Experiencing care in the ACT
Listening to people’s experience of the ACT Out of Home Care system
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Executive summary

Experiencing care in the ACT is one project within a range of different research projects being undertaken by the Community Services Directorate to inform the development of a five year Out of Home Care Strategy.

This specific project has used a co-design approach to understand the experience of out of home care for service users. The project engaged people from all parts of the system: service users, service providers and the Directorate to understand how the broader out of home care service is experienced by users. We developed a research approach to listen to the experiences of birth families, young people who have been in out of home care, kinship carers and foster carers. The listening informed insights that have lead to recommendations with implications for change to policy, administration and culture.

Context

There is a growing awareness that the current Out of Home Care Framework does not offer the flexibility to adapt to an increase in demand and to meet the complex needs of children and young people in the care system. Based on this awareness, the Community Services Directorate committed to the development of a five year Out of Home Care Strategy. This Strategy will aim to ensure there is an adequate supply and quality of out of home care placements for children and young people in the care of the Director-General. The Strategy and components of an Operational Framework will be made public in June 2014.

Drivers for change

The inflexibility of the current service models means the needs of children and young people in care, birth families and carers are not always met in a consistent and timely manner. This inflexibility and lack of adaptability means opportunities that could be of benefit to service users and to the system are not always utilised.

Research approach

Co-design recognises that problems and solutions are embedded within complex systems and seeks to develop a robust understanding by exploring multiple perspectives. The co-design process aims to shift the balance of power so that service user and service provider can form a partnership with the Directorate to re design services with the aim of improving their effectiveness in terms of what is desirable, possible and viable. In facilitating a co-design project ThinkPlace supported a Core Design Team on a journey through a design process from: establishing the project intent, designing a research methodology, listening to the stories of experiences from service users, analysing and synthesising insights and making recommendations for policy change.

The Core Design Team was made up of: the Office for Children, Youth and Family Support, Care and Protection Services, Grandparent and Kinship Carers Association, Foster Care Association, Family Inclusion Network ACT, CREATE, Marymead, Anglicare, Barnardos, Communities@Work - Gallelee, Richmond Fellowship and Premier Youthworks.

The research aimed to listen to the experiences of four young people who had experienced out of home care, four birth parents, four kinship carers and four foster carers. The intent was to understand the experience of out of home care service users to understand their needs and challenges and identify opportunities for policy improvement.

The research method used to understand experience is ethnographic; it is aimed at hearing people’s stories that are then turned into case studies. Story telling sits at the extreme end of qualitative research, it collects great depth of insight into the experience of a few service users. The value in this approach is its capacity to expand our understanding
of the whole system by understanding the lived experience of service users as a pathway through the system. By observing a number of select cases in depth, the major barriers and blockages readily surface. While it cannot be said that what is true for a small number of services users is necessarily true for everyone, this research approach is effective in raising our awareness to the specific pressure points that require closer examination. The cases for these narratives were carefully selected to include a cross section of service users. The considerations were:

- The child or young person must be or have been subject to a Care Order under the Children and Young People Act 2008 and managed by Care and Protection Services as the statutory authority.
- Carers should come from more than one agency.
- At least one young person and birth family member who identify as being Aboriginal.
- At least one young person and birth family member with experience of inter-generational care.

Detailed considerations for each segment are in the report. The research questions were generated by the Core Design Team in order to get an understanding of participants’ experiences and to optimise the opportunity to generate rich narratives and journey maps. Some overarching themes we sought to understand included:

- Their journey through care;
- What they understood about what was happening;
- How they felt;
- Whether they received the support they needed/wanted;
- Their sense of belonging (particularly for young people);
- Important relationships; and
- Self-agency.

ThinkPlace conducted the research interviews. The format of the interview was exploratory; a conversation was framed with clear boundaries and some pre-prepared questions, within these parameters the interview was allowed to unfold as an organic conversation. To a certain degree the interviewer allowed the participant to lead the direction of the conversation, which meant that they were able to talk about what was most important to them. The interviews were audio recorded and extensive notes taken. The narratives have subsequently been rewritten with names changed and identifying details omitted to protect the privacy of participants.

Research Analysis and Synthesis

The Core Design Team collaborated in the analysis and synthesis of the narratives. From each narrative macro pathways were produced that represented the complex journeys experienced by each segment. The maps are divided into the phases of pre-care, entering care, ongoing care and leaving care and represent the possible pathways, which individuals and families can take through the care system. Detailed pathway maps were also created to describe the experience of one person or family’s story from each segment. Having analysed and compared all the narratives the Core Design Team summarised the needs and challenges for each group and synthesised these into four key clusters of insights:
Key insights

- Communication and information: Participants identified areas of improvement in effective communication and consistent information provision across all of the user segments.
- Support and training: Participants identified there needs to be more support and training for carers or for caseworkers.
- Suitability of placements: Participants identified that there is a need and opportunity for more flexible placement options. Participants identified that more information for children and young people and carers helps all parties be better prepared to make placements work.
- Listening: All participants wanted a stronger voice in decision-making. They wanted their opinions to be asked and respected.

Recommendations

The outcome of the project was to use the insights from the users experience to inform recommendations for systemic change. The Core Design Team has developed 15 recommendations that have implications for change to: policy, administration and culture.

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<th>Insight</th>
<th>Recommendations</th>
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| **Insight 1: Communication and information** | - Care and protection services policy and procedure are externally accessible  
- Kinship care assessments |
| **Insight 2: Support and training** | - Improve training provided for kinship carers and foster carers  
- Support for kinship carers  
- Create family events  
- Mentor programs for carers, birth families, children and young people  
- Reunification support  
- Young people, birth parents and carers presenting at Care and Protection Services and agency workers training  
- Resources on entry into care  
- Practice reviews |
| **Insight 3: Suitability of placements** | - Fully explore permanency options  
- Develop a carer profile  
- Stable placements  
- Encourage a relationship between foster carers and birth families |
| **Insight 4: Listening** | - Hearing the voice of children and young people |

Conclusion and next steps

The detailed narratives of sixteen service users experiences have highlighted that there are number of pressure points for service users specifically in the areas of: effective communication, training and support, stable placements and listening. The Core Design Team has made 15 recommendations with implications for change to policy, administration and culture. The next step will be to align the recommendations with the five year Out of Home Care Strategy and then to develop the recommendations into service solutions. The power of co-design in this research project has been to harness the expert experience of service users to identify the major barriers to effective service outcomes. It is recommended that this approach be continued for the development of recommendations into service solutions to ensure that the end products are effective and meaningful to the service users. A collaborative approach aims to deliver results that are: desirable, viable and possible for service users, service providers and the Directorate by embedding the multiple perspectives in the development of the design solution.
Project overview

This chapter gives an overview of the project intent and the project approach including who has been involved in the project, how we engaged the people we interviewed and how the research was conducted.
Intent of Co-Design Research

Context

There is a growing awareness that the current service models do not offer the flexibility to adapt to an increase in demand and meet the complex needs of children and young people entering the alternative care system. Based on this awareness, the Community Services Directorate committed to the development of a five year Out of Home Care Strategy.

This Strategy will aim to ensure there is an adequate supply and quality of out of home care placements for children and young people in the care of the Director-General. The Strategy and components of an Operational Framework will be made public in June 2014.

Project intent

The purpose of this project was to listen to the stories of people who had a direct experience with the care system. Through hearing these stories we sought to understand the strengths and challenges of the care system in order to make recommendations about how service delivery could be redesigned.

Drivers for change

The inflexibility of the current service models means the needs of children and young people in care, birth families and carers are not always met in a consistent and timely manner. This inflexibility and lack of adaptability means opportunities that could be of benefit to service users and to the system are not always utilised.

Desired future state – strategic shifts:

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<td>An inflexible out of home care service model</td>
<td>Better understanding of the needs of people engaged with the service</td>
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<td>Flexible individualised service delivery</td>
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<td>Little collaboration</td>
<td>Collaboration across multiple platforms</td>
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<tr>
<td>Ineffective listening to children and young people</td>
<td>Effective listening to children and young people</td>
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Project approach

Who was involved?

The Core Design Team

Through the project we engaged a Core Design Team from a number of organisations including the Office for Children, Youth and Family Support, Care and Protection Services, Grandparent and Kinship Carers Association, Foster Care Association, Family Inclusion Network ACT, CREATE, Marymead, Anglicare, Barnardos, Communities@Work - Galilee, Richmond Fellowship and Premier Youthworks. The products derived from this process needed to be achievable within constraints of what is desirable for the service user, what is viable for the organisation and what is possible and can be achieved within the budget, timeframe, culture and policy environment. The power of the Core Design Team was their capacity to bring in a range of experience, knowledge and viewpoints to collaboratively identify insights and to design the recommendations.

The ThinkPlace Research team

The ThinkPlace research team have academic and professional experience with people in the community who have multiple needs and complex circumstances. Our team brought extensive experience in interviewing and researching people across the community from families in need, to people experiencing homelessness and other social groups. Our expertise and experience from other projects conducted in partnership with the ACT Government Community Services Directorate, and the community sector allowed us to understand the community and government intentions.

Designing the research approach

To specifically address the requirements of this project, the Core Design Team worked together to design the research approach.

The research aimed to give a better understanding of:

- The needs as well as the expectations, motivations and desires of people engaged with the system.
- The experiences of young people in care, of birth families and of carers as seen from their perspective as well as their journeys through the out of home care service system.
- The interconnections in the service system and the potential effectiveness of a more collaborative approach.
- Alternative options and ideas for how the service system could work to achieve better outcomes.

What did we want to find out? – Goals of the research engagement

To deliver on our intent, we needed to understand how young people in care, birth parents, kinship carers and foster carers have experienced and engaged with the out of home care system. We also sought to understand what better outcomes means for each of these groups.

The research aimed to give illustrative descriptions of the journey of these people engaging with the service system with a specific focus on their experiences in significant situations and critical points of interaction.

This was to illuminate the problems and challenges that prevent desired outcomes. It reflects a ‘holistic’ view on their service journey and the functioning of the out of home care system as well as in-depth perspectives on its implications for the service users.

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Who did we talk to?
When deciding whom we would speak to our general considerations were:
• The child or young person must be or have been subject to a Care Order under the Children and Young People Act and managed by Care and Protection Services as the statutory authority
• Carers should come from more than one agency
• At least one young person and birth family member who identify as being Aboriginal
• At least one young person and birth family member with experience of inter-generational care
• We want to keep categories at broad as possible at this stage, then see who is interested

We interviewed four individuals/families across the four segments:
1. Four kinship carers
2. Four young people
3. Four birth parents
4. Four foster carers

Criteria for participants
Four Young People who have past experience of Out of Home Care.
Criteria:
• 18-30 years.
• Must have been a child in the care of the Director-General of the ACT.

May be:
• Independent of birth family and or carers; or
• Still connected to either birth family or carers.
• We may engage some connected groups young people, their birth families and their carers, if they are interested in participating.
• All interviews would be conducted separately.

The young person whose experience we sought to understand may have had more than one interaction with the out of home care system. They may have experienced kinship care, foster care and residential care. We sought to understand their whole journey through the care system. Their journey prior to coming into and leaving care may also be included to understand how early intervention could be aimed at keeping children in their birth homes and transition support once as young people move to adulthood.

Four Birth Families
Criteria:
• Any family member, (father, mother, couple) who currently has child/children in care or who has had experience of their child/children being in care in the past three years.
• Families who have had children restored to them and families who have not had children restored.
• We may include different types of families including single parents.

Four Kinship Carers
Criteria:
• Participants must have or have held a SPA (Specific Parent Authority).
• They must be currently caring or have had a placement in the past three years.
• Include at least one grandparent.

Four Foster Carers
Criteria:
• Participants must have or have held a GPA (General Parental Authority).
• Who have a child in their care now or has recently had a child in their care (in the past three years).

Out of scope
Frontline care and protection, agency and residential care workers were out of the scope of the listening project.
What did we ask?
The Core Design Team collaboratively developed a series of research questions in order to get an understanding of participants’ experiences and to enable us to generate rich narratives and journey maps.

Some overarching themes we sought to understand included:

- Their journey through care;
- What they understood about what was happening;
- How they felt;
- Whether they received the support they needed/wanted;
- Their sense of belonging (particularly for young people);
- Important relationships; and
- Self-agency.

How did we identify and engage these people?
Members of the Core Design Team had access to different groups that they approached. The following organisations self nominated to identify and invite participants to be involved in this project.

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<th>Young people</th>
<th>Birth families</th>
<th>Foster carers</th>
<th>Kinship carers</th>
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<td>Marymead</td>
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<td>ACT</td>
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In order to have a reasonable mix of participants and to ensure that we applied useful criteria for engaging with them, we developed a table of criteria that was used as a framework for selecting and representing the people engaged with the system.

Despite the limited timeframe available to contact possible participants, agencies and Care and Protection Services did fantastically well and we populated almost the entire matrix meeting most criteria.

What did we need to be aware of when dealing with sensitive issues?

It was essential to make clear to participants the purpose of the interview and how it would be used so that there wouldn’t be expectations that things might change for the individual participant because of this project.

We recognised that the story telling and questions may uncover past trauma for which participants and interviewers were not prepared. For this reason it was decide that through the project we would:

- Not engage people with past trauma that is unresolved;
- Not engage people at risk;
- Give participants the option not to answer certain questions or to discontinue the interview at any stage; and
- Be prepared to provide a contact for follow up counselling support if required.
Conducting the research

In-depth exploratory interviews

The research interviews for this project were exploratory, which means that while there were some pre-prepared questions, the interview was more like a relaxed conversation. To a certain degree the interviewer allowed the participant to lead the direction of the conversation, which meant that they were able to talk about what was most important to them. The exploratory nature of the project meant that the skills of interviewing relied on genuine engagement with the participant. This included finding ways to help pinpoint areas of trauma, areas of opportunity and general areas of importance from their perspective. The interviews were audio recorded and extensive written notes were taken.

