



Queensland
Foster and
Kinship Care

Foster, Kinship and Permanent Carers Payments Review

QFKC's Submission to the
Australian Institute of
Family Studies

Contents

About Queensland Foster and Kinship Care	3
Introduction.....	3
QFKC's Submission	4
References	16

About Queensland Foster and Kinship Care

Queensland Foster and Kinship Care (QFKC) is a not-for-profit Peak Body organisation for foster and kinship carers, their families including children and young people in care in Queensland.

QFKC has been established since 1976 with the Board of Governance, Management Committee, who all bring a lived experience of providing foster and or kinship care in Queensland and who currently have more than a combined 200 years of experience in family-based alternative care for children.

Across the state, QFKC represent over 6,000 carer families, which include foster, kinship, and provisionally approved carers, who provide family-based placements for children in need within the Child Protection System. The organisation's goal 'To contribute to the development of an inclusive, responsive and fair foster care system', hence our commitment in providing support and advocacy work for carers and facilitate training for carers and agency staff on child protection procedures and processes. QFKC is present throughout a carer's journey from recruitment, support, and advocacy, through to exiting.

Introduction

Queensland Foster and Kinship Care (QFKC) welcomes the opportunity to contribute to the Australian Institute of Family Studies (AIFS) review of payments and financial supports for foster and kinship carers. As the peak body representing foster and kinship carers across Queensland, QFKC has a critical role in advocating for the rights, recognition, and support of carers to provide safe, nurturing, and stable environments for children and young people who cannot live with their birth families.

This review, commissioned by the Australian Government Department of Social Services (DSS) under the [Safe and Supported: First Action Plan 2023-2026](#), presents timely and necessary exploration into the adequacy, consistency and accessibility of financial supports available to carers nationwide. QFKC supports this endeavour and acknowledges its importance in ensuring a fair, equitable, and sustainable child protection system that appropriately recognises the essential role of carers.

Through extensive consultation with carers and agencies, QFKC has gathered insights and evidence highlighting the financial pressures faced by carers across Queensland. Our submission aims to contribute practical recommendations to enhance the existing financial support framework and ultimately improve outcomes for children and young people in care.

QFKC appreciated the opportunity to provide input into this review and remains committed to advocating for the needs and rights of all carers, ensuring they are adequately supported to fulfil their critical roles within the child protection system.

QFKC's Submission

Should payments and financial supports for carers be expected to cover all costs of raising a child in out of home care or just to contribute to these costs?

Queensland Foster and Kinship Care (QFKC) firmly believes that payments and financial supports for carers should cover all costs associated with raising a child in family-based care. Foster and Kinship Carers are volunteers of the state. According to Volunteering Australia, volunteering is defined as “*time willingly given for the common good without financial gain*” (Volunteering Australia, 2015).

The Queensland Child Protection System, along with every other State and Territory alternate care system, relies heavily on volunteerism to support more than 45,000 children and young people in alternate care across the nation, including approximately 12,500 in Queensland (Australian Human Rights Commission , 2025)

Volunteering Australia has outlined in the Rights of Volunteers, one of which is “*to be reimbursed for out-of-pocket expenses*” (Volunteering Australia, 2021). Partial reimbursements are not acknowledged within these rights; therefore, the concept for only contributing to the costs of raising children does not align with the Volunteer Rights established by Volunteering Australia.

In 2023, Queensland carers participated in a survey focusing on the financial burden of caring, with 447 carers responding (324 Foster carers, 118 Kinship carers and 5, Provisionally Approved carers). According to the results, 94% of carers reported that the carer allowance has not kept up with the cost-of-living crisis. When asked about out-of-pocket expenses:

- 76% of carers reported being up to \$400 out of pocket per fortnight.
- The remaining 24% reported being \$400 or more out of pocket per fortnight.

Financial hardship is widely recognised as one of the ten most common causes to family stress. Foster and Kinship Carers, however, face additional challenges when raising a child or young person in a statutory system. These challenges are complex and place further strain on carer households.

Carers who volunteer form the backbone to the Child Protection system, upon which State and Federal governments rely on to care for children in need. Governments need to prioritise practical strategies to reduce stress factors by providing adequate and full financial reimbursements for the costs of caring. Implementing such measures would be a straightforward and effective approach to alleviating household stress and financial burdens of carers.

For the purposes of these submissions, QFKC undertook a brief survey with carers in Queensland to gather views. A total of 249 carers participated in the survey, of which 74% were foster carers and 26% were kinship carers. When asked this exact question as outlined in the discussion paper, 81% of carers stated that payments and financial supports should cover all the costs of raising a child in out-of-home care.

Should carers receive payments that go beyond the costs of raising a child?

The foster and kinship care framework for providing care has not evolved in line with changes in family circumstances and structures that have occurred over many decades in Australia, particularly in recent years. Traditional frameworks for volunteer family-based care assume a primary caregiver is at home and readily available to meet the complex needs of children and young people placed in their care.

The Australian Institute of Family studies highlighted in its May 2023 report on *Employment patterns and trends for families and children* that “within couple families, the proportion with both parents working full time hours is increasing, 31% in 2021, up from 22% in 2009” (Australian Institute of Family Studies, 2023).

The Australian Bureau of Statistics also reported that, as of June 2024, almost three-quarters (73%) of the 2.2 million couple families with children aged between 0-14 years had two employed parents. Five years earlier, in June 2019, this figure was 67%, indicating a 5% increase in 5 years (Australian Bureau of Statistics, 2024).

Furthermore, 74% of single-parent families with dependent children were employed in June 2024, compared to 61% in 2019 – an increase of 13% over five years (Australian Bureau of Statistics, 2024). This data illustrated that the expectations of having a primary carer available to provide flexible care is increasingly unrealistic in modern society, despite it often being a requirement in family-based care arrangements.

Efforts have been made to address these changing family circumstances over the years. The most notable initiative has been the Australian At-Risk Child Care Subsidy, which provides 100 hours of childcare (including outside school hours care) to children and young people under Child Protection orders nationwide. However, this strategy remains ineffective for many children and young people whose needs are too complex for traditional childcare services.

Since the establishment in 1976, QFKC has consistently identified the increasing complexities faced by children and young people entering care through individual and systems advocacy. Many school-aged children are unable to attend a full school day and are placed on ‘reduced hour plans’, while pre-school children are frequently excluded from daycare facilities due to their complex needs. This creates an impossible situation for carers attempting to maintain employment.

According to QFKC’s 2023 survey, of the 415 carers who responded to the relevant question:

- 195 carers reported having to withdraw from paid employment entirely due to their role as a foster or kinship carer.
- 200 carers reported negative impacts on their employment, including the need to take days off work due to their volunteer role.
- Only 20 carers reported no impact on their employment.

In the survey completed by QFKC for this submission, 249 carers were asked directly whether they should receive payments that go beyond the cost of raising a child, 92% responded yes, and 8% responded no. These results are overwhelmingly clear.

In 2025, the rising cost of living requires most carers to be employed to maintain a basic standard of living. When carers are unable to work and are burdened with out-of-pocket expenses, partial or inadequate reimbursements do not sufficiently cover the true costs of caring for a child. These additional expenses place carers in a position where they cannot meet their own living expenses for their family or dependants.

Carers are therefore placed at a financial disadvantage due to their volunteer role, which should not result in financial hardship. QFKC firmly believes that if a carer must stay home to provide the necessary level of care for a child or young person, this should be recognised through adequate compensation from State and Federal governments.

How could payments and financial supports for carers be made more equitable?

QFKC firmly believes that the government holds financial responsibility for children and young people who are subject to statutory orders in any state or territory, as the government are the child or young person's custodian and/or guardian.

Carers are disadvantaged by current Federal Services Australia frameworks that apply means testing to payments. For instance, when carers apply for a mortgage or loan, they must declare all dependents. However, fostering allowances are excluded from income calculations, as they are not recognised as a form of income. This exclusion reduces the amount carers can borrow.

If Services Australia were to remove means testing, any additional dependents a carer supports would be offset by a payment made specifically for the care of the child. QFKC emphasises that carers should not be financially disadvantaged for choosing to volunteer as carers. Eliminating means testing for children and young people under statutory orders is a practical approach to alleviating financial pressures on carer families.

As part of QFKC's survey conducted to inform these submissions, carers were asked whether a carer's financial position or means testing should be a consideration in the provision of financial support. 64% of carers stated that it should not be, supporting the premise that payments, such as those from Services Australia, should be attached to the child rather than the carer's income.

What is the impact of inadequate payments and financial supports on carers and the children in their care?

In QFKC 2023 survey, 404 carers responded to a question about whether they would consider withdrawing from caring due to the financial burden of providing care. The results revealed:

- 47% said they would
- 23 % said they were unsure and
- 30% said no.

These figures highlight the significant influence of inadequate payments and financial support on the foster and kinship care system. The data shows that 70% of carers surveyed are either considering resignation or uncertain about continuing due to the financial strain. This could result in placement disruptions, an unwillingness to take on further placements, or the end of existing placements, also known as placement breakdowns.

The consequences of such outcomes cannot be underestimated. Systems trauma refers to the harm caused by the system itself, rather than the initial trauma experienced by the child. It can manifest as re-traumatisation or further harm during interactions with the system. When children and young people experience placement disruption or breakdowns, this can have a profound impact with feelings of abandonment and rejection being felt by children and young people, leading to even more complex trauma behaviours.

QFKC's survey, conducted for this submission, asked carers about the impact of inadequate payments. The results were:

- Placement breakdown: 16%
- Children's needs not being met: 58%
- Carer resignation: 26%

Carers were also invited to provide comments, resulting in 87 responses that echoed these concerns. Additional themes included difficulties in recruiting new carers, negative impacts on carers' mental health, long-term consequences due to lack of superannuation, financial impacts on carers' biological children.

The message is clear: inadequate payments and financial supports have profound, far-reaching impacts on carers, the children in their care, and the broader Child Protection System. Addressing these issues is essential to prevent placement breakdowns and support the wellbeing of all involved.

What factors influence carer's ability to access payments and financial supports?

QFKC manages the Statewide Recruitment Line on behalf of the Queensland government. Through this line, QFKC frequently receives calls from what Queensland refers to as 'informal kin' – kinship carers who have taken on the care of family without the child or young person being under a Child Protection order.

In the past six months, QFKC received 171 calls from kin carers seeking guidance. Some were caring for children already under orders, while others were supporting children not subject to orders. These informal kin often seek information about financial and practical support, which they cannot access under the existing system.

In many cases, informal kin carers are dealing with intergenerational complex trauma, resulting in the same behavioural and emotional challenges faced by foster and kinship carers when caring for children and young people. However, unlike approved carers, informal kin carers lack access to essential support.

The current system's messaging to informal kin often requires them to relinquish care to the State for the child to be recognised as 'in need of care and protection'. Only then can they apply to become foster or kinship carers. During this process, the child is likely to enter the foster care system.

Internationally, some systems provide more inclusive support. For example, New Zealand offers an 'Unsupported Child Benefit' administered through its national welfare system (Work and Income, Te Hiranga Tangata). This benefit is available to informal carers who meet specific criteria, and the rate paid is equivalent to that of formalised care.

Comparing Queensland and New Zealand's child protection system is insightful. Despite having almost the same population (a difference of less than 100,000), as of June 2023:

- New Zealand had 4,317 children and young people in care (The Salvation Army Social Policy and Parliamentary Unit, 2024).
- Queensland had 11,922 children and young people in care – 63% more than New Zealand (Department of Families, Seniors, Disability Services and Child Safety, 2025).

In New Zealand, 12,927 caregivers received the Unsupported Child Benefit for a total of 19,794 children and young people in 2021 (Ministry of Social Development, 2021). This demonstrated the success of supporting informal kin carers without unnecessary government intervention.

Queensland's *Child Protection Act 1999 Section 5B* aligns with this approach, stating in the following sub-sections:

- (b) *'a child's family has the primary responsibility for the child's upbringing, protection and development'*;
- (c) *'the preferred way of ensuring a child's safety and wellbeing is through supporting the child's family'* and,
- (e) *'in protecting a child, the State should only take action that is warranted in the circumstance'*.

While various factors contribute to New Zealand's significantly lower numbers of children in formal state care, it is clear that providing financial support equivalent to the New Zealand carer allowance is a substantial factor.

QFKC believes that the Australian government should implement a similar federal payment to support families nationwide in providing care when parents are unable or unwilling to do so. Such a policy would reduce the number of children in formal state care and place responsibility back within the family unit, where children's needs are best met.

What factors make it easy or difficult for out of home care service providers to provide payments to carers?

The Queensland Child Protection system is responsible for approval decisions and payments for all foster and kinship carers. QFKC supports the Queensland government retaining this function to ensure equity and consistency across all carers. However, QFKC also advocated for Foster and Kinship Care agencies to be provided with brokerage funds to address emergent needs as they arise. Providing agencies with flexible funding would enable timely and tailored support for carers, enhancing their capacity to meet the needs of children and young people. This approach will be further explored in other discussion points within QFKC's submission.

How do the financial costs associated with caring influence people's decision to become a carer or to stop caring?

As evidenced in question 4, there is a strong correlation between adequate financial support and assistance and carer recruitment and retention. 70% of surveyed carers in Queensland indicated they would either withdraw from fostering or were uncertain about continuing due to financial pressures. In QFKC's survey conducted to inform these submissions, 249 carers responded to the question, "would the financial burden of fostering be a contributing factor to you deciding to resign from fostering?". Of the respondents, 55% said yes, 24% said they were unsure, and just 21% said it would not be a contributing factor.

Since 2020, Australian families have faced a significant rise in the cost of living. Notably, 94% of carers surveyed in 2023 reported that the carer allowance has not kept up with this increase, highlighting the financial strain on day-to-day life. The Queensland Council of Social Services (QCOS) 2024 Living Affordability Report underscores the 'devastating effects of the cost-of-living crisis on low-income Queenslanders, including working families (Queensland Council of

Social Services , 2024). The report describes how the crisis is “*depriving children of their childhood, with parents unable to afford school camps, extra-curricular activities and meals for every person in the family*” (Queensland Council of Social Services , 2024).

Key findings from the 2024 Living Affordability (Queensland Council of Social Services) report include:

- No modelled households had sufficient income to cover unplanned emergency expenses.
- Housing costs were the highest expenditure, with all modelled households spending more than 37% of their income on housing.
- Health needs are being neglected due to out-of-pocket costs, or families are enduring extreme financial hardship to cover essential medical expenses.
- Despite energy rebates in Queensland, energy costs continue to cause financial stress.
- People are experiencing higher levels of stress, anxiety and depression due to financial stress and are facing significant barriers to accessing psychological care.

The traditional demographic attracted to foster and kinship carers often align with families reflected in the QCOSS report’s modelled households. These families are already struggling to support their own needs, making recruitment to a foster carer role an increasingly difficult task.

For existing carers, the compounded stress of managing financial hardship, statutory system requirements, and only receiving partial reimbursement for caregiving expenses makes carer retention challenging.

There must be clear and consistent messaging that being a carer in Australia should not add financial burden to any family. The lived experiences of carers must reflect this commitment, ensuring financial supports are adequate and accessible.

What changes to payments and financial supports would improve carer recruitment and retention?

Accessibility is a key factor in improving financial supports beyond merely increasing payments for foster and kinship carers.

In a survey conducted by QFKC in 2023, carers were asked about their experiences in accessing Child Related Costs, higher carer allowance payments associated with the needs of the child in their care, and dual fostering allowance. A total of 429 carers participated in this section, and the following results:

Child Related Costs

- 9.8% are approved for Child Related Costs.
- 21% are not approved.
- 44 % are sometimes approved.
- 25% stated they never ask.

High Support Needs Allowance (HSNA) & Complex Support Needs Allowance (CSNA)

- 20% are approved for HSNA or CSNA (higher fostering allowance linked to child’s needs and subsequent cost of care).
- 20% are not approved.
- 36% are sometimes approved.

- 23% stated they never ask.

Dual Respite

- 22.6% are approved for dual respite (where both the respite and primary carer receive payment for an approved period of respite care).
- 12.6% are not approved
- 17% sometimes receive approvals.
- 48% stated they never ask.

The payments referenced above are intended to supplement the fostering allowance so that carers are not out of pocket. However, only certain costs that fall outside the standard fostering allowance are eligible for reimbursement. These costs are outlined in Child Protection policies and procedures and are available on carer websites.

Eligible payments may include, but are not limited to, transport for family contact, medical aids and ongoing prescriptions, school camps, school photos and school devices etc. The procedures associated with Child Related Costs acknowledges that these fall outside the fostering allowance. Therefore, when these costs are not approved, the government is either expecting the carer to be out-of-pocket or requiring the child or young person to miss out.

For HSNA and CSNA, the consistency of approvals varies across the state. Depending on the region or service centre, some carers receive the HSNA automatically, while others endure a lengthy process. This inconsistency is often due to carers being asked to provide evidence through spreadsheets documenting the distribution of these additional funds, despite the procedures stating that carers are not required receipts. Some Child Safety Service Centres (CSSCs) still request evidence of expenditure.

It is unreasonable for access to additional payments to be dependent on a carer's residential location rather than the needs of the child or the carer's household.

Similarly, approval of dual respite is inconsistent across the state, as delegation of payment authority rests with the CSSC Manager. QFKC has identified the approval decisions can be influenced by a value system held by the managers. If a manager does not agree with the use of respite for a child, payment for dual respite may be denied.

While QFKC agrees that decisions on access to dual respite should be made in the best interests of children and young people, if a child is regularly having respite with a known person, there should be a straightforward approval process. Unfortunately, this is not always the case.

Carers were asked in the 2023 survey to provide further information if they answered 'never ask' to any of the three questions (Child Related Costs, HSNA & CSNA and Dual respite). Overwhelmingly, responses reflected a reluctance to request support due to negative experiences in the past, where carers were made to feel uncomfortable or guilty for seeking reimbursement.

Common reasons cited include:

- Fear of backlash or feeling belittled by Child Safety Officers (CSOs).
- Being made to feel like a burden or accused of caring only for financial gain.
- Previous requests being repeatedly denied, leading to feelings of futility.
- Lack of awareness about eligibility for additional supports.
- Anxiety about jeopardising their placement or damaging relationships with CSSCs.

Direct quotes from carers include:

- *“Was belittled by a CSO in the past for daring to ask.”*
- *“Knocked back when I asked.”*
- *“Every time I asked, it hasn’t been provided... I won’t bother again.”*
- *“Feel like we become the beggar.”*
- *“Was told that the money we receive covers ALL the needs of the child.”*
- *“...a 6 month wait for reimbursement is simply too long.”*
- *“Didn’t know you could ask for additional child related costs.”*

These responses highlight the significant barriers carers face when seeking financial support, including administrative burdens, lack of transparency, and inconsistency in decision-making across the state.

Carers provided hundreds of responses to this question, with the vast majority centred around the themes mentioned above. While a small percentage indicated they do not request dual respite because they choose not to use respite, most responses reflected feelings of being too scared to ask, unaware they could ask or having asked and being rejected.

There needs to be a fundamental cultural shift in how carers are perceived by society, starting with the child protection system understanding the complexity of the role, and 24/7 nature of the role and the real cost associated with raising a child who has experienced trauma.

Queensland’s last comprehensive review of the cost of caring for children and young people in family-based care was in 2006, nearly 20 years ago. Other than the adjustments made in line with Consumer Price Index (CPI), there has been no thorough review or increase in the allowances paid to carers. This is despite the growing complexities of children’s needs and the significant rise in the cost of living, which has pushed essential household expenses well above the CPI index.

At a minimum, carers should have simple and straightforward access to additional payments that fall outside the standard carer allowance to help meet the needs of the child or young person in their care.

While Queensland has implemented tools such as the Carer Connect app – designed to facilitate quick reimbursements and offer other functionalities – a recent 2024 QFKC survey of Foster and Kinship Care agencies revealed a significant issue. The survey, which included 227 respondents, found that 44% of agency staff (101) respondents were not confident in using the app.

If support workers, who are responsible for guiding and assisting carers, are unfamiliar with an app specifically designed to assist carers, it becomes yet another barrier to receiving timely reimbursements for costs associated with providing care.

To improve carer recruitment and retention, QFKC identifies two primary areas of change:

- Ensuring accessibility to additional payments through comprehensive training for all care team members on tools such as Carer Connect.
- Addressing sector-wide attitudes, including those held by agency support workers and departmental staff.

What could government (state, territory or the Australian government) do to improve carer payments and support?

Firstly, QFKC firmly believes that means testing through Services Australia should be removed for carers, and payments should instead be attached to the child in State care, similar to the Health Care Card and the Australian Child Care At Risk Subsidy.

The Australian Federal Government should also consider implementing a payment model similar to New Zealand's Unsupported Child Allowance for informal kin carers. While parameters would need to be established to determine how this would apply in Australia, if such model helps reduce the number of children and young people entering formal care by enabling family members to care for them outside of the system with adequate financial support, it would be a valuable initiative for the Australian Government to pursue.

QFKC also advocated for a nationwide, independent review into the cost of caring for a child or young person in family-based care. As noted, Queensland carer allowance has not been reviewed for nearly 20 years. Carers should not experience discrepancies in payments based on the State or Territory a child resides in. Cost of living pressures are present across Australia, and while these costs can vary between State and Territories, they can also fluctuate within a single State or Territory.

QFKC supports carer payments being administered through the State governments. This approach promotes consistency in allowances and reduces risk of foster and kinship care agencies competing within the sector, which can create instability for carers.

QFKC is also supportive of new frameworks in family-based care that provides brokerage funds for Foster and Kinship Care agencies to address immediate placements needs for carer households. QFKC has observed the benefits of this approach, where agency staff – who often visit homes more frequently and understand the unique needs of each carer household – can respond effectively. For example, providing a house cleaner when additional children are placed in a home can help alleviate the carers' workload, allowing them to focus on meeting the needs of children and young people in their care.

QFKC believes that significant reforms are needed to ensure carers are adequately supported and that children and young people in their care have their needs met consistently across Australia. To achieve this, QFKC has identified several key priorities that require immediate attention:

- Removal of means testing for carers, with Services Australia payment being attached to the child or young person.
- Conducting a nationwide review of the costs associated with caring for a child or young person in family-based care.
- Exploring ways to financially support informal kin carers, to reduce the number of children and young people entering formal care when appropriate.

What could governments and/or carer support organisations do to improve carer payments and financial support?

Government organisations have a responsibility to ensure that when tools like Carer Connect in Queensland are established and expected to serve as a vehicle for carer reimbursement, the sector is adequately trained and supported in their use. Rollouts cannot be relied upon when staff turnover within the sector is so prevalent. In this submission, QFKC highlights other methods of training that are essential to ensuring critical resources, such as the Carer Connect app, are accessible at any time to anyone who requires them.

What could carer support organisations do to improve carer payments and financial support?

As stated above, QFKC supports the administration of carer payments through the Queensland Government. This approach ensures an equitable and consistent payment process for carers and prevents agencies from competing against one another when their focus should be on supporting carer households.

The use of brokerage funding is a critical element in providing the foster and kinship care agencies in Queensland with the ability to respond to carer household needs. It reduces red tape and eliminates barriers that can arise when seeking approval from government institutions. It is essential, however, that agencies themselves do not create bureaucratic obstacles within their own programs. Responses to carers household needs must be timely, practical, and well-considered.

Foster and Kinship Care agencies, as well as departmental workers, play a key role in information sharing. Carers should be provided with clear and consistent information about the payments and reimbursements available to them beyond the standard fostering allowance.

QFKC was funded for Retention and Development officers for a 12-month pilot period between 2024 and 2025. These positions had various functions, but their primary focus was identifying key retention strategies through direct engagement with carers. One of these strategies involved developing an online induction training for all foster and kinship agency workers.

QFKC consulted with Foster and Kinship Care agencies across the state to determine whether they would support the development of a consistent set of outline training modules required for all agency staff, regardless of their specific agency. The aim was to ensure agency staff possess the essential knowledge needed to effectively support and advocate for carer households.

Over 180 individual foster and kinship care agency staff participated in this survey, and over 85% supported the development of a standardised induction package. During the pilot period, QFKC developed the first module on Delegated Authority, with plans to add more modules if funding becomes recurrent. One of the anticipated modules will focus on carer finance.

QFKC has also begun exploring alternative learning methods and recently recorded (but not yet released) its first podcast. One planned podcast topic is carer finance, which offers a flexible learning platform that does not require carers to sit in front of a computer or take time off work for face-to-face training. Instead, carers can listen while driving, completing household tasks, or exercising.

Providing diverse learning mediums for carers and care team members is increasingly important as the sector adapts to a changing demographic of carer households. The focus must shift from

simply informing carers about what they need to do to meet compliance requirements, towards empowering them with practical, accessible, and relevant knowledge that enhances their capacity to provide high-quality care. Effective support and training must acknowledge these realities and aim to equip carers with the skills, resources, and confidence to advocate for the children and young people in their care.

Is there anything else relevant to the adequacy, consistency or accessibility of payments and financial supports for foster, kinship and permanent carers that you want to note?

When children and young people have been harmed and courts across Australia determine that they do not have a parent willing or able to protect them, these children and young people deserve to be raised in a family. Every jurisdiction in Queensland has legislation supporting that, wherever possible, a family-based placement should be made within the child's kin. If kin are not available, a child or young person should be placed in foster care. Yet, in Queensland alone, the rates of children and young people being placed in residential care have skyrocketed, with a 74.6% increase from 30 June 2023 to 30 June 2024, broken down by age groups as follows:

- 0-4 years old: 160% increase
- 5-9 years old: 112% increase
- 10-14 years old: 69% increase
- 15-17 years old: 67% increase

As of 30 June 2024, 45.5% of children and young people in residential care identified as Aboriginal or Torres Strait Islander.

These statistics are confronting. The most staggering increase is among children under 10 years old. Residential care is not an appropriate environment for any child to be raised; it fundamentally fails to meet the attachment and development needs of children and young people. Children who have experienced harm within relationships require the opportunity to heal their trauma through the experience of a healthy primary attachment figure – something that residential facilities cannot provide.

Beyond the obvious disadvantages experienced by children in residential care, the exorbitant cost to Child Protection systems across Australia must be a concern for governments across the State. In an article published by Member for Toowoomba South, David Janetzki, on 1 May 2024, the average cost of a residential placement was compared to that of a family-based placement. According to the article, the cost of residential care in the South West Region (one of six Regions in Queensland) in 2022 exceeded \$176 million, averaging \$443,125 per child annually, compared to just \$30,660 per child per year in family-based care (DJMP News, 2024).

This finding is supported by the 'Carer Allowance – QFCC Insights Paper' published, which reported the average cost of a child or young person in residential care as \$450,548, compared to \$30,660 in family-based care. The report projected that, based on current trends, the number of children and young people in residential care would increase to 2,766 by 2028, with the associated cost to the Queensland Government exceeding one billion dollars (Queensland Family and Child Commission, N.D.).

Reflecting on carers' responses under Question 8, where many explained why they do not request additional financial support despite the financial burden of caring for a child or young person in family-based care, it is astounding that carers are made to feel this way. Alternative models of care that are less effective in meeting children's needs are costing the state more than 10 times the amount of a family-based arrangement.

Financial support must be regarded as an absolute right for carers. They should not be financially disadvantaged by volunteering their homes and lives to care for the most vulnerable children in our society. Attitudes and mindsets need to change. Carers should not be placed in the position of having to ask for financial support. Expecting carers to advocate for financial assistance creates barriers, particularly across different cultures and communities where asking for help may carry stigma or shame.

When considering how QFKC began these submissions, it is essential to circle back to the issue of financial pressure. Financial burden is consistently ranked among the top ten household stressors in Australia. State, Territory, and Federal governments cannot add to this burden allowing the very people they rely on to uphold the child protection systems across the nation to be financially disadvantaged in any way. Governments must remove this burden and support environments where carers can focus on what they have volunteered to do – care for children and young people.

Conclusion

QFKC is pleased to see a Nationwide focus and review into carer payments. Carers have consistently expressed their views through QFKC surveys that the current rate of carer allowance is not sufficient to meet the increasingly high cost of living and subsequently the cost of raising a child in family-based care. Carers have many pressure points that make the role of parenting in the context of a Child Protection system very complex, State and Federal governments have a duty of care to reduce pressure points where the system allows them to, financial pressures is one of these pressure points. The cost of Residential care for children and young people is costing governments billions of dollars a year across Australia. Residential care is not a model of care that is in the best interests of children and young people, children need to heal from their trauma in the context of a primary attachment and relationship. It is time that governments across Australia redirect the exuberant amount of money it costs to place one child into Residential care into supporting a family to raise a child in family-based care where the financial burden is removed.

References

- Australian Bureau of Statistics. (2024, October 22). *Labor Force Studies of Families*. Retrieved from Australian Bureau of Statistics: <https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-status-families/latest-release>
- Australian Human Rights Commission . (2025, March 25). *Statistics about Children's Rights*. Retrieved from Australian Human Rights Commission : https://humanrights.gov.au/education/stats-facts/statistics-about-childrens-rights#_edn3
- Australian Institute of Family Studies. (2023). *Employment patterns and trends for families with children*. Southbank: Australian Institute of Family Studies.
- Department of Families, Seniors, Disability Services and Child Safety. (2025). *Improving care and post care support*. Retrieved from Our Performance: <https://performance.dcssds.qld.gov.au/improving-care-and-post-care-support/who-we-work-with/children-on-orders>
- DJMP News. (2024, May 1). *Number of children in residential care triples amidst staggering costs*. Retrieved from David Janetzki: <https://www.davidjanetzki.com.au/news/article/news/number-of-children-in-residential-care-triples-amidst-staggering-costs/>
- Ministry of Social Development. (2021). *Number of caregivers and children with an Unsupported Child's Benefit or Orphans Benefit and School Year and Start-Up Payment*. Retrieved from Ministry of Social Development: <https://www.bing.com/ck/a?!&p=d99c2bc1856f7951db615f295307963cb8931e4d55e27d70c6bb45bb7bfb02ffJmltdHM9MTc0MzU1MjAwMA&ptn=3&ver=2&hsh=4&fclid=1435af2f-7c6f-6625-147b-ba557db1677f&psq=unsupported+child+benefit+NZ+IAP+data+warehouse&u=a1aHR0cHM6Ly93d3cubXNk>
- Queensland Council of Social Services . (2024, September 09). *Cost-of-living crisis forces more Queensland children into poverty*. Retrieved from QCOSS: <https://www.qcoss.org.au/cost-of-living-crisis-forces-more-queensland-children-into-poverty/#:~:text=The%20Queensland%20Council%20of%20Social%20Service%E2%80%99s%20%28QCOSS%29%202024,on%20Queenslanders%20with%20low%20income%2C%20including%20working%20fam>
- Queensland Family and Child Commission . (N.D). *Topical Insights Paper*. Retrieved from Queensland Family and Child Commission: <https://www.qfcc.qld.gov.au/sites/default/files/2024-05/Carer%20allowances%20-%20QFCC%20Insights%20Paper.pdf>
- The Salvation Army Social Policy and Parliamentary Unit. (2024). *State of the Nation 2024 The Things We Inherit*. Wellington: The Salvation Army Social Policy and Parliamentary Unit.
- Volunteering Australia. (2015). *Definition of Volunteering*. Retrieved from Volunteering Australia: <https://www.volunteeringaustralia.org/resources/definition-of-volunteering/#/>
- Volunteering Australia. (2021, February 9). *Volunteer Rights Checklist*. Retrieved from Volunteering Resource Hub: <https://volunteeringhub.org.au/volunteer-rights-checklist/>

Far North Queensland Region

2016 Carer Survey Report

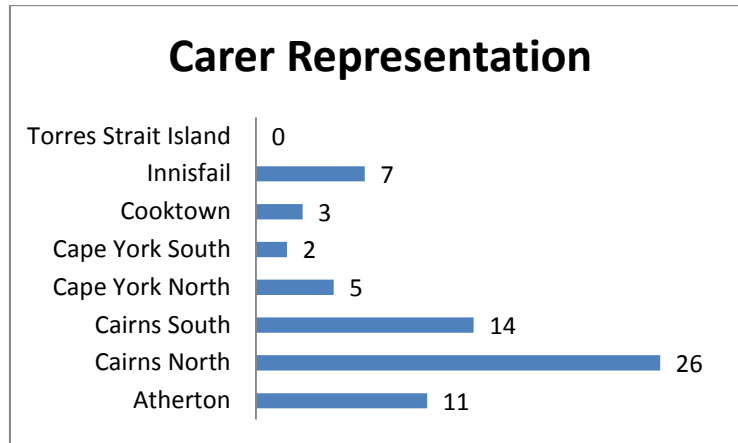
Contents

About the Carer	323
Relationship Status	324
Culture Diversity	326
CALD Community	329
How satisfied are you with Relationships with Staff at Child Safety Services	330
Child Safety Processes.....	337
Standard of Care/Harm Processes	341
Confidentiality.....	342
Financial	344
How satisfied are you with local practices of CSSC.....	345
Education Support Plans	348
Child Health Passports	349
Placement Agreements.....	351
Centrelink.....	351
Support	353
Foster and Kinship Care Services	353
Foster Care Agreements	358
Training	359
Complaint/Concerns Processes	360
Foster Care Queensland.....	361
FAST Program.....	362
Looking Forward	363

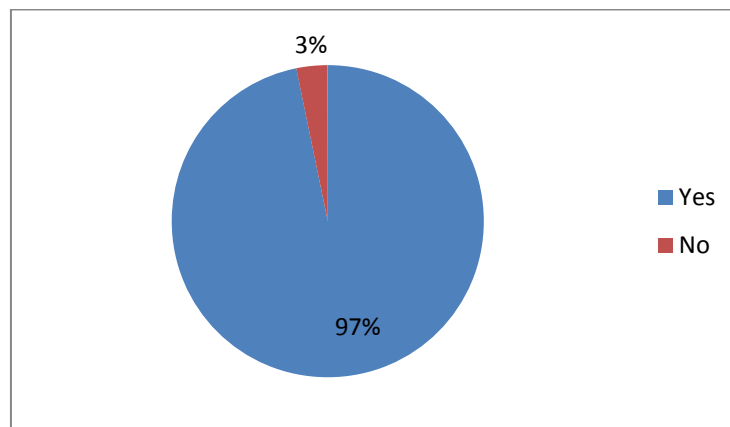
Far North Queensland Region

About the Carer

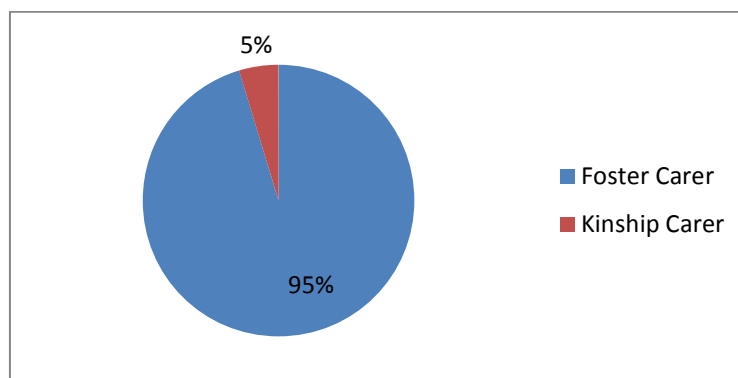
In Far North 68 Foster and Kinship Carers completed the Carer survey and were represented in the following Child Safety Service Centres.



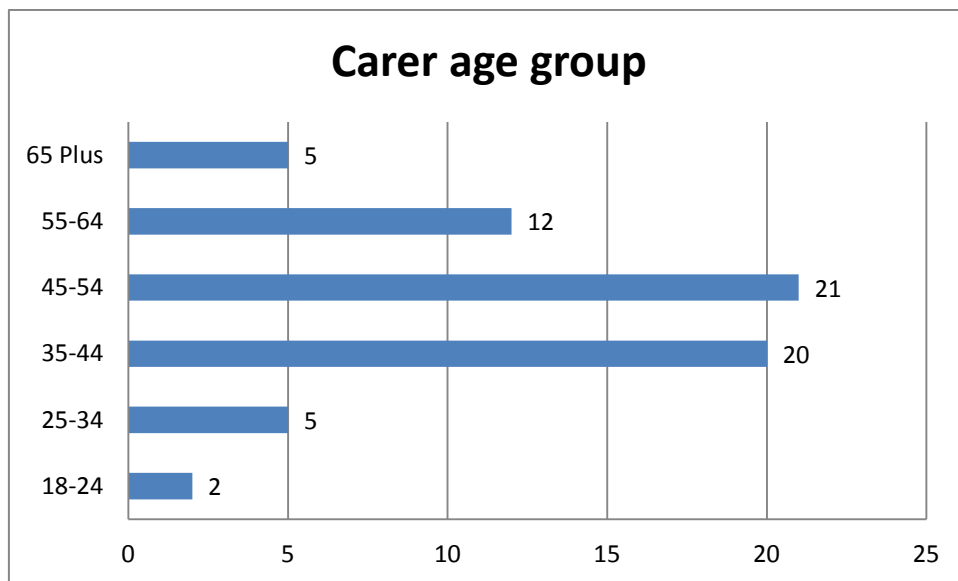
Carers were asked if they were supported by a fostering and kinship carer agency with the vast majority of carers in Far North who completed the survey confirming they were.



Carers were asked whether they were foster or kinship carers, the vast majority of carers identified as foster carers.



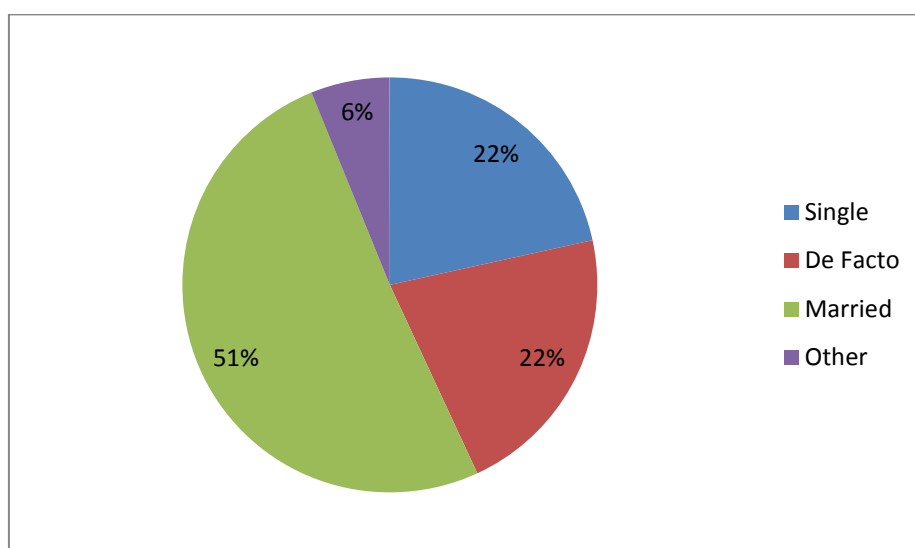
Carers were asked to identify the age group they fitted into.



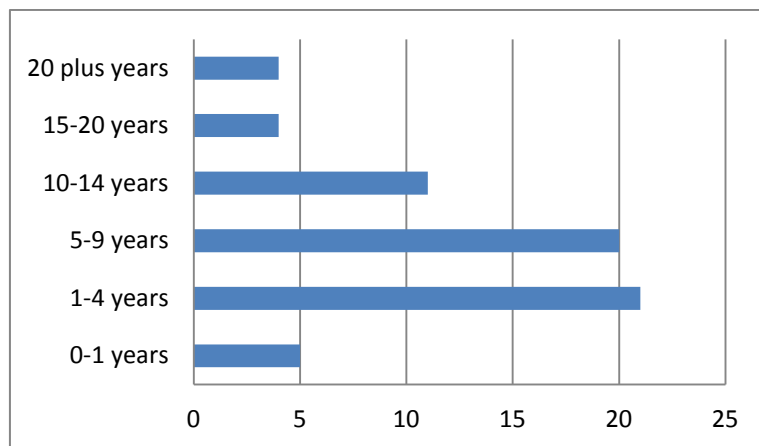
Aboriginal and Torres Strait Islander

There were no carers in the Far North Region who completed the survey that identified as Aboriginal. No carers identified as Torres Strait Islander and no carers identified as Aboriginal and Torres Strait Islander.

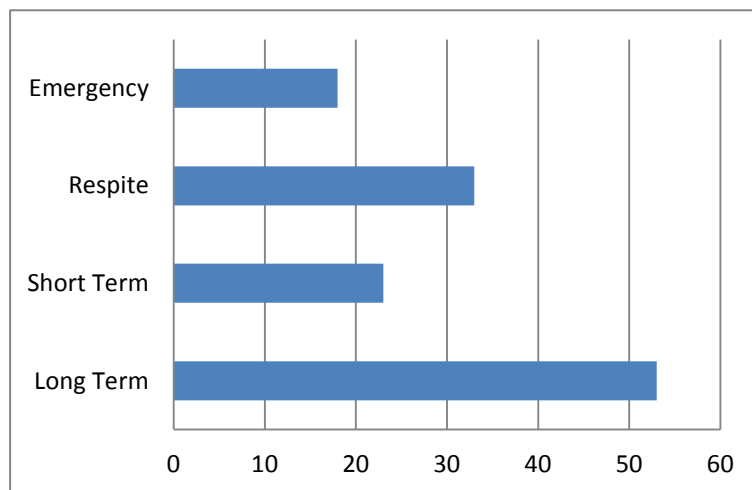
Relationship Status



Carers were asked how many years they had been providing care for.



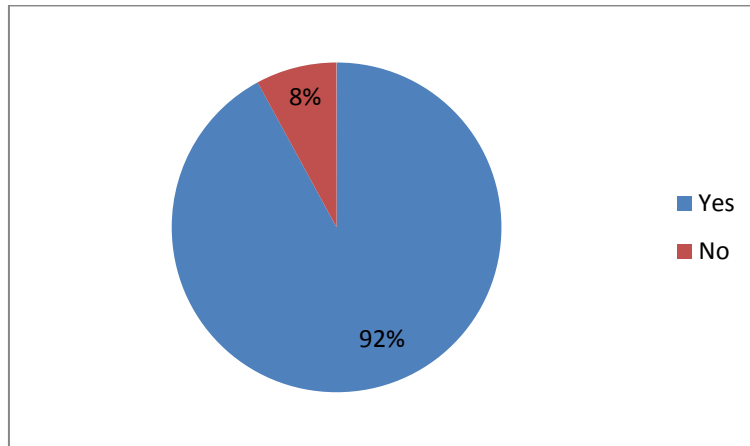
Carers were asked which type of care they provide, please note that carers were able to tick more than one type of care.



Culture Diversity

Carers were asked a range of questions relating to the care of Aboriginal and Torres Strait Islander children as follows:

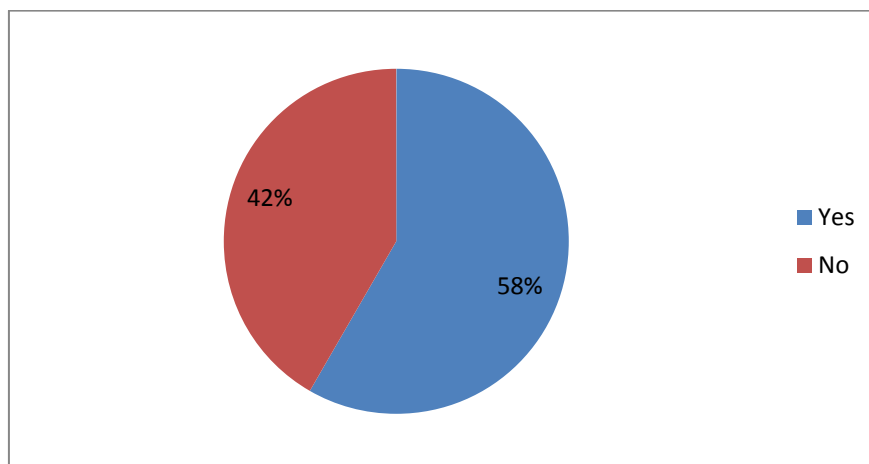
Are you caring or have you ever provided care for an Aboriginal and/or Torres Strait islander child?



Carers were then asked if they had answered yes to the above question, whether they had a cultural support plan in place. 55% of carers answered yes to this question.

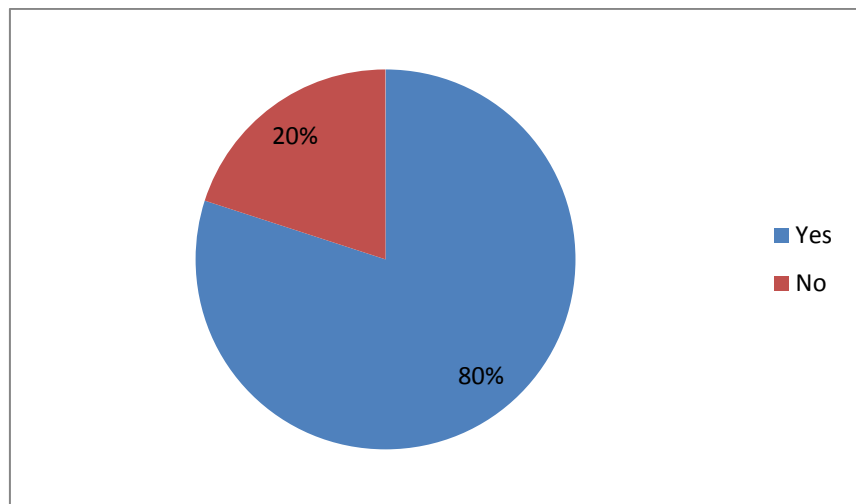
Given that no carers who completed this survey identified as Aboriginal and/or Torres Strait Islander this leaves 45% of carers caring for children with no cultural support plan or knowledge of a cultural support plan and who do not identify as Aboriginal and/or Torres Strait Islander.

Carers were then asked if they were provided with Cultural awareness training to assist them to care for a child who identified as Aboriginal and/or Torres Strait Islander.

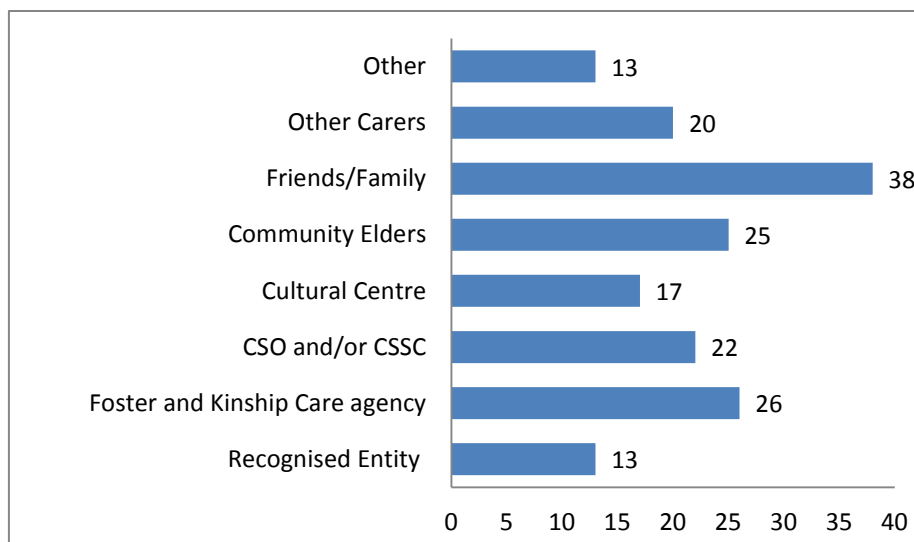


It is positive to see that more than half of carers in Far North Region have received cultural awareness training. However given the over representation of Aboriginal and Torres Strait Islander children in care and the amount not placed within family or community, these numbers must increase substantially.

Carers were asked whether they understood the Aboriginal and Torres Strait Islander Principle. This principle is explored with foster carers in the Pre-Service Quality Training, however it must be noted that carers are inundated with information during this training and if this is not followed up with further education and information, it is likely it won't be retained by carers. It is positive to see that the vast majority of carers in Far North Qld reported an understanding of the Aboriginal and Torres Strait Islander Principle.



Carers were then asked where they accessed their Cultural information from. Please note that carers were able to tick multiple boxes as sources of information for this section.



Carers were asked to provide examples of how they meet the cultural needs of children in their care:

- *We have supported the children since birth, have visited their communities and have made them aware of their heritage and culture*
- *Provide Contact*
- *I am very aware of the aboriginal culture and what it means*
- *Am very open and supportive. We support all the child's needs while in our care*
- *Personal and general interaction with community activities*
- *We embrace all cultures. Teach the kids about the natural ways of living for all cultures. Beliefs of cultures*

- *Ensure the school has cultural awareness and let kids attend cultural resources/gatherings. Our kids learnt more about culture with us than they have learnt on their entire lives from in care and from family*
- *By helping regain their self-worth, trust and respect for themselves and others. To help with a better future socially, academically and self respect*
- *Contact as determined by Dept*
- *I have a familiarity with community elders and a history of association within the communities in North QLD*
- *Time with family*
- *Passing on family traditions and explaining the way of our people*
- *My child is only 5mths old*
- *Every way we can*
- *We tried to support our kids cultural needs by helping them engage with direct family with other carers also pushed for community visits. We encouraged them to research and talked about their culture and what they knew what they wanted to know and how could we find out*
- *We live near and work in a remote Aboriginal Community giving us the resources we need to benefit the wellbeing of children in our care to enable them to remain connected to their culture in a stable environment*
- *By being an advocate for the children in care. Searching for events and making sure the children don't miss out. Offering the child opportunities to explore activity and events that are culturally appropriate. The child visits other adults and plays with other children who are culturally appropriate*
- *She is aware of her culture and I keep in touch with her mother and is taken to various cultural days and family gatherings. She knows who is her elders and what they stand for*
- *providing positive role models around the child from all sorts of cultural background not just Aboriginal, and allowing the child to choose if he or she wants to watch particle programs on TV that have 'culture' shown in a positive way. Allowing the child to ask Q's about culture and background. Showing child how my work supports culture and development in a positive manner*
- *I do not as I think white children are just as important*
- *Mainly through yearly trip back to community and local family contact. we buy books and CD's*
- *Every second school holidays we take the kids back to community*
- *Giving them every chance to learn their culture through elders/family members*
- *By being part of their family, including parents and aunties, grandparents ----outside the department arranged visits we've only done respite and short term care for indigenous children*
- *Cultural events, family visits, visiting extended family, exploring cultural history and putting up with family wanting things because they see me as mum/ sister/ a free ride. Also teaching what little I pick up from cultural experiences we have observed*
- *We take children back to community every school holiday. Also engage in any culture activities that hear off*
- *By respecting their culture and allowing them to identify with their culture*
- *Take the kids back to community every school holidays. And work with the family and elders to arrange activities like spear making*
- *Camping, getting out in nature, going to cultural events*
- *By being there to help them through difficult times and to try if possible to get them back with family. Schooling and friendships to show that things do have happy endings*
- *Books, school, kindy, shirts*
- *Showed respect and interest in her cultural heritage. Participating in cultural training - also went to Tjapukai & learnt about Aboriginal Culture. Take child to indigenous Medical Centre when required. Support access to child's indigenous friends / previous carers when requested*
- *encourage them to make connections*
- *We looked it up and gathered the information and learnt with the children*

- *I am aboriginal...but who cares, I am a person who is opening up my home, my family and caring for a child in need. Race/colour culture - the children have been placed in my care for them as if they are my own. That is a caring, loving and safe place!!!*
- *Fostering close ties with family*
- *maintaining an essential link to the child's identity and sense of belonging through community links and cultural awareness*
- *A very safe caring and stable environment*
- *Books, Drawings, Programs. Recognition*
- *Connecting with Community Elders and getting knowledge's from Family members.*
- *By keeping children close to family elders and community*
- *Naidoc Family Books*
- *Culturally our families are similar so we just try to maintain a good relationship with us and his family and talk positively about everything*
- *Naidoc Family Books Personal interest*
- *Making sure they have access to appropriate events, experiences, family members and friends and also acknowledging appropriate customs/traditions while they are with you*
- *Attending the festivals and Naidoc week, taking the children back to their community to visit family*
- *Not currently caring for indigenous children but maintain their culture through schools, family members, community events*
- *Through participation in dance through school activities*
- *Keeping them connected to family and country and attending significant cultural occasions*
- *Travel to the child's community and have family from the community visit are home*
- *Including in community*
- *We are an Aboriginal Family*
- *We support connection with family. Community events, language, and because we have lived in the Cape and have direct connections with personal friends who are indigenous and support us. We attend Dance and music events, we access anything we can even if not financial support to do so by CS*
- *Cultural focus and we attend anything they offer from dance to art sessions. We encourage traditional language and foods*
- *Making sure the child has access to his culture and any questions that they have can be answered*

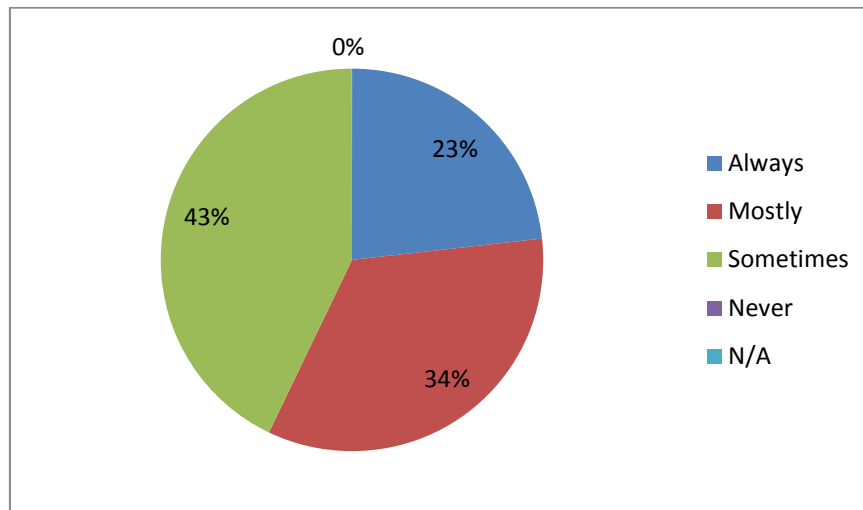
CALD Community

This is the first year that FCQ has sought to gather information from our carer community regarding the CALD community, specifically how many of our carers identify as being from a CALD community and whether carers have provided care for children and young people from a CALD community.

11.48% of carers who completed the survey in the Far North Region identified from a CALD community and 19.76% of carers in Far North Region who completed the survey reported they either were or had provided care to children who were from the CALD community. Carers who had provided care to children from a CALD community were asked whether they were provided with appropriate training to assist them to provide culturally appropriate care. Unfortunately only 19.57% advised that they had been provided with training.

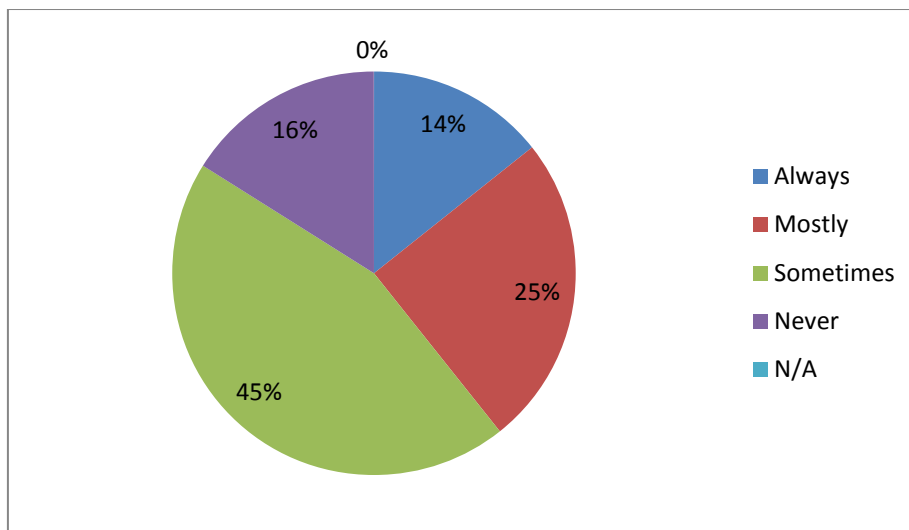
How satisfied are you with Relationships with Staff at Child Safety Services

Carers were asked whether they felt respected by their CSSC.



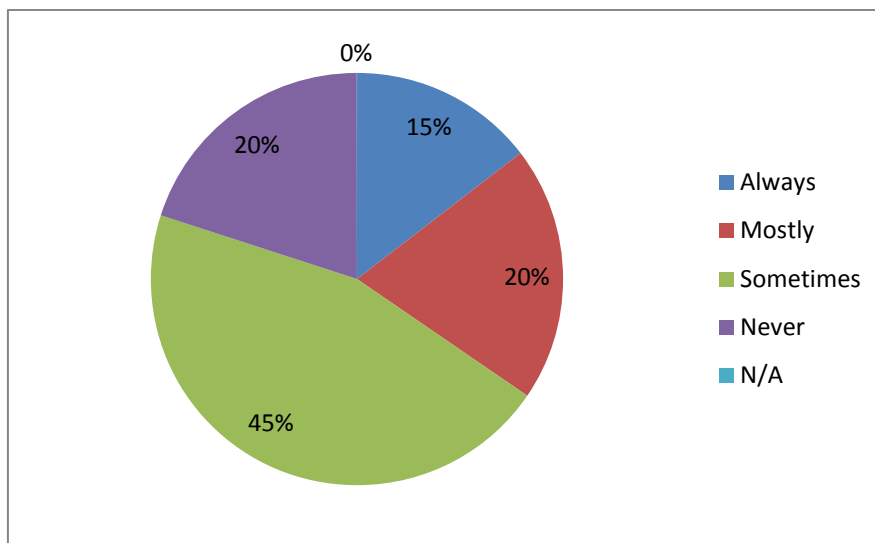
A total of 57% of carers reported feeling respected either always or mostly which makes up the majority of carers, however that still leaves 43% of carers feeling that they are not respected sometimes or never.

Carers were asked whether they felt part of a team.



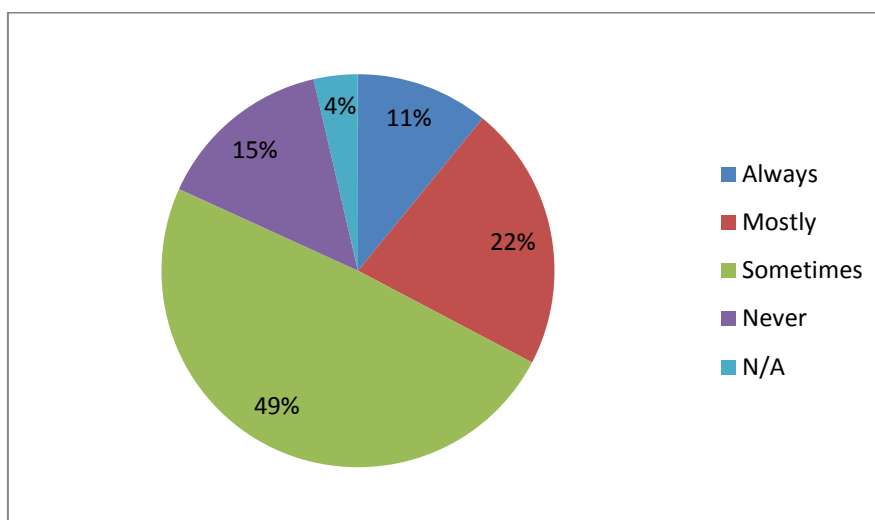
More than half of carers reported only feeling like part of a team sometimes or never. These are disappointing figures as we try to build cultures that recognise carers as colleagues not clients.

Carers were asked whether they feel as though their views are heard.



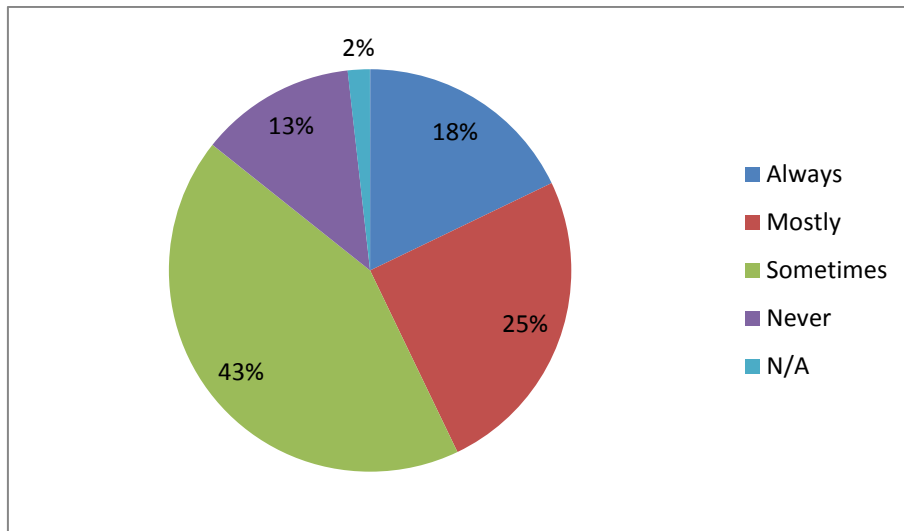
Only 35% of carers reported that they feel like that their views are always mostly considered, leaving the majority of carers in Far North Region feeling as though their views are only sometimes or never considered.

Carers were asked whether they feel as though there is consideration given to their whole foster or kinship family.



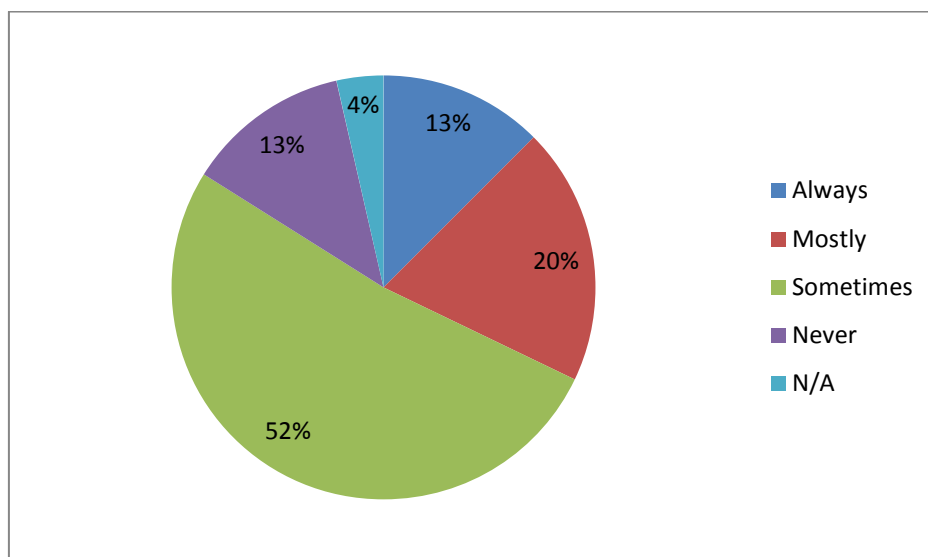
Only 33% of carers felt that consideration was given to their whole of family always or mostly. Consideration of the whole of family is crucial in the retention of foster and kinship carers, the system must recognise that foster and kinship carers have the same struggles and needs as every other family in the community with an additional complex layer of providing care to children where decision making does not always lie with them. The decision makers must consider the impact of their decisions on the family as families consider the impact of their own decisions on their whole of family.

Carers were asked whether they received phone calls and/or emails within a 24 hour time frame

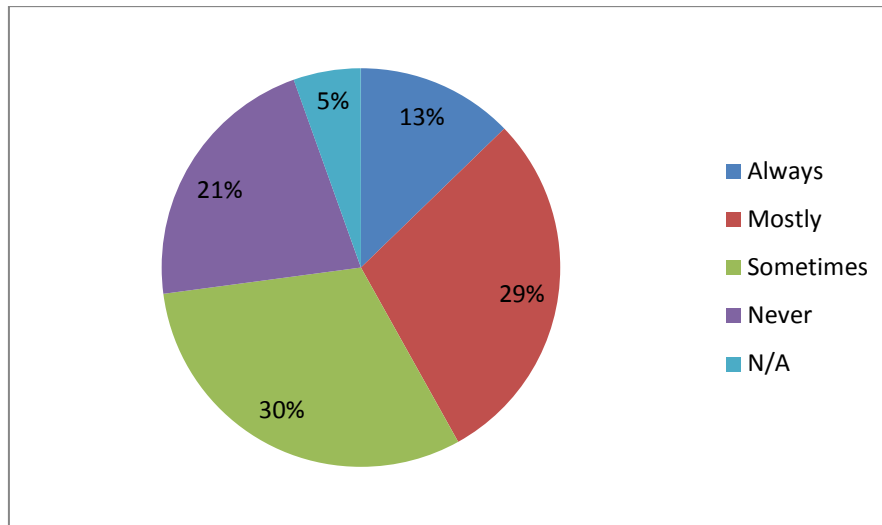


43% reported receiving a response to emails and/or phone calls within a 24 hour period all the time or most of the time. It is recognised that the nature of Child Protection work means that CSSC staff must prioritise their time – this is where communication and knowing your carers is vital in understanding the urgency of the phone calls and emails and where to prioritise return of these.

Carers were asked if the CSSC creates a supportive environment.

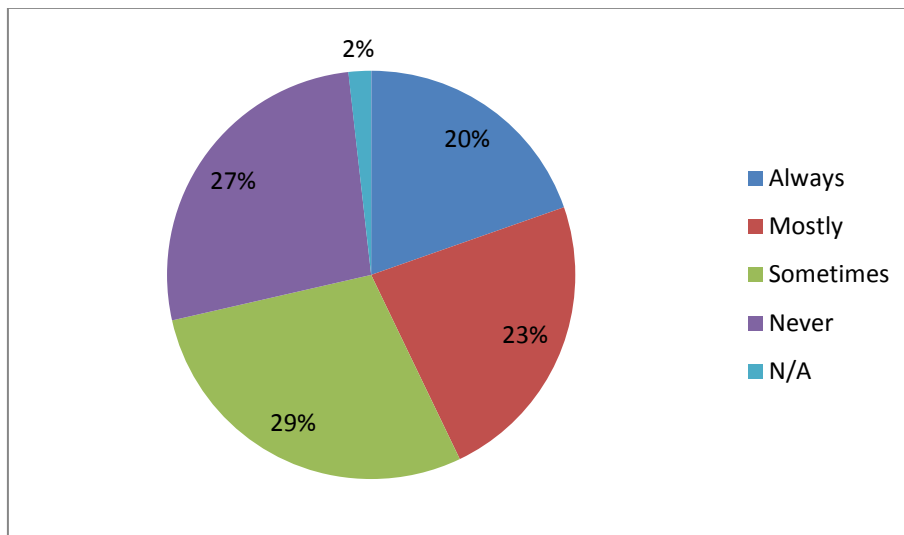


Carers were asked if they are assisted in completing applications for reimbursements/claims in a timely manner.



