
Far Northern Queensland	18.4%

Why are carers leaving the system?

As stated, FCQ received a total of 90 completed surveys. 44 of those who responded were Foster Carers, 39 were Kinship Carers and 4 were Provisionally Approved Carers (3 skipped this question).

Why are carers leaving the system?

This year FCQ has endeavoured to break down all of the elements of this report into two categories Foster Carers and Kinship carers. We have done this as we know that the manner in which these two groups come into the system and the experiences that they have are often very different.

The majority of foster carers **18.8%** left the system due to “other” Child Safety reasons, this was followed by **11.9%** who left for “other” carer related reasons and **9.9%** who left due to not feeling valued by Child Safety.

The majority of Kinship Carers **17%** left due to the child being reunified, this was followed by **15.1%** who left for “other” carer related reasons and **13.2%** who left for “other” Child Safety related reasons or due to not feeling valued by Child Safety.

Who were carers supported by?

Foster carers

- **90.9%** stated that they were supported by a Foster and Kinship Care Service
- **11.4%** stated that they were supported by Child Safety

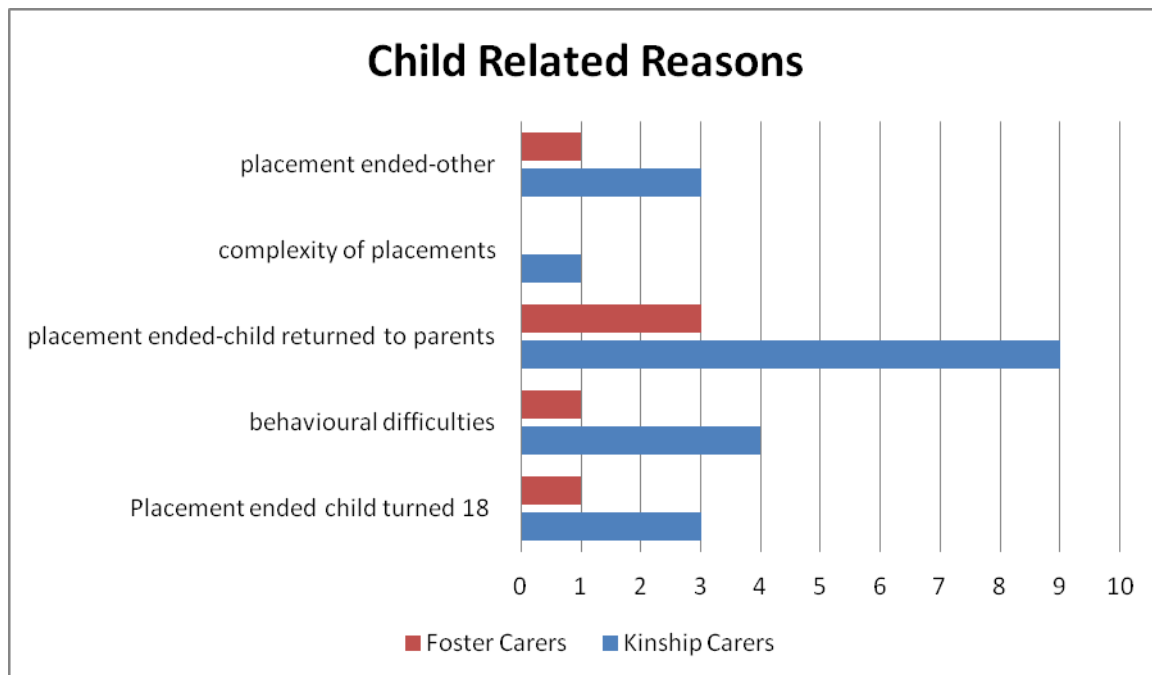
Kinship carers

- **73%** stated that they were supported by Child Safety
- **29.7%** stated that they were supported by a Foster and Kinship Care Service
- **2.7%** stated that they were supported by an Aboriginal and Torres Strait Islander Service.

The survey breaks down the reasons for leaving into three categories:

1. Child related reason
2. Carer related reason
3. Child Safety related reasons

In line with the survey, FCQ has broken down the information for collation using three categories and in addition have separated Kinship Carers and Foster Carers to provide comparison between the two as follows:

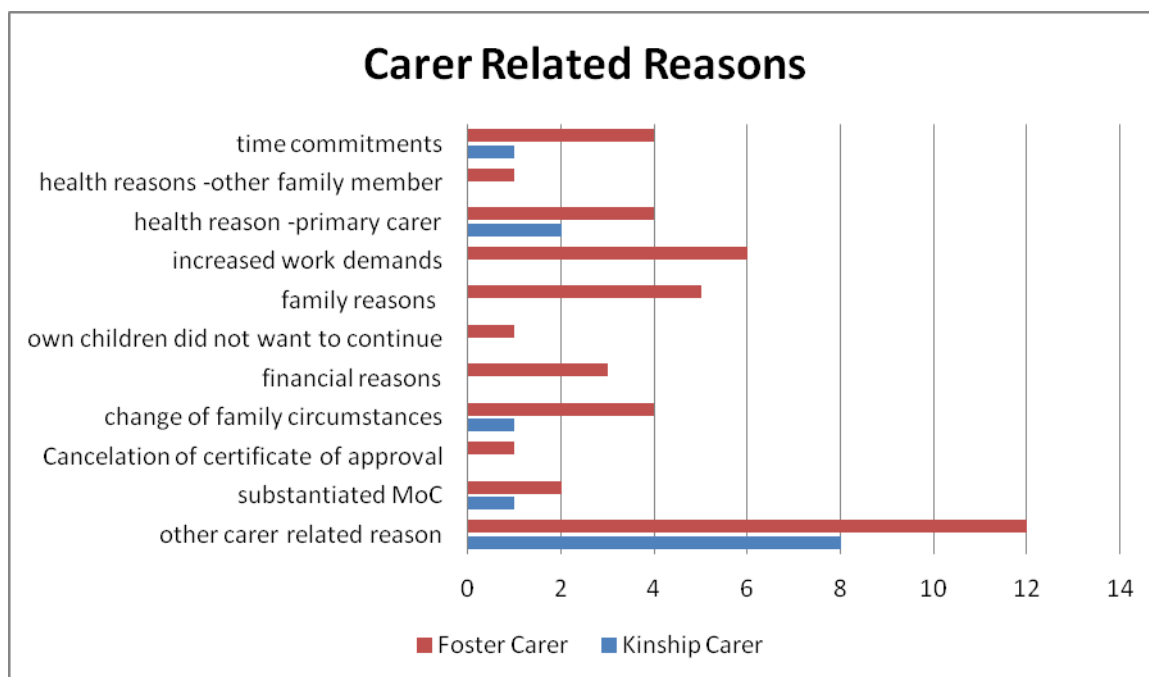


*Data Reflects numbers not percentages

37.7% of Kinship Carers and **5.9%** of Foster Carers left the system for child related reason. The most common reason for both Foster and Kinship Carers exiting because of child related reasons was due to the child *being returned to their parents*.

Some comments from carers, which related to this section, are as follows:

- 'Caught child telling my child to perform sexual acts on him. Actually caught them in the motion of performing sexual act.'
- 'Larger and larger number of problems with children coming into care and their own families.'
- 'The child is still in our care she has just aged out of your system.'

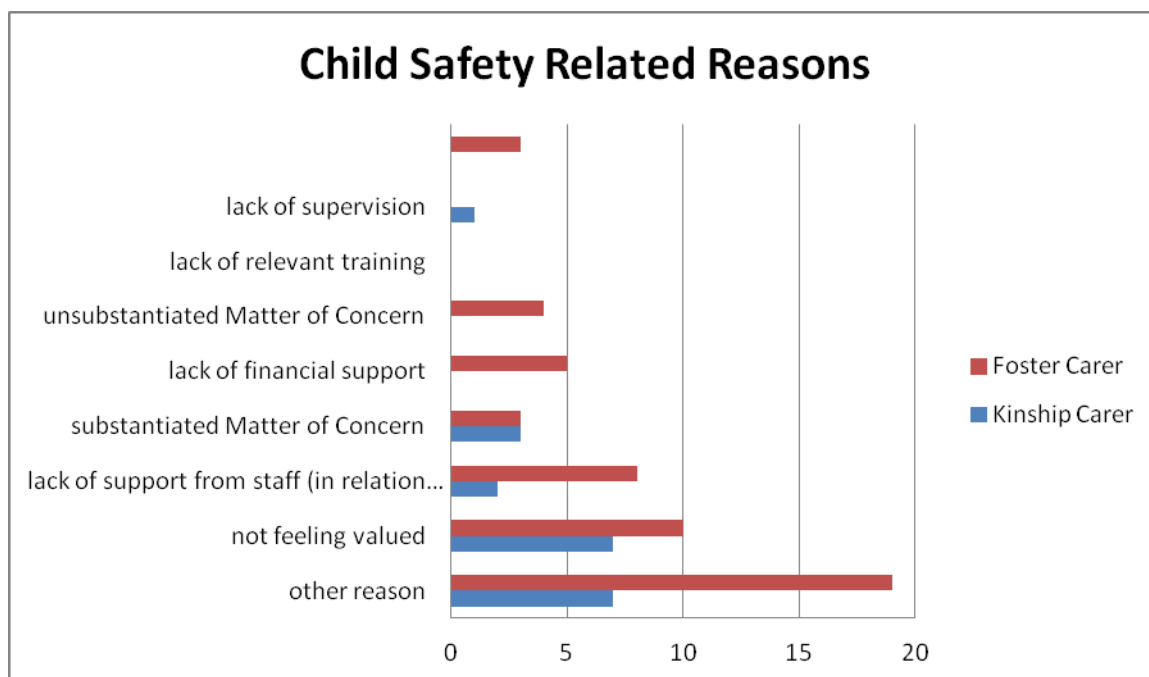


*Data Reflects numbers not percentages

24.5% of Kinship Carers and **42.6%** of Foster Carers left the system for carer related reasons. Of the carers who left for carers related reasons, the majority left because of *other carer related reasons*. The responses attached to those who reported leaving for *other carer related reasons* did not show any particular pattern, but included age, moving interstate, not being able to deal with the system and not feeling needed.

Some comments from carers, which related to this section, are as follows:

- 'We were very reluctant to stop caring, but our age got to us.'
- 'The relationship with the child and my daughter was very difficult.'
- 'It was too much for me mentally and physically.'
- 'New parents.'
- 'We signed up to return to become foster carers in July 2009. The training, assessment and approval process was lengthy and then we found that we were not needed. We were approved carers for 7 months however did not have any placements.'



*Data Reflects numbers not percentages

37.8% of Kinship Carers and **51.5%** of Foster Carers resigned for Child Safety related reasons. The majority of Foster Carers who resigned for Child Safety related reasons resigned because of *other child safety related reasons*. When we look at the comments attached to Foster carers who resigned for **other Child Safety related reasons** a pattern can be identified of carers not feeling supported and not feeling there was sufficient communication from Child Safety.

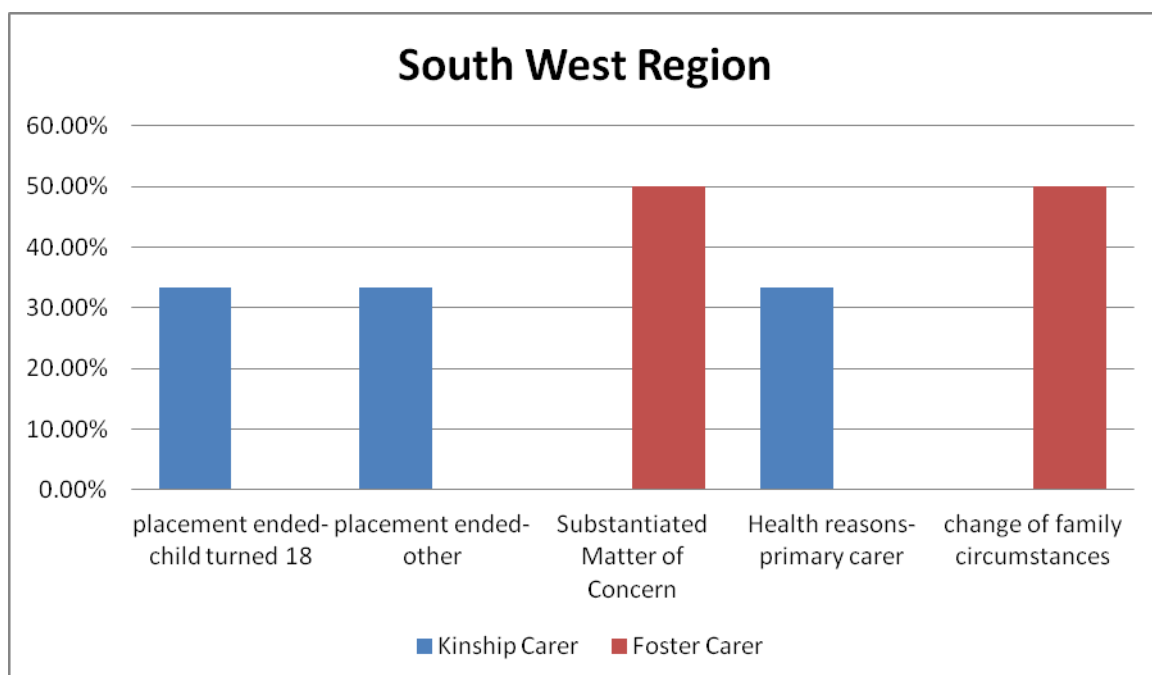
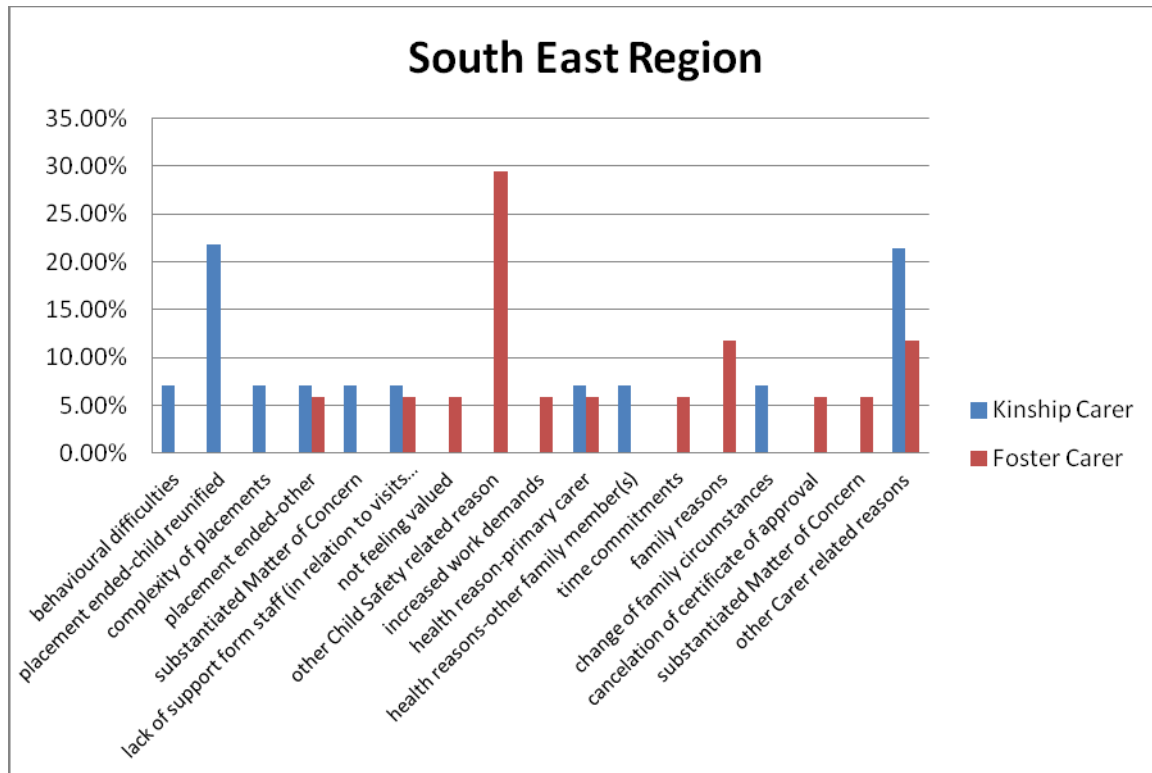
The majority of Kinship carers who resigned for Child Safety related reasons resigned due to *not feeling valued* or for *other Child Safety related reasons* as with Foster Carers when we look at the comments attached to Kinship carers who resigned for *other Child Safety related reasons* a pattern emerges of carers not feeling supported and not feeling there was sufficient communication from Child Safety.

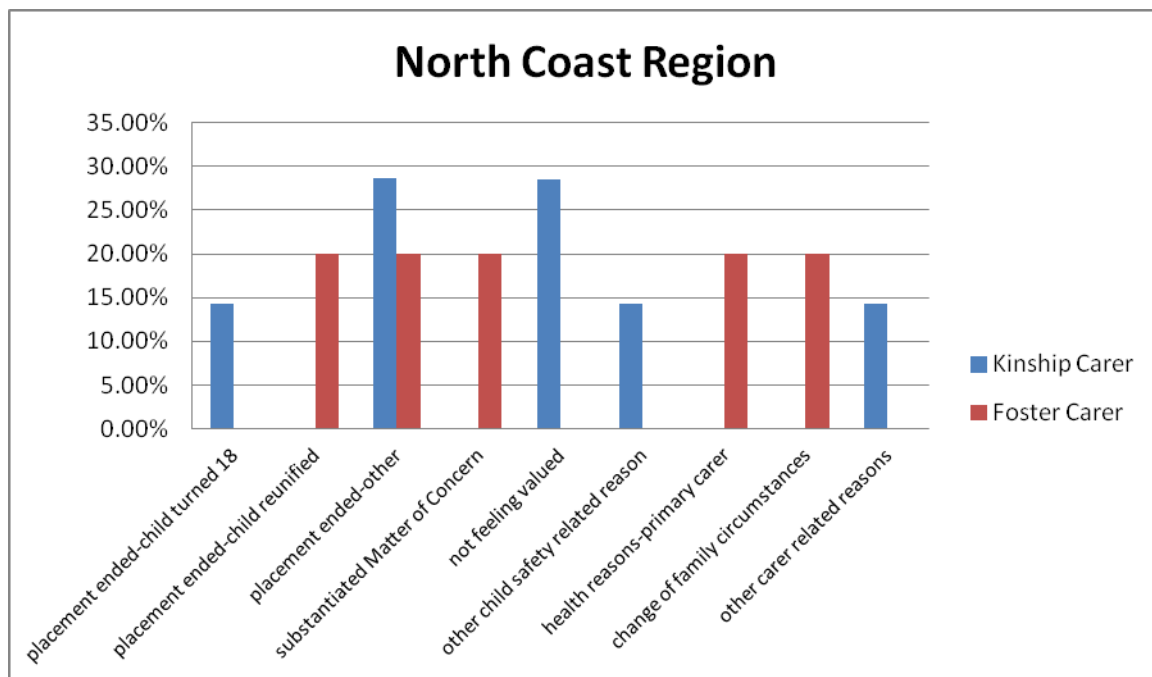
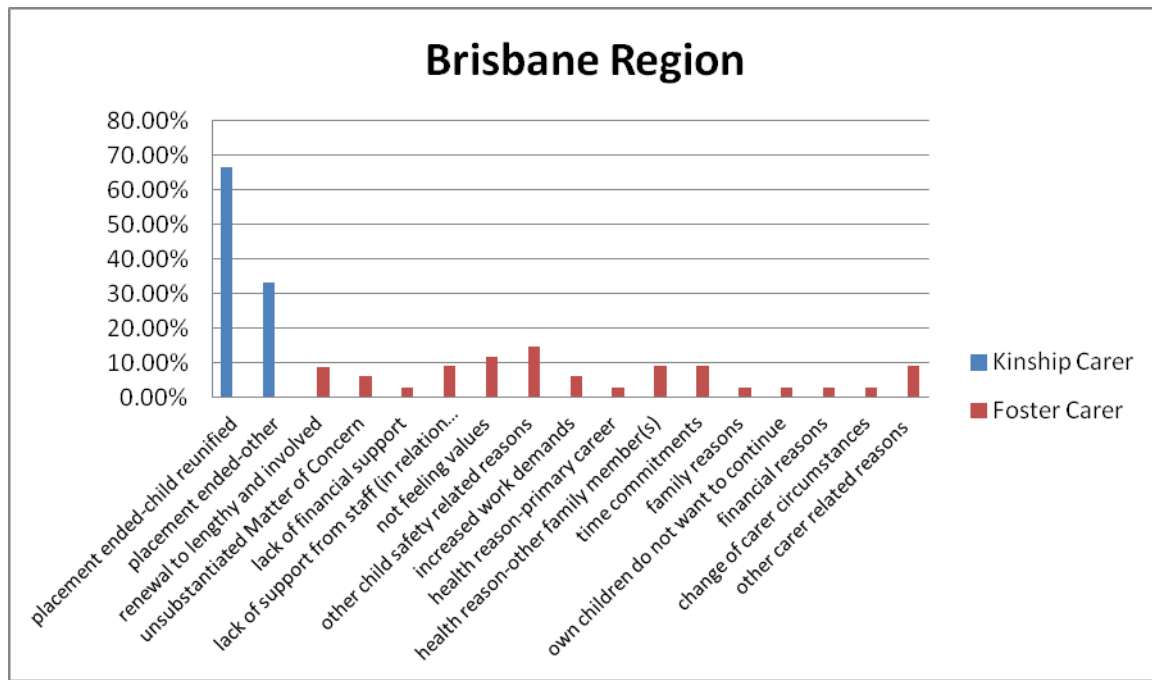
Some comments from carers, which related to this section, are as follows:

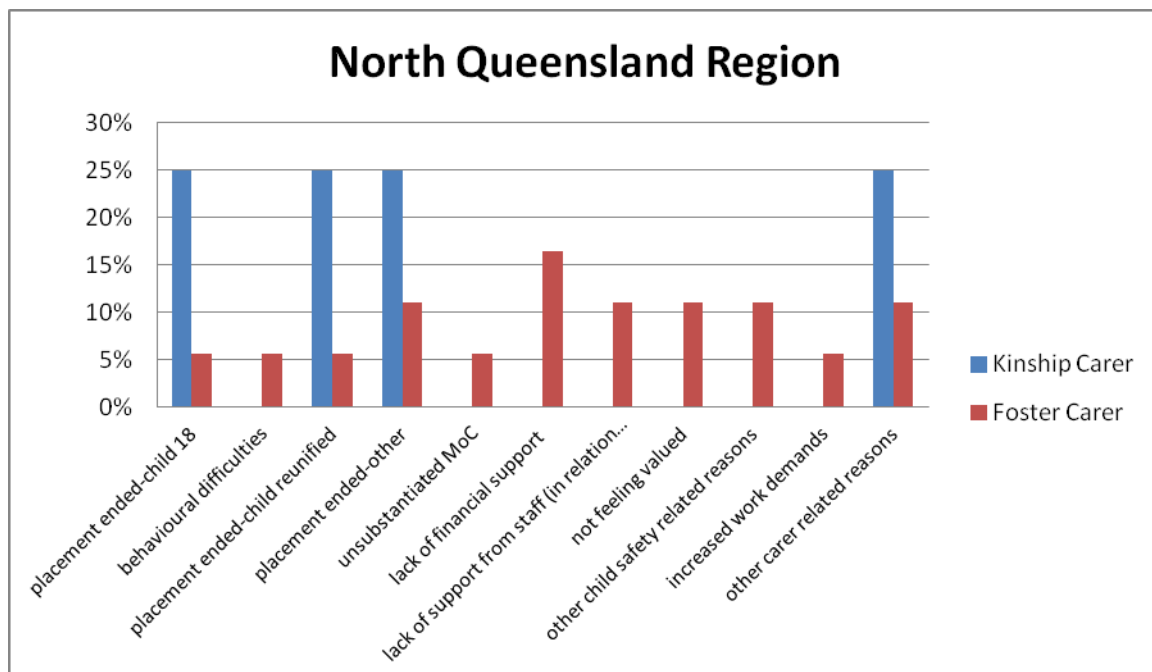
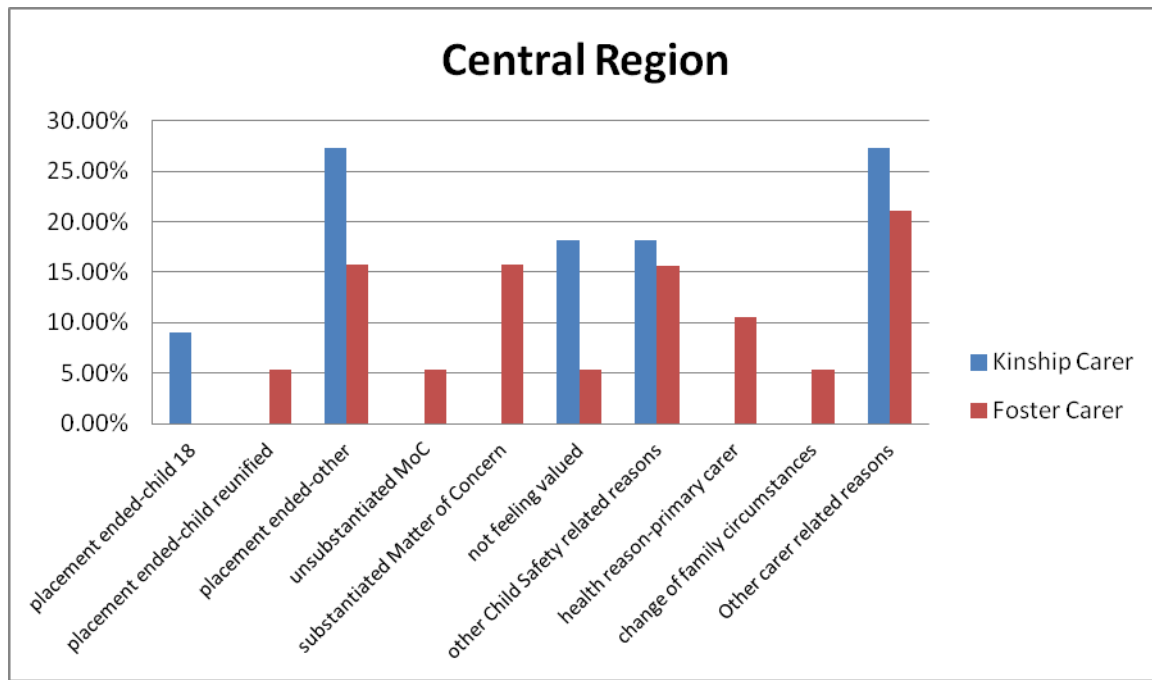
- 'the department staff lied about a lot of things and twisted words'
- 'a blatant disregard for my wife and I as human beings'
- 'I don't think not feeling valued even starts to sum it up. Excuse my language but we were treated like utter crap!'
- 'lack of communication and openness about the child and her history as well as docs intervention with child'
- 'Incompetence of child safety staff. Staff turnover, too high of a workload for staff.'

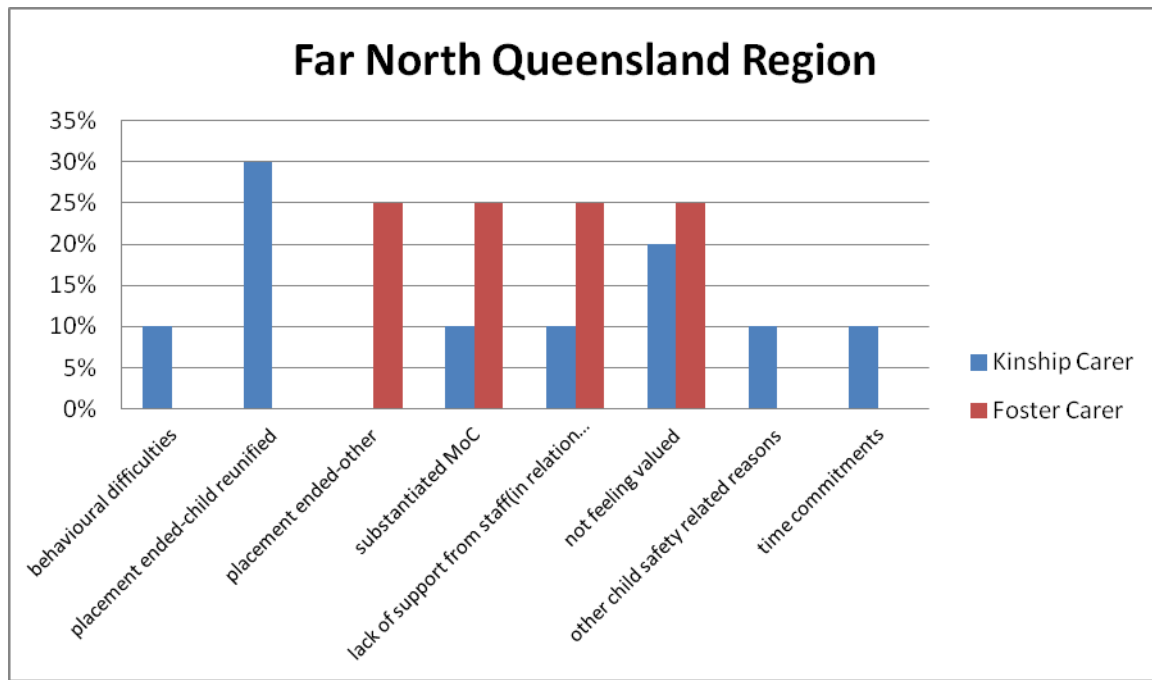
Regional Breakdown:

FCQ has broken down the reasons why carers are leaving into regional statistics in the hope that the data may be useful to Regions when looking at the recruitment and retention.





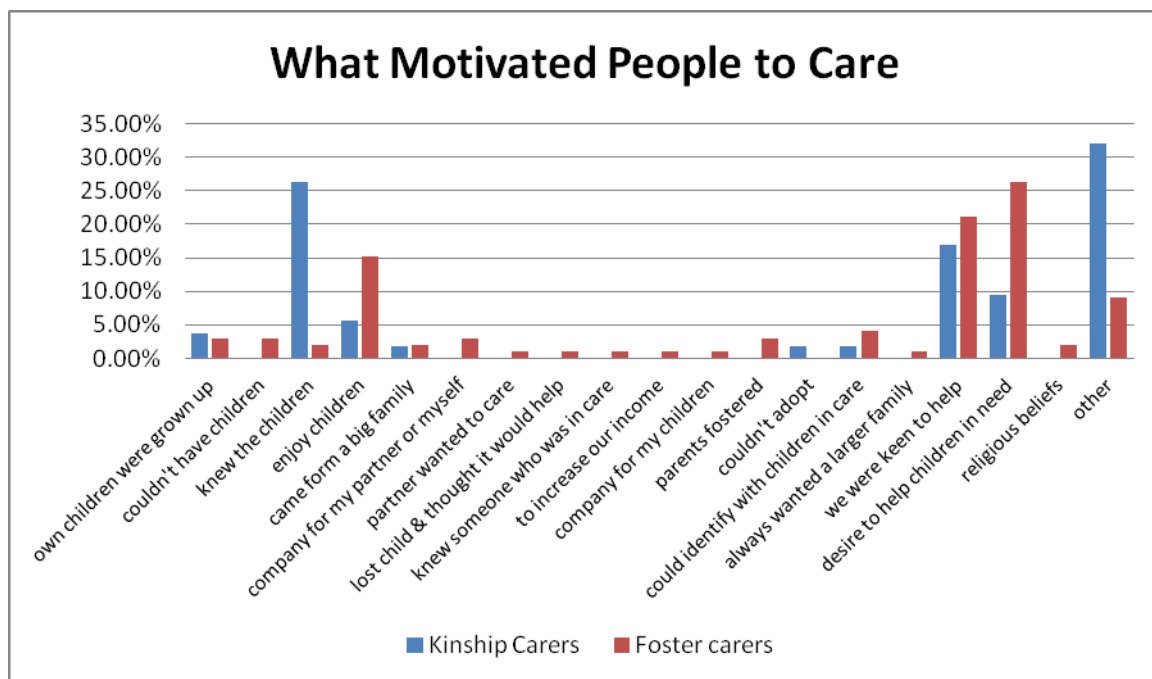




What motivated people to become Carers:

When considering the reasons why Foster and Kinship carers are leaving the system, we need to be aware of what motivated them to care in the first instance. This provides key learning's in relation to how we recruit carers in the future as we attempt to understand why carers choose to enter into foster care.

Again we were able to separate Kinship and Foster carers to try and understand the different motivating factors. The following graph provides a breakdown of the reasons given for initial motivation.



As with last year the main factor motivating Foster carers continues to be a desire to help children in need. This is a positive factor for carer recruitment as it reinforces one of the selection criteria and advertising slogans used by the Department of Communities, Child Safety and Disability Services along with Foster and Kinship Care agencies such as Care Pathways, TRACC and Mercy.

The main factor motivating Kinship Carers was “other”, however when we look at the comments that were attached to these responses a clear pattern emerges of the motivation being that they did not want their family members to be cared for by other people and that they did not feel that they had a choice as they loved their family. This is an important piece of information to be aware of when we look at how we support and assess Kinship Carers.