The process of analysis, synthesis and developing ideas for change

A narrative for each person was developed from the raw notes and recordings. Each participant was sent his or her story to validate that the essence of the story was faithfully captured, however not all participants responded (every attempt was made to change identifying details to protect the participants privacy).

The Core Design Team read through the narrative, drawing out key insights and identifying what worked, what didn’t work and what could be done better within the care system. Through a co-design process informed by the insights, the Core Design Team then innovated possible policy, administrative change and social/cultural changes that could improve outcomes for the people involved with the system.

Design considerations

Throughout the project we were guided by the following design considerations:

• What work has been done so far in understanding and improving out of home care services? How do we build on it in a productive way?
• How do we create a flexible and adaptive care system and manage the interdependency of needs?
• How do we create collective accountability in order to meet the needs of people engaged with the out of home care system in an integrated way and address the needs of all users, particularly children and young people?
• How can we initiate processes for cultural and sustainable change within the care system that can support a new approach for children and young people in care?
• How will we ensure the research and service design demonstrates visible benefit to the client?
What we heard

This chapter details the experiences of each participant of the four segments through the in-depth research.

Macro pathway maps represent the critical complex pathways experienced by each segment. These maps are based on a full analysis and synthesis of all data. The maps are divided into the phases of pre-care, entering care, ongoing care and leaving care and represent the possible pathways, which individuals and families can take through the care system.

Detailed pathway maps describe the experience of one person or family’s story from each segment.

Narratives detail the story of each person we interviewed. Every effort has been made to remain faithful to the story as told by the individual.

Summary of each story on a pathway map which represents how the story fits within the macro pathway experience.
...just because they’ve got my file and they know my history and they’ve got my mum’s history on file, they think that they know what’s best for me. Clearly they didn’t because a lot of things have happened to me in the time that I was in care that wouldn’t have happened if they just made that decision to keep me there in the first place

Annie
Young people
Macro pathway map – young people

There are several pathways a child or young person can take through the care system. These pathways depend on whether they were returned to their birth parents, placed in kinship care, foster care or residential care. For some children and young people there were two repetitive cycles into which they could get caught:

1. Box 1 in the first part of the pathway experience is a process that can repeat multiple times for a child or young person. This repetitive cycle of entering care, being restored to their birth family and re-entering care is caused by the incapability of birth families to maintain care after the reunification process.

2. Box 2 shows the point where there is a breakdown in a placement; this can trigger a cycle of placement breakdowns. Some children and young people didn’t have a permanent place to live or family to live with.

**Box 1**

- **A1:** I am able to go back and live with my parents again
- **A2:** My parent/s are no longer able/willing to care for me

**Time in care**

1. I am put with a kinship carer
2. I am put with a respite or foster carer
3. I am put into a refuge/residential care

*This process repeats multiple times for many young people*
The young person is returned to the care of their parents

The young person is returned to the care of their parents but they re-enter care

A permanent care placement is found and the young person stays there until they exit care

A permanent care placement is found but breaks down and the young person is placed in another placement/s

A permanent care placement is not found so the young person moves from placement to placement until they leave care

Leaving care

Something happens which means I am no longer able to stay in this place

It is decided that I can stay here until I am 18

I stay with this carer/in residential care until I am 18

I turn 18 and exit care

Box 2

Something happens which means I am no longer able to stay in this place

1. I am put with a kinship carer

2. I am put with a respite or foster carer

3. I am put into a refuge

*This process repeats multiple times for many young people
Case study – Annie’s story

Annie’s story is a very good example of how the system can fail a child or young person. Annie’s story is representative of others interviewed and shows the cycle of placement breakdowns into which young people can get caught. Throughout her journey from age nine to 16, Annie did not have a placement or home that lasted for more than a few months. At 16 years, Annie moved into a house of her own. Annie’s journey shows a series of inappropriate and/or unsupported placements that, as she describes, left her “too far off the rails to be able to live with a family.”

About Annie

Annie is 19 years old and lives with her daughter, Suzie. Before her mum died, they used to move around a lot, but Annie mostly grew up in Canberra. She has been living in this house for about a year and a half.

When Annie was nine, her mum passed away from a drug overdose. She’s not exactly sure what the cause was but she was living with her when she passed away. Annie had spent time in respite care before her mother had died, while her mum was in rehab. Annie’s mother had always been really worried about the things that happen to kids in care, such as the way they were treated and sometimes suffered abuse, so that was always something that bothered Annie.

When Annie’s mother died, she lived with her dad for a while but says, “I don’t talk to my dad any more. I lived with him for some time till I was 10 years but he is not a good person.” After moving away from her dad, Annie started living with her sister and stayed with her for bit more than a year. “That’s when I got my care orders put on me. My sister and the Chief Executive were my guardians.” When Annie was 11, her and her sister had a massive argument and her sister became physically violent with Annie, “So then I went to live with my respite carer and that’s when I got put into care”

Annie had known this carer for a while as she had been staying there from time to time while she was living with her sister. “I guess it was alright. It wasn’t as bad as it could’ve been because I’d been going there for a while so I guess I knew who she was. I guess it was good. But the worst part about it was everyone telling me that it wasn’t permanent, not knowing what permanent was going to be and when it was going to be.” Not long after entering respite care, Annie went away on a camp. “I was a bit all over the place. I went to respite care and then I went away to camp and they told me that when I come back, they’d have a place for me. That was apparently supposed to be with my Pop, but then that wasn’t allowed to happen.”

When she came back from camp, Annie was put into a refuge for girls who were between the ages of 12-21 years. “I was in a refuge and it was a refuge for young Indigenous girls. I was the youngest and I wasn’t even in the age bracket. I got picked on really badly and it wasn’t something I was used to. These grown girls were picking on me. I didn’t know how to deal with it. I kept telling Care and Protection about it and they told me that I would have to live there for another eight months.”

In time, one of the girls claimed Annie as her friend, but this friend was a bad influence and Annie started wagging school. “I was heading down a bad track.” When this friend left, Annie got picked on even more. “I was asking Care and Protection to get me out but they didn’t. So I had a choice – either I stayed there and got picked on or I left. So I decided to leave. I met this guy, through the friend I’d made at this refuge, who was going to Sydney and so I went with him. When I came back, that was when Care and Protection sort of tried a bit harder.”
Refuge care

When Annie came back to Canberra she went to live with the respite carer she was first placed with. “I think me and the lady there had an argument, so I was staying with a friend of my mum. Care and Protection had issues with my mum’s friend, so they didn’t like me staying there.” Care and Protection told Annie that she couldn’t stay there so she kept asking what her options were. “They told me that I would have to go to Marlow. I didn’t want to go to Marlow. That’s like end of the line. That’s where kids who are the worst of the worst or who have just got out of lock-up go. I’m not that bad and I’m not going there. They just kept on giving me that option, so I told them to do their job and find me some place to live.”

Then what they did was a little messed up. They told me that I had to go in to the office for a meeting with them and that they just wanted to talk to me. I was still staying with the woman (mum’s friend) at the time. They organised for a foster carer to come pick me up. There was no way that I could have got out of the office, I didn’t have any of my things – they just organised for this to happen. When the foster care lady came to pick me up, she just wasn’t welcoming. I guess she’d probably had a really bad day, but she just wasn’t nice. I didn’t like being with her at first.”

While Annie didn’t want to live with this carer at first and for the first couple of weeks it was really bad, after a little while Annie warmed up to her and, “She became one of my best foster carers.” Annie asked if she could stay, but she was not allowed, “I asked if I could stay there but they didn’t allow it. They let me stay there for a couple of months and they let me get more attached and then I had to leave. That really hurt me.” What hurt me more because later on, when I was about 14 or 15, they turned around and said that I could live there until I was 18. But by that time I’d already been doing my own thing and I was too far off the rails to be living with a family. What confused me was that the circumstances were the same and how would it be different to a couple of years before? It just makes me feel that I know what’s best for me, but just because they’ve got my file and they know my history and they’ve got my mum’s history on file, they think that they know what’s best for me. Clearly they didn’t because a lot of things have happened to me in the time that I was in care that wouldn’t have happened if they just made that decision to keep me there in the first place.”

As far as Annie understands, Care and Protection didn’t let her stay with that family because it was protocol, “Because she wasn’t put down as a long-term carer for me. That was all it was. It was as simple as someone turning around and saying ‘We can fix this.’” The carer told Annie that she wanted her to stay. “She did seem genuinely upset and angered by the fact that they were not going to let it happen.”

For the next couple of years, Annie moved through several different placements, in respite care, foster homes and in residential care. Because Annie is Aboriginal, CPS always attempted to put her with an Aboriginal family. “But I didn’t come from a really Aboriginal home. I didn’t have a big
connection to family or anything like that. So it just felt confusing. I felt more out of place going into these places."

Care and Protection found this family who was really Christian and had a really big, nice house with a pool and tennis court. “It would have been mad to live there except for the fact that I was really depressed when I was younger. I wore black and listened to heavy metal music. The family pretty much said to me that if I came live there, I wouldn’t be able to dress like that or listen to that music. They said ‘you are gonna have to go to church.’ So to me it seemed that they wanted me to live with them just so that they could make me into what they wanted. So that was really short.”

“There was a carer who saw me in the Barnardos newsletter and really wanted to get me. Her whole family was really nice, but again, I just felt really out of place.” This family were an Indigenous New Zealand family, “So I started feeling even more out of place. So that was really short as well. That was a time when I was in a really bad state.”

“Then I was living with this woman who was my ATSI worker’s husband’s mum. Because of that she wasn’t allowed to be my ATSI worker anymore. I loved her to pieces; she was the most solid person in my life. Then I asked if I was going to get another ATSI worker but it just never happened.”

“This woman who they moved me in, lived with her niece, nephew and another foster girl living with her. I was all okay except for the fact that I was dating my foster parents other nephew (he was not living with us). The guy who I was dating cheated on me with this other girl I was living with. My foster parents didn’t get how devastated I was. My foster carers just told me to get over it. After that then there were big tensions in the house. My foster carer kept on threatening to hit me. I was telling my Care and Protection worker and she said to me that ‘There’s not a lot we can do until it actually happens.’ So I just left and lived wherever.”

Annie was then moved to a woman who was part of a special team in Barnardos that dealt with kids that needed one-on-one, but were not bad enough to go to refuges. “This woman was just a Nazi. If you went on the Internet she had to sit there and watch every little tiny thing that you did. We were never ever allowed to buy takeaway because she was obsessed with her appearance. She was really horrible, subtly nasty. I fully lost it one time and started throwing cups and stuff. So then they decided that I wasn’t allowed to live there anymore”

In that time I had a respite carer. So I ended up living with her and it was really good. But I got to know some wrong people and did bad stuff to her. So she didn’t want to live with me and I had to go live with my sister. My sister and I got in an argument and then I went back to live with the foster carer I had asked to stay with originally. They were going to see if I could live there permanently again but it didn’t work out.”

Annie then went to live at Life Without Barriers. She stayed there until she got her own house. When I moved there, it was really, really good. I really liked it. At the time, it was a pretty good refuge.” However, after Annie had been living there for some time a new girl was moved into the house. The new girl caused a lot of trouble in the household, provoking all of the others living there. One day a fight broke out between her and Annie, “The police came to take me to the other house. That was my house and I got pushed out. I was the person who had been living there the longest and I was the one who had to leave.”

Annie went from one agency to living in her own house and has been living by herself and with her daughter since then.”
How long does it take to know the right place?
It took me a while to warm up to the first foster carer. But I’m glad that I got to stay there.
Foster carer’s have newsletters with our details. That to me seems messed up. Why don’t they give us pamphlets with information of families on it. How can they sit there and go “this is a good idea.” They put out newsletters and then they don’t care what happens next. “It’s a big thing if you think about it.” The kids just have to go along with it. They don’t have a choice. You are forcing someone to get into that situation.”

Do you feel that you were supported?
“No. Well to a point. When I look at it, it has always been the workers who have been the biggest support to me.”
Care and Protection workers think that they know what’s best. “They know what’s best they think, and that’s not support.”
“I remember there were so many times when I was living at a refuge and something happened. There were always a few specific workers who I could call and rely on, who would always come.”

What is your big idea?
Listening! Just listening to people and allow them to make mistakes and learn from it.
I didn’t really feel listened to. I had Care and Protection who were trying to send me to Navy training at one time because they had seen it on TV. There were others, who thought that I was too young to get a house of my own. They have spent so much time with me but they still haven’t absorbed who I am.
With one of my foster families, the lady wanted to hit me! They have to listen.
They go by the book. Life isn’t like that. Rules need to be broken sometimes depending on the situation. Education doesn’t really keep the situation real! The scenarios you learn when you study and the real life scenarios are quite different.

Do you have any fears?
You see people with drug addictions and you know that they weren’t born like that. I freak out that things may just happen and it might affect my daughter. There was a time when my mum wasn’t so bad. I don’t know what happened to change that.

What are your future hopes?
I want to do something to help people. My dream is to become a youth worker. I really want to work with people that need help. I’m studying right now and in a few years I want to get into policy management. Since I was young I knew that I wanted to be a youth worker.
## Case study – Annie’s story

### Entering care

**What happened?**
Annie’s mum died of a drug overdose. She lived with her sister but they argued which led to her sister being violent.

**What was done well?**
This carer was already known to Annie, so it was a familiar place.

**What was done badly?**
Annie was not given information about where she might end up.

**How could things have been done better?**
Early intervention could have helped to prevent Annie entering care or would have allowed for alternate arrangements such as training for Annie’s sister to be a kinship carer. Could the sisters have been offered help with their relationship? Conflict resolution?

