

## Ending the Lottery of Foster Care in Queensland

### Introduction

Children<sup>1</sup> taken into care by Child Safety<sup>2</sup> face a lottery as to the quality of care they will receive from their allocated foster carer(s). “Lottery” is defined as a process or thing whose success or outcome is governed by chance.<sup>3</sup>

This much is certain: the first unavoidable lottery of life is the circumstances into which a child is born. Obviously it is not possible for a child to choose the two people whom will be responsible for bringing their life into being – this is dictated wholly by chance. If a child is unlucky enough to find themselves in the custody or guardianship of Child Safety, it is reasonable to assume that they fared quite poorly in this first critical lottery of life. Sadly, the unfortunate luck experienced by such children is not guaranteed to improve once they enter the doors of Child Safety. They then enter their life’s next critical lottery draw: “*will I get a foster carer with the skills required to help me find my way back onto a path to a positive future?*” Unfortunately, the odds are not in their favour in this draw either. It is undeniable that the quality of care provided to children in out-of-home care is not of a consistently high level.

The principal challenge facing Australia’s foster care system today is the reality that the demand for foster carers exceeds supply. The number of children being removed from their parents more than doubled over the period 1998 to 2008.<sup>4</sup> At the same time, the number of foster carers is thought to have declined in all Australian states and territories who are experiencing “major difficulties attracting and retaining foster carers”.<sup>5</sup> As a result, there is a lack of choice when determining where children will be placed and “there is often an inability to match the needs of the child with a foster placement which best suits these needs”.<sup>6</sup>

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<sup>1</sup> Note: Any reference to “child” or “children” in this report is intended to include both children and young persons unless otherwise indicated.

<sup>2</sup> It is noted that “Child Safety” is a subdivision of the Queensland Government’s Department of Communities. It should be noted that the issues identified in this report are largely consistent across the equivalent government departments in other Australian states and Territories. It is intended that the issues and recommendations discussed in this report be applied to the topic of “child protection” generally.

<sup>3</sup> [www.oxforddictionaries.com](http://www.oxforddictionaries.com)

<sup>4</sup> Council of Australian Governments (2009) “*Protecting Children is Everyone’s Business - National Framework For Protecting Australia’s Children 2009-2020*”. Canberra, ACT.

<sup>5</sup> Smyth, C. & McHugh, M. (2006) “*Exploring the Dimensions of Professionalising Fostering - Carers’ perceptions of Their Fostering Role*”. Children Australia Vol 31, No 1 Page 13.

<sup>6</sup> Tomison, A.M.; Stanley, J. (2001) “*Alternative care: Shifting demands on voluntary foster care*”. Strategic Directions in Child Protection: Informing Policy and Practice. Brief No. 6 Unpublished report

If given permission to speak candidly, any child protection worker will attest that there are some great carers and there are some carers who are wholly incapable of meeting the needs of children placed in their care. It is an unacceptable reality that children who have been removed from their natural parents due to abuse and/or neglect are not *guaranteed* to be offered a *high* level of care once they enter the homes of foster carers. What is the State's justification for intervening if the child is not *likely* to be better off as a result of the intervention? Unfortunately, the long-term outcomes for children in out-of-home care do not provide convincing evidence that the children are in fact better off.

In theory, legislation exists that purports to ensure a minimum standard of care is provided by foster carers.<sup>7</sup> In reality, that threshold is unacceptably low. Furthermore, when a child is suspected to be receiving a poor standard of care from their foster carer(s), it is very rarely possible to respond proactively by offering the child an alternative placement. In practice, compelling evidence must exist to *prove* that a child has suffered *harm* or is at an unacceptable risk of suffering harm before they can be removed from their foster carers. What this means is that instead of providing a positive environment for vulnerable children to thrive in, Child Safety merely requires that foster carers do not harm the children in their care. Surely our most vulnerable children deserve a higher standard of care than this – ideally one that offers the love, support and positive guidance that they were unlucky enough to miss out on in life's first lottery.

This report will illustrate that the problem with the current foster care system in Queensland is two-fold. Firstly, the problem is created by placing children with inappropriate foster carers: people who are either well-intentioned but ill-equipped to offer a high standard of care; or people who are motivated to be foster carers for the wrong reasons – reasons often involving their own personal gain. Secondly, this report will demonstrate that the current practices and policies in place to manage and address substandard carers is grossly inadequate and in fact undermines the key aim of Child Safety, to promote the best interests of children as the paramount concern.