Some comments from Kinship Carers in relation to motivation

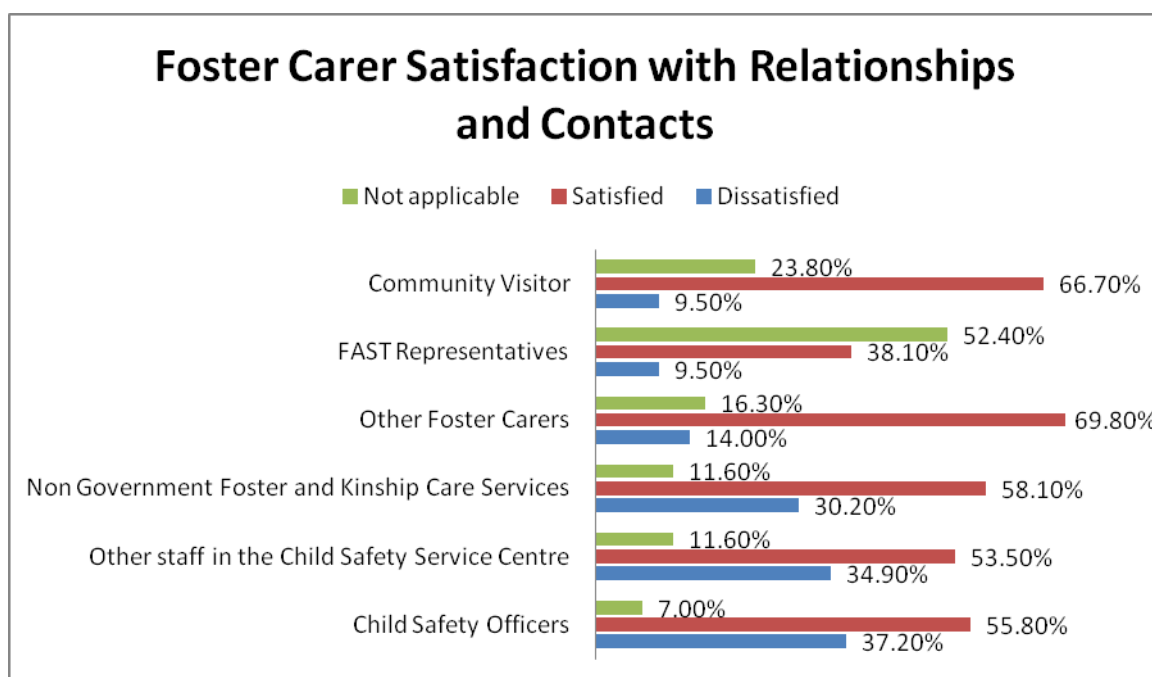
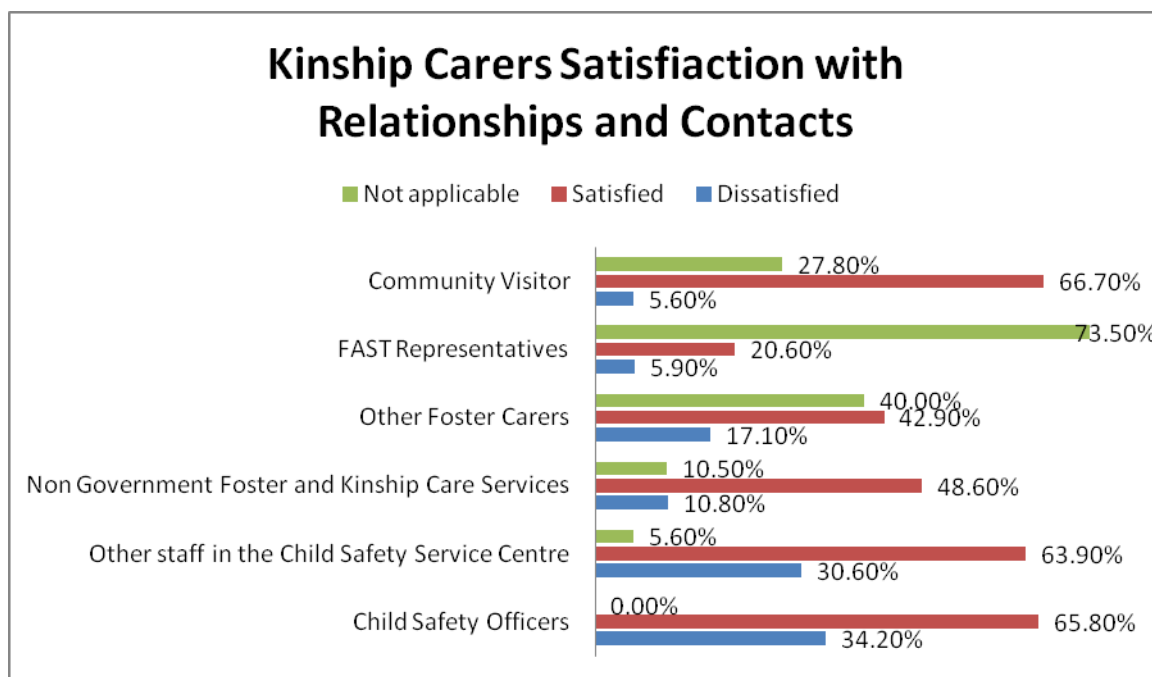
- ‘Wanted to keep my grandson out of foster care until his mother could have him back.’
- ‘They are our grandkids we wanted them to be safe.’
- ‘It was a case of being a grandmother thrown into a situation.’
- ‘We wanted to keep the children in the family and we were the only ones who put our hands up.’
- ‘We wanted to prevent the child from going into foster care.’
- ‘This was our grandchild who we love dearly.’

Some comments from Foster Carers in relation to motivation:

- ‘Just wanted to help out a bit, I was in care myself.’
- ‘My next door neighbour was a carer and I thought I could do it too.’
- ‘I was a Kinship Carer and it seemed like a natural progression into fostering.’
- ‘I joined as I believed I could make a difference in a child’s life.’
- ‘I use to work with kids with disabilities and I got pulled into this, once I did it I loved every minute of it.’

Relationships

Good communication and positive working relationships will always be linked to better outcomes for children in care. If key players are working as a part of a team where each person feels listened to and valued, then it is more likely that a placement will be able to sustain challenges. For this reason it is important that we explore results relating to satisfaction exiting carers felt with relationships they had within the Child Protection System, as follows:



It is positive to see that majority of Kinship and Foster Carers reported feeling satisfied with relationships with all Key Stakeholders.

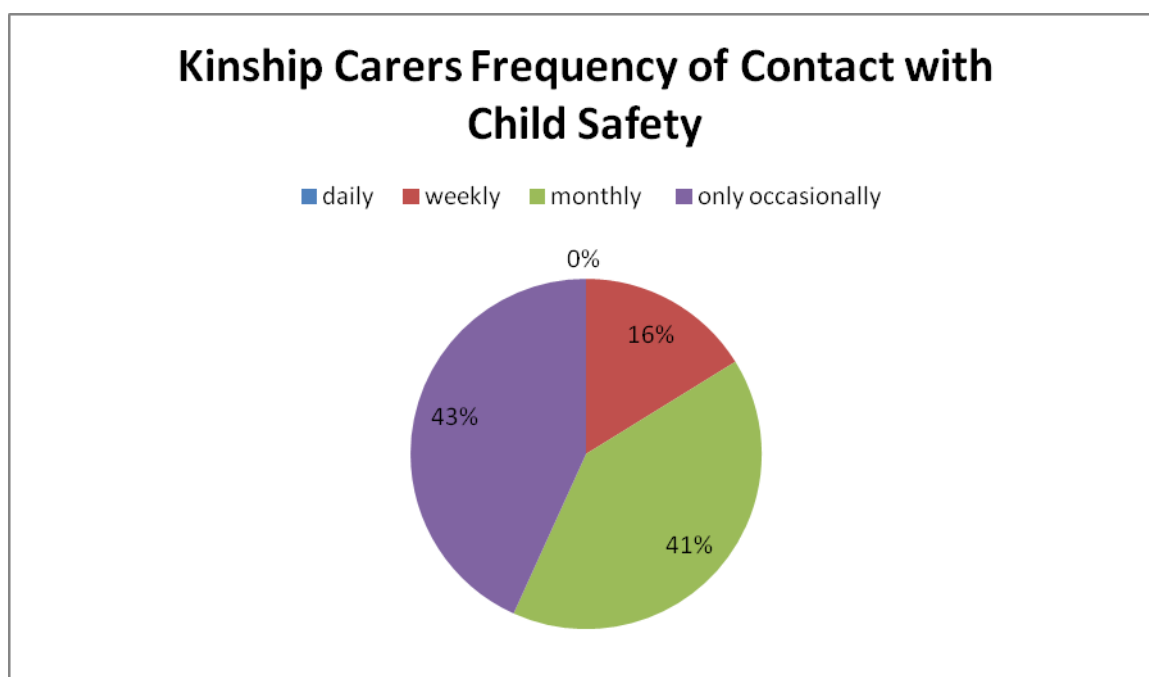
While the majority of Kinship and Foster carers were satisfied with their relationships with CSO's **37.2%** of Foster Carers and **34.2%** of Kinship Carers were dissatisfied. As with the previous two years Exit Interview finding, there is a much higher level of dissatisfaction with CSO's than with other key stakeholders indicating that this is an area that continues to need to be strengthened.

This year we have seen a higher percentage of Foster carers who reported being dissatisfied with their relationships with their Non Government Foster and Kinship Carer Service Staff. Many of the comments in relation to Non Government Foster and Kinship Care services identify similar concerns

to those identified in relation to Child Safety support including high staff turnover, lack of experience, lack of supervision (for staff) and staff members not being contactable. During the 2011-2012 Exit Interview periods we saw many Foster Carers assigned to a Non Government Foster and Kinship Care Service by the Department of Child Safety.

Some comments from this section

- 'Very unorganised, always seem to be chasing tails. With the high turnover of staff in both govt and agency the same information would be rehashed over and over again. Dept were not concerned with hearing concerns on children, as stated once told that we didn't have any rights to enquire about the welfare of children that we were respiteing for.'
- 'Again no one gave any consideration to our family and our families needs we never got a thankyou and we were walked all over.'
- 'The agency staff member who I had was very inexperienced and when challenged would become aggressive. In hindsight I think she was not getting proper supervision herself. When I raised the issues with her superior she just covered up everything and did not address it.'
- 'No continuity of staff. Social worker assigned to us kept changing.'
- 'my most recent CSO is fantastic and the Team Leader did take over the case for a period of time after we had so many CSO's and she was great.'

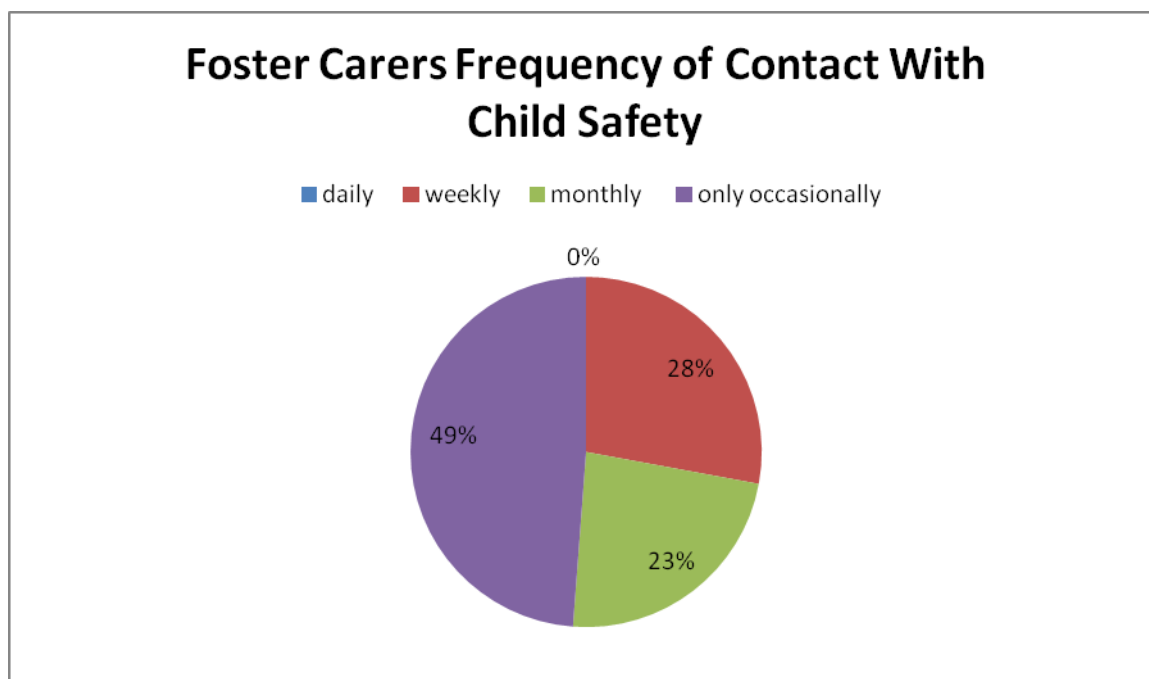


When asked by what means this contact usually took place Kinship Carers responded as follows

- **49.1%** advised that this contact usually took place through phone calls.
- **32.7%** advised that this contact usually took place through home visits
- **9.1%** advised that this contact usually took place through emails
- **3.6%** advised that this contact usually took place through meeting at the office
- **5.5%** advised that this contact usually took place through some other form of contact

While the majority of Kinship Carers **57.0%** reported having frequent contact with CSO's, It is concerning that **43%** of Kinship Carers reported only seeing their CSO's occasionally and **49.1%** reported that the contact that they did have was predominantly through phone calls. This is of particular concern when we combine this with the fact that there is currently no mandatory training for Kinship Carer and the majority of them are not attached to Non Government Foster and Kinship Care Services.

This is an area of our child protection system that should be strengthened to ensure appropriately supported placements are provided to children and young people placed with Kin.



When asked by what means this contact usually took place Foster Carers responded as follows

- **45.6%** advised that this contact usually took place through phone calls.
- **23.6%** advised that this contact usually took place through home visits
- **14.5%** advised that this contact usually took place through emails
- **10.8%** advised that this contact usually took place through meeting at the office
- **5.5%** advised that this contact usually took place through some other form of contact

While the majority of Foster Carers **50.1%** reported having regular contact it is concerning that **45.6%** reported that this contact usually occurs through phone calls and nearly half **49.9%** of carers reported only occasional contact with CSO's.

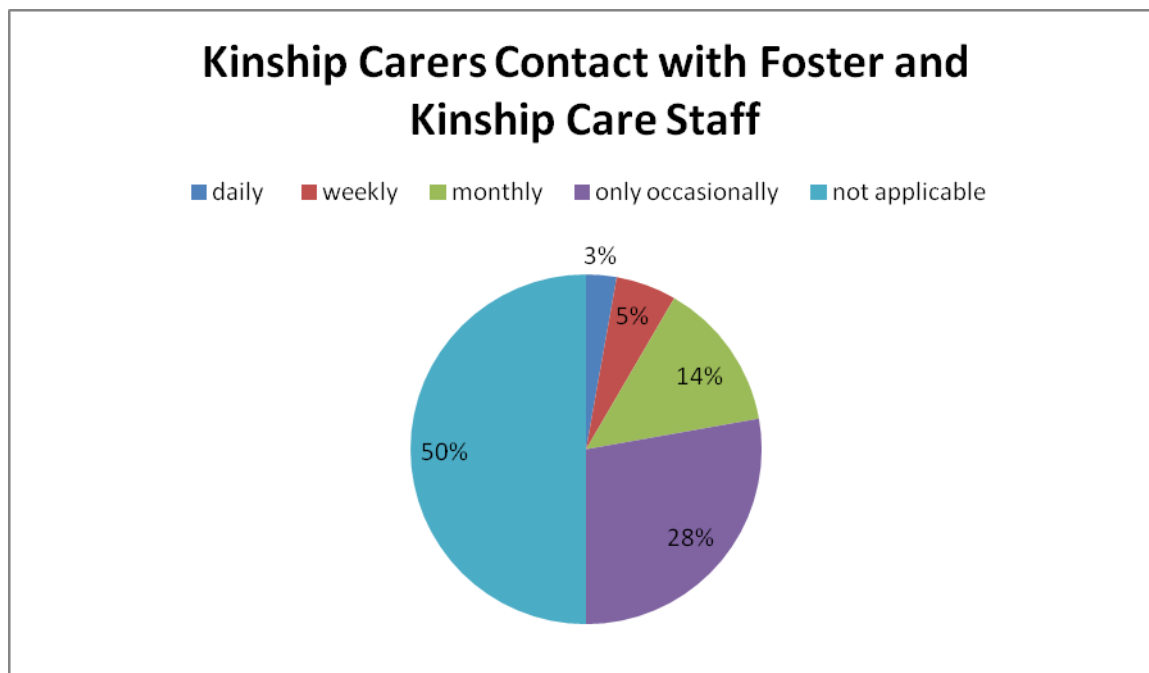
While legislation does not state how frequently CSO's need to have contact with carers the practice manual states that *"The purpose of providing support to an approved carer is to assist the carer to provide care consistent with the statement of standards for each child placed in their care and to achieve the stated goal and outcomes of a child's case plan"* and that one of the ways to monitor and review a placement is *"during home visits with the child and the carer"*

With the statistics provided in this section it is not hard to argue that a large percentage of Foster and Kinship Carers are not receiving the support from Child Safety that they require. Without regular contact and support from CSO's Carers are limited in their ability to actively work on

children's case plans which can prevent Carers from assisting children in their care to achieve positive outcomes

Some comments from this section

- 'All contact instigated by me, they never came to contact us.'
- 'When we really needed something we went 2 months without any contact.'
- 'We had to make contact with CSO, often they would not even know that the child was now in our care.'
- 'Face to face at contact visits only.'



When asked by what means this contact usually occurred Kinship Carers responded as follows

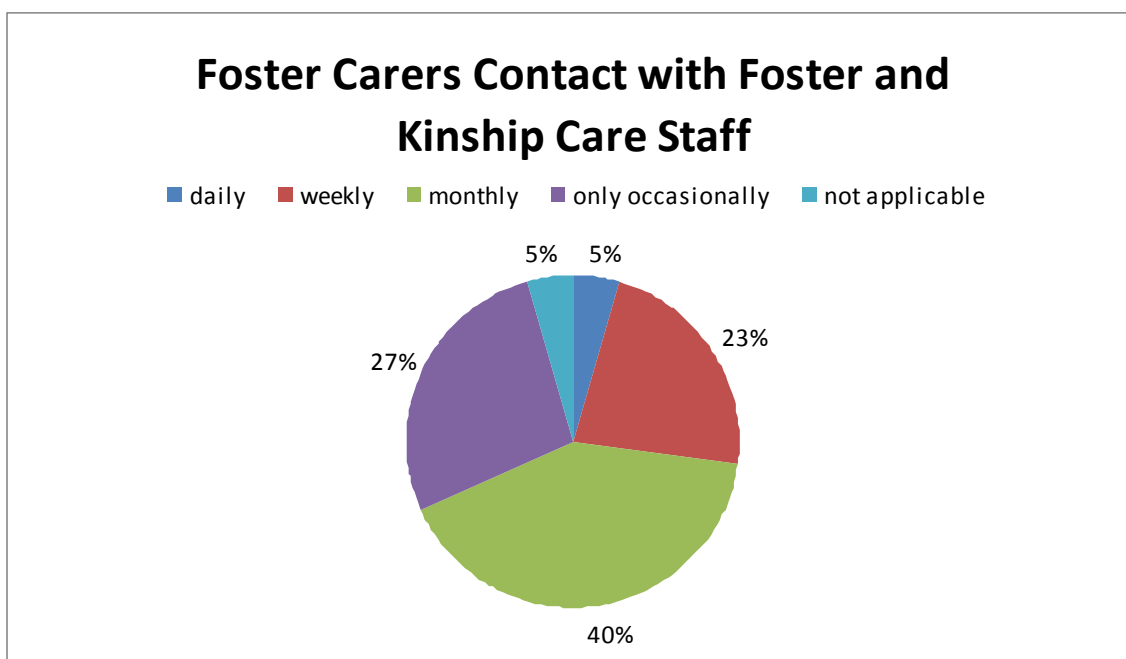
- **38.8%** advised that this contact usually took place through phone calls.
- **22.2%** advised that this contact usually took place through home visits
- **5.6%** advised that this contact usually took place through emails
- **5.6%** advised that this contact usually took place through meeting at the office
- **0.0%** advised that this contact usually took place through some other form of contact
- **27.8%** advised that this contact usually took place through a mixture of the above contact forms.

The majority of Kinship Carers **50.0%** did not feel that these questions was relevant to them. It can be hypothesised that this is due to the fact that the majority of Kinship Carers are not supported by a Foster and Kinship Care Service.

When asked about how satisfied they were with the frequency of contact and quality of support from their agency **77.8%** of Kinship carers (who felt that this question was relevant to them) stated that they were satisfied with the frequency of contact and **62%** stated that they were satisfied with the quality of support.

28% of the total number of Kinship Carers who answered the question or **56%** of those who felt the questions was relevant to them reported having only occasional contact with Foster and Kinship Care Service staff. This is in stark contrast to Foster Carers where the majority **68%** reported to have daily, weekly or monthly contact with their Non Government Foster and Kinship Carer Service. Again as with their contact with CSO's, Kinship Carers reported that the majority **38.9%** of this contact was through phone calls.

There may be a rationale for why Kinship Carers would be having less contact with their Non Government Foster and Kinship Care Staff than Foster Carers, however it may be an indicator of why only **62%** of Kinship Carers who were attached to Non Government Foster and Kinship Care Service



felt satisfied with the frequency of the contact that they had with them.

When asked by what means this contact usually took place Foster Carers responded as follows?

- **33.3%** advised that this contact usually took place through phone calls.
- **31.0%** advised that this contact usually took place through home visits
- **9.5%** advised that this contact usually took place through emails
- **2.4%** advised that this contact usually took place through meeting at the office
- **0.0%** advised that this contact usually took place through some other form of contact
- **23.8%** advised that this contact usually took place through a mixture of the above contact forms.

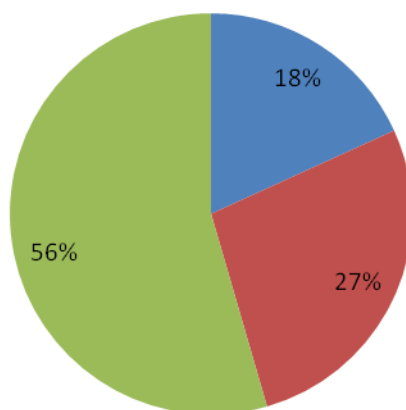
5% of Foster Carers did not feel that this question was relevant to them, as with Kinship Carers it can be hypothesised that this was due to them not being attached to a Non Government Foster and Kinship Care Service.

When asked about how satisfied they were with the frequency of contact and quality of support from their agency **75.0%** of Foster Carers stated that they were satisfied with the frequency of contact and **47.7%** stated that they were satisfied with the quality of support.

While it is positive to see that the majority **71.5%** of Foster Carers (who felt this questions was relevant to them) reported having frequent contact (daily, monthly or weekly) with their Non Government Foster and Kinship Care Service, there is still room for improvement with less than half of the foster carers interviewed feeling satisfied with the quality of support they received from their Foster and Kinship Care Service and **28.5%** of Foster Carers (who felt that this question was relevant to them) reporting that they see their Non Government Foster and Kinship Care Service only occasionally.

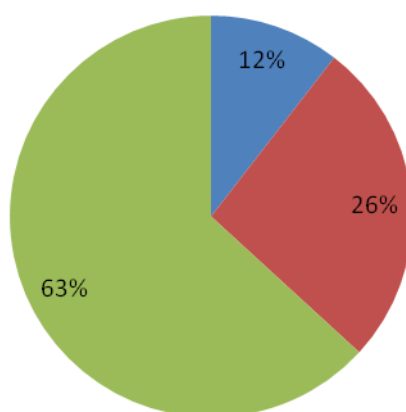
Kinship Carers Preferences Regarding Contact

■ email ■ phone ■ face to face



Foster Carers Preferences Regarding Contact

■ email ■ phone ■ face to face

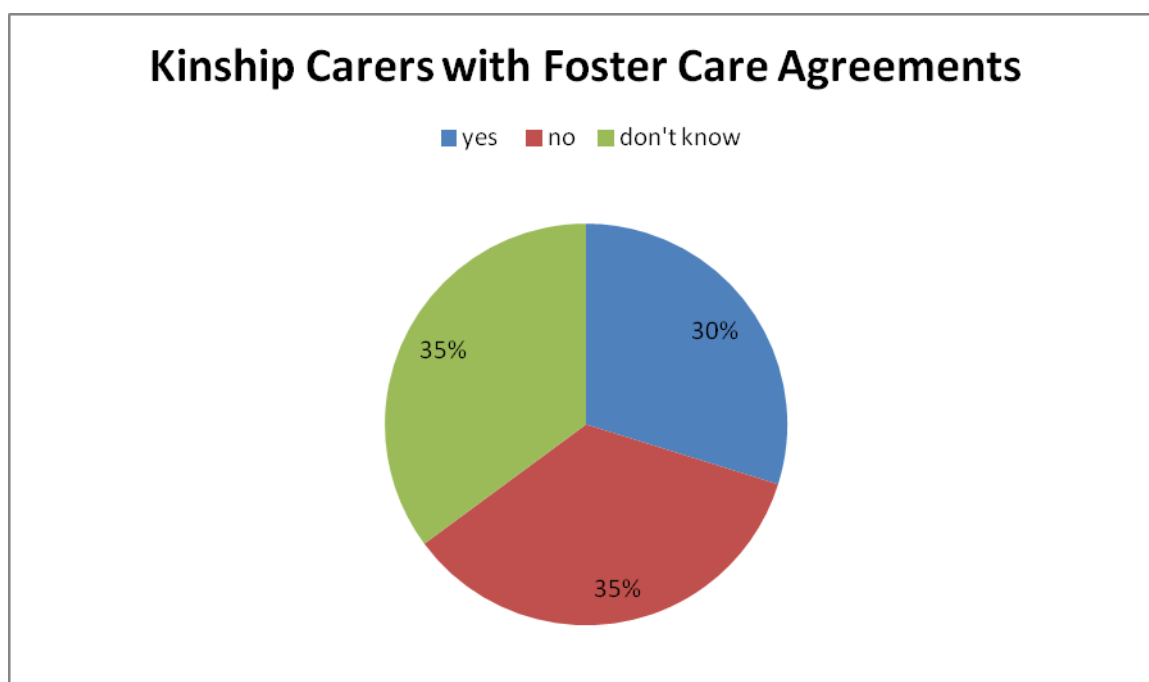


When asked their preference for contact with Child Safety and Non Government Foster and Kinship Care staff the majority of Kinship Carers **56%** and Foster Carers **63%** stated that their preference for contact was face to face.

It is concerning to see that while this is their preference, it is not the form in which contact with services is occurring. With only **36.3%** of Kinship Carers and **34.4%** of Foster Carers reporting regular face to face contact with Child safety.

When compared to Child Safety staff there is a stark improvement in face to face contact between Foster and Kinship Care Staff and carers with **57.2%** off Foster Carers and **55.6%** of Kinship carers reporting regular face to face contact with Foster and Kinship Care Service Staff. However given the preference articulated by carers for face to face contact there appears to be rationale for many Foster and Kinship Care Agencies to identify areas of support for their carers that better meet their needs.

Foster Care agreements

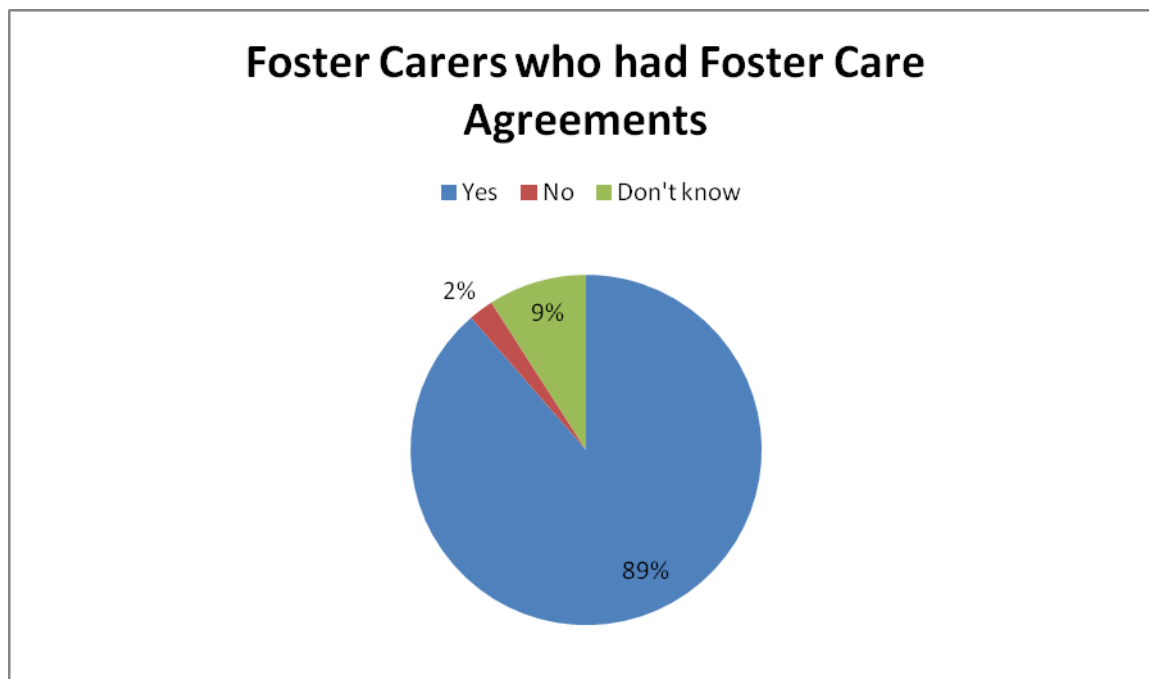


30% of Kinship Carers interviewed advised that they had a Foster Carer Agreement; this is an anomaly as the Child Safety Practice Manual states that *"A 'Foster Carer Agreement' is **not** completed for a kinship carer, as their support is specific to the child placed in their care and recorded in the placement agreement."*

The fact that over a quarter of Kinship Carers have a Foster Care Agreement when it is not articulated in the Practice Manual raises a number of questions for Child Safety to consider, such as do staff on the ground find this tool useful for supporting Kinship Carers,? or should there be more focus on developing an appropriate tool for Kinship Carers.

With there being only one question related to Foster Care Agreements in the Exit Interview Survey this report will not be able to answer these questions, however it is recommended that next year additional questions be included to attempt to capture what the Foster Carer Agreement is being

used for with Kinship Carers and if the production of a specific agreement with Kinship Carers could optimise the manner in which they are supported.



It is positive to see that only **2%** of Foster Carers reported not having Foster Care Agreements. The high number of Foster Carers with Foster Carer Agreements may directly correlate to the high number of Foster Carers **83.7%** who reported being satisfied with the **number of children placed with them at any given time**.

Foster Care Queensland

While the majority of Foster Carers **72.7%** reported knowing of Foster Care Queensland only **40%** of Kinship Carers were aware of the service. In 2011 FCQ's services were included in pre-service training, which possibly correlates to an increase in the number of Foster Carers who are aware of the service. However due to the there being no mandatory training for Kinship Carers it is vital that information packages be provided to Kinship Carers at the beginning of a placement so they are aware of where they can go to seek support, advice and advocacy.

Whilst FCQ has responsibility in terms of promotion of programs and services this needs to be done in conjunction with all stakeholders in the sector. FCQ needs the support and assistance of Child Safety and Non Government Foster and Kinship Care agencies in the promotion of the organisation as a Peak Body, to ensure that Foster and Kinship Carers have a voice and that they can access the services provided by FCQ.

Some recent initiatives used by FCQ in the promotion of the services to Kinship Carers have included:

- Letters sent to all carers in South East region by the FAST delegates
- Articles placed in Brisbane region PSU and agency newsletters

Some comments from carers relating to FCQ

- 'I received support from FCQ through my MoC. They appeared to be the only people who cared and were genuinely interested in helping me.'
- 'FCQ were the only ones we got any support from.'
- 'FCQ is a load of crap they are meant to support carers but they are really in cahoots with the department.'
- 'Only ever had to contact you lot once in the entire time I was a carer. But when I did need to contact you it was very worthwhile and all of our issues were resolved very quickly.'

Support continued

The word support can be ambiguous in terms of meaning and for this reason the survey has endeavoured to find out what areas of support assist a carer the most, these areas included:

- ◆ Emotional support
- ◆ Physical and practical support
- ◆ Financial support
- ◆ Professional development
- ◆ Task-focused problem-solving support
- ◆ Respite care
- ◆ Community support
- ◆ Social support

Carers were then asked to rate from 1 –8 with 1 being most important and 8 being least important

In order of importance, **Kinship Carers** ranked the supports as follows:

1 st	Respite Care
2 nd	Professional development
Equal 3 rd	Community support/social support
4 th	Task focused problem solving support
5 th	Financial support
6 th	Physical and practical support
7 th	Emotional support

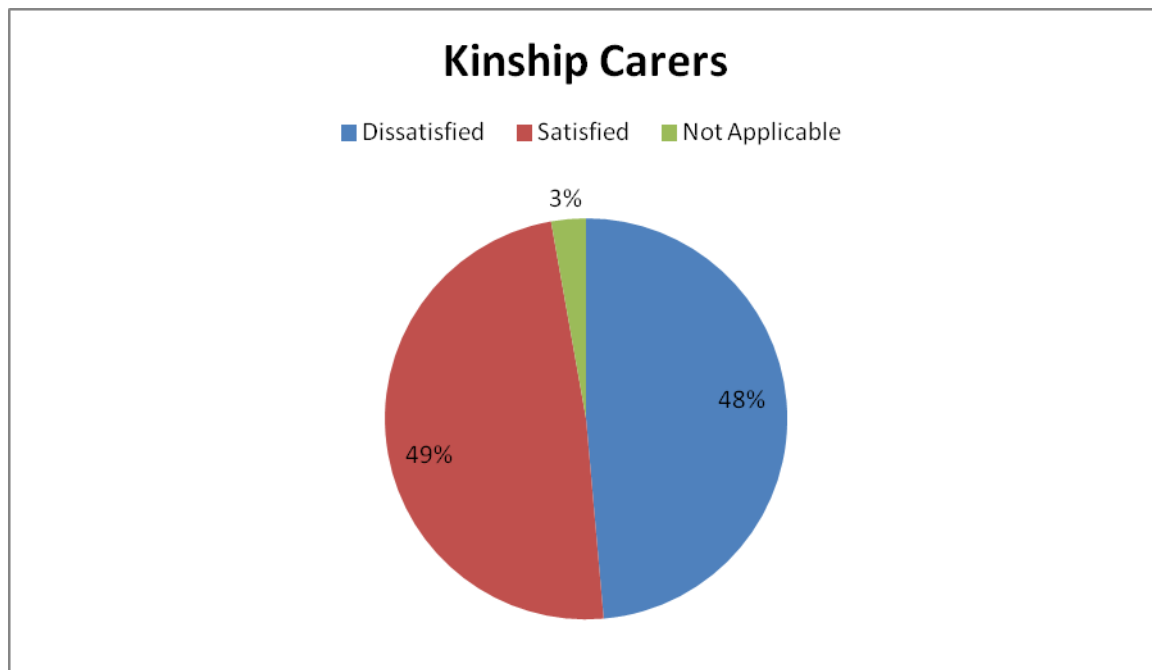
In order of importance, **Foster Carers** ranked the supports as follows:

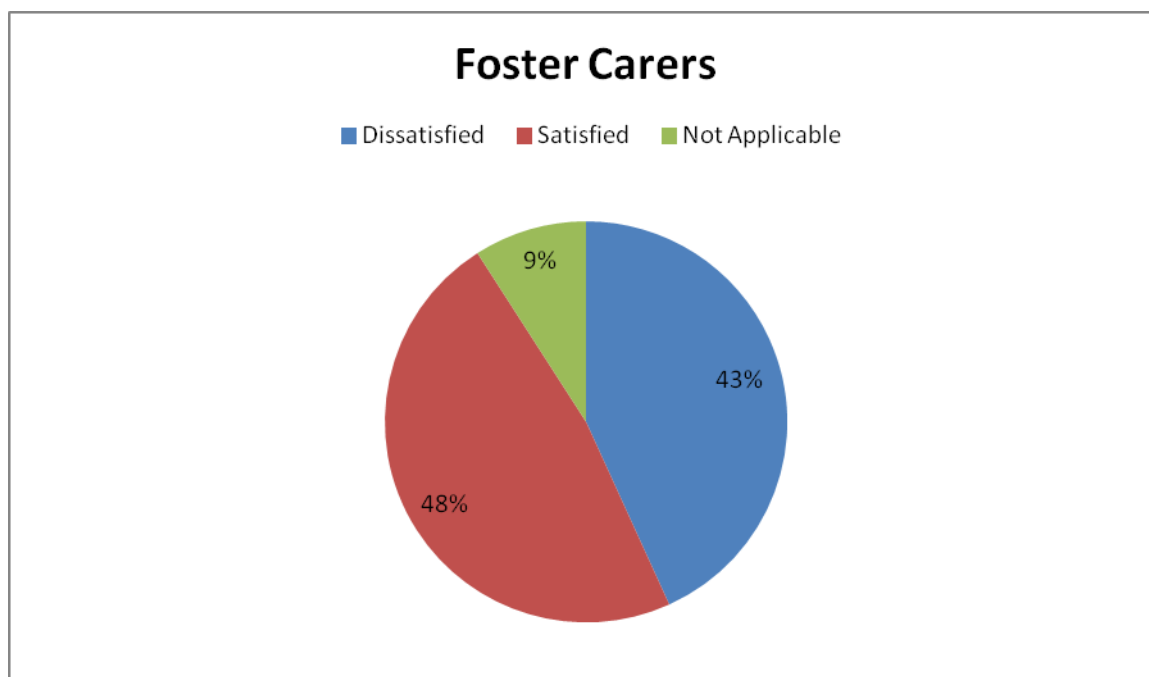
1 st	Community support
2 nd	Social support
3 rd	Respite care
4 th	Professional development
5 th	Financial support
6 th	Task focused problem solving support
7 th	Physical and practical support

8th	Emotional support
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Carers were then asked a series of questions around the support that they received from Child Safety. Firstly carers were asked how satisfied they were with the overall **support and supervision provided by Child Safety**. The majority of Kinship Carers **50.0%** and Foster Carers **48.8%** were satisfied. Carers were then asked if they were satisfied with the **quality of the support**. Again it was positive to see that **47.7%** Foster Carers and **55.6%** of Kinship Carers reported being satisfied.

