Future Directions for Family Based Care

A Discussion Paper

PeakCare Queensland Inc.

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INTRODUCTION

In Queensland, family based care is the predominant form of out of home care for children and young people who, for reasons of safety and well-being, cannot be at home. Family based care is provided by carers in their own homes, and includes relative care (approximately 25%) and foster care (approximately 75%)[1].

Good quality family based care, as one of a range of prevention and intervention strategies, is essential to the functioning of any contemporary child protection system. A key issue in Queensland is the limited range of such strategies, with:

- most children subject to ongoing child protection intervention being on an order
- most children on orders being in out of home care, and
- family based care being virtually the only response to the varied needs of Queensland children and young people requiring out of home care.

As a result, being subject to a child protection order and being in family based care are virtually synonymous. On 30 June 2001, 3,324 children and young people were subject to child protection orders, and 2,930 were placed in family based care (Department of Families 2001; SCRCSSP 2002). While this relationship continues, increasing numbers of child protection interventions drive increasing demand for family based placements, at a time when the recruitment and retention of carers present major issues (Barber and Gilbertson 2001).

However, despite this nexus between child protection intervention and family based care in Queensland, the goals of family based care have historically been limited to providing safe placements which meet the daily care needs of children and young people. Policy, funding and program development in child protection have lacked the strategic use of family based care in achieving other child protection outcomes.

Nevertheless significant shifts have occurred in both the:

- nature of demand for family based care, and
- structure of the service.

Key changes in the nature of the demand have been increased complexity in the needs of children and young people now being placed, and the move towards short term rather than permanent care[2].

Structurally, the most significant changes have been the demise of residential care, and the partial out-sourcing of supply and maintenance of foster care to non-government shared family care agencies.

These changes have impacted on how family based care is provided but do not reflect proactive planning about its role within the child protection system. Recent *Future Directions* innovations, such as short-term preventative respite for families (Queensland Government 2002), are a welcome policy response towards the strategic use of family based care to support families in a child protection context. However the success of these new initiatives depends upon a coordinated approach driven by a clearly articulated policy framework for family based care. It is this that remains lacking.

It is important that these new initiatives, and increased funding for alternative care in the 2002 budget, are used to build a more effective system. There must be a planned approach to change, rather than continuance of past ad hoc approaches. Family based care must be revitalised within a coherent and coordinated policy framework, driven by a shared vision.

[1] Of 2930 children in shared family care at 30/6/01, 2211 (75.4%) were in foster care and 719 (24.5%) were in relative care. SCRCSSP 2002, Attachment, Table 15A.63.

[2] At 30/6/01, 62.9% of children in continuous care in Queensland had been in care for less than 2 years. SCRCSSP 2002, Attachment, Table 15A.14.

Recognition of the inevitability of change and the need to manage this provided the impetus for this discussion paper. Its purpose is to stimulate debate about a vision for the future of family based care, as a precursor to joint action by government and community. In doing this, the paper locates family based care as an integral part of the child protection system. It considers the best-practice approaches that drive contemporary child protection and asks how family based care can best be positioned to meet these imperatives.

This paper builds upon the PeakCare-distributed *Directions in Out of Home Care* (Sultmann and Testro 2001) and *Strengthening Families to Protect Children: A Discussion Paper* (PeakCare Qld Inc. 2002).

It is informed by other recent publications that address the capacity of Queensland's alternative care system, including the draft report *Mapping of Alternative Care Services in Queensland* (Department of Families and PeakCare Qld Inc. 2002), *At What Cost? Resourcing the Safety and Wellbeing of Queensland's Children and Young People in Care* (Churches Community Services Forum 2001) and the QCOSS *Report Card on Child Protection Services* (QCOSS 2002). This discussion paper does not repeat detailed data relating to capacity and funding levels readily accessible from these and related sources, but draws upon this information.

Issues central to family based care and, more broadly, those around the current state of Queensland's child protection system have been stated many times. This contribution by PeakCare aims to encourage debate about future options, to move thinking a step forward, and to encourage activity achievable from the current starting point.

In doing so, it argues for a proactive approach involving all sectors in planning future directions for family based care. A unique opportunity now exists for collaborative work towards major systems reform, created by:

- the considerable energy and goodwill within government and community agencies being directed towards answers for a more effective system of care, and
- the commitment by government to fund innovation while attempting to address historical funding shortfalls.

Part A briefly describes relevant aspects of Queensland's current family based care system, including the financing of family based care, the effects of system duplication and functional division, and current moves towards a collaborative approach.

Part B considers the potential of five contemporary imperatives for the shaping of Queensland's family based care strategy. These are:

- a needs-based and individualised response
- prevention and early intervention
- family-focussed work
- community-based approaches
- integrated and holistic responses.

Part C states the need for an overarching policy framework, and considers the functional and structural requirements for a system of care that adheres to the imperatives outlined in Part B.

PART A: RELEVANT ASPECTS OF QUEENSLAND'S CURRENT APPROACH

This part describes aspects of Queensland's current approach to family based care, relevant to the determination of future directions. These include the financing of family based care, the duplication and functional division of the current system, and moves towards collaboration in service provision.

KEY FACTS

Some 1,868 carers provide family based care[3], comprising approved foster carers (59%), relative carers (35%), or carers with approval limited to a specific child or children (6%). These unsalaried carers provide the core function of family based care – looking after children and young people. Queensland's system remains weighted in favour of use of approved foster carers, though relative care has increased over recent years (AIHW 2002; SCRCSSP 2002).

The Department of Families is both the funding and the regulating body for family based care. The *Child Protection Act 1999* and its Regulation provide the legislative framework for care. Its proclamation in 2000 significantly increased the accountability requirements for the quality of services. Agencies receiving grants are also accountable under the *Family Services Act 1987*.

Family based care in Queensland is directly provided by 37 Department of Families area offices and by about 27 non-government shared family care agencies (including Indigenous agencies). In addition, limited numbers of family based placements for children and young people with high level complex needs are provided through specialist agencies. Community agencies support 44.5%[4] of the carers providing family based care.

FINANCING FAMILY BASED CARE

The Department funds family based care in two ways:

- directly through its area offices, and
- through community sector agencies, with triennial grants under the Child Protection and Family Support funding area.

Recent additional non-recurrent funding for new initiatives has included a focus on better meeting the needs of children and young people in alternative care (Queensland Government 2002).

Service agreements between the Department and funded agencies define the terms of resource allocation for the provision of specified services to a target group, with a focus on agreed outputs and activities and on broad client outcome measures.

