

Inquest into the death of Luke Anthony Borusiewicz

Luke, aged two years, was the subject of a child protection order placing him in the care of the Chief Executive of Child Safety Services for a period of 12 months.

On 12 January 2009, his foster carer was unwell and rested intermittently. Between 11.15am and 1.45pm, Luke was jumping on his bed. He fell and struck his head on the bed frame and floor causing a severe head injury. The fall occurred while his foster carer was asleep. On waking, Luke's foster carer checked on him and the other children. Luke appeared asleep. Neither of the other children in the house reported the fall to her. When she attempted to wake Luke later, she found him unconscious and called an ambulance. Luke was taken to Cairns Base Hospital and died six days later from his head injuries.

Coroner Kevin Priestly delivered his findings of inquest on 16 April 2013.

The Queensland Government responds to recommendations directed to government agencies at inquests by informing the community if a recommendation will be implemented or the reason why a recommendation is not supported. Further information relating the implementation of recommendations can be obtained from the responsible minister named in the response.

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I am unable to formulate any recommendations for change in the training and monitoring of foster carers that might prevent a death in similar circumstances. However, the circumstances surrounding Luke's death should be used as a case study in the training of foster carers in self-awareness and the insidious nature of fatigue; as well as the training of placement support workers and child safety service officers in the need for vigilance in monitoring foster care arrangements.

Response and action: the recommendation is implemented.

Responsible agency: Department of Communities, Child Safety and Disability Services.

The practice issues raised by the death of Luke Borusiewicz will be taken into consideration as training and support resources for carers are audited and/or modified as a result of the child and family reforms over the coming months.

The Department of Communities, Child Safety and Disability Services conducted a statewide audit of training and supports available to foster and kinship carers to assess whether fatigue and vigilance were covered in training packages in Queensland. The audit was finalised on 30 June 2014.

The audit identified that these topics were not adequately addressed in training. Module seven of the quality care foster carer standard training is being modified to incorporate the emphasis on tiredness and fatigue and accessing support.