The Statement of Commitment speaks of carers having a right to be involved in case discussions regarding children in their care however the final decisions lie with Child Safety. When asked in the survey **how carers felt about communication of decisions and other issues affecting them or the child in their care** the following results were received:

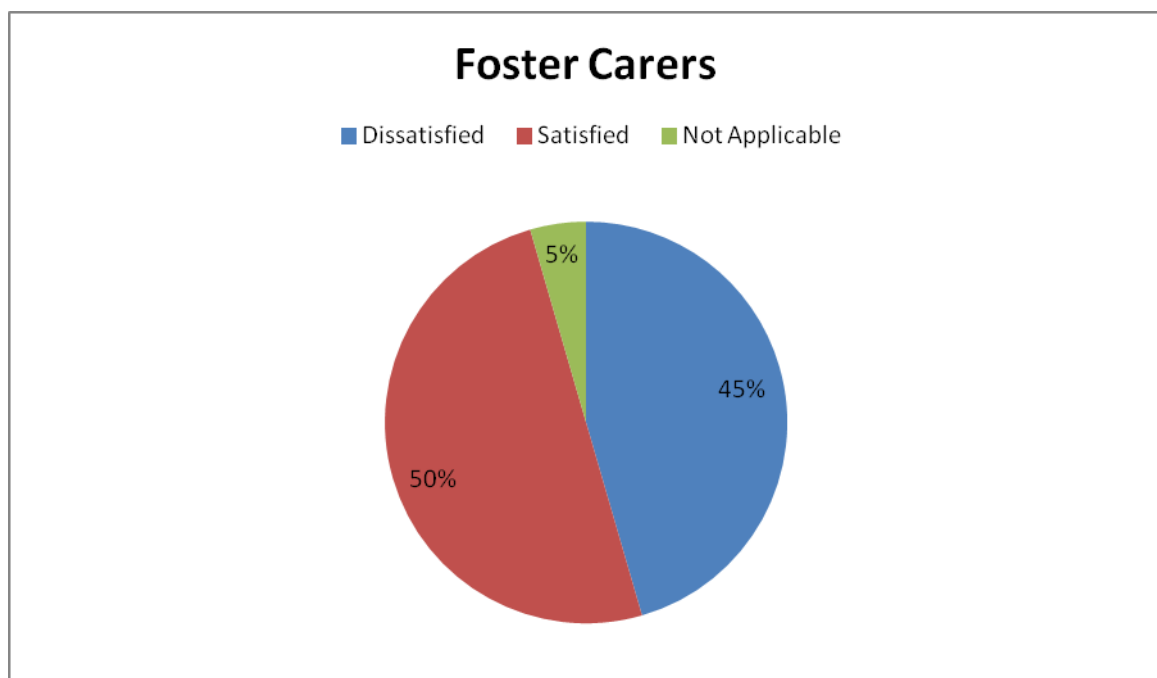
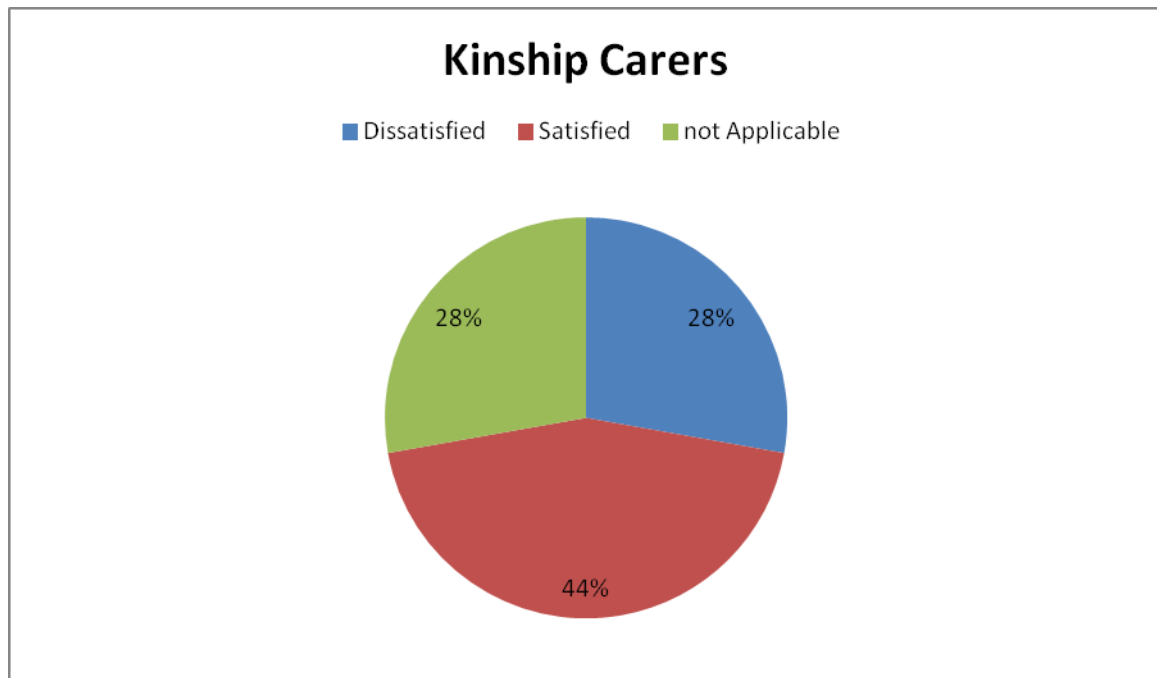




While it is positive to see that the majority of Foster and Kinship Carers were satisfied with communication of decision affecting them or the children in their care, it cannot be ignored that nearly half of Foster Carers **43%** and Kinship Carers **48%** were dissatisfied with the communication of decisions affecting them or children in their care. The Child Safety Practice Manual states that *“Once the delegated officer or other decision-maker decides a matter or provides consent, inform all parties of the decision and where appropriate, the rationale for the decision.”*

Carers are making day to day decisions in the lives of children and therefore it is necessary that they are, at the soonest possible time consulted about decisions that affect them or the children in their care. This enables carers to prepare children for any changes, be aware of any added responsibilities that may not have been part of the case plan or placement agreement and above all to be able to provide a home that meets the requirements of the case plan.

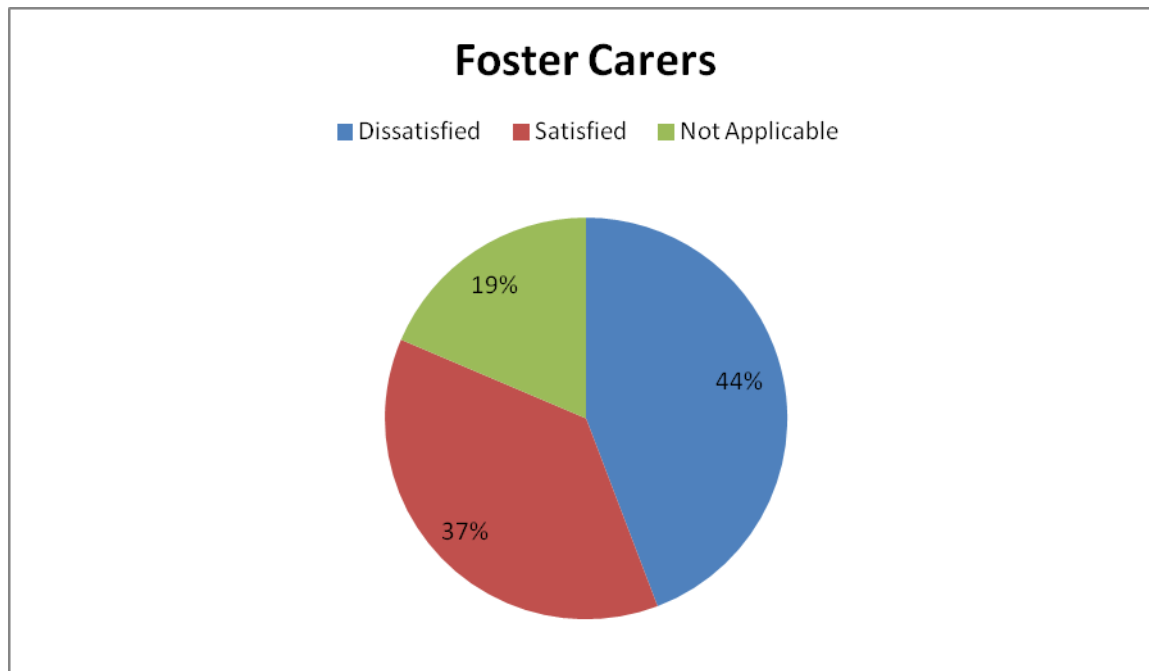
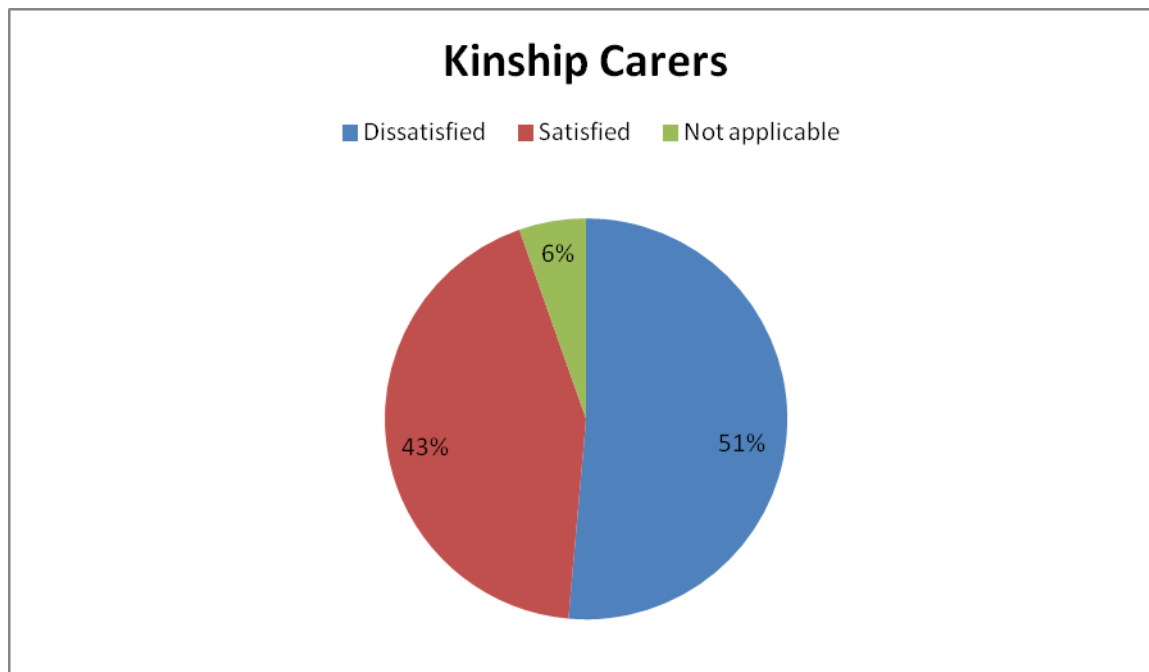
The amount and quality of information provided to carers prior to a placement is also an important communication factor. When surveyed on this question, the following results were found:



In previous years The Exit interview report has identified that this has been an area of deficit within Child Safety's communication to carers. This year has seen an increase in satisfaction rates, with Kinship carers reporting **44.4%** satisfaction and Foster carers reporting **50%** satisfaction compared to last year when the overall satisfaction sat at 32%. However although there is an increase in satisfaction rates, this is still an area that requires attention, placements have a much better chance of being sustained if carers are fully informed at time of placement of all the information possible. It is also important that Child Safety continues to update carers with new information as appropriate when it becomes available to them.

The futures of children in care depend on informed appropriate case plans, Case plans are administered more effectively when supported by a carers. This knowledge would indicate that

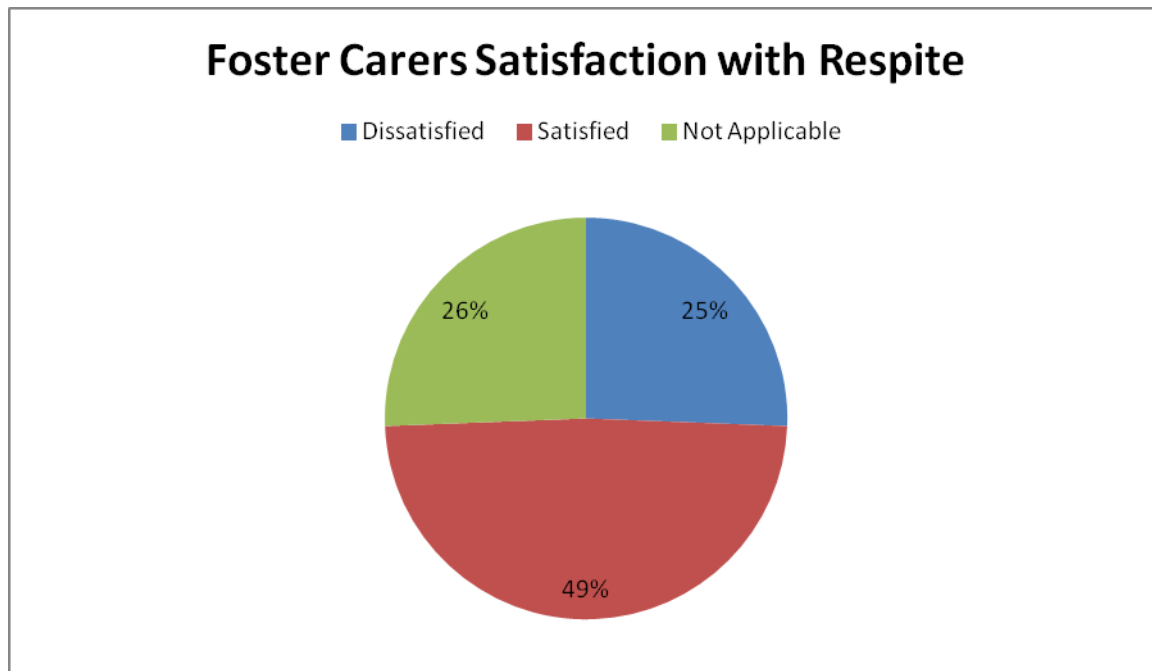
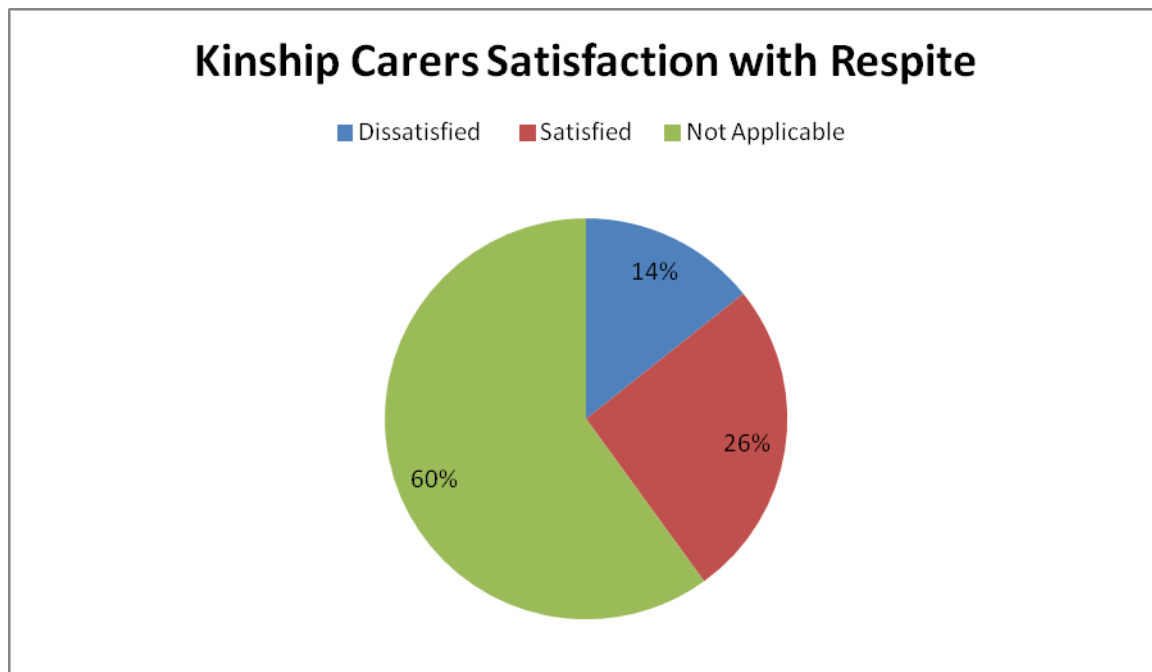
Carers who spend 24/7 with the children should have input into case management decisions as they can often provide valuable insights into the children's lives. Carers can feel unsupported when their knowledge of the child is not valued as it impacts on the carers feeling of partnership when working with Child Safety. When asked about their ability to provide input into case management decisions the following data was recorded:



The Statement of Commitment speaks to Carers rights to participate in discussions and decisions:

"All carers have the right to participate in discussions and decisions affecting the lives of children and young people in their care. Carer's knowledge and opinions should inform the decision making, but it must be accepted that the department has the statutory authority to make the final decision."

It is concerning to see that that majority of Kinship Carers **51.4%** and 44.2% Foster Carers , were dissatisfied with their ability to provide input into case management decisions. It is recommended that the 2013-2014 survey include questions about the occurrence of Placement meetings and case plan meetings and the level of carer inclusion in these meetings to be able to ascertain where the deficit is occurring.



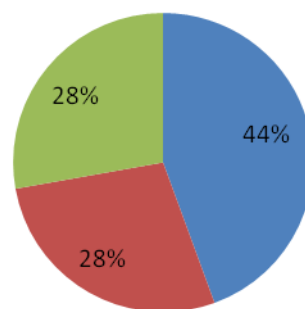
A common form of support that carers refer to is **Respite**. Respite ranked highly with both Kinship Carers and Foster Carers coming in as the number one form of support for Kinship Carers and the 3rd most important form of support for Foster Carers. While it is positive to see that the majority of Foster **49%** and Kinship Carers **26%** who did access respite were satisfied. It is concerning to see that **60%** of Kinship Carers and **26%** of Foster Carers did not feel that this questions was applicable to

them. This raises a number of questions such as do carers know what respite is? Would they access Respite if it was offered? Do Kinship Carers think that they are not entitled to Respite?

It is interesting to see that while Kinship Carers ranked it as the number one form of support **60%** of those who were interviewed did not feel that it was relevant to them, indicating that they do not utilise respite. This inconsistency in data may be directly linked to the need to assess individual carer needs and may further indicate the need for a substitute of the Foster Care Agreement to be available for Kinship Carers

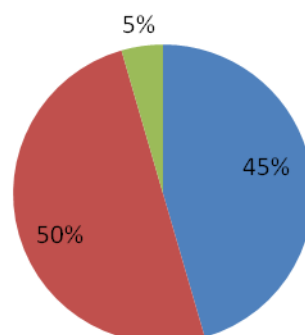
Kinship Carers Satisfaction with the Amount and Quality of Information Given Prior to a Placement

■ Dissatisfied ■ Satisfied ■ Not Applicable



Foster Carers Satisfaction with the Amount and Quality of Information Given Prior to a Placement

■ Dissatisfied ■ Satisfied ■ Not Applicable

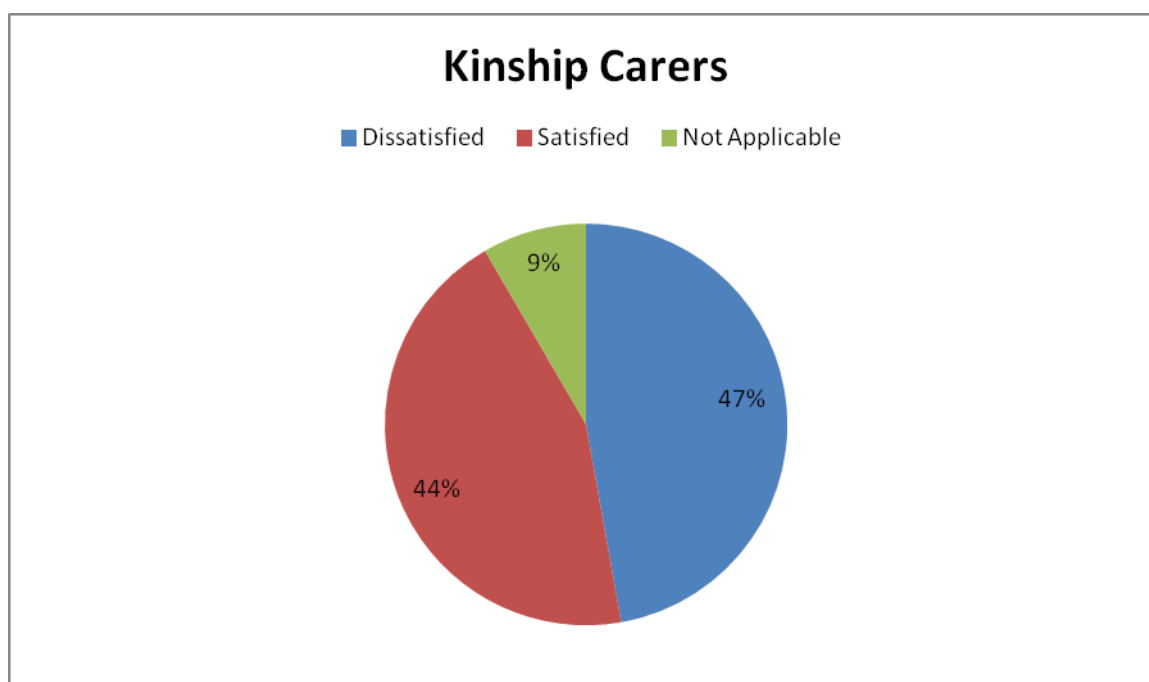


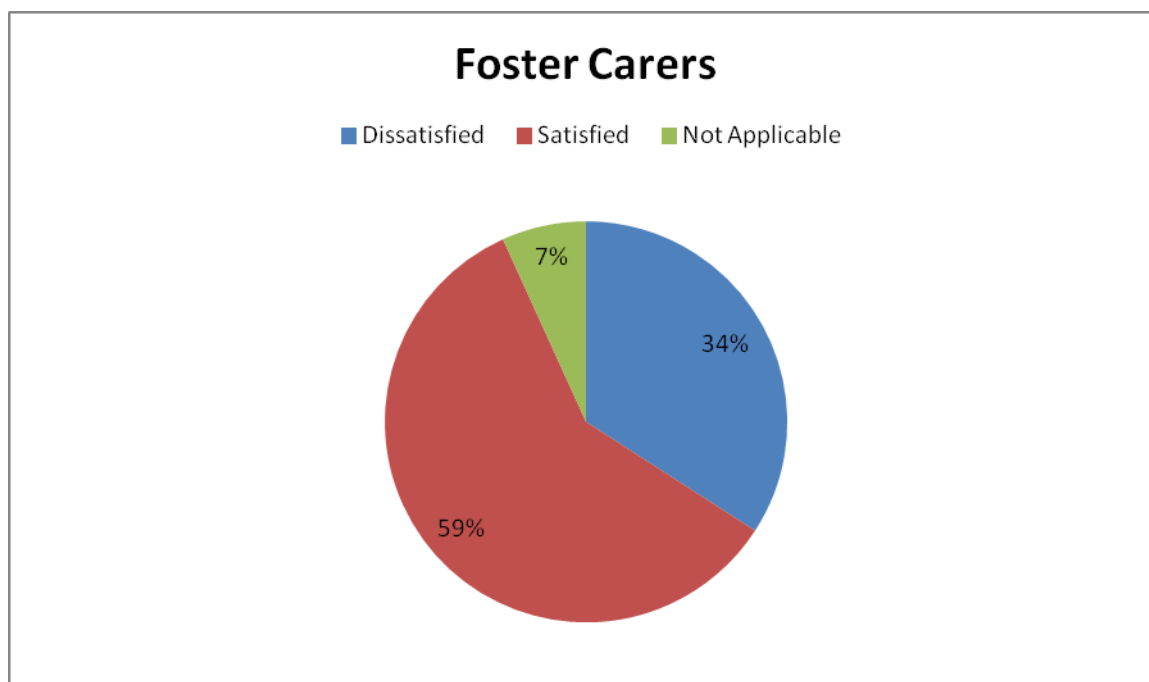
When questioned about **feedback they were provided regarding their role as a carer**

- **50%** of Foster Carers and **35.1%** of Kinship Carers reported feeling dissatisfied in relation to feedback provided
- **45.5%** of Foster Carers and **59.9%** of Kinship Carers reported feeling satisfied in relation to feedback that was provided
- **4.5%** of foster carers and **5.4%** of Kinship Cared did not feel that this question was relevant to them

As with last year's comments, , it is important to note the importance of providing good feedback to carers, for example when they are achieving good outcomes for children or advocating for them in a professional and appropriate manner. It is not appropriate for carers to be only provided feedback about how they are going in their role when they are perceived to have done something wrong. We know that a retention strategy for all employees in any staffing situation is to praise good work, simple but true, so it would stand to reason that this type of feedback combined with other strategies would contribute to carer retention.

Finally we asked the exiting carers if they were satisfied with **the timeliness of Child Safety Service centre staff returning calls**, the following data was recorded:





In the 2009-2010 report this was an area of real concern, last year the report saw a **10%** improvement and it is positive to note that when we combine the overall number of Foster and Kinship carers (in order to look at the data the same way that it was analysed the previous two years) there is a further improvement of around **10%** from last year.

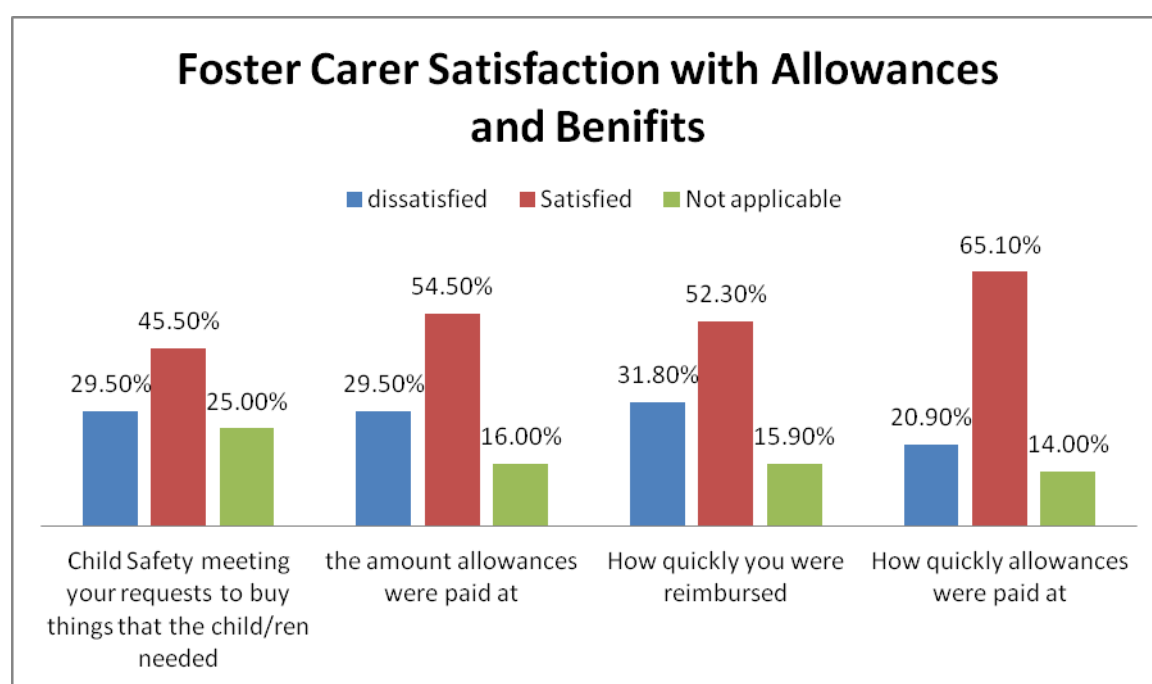
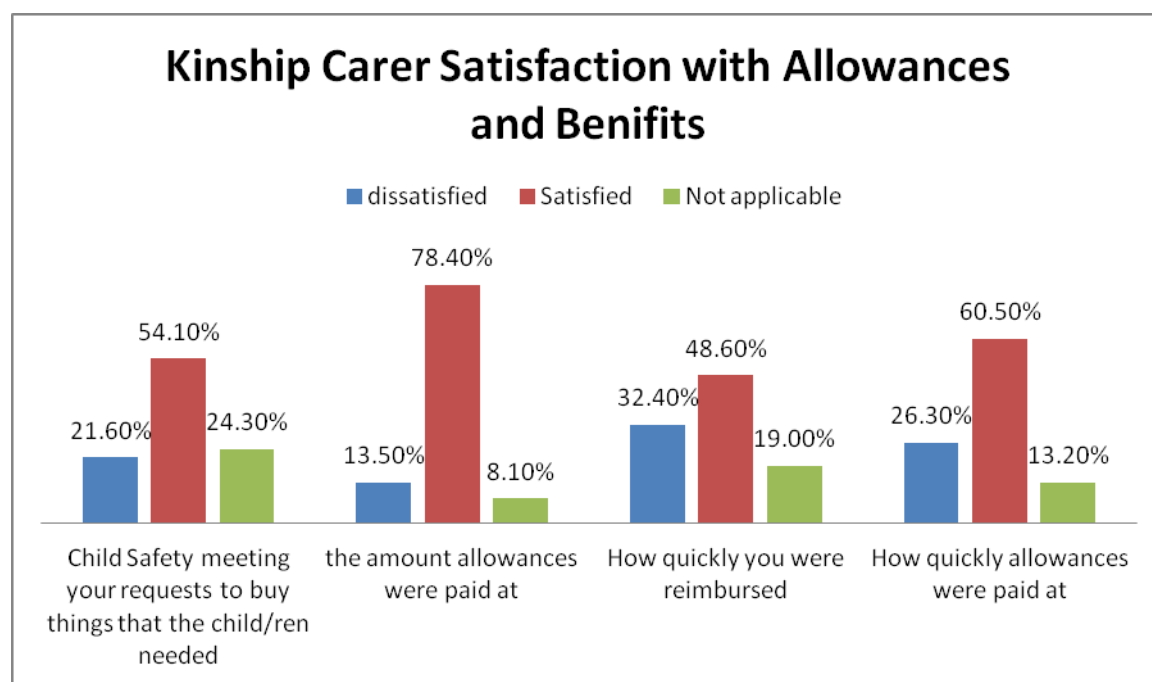
When we look at Foster and Kinship carers separately it is of concern that the majority of Kinship Carers **47%** are dissatisfied with the timeliness of Child Safety Service Centre staff returning their phone calls. In order for any carer to feel supported and be able to meet the standards of care they need to be responded to in a timely fashion when they reach out for any kind of support. While this is an area that is improving, improvements still need to be made to ensure that carers are getting the support they need in order to meet the Standards of Care.

Some comments from this section were

- 'Very poor communication from Dept - gave very little information on placements.'
- 'Best thing that the department ever did was get agency support for kin carers.'
- 'Having to wait day's for staff to return phone calls at times (not all staff).'
- 'We would phone and email child safety constantly requesting support and occasionally there would be an email letting us know why they could not come out, more often than not there was no contact at all. We do not care how understaffed and overworked you are, that should not become our problem.'

Financial Support:

Financial support has always been defined as a type of support provided to Foster and Kinship Carers. The Carer Allowance is recognised as a partial reimbursement for the cost of raising a child or young person in care. All carers exiting the system have the opportunity to provide feedback regarding whether they believe the current financial support available is sufficient to meet the needs of children in their care in line with the Statement of Standards.



It is interesting to see how many Foster and Kinship felt that aspects of allowances and benefits were not applicable to them. While we can hypothesise that carers may have never claimed for CRC's and therefore answered not applicable to some of these questions, it does not explain why they would have answered not applicable to how quickly allowances were paid or the amount allowances were paid at.

When we look at some of the comments from carers in this section a pattern emerges where everyone who answered not applicable commented that they did not go into this for the allowances or that they are well off. This may explain why they felt that these questions were not applicable to them.

While the majority of Foster **54.5%** and Kinship carers **78.4%** were happy with the rate that allowances were paid at we cannot disregard the fact that a **29.5%** of Foster Carers and **13.5%** of Kinship Carers were dissatisfied. This is a significant rise from last year where only **12%** of carers stated that they were dissatisfied with the amount that allowances were paid at. With the cost of living rising and the last review of the foster care allowance having been completed in 2006 through the True Cost of Care, we may continue to see this figure rise each year unless there is another review of the Foster Care Allowance.

Given the rise in the cost of living, FCQ commissioned a separate survey for all carers which is currently being circulated. It is hoped that the outcomes of this survey will provide some insight into whether the current allowances being paid to carers are sufficient to meet the day to day cost of caring for a child or young person in today's financial climate.