In addition to financing the provision of family based care by area offices, shared family care agencies and some other licensed care services, the Department administers:

- the fostering allowance, which aims to reimburse carers for the everyday costs of looking after children
- a High Support Needs Allowance to reimburse carers for the additional everyday expense of caring for children with high support needs
- child-related costs, for reimbursements or purchases of materials and services required by individual children and young people
- additional financial support for the care of some children and young people with extreme support needs, through the Children with Disabilities in Care (CWDIC) program (with Disability Services Queensland).

The Department also provides systems development and support to both the government and community sectors through its regional offices.

The quality of family based care in Queensland is affected by an insufficient financial base to build the service infrastructure needed, in relation to both:

- reimbursing carers for the costs of providing care, and

[3] Department of Families and PeakCare Qld Inc. 2002. These data are for the numbers of carers at 2 April 2002.

[4] At 2 April 2002, community agencies were responsible for 832 active carers (those who had had a child in placement within the past 6 months); area offices were responsible for 1,036 active carers. Includes foster, relative and limited approval care. Department of Families and PeakCare Qld Inc. 2002.

- the staffing and administrative needs of area offices and shared family care agencies to provide this service.

This shortfall has been well documented elsewhere (Churches Community Services Forum 2001). It continues despite increases in the rates of fostering allowance in 2002-2003, alternative care staffing increases for area offices, and other increased funding initiatives as part of *Future Directions* (Queensland Government 2002).

The historical shortfall in funding levels has impacted upon carer recruitment and retention, and upon the ability of agencies to provide high quality services including support to carers. Unpaid hours on the part of departmental and agency staff and non-reimbursed monies outlaid by carers have "propped up" the system.

Inequities also exist – the capacity of agencies (both government and community) varies markedly, with the recent mapping audit completed by the Department in conjunction with PeakCare Queensland Inc. indicating significant variations in the ratio of agency staff to active foster carers (2002). Funding levels to Indigenous agencies are critically inadequate, with limited increases in 2002-2003.

Ad hoc planning in alternative care and in the broader child protection services system has meant that:

- the potential efficiencies of an integrated system have not been realised (for example, the possible impact of a preventative focus upon placement demand)

- some areas of funding have not had the impact that might have been expected (for example, staffing increases absorbed by area offices in doing 'more of the same').

Funding of a range of new initiatives as part of *Future Directions* has been timely. There is a need however for an integrated planning framework to ensure effective use of these resources.

System Duplication and Division

A defining aspect of family based care in Queensland is the concurrent duplication and division in the roles of the Department and of family based care agencies, whereby:

- identical functions are undertaken by both government and non-government agencies, sometimes within the one geographical area

- for children placed through shared family care agencies, the functions of child protection casework and of placement support are divided between the government and non-government entities.

Both these aspects of the current system give rise to inefficiencies.

Duplication is evidenced in both the Department and shared family care agencies recruiting, training and assessing foster carers, with foster carers associated with either the Department or an agency for general placement 'matching', support and in-service training.

As a result, the degree to which either the area office or a community agency has primary responsibility for the foster carer resource varies within and between regions. Area offices remain responsible for most non-Indigenous relative carers and for most carers with limited approval for a particular child, however the majority of Indigenous carers (foster and relatives) are associated with an Aboriginal and Torres Strait Islander agency.

Division is evidenced in separation of family casework from placement activity. The Department undertakes casework with all children and young people, and with their families. For children whose carers are agency-based, this has meant that the closely related functions of family casework and placement planning and support are undertaken by separate entities.

The few exceptions occur in specialist community agencies, which undertake both placement support and casework

with a child and family towards family reunification or other permanency arrangements (eg Marsden Families Program). Indigenous agencies also typically work with both the child or young person and their family, using relative care as the placement of choice whenever possible.

This system duplication has resulted from the 1992 decision to out-source recruitment and support of foster carers. The intention of a complete hand-over of these functions to the community sector has not been realised due to a combination of factors, in particular chronic under-funding which has impacted upon capacity while the level and complexity of needs have increased. As a result, the Department has been unable to achieve an out-sourced system with the capacity to cater for all children and young people for whom family based care is suitable, and to provide 'unconditional care' for children and young people once placed.

However some individual agencies have striven to meet this ideal. An example of 'unconditional commitment' to each child or young person is that given by Life Without Barriers, a specialist agency funded in 2002. Dealing with young people with high levels of complex needs, the agency receives out-puts based funding at a level which enables the agency to provide both in home and out of home care (including with relatives), and to use wraparound processes in casework with young people and their families. This avoids the inefficiencies of division, by integrating child and family casework with in home and out of home placement support.

COLLABORATION IN PROVISION OF FAMILY BASED CARE

In most regions some mechanisms have been developed to offset the inefficiencies of system duplication, for example through joint training of prospective carers associated with the area office and/or with one or more shared family care agencies. Cooperative planning around use of carer resources occurs across agencies in some regions, with the involvement of other alternative care agencies (eg residential services) and other related services such as intensive family support.

The health of the key partnerships in the provision of family based care, ie between the Department, shared family care agencies, and carers, seems varied. While localised informal systems to promote a cooperative working relationship usually exist, there is a lack of formally recognised protocols to guide inter-agency contact and address roles and responsibilities.

Consultation with representatives of shared family care services and carers has indicated that:

- lack of communication and support by some area offices is problematic at a case level, impacting on carers and children placed as well as agency staff
- carers in some areas report being unsupported while doing the most difficult job of all – caring for the child or young person.

Departmental staff also hold concerns about issues such as the barriers erected by some shared family care agencies to communication between the Department and carers.

These examples are illustrative of issues relating to protocol, communication and roles, which inevitably arise in a system where key functions are undertaken by different entities, without adherence to comprehensive and jointly held protocols. Despite this, it is apparent that departmental and agency personnel have actively embraced the vision (if not yet the widespread reality) of integrated service provision, with much goodwill evident about efforts to work collaboratively.

PART B: FUTURE DIRECTIONS FOR FAMILY BASED CARE

Widespread agreement on the urgent need for child protection reform presents a real opportunity for the transformation of family based care in

Queensland. The recent injections to child protection funding, aimed at delivering better outcomes for children, young people and their families, are a precursor to the vision of a significantly enhanced and more responsive system.

Fulfilment of this vision requires a policy and planning framework that integrates all components and provides direction and consistency for program and service development.

Contemporary thinking positions family based care as one response within out of home care. In turn, out of home care is one strategy within the broader child protection response system, complementary to others such as family and youth support or in home services (*see figure 1*). This perspective recognises family based care as an integral component of the child protection system instead of siting it outside this context.