It needs to be emphasised that the aim of this report is not to simply illustrate a problem. The principal focus of the report is to advocate for two key recommendations to be implemented, which together are aimed at significantly improving the quality of care offered

to children placed in foster care homes. The recommendations are as follows:

1. That the foster care system be overhauled and rebuilt on the basis that carers are categorised, trained and remunerated according to the *level of needs* of the children they wish to foster; and
2. That legislative powers and work practices be implemented to enable Child Safety to respond proactively (and where possible, preventatively) when it is suspected that children are not experiencing a high level of positive care from their foster carers.

### **Outcomes for Children in Care**

Ultimately, the rationale for removing a child from his or her natural parents is that the child is likely to be better off in the long run if he or she is protected from experiencing harm in the care of his or her parents. In reality however, the outcomes for children who have spent time in out-of-home care do not convincingly demonstrate that they are in fact better off as a result of the State's early intervention in their lives.

Although there is some research providing evidence of positive outcomes for children in care,<sup>8</sup> the vast majority of studies undertaken on the issue provide evidence that "children and young people in care are experiencing relatively negative outcomes when compared to other children not in care".<sup>9</sup>

The first major study into this issue in Australia was undertaken by Cashmore and Paxman in 1996.<sup>10</sup> This study found that almost half of the young people leaving care were unemployed at the time they were discharged from care and that only a quarter of the young people were continuing to reside in the home where they were living prior to reaching adulthood. The study also revealed that almost one third of the young women leaving care at this time were pregnant or had a child by the time they were nineteen compared to only

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<sup>7</sup> Section 122 of the *Child Protection Act 1999 (QLD)*

<sup>8</sup> Barber, J.G., & Delfabbro, P.H. (2005) "*Children's adjustment to long-term foster care*" *Children and Youth Services Review*, 27, 329-340.

<sup>9</sup> Bromfield, L. M., & Osborn, A. (2007) "*Outcomes for children and young people in care*" (Research Brief No. 3). Melbourne: Australian Institute of Family Studies, National Child Protection Clearinghouse. Page 13

<sup>10</sup> Cashmore and Paxman (1996) "*Wards Leaving Care: A Longitudinal Study*". Sydney: Department of Community Services.

2% of the same aged females in the general population.

In 1999, focus groups were conducted with almost 200 workers across Australia who were involved in child protection and 43 young people from five Australian states and territories.<sup>11</sup> The authors of this study found that approximately half of the young people in the study had experienced a period of homelessness since leaving care and a similar proportion had reported committing criminal offences since leaving care.

More recent studies have revealed that the prospects for young people leaving care continue to be concerning. In 2005, research undertaken by Raman, Inder & Forbes clearly showed that the majority of young people leaving care experienced negative outcomes in their social and psychological functioning, financial status, educational and vocational pursuits.<sup>12</sup>

The annual “report card” produced by the CREATE Foundation in 2006 also highlighted the significant disadvantage faced by children in care in relation to education. It showed that those in care miss substantial periods of school due to placement changes; they are required to change schools on more occasions; and ultimately, they are much less likely to continue their education beyond the age of compulsion.<sup>13</sup>

It should be noted that poor outcomes for children in care is not confined to the Queensland - or even Australian - context. Studies undertaken in many other Western countries including the United States, Canada and the United Kingdom have revealed similar outcomes for children who have spent time in out-of-home care. For example, a UK study found that “young people leaving out-of-home care are over-represented in unemployment, homelessness, teenage parents, disability, lack of formal qualifications and in the prison population”.<sup>14</sup>

Statistics from various states in the USA are comparable with Australia. Results from California for example reveal the following: “In any given year, foster children comprise less than 0.3% of the state's population, and yet 40% of persons living in homeless shelters are

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<sup>11</sup> Maunders, D., Liddell, M., Liddell, M., & Green, S. (1999) *“Young people leaving care and protection”*. Hobart: National Youth Affairs Research Scheme.

<sup>12</sup> Raman, S., Inder, B., & Forbes, C. (2005) *“Investing for success: The economics of supporting young people leaving care”* (Monograph No. 5). Melbourne: Centre for Excellence in Child and Family Welfare.