It is positive to see that **45.5%** of Foster Carers and **54.1%** of Kinship Carers were happy with Child Safety meeting requests to buy things that the children need and with how quickly they were reimbursed, however when we read through the comments there is a definite theme of Day care fee's not being reimbursed. This is a theme that FCQ has highlighted in previous reports. With an increase in the number of families where both parents are working and day care fee's on the rise, this is an area that Child Safety will need to address in order recruit and retain carers. There is inconsistency amongst Service Centres as to whether they will meet or even assist in the cost of child care and whilst FCQ agrees that all decisions need to be based on what the best interests of the individual child is, we also need to be realistic that the days are gone where we can expect that all households can afford to have one adult home full time with children.

Some comments from this section:

- 'I still have a \$1600 day care fee for day care that the child was attending before she came to us. We are not wealthy people and it is going to take us a long time to pay this back.'
- 'I found the support packages we had were great there was no need to ask for extra. Medical and everything was just met.'
- 'I spent thousands on the kids and the allowance does not come close to it.'
- 'We were in a good financial position going into this so the allowances were not a big deal for us. I think it might be different for people who are not too well off.'
- 'The department were not fantastic at letting us know what we were entitled to and as grandparents on a pension it was hard. The CV helped us a lot to know what we could get in terms of allowances.'

- 'In the beginning there was a big delay, but after that it was all fine and they back paid it. I do think that they need to be aware of the effect on pensioners when they do not start the money when the child comes to you, as there were a lot of expenses for things that my grandson needed right away and I was not willing to make him wait for so we got into debt.'

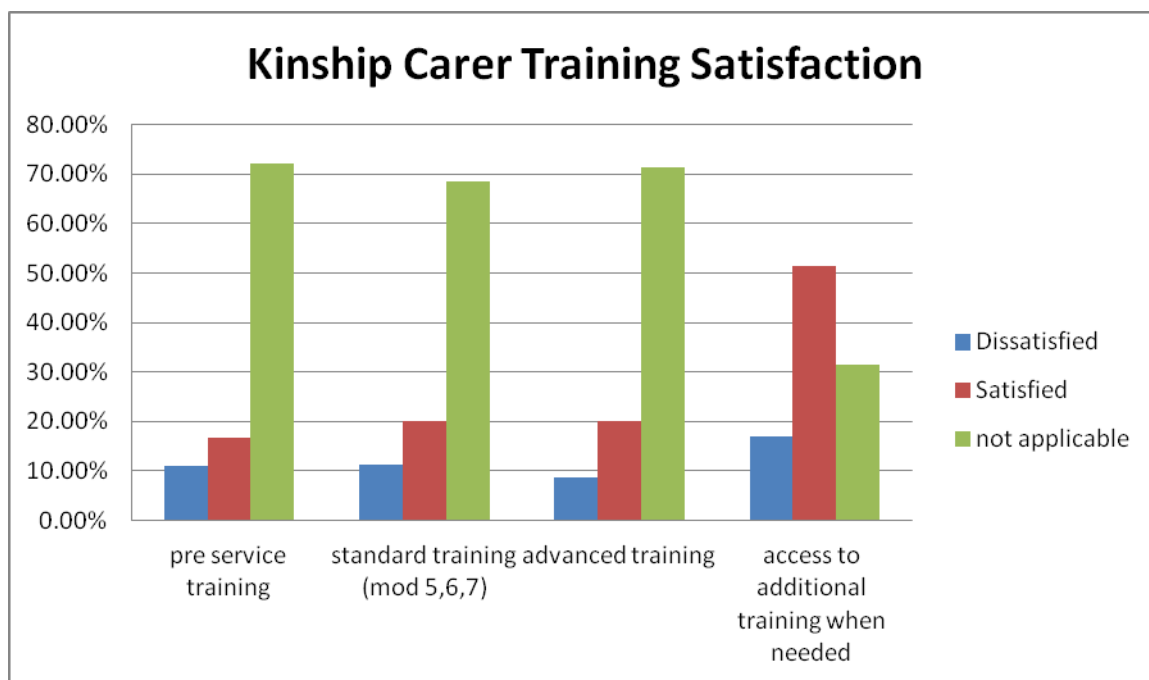
Training

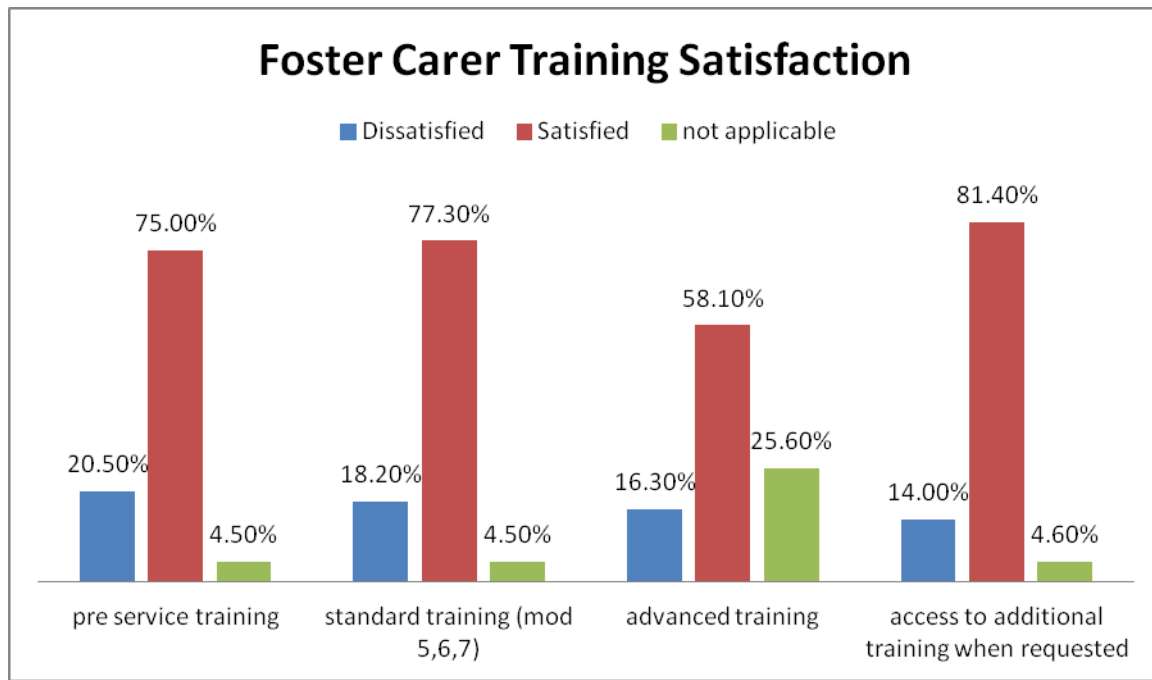
Training and development opportunities are a vital component to a good Fostering System; however we need to ensure that the training provided is meeting the needs of the carers in the system.

Carers were asked whether they had attended training in the past 12 months. When you consider the fact that there is no mandatory training for Kinship Carers it is unsurprising that **95%** reported that they had not attended training in the past 12 months. It is hoped that with the increase in Kinship Carers being attached to Foster and Kinship Care programs, this percentage will rise.

When Foster Carers were asked the same question the majority **59%** advised that they had attended training in the past 12 months. We are unable to compare this to last year's data as this is the first year that Kinship Carers have been separated from Foster Carers in the section. It is hoped that next year's report will be able to offer further insights in to whether or not the instance of carers attending training is on the rise.

Carers were then asked to comment on their satisfaction levels regarding **Pre Service Quality Training, Standard Training and Advanced Training**. The following results were recorded:

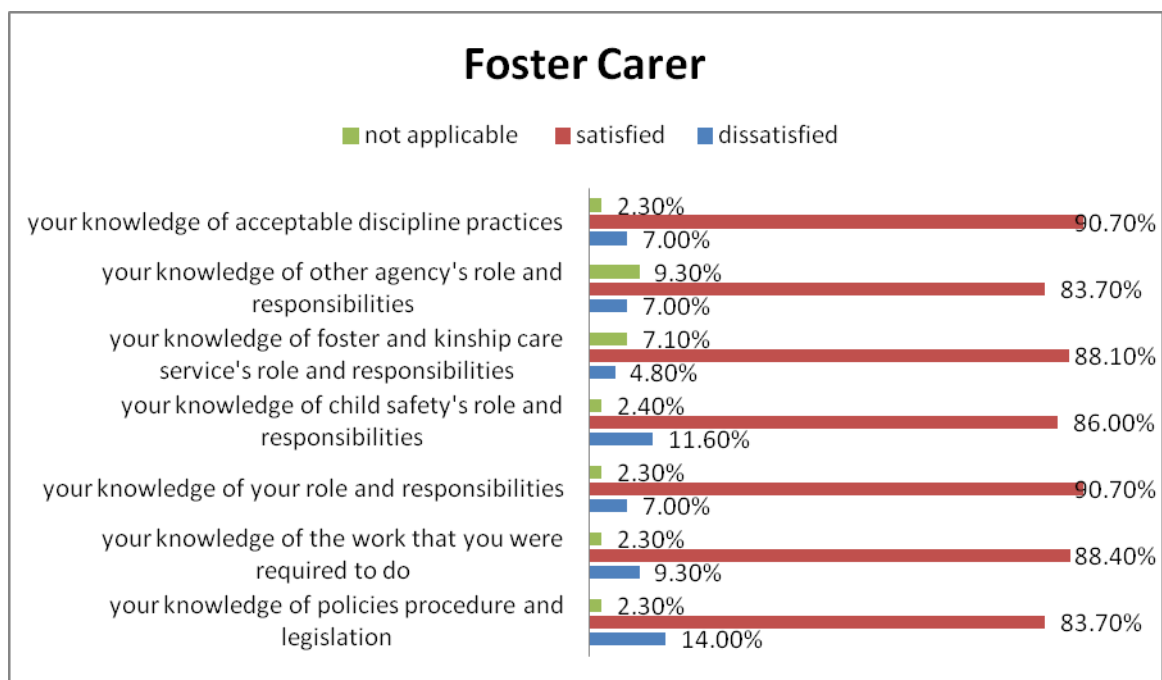
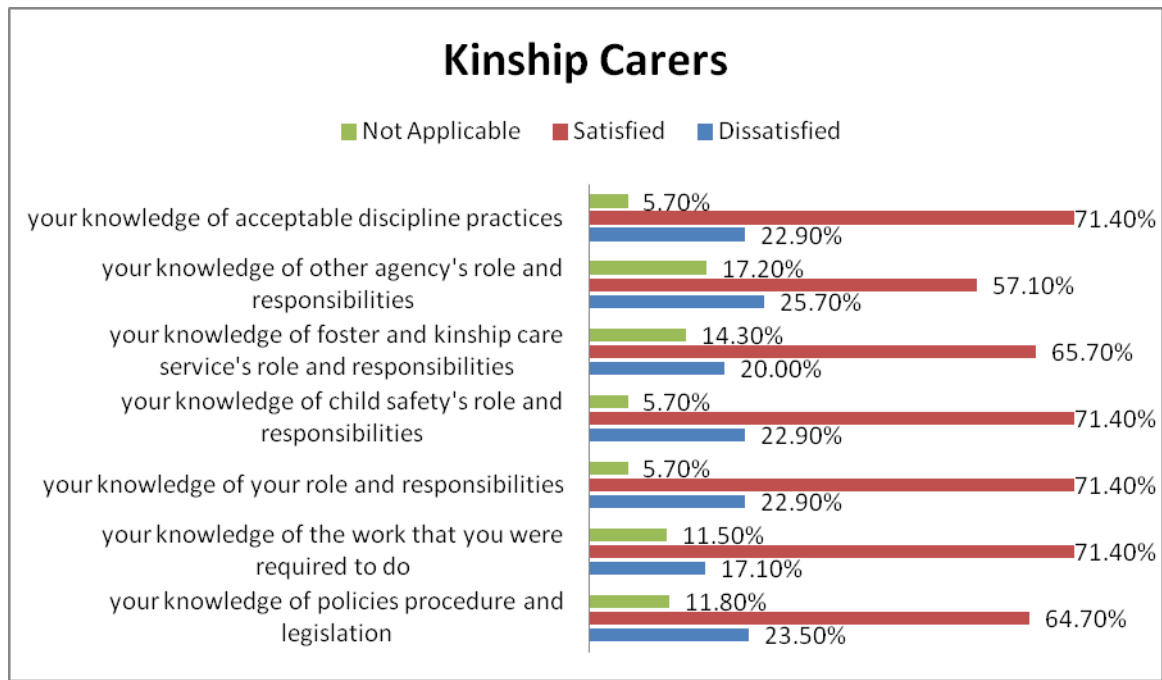




As with last years finding the majority of Foster and Kinship carers who attended training were satisfied. This is particularly interesting when we look at Kinship Carers who have attended training. While training may not be mandatory for Kinship Carers it can be assessed that some elements of mandatory training is still relevant and useful for them and may highlight the need to look at some kind of formal training or consistent induction process for Kinship Carers.

Learning and Development

To further demonstrate learning's from the above trainings, the Exit Interview Survey explores exiting carer's **knowledge** regarding particular areas of the Child Protection System, including roles of all key stakeholders, discipline practices and policies, procedures and legalisation. The following results were found:



Carers were then asked if they were satisfied overall with their opportunities for professional development:

- **52.8%** of Kinship Carers and **69.8%** of Foster Carers were satisfied with their opportunities for professional development
- **23.3%** of Kinship Carers and **19.4%** of Foster Carers were dissatisfied with their opportunities for professional development
- **27.8%** of Kinship Carers and **7.0%** of Foster Carers felt that this question was not applicable to them

When comparing the responses of both Foster and Kinship carers it is relevant to note that while the majority of both Foster and Kinship carers were satisfied with their level of knowledge, Kinship carers reported a lower level of satisfaction when compared to Foster Carers; this could indicate that Foster Carers are receiving some of their knowledge from mandatory training. If this is the case it should pose a question about how to ensure t Kinship Carers have knowledge about their roles and responsibilities along with the roles and responsibilities of other key stakeholder including the department of Child Safety.

When looking at the statistics of Foster Carers alone it is extremely positive and demonstrates that in the most part, Child Safety's current training is meeting the learning needs of carers in respect to understanding roles and responsibilities.

It is interesting that **90.7%** of Foster Carers Reported having knowledge of acceptable discipline practices while only **71%** of Kinship Carers reported having the same knowledge. This may highlight the need for some kinds of formal training for Kinship Carers to educate them about what it means to work within the Standards of Care.

Some comments from this section were

- 'Knowing the roles and responsibilities of the department does not make a difference because they still don't do what they are meant to and there is no one to hold them accountable.'
- 'A lot of us do not know where to go to access training. Sometimes it is on and we are not told the best training that I have been too has been outside of the agency and the department.'
- 'We knew nothing, the dept went through something briefly when they did our assessment, but we were really flying blind! It is kind of funny in hindsight.'
- 'If I was only to make one comment or recommendation it would be that we as kinship carers get training. I know that foster carers get training and my worker told me that they do not give it to kin carers as they tend to find it insulting (being told how to raise their own family). My grandson had a lot of problems and I could not parent him how I parented my own children because of what he had been through. I was at a loss to know what to do and I really could have used some training. I requested it and I was told that it was only for foster carers.'
- 'the training would have been useful back when was a kinship carer as I ended up with an MoC that could have been prevented had I learnt this stuff before I transitioned into being a kin carer'

The Renewal Process

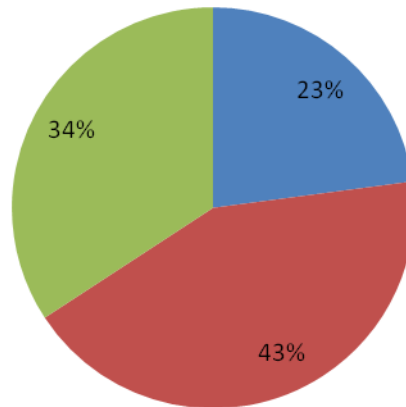
The child safety practice manual states that:

The renewal of approval is the process of assessing the continued suitability of the applicant and any adult household members, taking into consideration if the applicant/s have met the standards of care for children placed with them during the preceding one or two year period and their continued commitment to meet the legislative and policy suitability requirements.

This year exit interview survey sort to find out carers opinions on the renewal process the following data was recorded:

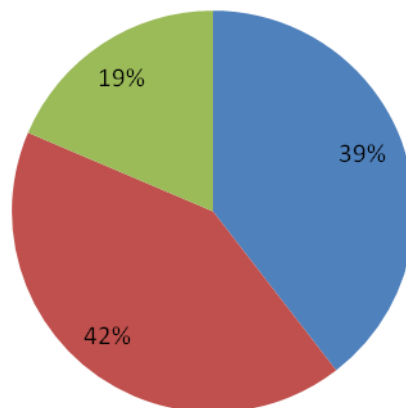
Kinship Carers

■ Dissatisfied ■ Satisfied ■ Not Applicable



Foster Carers

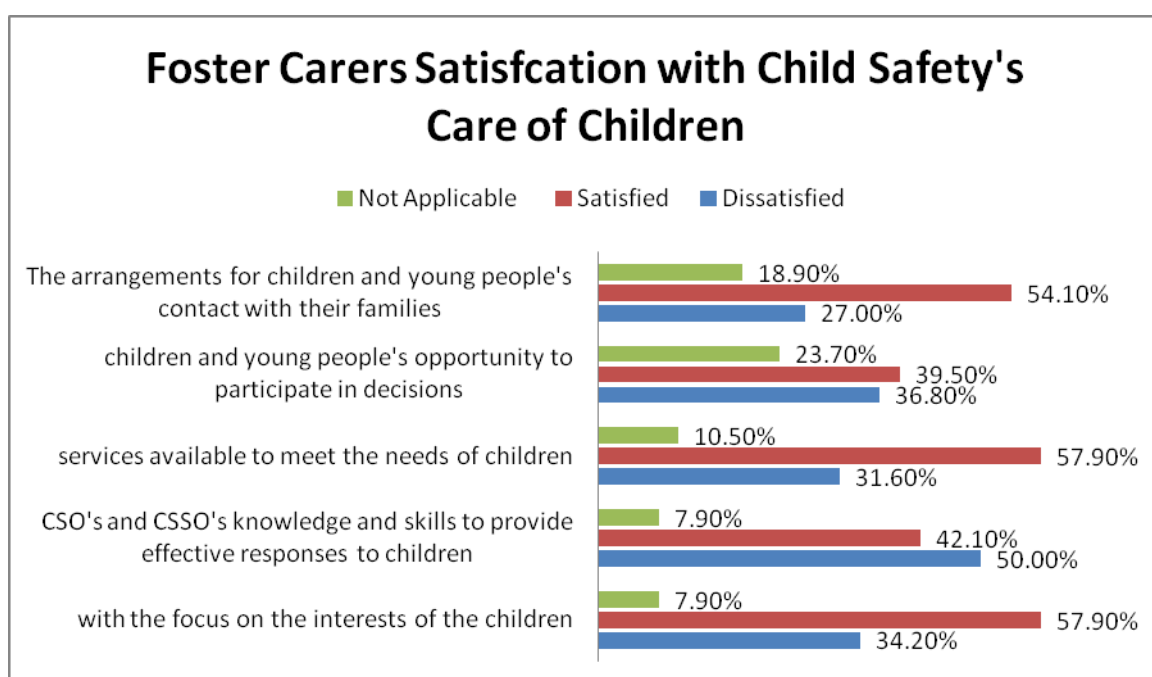
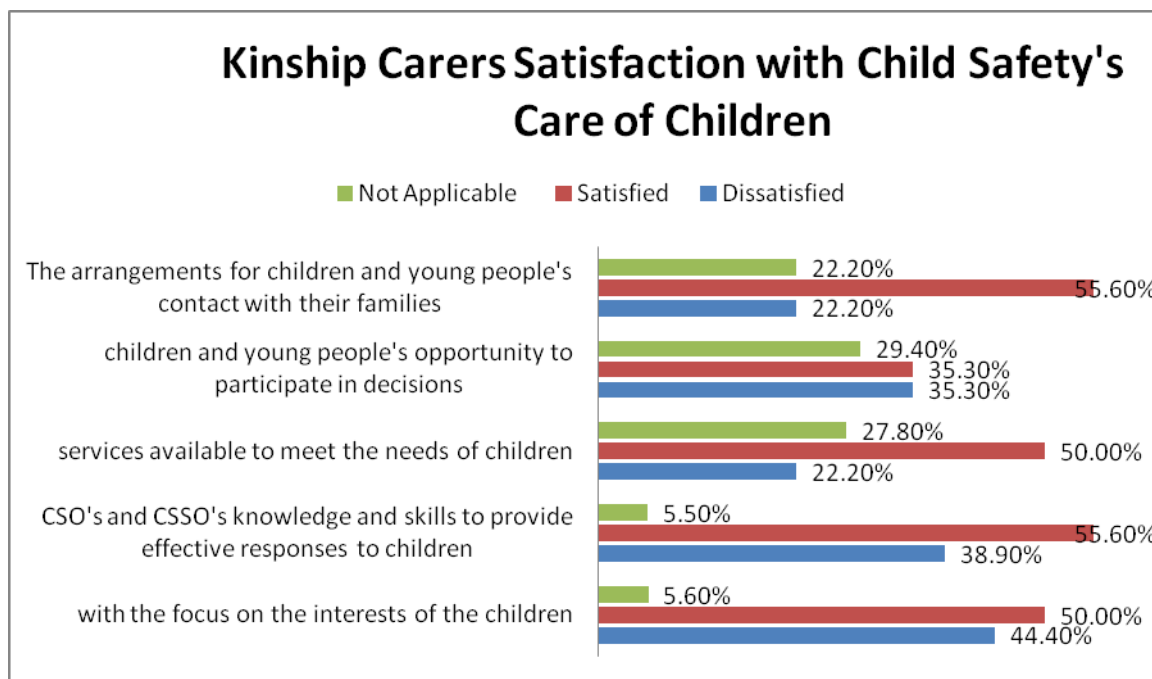
■ Dissatisfied ■ Satisfied ■ Not Applicable



While it is positive to see that **42.9%** of Foster Carers and **42.9%** of Kinship Carers were satisfied with the renewal process it is concerning to see that a large number of Foster Carers **39.5%** reported being dissatisfied with the process. As there was only one question attached to this section, and no comments made we are unable to ascertain what part of the process carers are dissatisfied with and it is therefore recommended that further questions be added to this section in the 2013-2014 financial year.

Child Safety's care of children

Carers were asked, within the content of the survey, questions relating to how they felt Child Safety met the different needs of children in care. Sections focussed on overall wellbeing of children, knowledge and skills of CSO's to meet the child/young person's needs, opportunities for children to participate in decisions effecting them and family contact. Carers responded as follows:



It is positive to see that the majority of both Foster **54.1%** and Kinship Carers **55.6%** reported being satisfied with children's arrangements for contact with their families. However it is of concern to note some of the comments associated with this section where carers stating that children's fears and opinions were not being taken into account.

It is concerning to see that **35.5%** of Kinship Carers and **36.8%** of Foster Carers reported being dissatisfied with children and young people opportunity to participate in decisions. It is important for children and young people in care to have a voice and to participate in decision making. Due to the changes that have taken place in the sector and the continued role out of the Youth Participation Strategy (a strategy originally set up by a group call G force, it is the Queensland child protection system's commitment to give children and young people a voice and to develop a system that truly meets their needs.), it is recommended that this year's data be compared alongside next year's data to see what impact 'Voices in Action' has had on children and young people opportunities to participate in decision making and to assess whether or not further changes may need to take place.

It is positive to see that the majority of Kinship Carers **50%** and Foster Carers **57.9%** were satisfied with the services available to meet children and young people's needs, however some of the comments in this section highlighted that many carers have struggled to get the department's assistance to access these services these comments included:

- "The child in our care needed help an ACT for kids assessment recommended that he needed urgent assessment and there was NO follow up by the department."
- 'They tried to focus on the best interests of the child but due to financial restrictions it could not be followed though in the required direction.'

While the majority of Foster Carers **50%** were dissatisfied with CSO's and CSSO's knowledge and skills to provide effective responses to the children. The majority of Kinship Carers **55.6%** were satisfied when asked the same question, however there was still a high number of Kinship Carers **38.9%** who reported being dissatisfied. In the comments section there was a theme of a high turnover of CSO's impacting on their ability to get to know the children.

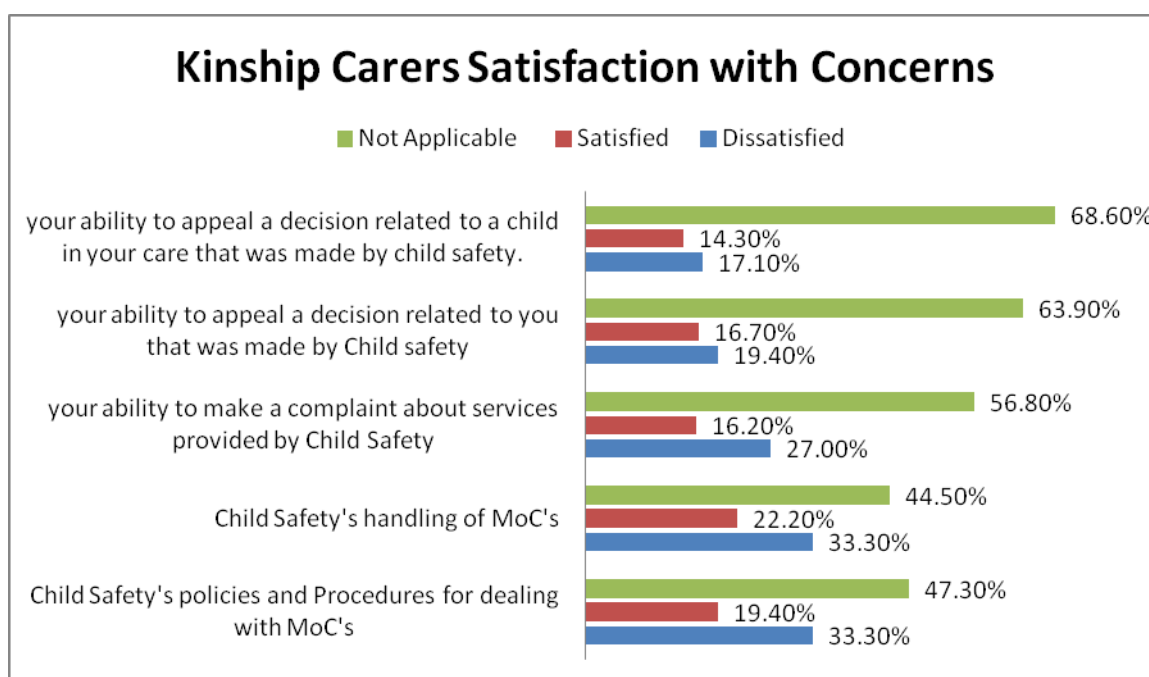
Overall the majority of Foster and Kinship carers were satisfied with Child Safety's focus on the interests of the children. While this number is the majority it is of concern that **33.2%** of Foster Carers and **44.2%** of Kinship Carers were dissatisfied with the focus on the best interests of the children. This level of response is significant and would suggest the need for Child Safety to consider staff training needs. In order to retain carers and support stable placements there needs to be a level of consistency in the teams that are working towards the best interests of the children. The comments and responses in this section highlight that staff turnover is an issue for carers and for children and young people, therefore staff retention is another area that needs to be strengthened in order to appropriately support carers and children and young people.

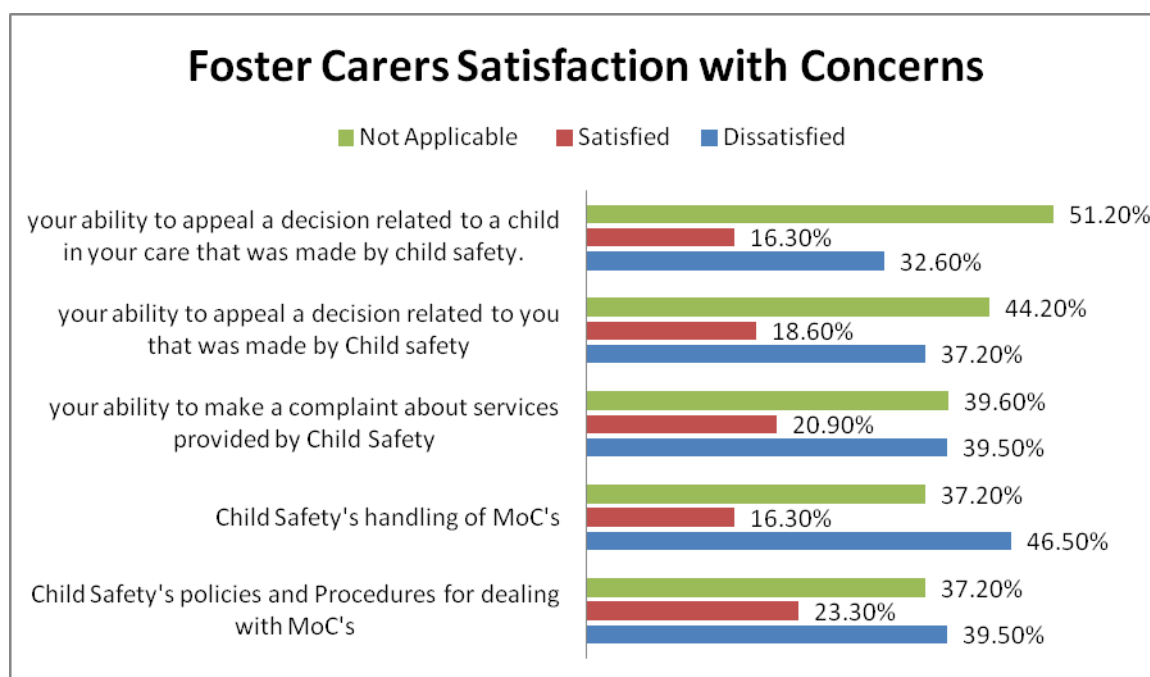
Some comments from this section

- "Some of the CSO's were really nice people but they just did not know and they seem to get no support from their Team leaders i feel really sorry for them actually."

- 'The Department of Child Safety really should be called the Dept of Parents rights.'
- 'We were absolutely shocked at the lack of thought for the children. Despite obvious fears the children had and which we documented, these were not listened to. A CSO demanded visits take place even when the children were obviously terrified. The CSO's and their manager never listened to our concerns.'
- "We asked for help with this child we had in our care for about 4 years and never got any help at all."
- 'Depended on the different Child safety officer; two took the time to get an understanding of the girls the other did not seem to try I got the impression that they were far more use to dealing with younger kids and they did not know how to deal with the older girls.'

Concerns





As the themes in this section were the same for both Foster and Kinship Carers the issues will be addressed together

While the majority of Foster and Kinship Carers did not feel that this section was relevant to them, it is unclear whether this is because they did not feel that appealing a decision was relevant to them or because they were unaware of appeal process. The overwhelming majority of carers who did feel that it was relevant were unsatisfied with all aspects of their ability to appeal a decision related to a child in their care, their ability to appeal a decision related to them, their ability to put in a complaint about Child Safety, Child Safety's handling of MoC's and Child Safety's policies and procedures for dealing with MoC's.

The MoC process is an important process to ensure that children in the out of home care system are in homes that meet the Standards of Care. However it is important that throughout these processes carers feel that they have been treated fairly and justly in order to be able to maintain relationships with the service centre and to be able to continue to work in partnership to achieve the best possible outcome for children in the out of home care system.

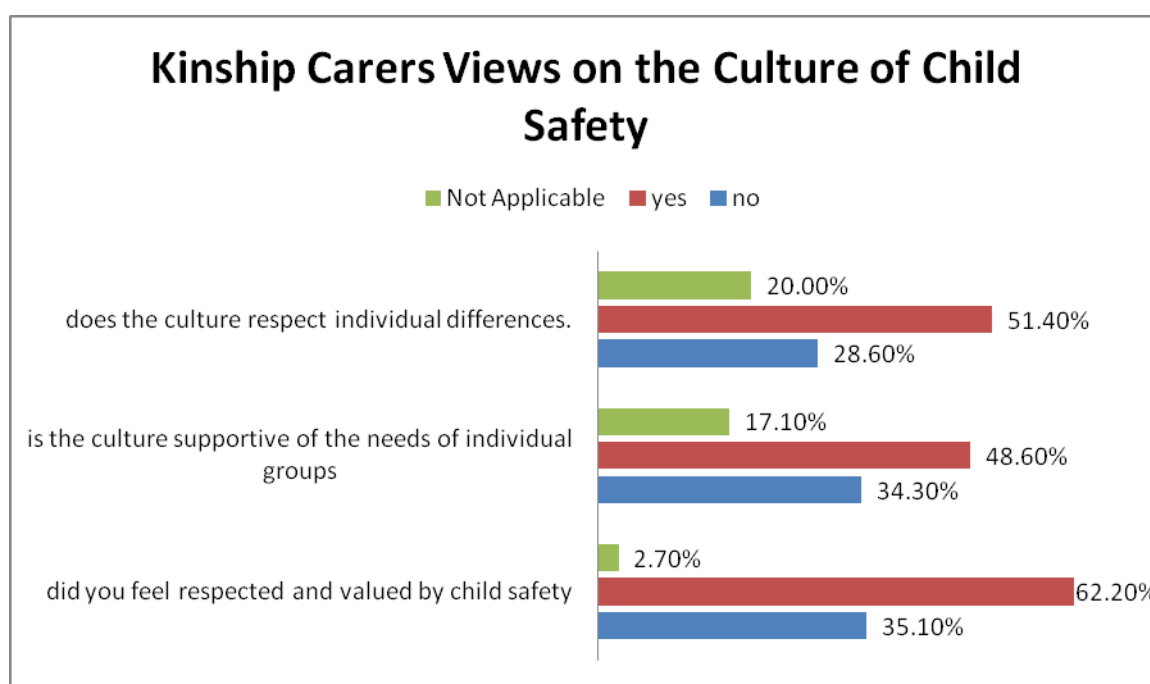
It is positive to see that the majority of carers did not feel that appealing a decision was relevant to them, as we can assess from this that they did not feel that they needed to appeal a decision. However of the carers who did feel that it was relevant to them the majority were dissatisfied. While Child Safety should treat carers as colleagues there is a power in differential and it is important that carers are made aware of their options to appeal decision, including using the ombudsman, QCAT and the departments complaints process. It is equally important that when these carers utilise these services they are responded to appropriately and not penalised for accessing such services.

It is recommended that 2013-2014 survey expand the questions in this section to be able to accurately ascertain what it is that carers are not satisfied with. Is it that there are particular decisions that are not appealable or is it that they are dissatisfied with the services and processes currently available for appealing decisions.

Some comments from this section

- 'I submitted a formal complaint but I didn't think the response I received was satisfactory as I was not allowed to know what the dept's responses were to my valid complaints. My only purpose I had in making the complaints was to improve the service and ensure that the same things didn't happen to another carer and child. I viewed the child as being the most important person in the service.'
- 'There is no appeal, once they have decided that you have breached there is no chance of any fair decision.'
- 'There were a couple of instances when I was not happy with things that were happening and I was able to go to the CSO and she ensured that things were sorted out. I made a complaint about how the primary carer treated me and the department sorted it out immediately.'
- 'I had an unsubstantiated MoC which recorded a breach that does not make sense to me.'
- 'I had a MoC but it was unsubstantiated and I feel it was dealt with very fairly.'

