

Module one: Context of foster care

Handouts

Module one – context of foster care – case studies

Case Study 1

Part 1

Sam is a 16-month-old boy. Sam has an older brother, Allan, who is 4 years old. The parents, Jenny and Steve, both have a mild intellectual disability. Steve works as a chef's assistant while Jenny stays home to look after the children. They have been able to provide excellent care for the children and Allan attends a local pre-school. No previous concerns have been identified at all.

A hospital staff member has referred the case to Child Safety following admission of Sam to the local hospital with an arm injury. At first it was thought that his injury was an accident.

Jenny had left Sam asleep in his cot while she went to the local shops. Steve had come home from work after a night shift and had agreed to keep an eye on Sam before having a rest. Sam had been upset during the night and had a bit of a temperature.

When Jenny returned an hour later, she found Sam and Steve in an extremely distressed state. Sam's arm was twisted at an ugly angle and Steve was sobbing uncontrollably.

She immediately rang an ambulance and both she and Steve accompanied Sam to the hospital. When Steve calmed down, he told her that Sam had been crying and he had picked him up. He had been trying to stop him crying by rocking him above his head.

Somehow Sam had slipped, and Steve caught him at an unusual angle by the arm.

Both parents were very concerned about Sam and stayed during an operation on Sam's arm. Jenny then slept at the hospital with Sam.

The next day Steve told one of the doctors that he had not known how to stop Sam crying and he thought he might have broken Sam's arm by twisting it when he was angry. He was very remorseful about this.

Jenny found it almost impossible to accept that this was what had happened. She was very protective of Sam but was clearly unsure of what to do. After discussions with Child Safety, both parents agreed that Sam's safety was the main concern, and that they needed some time to resolve Steve's anger and subsequent remorse. They also agreed to have some joint counselling to deal with stresses to their relationship. Both were very anxious to remain in close contact with Sam and Allan and to get their family back to normal.

There were no relatives in Brisbane who could assist with the care arrangement.

Child Safety arranged a short-term placement with foster carers and Steve and Jenny agreed to this.

Case Study 2 - Tyrone's story

Part 1

Tyrone is a shy 7-year-old boy. His parents, John, and Mannie have no other children together, but Mannie has 3 older children who live with their father, and John has two boys in New Zealand from two previous relationships.

Mannie has occasional contact with her extended family, although John actively opposes this.

Mannie has a long history of drug and alcohol abuse and was only able to care for her 3 older children with the help of her mother, who lived with them and provided most of the daily care and was more like a mother to the children. She passed away 4 years ago when Tyrone was 3.

Mannie continued with the care of the 4 children for a while, but her relationship with John was domestically violent and she had ongoing problems with substance abuse and alcoholism. The father of the older 3 children took them back to live with him after neighbours reported that the children were neglected, often without supervision, food and clothing.

Neighbours continued to report that Tyrone often had little supervision during Mannie's drinking bouts, and he was often looking for food. Additionally, John and Mannie had violent clashes in the home, sometimes resulting in hospital admissions for Mannie.

Allegations from neighbours and teachers resulted in notifications being recorded by Child Safety, and it was recorded that neglect was substantiated. Attempts were made to secure counselling for Mannie and to link John to anger management programs. On one occasion, it was negotiated for Tyrone to go and live with his Aunt for several months but Mannie resumed his care when the Aunt moved interstate.

Mannie and John have moved numerous times and Tyrone has attended 4 schools in 2 years.

Recently, in a particularly violent clash at home, Tyrone attempted to intervene when his father tried to hit his mother with a piece of wood. John turned on Tyrone and thrashed him with the wood. Tyrone required 8 stitches in his head and suffered multiple bruising and a broken arm.

The matter was reported to Child Safety by the hospital where Tyrone was taken by Mannie. During assessment by Child Safety workers, Mannie indicated that she would not leave John, and that she wanted them to find somewhere else for Tyrone to live.

John was violent and aggressive towards the workers and would not agree to Tyrone going anywhere else. A short-term custody order was made for 1 year to allow Child Safety to secure Tyrone's safety, while attempts were made to seek extended family support and work with the parents towards meeting Tyrone's needs.

Case Study 3 - Jess

Part 1

Jess is a 13-year-old girl. She has been on a long-term guardianship order since she was 6 years old. Jess has an older brother, Tim, who is now 17 and living independently.

