

# The History of Foster Care in Queensland



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# Introduction

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In Queensland, before the notion of foster care was conceptualised, children requiring care were placed in large government run or government subsidised denominational institutions. These institutions consisted of hospitals, orphanages, and industrial and reformatory schools (Department of Children's Services, 1979; Office of Economic and Statistical Research, 2009). There was growing concern for the health and wellbeing of children living in these environments with opponents describing their influence as *"dwarfing children and causing them to degenerate into mere machines"* and *"breeding contagious moral diseases such as vice and crime"* (Queensland Parliament. Record of Proceedings, August 19, 1875). This report details what has influenced and shaped foster care from its early beginnings to today.

The concept of foster care in Queensland, or boarding out as it was referred to, was first introduced and discussed in parliament in 1875. The practice of boarding out children was already occurring in other Australian colonies. Boarding out with families in the community was reported to have many advantages for children compared to large institutions. The practice of boarding out was depicted by a government inspector as having the advantages of *"cheapness, naturalness, escape from mass disease, individual care and check, loss of the pauper taint, gain of industrious habits, home affections, equality with other children, and better fitness for the battle of life"* (Office of Economic and Statistical Research, 2009). Other opponents of the large institutions argued *"if one wanted to produce respectable individuals and families, children had to be raised within respectable families, or at least family-like settings, and certainly removed from previous associations"* (van Krieken, 1992), and furthermore, children would benefit from the civilising influences of 'proper' mothers (Garton, 1990).

Foster care has changed considerably since 1879. It has been an evolutionary process which has been defined by several significant changes in legislation that have attempted to reflect the social values of the day. Central to all changes is how society has recognised and embraced the rights and needs of children. This report attempts to document the evolution.

# The Orphanages Act 1879

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Four years after first being discussed, the concept of foster care was enshrined in the *Orphanages Act 1879*. The legislation states “*any trustworthy and respectable person*” was considered to be an appropriate foster carer. Irrespective of the broad terminology used there were implicit restrictions reflecting the conventions of the day. Men were not expected to provide care for children; it was solely the woman’s role. To be granted a foster care licence a woman had to be of “*good health and moral character, not over 55 years of age and generally married, in a humble sphere of life, living harmoniously with their husband and children, or widows with children of their own*” (Department of Children’s Services, 1979). Within the first year, 64 children were boarded out in family-based foster care (Department of Children’s Services, 1979).

After the initial uptake, the practice of boarding out children stalled, due in part to the small population base from which carers were drawn, the poverty of identified foster families (the intention was to place children with families of similar social status), and insufficient financial support offered to carers (van Krieken, 1992). However, this was to change. In 1890 Queensland experienced an economic depression increasing the pressure on families to provide adequate care for their children. A consequence of the depression saw families relinquish their children, which increased the demand for the boarding out system of care (Department of Children’s Services, 1979; Office of Economic and Statistical Research, 2009). In 1893 boarding out was further bolstered due to severe flooding in surrounding Brisbane. These floods caused the evacuation and relocation of patients from the Woogaroo Lunatic Asylum (now The Park - Centre for Mental Health, Wacol). It was necessary for alternate accommodation to provide the same level of security for the patients as the asylum. The Diamantina Orphanage in South Brisbane was considered an appropriate alternative, which required the relocation of 74 children. Due to limited options authorities were forced to place 40 children in private family homes (Department of Children’s Services, 1979). By 1900, twenty one years after its inception, 456 children in need of care were boarded out in family-based foster care (Department of Children’s Services, 1979).

At this time, foster carers were not formally assessed, they received no training or support in their role; however, they were monitored. Families, who accepted children into their home, were subjected to routine inspections conducted by government inspectors and a committee of voluntary lady visitors. Foster carers could expect to be advised and reprimanded on the “proper” way to run their homes in an attempt to prevent maltreatment and cruelty to children in their care. It was the role of the voluntary lady visitors to provide the department with a report detailing a child’s cleanliness, behaviour,

treatment, accommodation and school attendance (Department of Children's Services, 1979; Garton, 1990; van Krieken, 1992).

Initially, boarding out was considered a permanent arrangement, applicable only to orphaned and deserted children under the age of twelve. At the age of twelve (the common age to leave school at the time) children were apprenticed out and considered independent (Office of Economic and Statistical Research, 2009). Reunification was not an objective of the *Act*. In fact, boarding out was based on an exclusive model of care, that being, children in foster homes were not provided with knowledge of their past and natural families in an attempt to promote security and continuity, and government officials actively discouraged natural families from contacting their children (Forde, 1999; Holman, 1975).

