

Queensland
Family & Child
Commission

Review of the foster care system

Discussion Paper

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UNDERTAKING A REVIEW

On 21 September 2016, the Premier requested the Queensland Family and Child Commission (QFCC) undertake a review of the blue card system, the approval and monitoring processes for foster carers (including kinship carers and provisionally approved carers) and pressure points in child protection service delivery.

The need for this review was identified following the investigation into the tragic death of Tiahleigh Palmer and subsequent arrest of Tiahleigh's foster carers. The QFCC's first report, *When a child is missing: Remembering Tiahleigh – A report into Queensland's children missing from out-of-home care* was released on 11 July 2016.

This review will also provide an opportunity to examine the work undertaken by the Royal Commission into Institutional Responses to Child Sexual Abuse in relation to the out-of-home care system.

SCOPE

For the purpose of the review the foster care system refers to foster carers, kinship carers and provisionally approved carers.

TERMS OF REFERENCE

The review is to be conducted under Part 3 of the *Family and Child Commission Act 2014*.

The QFCC will work with stakeholders and an established Expert Panel to identify opportunities for improvement in the blue card system and foster care approval and monitoring processes.

The terms of reference under which the QFCC will conduct the review are as follows:

1. Explore ways to build and sustain public confidence in the blue card and foster care systems.
2. Review the blue card system legislation, including its scope, to identify any gaps, barriers, inconsistencies or inefficiencies in meeting the safety needs of children in Queensland.
3. Review key blue card system operations to identify opportunities to streamline, innovate and enhance access for members of the community, including Aboriginal and Torres Strait Islanders.
4. Audit and review foster carer approval and monitoring processes, to assess their effectiveness as safeguards for vulnerable children and to identify any gaps or inconsistencies in meeting the safety needs of children in Queensland.
5. Review Child Safety Services within the Department of Communities, Child Safety and Disability Services to determine whether it is operating effectively, including engaging with frontline staff through targeted consultation to determine any capacity issues or pressure points in meeting the safety needs of children in the Child Protection System.

REVIEW PROCESS

In undertaking the review, the QFCC will:

1. Establish steering and advisory mechanisms representative of the scope of the blue card and foster care systems.
2. Work collaboratively with stakeholders, including through conducting state-wide and targeted consultation and providing an open opportunity for written submissions.
3. Consider the QFCC's own prior reviews, relevant publications and evidence of the Royal Commission into Institutional Responses to Child Sexual Abuse, the Queensland Child Protection Commission of Inquiry and the Queensland Ombudsman.
4. Explore any specific issues with the blue card system and foster care approval and monitoring processes experienced by Aboriginal and Torres Strait Islander families and children.
5. Assess and consider relevant developments in other jurisdictions, including the impact of a nationally consistent approach or model to the blue card system.
6. Provide an estimate of any costs, savings, efficiencies or impacts to government or stakeholders expected to result from any proposed recommendations.
7. Deliver findings and recommendations to the Premier by 31 March 2017.

GUIDING PRINCIPLES FOR THE REVIEW

The following principles will guide the review of the foster and kinship carer approval and monitoring processes:

1. The safety and wellbeing of children in the child protection system is of paramount importance.
2. The voices of children must be heard throughout all stages of the process.
3. Keeping children safe in the child protection system is a shared responsibility. Government agencies, service providers and the community must work together.
4. The foster and kinship carer approval and monitoring process must be thorough, efficient and flexible.
5. Any reforms must consider the over representation of Aboriginal and Torres Strait Islander children in the child protection system and how best to ensure children remain safe in culture.

WHY WE NEED YOUR HELP

The review provides an opportunity to test contemporary community expectations in relation to the role of the blue card and foster and care systems in keeping children safe.

The review must be informed by the practical experiences of people engaging with the blue card and foster care systems.

Hearing from the community and stakeholders about what works well and what needs improving is essential to making sure any reforms will be effective and sustainable into the future.

NEXT STEPS

The QFCC will consult widely on the operation of the blue card and the foster care systems in Queensland.

There will be many opportunities to contribute, including by providing responses to discussion papers.

The feedback provided will be used to develop options for reform to improve the operation of the systems. Further consultation in relation to these options will be undertaken in the future.

For more information about the review and how you can contribute visit

www.qfcc.qld.gov.au

MAKE A SUBMISSION

You are invited to make a submission in response to this discussion paper or the discussion paper about the review of blue card system, which can be accessed at: <http://www.getinvolved.qld.gov.au/gi/consultation/3405/view.html>

Feel free to answer only those questions most relevant to you.

You can lodge your submission by email or post:

Email: morethansafe@qfcc.qld.gov.au

Mail: Queensland Family and Child Commission
PO Box 15217

BRISBANE CITY EAST QLD 4002

Submissions for both discussion papers will close on 23 December 2016.

The information you provide in response to the discussion papers will only be used by the QFCC for the purposes of undertaking the Review of the blue card and foster care systems.

Submissions provided to the QFCC in relation to the discussion papers will be treated as public documents.

If you would like your submission, or any part of it, to be treated as confidential, please indicate this clearly in the submission.

This is a discussion paper only. It does not represent the policy of the Queensland Government.

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FOSTER CARE SYSTEM IN QUEENSLAND

PURPOSE OF THE FOSTER CARE SYSTEM

The foster care system incorporates foster carers, kinship carers and provisionally approved carers.

The purpose of foster care is to provide a safe and supportive home environment for children in the care of the Department of Communities, Child Safety and Disability Services (DCCSDS) where it has been assessed that the child is unable to safely reside in their own home environment.

The Queensland foster care system is undergoing a period of change in implementing the recommendations from the Queensland Child Protection Commission of Inquiry (QCPCOI) (see Appendix 1).

ROLE OF CARERS

Approved carers play a key role providing out-of-home care for children in the child protection system. There are three types of approved carers:

- **Foster carers** are approved to provide care in their own homes for children and young people who they are not related to biologically.
- **Kinship carers** are approved to provide care in their own homes for a relative, family member, close friend or child or young person from their community. For Aboriginal and Torres Strait Islander children, a kinship carer may be an Indigenous person who is a member of a similar family group, community, clan, tribe, community that is similar to the child's clan, or from the same language group.

- **Provisionally approved carers** are foster or kinship care applicants who are provisionally approved allowing them to care for a child or young person while their application to become a foster carer or kinship carer is decided. Provisional approval is valid for 60 days. It may be extended but cannot exceed 90 days.

As at 30 June 2016, there were a total of 5,186 carers in Queensland and of these, 70.9 per cent were foster carers, 26.4 per cent were kinship carers and 2.7 per cent were provisionally approved carers¹.