<sup>13</sup> CREATE Foundation (2006) *“Report Card on Education 2006”*. Sydney, NSW.

<sup>14</sup> Akister, J., Owens, M., & Goodyer, I.M. (2010) *“Leaving Care and Mental Health: Outcomes for children in out-of-home care during the transition to adulthood”*. Health Research Policy and Systems, 8:10

former foster children. A similarly disproportionate percentage of the nation's prison population is comprised of former foster youth".<sup>15</sup>

### **Why the Poor Outcomes?**

It needs to be acknowledged that children who spend time in out-of-home care (particularly children who enter care at an older age) are likely to have experienced some form of early trauma and/ or insecure attachment prior to coming into care. This reality inevitably makes children in out-of-home care more likely to experience behavioural issues in childhood and mental health concerns in adolescence and adulthood, which makes them more likely to experience social problems such as unemployment, homelessness and criminal behaviours. It is therefore not possible to conclude that it is the removal of the child from his or her parents and/or the time that the child spends in out-of-home care that *causes* them to experience poor outcomes. The more constructive question that needs to be asked is this:

- Is the out-of-home care system doing enough to repair the emotional damage experienced by children in out-of-home care?

Considering the extremely high prevalence of negative outcomes for children who spend time in out-of-home care, it is impossible to provide a convincing argument to answer the above question in the affirmative. Clearly, the current system of out-of-home care is failing our most vulnerable children.

Ultimately, the goal of foster care needs to shift from merely meeting the child's basic needs to providing the therapeutic framework necessary to repair the emotional damage and equip the child with the values and sense of self-worth necessary for him or her to emerge into society as an adult who is capable of contributing positively to our society. Only then will we end the inter-generational cycle of child abuse and neglect inherent in our society.

It is not possible to consider reform of Australia's current foster care system without first understanding the difficulties inherent therein, which is addressed in the following part of this report.

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<sup>15</sup> California Progress Report. (January 17, 2007). "Expanding Transitional Services for Emancipated Foster Youth: An Investment in California's Tomorrow." The Children's Advocacy Institute.

## **Challenges Facing Australia's Foster Care System: Foster Carer Shortage**

The primary challenge facing Australia's Foster care system today is the reality that the demand for foster carers exceeds supply. The number of children being removed from their parents more than doubled over the period 1998 to 2008.<sup>16</sup> At the same time, the number of foster carers is thought to have declined in all Australian states and territories who are experiencing "major difficulties attracting and retaining foster carers".<sup>17</sup> As a result, there is a lack of choice when determining where children will be placed and "there is often an inability to match the needs of the child with a foster placement which best suits these needs".<sup>18</sup>

Comprehensive studies have been undertaken as to the reasons for the shortage in foster carers in Australia. One explanation for the shortage that is consistently identified in the studies is the changing social and economic role of women in Australia. Married women with children are increasingly joining the labour force - this is the demographic that has historically been primarily responsible for undertaking the foster carer role.<sup>19</sup>

A study undertaken in 2005<sup>20</sup> considered the key issues that affect foster families in Australia, which provides valuable insight into the reasons why foster carer numbers may be continuing to decline. The following significant issues were identified:

- Carer recruitment strategies tend to be undermined by the onerous administrative process required to become carers and the lack of follow-up by agencies responsible for recruiting them;
- Foster carers are often dissatisfied by the lack of support provided to them by the relevant government department;
- The standard carer subsidy paid to carers is considered inadequate;

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<sup>16</sup> Council of Australian Governments (2009) "*Protecting Children is Everyone's Business - National Framework For Protecting Australia's Children 2009-2020*". Canberra, ACT.

<sup>17</sup> Smyth, C. & McHugh, M. (2006) "*Exploring the Dimensions of Professionalising Fostering - Carers' perceptions of Their Fostering Role*". Children Australia Vol 31, No 1 Page 13.

<sup>18</sup> Tomison, A.M.; Stanley, J. (2001) "*Alternative care: Shifting demands on voluntary foster care*". Strategic Directions in Child Protection: Informing Policy and Practice. Brief No. 6 Unpublished report for the South Australian Department of Human Services. Page 114

<sup>19</sup> Smyth, C. & McHugh, M. (2006) "*Exploring the Dimensions of Professionalising Fostering - Carers' perceptions of Their Fostering Role*". Children Australia Vol 31, No 1 Page 13.