The practice of boarding out children in family-based care was favoured by the government over large institutions as it reduced financial responsibility (Office of Economic and Statistical Research, 2009). The government's responsibility to children in care related simply to the provision of one outfit of clothes to each child and a school uniform if applicable. Thereafter, foster families were expected to treat the children as their own; meeting all on-going cost from a standard allowance which was considered insufficient (Department of Children's Services, 1979).

In 1879 carers were paid 10 pence a day, the equivalent of \$6.00 today. Allowances continued to change incrementally. In 1942 the department introduced a sliding scale with weekly payments ranging from \$5.30 to \$42.00 depending on age and locality. A sliding scale continues today. In addition to their allowances, foster mothers were entitled to claim the Commonwealth Child Endowment, introduced in 1942, which was 5 shillings a week or \$19.25 (Department of Children's Services, 1979).

The *Orphanages Act 1879* remained active for 32 years, after which it was repealed and replaced with the *State Children's Act 1911*.

# The State Children's Act 1911

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The *State Children's Act 1911* saw a change in terminology, 'boarding out' was replaced with 'placed out'. The practice of placing out children in private family homes was gaining acceptance and the government's support, with one Member of Parliament stating "*children in most cases grow up to be a credit to themselves, their foster-mothers, and the State*" (Queensland Parliament. Record of proceedings, September 26, 1911). The parliamentarian's comments and the *Act* itself reflect societal ideals at the time, those being: caring for children was still considered to be the sole domain of women, not men. The role and duties of foster mothers were detailed in a separate section of the new legislation, which included providing clothing, food, nursing, and attention, and the requirement to keep every part of the home at all times in a fit and proper state for the reception of children.

However, the *State Children's Act* did not include provision for prospective carers to be formally assessed, trained or supported in their role. Accreditation continued to be based on a medical examination to verify good health and a character reference to confirm suitability. The role and function of government inspectors and voluntary lady visitors were also enshrined in this *Act*, which was to determine the treatment, education, and care of children was of a satisfactory standard and provide the department with a written report. It was reported children assimilated well into families and were often treated as biological children. Assimilation was further consolidated as placements were considered permanent; reunification was not an objective and natural families were encouraged to sever contact with their children (Smith, 1963).

The practice of placing out children in family homes continued to grow in popularity up until the 1930s, thereafter, it began to steadily decline, with only 9% of children placed in foster care (Forde, 1999). The decline and reluctance to provide foster care can be attributed to a range of socioeconomic factors, such as:

- an economic depression
- a shortage of lady volunteers willing to conduct home visits
- the increased participation of women in the workforce
- inadequate financial compensation paid to carers
- the government's preference for carers to be based in urban areas opposed to rural locations for the convenience of inspectors
- the expansion of Australia's social security system
- Increased practice of adoption (Department of Children's Services, 1979; Forde, pg. 31).

Historically, poverty and family breakdown were the primary reasons children were placed in care. This changed during the 1940s after successive federal governments introduced new legislation significantly expanding Australia's social security system. Disadvantaged parents were now entitled to claim a child endowment, a widows and deserted mothers pension, unemployment benefits, sickness and special dependency benefits, and free hospital treatment (Garton, 1990; Keen, 1995). The primary reasons children were entering state care after the 1940s was a result of parental harm and abuse, and young, unmarried women relinquishing children for adoption. However, with the introduction of the Supporting Mother's Benefit in 1973, adoptions steadily declined (Office of Economic and Statistical Research, 2009).

By the 1950s there was growing awareness of the impact harm and abuse was having on a child's behaviour and their social and emotional development (Lewis, 1964; Mathew, 1963). By the 1960s it was becoming evident the unprepared, untrained volunteer carers were having difficulty caring for these children and managing their challenging behaviour. Hazel Smith (1963), a senior social worker of the day, championed foster carers stating they deserved status and recognition for the important role they played in the community. Smith argued foster carers could not be expected to care for children for an allowance which barely covered board and lodging. She also acknowledged the difficulties associated with rearing another person's child and suggested many carers may benefit from the supportive environment of informal meetings with other carers. Another practitioner, Alison Mathew (1963) suggested departmental workers must develop supportive, collegial relationships with carers and provide advice, guidance, information and encouragement to assist them in their undertaking.