***Fig 1*: Integrated policy framework**

Child protection system:
strategies may include…
- statutory child protection intervention
- intensive family support
- youth support
- in home care
- **out of home care**

⇩

Directions for out of home care:
strategies may include…
- residential care
- supported accommodation
- **family based care**

⇩

Directions for family based care:
strategies may include…
- foster care
- relative care
- specialist foster care

Achieving an integrated policy and planning framework for child protection in Queensland relies on adherence to some key imperatives. These arise from contemporary research and trends in child protection practice. If change beneficial to children and families is to be achieved, future directions for family based care in Queensland should be guided by these imperatives.

This part of the paper considers five contemporary best practice imperatives with potential for the shaping of Queensland's family based care strategy. These are:

- needs-based and individualised responses
- prevention and early intervention
- family-focussed work
- community-based approaches
- integrated and holistic responses.

Use of these best-practice approaches is essential to realising the full potential of Queensland's family based care strategy.

A Needs-based and Individualised Approach

A focus on the needs of the child has always been of paramount importance in child protection work. Yet research in recent years has confirmed what many know from practice experience: that children and young people are often required to 'fit into' existing service structures. Where these are inappropriate for their needs or cannot adequately respond, these children and young people 'fall between the cracks'. Unmet need then compounds existing difficulties, becoming a serious problem in itself (Bath 1998a; Clark 1999; Wise 1999).

Increasing complexity of need and the failure of existing responses has encouraged "a child-centred orientation that places the needs of the individual child at the forefront of case planning" (Barbell and Freundlich 2001 p27). In this context, decisions about services

are driven by the needs of an individual child or young person, not by what existing structures allow. This perspective has the capacity to fundamentally shift the future directions for family based care in Queensland. This would include:

- *Positioning Family Based Care As One Response In A Broader Repertoire*

  The varied and complex needs of individual children, young people and their families demand a range of service options, from which a response tailored to the individual can be constructed.

  Empirical evidence indicates that family based care is not suitable for the needs of all children and young people (Barber and Gilbertson 2001), nor can it address all the needs of a particular individual (Little 1999). Yet, nationally "the reliance on foster care as the option of choice for children who are unable to live with their families is now at historically unprecedented levels" (Barber and Gilbertson 2001 p3).

  It is not tenable for family based care to remain virtually the only response to protective needs in this State. Complementary strategies in areas such as family support, in home services, youth support and residential care must be available, alongside enhancement of the family based care strategy (Department of Families and PeakCare Qld Inc. 2002). This view is consistent with:

  - recommendations from the Inquiry into Substitute Care in New South Wales (Community Services Commission 2000)
  - ideas about strengthening families recently generated by PeakCare Qld Inc. (2002)
  - service cluster models proposed by the Queensland Association of Fostering Services (QAFS 2001).

  Having a range of responses available to ensure families receive the right service at the right time provides the capacity for other strategies to be used with or instead of family based care. This can only strengthen the capacity, responsiveness and outcomes of family based care.

- *Exploration of a greater range of types of family based care*

  The predominant type of family based care in Queensland is non-relative foster care with relative care and other less traditional forms of family based care (such as specialist or treatment options) under-utilised (Department of Families and PeakCare Qld Inc. 2002; QCOSS 2002). Expanding the range of available family based care options is critical to enhancing placement capacity, particularly the ability to provide culturally appropriate services.

Implementing these developments requires a flexible interface between:

- different types of family based care (eg relative care and foster care)
- family based care and non-family based placement strategies (eg residential care)
- family based care and other support services used to meet needs (eg in home services).

Children's needs change over time, affected by health and development or other life circumstances. While some type of family based care may be appropriate in response to a child's or young person's needs at a particular point in time, this is unlikely to be the only service required, nor may it remain the right response over time. Commitment to a needs-based approach depends upon:

- the ability to hear the views of children, young people and their families
- on-going assessment at a case level to identify changing needs

- review of case planning and service delivery in accordance with this
- aggregation of case data for input to broader service planning.

Increased availability of service options external to family based care provides the flexibility for individualised service responses to be constructed, while also enhancing the capacity for more proactive responses by family based care.

A PREVENTATIVE APPROACH

Many countries, including Australia, are reporting increased demand for out of home care, with children and young people displaying more varied and complex needs (Bath 1998a, 1998b; Barbell and Wright 1999; Children's Defense Fund 2000; Clark 1997; Wise 1999). Nationally, the demand for out of home care has continued to increase since 1996, as have the numbers of children in placement in Queensland (AIHW 2002). As at 30 June 2001, 3,011 children and young people were in placement, most of whom were on interim or final child protection orders (SCRCSSP 2002, Attachment 15A, Table 15A.12).

As a key service strategy in most child protection systems, family based care has borne the brunt of these trends (Barber and Gilbertson 2001; Children's Defense Fund 2000; Colton and Hellinckx 1994; Sellick 1999), at a time when the availability of carers is in decline (Barber and Gilbertson 2001; Bath 1998b, 2000; Community Services Commission 2000). Locally, the challenges for family based care have been intensified by its position as virtually the sole child protection intervention option in Queensland. The vast majority of children on orders as at 30 June 2001 were in approved family based care (SCRCSSP 2002, Attachment 15A, Table 15A.12). The lack of effective early intervention approaches in this State has affected the capacity and arguably the quality of family based care. It has also created the restrictive nexus between family based care and child protection intervention.

These trends, and mounting support for a needs-based approach, have contributed to a renewed emphasis on prevention and early intervention efforts, reflected in the launch of recent Queensland initiatives. The logic is simple and supported by a growing evidence base: the timely provision of adequately resourced and soundly constructed prevention and early intervention strategies to address the needs of at-risk families will help to reduce (not eliminate) demand for child protection intervention (Little 1999).

New funding for prevention and early intervention strategies in Queensland brings an opportunity to transform current usage of family based care and enhance the capacity for positive outcomes. To take advantage of this, current policy linking use of family based care primarily to child protection intervention must be reviewed. This has devalued the relationship between family based care and prevention and early intervention, when contemporary views value use of family based care as a strategy to support families in caring for their children (and not as a 'substitute family' for 'rescued' children) (Ainsworth 1997; Barbell and Freundlich 2001; Wise 1999).

A preventative approach recognises that family based care can be used to meet the needs of children and families across the child protection process, not just at initial assessment or once an order is made. Varied forms of family based care (as suggested by the needs-based approach) have the potential as part of a broader integrated response to prevent:

- initial entry to the child protection system (eg use of regular respite provided by relatives or foster carers to meet the needs of an at-risk child and family in time to prevent notification)
- continued progress through the system (eg 'whole-family' foster care or ongoing and long-term 'shared care' between the child's family and carers as part of family preservation)
- return to the system (eg respite care on a long-term basis, periods of

shared care, former carers providing in home support as part of post-reunification work).

Recognising the value of family based care in prevention and early intervention signifies a major shift towards a service that supports children, young people *and* their families as part of a flexible, individualised response, across the child protection process.