REGULATION OF FOSTER CARE

The *Child Protection Act 1999* and the *Child Protection Regulation 2011*, provide the legislative basis for the regulation of foster and kinship care (see Appendix 2). The Child Safety Practice Manual (CSPM)² outlines the following key steps for the regulation of foster and kinship care (below).

Child Safety Services, Blue Card Services, the Office of the Public Guardians (OPG) community visitor program, foster and kinship care services, other government agencies, non-government agencies, members of the carer's family and community members also have roles in relation to safeguarding children in foster and kinship care.



QUESTIONS

1 Is there adequate regulation of the foster care system? If not, what is missing?

2 Should out-of-home care for children be dealt with in a separate Act rather than the *Child Protection Act 1999*? Why/why not?

¹ DCCSDS, <https://www.communities.qld.gov.au/childsafety/about-us/our-performance/ongoing-intervention-phase/carer-families>

² <https://www.communities.qld.gov.au/childsafety/child-safety-practice-manual>

CLARIFYING THE SYSTEM

PRE-APPLICATION PROCESS

What is the current pre-application process?

Current position

The pre-application phase involves the following steps³:



The pre-application process for foster carers

Once an expression of interest is recorded, potential applicants are provided with information sheets and invited to an information session or an initial interview to discuss the requirements to become a foster carer.

If significant concerns arise prior to application, these are discussed with the applicant who is provided with the opportunity to withdraw from the process. For applicants who wish to progress, an application must be ‘properly made’ and lodged with Child Safety Services.

Pre-service training for foster carers

Completion of the pre-service training is a prerequisite to become a foster carer and is aimed at supporting development of the skills and knowledge required to provide quality care to children in out-of-home care.

Pre-service training generally commences prior to the application for approval being submitted. Once the application is ‘properly made’ the approval decision must be made within 90 days or a further agreed period.

Kinship carers

Kinship carers are not required to attend an information session or pre-service training. However, the views of the child and family must be sought. For Aboriginal and Torres Strait Islander children a Recognised Entity must be given an opportunity to provide specialised cultural and family knowledge during the process.

Provisional approval

Carers who are provisionally approved are not required to attend an information session, complete the ‘Household safety checklist’ or ‘Carer health and wellbeing questionnaire’. Prior to a full assessment being completed carers are interviewed and urgent criminal and personal history checks are completed and a brief assessment undertaken. A Child Safety Service Centre (CSSC) manager can provisionally approve an applicant, however a regional director must approve if urgent personal history checks have not yet been completed by the DCCSDS Central Screening Unit. Following provisional approval, an applicant must then be assessed for a full foster or kinship carer certificate of approval.

QUESTIONS

3

Are there additional steps in the pre-application processes that could enhance safeguards for children in out-of-home care?

4

Should pre-service training be compulsory for kinship carers? If so, what should this training include?

3 DCCSDS, CSPM, Chapter 8: *Regulation of Care*, pgs 5-12

CLARIFYING THE SYSTEM

ASSESSMENT PROCESS

What is the current information gathering process?

Current position

The assessment of carer applicants can be undertaken by DCCSDS, a foster and kinship care service or an external assessor contracted by either entity. The assessment focuses on the applicant's demonstrable knowledge, skills, abilities and reflection on how their experiences, views and behaviour may impact on their ability to provide care for children in out-of-home care and involves the following steps⁴.



Personal History Checks – Include Blue Card Services Working with Children Checks (WWCCs) and child protection history checks (discussed in next section). They may also include assessment of domestic violence and traffic history.

Household safety study – Assesses the safety of the applicant's home. An applicant is expected to make any necessary changes to meet the mandatory safety requirements by the time a decision for approval is required.

Assessment interviews – The CSPM indicates that assessment interviews conducted should include: an initial joint interview with both applicants (if a joint application), an individual interview with each applicant, where possible, a further joint interview with both applicants, an interview with all children and adults who form part of the applicant's home environment, and at least one interview must be held in the applicant's house. The assessment framework is less structured for kinship care applicants, due to the family connections⁵.

Other checks – Referee and medical checks are discretionary processes and rely on self-disclosure by the applicant. An assessor may consider a range of people for referees⁶.

Other information

Guidelines foster and kinship carer assessments

The Guidelines for completing a foster carer assessment report – initial approval only⁷, and the Kinship carer initial assessment report guidelines⁸ provide information about legislative requirements and factors to consider during assessments.

Royal Commission into Institutional Responses to Child Sexual Abuse

The Royal Commission has released a scoping paper⁹ reviewing evaluations of pre-employment screening practices.

QUESTIONS

5 Should additional information be gathered in the assessment process? If so, what?

6 What type of referee and medical checks should occur? Should these be mandatory?

4 DCCSDS, CSPM, Chapter 8: *Regulation of Care*, pgs 12 -27

5 DCCSDS, CSPM, Chapter 8: *Regulation of Care*, pg 21

6 DCCSDS, CSPM, Chapter 8: *Regulation of Care*, pgs 22-26

7 <https://www.communities.qld.gov.au/resources/childsafety/foster-care/frm-3a-guidelines-initial-approval.pdf>

8 <https://www.communities.qld.gov.au/resources/childsafety/foster-care/kinship-carer-initial-assessment-rpt-guidelines.pdf>

9 <http://www.childabuseroyalcommission.gov.au/policy-and-research/our-research/published-research/evaluations-of-pre-employment-screening-practices>

CLARIFYING THE SYSTEM

ASSESSMENT PROCESS

How do personal history and Working with Children Checks currently operate?

Current position

People who will have regular contact or involvement with a child placed in out-of-home care, are subject to personal history checks including a WWCC.

Blue Card Services – WWCCs

A carer, an adult household member and any other adult person who will have regular contact with a child placed with the carer is required to obtain a blue card. This includes assessing information obtained from a national criminal history check to assess whether there is any risk of harm to a child.

Blue Card Services advises the DCCSDS of the outcome of the blue card application and any suspensions/cancellations or changes to a blue card holder's criminal history. Details of a person's criminal history are not provided to the DCCSDS.

If the blue card application results in the issue of a negative notice, the person can apply to the Queensland Civil and Administrative Tribunal (QCAT) for a review of the decision. A CSSC manager may decide to temporarily suspend the assessment of a carer application until the outcome of any review process is known. The application for carer approval must be refused if no review is initiated following the issuing of a negative notice or the decision is upheld by QCAT.

DCCSDS – Personal and child protection history checks

The Central Screening Unit in the DCCSDS undertakes part of the suitability assessment as well as the provisional approval assessment for all applicants and adult household members. The following information is considered:

- child protection history checks in Queensland, and interstate or in New Zealand if the applicant has lived there for six months or more, and, if determined necessary, in other overseas jurisdictions
- domestic violence and traffic history, in specified circumstances
- criminal history checks (police and disciplinary information), for provisional carer applicants only
- child protection history checks for any children residing in the applicant household.