Jess's mother, Anita, has schizophrenia. She has never been consistent with taking her medication and Jess and Tim experienced extremes of behaviour during their first few years. Anita suffered periods of paranoia during which she would make wild claims of persecution and hide the children from imaginary threats. She would sometimes lock them in a cupboard for up to 3 to 4 hours and once was found sleeping with them in a park. When she took her medication, she was able to provide good quality care.

Until Jess was 6 years old, she and her brother were able to remain with their parents because Jess's father, John, was around, and he did most of the household tasks.

In her first year of school, Jess disclosed to her teacher that her father was sexually abusing her. This resulted in a court case and John went to jail. It was revealed that this had been occurring for a couple of years.

Tim and Jess were then taken into care under a long-term guardianship order. They went to live with foster carers and remained with the same carers for 4 years.

They continued to see their mother on supervised visits when she was deemed fit by the Mental Health Unit. If she was not medicated, visits would cease.

This care arrangement ended when Tim, who was then 14, began to exhibit violent aggressive behaviours. He was excluded from school and began to engage in stealing. He was in frequent trouble with police.

By this stage Jess was also exhibiting difficult behaviours. She was also stealing from classmates and foster carers and was defiant and easily distracted. She too was suspended from school.

Tim and Jess had 3 further care arrangements in fairly quick succession and when Jess was 12 her brother left the care arrangement and refused to return. He now lives in independent supported accommodation. After Tim left, Jess's behaviour escalated alarmingly – she refused to come home some nights, refused to go to school, and was openly defiant to the foster carers. This care arrangement also broke down.

Six months ago, Jess went to live with new foster carers and is still there. Every attempt is being made to stabilise this care arrangement.

Types of abuse and harm

Table 1: Relationship between abuse and harm

Type of abuse	Physical	Emotional	Sexual	Neglect
Actions behaviours by parent/carer	Hitting Punching Scalding Domestic and family violence	Scapegoating Rejection Persistent hostility Domestic and family violence	Penetration Sexual exploitation Exposure to pornography Grooming	Failure to attend to medical needs Poor hygiene / nutrition Inadequate supervision



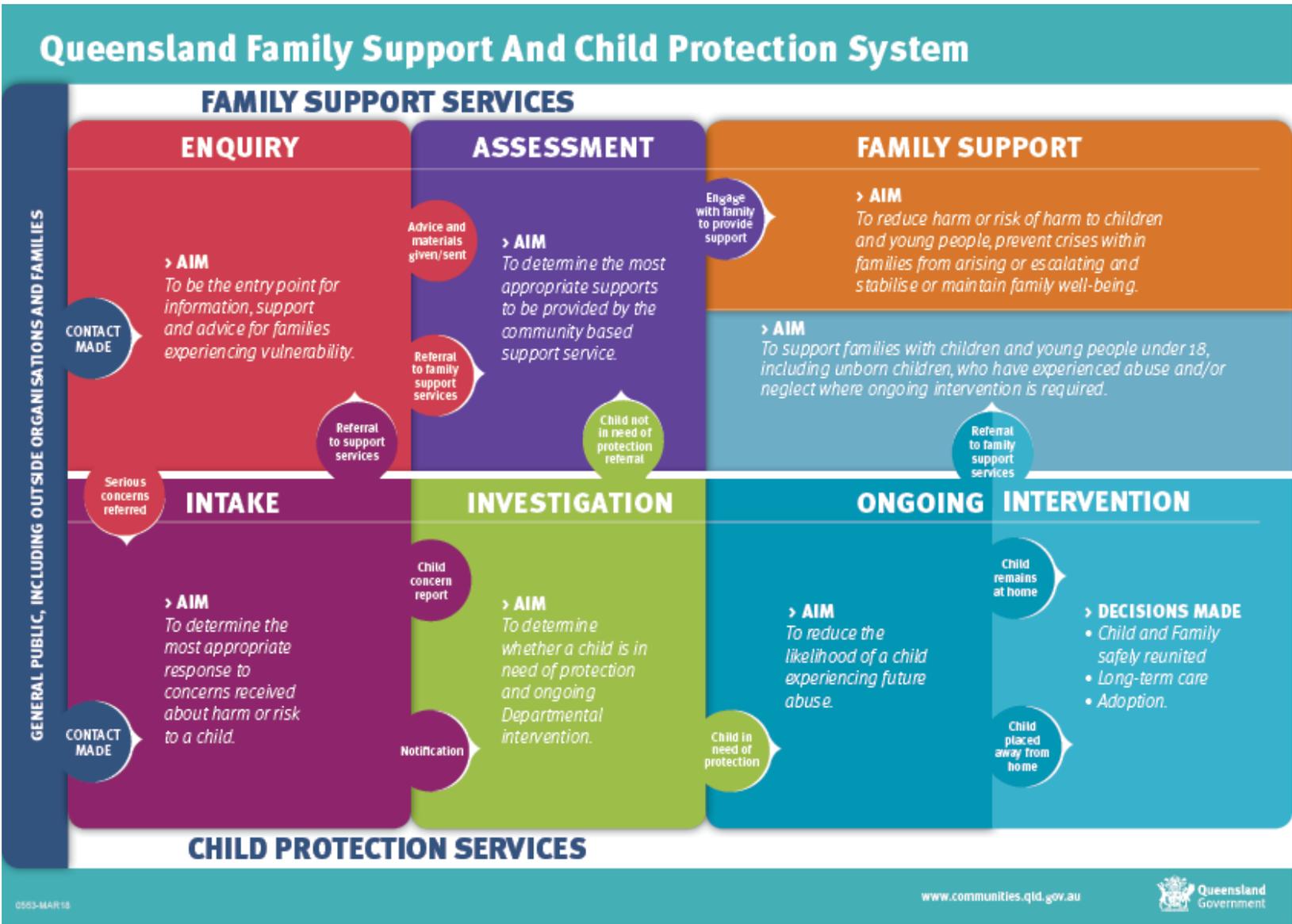
Resulting harm Impact experienced by the child	Physical Refers to the body	Emotional Refers to the ability to express emotions	Psychological Refers to the mind and cognitive processes
	Bruising Fractures Internal injuries Burns	Depression Hyper vigilance Poor self esteem Self-harm Fear / anxiety	Learning and developmental delays Disorganised attachment Impaired self-image In infants, neurological changes in the developing brain