In turn, this may increase the growth of different types of family based care. For example, commitment to a preventative approach demands that relative care be recognised and developed as a key prevention and early intervention strategy.

A Family-Focused Approach

Contemporary approaches to child protection emphasise that the best way to protect children and young people is to support their family (Maluccio, Pine and Warsh 1994; McGowan and Walsh 2000). It is "impossible to help children effectively without taking into account their origins, family networks and cultural environments" (Colton and Hellinckx 1994 p565) with "ample evidence in the literature that effective work with a child or young person in care is dependent on effective work with the child's interpersonal network" (Clark 1999 p32). Queensland's legislative imperatives about supporting families and being culturally sensitive reflect these perspectives.

Queensland data reinforces the case for a family focused approach. For the period 1 July 2000 to 30 June 2001:

- 12,347 children and young people were subjects of finalised initial assessments in response to child protection notifications (Department of Families 2001)
- for 8,395 of these children and young people harm was substantiated (SCRCSSP 2002)
- 1,397 children and young people were placed on new child protection orders as a result of being moved from families for protective reasons (SCRCSSP 2002)
- 1,178 children and young people were discharged from child protection orders (SCRCSSP 2002).

These figures suggest that in Queensland most children and young people with protective needs remain in the care of their families. Most of those who do experience an out of home placement return to their family. This is consistent with the experience elsewhere, with research findings to suggests that the relative few who remain in placement are likely to reconnect with their families, in some way, upon leaving care (Cashmore 2000; Cashmore and Paxman 1996; Warsh and Pine 2000).

Clearly, if the contemporary role of family based care is to support families in safely caring for their children, placement services for the child must be integrated with work with their family. Placement cannot remain an end in itself – a service 'looking after children' in isolation from work with their family.

Conceptualising family based care as a strategy to support families in caring for their children reinforces the relevance of family based care to both:

- family preservation and family reunification work, ie to a preventative approach, and
- family contact work.

Reunification work requires a commitment to family contact from the date of placement (Hess and Proch 1993). Family contact is important to the emotional, social and psychological development and identity of all children and young people in care, including those in long-term placements (Ainsworth 1997; Cashmore 2000; Smith 1997).

A key issue for the well being of children in care is that of stability (Department of Families and PeakCare Queensland Inc. 2002; SCRCSSP 2002). Continuity of relationships, more so than 'bricks and mortar', is central to this. Several

studies suggest a link between family contact for children in placement with stability of that placement (Browne and Moloney 2002; Pecora and Maluccio 2000). This suggests that a family focus, ie seeing the child or young person within the context of their family situation, is also essential for implementation of a needs-based approach.

Accurate assessment of a child's needs and development of effective responses cannot occur without this focus.

In adhering to a family focus, family based care must promote:

- an optimal level of family connectedness for each child or young person in family-based care, regardless of the length of placement (Ainsworth and Maluccio 1998).

- family participation, and involvement of children and young people, in planning, decision-making and service responses

- the capacity for relatives to provide respite or other forms of care and in home supports to children and families.

Despite some encouraging initiatives in these areas (Department of Families and PeakCare Qld Inc. 2002), Queensland, like other jurisdictions, is a long way from having consistently entrenched these practices across the State.

These requirements carry crucial implications for the role of carers and agency staff in family based care. Carers and staff must develop relationships with family members significant to the child or young person *and* promote the child's own relationship with these people. Research shows this approach by carers and agency staff is important to family connectedness for the child (Cleaver 2001; Cantos, Gries and Slis 1997). This suggests that the role of carers when care is family focussed will be different from that performed if care is seen as simply placement away from the family.

Adherence to a family focus means that carers and agency staff can form valuable partnerships to promote family connectedness, with the aim of ensuring positive outcomes for children and young people.

A Community Based Approach

The importance of a community based approach to effective service delivery has been emphasised in recent years. A focus on stability and continuity for children and young people in care encourages efforts to maintain their existing community networks and the creation of links to a caring community. Communities are a source of power and resources that enable more successful responses to the needs of children and families (Barbell and Wright 1999). In these ways a community based approach is vital to building the resilience of individual children or young people and their families.

Adherence to this approach depends upon a perspective that locates a child or young person in the context of their local, peer and cultural communities. This brings with it three notions central to the comprehensive reform of foster care in the United States by the *Family to Family* initiative (Annie E. Casey Foundation 2002). These notions are:

- *Localised responses to need*

  Family based care is ideally located in the child's local or cultural community, providing placement and support where children have been living (Pecora 2002). This better facilitates:

  - ongoing family, peer and cultural connections for the period of placement

  - the opportunity for supportive contacts with families by workers and carers, and

  - continuity of schooling/employment and other activities for the child or young person.

  Following return home this also allows relationships with workers and

carers, supportive to the child and their family, to continue.

Many jurisdictions are concerned with designing strategies to increase the capacity for local placements. It is clear that the traditional foster care resource (mothers at home full-time with their children) is disappearing and that broader social and economic pressures are impacting upon the availability of what has been a volunteer workforce (Department of Families and PeakCare Qld Inc. 2002; Sultmann and Testro 2001). To move on from this requires:

- understanding who is now likely to consider a caring role, and
- using effective means to target and develop this capacity.

Connections between individuals in a community are important here with personal recruitment by existing carers suggested as more effective than media strategies (Barber and Gilbertson 2001). This is where current Queensland initiatives, exploring alternative forms of family based care such as relative care and 'professional' foster care (where the equivalent of part-time wage is provided to the carers), may also prove beneficial.

The idea of local responses brings with it the concept of communal resources, where the placement and support services in a local community are a resource owned by all to meet needs across that community – and not the 'property' of a particular agency.

- *Development and maintenance of a child's and family's formal and informal networks*

A community based approach is critical to developing or maintaining community relationships and networks for children and in particular, young people, to ensure an ongoing 'network of care', that augments the stability and continuity achieved by a family focus. Use of informal networks is acutely important for work with young people who may define their 'community' according to connections with others rather than geographical considerations, and is consistent with a strengths based approach.

Research suggests a link between social isolation for families and protective issues for children (Gauntlett et al 2000; Tomison and Wise 1999). A community based approach can provide a sense of belonging and long-term support for the whole family, helping to address protective needs.

Children, young people and families will benefit from a care service that links them into local community networks enabling them to access a range of resources. Individual needs can sometimes best be met by using the variety of opportunities or resources a community has to offer, in preference to a singular reliance upon traditional therapeutic responses. This can uncover unlikely sources of assistance that would otherwise be missed. Care services can augment informal networks by providing flexible support that continues after placement. Research indicates this to be important for young people in placement preparing for the transition to adulthood "The end of foster care cannot mean the end of a community's caring" (Pecora 2002 p20).