Culture of child safety



While it is positive to see that the majority of Kinship Carers **62.2%** felt respected by Child Safety it is important to note that **35.1%** reported that they did not feel respected or valued. It needs to be taken very seriously when over a third of volunteers exiting the system did not feel respected and valued.

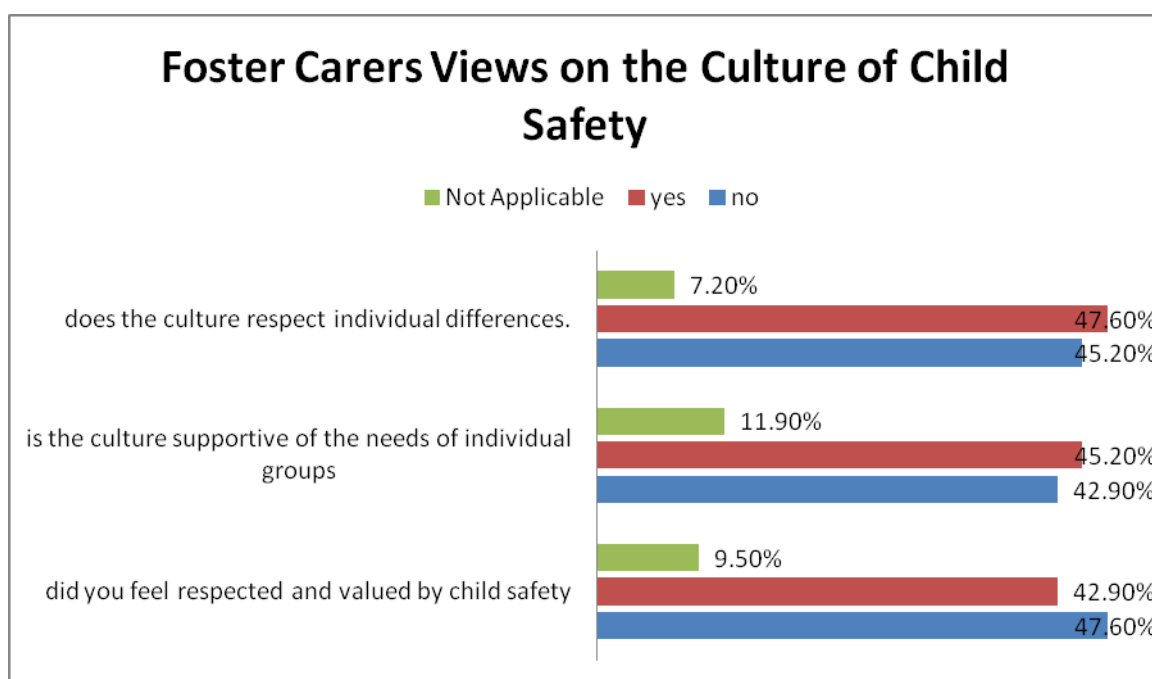
Having had experience dealing with the child protection system Kinship Carers could pose a significant resource if those chose to become general carers, however if they do not feel respected or valued it is unlikely that they will want to continue to work in the current child protection system as Foster Carers.

Foster and Kinship Carers who feel valued and respected have positive relationships with staff, work in partnership more effectively, communicate openly with all stakeholders and work more effectively as part of a team to meet the needs of the children. These same carers also actively recruit friends and relatives into the system that provides a positive environment to achieve good outcomes for children.

It is recommended that Child Safety address the concerns raised within this report in order to ensure that Kinship Carers feel respected and valued to ensure better placement stability and to increase their chances of expanding their general carer pool.

It is positive to see that the majority of Kinship Carers felt that Child Safety was both supportive and respectful of individual and group differences, however it is important to note that **34.3%** did not feel that the culture supported individual groups and **28.6%** did not feel that the culture respected individual differences.

When looking at Kinship Carers we need to be particularly conscious of respecting and supporting individual and group differences due to the unique nature in which Kinship Carers come into their roles and the sometimes challenging family group and individual difference that they present.



It is concerning to see that the majority of Foster Carers **47.6%** did not feel respected and valued by Child Safety as with Kinship Carers this information needs to be taken seriously. When we have the majority of our volunteers leaving the system not feeling respected or valued we can assess that this would have been an influencing factor in their decision to resign.

We know that historically the best recruitment tool for Child Safety has been word of mouth and with the majority of Foster Carers leaving the system not feeling respected or valued it will influence what they tell other people about their experiences and may result in less in carers being recruited.

It is recommended that Child Safety look to address the concerns raised within this report to ensure that Foster Carers feel respected and valued, to ensure better placement stability and to increase their chances of expanding their general carer pool through word of mouth.

As with Kinship Carers the majority of Foster Carers felt that Child Safety was both supportive and respectful of individual and group differences, however it is important to note that **42.9%** did not feel that the culture supported individual groups and **45.2%** did not feel that the culture respected individual differences.

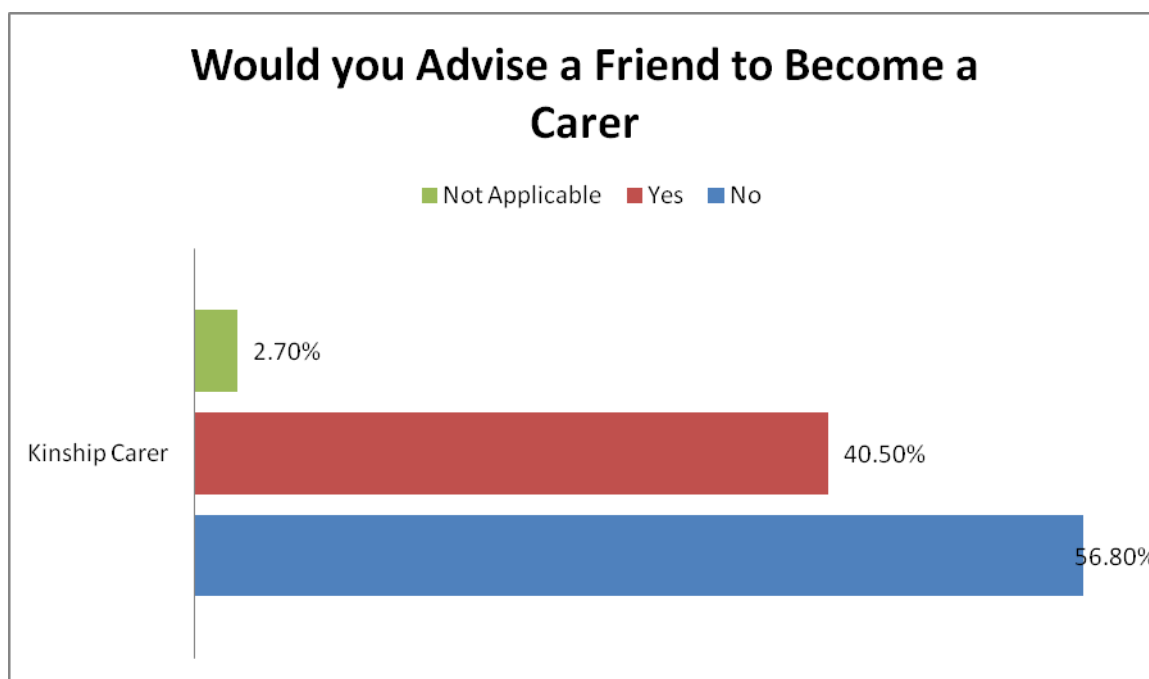
If Child Safety wishes to recruit and retain carers from a cross section of society including different socio economic and cultural groups they need to consider improving practice to ensure that Foster Carers feel that their individual and group differences are being valued and respected.

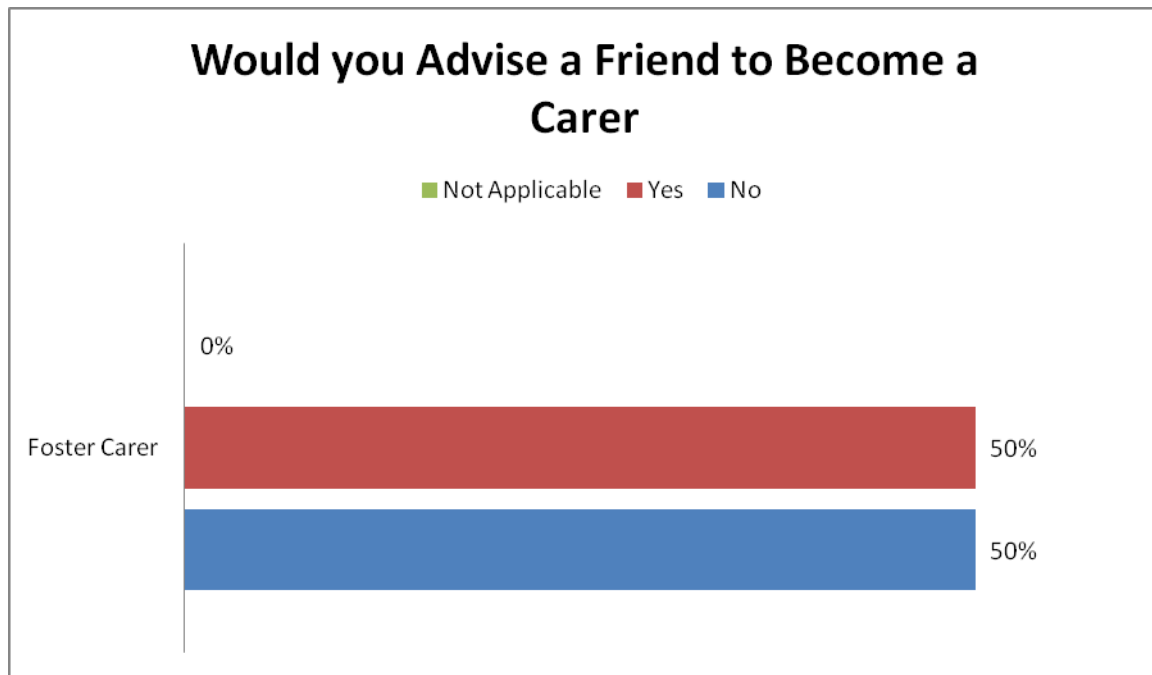
Some comments from this section

- 'I did not feel valued and respected during the MoC but I have answered this question overall and overall I feel supported.'
- 'Culture appears to be, in the case of a crisis "protect your backside (and career)" and to heck with the child. Also, there seems to be a deliberate policy to ensure case workers do not develop any sort of ongoing relationship with the child!'
- 'To be honest it was very borderline as the communication we very poor.'

Overall Questions

The survey sought overall answers from exiting carers in respect to a range of questions, the resultants are as follows:

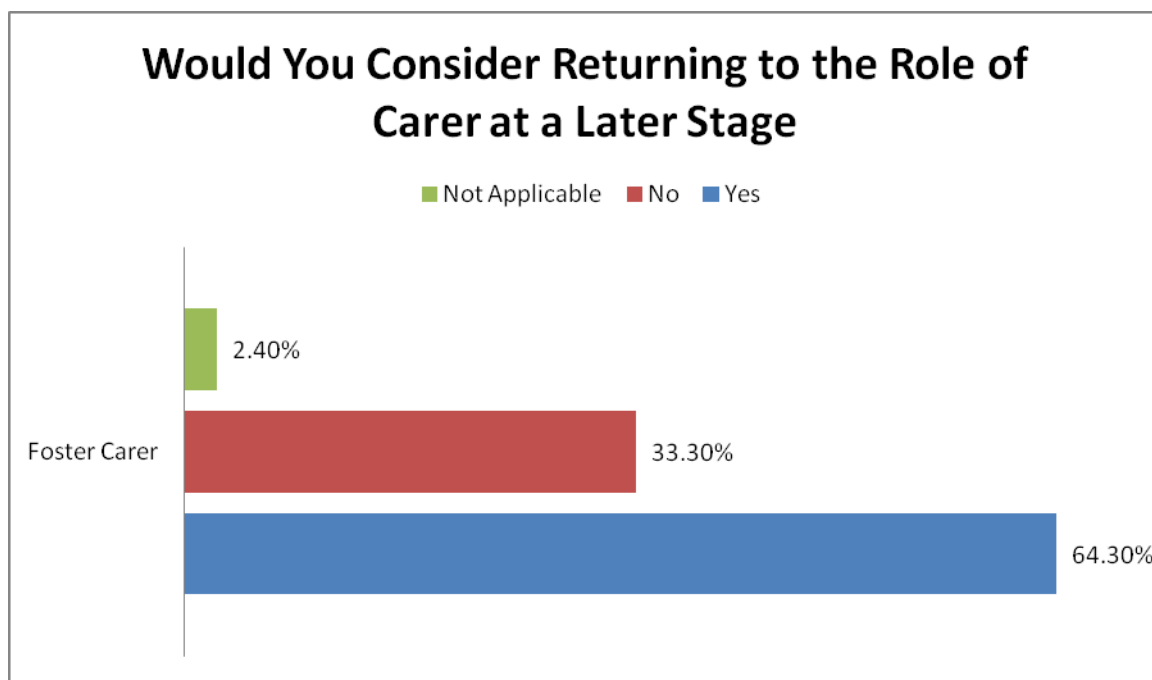
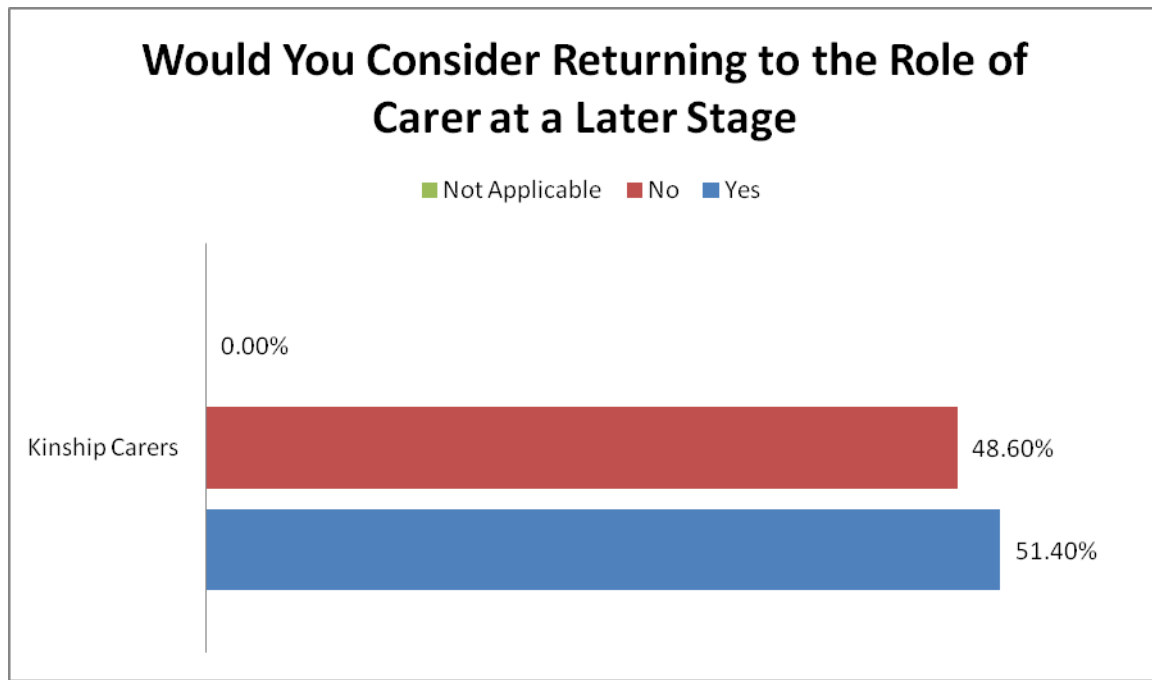




It is concerning to see that when we look at the comments, the main reasons that people would not recommend caring to friends is due to interactions with Child Safety. Keeping in mind that word of mouth is one of Child Safety's most successful recruiting techniques; the sector needs to improve in this area. Carers are best placed to promote Fostering and promotion from carers could significantly increase carer numbers, however this will only happen if carers feel that they are supported in their role and that they have an overall positive experience.

Some comments from this section

- 'If people ask I tell them honestly not to go anywhere near it until attitudes in DOCS change significantly.'
- 'It would depend on my friend's Individual family situation.'
- 'We spoke to a number of friends/colleagues. After seeing how we were treated, I can tell you that many people told us they would never Foster after seeing how we were treated. We would consider fostering again, only if a complete review of the DOCS took place'
- 'I have already convinced a friend to become a carer.'



These statistics are consistent with the past two years findings. In the past two reports FCQ has suggested that this was an untapped area for recruitment and that agencies could be asking carers at time of resignation whether they would like to be contacted again in the future, if yes, then details could be captured and the exiting carers could be contacted dependent on an agreed timeframe.

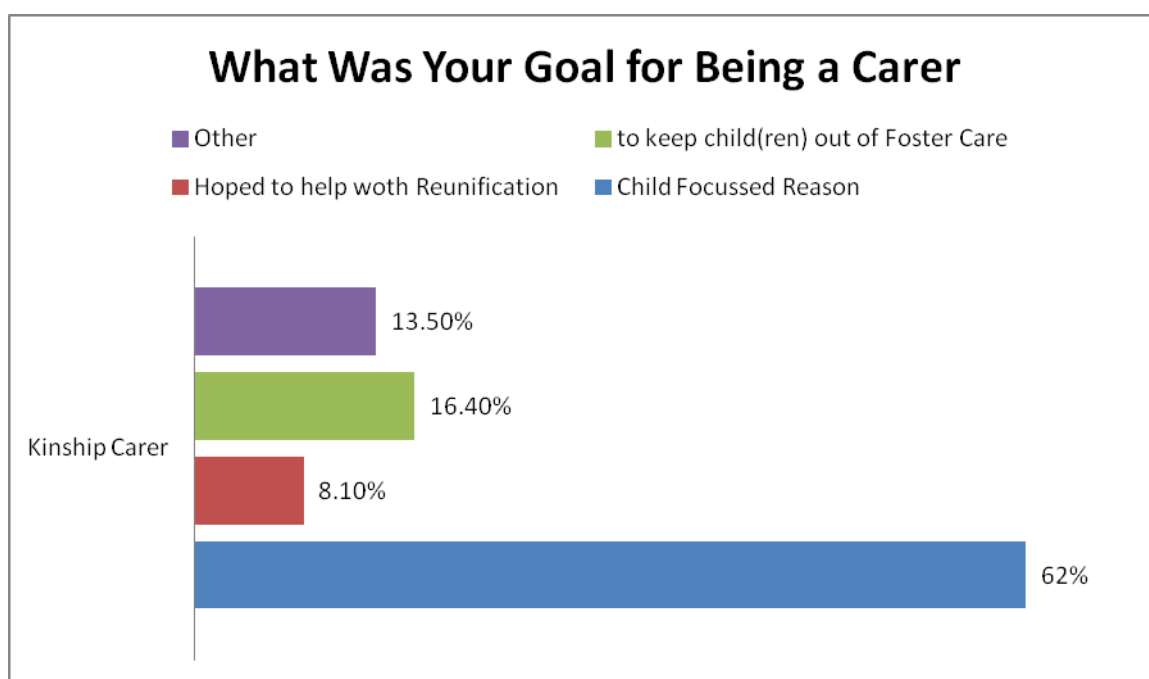
Furthermore, if Child Safety or a Fostering and Kinship Care agency identify a Kinship carer who they consider would be suitable as a Foster carer, a conversation should be had to invite the Kinship carer to apply to be approved as a Foster carer, particularly in situations where the child in their care has been successfully reunified.

Some comments from this section were

- 'I take my hat off to all of the wonderful people who become foster carers, but it is not something I could ever do. I would of course care for my grandson again if he needed it. But I think it is just so much to take on!'
- 'We would not only because we are too old and cannot give kids what they need anymore.'
- 'It's too hard and too much stress with very little support and guidance from welfare.'
- 'I did not know how many children needed care until I was in this situation. Child safety has been amazing to me and I encourage everyone to be a carer. If I was younger I would take on more kids.'
- 'The only reason I would not do it again is because I do not want to do all of the training again.'

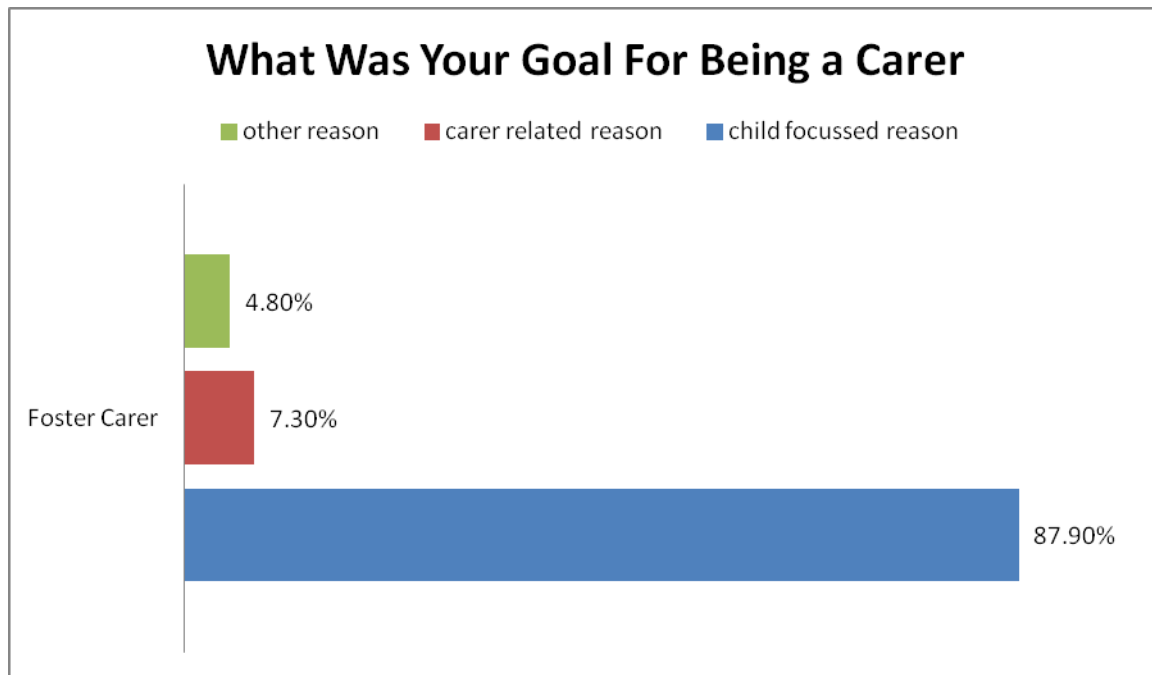
Free response questions

There were a number of free response questions in this year's survey. FCQ has endeavoured to break down the responses into categories in the hope of providing some useful data. The data that follows has been categorised by the most prevalent responses in each section.



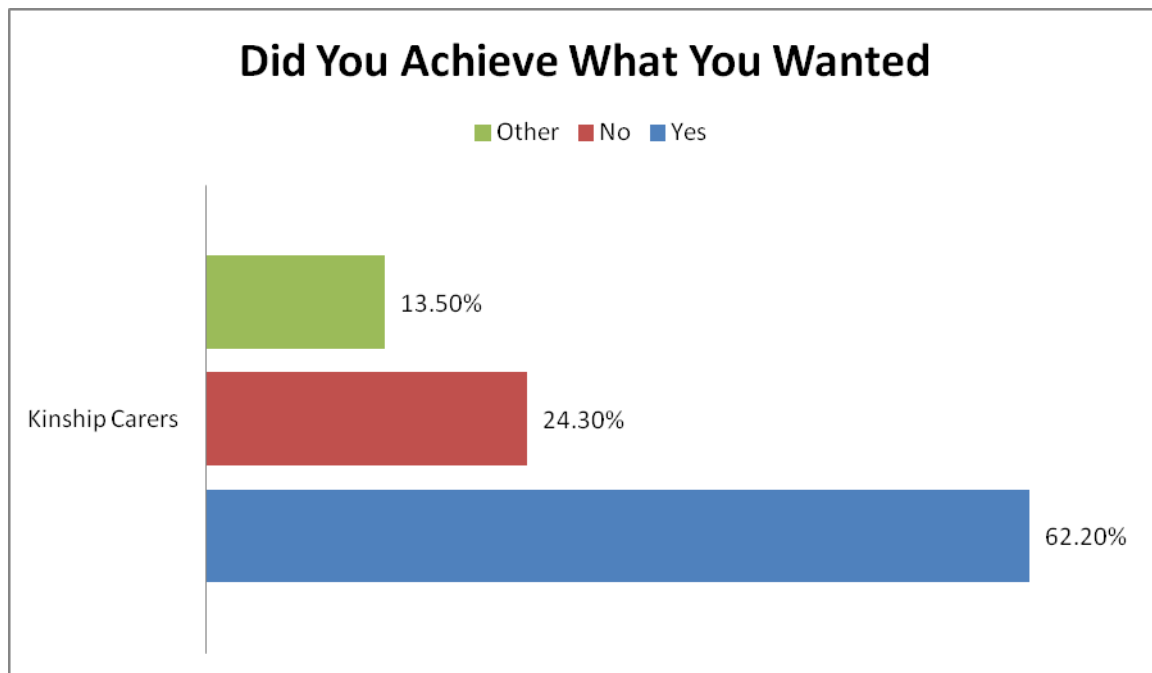
Some comments from this section

- 'To keep my grandson out of foster placements and to have him in his family.'
- 'To prevent the child from bouncing around foster homes.'
- 'To help the mum get her child back to her, and because the child already knew us we wanted to cause as little disruption it the child as possible.'
- 'To assist (Young Person) in every way I could to live a happy, settled life where all her needs were considered.'
- 'To help my granddaughter and take the stress off the rest of the family.'



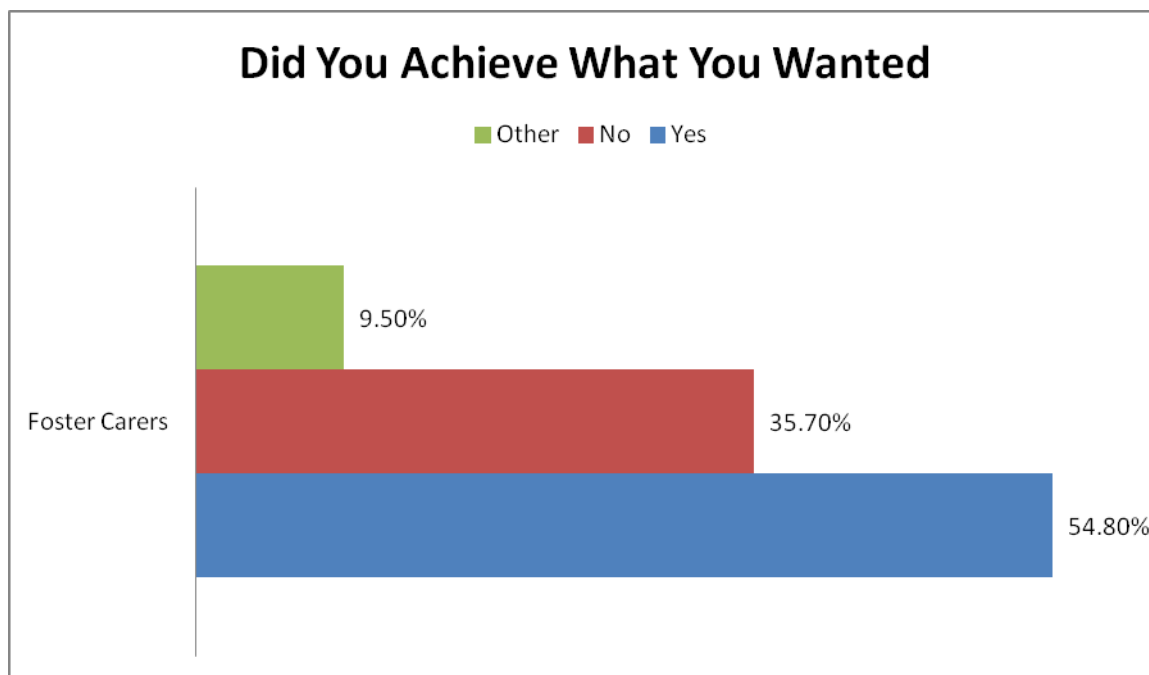
Some comments from this section

- 'To nurture and care for any child placed in our care and to make them feel happy and loved.'
- 'To make a difference.'
- 'A companion for our own child.'
- 'To make a difference in the lives of disadvantaged children.'
- 'Wanted to give children a home, love and support, treat them as my own family.'



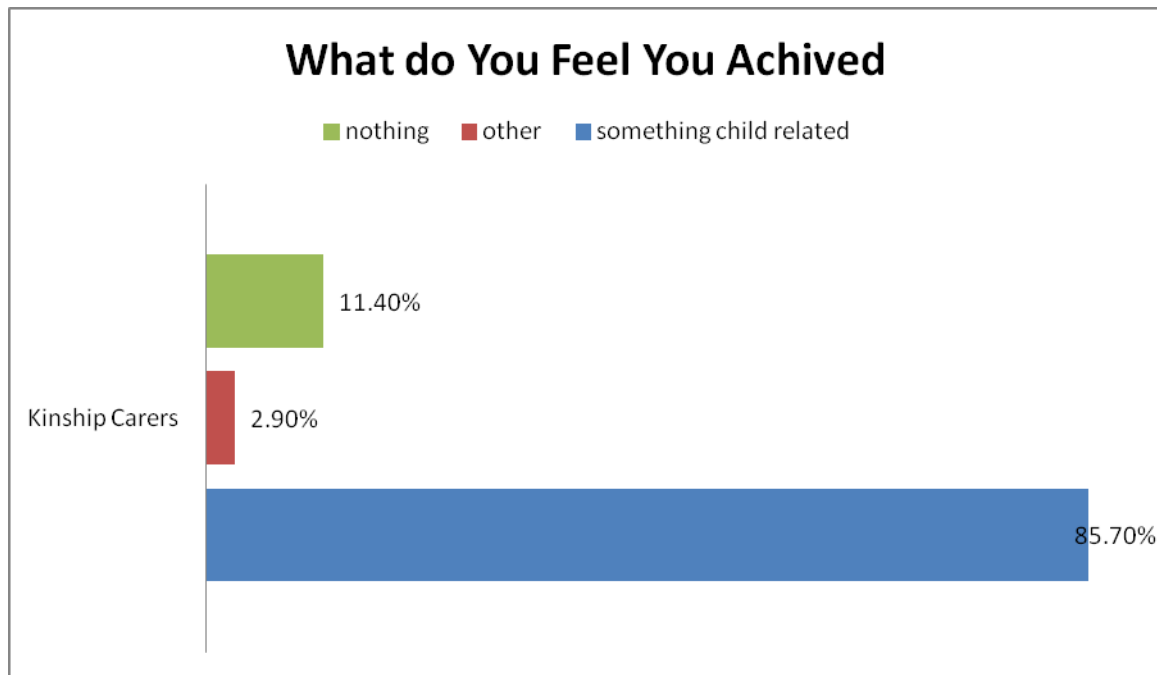
Some comments from this section

- 'yes the oldest girl went off to uni and the second one is on her way, her mental health issues have subsided , she is on youth counsel and she is an amazing young girl.'
- 'Yes because they worked really well with my daughter to get her the help that she needed and they were on her back and as much as she hated it. She really needed it and they were so good. They did so much for her and for my grandkids.'
- 'no, as I could not continue as I was too sick.'
- 'no, as the children and I were placed in an unacceptable position when they were sent on respite with no end date due to an MoC which was completely fabricated.'
- 'Yes, we were able to keep them with us until the parents could have them back. '



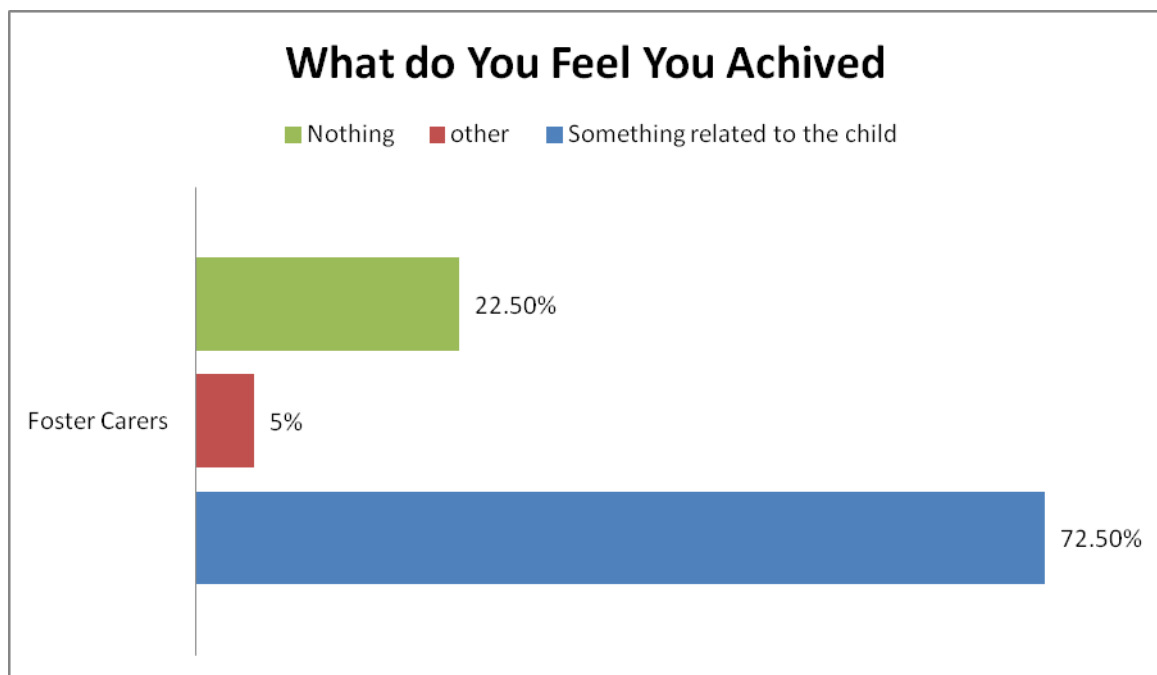
Some comments from this section

- 'Yes, as much as I gave the kids allot of them gave it back.'
- 'No as I had to stop caring to protect my daughter.'
- 'Yes, the children that we have cared for have contributed to our happy and interesting life.'
- 'No I didn't. I felt as though I was cut short and I did not get to see the kids blossom.'
- 'Sometimes, but it can be frustrating it would have been easier to deal with it if I had had support.'