Although foster care was gaining acceptance, it was still common practice in Queensland to place children, particularly infants, in receiving depots such as Diamantina Receiving Depot and Infants' Home (formerly known as the Diamantina Orphanage), while suitable placements were identified (Phillips, 1963; Smith, 1963). However, this practice was no longer considered ideal (Nock, 1963). To avoid placing children in receiving depots the State Children's Department recognised they needed to expand their fostering program and establish a pool of carers at the ready (Nock, 1964). The Department embarked on a recruitment drive. They released information on foster care, which included:

- the rights and responsibilities of the department and carers
- the degree and nature of assistance and guidance available to carers
- information regarding children's experiences of separation from family, their routine, and belongings
- the significance of familiarity and routine
- contact with natural parents and reunification (Nock, 1963).

Children's services evolved to reflect these developments with social workers replacing the government inspectors in the department and more consideration given to the child's needs (Forde, 1999). Social workers began to conduct assessments of families wanting to foster; however this burgeoning practice was inconsistent and not mandatory with only a minority of prospective carers being formally assessed. For those that were, assessment included individual interviews, character references from church ministers, and medical examinations. Interviews were used to determine a person's motivation, their family relationships and attitudes, health status, personality, and the family's standing in their local community (Phillips, 1963). The importance of placement stability was beginning to be recognised and a thorough assessment was considered necessary to avoid placement breakdowns (Mathew, 1963). Another function of departmental social workers was to support and monitor the foster placements (Forde, 1999; Phillips, 1963).

Barbara and Bill Harris began fostering in 1962. Barbara was aware there were children needing a home; she contacted the authorities and offered her services. There was no assessment conducted. The children arrived soon after with a suitcase of clothes, Barbara and Bill were advised to care for the children as if they were their own. There was no contact with the natural family; in fact, the young children took on Barbara's family name. Barbara recalls children were easier to care for compared with today *"they didn't have hang-ups and routines were not upset as a result of contact visits with parents"*. Barbara also mentioned *"the lack of departmental involvement made it easier for children to assimilate. Children were considered family members"*.

In addition to family-based foster care there was a new model of care introduced in the 1960s - the group foster home. Group foster homes were predominantly denominational, attracting limited government support. Group foster homes were run by married couples of 'good moral standing' and were considered to offer an environment resembling a large family. It is thought the need for group homes developed due to a shortage of family-based foster care and because some children benefited from the group environment as opposed to the intimacy of a family (Forde, 1999; Smith, 1963). However, due to the lack of government funding, churches found it difficult to secure competent, trained staff which resulted in high staff turnover and instability for the children (Forde, 1999). There was growing recognition children needed to experience a warm, secure, intimate and continuous attachment with a significant other in order to build trust and develop (Bowlby, 1953; Erikson, 1950). It was for these reasons family-based foster care was preferred over residential care (Goddard & Carew, 1993; Holman, 1975).

The *State Children's Act 1911* remained enforced for 54 years. It was repealed and replaced with the *Children's Services Act 1965*.



# Orphanages

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As previously mentioned, the reliance on large institutions, such as orphanages to provide care for children and young people was declining, however, they were still in existence. Orphanages introduced the practice of placing children in foster homes for short periods of time, such as weekends or holidays. A national report, *The Forgotten Australian's*, commissioned by the Senate Community Affairs Committee in 2003-04, revealed this practice lacked any coordination or planning; with little consideration for the welfare of the children. The report revealed children were placed with “much older couples” or people with “limited child rearing skills”. There were personal accounts describing conditions of slave labour; being used as housemaids to do housework and mind younger children. As the current Royal Commission into Institutional Responses to Child Sexual Abuse (2014) has found, children in all forms of out-of-home care are vulnerable to abuse, children in foster care were no exception.

# The Children's Services Act 1965

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By 1955 the number of children in foster care had fallen to 282. This low number was due to a shortage of carers, not due to a lack of demand. A concerted effort by the department to recruit new carers resulted in the number of children in foster care increasing to 1, 268 by 1970 (Department of Children's Services, 1979).

The *Children's Services Act 1965* was designed to promote, safeguard and protect the wellbeing of children from neglectful parental acts and unacceptable living conditions. The term 'placed out' was exchanged for 'placed'. The title of the relevant section in the legislation pertaining to foster care changed from Foster Mother to Foster Parents. However, this *Act* explicitly restricted the approval of males unless living with and married to an approved carer.