<sup>20</sup> Bromfield, L. M., Higgins, D. J., Osborn, A., Panozzo, S., & Richardson, N. (2005). *Out-of-home care in Australia: Messages from research*. Melbourne: National Child Protection Clearinghouse, Australian Institute of

- Carers feel unsupported when faced with violence, threats or intimidation by children or young people in their care;
- Training for foster carers (both initially and ongoing) is considered inadequate by the majority of carers - one QLD study found that “50% of all foster carers surveyed had not completed any pre-service or induction training prior to receiving their first placement”; and
- An increasing number of children entering care today are presenting with increasingly complex needs, which exacerbates the above stressors felt by carers.

The final point identified above is considered in more detail in the paper by Smyth & McHugh (2006).<sup>21</sup> They demonstrate that the role of foster carers is progressively shifting from that of ‘substitute parent’ to more of a ‘parent-therapist’ or ‘surrogate-therapist’ role. Smyth & McHugh reason that government-funded early intervention and family support programs are successfully addressing the needs of lower-risk families, reducing the need for ‘easier to care for’ children requiring out-of-home care. Smyth & McHugh go on to consider alternative placement options for children who require out-of-home care, including the “professionalisation of foster care”, which is discussed in more detail in the following section of this report.

### **First Recommendation: The “New Model of Foster Care”**

Ideally, the goal of foster care needs to go well beyond merely meeting the child’s basic physical needs. Considering the increasing number of children coming into care with complex needs, foster carers who care for these children undoubtedly require specific training and significant ongoing support to assist the child in their care to repair the emotional damage they have incurred. It is unreasonable to expect that traumatised children will thrive away from their natural family if they are not provided with specialised support to foster the positive sense of self-worth and feeling of “perceived security” necessary to emerge as balanced, well-adjusted young adults.<sup>22</sup> **It needs to be acknowledged that sending a child to counselling for an hour each fortnight coupled with an hour of family contact each week is not going to meet the emotional needs of**

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Family Studies.

<sup>21</sup> Smyth, C. & McHugh, M. (2006) “*Exploring the Dimensions of Professionalising Fostering - Carers’ perceptions of Their Fostering Role*”. Children Australia Vol 31, No 1 Page 13.

<sup>22</sup> Bromfield, L. M., & Osborn, A. (2007). “*Young People Leaving Care*” (Research Brief No. 7). Australian Institute of Family Studies, National Child Protection Clearinghouse.

**most children who have experienced abuse and/or neglect from their natural parents.**

*What the New Model of Foster Care Intends to Achieve*

The reform recommended in this report is based on an acknowledgment that children entering care do not all present with the same level of needs. Similarly, not all families who are interested in fostering children have the same motivations and expectations of the fostering experience. The challenge and ultimate reward lies in marrying up the right children with the right carers.

Obviously, in light of the shortage of carers, this will not simply be a case of selecting the placement of children more carefully. What is required is an entirely new model of foster care - one that addresses the multitude of problems inherent in the current system. The New Model of Foster Care will be designed to achieve the following:

- Address the shortage of foster carers by attracting new members of the community to become carers - people with qualifications, skills and experience that are specifically relevant to assisting children and young people who have experienced trauma and/or insecure attachment;
- Incorporate mandated professional mentoring for foster carers to promote continuing professional development and quality assurance for the children and young people in their care;
- Provide a high level of support to carers who foster children and young people with complex needs including access to specialised services, support groups and regular respite;
- Provide preliminary and ongoing training for carers that is nationally accredited and specifically targeted to the level of needs of the children/young people that the carers intend to foster;
- Reduce the incidence of placement breakdowns, which are consistently shown to be a major contributing factor to children who experience poor outcomes after leaving out-of-home care;
- Foster a collaborative professional relationships between carers and caseworkers, which



will ultimately reduce the workload required of caseworkers for each individual child on their case list; and

- Significantly reduce the number of children having to be placed in residential care facilities.