If there is personal history that may assist the assessor in completing the assessment report, the relevant personal history should be provided by the CSSC to the assessor if the applicant is eligible to progress. The CSSC manager may decide not to provide information if it is of a sensitive nature.

Provisional approvals

If a carer applicant is to be provisionally approved prior to the completion of a full assessment, the DCCSDS will undertake a criminal history check (if no blue card is held) as well as checking the personal history and child protection history for the applicant and all adult household members. The CSSC manager may decide to place a child prior to a blue card decision if satisfied no available history indicates a risk to the child.

QUESTIONS

7

Are the current legislative and policy arrangements for conducting and assessing carer applicant's personal history checks satisfactory? If not, what areas need to be improved and why?

CLARIFYING THE SYSTEM

APPROVAL PROCESSES

What is the decision making framework for approvals?

Current position

The decision making framework for approving carer applicants is prescribed by the *Child Protection Act 1999* and the *Child Protection Regulations 2011*, which indicate approval will be granted by the chief executive officer of the DCCSDS (or delegated officer) to an applicant who:

- is a suitable person to be an approved foster and kinship carer, and all members' of the applicant's household are suitable persons to associate on a daily basis with children (holds a blue card and does not have any personal or child protection history which would deem them as unsuitable)
- is able to meet the standards of care in the statement of standards
- is able to help in appropriate ways towards achieving plans for the child's protection
- does not pose a risk to the child's safety
- understands, and is committed to, the principles for administering the *Child Protection Act 1999*
- is able to protect the child from harm
- has completed any training reasonably required by the chief executive to ensure the person is able to properly provide the care
- understands the policies and procedures implemented by the chief executive to ensure the care meets the standards of care in the statement of standards.

Additional criteria identified by DCCSDS include:

- the ability to identify personal experiences, background, current family dynamics and lifestyle, and reflect on how these are relevant to caring for a child in care
- the ability to provide a safe and stable living environment free from harm or risk of harm
- the ability to provide a nurturing environment that contributes to a child's positive self-regard
- the ability to work as part of a team that includes the child, their family, Child Safety Services and other relevant service providers¹⁰.

The DCCSDS also provide a number of resources that underpin and outline the assessment framework for approval and decision making.

Other information

Foster carer assessments

Practice Paper: Assessment of foster carer applicants¹¹

Kinship carer assessments

Practice Resource: Assessment of kinship carer applicants¹²

QUESTIONS

8

What decision making framework would best support kinship carer approval processes in safeguarding children in kinship care? How should it differ to foster carer approvals?

10 DCCSDS, Practice Paper: *Assessment of foster carer applicant*

11 <https://www.communities.qld.gov.au/resources/childsafety/foster-care/fcpracticepaper.pdf>

12 <https://www.communities.qld.gov.au/resources/childsafety/practice-manual/practice-resource-kinship-assessment.pdf>

CLARIFYING THE SYSTEM

APPROVAL PROCESSES

What is the current approval process?

Current position

The *Child Protection Act 1999*, section 135 (1)(a) & (b) and the *Child Protection Regulation 2011*, section 22 and 23, provide the legislative requirements for approving foster and kinship carers.

The CSSC managers are delegated to make the decision to approve carers. A decision must be made within 90 days or a further agreed period of the application being 'properly made'.

The approval decision may be informed by convening an assessment panel, however a CSSC manager must decide the outcome of the application.

When deciding the outcome of an application, the CSSC manager will consider all information provided and the legislative and policy requirements for suitability, including:

- the outcomes of the WWCC and personal history checks, as recorded on the 'Form 4: Approval decision'
- the assessment report which provides a summary of the information gathered and assessed during the assessment process
- whether the applicant is a suitable person to be an approved foster or kinship carer
- the views of the Recognised Entity about the proposed kinship carer for an Aboriginal or Torres Strait Islander child¹³.

If an application is refused, the applicant is notified in writing. The applicant is able to have this decision reviewed by the QCAT.

Following approval, the general support needs of the foster carer are negotiated as part of the development of the Foster Care Agreement which sets out:

- the terms, conditions and responsibilities between the foster carer, CSSC, Placement Services Unit and the foster and kinship care service
- includes a plan for the carer's ongoing development and support needs.

The Foster Care Agreement is generally developed by the foster and kinship care service and approved by the CSSC manager.

A Foster Care Agreement is not completed for a kinship carer as their support needs are specific to the child placed in their care and recorded in the placement agreement.

QUESTIONS

9 What other steps would enhance the foster and kinship carer approval process in safeguarding children in out-of-home care?

10 Do current assessment and approval processes efficiently assess an applicant's ability to provide safe out-of-home care? If not, what additional steps could be taken?

13 DCCSDS, CPM, Chapter 8: *Regulation of Care*, pg 28

CLARIFYING THE SYSTEM

MONITORING PROCESSES

How are the standards of care monitored?

Current position

Foster and kinship carers are required to provide a level of care consistent with the standards of care as outlined in the statement of standards in the *Child Protection Act 1999*.

The statement of standards provides a way to measure quality of care and forms a basis for assessing whether a care environment is acceptable.

When a child is in the custody or guardianship of the chief executive and placed in out-of-home care, Child Safety Services will work with members of the child's care team to proactively monitor the placement and provide effective support to the carer or foster and kinship care service. The care team comprises:

- the carer, or direct care staff from the foster and kinship care service
- the child safety officer with case responsibility
- the support worker from the foster and kinship care service
- the co-ordinator or manager of the care service
- agencies or individuals, such as therapeutic or specialist support workers
- other professionals, or family members may also be included.

Responding to concerns about a child in out-of-home care

When concerns are raised about the quality of care provided to a child in out-of-home care, Child Safety Services is required to respond and make sure the safety and wellbeing of the child is protected. Child Safety Services will also identify if the carer requires additional support. The response will be either to:

- **Continue monitoring the standards of care** when there are concerns about the quality of care. Proactive case work and support will address the issues and prevent them from escalating; or
- **Conduct a standards of care review**, which occurs when there are concerns that the child's care is not meeting legislated standards. The review will determine if the standards are being met and if any actions are required to meet the standards and improve the level of care; or
- **Record a harm report** and conduct an investigation and assessment. This occurs when there is a suspicion a child was harmed and the harm may have involved the actions or inactions of a carer, adult household member.

In the year ending 30 June 2016, the Child Safety Services completed 460 standards of care reviews relating to 432 children. There were also 403 harm reports recorded relating to 383 children and of these, the harm report was substantiated for 163 children¹⁴. Recent changes in reporting policies effect trend analysis reporting (see Appendix 3).

QUESTIONS

11

Are the mechanisms for responding to concerns raised for children in out-of-home care sufficient to ensure children's safety? If not, what other mechanisms should be required?