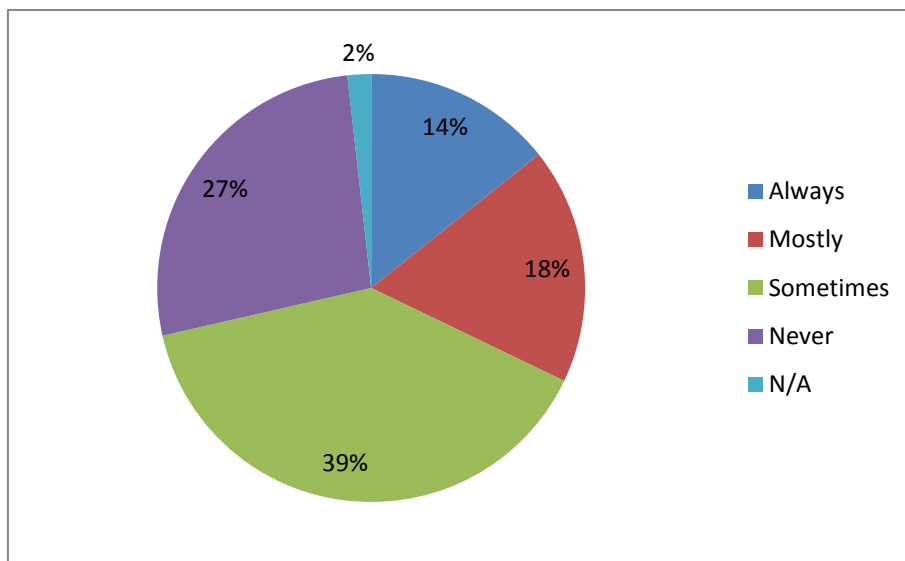
More than half of the carers surveyed reported they only feel supported to complete applications for reimbursements and claims in a timely manner sometimes or never. Financial stress can very much impact on placement stability and is often overlooked as a stress factor in foster and kinship families despite financial stress being one of the most recognised sources of stress in normal everyday families.

Carers were asked whether their CSO's let them know when they are going on leave or are going to be unavailable.



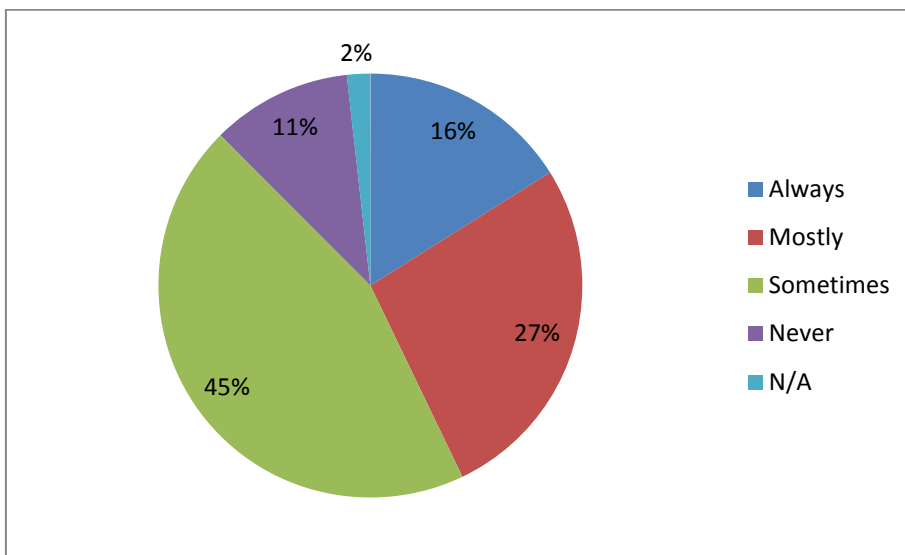
It is disappointing to see that less than half of the carers surveyed in the Region reported that their CSO lets them know when they are on leave or unavailable always or mostly. This is a basic communication skill with team members and is an expectation for carers when they are going to be away for any length of time whether that be with children or without children and not available to take placements.

Carers were asked whether they are given ongoing information about the child in their care



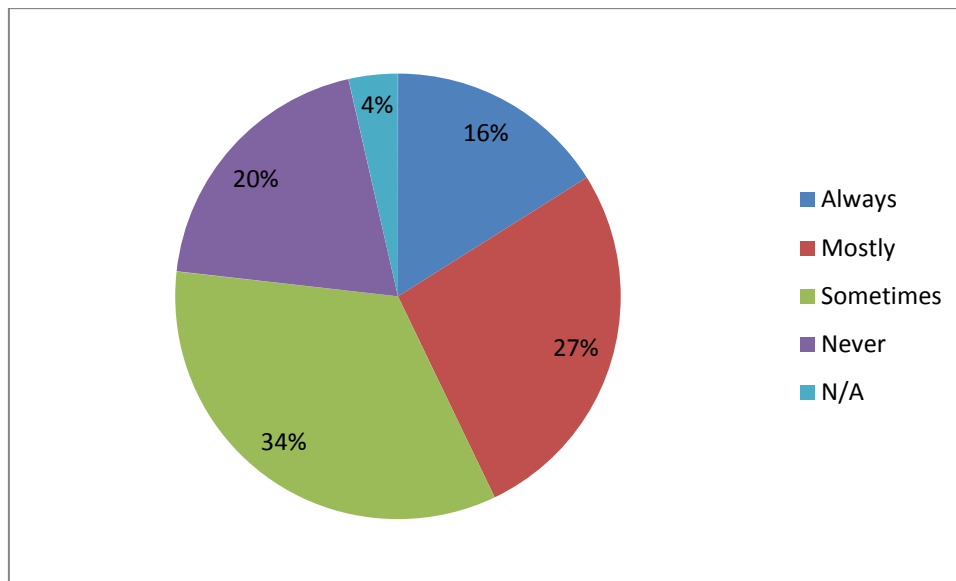
66% of carers reported they only sometimes or never get updated information about children in their care. This percentage is high given legislative requirements of the Child Protection Act 1999 that require carers to be provided with information that allows them to provide safe and appropriate care to the child and other children in their care.

Carers were asked whether support and assistance was provided to them by CSSC for the children in their care.

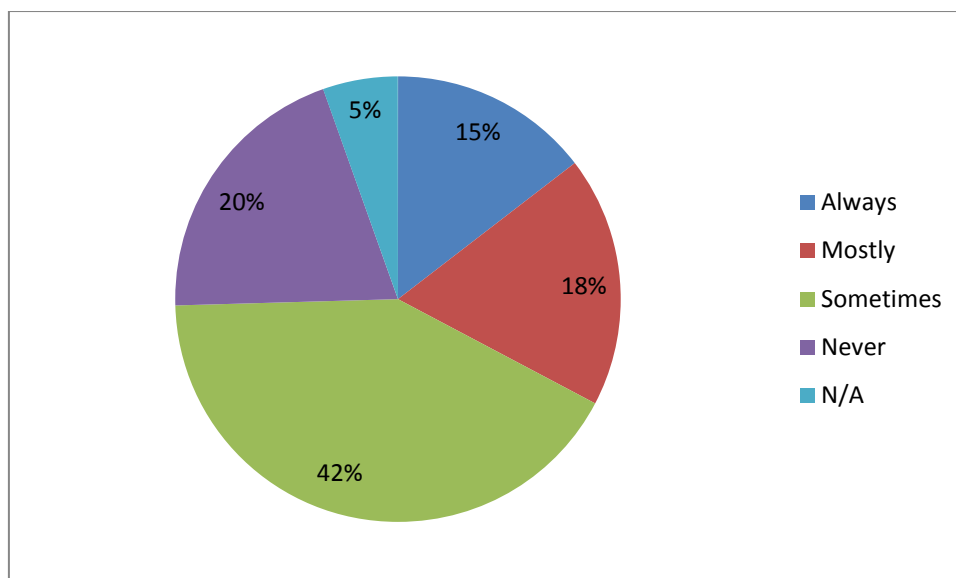


Unfortunately over half of the carers who responded felt that support and assistance for children in their care was provided sometimes or never.

Carers were asked whether they were respected to advocate on behalf of the children in their care for resources, goods and services.



Carers were asked whether the CSSC are improving services and interactions



Comments:

- *Because I do a lot of emergency and respite care, once a child has left my care, I am unable to get any info on how they are going. If there is an area that I feel would benefit the child, I email and call to give some feedback. I never get a response. I'm not a sticky beak - just give a crap about these kids*
- *Child Safety needs a whole investigation into their actions not only for the children's sake but for the foster care workers also*
- *I found not much support in changing the child's school, the school is pushing for medication as they cannot seem to understand the extra needs for a foster child, child safety has not made their priority to ensure the school understands this. They also allowed these children to be highly medicated and left them with respite carers for 18months. Carers of 73years of age who couldn't accommodate for the energetic needs of a child and let them be highly medicated so they could go*

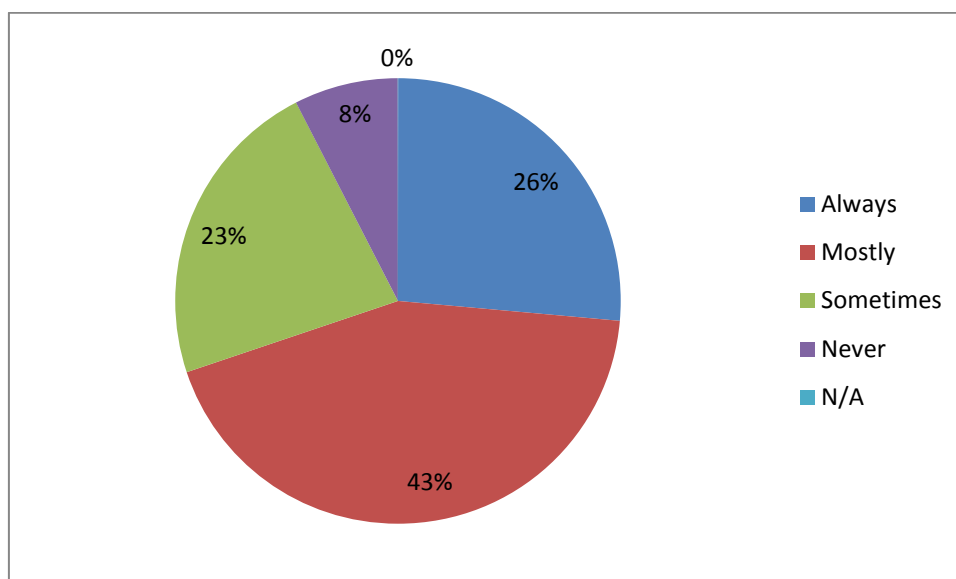
to school, come home watch TV and bed. The most exercise they got was at lunch time at school resulting in the extra energetic behaviours. This should be seen as child abuse

- Completely feel not valued
- Child services are extremely hard to get a hold of and don't take into account other children in your care
- Working with Child Safety in this last year has been a nightmare. When we were with (DE identified CSSC) it was so much better!!
- I find some staff- team leaders and CSO's (not all) at the (DE identified) office are disrespectful to carers. They have no time. The office does not respect nor recognize the advice/ experience given by Foster care agencies and their carers. The secrecy...(don't tell the carers anything!) is deeply ingrained in their staff, which can cause a lot of problems when the children start to show serious health issues. I have also dealt with CSO's from (DE identified) office...even if you are of Torres Strait Islander descent you will be treated disrespectfully by them. We find this very offensive
- Advocating for children in remote indigenous community is very trying due to the lack of understanding from Child Safety Department with the different family dynamics and Carers demands. This could be improved with shared responsibilities rather than expect Carers to carry the full load. Listening to Carers concerns when children have other needs is disrespected or not considered
- Our first Child safety Officer from dept. of Comms. Was not that 'user friendly'. Seem to bribe the child with cartons of coke (which mind you they didn't ask for at home). We had an incident where the child was suspected of a crime (when on parent visit without us) and we were notified one week after they were notified on Xmas eve. Leaving us in doubt of how we would handle the child over the Xmas period as they were not allowed to be left alone with other children and was prevented in seeing relatives and the child was not told why therefore we took the brunt of the child's sadness as we could not tell them why they could not visit relatives. It was handled poorly. The agency we go through did all they could but the CSO let us all down
- I find them to be slack at their job they get nasty towards you if you have an opinion on anything and most of time they always run late and do not care if it upsets the children. They don't communicate with each other so most don't know times dates and other factors on the cases in our care. Getting respite is difficult as they just don't care
- I am attached to two child safety offices. My experience with one has been supportive and positive but we experience delay with applications for resources, goods and services. I have indigenous children attached to this office and I believe that culturally they are doing their best but many times cultural identity issues are often result in token experiences and culture is not embedded deeply into the lives of these children. I believe more needs to be done but I would not critique this child safety office as this is an issue that needs to go to the top. . My experience with the other has not been positive. They have been re-active and CSO's have not engaged with children very well, especially teenagers. Child Safety has done very little to help although our current CSO is very good but sadly come on bed too late for one of my children
- (DE identified) office is one of best I have had dealings with
- These questions are difficult to answer without an OTHER BOX. When children come and go from your care, one box to tick is not enough. They all behave and respond differently. The same as CSO's. Even with long term children a change of CSO disrupts the routine because they have ideas of their own to assist with the child's future. And they expect the child to bond immediately
- My biggest concern is that often the carer is the person that knows the child best but often the carer is not included in decisions that are made. I understand that it is not appropriate for the carer to be involved in some confidential decisions
- I have found that my team has been fantastic and I couldn't have done all this without their help
- Very slack CSO, I am constantly having to do all the work and chase up paperwork

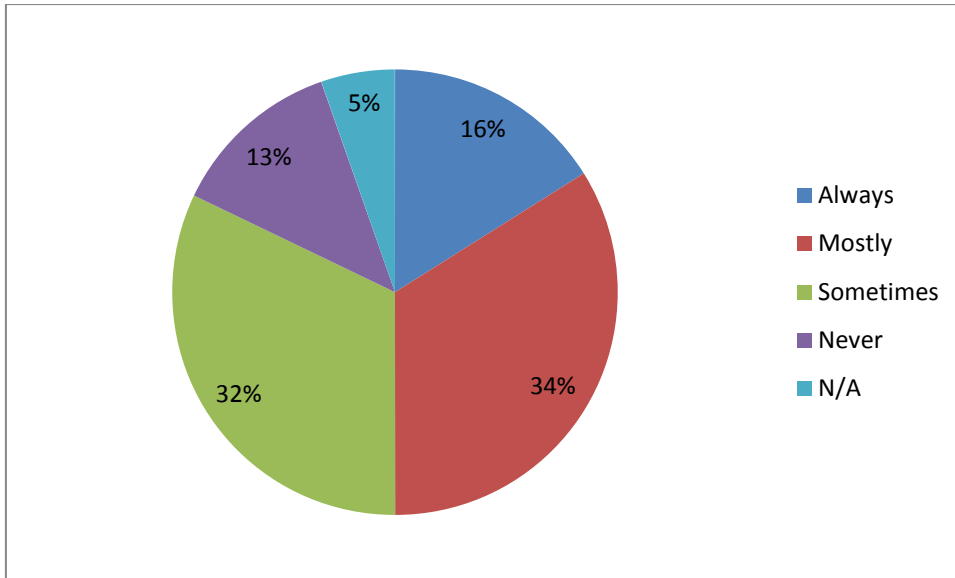
- *Our main dissatisfaction has been sending emails to CSOs and receiving no reply, no acknowledgement. It seems that only a squeaky wheel gets the grease and neither myself or my husband have been squeaky wheels*
- *This really depends on the quality of the child safety officer and there are large disparities: like in any profession*
- *My experience with my service center has been reasonable over the past 2 years. Child Safety Service staff vary in degrees of support and understanding based on their experience in that role, their supervision and their ability to seek additional supports and resources for the child*
- *Very poor communication with Foster Care Agency as the Foster Care Agency is the Foster Carers Support Network*
- *I am in a good relationship with the child safety staffs and I would like to say thank you for your supports*
- *I am a respite carer*
- *We have a wonderful CSO however I know this is not the case with all CSOs. I do worry how hard it would be if we weren't with a helpful and caring CSO*
- *Some of this information is from past experiences as I mostly do respite*
- *In the four years that I have been a carer I have never had a problem with the department until we got a new CSO in April there has been nothing but disrespect and problems since*
- *(CSSC DE identified) is run very inefficiently, the budget is always a priority ahead of the child in care and the carer is simply a pawn in their manipulative game of chess.*
- *Some things seem to improve a bit but it never lasts. Overall I don't think much has really changed in the past 20+ years. It's just different*
- *The biggest letdown in caring for a child in long term care is the lack of continuity of a care plan for the child, especially with complex mental health issues inadequately addressed*

Child Safety Processes

Carers were asked whether they were satisfied with the approval and reapproval processes as carers.

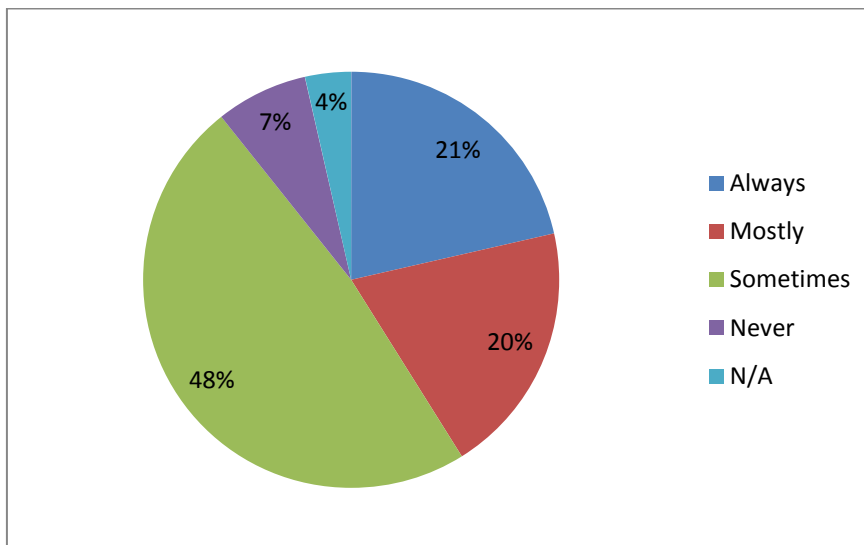


Carers were asked if they were satisfied with the completion of Placement Agreements.



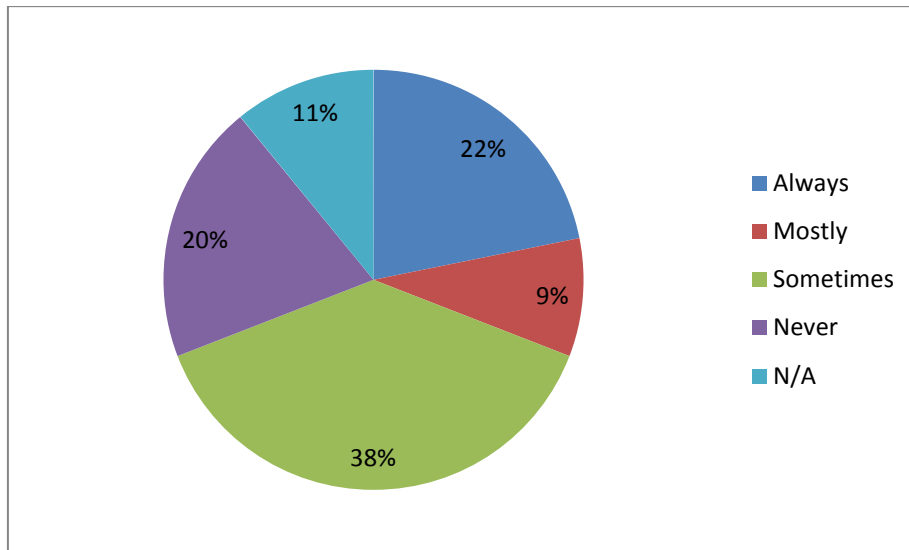
Given that placement agreements are a legislative requirement, it is concerning that nearly half of the carers surveyed reported feeling satisfied sometimes or never in relation to the completion of placement agreements.

Carers were asked if they were satisfied with home visits being completed by Child Safety.



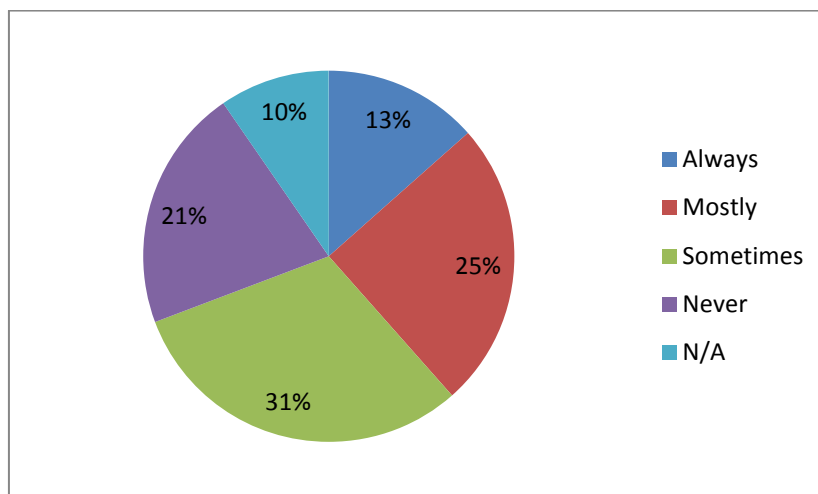
It is evident from the data that the majority of carers experience is that sometimes they are satisfied with home visits being completed. It is expected that this would vary depending on the child they have placed and the CSO.

Carers were asked if they feel satisfied with their ability to engage in Family Group meetings for children in their care.



Only 31% of carers reported feeling satisfied in relation to their ability to engage in FGM’s mostly or always. It is recognised that it is not always appropriate for a carer to attend an FGM in person, however it should be the case that carers are mostly or always consulted in respect to an FGM regarding a child or young person they provide 24/7 care to.

Carers were asked whether they were satisfied with review processes within the CSSC.



Comments:

- *Different experience with different service centres*
- *Child safety seems to drop the children off and forget they are in care unless there is trouble then all they want to do is big note themselves and play god and tell us they are overworked*
- *I have had my children for 8months. I'm happy with the children just wish I had more support with the school as there answer to everything is medication. The rate of kids medicated these days is disgusting and should be seen as giving kids drugs. Kids get brought into care for parents doing*

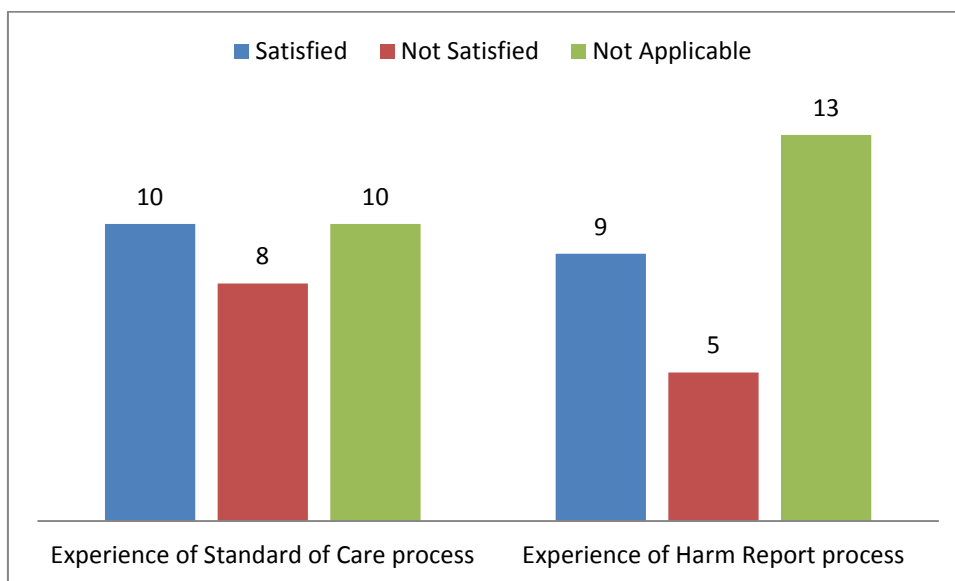
drugs why give the kids drugs even if it's got a script. We all know Foster kids need extra help not medication

- *What is the review process*
- *We had 2 children in our care for over 4 months and never were given the time to do a placement agreement. We have emails that go completely unanswered and requested to take our children on a holiday and never got a response. We were given wrong information as to the children's immunization status and therefore had to pay way more than necessary for their daycare*
- *Carers are not usually invited to family group meetings. CSO's try to do placement agreements over the phone without telling you what they are doing and deliberately shut out the carers support agent. Most carers are not told what the plan is for the child*
- *The only experience's that we have had completion of Placement Agreements and other documents have not followed through on time. Carers approval and renewal has been a nightmare when advocating for children especially when common sense does not prevail*
- *In the last 12 months things have improved immensely with information - communication - accessibility*
- *They do the renewal but never stand by what they say .example they say they will give to funding for sports or activities for your children in care but then say you have to do it yourself. When they change cases over the new one knows nothing of the case and forget pickups and other important things like giving you important information of appointments they have made without consulting you on times and if your able to do times for it, they just don't care about the carer*
- *Home visits are fine and Child Safety should be doing this. Some CSO's though do not relate very well to children whilst others are very good*
- *Overall placement agreements need to happen quicker*
- *Approval or renewal of approval of what? Placement agreements. Ahhhahha Child placement-short term, sometimes/ occasionally*
- *The CSO is always trying to improve things and make it better and easier on both carer and parents*
- *We recently participated in our first Standard of Care Review and were shocked by the unfairness of the process - lack of consultation. We were told 1 week in advance that complaints had been made by a child who had left our care. We were not informed of the nature of the complaints. A meeting was arranged for us to attend a week later and while the CSO and other Child Safety staff were well prepared, we came having prepared volumes of info to cover each Standard of Care, not knowing what we actually needed and having suffered sleepless nights. It was very stressful and we felt like we were being treated like criminals when as it turned out, nothing serious had been reported. I had googled "Standards of Care Review", referred to my Child Safety manual, but it was only the night before our interview, that the CSO emailed us some information about what would happen and what potential outcomes there could be. The Standards of Care interview happened, was rushed, we felt under pressure, the CSO indicated she had kids to pick up from an after care centre and needed to go soon - so we felt we didn't get to say all we wanted to and so we then waited and waited and waited and then a phone call came to say we had breached 2 standards of care then we received an email that was not addressed to us - it was Ccd to us and it contained words that said "no evidence was found of significant harm". To this day, we still have not received any further information - nothing in writing, no request to come in and see them. It is very perplexing. In the mean time we have had considerable time to think and have actually discontinued as carers just 2 days ago - thinking the whole process must have been completed. However, we learnt then, during our discussion with our Agency, that Child Safety are supposed to send us a letter finalising the matter and have an interview with us afterwards. We were very disappointed with the way we have been treated*

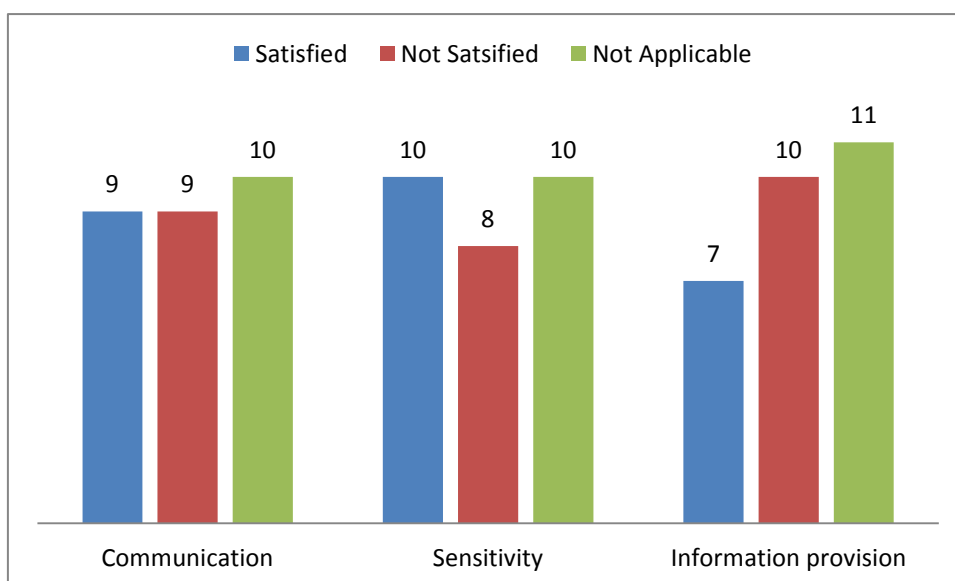
- *I have cared for a number of children of families who have had Family Group Meetings. I have only been invited once to be included and that was at the insistence of the parent.*
- *I am a respite carer*
- *Review process of what???*

Standard of Care/Harm Processes

Carers were asked whether they were satisfied in respect to Standard of Care and Harm processes they had been through.



Carers were asked a range of questions around the process relating to the quality of communication, sensitivity and information provision.

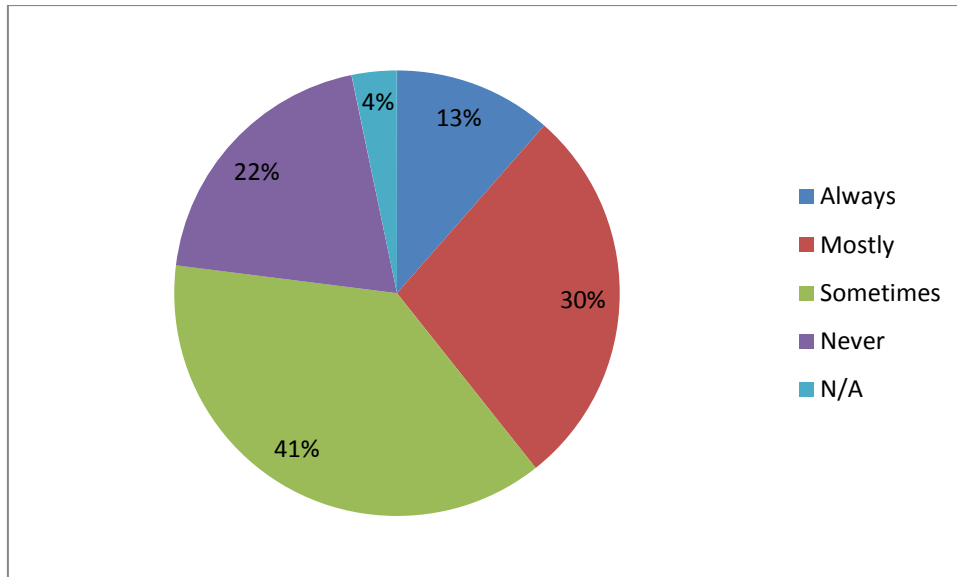


Carers were then asked if they were satisfied with the timeliness of the outcomes. 29.6% reported feeling satisfied, 33.3% unsatisfied and 37% felt the question was not relevant to them.

Carers were then asked if they were satisfied with the review process that took place if they were not happy with the outcome of the Standard of Care and/or harm report. Of those who thought this question was applicable to them 69% reported feeling unsatisfied.

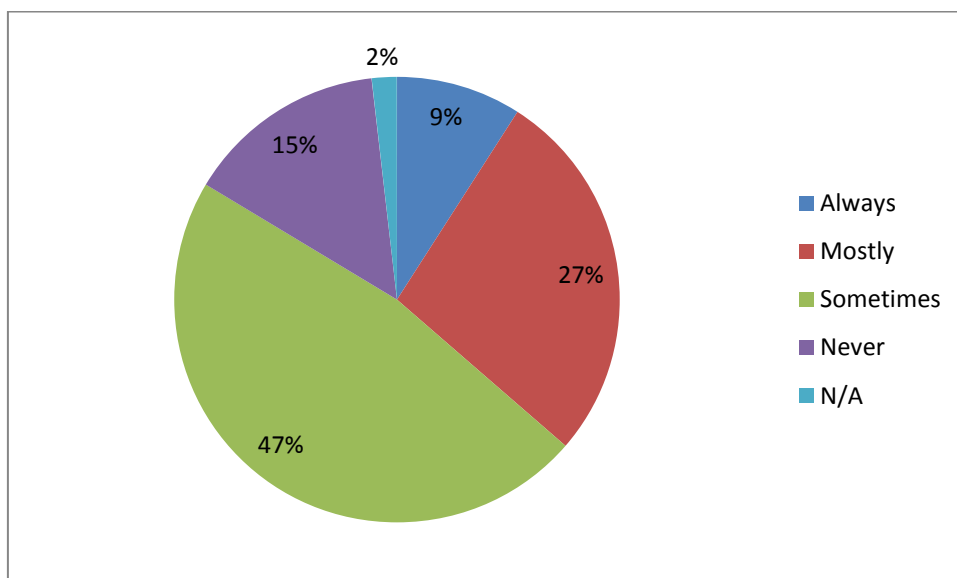
Confidentiality

Carers were asked if they were satisfied with information provision provided to them about the children in their care.



62.5% of carers reported they are only satisfied about information provided in relation to children in their care sometimes or never.

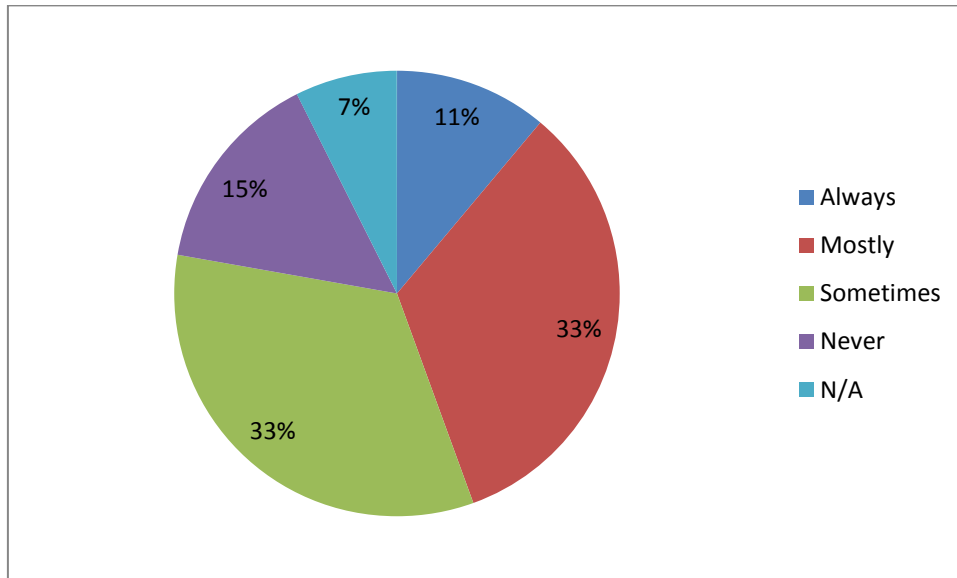
Carers were then asked if they were satisfied that information was provided to them about the child as it became available to Child Safety.



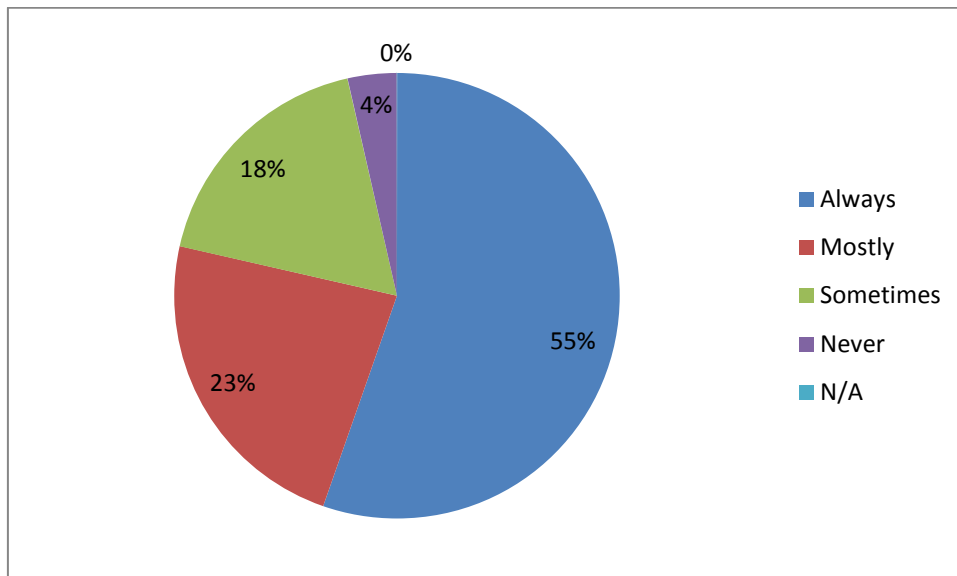
It is recognised that Child Safety do not always have the information relating to the child available to them at the time of placement. However it is vital that once that information does become available,

that it is shared with carers to enable them to provide care that is considerate of their needs and the needs of others in their family. Unfortunately 61.8% of carers in Far North Qld feel that additional information that comes to the attention of Child Safety is only shared with carers sometimes or never.

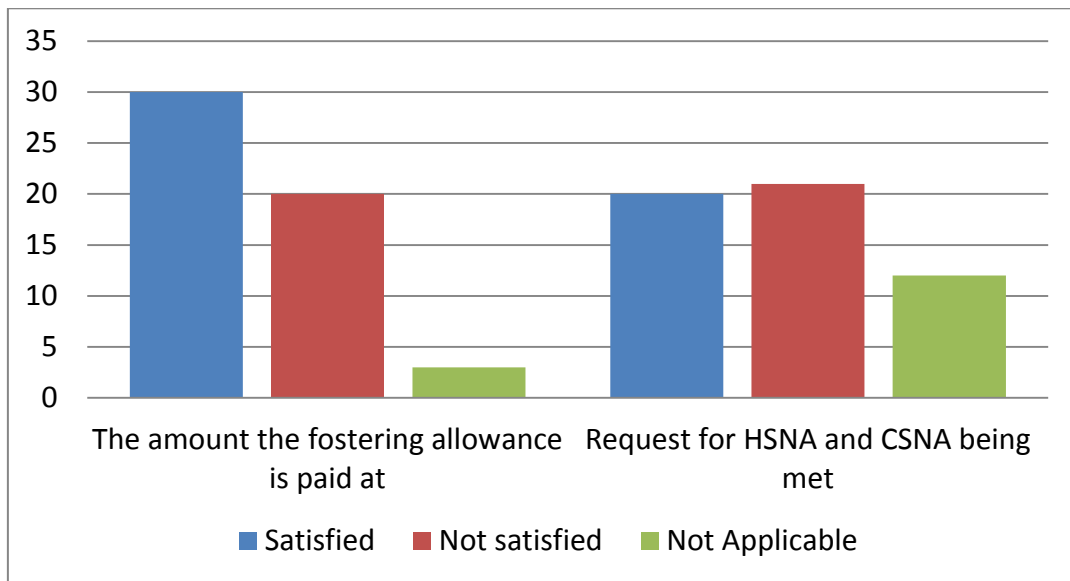
Carers were asked whether they were satisfied with the information provided to them in respect to the Safety checks being completed prior to identifying information being given out.



Carers were asked whether they were satisfied with their understanding of confidentiality provisions and how this relates to them as carers.



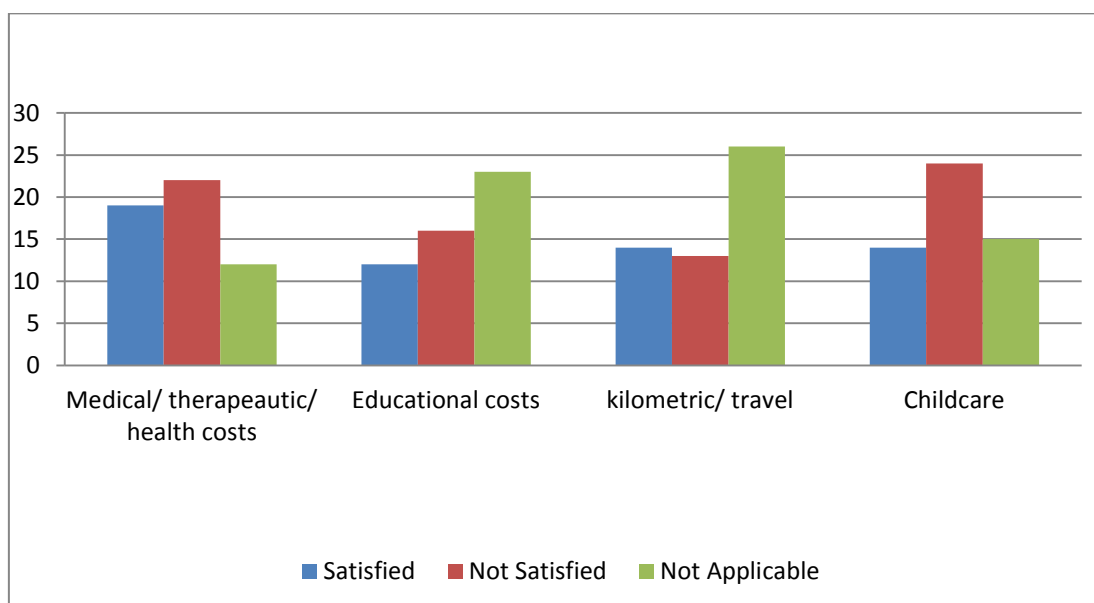
Financial



The dissatisfaction rate of cares has increased since the 2014 survey across all regions. In 2014 over 80% of cares reported satisfaction in this area, during this survey only 56% of carers in Far North Qld have reported satisfaction.

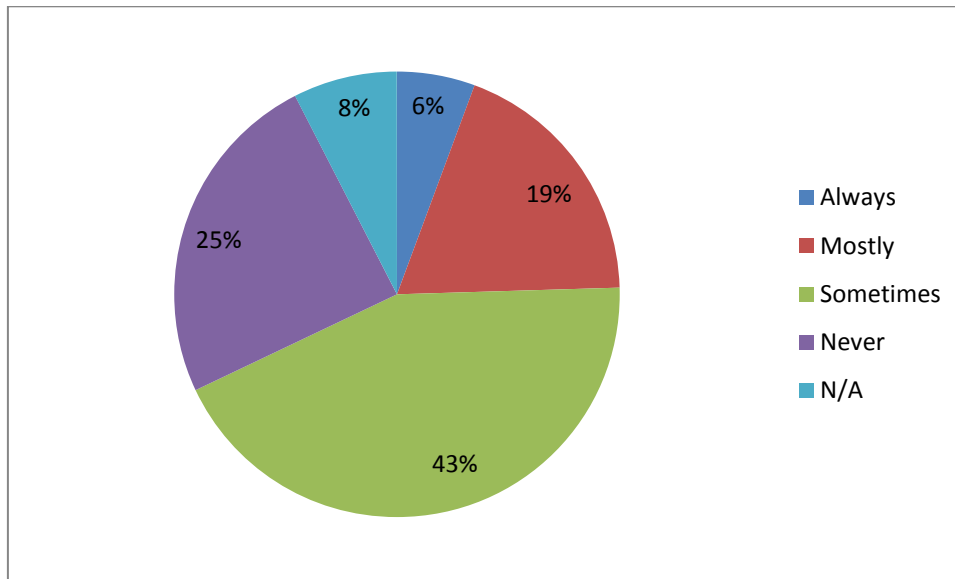
Of those carers who felt that the question relating to requests for HSNA and CSNA was relevant to them 51% reported feeling dissatisfied with their requests being met in this area. FCQ continues to get a high level of calls from carers with grievances in respect to this area whereby the focus has certainly moved to actual expenditure.

Carers were asked about a number of Child Related Costs that sit outside of the fostering allowance and whether they felt satisfied in relation to the payment of them.



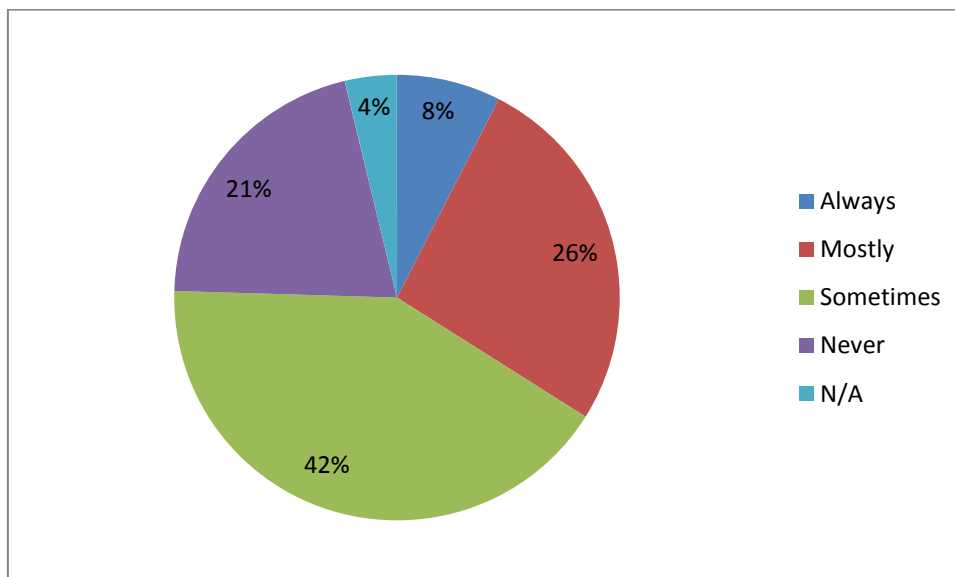
How satisfied are you with local practices of CSSC

Carers were asked how satisfied they were regarding information in relation to change over of CSO.



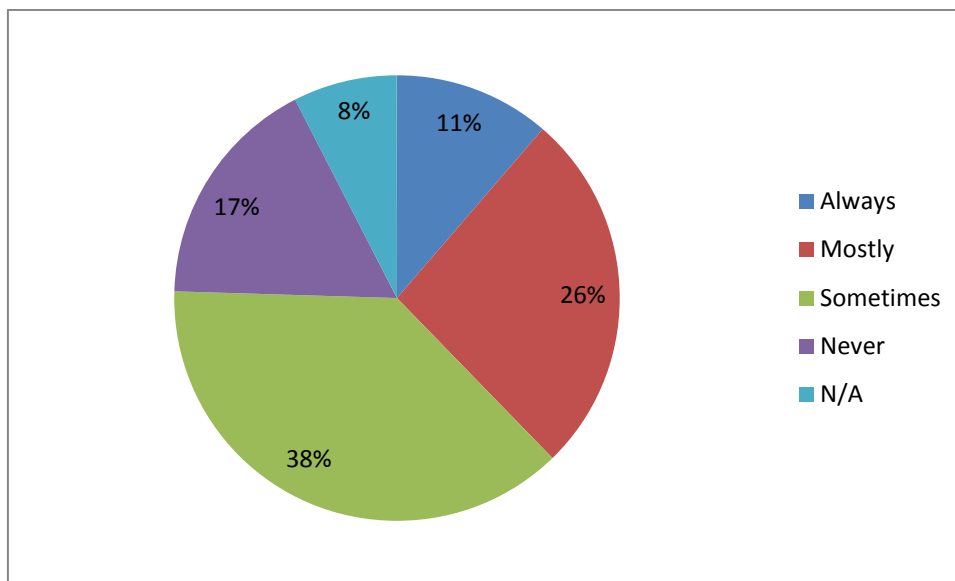
67% of carers reported only feeling satisfied either sometimes or never in relation to this area, with only 5.6% stating they always felt satisfied.

Carers were asked whether they were satisfied with the knowledge of the history regarding the child/ren in their care.



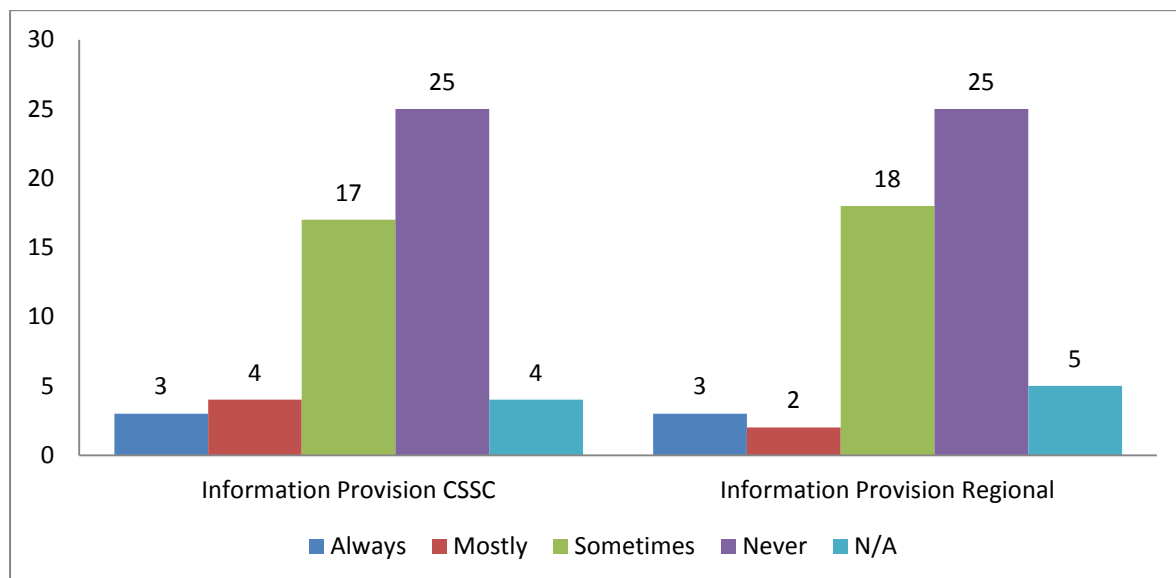
62% of carers felt that CSO's had relevant knowledge of the history of the children in their care sometimes or never. This can be a constant source of frustration with carers when there is consistently change overs of CSO's as they feel they have to start at square one again and they express fear that case plans will change based on what knowledge a CSO has at the time.

Carers were asked if they were satisfied with the timeliness of case plans.



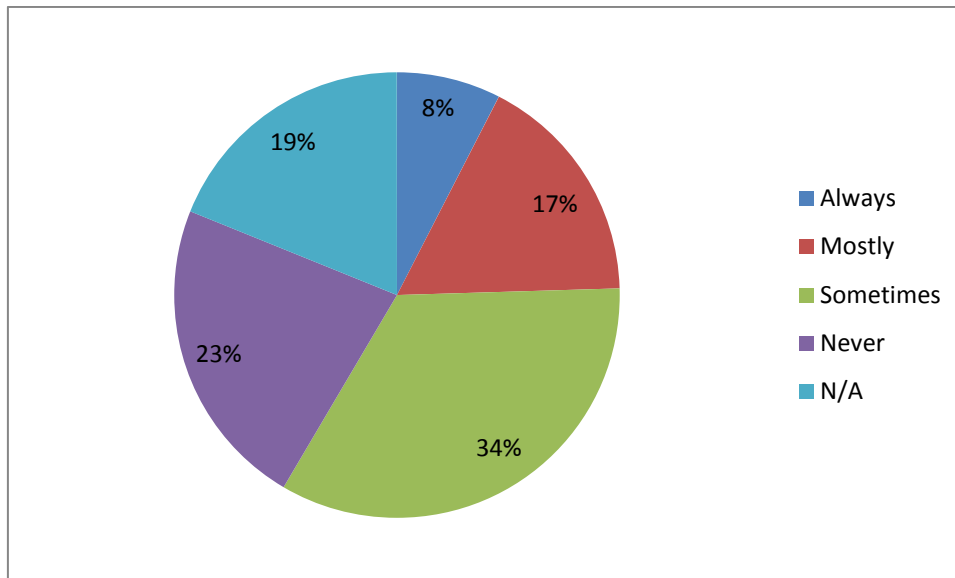
Only 38% of carers felt mostly or always satisfied in this area.

Carers were asked if they were satisfied about provision of information provided by the CSSC and Region.

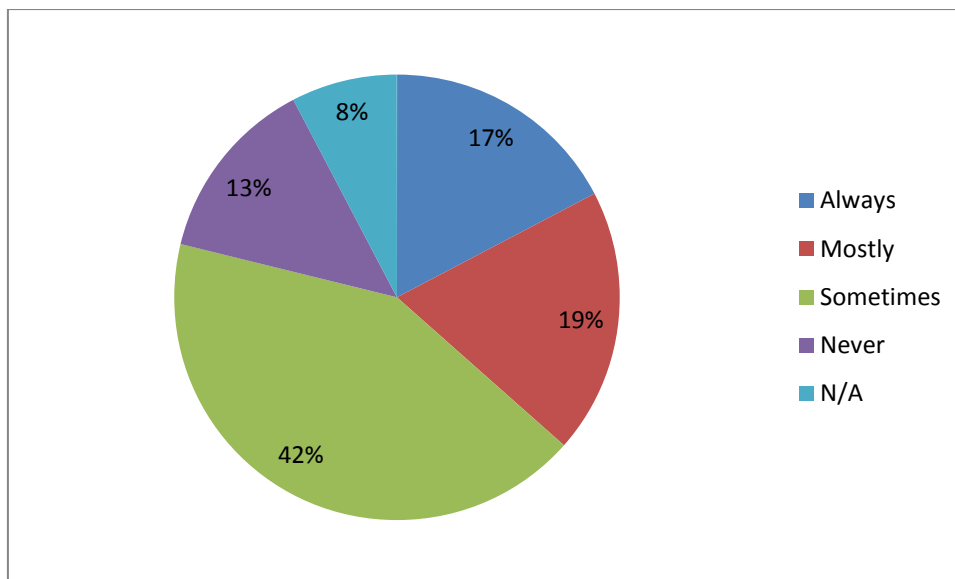


The data above reflects overwhelmingly that carers are not being kept up to date in respect to changes in their CSSC or Region.

Carers were asked if they were satisfied with their ability to access respite.

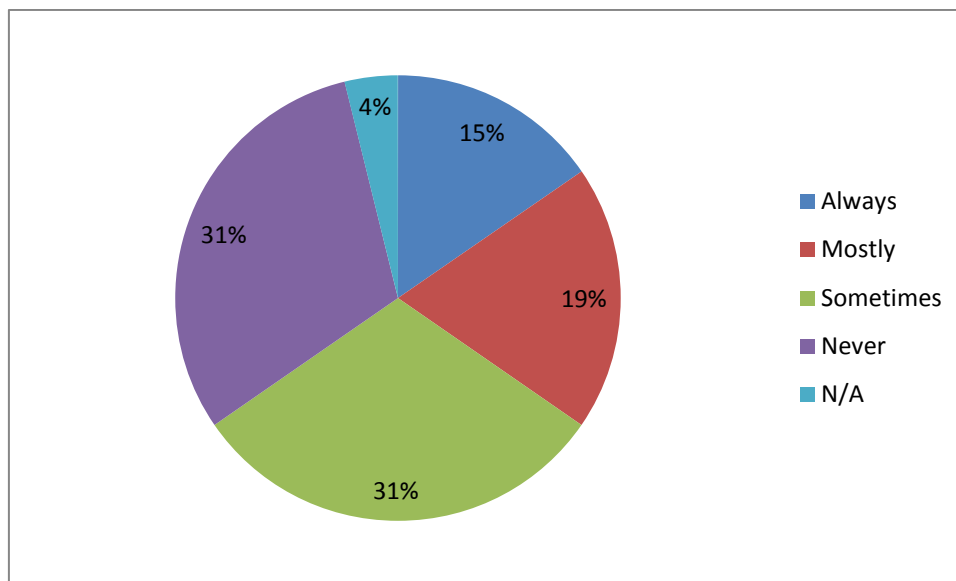


Carers were asked whether they were satisfied in respect to being consulted regarding Family Contact.



Over half of carers have reported only feeling satisfied sometimes or never, this is despite the Statement of Commitment clearly stating that carers should be consulted in respect to decisions effecting children and young people in their care. This is because there is recognition that someone who provides daily care to a child has insight into the child's needs, it is therefore disappointing that the percentage here is not much higher.

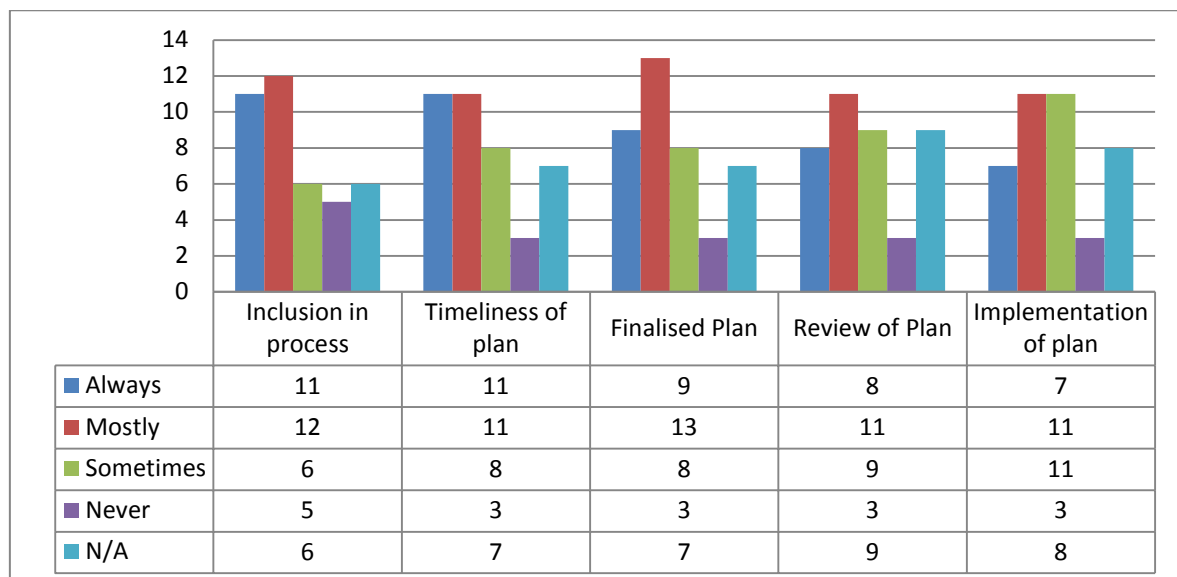
Carers were asked whether they felt they were supported to meet their own family commitments.



Education Support Plans

Carers were asked if they had a current ESP plan in place for the child/children in their care, 67.75% reported having an ESP plan.

Carers were then asked a range of questions relating to the ESP process and their satisfaction with this as follows.



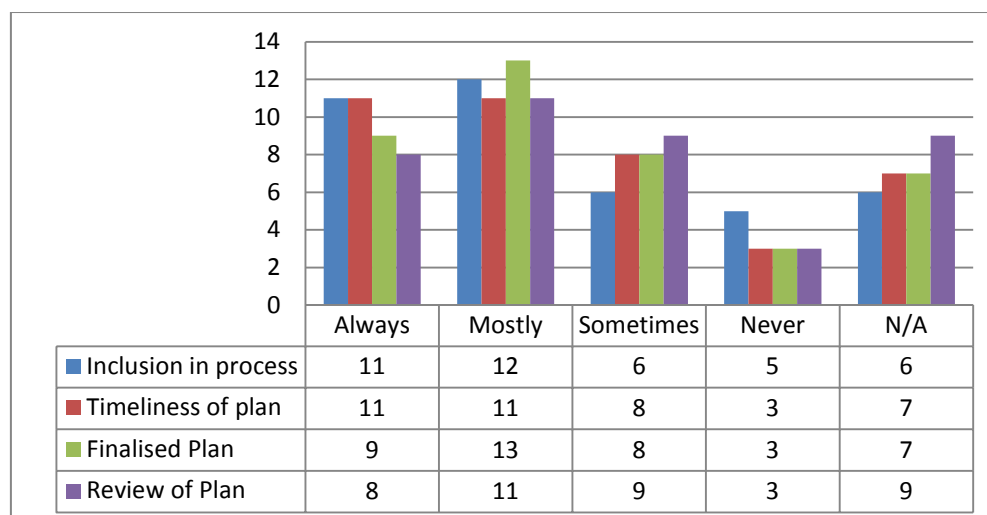
Comments:

- no problems in this area
- ESP is about helping a child. Majority of my kids ESP plan is about the child getting to go to playground if not wanting to complete task. There should be strict boundaries at school and maybe the ESP may be a little more positive with better results. The ESP seems to be there for the school to over exaggerate the child's behaviours so they can get more funding. If the child's behavioural are so bad they should put strict boundaries in place not to let the child do as he/she please
- They should have an educational support plan as it is highly necessary but the department seems to have missed these kids or forgotten them
- The carer does all the work getting the child started at school (meetings with principle etc)and foot's all the expense with uniforms, books, and travel if you live out of town in rural areas
- The educational support was provided by us and us alone
- No not satisfied
- I have always been included in making and talking about plans for future of child or children.
- I attended an Educational Support Plan Meeting for the child we cared for - for 5 months. To this date we have never signed a Placement Agreement for the child we had for 5 months ESPs are not given as much emphasis now compared to 5 years ago. Guidance Officers or EQ appointed delegate often rushes through with limited focus or hope of gaining any additional support for the child through this Planning process
- Recommendations were made that were not followed through; e.g. speech pathologist. Whilst this is likely due to the demand on the service, why put it in there if the child won't receive the service as suggested. Teacher's do not give feedback on their responsibilities
- I have always been included with the ESP meetings but since new CSO I have been excluded
- Not applicable
- ESP are worthless and are rarely followed

Child Health Passports

Carers were asked if the child/children in their care had a current Child Health Passport, 60% of carers reported having a Child Health Passport.

Carers were then asked a range of questions relating to the processes of Child Health passports and how satisfied they were, carers reported as follows.



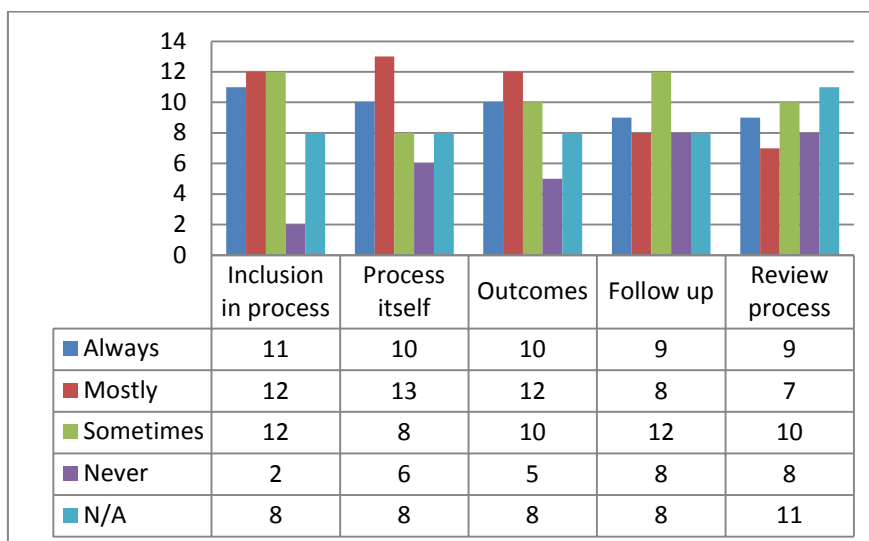
Comments:

- *hospital appointments are never passed on till well after appointment is dated*
- *I hold folders for health care passports. There's not much in them as all medicals get sent to child safety and I have never been provided with copies to put in the passports*
- *We only got it after requesting it multiple times and it was not up to date or accurate*
- *Carers need to learn to make their own child passports for the kids. you won't get one with DOCS....never have in 8yrs*
- *We have never received CHP for any of the children in our care*
- *the child in question had not seen a dentist (ever) so booked that as soon as possible, this was reimbursed ASAP and the child now has moved on so hopefully the new careers are keeping up dental plan*
- *No I do all appointments .all needles with doctors Child Safety do nothing*
- *The healthcare plan is a good idea but I use my own as the Child Safety one does not make sense. Also, if a child goes to the doctor for general complaints and requires antibiotics I do not see the point in completing a medication form. If I take a child to the doctor and they require medicine I am doing what I am supposed to be doing. A medical report is fine but the medication form is overkill*
- *Carers need to be able to sign for medical and dental needs as it puts a strain on everyone as you have to wait for approval make another appointment so the child normally misses out on school for half a day*
- *We think the child we cared for - for 5 months had a CHP but we are not aware of it. She was taken to some medical appointments by her previous carer and two appointments by us*
- *Not applicable*
- *I do most of the work around any of the health care needs of our children*
- *This process needs to be reviewed and looked at for better ways of managing it*
- *Mental health issues poorly documented and communicated*

Placement Agreements

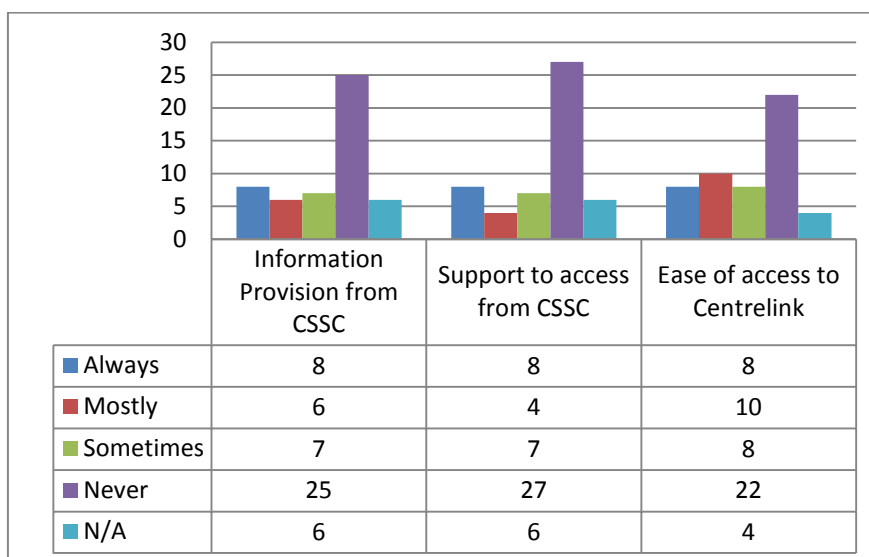
Carers were asked if they had a current placement agreement generated from a placement meeting, 64% of carers reported they do.

Carers were asked a range of questions relating to their satisfaction around the processes of Placement agreements with the following responses.



Centrelink

Carers were asked a range of questions relating to Centrelink and how they were supported to access services through Centrelink from the CSSC, responses were as follows.