Some comments from this section were

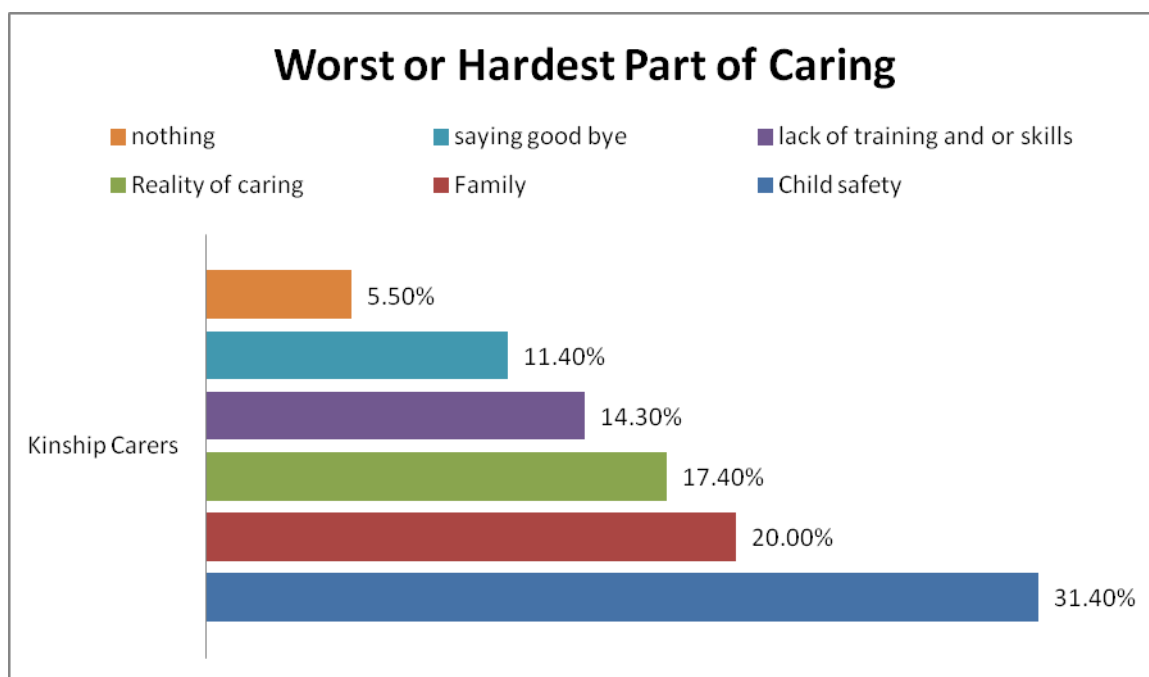
- 'The satisfaction of seeing children grow up and be able to speak for themselves.'
- 'I increased my stress levels and got to feel worthless.'
- 'Providing stability and showing my nephews what a loving family environment was like.'
- 'We made our granddaughter feel safe and happy and she knows that we are here if she needs us.'
- 'The girls have achieved everything not me. They are amazing young women.'



Some comments from this section

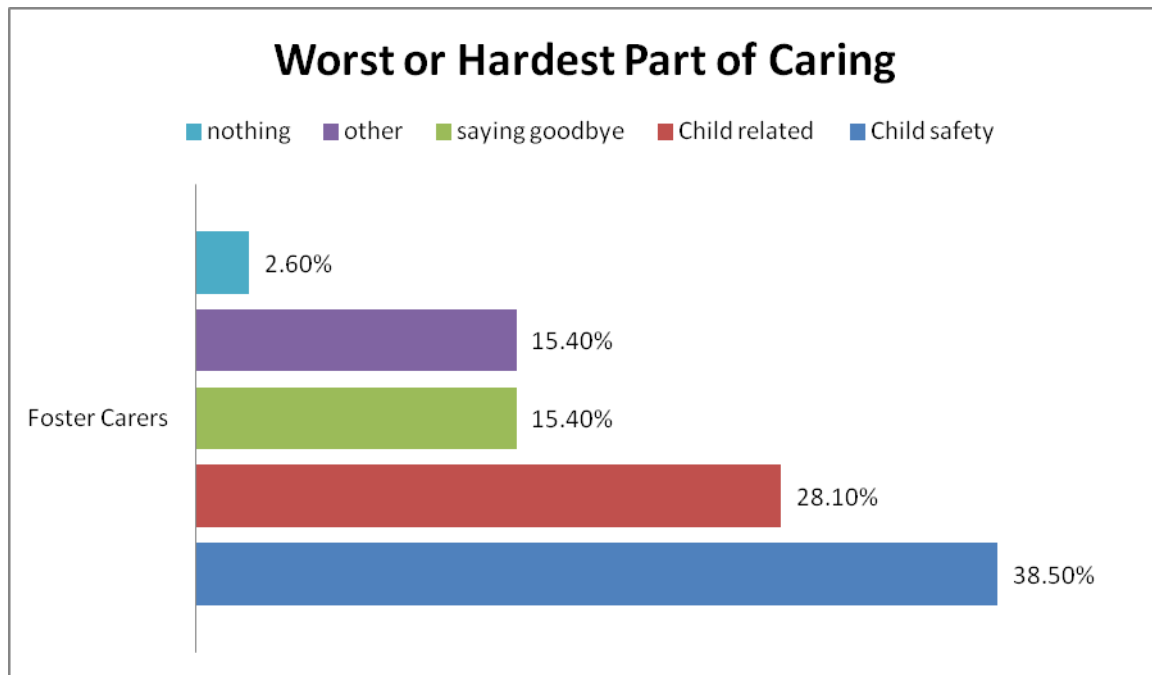
- 'We have thought about caring for many years, now we know that it is not for us.'
- 'I think the children that we cared for felt loved and valued as part of our family.'
- 'I think the kids knew that having a disability did not mean that they could not amount to anything. They learnt that they were important.'
- 'Nothing-we have wasted our time and energy.'
- 'We have made a difference in a number of young people's lives.'

Highs and Lows of caring



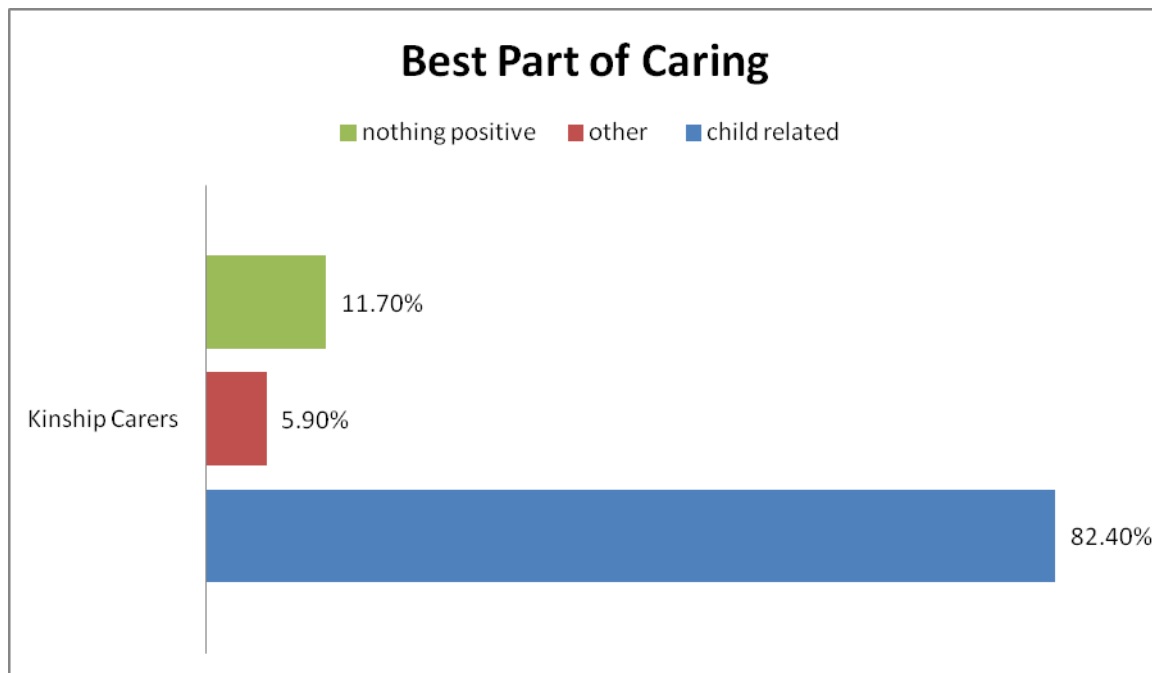
Some comments from this section

- 'Not knowing how to deal with a child who is having behavioural problems that I couldn't control. I'm sure with the right tools; I may have been able to help him a little.'
- 'Becoming a mother again and stopping being a grandmother also I gave up work (my choice) to give the child all my care.'
- 'Dealing with the department and all of their lies.'
- 'When the children were removed from my daughter it was very emotional for me and then I had to step in and care for them when I was grieving too.'
- 'Dealing with family who were not pleased with what we were doing.'



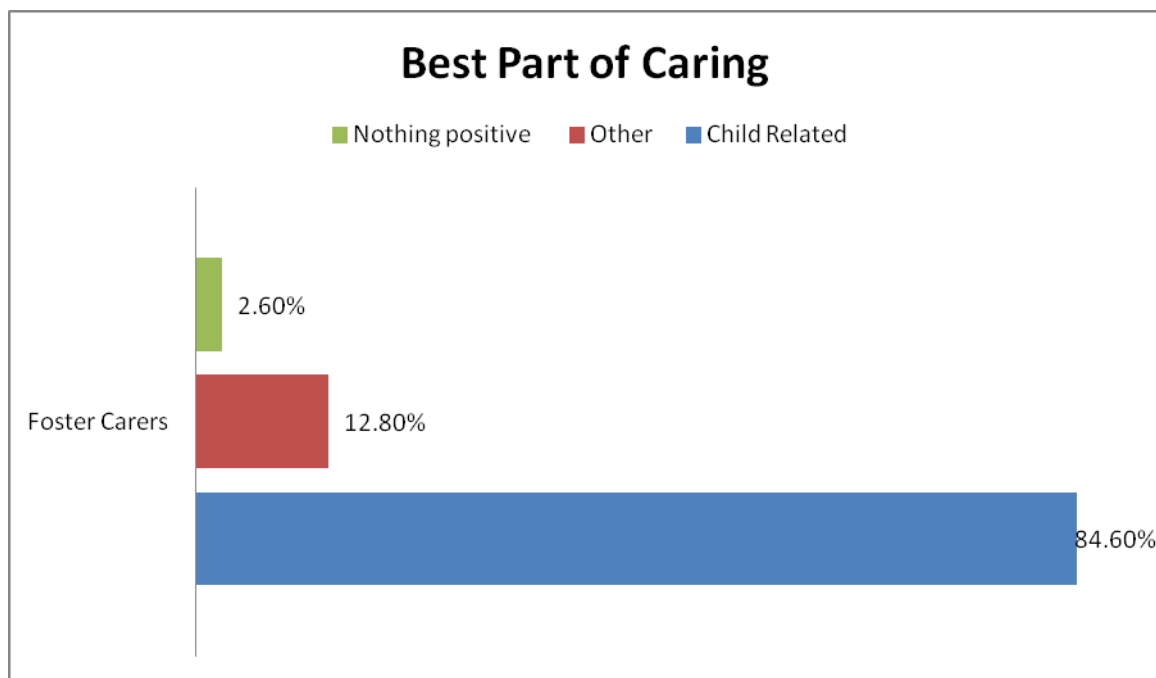
Some of the comments from this section

- 'Having an MoC (unsubstantiated) and being treated like a criminal.'
- 'Seeing the children distressed and not being able to do anything to fix it.'
- 'The lack of communication between the agency and the carer.'
- 'Helping children initially settle in.'
- 'Having rocks thrown at me.'



Some comments from this section

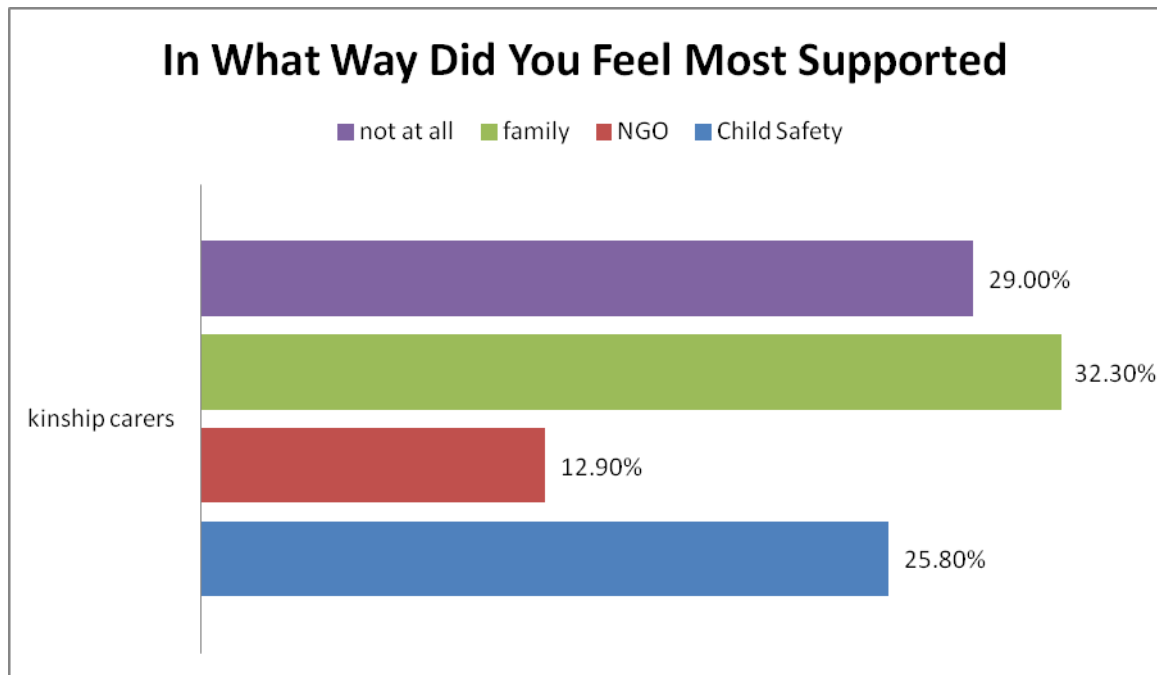
- 'Giving a child a chance to live in an abuse free and safe home and giving her opportunities to follow whatever goal she wanted.'
- 'The kids!'
- 'To be honest I found it all very challenging, I love my grandson but I was not equipt for what he needed.'
- 'That my grandson could stay with someone he knew and loved him rather than with strangers.'
- 'Doing something for the children and seeing the delight in their faces.'



Some comments from this section

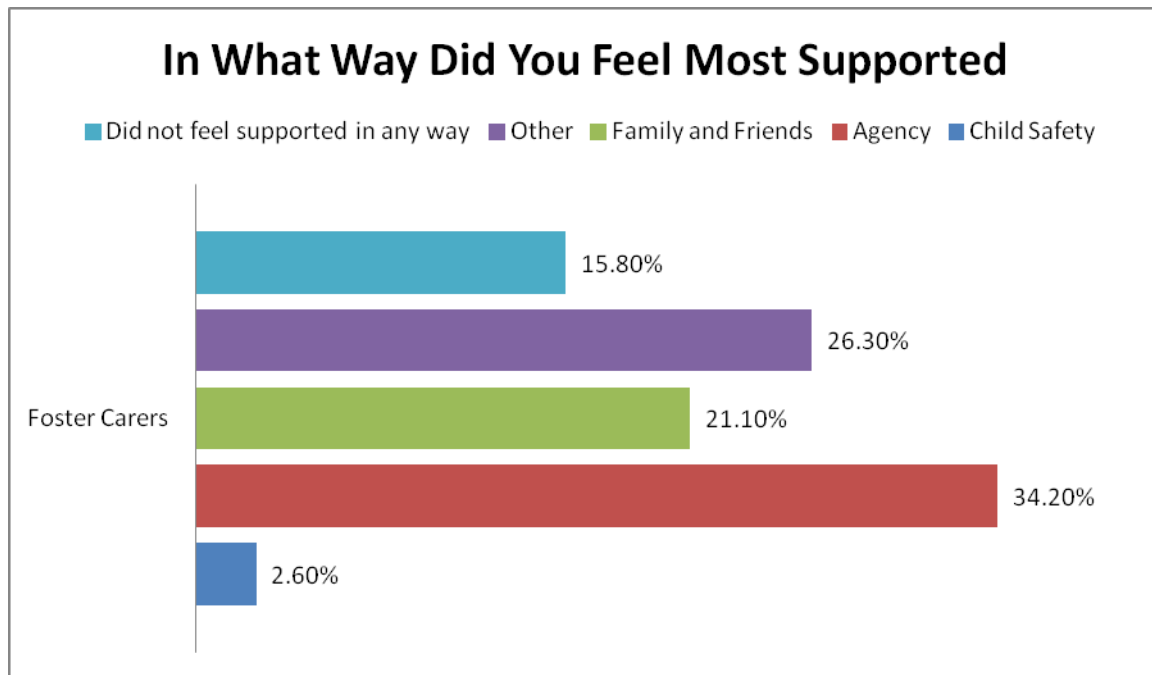
- 'The kids taught me so much and changed me as a person.'
- 'There was not one.'
- 'Seeing kids happy and overcome the negative feelings that they had about themselves.'
- 'The smiles, cuddles and helping them learn new things.'
- 'Having a continual relationship with the kids and seeing their progress. I have a kid who is 20 calling and updating me.'

Support



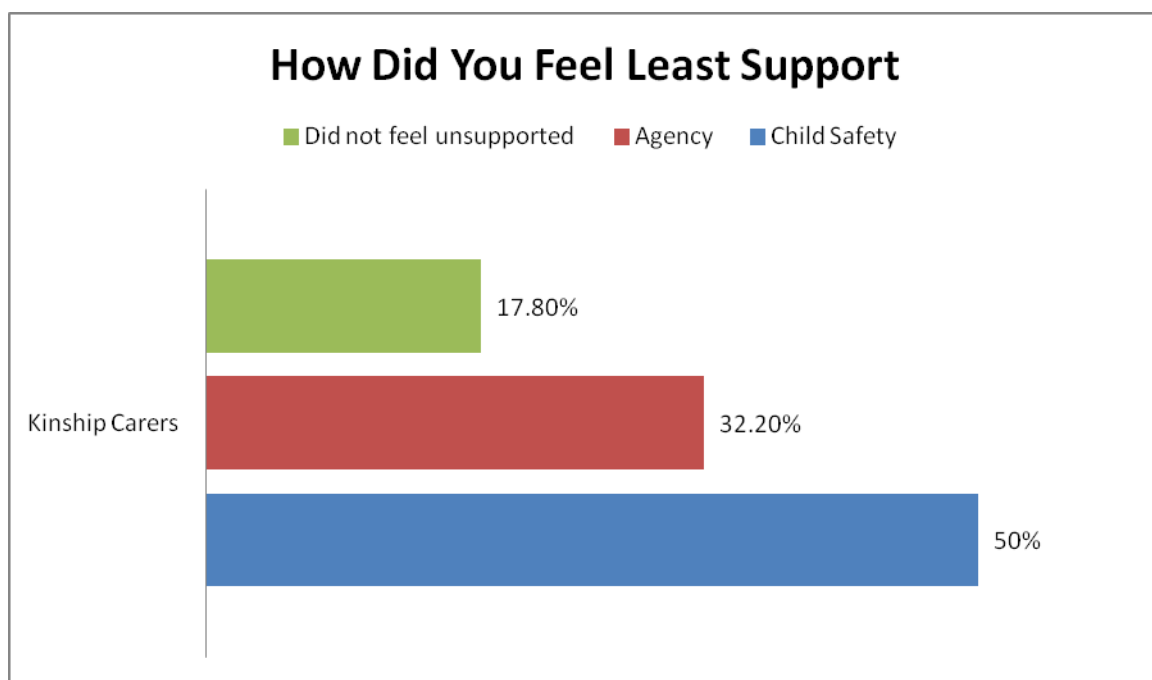
Some comments from this section

- 'The Department let us have a lot of say with our granddaughter.'
- 'We were pretty well supported by family.'
- 'By Mercy and FCQ.'
- 'By my husband, we worked as a team.'
- 'When pathways came on board, I had been a carer for a long time before they got involved and I was so pleased to have them.'



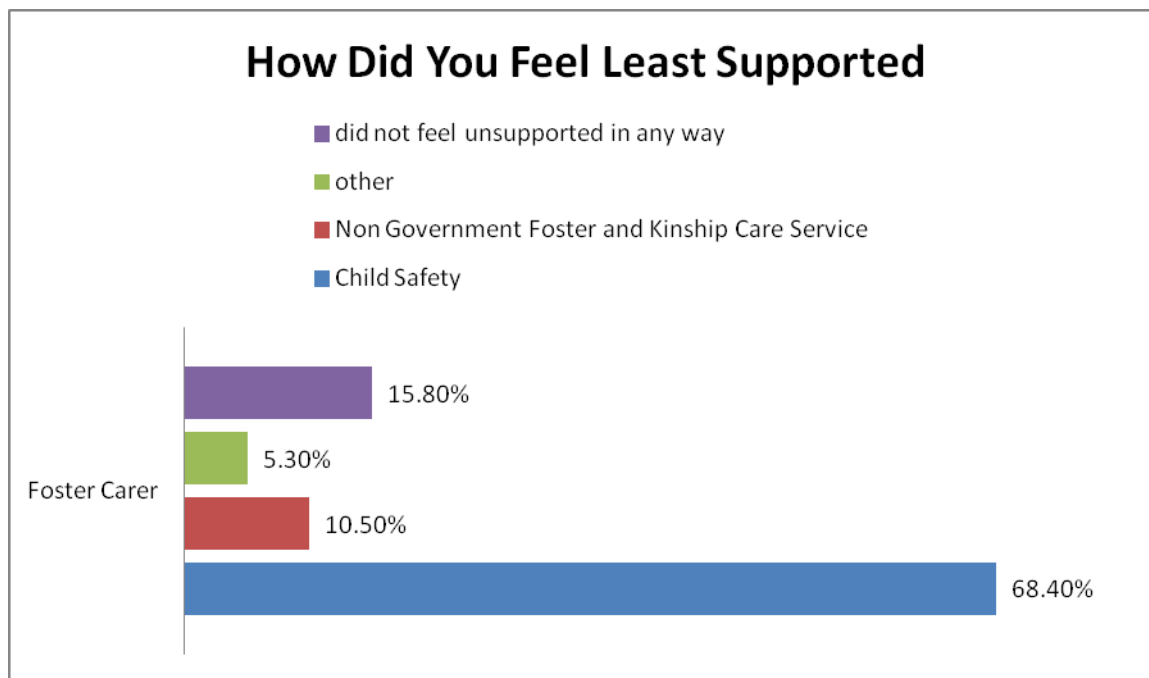
Some comments from this section

- 'When we first started out with foster care our first advocate from the agency was very good and would come out and visit and ring us regularly to stay in touch.'
- 'Family. My children were very supportive and they created an extended family for the child in care.'
- 'Our case worker at TRACC South, open communication and regular contact.'
- 'Never felt supported at any point.'
- 'My SoC at LWB they did as much as they could.'



Some comments from this section

- 'By the department in absolutely every way.'
- 'I know there were things put in place for the child (counselling). But there was no support for me in how to deal with his behaviours.'
- 'During the MoC, it was before I had an agency and I felt very alone.'
- 'Child safety in general, it was so hard to get stuff done.'



Some comments from this section

- 'After our advocate left the agency to go work somewhere else, it was like the agency just dropped us and we never heard from them.'
- 'We felt supported with the minor foster caring that we did before we moved to Victoria.'
- 'When an unsubstantiated MoC arose.'
- 'By the department and the agency and the way that my family's needs were never acknowledged or priorities.'

Additional comments suggestions and concerns

Carers were asked if they had any additional comments suggestions or concerns. All of these comments have been collated and attached to this report as appendix A. All staff children and carer names have been removed for privacy reasons.

An additional appendix (appendix B) has been added comparing the views of current Carers from the 2010-2012 Carer Survey to the views of Exiting Carers in this report.

A copy of the revised 2012-2013 Exit Interview Survey has been attached for your information. This revised addition was approved by Child Safety during the last financial year in preparation for this financial year and is the one currently being used by FCQ

Meagan Quinn
Case Officer
Foster Care Queensland

Foster Care Queensland like all other members of the Child Protection community in Queensland focus on the paramount principle of the Child Protection Act 1999, Section 5 which states that, *the safety, wellbeing and best interests of a child are paramount.*

In undertaking this role one of the many tasks that Foster Care Queensland undertakes is "Exit Reporting on behalf of the Department of Communities, Child Safety and Disability Services. The past year has seen us grow the numbers of overall returns from 14% to 23% by being able to direct part of a salary to this very important program.

Evidence collected from this Exit report and in the recent past Foster and Kinship Carer surveys and more recently our financial survey provides an extensive and thought provoking insight into our volunteer community, which is Foster and Kinship Care. The evidence strongly suggests that there are a large number of carers who have left the system for whatever reason being satisfied with many or all aspects of their caring experience. While this is positive there appears to be just as greater number who have not been satisfied with the levels of support provided.

While it is important for all of us to strive for the very best environment for Foster and Kinship Carers we also have to recognise that a system such as this will never be perfect however, the data provided clearly indicates that we all have to work harder to help ensure that we provide recruitment and retention strategies that seeks to support our carers to the very best of our ability so that the outcomes for children and young people are the best they can be. Evidence both clear and anecdotal tells us that there are a number of areas for improvement such as,

- Information sharing
- Practice around the undertaking of procedures associated with Matters of Concern
- Child Related Costs reimbursements
- High Support Needs Allowance policies and practice
- Case planning and Permanency
- Real valuing of our family resources
- Day to Day support for those Foster and Kinship carers not yet linked to Foster and Kinship Care agencies
- Kinship Carer training and information provision.
- Transition from carer and placements

For those of us who have been in and around the Out of Home Care system for a long time we have been able to clearly see where the system has made significant improvement and we should always seek to enhance those positive actions while undertaking critical review of the areas in which it appears we continue to not respond appropriately.

While all of us interpret data differently it is clear from the data provided not only in this report but also past reports that we have a way to go and must ensure we are taking positives steps to provide support systems for our carers that values them as volunteers while seeking to improve outcomes for children and young people in this areas by the value we place on our most precious resource.

Bryan Smith

Executive Director

Carissa Inglis

Team Leader



Appendix 3.

The Crime and Misconduct Commission made 110 recommendations as part of their extensive review into the Child Protection system in 2003, two of these recommendations related to reimbursement to carers for the cost of care as follows:

Recommendation 7.32

That Foster carers receive appropriate remuneration to cover the actual costs of caring for a child, as well as receiving additional payments to attend training as required and pay the associated costs of child care and transport for such training

Recommendation 7.34

That the allocation of any additional payments (eg child-related expenses, high support needs allowance) be on a needs basis, rather than on regional resource allocations.

Child Safety therefore sought to take a closer look at the allowance system and acknowledged in doing this that increases to the foster allowance had not kept pace with either the costs of living or the increased complexities of children and young people coming into care. It was recognised that this was resulting in an increased demand for Child Related Costs (CRC's) and this had the effect of placing a strain on the administration system and carers being constantly out of pocket (Queensland Government, Child Safety: True Costs of Care Project Powerpoint 2006)

Child Safety saw the solution to this issue as reinstating the Fortnightly Caring Allowance as the primary means of carer reimbursement, therefore increasing the fostering allowance and wrapping up many of the CRC's in this allowance. Child Safety appointed independent consultants who reviewed economic models and made recommendations to Child Safety. A financial model was selected and adapted to take into account a child in care needs being more than that of an average child in the community.

Structure of 'True Cost of Care' fostering allowance

Costs of caring benchmarked to costs for average child
+
30% of existing CRC expenditure
=
New Fortnightly Caring Allowance
+
HSNA where applicable
+
Access to all allowances and benefits available to broader community

Child Safety in partnership with FCQ went around Queensland in late 2006 to deliver Power Point Information sessions on the new structure. Carers were told that the fostering allowance for the first time would be increased every January in line with CPI index.

During these presentations, carers were also told what the Fortnightly Caring Allowance should cover and what CRC's could be applied for that sat outside the fostering allowance, examples given of CRC's that could be applied for included, attendance at a private school, clothing (such as consecutive placement breakdown that involves change of schools), major dental and medical outlays, assessed child care fees.

It has been 6 years since the True Cost of Care was implemented around Queensland and during this time, Queensland has seen a significant rise in the cost of living. Whilst CPI has been paid to carers, it must be noted that many of the increases in the cost of living has far exceeded the increase the CPI has provided. This was illustrated in a report released by Queensland Council of Social Services (QCOSS) in May 2011. QCOSS sought data from the Australian Bureau of Statistics which showed that whilst there had only been a 19% CPI increase in five years, that the rise to essential household costs were much higher than this. However it was the little increases and even significant decreases to the more discretionary household costs that brought the CPI down. To illustrate this further, QCOSS provided a table below:

Flat or Falling	% Change	Rising Fast	% Change
Clothing and Footwear	+4%	Food	+23%
Household appliances	+3%	Rent	+ 35%
Motor Vehicles	0%	Electricity, gas & water	+63%
Audio, TV's, computers	-52%	Public Transport	+48%
		Insurance	+40%

Overall CPI Basket = 19 %

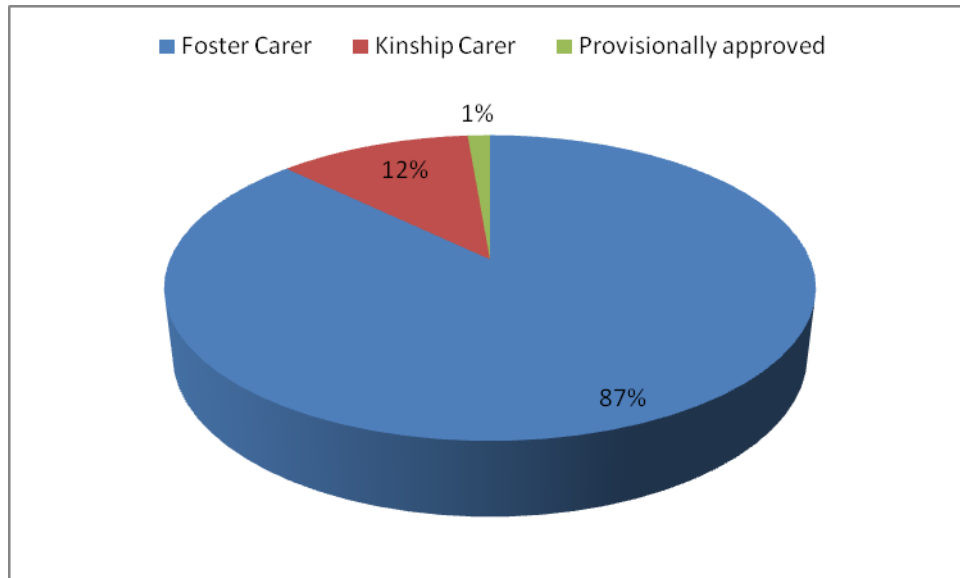
FCQ acknowledges that Queensland carers in comparison to other States receive a high fostering allowance; we also acknowledge the current financial climate and therefore inability for the government at this time to review the fostering allowance in accordance with the rise in cost to living. We also accept and appreciate that the fostering allowance since 2006 has increased in line with CPI each year, which would absolutely go towards some of the increases in cost of living, however as evidenced above, it would be fair to draw some conclusions that the CPI increases have not kept up with the actual rise in living for essential household costs.

It is therefore important that in light of not being in a position to take another close look at the fostering allowance, that carers are able to access Child Related costs as set out in Departmental policy to release the financial pressure currently being felt in many foster carer homes. This report provides some insight into carers knowledge and access to Child Related Costs, which raises concerns in these areas and highlights the need for Child Safety staff to be more transparent in their communication with carers around their rights to apply for such costs.

Carissa Inglis
Team Leader
Foster Care Queensland

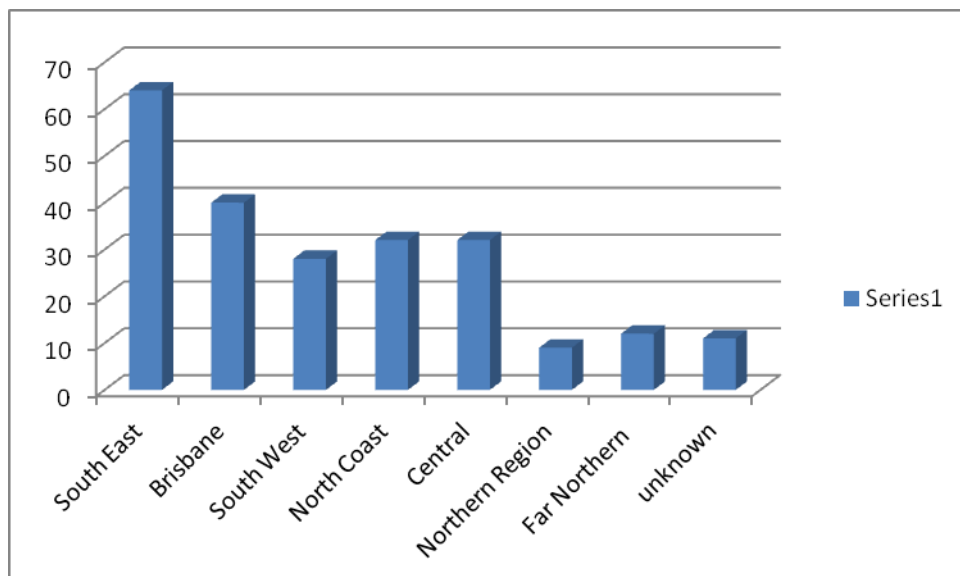
DEMOGRAPHICS

Carer Type



227 Carers answered this question with the overwhelming majority being foster carers.

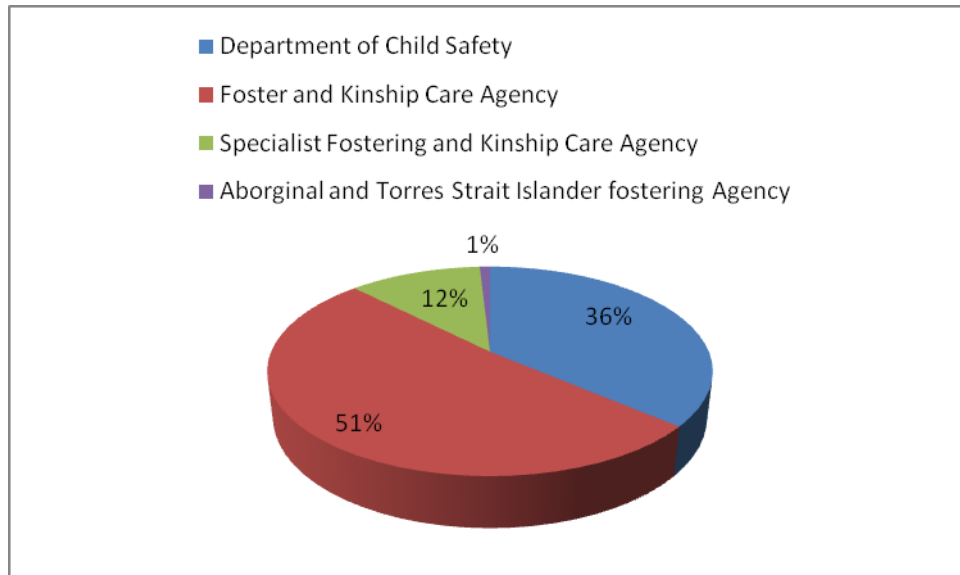
Carer by Region



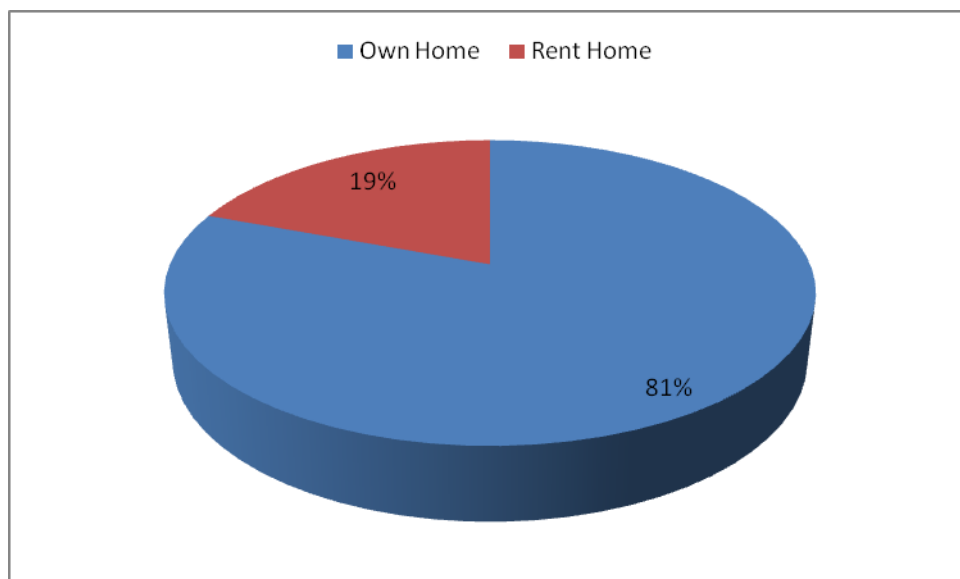
A total of 228 responses were received from across the Region, the majority of carers who responded came from the South East Region, however it is pleasing to see that results were received from across all seven Regions and appear to be in proportion to the amount of carers in each region.

