

Sharing lessons/things I've learnt over the past 12 years

I am a nurse and my husband is a teacher so we are both very aware that, as in the health and education sectors, out of home care is policy driven and influenced by risk management. The following is not intended as personal criticism but the facts learnt along our journey.

- CSO/DCS staff have a difficult job. As in all workplaces, some do it very well and some don't. Some will listen and follow up and some will be slack and not follow up or listen or be accountable in doing tasks that are required. It's ok for carer to question/ ask to speak to supervisor or manager and talk to support agency re this.
- The carer is vital part of the team working for best outcome for child. They are there first for the child – keeping birth parents/CSO happy is required but not carers priority. DCS sharing information and plans with carer (not withholding information re intentions) is vital for team as is the opinion of carers being seen as valued.
- No matter how much information the DCS has on the child, the carer usually knows the child best after spending 24 hours a day with them. Their opinion and advocacy for the child should be as valued as the CSO's – we are all wanting the best for the child.
- CSO's change constantly due to leaving and /or changing roles within the office as well as depending on what kind of order the child is under. K had 5 different CSO's in the first 5 years of her life – impossible for worker to really know the child.
- The DCS family support worker and Community Visitor remained the same for that same 5 year period – wonderful!
- Every time you ask for something financial – it will be a battle of justification that will take time. You can appeal if you feel a response is not satisfactory –its ok to go higher for answers.
- Allow plenty of time for forms to be signed – indemnity for camps/consent for anaesthetic etc. and don't rely on staff to get forms to where they have to be! Physically drop the paper to person and tell them you will collect signed papers and keep them with you – don't rely on DCS sending especially if turning up to hospital with child for surgery!
- The public health system can rarely provide timely medical/psychological care for children in care whose needs are often complex and ongoing.
- DCS has policy for everything which they are bound to work under and a large part of this involves the court system which can be slow, steeped in rigid regulation and rarely taking into account individuals needs. The courts are a stressful place for all involved.
- Legal Aid is not the best option for those with Disability. It may tick appropriate boxed for court system but without support from familiar and trusted advocates – the truth is rarely able to be heard.
- Policy can be questioned and should always be open to review – in some cases it is in the best interest of all concerned to involve DCS before a child is born!
- Children in care require a lot of support in many areas – to surround/supply them with what they need takes a lot of work/commitment that goes for a long time.
- Public school system can rarely provide the intensive input of the many support persons needed to get this child through school
- The carer needs to be the driving force in making things happen in a timely manner for the child

- There are a large percentage of children in care who have disabilities – physical, psychological and learning.
- Respite should not be used just at crisis time – it needs to be in used to support a placement, allow that placement to continue to give stability and permanency in the child's life . Even if the eventual plan is reunification, in this season of this child's life they need stability – we need to put in place whatever it takes to maintain stable placements for these kids.
- There are not enough indigenous carers to fulfil the present policy of placement of indigenous children with indigenous carers.
- This seems to put indigenous carers under pressure to increase placement numbers
- The indigenous parents we have worked with were much more concerned with ongoing contact with their children that whether the carer they were with was indigenous and maintaining cultural identity was better served by ensuring the relationship between parent and child was maintained than increasing distance between them to serve policy of indigenous carer
- When parents with disability have children in care there is no point in providing them with advocacy means to be heard through disability/legal aid/recognised entity unless that support person/s is familiar and trusted ie has built relationship with them.
- The policy surrounding indigenous children in care seems to carry much more weight than other policy eg religion/contact when they should be given equal value
- Carers can feel very alone and confused in navigating systems they are thrust into eg Disability, Public Health, Indigenous culture supports, Centrelink, Foster care, Courts
- Its not easy to research family heritage particularly where there are indigenous and disability facets.
- Shared parenting can work even when the parents can't have children live with them
- There are a lot of wonderful carers making amazing sacrifices in their lives for the good of children in care and they are supported by family and friends
- There are a lot of amazing people working in many fields of providing for children in care from the DCS staff to health care professionals who bulk bill, from school staff who give extra time to Centrelink/Medicare staff who try to help with paperwork, from Foster Care Old constantly lobbying government advocating for carers to small businesses who give discounts to carer families – we have some wonderful “villages” raising children.

Jenny Lanham

My hopes, dreams and visions for the foster care system.

Our present care system sees an over representation of indigenous children in care – I'm not sure of the reason or answer for this but it is a bigger social issue than the foster care system can deal with, not something the foster care system can undertake alone to fix – it should be an integral societal issue involving many stakeholders. It needs to be looked into by passionate people committed to finding and sharing answers, listening to individuals and prepared to a long term search/research as well as long term finding solutions – it can't be undertaken as a "project" while funding and time allow or government in office dictate.

What the foster care system can do is make sure its doing the best it can for these children and their families – children in care are the primary concern of the Department of Communities (Child Safety). It's a fact that our system cannot support the Placement of Indigenous Children policy - we don't have enough indigenous carers or kinship carers to place all indigenous children with indigenous carers. Trying to increase indigenous carer numbers is a slow process and still does not keep up with demand. My husband and I have had numerous placements of indigenous children and in 2009 were granted by the courts 3rd party guardianship of 3 children whose father is indigenous. We understand this is not a common occurrence in the foster care and court systems and believe we have valuable insight into this situation.

In each of the very different care placements involving indigenous children, we found similar things - the main thing the parents wanted was to not lose contact/relationship with their children. This was their highest priority need. The fact that the carer was not indigenous was very low on their concerns – and in the many conversations with parents involved, most of their concerns were around "when will I get to see my children". In our final present placement situation, we have had conversations with the parents around their children being in our (non indigenous) care and for them, this has been an issue far outweighed by their desire to grow and maintain relationship with their children.