As previously mentioned, the merits of conducting a formal assessment of prospective foster carers were known, however the process was not formalised or enshrined in the new *Act*. Accreditation continued to be based on a person's health and a character reference. There was a new requirement in this *Act*; a person was to lodge an application form expressing their interest in becoming approved carers. Previously, families were often directly approached by the department and asked if they would take in children. Once carers were accredited they were not subjected to regular reviews; however, their accreditation could be revoked by the director with no opportunity to contest such a decision. There were no significant changes to the duties of foster parents; they remained very similar to those detailed in the previous legislation.

Ian Smith, a Child Care Officer, in the 1980s recalls conducting generic checklists to assess prospective carers; each service centre developed their own assessment criteria. Ian acknowledges there were individuals accredited with colourful pasts that were not suitable carers. There was no renewal process and the formal process of revoking accreditation was not enacted. Ian said if those working in the department considered a carer to be inappropriate they simply stopped placing children in their care, with no explanation provided. Ian said those affected eventually lost patience and stopped calling. Hazel Little, a carer with more than 30 years of experience, recalls being assessed. This process was conducted by a Child Care Officer, not a qualified assessor as it is today.

Placing a child in someone else's home was recognised as a difficult task which carried "weighty" responsibilities (Goddard & Carew, 1993), with few more challenging endeavours (Berridge, 1997). The role and function of foster care was being described as "parenting plus" (Gross as cited in Goddard & Carew, 1993). During parliamentary debate in 1965 foster care was described as not being "*a simple process*", it was acknowledged "*it required careful selection of parents and careful placement of children to ensure there will*

*be compatibility between foster carers and the child*". It was recognised foster parents were expected to cope with a complete spectrum of behavioural and emotional problems in the child; accept new children at a moment's notice; to love children in their care as their own and then let go; to work with different social workers; to engage with hostile natural parents; and accomplish all this with a minimum of training and support (Goddard & Carew, 1993).

During the 1960s and 1970s foster care began to evolve from an "exclusive" model of care to an "inclusive" model of care, where carers were expected to work together with natural families and departmental workers in regard to reunification, case planning, and parental contact visits (Holman, 1975). An important aspect of this shift was carers were considered to be an integral member of the team; they were viewed as colleagues providing a valued service (Prosser as cited in Kirton, Beecham & Ogilvie, 2007). Ian Smith recounts visiting children in their placement then staying to share an evening meal with the foster family. Ian suggests this allowed an opportunity to develop strong working relationships and build trust with children and carers alike. Spending time in the home allowed Ian to monitor placements and address issues or problems as they arose without the formality of today. Ian described foster carers as colleagues; as important members of the care team, whereas today he suggests they are often seen as clients along with the child. The culture of building working relationships with carers within Ian's service centre differs greatly to that of the Harris', where they recall no departmental involvement.

The close working relationship between carers, children and departmental workers allowed time and consideration to matching children to the most appropriate placements. Matching a child with a foster family was recognised as central to a successful placement and beneficial for a child's wellbeing (Oswald, 1964). Ian Smith remembers more time dedicated to matching the needs of children to carers. Ian believes the matching process is a lost art form. However, with this arrangement carers were not the primary focus of the department and were unable to access independent support services which were becoming increasingly necessary as cases became more complex (Spall & Clark, 1998). To address these concerns, non-government agencies were introduced in 1993.

Initially, these agencies were referred to as Shared Family Care agencies, they were government funded, and assumed responsibility for improving the conditions and providing independent support for foster carers. In 1996, the program was expanded with the intention of transferring the overall responsibility for carer training, assessments and on-going support to the non-government sector. However, the department never completely relinquished their responsibility, with foster carers remaining attached to various service centres (Murray, 2003; PeakCare, 2003; Spall & Clark, 1998). This dual system of foster care endures today and is due to funding structures which determine the number of foster carers attached to individual non-government agencies (Murray, 2003). The creation of non-government agencies to support foster carers was described as formalising a previously

informal system, which imposed additional checks and balances on the carer. Underpinning this shift was the belief that improving the conditions for carers would ultimately improve the conditions for children (Spall & Clark, 1998).

In 1999 a Commission of Inquiry was established to verify reports of abuse, maltreatment and neglect of children in Queensland institutions encompassing the period from 1911 to 1999 (Forde, 1999). Although foster care was explicitly excluded from the inquiry it was indirectly affected. At the time of the inquiry the practice of placing children in residential care had seen significant reduction; therefore, inadvertently increasing the pressure and reliance on the family-based foster care system (Wall, Stewart & Edwards, 2013).