Carer Support

Carers were asked to identify who they were supported by



Do you own your own home



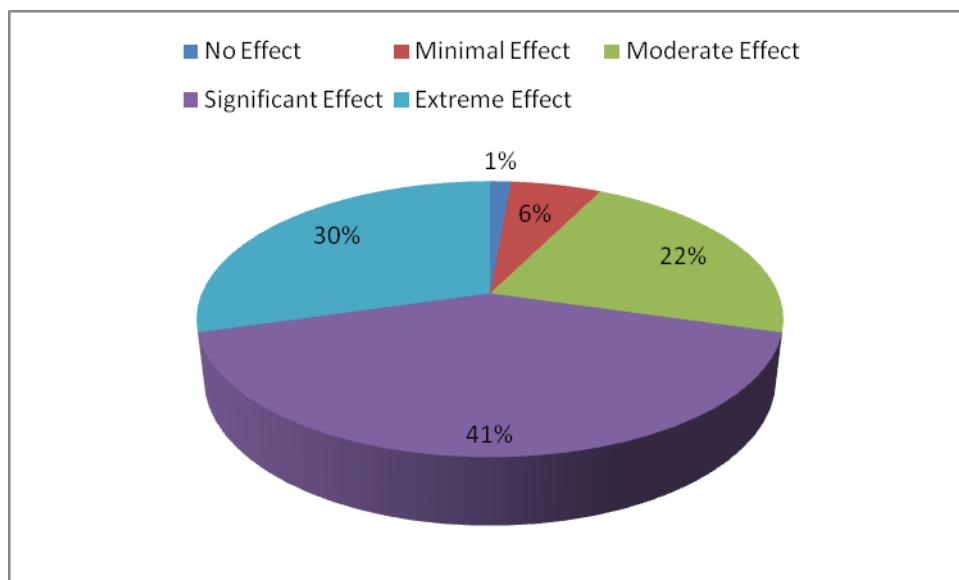
FINANCIAL QUESTIONS

Cost of Living

Carers were asked a range of questions around the overall costs of living. Carers were asked to rate the impact of the rise in cost of living on them in various areas according the following criteria

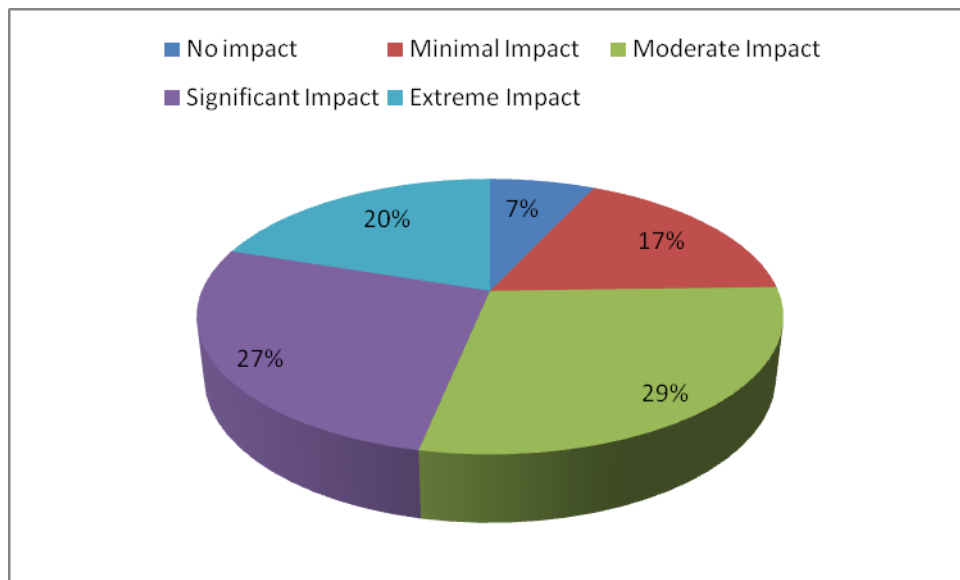
- 0 No impact
- 1 Minimal Impact
- 2 Moderate Impact
- 3 Significant Impact
- 4 Extreme Impact

In respect to Electricity, how has this affected your household budget



In reading this data 71% of carers have identified that the cost in electricity has had either a significant or extreme impact on their household finances. Only 7% of carers identified the cost of electricity as having either no or minimal impact on their household budget.

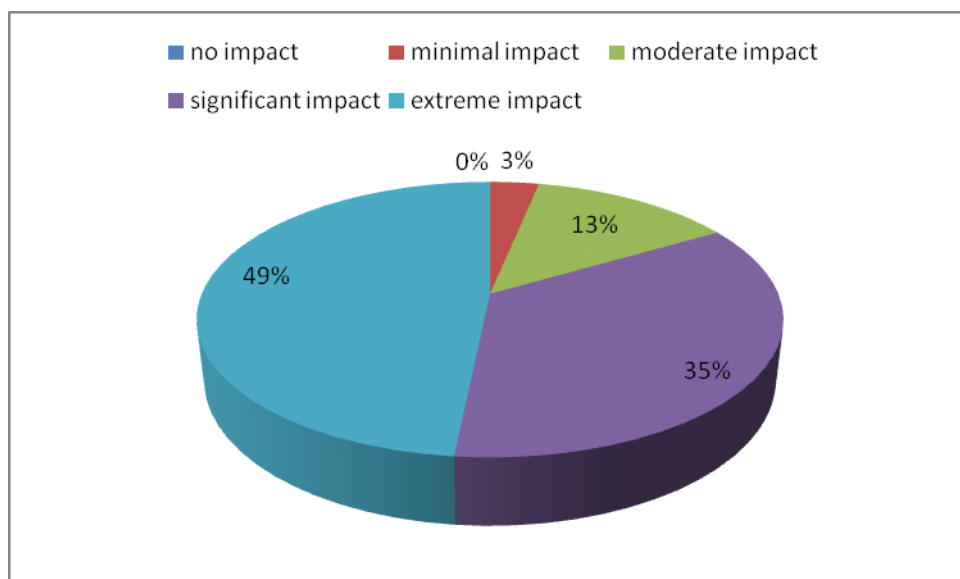
In respect to Water, how has this affected your household budget



Whilst carers did not identify the rise in cost of water as having as much of an impact on their household budget, still 47% reported a significant or extreme impact and an overall 76% reported at least a moderate impact or higher

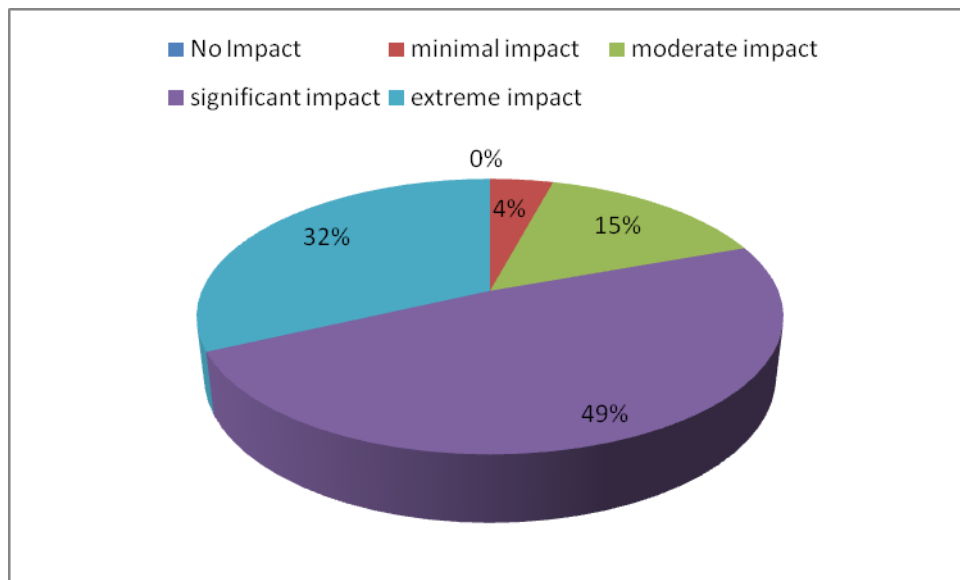
The Queensland Council of Social Services (QCOSS) printed a report in May 2011 which speaks to the rise in the cost of living for families in Queensland. QCOSS reported a 63% rise in the cost of Electricity, gas and water since May 2006, these statistics were drawn from the Australian Bureau of Statistics. This percentage is significant and reflects why carers are finding that their household budget has been significantly impacted by the rise of Electricity and water prices.

In respect to cost of fuel, how has this affected your household budget



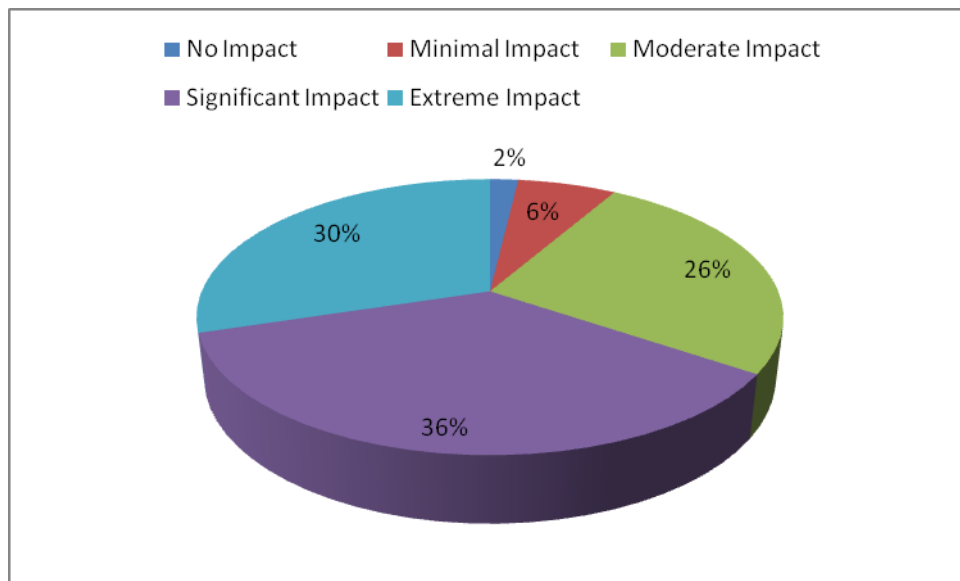
The results in respect to the cost of fuel are significant, with an overwhelming 84% of carers reporting either a significant or extreme effect on household budget and only 3% overall reporting a minimal effect, no carers reported that the rising cost of fuel has had no impact on their household budget. In researching the cost of petrol in 2005/2006 which was when the last review took place for the fostering allowance in Queensland, it must be noted that the average price of petrol in 2005 was just \$1.03 and in 2006 this rose to an average of \$1.18 (Queensland Treasury and Trade, archives). In 2011, motorists can expect to pay \$1.40 and above for their petrol. Carers are expected to cover 250kms each week in their fostering allowance, this is 500kms a fortnight and would cost a carer an average of \$60 a fortnight in petrol at \$1.40 a litre. This does not take into account the additional wear and tear on the car, insurance and registration costs.

In respect to cost of food, how has this affected your household budget



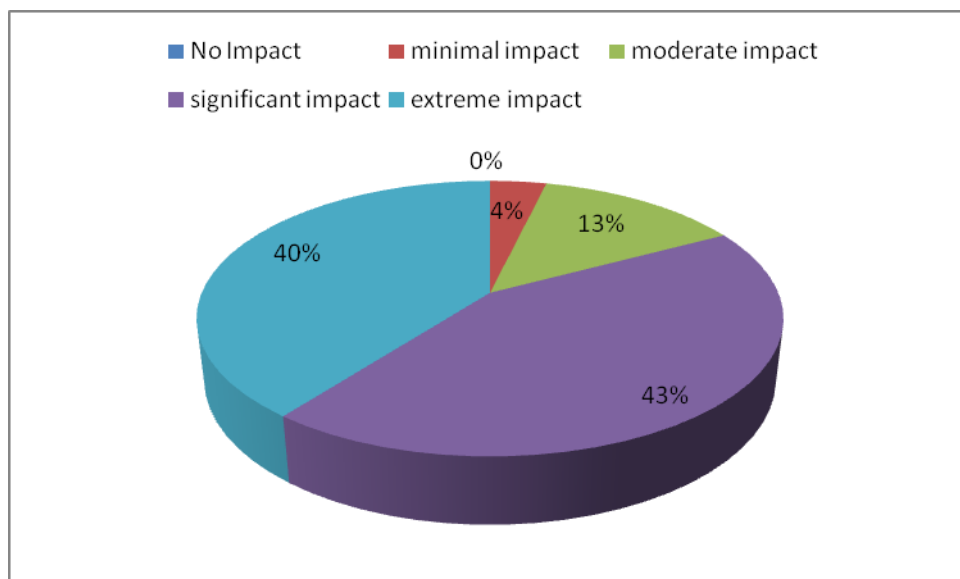
81% of carers have reported either a significant or extreme impact in respect to the rising cost of food and impact on household, only 4% reported a minimal impact with no carers reporting no impact. According to QCOSS report (May 2011) there has been a 23% rise in the cost of food since 2005

In respect to cost of insurance (car, house, medical), how has this affected your household budget



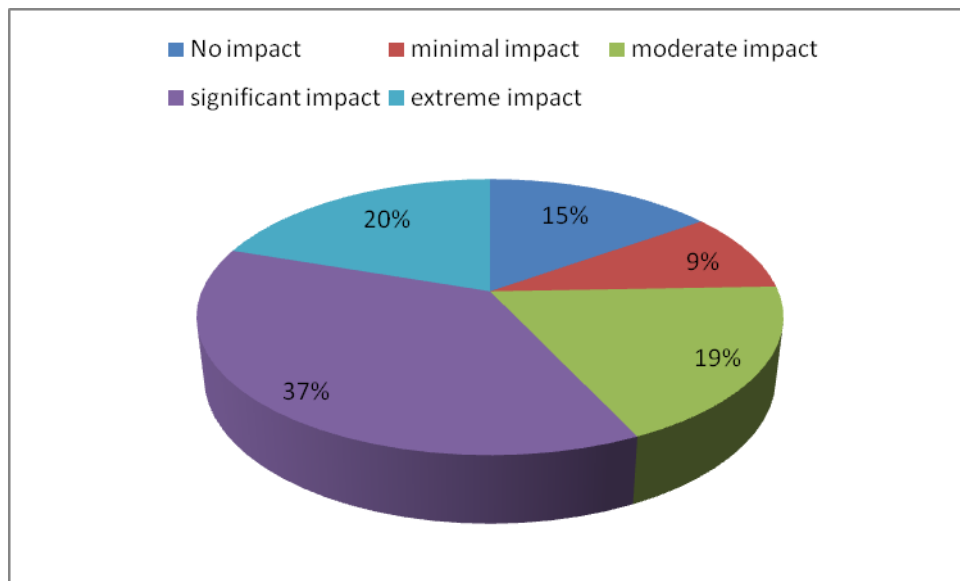
66% of carers reported either a significant or extreme impact in respect to insurances. QCOSS report a 40% increase in the overall price of insurances since May 2005.

In respect to the overall cost of living, how has this affected your household budget;

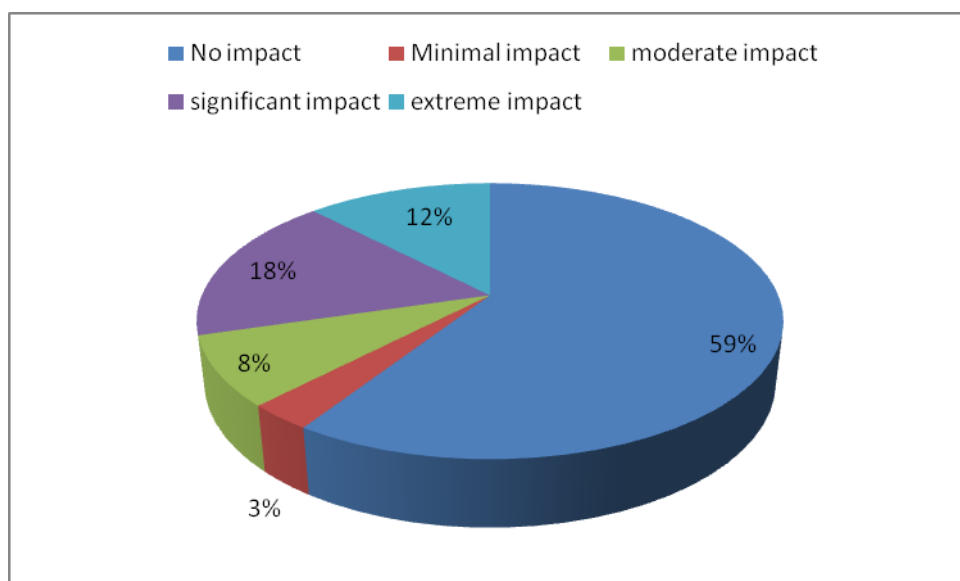


An overwhelming 83% of carers feel that there has been a significant or extreme impact on their household budget in respect to the overall cost of living, only 4% feel there has been a minimal impact and no carers have reported no impact.

If you are purchasing your own home (have a mortgage), what affect has interest rates had on your household budget



If you are renting, has rises in rent affected your household budget



QCOSS report a 35% rise in the cost of rent since May 2005.

Child Related Costs

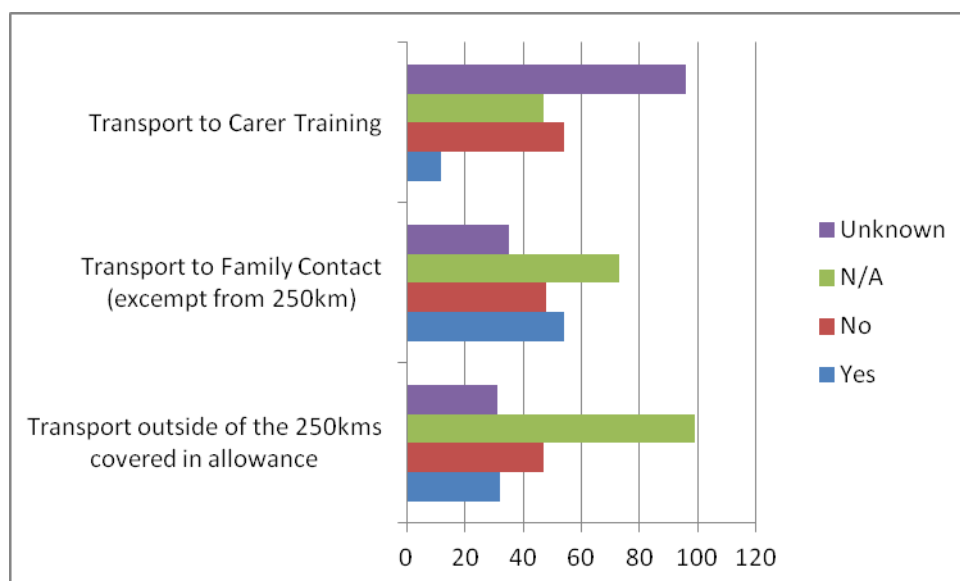
Carers were asked about their access to Child Related Costs, they were given a list of CRC's and were asked to answer according to the following categories:

Yes	Child Safety has or currently do meet this CRC
No	I have applied for this CRC and was turned down
N/A	This CRC is not applicable to children I have or have had in my care
Unknown	I was not aware that I could apply for this CRC

The CRC's have been broken down into categories according to CRC Policy

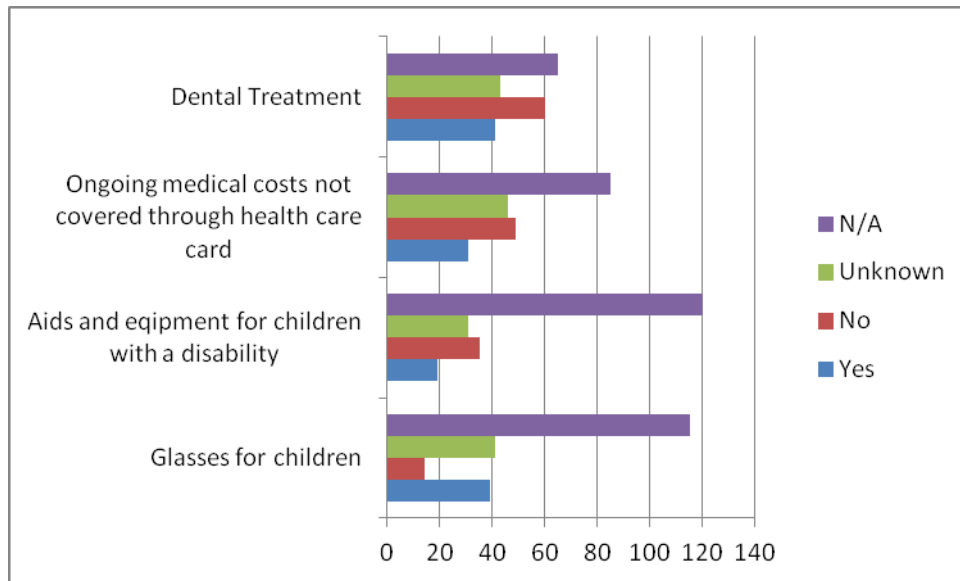
Child Related Cost - Travel

Policy 595-4 Effective 2nd September 2010



It is concerning the amount of carers who report not knowing that they are able to apply for CRC's to meet costs associated with transport to carer training. It is also concerning that nearly a quarter of all carers surveyed report that they have applied for CRC's in these areas and have been turned down. All of these costs sit outside of the fostering allowance and therefore should make up part of a case plan and be met through CRC's.

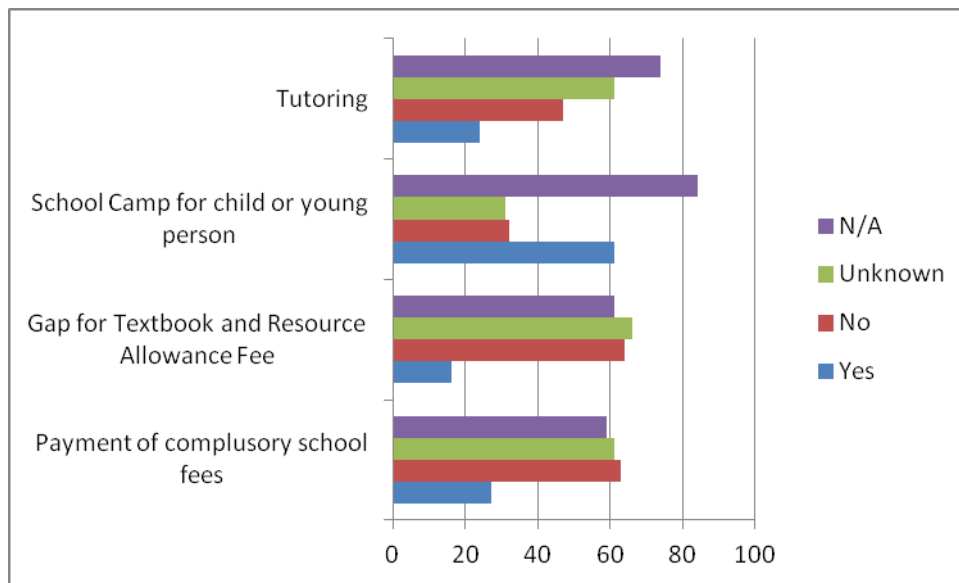
Child Related Cost – Medical
Policy 596-3 Effective 2nd September 2010



It is clear that many carers felt that these categories was not applicable to them, so the data was broken down further to reflect carers who felt that these CRC's were relevant to them. The following percentages reflect carers who either did not know they could ask for the CRC or did and were turned down for it

Glasses	58.5%
Aids and equipment for children with a disability	77.6%
Ongoing medical costs not covered through a health care card	75.4%
Dental Treatment	71.5%

Child Related Cost – Education Support
Policy 599-2 Effective 2nd September

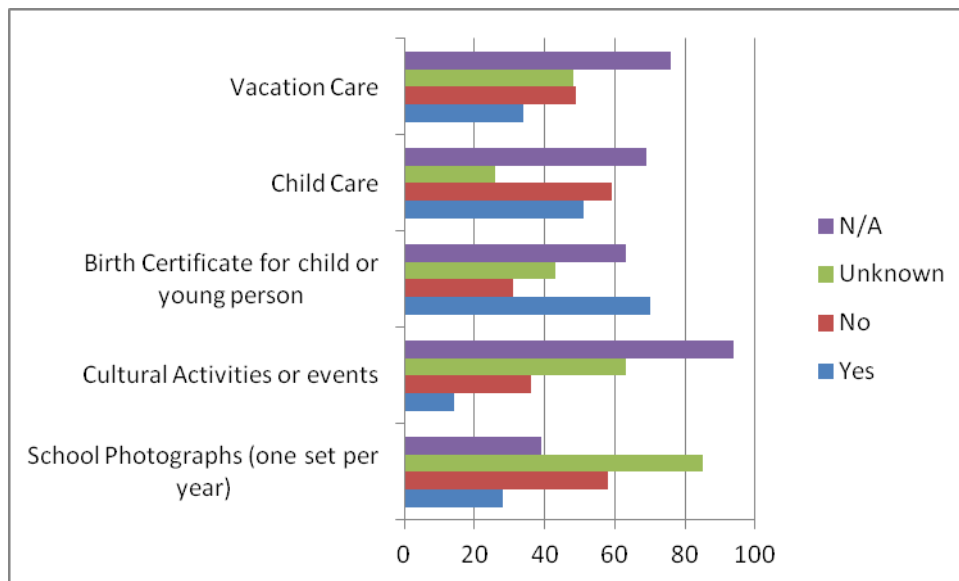


In respect to payment of tutoring, compulsory school fees and the gap for textbook and resource allowance – the majority of carers who felt these was applicable to them have stated they did not know they could apply or had requested this CRC to be met and have been turned down as follows:

Tutoring	81.8%
Gap for Textbook allowance	89.0%
Payment of compulsory school fees	82.1%

It is pleasing to see that the majority of carers when requested have had a school camp CRC met. However it is very concerning to see the high number of carers who have not had additional educational support through CRC's.

Child Related Cost – Client Support and Family Contact
Policy 598-6 Effective 2nd September 2010



Once again, it is important that we look at the data with figures around those who felt that the CRC's related to them, so broken down as per previous sections, the following results were received:

Vacation Care	74%
Child Care	62.5%
Birth Certificate	51.3%
Cultural Activities or events	87.6%
School Photographs	83.6%

Summary of Child Related Costs

It would appear from the data collected in these surveys that carers are not receiving the opportunity or being turned down for reimbursement of costs that sit outside of what carers are expected to cover in the fortnightly fostering allowance. FCQ is absolutely aware that each case is individual and that some carers would be receiving High Support Needs Allowance where negation would have occurred that some CRC's are met with the additional funds provided with this allowance. However we must acknowledge these percentages and ensure that carers have knowledge about what they can apply for and if the Manager makes a decision to turn down a request for a CRC this should be accompanied with a rational.

What carers consider to be important CRC's

Finally, carers were asked to list the top five CRC's that they consider would make a difference in their home if paid for, there were a wide range of answers, which we have placed into categories

187 carers answered this particular question – 42 skipped it. As each carer was requested to list five, there are multiple answers and a total of 692

Medical/Dental	108
Travel	108
Schooling (fees, uniforms, text books)	98
Sporting/Recreation/Ex-curriculum activities	69
Child Care	65
Specialist Appointments	45
Tutoring	28
Vacation Care	27
Clothing (additional allowances)	26
Cost of living (Electricity/Water/food assistance)	34
School Camps	23
Assistance with family holidays/activities	21
Glasses	11
Disability Aids	11
Repairs to home and furniture	11
Cleaners	4

Overwhelming – carers listed assistance with medical, travel, schooling, sporting/recreation and child care as the five main areas where they would like further financial assistance with.



Appendix 4.

Children Who Foster Report:

Foster Care Queensland ("FCQ") is committed to representing Foster Carer families, where too often there is focus on the impact of fostering on foster carers and little regard or thought occurs for Natural children who find themselves in a family who has decided to care for other people's children.

This lack of focus is evident when reviewing Queensland's application process to become foster carers, right through to exiting as a carer. Other than a space within the initial assessment, where all household members must be interviewed, there is no other formal processes which recognise natural children and the impact of fostering on them. The Exit Interview report completed by FCQ (2011-2012) highlighted this as an issue, with many comments from foster parents centring on their belief that they were expected to place the needs of the foster care system ahead of their own children. It would seem that our Child Protection system in Queensland finds it difficult to consider fostering as a family experience, rather they view it as a foster parent experience and therefore natural children's needs are often ignored and neglected. The impact of this can include placement breakdowns, carers exiting the system or natural children within a system that they learn to dislike. .

There has been little research completed in the area of Natural around the world, again this highlights that this subject has been grossly neglected. Foster Carer and FAST delegate, Donna Saurine is currently undertaking her Masters in Social Work and has completed a literature review on Natural children; this is attached and marked with the letter A.

FCQ has undertaken a project in this area to start to gain some understanding as to the experiences of natural children from the point of entry, right through to point of exit. The purpose of FCQ seeking this information is to guide us in providing recommendations to Child Safety which will improve the experiences for Natural children and no doubt have the ripple effect of improving placement stability for foster children and retention of foster families.

In 2010, FCQ sent out a survey for natural children to complete, the results of this are attached and marked with the letter 'B'. Whilst this information was useful and certainly gave FCQ a starting point, we felt the need to meet with Natural children one on one, to truly gauge their experiences within this system.

Melinda Ensbey a Social Work Student through Australian Catholic University, came to FCQ to complete her first year placement in July 2012, FCQ saw this as a significant opportunity to complete a project around Natural Children. A plan was developed which saw FCQ set up Focus groups around Queensland in each of the Regions. Our Project Officer at the time, Karen Chamberlain travelled with Melinda to the Regions to sit with the Natural children and discuss their experiences. FCQ engaged in fun activities with the Young people to assist in discussion and expression of their experiences, this included art work, where by young people were asked to

complete a Puzzle piece which illustrated their experiences in being part of a foster family. Attached and marked with the letter 'C' is a photo of all the puzzle pieces.

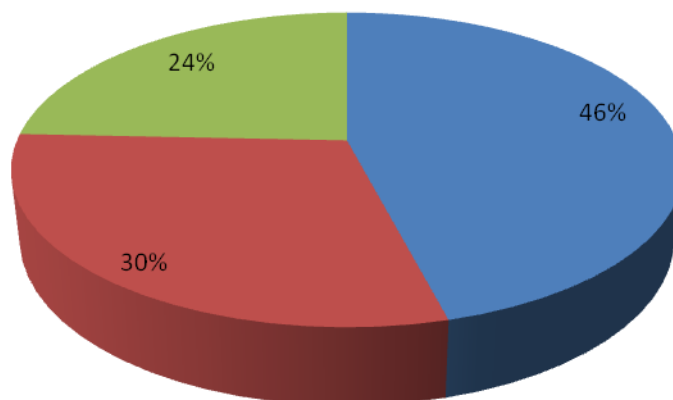
Unfortunately FCQ did not have the response we hoped, this resulted in FCQ having to cancel Central Regions visit and limited numbers in others. However we did meet with 30 children all up and believe that this is enough of a representation for the results to have some significance, particularly as the results are very similar to the survey results of 2010 and consistent with literature review.

Most importantly, we have given these children a voice and with the results can with some certainty provide recommendations to Child Safety.

Please note, all children/Young People interviewed were between the ages of 10 and 16 years of age.