In this way, family based care has the potential to assist stability and continuity for a child or young person. Even where they must move between placements, a community based approach can ensure the maintenance of key supportive relationships.

- *Building community capacity*

Research indicates that strengthening individual families in the community strengthens the community as a whole, which in turn benefits individual families. Building a sense of connectedness between people is associated with stronger,

healthier communities (Gauntlett et al 2000). These findings are significant, given the strong association between poverty-stricken families and communities, and the demand for out of home placements.

If family based care can help build community capacity by strengthening families, this may increase the community resources available to assist service delivery and decrease demand for child protection services. The Casey Foundation believes family based care can "…become a neighbourhood resource for children and families, investing in the capacity of the communities from which the foster care population comes" (Annie E. Casey Foundation 2002 p7), suggesting that community based and prevention approaches are mutually beneficial.

Foster care reform in the United States has sought to 'embed' placement and support services in the local community to increase responsiveness to need and to cultivate a sense of community responsibility towards those most vulnerable. Strategies important here have included:

- building partnerships between services and the communities they serve
- brokering partnerships and collaborative ventures between government and non-government services.

The 'tyranny of distance' amongst other issues presents considerable challenges to building a sense of community in areas of Queensland other than small, geographically defined locations. Broader concepts of 'community' may be helpful here, opening up ideas such as communities organised around a school or set of youth activities or a linked group of like-minded (not necessarily child welfare) services.

Integrated and Holistic Approaches

Adopting a needs-based approach is predicated upon policy and practice reform that achieves integrated and holistic service delivery. Where a child's needs drive the service response it is inevitable that more than one agency will be involved. Addressing the range and complexity of needs of children and young people in care in Queensland (Department of Families and PeakCare Qld Inc. 2002) is too big a task for any one agency (Brown and Hill 1996; Little 1999).

Recognition that contributions are required from a range of different agencies, as part of an integrated service response, has already contributed to the development of collaborative planning and practice initiatives in some regions (Department of Families and PeakCare Queensland Inc. 2002).

One approach to an integrated service response, the 'wraparound' approach, has widespread influence in North America (Burchard et al 2002) and is currently being developed in Queensland. The 'wraparound' process involves constructing a tailor-made response to the needs of the child or young person and their family. The most appropriate services (both formal and informal) are selected or developed, using flexible discretionary funding if necessary, to address needs and build on strengths (Brown and Hill 1996; Friedman 1993). Central to this is proactive case management by a team including the family, carers, and key service providers, with a commitment to a holistic approach achieved by a family and community focus (Brown and Hill 1996; Burchard et al 2002).

A 'stand-alone' approach to family based care cannot survive in this context. An integrated service response recognises that responsibility for meeting need is held by a range of agencies, not just the statutory child protection agency or a handful of non-government agencies. Shared responsibility bolsters the pool of available resources, offering agencies practice efficiencies and better supporting carers by establishing a 'care community' (Department of Families and PeakCare Qld Inc. 2002).

For children and families to easily access a range of services at any one point in

time or to move between the different services they need, *when* they need them, a seamless interface between family based care and other care and support services must be established. This can only be achieved by collaborative and co-ordinated service delivery within and across sectors, seeking the involvement of government and community agencies outside the child protection sector. Adoption of a community based approach is the key to making this happen, with networks of local service providers assessing need, constructing flexible responses and brokering formal and informal partnerships across sectors.

These advances signify the possibility for a major transformation of family based care. They suggest a move away from a 'family based care service' focused on looking after a child or young person under an order, towards a service which includes family based care when necessary as part of a holistic and flexible response.

PART C: THE WAY FORWARD – IMPLICATIONS FOR CHANGE

Part B considered the question: What are the implications for family based care of adhering to established best practice imperatives? This analysis determined key requirements for the enhancement of family based care. Part C builds on this by examining what functional and structural considerations may be necessary to achieve an enhanced system, consistent with best practice. The issues examined here include the need for a policy framework, partnership and collaboration, reform to counter current system duplication and division, the role of carers, and system development. Discussion of these issues is critical to the debate about future directions for family based care in this State.

NEED FOR A POLICY FRAMEWORK

Planning and development by both government and non-government agencies must be guided by well articulated policy that locates family based care as part of the child protection system and sets directions for its development. No policy 'blueprint' for family based care is currently available, and both government and community leaders have a responsibility to address this.

Given the inter-dependence of the sectors in achieving outcomes for children and families, it is essential that service providers, carers and consumers are all involved in establishing a policy framework. It should articulate the practice imperatives to be met by all parties providing direct services, thereby promoting consistency and facilitating cultural shift where necessary. A dynamic policy statement should aim to re-focus service provision in line with agreed future directions.

PARTNERSHIP AND COLLABORATION

"The needs of children, young people, and their families are most effectively met when government and the community work in partnership, combining experience, skills and resources. The protection and care of children and young people and the provision of assistance to families must be based on coordination and integration within and across government and community service sectors" (Queensland Government 2000).

The concept of partnership includes the notions of:

- a shared vision
- joint planning at State, regional and local levels (*see figure 2*)
- equitable resource allocation informed by joint planning decisions.

Mechanisms to facilitate partnership-in-action exist to varying degrees within the regions, but no such mechanism is currently active at State level. This means that regional planning lacks the benefits of an overarching vision and direction.

Fig.2: **Levels of integrated planning**

State-wide – vision, values, policy, service strategy, funding structure…

Regional – inter-sectorial collaboration; systems planning; protocols; needs assessment & resource planning; joint funding submissions…

Regional / area – case allocation and management planning by alternative care agencies and other support services

Individual case planning – joint case management team; service procurement; roles clarification; lead agency responsibility

Casework planning – casework team coordinated by lead agency; roles clarification; key worker responsibility

Partnership on-the-ground is impeded by inequities in resource allocations, both between agencies and between the sectors. For partnership to work, each partner needs the resources to undertake their agreed role. As financial resources are finite, achieving such equity requires a greater shift towards shared decision making within regions about how to provide the best mix of services within the resources available, given the needs and characteristics of each area.

The Department promotes regionally based local area planning, both for recurrent triennial funding and for new initiative funding of pilot projects. On the ground this requires:

- commitment to an integrated planning approach
- a joint or collaborative approach to funding submissions
- agreement about the roles of agencies (departmental and community) in providing the service mix required within a region.

A competitive approach (as evidenced in the funding process for *Future Directions* pilots) and 'turf protection' are incompatible with a collaborative planning approach, which emphasises building social capital through strengthening agencies, and augmenting resources and efficiencies through sharing – the principle of the whole being greater than the sum of its parts.