### How the New Model of Foster Care will Work

The current system of foster care in Queensland does not delineate between carers' skill and/or experience levels. All carers are subject to the same screening criteria and application initially; and as a general rule, all carers receive the same level of support and are paid the same subsidy to meet the costs of the child's care. When a child in care is identified and diagnosed as having special needs or difficult behaviours, the carers of such children – regardless of their skill level – may apply for additional funding in the form of a “High-Support-Needs” supplement. In reality, providing this additional money to ill-equipped carers merely “softens the blow” or “provides a sweetener” as *compensation* for having to deal with difficult behaviours. It fails to provide the specific treatment or support necessary for the child to address the cause of their problematic behaviour. The current system therefore fails to provide the child with the essential tools and treatment necessary for the child to reach his or her full potential.

The “New Model of Foster Care” proposed in this report is not an entirely new concept. It builds on the idea of “professionalising foster care”, which is attracting increasing attention in a number of western countries where foster carer shortages are prompting new and innovative alternatives to the current model of foster care.<sup>23</sup> Central to the concept of professionalising foster care is the idea that fostering is a skilled profession that should be recognised and remunerated accordingly.

The key feature of the proposed “New Model of Foster Care” is the creation of three distinct categories of foster carers who will be trained, supported and paid a salary in accordance with the level of needs of the children they intend to have placed in their care. For ease of reference, the three categories of carers shall be identified as Tier 1 Carers, Tier 2 Carers and Tier 3 Carers.

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<sup>23</sup> Smyth, C. & McHugh, M. (2006) “Exploring the Dimensions of Professionalising Fostering - Carers’

### **Tier 1 Carers**

- Certainly, it is possible for some children (particularly if placed in care at a very young age) to thrive in a “normal” family environment. The needs of such children will generally be quite appropriately met in a ‘substitute parent’ type of placement, which can be provided by a foster carer who has relatively minimal training but an abundance of love to give.
- It is envisioned that Tier 1 Carers will be remunerated with a salary in addition to the subsidy provided to meet the basic costs of caring for each child. The salary provided to Tier 1 Carers will be less than that provided to Tier 2 and Tier 3 Carers.
- Tier 1 Carers will receive support and assistance from their foster care worker and the child’s case worker, however it is anticipated that the level of assistance required will be less than that required by Tier 2 and Tier 3 Carers.

### **Tier 2 Carers**

- Tier 2 Carers will have at least one member of the family who is specifically trained and accredited with the skills necessary to meet the higher needs of the children they anticipate having in their care. It is expected that carers who apply to be Tier 2 Carers will have qualifications, training and/or experience which deems them appropriate to deal with children with complex needs. The children identified as requiring this type of placement will include those with significant behavioural issues, attention deficit disorders, attachment disorders and the like.
- It is envisioned that Tier 2 Carers will be remunerated with a salary in addition to the subsidy provided to meet the basic costs of caring for each child. The salary provided to Tier 2 Carers will be higher than that provided to Tier 1 Carers and lower than that provided to Tier 3 Carers.
- Tier 2 Carers can expect to receive significant support and assistance from their Foster Care Worker and the child’s case worker. Tier 2 Carers can also expect to receive additional supports if required, including access to specialised services, support groups and regular respite.

- Tier 2 Carers can expect to have a Team Leader who is responsible for mentoring them in their foster caring role, managing their professional development and ensuring that the children in their care are receiving the support/treatment they require for each of them to reach their full potential.
- Tier 2 Carers will be required to undertake a minimum level of additional training each year to maintain their accreditation as Tier 2 Carers.
- Tier 2 Carers will be restricted as to the hours of additional paid employment they are permitted to undertake whilst they have Tier 2 children placed in their care.
- Tier 2 Carers will have a maximum number of three children placed in their care at any one time, with the possibility of this number being increased to accommodate larger sibling groups.
- Tier 2 Carers will be required to provide a comprehensive report periodically to each child's caseworker detailing the child's progress in areas such as their behaviour, education, social interactions, extra curricular activities, future plans etc.

### **Tier 3 Carers**

- Tier 3 Carers will have at least one member of the family who is specifically trained and accredited with the skills necessary to meet the extremely high needs of the children they anticipate having in their care. It is expected that carers who apply to be Tier 3 Carers will have qualifications, training and/or experience that deems them appropriate to deal with children who have very complex needs and/or extreme behavioural issues. Children identified as requiring this type of placement will include those children who are typically placed in residential care facilities and those who would traditionally have qualified for TPP funding.
- It is envisioned that Tier 3 Carers will be remunerated with a salary in addition to the subsidy provided to meet the basic costs of caring for each child. The salary provided to Tier 3 Carers will be significantly higher than that provided to Tier 1 and Tier 2 Carers and will reflect the employment restrictions inherent in their role, which precludes them from undertaking any other form of paid employment.
- Tier 3 Carers can expect to receive significant support and assistance from their foster

care worker and the child's case worker. Tier 3 Carers can also expect to receive additional supports if required including access to specialised services, support groups and regular respite.