12

How could the monitoring of standards of care be enhanced to better safeguard children in out-of-home care?

¹⁴ <https://www.communities.qld.gov.au/childsafety/about-us/our-performance/improved-safety/standard-care-reviews-harm-reports>

CLARIFYING THE SYSTEM

MONITORING PROCESSES

What is the role of child safety officers?

Current position

The child safety officer with case responsibilities must oversee the quality of the care provided to the child, as part of their regular contact with the child in the care environment¹⁵.

Monitoring of the placement by Child Safety Services can occur through the following processes:

- face-to-face contact which must occur at least monthly¹⁶
- placement meetings and developing placement agreements
- developing a child health passport
- responding to the child's educational needs
- when reviewing and completing case plans
- during reviews of the Foster Care Agreement
- upon receipt of incident reports.

The CSPM recommends that during the face-to-face contact visits, child safety officer's speak with the child alone to provide them with an opportunity to express any concerns.¹⁷

The purpose of talking with the child alone is to allow child safety officers to:

- actively listen to them and provide them with support
- seek their views and wishes about matters affecting them
- discuss any personal issues or concerns the child may raise and risks to the child's safety
- make sure they are receiving a level of care consistent with the statement of standards¹⁶.

Other information

Participation in decision-making

Practice Resource: *Participation of children and young people in decision-making*¹⁸

Royal Commission into Institutional Responses to Child Sexual Abuse

The consultation paper *Institutional responses to child sexual abuse in out-of-home care*¹⁹ raises approaches incorporating the elements of a child safe organisation into out-of-home care (2016: chapter 6).

QUESTIONS

13 What are the most effective aspects of a child safety officer's role in monitoring the safety of children in out-of-home care?

14 How could the role of child safety officers be enhanced to improve safeguards for children in out-of-home care?

15 Are there any work-force capacity issues impacting on the ability of child safety officers to monitor the safety of children in out-of-home care? If so, what are they?

15 DCCSDS, CSPM, Chapter 9: *Standards of care*, pg 10

16 DCCSDS, CSPM, Chapter 4: *Case planning*, pgs 33-34

17 DCCSDS, CSPM, Chapter 4: *Case planning*, Table 3: Additional Considerations, pgs 33-34

18 <https://www.communities.qld.gov.au/resources/childsafety/practice-manual/practice-resource-participation-of-children-young-people-decision-making.pdf>

19 <http://www.childabuseroyalcommission.gov.au/getattachment/0ffa1ec1-db19-4c3e-b3b8-d7a8f32d4f55/Out-of-home-care-consultation-paper>

CLARIFYING THE SYSTEM

MONITORING PROCESSES

What is the role of child advocates and community visitors?

Current position

The Public Guardian has child advocacy functions, which includes providing a program called the Community Visitors Program. The CSPM identifies the OPG's individual advocacy functions as one of the external services task with the promotion and protection of the rights and interest of children in visitable locations, which includes foster and kinship placements.

A community visitor has the following functions relating to a child under care staying at a visitable home:

- to develop a trusting and supportive relationship with the child, so far as is possible
- to advocate on behalf of the child by listening to, giving voice to, and facilitating the resolution of, the child's concerns and grievances
- to seek information about, and facilitate access by the child to, support services appropriate to the child's needs
- to inquire into and report on the adequacy of information given to the child about the child's rights
- to inquire into and report on the physical and emotional wellbeing of the child.

A community visitor has the following functions relating to a visitable home:

- to inspect the home and report on its appropriateness for the accommodation of the child
- to make sure the child's needs are being met by persons caring for the child at the home
- at the request of the Public Guardian, to inquire into and report on any other matter relating to a child under care staying at a visitable home or a child staying at a visitable site.

The Public Guardian may decide the regularity or frequency of visits to the child by a community visitor, having regard to the child's age, number of children staying at the home, appropriateness of the accommodation, whether DCCSDS has suspicions the child is in need of protection, the number of placements, the child's cultural background, and the child's involvement with the youth justice system.

As soon as practicable after visiting a child at a visitable home, the community visitor must prepare a report and give a copy of this report to the Public Guardian.

The OPG also has child advocates who can support children and young people in care by:

- providing information and advice about legal issues
- helping to resolve disputes and to make complaints if a child or young person has been treated unfairly
- providing support in legal meetings with child safety (or any other agency)
- providing support in a court or tribunal.

QUESTIONS

16 What are the most effective aspects of community visitors' functions in monitoring the safety of children in out-of-home care?

17 How could the community visitor program be enhanced to improve the safety of children in out-of-home care?

CLARIFYING THE SYSTEM

MONITORING PROCESSES

What are the monitoring responsibilities of foster and kinship care services?

Current position

As a result of the QCPCOI, foster and kinship carer services are now increasingly (and it is envisaged will be solely) responsible for supporting foster and kinship carers.

This transfer of responsibility also means that foster and kinship carer services have a significant role in monitoring the carer's abilities to meet the standards of care and provide a safe placement for children in out-of-home care.

There are seven key elements of carer support, including:

1. Financial and practical support
2. Emotional and psychological support
3. Social support
4. Professional development
5. Task-focused problem-solving support
6. Respite care
7. Community support²⁰.

The method by which this support is delivered for foster carers will differ to the support offered to kinship carers. The type of support provided will also differ according to a carer's individual support needs.

There are varied supports provided by foster and kinship agencies depending on circumstances and needs. However generally, foster and kinship carer services provide carers access to the following to assist in maintaining and monitoring placements:

- Carer training
- Home visit by case worker
- Telephone/email support
- Support carers at meetings
- Introduction to Foster Care Advocacy and Support Service (FAST) delegates
- Carer catch-up or support groups
- Respite
- Answers to questions
- Help in understanding their role and relevant legislation
- Help in managing complex family situations

QUESTIONS

18 What are the most effective aspects of foster and kinship care service in monitoring the safety of children in out-of-home care?

19 How could monitoring processes by foster and kinship care services be enhanced to support the safety of children in out-of-home care?

20 DCCSDS, CSPM, <https://www.communities.qld.gov.au/resources/childsafety/practice-manual/pp-carer-support.pdf>

CLARIFYING THE SYSTEM

RENEWAL PROCESSES FOR CARERS

What is the process for renewing a carer's approval?