**Time in care**

**Annie was put into short-term care until a more permanent place could be found**

**“But the worst part about it was everyone telling me that it wasn’t permanent, not knowing what permanent was going to be and when it was going to be”**

**At age 11 Annie was put in a refuge for girls 12-25. She ran away because she was badly picked on**

**“I kept telling Care and Protection about it and they told me that I would have to live there for another eight months.”**

Annie was put into a refuge but she was below the age bracket. When she complained to CPS she was not offered any help.

Annie was put into a refuge for girls 12-25. She ran away because she was badly picked on...
Could there have been mediation to resolve the conflict between Annie and the carer?  

Communicated from start that it is not permanent or been flexible and allowed to stay.

Annie was put with a foster carer. CPS had called her in for a ‘meeting’ and the carer was there to collect her. After a couple of weeks Annie wanted to stay with this carer.

“I asked if I could stay there but they didn’t allow it. They let me stay there for a couple of months and they let me get more attached and then I had to leave. That really hurt me.”

“Communicated from start that it is not permanent or been flexible and allowed to stay.”

Annie felt ‘tricked’ into this placement. Eventually she wanted to stay but was not allowed. The only explanation she got was that the carer wasn’t signed up to be a long-term carer.

Annie was put with a respite carer but the placement broke down due to an argument. Annie then lived with a friend of her mum.

“They told me that I had to go in for a meeting with them and that they just wanted to talk to me... They organised for a foster carer to come pick me up. There was no way that I could have got out of the office”
## Case study – Annie’s story cont’d

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<td><strong>What happened?</strong></td>
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| **What was done well?** |  |  |  |
| **What was done badly?** | This foster family wanted to change the way Annie dressed, what music she listened to and they wanted to make her go to church. | Annie’s preference for not living with Indigenous families was not listened to. | Annie was not allowed to keep the A&TSI worker who was very important to her. Not provided with another one. |

| **How could things have been done better?** | Communication between the carer and the young person about expectations could have avoided this unsuccessful placement. | Annie should have been given a choice of whether she was placed with Indigenous families. | Flexibility to allow Annie to continue with her A&TSI worker. Conflict resolution to address tension in a house. |

“I loved her to pieces, she was the most solid person in my life.”
Annie moved through multiple carers and tries to live with her sister again. All of these placements broke down. Annie moved to Life Without Barriers. A new girl moved in and caused trouble. After being made to leave the refuge, Annie moved into a house of her own. She lived alone until the birth of her daughter.

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| "But I got to know some wrong people and did bad stuff to her [the carer]. So she didn’t want to live with me and I had to go live with my sister."
| "When I moved there, it was really, really good. I really liked it. At the time, it was a pretty good refuge."
| "The police came to take me to the other house. That was my house and I got pushed out."
| "The caseworker tried to tell me I was too young to live on my own."

This was a place where Annie felt supported by the workers and they were available to talk to.

At this stage Annie describes herself as ‘too far off the rails to live with a family.’

Annie was going to be moved even though she had been there the longest.

Help for Annie to get ‘back on the rails’

Communication between the carers and the young person about expectations could have avoided this unsuccessful placement.

Could the other girl have been moved?

Could there have been a more thorough assessment of how the arrangement was going before things got bad.
Annie’s story
Annie was trapped in a cycle of placement breakdowns and never had a permanent place to live or family to live with.
*This process repeats multiple times for many young people*
Olivia’s story

About Olivia

Olivia is 20 years old and has been in the foster care system since she was four weeks old. Olivia doesn’t know where her birth parents live, and she has a range of half-siblings with whom she does not keep in contact.

Olivia had one long-term foster care placement until she was 16, at which point her relationship with the carers broke down and she moved out with friends. She is now independent, with stable housing and qualifications. She has not received any support from Care and Protection since finalising her relationship with them when she turned 18 years old. She is studying medical science and raising her young daughter. She now volunteers with CREATE offering peer support for children in the foster care system to teach them valuable life skills (such as writing resumes), as well as working with the ACT Government on behalf of CREATE to make improvements to the care system.

Interactions with Government

Olivia was classified as a ‘high needs’ child. She often avoided officers from the Department with whom she did not get along as it was “too overwhelming.” She reported her experience with the Department as “being checked up on and punished” and being judged and told what to do. She felt there was a strong assumption that she was doing things to ‘act out’ and no effort was made to understand her or the reasons behind her actions. “If they would have asked why I didn’t go to school instead of saying ‘you need to do this’, then it would have made a difference… it would be nice for people to respect me and what I do… I would like to be asked why I am doing things.”

Olivia had some ‘good and some not so good’ support workers. She liked one better than the rest because she felt this worker genuinely cared. She had numerous support workers – sometimes six at a time – and felt they didn’t really know who she was or what she needed, but were “just following process.”

When she visited the agency to get her passport and finalise her relationship with Care and Protection on her 18th birthday, she was not provided with a ‘leaving care plan’ and refused to sign any documentation. Olivia understood that a leaving care plan would include education plans, details of any entitlements and support contacts. Two years after leaving the system, she has not received any entitlements and resources which she feels she should have been.

“They didn’t even notice it was my [18th] birthday.”

What can make things better in Olivia’s view?

• “A person is both what is inside and outside... There is a reason for everything I am doing, and it would be nice for people to respect me and what I do. I would like to be asked why I am doing things.”

• Giving children a choice and a voice – “They’re not given a decision; it’s done behind their backs.” “Having another choice would make a difference.”

• The best workers listen, care and act.

• Kids should have the ability to choose a carer which they can relate to.

• Don’t force people into a situation or a course of action they really don’t want.

• For youth in her situation, Olivia would “ask them what they need, and tell them [support services] what you need.”

• Improving the transition stage from out of care to independence – “In Tasmania and NT they have really good resources for kids leaving care to tell them what they are entitled to and where to get help. ACT doesn’t have this.”

• Personalised care services to suit the needs of individual youths.

• Peer support.
Quinn’s story

About Quinn

Quinn entered the care system when he was nine years old due to an incident with his mother and father. He has seven siblings in total and is the only one who was put into care. Although he has occasional contact with his mother and one sister, he doesn’t keep in contact with the others. “I understand why I was put into care. It’s my own fault.” Quinn moved through a number of foster homes until he was about 16 years old, at which point he became independent and began living on his own. Since leaving the care system, he has received several vocational certificates and is now working towards an apprenticeship in vehicle mechanics.

Foster care experience

The first and shortest of Quinn’s foster experiences lasted only one week with a male same sex couple. “[They] always talked about their relationship which made me feel uncomfortable. …I have nothing against these guys; it’s just that they talked about it a lot.”

After that, Quinn lived with an elderly couple for six months until they moved back overseas, and then moved a couple more times before settling with a couple in Canberra for a year. “They really took the time of day for me and I really felt like I belonged there I guess. It was because of my carer that I got into cars. …I guess this was my turning point. I was a really difficult child up to this point and had a lot of anger issues.”

However, after a year or so, the carers decided to start a family of their own and Quinn went back to moving around until he turned 16 and was able to live on his own. “[It’s] good, but it can get lonely sometimes.”

Transition out of the care system

At 18 years old, Quinn was put in contact with a support worker through Barnardos, who has helped him accomplish certain things such as signing the house in which Quinn lives into Quinn’s name. “He’s pretty good because he gets stuff done.”

A transition program was also provided which Quinn thinks was “all right.” “The independence and living on my own was the first stability I have had.”

Quinn’s girlfriend has also been a source of support and stability in his life. She recently helped him identify that he might have an anger problem, which prompted him to think about it and arrange help which he believes is working.

“She really opened me up to this side of me. Up until then, I didn’t even know I had a problem.”

In speaking about support during his foster care and transition experiences, Quinn doesn’t really access supports in the care system, services or government.

What would make things better in Quinn’s view?

• More communication – “It would have been nice if someone let me know what was going on, and maybe check up on me every once and a while.”

• More support – “I didn’t have anyone to ask if I wanted to do something (sports, education etc.).”

• More information – “It would be nice to know why the foster carers are in it. Sometimes I think, why did these people even take me in?”

• Carers and children should have more information about each other – “At the end of the day, I’m going to be living with them, they should have a right to know. They could ask me: is it ok to tell the carers about you? I would say yes. It takes a long time to work out how to relate if you don’t have any information.”
Katrina’s story

About Katrina

Katrina and her younger brother Danny, 16, have lived with their Aunt Mary for the past five years. They were moved into kinship care after a short stay in foster care, brought on by the arrest of their father in a drug-related incident. At the age of 13 this was the second tragic event for Katrina, whose mother passed away when she was nine years old. Her dad is in contact most days by phone and visits at the weekend. She cares greatly for her dad and makes it her business to make sure he looks after himself by eating well, drinking lots of water and taking his medication. She worries that something will happen to him if she doesn’t stay on top of it.

Katrina’s introduction to care was being pulled out of class and taken to the principal’s office where she was told to wait but not told for whom or what. She describes the suspense as scary and says that even now she dreads the office as it brings back the feelings of fear and guilt she felt that day as she waited. “It was torture in that room.” She was eventually told ‘it’s something to do with your dad,’ but no further information was offered. This made the suspense particularly difficult for Katrina who cried as she waited, worried about her little brother Danny, who was not with her, and her dad who she feared may have died. Two Care and Protection workers arrived with her brother and they were taken to the city office where they were given food, TV and games to entertain them.

The children were then told that they would be taken to a foster family that evening. Katrina was upset that she wouldn’t be going to stay with a family member as she was very close with her aunts and all of her close friends were family. The thought of going to a stranger’s house filled her with insecurity that she and her brother would be nothing but a burden to the family who may not even like them. She also still hadn’t been told where her father was or even whether he was alive. Danny said very little as he is shy and kept to himself. Katrina did all the talking for the pair and she worried what would happen to Danny if they were separated, which she knew to be a possibility for children placed in foster care. In the years since her mother’s death, four years earlier, the family had moved house constantly, to a point where no place really ever felt like a home for Katrina. But, through that persistent state of change the one constant in her life, she says, was the fact that they were a family of three. Now, with her father gone without explanation she was petrified that the number would be reduced to one – her – as the siblings would be forced to lead separate lives.

When the siblings arrived at foster carer Sandra’s house, Katrina quickly learned that Sandra had been told to expect two little boys. She was not prepared for a young girl, which made Katrina’s fear increase of being an inconvenience. Katrina explained that she was happy to sleep in the same room as her brother and tried to make conversation to reduce the awkwardness of the situation. The night of their arrival, Sandra took the children to dinner at a Vietnamese restaurant once she worked out that the children, having been raised in a traditional Vietnamese home, were not used to western food.

Katrina explained that staying with Sandra brought its own form of culture shock as she and Danny tried to adjust to a new way of speaking and new household norms. Katrina was used to taking her shoes off before entering a room, saying hello to everyone in a room before entering and eating as a family at the dinner table. None of these customs applied in Sandra’s house; Katrina’s first encounter with Sandra’s 16 year old son was her attempt to say ‘hello’ as he passed her in the lounge room and his decision to look her in the eye and refuse to respond as he walked on. This, for Katrina, was an overt statement that she and her brother did not belong in his family’s house as far as he was concerned. Sandra told her to ignore him as he generally stays in his room when he’s not at college, but the feeling of not being welcome was one of the many reasons Katrina cried in her bed at night when no one could see her. She made a conscious effort to never cry in front of others as she needed to stay strong for Danny.

Katrina was never formally told what had happened to her father by school staff, Care and Protection staff, family or Sandra. Sandra was the person who broke the news, but it was through a comment she made while watching TV about a man being arrested for drugs – ‘That’s probably your dad,’ no further information was given and no one – at any point in the process – told Katrina and Danny they were going to be okay. They were sent to school the following day as if nothing had happened. Katrina found it too hard to talk about any of her ordeal with friends, though she says they probably knew everything as they were all either family friends or actual family. Katrina waited for their maternal aunt, with whom she was very close, to pick them up from Sandra’s, but she never arrived. Katrina says that this made
Katrina says that this made her feel not so much ashamed as guilty; it was as though she was being punished for what her dad had done – whatever that was. She doesn’t know why her aunty didn’t collect her as she thinks family would have been a much more preferable option for temporary care than a stranger’s house.

Eventually Aunt Mary was informed of the foster arrangement and did everything she needed to do to gain custody of Katrina and Danny. When they arrived at Aunt Mary’s home Katrina instantly felt the difference. She describes it as a ‘whole-of-family effort’ to make the situation work. Everyone did their best to make sure that this was not a household but a family, by spending time together and actively demonstrating that they enjoyed living with each other. Aunt Mary quickly picked up that Katrina would refer to the home as ‘Aunt Mary’s house’ or ‘your house’ and persisted in getting Katrina to swap those terms for ‘home’ and ‘my place.’ This wasn’t easy, as Katrina hadn’t felt like she’d had a place to call home before and could not shake the expectation that something was about to go wrong and they would be told to leave.

A year after her father’s arrest Katrina’s uncle died, which reinforced her deep-seated belief that every year of her life something bad is bound to happen. She still gets the sinking feeling that something terrible is on its way and expects the worst at any minute, but she has shaken the habit of thinking she is a guest in her own home. Despite the many tragedies in her life, Katrina has a bright present and a bright future. She is fascinated by law and plans to study it at university next year. This is a passion she and Aunty Mary share and one of the many reasons they are so tightly bonded.