- Tier 3 Carers can expect to have a Team Leader who is responsible for mentoring them in their foster caring role, managing their professional development and ensuring that the children in their care are receiving the support/treatment they require for them to reach their full potential.
- Tier 3 Carers will be required to undertake a minimum level of additional training each year to maintain their accreditation as Tier 3 Carers.
- Tier 3 Carers will have a maximum of two children placed in their care at any one time, but where possible, one child per Tier 3 household is preferred.
- Tier 3 Carers will be required to provide a comprehensive report periodically to each child's caseworker detailing the child's progress in areas such as their behaviour, education, social interactions, extra curricular activities, future plans etc.

It is acknowledged that the model outlined above has far-reaching implications on many aspects of how the current child protection system operates. However, it is beyond the scope of this report to discuss all aspects of how the New Model of Foster Care will be implemented. It is noted that significant work will need to be undertaken to reconcile the proposed model with the existing legislation and work practices. For example, the model presented in this report does not consider specific issues such as how to reconcile the need to keep sibling groups together with the intention to place each child according to their individual needs. However, it needs to be emphasised that such issues *can* be resolved to enable the proposed model to work effectively and in harmony with Child Safety's work practices.

### **Protocols for Dealing with Reports of Poor Quality Care**

Noting that the New Model of Foster Care proposed in this report incorporates financial reward to attract more highly-skilled carers and motivate existing carers to build on their knowledge/skill base, it is important to ensure that carers are not recruited for the wrong

reasons, i.e. financial gain alone. As with most employment roles, it is the individuals who have a passion for achieving something more than mere remuneration who are best suited to their chosen vocation. Similarly, it is anticipated that by making foster caring a paid role, more highly skilled individuals with a passion for helping children will be attracted to apply for this important role.

Unfortunately, even under the current foster care system where carers are paid a basic subsidy to cover the costs of caring for the children placed in their care, most caseworkers will have experienced more than one carer who is motivated by the money they receive rather than the intended altruistic motivation to help children. Accordingly, effective provisions and work practices need to be put in place to ensure that the introduction of salaries for foster carers does not attract or retain individuals who are motivated solely for their own financial gain.

In considering the options of how best to monitor the quality of care being provided by foster carers, it is essential to review the measures currently in place within the existing foster care/ child protection framework.

At present, if Child Safety receives concerns (be it from personnel within the Department or from an outside source) that a child in out-of-home care has received inadequate or poor quality care, Child Safety will consider the matter in the context of the Statement of Standards (Section 122 of the Child Protection Act 1999) and take the following action:

1. **The concern may be “caseworked”** - this means that the matter is addressed directly with the carer by the Caseworker/ Team Leader in an unofficial manner. If, after interviewing the carer the Team Leader is satisfied that the child is not at risk of harm and the carer is able to provide a reasonable explanation or demonstrate insight into the concern & provide an undertaking to do things differently in future, then the matter is considered to be “resolved” at this point.
2. **Matter of Concern - Child Placement Concern Report** - If the concern is considered to be of a more serious nature that includes a suspected breach of the Statement of Standards but the information gathered indicates that the child has not experienced harm, then a Matter of Concern - Child Placement Concern Report is created and an “Action Plan” will generally result if the report is substantiated. The Action Plan may include a requirement for the carer to participate in specific training, access particular

assistance or undertake to do or not to do certain things. The option of relocating the child is not considered.

3. **Matter of Concern - Notification** - If a Matter of Concern is created and the information gathered indicates that the child has experienced harm or there is an unacceptable risk of suffering harm then a Notification is created and if substantiated, an "Action Plan" will generally result. The Action Plan may include a requirement for the carer to participate in specific training, access particular assistance or undertake to do or not to do certain things. In very rare circumstances, the Manager of the relevant Child Safety Service Centre may consider removing the child and/or cancelling the carer's Certificate of Approval.