Current position

The *Child Protection Act 1999* and *Child Protection Regulation 2011* prescribes the renewal process²¹:

Completed training	<ul style="list-style-type: none">• standard training within first 12 months• advanced training within two years
Lodge renewal application	<ul style="list-style-type: none">• DCCSDS Placement Services Unit invite carer to renew certificate
Assessment	<ul style="list-style-type: none">• personal history checks (Central Screening Unit)• complete household safety study• optional referee and medical checks• undertake assessment focused on changes since the last assessment
Approval	<ul style="list-style-type: none">• CSSC manager approves or refuses renewal application• if approved, review support arrangements and foster care agreement• if refused, provide a written notice to the carer

An approved foster or kinship carer is required to renew their approval one year from the date of initial approval and every two years thereafter. When assessing an applicant's renewal application the following should be considered:

- the carer's demonstrated ability to meet the standards of care (see Appendix 4)
- information gathered including:
 - a review of the carer's records including child protection history checks
 - training records from applicants participation in standard or advanced training
 - outcomes of any standards of care reviews or harm reports recorded
 - outcomes of personal history checks (including traffic and domestic violence history if applicable) of applicant and any adult household members

- Household safety study, Carer health and wellbeing questionnaire and medical checks, if required
- the 'Interview resource: Statement of standards' completed by the carer and where practicable other household members
- discussions with the child's child safety officer
- assessment interviews with the applicant
- information gathered from additional sources as deemed appropriate
- views of the Recognised Entity about kinship carers for an Aboriginal or Torres Strait Islander child
- the kinship carer's ability to meet the needs of the particular child in their care²².

Unless the application is withdrawn or refused based on adverse personal or child protection history, the CSSC manager, or regional director where applicable, is delegated to approve or refuse the application.

QUESTIONS

20 How could the renewal processes be enhanced to better safeguard children in out-of-home care?

21 DCCSDS, CSPM, Chapter 8: *Regulation of care*, pg 35

22 DCCSDS, CSPM, Chapter 8: *Regulation of care*, pg 39

STRENGTHENING THE SYSTEM

ASSESSMENT AND MONITORING PROCESS

How are the views of children heard?

Current position

The underpinning principles of the *Child Protection Act 1999*, emphasises the consideration of the views of children and their involvement in decision making through:

- the use of language that is appropriate to the age, maturity and capacity of the child
- communication with the child that is appropriate to their circumstances
- providing help to the child to express their views, if required
- providing the child with an appropriate explanation of any decision affecting them
- providing the child with the opportunity to respond to any decision affecting them.

There are a number of opportunities for a child to express any concerns they have including:

- monthly face-to-face visits by the child's child safety officer
- during development of the child's case plan
- during development of the placement agreement
- during visits by community visitors
- as part of a discussion with the child about the Charter of Rights for a child in care

Other information

Royal Commission into Institutional Responses to Child Sexual Abuse

Consultation paper '*Institutional Responses to child sexual abuse in out-of-home care*' raises options for educational programmes for children to assist in preventing sexual abuse (2016:pg 93)

Charter of Rights

Charter of Rights for a child in care²⁴

Participation in decision making

Practice Resource: *Participation of children and young people in decision-making*

QUESTIONS

21 How can the current monitoring of foster and kinship care placements better include the views of children in out-of-home care?

22 What currently works/does not work in supporting children in out-of-home care to both recognise and raise concerns about their safety?

23 <https://www.communities.qld.gov.au/childsafety/foster-and-kinship-care/rights-and-responsibilities/charter-of-rights-for-a-child-in-care>

STRENGTHENING THE SYSTEM

ASSESSMENT AND MONITORING PROCESSES

How is information shared?

Current position

The following agencies, services and individuals may be involved in the foster and kinship care approval and monitoring processes:

- Blue Card Services (Department of Justice and the Attorney-General)
- DCCSDS – CSSC, Placement Services Units and Central Screening Unit
- Recognised Entities
- Foster and kinship care services
- QCAT
- OPG – community visitor program
- External assessors
- Other government or non-government agencies involved with the child (through the case plan)

The Placement Services Unit is advised of the outcome of criminal history checks for provisional carers and new adult household members, blue card outcomes and personal history checks from the Central Screening Unit.

Blue Card Services advises the Central Screening Unit of outcomes of blue card applications and will highlight if the applicant or adult household members have a criminal history. Blue Card Services is not required to provide further information. The Central Screening Unit then advises the relevant CSSC of the blue card outcome.

The Central Screening Unit advises the CSSC and the Placement Support Unit if an applicant is eligible to progress based on the review of the information gathered through personal history checks. Where there is personal history that may assist the assessor in conducting assessment interviews and completing the assessment report, the CSSC will provide the child protection, domestic violence and traffic history to the assessor.

The CSSC manager relies on decisions made by Blue Card Services and the Central Screening Unit and the recommendations from the assessor based on their own individual assessment frameworks to inform the final decision.

Other information

Royal Commission into Institutional Responses to Child Sexual Abuse

The consultation paper *'Institutional responses to child sexual abuse in out-of-home care'* discusses current concerns about and options to improve information sharing with the child, carers, institutions and individuals within and across jurisdictions (2016: chapter 5).

QUESTIONS

23 What are the current blockages to information sharing in the approval and monitoring of foster and kinship carers?

24 How could current processes for information sharing be enhanced to improve safeguards in the approval and monitoring of foster and kinship carers?

STRENGTHENING THE SYSTEM

ASSESSMENT AND MONITORING PROCESSES

What is the current process for approval decisions?

Current position

The mandatory parts of the assessment process are:

- the WWCC to obtain a blue card
- reviewing child protection history
- undertaking the assessment interviews.

The assessment process is impacted by a number of variables, including:

- the identity of the individual who undertakes the assessment – the foster or kinship care service, a departmental officer or an independent assessor
- the experience and qualifications of the individual completing the assessment
- the level and type of pre-service training completed by carers – all training compulsory for foster carers and is optional for kinship carers
- discretionary referee and/or medical checks
- domestic violence, traffic and criminal history (except in cases of provisionally approved carers)
- interviews with all adults who form part of the applicant's home environment
- liaison with an applicant's own adult children who do not live in the home
- interviews with the applicant's own children and/or the children's support network (e.g teachers)

- the length of time taken to complete the assessment interviews
- the provision of child protection/personal history to assessors, which has not been self-disclosed.

To approve a carer application the CSSC manager must be satisfied that the applicant is suitable based on all the aspects of the suitability assessment. The approval decision may also be informed by a referral to an assessment panel.

The current approval processes allow for the following variances in considering the approval decision:

- whether the assessment report is reviewed by an assessment panel
- where an assessment panel does exist, possible variances include:
 - the types of cases referred – complex, foster carer, or kinship carer
 - who is on the assessment panels
 - qualifications and experiences of those on the assessment panel
 - processes for 'urgent out of session' assessments.

Other information

Child Safety Services resources informing assessments

CSPM Chapter 8: *Regulation of care*

CSPM Chapter 9: *Standards of care*

QUESTIONS

25 What quality assurance mechanisms, if any, could be added to the assessment and approval processes to improve safeguards for children in out-of-home care?