This type of collaboration is not easy, but neither is it impossible to achieve, as has been evidenced in some regions. It does require a will by all involved in the regional (or area) service system to make decisions about funding based primarily upon which agencies are best positioned to provide the types and quality of services required.

It also requires the Department to participate both as a partner in local service planning, and as a facilitator given its separate State-wide roles in regulation and in grants management.

If an integrated service system is to be built, collaboration must include not only the Department and family based care agencies but also:

- other alternative care agencies
- carers
- client groups, and
- key service providers within other sectors.

How this is achieved will depend upon geographical and community contexts, and the existing resource infrastructure of different regions and localities.

Some regions have developed innovative frameworks for integrated responses to children and young people exhibiting complex needs, with both government and community agencies across the relevant service sectors (eg health, education, housing, youth services)

involved. These types of activities rely upon networks built on trust and respect – reported as the most successful way of achieving effective collaboration (Hall 1999).

While the concept of integrated planning appears to be supported by all involved in the family based care service system, many agencies including area offices are still struggling to achieve the reality. Reasons for this are:

- the activities of inter-agency planning and collaborative practice require resources of time and money – this is still not generally recognised in budget allocations
- skills in collaborative practice and relationship building remain under-developed in Queensland
- in some areas, issues of trust exist between the sectors, and between agencies
- family based care and other services, even closely related ones such as family support services, continue to operate in different 'silos'

Rural and remote communities, while perhaps having a culture of cooperation, face greater deficiencies in the range of service types available.

Models for integration in service delivery

In a State as diverse as Queensland, no one model for integrated service delivery will fit all localities. What is important is that the responses in each area to the diverse but related needs of a family are congruent and seamless. While models for achieving this may vary from region to region, the bottom line is that core services (placement and placement support, intensive family support, casework, therapeutic work, youth worker or family resource worker support, etc) fit together in a way that makes sense for the child or young person and key family members, avoiding fragmentation.

In the community sector, service delivery models that integrate family based care services and other services supporting families and individuals include variations of:

- a single 'umbrella' agency providing multiple services, or
- a service cluster for integrated responses by a number of specialist agencies (QAFS 2001).

In each case, integration of statutory and other services provided by government will form a component of the model.

There are some existing examples of both these models. The work of some shared family care agencies with young people extends beyond placement support and includes linkages with other agencies. However, more commonly, shared family care occurs in isolation from other responses occurring for a child or young person and their family. This is so even for many long-term placements underpinned by decisions about permanency.

Indigenous shared family care agencies typically attempt to provide a more holistic service for clients than that specified for other shared family care agencies. However, many Indigenous services are stand-alone agencies with a small funding base. For Indigenous agencies to participate in integrated models (as is essential) they need:

- the activity of collaboration to be resourced
- attention to the best way to auspice Indigenous services to strengthen their operational capacity while maintaining autonomy.

Addressing System Duplication

The current system duplication in Queensland whereby both the community sector and the Department undertake identical functions in carer recruitment and management is inefficient and confusing. It is incompatible with the goals of integrated service delivery, which works best when partners have complementary, not duplicative, roles. An option to be considered in addressing this issue is

expansion of the scope and role of shared family care agencies.

The volunteer carer capacity of a community is a resource that should be strategically managed in a way which benefits all stakeholders, including carers themselves. The benefits of inter-agency cooperation in joint planning about use of available carers has already been recognised in some regions, eg through a 'placement panel'. Various frameworks for strategic use of the foster carer resource are being used (or are proposed). These include:

- inter-agency team decision making about use of carers, who remain associated with specific licensed care services or the area office
- lead agency responsibility by one community agency for all carers in an area office catchment, with none attached to the area office
- use of carers as an unattached pooled resource, with inter-agency team decision making about placement, and temporary attachment of carers to various agencies.

The best model to avoid duplication and increase effectiveness will vary dependent upon the developmental history and service infrastructure of each area. Issues to be considered in relation to the notion of a 'pooled resource' include:

- the preference of some carers to be attached to one agency, for reasons of support and consistency, and
- the view that quality control can best be assured by an agency if they train 'their own' carers.

Relative carers are child-specific and are therefore not part of a carer 'pool'; however their support needs are similar to those of other carers.

Removing the inefficiencies of the current system requires that no two agencies should undertake the same functions within the same geographical area. At minimum, this suggests that only one agency, government or community but not both, should be responsible for management and support of generalist carers, and for support of relative carers, in each defined area of a region. It could then be the responsibility of an inter-agency team, which includes carer representatives, to apply a child-needs approach to use of available placement resources. This sees family based care as a strategy to be used along with other service responses tailored to the individual child and family.

Achieving Unconditional Care

The partial out-sourcing by the Department of management of the carer resource has not included a guarantee around placement, ie a commitment by funded community agencies to meet the placement needs of all referred children and young people for whom family based care is appropriate. Capacity issues, related to funding levels and carer reimbursement have made this difficult. As a result, however, area offices have carried responsibility by default to place children and young people whose needs fall outside the capacity of the local community agencies.

Any system for the care of children and young people must be able to place each child or young person for whom family based care is suitable and necessary. This is one of the challenges to be considered by the community sector if it is to propose a viable alternative to the current system.

Unconditional commitment can more readily be met if the placement agency is supported by an inter-agency case planning team, which responds holistically to the needs and strengths of each child or young person. This includes responding to special needs in a way that will support placement as part of overall planning. While adequate resources remain crucial in meeting the needs of children and young people, a collegiate sense of responsibility for unconditional care increases the capacity of all agencies to meet the varied needs of the child.

Integrating Casework and Placement

With integrated practice, 'placement' decisions are decisions about a child's or young person's living and support arrangements within an overall case plan. Maximising positive outcomes for children and young people requires a close alignment between casework with the child, casework with the family, and placement support (Pecora et al 2000). These functions are currently separate for most children where carers are supported by community based agencies, and for many departmental foster care placements.

A holistic approach suggests that placement support should be undertaken by the agency responsible for family casework, within the context of a team approach to case management. That is, one lead agency should be responsible for actively implementing the case-plan, including:

- coordinating responses to the child's needs across all dimensions of their life, and
- working with the carer to maximise the benefits for the child and family of what the carer is able to offer.

In Queensland this lead agency has traditionally been the Department, with a few exceptions in 'out-sourcing' casework (eg Marsden Families Program and Indigenous agencies).

The functional division of the current system has promoted an artificial barrier between 'placement-related' work and 'family-related' work. It has failed to recognise placement support as integrally related to work with the child (in particular) and their family. Addressing this situation should include consideration of the potential roles of family based care services in joint case management, family and child casework, and ongoing assessment. This could include casework across the full spectrum, for example:

- supporting family members
- working towards family reunification and other types of permanency for children and young people
- transition to independence.