The *Child Protection Act 1999* (s9) defines harm as, “any detrimental effect of a significant nature on the child’s physical, psychological or emotional wellbeing”.

The *Child Protection Act 1999* (s10) defines a “child in need of protection” as a child who:

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

Child Safety intervenes when there is a reasonable suspicion that a child is in need of protection, as defined above.



*Child Protection Act 1999 (section 83)**Additional provisions for placing Aboriginal and Torres Strait Islander children in care*

1. This section applies if the child is an Aboriginal or a Torres Strait Islander child
2. The chief executive must, in consultation with the child and the child's family, arrange for an independent Aboriginal or Torres Strait Islander entity for the child to facilitate the participation of the child and the child's family in the process for making a decision about where or with whom the child will live.
3. However, the chief executive is not required to arrange for the involvement of an independent Aboriginal or Torres Strait Islander entity for the child under subsection (2) if—
 - a) it is not practicable because an entity is not available or urgent action is required to protect the child; or
 - b) the chief executive is satisfied that an entity's involvement—
 - i. is likely to have a significant adverse effect on the safety or psychological or emotional wellbeing of the child or any other person; or
 - ii. is not otherwise in the child's best interests; or
 - c) the child or the child's family does not consent to the entity's involvement.
4. In making a decision about the person in whose care the child should be placed, the chief executive must, if practicable, place the child with a member of the child's family group.
5. However, if it is not practicable to place the child with a member of the child's family group, in making a decision about the person in whose care the child should be placed, the chief executive must place the child with—
 - a) a member of the child's community or language group; or
 - b) if it is not practicable to place the child in the care of a person mentioned in paragraph (a), an Aboriginal or Torres Strait Islander person who is compatible with the child's community or language group; or
 - c) if it is not practicable to place the child in the care of a person mentioned in paragraph (a) or (b), another Aboriginal or Torres Strait Islander person; or
 - d) if it is not practicable to place the child in the care of a person mentioned in paragraphs (a) to (c), a person who—
 - i. lives near the child's family, community or language group; and
 - ii. has a demonstrated capacity for ensuring the child's continuity of connection to kin, country and culture.
6. Also, the chief executive must give proper consideration to—
 - a) the views of the child and the child's family; and
 - b) ensuring the decision provides for the optimal retention of the child's relationships with parents, siblings and other people of significance to the child under Aboriginal tradition or Island custom.
7. Before placing the child in the care of a family member or other person who is not an Aboriginal person or Torres Strait Islander, the chief executive must give proper consideration to whether the person is committed to—
 - a) facilitating contact between the child and the child's parents and other family members, subject to any limitations on the contact under section 87; and
 - b) helping the child to maintain contact with the child's community or language group; and
 - c) helping the child to maintain a connection with the child's Aboriginal or Torres Strait Islander culture; and
 - d) preserving and enhancing the child's sense of Aboriginal or Torres Strait Islander identity.