**Things Katrina would change**

Katrina does not want children to go through what she went through when she was placed in care. She is very clear about the fact that the Care and Protection workers were kind to her and that Sandra was a lovely lady who tried her best to make them feel safe and comfortable, but she is equally clear about the gaps that exist. She says that at no point was she or Danny given anyone to talk to. She had so many fears and questions but was not once asked if she was okay, if she understood what was happening or given the chance to simply talk to someone about everything. She feels that she let Danny down by not playing the role of counsellor for him during their ordeal, but says she couldn’t do it because any mention of the topic reduced her to tears and invariably resulted in him comforting her and saying nothing about his own emotions. Katrina thinks this needs to change because she wasn’t okay, she didn’t understand what was happening, she did have a million questions she was too afraid to raise and she did need someone to just talk to. She suspects that other children are in the same position.

She would also change the way she found out that her father wasn’t dead and had been arrested. The delivery was ‘blunt’ and came many, many hours after she was told that her father ‘did something bad.’ The situation was not explained and this added unnecessary fear to an already bad situation. It also came from a stranger despite there being a tight-knit family at Care and Protection’s disposal who would have been much better equipped to deliver such upsetting news. “Communication would be amazing.”

Katrina also recommends that Care and Protection show more of an emotional investment in children in care. She says that Aunt Mary discovered in a Care and Protection book that one of their goals is to ensure children in care have a voice. Katrina feels that this goal was not reflected in her interaction with them – she did not feel like she had a voice in the slightest. She also says that the only time they ask about her schooling is to enquire whether or not she is still attending and even then only to inform Aunt Mary that she doesn’t need to care for Katrina anymore as she is 18 years old. Katrina has thrived at school, but Care and Protection don’t seem to want to know that. ‘It’s like you’re either in the system or you’re not.’

Katrina also recommends that Care and Protection recognise that the children in care feel torn and alone and try to do something about it. She recommends that they put children in care in touch with one another or hold events where they can get to know one another and share their stories. This would allow them to talk to other kids who have been through or are going through the same thing and might make them feel less alone.

She also recommends that Care and Protection introduce children in care to their carers in advance, or at least tell them a little about them. Staying at a stranger’s house is very confronting and scary so breaking the ice by meeting them beforehand or at least finding out who you’re about to meet would be a step in the right direction.
Summary – young people

Needs

• I wanted a say in the decisions that were made about me.
• I wanted to know where I was going and I wanted as much information as possible to help me fit in.
• I wanted the opportunity to explain my actions, I wanted to be asked not told.
• I didn’t want constant surveillance, neither did I want to be abandoned, I wanted to know that Care and Protection knew where I was and cared that I was ok.
• If I needed help I wanted to know who to call and I wanted action to be taken.
• I wanted recognition that leaving care at 18 is a big deal, I wanted Care and Protection to care about that. At this time I wanted access to information, I wanted to know what I was entitled to, I wanted to know where I could get support.
• I wanted the opportunity to say goodbye and thank you if I moved to another placement.

Challenges

• The young people identified the following challenges:
• Multiple placements.
• Uncertainty in their future.
• They weren’t asked for their views or heard.
• Not enough information, particularly at the time of entry to care, at a new placement or when they moved to adulthood.
• They needed support to develop relationships and manage conflict.
Birth families
Once a child has been taken into care there are two main pathways birth families can experience in the care system.

1. Children are returned to their birth parents. However, this can result in two possible outcomes:
   - The reunification is successful and the child/children remain with their parents; or
   - The reunification is unsuccessful and child/children are returned into care.

2. Birth families do not get their child/children back. This may be for different reasons such as they don’t know how to get their child/children back, they are unable or unwilling to change their circumstances or they may feel that their child’s needs are better met in care. This can result in two possible outcomes:
   - The birth parents maintain contact with their child/children while they are in care; or
   - The birth parents do not maintain contact with their child/children while they are in care.
The young person is returned to the care of their parents through a process of restoration
The young person is returned to the care of their parents through a process of restoration but they re-enter care
The young person cannot be returned to the care of their parents so they remain in care. The birth family maintains contact
The young person cannot be returned to the care of their parents so they remain in care. The birth family doesn’t maintain contact

### Ongoing support

- **A1**: I get my child back into my care
- **A2**: I am provided with support to continue caring for my child

### Leaving care

- **B1**: I maintain contact with my child
- **B2**: I can’t maintain contact with my child
- **Black box**: My child turns 18 and exits the care system
I have to put my son [Nathan] legally back into care so that I can get respite. But I don’t want to do that. It took me 15 months to get him back, I don’t want to put him back in again

Maggie
Case study – Maggie’s story

Maggie’s story is an example of the care system not considering preventative action to avoid children entering care and the system not supporting the birth family after reunification.

Journey and history
Maggie has three children. Her daughter is 26 years old, her elder son Blake is 14 years and her younger son Nathan is nine years. Maggie’s eldest son Blake currently lives in residential care. He has been in care for the last few years because he was violent towards Maggie and his little brother, Nathan. ‘It got to the point where I was getting hassled by Care and Protection because Blake was a big boy.’ One incident occurred when Maggie stood in front of the fridge, because she had to watch Blake’s diet, and Blake nearly knocked her out. Maggie called the police on her son twice in a couple of weeks. He was taken to Marlow until he got a placement in residential care. Blake and Nathan are no longer allowed to be in the same house or at the same place at the same time.

Maggie’s younger son, Nathan was taken into care last year after a lady on their street called Care and Protection. Nathan was regularly leaving the house without Maggie’s knowledge. “I would put him in his room for time out, but he would just crawl out of his window, over the fence and be gone.” Nathan would ride off to the shops or the local school. Maggie would receive phone calls from shop owners and others saying that Nathan was there by himself. Because Maggie doesn’t have a car, has very bad knees and doesn’t have the funds to follow him in a taxi, there was not a lot she could do to get him back. More often than not, Maggie’s only option was to call the police. The day that Nathan was taken into care, he had disappeared as he was in the habit of doing. When he returned, Maggie was so angry with him that she said “I could kill you.” Nathan went and told a lady on their street that Maggie was going to kill him, “Then he went into care for 15 months. The lady called welfare on me.” During that incident the police came over and asked Maggie if she knew where her son was.

She knew, but hadn’t checked. The lady from welfare told Maggie to pack Nathan’s bags and that he would be back in a few days. “Well, that was 15 months later.”

Maggie wasn’t allowed to see Nathan after she had packed his clothes. Court orders were placed for two years.

Initially Nathan was placed with foster carers but his foster carer mistreated him. There were instances where Nathan would wet his bed and the carer would make him wash it with a scoop of washing soap in the bathtub. If he got suspended from school, he was made to sit on the chair in the lounge room for two hours. “If I did that, they would have taken my son off me!” The foster carer was seen grabbing Nathan so hard that he cried. Maggie felt that this treatment was not appropriate and insisted he be moved to another carer. She told Care and Protection ‘if they took my son back to the foster carer I would sue them for not taking care of him and keeping him safe. “Nathan was then moved into a refuge as there were no other foster care places available.”

Maggie doesn’t know how many times she went to court. Her dad paid for a barrister because Legal Aid was not an option. Maggie fought in the courts to get Nathan back and eventually, after 15 months, she was able to have supervised visits at her house. Maggie was then allowed one day a week. Nathan was restored to Maggie’s care six days a week and he went to respite care one day week. This day in respite meant that Maggie’s elder son Blake could visit.

Since being in care Nathan’s behaviour has deteriorated even further, “Now he is doing all of his nonsense again – very defiant, not listening unless he chooses to, blackmailing.” However, after receiving support from her Barnardos worker, Sam, Maggie doesn’t give in. She restricts Nathan’s TV and game time by hiding the remote...
controls, iPad etc. She is working to get him under control but it is a daily struggle that is taking its toll on Maggie. Nathan has locked Maggie in her room and some nights it takes her 45 minutes to get him to bed. Because Maggie experiences mental health issues, the lack of sleep ‘gets to her.’ Nathan hasn’t been diagnosed with anything as yet, but Maggie hopes she will be able to have Nathan assessed so she can figure out how to deal with him. “Nathan is okay on some days, but then he just does a 180 and I don’t know what’s going on there.” “I don’t understand how they can diagnose a kid in one hour? You need to go through a paediatrician for that. But I got knocked back for that.”

The current challenge that Maggie faces is the discontinuation of Nathan’s weekly respite care. Maggie was told that people don’t want Nathan because he is a challenging case. Because her sons can’t be in the house at the same time, she can no longer have Blake to visit. “I have to put my son [Nathan] legally back into care so that I can get respite. But I don’t want to do that. It took me 15 months to get him back, I don’t want to put him back in again.”

Maggie doesn’t want to put Nathan in a refuge again because she feels the workers are not trained to deal with children Nathan’s age. “They’re not trained for children that young. They’re trained for 11 – 18 year olds.” After his previous time in a refuge Maggie says Nathan “knows just how to play it.” He now wants to sleep really late, because they let him in the residential care house. He expects a treat for everything and wants a lot of pocket money because the workers ‘bribed’ him to be good. “I don’t give in anymore. Now I don’t get into arguments with him, I just walk away to calm down.”

Maggie has also been informed that because he is no longer in care (because his respite care has been ceased) Nathan will no longer receive transport to school. Nathan has to go to a school a couple of suburbs away, which means that Maggie is not able to get him to school. If Nathan doesn’t get to school, Maggie fears he will be removed from her again.

**Support**

Maggie says that the worker she had for the first six months was very incompetent and showed no empathy.

- “She was not a good worker. She used to listen and roll her eyes at me and I’m crying my eyes out. She shouldn’t be involved in that sort of work when she’s not caring.”

Maggie now has another worker and had to tell her story again.

- “I don’t understand why they just can’t read my file and then ask me questions. I’m depressed with the whole system – I’m over it.”

Maggie feels that when Nathan was removed, the situation was not communicated properly to her.

- “I was given no indication – I thought it was going to be a few days.”

- “I don’t get told nothing! I didn’t know where my youngest son was. I couldn’t even contact my son. There are people out there who are really bad – do drugs etc. and they took my kids.”

- Maggie was informed by a worker that Nathan’s respite was ending sooner than she was initially told it would.

“Sam [Barnardos social worker] has been there throughout. I don’t know what I’d do without my family and Sam. I went to him as a social worker and I have another social worker who is more of a counsellor. She’s really good. She comes over because of my disability. I can’t afford a psychologist, so the social worker is the next best thing.”

Maggie had to talk to the police about her older son who turned up suddenly, which she had to report. She was told by the police about a counselling service “I need to see a counsellor.”

Other resources – Maggie’s new Care and Protection worker said something about getting Aboriginal respite for Nathan, she’d be really happy about that.
Daughter’s perspective

In Maggie’s daughter’s opinion the way things were handled was not good. “They treated Nathan like a 15 year old and he would get what he wanted. Then he would come home and blackmail mum. If Nathan didn’t get what he wanted he would start kicking Mum and throwing a tantrum. He’s okay one minute and the next minute it’s a whole other story.” Maggie’s daughter also feels that he needs to be diagnosed with something. The way he acts, Maggie’s daughter sometimes thinks that her mum is going to end up in hospital.

Maggie’s daughter thought the way the whole situation was handled from when Nathan complained was not good. He was sent to a family and Maggie didn’t know anything. She wasn’t allowed to call him, only they were allowed to ring her. Maggie didn’t even know where he was. Her daughter thinks it’s unfair how they treated her. ‘She just wanted to know that he was safe.’

How could things be done better?

“I should have a say in the way my child is treated in a refuge, maybe stick with the routine. So that when they do come out of care, they still do what they need to do. Kids need to have structure and rules. There’s no consistency in the way kids are treated. If we talk to the workers, they say ‘we are not trained to deal with smaller kids.’”

“If Nathan hadn’t gone to a refuge, he would have to move from one carer to the other. So they decided to keep things stable by putting him in a refuge. But that’s not stable because the workers keep changing. Nathan would have been better off moving from one family to another. At least he’s with a proper family.”

“There is no place where kids up til 10 years can go.” Government funding should go towards placements for kids up to 10 years or education.

Ideal solution

“I don’t want to put my kid legally back in care. I hope that Care and Protection does their job.” Maybe put my younger son into care for one day a week, so that I get the day off for myself/my mental health. I don’t like my son being in residential care because the big kids are treating him really bad. This is just making things worse.

“If I put my younger son back legally into care (which means that he picks up bad things), he will get transport for school which is good. There are positives and negatives.”

“An ideal situation would be if my younger son can have respite with a family with an older child and not a younger child. He just needs a role model and not someone that he can bully. But that will not happen because no one wants a kid in these situations.”

“I do need respite for myself. Every day is a challenge with Nathan. I think he needs to be diagnosed first. I’ve had two nervous breakdowns now.”

One idea

There needs to be appropriate funding and placements for children who are 10 years old that need to be in care or for parents that need respite.
Case study – Maggie’s story

Removal of the child

What happened?
Nathan constantly leaves the house. He was often brought home by police because Maggie cannot chase after him.
Nathan told the lady up the street that Maggie was going to kill him so the lady called CPS. Nathan was taken away that day.

What was done well?
Maggie is not provided with help to deal with Nathan’s behaviour.

What was done badly?
A diagnosis for Nathan and the right support to deal with his behaviour.
Address the problem earlier by providing help to deal with Nathan’s behaviour. The family was ‘in the system’ due to older son.
Maggie was told her son would be back in a few days (not 15 months).
Maggie was not allowed to contact her son.

How could things have been done better?
Maggie is not provided with help to deal with Nathan’s behaviour.

Was an assessment done as to whether this “threat” was serious?
Provide the birth family an opportunity to meet the carer. Knowing who their child is with can greatly reduce anxiety.
Set expectations about when children may be returned and provide this information when the family has had time to calm down or to a family member who is able to absorb the information.
Provide Maggie with more support to look after Nathan at home.