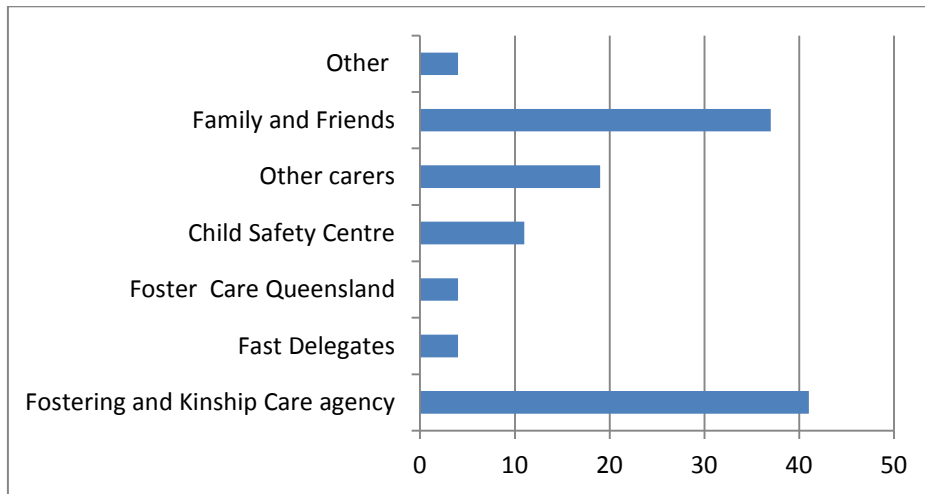


Comments:

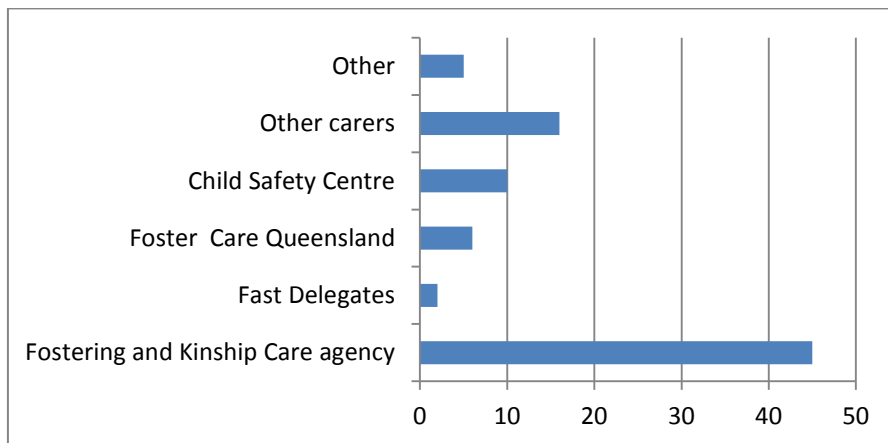
- *Centrelink access as always been left to the foster carer in our case*
- *Centrelink has never been mentioned by child safety. Only had one placement agreement in 8 months*
- *Centrelink is a dream compared to the department*
- *Kids have been in care for 8 months and DOCS still hasn't provided a Medicare card. Centrelink services are only given to carers when they find out themselves*
- *never have been give Medicare cards*
- *We work fulltime and aren't eligible for a HCC. Centre link owes us \$1,750 in Kindergarten fees that the Department assured us that we would be reimbursed. Up to date this is still not the case*
- *respite carer, although we are respite carer I am of the understanding that the children that come into our carer should still have Placement agreements, ESP etc, this has either not occurred or we are not aware of it*
- *Medicare is one of the sticky points but usually gets resolved with perseverance.*
- *I was given wrong birth dates; no not satisfied*
- *I have to see Centrelink for the Health Care Cards myself and fail to see why children do not come with them. I did find out that I can put the children on my Medicare Card whilst they have their own which makes life much easier and much more sense as often children do not come with a card*
- *both services should be linked*
- *New placement agreement conducted approx. 1 -2 mths ago yet not finalised. Previous agreement outdated by several years. Previous Agreement not honored in regard to many issues including financially*
- *Centrelink here in Cairns needs to work out which office can take paperwork as it is annoying going to one only to be told that you have to go into town office then they tell you can put the paperwork in at the other office. It's so frustrating*
- *As we were only supposed to care for a child for 2 weeks and this grew to 5 months, our Centrelink entitlements were never made known to us by Department of Child Safety and we were not provided with Medicare card. Another child who we regularly provided respite to approx. every 3rd weekend - her regular carer was happy to provide her Medicare details for an emergency appointment*
- *Not applicable*
- *Something needs to be done about working on getting these systems to be able to work together in a much more 'seamless' way*
- *Have been receiving the same payments from Centrelink now for a few years and since new CSO she told Centrelink that I have the children only 50% time as they were trying reunification but as that fell through and now have children 85% of the time she won't request changes with Centrelink now*
- *The carer is responsible for applying for the health care card NOT the department so I don't even know why you are raising this as the department supplying the health care card?*
- *This was completely overlooked; I only discovered all of these things as I had to pay for services. The health care card should travel with the child and not be carer dependent. The system has completely failed in this regard*
- *The Department does not care to support us in accessing Centrelink payments. Centrelink are good to deal with*

Support

Carers were asked where they accessed the majority of their support from.

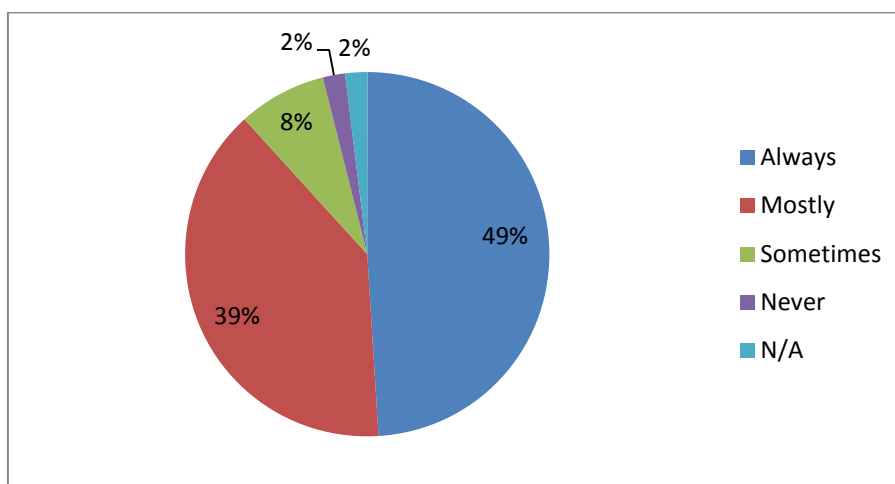


Carers were asked where they access the majority of their information from as carers.



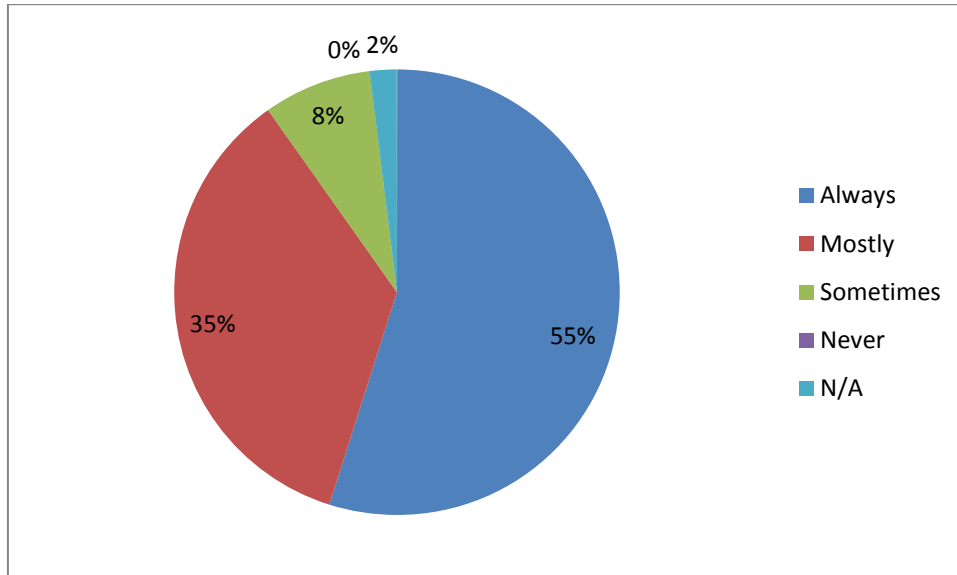
Foster and Kinship Care Services

Carers were asked if they were satisfied in respect to regular support visits occurring (at least monthly).



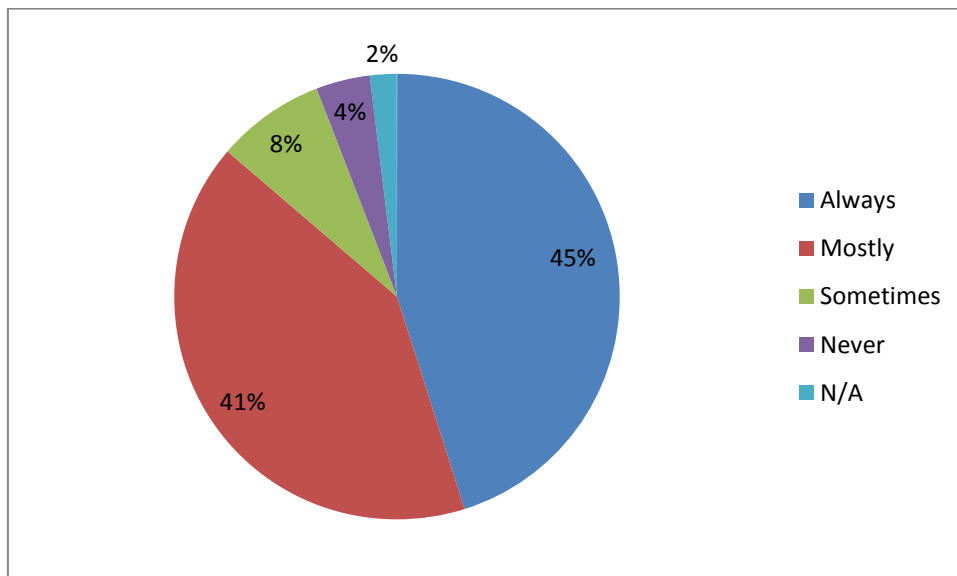
It is very positive to see that 88% of carers reported always or mostly always feeling satisfied with the regular support visits occurring with only 1.96% of carers identifying they are never satisfied in this area.

Carers were asked whether they were satisfied with response to contact with their agency.



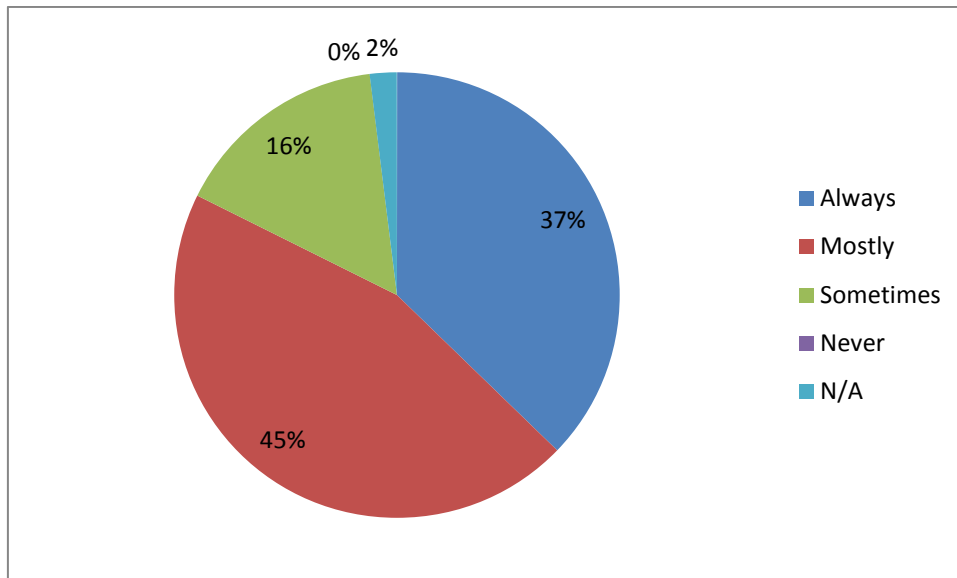
Once again these are very positive figures with 90% of carers feeling mostly or always satisfied in this area and no carers identifying that they are never satisfied in this area.

Carers were asked whether they were satisfied with assistance provided by their agency to complete paperwork.



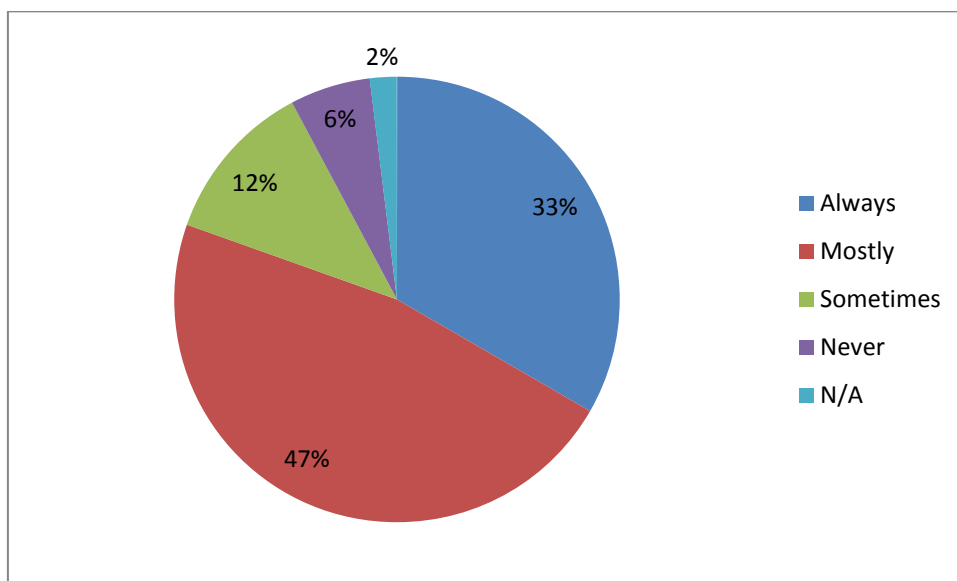
86% of carers identified being satisfied always or mostly in this area.

Carers were asked whether they were satisfied with information provided by their agency.



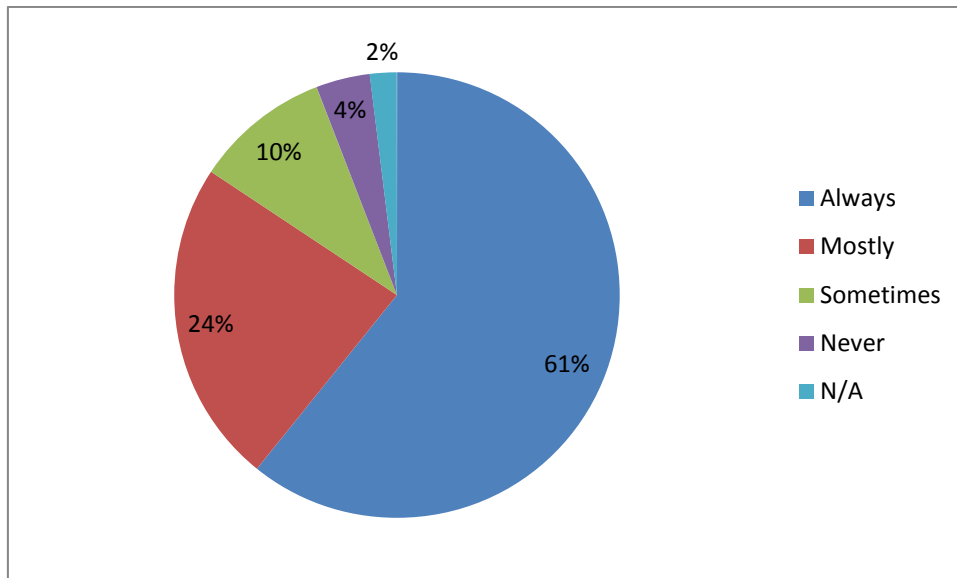
83% of carers identified being mostly or always satisfied in this area with no carers identifying they are never satisfied in this area.

Carers were asked whether they were satisfied with their access to support networks through their agency.



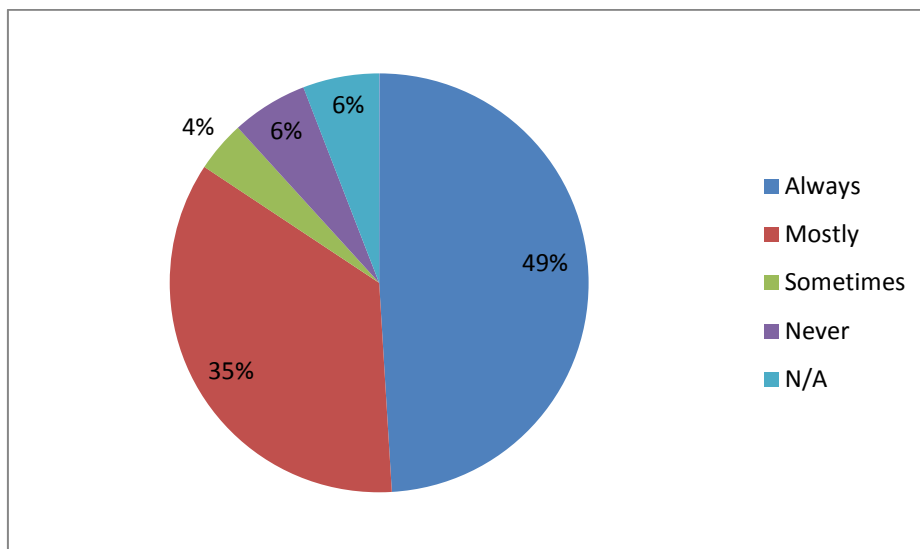
80% identified feeling mostly or always satisfied in this area.

Carers were asked if they were satisfied with their access to training.



85% of carers identified feeling mostly or always satisfied in this area.

Carers were asked if they were satisfied with the on call service provided by their agency.



84% identified being satisfied in this area mostly or always.

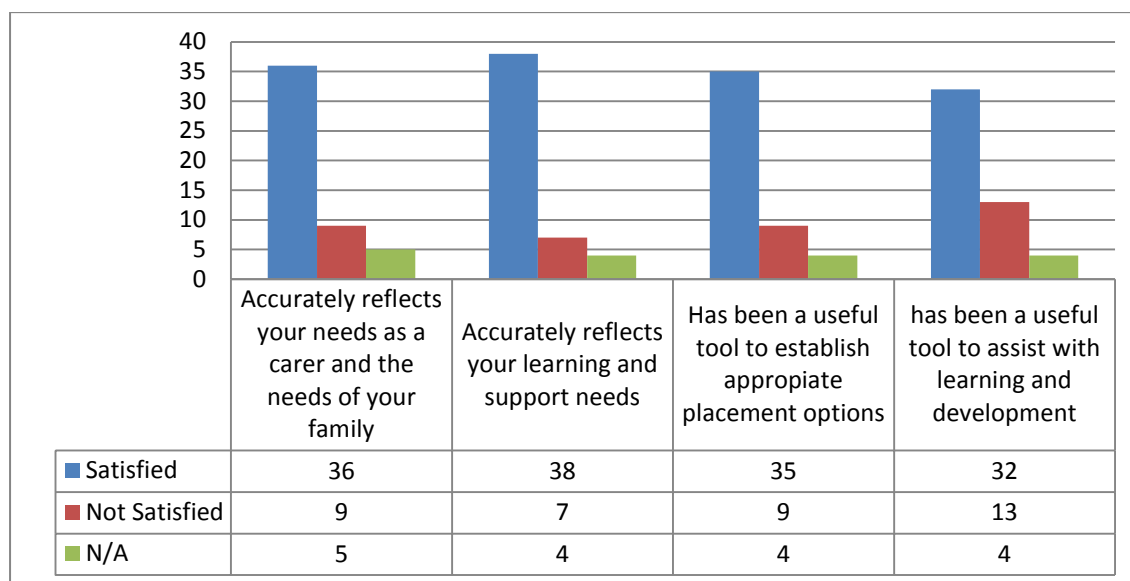
Comments:

- *Cannot fault (agency DE identified) in anyway*
- *Child Safety not responding or doing their role has made it very difficult for our agency to provide the proper support as they were not receiving any information either*
- *(agency DE identified) in Cairns is outstanding in their support. They are very professional in their workings and I would recommend them to anyone wanting to become a foster carer*
- *(agency DE identified) are a remarkable support network*
- *Since day one of becoming carers, my husband and I have requested training outside the working hours of 9am -5pm, this has not once occurred, very unhappy with the training opportunities, there are no flexible options, weekends or outside working hours that have been offered*
- *Our case managers are always more involved the child safety*
- *I would like my agency to arrange more carer (social) activities as wells as activities for carers and children*
- *Support person is only employed part time*
- *I have never had a bad experience with my fostering agency. They are always helping me and will come out and see me if I can't make it into the office for information. Bring books and paperwork out to me*
- *We have a fantastic support worker*
- *Our Support Agency is remotely located in Cairns so visits were not every month. Sometimes our emails were never answered. There were times when we felt the Child in our care was being better supported than we were by our Agency*
- *Training is often conducted only during the day, thus, if you are a professional/employed person you miss the majority - if not all - training opportunities*
- *(Agency DE identified). are very supportive*
- *My support agency have been wonderful*
- *(Agency DE identified) need to sort their staffing and support our particularly the manager who has little to no knowledge about out of hoe care in addition to this the lack of communication when staffing changes occur is really poor*
- *(Agency DE identified) have been excellent*

Foster Care Agreements

Carers were asked if they had a current foster care agreement, 90.38% reported they have one, 7.69% reported they did not and 1.92% reported they did not know what one was. Given that Kinship carers do not have to have a foster care agreement, it is probable that those who reported not having one or not knowing what one was, are in fact kinship carers. This brings the completion rates of Foster Care agreements to a very high level which is great to see.

Carers were then asked a range of questions relating to the usefulness of the Foster Care Agreement as follows.



Carers have reported high levels of satisfaction across the board in relation to the Foster Care Agreement.

Of those who did not report satisfaction, some of the related comments were:

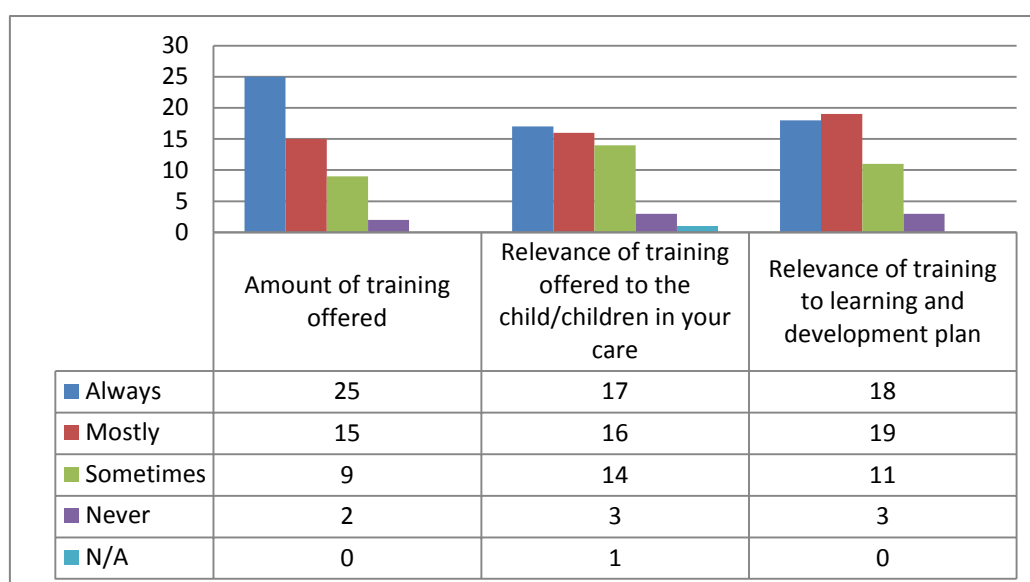
- *Not happy with the age group on my agreement or number of kids. It was a typo that was supposed to be reviewed but never happened. I have the room for 2-3 more children of ages up 0-10*
- *Despite us and our agency requesting this multiple times it didn't happen*
- *However, we do stipulate clearly our capacity and clear outline of requirements of children that come into our care*
- *When it comes to your own children sometimes in the past I feel I did not support my own child enough as he had learning difficulties also. I had to focus more on my four foster children and attend all meetings and support plans for them, along with music practice and sports, medical which made time for a husband or your own child limited. I feel this is the reason many carers end up single, or find caring easier when their own children leave home*
- *Although the agreement reflects our needs and wants, this does not necessarily mean that these needs and wants are met*
- *No not satisfied*
- *Not aware that Agreement should cover all the above. I think Carers should have consistent, equal training that covers general to complex. Sometimes we have complex children in our care but not*

paid accordingly or more importantly may come with support but at the end of the day, carers need to be trained

- I have been given several aggressive, autistic, nonverbal children. I have requested a sign language course for years. Also a training opportunity whilst in the local area. The support agency refused only to offer a 2 hr training session they provide which I have already done
- In Easter, 2016, our Agency Support Worker gave us our Annual Carer Renewal forms to fill out. This renewal was ready for us to sign 2 days ago, 27 September, 2016, but we discontinued as Carers instead, as we have become frustrated with the whole Child Protection System and the impact it has on our family

Training

Carers were asked a range of questions relating to their training experiences as follows.



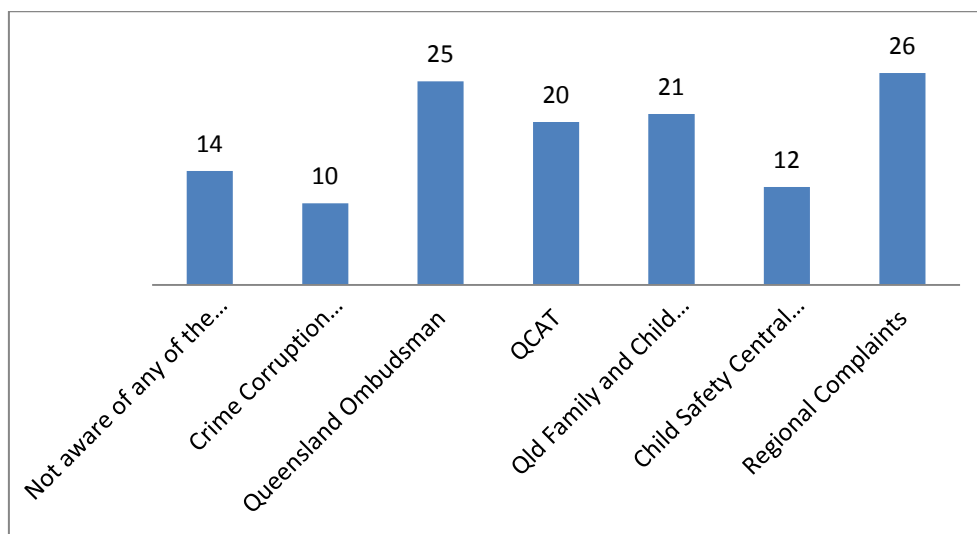
Comments:

- No problems here
- The training needs to be realistic. They tell you the children don't tend to have very high needs only the odd ones do. Every child that has been placed here had very high needs to extreme levels we weren't informed about. Carers need to be made aware of what really happens with the Behaviours of children and realistic strategies to overcome them. Sexualised behaviours is huge and needs to be discussed more so there isn't kids wrongly accused of the behaviour
- I work full time and most of the courses are mon to fri school hours
- Although I had mentioned that I was up for any and all training and learning I very rarely was notified of it
- As Carers we have a self-plan in place to support and for fill our needs if required.
- I think the training provided is fantastic for Cairns people; the tablelanders have children at school and can't always get to training in cairns. I also feel it would be only fair that the training and experience carers have should entitle them to a certificate in child care. After much hands on experience with all children of different ages

- *No not satisfied*
- *Carers should be trained to an equivalent of a Certificate 3 with ongoing workshops to support that learning and development*
- *As mentioned previously no suitable training offered*
- *Training offered and provided is of a high quality*
- *Training needs to be on weekends. Carers work too!*
- *Never has support to access childcare been offered*

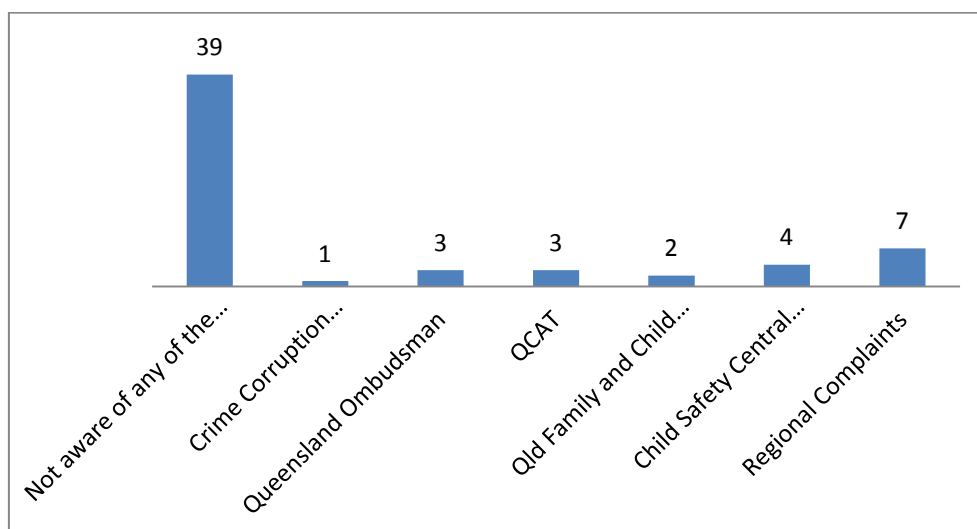
Complaint/Concerns Processes

Carers were asked to identify which complaint/appeal processes they were aware of



Given that 68 carers filled in the survey for Far North Qld, it would seem that the highest percentage of carers knowing of the existence of an avenue for complaint or appeal is 38% who have identified knowledge of the Regional Complaints service.

Carers were then asked if they had accessed any of the above processes.

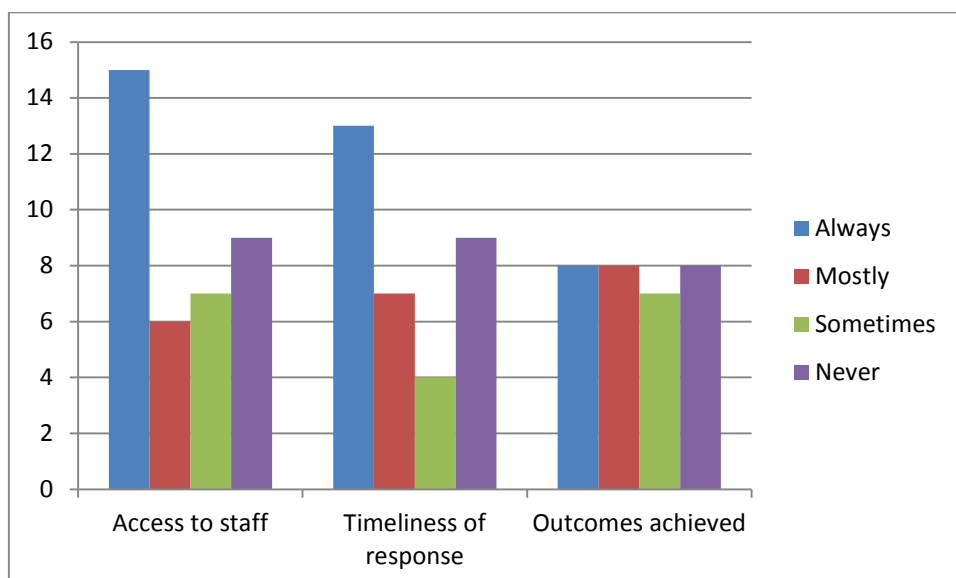


Comments:

- *Our concerns fell on deaf ears*
- *I probably will access a few of them now*
- *I have not accessed any of these services; however, in retrospect I should have done so when children have been moved into bad situations in the past. Knowing where a person can put forth a complaint about disrespectful treatment to indigenous cares by dept staff/management*
- *The Regional and Central Complaints Office/Unit are a law unto themselves. QFCC are to frighten to battle with the system, Qld Ombudsman and CMC seem to prefer not to get involved in what is classed as trivial matter and QCAT has rules that don't comply with their mandates. Example: a call for a stay is considered after the removal of the child/children.*
- *No our needs are not heard*
- *I felt I was heard but at the end there is nothing a carer can say to express the wrong choice was made or handed with for the child involved. Children are not put first and more what it looks like on paper (this is my option)*
- *We feel that even though we may have genuine complaints to make, we have been left feeling exhausted, ignored, undervalued and therefore, can't be bothered wasting any more of our time with the Department!*
- *It was a while ago but I lost complete trust in the processes I just don't bother anymore*

Foster Care Queensland

Carers were then asked a range of questions relating to their experiences if they had contact with FCQ, please note that carers who have put not applicable, have not been included in this data as it is not relevant.



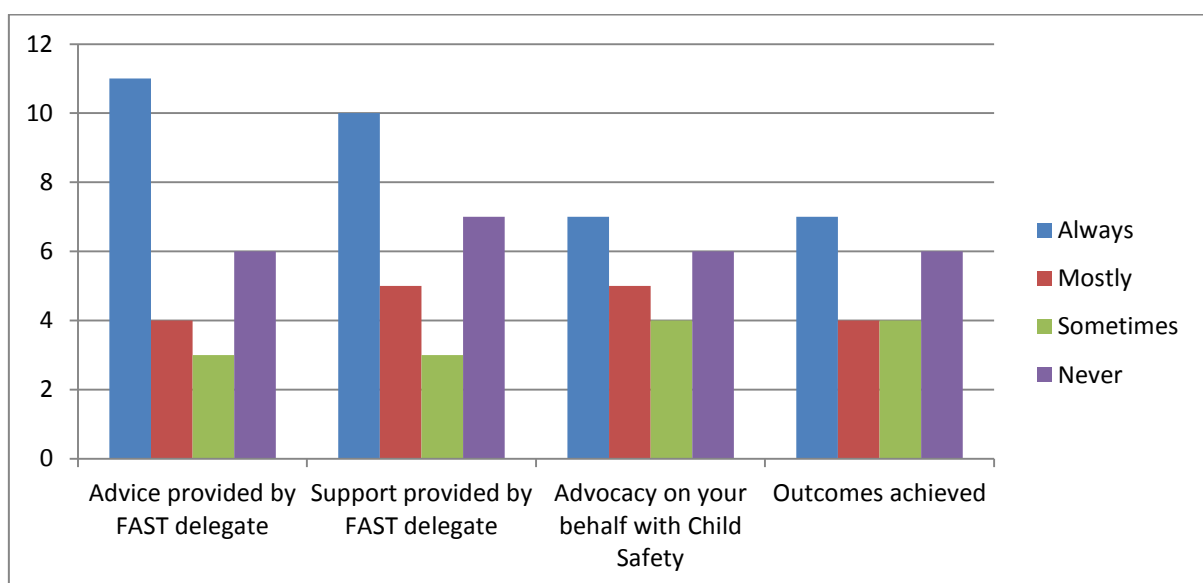
Comments:

- *We have never used them*
- *Support agency responded. Child Safety doesn't if they are too busy they need more staff*
- *I don't even know what it is so it is hard to know what role they play*
- *Don't hear anything about FCQ*
- *Outcomes achieved is fully controlled by the Department of Child Safety therefore, being our representative at the QCAT hearing, was unable to comment to support however, was appreciated for attendance and being aware of what took place for a stay after the fact.*
- *Service providers informed me FCQ was not needed with their agency*
- *The only times I heard about Foster Care Qld was when we first became carers, we were told that within a month they would contact us and we could become members. That never happened, we got busy and it got overlooked. I'm sure FCQ may have been a great help to us if we had have become members as early carers*
- *It is imperative that carers have an additional avenue of support such as FCQ as Department and support agencies are not always able to provide independent advice and support*
- *FCQ need to ultimately get real and look at ALL the issues faced by foster carers. FCQ also need to understand that they don't have to play by the department's rule; they need to be creative in thinking and learn to stand up to the bullying tactics of the department and not provide cookie cutter responses to carers!*
- *I don't know about them*

FAST Program

Carers were asked a range of questions relating to the FAST program attached to FCQ.

Carers were asked a range of questions relating to their experiences of accessing a FAST delegate, please note only responses from those carers who felt these questions were applicable have been included.



Comments:

- *Never used them*
- *I may contact them now*
- *The only outcome acknowledged was the fact that the call for a stay was a great waste of our time*
- *Never used FAST*
- *This organisation need to be more proactive*
- *The local FAST delegate is a lovely carer, but as she used to care for the child we were caring for there was a conflict of interest, so we couldn't utilise her services. We were told shortly before a Standards of Care Review by the Department that we could have another FAST delegate to help support us at the interview, but as we had never met before, we opted not to*
- *Never used a FAST delegate because they are trained by FCQ and anytime I've sought support from FCQ they've said there's nothing we can do and left me to sort the problem myself*

Looking Forward

During this section of the report, carers were asked a range of questions relating to their future as carers and what they would like to see change.

Firstly carers were asked how long they intended on continuing to provide care for. 84% of carers reported they intended on caring for more than 3 years. 12.05% stated that they only intended on caring for another year and the remaining 14% stated they intend on caring for another 2 years.

Carers were then asked if there was anything that would influence that decision 52.08% of carers stated that the support they received would influence this decision.

Comments:

- *Health issues if they arise*
- *More input into the welfare of our kids*
- *The ability of Child Safety service to continue to support the children in care and the carers*
- *More understanding and communication between DOC'S and carers, around the concerns and wellbeing of the children, as well as understanding the emotional health of the carer*
- *Child safety shows more support. Better communication. If they are honest and don't just tell you what you want to hear*
- *Departmental decisions about children without consultation*
- *I will probably not foster again once, the children in my care are returned to their parents - it is too difficult dealing with the department and them stopping payments and putting me into hardship while they take their time to sort the matter out then start paying again - they seem to think this is OK because I get back-paid the money - this is crap as I go into debit to find the money to pay for daycare, food etc.*
- *We would like to continue caring but we received no support with the last case and it made it really difficult*
- *The Dept*
- *Going with the Dept. it's like we as carers are nothing, have no value in the child's care system. Our word is always questioned and the child's is always than to be true. They always work on the law of probability- it could happen so it did*
- *I hope to continue caring as there is a great deal of satisfaction working with children. Should my health or circumstances change I have to just go with whatever comes at me*

- *My employment role is a factor in my decision making to be a foster carer and I contemplate the decision every renewal. As a respite and short term carer our views and opinions appear to be disregarded by Child Safety and we are not included in the overall care of the child despite being a regular carer, having the same child over and over again. This negatively influence's my decision around caring as the whole point is to try and make a difference to the child's life, not just to give the primary carer a break. The feeling as though we are not making a difference when we want to.*
- *Age related*
- *If my long term child was removed I would quit*
- *We are at the end of time as being carers*
- *Foster carers have no rights even with matters concerning their own family and are also treated very poorly by the system and the departments*
- *Having to give up children that have been placed by birth with you and has been part of family for many years. Just because we are not right colour skin or race. If this continues to happen we still want to be carers we will only accept children that are not aboriginal*
- *Finding the right placement for our family. Feeling needed*
- *I would to be able to shift into a house with more bedrooms so I can look after more children.*
- *As previously stated, we have decided to discontinue providing care, mostly due to the upheaval we have experienced in our lives because of the way the Department / Child Protection system works - As a respite carer, being told you are having a child for 2 weeks, that blowing out to 5 months, combined with managing child behavioural issues, lack of support from both our Agency at times and the Dept, and then being subjected to a Standards of Care Review with very little information/consultation, lengthy delays, lack of communication from the Department and generally being left wondering what's going on and are we going to get any written feedback, leave you with no alternative but to get out of the system; especially when you have other commitments (such as your own family, elderly family members - you want to be there for them too!)*
- *The provision of adequate resources to support the current placement of children with complex needs over the next few years*
- *Depends on reunification, I would probably not undertake full-time care, rather respite care might be less drama*
- *Lack of communication with our Foster Care Agency from DCCS*
- *Maybe from pure frustration, hearing stories from other carers where children have reunified, the family has broken down again and they have gone into care with a different family. I can't imagine how hard that would be*
- *If the placements were not appropriately supported and the system became a negative impact on the well-being of the core family unit, this situation may be reconsidered.*
- *Many many many things; health, tolerance of ignorant organisations such as FCQ and department bureaucrats*
- *Better support with Govt agencies & Financial Support*
- *We need quality Support Workers not funded by the Department and independent of them so as to not be influenced by them*

Carers were then asked if there was anything they feel that could improve the Child Protection System, comments as follows:

- *Community services should improve the services offered to existing Foster Carers.*
- *Dept needs to communicate better with Carers*
- *There is way too much focus on therapy etc. There is definitely a need but sometimes it is as simple as getting a child into a team sport*
- *Listen to their needs and keep to agreements made with them*

- Haven't got room to write about child safety improvements or the time in a year
- IGA discounts would help a lot or big w etc.
- No
- Dept to listen to Foster Carers
- Foster carers do a fantastic job, the department need to show them some respect, return their calls, fast track their payments, just talk to them if that's what they need
- Give foster carers support and recognition for their work
- Child safety officers need training on how to treat carers respectfully. Without the carers the CSO's wouldn't have a job
- Value them and not just with nice word, but by action
- To identify and acknowledge that remote indigenous communities are completely different to that of mainstream township/cities therefore, consideration should be given
- Look after carers more making sure they get breaks and are not being burnt out. Focus is much on the children I feel carers should get a little more recognition and people should understand the sacrifice they make when they open their homes and share their lives with other children that need love and training
- The cost of after school care and child care costs needs to be covered for every working family that are carers. Child Safety and carer support workers need to assist more in transporting children to their appointments such as Doctors, dentist, specialist etc when the child is placed with working families. If there was more support to working families there would be families that would be willing and able to be carers and the child would have positive role models in their lives who work hard
- To listen to the foster carers opinions about the child and what they would like to see happen to the child. For traumatised children counselling should be immediate and not have to wait 6 months or more
- Agencies should provide transport for children on respite. Regular respite. Youth worker support for high needs children, and children with disabilities
- That all the agencies work together more, if there is a child available or in need of respite it goes out to all carers whom may be eligible not just ones registered with a particular agency.
- Yes we need child safety to start treating us with respect and listen to our concerns as it is the carers who improves the lives of these children not them who hardly know or see the children. They also need to learn compassion as they are not doing the hard yards 24/7 like the carers
- The role of foster carers needs to be re-visited and no longer seen as a 'volunteer role'. Carers are looking after children 24/7 with little respite and the needs of children are often high needs to complex. Putting traumatised children in the hands of carers who, despite all the good intentions in the world, but do not know what they are doing only adds the trauma. Carers are looking after these children every day, not CSO's, and therefore Carers should be supported by have the appropriate training equivalent to a Certificate 3 with ongoing training and accountability. An example in regards to accountability would be the regular completion of milestone checklists and regular medical appointments to ensure children needs are being met. Sometimes children lag behind and CSO's do not even realise it. There are many more proactive experiences and care that Carers can provide as carers should no longer been as seen as a placement and a bed. It is time to move on and address these issues especially as CSO's are not with the children on a daily basis
- More funding, more staff and more support systems for every child and carer who enters the system
- TO SUPPORT NON-INDIGENOUS CARERS WITH INDIGENOUS CHILDREN / TODDLERS. HAVE A SCHOOL PROGRAM/ PLAYGROUPS RUN BY THE OLDERS TO TEACH CULTURE TO CHILDREN AND PARENTS. LIKE GREEK CHILDREN ATTEND GREEK SCHOOLS AFTER SCHOOL HOURS. INSTEAD YOU TAKE STABLE LOVING FAMILIES THAT GIVE A CHILD THE CHANCE FOR A FUTURE THERE OWN PARENTS HAVEN'T BEEN LUCKY ENOUGH TO HAVE AND PLACE IN COMMUNITIES WHERE LEARNING IS ALMOST OVER BY GRADE 6 AND DRUGS, SEXUAL ATTACKS AND CRIME ARE AT THERE

HIGHEST. AND ALL BECAUSE IT GIVE A CHILD MORE CULTURE. MOST CARERS WHO ARE NOT ABORIGINAL AND CARE FOR A ABORIGINAL CHILD WOULD LOVE TO SUPPORT AND LEARN MORE ABOUT THE CHILD THEY LOVE AND CARE ABOUT LEARN ABOUT THERE CULTURE. THIS PROBLEM WILL NEVER CHANGE AND WE WILL ONLY SEE MORE CHILDREN IN THE FUTURE GO THOUGH ON THE SAME PATH AS THERE PARENTS HAVE FOLLOWED AND THIS IS BECAUSE OF LACK OF EDUCATION AND THE RIGHT GUIDANCE AS A CHILD

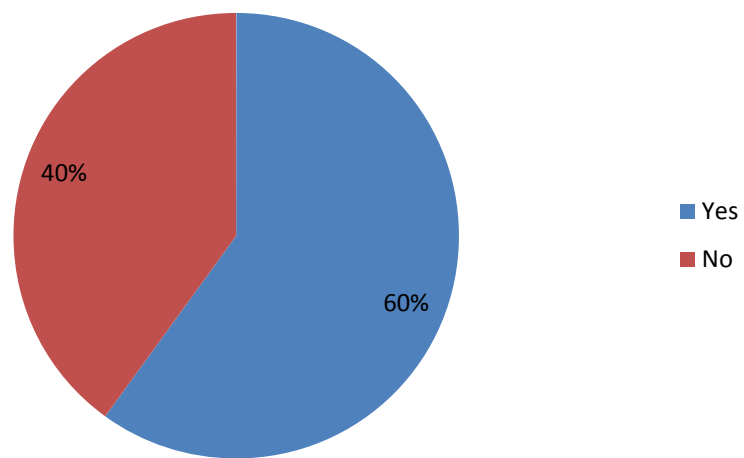
- *To be able to see from organizations such as banks to be able to get home loans and cars etc, it's hard when you say your full time foster care. As they see you with no income*
- *Allow carers to be informed of children's whereabouts once they have left their care*
- *CSOs to have less of a workload to have more time for a more personalised relationship with carers and children in care*
- *Better access to major departments!*
- *Yes. Answer / acknowledge all emails received from Carers! Don't treat carers like they are your subordinates - show respect for them at all times - after all - they are the one's ultimately caring for the children and their welfare*
- *Listen to the carers more about children they have in their care for years before making decision about returning home or other things involving the children*
- *Department to adequately support the stable placement of children ensuring that workers are aware of child related costs and allowances to support the child or young person and increase placement stability. This may be educational or medical costs, km allowance or dual payment of short break allowance*
- *Employ more child safety officers. I am a child safety officer and there is not enough time to complete all the tasks. Within a month of commencing, I had 3 more cases (18) than recommended by Carmody*
- *More of a team attitude between DCCS & Foster Care Agency*
- *All carers need respite*
- *Have a separate section with Centrelink that deals with foster carers only and that can process quickly*
- *More rights for the carer. I feel like we should at least be able to get the child a haircut without permission. As their carer and for that time family, we should be able to be trusted with such decisions*
- *Communication and support systems between the Dept and other departments (such as Centrelink, Education and Health) being improved and possibly linked in some way, would make life a lot easier for many carers*
- *There is not enough room to suggest improvements!*
- *A more transparent & streamlined process for all of the support services*
- *Centrelink childcare benefit and rebate needs to be 100% so carers can use their allowances for other needs of the children*
- *Yes consistency from agencies would be a good start*

Carers were then asked if they could change two things about the Child Protection System tomorrow, what would they be, comments as follows:

- *Improve family allowances to meet the cost of living. 2. Assist with day care and school fees costs*
- *Keep it simple Better information on child*
- *Allow more 'parenting' to be in place and less bureaucracy to dictate the child in cares needs*
- *Get rid of child safety after the children have been taken away from the parents and more input to the children in care from foster carers*
- *The CSO would be pulled in line. New members who have had experience as a foster carer themselves so they understand. Privilege card for things that relate around children*

- CS officer to live in reality rather than policies. Carers to have more authority over children
- Dept to be more inclusive in Case Planning. Dept to return calls
- stop cutting my payments every 6 months and return my phone calls - I don't call for nothing
- Make the focus be more about the children and less about the money. Have timely responses in regards to decisions being made to improve their lives
- Better access to family information, especially for kids in care who have been exposed to toxic substances and alcohol during pregnancy Dept to have more common sense in their decision making for the kids. It's far too easy to take the "tick the box" attitude
- Perhaps keep carers in the loop a bit more
- Consistency and do as they say in the time frames, they set
- Placing the right CSO's with the right Carers. Meaning don't send inexperienced staff into complex communities that identify cultural connections. A need for a Carers external complaints process
- Giving carers and their extended families a yearly flight or holiday package to an island or fun place. Getting carers certificates in child care when they prove worthy. Yes I would advise a friend to be a carer as I have done with many in the past but I tell them the sacrifice that will need to be made by them so they are not disillusioned
- Placement and case plan agreement meetings to be one document, and one meeting that can be completed through a virtual worked to support working families. Assistance to get children to their counselling, doctors and specialist appointments so the carer does not have to miss work to meet a foster child's needs, meaning that the idea of fostering "becomes easier" and there are more families willing and able to be carers
- To change some things in the "Carmody Report". On the whole it is good but it is not always in the best interest of the child
- Greater input for carers regarding their long term foster children
- Remove the children earlier, some of the case's read are so sad and distressing how could they be left in that situation for so long. Some people are not ever going to be parents even if given 'help' or new skills. I personally don't believe in 3rd or 4th chances, we are destroying children futures. they need stable loving homes to learn and grow
- All child safety are aware of their cases and do the job they are supposed to do. All child safety should also be on time and respectful to carers time and availability, return calls keep a steady routine
- all children coming into care should be assessed by a doctor and pediatrician as well as having input from daycare/schools to gain an holistic approach to what is needed for the children (its time to take out heads out of the sand). Secondly, Child Safety re-think the role of carers to they can attract more, good quality carers who support the children and CSO's in taking care of the children whilst helping children to develop and grow
- The need for a full time psychologist at every department office to meet kids coming into care and also carers and families involved to help place the child with the right carer. More funding
- **NON-INDIGENOUS CARERS ARE ACCEPTED AND ARE TREATED ON THE SAME LEVEL WHEN CARING FOR AN INDIGENOUS CHILD. NOT ABOUT COLOUR BUT HOW HAPPY AND A CHILD IS DEVELOPING IN THE PLACEMENT AND STABLE ENVIRONMENT**

Finally – carers were asked if they would recommend fostering to a friend.



**FOSTER & KINSHIP
CARERS SURVEY
2018
REPORT**




**Northern
Region**

Contents

About the Carer	2
Relationship Status	3
Cultural Diversity.....	5
CALD Community	6
How satisfied are you with Relationships with Staff at Child Safety Services	7
Child Safety Processes.....	12
Standard of Care/Harm Processes	14
Confidentiality.....	15
Financial	17
How satisfied are you with local practices of CSSC.....	19
Education Support Plans	22
Child Health Passports	23
Placement Agreements.....	23
Centrelink.....	24
Support	25
Foster and Kinship Care Services	26
Foster Care Agreements	29
Training	29
Complaint/Concerns Processes	30
Foster Care Queensland.....	31
FAST Program.....	31
Partners in Care	33
Looking Forward	33

Foster Care Queensland

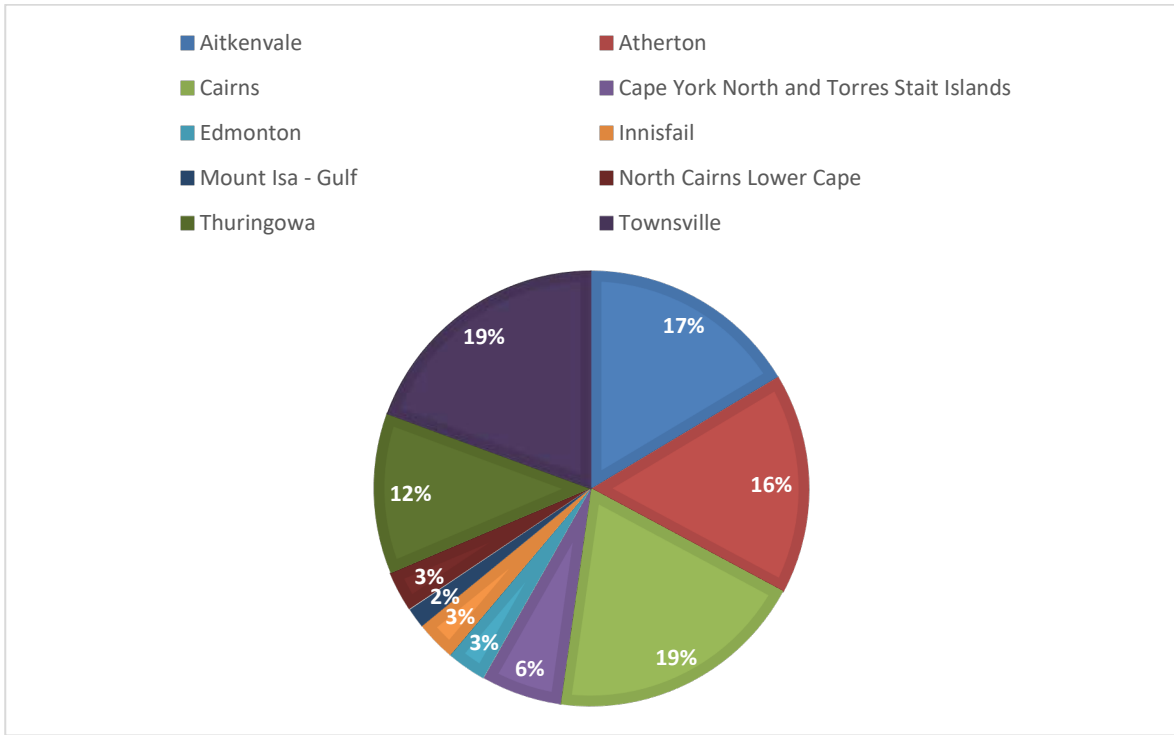
7/10 Depot Street, BANYO QLD 4014

 07 3256 6166 |  fcq@fcq.com.au |  www.fcq.com.au

ABN 16 454 122 946

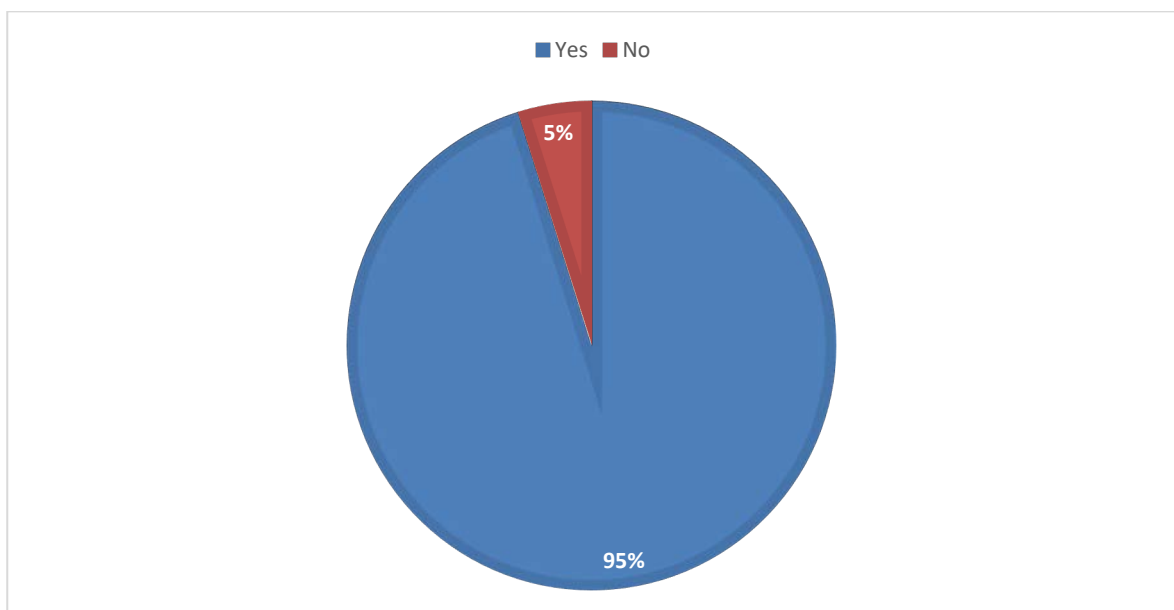
About the Carer

In Northern Queensland Region 67 Foster and Kinship Carers completed the Carer Survey and were represented in the following Child Safety Service Centres, noting every CSSC was represented in the Survey

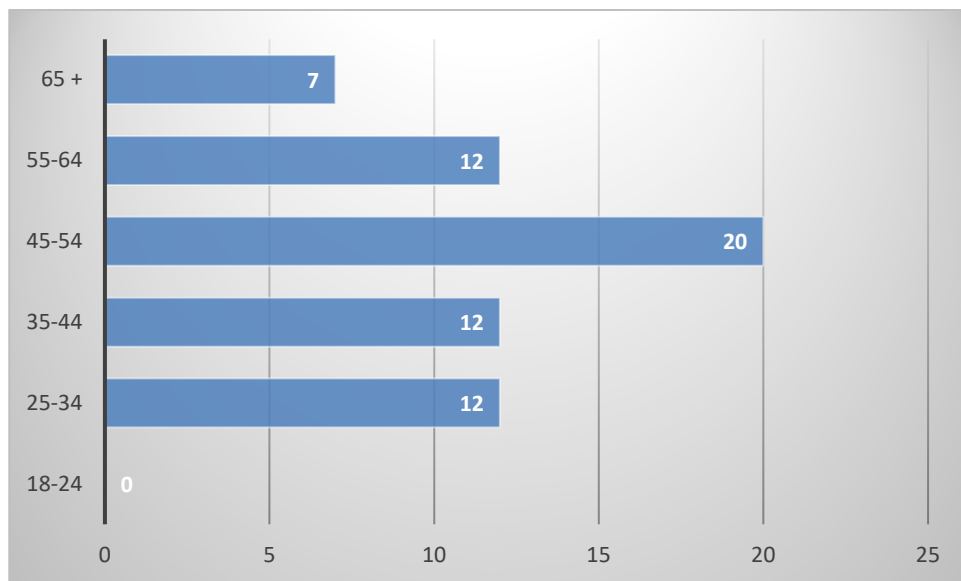


Of the 67 responses in Northern Region, 55 identified as Foster Carers (82%), 8 identified as Kinship Carers (12%) and 1 identified as a provisionally approved carer. There were 3 that did not respond to this question.

Carers were asked if they were supported by a fostering and kinship carer agency with the vast majority of carers in Northern Region who completed the survey confirming they were.



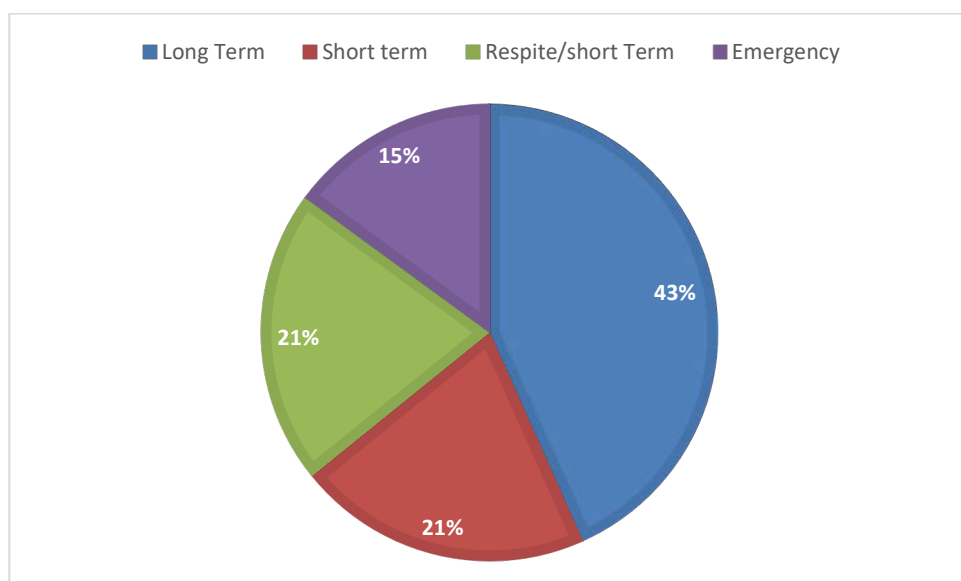
Carers were asked to identify the age group they fitted into.



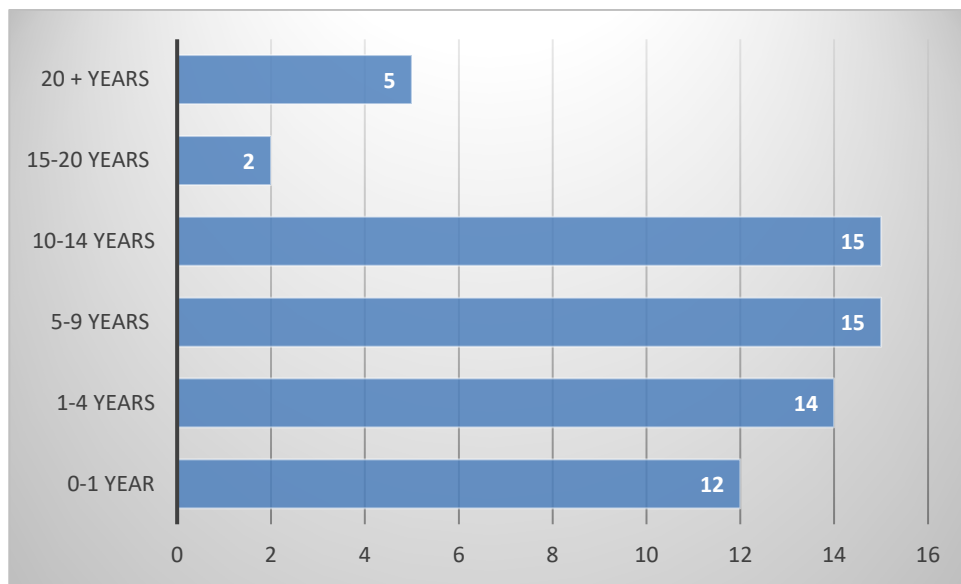
Aboriginal and Torres Strait Islander

6 carers in Central Northern Region who completed the survey identified as Aboriginal. 2 carers identified as Torres Strait Islander and 2 carers identified as Aboriginal and Torres Strait Islander.

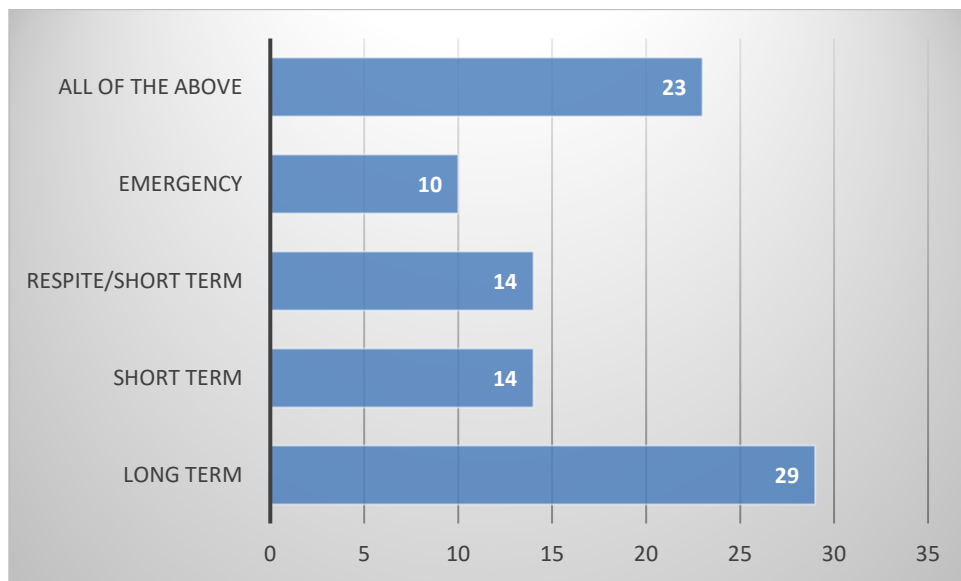
Relationship Status



Carers were asked how many years they had been providing care for.



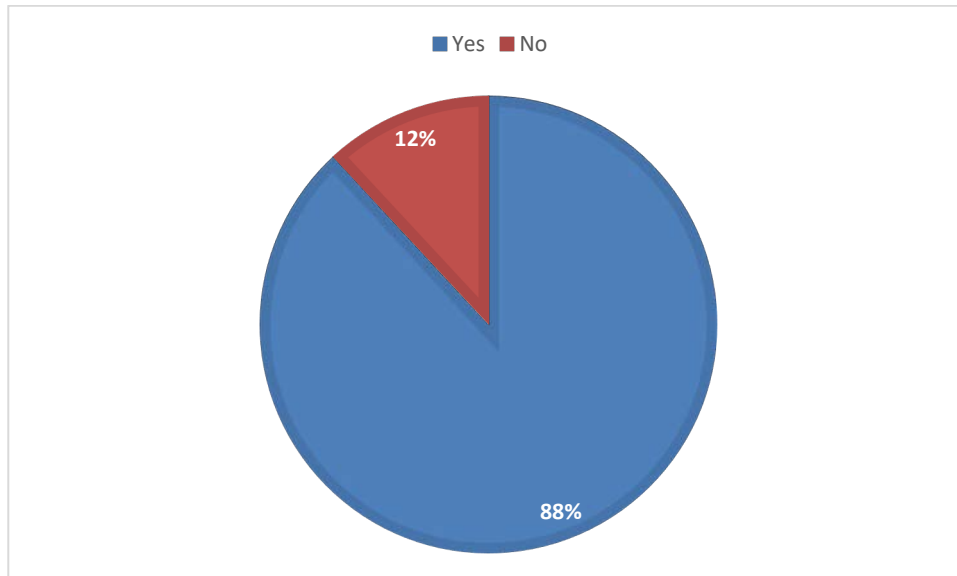
Carers were asked which type of care they provide, please note that carers were able to tick more than one type of care.



Cultural Diversity

Carers were asked a range of questions relating care of Aboriginal and Torres Strait Islander children as follows:

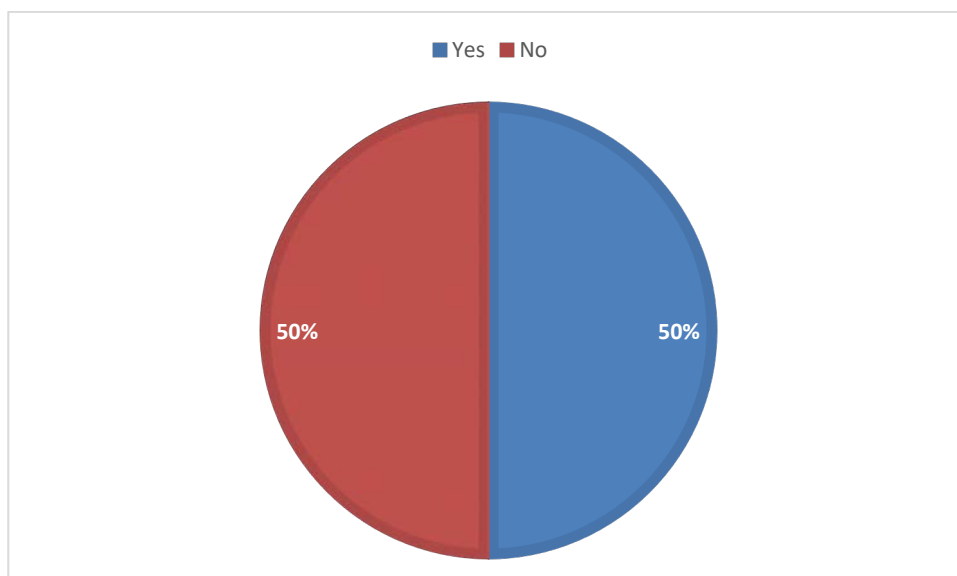
Are you caring or have you ever provided care for an Aboriginal and/or Torres Strait Islander child?