Historical overview of legislation and past practices impacting on Aboriginal and Torres Strait Islander children

Historically in Queensland, the Department of Aboriginal and Torres Strait Islander Partnerships and its predecessors had the mandate for service provision to Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander people were subject to two sets of legislation – legislation addressed at ‘mainstream’ Queenslanders and legislation specifically drafted for Aboriginal and Torres Strait Islander peoples in Queensland.

Legislation impacting upon Aboriginal and Torres Strait Islander peoples historically has shaped Aboriginal and Torres Strait Islander child welfare practices today.

In 1865, the *Industrial and Reformatory Schools Act* defined “any child born of an Aboriginal or half caste* mother” as a “neglected child” and thus Aboriginality constituted neglect and provided the justification for removal, institutionalisation and resocialisation. Aboriginal and Torres Strait Islander children were subjected to separation from their families and to institutionalisation in the ‘dormitory system’ on mission stations and in industrial schools, homes, and reformatories.

The next major legislation in 1884, *The Native Labourers Protection Act*, was the first legislation to specifically regulate conditions under which Aboriginal and Torres Strait Islander people could be employed.

The 1897 *Aboriginal Protection and Restriction of Sale of Opium Act* was a policy based on segregation and protection and effectively abolished the legal rights of Aboriginal and Torres Strait Islander peoples. This legislation established regional positions of Protectors of Aboriginals and gave these Protectors control over almost every facet of Aboriginal and Torres Strait Islander people’s lives e.g. residence, movement, employment, child rearing practices and personal finances. The legislation allowed for the removal of individuals and whole families on a statewide scale and relocation to reserves regardless of homelands. Reserves segregated Aboriginal or Torres Strait Islander people from white society and enabled their lifestyle to be altered primarily by concentrating on the ‘socialisation’ of children. Children were required to live in separate dormitories from adults and siblings of the opposite gender. Both children and adults were moved from dormitories to different reserves or missions as punishment resulting in further separation.

The 1934 *Aboriginals Protection and Restriction of the Sale of Opium Act Amendment Act* extended the provisions of the 1897 Act by expanding the definition of ‘half-caste*’ and the powers of the Chief Protector in relation to ‘half-caste*’ children.

The 1939 *Aboriginal Preservation and Protection Act* established the Office of the Director of Native Affairs and the policies of preservation and protection. The practices outlined under the 1897 Act continued with an increase in the powers of the Director of Native Affairs over Aboriginal property, Aboriginal courts, Aboriginal police and Aboriginal jails, and Aboriginal and Torres Strait Islander children. The Director was the “legal guardian of every Aboriginal child in the State while such a child is under the age of twenty-one years and may exercise all or any powers of a guardian”.

The 1965 *Aborigines and Torres Strait Islander Affairs Act* established the Department of Aboriginal and Islander Affairs and the policy of assimilation. This legislation repealed both the ***Aboriginal Preservation and Protection Act and the Torres Strait Islander Act*** of 1939. Guardianship of Aboriginal and Torres Strait Islander children was returned to their parents but this legislation introduced the regulation of Aboriginal and Torres Strait Islander people as “assisted persons” which effectively maintained the system of centralised bureaucratic control established by the previous legislation.

The 1965 *Children's Services Act* was the first major piece of child welfare legislation enacted since the State Children's Services Act in 1911. The legislation established the Department of Children's Service with a focus on the needs of children as opposed to the former inspectorial and custodial role. Even though the Children's Services Act provided a wider framework for child protection work it was not until the seventies that the Department developed its role in what it is now considered child protection work.

Prior to this the police undertook most child protection investigations. Despite the fact that the Department of Children's Services now had statutory responsibility for children in 'need' of care, the overriding care and control of Aboriginal and Torres Strait Islander people remained with the Department of Aboriginal and Islander Affairs.

The 1971 *Aborigines Act* and the 1971 *Torres Strait Islander Act* repealed the Director's powers of removal and abolished the status of 'assisted Aborigine' and 'assisted Islander' but continued the system of Aboriginal reserves managed by government appointees and established Aboriginal local government councils and courts on reserves.