“I just wanted to know that he was safe.”
“I should have a say in the way my child is treated in the refuge, maybe stick with the routine so that when they do come out of care, they still do what they need to do. Kids need to have structure and rules. There’s no consistency in the way kids are treated. If we talk to the workers, they say ‘we are not trained to deal with smaller kids.’”
Maggie goes through a long court process to get Nathan back. A year later Maggie is allowed supervised visits with Nathan.

Support

Maggie gets Nathan home for 6 days a week. He spends one day a week in respite.

Nathan’s respite care will be discontinued soon.

“Nathan knows just how to play it, he now wants to go to sleep really late, because they let him at the refuge. He expects a treat for everything and wants a lot of pocket money because the workers bribed him to be good.”

“Sam has been there throughout. I don’t know what I’d do without my family and Sam.”

“I don’t want to put my son legally back into care but I might have to get respite. It took me 15 months to get him back”

Maggie values the respite for her own mental health and so that her son Blake can visit when Nathan isn’t home.

Maggie’s Barnardos worker has been a great support to Maggie. He also gives Maggie strategies for dealing with Nathan.

There is an inconsistency of discipline when Nathan goes to respite. This means he is harder to handle when he comes home.

When the respite care is discontinued, transport to school will no longer be provided. Also, Maggie will not be able to have visits from her other son, Blake.

Giving Maggie an opportunity to speak with the respite carers to set some rules for Nathan when he is in care.

Maggie could be pointed to alternative options:
- Another organisation or resource to provide transport to school
- Respite through a mentor program for Nathan (e.g. Menslink or Barnardos)

A care plan for when a child goes to respite so that there is consistency around rules and behaviour.
Detailed pathway map – Maggie’s story

I am not able/willing to care for my child

I try to get my child back and I understand what I must do

My child is removed from my care

The child remains in care

I try to get my child back but I don’t understand what I must do

Removal of the child/children

Restoration

I go through the process of getting my child back (including restoration)

I am not able to get my child back

The child remains in care

The child remains in care
Maggie’s story
While Maggie was able to get her son Nathan back, she is at risk of having him removed again due to a lack of support. She is unable to get him to school because she doesn’t have a car and cannot afford to take a taxi. Her lack of mobility and Nathan’s behaviour makes public transport unviable.
Freya’s story

Journey and history
Freya identifies as Indigenous and has a history of drugs, alcohol and mental health. In October 2012, her son Dawson (approximately two years old) was taken into emergency care and returned after one day. In January 2013, Freya assaulted Dawson’s father and, Dawson went back into care for a six month period. At the time, Freya was not aware of the full extent of what had happened. She was told by Care and Protection that Dawson was at home with her then partner, Aidan. She was shocked to find that Dawson had in fact been taken into care. Freya didn’t know how long it would be until Dawson would come home. There was no support during the Court process besides that of her then partner, Aidan. Freya was reunited with Dawson after the six month period.

Freya is currently pregnant with her second child and has a care plan in place for when her baby is born. Dawson will be placed in foster care and Freya will be assisted by a support worker called Kellie for 28 days after the baby is born. This role will then be transferred to Lori. Lori is a carer who is already involved with Freya. They have also arranged for this first meeting after the baby is born to happen at Freya’s home, which does not usually occur. “I hate being watched, and it is nice that they have trust in me.” This comes after Freya worked very hard to turn her life around. “I’ve come off the drugs and alcohol, Aidan is gone, and my mental health issues are better.” Neither ex-partner knows Freya’s home address. “I am currently in an amazingly good position now.”

Support
While Dawson was in care, Freya was allowed to see him two to three times a week, which was organised by Care and Protection. “People would often tell me – ‘gosh you were lucky.’”

During Freya’s time in the system, she dealt with numerous organisations. All have been very supportive and helpful through the period Dawson was in foster care and transitioning back to her care. Freya says it was very helpful to have someone to talk to and have contact with.

When Freya first visited Marymead, she noticed that the staff were not aware that Dawson had gone into care, as they were not the organisation dealing with the issue. As soon as she informed one of the workers, they immediately began to help. Freya’s support workers encouraged her to tell her side of the story, and not be afraid to ask for help.

When Dawson first went into care, he would cry a lot because he did not understand what was going on around him. During visits, it would be extremely hard for both Dawson and Freya to say goodbye and Dawson would often cry. Freya was told by the Winnunga personnel to try to hold in the tears until after Dawson left so he would not think it was a sad event that he was leaving. This was therapeutic for Freya and Dawson, making the situation a lot easier.

Freya was given a ‘My life story book’ by Barnardo’s, which held events such as birthdays, social outings etc. which was filled in by Dawson and his carer. This book aimed to fill in the gaps so Freya could see what was happening when Dawson wasn’t with her; the book prevented Freya feeling left out of Dawson’s life.

What can make it better?
Reward system for effort – it would help with confidence building and reunification as well as acknowledging the hard work which has been done by individuals. “I have to catch two buses to get to Marymead – if I’m late by five minutes, I might miss the chance to see my son. Other times I have got there on time, and the driver might have forgotten to pick Dawson up for the meeting.”

Freya has worked hard to change her life, she has come off drugs and alcohol, and changed her social network including separating from a partner and moving house to an address where he can’t find her. “Making these changes was hard, I could only do it because I wanted my baby back.” Freya says it would be good if there were some incentives that recognised all the effort she was making and helped her to trust and believe she would get her baby back, incentives like more and longer visits.

Freya also asked for more transparent information between carers, agency staff and the person in care.

“You need to have patience with [carers] and listen to what they have to say”

“Think about the child, and not about yourself. Keep fighting!”
Kirsty’s story

Journey and history
Kirsty has three children who are or have been in the care system, the oldest, Travis, is 18 years old and living independently, followed by her daughter Ricci, who is 16 and living at home (through reunification). The third and youngest child, Jeremy, is 13 years old and currently lives with a foster family in NSW. Kirsty has lived with her husband/mental health carer, Andrew, for the past eight years. Kirsty was in the foster system as a child and states that “nothing has changed since I was a kid.”

Approximately 14 years ago the children were placed into a refuge and then foster care after a domestic violence incident. Kirsty’s mother lives in another part of NSW and the children were allowed to stay with Kirsty while their grandmother was there. This arrangement fell through after an incident occurred, making life and the arrangement too difficult. Both Travis and Ricci were placed in many different foster homes over the next couple of years. There was an incident where the foster carer responsible for Travis had taken pornographic images. Travis was moved out of this care placement back home to Kirsty.

When Travis and Ricci came home, there was a situation where it was reported that Travis indecently touched Ricci, which was not true. He is now not allowed to have any contact with Ricci, and was not even allowed to go to Kirsty’s wedding.

After Jeremy was born, Kirsty had a severe car accident, placing her in a wheelchair and she thought she would never walk again. Jeremy was placed in shared care, and has now been in a stable foster family placement for the last seven years. Jeremy has high needs. He has recently been diagnosed with Asperger’s. Janis (his foster carer) is “more like family” and “can do a lot better job then we could right now.” The foster family have had trouble getting health care and access to facilities for Jeremy because he is in NSW. There is a strange loophole where he is under the ACT health system, but cannot access care because he is in the NSW district.

Support
During her time in the system, Kirsty felt like she was a bad mum instead of getting the help she needed. There were frequent times when she asked for help and too many times she did not receive it. Often there were times where she felt the agencies were judging her rather than helping. “We felt like we weren’t being heard, with new workers every six to twelve months due to burn-out etc. They don’t read the files, and then you have to tell your story all over again.” There were often times when we would hear our daughter Ricci say “they didn’t listen to me; they have broken their promise again.”

When Andrew moved in with Kirsty he genuinely believed that with the fulltime caring support he was able to provide for her mental illness they would be able to get the kids back. He was totally surprised to discover how difficult it was. “We jumped through 5000 hoops, completing parenting courses and other requirements made by care and protection, I couldn’t work out what we needed to do to get the kids back.” Kirsty states they were also not clearly advised what they needed to do to get their kids back, and the support that was offered was not delivered.

Janis is the foster carer for the youngest child Jeremy. Janis has been caring for him for the past seven years, she has been concerned for some years that he may have Asperger’s but until recently was unable to get the funds or support from Care and Protection to pay for an assessment, instead they have continued to assert that his behaviour is caused by childhood trauma. He has recently been diagnosed, as having Asperger’s and this means they have a better understanding of the support he needs at home and at school. The next concern is that he is showing early signs of mental illness, again an early diagnosis and early intervention would make the condition easier to manage but it is difficult to get the money to pay for an assessment. There have been many times when Janis has asked for support and has not received it from the agencies. The birth family have a real concern that Janis will burn out and Jeremy will have to go to another family, which is highly undesirable as he is in a happy environment providing him the best possible stable care. There are also issues
surrounding the services that Jeremy can access (as stated earlier).

An independent organisation, was consistent in helping Kirsty through the process (until it closed down). Other organisations that have helped her are Barnardo’s, PHAMS (run through the Mental Health Foundation), and the Mental Health Foundation (which has supplied a GP, caseworker and psychologist).

What would make it better?

- Listen to carers, parents and children- “She asked for help and just didn’t get it. I think she’s stopped asking now”- Kirsty referring to Janis, Jeremy’s carer.
- Work with the parents.
- Think about the children- there are many times when the children have moved home and their personal belongings have not been transferred with them. “Me and my son bond through the Rabbitoh’s football team. Items also have memories and taking them away is a reminder of the times and memories that are lost whilst the children are in care.”
- Have a standard interpretation of all the rules.
- Having the care workers read the case files before commencing work.
- Don’t make promises you can’t keep, be consistent, have more transparency. For example, “the biggest thing was not being able to have Travis at the wedding – and then to have the next worker say ‘that’s ridiculous.’ That really hurt.”
- Recognition for doing the right thing- “there was no recognition when we received certificates for completing courses. They would just take a photocopy and put in the file.” “Positive thinking bubble popped.” “When you try to be proactive and ask what to do – you don’t get an answer.”
- More support for carers: “If she [Janis] doesn’t get help, where will Jeremy end up?”
- More support for families: “let’s support the family and show that they can be together”, “Support should be offered, no matter what the circumstances.”
- Make it clear and concise what birth families should do to get their kids back – “I didn’t realise that it would take 5000 hoops” – Andrew on the care system.

What defines a good worker?

- “A good worker would be someone who is honest, reads the file before they commence work, follows through on promises/tasks, and humanised” (not just following the system).
Ingrid’s story

Journey and history
Ingrid is a single mother and her only son Liam is in foster care. The whole process was not too long, over a two to two and a half month period. She is currently in the stages of getting her son back. Ingrid states it was a little daunting a first, as she was really nervous about where her son was, who he with was and what he was doing. “There isn’t really anything that can prepare you for that as a mother.”

On a visit Liam came to Ingrid with a bruise and a cut and Ingrid was told it was caused by a shopping trolley. Ingrid wasn’t provided with much more information, which made her a little edgy as a parent. Once Ingrid met the carers her mind was more at ease; she found them to be really nice people. After Ingrid met them she states, “I knew he would be safe.”

Support
Ingrid has been supported by Barnardo’s, her family, and other support services “they have been a huge help.” Ingrid was told what to expect through the process of Liam’s removal and reunification and has had very thoughtful workers from both agencies which she describes as having been “fantastic.”

Ingrid has her own car, but says travel has been a little bit of an issue. She often has to go for tests (drug and alcohol) and meetings in different places around Canberra and says she doesn’t mind doing them but it can take a lot of time and fuel to drive to these places.

Ingrid was offered food and petrol vouchers recently, which have been a tremendous help. “A single parent wage doesn’t go very far after you have paid the bills etc.” Ingrid says she thinks it was really nice that they offered this – “It’s the thought that counts in the end.”

Overall, Ingrid says she has had a pretty good experience in the system. Barnardo’s has a ‘communication book’ that has all the events when her son isn’t with her (including sleeping times, what he ate etc). This book goes between Ingrid and her son’s carer, which she says is nice.

What could make it better?
• Offer support a little earlier, without having to ask for it, for example vouchers for food and petrol. “I was asked initially in the court process, but I felt it would make me look bad if I did.”
• Be more considerate with transport arrangements.

Once Ingrid met the carers her mind was more at ease; she found them to be really nice people. After Ingrid met them she states, “I knew he would be safe.”
Summary – birth families

Needs

- I needed to know and see that my child was safe. I would have liked to have met the carer as soon as my child went into care and preferably before.

- I wanted to be able to provide information about my child’s routine: what they liked to eat, when they slept, their favourite toys etc. I wanted to know this information had been given to the carer.

- I needed clear and consistent information about what I needed to do to get my child back.

- I needed all the effort I was making to change my life to be recognised, I needed feedback and incentives to keep going. I would not have kept trying if I lost trust and confidence in the system.

- I needed a plan and support to make reunification work.

- I valued a relationship with my child’s carer where the carer was mentoring and supporting me to care for my child.

- I valued flexible, tailored care relationships where I was supported to care for my child to the extent that is possible for me (not all or nothing).

- I needed to be able to ask for help when I needed it without the fear of losing my child, I needed to know who to ask and I needed action to be taken.

Challenges

- There are a lot of expectations placed on birth parents to get their children back, they do not always feel that these are consistent, that their efforts are noticed and they do not always trust that they will get their child back.

- Relationships with carers needed to be appropriate for individual circumstances. Birth families and carers already have a lot of expectations to meet; this should not become an additional burden. Rather, these relationships should be supported and encouraged when desirable and possible by both parties.

- Carers are likely to need additional training so they can be prepared and are able to support birth families who may have complex problems and behaviour.

- Birth parents need to be connected to other support networks so Care and Protection is not the only service they can approach.