26 Are there any additional steps in the process that should be made compulsory? Why/why not?

27 Do the current assessment and approval processes cater for disadvantaged groups? If not, what could be improved?

STRENGTHENING THE SYSTEM

ASSESSMENT AND MONITORING PROCESSES

What is the role of other government and non-government agencies in monitoring children in foster and kinship care?

Current position

Outside Child Safety Services, there are a range of government and non-government agencies who may become involved with a child or young person who is in out-of-home care. The QCPCOI recommendations discuss the role of other agencies in supporting children in out-of-home care (see Appendix 2, Recommendations 7.7 and 7.8).

The following agencies or individuals may be a member of a child's 'care team':

- the carer, or direct care staff from the foster and kinship care service, who have an integral role due to their day-to-day care of the child
- the child safety officer with case responsibility, who leads the implementation of the child's case plan to address the child's protection and care needs
- the support worker from the foster and kinship care service, who provides support and training to the carer
- the co-ordinator or manager of the foster and kinship care service, who is responsible for managing the day-to-day operations of the service and overseeing the care provided to the child

- agencies or individuals, such as the Evolve Interagency Services worker or therapeutic or specialist support workers, who are engaged with the child and their care environment to respond to the child's identified needs
- other professionals and family members may also be included, depending on the case plan goal and outcomes, and their role in meeting the child's needs²⁴.

There is no compulsory requirement for DCCSDS to contact members of the care team, although the CSPM strongly recommends that this occurs²⁵. There is legislation making it mandatory for certain government agencies to report concerns of child abuse and/or harm, which would cover instances of concerns about harm or abuse while a child is in care.

QUESTIONS

28

Should other government and non-government agencies, having contact with children in out-of-home care, take an active interest in the safety of a child in out-of-home care? If so, how?

29

What responsibilities, if any, should specific government agencies have in regularly monitoring the safety of a placement for a child in out-of-home care?

²⁴ DCCSDS, CSPM, Chapter 9: *Standards of Care*, pg 10

SUPPORTING THE SYSTEM

SUPPORTING CARERS AND FOSTER AND KINSHIP CARE SERVICES

How are carers and foster and kinship care services monitored and supported?

Current position

As a result of recommendations 8.4 and 8.5 from the QCPCOI, foster and kinship care assessment, monitoring and support processes are increasingly being undertaken by non-government agencies engaged and funded by Child Safety Services as foster and kinship care services. Foster and kinship care services may be responsible for:

- recruiting carers
- training carers
- assessing carers
- undertaking renewal assessments
- monitoring the quality of care a carer provides.

Child Safety Services licensing and the Child Safety Services regional teams responsible for funding and contract management may also have a role in supporting foster and kinship care services. Licensing helps make sure organisations providing supported placements to children and young people subject to statutory intervention are meeting, and will continue to meet, legislated requirements.

Some of the support for carers is provided through:

- training (optional for kinship carers)
- home visits and child case planning
- visits from foster and kinship care services
- Carer Business Discount Card
- access to local support groups
- crisis response
- financial support
- telephone support lines.

Other information

Child Safety Services licensing

Role of Child Safety Licensing²⁶

Royal Commission into Institutional Responses to Child Sexual Abuse

The Consultation paper '*Institutional responses to child sexual abuse in out-of-home care*' raises options for providing a supportive and quality care environment (2016: chapter 8).

QUESTIONS

30

What additional supports, if any, would enhance the ability of carers and/or foster and kinship care services to provide safeguards for children in out-of-home care?

31

What additional roles, if any, should foster and kinship care services undertake to enhance safeguards for children in out-of-home care?

32

Are foster and kinship care services and key stakeholders sufficiently involved in the monitoring and oversight of the foster care system? If not, what steps would assist in further involving stakeholders?

25 <https://www.communities.qld.gov.au/childsafety/partners/child-safety-licensing>

SUPPORTING THE SYSTEM

PLACEMENTS FOR ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN

How can we better support Aboriginal and Torres Strait Islander children in out-of-home-care?

Current position

The *Child Protection Act 1999* outlines the principles to be considered in relation to Aboriginal and Torres Strait Islander children and the specific role of Recognised Entities in supporting Aboriginal and Torres Strait Islander children in out-of-home care. A Recognised Entity may be an individual or organisation that is appropriate to be consulted about a child's protection and care.

The Aboriginal and Torres Strait Islander Child Placement Principle is outlined in section 83 of the *Child Protection Act 1999*. This section guides the decisions and actions taken when an Aboriginal and Torres Strait Islander child is placed in out-of-home care. The purpose of the principle is to preserve and enhance an Aboriginal and Torres Strait Islander child's sense of identity by maintaining their connection with their family, community and culture. It seeks to strengthen a child's growth and development by maintaining their cultural identity to ensure a secure sense of belonging.

The QCPCOI recommendations 11.5 and 11.6 refer to the uniqueness of kinship care and developing appropriate models of support and assessment for Aboriginal and Torres Strait Islander carers (see Appendix 1). The DCCSDS is currently trialling the Winangay kinship care assessment tools that are more user friendly and meet the cultural needs of Aboriginal and Torres Strait Islander carers.

The demand for placements for Aboriginal and Torres Strait Islander children continues to exceed the number of Aboriginal and Torres Strait Islander carers. As at 30 June, 2016:

- the proportion of Aboriginal and Torres Strait Islander children in out-of-home care placed with kin, other Aboriginal and Torres Strait Islander carers, or an Aboriginal and Torres Strait Islander residential foster and kinship care service had increased to 56.5 per cent, an increase of 0.6 per cent since 30 June 2015 (55.9 per cent)²⁶.
- the ratio of Aboriginal and Torres Strait Islander children and young people in home-based out-of-home care to the number of Aboriginal and Torres Strait Islander carer families was 4:1, compared to 1:1 for non-Aboriginal and Torres Strait Islander children per non-Aboriginal and Torres Strait Islander carer family.

QUESTIONS

33 What aspects of the kinship care system are working well to support the safety of children in out-of-home care?

34 How could the views of Aboriginal and Torres Strait Islander communities be better accessed to make sure the foster care system provides safeguards for children?

²⁶ DCCSDS, <https://www.communities.qld.gov.au/childsafety/about-us/our-performance/ongoing-intervention-phase/indigenous-child-placement-principle>

SUPPORTING THE SYSTEM

OVERSIGHT MECHANISMS

What are the current complaints and review mechanisms?

Current position

There is no current legislative requirement to review the foster and kinship care approval and monitoring processes. However, there are a number of agencies and processes which are able to review decisions, and also publish data and information on the operation of the foster care system.

To make sure there is accountability in decision making, foster and kinship carer applicants and approved foster and kinship carers have the right to have certain decisions about their approval as a carer externally reviewed by QCAT.