With the 1984 *Community Services (Aborigines) Act* and *Community Services (Torres Strait Islanders) Act*, 'self-management' replaced 'integration' as the policy of the Queensland Government. This Act established incorporated Community Councils to govern trust areas (formerly reserves) and gave the Councils greater administrative and financial responsibilities.

Aboriginal and Torres Strait Islander Child Placement Principle

The **Aboriginal and Torres Strait Islander Child Placement Principle** was implemented by the Department in 1986 and incorporated into legislation in the ***Child Protection Act 1999***. The Act also requires the Department to consult with a recognised Aboriginal and Torres Strait Islander entity before making any decision about an Aboriginal or Torres Strait Islander child. If urgent action is required and it is not possible to consult with a recognised agency, then consultation must occur as soon as possible afterwards. A recognised entity is defined in the Act as an individual who is Aboriginal or Torres Strait Islander person, who has appropriate knowledge of, or expertise in, child protection or a service that provides services to Aboriginal or Torres Strait Islander peoples.

Amendments to the *Child Protection Act 1999* in 2006 strengthened:

- the working relationship between the government and the Indigenous community in relation to Aboriginal and Torres Strait Islander children within the child protection system,
- requirements to ensure the unique cultural identity needs of Aboriginal and Torres Strait Islander children are met when they require placement away from their parents and family, Section 6 of the Act was amended to implement the intent of CMC recommendation 8.11 that stipulated child protection legislation reflect the importance of Indigenous participation in decision making. Section 246 recognises the importance of these entities in decision-making for Aboriginal and Torres Strait Islander children and seeks to ensure that the Child Safety Services works with appropriate organisations and individuals. Section 83 was amended to provide for the situation where the Department cannot place a child in accordance with the placement hierarchy for Aboriginal and Torres Strait Islander children.

Amendments to the *Child Protection Act 1999* in 2018

- new principles introduced to the administration of the *Child Protection Act 1999* to recognise the right of Aboriginal and Torres Strait Islander peoples to self-determination and acknowledged the long-term effects of decisions on identity and connection with family and culture. It also incorporated the five elements of the Aboriginal and Torres Strait Islander Child Placement Principle — prevention, partnership, placement, participation and connection — requiring the principles to be applied when a person is undertaking a function under the Act.
- the introduction of a new power for the chief executive of Child Safety to delegate some or all of their functions and powers in relation to an Aboriginal and Torres Strait Islander child or young person to an appropriate Aboriginal and Torres Strait Islander entity. Whilst this amendment will enable delegations to be made as soon as the new legislation commences, Child Safety and the non-government sector are working closely together to ensure both are ready before any delegations are made.
- removed all references to a Recognised Entity. From the date of commencement, Child Safety and other agencies will no longer be required to consult with a Recognised Entity or have them participate in decision-making.
- The introduction of the independent person supports the right to self-determination and choice for an Aboriginal or Torres Strait Islander child or young person and their family. The child or young person and their family choose someone who they are comfortable with, is significant to their child or young person, and knows their community or language group. The child or young person and their family also have the right to decide not to have an independent person facilitate their participation in decision-making processes.

For more information, view the Carer Information Sheets:
FAQs for Carers and Care Services available at the link below or scan the QR code to the right:

<https://www.csyw.qld.gov.au/resources/dcsyw/about-us/publications/legislation/faqs-carers-care-services.pdf>



Module one: Context of Foster Care - Handout*Basic concepts for sexual and gender diversity*

- ❖ **Sexual orientation** refers to who a person is emotionally, physically and/or romantically attracted to. There are many sexual orientations including, but not limited to, gay, lesbian, bisexual, asexual, heterosexual, demisexual, pansexual and many more.
- ❖ **Gender identity** is about how a person feels inside, regardless of their sex assigned at birth. It is an inner concept of the way one's self is viewed, ranging from male, female, to neither or both. Gender can be considered on a spectrum, ranging between male and female. Some people may not identify exclusively as being either male or female and identify somewhere in between.
- ❖ **Gender expression** is the way someone expresses aspects of their gender identity or role, which is usually visible to other people. Gender expression can include what someone wears, the way they talk, walk and behave, and the way they present themselves such as their hair style or use of make-up. A person's gender identity or sexual orientation cannot be determined based on their gender expression. Gender expression can also be considered on a spectrum ranging from masculine to feminine. Some people may slide along the scale and express themselves as more masculine or feminine at different times. Some people may express themselves as being neither overtly feminine or masculine, and some people may choose to express themselves in both a feminine and masculine way at the same time.