Opportunities

- There are opportunities to mentor and support birth families that are not coping with parenting that are preventative and help build strong communities. An example of a program is Families to Families in South Australia.
Kinship carers
Macro pathway map – Kinship carers

Kinship carers may or may not be a biological relation of the child/children in their care. Where they are not biologically related, the kinship carer has some sort of existing relationship with the child or their family. In some cases, both are true. The kinship pathway is usually triggered during moments of crisis. While kinship carers have a choice, there is often a strong sense of obligation or responsibility to take on the child.

**Entering care**

- I have a relationship with the child
- The parent/s are no longer able/willing to care for the child
- I am asked to care for the child

**Process of establishing care orders**

- The matter goes to court
- The parents of the child want the child returned
- I am assessed to determine whether I am a suitable carer

These processes happen in parallel
The Court decides the child should be returned back to their birth family

The Court decides the child should be in long term care

The child is returned to the care of their parents through a process of restoration

The child is returned to the care of their birth family

The child turns 18 and exits care

Ongoing support provided to the parents

Ongoing support provided to the child

Ongoing support and training provided to the carer
Case study – Rhiannon and Kieran’s story

Rhiannon’s story was of a decision made in crisis without sufficient information or support. Rhiannon’s story shows the complexity of parallel processes – of being assessed while deciding whether to take the child into their family.

Context
Rhiannon is the primary carer for the children in her family. They have three children, Eric, Oliver and Holly who is in care. Her husband Kieran has a demanding job and works a lot of shift work, so Rhiannon looks after the children. Holly is the daughter of Kieran’s brother’s wife. Holly has three brothers who are also in care. One lives in Canberra with a foster carer and the other two live with Kieran’s grandparents interstate. Rhiannon and Kieran were not told about Holly’s birth until it was mentioned that she would be going into care. Kieran’s mother had very strong views that she did not want Holly to go into care, Kieran’s mother said “I want to look after her, but Care and Protection has said no.” Kieran’s mother put a lot of pressure on Kieran to care for Holly from that time, however having instigated the placement she has had little contact with Holly despite being invited. On Kieran’s side of the family there are 18 children – there are only five who are not in care.

The journey
Care and Protection had called Kieran to see if they wanted to look after Holly. Kieran put a lot of pressure on Rhiannon because it was family (at this stage the couple only had one child and were pregnant with Oliver). “At the time, I thought there was no other option” (than to take on care of Holly). “I felt like I didn’t have a choice.” “They said it would be short term, but I knew it would be long term.” After making the decision to take Holly, the assessment process took approximately four months. “The initial assessment was a nightmare.” Rhiannon and Kieran made numerous attempts to contact their Care and Protection caseworker to find out what was happening with little to no response. “They just wouldn’t return our calls.” There was confusion as to who was taking responsibility for the assessment. There was also a lack of transparency in the information from the caseworkers. The response was – “Sorry, out of my hands, I can’t tell you any information.” They were told they needed to get Holly’s room set up, so they spent a lot on furniture. They did not know they were eligible for financial support.

The assessment of the house and premises was very thorough. “The kinship care team did ask ‘are you prepared to do this?’ and gave us a chance to respond. They did not explain the impact this life changing decision would have on our whole family, or that Holly’s brothers would be in interstate (regarding visits to see siblings).”

There was one week of transition between homes which was difficult. There was again a lack of transparency in the information between Care and Protection, the foster carer and Rhiannon and Kieran. They did not meet the foster carer initially and Holly was brought to the house alone (they later became aware that a paediatrician had recommended that the foster carer accompany Holly for the first visits to the family). “We were led to believe the foster carer wanted to stop the visits, whilst the foster carer had heard ‘they don’t care, they don’t want you there’.” After they met the foster carer everything was a lot better. But they found out that the foster carer was willing to keep Holly with the possibility of long term care. “If I had met the foster carer earlier, it may have made a difference. If I had understood the impact this decision would have on my family, I would have left her in a happy home.”

Were you prepared for this role?
Holly is a high needs child which has had a significant impact on the family, “I was not in any way prepared to be able to care for her and the impact on my whole family including my parents who provide huge support is enormous. I feel very guilty about the demands I am putting
on my own parents to make this situation possible for me. There is a huge responsibility in looking after a child with high needs. I didn’t get any training to help me understand her behaviour.” It took Holly approximately seven months to settle into her new home. No one really explained to the couple what was wrong with Holly. They said she had experienced trauma and just to comfort her. It was only after training nearly twelve months later that they really understood ‘why’ she was acting out. “I would have really benefited from that training earlier: we are just untrained foster parents as far as I’m concerned.”

How were you supported to maintain a relationship with the siblings?
Rhiannon and Kieran take Holly to see her brothers at regular intervals, every 5-6 weeks. There is one brother in Canberra with a very proactive foster carer, which makes visits very easy. The other two brothers live with their grandparents interstate, and the meeting place is half way. Care and Protection have allowed these visits to be organised amongst the families – Rhiannon thinks this is a good practice. There is a disconnect, however because the grandparents are only interested in Holly and Rhiannon’s children are excluded. Rhiannon doesn’t feel part of the family.

What could make the experience better?
• “It’s a huge commitment for us, and it would be nice if they (Care and Protection) would make it more convenient for us” – regarding travel and services.
• “Training should have occurred earlier in the picture, before we got Holly, especially since the assessment took four months.”
• “We needed to understand more about the impact this would have on our whole family. Maybe make a list of questions for carers to consider before taking on care. Plus, I would have liked to hear other people’s stories.”
• “Be more transparent and do not lie. We got very inaccurate information about what was happening and about the foster carer’s situation.”
• “Make services and funding more accessible and known (e.g. reimbursement for travel, set up costs).”
• “More information about the child before we take on her care, so we know how to look after her.”

“There is a huge responsibility in looking after a child with high needs. I didn’t get any training to help me understand her behaviour”
## Case study – Rhiannon and Kieran’s story

<table>
<thead>
<tr>
<th>Entering care</th>
<th>Process of establishing care orders</th>
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<tr>
<td><strong>What happened?</strong></td>
<td><strong>The assessment process was drawn out over 4 months</strong></td>
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<tr>
<td>Rhiannon’s brother has his daughter removed. Rhiannon and Kieran didn’t know about her until they were asked to care for her. They were pressured and felt they had no choice.</td>
<td>“There was also a lack of transparency in the information from the caseworker. The response was ‘sorry, out of my hands, I can’t tell you any information’.”</td>
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<td>“At the time I thought there was no other option. I felt like I didn’t have a choice. They said it would be short-term but I knew it would be long-term”</td>
<td>“After we met the foster carer everything was a lot better. The carer was willing to keep Holly with the possibility of long-term care. Had I met her earlier I would have made a difference”</td>
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<tr>
<td><strong>What was done well?</strong></td>
<td><strong>What was done badly?</strong></td>
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<td>Rhiannon felt pressured by her family to take the child. She did not comprehend and she did not receive insight or information about the impact it would have on her family. The decision was made at a time of high stress and pressure and with inaccurate information.</td>
<td>There was no transparency about what was happening and why. They were given no opportunity to meet the foster carer who was looking after the child to get a full picture of the situation.</td>
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<tr>
<td><strong>How could things have been done better?</strong></td>
<td><strong>Meeting the foster carer earlier would have made a difference to understanding the situation.”</strong></td>
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<tr>
<td>The request to take the child should include comprehensive information to enable the family to make an informed decision.</td>
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Transition involved Holly being brought to the house alone, despite advice from a pediatrician that the foster carer bring her at the start.

Rhiannon is really struggling to care for 3 young children, one with very high needs as well as maintaining the relationship with Holly’s siblings.

After we met the foster carer everything was a lot better. The foster carer was willing to keep Holly with the possibility of long-term care. Had I met her earlier, it may have made a difference.

“It was only after training twelve months later, that we really understood why she was acting out. I would have benefited from the training earlier.”

“We have made a lot of changes to accommodate another child. We had to buy a new car and Kieran changed jobs.”

“I feel terrible about it. I’m stretched so thin.”

The family have eventually received help with house cleaning.

There were a lot of expectations from Care and Protection, such as:
- Setting up Holly’s room
- Buy a new car
- Regular visits to Braidwood to visit Holly’s siblings

They eventually found out that there was financial support available but it was late.

Up front information about financial support.

Flexible expectations about demands placed on a mother of three young children, one with very high needs.
Detailed pathway map – Rhiannon and Kieran’s story

**Entering care**

1. I have a relationship with the child
2. The parent/s are no longer able/willing to care for the child
3. I am asked to care for the child

**Process of establishing care orders**

1. The matter goes to court
2. The parents of the child want the child returned
3. I am assessed to determine whether I am a suitable carer

*These processes happen in parallel*
**Orders**

- The Court decides the child should be returned back to their parent/s

**Ongoing care**

- The child is returned to the care of their parents through a process of restoration

**Leaving care**

- The child turns 18 and exits care

- Ongoing support provided to the parents

- Ongoing support provided to the child

- Ongoing support and training provided to the carer
Mary’s story

Journey and history

Mary has been a foster carer for the past few years and has cared for approximately 15 children in this time. She was a founder of the original Grandparent and Kinship Carers Association (ACT) Inc. Mary currently has two children in her care, Katrina, who is 18 years old, and Danny, who is 16 years old. Both children are ethnically Vietnamese but born in Australia. Mary is very involved in refugee issues in the community through her job and personal interests. It is through this network that she met the children’s mother who was the distant niece of Mary’s husband. “She was a very good girl, who just got in with the wrong crowd.” She had stayed with Mary for a couple of years because she was really sick. She said once “when I lived with you auntie, it was like heaven, like a fairyland and later my life became a nightmare.” After this, Mary only saw her a couple of times over the years. The extended family respects and includes Mary whom they all call aunty.

In 2005, Mary got a call that the children’s mother was really sick, and had been brutally bashed at the shops where she was apparently sent to do a drug deal which went terribly wrong. She later passed away in hospital (the inquest has recently concluded, because her death was as a result of an infection picked up in the hospital). This was an extremely emotional time for Mary – who had been put down as her main contact. She still remembered Mary’s number after all these years (and over her closest sister!). After she passed away, little Katrina said at the funeral “Don’t worry Ba Thim (auntie) she won’t be sad anymore.”

A few years later, Mary received a call from Care and Protection regarding the children. The children’s father had been arrested for drug trafficking and they wanted to know if Mary would care for the kids. When the children were put in Mary’s care (they were 13 and 11 years old), they were scared – they were not told what had happened, they thought their father had died (because they were just taken from school and not told what was happening). As their home was also a crime scene, Mary and the children were not able to get any of their personal belongings for some time. The next day there was to be a court hearing, which the agency advised Mary didn’t have to attend. She thought they were just being polite and turned up anyway – which apparently was a first because no one ever goes. Mary was very glad that she had experience in the court system from her job, because she was not offered any guidance on what was happening. She took the children to see their system appointed lawyer for the first time in the first two weeks because she thought they would want to see the children and discuss their situation with them. Apparently, this was another first – usually the children don’t meet up with the lawyer (the lawyers are on behalf of the child and deal directly with Care and Protection).

The father of the children, initially on the advice of his lawyer, tried to fight Mary on custody of the children. “There was no way I was going to let him take them after what had happened – he had even stooped to making them help him with his drug trafficking” (taking calls and using his daughter to translate). He and Mary, however, came to an agreement that she would care for them until they were 18 years old (because it was best for the children).

Support

When Mary first got the children, they were very malnourished and in total trauma over what had happened. The children only ate Vietnamese food – if Mary hadn’t known the family she wouldn’t have known this. They had not been to a counsellor or had any support over what had happened to their mother or father. It hasn’t been an easy road, Katrina was an extremely high needs child and Danny often kept to himself. “Katrina believed that her mother died because Katrina didn’t go to the shops with her that day when she asked her to. She has been dealing with a lot of burdens a little girl shouldn’t have to, and there were no offers of support to help in this area.”

Mary was often concerned in the initial stages that the kids would be kidnapped whilst in her care (as their father had a lot of drug debts to be paid). Although the children have contact with their father, Mary needs to put restrictions and rules around how they communicate. She only allowed visits in her home and, until recently, supervised phone contact. Mary found that he would often try to get Katrina to take messages over the phone and pass them onto his drug friends. Mary would always try to explain why she made these rules to them. “I have always worried that their
father will influence them to use drugs one day. They are very smart kids, and I hope that I have made a difference.” Mary has a strong connection with Katrina, and believes it is because they both really cared about her mum.

Over the last couple of years, Mary has found that the payments have been helpful “I haven’t really been offered any support over the time that I have had the children. I have asked Care and Protection for help in the past with other children, and that never came. So I haven’t really bothered since. It is sad that once they turn 18 years old, they get their money cut off – and that’s that. There is no empathy or even a birthday card, that recognises a significant time in these young people’s lives. That’s just it.”

Mary was one of the founding members of the Grandparent and Kinship Carers Association (ACT). This was a group of people who had been through the kinship experience and an organisation independent of Care and Protection. The Association pushed for the establishment of a Kinship Carers Team of four support workers which was initially conceived by the Association to be independent also of Care and Protection in order to provide support and advocacy for kinship carers. It has now been incorporated into the organisation and Mary doesn’t really have anything to do with it. “I don’t really think its working as it is, it was intended to be a group of kinship carers who understood the complex challenges of kinship care from their own experience. But this hasn’t been the case.”

“My opinion of the agencies is that Care and Protection seem to term kinship carers in the same category as birth parents. As a kinship carer, it’s not just us that have to deal with the issues; it’s our families and our friends also. There seems to be a cycle where families have to jump through hoops to prove to Care and Protection that they can be responsible parents.”