Serious consideration of this option would require that a number of issues are addressed. These include:

- the resourcing requirements for agencies to undertake an expanded role
- functional limitations currently defined within licenses
- implications for re-defining the role of statutory (departmental) caseworkers
- the functional and statutory interface between agencies and the Department, for children under orders or subject to initial child protection assessment
- skills training and enhancement around engaging with and working with family members in a child protection casework role
- skills enhancement around working with relative carers
- the extent to which shared family care agencies have the desire and capacity to undertake child and family casework.

THE ROLES OF CARERS

The core role of approved foster carers and relative carers is undervalued in the current system for family based care. The significance of this role to the achievement of case-plan goals that include a focus on the family has been largely unrecognised, un-resourced, and under-utilised.

Traditionally, the involvement of foster carers in a team approach to planning about the child's or young person's needs has increased as family involvement has decreased. It has been most evident in long term placements with less family contact, and often

limited to an ancillary role (eg providing transport) when the placement has been short term.

Individualising family based care calls for enormous flexibility in the care arrangements, and for placement planning to reflect broader case planning. The outcomes for the child or young person are likely to be more positive when they experience coherence between their care environment and the family-focused casework and planning relating to them (Pecora et al 2000). The central role of carers in any case plan should be clearly articulated during team planning which includes the carer.

Greater flexibility in meeting children's and young people's needs means a greater variety of care arrangements. These may fall anywhere on a continuum from long term care without family contact (in a minority of cases) to long term arrangements with carers in the role of a trusted extended family, caring for the child or young person on an occasional basis for varying periods during their childhood. The 'extended family' model includes the concept of caring for a child and their family rather than a focus on the child alone, thereby extending the child's family network rather than replacing it.

Even when the best way to achieve permanent safety and well-being for a child is through stable long term care, possibly with the carer having guardianship, the carer role continues to be informed by the value of family connectedness.

The traditional concept of categorising foster care according to the expected duration of placements or the purpose of orders (eg as 'respite', 'short-term', and 'long-term') is not compatible with an individualised and flexible response to the changing needs of children and young people. A rigid placement system runs the risk of fitting children into a series of pre-existing 'boxes' rather than progressively adapting the existing placement to the child's changing needs.

Being child-needs focused means being open to the possibility of change, eg a carer providing respite care for a child should be positioned to ultimately provide long term care if required. Rather than this outcome happening in an unplanned way as often occurs at present, it is preferable to equip and support carers from the outset to undertake the variety of roles that may arise when the child's needs are the focus of planning. This is somewhat analogous to the concurrent planning approach promoted in the United States (Pecora et al 2002).

The provision of therapeutic foster care, with commensurate compensation, has so far been limited to meeting the needs of children and young people with very complex needs. However all care should be seen as 'therapeutic' and actively viewed as part of a holistic response to the child's or young person's and family's needs. If foster carers and relative carers are to fulfil their role as partners in an integrated response, these things are important:

- inclusion of carers in case planning processes, with clarity about their active roles in family-related work
- training, including values clarification and skills development
- for relative carers, orientation to the role and specific training
- resourcing and recompensing carers commensurate with their roles in caring for the child and in supporting work with the child and family
- ensuring that other team members support carers in their role, including relative carers
- increased "professionalisation" of foster carers to build skills for working with families
- setting reasonable limits for the responsibilities placed on carers.

Carers should be inducted at recruitment and pre-service training to a role that is necessarily flexible and grounded in a view of the child within the context of their family. Where necessary, existing carers should be supported to:

- make the transition to a family support role away from more traditional approaches which see care for a child or young person as separate from work with their family

- develop the frameworks and skills necessary to a partnership approach with families and with other parts of the system

- understand and use a strengths-based approach in interaction with children, young people and family members.

A good many shared family care agencies and area offices are already moving towards a more collegial relationship with foster carers, as expectations of carers to be members of a team providing a holistic service increases. As well, many foster carers and relative carers already have an intrinsically family-focused approach.

However it is difficult to request of carers that they have a role in family work relating to the child or young person if the carers are not supported – personally, financially, and through collegial supervision – in this work. System improvements must be made to ensure that carers have the information and practical resources they need, when they need them, to fulfil expectations of them as co-workers in meeting children's or young people's needs.

SYSTEMS DEVELOPMENT

A family based care strategy concerned with individualised and flexible responses to children and families suggests a move away from agencies narrowly constructed as 'placement agencies'. It instead suggests agencies with a broader focus, able to draw upon different types of family based care, or combinations of these with other service options. The child's or young person's needs will drive decisions about the type of service provided. For example, placement might not be required, where instead in home care can be supported.

Impediments to realising such a vision in Queensland at the present time include:

- issues of staffing and infrastructure capacity, ie financial capacity

- issues of capacity in the skills base of both government and community services

- lack of flexibility around the functions of agencies, as stipulated in licenses and service agreements

- undeveloped information systems for communication, research and monitoring.

Financial Capacity

To provide a range of individual responses tailored to the child and family, and a flexible role for community agencies in directly working with families, these structural and funding barriers would need to be addressed:

- the nexus between child protection notifications and payment of fostering allowance

- time limitations on use of foster care for children not under orders

- lack of financial or material support to families for direct and indirect child protection purposes.

These and similar issues should be re-considered to ensure a balance of accountability with flexibility, and to ensure adherence to the legislated principles of supporting families and using the least intrusive option[5].

The availability of flexible funds, to be used as and when needed in the child's interests, is a key strategy in providing individualised family-focused services (Burns and Goldman 1999). Service models in Queensland which appear to be achieving some success in using flexible funds to tailor services for the individual child or young person have reiterated this (eg Life Without Barriers; WRICSI).

The administration of finances directly related to meeting children's and young

[5] *Child Protection Act 1999*, section 5 (d), (e) & (f).

people's individual needs (such as child related costs) should be flexible enough to allow agencies to:

- change the use of funds in a timely response to changes in a child's needs
- broker appropriate services, as in the 'wraparound' approach (Burchard et al 2002).

A significant financial issue is the generalised ongoing inability of area offices and shared family care agencies to meet best practice standards in the provision of family based care because of staffing and infrastructure limitations. While family based care as an early intervention strategy can lessen the overall demand for alternative care, this may not herald major cost savings – early intervention work is itself resource intensive, and historical under-resourcing means little infrastructure is in place for this work. *Future Directions* funding represents a serious attempt by the Queensland Government to address this issue. However the gap between service demands and staffing resources continues to adversely affect the quality of services provided by area offices and agencies.