The term LGBTIQ+ is broken down as:

L	Lesbian	a female who is attracted to females
G	Gay	someone who is attracted to people of the same gender
B	Bi-sexual	someone who is attracted to people of more than one gender
T	Transgender or trans people	someone who's personal and gender identity is different from the one they were assigned at birth
I	Intersex	someone who is born with reproductive or sexual anatomy that falls outside the typical definitions of 'male' and 'female'
Q	Queer	this term has many different meanings, but it has been reclaimed by many as a proud term to describe sexuality or gender that is anything other than cisgender (a person whose sense of gender corresponds with their birth sex) and/or heterosexual
A	Asexual	someone who has low or no sexual attraction to any gender, but may have a romantic attraction towards another person
+		this acknowledges there are many other diverse sexual orientations and gender identities.

Carer Allowances

TYPES OF CARER ALLOWANCES

- ⇒ Fortnightly caring allowance
- ⇒ Regional and remote loading
- ⇒ Establishment allowance
- ⇒ Start Up / Outfitting allowance
- ⇒ High Support Needs Allowance (HSNA)
- ⇒ Complex Support Needs Allowance (CSNA)

FORTNIGHTLY CARING ALLOWANCE

The foster care allowance (or fortnightly caring allowance) is the base payment provided to all approved carer when providing direct care for a child, cared for under the Child Protection Act 1999. The foster care allowance is also paid to long-term guardians and permanent guardians who were approved carers for the child prior to being granted long-term guardianship. The allowance is paid fortnightly in arrears, at different rates depending on the age of the child.

REGIONAL AND REMOTE LOADING

Regional and remote loading is an additional fortnightly payment in locations with higher retail prices. It is paid to carers residing in the child safety service centres (CSSC) areas of Cape York South (Cooktown), Cape York North and Torres Strait Islands (including Weipa and Thursday Island), Emerald, Gladstone, Mackay, Mt Isa, parts of Roma and applicable Aboriginal Councils and Indigenous communities.

ESTABLISHMENT ALLOWANCE

The Establishment allowance is a one-off payment provided the first time a child enters care. It is to assist the carer with establishment costs for ongoing care arrangements of one month or longer. Generally, the items purchased remain the property of the child. Payment is automatic for cares who meet the eligibility requirements and is processed along with the fortnightly caring allowance. Children subject to an assessment order or temporary custody order are not eligible.

START UP / OUTFITTING ALLOWANCE

The start-up/outfitting allowance is a one-off payment for initial set up costs to establish appropriate accommodation and resources for a new placement longer than 5 nights, including respite care placements. This allowance may be paid for placements less than 5 nights depending on the child's need and the individual circumstances of the carer.

HIGH SUPPORT NEEDS ALLOWANCE (HSNA)

The HSNA may be provided to assist a carer with the direct care costs of a child assessed as having a high level of support needs where the needs consistently result in costs exceeding the fortnightly caring allowance. The HSNA will be approved for a set period or on an ongoing basis (for a child with ongoing medical or psychological needs).

COMPLEX SUPPORT NEEDS ALLOWANCE (CSNA)

The CSNA may be provided to assist a carer meet the direct and additional indirect costs of caring for a child assessed as having a complex or extreme level of support needs, that consistently result in costs exceeding both the fortnightly caring allowance and HSNA, due to there being more costly expenses, a wider range of expenses and/or a greater frequency of expenses. The CSO will discuss with the carer and the agency support worker at a placement meeting and will submit an application for the CSSC Manager's approval.

More information regarding Carer Allowances can be found at the following link below or click on the AR code to the right:

[Carer allowances | Community support | Queensland Government \(www.qld.gov.au\)](http://www.qld.gov.au)



Fostering Allowances Rates Schedule

Trainer to fill in the amounts required for handouts as amounts change annually. Up to date information can be located in the Carer Handbook or on Infonet.

Carer payments (as at January 20)	Frequency of payment	0 – 5 years	6 – 10 years	11+ years
Fortnightly caring allowance	fortnightly			
Start-up allowance	one-off			
Establishment payment	one-off			
High support needs allowance	fortnightly			
Complex support needs allowance	fortnightly			
Regional remote loading (10%)	fortnightly			