There was a 35-year period before the *Children's Services Act* was repealed and replaced by the current *Child Protection Act 1999*.

# The Child Protection Act 1999

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The impetus to overhaul the previous child protection legislation was due to a combination of factors: the sector was becoming professionalised; research into the detrimental effects of abuse and trauma on children was being released; and failings of the child protection system were being exposed by the Forde Inquiry. During the mid-1990s a group of senior departmental social workers, dedicated to advancing child safety, were charged with formulating policy which would eventually be enshrined in legislation - the *Child Protection Act 1999*. The Act established two fundamental pillars of child protection in Queensland which endure today: the notion of a standard of care, specific to the needs of individual children; and a charter of rights for children in care. Additionally, principles from the *United Nations Convention of the Rights of the Child 1989* were also embedded in the new legislation, including: the right of every child to be protected from neglect and abuse, to live in a safe environment, and recognition and respect of particular cultural and religious needs.

The Standards of Care were created to establish a level of care for children removed from their families, which all stakeholders were required to adhere to. Anne Elliott, a social worker working in the department and involved in developing the new legislation, said the inclusion of the standards of care were “not aspirational” or for appearances. They were included as it was becoming evident children removed from their families as a result of trauma, abuse and neglect were at risk of further abuse due to inadequate levels of care. Anne Elliot said, “the standards of care had to be higher for children entering out-of-home care because of their background; these were vulnerable children, requiring particular needs”. By embedding the Standards of Care and the Charter of Rights for a Child in Care in the legislation made them law; therefore, allowing individuals to be held accountable for their actions or lack thereof. The community visitor program was established to monitor and assess the standards of care and that the rights of children were recognised and respected.

The role and functions of the community visitor were codified in the *Commission for Young People and Child Guardian Act 2000*. The purpose of this legislation was *to promote and protect the rights, interest and wellbeing of children in Queensland*. Community visitors were charged with: advocating on behalf of children; seeking information and facilitating access to support services; informing children of their rights; assessing a child’s physical and emotional wellbeing; observing and evaluating the treatment and environment of children; and, providing a written report to the commission after each visit. The community visitor program is now administered by the Office of the Public Guardian (OPG). In addition to the community visitor role the OPGs function was expanded to include the child advocacy role. Child advocacy officers are lawyers charged with protecting the rights of children and young

people in any Children's Court or Queensland Civil and Administrative Tribunal setting, to ensure children and young people received independent legal representation. This legislation also includes the carer's right to appeal decisions regarding children and their accreditation through Queensland's Civil and Administrative Tribunal.

For the first time the *Child Protection Act 1999* stipulates any adult can be approved as a carer if they are able to meet all the criteria. Applicants and all adult household members are now required to undergo suitability checks, which include criminal, domestic violence, and traffic history checks. Applicants are not necessarily denied consideration if prior histories exist; however, if applicants are ineligible for a blue card they are not eligible to be approved as carers. Increased scrutiny through such probity checks are enacted to protect the rights of children from experiencing further harm in care. Additionally, carers are required to demonstrate their ability to provide care for children on a daily basis and that they are able to meet the standards of care as outlined in the *Act*. It is no longer acceptable for carers to only provide food, clothing and a tidy home.

Certificates of approval are time-limited and carers are required to apply for re-approval regularly. The initial certificate is reviewed after 12 months; thereafter, every two years. Regular reviews provide the opportunity to determine whether carers are meeting the standards of care and the child's needs, if not, their accreditation may be suspended or cancelled.

Today, children are not removed from their natural parents as readily as in the past. Parents can access a range of prevention and early intervention programs and financial supports to assist them in their parenting role (Cashmore, 2001; Senate Community Affairs Committee, 2004). However, the number of children entering the child protection system continues to increase. Currently in Queensland, 87% of children in need of care are placed in family-based foster homes (Department of Communities, Child Safety and Disability Services, 2014). Suggested reasons for the increase include: greater community awareness of child abuse, the introduction of mandatory reporting, an increase in families experiencing stress, and the diversification of the workforce resulting in a process-focused and risk adverse responses (Carmody, 2013; Institute of Health and Welfare Child, 2014). Additionally, the definition and interpretation of abuse has broadened to include emotional and sexual abuse, and neglect (Cashmore, 2001). Children who are removed from their parents have experienced physical, sexual and emotional abuse to such an extent their social and emotional development may be significantly compromised. As a consequence of this abuse, children entering foster care are recognised as some of the most difficult, demanding, and rejected children in our community (Butcher, 2004; Triseliotis, Borland & Hill as cited in Tilbury, 2007). Foster carers may experience being lied to, stolen from, physically and verbally abused, their property may be destroyed and they may witness children exhibiting inappropriate sexualised behaviour (Sinclair & Wilson, 2003). Managing

these behaviours places greater demand on foster carers' resources (Redding, Fried & Britner, 2000).