On the question of how effective the above provisions are in ensuring that children in out-of-home care receive a high quality standard of care, the answer in the author's opinion is this:

**The above provisions fall well short of ensuring that children in out-of-care receive a high quality standard of care.**

In practice, the problems with the provisions currently responsible for ensuring a high quality standard of care for children in out-of-home care are numerous and serious and include the following:

- **"Caseworking" fails to adequately record patterns of substandard care** - The process of initiating and undertaking a Matter of Concern is extremely time-consuming if done correctly. Accordingly, when faced with the decision of whether to initiate a Matter of Concern or simply "casework" the issue, Child Safety staff members who are already overwhelmed by their workloads will opt to "casework" the matter wherever possible rather than record it as a Matter of Concern. As a result, a significant number of concerns which include breaches of the Statement of Standards are "caseworked" and recorded in case notes only - they do not appear on Child Safety's main information database as a flagged concern. Accordingly, as cases work their way through the hands of multiple caseworkers, Child Safety fails to recognise a pattern of substandard care emerging and multiple children are having to remain in placements that fail to provide the love, support and positive guidance necessary for them to reach their full potential. By way of illustration, consider this: if a child makes a disclosure which raises concerns about his or her carers and the carers deny the allegations in the process of the matter

being “caseworked”, in the absence of other evidence being available, the matter is dismissed and probably forgotten. Alternatively, if the matter was recorded as a Matter of Concern (even if the outcome is unsubstantiated) another caseworker who identifies or receives similar concerns about this or another child later down the track, can clearly identify and respond to the pattern of concern that may be emerging.

- **Children are very rarely given the opportunity to move placements** - In the interests of protecting the stability of the child’s placement, the option of moving a child to an alternative placement is only considered as an absolute last resort. It will occur only if Child Safety is able to establish compelling evidence that the child has been harmed or is at risk of immediate harm. The questions of whether the placement is a positive environment for the child to be in or if the child feels loved, supported and valued are largely irrelevant to the decision of whether the child shall remain in the placement or not - the decision to move the child will generally only be made if the child is at risk of immediate harm. This means that it is only in rare and exceptional circumstances that Child Safety will move a child to an alternative placement whilst the concerns are investigated or even thereafter. In my view, if there are serious concerns about the quality of care that a child is receiving in their placement then the child should be offered respite with alternative carers *immediately*. The child should only return to the original carers once the matter is resolved and only if Child Safety is confident that the child can expect to receive a high standard of care upon return. To do otherwise is to place the child at risk of being coerced, threatened or treated punitively by the carers in response to the allegations. Furthermore, if left in the placement whilst the matter is being investigated, children are far less likely to provide honest and detailed information about their experience with their carer for fear of repercussions from the carer.
- **Best interests of the child Vs foster carers’ rights** - Foster carers now have access to significant resources and supports including advocacy in the event that they do not agree with a decision made by Child Safety. This has resulted in an unhealthy shift of focus from the best interests of the child being the paramount concern to the rights of carers holding significant weighting. Accordingly, rather than making decisions based solely - or even primarily - on what is in the best interests of the child, Child Safety will inevitably consider the possible response from carers and make a decision that is at least ‘coloured’ by the carer’s anticipated response. Although this reality is not something that Child Safety will comfortably admit, it is undoubtedly the case due to the time-consuming nature of the process involved if carers chose to challenge Child Safety’s decisions.

## **Second Recommendation: Caseworkers for Problematic Carers**

It is clear from the preceding section of this report that one of the main problems with the measures currently responsible for ensuring children receive a high standard of out-of-home is the impractical workload involved in following the existing protocols correctly. It is also apparent that the process for dealing with reports of placement concerns requires quite specialised knowledge and experience. It is therefore impractical to expect general caseworkers to: (a) have time available to respond appropriately if required; and (b) possess the knowledge and skills necessary to ensure that the matter is dealt with correctly.

Before outlining the proposed recommendation, it is important to emphasise that reports of inadequate or poor quality care are not a rare occurrence for Child Safety. Child Safety receive a large volume of such reports from sources including community visitors, caseworkers, schools, parents, family contact facilitators, friends, relatives and neighbours of the carers, as well as the children themselves.