Given that only 10 carers identified as Aboriginal and/or Torres Strait Islander in this survey, the majority of those carers who have responded yes to this question would not identify as Aboriginal or Torres Strait Islander.

Carers were then asked if they had answered yes to the above question, whether they had a cultural support plan in place. 54% answered yes to this question, leaving 46% of children placed in care where they identified as Aboriginal or Torres Strait Islander either without a Cultural support plan or where the carer had no knowledge of its existence.

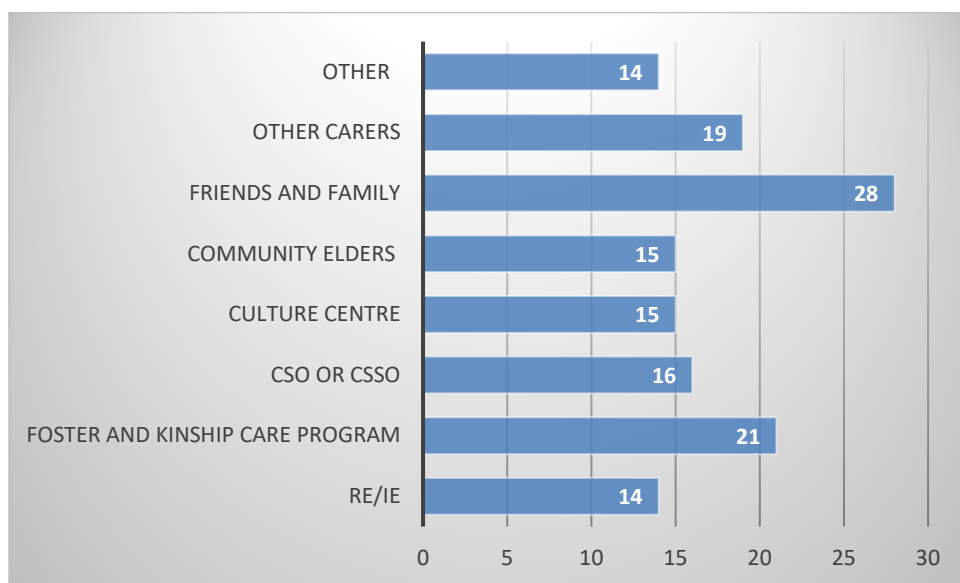
Carers were then asked if they were provided with Cultural awareness training to assist them to care for a child who identified as Aboriginal and/or Torres Strait Islander.



As evidenced above half of the carers who responded identified they did not receive any training to assist them in building their cultural knowledge in their care of Aboriginal and Torres Strait Islander children.

Carers were asked whether they understood the Aboriginal and Torres Strait Islander Principle. This principle is explored with foster carers in the Pre-Service Quality Training, however it must be noted that carers are inundated with information during this training and if this is not followed up with further education and information, it is likely it won't be retained by carers. The majority of carers reported understanding the Aboriginal and Torres Strait Islander principal with 87% confirming understanding and 13% identifying not understanding the Principal.

Carers were then asked where they accessed their Cultural information from. Please note that carers were able to tick multiple boxes as sources of information for this section.



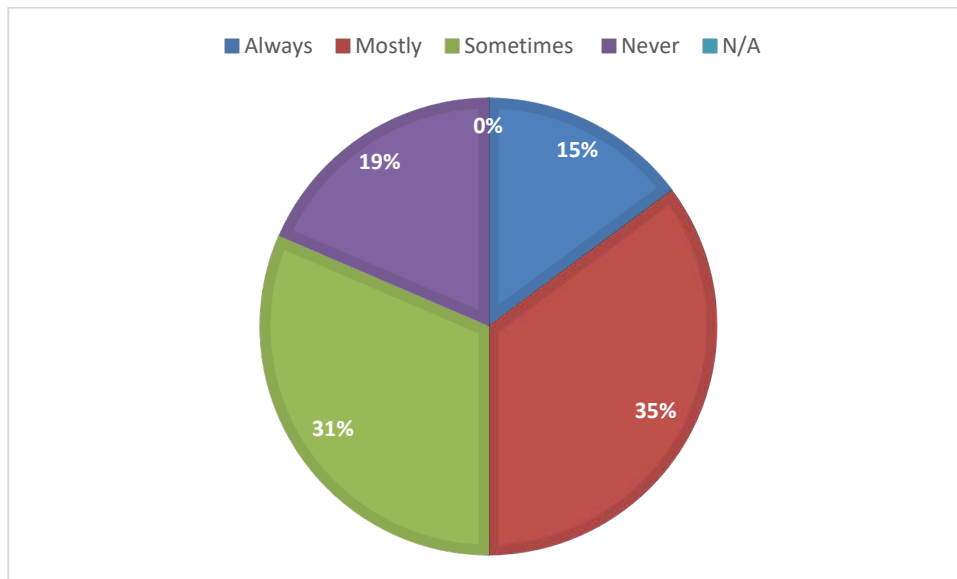
CALD Community

This is the second survey FCQ has sought to gather information from our carer community regarding the CALD community, specifically how many of our carers identify as being from a CALD community and whether carers have provided care for children and young people from a CALD community.

12% of carers (7) who completed the survey in the Northern Region identified from a CALD community and 20% of carers in Northern Region who completed the survey reported they either were or had provided care to children who were from the CALD community. Carers who had provided care to children from a CALD community were asked whether they were provided with appropriate training to assist them to provide culturally appropriate care. 35% of carers identified that they had been provided with training.

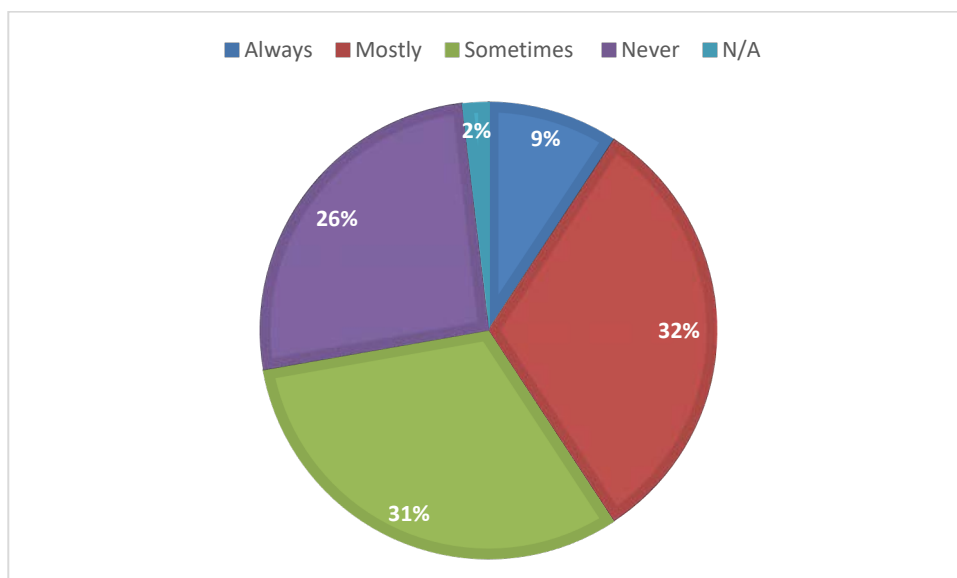
How satisfied are you with Relationships with Staff at Child Safety Services

Carers were asked whether they felt respected by their CSSC.



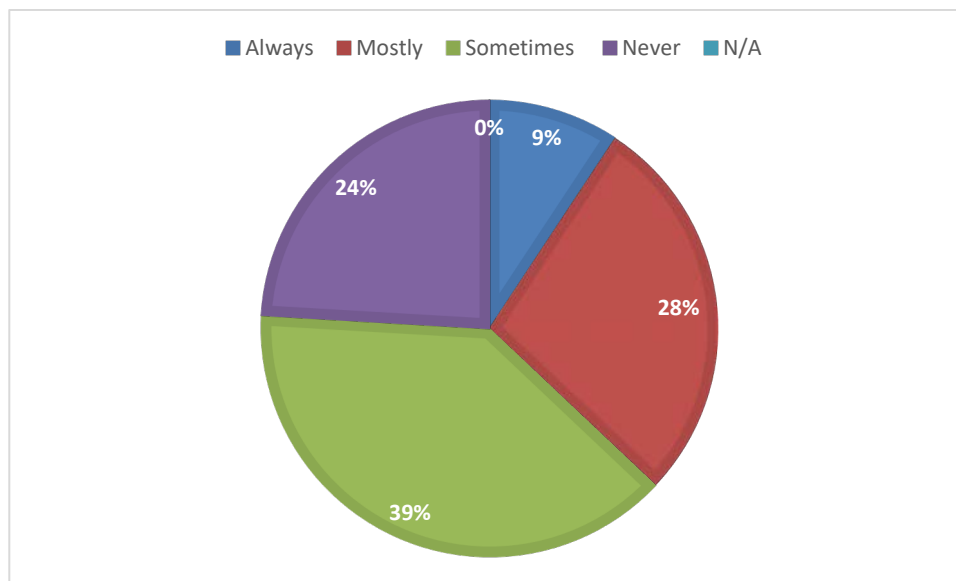
A total of 50% of carers reported feeling respected either always or mostly, 19% of carers reported never feeling respected with 31% reporting they felt respected sometimes.

Carers were asked whether they felt part of a team.



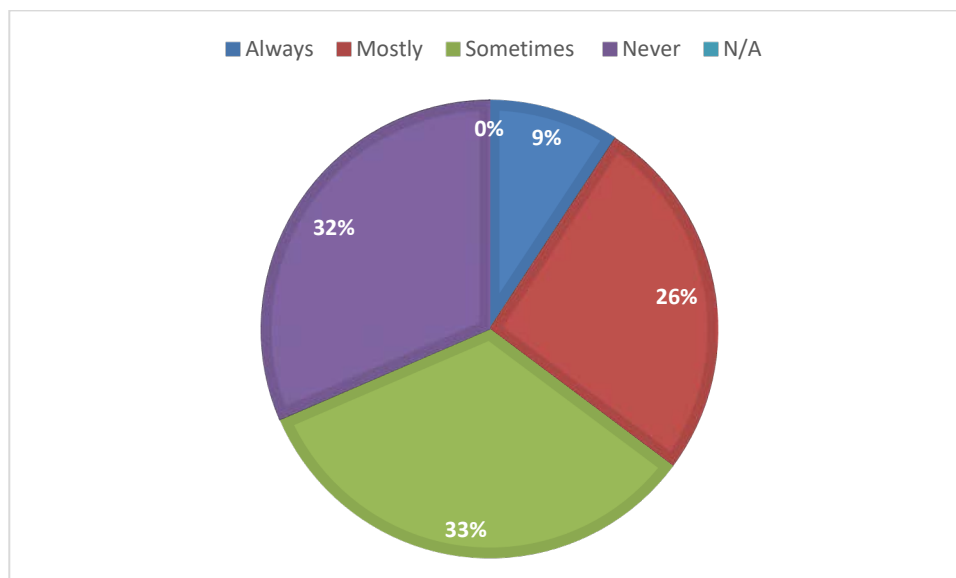
57% of carers reported feeling like part of the team only sometimes or never, with 41% of carers feeling like they were either always or mostly treated as part of the team.

Carers were asked whether they feel as though their views are considered.



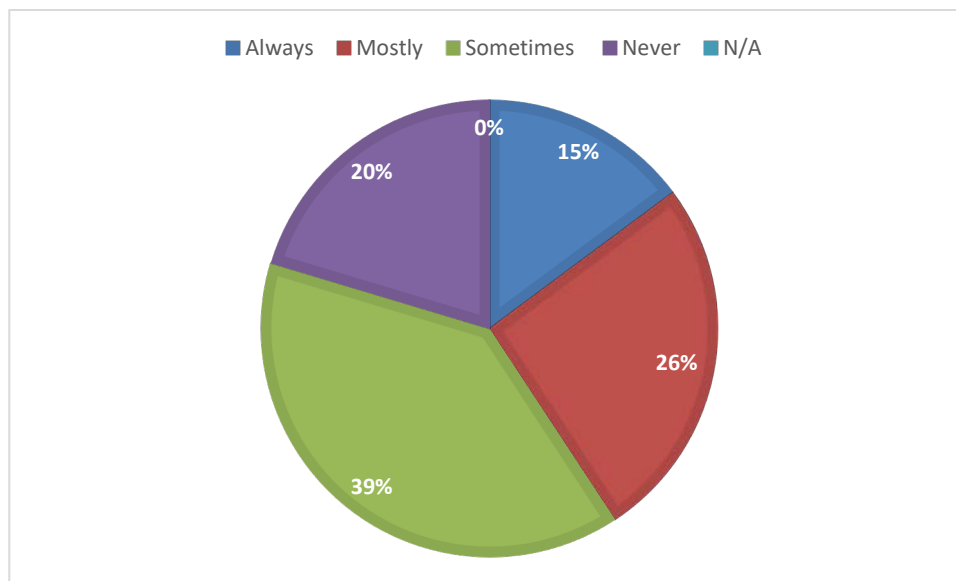
Only 37% of carers reported feeling that they feel their views are either always or mostly considered. This leaves the majority of carers who were surveyed in Northern Region stating that they feel that their views are only considered sometimes or never.

Carers were asked whether they feel as though there is consideration given to their whole foster or kinship family.



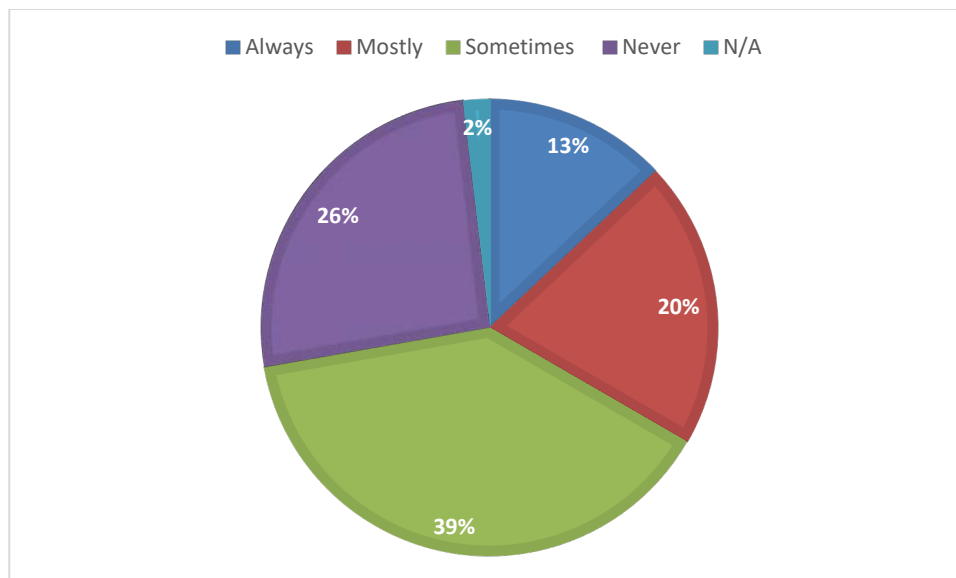
It is concerning that 65% of carers reported that they felt as though there is only sometimes or never any consideration given to the whole of family. Families are more likely to leave the fostering system when they see their whole of family being effected negatively and given little consideration.

Carers were asked whether Child Safety is responsive to their calls and emails.



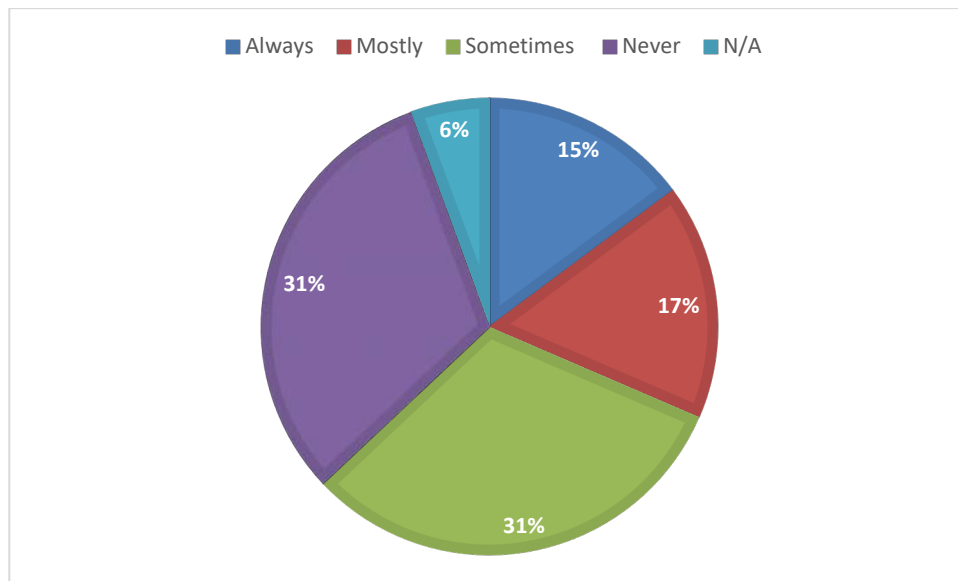
41% of carers reported that their CSSC was responsive to emails and phone calls always or mostly, 59% reported only sometimes and never.

Carers were asked if the CSSC creates a supportive environment.



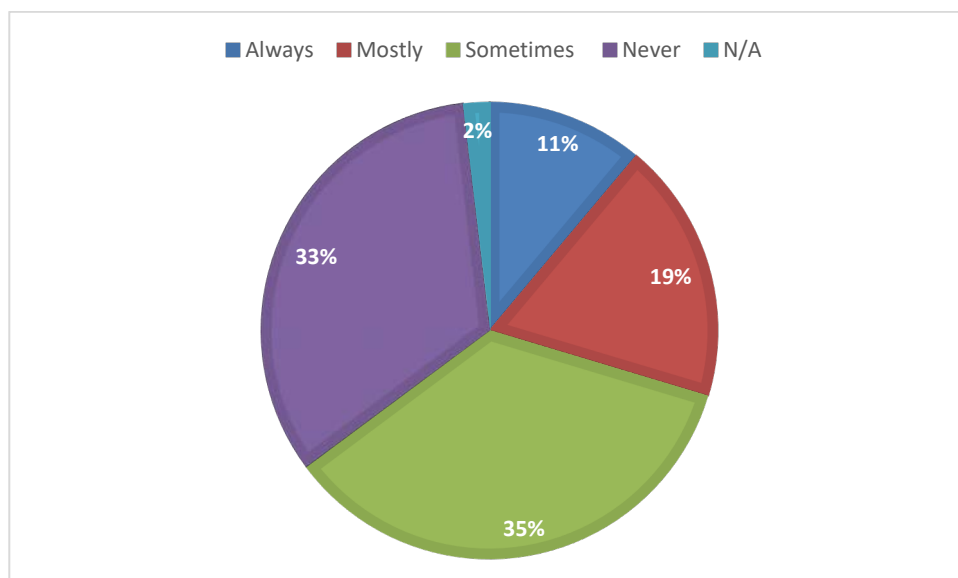
33% of carers reported their CSSC creates a supportive environment and 67% reported only sometimes or never.

Carers were asked if they are assisted in completing applications for reimbursements/claims in a timely manner.



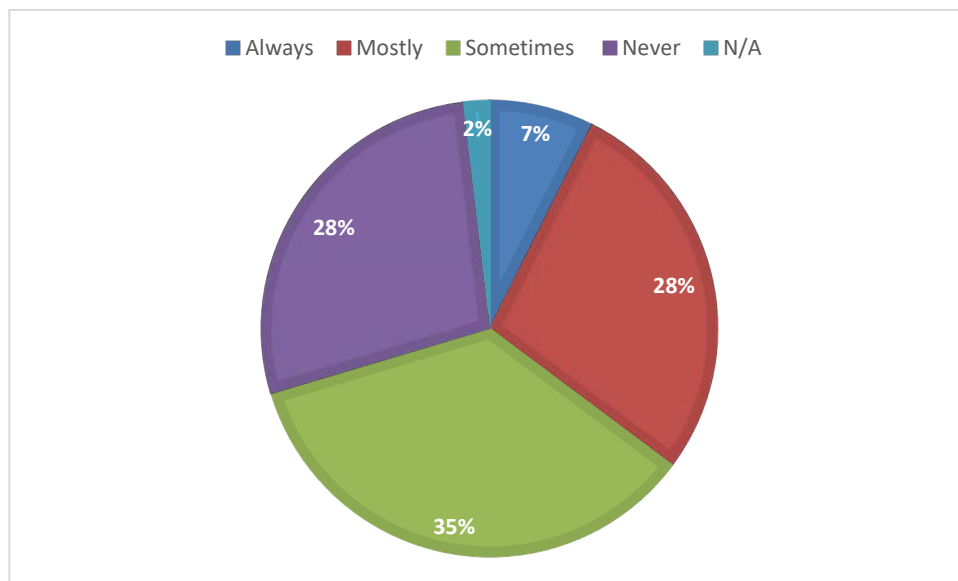
62% of carers reported that they feel that the CSSC only sometimes or never assists in this area. As stated in 2016 Carer Survey, Financial stress can very much impact on placement stability and is often overlooked as a stress factor in foster and kinship families despite financial stress being one of the most recognised sources of stress in normal everyday families.

Carers were asked whether their CSOs let them know when they are going on leave or are going to be unavailable.



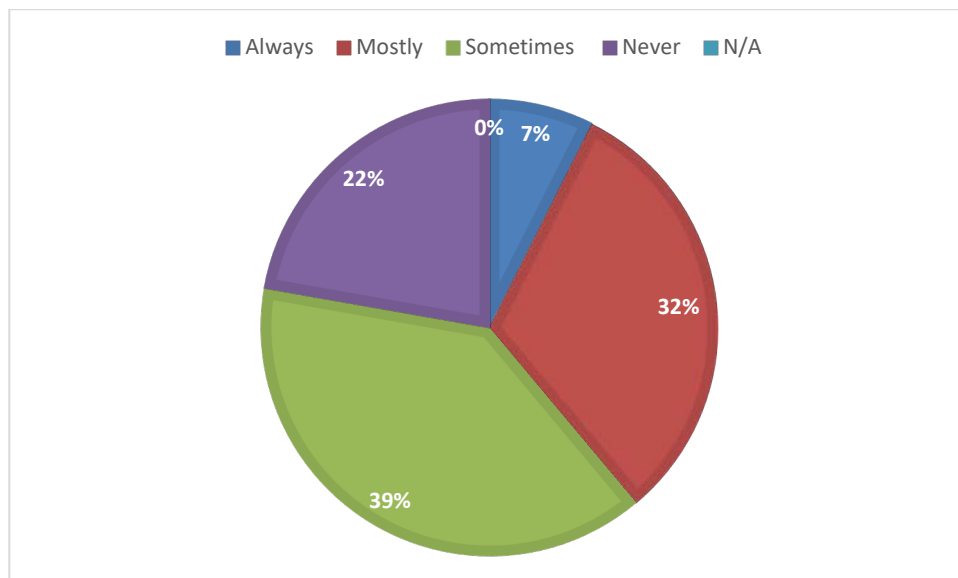
Advising the care team when planned leave or unavailability is occurring is a basic communication requirement in order to build a respectful and supportive care team, 30% of carers reported that they are either always told or mostly told when this occurs leaving a large proportion of carers in the dark during these times.

Carers were asked whether they are given ongoing information about the child in their care.



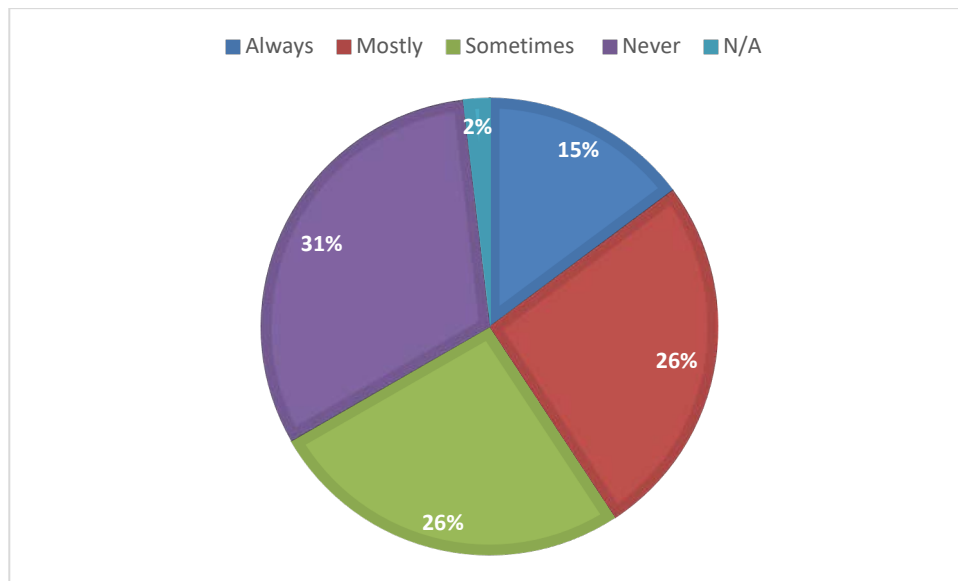
63% of carers reported that they only sometimes or never get updated information about children in their care.

Carers were asked whether support and assistance was provided to them by CSSC for the children in their care.



Unfortunately 61% of carers who responded felt that support and assistance for children in their care was only provided sometimes or never provided.

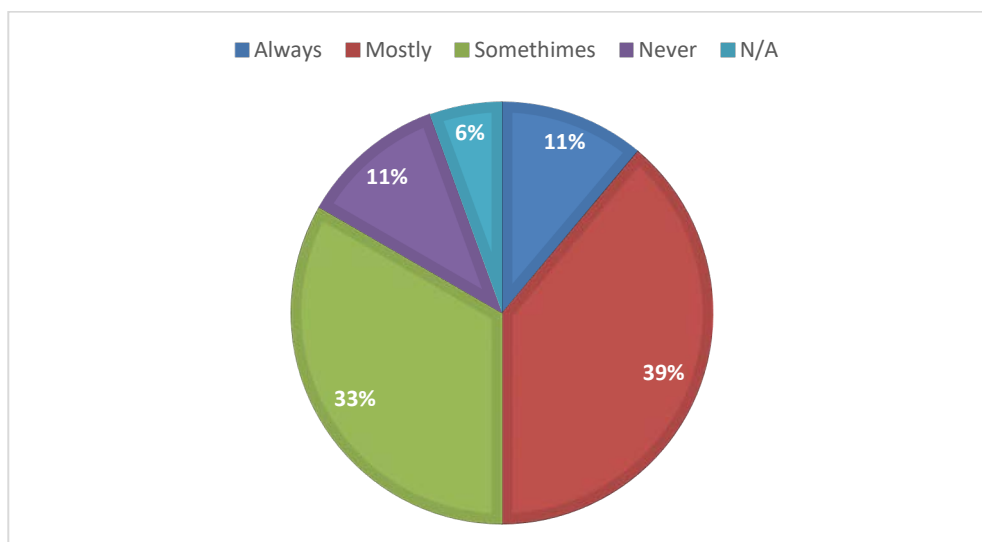
Carers were asked whether they were respected to advocate on behalf of the children in their care for resources, goods and services.



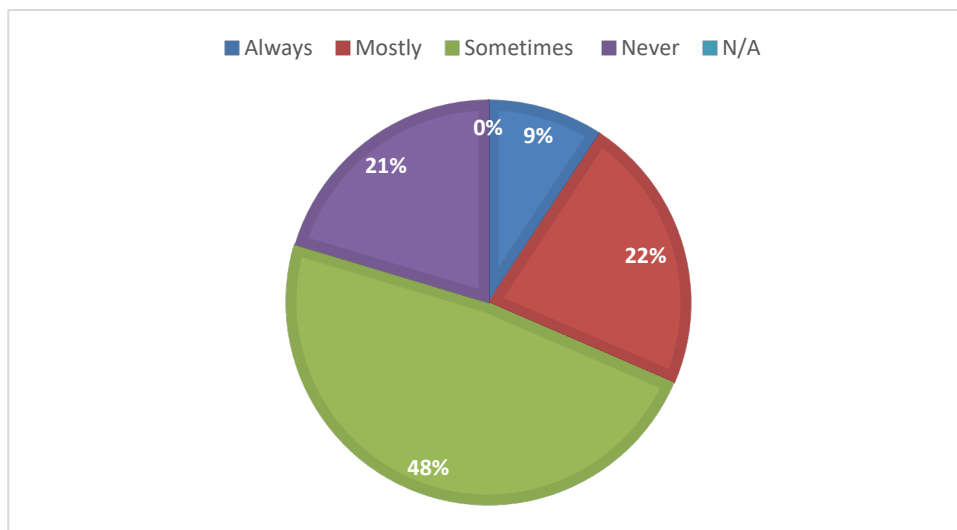
41% of carers reported feeling they felt supported to advocate for the child always or mostly and 57% reported feeling they were not respected to advocate for the child sometimes or never. Advocacy for children and young people is a required skill for carers that is explored within their initial fostering assessment. Whilst members of the Safety and Support network may not always form the same view, all should have their views heard and respected.

Child Safety Processes

Carers were asked whether they were satisfied with the approval and re-approval processes as carers.

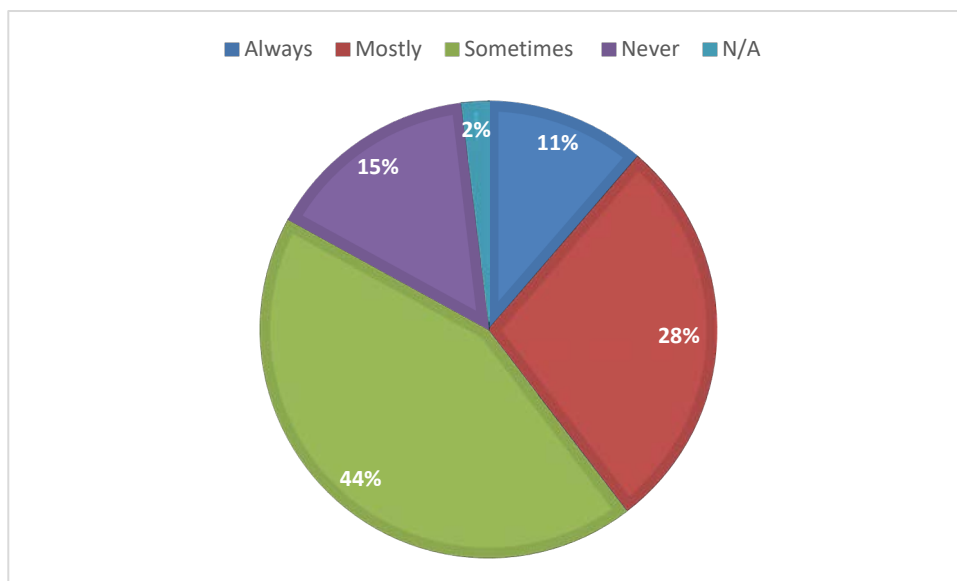


Carers were asked if they were satisfied with the completion of Placement Agreements.



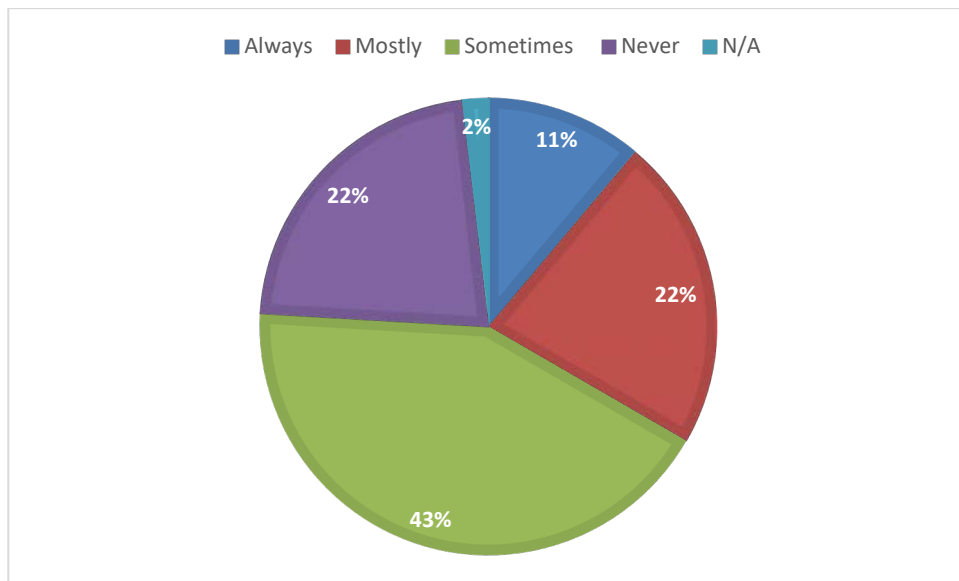
Given that Placement Agreements are a legislative requirement it is concerning that only 31% of carers reported feeling always or mostly satisfied in this area.

Carers were asked if they were satisfied with home visits being completed by Child Safety.



59% of carers reported feeling only sometimes or never satisfied with home visits being completed by Child Safety Officer. Further exploration would need to occur to identify if this is related to the frequency or quality of the home visits.

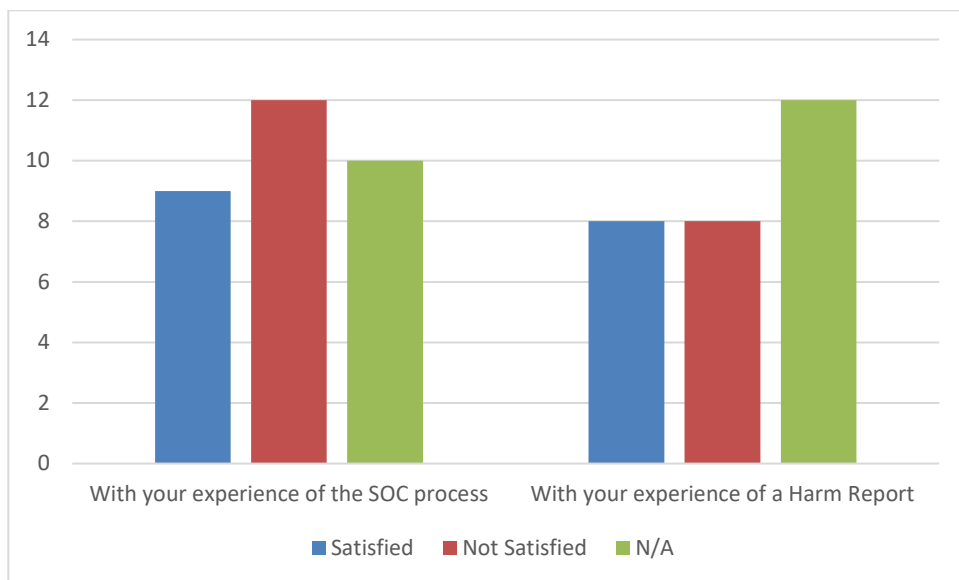
Carers were asked if they feel satisfied with their ability to engage in case planning for children in your care.



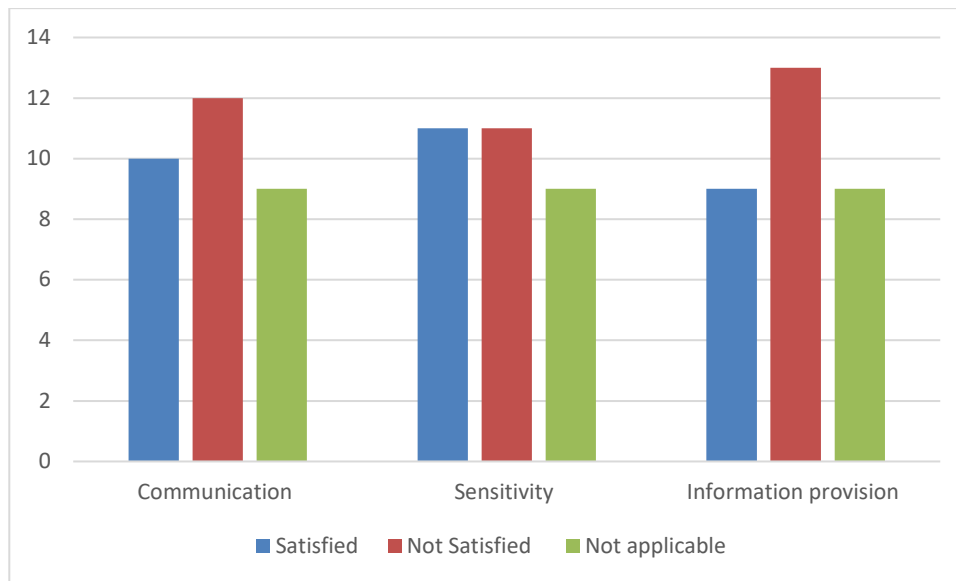
65% of carers reported feeling satisfied only sometimes or never with their ability to engage in case planning for children in their care.

Standard of Care/Harm Processes

Carers were asked whether they were satisfied in respect to Standard of Care and Harm processes they had been through.



Carers were asked a range of questions around the process relating to the quality of communication, sensitivity and information provision.

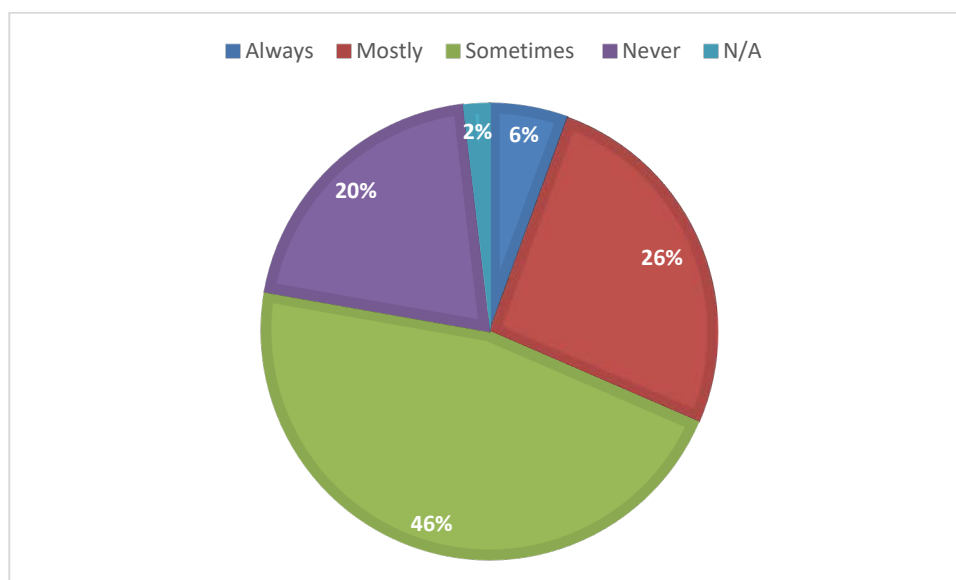


Carers were then asked if they were satisfied with the timeliness of the outcomes 40% reported feeling unsatisfied with the timeliness of the process and 33% reported feeling satisfied with the remaining percentage stating it was not applicable.

Carers were then asked if they were satisfied with the review process that took place if they were not happy with the outcome of the Standard of Care and/or Harm Report, of those who thought this question was applicable to them 56% reported not feeling satisfied with the review process.

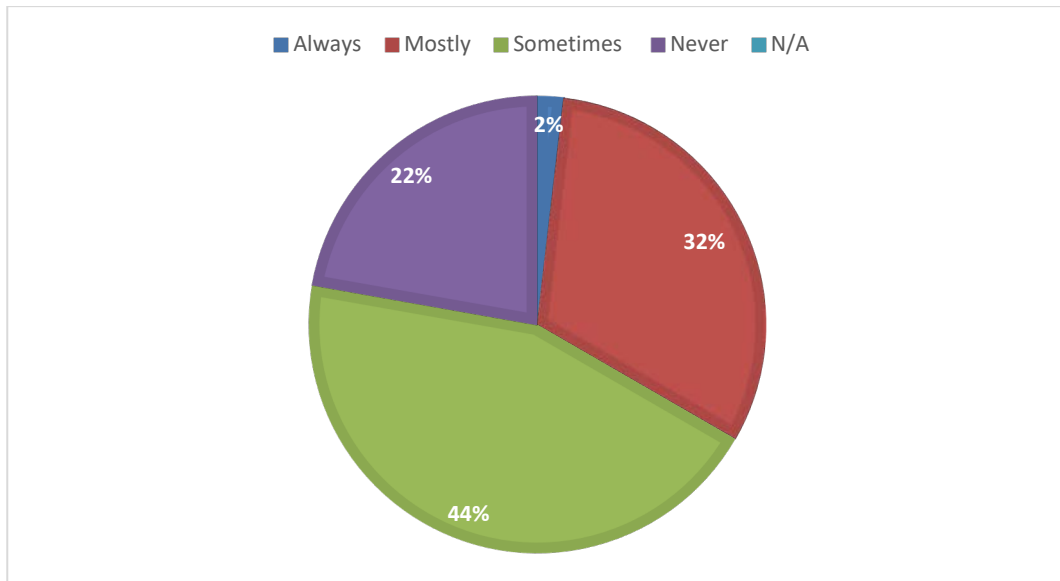
Confidentiality

Carers were asked if they were satisfied with information provision provided to them about the children in their care.



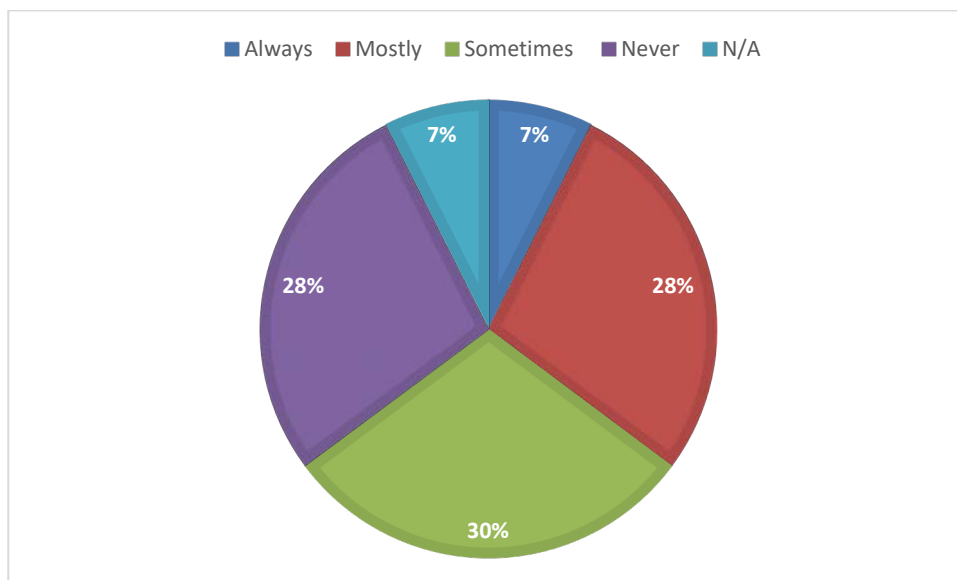
66% of carers reported they are only satisfied sometimes or never.

Carers were then asked if they were satisfied that information was provided to them about the child as it became available to Child Safety.

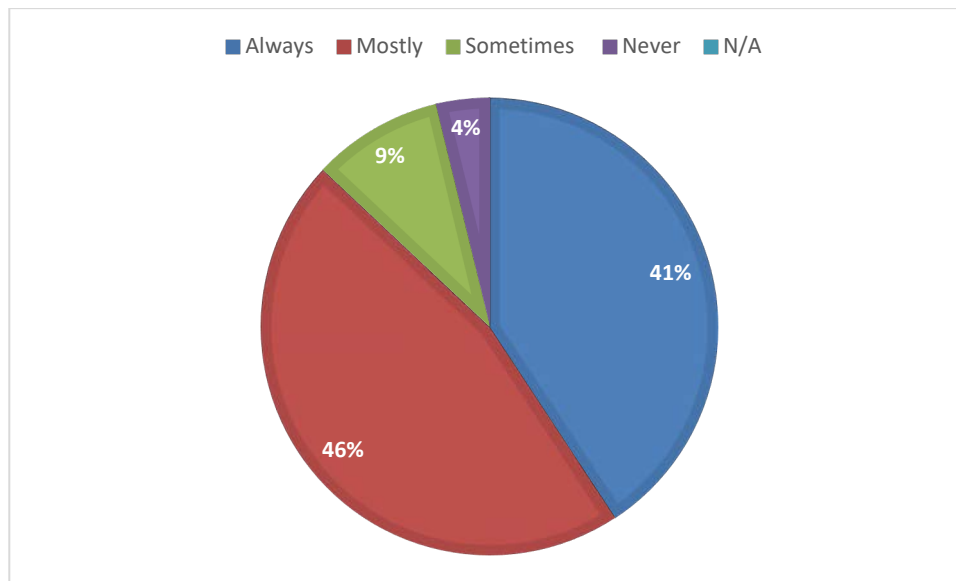


66% of carers felt satisfied sometimes or never that information was passed onto them when it became available.

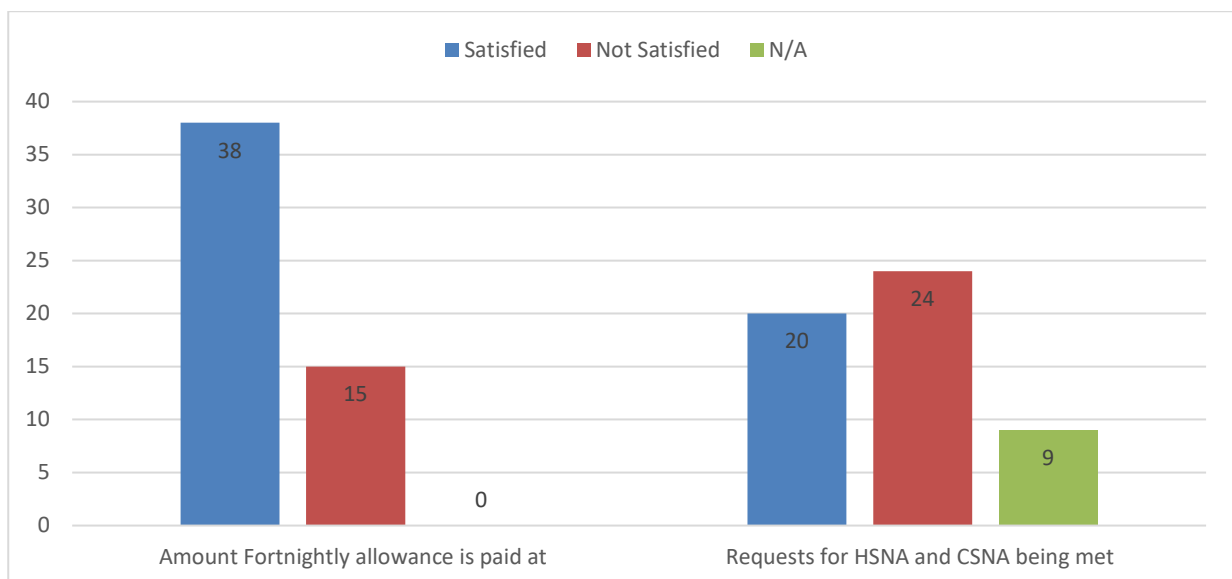
Carers were asked whether they were satisfied with the information provided to them in respect to the Safety checks being completed prior to identifying information being given out.



Carers were asked whether they were satisfied with their understanding of confidentiality provisions and how this relates to them as carers.



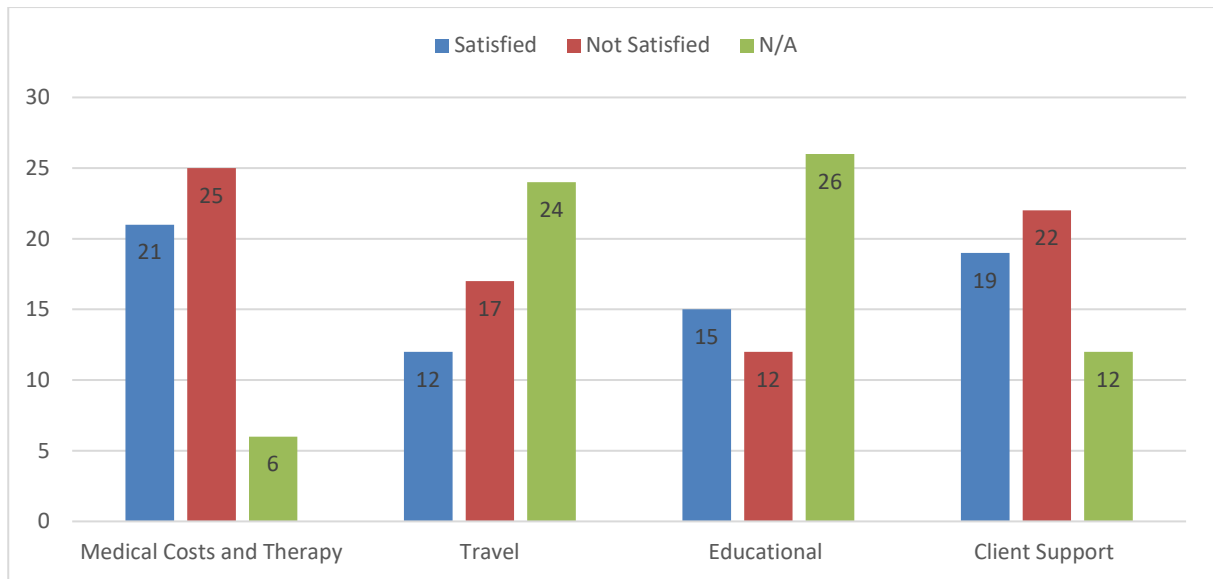
Financial



72% of carers reported feeling satisfied with the amount at which the fostering allowance is paid at.

Of those carers who felt that the question relating to requests for HSNA and CSNA was applicable, 45% reported not feeling satisfied with their requests being met in this area.

Carers were asked about a number of Child Related Costs that sit outside of the fostering allowance and whether they felt satisfied in relation to the payment of them.



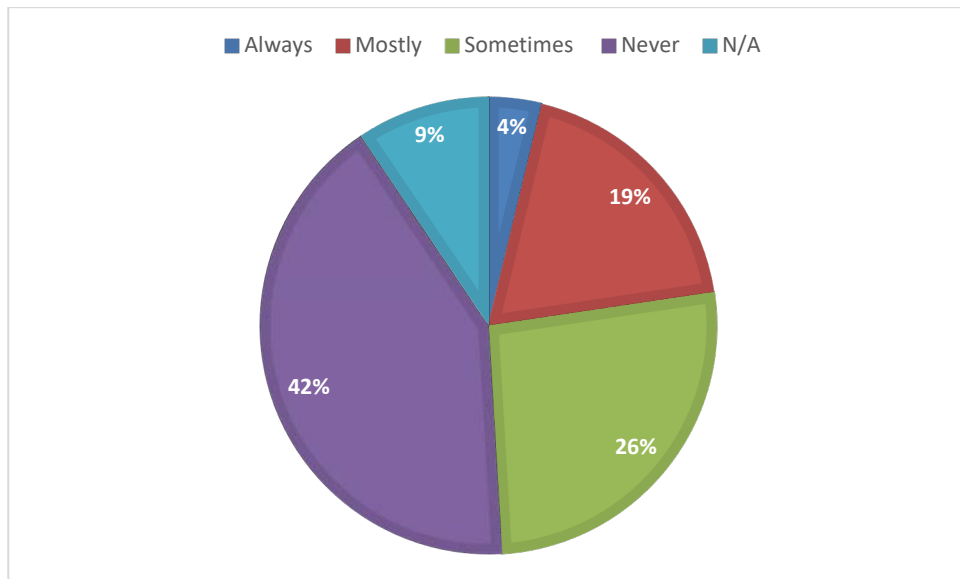
On 2nd July 2018, children in care across Australia became eligible for the Australian Child Care Subsidy at Risk through the Department of Education and Training. This was a significant accomplishment for Child Protection systems right across Australia. In order to access, carers must be informed and have access to the appropriate documentation through Child Safety. FCQ asked carers in the survey whether they were satisfied with their provision of required documents to access the free child care through the Australian Child Care Subsidy for children in care. Only 32 carers answered this question or thought it was applicable to them (this may be an indication of lack of understanding) of those who answered 58% reported feeling not satisfied. This is an area that requires a lot of education through the sector to help not only carers understand the changes, but also Department staff and fostering and Kinship Care staff.

Carers were asked about their knowledge to apply for ex-gratia (special payments) and whether they were encouraged to apply for these when applicable. 15% of carers reported having knowledge and being encouraged to apply for special payments. 56% reported not feeling satisfied in this area with the remaining feeling the question was not applicable to them.

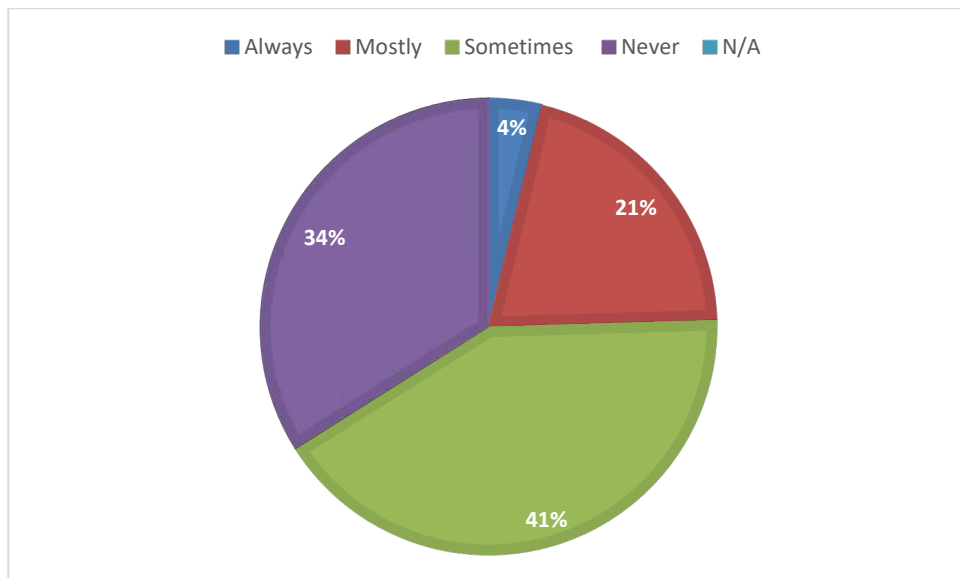
Finally carers were asked if they were satisfied about information provision relating to Child Related costs. 42% of carers reported they did not feel satisfied in this area, 50% reported feeling satisfied and 7% reported that this question was not applicable to them.

How satisfied are you with local practices of CSSC

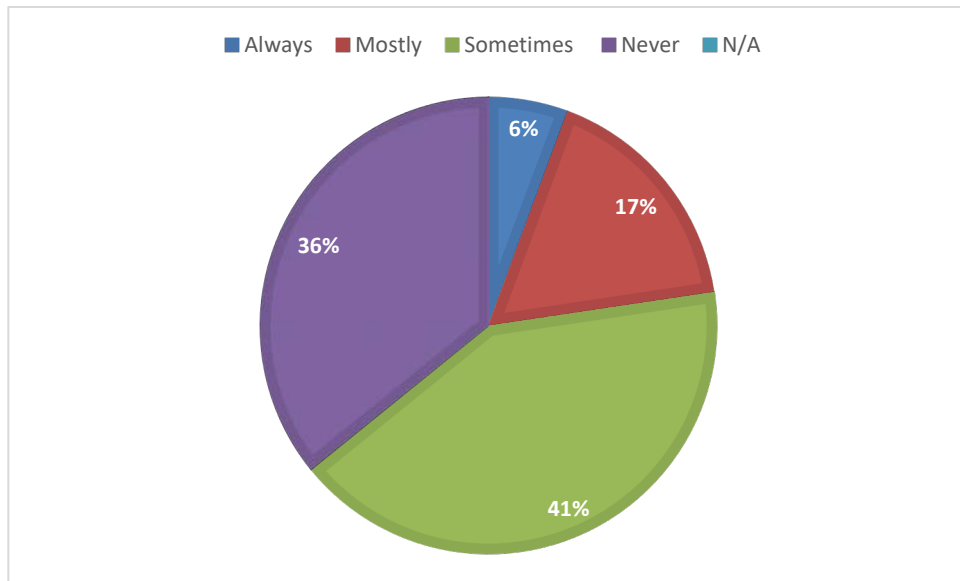
Carers were asked how satisfied they were regarding information in relation to changeover CSO.



Carers were asked whether they were satisfied with the knowledge of history regarding the child/ren in their care.

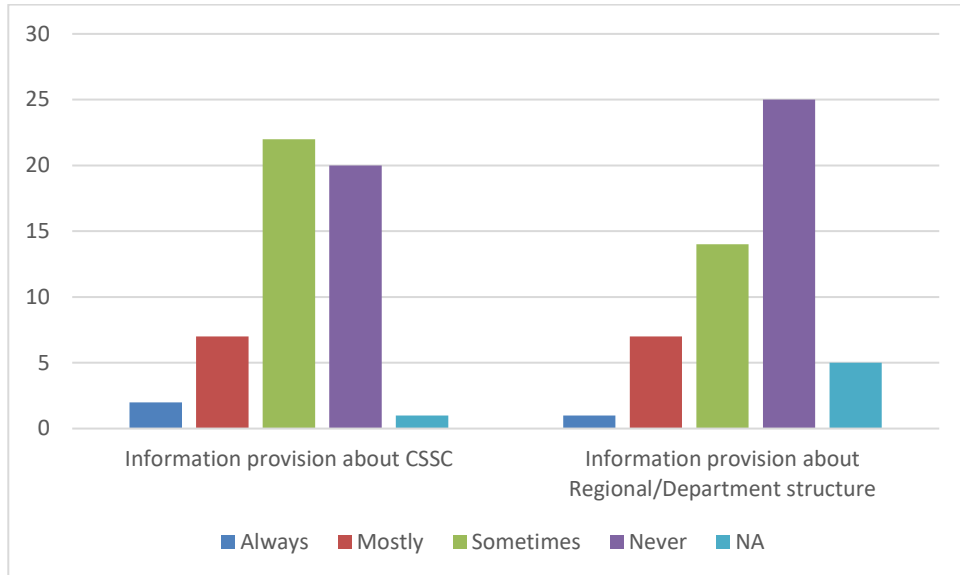


Carers were asked if they were satisfied with the timeliness and provision of Case Plans.



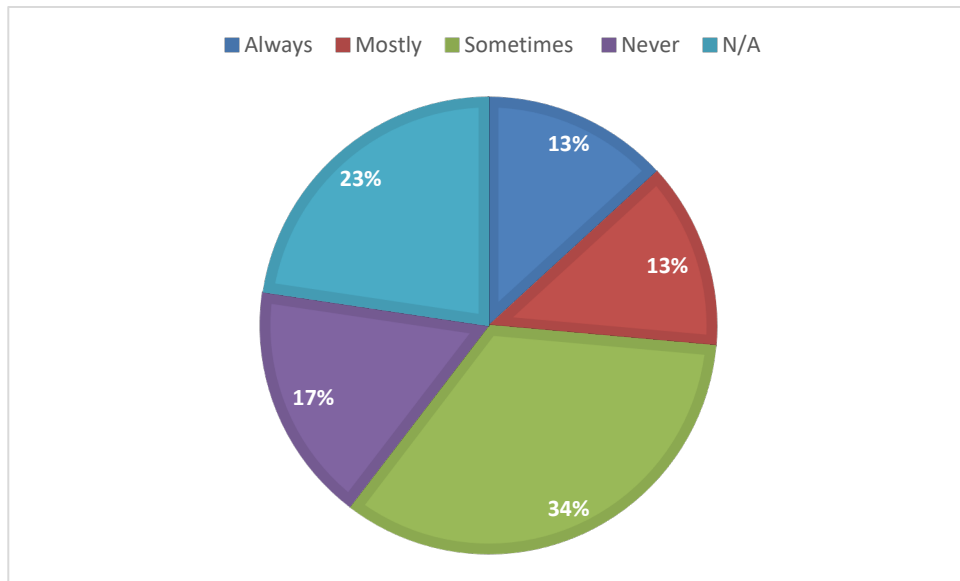
Only 23% of carers reported that they were always satisfied or mostly satisfied in this area, leaving 77% of carers in Northern Region feeling that Case Plans were only done in a timely manner some of the time or never.

Carers were asked if they were satisfied about provision of information provided by the CSSC and Region.

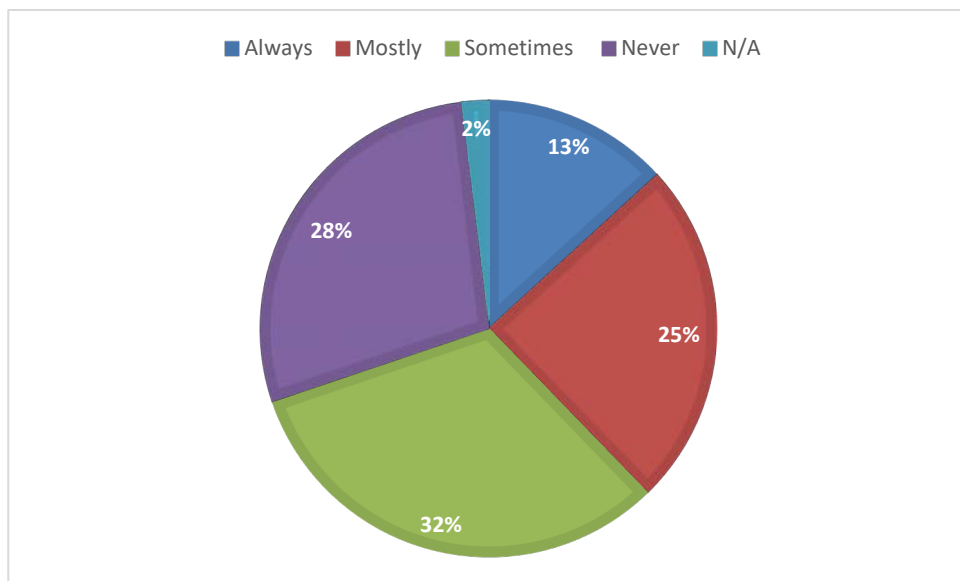


As demonstrated in above graph, carers expressed overwhelmingly that they are not kept up to date about changes in either their CSSC or Region. Whilst the Sector may think that through the use of email, all carers will be kept updated, it must be acknowledged that all carers are individuals and should be communicated with in a way that meets their needs. For some this will be via email, for some this will be via phone or sometimes face to face. It is hoped that in two years' time, this area will be vastly improved with the introduction of the new Carer Connect App and through carers becoming more familiar with the newly introduced carer website. FCQ acknowledges Child Safety's efforts to improve this area from the previous survey through Partners in Care and subsequent recommendations.

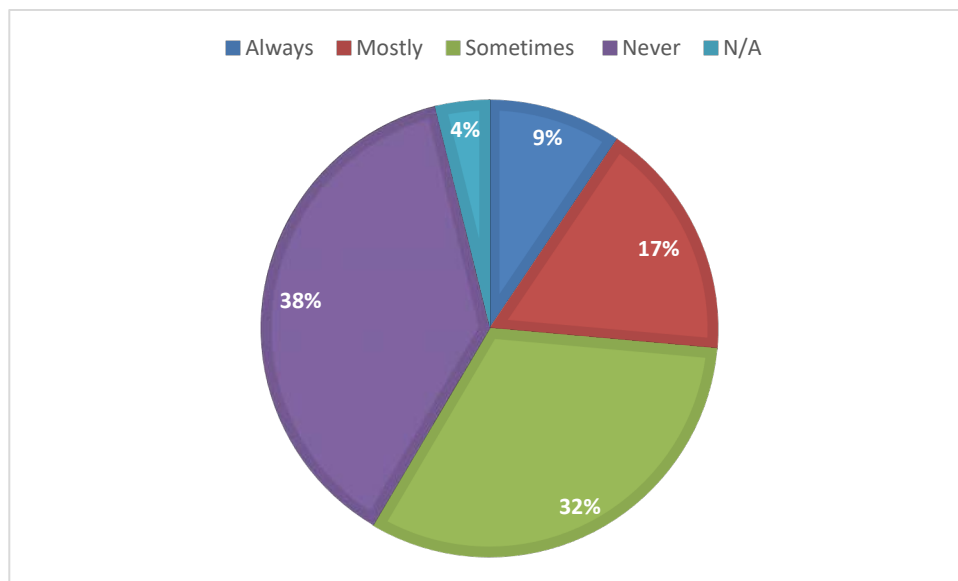
Carers were asked if they were satisfied with their ability to access respite.



Carers were asked whether they were satisfied in respect to being consulted regarding Family Contact.



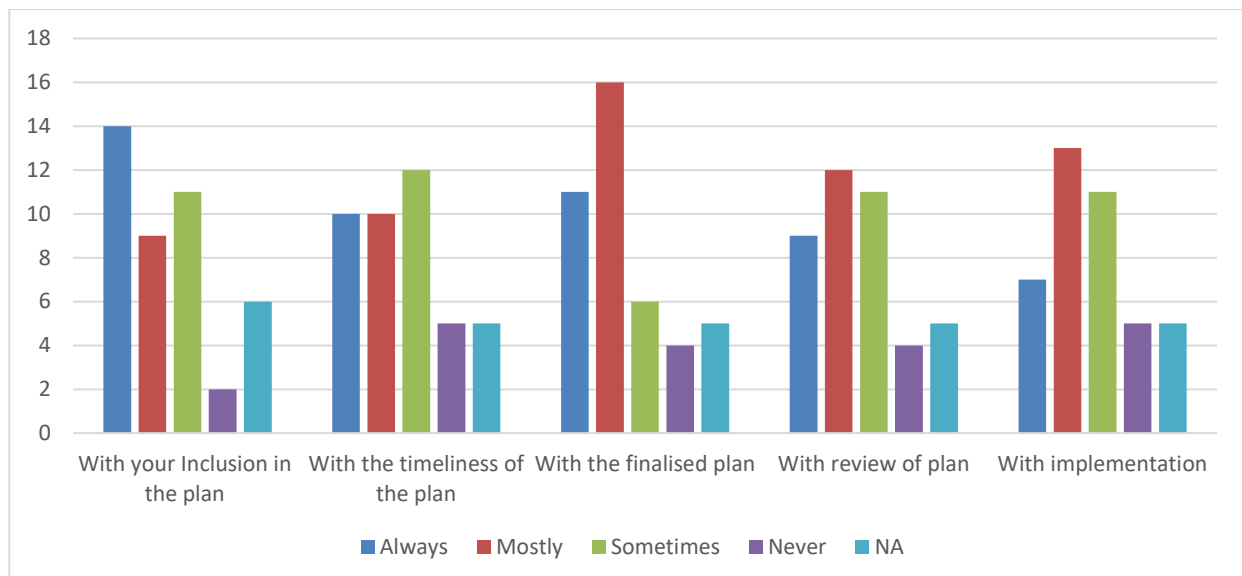
Carers were asked whether they felt they were supported to meet their own family commitments.