The current *Child Protection Act* recognises the important function and demanding role of foster carers and for the first time in legislative history has included the requirement for carers to access training and support to assist them in their undertaking (Queensland Parliament. Record of Proceedings, November 10, 1998). However, the increased government regulation and statutory obligations, as mentioned above, are also responsible for placing greater demands and pressure on foster carers (Tilbury, 2007). Ian Smith believes carer burn-out can be attributed to the increased regulation and monitoring and not just the increasing complexity of children in their care. Kerri Keller, who has been caring for ten years, mentioned she feels closely scrutinised and bound by rules and regulations. It is argued the needs of children can be overlooked when implementing more detailed procedures and checking processes. Government can provide assurances that "systems are in place" or "proper procedures were followed" but this does not guarantee children will receive optimal care (Tilbury, 2007).

In 2003 the Crime and Misconduct Commission (CMC) conducted an inquiry into the abuse of children in foster care. The inquiry was in response to a series of media reports alleging serious and sustained abuse of multiple children while placed with a foster family. However, the focus soon moved from individual accounts of abuse to examining the larger systemic problems within the child protection system (Tilbury & Mazerolle, 2007). Submissions provided to the CMC by a range of stakeholders, including foster carers, describe the working relationship with the department as lacking meaningful consultation, or non-collaborative consultation and the perception the department misused its power and authority in an antagonistic manner (Lonne & Thomson, 2005; Tilbury, 2007). The Inquiry found individual foster carers could not be held solely accountable for poor practice; that the department was ultimately responsible and needed to improve and comply with policy and procedural requirements in relation to the assessment, education, training and support of foster carers. Bryan Smith, a carer for more than 20 years, describes the relationship between foster carers and the department changed considerably after the CMC Inquiry. Prior to the Inquiry Bryan said carers had open, collegial relationships with departmental workers. However, post CMC Bryan believes departmental workers were more wary and distrustful of foster carers with the propensity to view carers as clients. Bryan suggested workers became risk adverse, resulting in an investigative approach when reviewing standards of care rather than one of inquiry. Ian Smith supports this claim by suggesting the department were more inclined to take a punitive response when carers made minor indiscretions.

Furthermore, the Inquiry exposed the department's inability to conduct regular reviews of carers and their accreditation, as stipulated in legislation, as there was no centralised information management system. Hazel Little believes a consequence of not

conducting regular reviews was “carers and children disappeared into the woodwork where children were never sighted again”.

What followed was a systemic overhaul of Queensland’s child protection system including the provision of foster care. Hazel Little welcomed these changes suggesting it was time for foster carers to be more accountable. One of the CMCs recommendations was to implement a central information system capable of collating details of: all carers, children currently in their care, and their availability for further placements. It was necessary that the centralised information system was capable of flagging carers due for re-approval, whether they have been denied their initial approval or re-approval, and whether they have been, or applied to be, a carer in another state. Additionally, it should be possible for staff to search the registry by region, so that they can easily obtain an up-to-date list of carers and placements in their area.

As has been previously mentioned, foster care has evolved to reflect an inclusive model of care, that being, natural parents continue to be actively involved in their children’s lives when suitable. Continued family contact is enshrined in the current legislation. However, evidence suggests there are advantages and disadvantages to continued contact with natural parents. It is argued the children who continue to have contact with their parents have a better sense of self-identity, emotional security, and an opportunity to work through feelings of grief and separation (Haight, Kagle & Black, 2003). Additionally, it is suggested continued contact increases the likelihood of family reunification (Delfabbro, Barber & Copper 2002), and foster placements are enhanced if natural parents are able to demonstrate their acceptance of foster care and children are less likely to feel abandoned (Thompson & Thorpe, 2003). The disadvantages of continued contact include, children presenting with depression and anxiety, the experience can be unsettling and create behavioural problems, may create conflicts of loyalty between natural parents and foster carers, all of which place greater strain on carers and jeopardise placement stability (Austerberry et al., 2013; Osborne & Delfabbro, 2009).