It could be anticipated that savings 'down-stream' will occur if more attention is paid to intensive family casework (Pecora et al 2000). The proposition that family based care agencies undertake an expanded role in working with families might suggest a cost-shifting from government to community in this regard. However, as much of this work is not being done by area offices, for reasons including staffing resources, enhanced funding rather than funds-transfer is required. *Future Directions* funding of family re-connect services recognises this need.

Finally, in considering the issue of funding commensurate with the way of working canvassed in this paper, it should be noted that:

- working collaboratively incurs significant costs in time, resources and effort (NSW Premier's Department 1999); this should be recognised in funding allocations
- salaries inequities between the government and community sectors impede the (desirable) movement of skilled caseworkers between the sectors
- licensed care services are incurring the considerable costs associated with regulation under the *Child Protection Act 1999* including the administrative costs of ongoing regulatory processes
- implementing a more relevant and responsive family based care strategy would have cost implications across both sectors, despite efficiencies to be gained.

Functional Issues

Current limitations upon the functions of shared family care agencies are reflected in both licenses and services agreements. These are important regulatory and accountability mechanisms, but can be adapted to ensure consistency with changing directions of the service system. The flexibility to draft service agreements specific to individual service-types has already been demonstrated. Future service agreements may need to account for flexible agency roles within a single integrated system. Other considerations are issues around appropriate legal structures for the funding of a 'consortium' of agencies providing an integrated service, to avoid the limitation of having to direct funds through one of the partner agencies.

Other structural/functional issues to be addressed in adopting an integrated approach are:

- a means to formally recognise partnership structures and collaborative arrangements within a region or area, eg inter-agency protocols. This is important both for accountability and for continued viability

- the work involved in facilitating and maintaining systems for collaboration must be recognised and resourced as a legitimate function of agencies and networks

- the involvement of families and young people as part of integrated case management must be structured in; this may occur through broader planning processes which also meet the purposes of the Family Meeting

- means should be sought to promote participation of young people and families as service users in service management, development and planning.

A key issue is ensuring that communication systems facilitate, rather than hinder, provision of individualised and integrated services. While protocols are important, partnerships are built on relationships, and relationships rely upon communication that conveys trust and respect (QCOSS and The School of Management Griffith University 2002). This is true at all levels of integrated planning (*see figure 2, p14*), including communication with carers and with family members.

Given the core partnership between the Department and shared family care agencies, it would be desirable for communication systems in the future to enable direct electronic access to jointly held case information, and facilitate direct-entry data collection. A needs-based approach must be supported by shared case-planning, review and management systems that:

- promote and maintain ongoing assessment of individual children's needs and monitor whether their needs are being met

- enable collation of aggregate data for performance measurement and research purposes.

Research and Monitoring

Ongoing review of achievements against policy and program objectives is essential to maintain the relevance of family based care to the outcomes being sought for children and families.

A framework for data collection to inform developmental planning in family based care is essential. It should include a variety of collection methods, including feedback from carers, and in particular, means to listen to the voices of children, young people and families.

The trialling of a needs analysis tool by the Department in early 2002 is research that should continue, along with practical mechanisms to monitor quality and measure short-term outcomes. Despite the known deficits in data collection around family based care, considerable data is collated each year within annual publications. The learnings from analysis of this data, and pointers to further research should be noted (QCOSS 2002).

Two further issues are relevant to data collection to inform planning in family based care:

- basic data collection imposes a cost on the time and administration of non-government services; these costs must be allowed for in funding

- data collection by agencies must be congruent with the day-to-day practice of agency workers and provide information of use in both local area and State-wide planning.

Data about need is the most potent basic information to inform proactive (rather than reactive) planning. The Department has stated a commitment to on-going research at both the local and State levels, including use of needs analysis mechanisms. In addition, the action research requirement built into innovations funding under *Future Directions* (Queensland Government 2002) has the potential to provide useful information about 'what works' in some aspects of family based care.

CONCLUSION

The opportunity now exists for a major transformation of family based care in Queensland. The struggle to meet demand in a way consistent with contemporary practice standards is an important trigger for change and one that is not unique to Queensland (Barber and Gilbertson 2001). The prospect of real and exciting change is supported by the energy that exists across government and community to find constructive responses to complex problems, which, in turn, has been boosted by government's commitment to funding effective innovation.

To take full advantage of this situation government and community must develop a shared vision. Without this, coordinated and coherent change is impossible and the current opportunity will be wasted. These concerns were the impetus for this paper, which has sought to galvanise debate about the future directions of family based care in Queensland, as a precursor to joint action. This discussion paper has offered issues for consideration that build on current initiatives and existing strengths.

In developing ideas about directions for change, this paper first considered the implications of best-practice imperatives for family based care, arguing that:

- meeting need dictates an individualised and holistic response
- individual need is best addressed by providing the right service at the right time
- a family focus is inseparable from meeting the needs of a child or young person
- the ability to provide a holistic response relies upon service integration
- a community based approach is critical to providing an integrated response to need.

This analysis generated some concrete and basic requirements for the enhancement of Queensland's family based care strategy. These include:

- positioning family based care as one response in a broader repertoire
- exploring a greater range of types of family based care
- developing a flexible interface between the different types of family based care and other placement and support services
- localising family based care responses to need
- facilitating an integrated service response and a move away from a 'stand alone' approach to family based care
- fully utilising the capacity of family based care to support children, young people *and* their families
- employing family based care across the child protection process, not limiting usage to initial assessment or while an order is in place
- enhancing family connectedness for children and young people and family participation in planning, decision-making and care
- actively developing networks of care for children and young people that consolidate and augment existing relationships.

If these requirements are to be met, some barriers must be addressed. A key issue here is the functional division that can separate community-based shared family care from casework with the child and family. This paper argues for a more integrated service system for family based care, on *all* levels, to include:

- provision of a more holistic family service by shared family care agencies

- location of casework and placement support within the same agency with consideration of community based agencies undertaking these functions for children and young people in family based care

- provision of family based care within an integrated model of care at local and regional levels

- removal of duplicative processes for carer recruitment, management and support

- ensuring mechanisms to drive effective partnerships at the case level, regional planning level, and State level.

Although developments along these lines are already happening around the State, the scale of change suggested here for family based care has significant impacts for the broader service system. Change of this magnitude is not achieved overnight. In acknowledgement of this, PeakCare believes that government and community must jointly commit to a change process extending over the next five to ten years. This will allow for phased activity, which can be carefully planned, implemented and evaluated as change proceeds. Despite the issue of an ongoing funding shortfall, previously noted by this paper, much can start to be achieved now.

The transformation of family based care in the ways suggested by this paper can only enhance and cement its effectiveness and relevance. Government and community have clearly already committed to change – now its time to debate the way forward, set directions and take joint action.

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