Education Support Plans

Carers were asked if they had a current ESP plan in place for the child/ren in their care, 70% reported having an ESP plan.

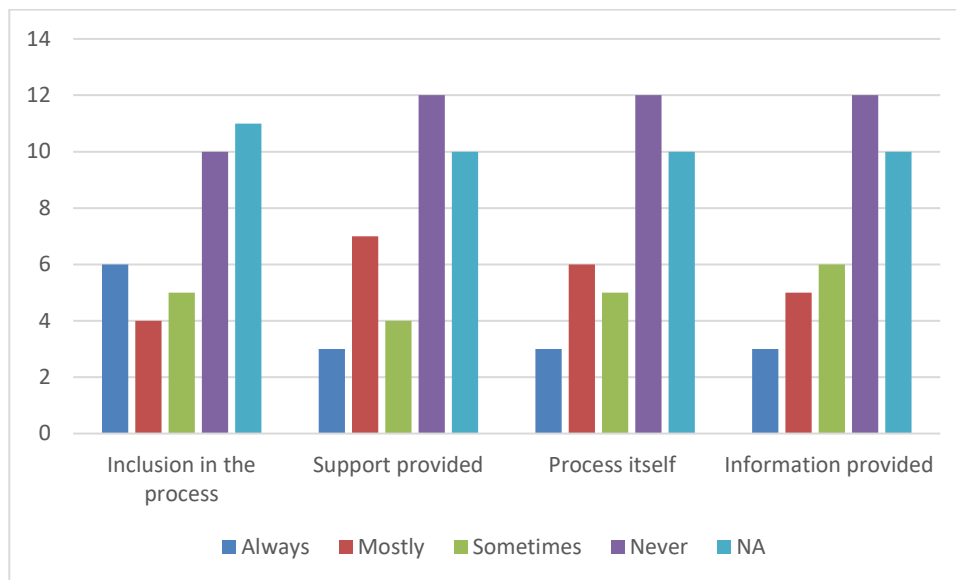
Carers were then asked a range of questions relating to the ESP process and their satisfaction with this as follows.



Child Health Passports

Carers were asked if the child/ren in their care had a current Child Health Passport, only 41% of carers reported having a Child Health Passport in the Northern Region.

Carers were then asked a range of questions relating to the processes of Child Health passports and how satisfied they were, carers reported as follows.

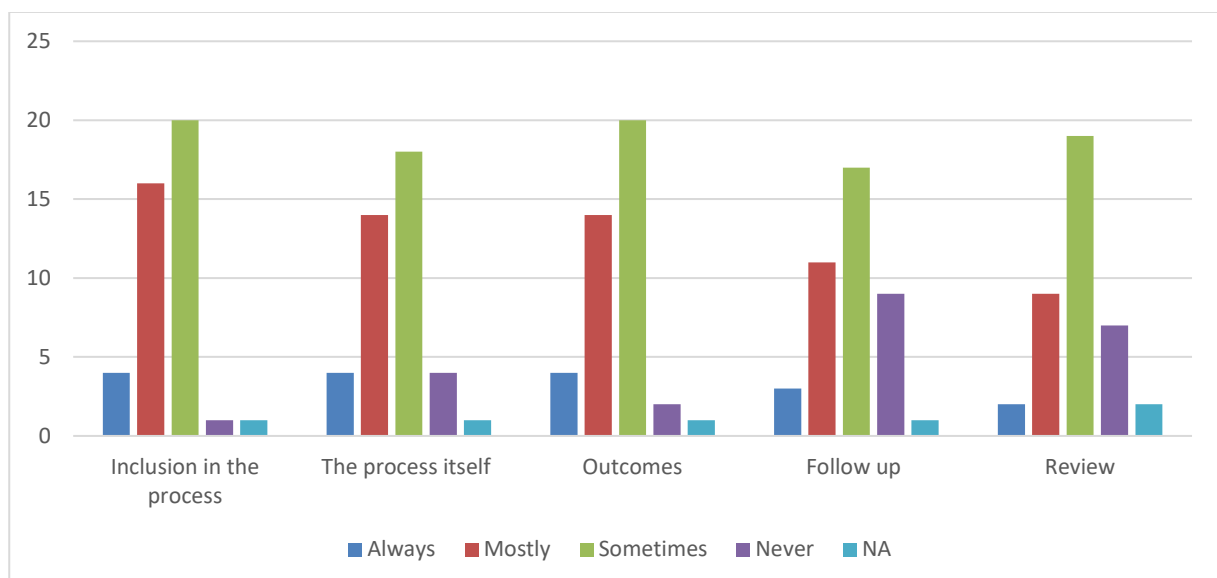


Carers reported high levels of dissatisfaction in respect to a number of processes relating to Child Health Passports. It is hoped that the Strengthening Health Framework will provide a much higher degree of service delivery to children in care that is meaningful.

Placement Agreements

Carers were asked if they had a current placement agreement generated from a placement meeting, 71% said they do.

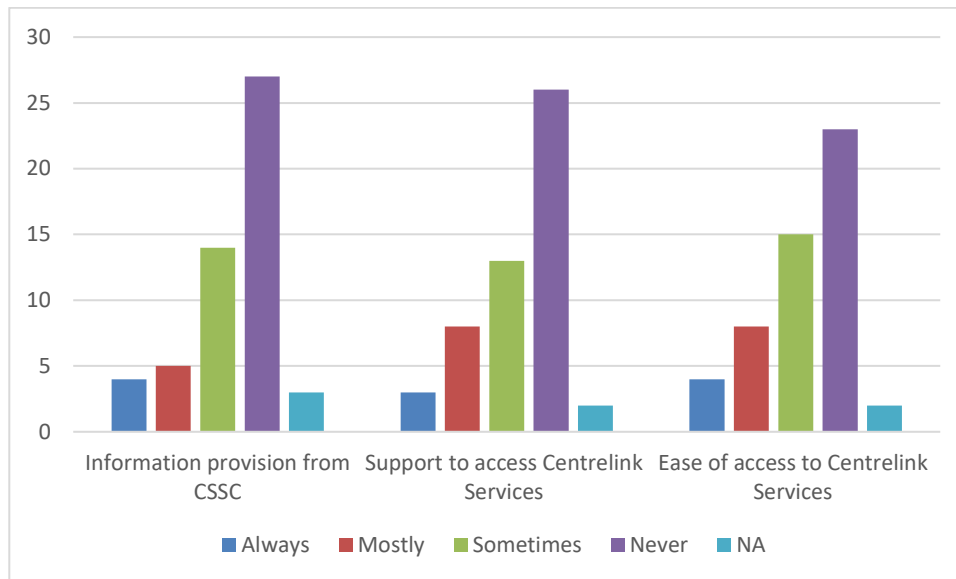
Carers were asked a range of questions relating to their satisfaction around the processes of Placement Agreements with the following responses.



Carers were then asked whether they received a copy of the placement meeting minutes, unfortunately an overwhelming amount of carers reported they did not at 82%.

Centrelink

Carers were asked a range of questions relating to Centrelink and how they were supported to access services through Centrelink from the CSSC, responses were as follows.

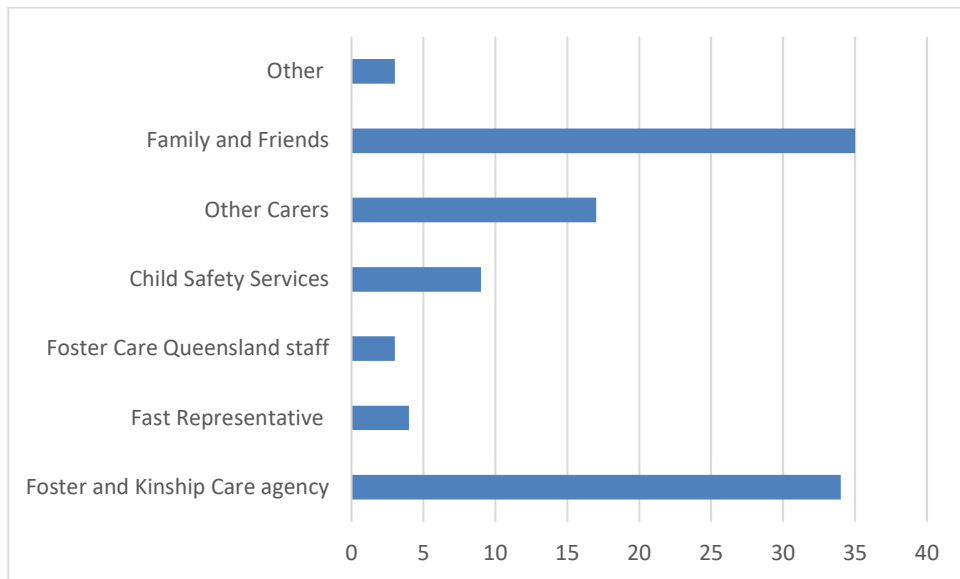


It is evident through this data that carers are feeling a high level of dissatisfaction in this area with the majority of carers feeling that they never receive information or support from their CSSC in relation to how and what they can access from Centrelink.

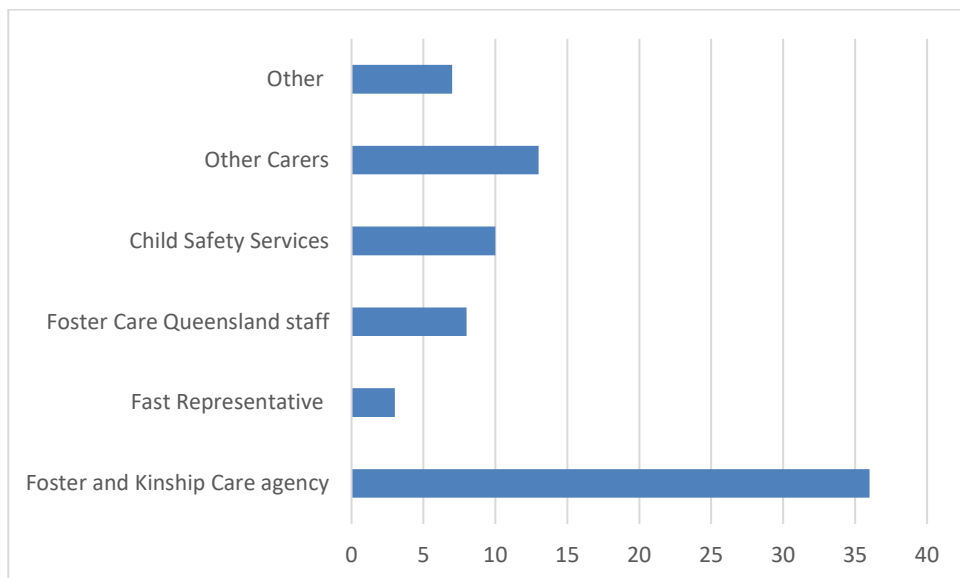
Carers were then asked question relating to ease of access to Medicare Cards for the children in their care and Health Care Cards. 80% of carers reported only sometimes or never feeling satisfied with the timeframes associated with accessing Medicare Cards. 60% of carers reported feeling only sometimes or never satisfied with time frames associated with accessing Health Care Cards.

Support

Carers were asked where they accessed the majority of their support from, carers were able to tick more than one box.



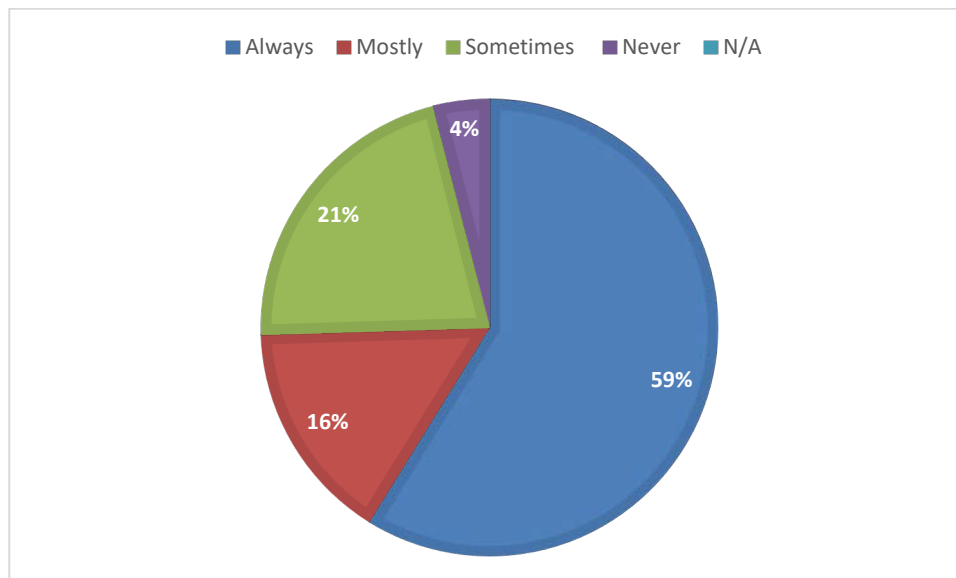
Carers were asked where they access the majority of their information from as carers.



Foster and Kinship Care Services

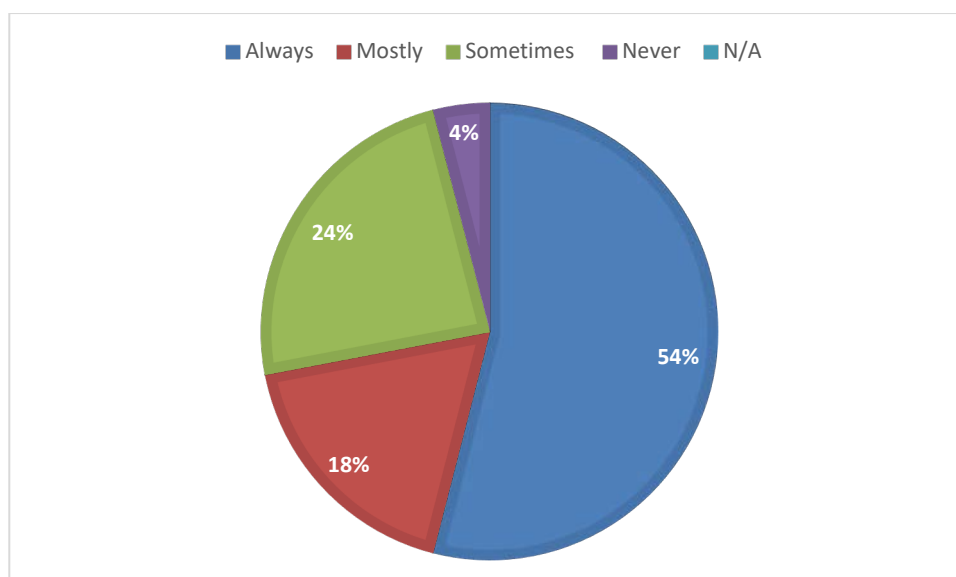
Carers were asked a range of questions relating to the support provided by Fostering and Kinship Care agencies. Firstly carers were asked if they were attached to a Fostering and Kinship Care Agency, only 1 carer in Northern Region who completed the survey identified that they were not with a fostering and kinship care agency.

Carers were asked if they were satisfied in respect to regular support visits occurring (at least monthly).

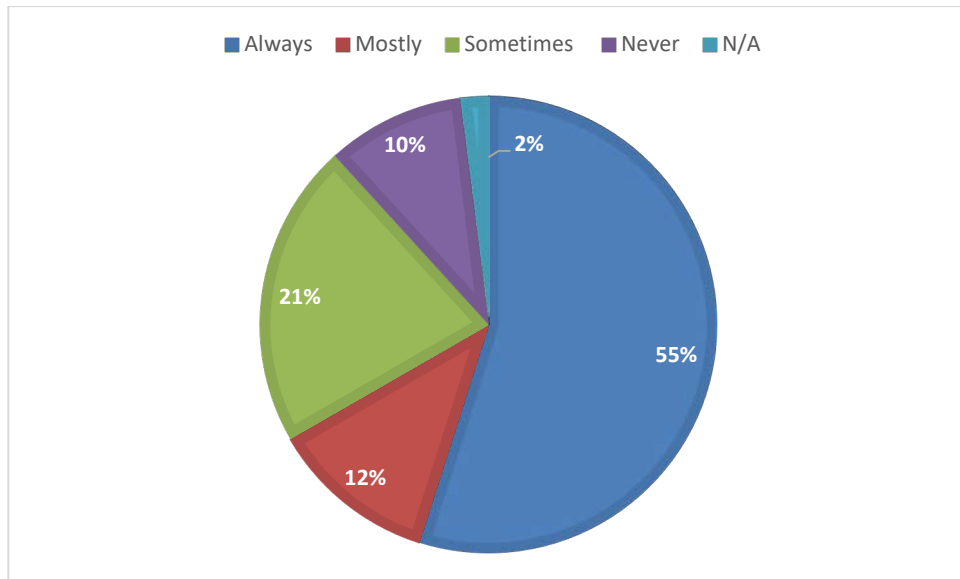


It is very positive to see that 75% of carers reported always or mostly always feeling satisfied with the regular support visits occurring with only 4% of carers identifying they are never satisfied in this area.

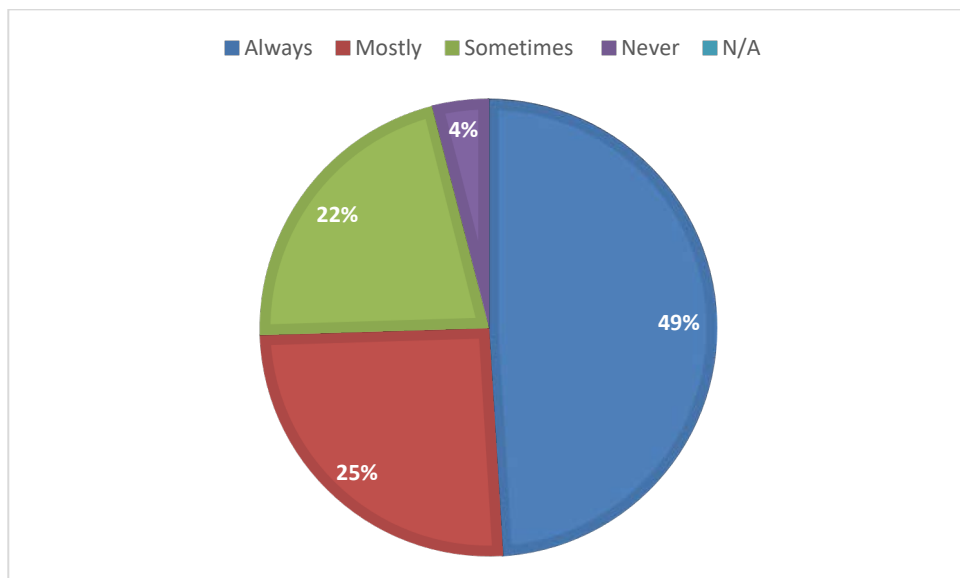
Carers were asked whether they were satisfied with response to contact with their agency.



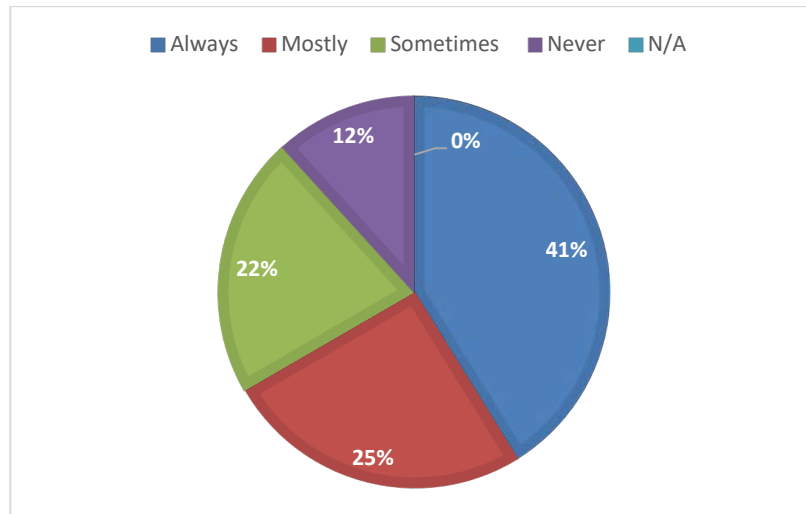
Carers were asked whether they were satisfied with assistance provided by their agency to complete paperwork.



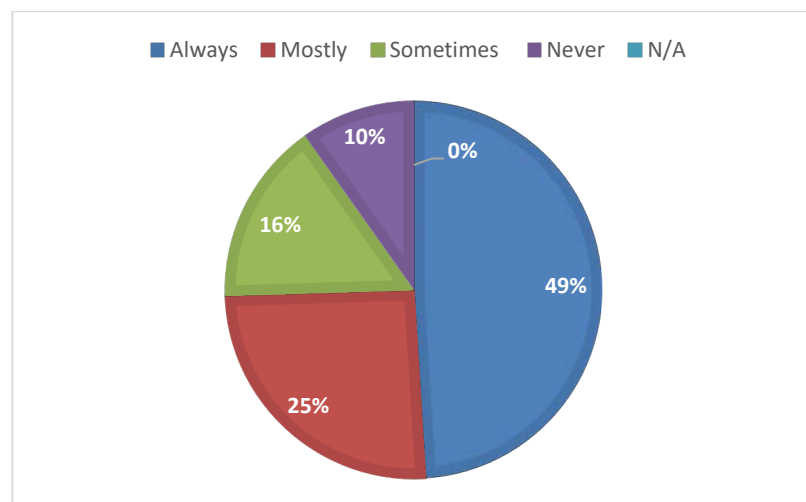
Carers were asked whether they were satisfied with their workers knowledge of current policy and procedure.



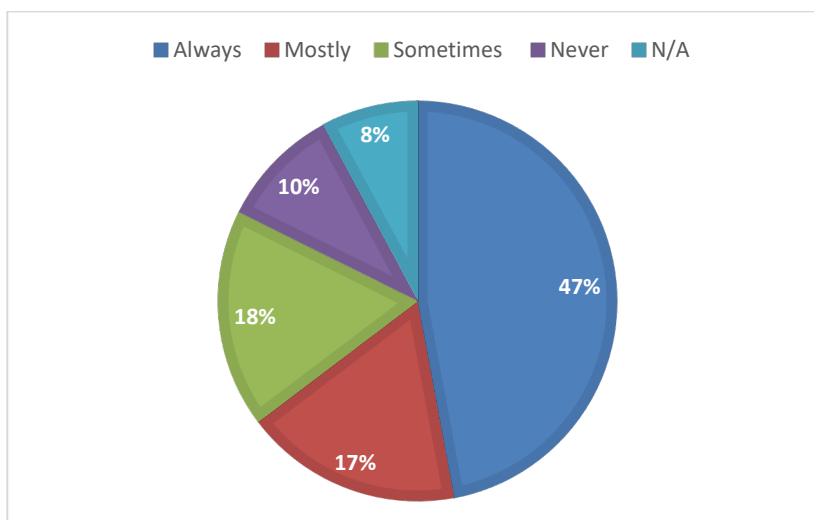
Carers were asked whether they were satisfied with their access to support networks through their agency.



Carers were asked if they were satisfied with their access to training.



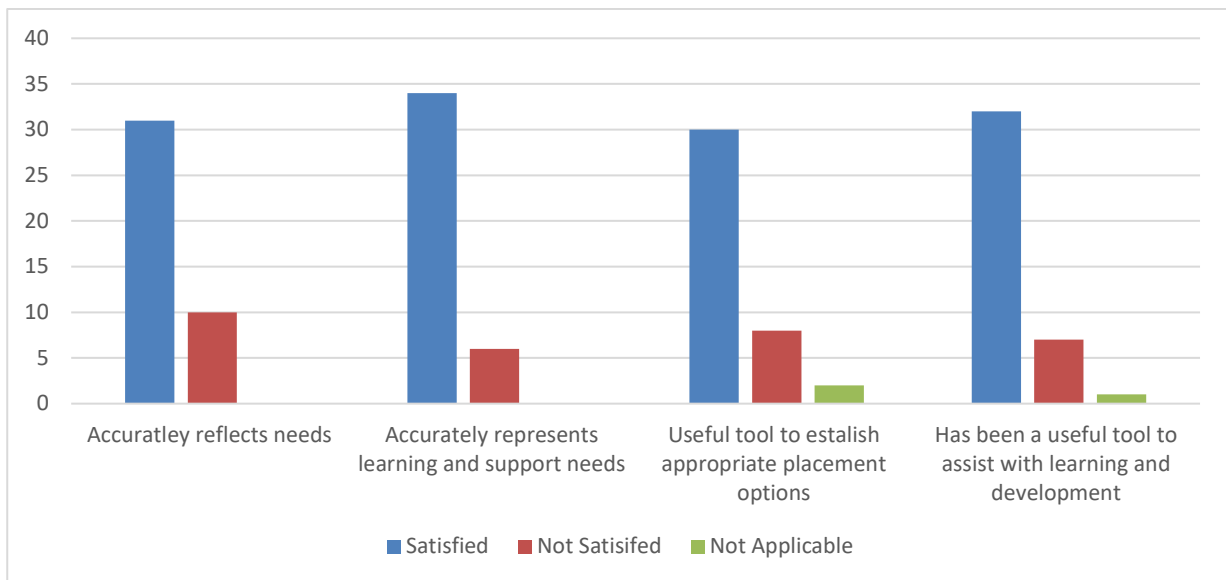
Carers were asked if they were satisfied with the on call service provided by their agency.



Foster Care Agreements

Carers were asked if they had a current foster care agreement, 85% reported they have one, 6% reported they did not and 9% reported they did not know what one was. Given that Kinship carers do not have to have a foster care agreement, it is probable that those who reported not having one or not knowing what one was are in fact kinship carers.

Carers were then asked a range of questions relating to the usefulness of the Foster Care Agreement as follows.



Carers have reported high levels of satisfaction across the board in relation to the Foster Care Agreement.

Training

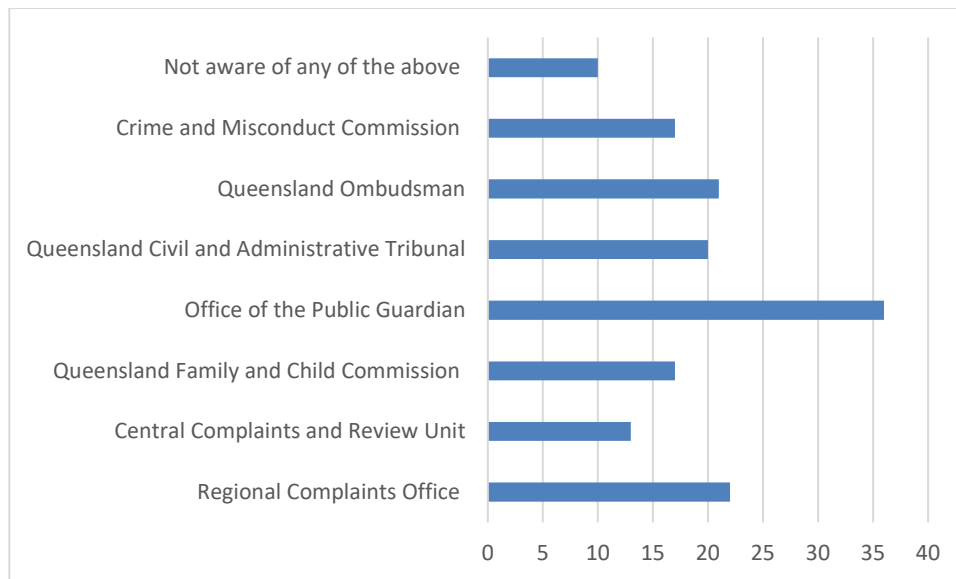
Carers were asked a range of questions relating to their training experiences as follows.

- 75% of carers reported feeling always or mostly satisfied with the amount of training offered
- 70% of carers reported feeling always or mostly satisfied with the relevance of the training offered
- 49% of carers reported feeling always or mostly satisfied with the time of day/night the training is offered
- 71% of carers reported feeling always or mostly satisfied with the timeframes they were notified about the training
- 88% of carers reported feeling always or mostly satisfied with the information provision about training content.

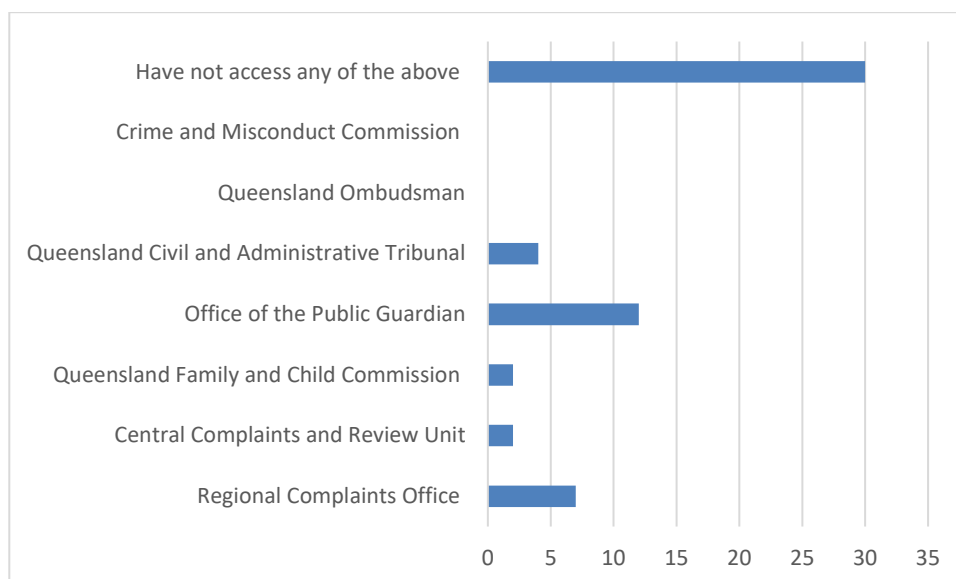
Carers were also asked whether they were satisfied with provisions of or support to access child care during training. 53% of carers reported they were only sometimes or never satisfied with this area.

Complaint/Concerns Processes

Carers were asked to identify which complaint/appeal processes they were aware of.



Carers were then asked if they had accessed any of the above processes.

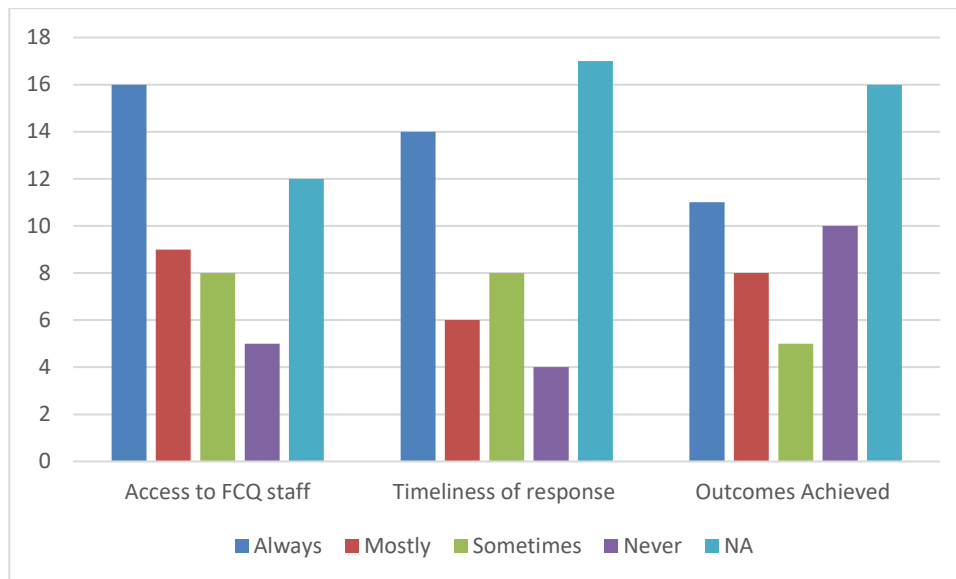


Carers were asked if they felt heard and were satisfied with the outcome regarding their contact with the above services. 68% of carers reported they felt heard and 55% of carers felt satisfied with the outcome achieved.

Foster Care Queensland

Carers were asked a range of questions relating to Foster Care Queensland (FCQ). Firstly carers were asked if they were satisfied in respect to information provision regarding FCQ, 59% of carers reported satisfaction. In respect to knowledge and understanding of services provided 65% of carers reported feeling satisfied.

Carers were then asked a range of questions relating to their experiences if they had contact with FCQ, please note that carers who have put not applicable, have not been included in this data as it is not relevant.



- 66% of carers who felt question was relevant to them reported feeling either always or mostly satisfied with access to staff
- 63% of carers who felt question was relevant to them reported feeling satisfied with timeliness of responses
- 56% of carers who felt question was relevant to them reported feeling satisfied either mostly or always with outcomes achieved.

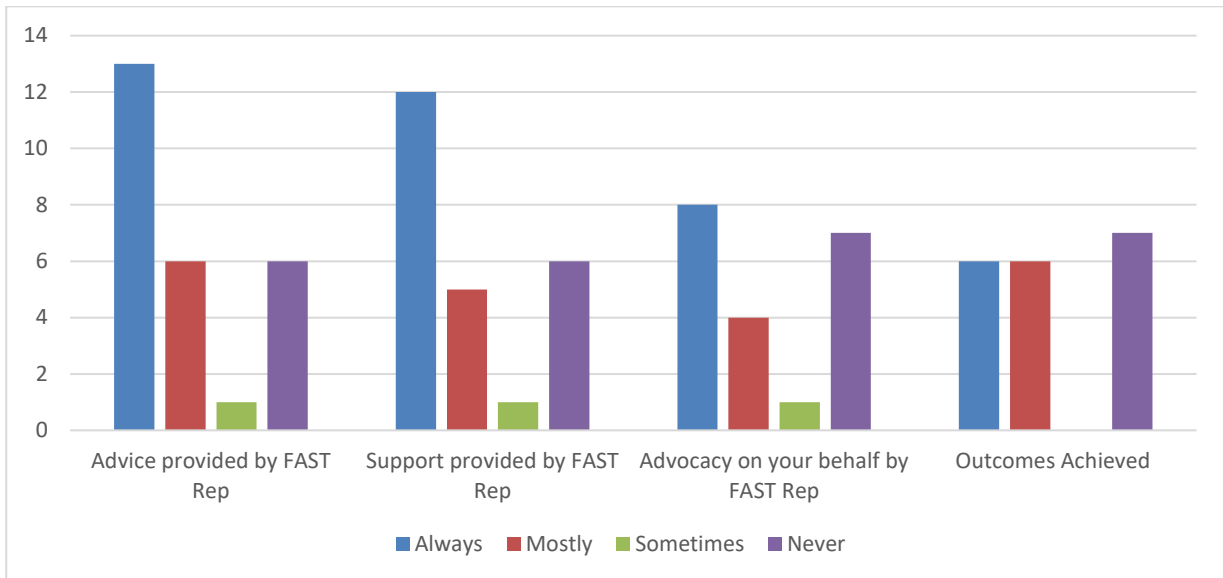
FAST Program

Carers were asked a range of questions relating to the FAST program attached to FCQ.

Carers were asked if they were satisfied with provision of information about FAST, of those carers who felt the question was applicable to them 67% reported feeling satisfied. In terms of knowledge of local FAST Rep, of those who felt the question was applicable to them 68% reported feeling satisfied.

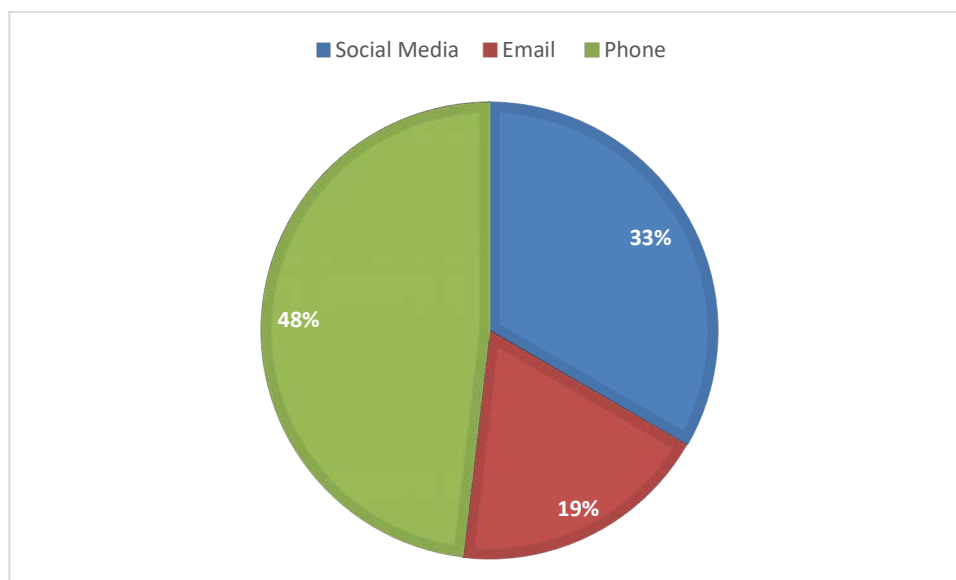
Carers were then asked if they felt supported to access their local FAST delegate from Child Safety and from their Fostering and Kinship Care Service. Of those that thought the question as relevant to them 52% of carers reported feeling satisfied with support to access their FAST Rep from Child Safety and 62% reported feeling satisfied with support to access their FAST delegate from their Fostering and Kinship Care Service.

Carers were asked a range of questions relating to their experiences of accessing a FAST Representative – please note only those carers who felt this question was relevant to them has been included in this data.



- 73% reported feeling always or mostly satisfied with advice provided by their FAST Rep
- 74% reported feeling always or mostly satisfied with support provided by their FAST Rep
- 60% reported feeling always or mostly satisfied with advocacy on behalf of carer with Child Safety
- 63% reported feeling always or mostly satisfied with outcomes achieved.

Carers were asked how they mostly access their FAST Rep.



Partners in Care

FCQ included a section in this year's survey on Partners in Care, the following results were received:

- 11 of the carers who completed the survey from Northern Region attend a Partners in Care Workshop
- 13 of the carers who completed the survey reported they have seen/received communication about Partners in Care
- 6 of the carers who completed the survey reported noticing a positive difference since Partners in Care
- 27 of the carers who completed the survey reported they would participate in future forums similar to the Partners in Care Workshops (please note 27 skipped this question and 13 said no they would not).

Looking Forward

During this section of the report, carers were asked a range of questions relating to their future as carers and what they would like to see change.

Firstly carers were asked how long they intended on continuing to provide care for 89% of carers reported they intended on caring for more than 3 years. 9% stated they only intended on caring for another year and the remaining 2% stated they intend on caring for another two years.

Carers were then asked if there was support that would influence that decision – 39% of carers stated that the support they received would influence this decision. The following comments were provided:

1. *Stability of the child's placement. We would love to have a long term placement. Having a plan. Also juggling with work. Getting day care for some children is difficult. And unfortunately we cannot just stop work as we have bills etc. ideally I would love to stop work and be at home with my bio and foster children but we just financially can't.*
2. *CSO and other staff need to be trained how to treat carers with respect not like rubbish to be kicked aside for their agendas.*
3. *Listen to the carer and work with them not around all carers want what is best for the child, and sometimes our opinions may not be right it should be still listened to.*
4. *Ongoing lack of medical supports for a Medical High Needs child. Ongoing issues with acknowledgment of our extensive 4.5yr roll in lives of child in care. Our wish to LTG-O.*
5. *Well matched placement of a child/ren with care needs and educational needs with are compatible with carer household. Accurate information which reflects part time school attendance over an indefinite period.*
6. *If the department made dealings with them much harder yes we will cease being carers it's just not worth the hassles stress and hardship.*
7. *More support, inclusion, and respect from DOCS.*
8. *If a serious issue presented itself in relation to the child in care and we were not appropriately supported by the Department in relation to the needs of the placement.*
9. *Family dynamics, work life.*
10. *There has been a couple of times when I felt I could no longer go on. Only support from other carers and outside training /counselling got me through. Child Safety is NOT supportive. They are obviously grossly understaffed and mostly have no time for carers who do not immediately comply with their*

demands regardless of the practicality of them. All carers know it is not in their best interests to 'annoy' their CSO by advocating too strongly for the children in their care.

- 11. Better communication understanding and involvement needed with all, department, agencies, FCQ and carer.*
- 12. Better team inclusion management by the Department, to be treated with respect, after all we are the people 'on the ground' daily, just ask 'us'!*
- 13. My recent placement broke down as result of NO communication with the CSO. Last minute decisions were always made without consultation, that didn't fit in with my work. When discussed I was told "it's not about you". She struggled to understand without ME or other carers these kids have nowhere to go, so being included in decisions, particularly ones that affected my life is very important. I am on the verge of exiting. I am struggling to find a positive experience in two years of caring.*
- 14. I'm hoping that the current anti carer culture at {CSSC de-identified} Child Safety will change with the senior CSO and Team Leader staff. Without carers there will be nobody to look after and love the children. {CSSC de-identified} needs to value and respect their carers.*
- 15. Love doing what I am doing, however there needs to be open and transparent communication.*
- 16. It has been a very challenging year of interacting with the department - there was no CSO for five months for two of our foster-children and we were unable to progress with a number of important like schooling and healthcare without this input. Placement with a third child broke down after nine months of attempting to advocate for the required supports from the department to progress with NDIA. I worry that if the current shortage of Child Safety staff and lack of following through on requested supports continues then the cumulative stress and impacts will make it difficult to continue.*

Carers were asked if they had any suggestions to improve services for Foster and Kinship Carers. The following comments were provided:

- 1. My partner and I both work for {organisation de-identified}. We would love to see them get on board with a leave type program for staff that are carers so they can accept placements and still know their work is safe.*
- 2. Carers have reservations to this matter.*
- 3. The more support the better. Need more carers.*
- 4. Retraining.*
- 5. Give Child Safety a good shake up and make sure they are aware of the importance of carers, and are as much entitled to their allowance as they are their wages without being given lectures about their transparency to the government of all that is spent on carers and the children.*
- 6. Pushing for more supports for carers in the northern region to be considered partners in care. Putting ideas to physical working relationships.*
- 7. Focus more on the child and not bending over backwards for parents who don't and won't do the right thing to the detriment of the child and the carer/family.*
- 8. More information on placement of kids, to ensure we are able to care for them the best we can and under what they need right away.*
- 9. In house respite with approved persons to care for children for several hours or days if the carers need to go away.*

10. *Get more departmental staff stop putting more work on foster carers as we are volunteers remember it's not our actual job.*
11. *The Department and Support Agencies need to improve their communication around (organisation De Identified) and (program DE Identified) to improve support services. They also need to work on the areas/staff who still don't accept and treat carers as important components of the child's Care Team. Effective and timely communication still needs to be improved in some areas.*
12. *Too many to list.*
13. *More communication from child services would be beneficial.*
14. *Involving the carer's children more. There's all these activities for children in care to do through support groups but the carer's children, in my case the child in care's cousins can't attend.*
15. *Immediately double the number of Child Safety Officers and give them effective ongoing training and make them accountable for their actions. Access to Quality free weekly counselling for foster carers if/when needed.*
16. *As above, need to listen to carers with understanding and empathy and follow up on carers concerns and personal understanding of the child.*
17. *Treat us with respect please.*
18. *We need more transparency about a child's case.*
19. *Retraining of staff.*
20. *More communication and less blame around carers. More child focused opposed to family focused.*
21. *Treat carers with respect and listen to them - they know the children they are caring for more than any CSO does.*

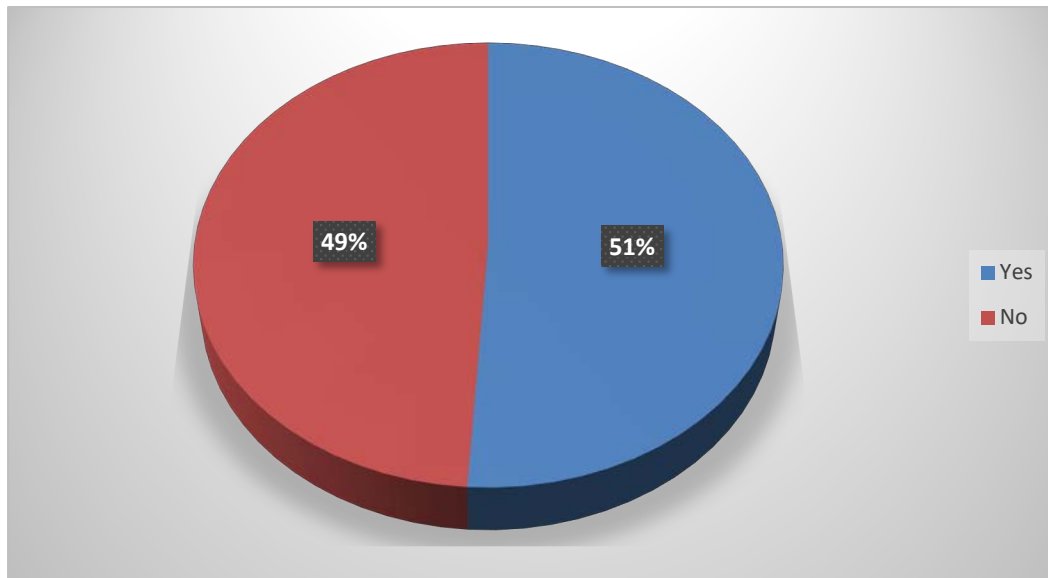
Carers were then asked if they could change two things about the Child Protection System tomorrow, what would they be. Carers left the following comments:

1. *Children need long term stability, they shouldn't be in order after and shipped from house to house. We all know that it doesn't work. And these children then turn into adults with issues etc.*
2. *Make all decisions from the Department reviewable in the court; Reviewable decisions should not be restricted to in whose care the children are in and what contact they have.*
3. *Stop sending kids back to the parents that let them be destroyed.*
4. *Being allowed to have relationships with the child's family without any interference from DOC's. Families who have kids removed don't trust DOCS workers but they will trust the carer who looks after their kids. The power that Child Safety has to wield over people is too much.... Take some power off them and outsource it to independent organizations like {agency de-identified}.*
5. *Make all Child Safety Officers spend a week with these children and not be so judgemental. Give carers more opportunities to mix and socialise with other carers, not just within the agencies but with their support.*
6. *The roll carers play in supporting children and their families. There is a lot wrong in the northern region. Being active in carers supporting decision making.*
7. *Time limit on parents who don't meet department guidelines for reunification so that children can have a normal life.*
8. *More information provided efficiently after contacts are held, to know more information about what the family is need to do to improve.*
9. *Early intervention or daily support for families in crisis. Children at risk to be removed as soon as possible and stabilised while keeping family connections.*
10. *Get better staff training for case workers not everything is black and white and get more funding in support for children.*

11. *Scrap Agencies and have all carers come together as a united force. Strip {organisation de-identified} back as a local group that truly supports carers in meetings to discuss issues and work out solutions.*
12. *Child first and foremost.*
13. *Information provided and inclusion.*
14. *Communication between services. Reinforce that Child Safety services are there to protect and ensure the best outcomes for the children.*
15. *Respect and value of carers for the role they play in understanding the needs of the children we care for. Consistency in the application of policies/procedures, ensuring they are applied to achieve positive outcomes for children in our care.*
16. *Too many to list.*
17. *Child Safety Officer to not lie about situations and to be accountable for their actions.*
18. *Not to rush reunification so much.*
19. *Communication and openness.*
20. *That reunification was a lot more difficult. I understand that if the children are fed and clothed and not physically harmed then it's ok for them to go home but when a parent is still emotionally and mentally abusing a child surely that's grounds for not being reunited. All this is doing is continuing the cycle. That there were more staff so the ones that are there now don't get worn to the bone because they do amazing work.*
21. *More trained caring Child Safety staff & mandatory participation in ongoing training for all foster carers.*
22. *As above.*
23. *No month to month orders, this is traumatic for both children and carers, better funding.*
24. *Communication valuing the carers.*
25. *Timelier court processes. Improve placement process. It's not respectful to carers to offer a placement, let us spend time rearranging our schedules to accommodate the child/ren, then tell the carer at the last minute that you've got another (better) placement.*
26. *Permanency for children. Contacts suiting children not parents.*
27. *Remove the majority of power from Child Safety and outsourcing to the foster care agencies.*
28. *Put the child first! Stop pandering to these parents that continually hurt the kids even during supervised contacts!! Try to stop the change of CSOs so much.*
29. *Child focused - the best interest of the child and communication by CSOs. What is the best interest of the child not what is in the best interest of the parents. CSO actually listen to the carers and show them respect.*
30. *Support for foster children would continue till 21 years. More support when damages occur.*
31. *I've had very mean and unpleasant experiences.*
32. *Parental rights - why should those who sexually and/or physically abuse their children, have more say over kinship carers? Once a guilty plea has been entered, or the parent/s has been found guilty, all contact should be cancelled unless the child indicates they want to see their parent/s.*

Comments with any identifying or sensitive information about a child or young person in care, names of workers and/or locations have been removed from the public copy of this report to ensure confidentiality of children, young people and their carers are maintained. However comments have been included in a version submitted to the Department of Child Safety, Youth and Women to ensure that carers' voices are heard.

Finally – carers were asked if they would recommend fostering to a friend.



FOSTER & KINSHIP CARERS SURVEY 2022 REPORT

**Far North QLD
Region**






**Queensland
Foster and
Kinship Care**

Contents

About the Carer	3
Relationship Status	4
Carer Connect & Statement of Commitment	6
Cultural Diversity.....	8
CALD (Culturally and Linguistically Diverse) Community.....	11
Child Safety Services	12
Child Safety Processes.....	14
Standard of Care/Harm Report Process.....	15
Confidentiality.....	16
Financial	17
Local Practice in CSSC.....	20
Education Support Plans.....	22
Child Health Passports	23
Strengthening Health Initiative.....	24
Placement Agreements.....	27
Centrelink.....	29
Support	31
Foster and Kinship Care Programs	32
Foster Carer Agreements.....	33
Training	34
Complaints/Appeals.....	35
Queensland Foster and Kinship Care	37
Child Safety – Culture and Practice.....	38
Looking Forward – carers were asked.....	40

Queensland Foster and Kinship Care Inc.
7/10 Depot Street, BANYO QLD 4014

 07 3256 6166 |  admin@qfkc.com.au |  www.qfkc.com.au
ABN 16 454 122 946

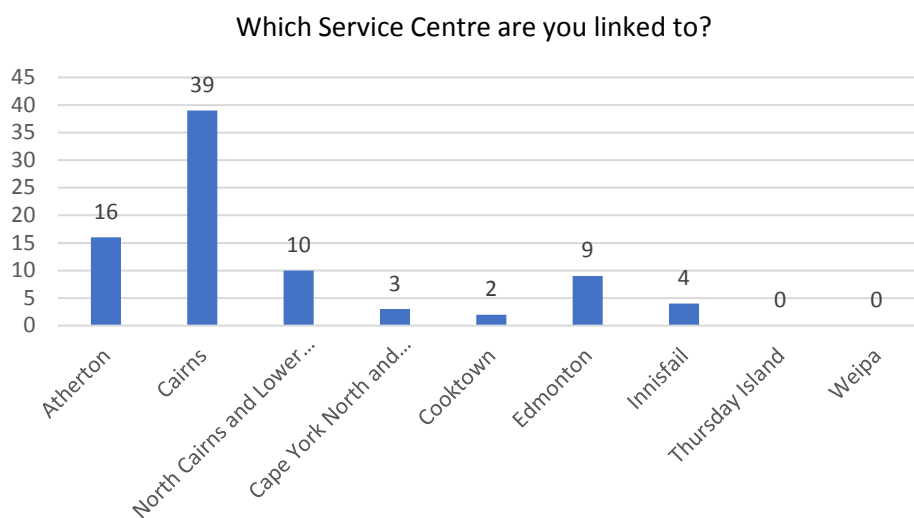
Survey

The responses throughout the survey are a representation of the carers who answered individual questions, highlighting that not all questions are responded to by all carers undertaking the survey.

While making comparisons to previous carer survey results, this has not been possible in all reports whereby regional boundaries have changed since 2020.

About the Carer

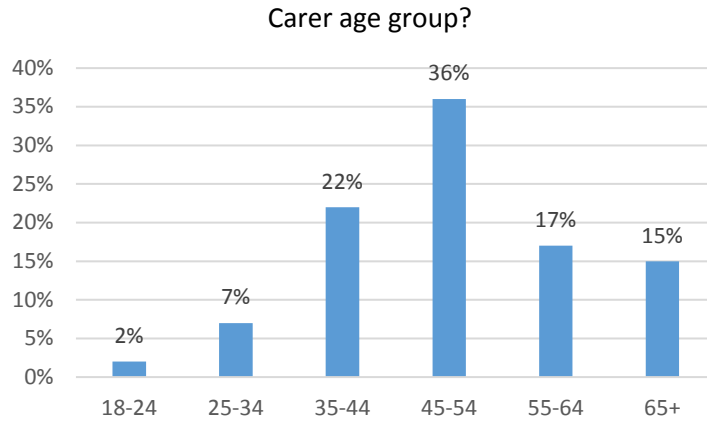
In Far North Queensland region 83 foster and kinship carers completed the 2022 Carer Survey and were represented in the following Child Safety Service Centres, noting the majority of CSSCs were represented in the survey.



Of the carers in Far North Queensland who responded, 68 identified as foster carers (84%), 12 identified as kinship carers (15%) and 1 carer identified as provisionally approved.

Carers were asked if they were supported by a fostering and kinship carer agency and 91% of carers who completed the survey stated they were.

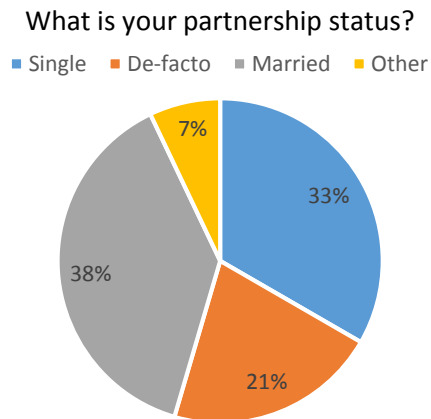
Carers were asked to identify the age group they fitted into.



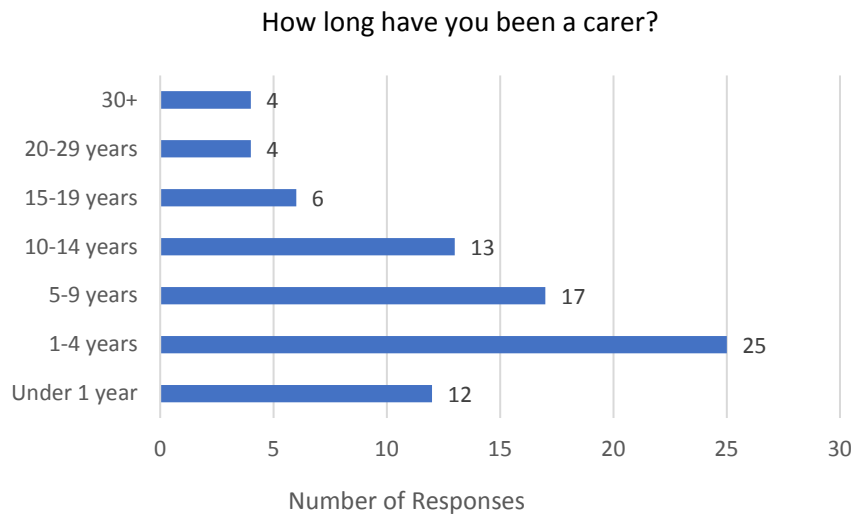
Aboriginal, Torres Strait Islander and CALD Carers

8 carers in Far North Queensland who completed the survey identified as Aboriginal and 4 carers identified as CALD.

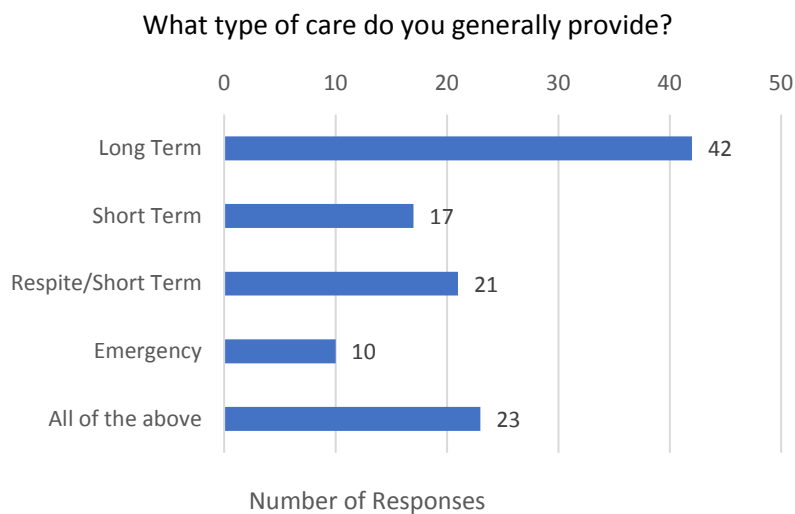
Relationship Status



Carers were asked how many years they had been providing care for.

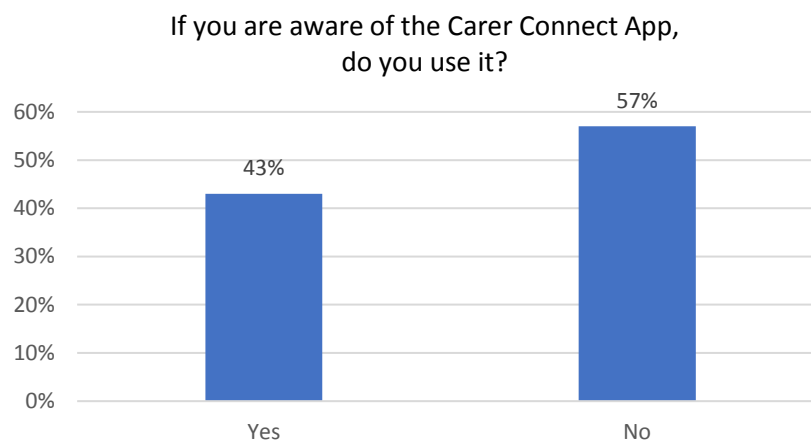
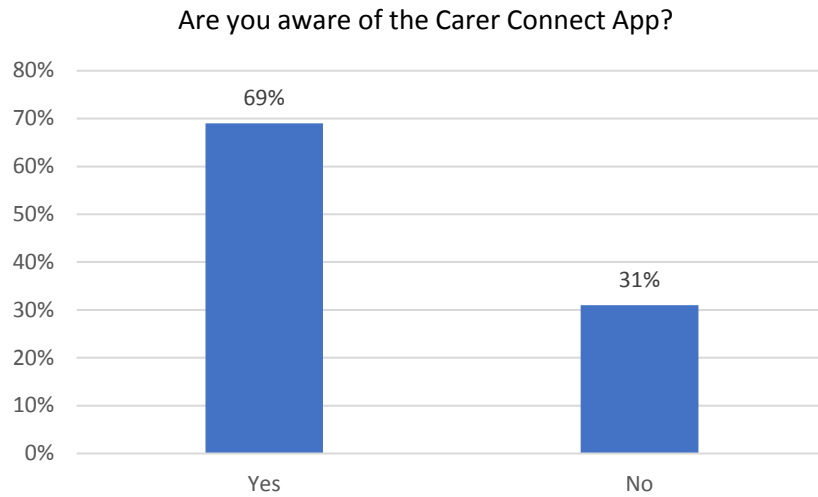


Carers were asked which type of care they provide, please note that carers were able to select more than one type of care.

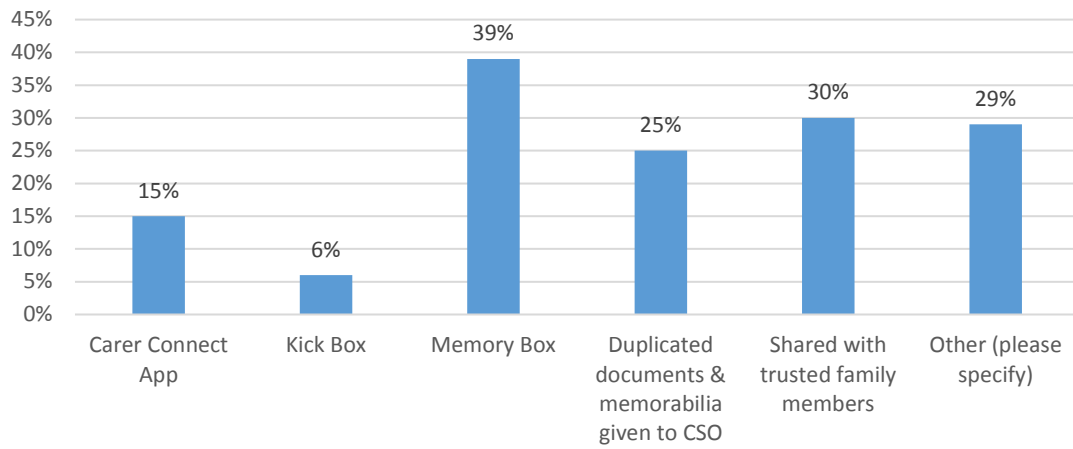


Carer Connect & Statement of Commitment

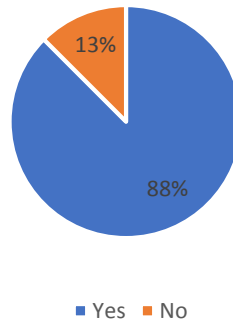
Carers were asked about their familiarity with the Carer Connect App and the Statement of Commitment. The following responses were provided.



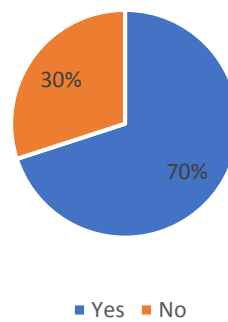
How do you store the child and young people's sentimental or treasured items?



Are you aware of the Statement of Commitment?

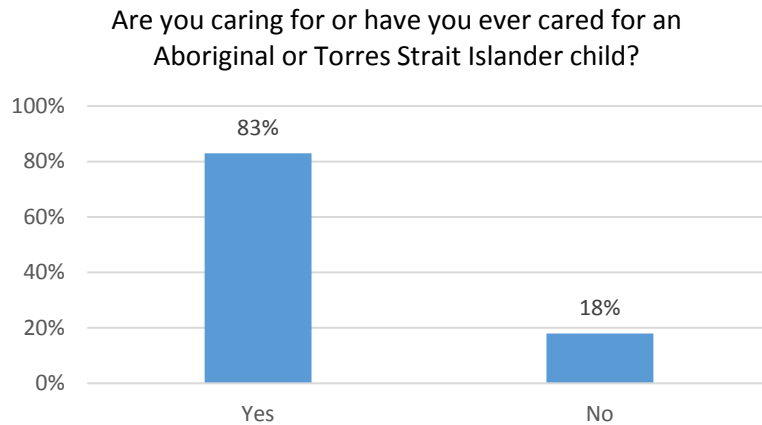


If you are aware of the Statement of Commitment, have you found it a useful document in your role as a carer?



Cultural Diversity

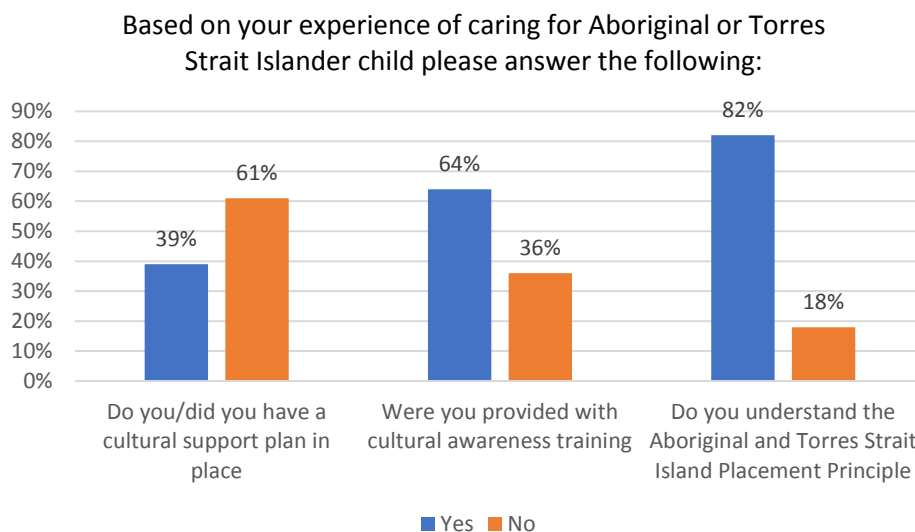
Carers were asked a range of questions relating to care of Aboriginal and Torres Strait Islander children as follows.



Given that only 8 carers identified as Aboriginal, the majority of those carers who have responded yes to this question would not identify as Aboriginal and/or Torres Strait Islander.

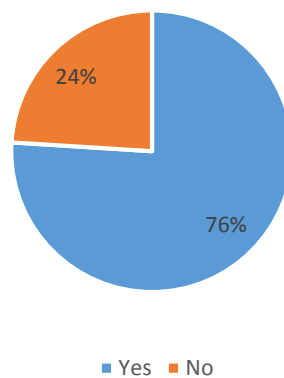
Carers who answered yes to the above question, were asked if they had a Cultural Support Plan in place, 39% answered yes, leaving 61% of children placed in care where they identified as Aboriginal and/or Torres Strait Islander without a Cultural Support Plan or where the carer had no knowledge of its existence.

Carers were also asked if they were provided with cultural awareness training to assist them to care for a child who identified as Aboriginal and/or Torres Strait Islander, and as evidenced below 36% of carers who responded advised they did not receive any training to assist them in building their cultural knowledge in their care of Aboriginal and/or Torres Strait Island children.