Regardless of the advantages and disadvantages of contact with parents, foster carers, wherever possible, are expected to assist with the transportation to and from and prepare children for family contact. Barbara Harris recalls feeling threatened by natural parents when she was younger, however, concedes this has changed over time and now finds the experience much more comfortable. Hazel Little remembers a time when family contact occurred in her family home; when she would organise and facilitate contact or reunification under the direction of the department but not with their direct involvement.

In 2013 the Queensland Government commissioned an inquiry into the entire child protection system to try to identify whether the needs of vulnerable children were being met (Carmody, 2013). The inquiry revealed Queensland’s child protection system was not able to guarantee “the safety, wellbeing and best interests of children as it should or could” (Queensland Government, 2013). A recommendation put forward by the Commission



relating to foster care, was to move all foster carers to non-government agencies thereby effectively abolishing the dual system that had been operating since 1996. However, the department is to retain the responsibility of issuing certificates of approval for prospective applicants and re-issuing approval certificates for current carers (Carmody, 2013).

# Professionalisation

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During the late 1970s and early '80s the previous incarnations of the Department of Child Safety were undergoing a transformation. The sector was becoming professionalised, with more social workers being employed. Skilled and trained Family Safety Officers (FSOs) began taking less punitive actions against marginalised and disadvantaged parents. Skilled social workers were able to assess and identify a parent's strengths and support networks which would enable them to ensure the development and safety of their children, thereby avoiding the need for removal. For example, Belinda Mayfield, a Child Care Officer in the 1980s, recalls receiving notifications to remove children from unmarried women. Belinda Mayfield recognised these children were not at risk of being abused or neglected and the women were more than capable to parent. Belinda Mayfield said she "filed" these notifications in the bottom of the drawer.

Some two decades later, recommendations from the 2003 CMC Inquiry resulted in inadvertently increasing pressure on the foster care system. The Inquiry revealed the child protection workforce was not large enough to provide the level of service required. The recommendations made by the Inquiry included increasing the auditing and procedural requirements of the job and increasing the number of FSOs. In order to increase the workforce it was necessary to broaden the qualifications to include degrees in criminal justice, law, policing, nursing, occupational therapy, anthropology and sociology (Carmody, 2013). Unfortunately, the diversification of qualifications within the department resulted in a workforce that was process-focused and risk adverse; being driven by assessment tools and not good practice (Carmody, 2013). The 2013 Carmody Inquiry speculated that a 33.8% increase of children removed from families and placed in foster care may be attributed to the previous recommendation to diversify the workforce. The consequence of this recommendation was a dilution of core social work and human service skills, such as: developing working relationship with children and their family; conducting comprehensive investigations and assessment into a parent's capacity to care for their children; providing early interventions and support services to improve outcomes for vulnerable children and their families.

A recommendation made by the Carmody Inquiry, based on submissions put forward by those with a vested interest, is narrowing qualifications back to core human services such as social work, human services and psychology. Only time will tell if this move will address the increasing demand on the child protection system.

# Training & Support

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Training and support have been recognised as ways of improving placement quality and reducing foster carer stress and strain (McHugh & Valentine, 2011). Formalised foster care training was first trialled in selected service centres in Queensland in 1988. The training package titled “Parenting Plus” was based on a British program; however, participation was not compulsory. In 1992 the “Challenge of Foster Care” became the state wide, departmentally endorsed pre-service training model. Facilitators of this model were themselves required to undergo training before presenting material to carers. This training accreditation allowed for consistent and competent delivery of content.

In 1996, the Challenge of Foster Care model was replaced with an 8 module training model titled Sharing the Care. The Sharing the Care training package was significant as it was developed locally and focused on the needs of Queensland children and carers. In response to the CMC Inquiry, the department launched a newly developed pre-service training titled Quality Care: Foster Care Training. This program is still used today and offers compulsory pre-service and on-going training to be undertaken during the first 12 months of accreditation (Butcher, 2005). Research into carer training and education revealed, prior to Quality Care, participation in training was described as ad hoc, with some motivated carers participating in all of the training available, while others participated in nothing (Butcher, 2005). This resulted in different levels of skills and knowledge among carers and inconsistencies in the standards and quality of care provided to children (CMC, 2004).