There are three 'reviewable' decisions where an applicant can contest the decision made through QCAT:

- Blue Card Services' decision to provide an applicant with a blue card
- the Central Screening Unit's decision about a person's suitability to become a carer based on their personal history and child protection checks
- final approval decision made by the CSSC manager.

The QCPCOI returned oversight of child safety complaints to Child Safety Services, with oversight by the Queensland Ombudsman. The Queensland Ombudsman recently reviewed the complaints process by Child Safety Services and the report *Management of child safety complaints* found:

- the DCCSDS is not capturing all child safety complaints, due to inadequate complaint recording processes at its Child Safety Service Centres.
- a need for greater collaboration between Child Safety Services and the OPG to make sure serious issues identified by community visitors are handled as child safety complaints by the DCCSDS.

Other information

Queensland Ombudsman report

*Management of child safety complaints: An investigation into the current child safety complaints management processes within the Department of Communities, Child Safety and Disability Services*²⁸.

Royal Commission into Institutional Responses to Child Sexual Abuse

Consultation paper '*Institutional responses to child sexual abuse in out-of-home care*' provides options to strengthen regulation and oversight (2016: pg 7).

QUESTIONS

35 What impact, if any, does the QCAT have on monitoring safeguards for children in the carer approval and monitoring processes?

36 Do the Child Safety Services complaints and feedback processes adequately support the continuous improvement of approval and monitoring processes for foster and kinship carers? If not, what else should occur?

37 Is sufficient data and information published by monitoring agencies about the safety of children in out-of-home care? If not, what else should be published?

27 http://www.ombudsman.qld.gov.au/Portals/0/docs/Publications/Inv_reports/Management%20of%20child%20safety%20complaints.pdf

APPENDICES 1-4

1. Queensland Child Protection Commission of Inquiry

The Queensland Child Protection Commission of Inquiry in 2013 made a number of recommendations about the out-of-home care system, many of which are still being implemented and/or progressed as part of the ten year reform agenda. The reform agenda will affect the foster care system. The following recommendations are likely to have the most impact on the safeguards in the foster care system:

- **Recommendation 7.7:** in accordance with the elements of the National Clinical Assessment Framework for Children and Young People in Out-of-Home Care, the DCCSDS, in conjunction with Queensland Health, ensure that every child in out-of-home care is given a Comprehensive Health and Developmental Assessment, completed within three months of placement.
- **Recommendation 8.3:** the DCCSDS build on efforts already begun to articulate the uniqueness of kinship care and its importance as a family-based out-of-home care placement option so that kinship carers feel they are part of the care team.
- **Recommendation 8.4:** the DCCSDS engage non-government agencies to identify and assess kinship carers.
- **Recommendation 8.5:** the DCCSDS transfer the provision of all foster and kinship carer services to non-government agencies including:
 - responsibility for identifying, assessing and supporting foster and kinship carers
 - developing recruitment and retention strategies
 - managing matters of concern.

The DCCSDS will retain responsibility for foster and kinship care certification and for overseeing the response to matters of concern.

- **Recommendation 11.5:** the DCCSDS consider introducing simplified kin-care assessment tools such as the Winangay Kinship Care Assessment Tools as an alternative to, or component of, the carer-assessment process.
- **Recommendation 11.6:** the DCCSDS develop and fund a regional Aboriginal and Torres Strait Islander Child and Family Services program in Queensland to integrate the programs of: Aboriginal and Torres Strait Islander Family Support, Family Intervention Services, foster and kinship care services, and Recognised Entities.
- **Recommendation 12.8:** the role of the Child Guardian—operating primarily from state-wide ‘advocacy hubs’ that are readily accessible to children and young people—assume the responsibilities of the child protection community visitors and re-focus on young people who are considered most vulnerable.
- **Recommendation 13.26:** the Family and Child Council develop key resource material and information for children and families to better assist them in understanding their rights, how the child protection system works including court and tribunal processes and complaints and review options in response to child protection interventions.

2. Legislation regulating foster and kinship care

The purpose of regulating foster and kinship care is to: *‘ensure that an individual who provides care for a child placed with them by the department, is suitable to care for the child and continues to meet suitability requirements for the duration of their approval’*²⁸.

The legislative framework regulating the foster care system is in the *Child Protection Act 1999* Chapter 2: Protection of Children; part 6; division 4 and under the authority of, chapter 4: Regulation of Care. The standards of care for all foster and kinship care placements are outlined in section 122 of the *Child Protection Act 1999*.

Non-government foster and kinship care services are funded in accordance with *the Financial Accountability Act 2009*; and licensed under the authority of the *Child Protection Act 1999*, chapter 4: Regulation of Care. DCCSDS is required under the *Child Protection Act 1999*, section 84, to enter into a written agreement (that is, a “placement agreement”) with the approved or provisionally approved carer regarding the child’s care.

DCCSDS role in monitoring foster and kinship care is guided by the *Child Protection Act 1999* and includes the child safety officer visits to the child, standard of harm reports and suitability reports. Additionally, the *Public Guardian Act 2014* guides the community visitor program. Blue Card Services monitors changes in the criminal history of carers and adult household members and is guided by the *Working with Children (Risk Management and Screening) Act 2000*.

3. Policy changes in reporting concerns about the safety of children in foster and kinship care

DCCSDS has recently reviewed and replaced the policy for assessing and responding to matters of concern.

Since July 2013

On 8 July 2013 Child Safety Services replaced its policy *Assessing and responding to matters of concern* with the *Responding to concerns about the standards of care* policy. The revised policy places a greater emphasis on identifying issues and developing solutions in partnership with either the carer and foster and kinship care service or the residential care service.

Child Safety Services now responds to concerns about the standards of care by:

- conducting a standards of care review, where a child has not experienced harm
- recording a harm report and responding with an investigation and assessment, where a child has experienced harm or it is suspected they have experienced harm.

A harm report investigation must commence within 24 hours of receiving a report. A harm report will be substantiated when it is assessed that the child has experienced harm or is at risk of experiencing future harm²⁹.

Prior to July 2013

Prior to July 2013, a matter of concern was recorded for any concern raised in relation to the care of a child in an out-of-home care placement in the custody or guardianship of the chief executive and placed in accordance with Section 82(1) of the *Child Protection Act 1999*, where a breach of the standards of care was indicated.

An alleged breach of a Standard of Care was recorded as either a:

- **Child Placement Concern Report** – when the information indicates there had been inadequate or poor quality care of a child in out-of-home care that fails to meet the standards of care, but did not meet the threshold for a notification.
- **Notification** – where the information received met the legislative threshold of harm or risk of harm.

In July 2013 the revised policy, *Responding to concerns about the standards of care*, took effect along with new procedures in the CSPM.