Over the past 10 ½ years, we have built a relationship with them that allows them to, not only entrust their children to us (albeit enforced), but to entrust their ongoing relationship with their children and the growth of their family unit to us.

I would love to see changes to policy that free DCS workers from the constraints of finding indigenous placements (that can prove to be to the detriment of the relationship birth parents can build with their children) and pour resources into building within the general carer pool a framework that supports carers to commit to making contact and building relationship a mandatory part and priority of placement of indigenous children.

In our experience, providing the family with outings to Naidoc and other cultural events was good as an extra activity to grow cultural awareness in their children but what the parents really wanted was time with their children - this was the real cultural sharing. Having an indigenous family DCS worker who stayed as a constant in their lives, facilitating contact and supporting us in our cultural awareness was invaluable. I would love to see more resources poured into training and growing the pool of indigenous workers from DCS who can support families and carer families in this way.

The other good thing for these parents with disability was the recognised entity (IFACSS) taking time to build relationship with them then, through having a trust relationship gave the parents a secure environment to voice their wishes and be heard.

Some decisions made under policy and children placed with kin in preference to non indigenous carers, can be again putting policy before individual needs of children and families. If the placement with kin (or indigenous carers) reduces the prospect of children building relationship with parents then the validity of adhering to policy or the actual policy itself needs review. Where there is real possibility of children being returned to family, it is vital that in the interim time in care, these children are in a placement where the carers are committed to maintaining and growing the family relationship. The issue should be placing children where this is going to be a priority and not let the placement be dictated by policy that can work against the parents desires and wishes.

Where there is no possibility of children being reunified with indigenous birth parents, again I would love to see the priority of placement to not be dictated by rigid policy but to

- Provide for birth parents a culturally appropriate trusted forum where their wishes are heard
- See that stable permanency for children be given equal value to cultural awareness
- Not always assume the indigenous or kin placement is in the best interest of child or family
- Explore all options available and make decisions based on individual cases not only policy
- Support carers in commitment to family units and making relationship building a priority
- Providing indigenous staff/funding to grow with children in care and their families a on long term basis

I would also like to see a system which provides appropriate support for birth parents with intellectual disability. The court system dictates the requirement of legal aid lawyer to represent these parents with the expected outcome of a clear indication that the parents will understand procedure and process. I found the court process confusing, rigid and intimidating so cannot imagine how overwhelming it must have been for these 2 people with an intellectual disability.

The DCS had arranged an independent consultant to present a document for the courts detailing time spend with all involved parties but particularly with the birth parents in the presence of their own chosen support person, a Kyabra support worker they knew and trusted. After witnessing court proceedings, I felt doubtful that this document had even been read by the presiding judge - all his questions re the parents understanding of situation were clearly answered in this document but the need to tick the "lawyer box" meant subjecting these parents to more processes that caused them distress. They had also been through numerous court processes and legal aid interviews when orders were taken by DCS on their 3 children in past years – the documents would be available if time was taken to look into it and that may have saved them (and us and the public purse!) from returning 3 times to court for the most recent guardianship order.

I see also a large number of children with disability in care (that being physical, intellectual and learning) – not that anyone seems to have figures on that when I ask? In recent years, there has been much said about attachment disorders and the effect of disrupted attachment on brain development and consequent learning.

I would love to see a foster care system that could give every child in care the best chance they have at reaching their potential by minimising effects of and maximising input to their care – my dreams/visions for this area would be

- Placements minimised so children in care develop secure attachment and stable home whether they are staying for 2 weeks or 18 years.
- Assuming most kids in care will need help in one or more areas of life - better to assess needs clearly and early and be pleasantly surprised if not needed than to turn a blind (financial) eye and allow barriers to development to be missed.
- More value placed on the carer/child relationship as security in this is vital to child's learning
- More value placed on carer input as to child's medical/psychological/learning needs – they are with the child 24 hours a day and will have insights not possible for CSO to gain.
- Children in care having access to timely care in health system and if can't be seen in 4 weeks through public system then lobbying private hospitals/doctors/therapists/dentists to “come to the party” and provide bulk billed services (medicare involvement here too!!)
- Children in care having access to timely support in education system – they need the support from the moment they hit the school. There is little use in waiting 2 months to have guidance officer assessment then other 2 months to organise CSO meeting for feedback then find the child has been moved placement or “lost” months of learning opportunity.
- Information sharing across all stakeholders and use the carer as holder of information. This seemed to be underway with child health passports but I still found information withheld (and misplaced) by DCS. Education Qld also reluctant for some documentations sharing. This can also result in the child being over tested - doing things that have already been done.

Across all areas and interactions within the foster care system, I would love to see a pro-active rather than re-active approach. I'm not sure if it's the nature of the work or the low staff numbers but DCS time seems to be spent reacting to crisis, not having scope to be able to pre-empt situations and put things in place to avert some crisis. We experienced this when our birth family found they were expecting 3rd child and wanted DCS to help them facilitate him being placed in same carer home with siblings once born. We had to advocate for the parents to be heard - to push DCS to work outside policy and start process before child was born and not (over) reassess situation that was unchanged since last round of paperwork 5 years earlier. This applies also to being able to review policy when things are clearly not working and take time to listen and understand possible options changes. Hopefully this inquiry is a step in that direction.

Thanks for valuing the input of carers and others involved in this system. Thanks for taking the time to look at our journey as well as my lessons and my dreams. I appreciate there will be “bigger” issues and longer stories behind our experience and some things may be better since then but some things may also be worse or unchanged.

It is my hope that our system can be the best it can be for the children who come into care and for that to happen, we need to all involved to be accountable – to work as a team willing to accept changes made in wisdom and be constantly open to reflection on our processes and practice.

Our children deserve nothing less than our best.

Jenny Lanham