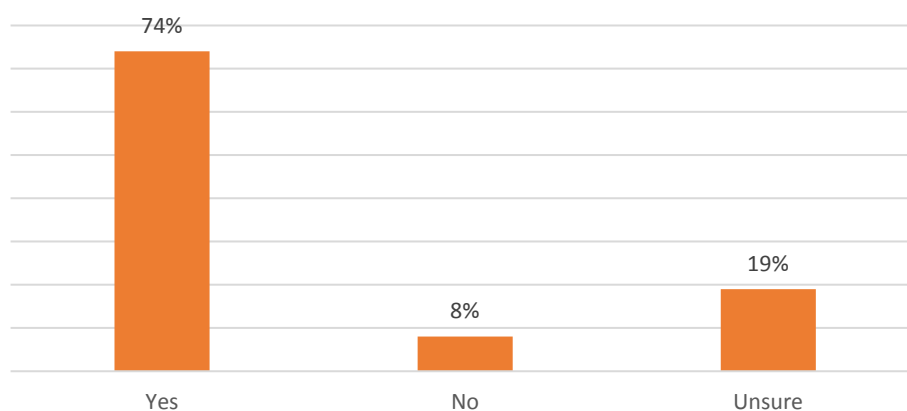


Carers were asked whether they understood the Aboriginal and Torres Strait Islander Child Placement Principle. This principle is explored with foster carers in the Getting Ready to Start training (previously known as Quality Care Pre-Service Training) however, it must be noted that carers are inundated with information during this training and if this is not followed up with further education and information, it is likely it won't be retained by carers. The majority of carers reported understanding the principle with 82% confirming their understanding and 18% identifying not understanding the principle. 76% also advised they were aware of additional principles for Aboriginal and Torres Strait Islander children contained in the Child Protection Act 1999 (Section 5C) that were introduced into legislation in 2018.

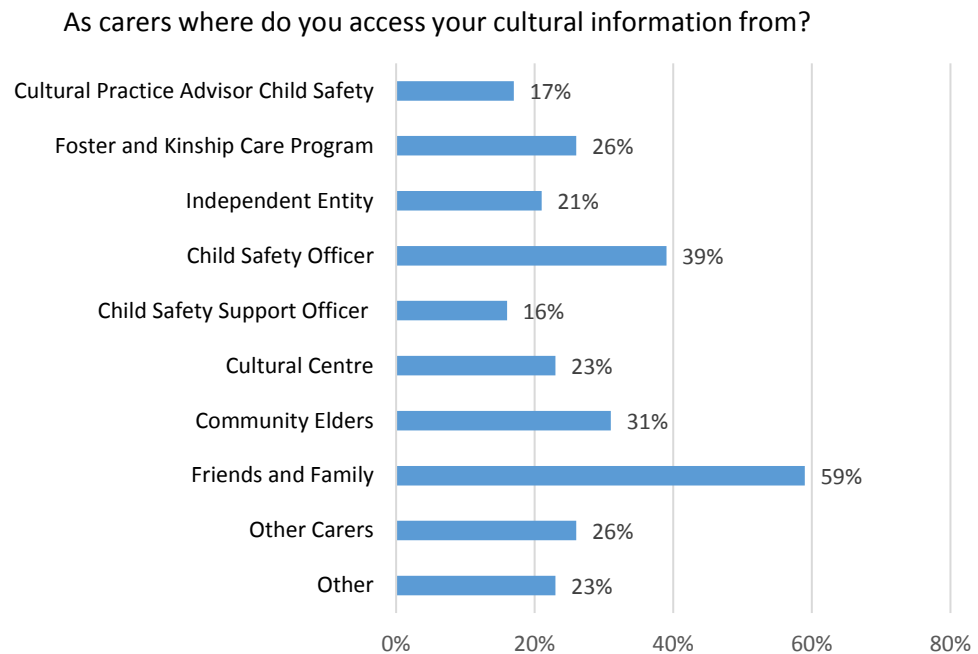
Are you aware of additional principles for Aboriginal and Torres Strait Islander children in the Child Protection Act 1999 Section 5C?



Are you confident in the application of the additional Aboriginal and Torres Strait Islander Principles in your day to day care of children and young people?



Carers were then asked where they accessed their cultural information from. Please note that carers were able to select multiple boxes as sources of information for this section.



Carers have provided many comments which support their genuine desire for Aboriginal and Torres Strait Islander children to be connected to their culture. Carers in the Far North Queensland region provided extremely positive comments relating to how they support children in their care to be connected to their culture as evidenced above. Almost every comment provided by carers from the region demonstrated a genuine effort and commitment to culture.

There were also comments made by Aboriginal carers in this section whereby the cultural needs of the children they are caring for are being met by the very nature of the placement as per the Aboriginal and Torres Strait Islander principle.

CALD (Culturally and Linguistically Diverse) Community

This is the fourth survey QFKC has sought to gather information from our carer community regarding the CALD community, specifically how many of our carers identify as being from a CALD community and whether carers have provided care for children and young people from a CALD community.

Just 5% (4) of carers who completed the survey in the Far North Queensland Region identified from a CALD community. 13% (9) of carers in Far North Queensland who completed the survey reported they either were or had provided care to children who were from the CALD community.

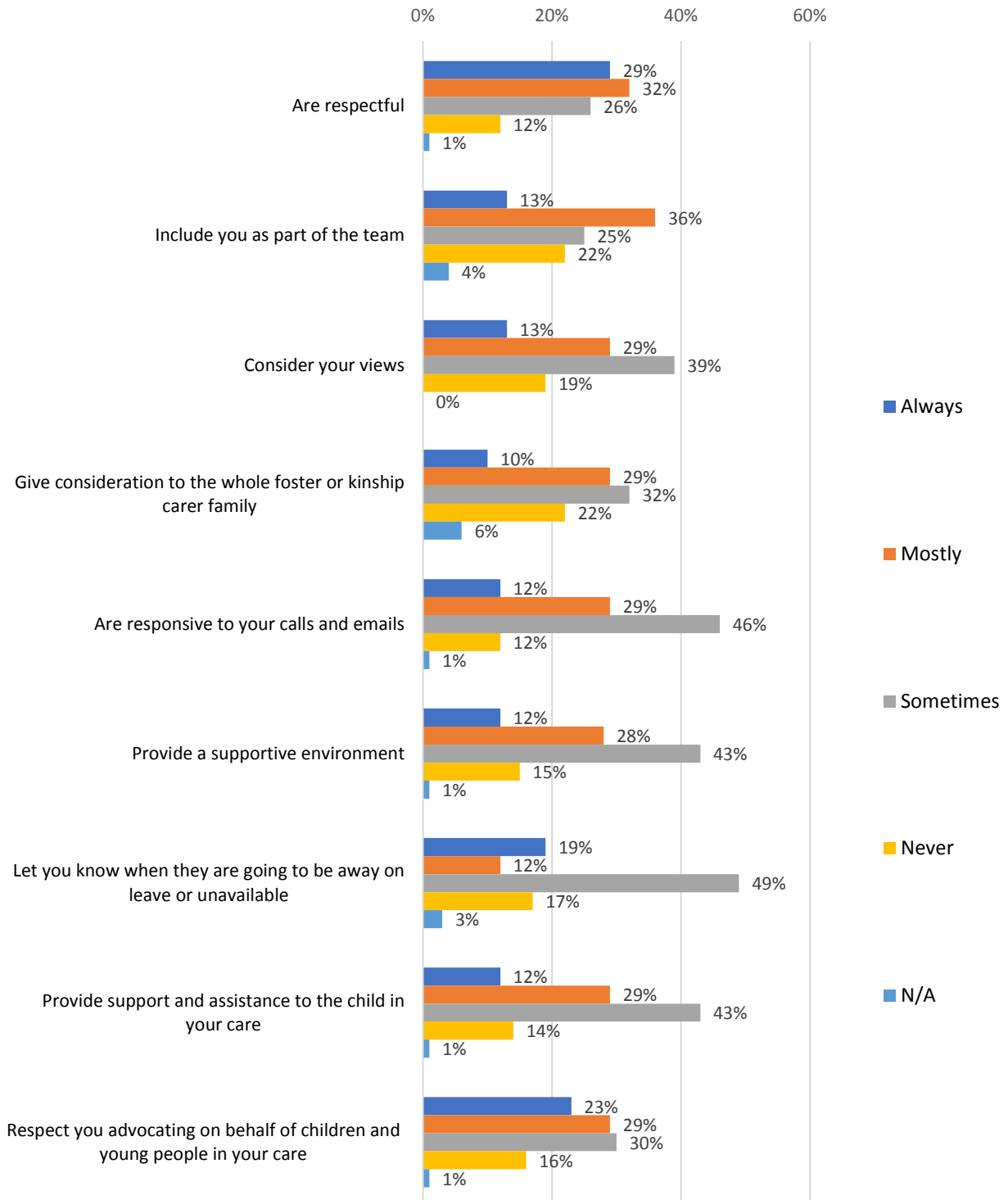
Carers who had provided care to children from a CALD community were asked whether they were provided with appropriate training to assist them to provide culturally appropriate care and 50% of carers who responded advised that they had been provided with training.

Carers were asked to provide examples of how they support a CALD child to remain connected to their culture and the following responses were provided:

Child Safety Services

Carers were asked a number of questions relating to their satisfaction with Child Safety Services.

How satisfied are you with relationships with staff at Child Safety Services. Are you satisfied that staff at your local office...



A total of 61% of carers reported feeling **respected** either always or mostly; that leaves 38% of carers who reported only feeling respected sometimes or never. (1% reported this as being N/A).

A total of 49% of carers reported feeling **like part of a team** either always or mostly which is similar to the 2020 (48%); that leaves half of the carers who completed the survey in the Far North Queensland region **not feeling like part of a team**.

42% of carers reported feeling that Child Safety **consider their views** either always or mostly, that leaves 58% of carers who completed the survey in the Far North Queensland region **feeling their views are not considered** (No carers answered N/A).

32% of carers reported that they felt there is only **sometimes consideration given to the whole foster or kinship carer family**, 22% of carers responded that they feel Child Safety never consider the whole foster or kinship carer family.

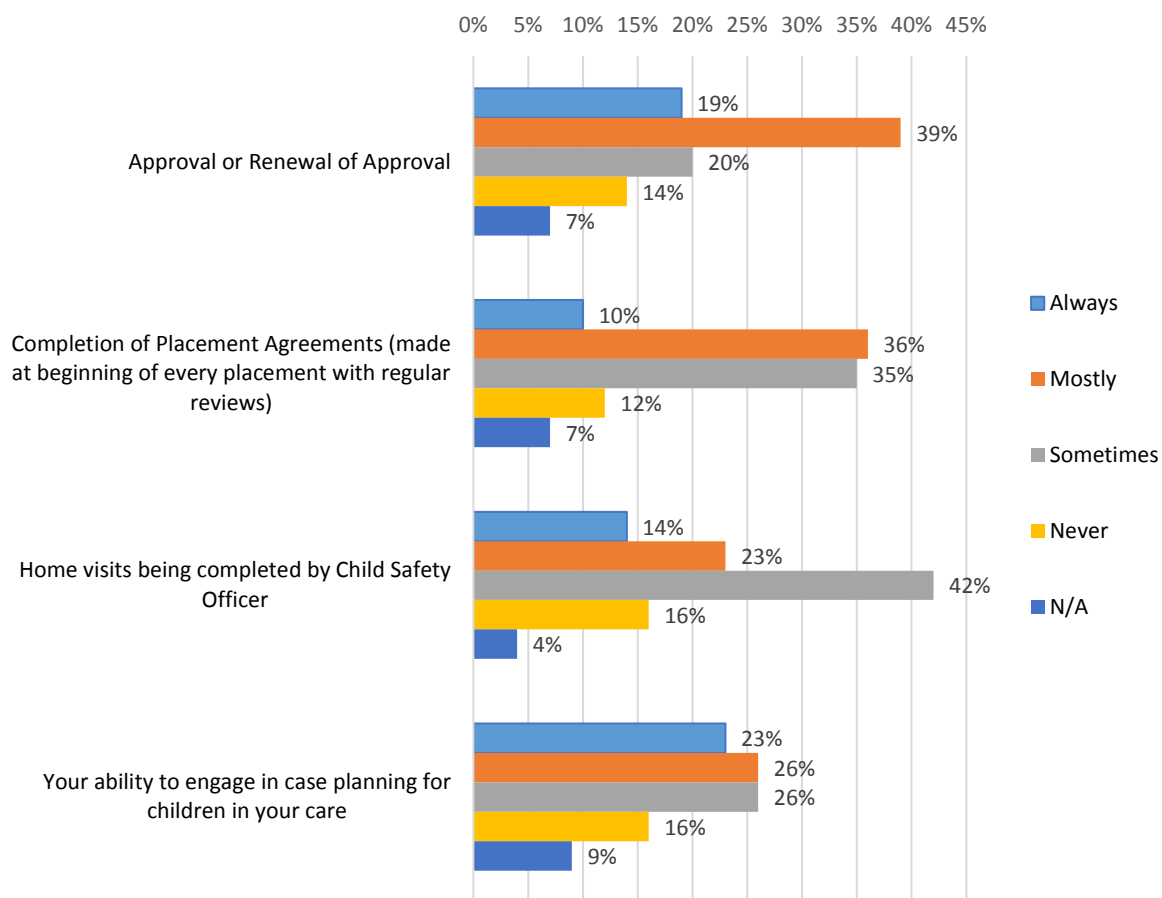
41% of carers reported that their CSSC was **responsive to calls and emails**, 58% reported only sometimes or never and 1% marked N/A. With respect to carers feeling that Child Safety **provides a supportive environment** 58% of carers completing the survey in Far North Queensland feel that this is sometimes or never the case.

Advising the care team when planned leave or unavailability is occurring is a basic communication requirement in order to build a respectful and supportive care team. Carers are expected to **let the care team know when they are going away or are going to be unavailable**, therefore it would be an expectation that this same courtesy is provided to carers. 30% of carers responded either always or mostly being advised. This means 70% of carers who completed the survey in Far North Queensland are left not knowing the child's CSO is on leave.

58% of carers reported that they **only sometimes or never are provided support and assistance to the child in their care**. 46% of carers reported that they only sometimes or never feel **respect to advocate on behalf of children and young people in their carer, for resources, goods and service**. Carers are assessed against their ability to be considered a suitable person to provide care through many criteria, one of these being their ability to appropriately advocate on behalf of children. Stakeholders can hold different views, however it is important that all members of a child's safety and support network feel empowered to advocate on behalf of a child. This leads to accountability, transparency and best practice overall.

Child Safety Processes

How satisfied are you with the following Child Safety processes



58% of carers in Far North Queensland completing this survey reported feeling either always or mostly satisfied **with the approval and renewal process** and that overall only 16% of carers reported never feeling satisfied in this area.

Carers were asked if they were satisfied with the **completion of Placement Agreements**. This area is explored in more detail further in this report.

In relation to **home visits being completed by Child Safety Officer** 58% of carers reported feeling sometimes or never satisfied that this was occurring.

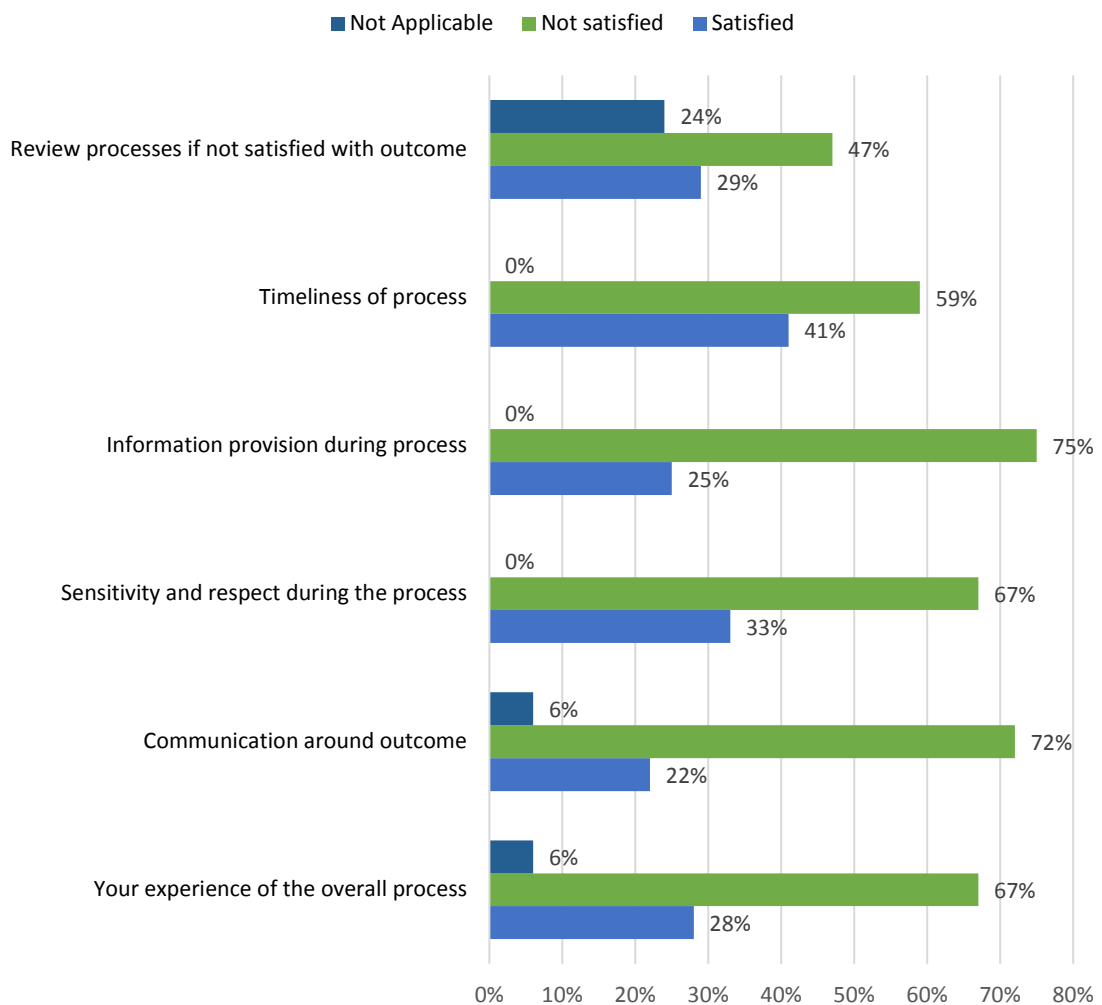
42% of carers reported feeling only satisfied sometimes or never **with their ability to engage in Case Plan meetings for children in their care**. Given statements within the Statement of Commitment that recognise a critical role in participating in decisions affecting children in their care, these figures should reflect a much higher percentage.

Standard of Care/Harm Report Process

Carers were asked if they had experienced a Standard of Care or Harm Report, and of those surveyed 30% (21) had been through the process; they further offered the following information relating to that experience.

Overall, of the carers from Far North Queensland who responded that they had been through the SOC/Harm Report process, they were not satisfied with their experience.

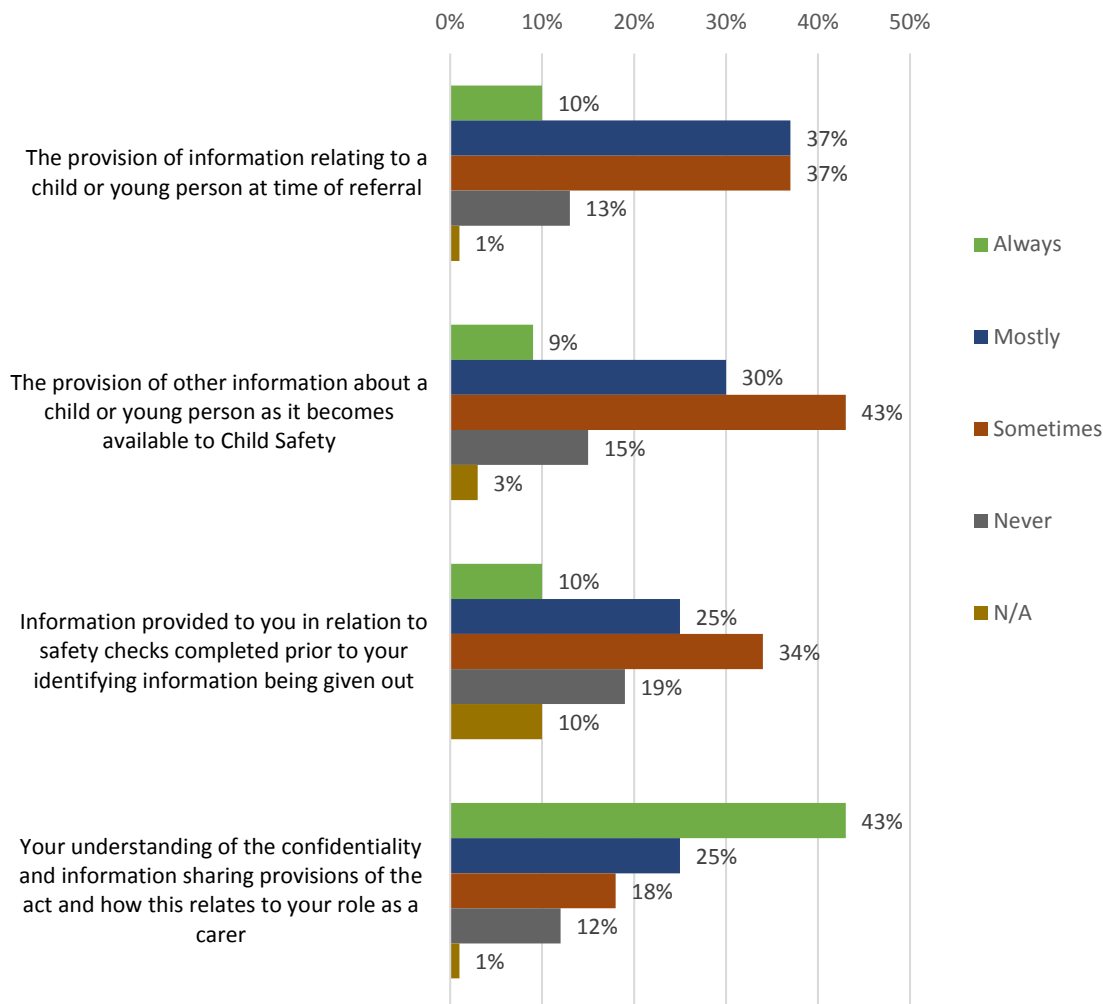
From your experience, please respond to the following:



Confidentiality

Carers were asked to provide their responses to a range of questions around confidentiality.

In respect to confidentiality information sharing and your role as a carer, how satisfied are you with the following:



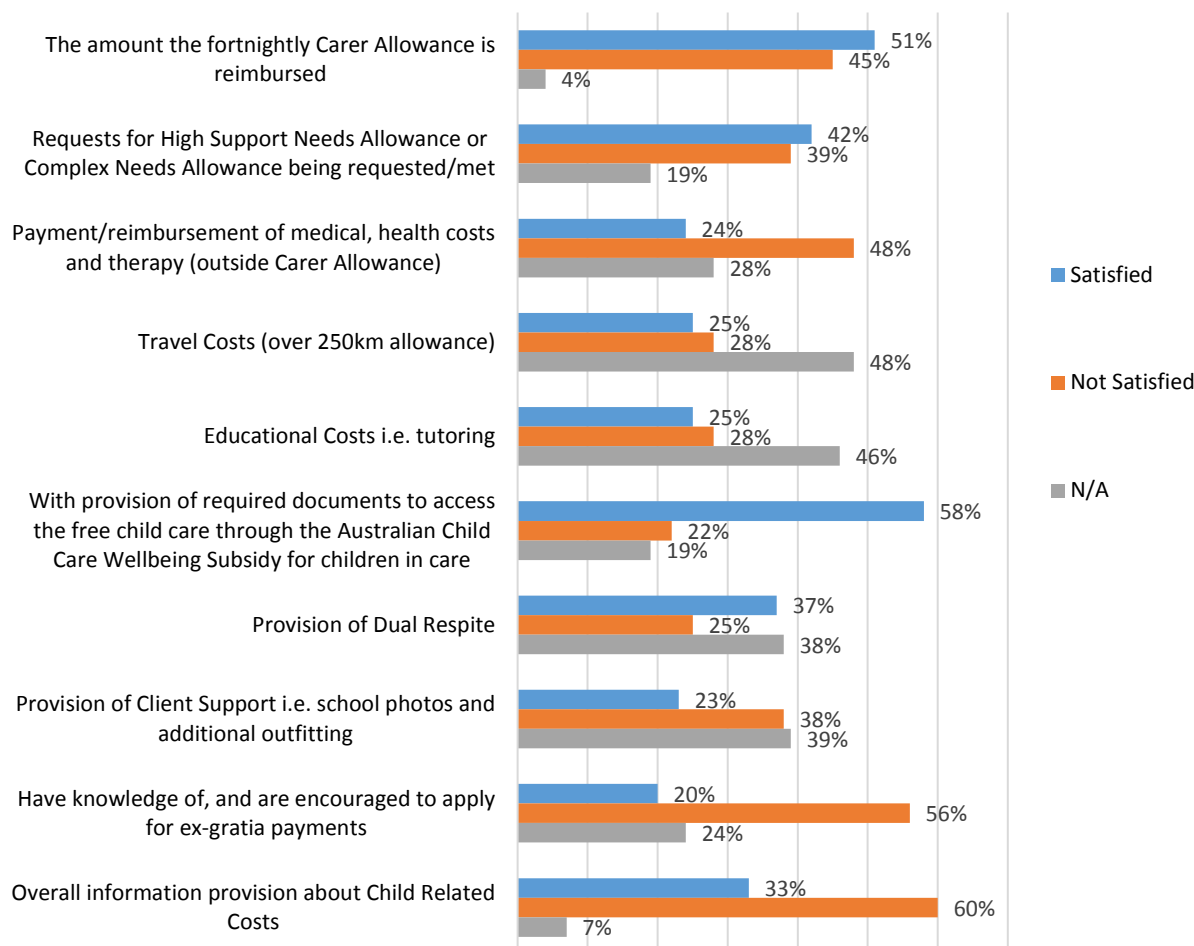
Whilst it is recognised Child Safety very rarely have all the information at time of placement, over time Child Safety gathers information which is vital to pass on to carers as this allows the carers to understand a child’s trauma better and provide appropriate care. Unfortunately 58% of carers reported that they feel **information provision about a child as it becomes available** is only shared with them sometimes or never.

53% of carers reported their satisfaction level at sometimes or never with **information provided in relation to safety checks prior to any identifying information being given out**. 68% shared that they were always or mostly satisfied with their understanding of the **confidentiality provisions of the act and how it related to their role as a carer**.

Financial

Carers were asked to report on their satisfaction level in relation to financial support, please see below graphs for detailed responses.

In respect to financial support provided, how satisfied are you with the following:

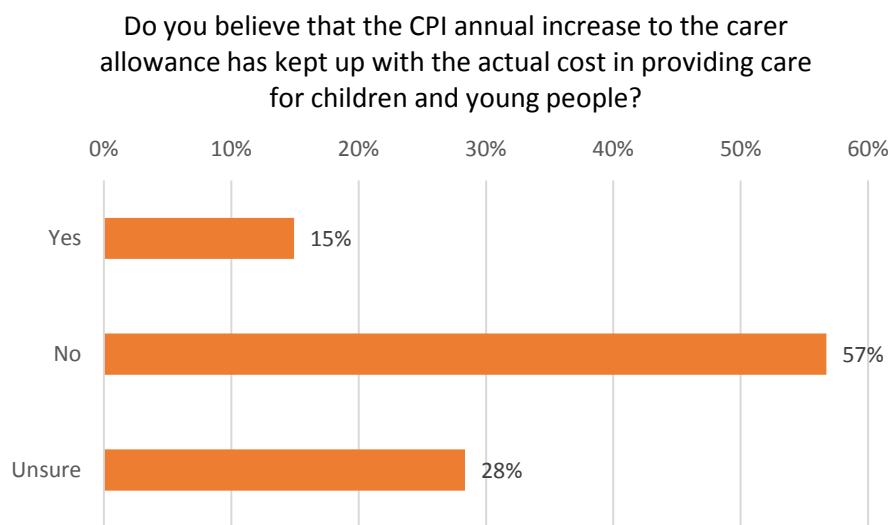


In summary, the dissatisfaction at the **amount of the fortnightly foster carer allowance** has remained static. In previous surveys it has been reported as high as 80% satisfaction, however in this 2022 survey it appears to be continuing its downward trend to a current level of 51% of carers who responded to this question feeling satisfied. This of course could be attributed to many factors, including the cost of living not being compatible with the CPI index, particularly around household expenses of electricity, water, food and other essentials as outlined in the Executive Summary. Not least COVID-19 and current economic challenges that continued to place stress on many household budgets, foster and kinship carers included.

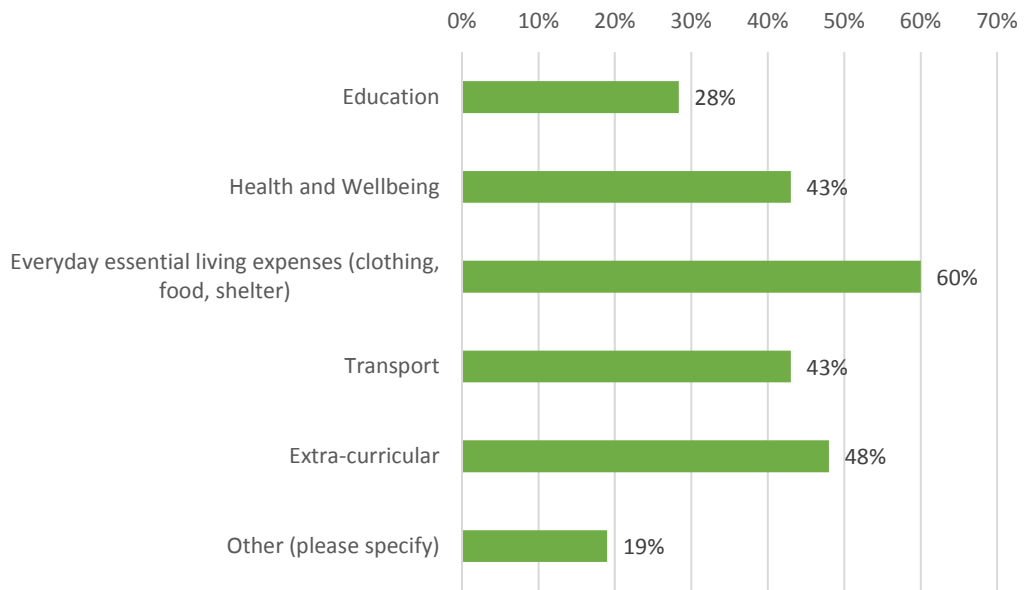
Of those carers who felt that the question relating to **requests for HSNA and CSNA** was applicable, 39% (26 carers) reported feeling not satisfied with their requests being met.

It is pleasing to note that the **provision of required documentation to access the free childcare subsidy for children in care** had a 58% satisfaction rate and only 22% were not satisfied, with 19% noting the questions didn't apply to them. QFKC collaborated with Child Safety in the development of a fact sheet that is now available to all care team members which clearly outlines roles and responsibilities of all key stakeholders in the application of the Australian Child Care Risk Subsidy. It is important that the existence and use of this resource is promoted through Child Safety and Foster and Kinship Care Services to ensure carers are not left with child care debt against their names.

Finally, 60% of carers reported feeling not satisfied with the **overall information provision relating to Child Related Costs**.

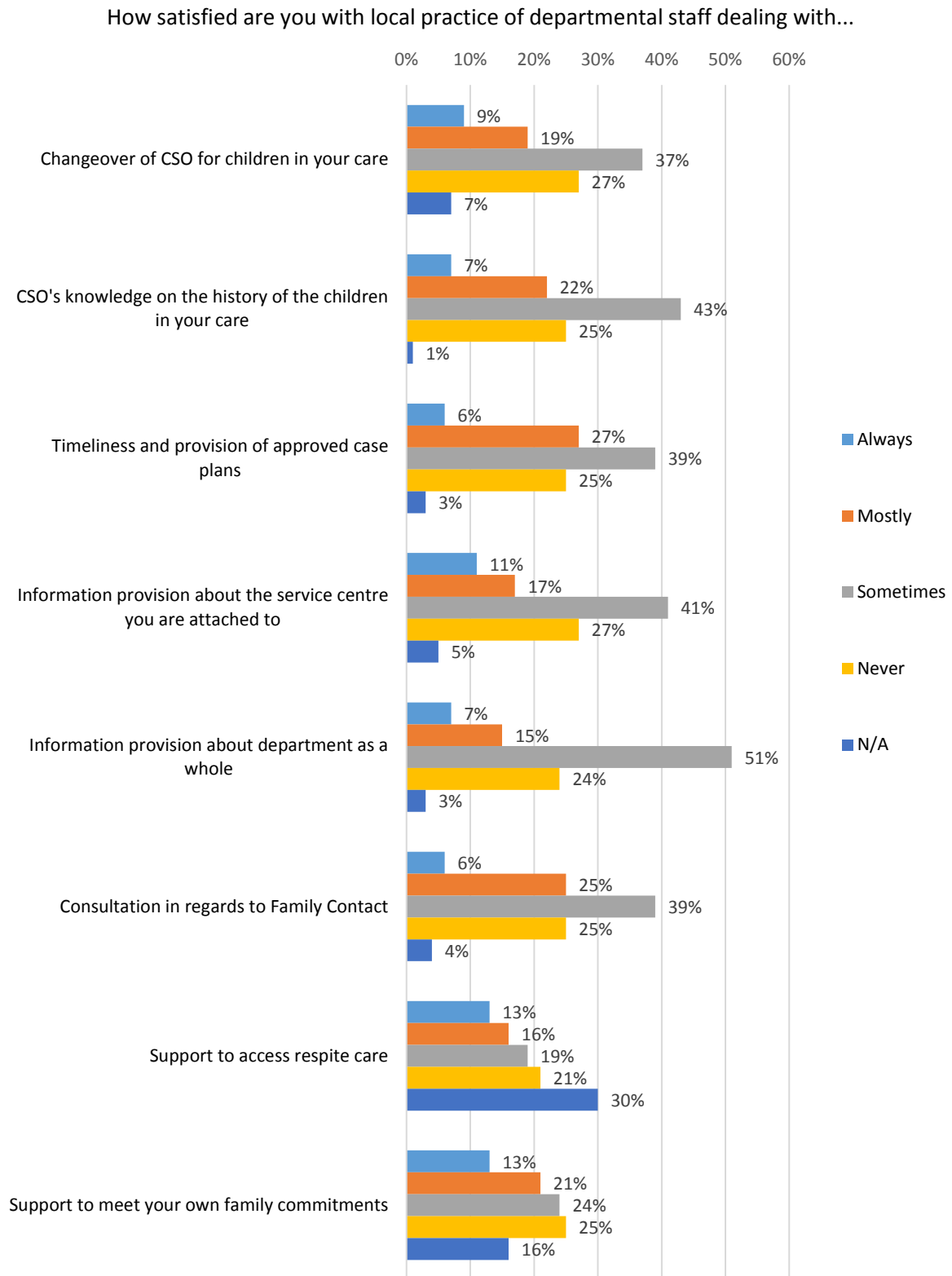


What do you believe to be the area that places the most amount of financial burden on your carer household?



Local Practice in CSSC

Carers were asked a range of questions around their satisfaction level across a few pertinent areas, this is their response.



In this current survey there were 64% of carers completing the survey who reported feeling sometimes or never satisfied with the **changeover of CSO for children in their care**.

68% of carers were either sometimes or never satisfied with the **CSOs knowledge on the history of the children in their care**. 64% of carers reported feeling either sometimes or never satisfied with the **timeliness and provision of approved Case Plans**.

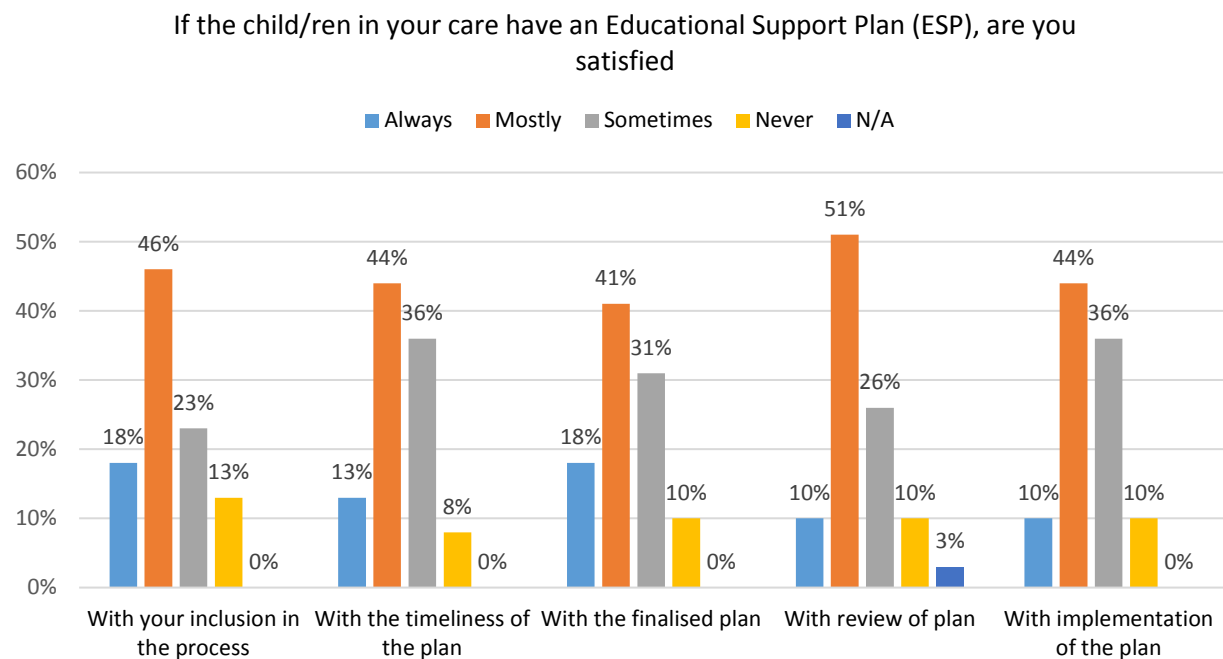
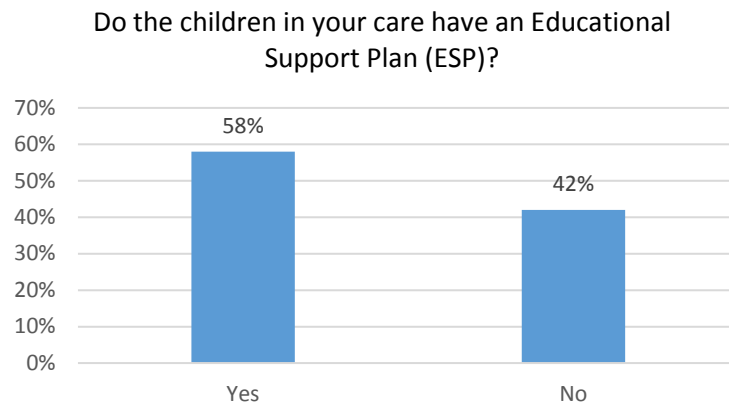
64% of carers reported feeling only sometimes or never satisfied in **being consulted in regards to family contact**. These figure continue to be disappointing and do not align with Child Safety's commitments to carers under the Statement of Commitment which state *"support and facilitate the participation of foster and kinship carers in the decisions affecting the life of the child or young person in their care and have the carer's knowledge an opinions inform decision-making processes to ensure the best interests of the child"* Carers often have critical observations and information to input into decision making. Consultation does not mean that carers make the decision, it means that Child Safety spend time accessing critical information the carer holds in their experience of providing 24/7 care to the child.

Carers also expressed overwhelmingly that they are only sometimes or never **kept up to date about changes in either their CSSC or region/departamental structure**. Whilst the sector has introduced the Carer Connect App, and carers are gradually using this tool as a means of being updated, it must be acknowledged that all carers are individuals and should be communicated with in a way that meets their needs. For some this will continue to be via email, phone and even face to face. The Carer Connect app is mentioned earlier in this report, and pleasingly 69% of carers who completed this survey were aware of the app, however only 57% were currently using it.

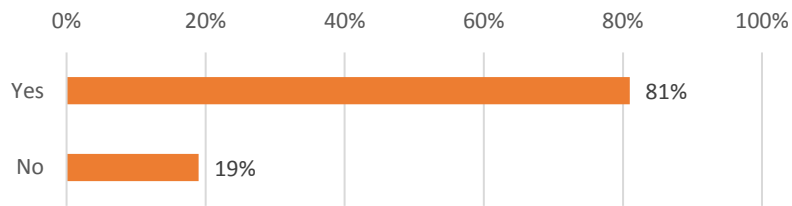
Education Support Plans

Carers were asked if they had a current ESP plan in place for the child/ren in their care, and 58% reported they did have a plan.

Carers were then asked a range of questions relating to the ESP process and their satisfaction is shown below.



Do you feel that children in your care has received sufficient support to attend school (including early childhood education)?

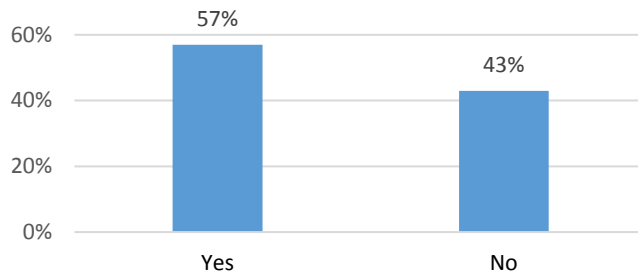


It would seem from the above data that most carers have reported they are either always or mostly satisfied with the processes surrounding ESP plans.

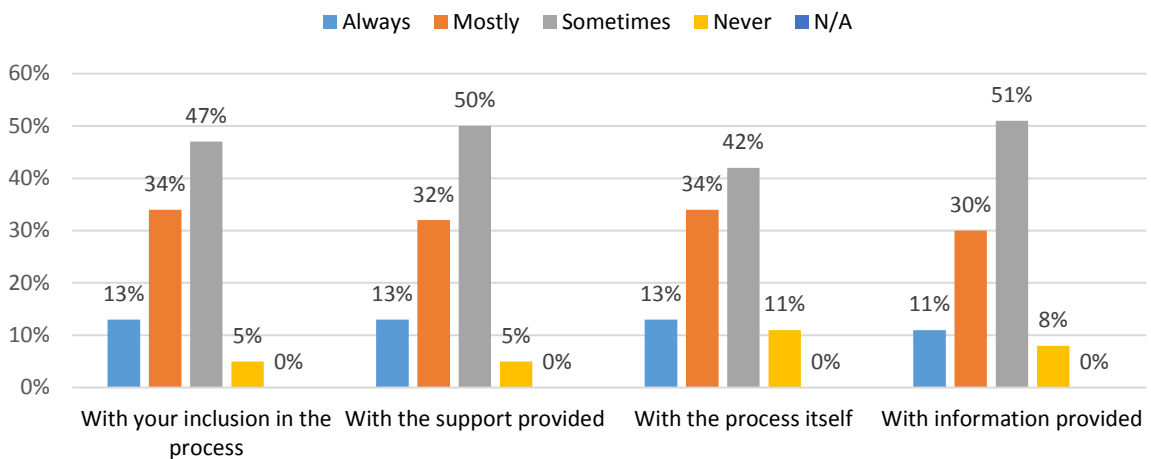
Child Health Passports

Carers were asked if the child/ren in their care had a current Child Health Passport, and 57% reported having one. A range of other questions were then asked relating to the processes of Child Health Passports and how satisfied they were, carers reported as follows:

Does the child/ren in your care have a Child Health Passport (CHP)?

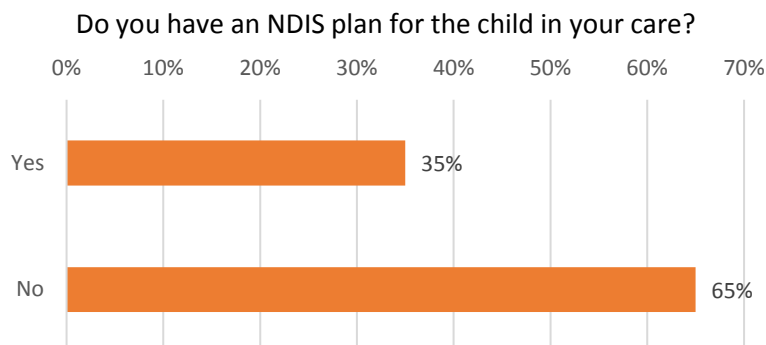
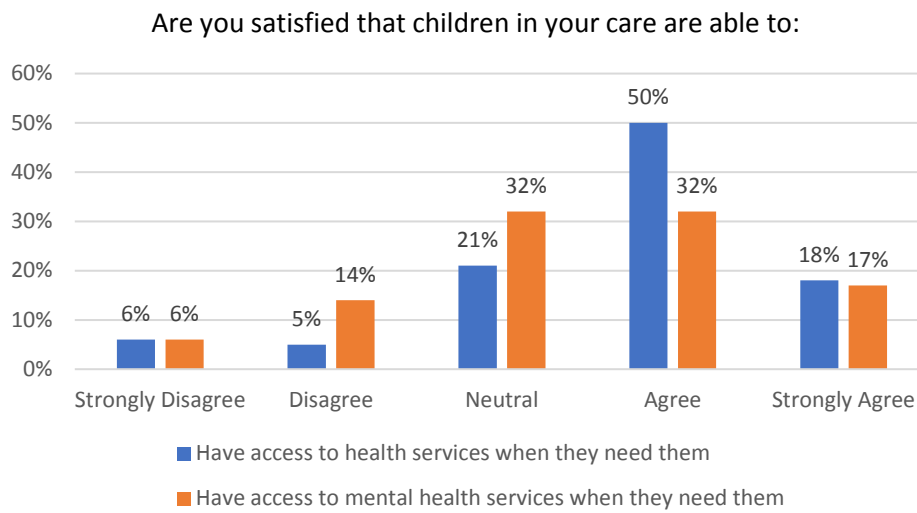
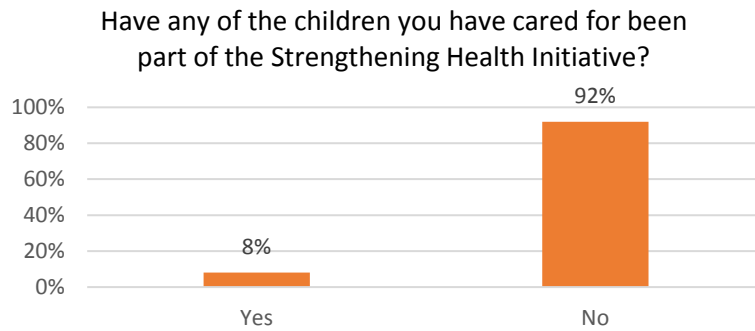


If the child/ren in your care have a Child Health Passport (CHP) are you satisfied?

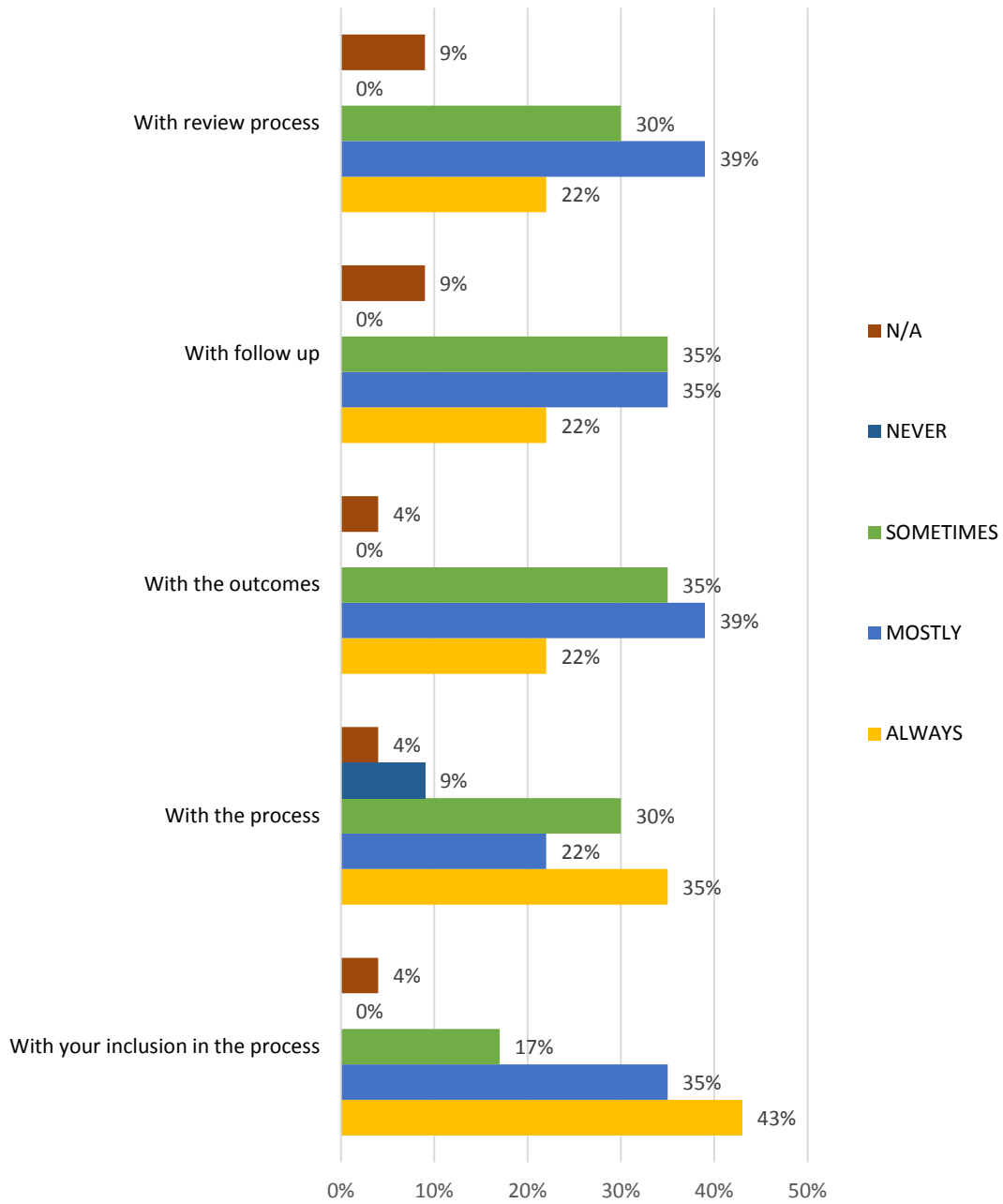


Strengthening Health Initiative

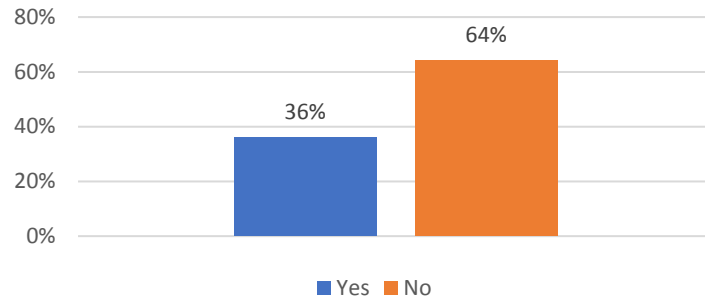
Carers were asked a range of questions in this category, and reported as follows:



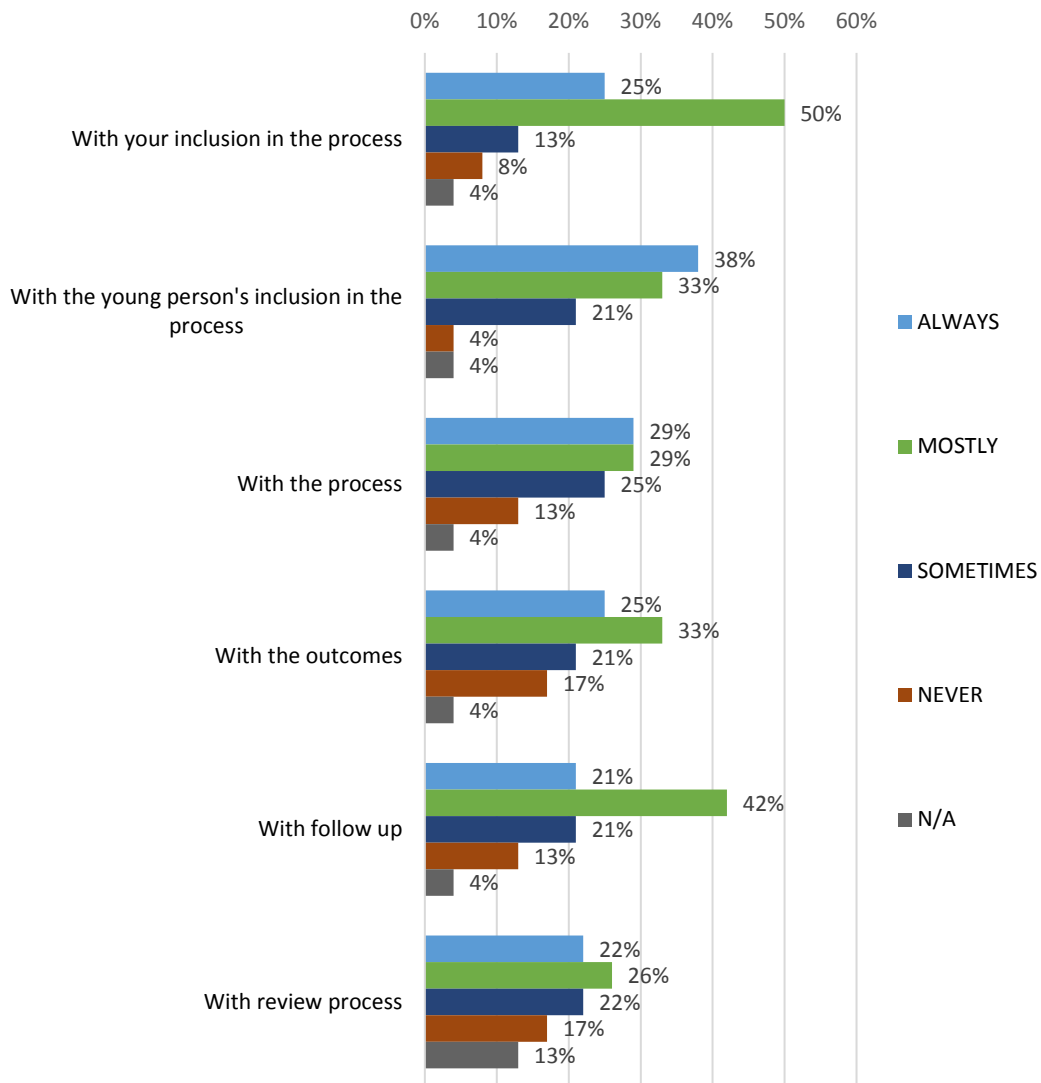
If yes, are you satisfied?



Have you/are you supporting a young person through transition to adulthood?



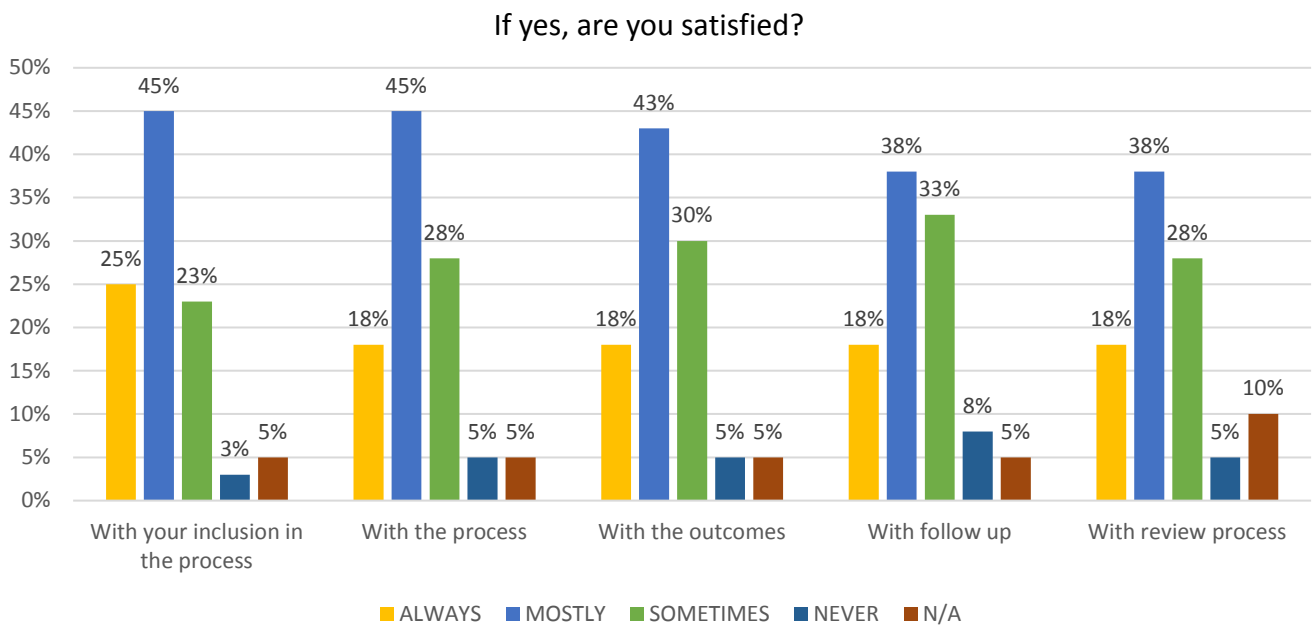
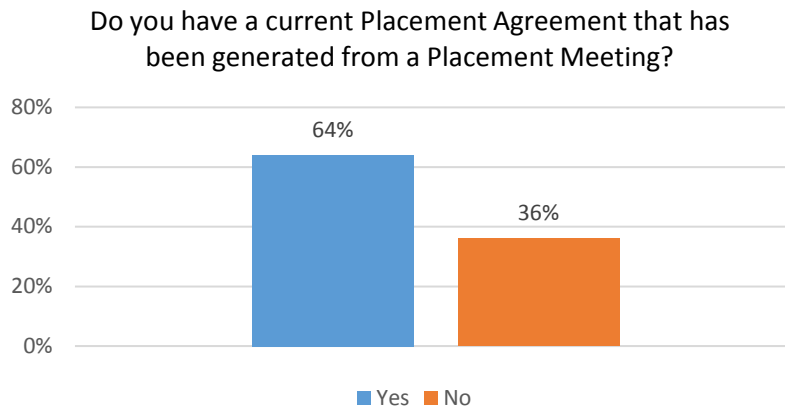
If yes, are you satisfied?



Placement Agreements

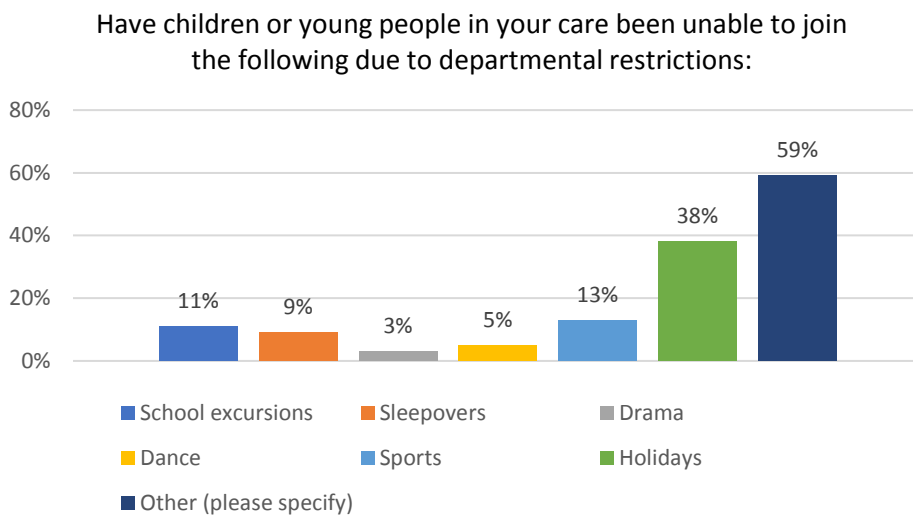
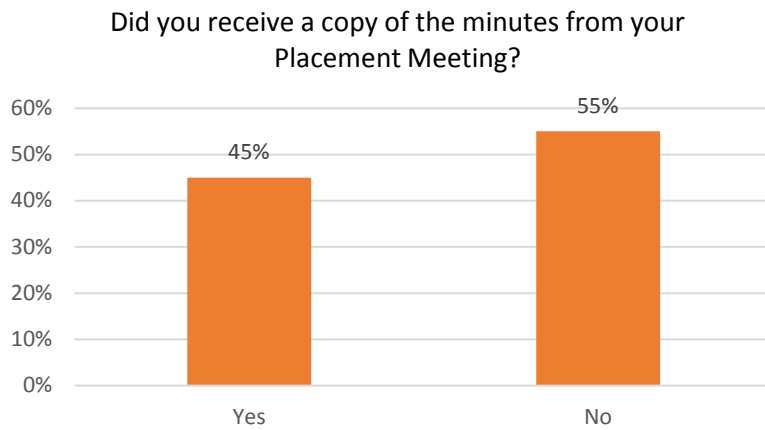
Carers were asked if they had a current Placement Agreement generated from a placement meeting, 64% of carers reported they do.

Carers were asked a range of questions relating to their satisfaction around the processes of Placement Agreements with the following responses.



It is positive to see that carers are mostly satisfied with Placement Agreements across the areas of inclusion, process and outcomes although the follow up and review process continues to require attention.

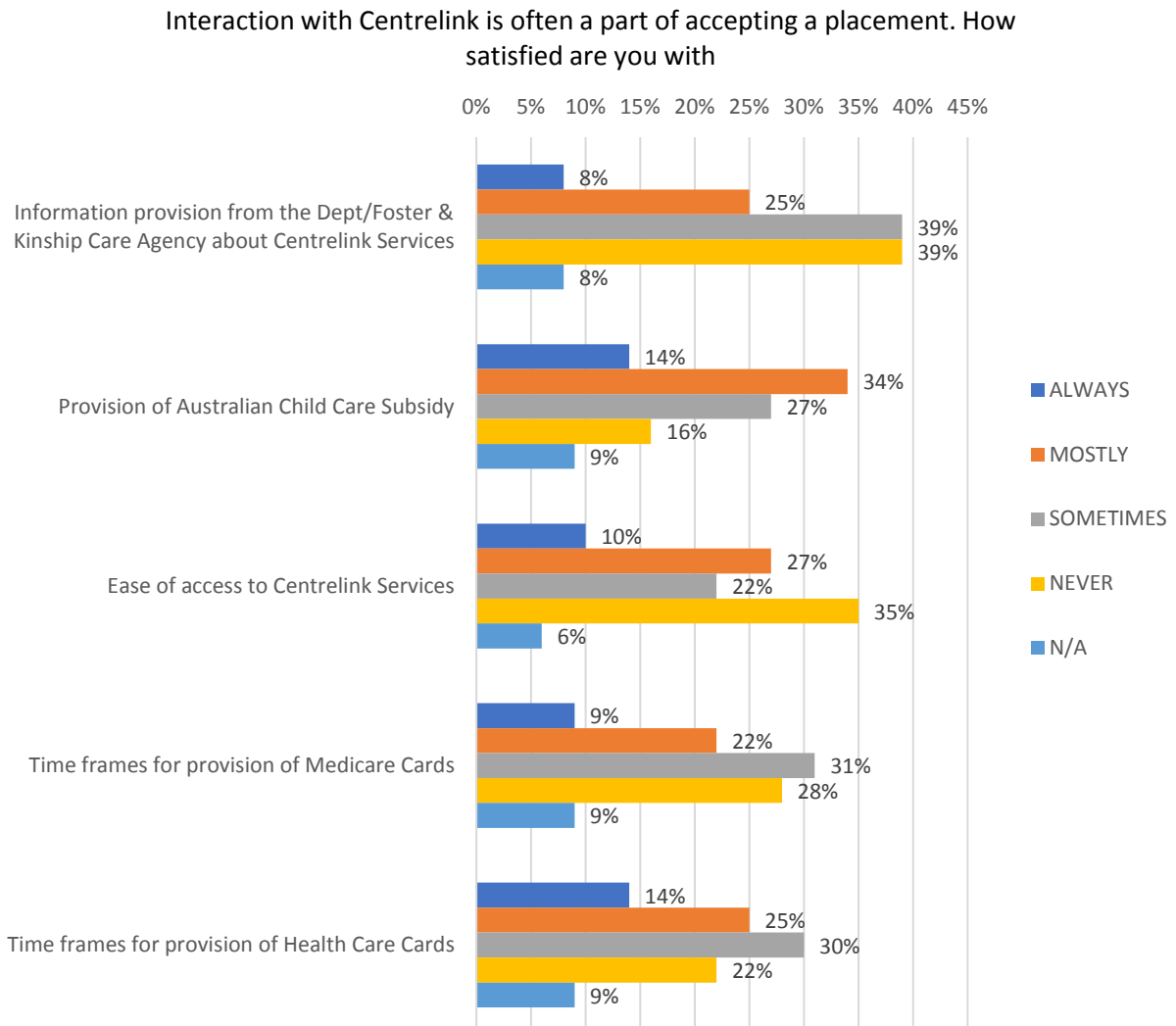
Carers were then asked whether they received a copy of the Placement Meeting minutes, and 55% stated they did not.



The above question was one requested by the Queensland Family and Child Commission to include into the Carer survey 2022.

Centrelink

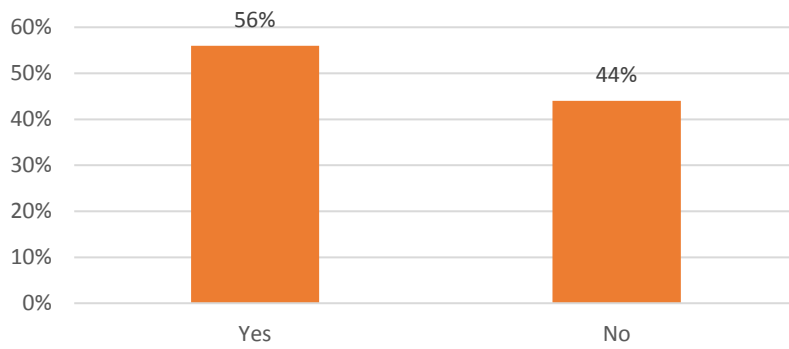
Carers were asked a range of questions relating to Centrelink and how they were supported to access services through Centrelink from the CSSC, responses were as follows.