Participating in training not only provides an opportunity to increase knowledge and skills enabling carers to parent children with complex needs, it also helps build confidence, provides an opportunity to develop informal support networks with other carers, and lessens the number of carers exiting the system (Butcher, 2004; Department of Child Safety, 2014; Minnis & Devine, 2001). Barbara Harris, a carer for more than 40 years, has participated in training much later in her fostering career. Barbara said she couldn’t speak highly enough of the training opportunities she has been involved in. Barbara believes training is necessary, where once it wasn’t, because children are now coming into care traumatised. This claim is supported by Kerri Keller. Kerri continues to participate in training opportunities suggesting it should be mandatory, as she believes training provides the opportunity to grow and develop as a carer. Kerri said she continues to be shocked by the depth of some children’s trauma and suggested no amount of training can prepare you for that. Helen Gormlie has been an accredited carer for 12 months. Helen has participated in the mandatory training, which she described as thorough; however, she continues to receive regular invites from her agency to participate in additional training opportunities. Hazel was required to participate in a training program a few years before formalised training was developed in 1988. However, Hazel concedes the training was not as

comprehensive as it is today. Ian Smith believes training fails to prepare carers, suggesting the process should be replaced with a mentoring program where interested carers could shadow experienced carers and observe real-life scenarios.

A recent Australian survey of current carers has identified the most-beneficial forms of support required to assist carers in their undertaking. Overwhelmingly, the provision of accurate, up-to-date information about a child before accepting the placement was considered the most beneficial form of support. Secondly, a good relationship with case workers was deemed beneficial. Other forms of support include regular respite, practical support such as access to child care, 24-hour crisis support, and opportunities for informal socialising with other carers (Octoman & Mclean, 2014). Support is recognised as improving placement stability and enhancing retention rates among carers (Tilbury, 2007). Hazel suggested fellow carers and her peers provide the most support. However, she said the department also provided good support if it was directly sought, suggesting assertiveness was required in this instance. Hazel suggested carers and their families should receive more support after a child had been moved from their home, particularly if the child has been part of the family for an extended period of time. Hazel suggested the department recognise the benefits of children maintaining contact with birth families, however fail to recognise or underestimate the detrimental impact of grief and loss after placement termination on all parties. Hazel believes that when circumstances allow carers could continue to be part of a child's informal social support network. Helen describes the support she receives from her agency as huge. Helen Gormlie said her agency provides regular morning teas and activities for carers, which allows her to build networks with other carers. At the beginning of her foster caring, Kerri Keller described her agency as very supportive. Kerri had a case worker that would ring at least fortnightly, make regular home visits, provide pertinent information, recommend upcoming training opportunities and overall was enthusiastic and motivated in their role. Kerri believes she is no longer offered the same level of support because she is seen as an experienced carer. Kerri believes support is based on the individual worker and not what is mandated by the agency.

## Conclusion

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In Queensland, foster care has evolved considerably since its inception more than 135 years ago. The practice of foster care is shaped by legislation, which in turn is shaped by society's morals and ethical standards at the time. Today, family-based foster care, which is responsible for providing the majority out-of-home care, is a vital and indispensable service which allows the government to protect the most vulnerable and fragile members of our society. Currently, in Queensland there are 8,755 children in care (Department of Child Safety, 2015). If foster carers were to withdraw their service the Queensland government would be crippled with having to provide alternative accommodation as they lack the facilities and the associated costs would be exorbitant.

Today's carers are no longer seen as well-intentioned volunteers providing for unproblematic, deprived children – the task and expectations are much greater. This is because research is providing all with a better understanding of the effect of trauma and abuse on child's development and well-being. It is argued the increased expectation from government and the broader community, coupled with increased regulation and statutory obligations are placing pressure on carers. Under these conditions and in the absence of tailored training and support, is a concern carers will be ill equipped to provide the necessary levels of care to the most vulnerable members of our society (Brunsden, Hill & Picken, 2011; Butcher, 2004; Maluccio & Ainsworth, 2006).

Additionally, the disparity between available carers and increasing numbers of children requiring placements is contributing to carers stress (Randle, Miller, Dolnicar & Ciarrochi, 2014). This disparity denies the opportunity to match children to carers, and increasingly, carers are asked to accept more children at any one time. Children in care need the utmost protection; this necessitates prospective carers to participate in stringent assessment processes. However, providing care comes at a personal cost. To ameliorate the foster care experience carers require not only education and training but respect as equal members of the child protection team, professional supervision, and support and recognition for the invaluable contribution they make.

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