What could make it better

It is hard for Care and Protection to support carers in this environment. The Kinship care team is not what it was intended to be; it is not made up of kinship carers who understand the issues and challenges. “There needs to be support for kinship carers where they are not being judged.” Mary says she can stand outside and look at this situation objectively because she is not the parent of the children’s father – she is not blood related to him at all. She says it is very hard to say to children “your dad’s in jail, he is a drug trafficker. It’s very hard if it is your own son or daughter. It is very hard to manage the complex boundaries in this environment.” “The only way to do it,” she continues, “is to trust the carer’s judgement.” “Care and Protection workers tend to tar kinship carers with the same brush as their drug dependent or mentally ill family members and expect them to take the blame for what has happened. They create a situation where they can’t ask for support with the things they have to deal with without being judged. The lack of trust in grandparents undermines their confidence and their relationship with Care and Protection.”

- Trust – agencies need to put more trust in the families, carers and the children. Distrust permeates the whole system.
- Listen – listen to what we have to say. Don’t pass judgement when people ask for help; respect our deep knowledge and experience of the world we are managing and protecting the children in.
- Make the process less difficult.
- There needs to be cultural awareness, but not stereotyping.
- It is hard to function in this extended family context. Families are very complex and there are a lot of responsibilities/obligations.
- More support for carers about trauma. These children experienced terrible trauma, Care and Protection didn’t offer any counselling or trauma support.
- “More acknowledgment and recognition that we have been doing a good job. These kids are turning out well but, it has not been easy. We get these kids, and then hear nothing back. I got a call from the agency to see if Katrina was still going to school – they don’t even know where the children are. They come looking for them at 18 because that’s when the support payments stop. How hard is it to stay in touch? They could do something positive like send a birthday card.”

“It is very hard to manage the complex boundaries in this environment. The only way to do it, is to trust the carer’s judgement”
Margot’s story

About me

Margot has three adult children and is now the carer for her grandson, Jason. Her eldest son is a policeman in Brisbane. Her middle son graduated in science and is now studying medicine. Margot hasn’t seen her youngest son for five and half years. “He made some pretty bad lifestyle choices when he was younger and had a baby with a girl.” Margot tried to support her son as much as she could but they were into some pretty bad stuff, including drug use. Jason, her son and the baby’s mother Angie lived with Margot, her husband and their other son. It became really difficult for Margot to deal with their behaviour and her husband became less and less supportive. Because Margot is a registered health professional, she became very worried about the possibility of the police finding out what was happening in her house as she didn’t want her registration being compromised. “I couldn’t deal with what was happening in our home and raised the issue with my husband who then told me to leave. So I moved to the other side of town and left my husband, son, his partner and the baby in the family home.”

Angie had another baby prematurely. “It was a really bad time because the baby died. I just had to get away, so I flew off with my girlfriend to have some time off.” While she was away, Margot got a call from Care and Protection saying that they were removing her grandson. “They asked me whether I was able to look after my grandson until they investigated the situation. So of course I agreed.” He was eight months old at the time. “As soon as I got the call I came back to Canberra.” Margot’s husband at the time had taken care of her grandson but he told Care and Protection that he was only going to take him for a few days. “I had my first interaction with Care and Protection on the next day I came back to Canberra. It was just crazy and it was something you really can’t prepare for.”

Margot had initially been in contact with Care and Protection because they had contacted her after her first grandson was born. “I had sent emails to the caseworker asking them to get more involved because things were not good. When Jason came into my care at the age of eight months, the caseworker told me that the person I was emailing had left and my grandson was not registered as a case.”

Margot began the assessment process for becoming the carer of her grandson. “There was a lot of going back and forth to court (13 times), because the mother caused problems. She would often just not turn up at court. My son was completely out of the picture but Care and Protection kept going back to the mother to try and sort things out. I didn’t exactly know what that meant because I wasn’t party to the situation. They didn’t consult with me because I wasn’t party to the proceedings.”

It was about 2010, when the Court made a Final Order. In between, Care and Protection gave Angie a lot of help and a number of chances to reconcile with her child but she wouldn’t comply. “You’ve got to give Care and Protection its due. They really tried hard. They were considerate of her generation. They really focused on reunification. The Director General gave orders that my grandson has to live with me till he is 18 years. I have tried getting an EPR but the papers got lost. Now that I am married I have to wait another two years to apply.”

Treatment through the process

“I felt for a long time that I was treated with a high level of disrespect. I also felt riddled with guilt because I was the mother of this person who had gone against everything our family believed in and valued. I felt that some of the caseworkers in the Department saw me as Satan – not all of them. There was a high variation in the competency of caseworkers. I understand that they have to stick to legislation, but I feel that because of the way the processes are, there is an element of disrespect shown to grandparents. I’m not a bad person and I’m not stupid but I frequently felt like I was talking to a wall whenever I raised concerns like my grandson being transported in cars that were just junk heaps or dealing with NGO workers who I knew were suspect. I honestly just thought that the best thing to do for my son was to care for his son and protect him; giving him the love he needed and hopefully to one day even reunite him with his father and mother. I had to keep the primary focus my grandson. I didn’t feel like I was treated well.”
“When I had raised issues, I had some terrible things happen to me. Even at Marymead, I was concerned about the way the visits were being supervised and the access to information. For example when my grandson was a baby, his mother got information about where I was living at the time. She came and trashed my house. I tried to figure out where she got the address and realised that there was only one way. Then I found out that she actually got it from the worker. Another time, one of the Marymead supervisors was a known drug dealer. My grandson’s mother and the worker were taking my son to coffee shops, smoking and associating with some very bad people. They were seen by family and friends. When I raised this issue, I was absolutely demonised by the Marymead supervisor. I just could not understand why I was treated so badly when all I was ever trying to do was protect my grandson.”

When dealing with Care and Protection, Margot was often fearful to show that she needed any sort of help, “I lived in fear that if I got cross with someone, I would lose my grandson. It seemed a lot of the time that people’s personal feeling came into their decision-making. I try not to dwell on that because what I’ve noticed is that there has been some significant improvement – I don’t know whether that’s because they think I’m capable or whether things have changed.”

Access to Information

“I never felt like I had access to any information. When I first got my grandson, he had been completely neglected – he was not on solids, he was demand fed with a bottle and he was developmentally delayed. I eventually found out that he was deaf. At the time, I was paying off my mortgage and paying rent. I had to buy everything for him. I didn’t ask for help because I’m not the sort of person that would do that. I had problems with my husband because of the financial situation. I just thought it was a very poor show. But I did realise after a while that it was this caseworker who didn’t really like me. He allowed his personal feelings to get in the way. When I asked [about financial support], I was told ‘Oh well, I guess we saw you in a managerial role, so we figured you’d have enough money to manage’ I thought that was really bad professional conduct. At that time, I had a massive credit bill.”

“Also I was fortunate that the parents and the baby had been living with me initially. So I was aware of what the situation was and what my grandson had been through. Otherwise I would have been even more in the dark – that’s what I keep hearing from other carers.”

“My grandson’s mother got documentation from all of the assessments that I went through. Still today, she has those documents and I don’t know what she will do with them considering that she is a really bad person. She got all the information because she was party to the proceedings. I was treated like a second rate human being. I just couldn’t see how I became the bad guy. I wish my son didn’t turn out how he has. Emotionally I found it really hard, my anxiety levels were probably through the roof because of that sort of stuff. It wasn’t even the caseworker’s fault. It’s just them saying ‘well that’s how the process is.’ There was so many things that I was not comfortable sharing with the birth mother. But I couldn’t do anything and I had no information on her. In that respect I think that the processes did not really serve the needs of everyone.”

Contact with birth parents

“I would take my grandson to meet his mother at Marymead. However, she was very unreliable and wouldn’t show up a lot of the times. Over time, as my grandson got older, this would really upset him. So what I decided was to not tell him when we were going to meet her and just tell him that we were going to play ‘at Mary’s house.’ That worked well. I have always told him that I am his grandmother and I have photos of his mother and father at home. I’m upfront about everything with my grandson and he is very accepting. If my son and his wife became normal people, I wouldn’t stop my grandson from going back to them. My grandson is a wonderful kid and I love him to bits and I want him to get the best!”

“Recently, my middle son moved to Canberra. I asked whether he could do the supervision for my son’s visits with Jason. So now they go Sundays, about every six
weeks to meet the birth parents. It was very difficult initially because the boys hadn’t seen each other for a long time. That contact between my sons has resulted in some really beneficial things. My grandson gets to see his parents in a very natural situation as my other son takes his children too. Also, my sons have begun to rebuild their relationship and my middle son has been very supportive of my youngest son.”

The department, my grandson’s caseworker, has been incredibly supportive.

**Did you get any formal guidance or support?**

“No, I had no formal support; otherwise I would have used it. I was a mess for years so I would have. What the department had done some years ago was that they put some money into a counselling service – I think through Relationships Australia. I was in an emotional dilemma so I went to see one of the counsellors out there. I was really taken to task by someone in the Department and it was really bothering me. So I’m glad I spoke to the counsellor. She made me feel empowered and realise that I was not being unreasonable.”

“I am always afraid to ask for help. I would never show a weakness to anyone in the department because I’m afraid that they would deem me unfit. Not long after Jason came into my care I was attacked. I was physically damaged and extremely emotionally traumatised. My girlfriend came as soon as she heard. I was terrified that they would take my grandson away. The police were really good about the whole situation. They also got into a lot of trouble as they didn’t report him as a child at risk. But the police said that they didn’t see my grandson at risk. When Care and Protection found out, they landed up at my door. I was too scared to open it so I didn’t. They even went to the day care centre where my grandson was at the time. The director of the day cay centre didn’t let them near my grandson.

According to her, her responsibility was to my grandson first and then me.”

“What I needed from them at the time, was their support. Honestly, I still don’t believe that they would have made the right choice. I was scared that if he went, he would never come back and who knows where he would land up. Care and Protection never cared about me, I was not their problem!”

**Idea**

- “I would say the best bit of feedback is for them to listen!”
- “I don’t think that they listen to the carer enough. They don’t give them enough credibility.”
- “Also I don’t think that the Department treats children as individuals. e.g. children from multicultural backgrounds just get neglected. For example, we have a Catholic background and I had wanted to send my grandson to a Catholic school. When I asked the department, they told me that I could send him but I would have to pay for it which I did. I got a lot of double speaking and got told that the community was responsible for his education, whatever that means. The department doesn’t acknowledge the uniqueness of individuals which they need to, considering the increase in immigrants. While I am working, I can manage but I always think about the future for him and what I will need to provide so I am trying to get his needs catered for now because I do not know what the future may bring for us financially. I do not believe that children under Care and Protection should only get second rate care and services in relation to education, they should be given the best we can manage to give them.”
Renee and Peter and their daughter Carmel

The journey

Renee and Peter have had Edward in their care since he was 10 months old. He was born into their house and has their surname on his birth certificate. His mother, Lauren, lived with the family during her pregnancy. She had been friends with their daughter Carmel, since primary school and had moved into their home when the foster care arrangement that she was in broke down and she had run away from home. Renee and her family supported Lauren in the first weeks of being a mother, helping her with feeding, bathing and changing the baby. “In retrospect, we probably did too much, but Lauren was exhausted. Carmel would get up at night to help with the feeds. She'd have him changed and would just wake Lauren up to feed.” The plan was that Lauren and her child would live with the family indefinitely, however, when the baby was six weeks old, her Lauren’s birth mother entered back into her life. This was an extremely confusing and distressing event for Lauren. “The five year old in Lauren came to the surface. She could not cope with anything, let alone being a mother herself. We went through a couple of very difficult months.” This resulted in Lauren leaving the home of Renee and Peter to live with her mother, taking Edward with her.

Over the next nine months or so, Carmel would receive phone calls from Lauren, asking her to take Edward. Carmel always agreed, taking him home to her parent’s house and looking after him for as long as Lauren needed. Carmel would receive Edward in various states – unbathed, dehydrated and would collect him from various places. On a public holiday when Edward was ten months old, Carmel received a call to collect Edward. She picked him up from a group house full of teenagers. He was filthy, desperately dehydrated and covered in infected mosquito bites. It was at this point that the family decided that it was not safe for Edward to return him to his mother. The next day they called Care and Protection and began the process of becoming carers of Edward.

Renee describes the process as a trying time, mainly due to the Privacy Act. “We have never been informed about anything until it is decided. We’re never given any information.” The family had a lot of different meetings with a lot of different people. “I realise that it is with the best interest of the child at heart that these rules are put in place but the lack of information is so hard. I understand that the Privacy Act is in place to protect the child but it makes it so hard.”

Renee and Peter are more like grandparents to Edward because ultimately, Carmel would like to get an EPR for Edward and be his primary carer. She has purchased a house of her own and has a bedroom permanently set up for Edward. Edward used to sleep at Carmel’s several nights a week, which was a good arrangement for all. However, someone reported that to Care and Protection and the family was informed that Edward was not allowed to sleep at another residence without the approval of his caseworker. He is now only allowed to stay there one night a week.

Visitation

Edward has monthly visitation with his biological father, which Renee and her family support and encourage. However, they are frustrated by that lack of information they receive about the contact visits. “We never get told anything. How do we normalise something that we know nothing about? We don’t know who is there, whether Tony’s parents are there, what they are called (e.g. nan and pop). We know that the visits are supervised, but how supervised? What does Tony say to Edward? That we stole him?” The

“Kinship care is different. We had already made the emotional investment before there was any thought of kinship care. We fear complaining about anything in case they think that we don’t want him”
family describes the process of communicating like a game of Chinese whispers. “We know that the driver who collects him is not the same person who does the supervision and so we don’t know what’s told to them. When his lunch box comes home untouched and he is obviously hungry we have no way of finding out why.” At one point Edward came home from visitation with a blanket that belonged to Tony’s mother. “I was told nothing about whether he was meant to keep it or return it. It has taken months to find out about something as simple as that.”