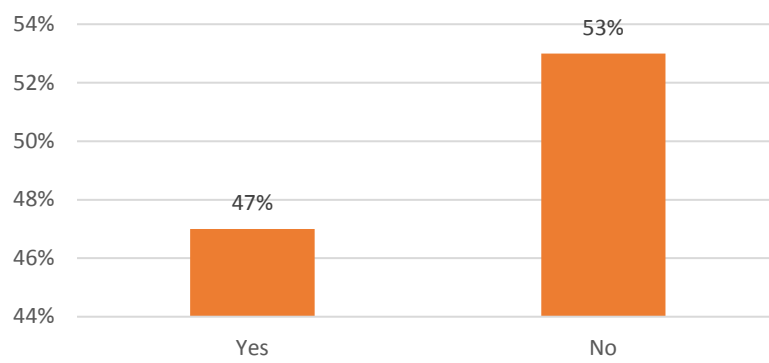
It is evident from the above graph that carers are feeling a level of dissatisfaction in this area with the majority of carers feeling that they don't **receive relevant information or support from their CSSC in relation to how and what they can access from Centrelink.**

Carers were then asked a question relating to **ease of access to Centrelink Services** for the children in their care, and 57% reported feeling only sometimes or never satisfied in this area. 59% of carers reported only sometimes or never feeling satisfied with the **timeframes for provision of Medicare Cards**, and 52% feeling sometimes or never feeling satisfied with the **timeframes for provision of Health Care Cards**. These figures represent at least half of carers not having access to the critical and necessary documents required for ease of access to essential services.

Are you aware of the Grandparent's and Non-parent phone line run by Services Australia?

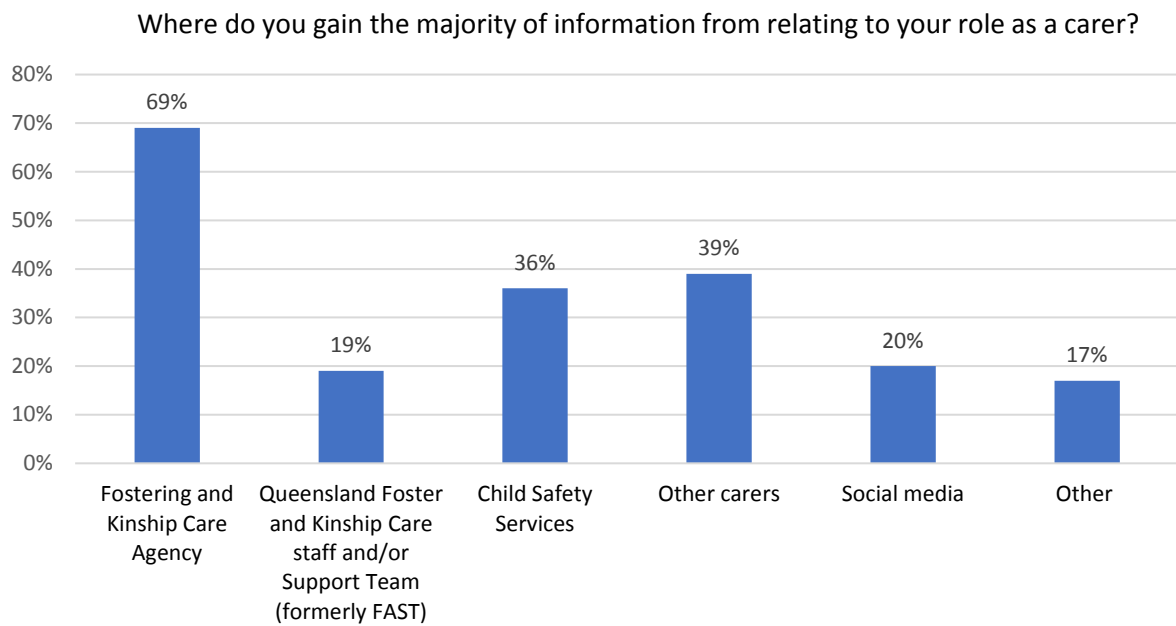
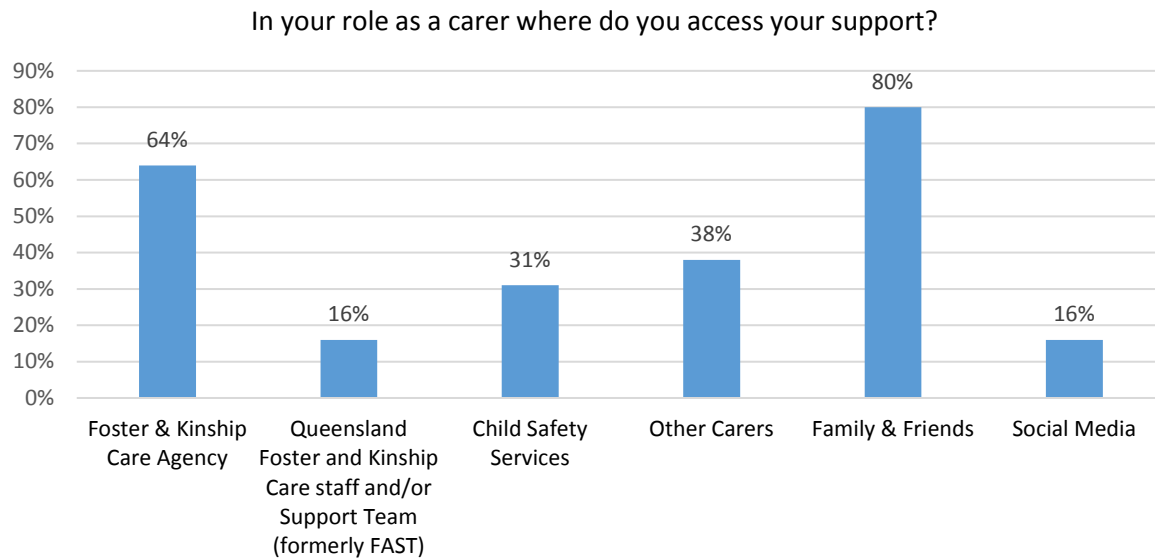


Was the matter that you called for resolved through the use of this resource?



Support

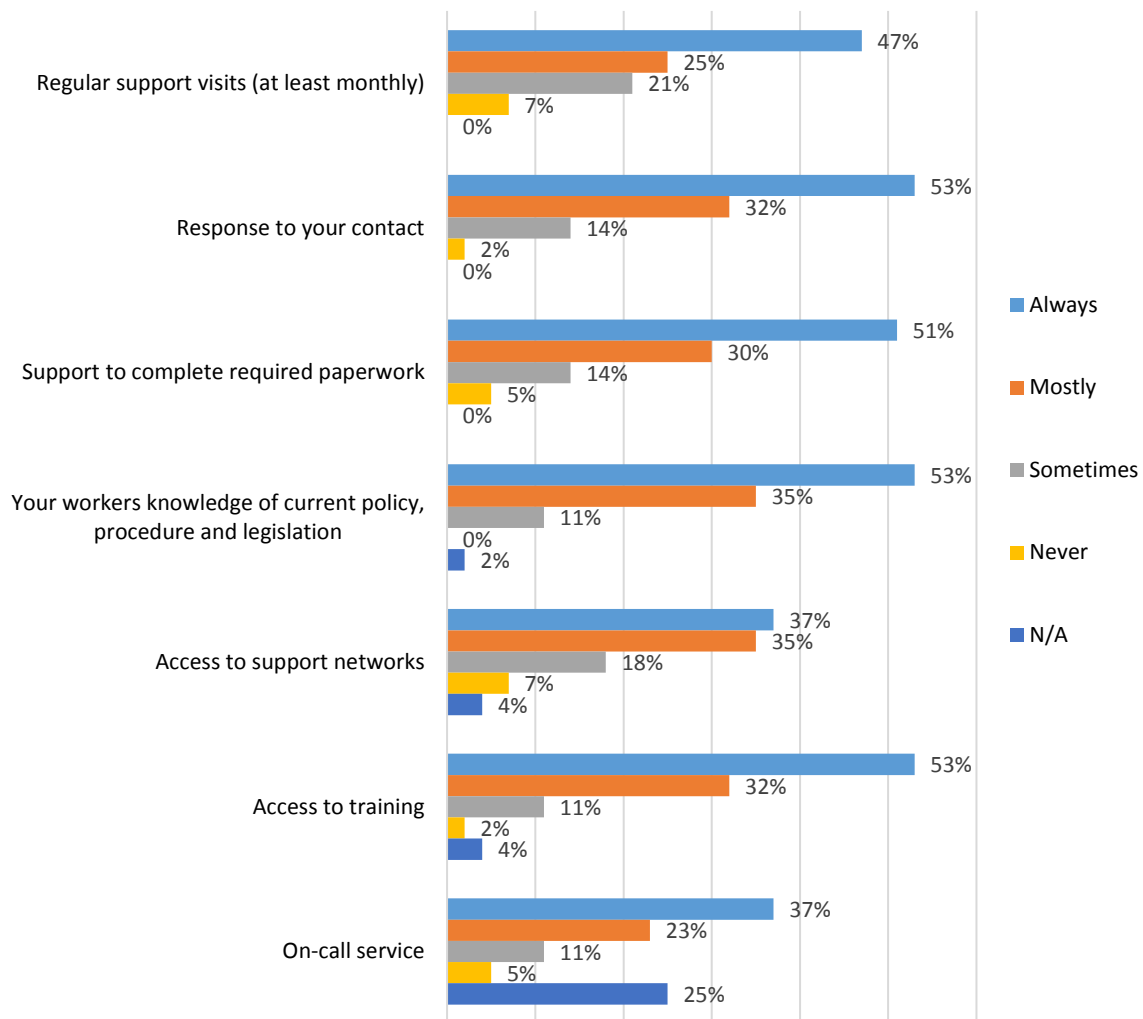
Carers were asked where they accessed the majority of their support from.



Foster and Kinship Care Programs

Carers were asked a range of questions relating to the support provided by Fostering and Kinship Care Agencies. Firstly, carers were asked if they were attached to a Fostering and Kinship Care Agency and of the 64 who answered this question 57 answered yes, and 7 were still not attached to an agency.

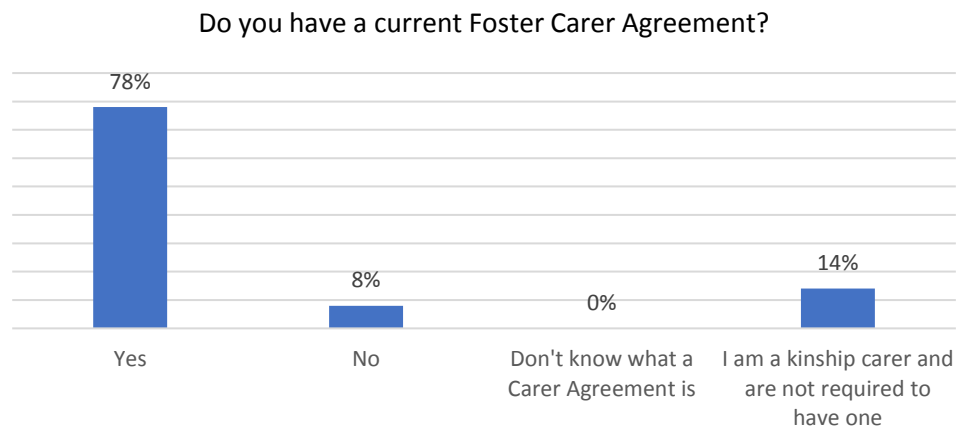
If yes, are you satisfied with the following support provided by your agency?



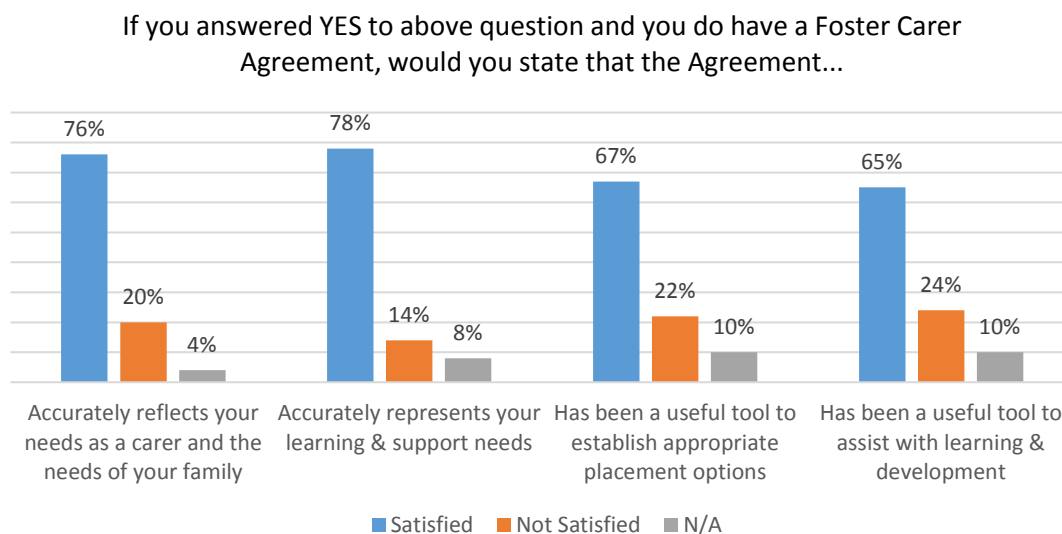
It is positive to see that the majority of carers responding are always or mostly satisfied with the support provided by their agency.

Foster Carer Agreements

Carers were asked if they had a current Foster Carer Agreement, and whilst a high percentage did have one, there was a considerable number of kinship carers who completed the survey and therefore are not required to have one. Kinship carers could also account for some of those who did not know what one was.



Carers were then asked a range of questions relating to the usefulness of the Foster Carer Agreement and responded as follows:

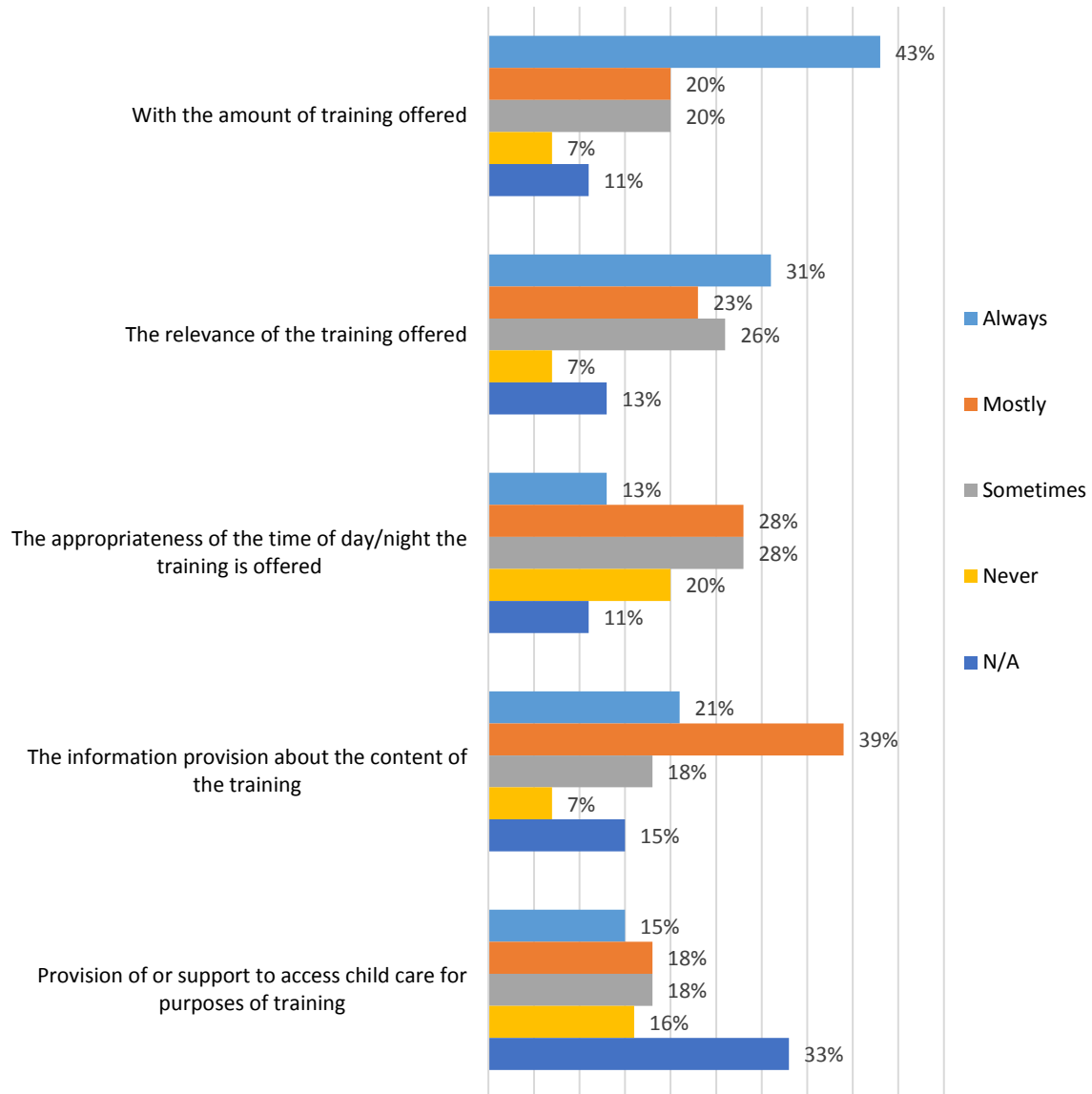


Carers have reported high levels of satisfaction across the board in relation to the Foster Carer Agreements.

Training

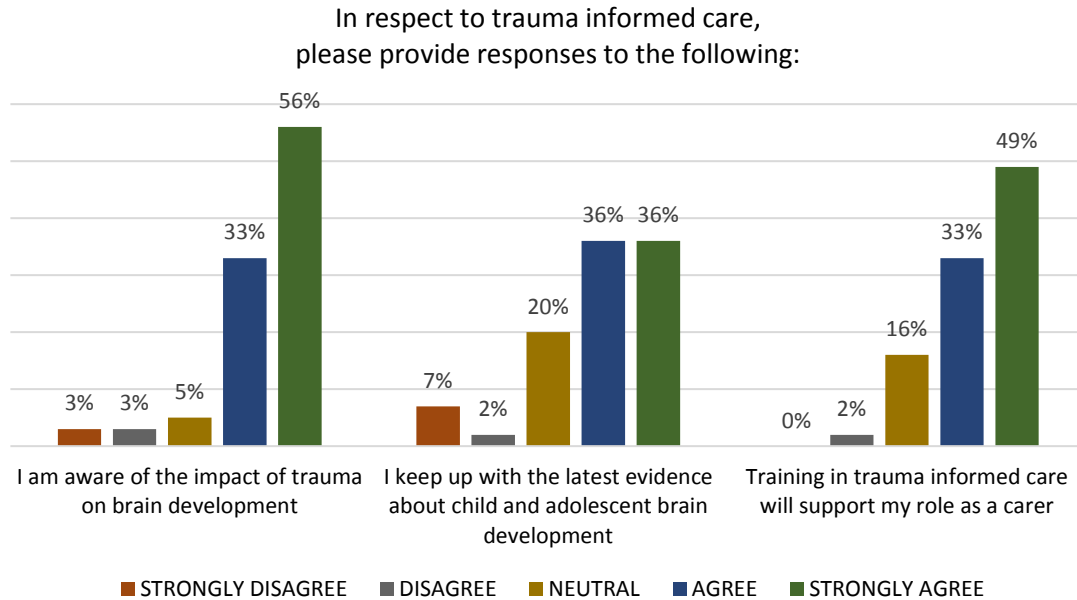
Carers were asked a range of questions relating to their training experiences and responded as follows.

Training is part of support and the right of carers to have training to build their skills. How satisfied are you ...



Carers were asked whether they were satisfied with **provision of or support to access childcare during training**. Only 33% of carers reported feeling always or mostly satisfied in this area.

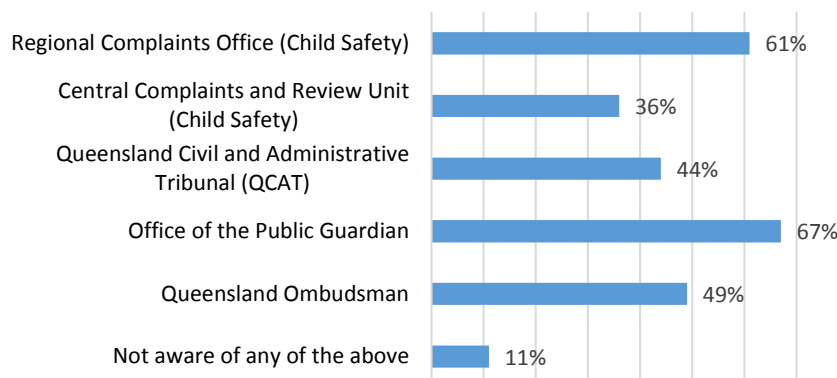
The Queensland Family and Child Commission requested additional questions were asked of carers during this survey relating to their knowledge, understand and access to trauma informed care as follows:



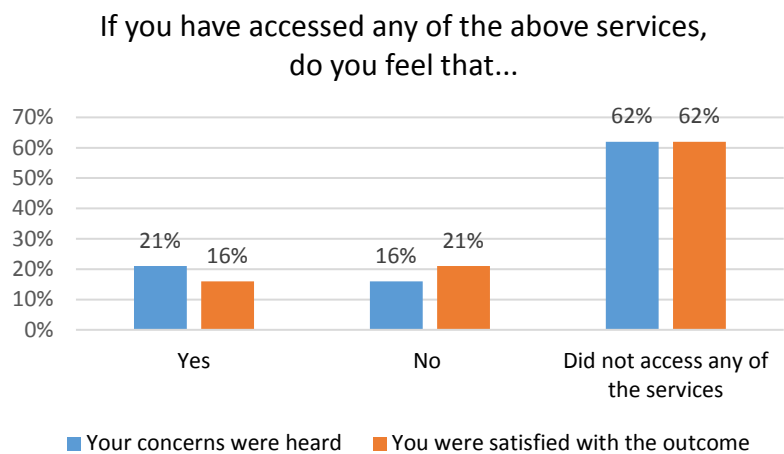
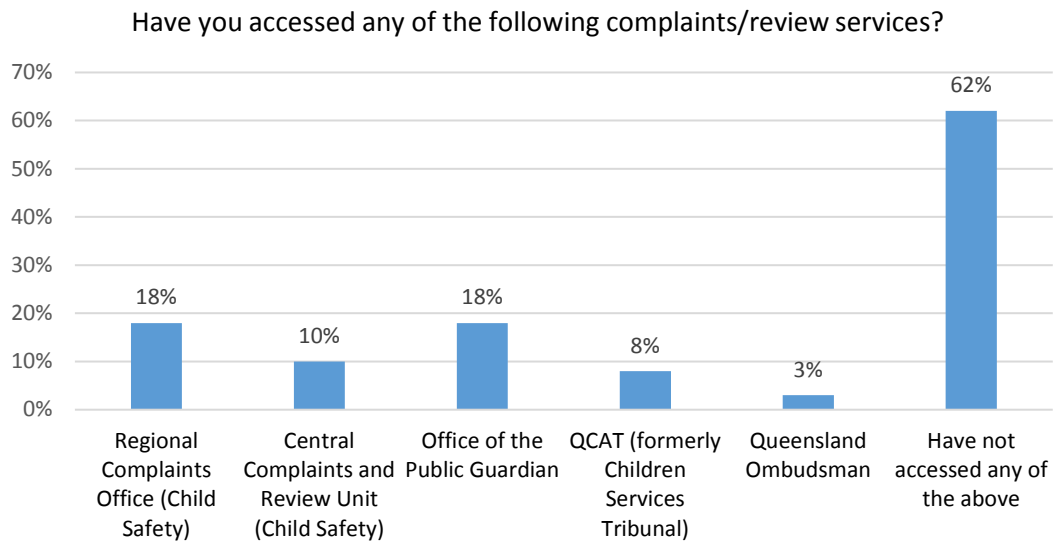
Complaints/Appeals

Carers were asked to identify which complaint/appeal processes they were aware of and which services they had accessed. Of the 83 carers from Far North Queensland region who completed the survey, 61 carers responded.

Which of the following complaints/review processes are
you aware of?



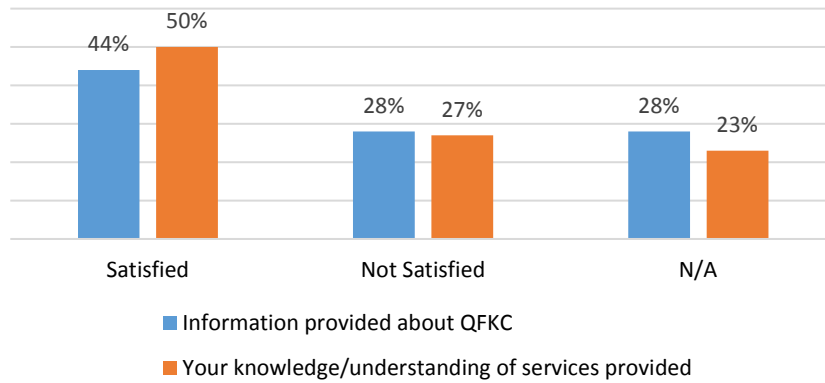
Carers were asked if they felt heard and were satisfied with the outcome regarding their contact with the above services.



Queensland Foster and Kinship Care

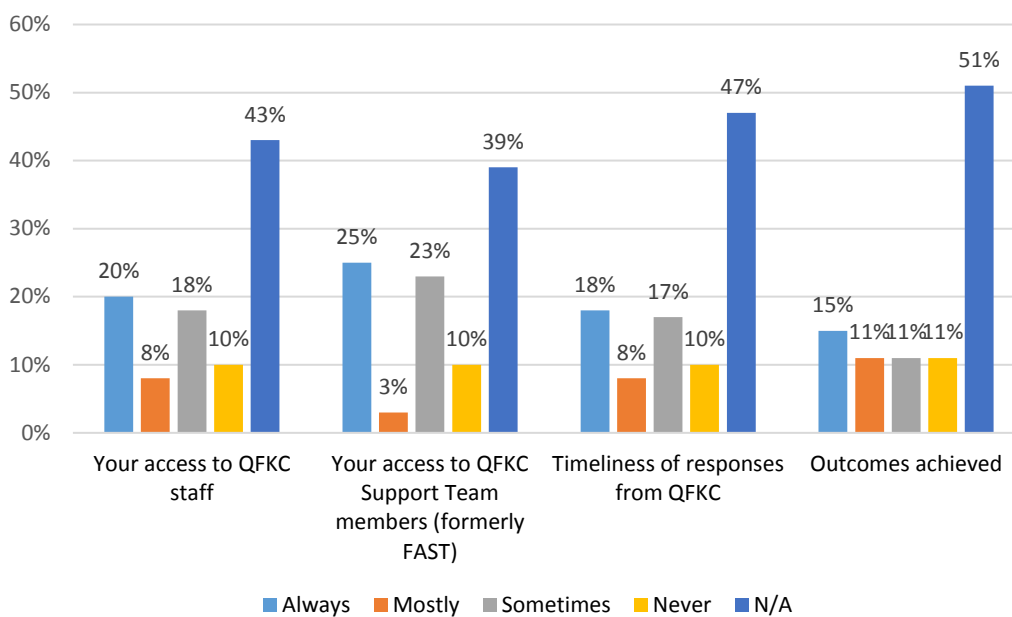
Carers were asked a range of questions relating to Queensland Foster and Kinship Care (QFKC). Firstly, carers were asked if they were satisfied with the provision of information about QFKC, 44% of carers reported satisfaction. In respect to knowledge and understanding of services provided 50% of carers reported feeling satisfied. 28% and 27% of carers were not satisfied in these areas.

QFKC provides support and advocacy to Foster and Kinship Carers. How satisfied are you with...

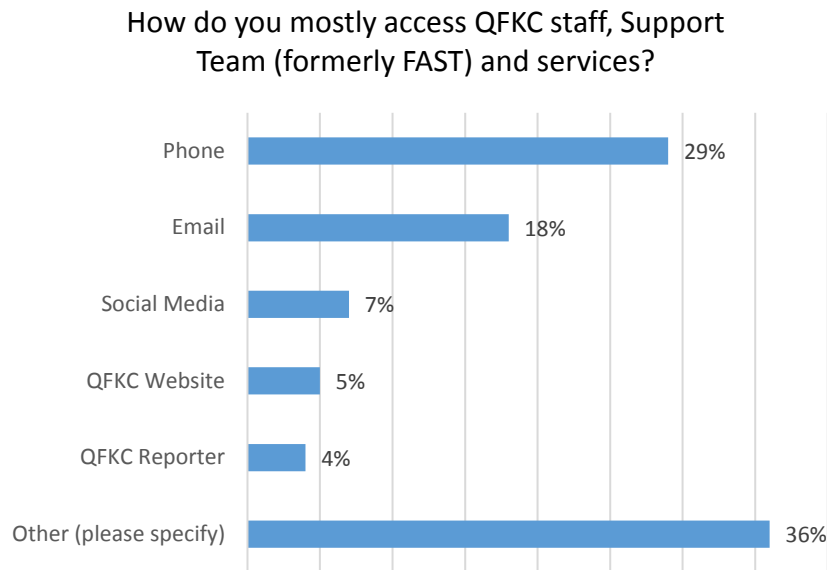


Carers were then asked a range of questions relating to their experiences if they had contact with QFKC, please note that carers who have selected not applicable, have not been included in this data as it is not relevant.

How satisfied are you with...

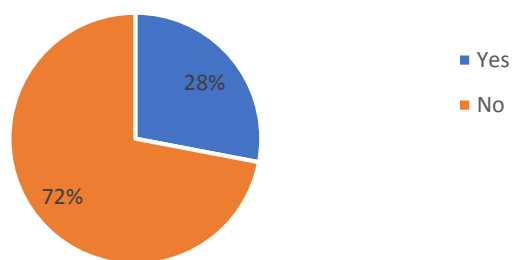


Carers were asked how they mostly access QFKC staff, support team members and other services available through QFKC, carers responded as follows:

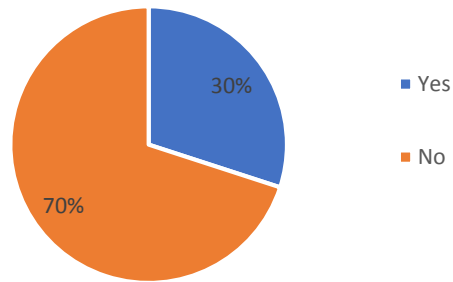


Child Safety – Culture and Practice

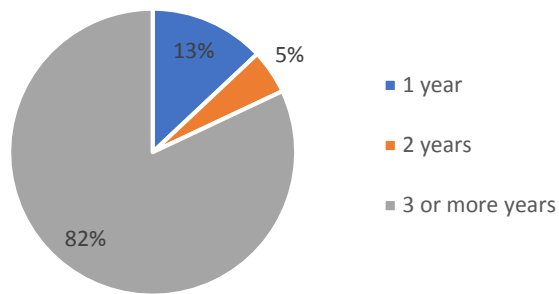
Have you noticed any positive change in practice since 2020?



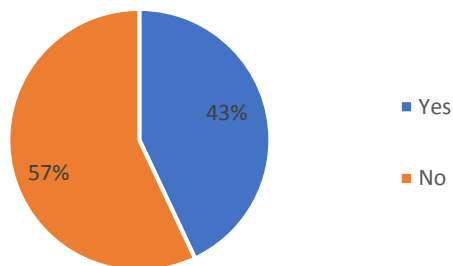
Would you consider culture and practice in Child Safety has improved in the last 2 years?



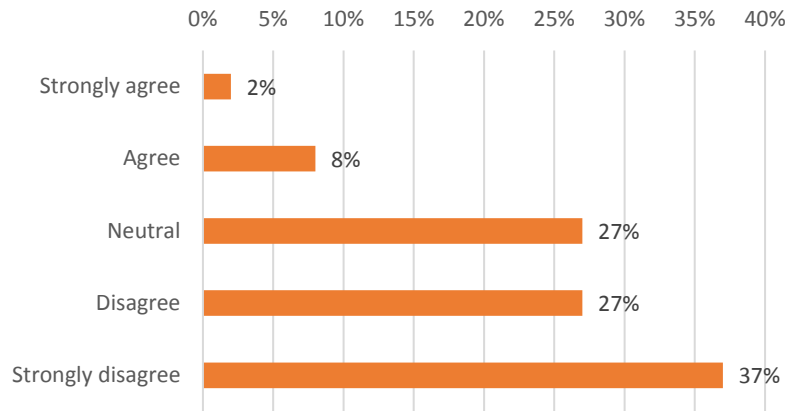
Do you intend to continue caring for?



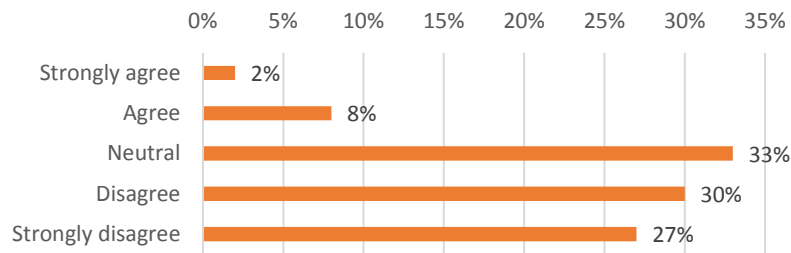
Is there any support/issue that would influence this decision?



Do you feel that the community has confidence in the child protection and family support system?

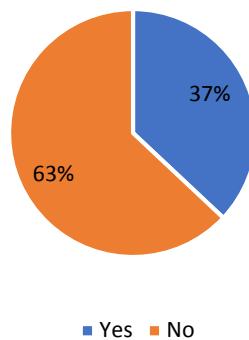


Do you believe the child protection and family support system meets the needs of children, young people and families?



Looking Forward – carers were asked...

Would you advise a friend to be a carer?



FOSTER & KINSHIP CARERS SURVEY 2020 REPORT

Northern QLD
Region






Queensland
Foster and
Kinship Care

Contents

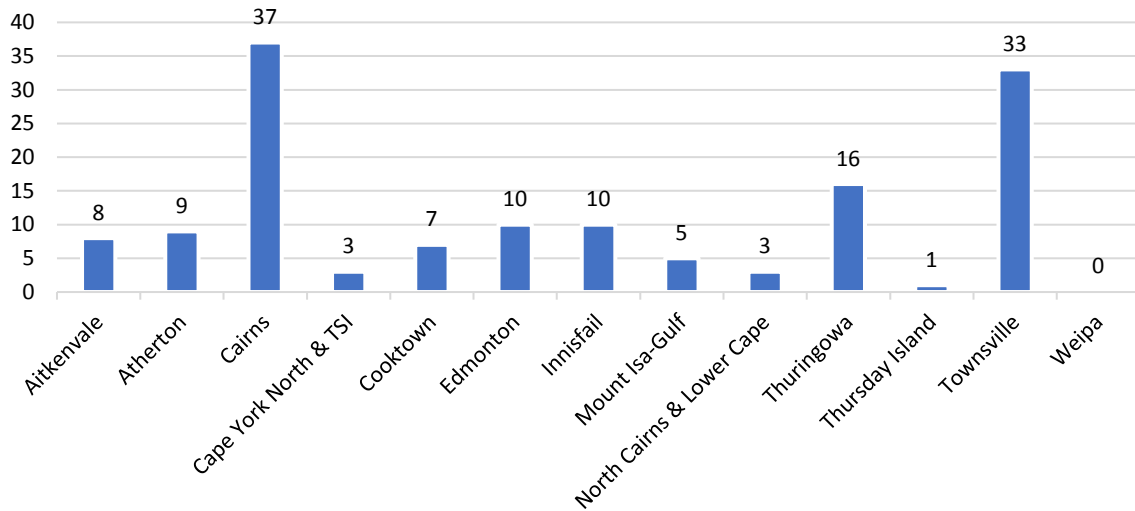
About the Carer	3
Relationship Status	4
Carer Connect & Statement of Commitment	5
Cultural Diversity.....	7
CALD (Culturally and Linguistically Diverse) Community.....	9
Child Safety Services	10
Child Safety Processes.....	12
Standard of Care/Harm Report Process.....	13
Confidentiality.....	14
Financial	15
Local Practice in CSSC.....	17
Education Support Plans	19
Child Health Passports	20
Placement Agreements.....	21
Centrelink.....	22
Support	23
Foster and Kinship Care Programs.....	24
Foster Carer Agreements.....	25
Training	26
Complaints/Appeals.....	27
Queensland Foster and Kinship Care	28
FAST Program.....	29
Partners in Care	30
Child Safety – Culture and Practice.....	30
Looking Forward	30
Finally – carers were asked... ..	31

Queensland Foster and Kinship Care Inc.
7/10 Depot Street, BANYO QLD 4014

 07 3256 6166 |  admin@qfkc.com.au |  www.qfkc.com.au
ABN 16 454 122 946

About the Carer

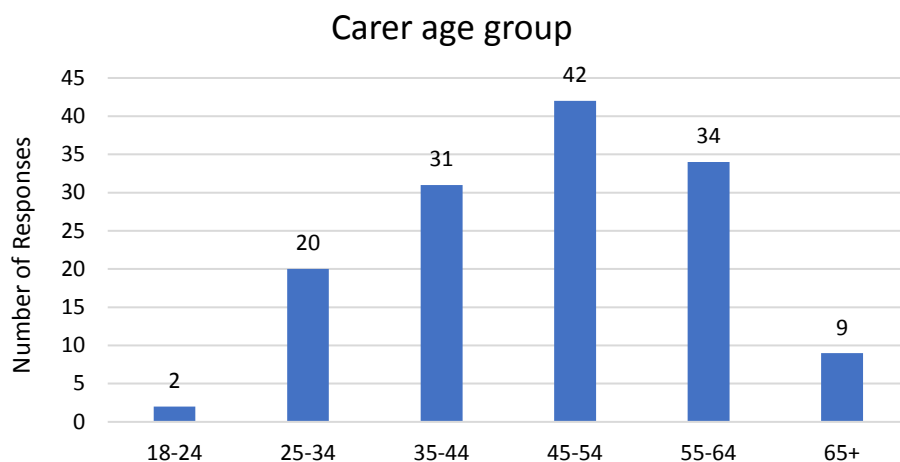
In Northern Qld region 146 foster and kinship carers completed the 2020 Carer Survey and were represented in the following Child Safety Service Centres, noting almost all CSSCs were represented in the survey.



Of the carers in Northern Qld who responded, 115 identified as foster carers (83%), 23 identified as kinship carers (17%) and no carers identified as provisionally approved.

Carers were asked if they were supported by a fostering and kinship carer agency and 96% of carers who completed the survey stated they were.

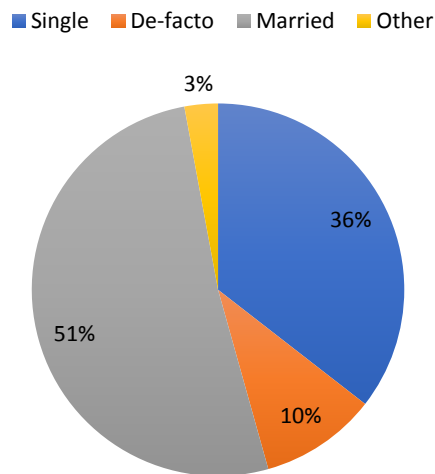
Carers were asked to identify the age group they fitted into.



Aboriginal and Torres Strait Islander

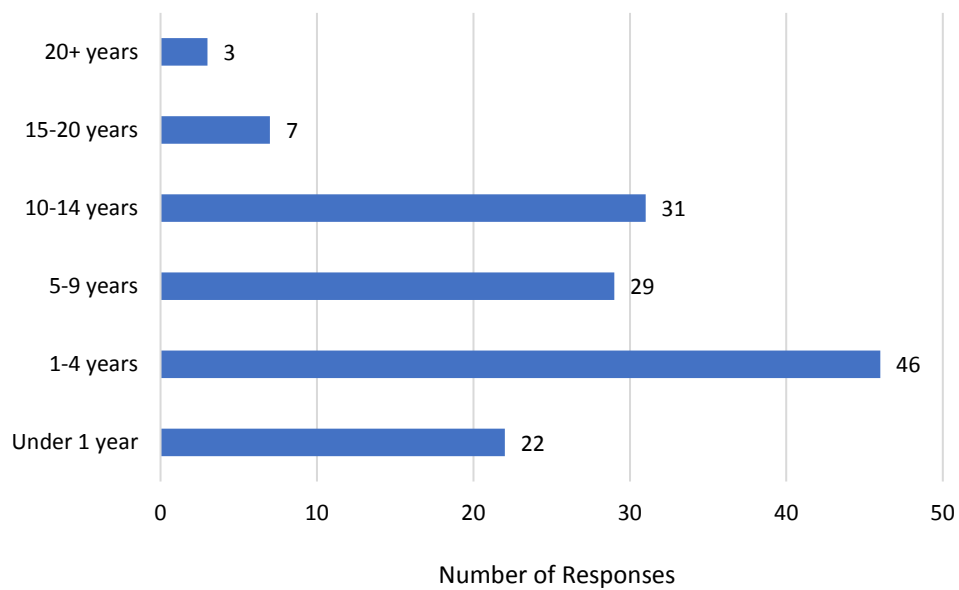
15 carers in Northern Qld who completed the survey identified as Aboriginal, 4 carers identified as Aboriginal and Torres Strait Islander, and 2 carer identified as Torres Strait Islander.

Relationship Status



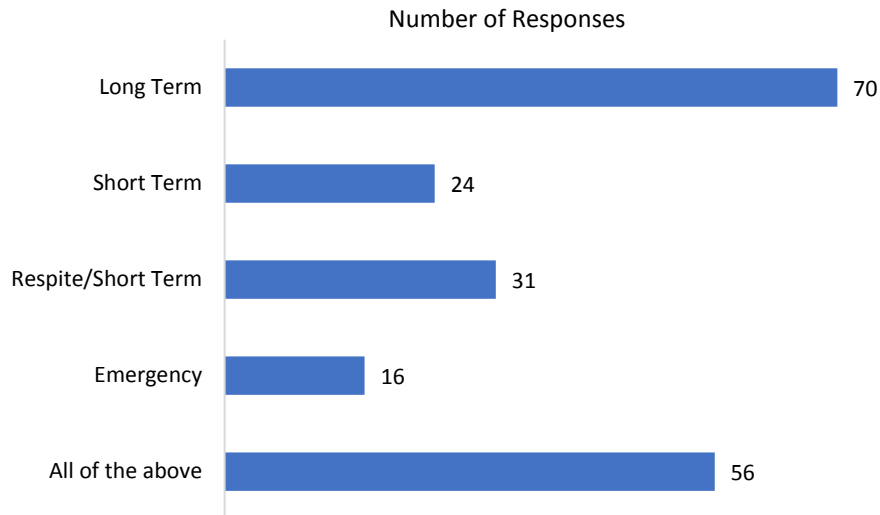
Carers were asked how many years they had been providing care for.

How long have you been a carer?



Carers were asked which type of care they provide, please note that carers were able to select more than one type of care.

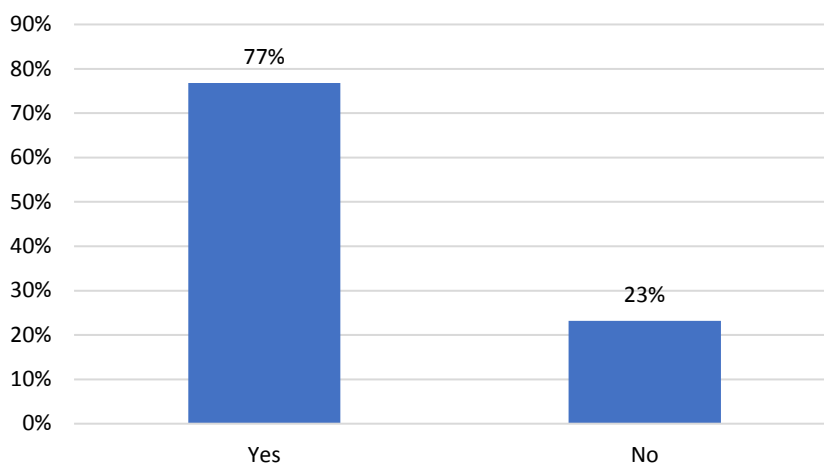
What type of care do you generally provide?



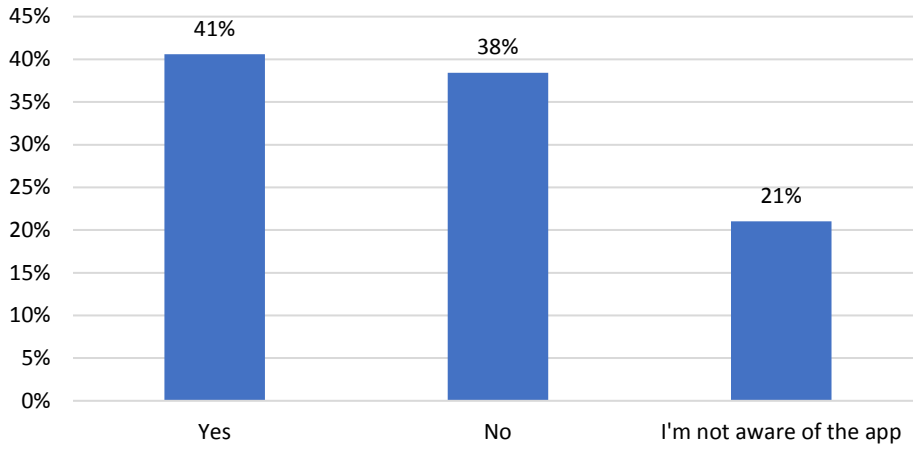
Carer Connect & Statement of Commitment

Carers were asked about their familiarity with the Carer Connect App and the Statement of Commitment. The following responses were provided.

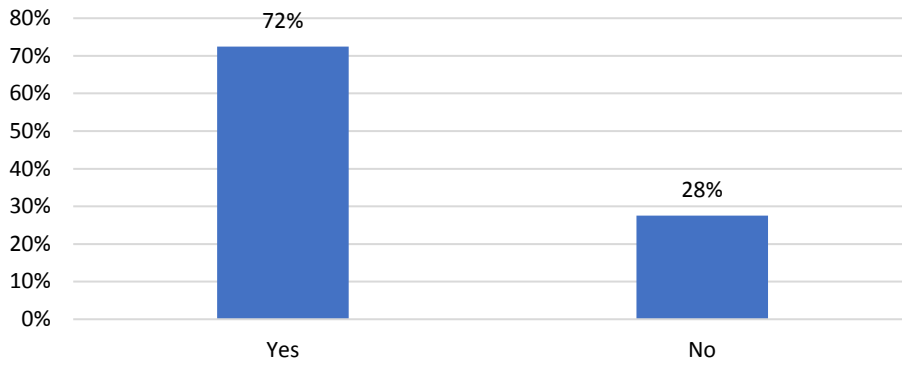
Are you aware of the Carer Connect App



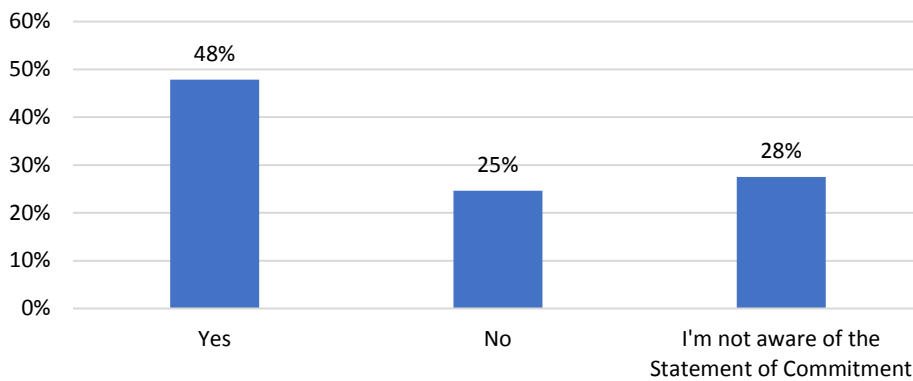
If you are aware of the Carer Connect App, do you use it?



Are you aware of the Statement of Commitment?

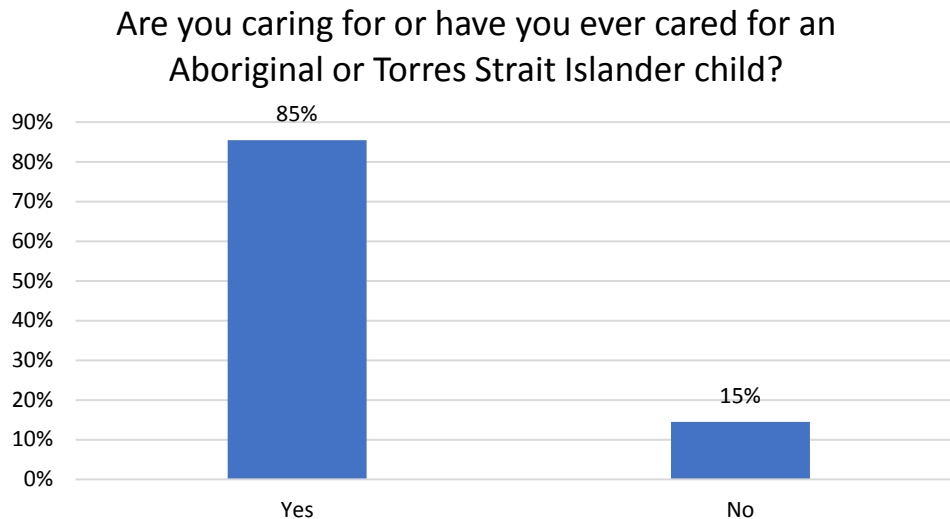


If you are aware of the Statement of Commitment, have you found it a useful document in your role as a carer?



Cultural Diversity

Carers were asked a range of questions relating to care of Aboriginal and Torres Strait Islander children as follows.

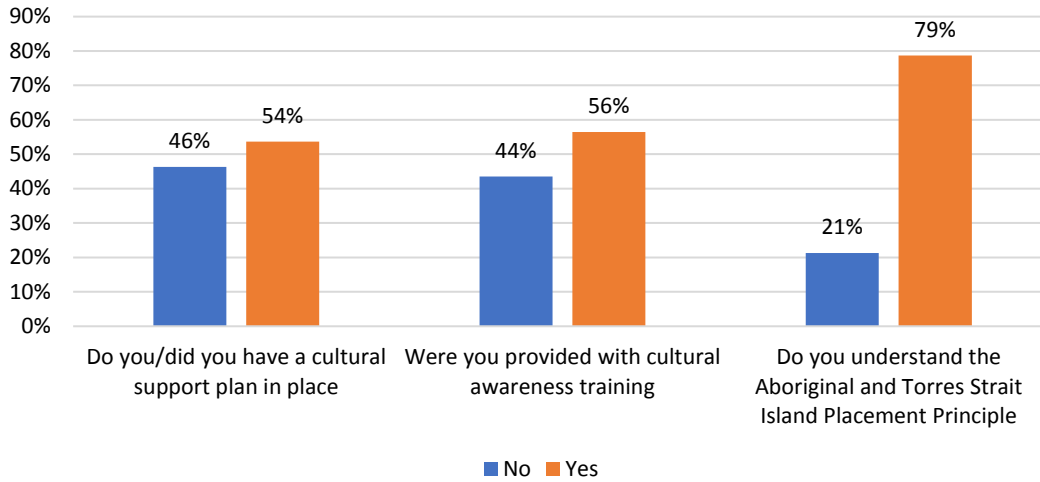


Given that only 21 carers identified as Aboriginal, and/or Torres Strait Islander in this survey, the majority of those carers who have responded yes to this question would not identify as Aboriginal and/or Torres Strait Islander.

Carers who answered yes to the above question, were asked if they had a Cultural Support Plan in place, 54% answered yes, leaving 46% of children placed in care where they identified as Aboriginal or Torres Strait Islander either without a Cultural Support Plan or where the carer had no knowledge of its existence.

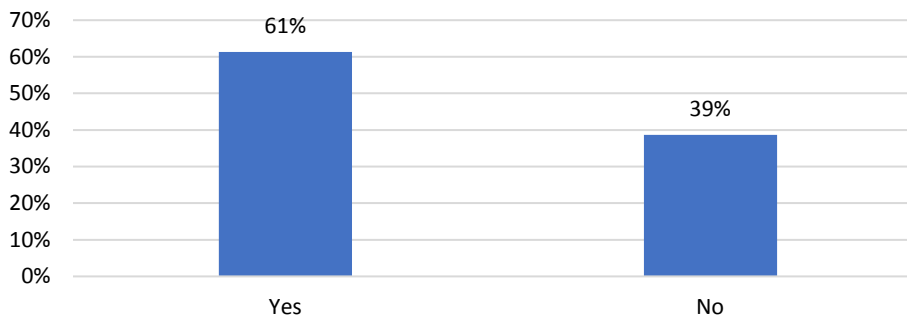
Carers were also asked if they were provided with cultural awareness training to assist them to care for a child who identified as Aboriginal and/or Torres Strait Islander, and as evidenced below 44% of carers who responded advised they did not receive any training to assist them in building their cultural knowledge in their care of Aboriginal and/or Torres Strait Island children.

If you have provided care to an Aboriginal or Torres Strait Islander child please answer the following.



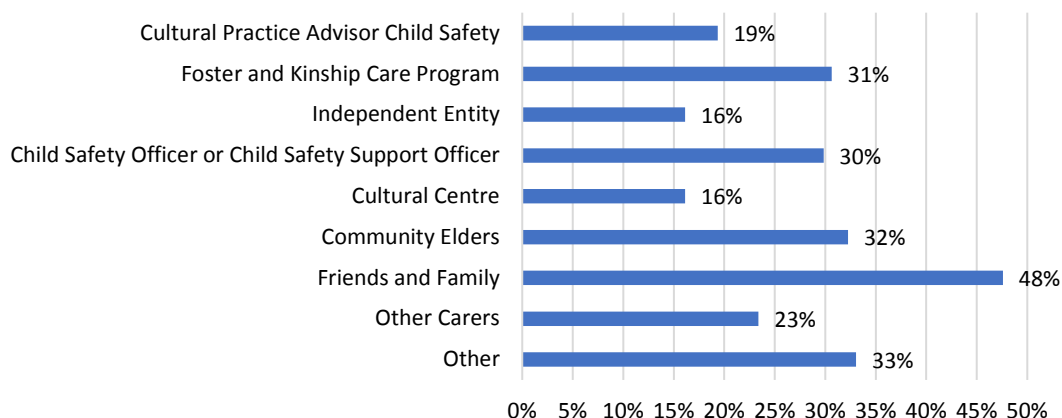
Carers were asked whether they understood the Aboriginal and Torres Strait Islander principle. This principle is explored with foster carers in the Quality Care Pre-Service Training; however, it must be noted that carers are inundated with information during this training and if this is not followed up with further education and information, it is likely it won't be retained by carers. The majority of carers reported understanding the Aboriginal and Torres Strait Islander principle with 79% confirming their understanding and 21% identifying not understanding the principle. 61% also advised they were aware of additional principles for Aboriginal and Torres Strait Islander children contained in the Child Protection Act 1999 (Section 5C) that were introduced into legislation in 2018.

Are you aware of additional principles for Aboriginal and Torres Strait Islander children contained in the Child Protection Act 1999 section 5C?



Carers were then asked where they accessed their cultural information from. Please note that carers were able to select multiple boxes as sources of information for this section.

As carers where do you access your cultural information from?



Carers have provided many comments which support their genuine desire for Aboriginal and Torres Strait Islander children to be connected to their culture. Carers in the Northern Region provided extremely positive comments relating to how they support children in their care to be connected to their culture as evidenced above. Every comment provided by carers from the Northern Region demonstrated a genuine effort and commitment to culture.

There were also comments made by Aboriginal carers in this section whereby the cultural needs of the children they are caring for are being met by the very nature of the placement as per the Aboriginal and Torres Strait Islander principle.

CALD (Culturally and Linguistically Diverse) Community

This is the third survey QFKC has sought to gather information from our carer community regarding the CALD community, specifically how many of our carers identify as being from a CALD community and whether carers have provided care for children and young people from a CALD community.

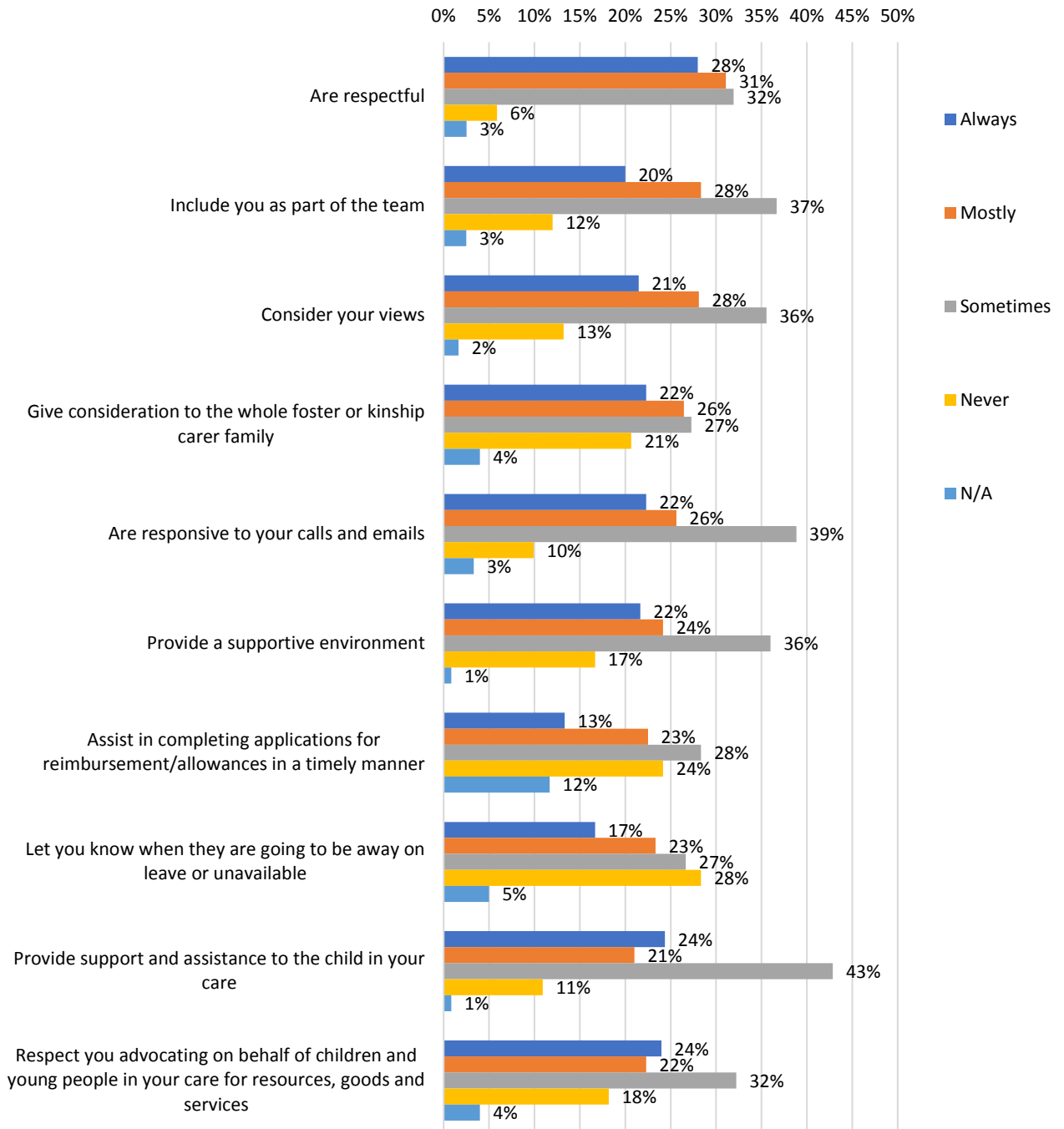
Just 9% (11) of carers who completed the survey in the Northern Qld Region identified from a CALD community and 12% (15) of carers in Northern Qld who completed the survey reported they either were or had provided care to children who were from the CALD community.

Carers who had provided care to children from a CALD community were asked whether they were provided with appropriate training to assist them to provide culturally appropriate care. Unfortunately only 7% advised that they had been provided with training.

Child Safety Services

Carers were asked a number of questions relating to their satisfaction with Child Safety Services.

How satisfied are you with relationships with staff at Child Safety Services. Are you satisfied that staff at your local office...



A total of 59% of carers reported feeling **respected** either always or mostly; that does leave 38% of carers however who reported only feeling respected sometimes or never. (3% reported this as being N/A).

A total of 48% of carers reported feeling **like part of a team** either always or mostly which is an increase since the 2018 survey (41%); that leaves the majority of carers who completed the survey in the Northern Qld region **not feeling like part of a team**. However it is positive to note that the satisfaction rate in this area has risen since the 2018 survey.

49% of carers reported feeling that Child Safety **consider their views** either always or mostly, again an increase since the 2018 survey (37%); that leaves 49% of carers who completed the survey in the Northern Qld region **feeling their views are not considered** (2% reported this as being N/A).

27% of carers reported that they felt there is only **sometimes consideration given to the whole foster or kinship carer family**. Pleasingly this is a decrease on the 2018 survey (which was 33%). The recent responses from carers reporting that they feel Child Safety never consider the whole foster or kinship carer family also decreased from 32% in 2018 to 21% in this 2020 survey period. Overall this means that in 2018 65% of carers reported feeling only sometimes or never satisfied in relation to consideration being given to the whole of carer family and the latest survey results show that dissatisfaction has decreased to 48% which is very positive to see.

48% of carers reported that their CSSC was **responsive to calls and emails**, 49% reported only sometimes or never and 3% marked N/A. With respect to carers feeling that Child Safety **provides a supportive environment** 53% of carers completing the survey in Northern Qld feel that this is only sometimes or never the case.

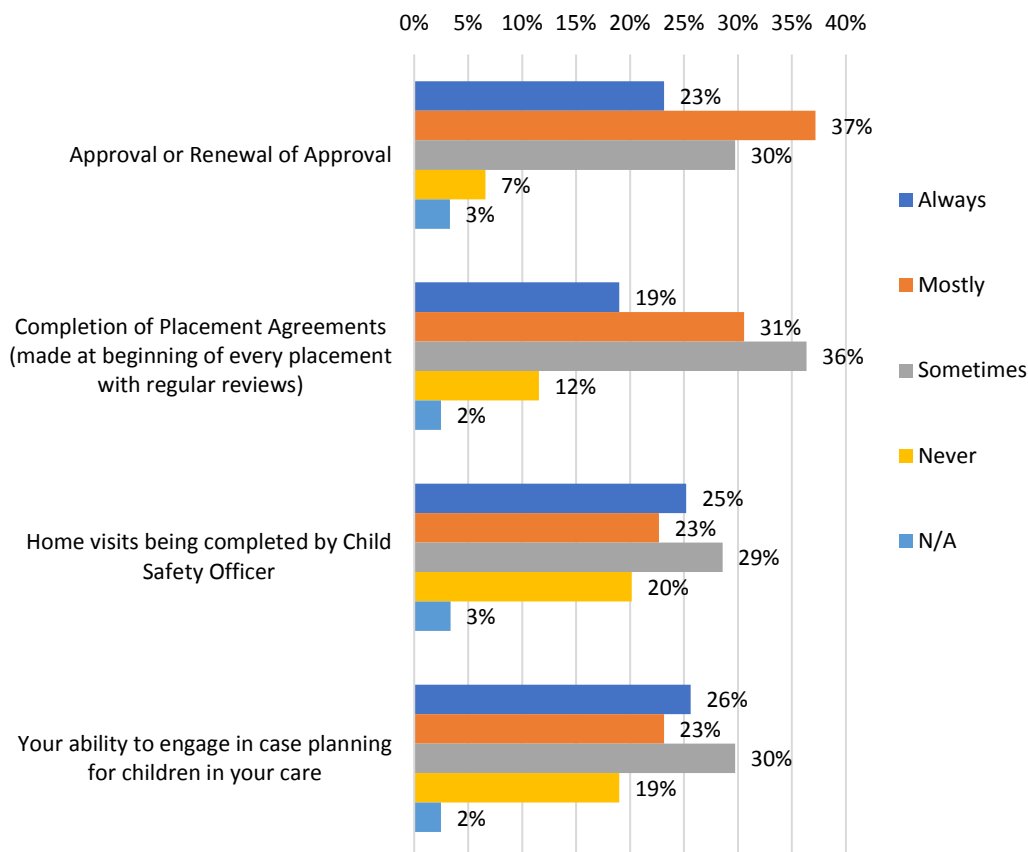
52% of carers completing the survey in the Northern Qld region reported either sometimes or never that they felt their CSSC **assisted in completing applications for reimbursement/allowances in a timely manner**. This is down from the 2018 Carer Survey (62%). As stated in previous surveys, financial stress can very much impact on placement stability and is often overlooked as a stress factor in foster and kinship families despite financial stress being one of the most recognised sources of stress in normal everyday families.

Advising the care team when planned leave or unavailability is occurring is a basic communication requirement in order to build a respectful and supportive care team. Carers are expected to **let the care team know when they are going away or are going to be unavailable**, therefore it would be an expectation that this same courtesy is provided to carers. 40% of carers responded either always or mostly being advised, an increase to that reported in the 2018 survey (30%). However, it still leaves more than half of carers (55%) who completed the survey in Northern Qld left in the dark during these times.

54% of carers reported that they **only sometimes or never are provided support and assistance to the child in their care**. 50% of carers reported that they only sometimes or never feel **respect to advocate on behalf of children and young people in their carer, for resources, goods and service**. Carers are assessed against their ability to be considered a suitable person to provide care through many criteria, one of these being their ability to appropriately advocate on behalf of children. Stakeholders can hold different views, however it is important that all members of a child's safety and support network feel empowered to advocate on behalf of a child. This leads to accountability, transparency and best practice overall.

Child Safety Processes

How satisfied are you with the following Child Safety processes



60% of carers in Northern Qld completing this survey reported feeling either always or mostly satisfied **with the approval and renewal process** and that overall only 7% of carers reported never feeling satisfied in this area.

Carers were asked if they were satisfied with the **completion of Placement Agreements**. This area is explored in more detail further in this report. However, given that Placement Agreements are a legislative requirement it is concerning that only 50% of carers reported feeling always or mostly satisfied that they are completed at the beginning of every placement and with regular reviews.

In relation to **home visits being completed by Child Safety Officer** 49% of carers reported feeling sometimes or never satisfied that this was occurring.