The best thing about my family is

■ Doing things together ■ Love/caring ■ Fun



There was a clear theme from children around time, fun and love being the best things about their family. Some of the quotes provided by children included:

'There is always something happening, so many laughs, kids are funny and we do heaps with them'

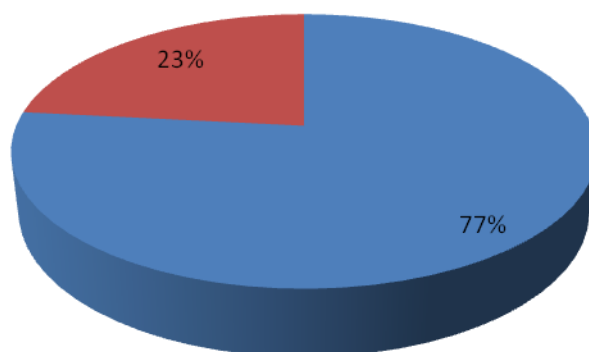
'They are very loving, caring and always understand me'

'We love to be together'

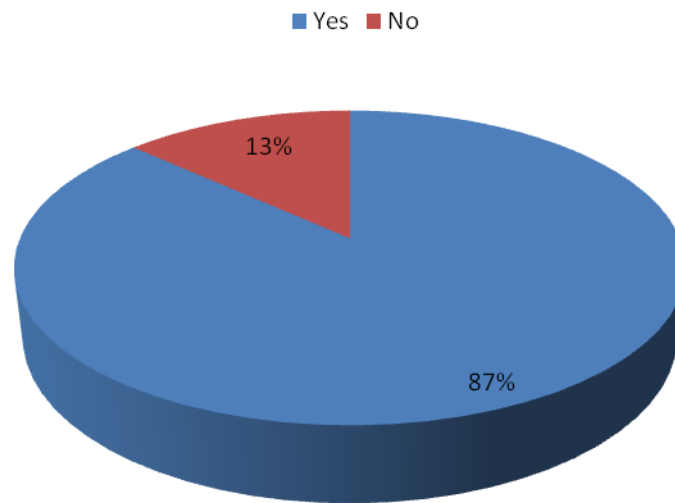
'We have our own family time and looking after other kids is great'

My family has foster kids living with us all the time

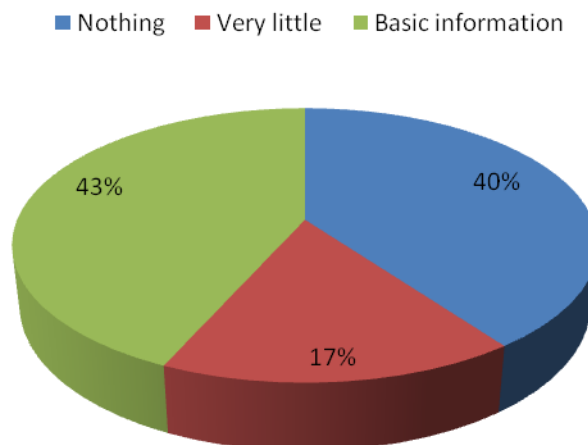
■ Yes ■ No



My family has foster kids for respite.



What I knew about foster care before the kids came to stay.....



It is concerning that 57% of children and young people reported that they knew nothing – or very little about fostering before children came to stay. There appears to be a held belief the responsibility to inform children and young people of the impact of fostering lies with their parents, however this is simply not realistic, when they themselves have no idea what to expect. There is an absolute responsibility for the system to have better resources and information specifically for Natural children which provides a realistic and informative view of what fostering may mean for them within the context of a foster family.

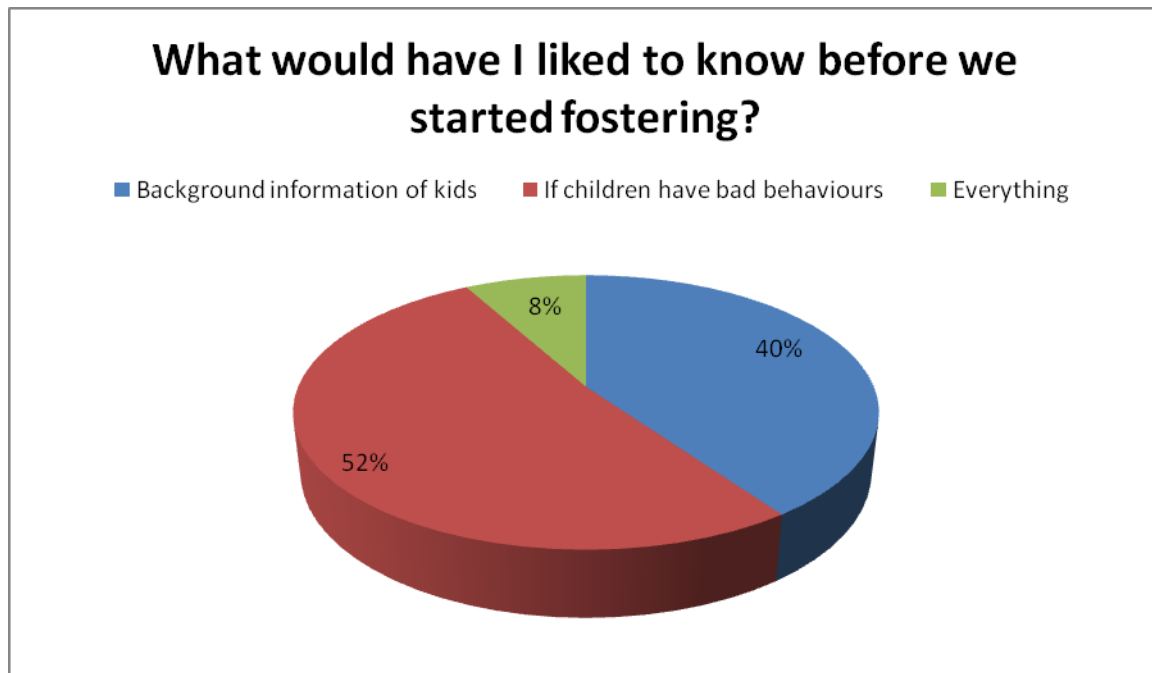
Some of the responses provided by children and young people in this section included;

'nothing, not a family choice, it's a mum and dad's choice'

'nothing, I was young, I had no idea why they came over'

'children got taken away from their family and sent to another one'

'not much ah, I knew that kids need a home and families let them stay with them'



It is reasonable for children and young people to have lots of questions about foster children who are coming to live in their home. Children and Young people by their very nature are curious and therefore wanting to have an understanding about who the person is they are sharing a house with is only natural. The themes in this section seem to be reasonable requests from children, that is they want to know about a child's background is and what behaviours they have. It is interesting that if foster parents were asked the same question, that it is likely that the responses would be very similar. The reason for wanting the knowledge is not about prying into a child's life, rather having an understanding of why they are in their home so that they too can support the child or young person and know what to expect from them.

Some of the comments included;

'I wanted to know how hard it would be with some kids who have really bad problems and don't even want to be living with you'

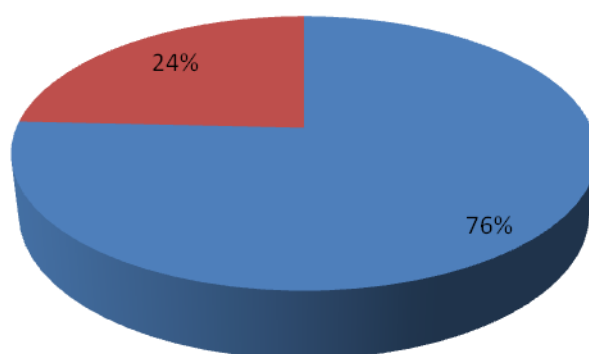
'would have liked to know some of the problems they come with'

'who we were going to get, the first was inappropriate and we were inexperienced'

'if they have behavioural problems so we can help'

Sharing my home, parents, things makes me feel....

■ Positive comment ■ Negative comment



It is very humbling to see the amount of children and young people who provided positive comments in this section

'Good sometimes, because I know I am helping, but sometimes I do want mum to myself'

'Happy because he is younger and I give him my toys that I have grown out of '

'I mind sharing my parents, but don't like sharing my things'

'Good because I know that I am helping a child'

'generous, helping, cause when a child comes into my home, I know I am helping him/her family'

'It makes me feel fine, because I have my own things that the kids aren't allowed to touch and we have strict rules, so I feel safe sharing my home, parents and valuables'

Whilst mostly positive comments, we can't ignore the children and young people who did not feel ok about sharing all of these precious things in their life, some comments included:

'I don't care anymore.....except none of them really thank us'

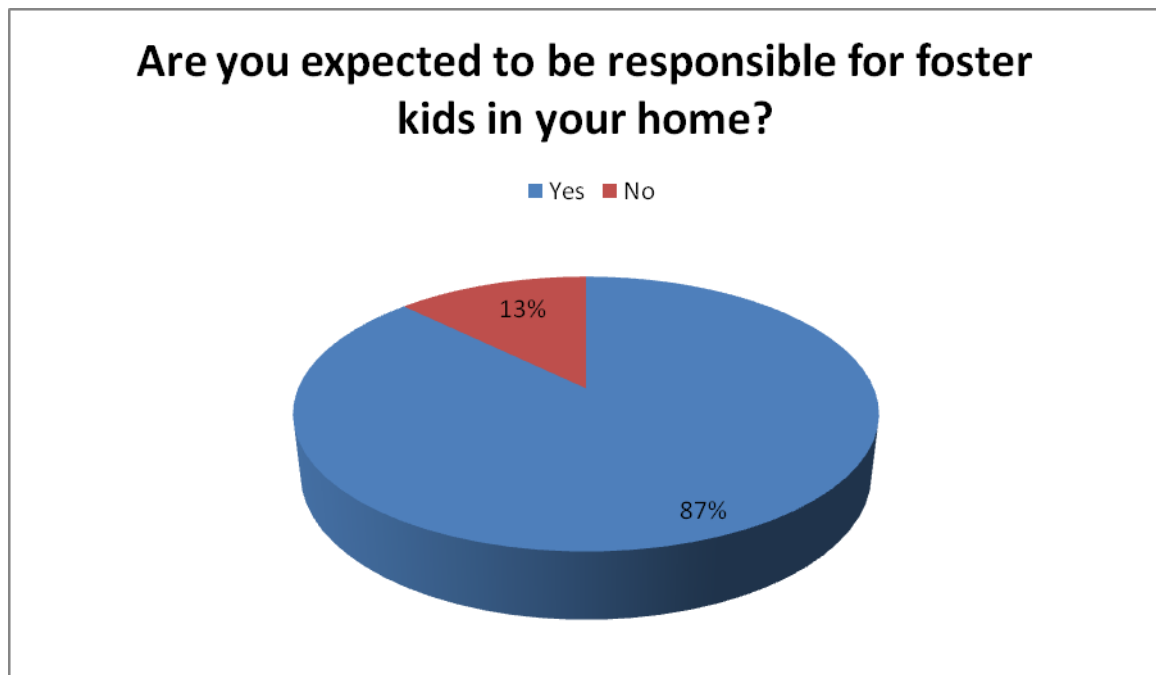
'Jealous and embarrassed'

'I get really annoyed when the disrespect our family or embarrass us, I also get mum and dad spend more time with the foster kids than they do with me and my sisters'

'Can be annoying, would be nice to have mum and dad ourselves, if you share with them they keep asking for stuff which is annoying, respite helps'.

It is interesting that see that one child has provided a solution in stating that respite helps. However carers can sometimes be criticised for having respite to refocus on their own family as this can be seen by Child Safety as excluding foster children. FCQ would argue in these instances that foster

families absolutely have a right to spend time with their natural children to assist them in their ongoing acceptance of being part of a foster family. Whilst we would not advocate that foster children are excluded from all family holiday's or events, as this is clearly not appropriate, foster families should have the option of now and then having a weekend to themselves to refocus as a family.



This is a very interesting outcome from the interviews, with 87% of children and young people reporting that they feel responsible for kids in their home. Examples provided by the children and young people included;

'sometimes I babysit for an hour or two, I don't want to be any more responsible as she does not listen to me'

'I do help out and I like it, but there are lots of time I don't get to do what I want, because I have to help'

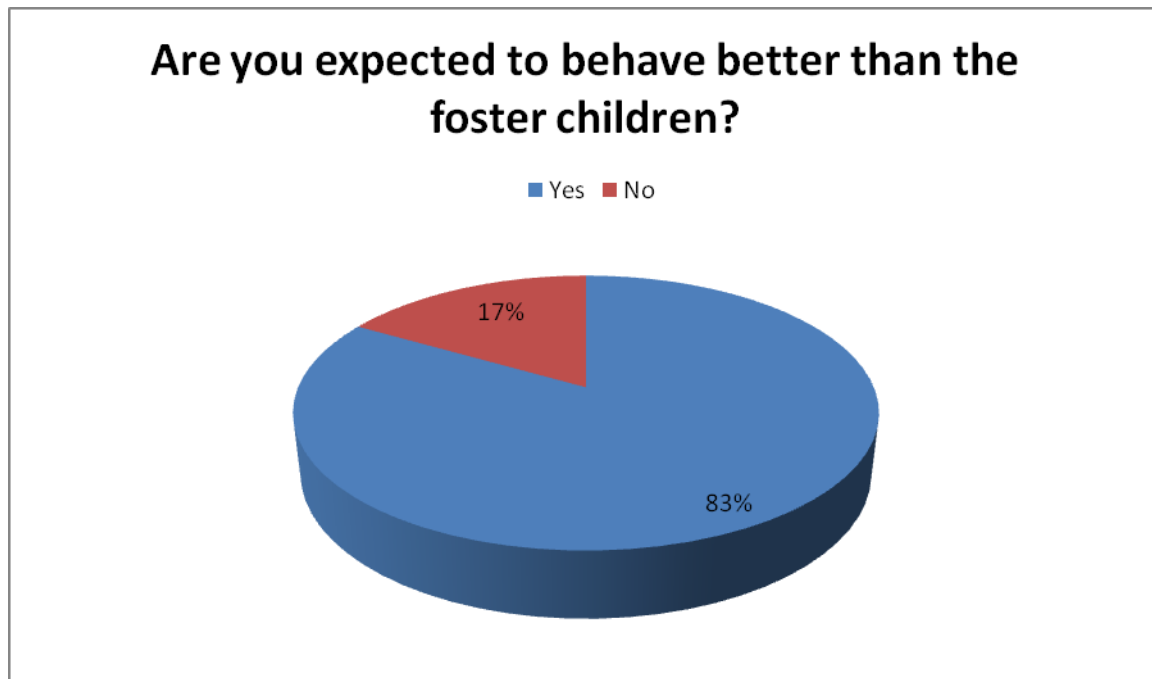
'being the eldest, I am usually in charge of things to make sure no one gets hurt when we are playing out the back'

'yes, makes me feel like I have to be good, because they copy me'

'yes I feel like I have to take my free time and give it to them'

This is a very interesting area for thought. In most families, it is natural for older siblings to take on some responsibility for their younger siblings; this could include anything from getting a nappy for mum or dad, to things such as watching younger sibling while mum is taking a shower to older siblings baby sitting while mum and dad go out. Therefore there can be an expectation from foster parents that their children will naturally take on similar roles with foster children, however the difference can be, that there is not a natural bond and these children have experienced trauma and

therefore their behaviours and responses to situations can be very challenging. It would seem in reflecting on this information that foster parents should be better informed at time of training as to the differences in these situations so they can make more informed decisions around the responsibilities that they allow their children to take on.



The information clearly indicates that expectations placed on natural children are high and it would appear that this is the case because often the foster children are much younger and therefore they are expected to role model appropriate behaviours. It would be fair to state that there seems to be a held belief from foster parents that their children should behave much better because they have not experienced trauma

Some of the comments provided by children and young people included;

'there is more discipline on me, I have to act maturely, discipline is different because I am older'

'yes, but there are only little, but they do copy behaviours, hard to be disciplined the same i.e. 18 vs 3 year old'

'I am older now so this is not much of an issue....I don't like that I have to set an example and am restricted in some of my friends coming over'

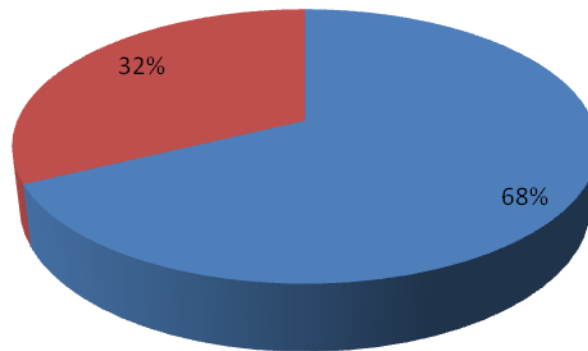
'yes but I get bigger consequences'

'I am expected to behave better so that the foster child has someone to look up to'

'yes I am expected to set an example, no its not equal because there are rules for foster children about discipline'

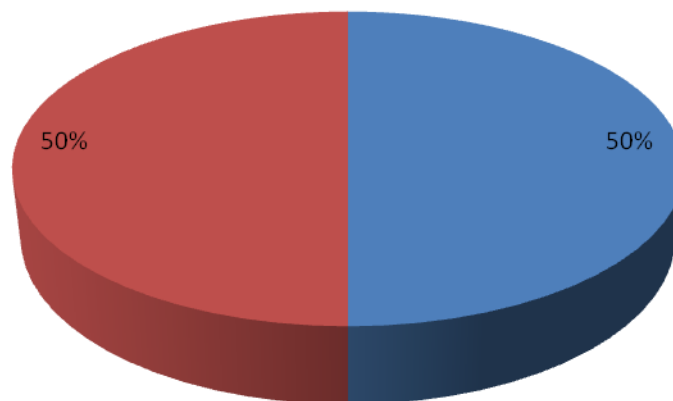
Do you know how long children are going to stay?

■ Yes ■ No



How do you feel when they go?

■ Relieved ■ Sad



Natural children were split down the line with this question, some of the responses included;

'some we are happy to see go, but heart broken if we have had a long time....especially the ones that we have now, when they went back for a year, it ripped my heart out to see them go'

'sometimes sad depending on who they are, sometimes happy because they are annoying'

'back to a normal household because no more screaming'

'reliefit's like saying goodbye to a friend after a sleep over'

'I usually miss them a fair bit'

'I have more space and feel like my parents actually know I am here'

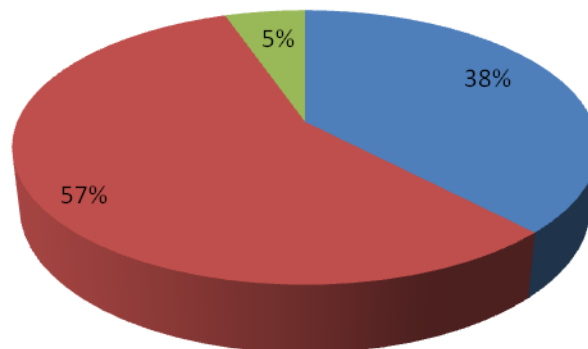
'sad because I loose a friend and I can't play anymore'

'sad because I want to talk to them and see how they are going'

'happy because we can go on holidays'

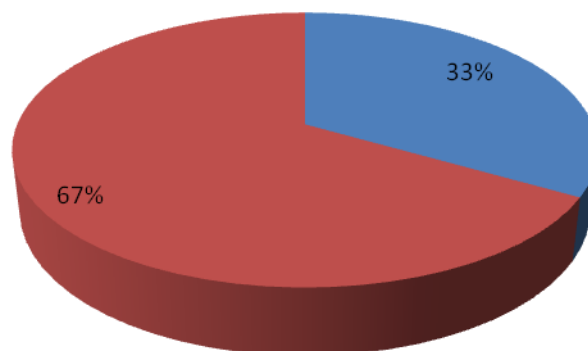
Do you like to have lots of different kids come or would you prefer they stay?

■ Different kids ■ Prefer kids to stay ■ Don't mind



Are there any problems when foster kids come to your school?

■ Yes ■ No

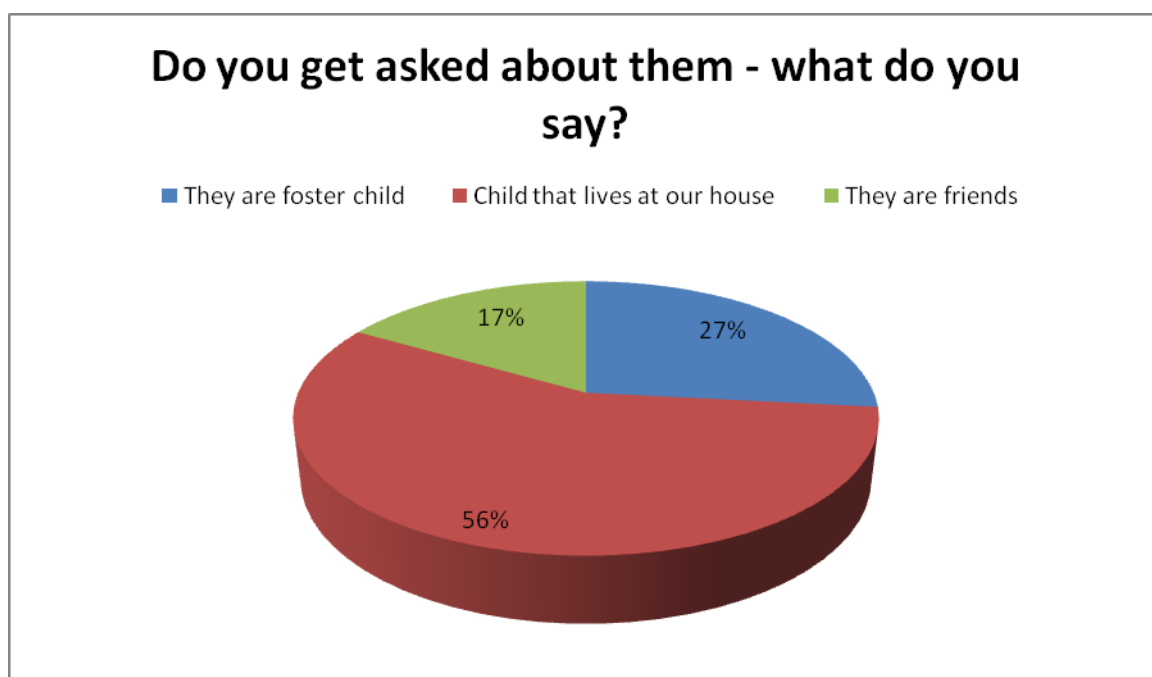


It must be noted, that whilst 67% reported no issues, that many of these responses were due to the natural children stating that they did not attend the same school, because (a) they were at high school and the foster children at primary, or (b) the children in their care were too young to attend school. Of those who reported it being an issue, some of the responses were;

'some kids at my school are mad at me because they think all foster families are mean to foster children, so some other foster kids do pick on me'

'yes because they embarrass me with their behaviours'

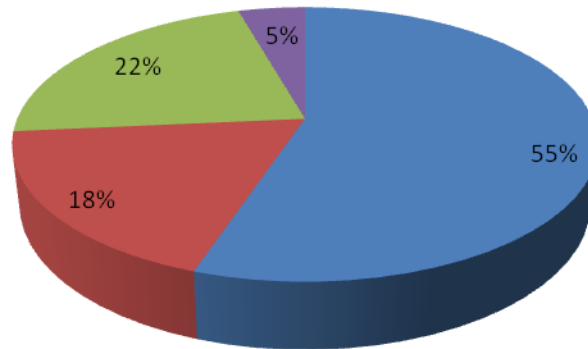
'because ??? is in grade 6 I see him a lot, and seeing him being suspended almost every week gets really embarrassing'



It is interesting the varied response in this area and FCQ would argue that with better education and information provided to natural children, they would have a better understanding of what to say and why when asked such questions. This is an area that foster parents are actually trained on during their pre-service quality training, therefore if we believe that adults need training and understanding around this area, then surely we should be providing age appropriate training for natural children too and not just expect foster parents to impart this knowledge on their children.

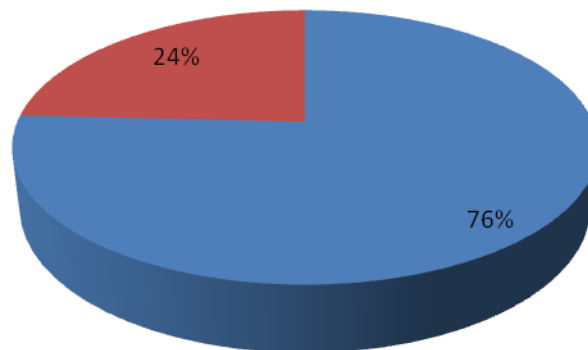
Is it hard if they behave badly - how do you feel?

■ Annoyed ■ Embarrassed ■ Upset ■ I want to help



Do you introduce them to your friends? - or do you want to keep your friends to yourself?

■ Keep friends to myself ■ Introduce them to me friends



It is interesting that this is one area that natural children may feel they have some control over and in most situations it appears they make a decision to keep their friends to themselves. This may represent the one area in life where they have something that is just theirs.

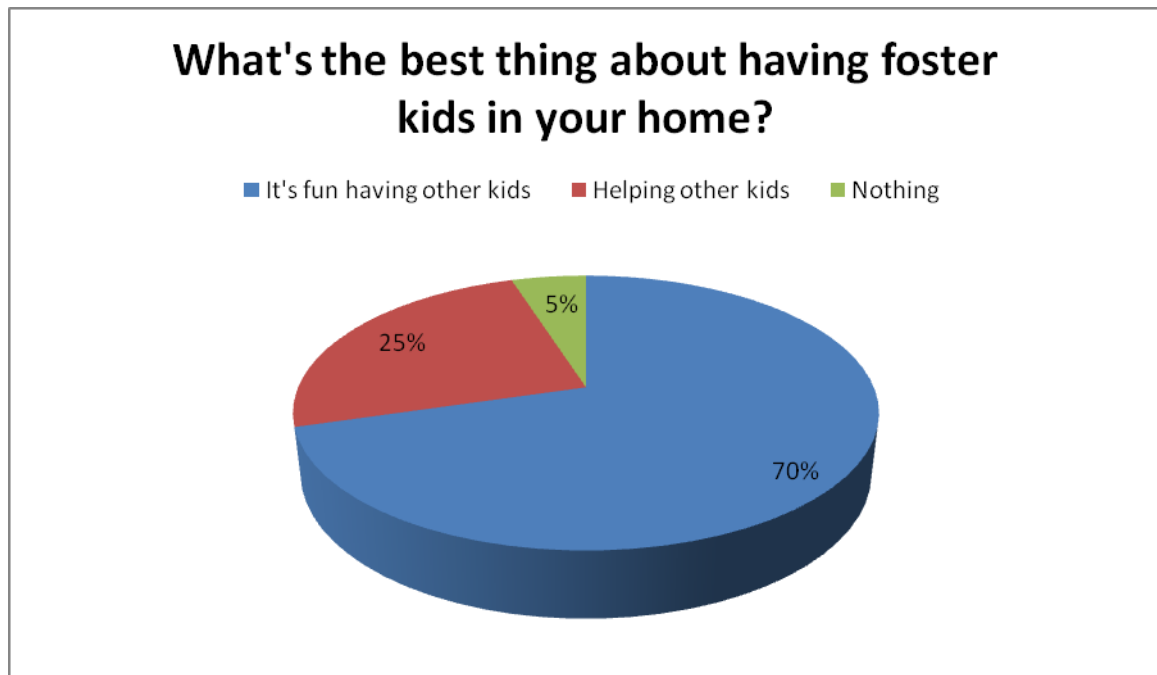
'I try to keep them to myself..... but they try and follow us'

'I introduce them, but keep my friends to myself'

'I try not to be rude and we go to my room'

'I only introduce them if my friends are sleeping over'

'If they are little, my friends and I adore them, but if they have issues we don't'



The overwhelming response in this section is that having foster children can be fun, it is interesting that when you look at the Exit Interview data, that the overwhelming response from foster parents when asked what the best thing about fostering is – is the children. It seems very clear through all FCQ's survey's, that if it was just about the children, fostering would be so much easier. It is the other things that come with fostering that appear to complicate things, such as the systems that foster families are faced with on a day to day basis

'they play with me and I give them my stuff that I don't use anymore'

'Even though our foster child has physical problems he is happy and I have learnt not to judge a book by its cover'

'they all have different personalities and we have heaps of fun, seeing them grow up and we always try to do heaps with them'

'knowing you are helping kids who have been through a lot'

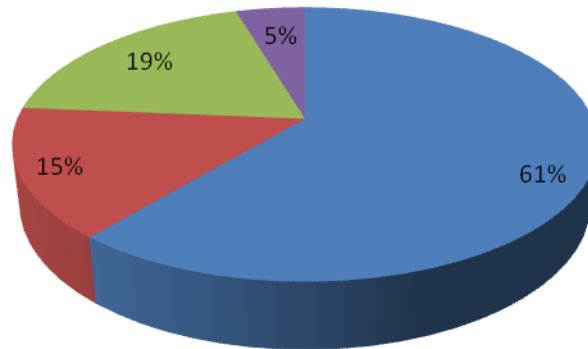
'a big family can be fun, even though they don't know it, we are helping them'

'that I can get experience with younger kids'

'the feeling I know I am helping her in my own little way'

What's the worst thing about having foster kids in your home?

■ Behaviour problems ■ Loss of personal space ■ Stressed parents ■ Sharing parents



Natural children having to face behavioural problems appears to be the one thing that they find the most difficult thing to deal with, it is interesting the amount of children who also put having stressed parents as being very difficult. Some of the comment's made

'mum is always busy dealing with the department, schools etc, so it takes her away from me, they break things and don't respect all things at the start'

"they aren't related to me and some people think they are, their behaviour reflects onto our family and they don't appreciate what we do.....they are mean and I get angry with them and I feel sad about being angry with them....everyone in my family has changed and they all act differently, its always so loud and they call people in our family terrible things'

'the amount of breakages ! . I can't really spend much time with mum that much and I don't have much time to study and now they touch everything in my room'

'having to share, having her steal my stuff and hurting me and knowing I can't do anything'

'I have to share my parents, they're always naughty so they spend all their time disciplining them'

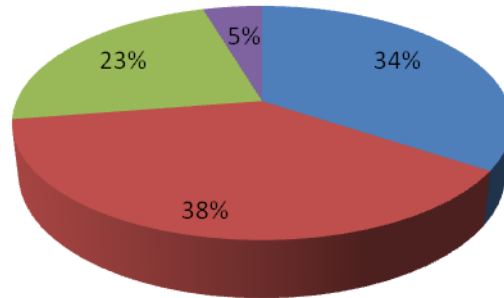
'they get special treatment, for example a girl my age in care gets everything paid driving lessons, centrelink payments, everything for a house to move out. They don't have to do all that for themselves and I have to watch them complain about getting nothing'

'sometimes when they have tantrums and yell, it can be stressful and the two little kids that we look after now have slow development, so its sometimes hard when they don't understand you or you don't understand them'

'they are very disrupting, I can't get school work done and I get blamed for stirring them up'

Is there anything you would change in your home/family if you could change anything you wanted?

■ Nothing ■ More space/own room ■ More time as a family/more respite ■ Less busy



A common theme in this section appears to be the desire from natural to have more space/time physically, however also as a family, again the theme of respite seemed to come through as one solution from natural children. Comments included:

'bigger house would be nice so I could have more space'

'that we could spend more time with each other'

'for the better off of the family, I would change to not having foster children'

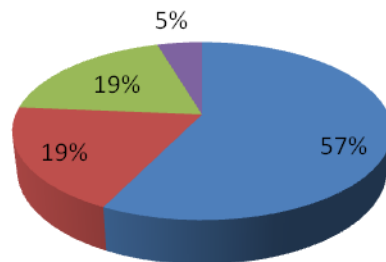
'no everything is great and I am grateful for what I have got'

'more time with my parents'

'to be less busy and to have more quiet'

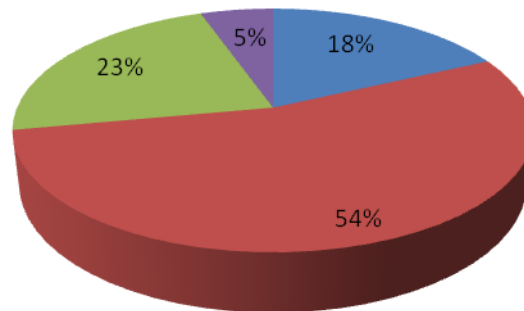
What would make it easier for you when foster kids are in your home?

- More family time
- To be able to on holidays
- Help with foster children's behaviour problems
- More space



What would make it easier for you when they leave?

- More notice
- See the children again
- Be thanked for having them
- It will be easier just being a family again



This is a very important topic and one where too often natural children are forgotten. We seem to place a lot of emphasis on the grief and loss experienced by foster parents when children leave their care, however little thought is given to the natural children, whom in many cases have developed significant sibling like attachments to children placed in their home.

Overwhelmingly and without much surprise, so many natural children said that they would like to be able to see the children again. This is often a taboo subject, particularly if the children have been returned to their natural parents, it is seen as something that simply can not occur. However this may not always be the case and it should be looked at on a case by case situation. Also remembering that contact does not just have to take the form of face to face, but could involve, letter, e-mail or phone.

'I would like her to be able to come over and see her when she wants'

'I would like to see them ok and know that they are ok'

'being able to contact or at least find out what they are up to after they leave'

'to be told in advance'

'more notice'

'the acknowledgement of the hard work put into the kids by my mum'

'get to see them once every couple of months'

'to know that I could see them again, if I wish'

Finally children and young people were asked if they had three wishes what would they be, some examples were

'that the foster child was not rude and horrible to me'

'Spend more time with mum, get more time to myself'

'Sometimes for the foster children to stay longer'

'bigger house, be put first'

'for the foster child to understand what we are saying'

'to prevent disabilities'

'that all kids would have great parents like mine'

'wish my foster brother the best future, because he is autistic and life will be hard for him'

'not to foster'

'big enough house that we all have our own room'

'not all the attention to be on the foster children'

'that the foster child was fully functional'

'that the foster children that we have today never leave us'

'that no child would ever be abused'

'to be healthy and for there to be no sickness in the home'

'that the boys would let me sleep in'

Recommendations

FCQ believes that natural children need to be informed right from the entry point of fostering through to exiting the system

Training

- *That Pre-Service Quality Care training is expanded to include a session particularly for natural children to attend. There would need to be two levels, one for 4 -10 year olds and one for 10 and over. Information session should provide a realistic and interactive forum for children to explore what fostering would look like for them, how it would change their family and could provide practical advice on how to deal with behaviours, sharing family and what to expect when a child comes into their home and then leaves their home.*
- *It is suggested that CREATE may take part in this and that in particular the above 10 year old group is given the opportunity to ask questions of Young Consultants about their experiences in care and how natural children can impact on this.*
- *That more focus is placed in the Pre Service Quality Care training on ways in which foster parents can assist their natural children through the different stages of fostering.*

Assessment

- *That a specific interview tool is developed which assessors use when interviewing natural children. This should seek to explore their understanding of the fostering system and potential impact on them and should reflect outcomes that are explored in the above proposed training. However any tool provided should be prescriptive in nature and should seek views only rather than having an assumption that children and young people will have a realistic idea of fostering.*

Support

- *That Fostering and Kinship Care support agencies, bring their mind to fostering families rather than just focusing on foster parents. Support packages should be wrapped around a foster family and learning and support plans should reflect the needs of each individual family member and then the family as a whole. Examples such as EAS should be offered to natural children if they have experienced a significant loss through a child leaving the home after a significant attachment being formed or if they have witnessed significant behaviours and are struggling with how to deal with these.*
- *Child Safety also must bring their mind to the notion of foster families, rather than just foster parents. Whilst it is understood that CSOs will place the needs of foster*

children as a priority, as this is their job, there must be consideration for the needs of natural children and foster parents should not be put into situations where they are having to consistently prioritise the needs of foster children ahead of their own.

- *A post module developed that is provided to natural children a year into caring that seeks to review with children their experiences and review topics discussed in initial training session. Now that the children have experience and real life situations that they can apply to fostering, these sessions will provide more meaning and understanding.*

Exit

- *All natural children 8 and above are provided with opportunity to participate in an Exit interview – this could just be an extra page added to current Exit Interview undertaken by FCQ which children have the option of filling out.*

Bryan Smith, Executive Director

On behalf of Melinda Ensbey, Social Work Student and

Carissa Inglis, Team leader and Student Supervisor