As to what can be done to address the shortfalls of the current system, this report recommends the following:

- **CSOs specifically allocated to problematic carers** - one or more Child Safety Officers in each Service Centre be responsible for holding cases (i.e. children) who are placed with carers that have been identified as being problematic in one way or another. This will include carers who, for example, are subject to an Action Plan, may have had one or more unsubstantiated Matter of Concerns, are repeatedly uncooperative with caseworkers, or who have established a pattern of concerns regarding the care they provide to children placed with them. These specialised CSOs will receive specific training to assist them in their role and will have reduced caseloads to enable them to spend the additional time required to:
  - a. Work directly with the carers to address the concerns identified and ensure that the carers receive the supports and/or assistance they require to deliver a high level of care;
  - b. Closely monitor the carers both directly (i.e. through increased home visits) and indirectly (i.e. make regular and frequent enquiries with schools, doctors, contact facilitators etc) to ensure that children placed in



their care are consistently receiving a high standard of care; and

- c. Follow through with the Matter of Concern process rigorously if required, including undertaking the Investigation and Assessment of MOC-Notifications.

- **New guidelines for 'removing' children in care** - The current situation in which children are only 'removed' from carers if initiated by the carer or if the child is likely to be 'harmed' needs to be abolished. Instead, if it becomes clearly apparent that a child is not 'fitting into' their placement or the carers are not able to offer the assistance necessary for the child to thrive, then the option of placing the child in an alternative placement needs to be contemplated far more readily than is currently the case. Obviously, this decision needs to be carefully weighed up against the competing objective of fostering stable placements for children. Most importantly however, the influence/power currently held by foster carers to resist placement changes that they do not agree with needs to end. The best interests of the child need to prevail as the principal concern over the wishes of their carers.
- **New guidelines for children to be placed with respite carers whilst MOCs are in progress** - If there are serious concerns about the quality of care that a child is receiving in their placement then the child should be offered respite with alternative carers *immediately*. The child should only return to the original carers once the matter is resolved and only if Child Safety is certain that the child can expect to receive a high standard of care upon return. It is noted that provision currently exists within the Child Safety Practice Manual for this to happen. The problem is that in practice, this option is almost never invoked.

## **Conclusion**

The rationale for removing a child from his or her natural parents is that the child is likely to be better off in life if he or she is protected from experiencing abuse and/or neglect during childhood. Unfortunately, the long-term outcomes for children who have spent time in out-of-home care do not convincingly demonstrate this to be the case. The evidence clearly shows that children who have spent time in foster care are over-represented in unemployment,

homelessness, teenage pregnancies, disabilities, lack of formal qualifications and imprisonments. It is therefore imperative that Child Safety review the experience of children in foster care, identify the reasons for the systemic shortfalls and undertake whatever reform is necessary to improve the prospects of our most vulnerable children.

This report has investigated the reasons why Australia is experiencing a serious shortage of carers and the resulting impact this is having on the quality of care that Australia is able to offer it's most vulnerable children. The recommendations detailed herein offer an alternative approach to the existing model of foster care, which is capable of addressing both the shortage of foster carers and dramatically improving the standard of care offered to children in out-of-home care.

The New Model of Foster Care advocated for in this report has its roots in the emerging idea of "professionalising foster care", which involves the recruitment of highly skilled carers and the payment of a salary for the valuable service they provide. This report acknowledges that with the inclusion of financial incentives for foster carers comes the possibility that people may apply and become carers for the wrong reasons. This report has therefore advocated for specific measures to be included in the reforms to monitor and respond to concerns received about the quality of care being provided by foster carers.

Ultimately, the recommendations contained herein are aimed at removing "the lottery factor" inherent in Queensland's current foster care system and offering a consistently high standard of care to children who essentially missed out in the first critical lottery of life. Yes, there are costs involved in paying foster carers a salary and these funds need to be budgeted for. However, in considering the economic viability of the proposal, the words of Raman (2005) need to be born in mind: "*act now as a prudent economist would, spend a little now to save a lot in the future. The cost of doing nothing is detrimental to young people, society and the economy at large*".<sup>24</sup>

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<sup>24</sup> Bromfield, L. M., & Osborn, A. (2007). "*Young People Leaving Care*" (Research Brief No. 7). Australian Institute of Family Studies, National Child Protection Clearinghouse.

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