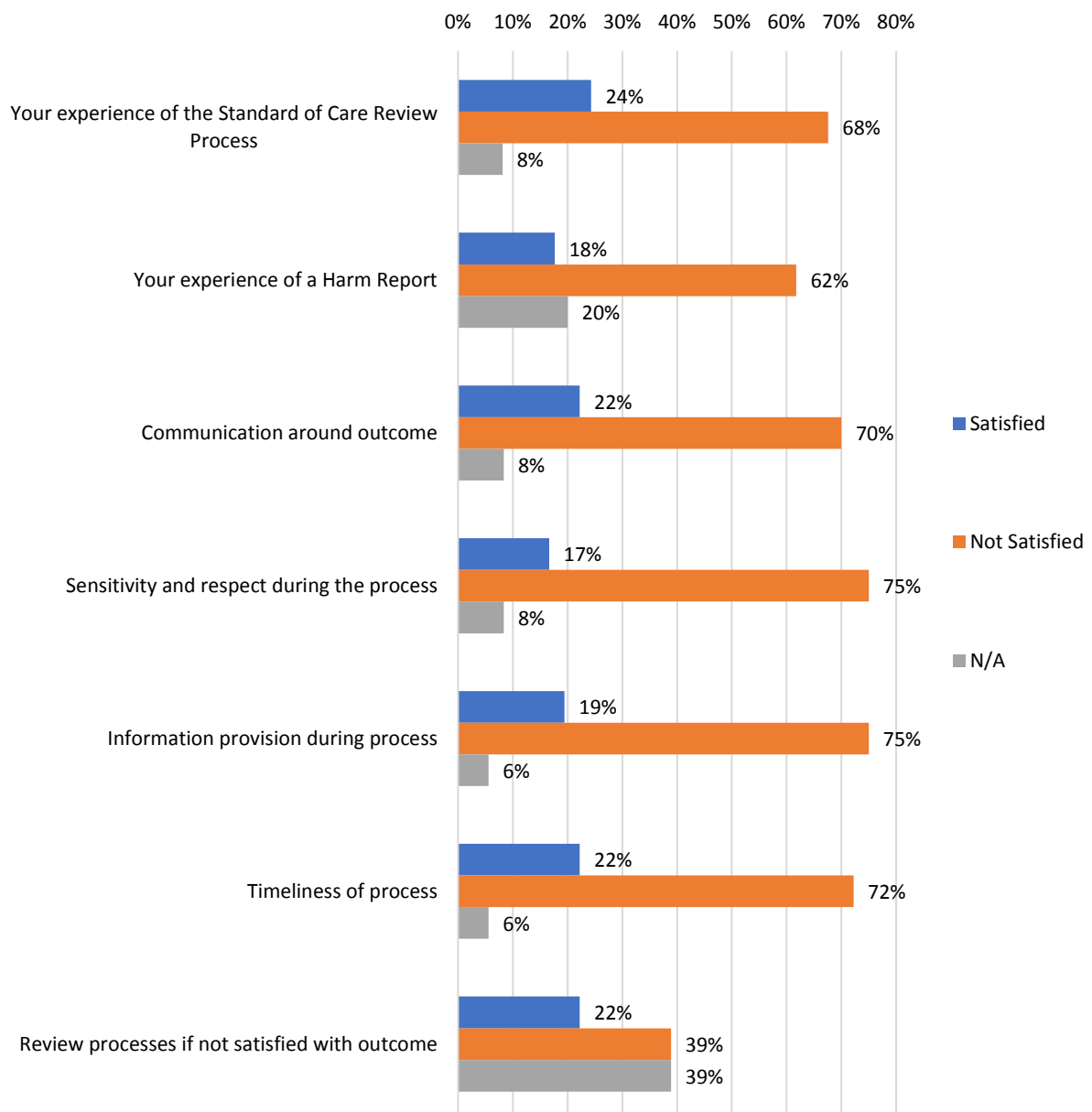
49% of carers reported feeling only satisfied sometimes or never **with their ability to engage in Case Plan meetings for children in their care**. Given statements within the Statement of Commitment that recognise a critical role in participating in decisions affecting children in their care, these figures should reflect a much higher percentage.

Standard of Care/Harm Report Process

Carers were asked if they had experienced a Standard of Care or Harm Report, and of those surveyed 30% (36) had been through the process; they further offered the following information relating to that experience.

Overall, of the carers from Northern Qld who responded that they had been through the SOC/Harm Report process, they were not satisfied with their experience.

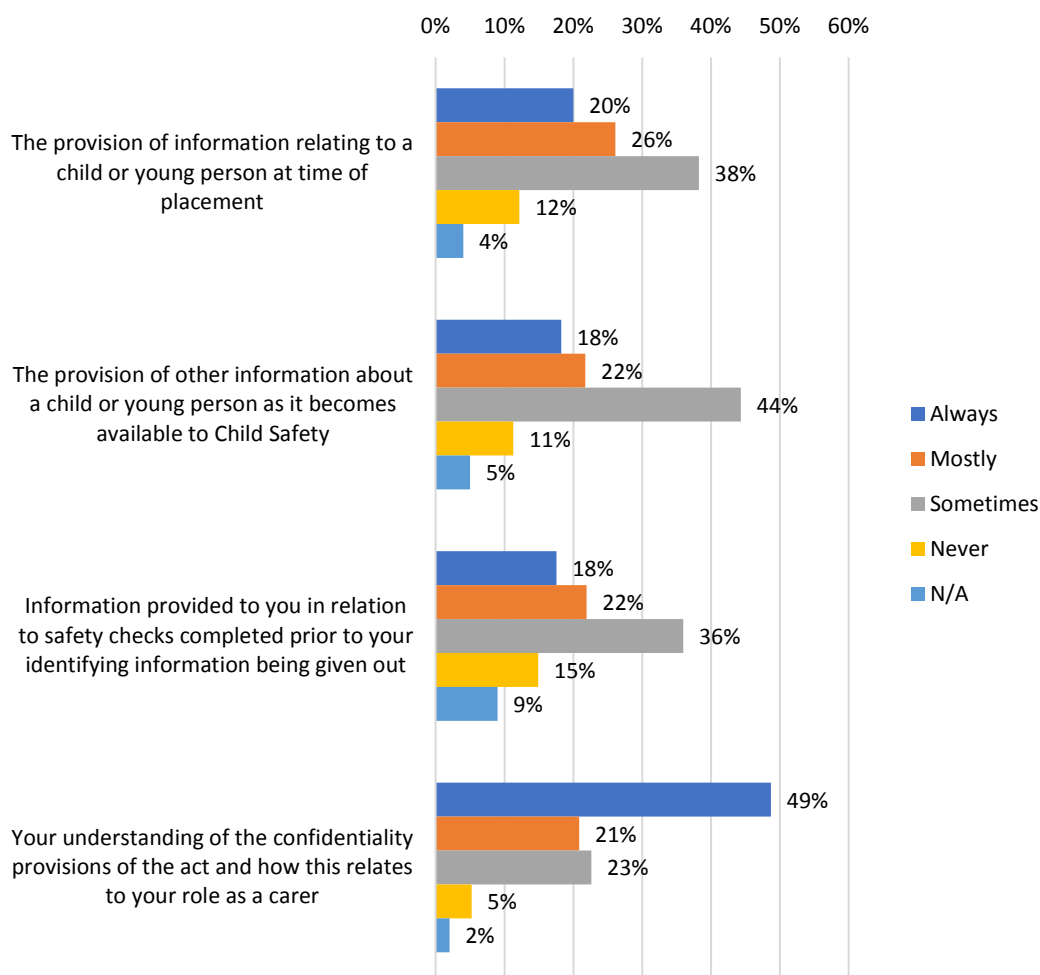
If you did experience a Standard of Care Review (SOCR) or Harm Report, how satisfied are you with...



Confidentiality

Carers were asked to provide their responses to a range of questions around confidentiality.

In respect to confidentiality and your role as a carer,
how satisfied are you with...



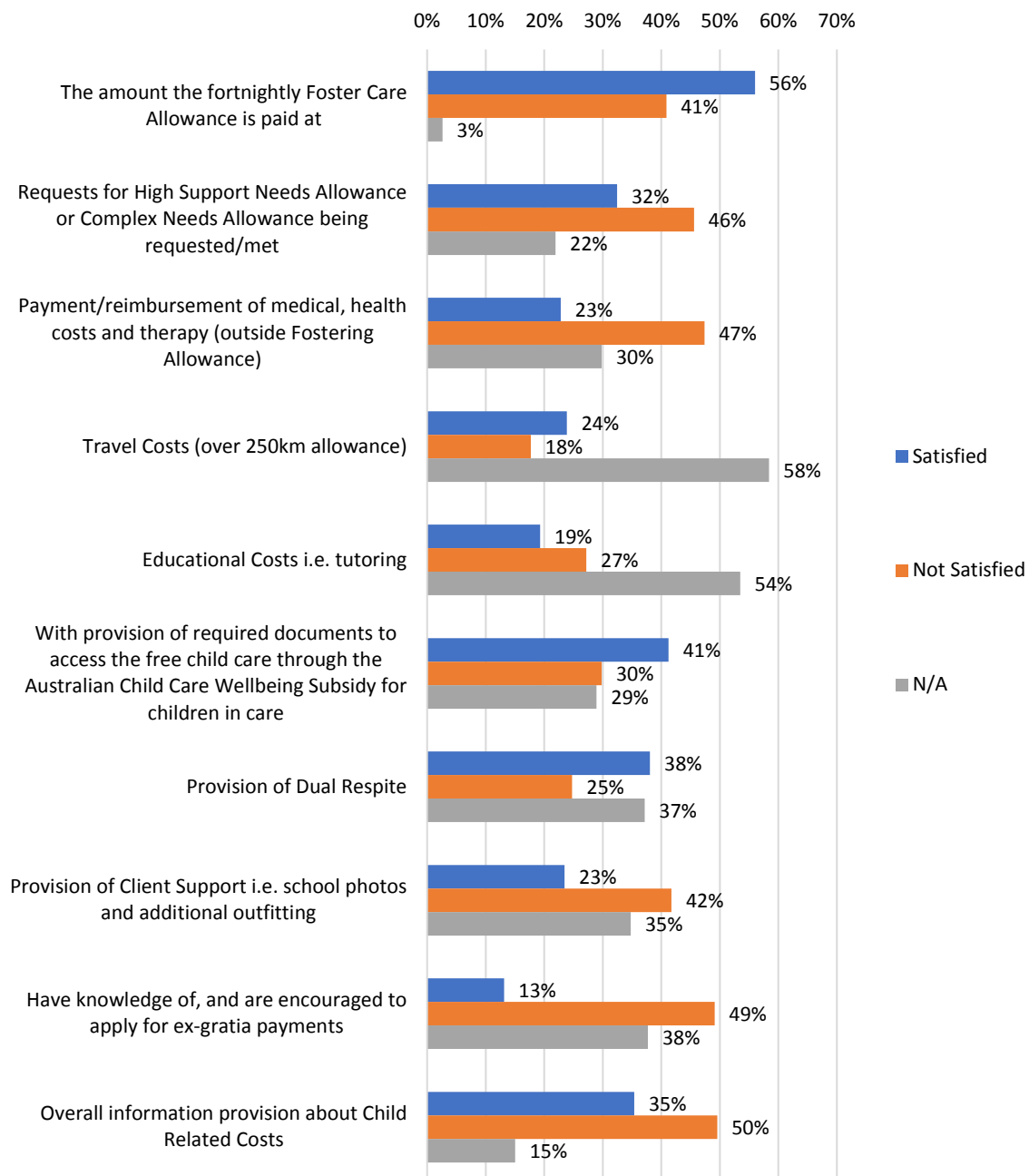
Whilst it is recognised Child Safety very rarely have all the information at time of placement, over time Child Safety gathers information which is vital to pass on to carers as this allows the carers to understand a child's trauma better and provide appropriate care. Unfortunately 55% of carers reported that they feel **information provision about a child as it becomes available** is only shared with them sometimes or never. However it is positive to note that this figure represents improvement on the 2018 Carer Survey (66%) and the 2016 survey (also 66%).

51% of carers reported their satisfaction level at sometimes or never with **information provided in relation to safety checks prior to any identifying information being given out**. 70% shared that they were always or mostly satisfied with their understanding of the **confidentiality provisions of the act and how it related to their role as a carer**.

Financial

Carers were asked to report on their satisfaction level in relation to financial support, please see below graph for detailed responses.

In respect to financial support provided, how satisfied are you with...



In summary, the dissatisfaction at the **amount of the fortnightly foster carer allowance** has continued to increase. In previous surveys it has been reported as high as 80% satisfaction, however in this 2020 survey it appears to be continuing its downward trend to a current level of 56% of carers who responded to this question feeling satisfied. This of course could be attributed to many factors, including the cost of living not being compatible with the CPI index, particularly around household expenses of electricity, water, food and other essentials as outlined in the Executive Summary. Not least the COVID-19 situation that plunged everyone into the unknown and forced stress on many household budgets, foster and kinship carers included.

Of those carers who felt that the question relating to **requests for HSNA and CSNA** was applicable, 58% (52 carers) reported feeling not satisfied with their requests being met.

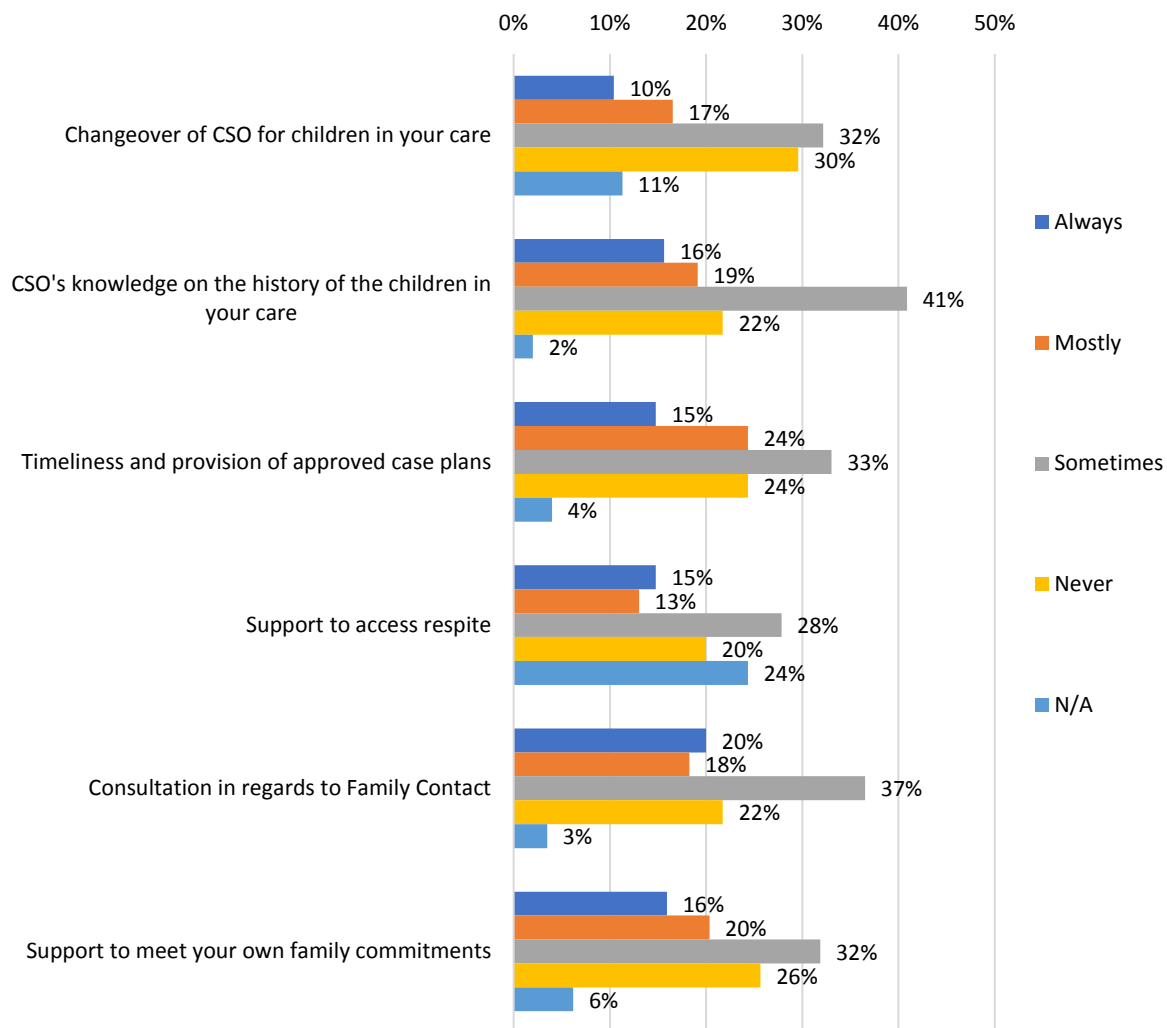
It is pleasing to note that the **provision of required documentation to access the free childcare subsidy for children in care** had a 41% satisfaction rate and only 30% were not satisfied (58% in 2018), with 29% noting the questions didn't apply to them. It is 2 years since the implementation of the subsidy and whilst there was initially a level of frustration with the new system, clearly a lot of education has gone into the sector to help carers, departmental staff and fostering and kinship care staff all understand what is required. QFKC continues to work with Child Safety to develop a fact sheet for all stakeholders to understand their responsibilities in the application of ASCC which should further improve overall awareness.

Finally, 50% of carers reported feeling not satisfied with the **overall information provision relating to Child Related Costs**.

Local Practice in CSSC

Carers were asked a range of questions around their satisfaction level across a few pertinent areas, this is their response.

How satisfied are you with local practice of departmental staff dealing with...



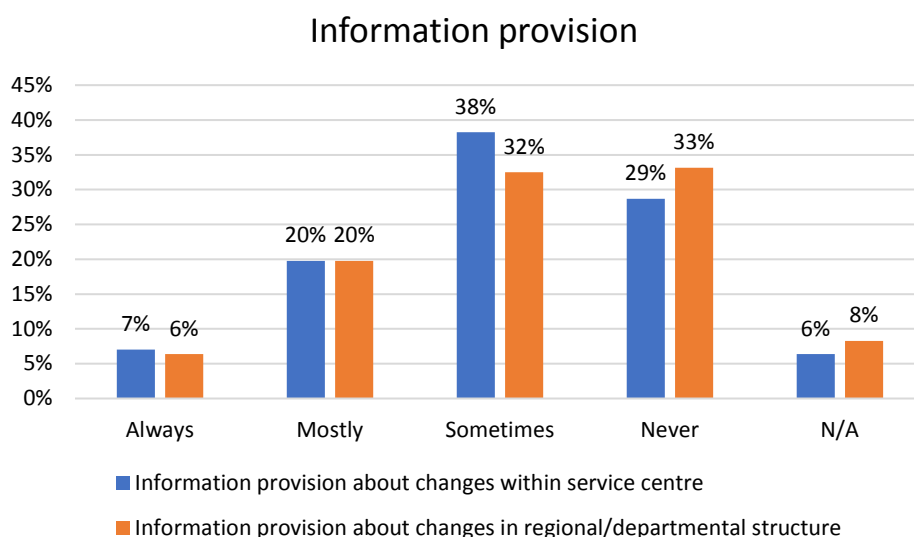
It is noted there was a further decrease to the dissatisfaction rate from carers around **changeover of CSO for children in their care**. In this current survey there were 62% of carers completing the survey who reported feeling sometimes or never satisfied whilst this was reported at 68% during the 2018 Carer Survey.

63% of carers were either sometimes or never satisfied with the **CSO's knowledge on the history of the children in their care**. 57% of carers reported feeling either sometimes or never satisfied with the **timeliness and provision of approved Case Plans**.

Carers were asked if they were satisfied with **support in accessing respite**, and whilst this was not applicable to 24% of carers, there were 28% either always or mostly satisfied, and 48% sometimes or never satisfied. Respite can be an essential element of placement support when used appropriately, it can also create an extended network for children and provide self-care opportunities for carers. QFKC recognises the lack of respite options available across the state, so whilst Child Safety are likely to be supportive of respite for children and young people when deemed to be in their best interests, it is not always possible for Fostering and Kinship Care Services to have respite placement options available.

59% of carers reported feeling only sometimes or never satisfied in **being consulted in regard to family contact**. The dissatisfaction rate reported in the 2018 Carer Survey was 60%. Carers often have critical observations and information to input into decision making. Consultation does not mean that carers make the decision, it means that Child Safety spend time accessing critical information the carer holds in experience of providing 24/7 care to the child. Consulting with carers in matters such as family contact also aligns with the Statement of Commitment.

With regard to the question around **support to meeting their own family commitments** 58% of carers felt that sometimes or never were their needs taken into consideration, and only 36% of carers reported feeling always or mostly that they were considered.



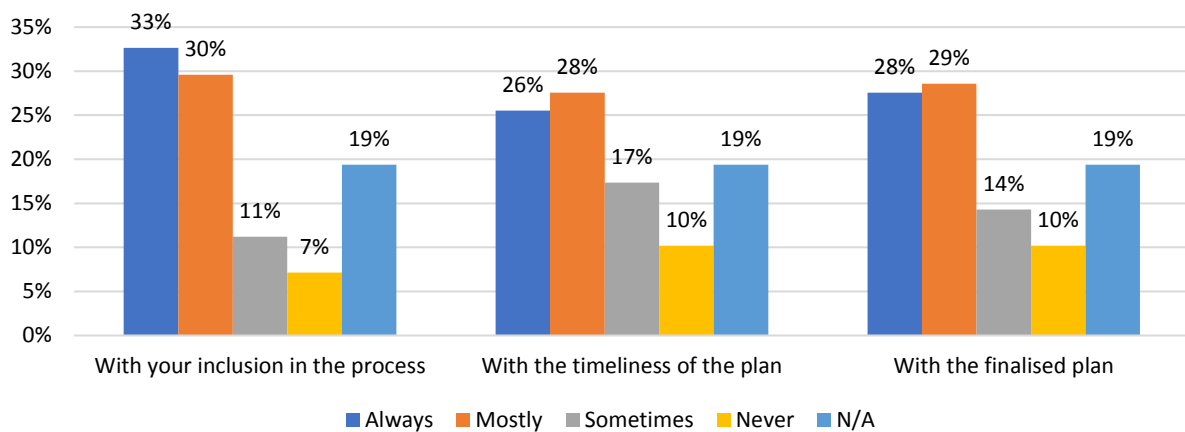
As demonstrated in above graph, carers continue to express overwhelmingly that they are only sometimes or never **kept up to date about changes in either their CSSC or region/departmental structure**. Whilst the sector has introduced the Carer Connect App, and carers are gradually using this tool as a means of being updated, it must be acknowledged that all carers are individuals and should be communicated with in a way that meets their needs. For some this will continue to be via email, phone and even face to face. The Carer Connect app is mentioned earlier in this report, and pleasingly 77% of carers who completed this survey were aware of the app, however only 41% were currently using it.

Education Support Plans

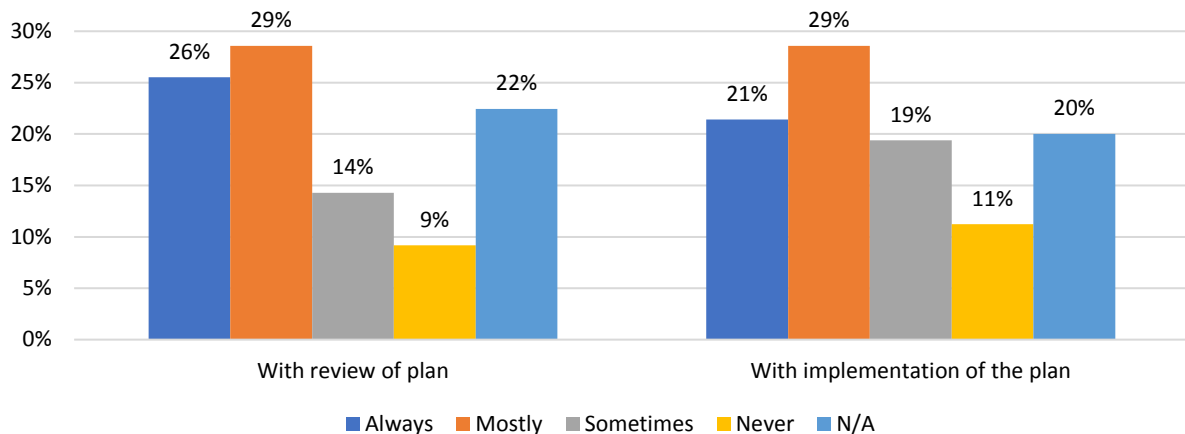
Carers were asked if they had a current ESP plan in place for the child/ren in their care, and 64% reported they did have a plan (70% in the 2018 Carer Survey).

Carers were then asked a range of questions relating to the ESP process and their satisfaction is shown below.

If the child/ren in your care have an Educational Support Plan (ESP), are you satisfied



If the child/ren in your care have an Educational Support Plan (ESP), are you satisfied

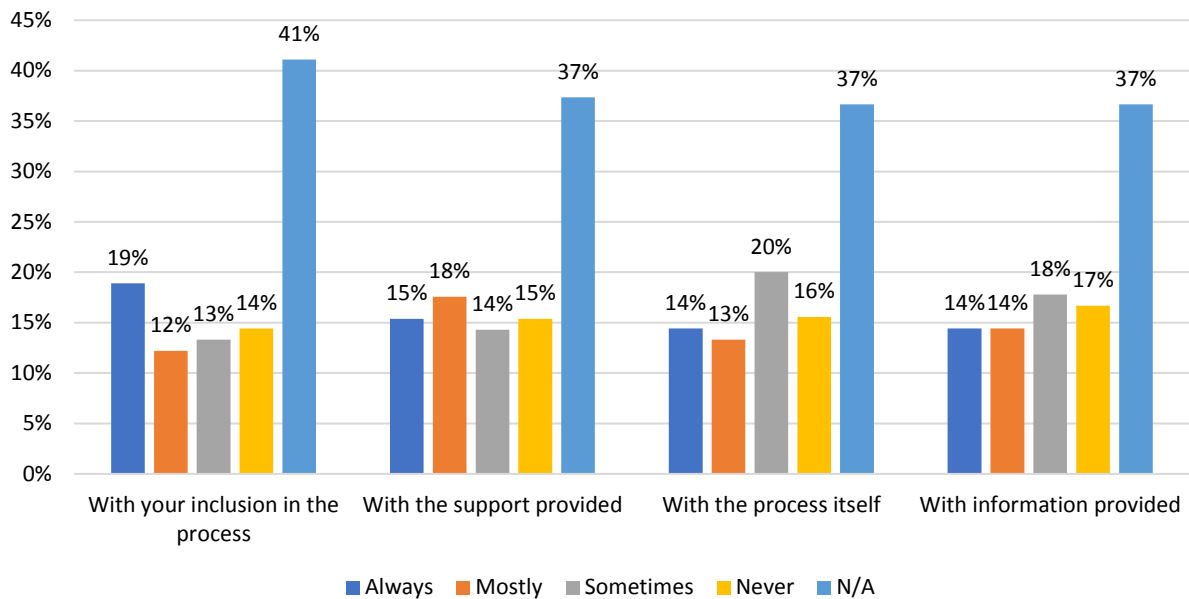


It would seem from the above data that most carers have reported they are either always or mostly satisfied with the processes surrounding ESP plans. Satisfaction rates did seem to go down very slightly in respect to the actual review and implementation of plans.

Child Health Passports

Carers were asked if the child/ren in their care had a current Child Health Passport, and 40% reported having one. A range of other questions were then asked relating to the processes of Child Health Passports and how satisfied they were, carers reported as follows:

If the children in your care have a Child Health Passport (CHP) are you satisfied

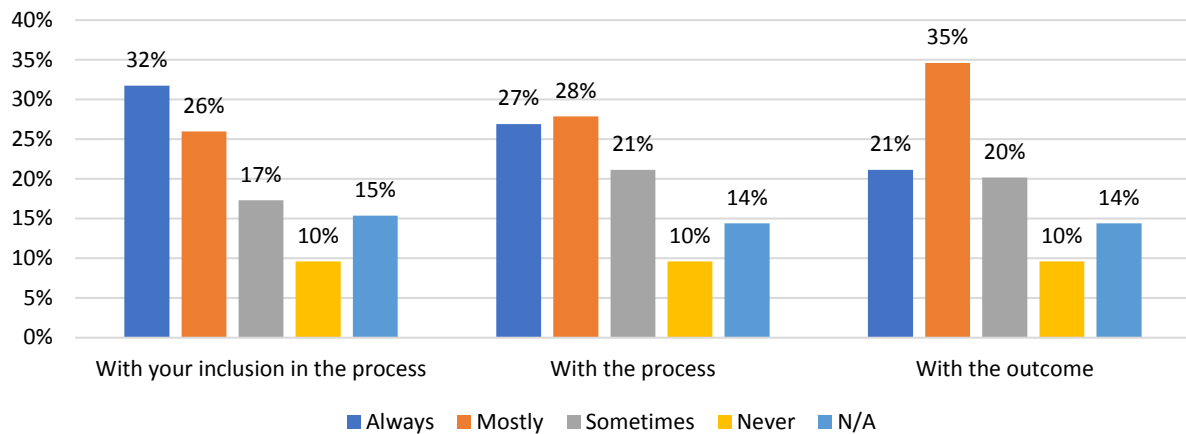


Placement Agreements

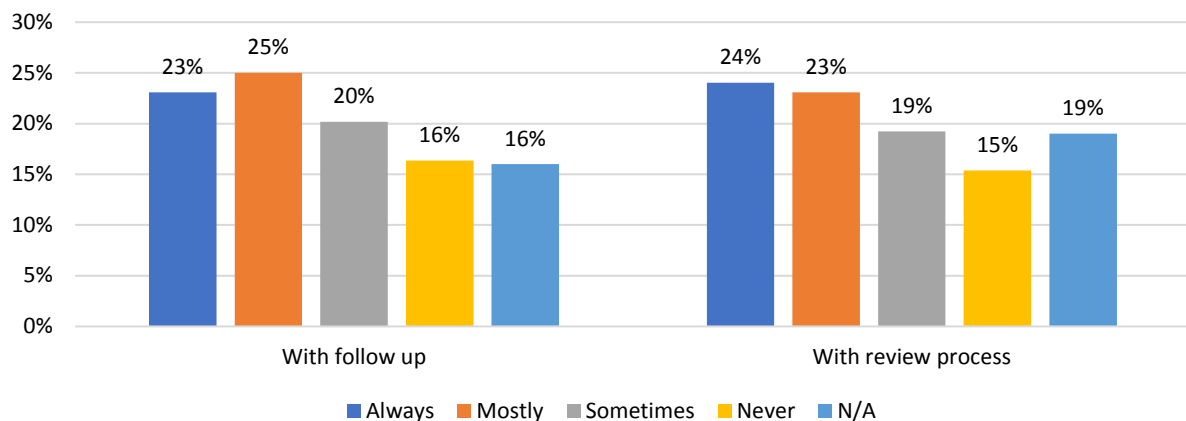
Carers were asked if they had a current Placement Agreement generated from a placement meeting, 66% of carers reported they do, (71% said they did in 2018 Carer Survey).

Carers were asked a range of questions relating to their satisfaction around the processes of Placement Agreements with the following responses.

If you do have a current Placement Agreement that has been generated from a Placement Meeting, are you satisfied



If you do have a current Placement Agreement that has been generated from a Placement Meeting, are you satisfied



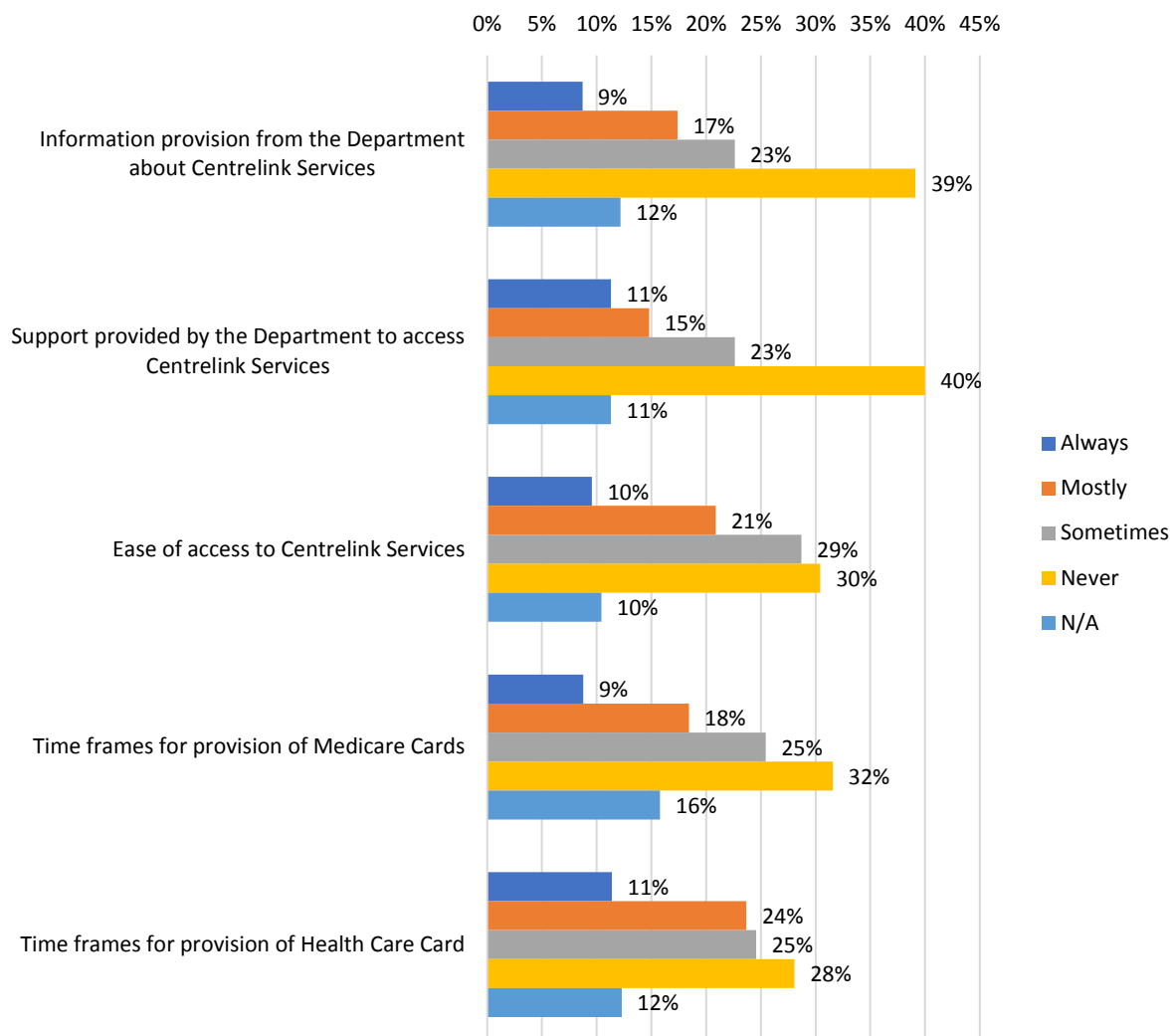
It is positive to see that carers are mostly satisfied with Placement Agreements across the areas of inclusion, process and outcomes although the follow up and review process continues to require attention.

Carers were then asked whether they received a copy of the Placement Meeting minutes, and overwhelmingly 70% stated they did not, (82% in 2018).

Centrelink

Carers were asked a range of questions relating to Centrelink and how they were supported to access services through Centrelink from the CSSC, responses were as follows.

Interaction with Centrelink is often a part of accepting a placement. How satisfied are you with...

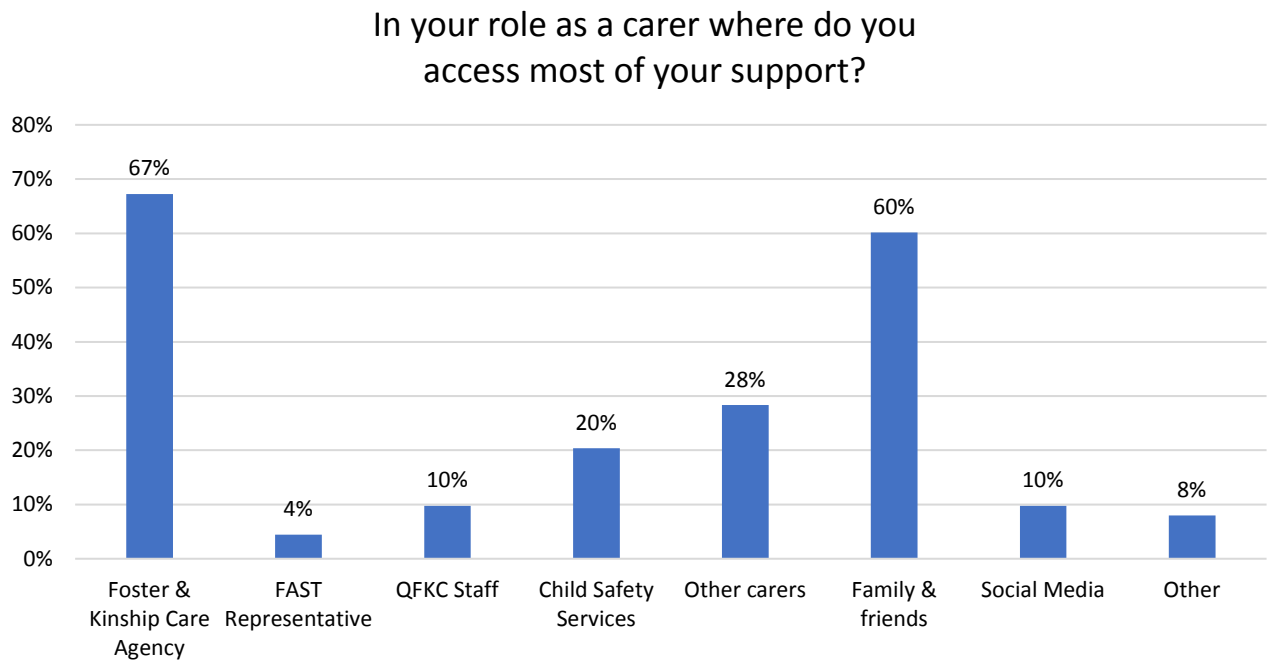


It is evident from the above graph that carers are feeling a high level of dissatisfaction in this area with the majority of carers feeling that they never **receive information or support from their CSSC in relation to how and what they can access from Centrelink**.

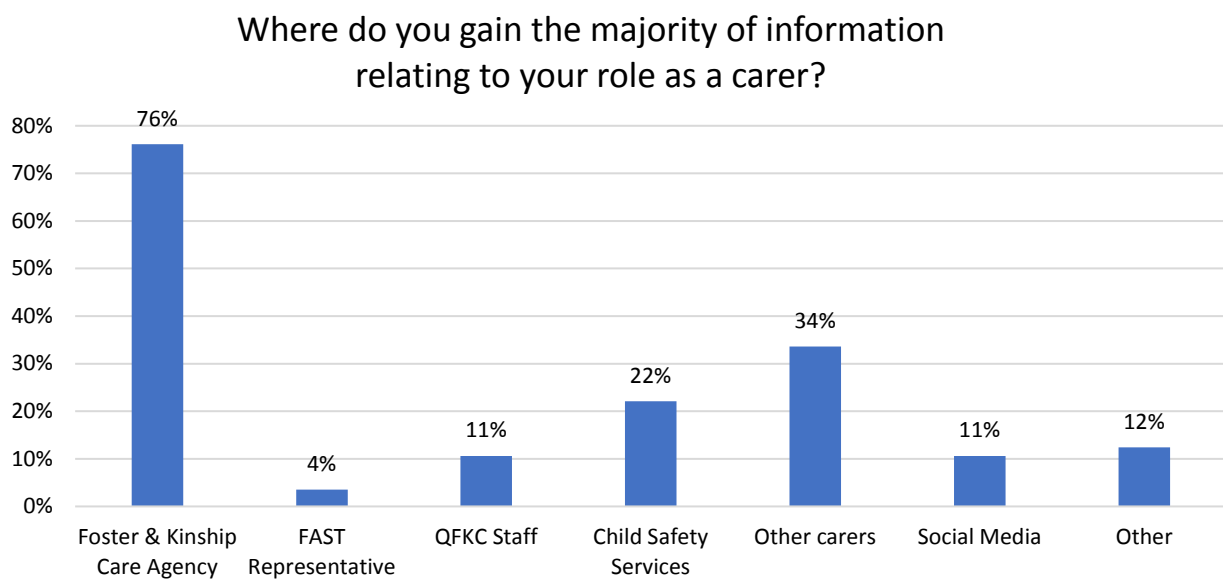
Carers were then asked a question relating to **ease of access to Centrelink Services** for the children in their care, and 59% reported feeling only sometimes or never satisfied in this area. 57% of carers reported only sometimes or never feeling satisfied with the **timeframes for provision of Medicare Cards**, and 53% feeling sometimes or never feeling satisfied with the **timeframes for provision of Health Care Cards**.

Support

Carers were asked where they accessed the majority of their support from.



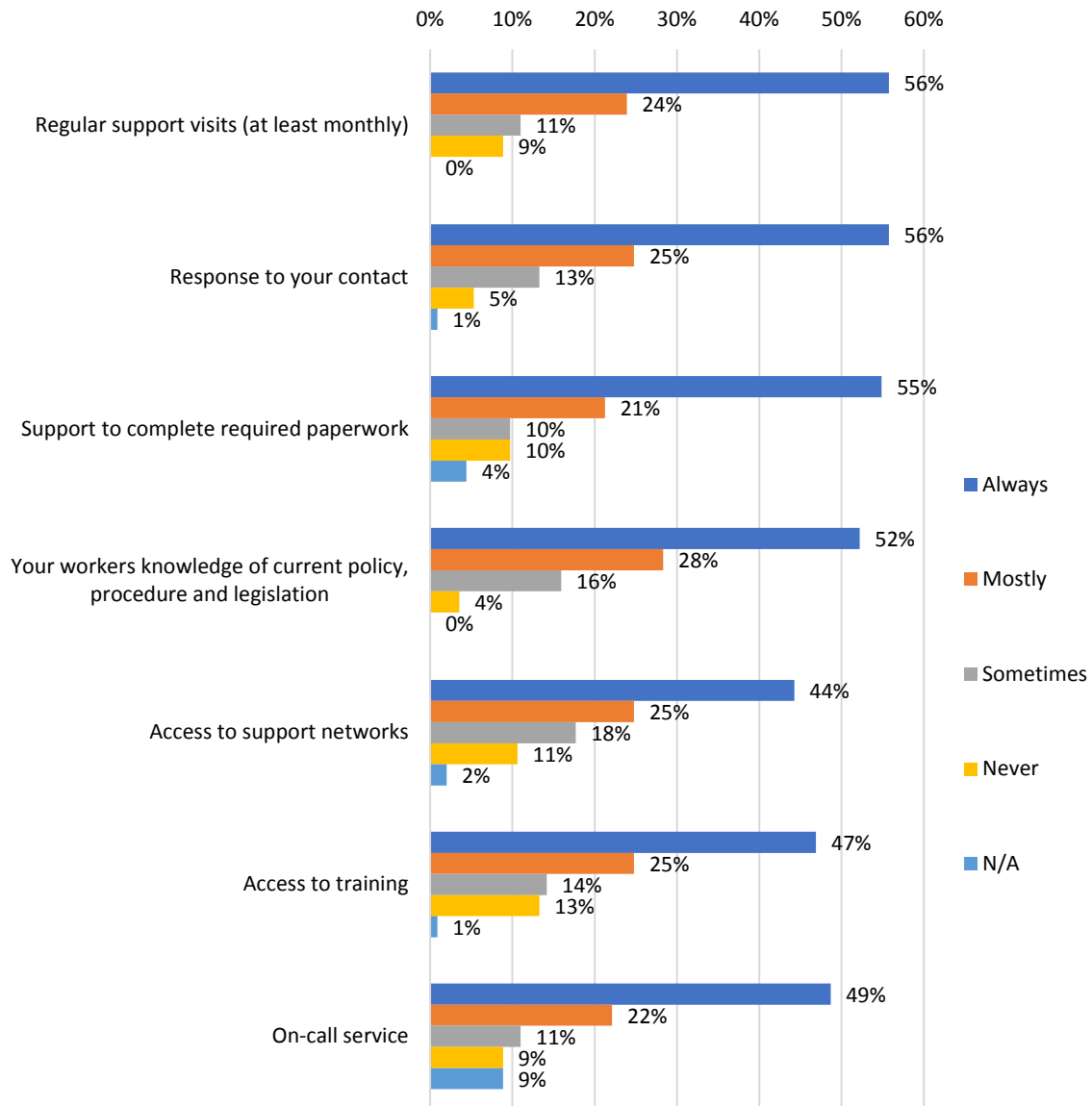
Carers were asked where they access the majority of their information from as carers.



Foster and Kinship Care Programs

Carers were asked a range of questions relating to the support provided by Fostering and Kinship Care Agencies. Firstly, carers were asked if they were attached to a Fostering and Kinship Care Agency and of the 113 who answered this question 110 answered yes, and 3 were still not attached to an agency.

If you were supported by an agency, are you satisfied with...

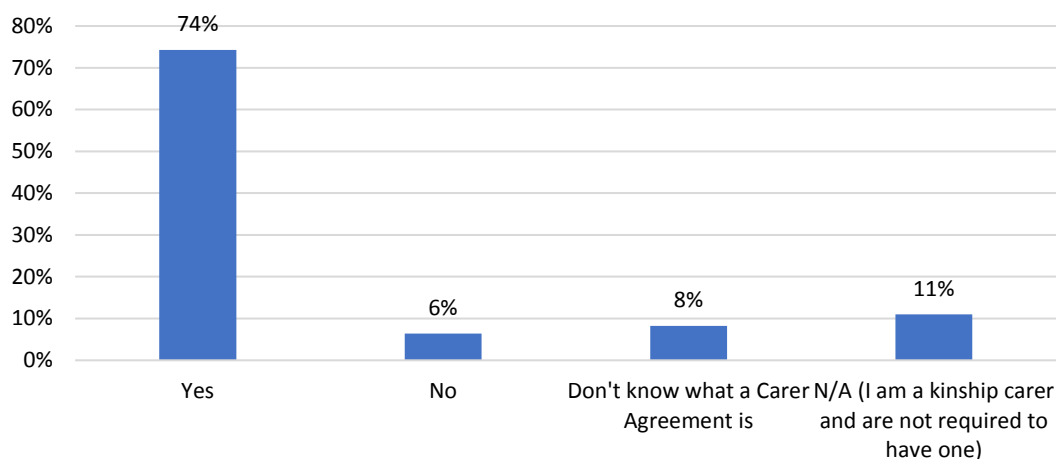


It is positive to see that the majority of carers responding are always or mostly satisfied with the support provided by their agency. Although **access to support networks** and **access to training** is an area worth exploring further between agencies and carers they are supporting in Northern Qld region. Training that is relevant and current is an aspect for carers to have access to assist them in providing quality care to children and young people placed in their care.

Foster Carer Agreements

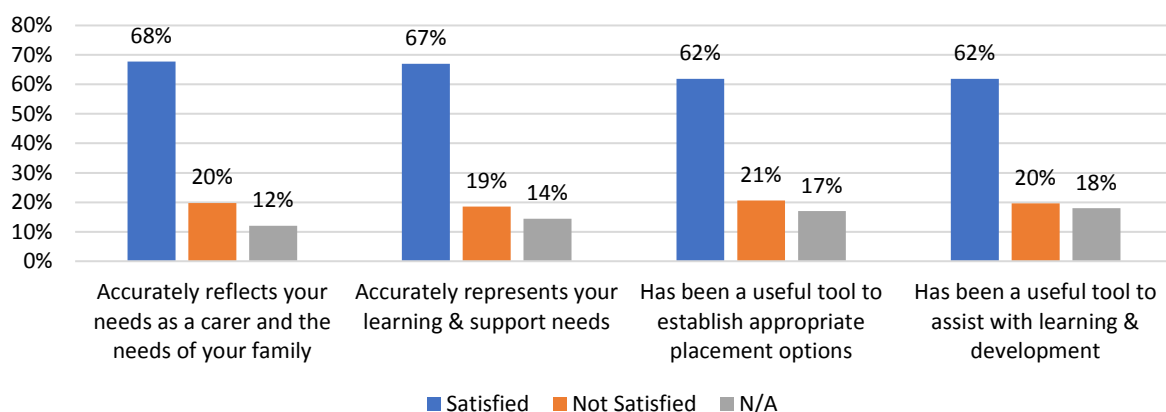
Carers were asked if they had a current Foster Carer Agreement, and whilst a high percentage did have one, there was a considerable number of kinship carers who completed the survey and therefore are not required to have one. Kinship carers could also account for some of those who did not know what one was.

If you are a foster carer, do you have a current Foster Carer Agreement? (please note kinship carers are not required to have one)



Carers were then asked a range of questions relating to the usefulness of the Foster Carer Agreement and responded as follows:

If you do have a Foster Carer Agreement, would you state that the Agreement...

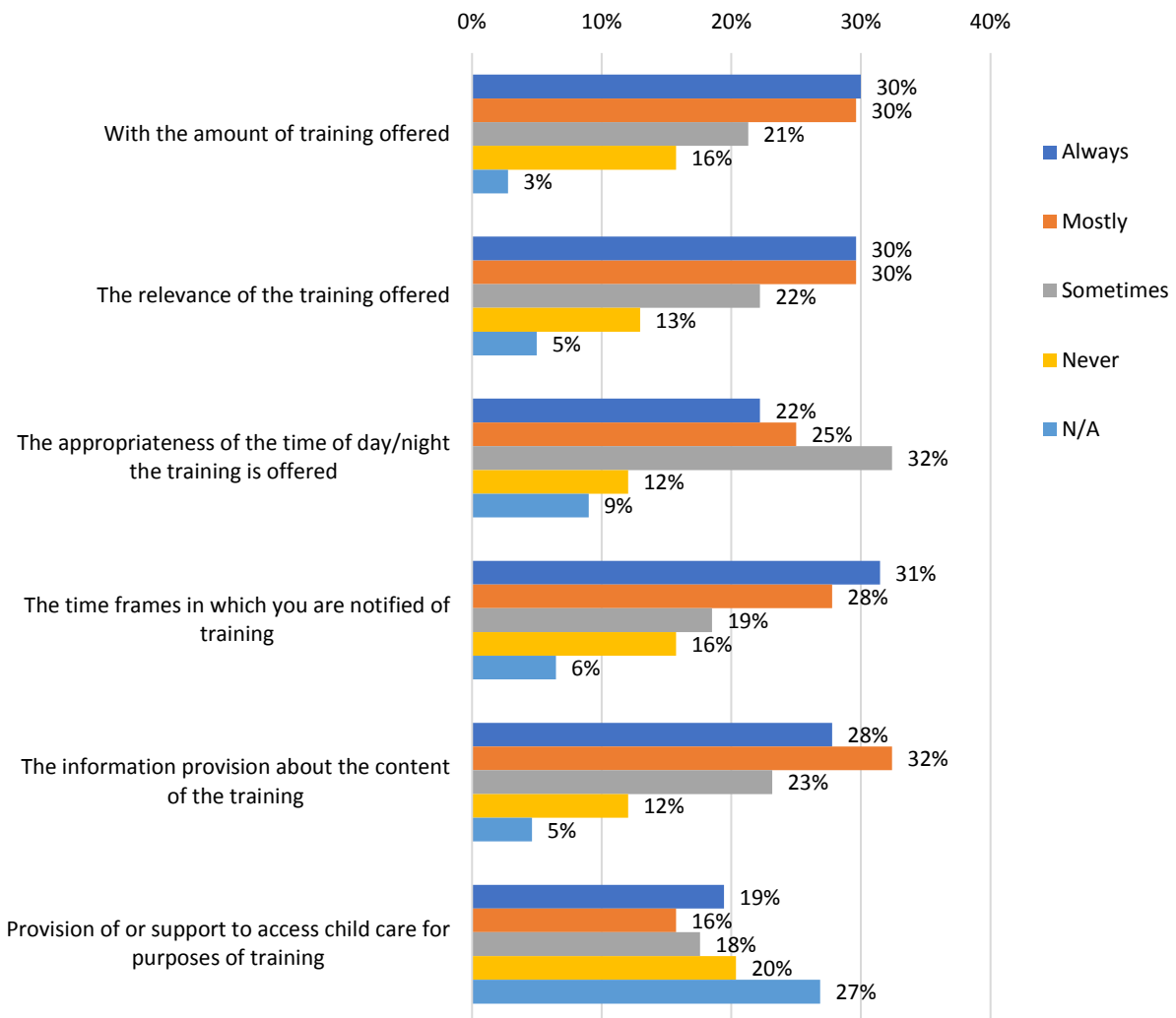


Carers have reported high levels of satisfaction across the board in relation to the Foster Carer Agreements.

Training

Carers were asked a range of questions relating to their training experiences and responded as follows.

Training is part of support and the right of carers to have training to build their skills. How satisfied are you...

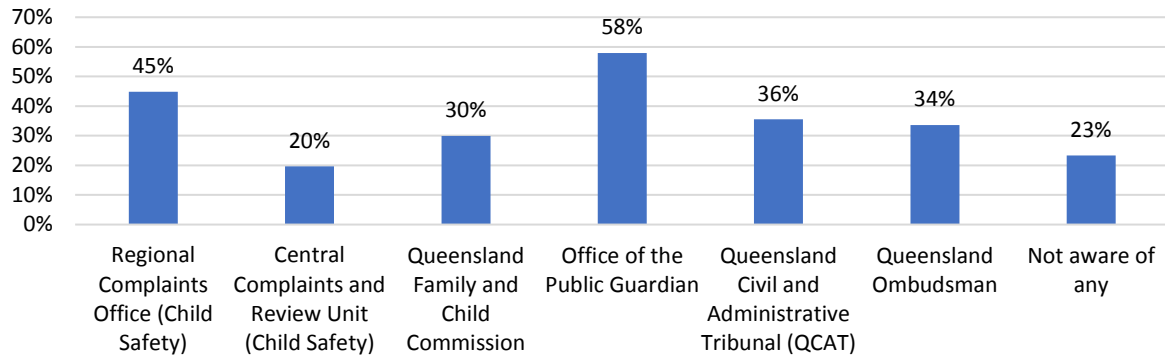


Carers were asked whether they were satisfied with **provision of or support to access childcare during training**. Only 35% of carers reported feeling always or mostly satisfied in this area.

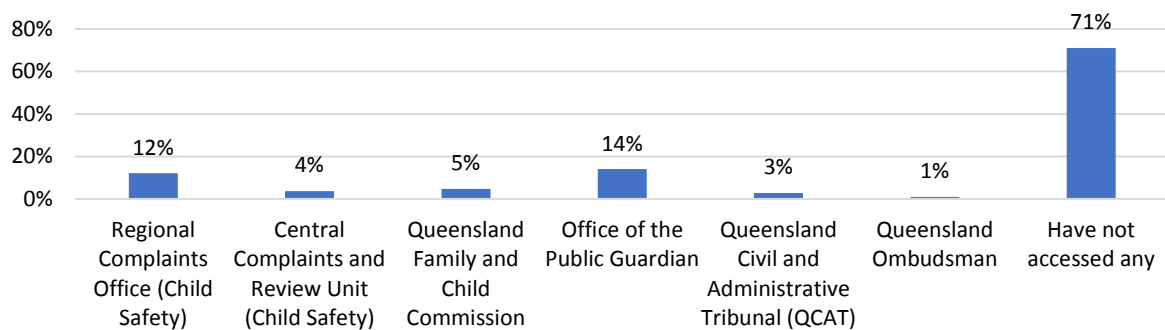
Complaints/Appeals

Carers were asked to identify which complaint/appeal processes they were aware of and which services they had accessed. Of the 146 carers from Northern Qld region who completed the survey, 107 carers responded.

Which of the following complaints/appeals processes are you aware of?

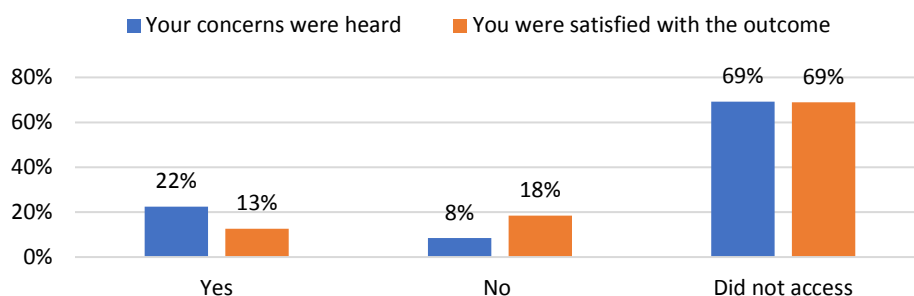


Have you accessed any of the following complaints/appeals services?



Carers were asked if they felt heard and were satisfied with the outcome regarding their contact with the above services.

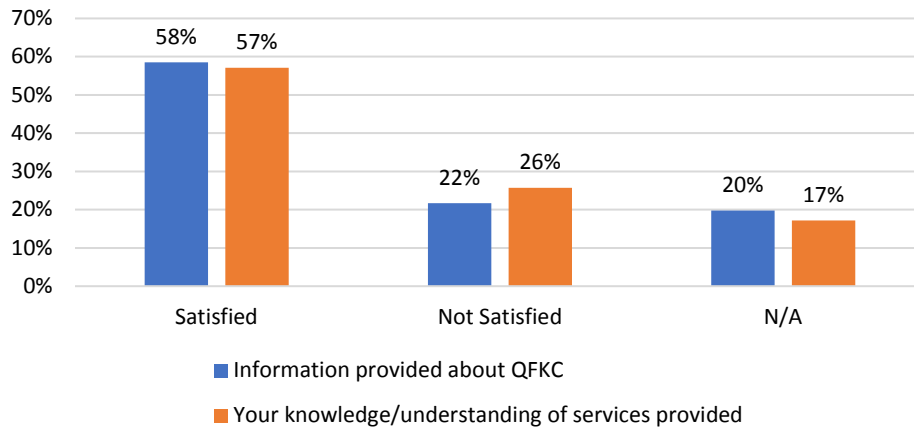
If you have accessed any of the above services, do you feel that...



Queensland Foster and Kinship Care

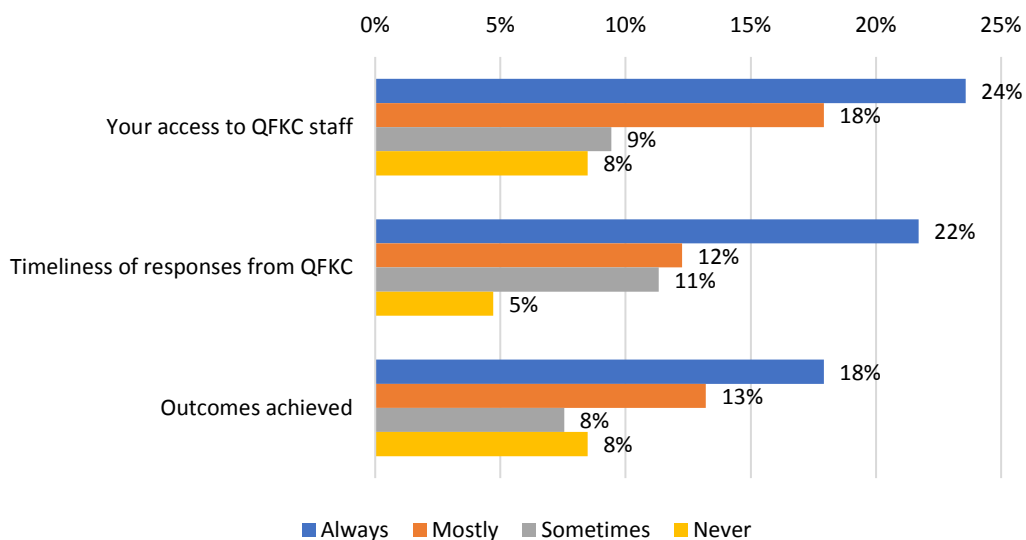
Carers were asked a range of questions relating to Queensland Foster and Kinship Care (QFKC). Firstly, carers were asked if they were satisfied with the provision of information about QFKC, 58% of carers reported satisfaction. In respect to knowledge and understanding of services provided 57% of carers reported feeling satisfied. 22% to 26% of carers were not satisfied in these areas.

QFKC provides support and advocacy to Foster and Kinship Carers. How satisfied are you with...



Carers were then asked a range of questions relating to their experiences if they had contact with QFKC, please note that carers who have selected not applicable, have not been included in this data as it is not relevant.

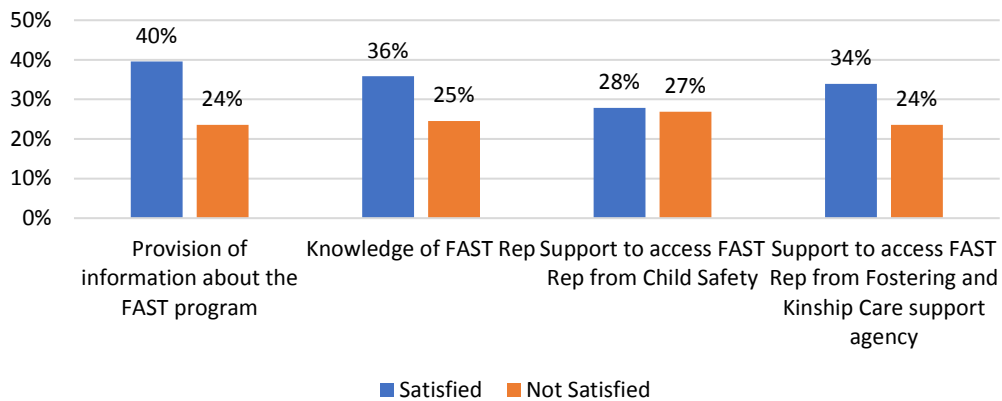
How satisfied are you with...



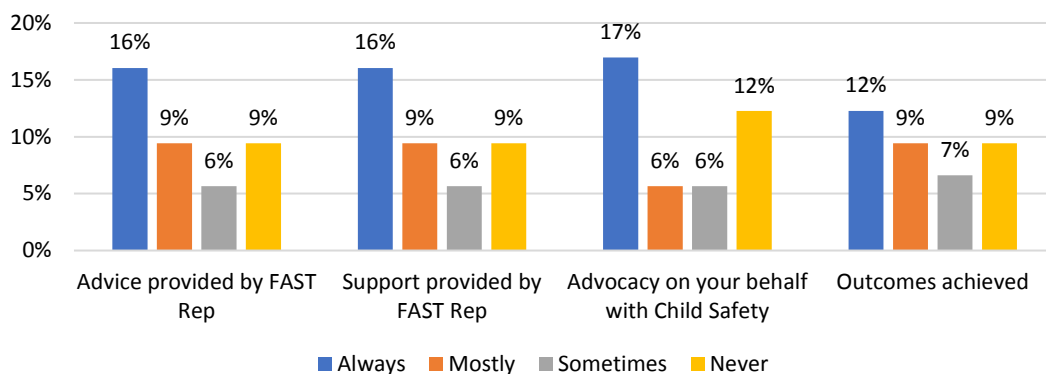
FAST Program

Carers were asked a range of questions relating to the FAST program (foster carer advocacy support team) attached to QFKC. Once again, carers who have selected not applicable, have not been included in this data as it is not relevant.

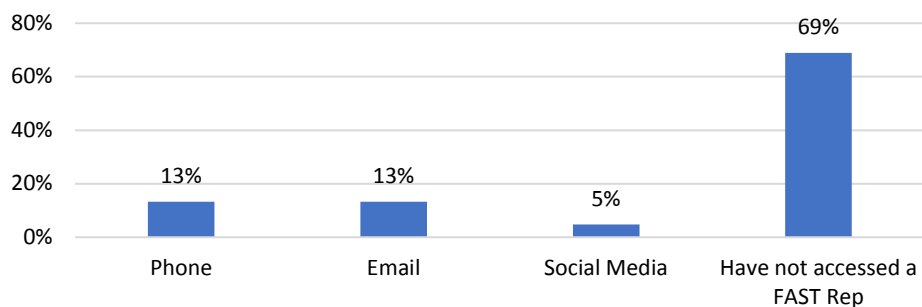
QFKC supports the FAST program. How satisfied are you with...



How satisfied are you with...



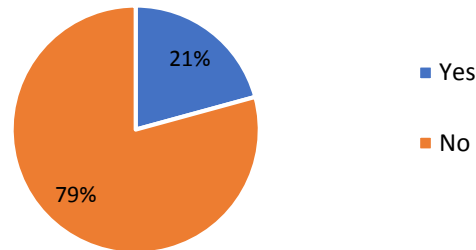
How do you mostly access your FAST Rep?



Partners in Care

QFKC again included a section in this year's survey on Partners in Care, the following results were received.

Have you noticed any positive change in practice since Partners in Care workshops occurred in 2017?



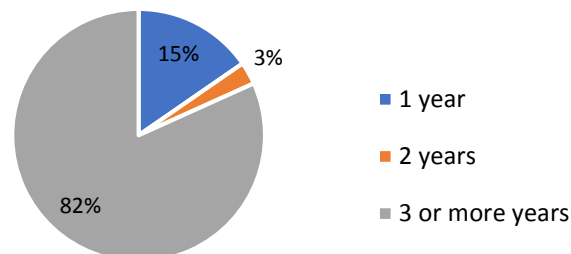
Child Safety – Culture and Practice

The 2020 Carer Survey included a question asking carers if they considered culture and practice in Child Safety had improved in the last 3 years. Of the 106 carers in Northern Qld who completed this question, only 29% consider it had improved, with 71% suggesting that it hadn't improved.

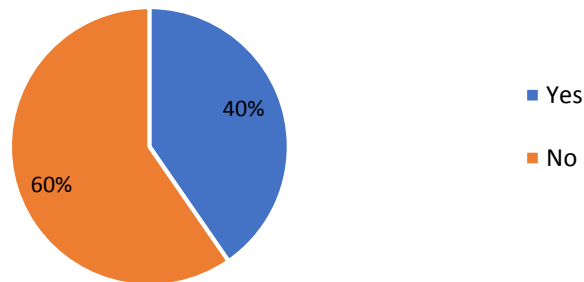
Looking Forward

During this section of the report, carers were asked a range of questions relating to their future as carers and what they would like to see change.

How long do you intend to continue caring for?

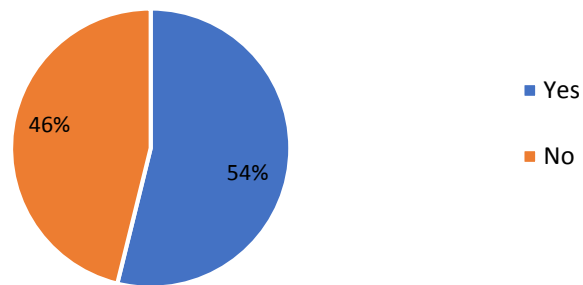


Is there any support/issue that would influence this decision?



Finally - carers were asked...

Would you advise a friend to be a carer?



The QFKC 2020 Carer Survey Report seeks to understand carers' experiences through a survey format that includes both data related feedback and comments from carers. The data related feedback helps to develop a clear visual picture from the carer community and the comments provide carers with an opportunity to expand on the data informed feedback by way of providing personal caring experiences.

QFKC collate two forms of the regional Carer Survey Reports. One is unfiltered and provides the data alongside all comments made by carers and the second one provides data only. The unfiltered report is provided to Child Safety so they can gain better insight into carers' experiences, and many of the comments provide identifying and detailed information from carers which is not intended for public viewing. QFKC respects the right for carers to have their views heard whilst having their privacy and that of the children and families they refer to respected. This filtered version is made available for public viewing and comprises of data only and general summary paragraphs that capture the overall feedback.

QFKC would like to thank every carer who has contributed by way of completing the 2020 Carer Survey; these reports provide invaluable insight into the system and help the system to continue to reflect on what is working well and where our challenges lie.