The revised policy and procedures include a change to the reporting of harm reports (previously ‘matter of concern – notifications’) and replaces the child placement concern report with alternative responses to concerns about the standards of care, including conducting a standard of care review³⁰.

28 CSPM, Chapter 8: *Regulation of care*

29 DCCSDS, <https://www.communities.qld.gov.au/childsafety/about-us/our-performance/improved-safety/standard-of-care-reviews-and-harm-reports>

30 DCCSDS, <https://www.communities.qld.gov.au/childsafety/about-us/our-performance/improved-safety/matters-of-concern>

4. Standards of care

Foster and kinship carers are required to provide a level of care consistent with the statement of standards, as outlined in section 122 of the *Child Protection Act 1999*.

The statement of standards provides a way to measure quality of care and forms a basis for assessing whether a care environment is acceptable. The standards are interpreted with consideration to the needs of each individual child.

The Act outlines the following standards:

1. The chief executive (Director-General) must take reasonable steps to ensure a child placed in care under section 82 is cared for in a way that meets the following standards (the **statement of standards**):
 - a) the child's dignity and rights will be respected at all times
 - b) the child's needs for physical care will be met, including adequate food, clothing and shelter
 - c) the child will receive emotional care that allows him or her to experience being cared about and valued and that contributes to the child's positive self-regard
 - d) the child's needs relating to his or her culture and ethnic grouping will be met
 - e) the child's material needs relating to his or her schooling, physical and mental stimulation, recreation and general living will be met
 - f) the child will receive education, training or employment opportunities relevant to the child's age and ability
 - g) the child will receive positive guidance when necessary to help him or her to change inappropriate behaviour
 - h) the child will receive dental, medical and therapeutic services necessary to meet his or her needs
 - i) the child will be given the opportunity to participate in positive social and recreational activities appropriate to his or her developmental level and age
 - j) the child will be encouraged to maintain family and other significant personal relationships
 - k) if the child has a disability - the child will receive care and help appropriate to the child's special needs.
2. For subsection (1)(g), techniques for managing the child's behaviour must not include corporal punishment or punishment that humiliates, frightens or threatens the child in a way that is likely to cause emotional harm.
3. For subsection (1)(j), if the chief executive has custody or guardianship of the child, the child's carer must act in accordance with the chief executive's reasonable directions.
4. The application of the standards to the child's care must take into account what is reasonable having regard to:
 - a) the length of time the child is in the care of the carer or foster and kinship care service
 - b) the child's age and development.

GLOSSARY

The following definitions are from the Child Safety Services Practice Resource: *Key concepts for the regulation of care*³¹.

Applicant

A person who has made a formal application, using the 'Application for Approval – Form 3 APA', to become an approved foster carer or kinship carer. This may include an approved foster carer or kinship carer who has made an application to renew their certificate of approval.

Adult household member

An adult, 18 years and over, who meets the criteria outlined in 'Member of a person's household' (refer right).

Blue card

A card issued by Blue Card Services to a person who has undergone the WWCC and been deemed eligible to work in the areas of child-related work covered by the *Working with Children (Risk Management and Screening) Act 2000*. If a person is eligible, they are issued a positive notice letter and a blue card.

Certificate of approval

The authority granted under the *Child Protection Act 1999*, chapter 4, part 2, to an approved carer.

Child protection history

Child protection information held by DCCSDS or from equivalent agencies interstate or in New Zealand.

Foster care

Family-based out-of-home care provided on a voluntary basis by an approved foster carer, including respite, short-term and long-term foster care for children with a range of needs.

Foster carer

Any individual, or two or more individuals, approved as foster carers. A person living with his or her spouse may only hold a certificate of approval jointly with the spouse

Foster Care Agreement

An agreement negotiated between each foster carer and Child Safety Services or a foster and kinship care service, that sets out the terms, conditions and responsibilities of the relationship between the foster carer and the CSSC or foster and kinship care service, including plans for the carer's ongoing support and learning needs.

Household safety study

The process of undertaking an assessment of the safety of the applicant's household premises and commitment to safe practices around children. There are a number of mandatory requirements that must be met, prior to approval. The household safety study is best conducted after an initial enquiry is made about becoming a foster or kinship carer, in the early stages of the assessment process. 'Premises' include a building or structure and the land on which the building or structure is situated.

Kinship carer

Any of the child's relatives who is a person of significance to the child, and anyone else who is a person of significance to the child, and is approved to care for the child.

Foster and kinship care service

A service operated under a licence, issued under the *Child Protection Act 1999*, to provide care for children in the custody or guardianship of the chief executive of the DCCSDS.

Matter of concern

Any concern raised in relation to the quality of care provided to a child placed in an out-of-home care placement under the *Child Protection Act 1999* section 82(1), where a breach of the standards of care is indicated

Member of a person's household

Someone who lives in the person's home and someone who stays overnight in the person's home at least:

- once a week in a month;
- once a fortnight in two consecutive months; or
- once a month in six consecutive months.

31 DCCSDS, <https://www.communities.qld.gov.au/childsafety/child-safety-practice-manual/resources/departmental-resources>

Personal history

For the purposes of requesting checks on an applicant to be an approved carer, or an adult member of their household, personal history includes:

- criminal history checks conducted as a part of the blue card screening process
- child protection history from Queensland, and interstate and overseas where applicable
- domestic violence and traffic history, in specified circumstances
- criminal history checks (police and disciplinary information about an applicant's current or previous profession, for example, teaching or nursing), only where provisional approval is required
- child protection history checks for any children residing in the applicant household

Properly made

An application that is correctly completed, signed and dated by the applicant and each adult member of their household; and includes: the Application for Approval form, consent to personal history checks, identity verification documents and blue card applications for all adult household members, and the 'Carer health and wellbeing questionnaire' and is lodged at the CSSC.

Provisionally approved carer

A foster or kinship carer applicant who has been provisionally approved in order to facilitate the urgent placement of a child, until their substantive application to become a foster or kinship carer is assessed and decided.

Recognised Entity

A recognised entity may be an individual or organisation that is appropriate to be consulted about the child's protection and care under an agreement between Child Safety Services and the entity. Child Safety Services is required to work with a recognised entity when making all decisions about an Aboriginal or Torres Strait Islander child. In accordance with the *Child Protection Act 1999*, section 6(1) and (2), Child Safety Services is required to either:

- provide the recognised entity with an opportunity to participate in the decision-making, where the decision is significant
- consult with the recognised entity on all other decisions.

Referee

A person nominated by the applicant who can provide a character reference about a foster or kinship carer applicant. Referee checks are discretionary.

Standards of care

Refers to the statement of standards (*Child Protection Act 1999*, section 122) which applies to all children placed in accordance with, section 82 of the Act.