Edward’s behaviour when he returns from visitation, although improving, has been a challenge. Because of the lack of information available to the family they are unsure about what causes this. However, now as Edward is beginning to speak more they can ask him about his visits.

Challenges

“One of the really hard things is that we are just called carers. We were told not to allow him to call Carmel ‘mum’ because she is not his mother. The caseworker is right, but I am adopted and for whatever reason, because she couldn’t look after me, my biological mother put me up for adoption, for which I am grateful. I have the most wonderful mum and she is my mum. Carmel is his mum. She’s the face he sees when he hurts himself, she deals with the vomiting and fevers in the night, yet we’re not allowed to let Edward call Carmel mum.”

“We’re not told if or when Tony will try to get custody again. As far as I understand he can’t while Edward is in our custody, but if Carmel gets an EPR he can try again. It’s a horrible way to live and it’s always in the back of our minds, but we try not to think about it too much. If we did get that call, we’d cope. We’re grown-ups. It’s Edward that would take it the hardest.” Carmel may not get an EPR if Tony doesn’t agree.

“Kinship care is different. We had already made the emotional investment before there was any thought of kinship care. We fear complaining about anything in case they think that we don’t want him.”

“When he first came into our care, we were told that we were to make decisions for his everyday life as if he was our own. We found out about a year ago that only the department can decide where he stays, so when he gets old enough to go to a friend’s place for a sleep over, only the department can decide if the family is suitable. As a kinship carer you’re so connected but so powerless. There needs to be ways in which there is flexibility to look after the best interests of the child. Other families have different problems. There needs to be someone with the power to make compassionate decisions.”

What needs to change?

• Care and Protection is dreadfully under-staffed.

What works?

• Care and Protection do well in staff screening. The people are absolutely wonderful and have worked with Edward’s best interests at heart.
• Kinship care team – our worker is Andrew. He’s been really good about providing answers.
One of the really hard things is that we are just called carers. We were told not to allow him to call Carmel ‘mum’ because she is not his mother... Carmel is his mum. She’s the face he sees when he hurts himself, she deals with the vomiting and fevers in the night, yet we’re not allowed to let Edward call Carmel mum

Renee
Summary – kinship carers

Needs

• I needed to be provided with transparent and consistent information about the child and about the role of being a kinship carer so I could make an informed decision to take on the responsibility.

• I needed information and counselling so I could understand and discuss the impact caring will have on my family.

• I needed access to training so I knew how to care for a child, especially when a child has special needs.

• I needed to feel safe to ask for help when I needed it, I needed to know who to ask and I needed action to be taken.

• I needed to be trusted that I understand the complex family context in which I am caring better than anyone and that I am making decisions that are in the best interest of the child.

• I needed peer support that understood the unique and difficult challenges of being a kinship carer.

• I needed to be included and have my opinion count when decisions were being made about the child or young person.

• I wanted to hear the stories of other kinship carers.

Challenges

• Kinship carers are often caring in a high risk environments (e.g. their own child has a drug use or mental illness that impacts the on their relationships).

• Kinship carers are often suffering from guilt because of the path their child has taken. “I do not need to be judged or treated with disrespect.”

• The decision to become a carer is often made at a time of crisis in their family.

• Young parents may be managing a huge load with their own children, they need support and flexibility.

• Grandparents may find caring demanding and be worried about the future.
Foster carers
People decide to be foster carers with different motivations and intentions about the kind of care they want to provide. There are multiple types of care foster carers can offer. These include:

1. Respite care;
2. Temporary care while reunification to the birth family is occurring;
3. Temporary care until a more permanent placement can be found;
4. Long term care; or
5. Permanent care.

**Macro pathway map – foster carers**

We decide to become foster carers

We go through the assessment and training process

The child’s current situation is no longer suitable

We are asked to take the child and we agree

**Preparation**

**Placement of the child/children**

Long term care

Temporary care while they try to restore the child to their birth family

Temporary care until another option is found
The child turns 18 and exits care

Permanency planning

A
- The child stays with the foster family long term
B
- The child is in foster care until they can be restored to their parent/s
C
- A flexible alternative may include the child living with their birth family on the weekend and their foster carers during the week

Ongoing care

C
- Working towards adoption/EPR
C1
- A flexible alternative is reached
C2
- The child is moved to another placement
E
- The temporary placement becomes long term

Leaving care

D1
- The child stays with the foster carer temporarily until a more option is found
D2
- The temporary foster care becomes permanent
E
- The child leaves the care of the foster carers and their whereabouts is not known

The matter goes before the Court and a longer term agreement for care is made

Ongoing support provided to the child

The child turns 18 and exits care

Ongoing support and training provided to the carer

The child stays with the foster family long term

The child is in foster care until they can be restored to their parent/s

A flexible alternative may include the child living with their birth family on the weekend and their foster carers during the week

The child is returned to their parent/s

The child is moved to another placement

The temporary placement becomes long term

The child leaves our care

A flexible alternative is reached

The child leaves our care

A flexible alternative may include the child living with their birth family on the weekend and their foster carers during the week

The child leaves our care

A flexible alternative is reached

The child leaves our care
Case study – Louise’s story

Louise’s story is a great example of the value that carers professional skills and training can have for children or young people with complex needs. It also shows there can be a lack of basic but essential information given to foster carers about the children and young people brought into their care. In this circumstance, this information was not provided, even when the child was being moved from one carer to the other. Louise also demonstrates the adaptability of carers to step outside of their preferred type of care and take on children that they may not be prepared to care for.

Context
Louise is a single mother. She has four biological children, three daughters and a son. Her youngest daughter was 14 when the family welcomed their first foster child. Louise has always worked as a volunteer; she has a nursing background and has done a lot of work with adults and young people with a disability. She had always considered being a foster carer and one day when her own children were becoming more independent she heard a radio ad for Marymead and decided it was time. In 2008 she enrolled in the foster care course ‘Positive Futures.’ Louise and her family have since had two children in their home.

Lucy arrived in 2008 for short term respite care when she was 14, however she stayed for four and a half years. Minni arrived in 2011. She was eight when she arrived and is still living with the family, now age 10. Both Lucy and Minni have high needs; Lucy had learning problems and undiagnosed Asperger’s, while Minni is moderately intellectually disabled. Both girls had considerable problems managing their own behaviour when they arrived in care. Louise observes that “both girls need significantly more care and support than her own children.” She also notes that it was a whole-of-family decision to become foster carers and that her daughters play a significant role supporting her and playing the role of peer carers for Lucy and Minni.

The Journey
When Louise completed the ‘Positive Futures’ foster care course she was very clear about the type of children she was willing to care for. She did not want to displace her youngest daughter and so she wanted younger children age 5-10 years and she wanted to be a long term carer. She was open to caring for children with a disability. She received a call asking if she would take Lucy for three weeks foster care. Lucy was 14 when she was placed in care because she had been the perpetrator of violence in her own home. Alarm bells were ringing for Louise – this wasn’t what she signed on for and she was concerned for the safety of her own daughters. They had a family meeting and decided they could offer three weeks respite care. Lucy was very angry when she arrived and was difficult to care for. By the end of the three week period Lucy had bonded really well with Louise’s daughters and begged to stay, which she did for four and a half years.

Minni came to us when her long term placement of five years broke down. “Marymead told us all the positive things about her and that she was hard to place and I couldn’t bear to think no one wanted her.” The first night Minni arrived “she asked for pizza – we later found out she is gluten intolerant; she wore orthotics in her shoes but she came without them, she kept falling over and we didn’t know what the problem was. She needs a hearing aid but came without it; she wasn’t toilet-trained; she can’t sleep without melatonin, but we weren’t told – she didn’t sleep and screamed all the first night. She wanted to go back to her previous carers and didn’t understand why she was with us.”

Were you prepared for this role?
“Nothing could have prepared us for these two girls; they were both so out of control when they arrived. My biggest learning is getting information from the previous carers. In Minni’s case the carers weren’t coping when she came to stay with us, but there were two caseworkers involved who could have given me more information.” Louise says
in retrospect it was actually good that she didn’t have the
previous carers’ assessment of Minni. The previous carer
hadn’t given Minni any life skills and had apparently over-
compensated for her disability. By contrast, due to her lack
of information, Louise took Minni at face value. Today, Minni
has calmed down, is toilet-trained and is learning to read.
Louise is building her capability to be socially well-adapted
so she can function as a normal, included adult.

Louise can’t leave Minni with a babysitter, so it has been
hard for her to get a break. Recently Marymead organised
respite care for five hours every week and one weekend
each month, which is good for Louise and good for Minni.
Louise feels she has a good balance of support now.

After Lucy came into care Louise found out that her mother
was terminally ill and dying. Lucy hadn’t seen her mum
for several months. Lucy and Louise had two amazing
weekends with Lucy’s mum before she died; however,
Louise had to advocate for Lucy to be included in the funeral
ceremony proceedings. Louise says of the experience:
“no training could prepare me for this journey.” She would
have really liked counselling for herself when Lucy’s mother
died. Lucy refused to go to counselling, “I would have really
benefited from counselling. I was trying to support Lucy but
I needed help to deal with this.” Louise says initially she felt
guilty about asking for support – she saw asking for help
as a sign of weakness. Louise’s main supports are her best
friend who is a counsellor, her daughters and the Marymead
caseworker.

What impact has this had on the rest of your
family?
Foster caring for high needs children is a full time
commitment that involves the whole family. It is better if your
children are older. “My children, especially my youngest,
have made many sacrifices – especially to include Lucy.”
Louise’s daughters play an important role as peer support
for Lucy. They can calm her down, or go for a run with her.
They understand her as a teenager and can help Louise
know when she needs to take a step back.

How were you supported to maintain a
relationship with the family?
“We have had a Skype conversation with Minni’s mum.
Minni is 10 years old and has been in care since she was a
baby. She doesn’t know who her mum is so the call was not
really meaningful to her. Minni has a younger brother also in
care. They meet at Marymead picnics but he is too young to
really understand. The relationship may be more meaningful
to him when he is older. We haven’t needed support to
maintain relationships; I do what works for Minni.”

What could make the experience better?
We have had a lot of trouble with Minni at school. The
school she was attending was not meeting her needs
at all as “they couldn’t handle her behaviour and she
couldn’t handle their coping strategies.” The situation was
escalating to a point where school was traumatic and
badly exacerbating Minni’s behavioural problems. All the
“socialisation” at school was negative, the detrimental
effects were clear. Louise wanted to home school Minni
but this was unchartered territory for Care and Protection.
Despite a supportive caseworker, there was no policy in
place about home education and there didn’t seem to be
any flexibility either. I appealed to have Minni home
 schooled and ultimately, subsequent to an appeal following
a rejection of the idea, this has happened. Minni’s behaviour
has improved 100 per cent and for the first time she is
learning to read. She attends lots of extra curricula activities
like dancing, circus classes and Questacon programs. What
works for each child needs to be considered on an individual
basis. Some children benefit from home schooling and
carers need to be supported to do that they believe is in the
best interests of a particular child.

What keeps you in foster caring?
“I feel the responsibility of bringing Minni up enormously, it is
hard. It is about making a difference in one child’s life.”

“For me, being a foster carer is a lifetime commitment to
two young people. It is not something to do on a whim or
for altruistic reasons because it is hard work, emotionally
and physically demanding and it requires commitment and
patience from my whole family and myself. These girls
are an intrinsic part of our family. The rewards of being a
carer far outweigh the challenges and there are many of
those! I would recommend it to anyone who has a heart for
changing one life for the better and can willingly become
a team player. Apart from having my own children and
grandchildren, being a foster carer is the most amazing,
scary, exciting, challenging, delightful, wonderful experience
of my lifetime.”
## Case study – Louise’s story

<table>
<thead>
<tr>
<th>Preparation</th>
<th>Removal of the child</th>
<th>Permanency care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What happened?</strong></td>
<td>Minnie came to the family when her long-term placement broke down</td>
<td>It is decided early that Minnie will stay permanently but she has nowhere else to go</td>
</tr>
<tr>
<td><strong>What was done well?</strong></td>
<td>“She asked for pizza, we later found out she is gluten intolerant, she wore orthotics but she came without them, she kept falling over and we didn’t know why. She needs a hearing aid but came without it, she wasn’t toilet trained, she can’t sleep without melatonin, but we weren’t told, she screamed all the first night, she wanted to go back to her previous carers and didn’t understand why she was with us”</td>
<td>“Caring is a whole family commitment. Even the cat has a role to play”</td>
</tr>
<tr>
<td><strong>What was done badly?</strong></td>
<td>No information provided about Minnie’s health, diet and medical needs when she arrived.</td>
<td></td>
</tr>
<tr>
<td><strong>How could things have been done better?</strong></td>
<td>Information from the previous carers about Minnie – diet, orthotics, hearing, medicine</td>
<td>More recognition of the commitment and equally important role of birth children in caring.</td>
</tr>
</tbody>
</table>

Louise had always considered foster care. She has done nursing and volunteering with people who have a disability.”

“Nothing could have prepared us for the two girls; they were both so out of control when they arrived”

Positive Futures training
Four years of foster care experience prior to caring for Minnie

Marymead have provided good support.
<table>
<thead>
<tr>
<th>Ongoing care</th>
<th>Leaving care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Minnie</strong> was not coping at school, so <strong>Louise</strong> decides to home school. CPS originally said ‘no’ because it was not consistent with policy</td>
<td><strong>Minnie</strong> will most likely stay until she is 18. <strong>Louise</strong> aims to build Minnie’s capability to function as a normal, included adult with a disability.</td>
</tr>
<tr>
<td><em>“What works for each child needs to be considered on an individual basis”</em></td>
<td><em>“My biggest learning is about getting information from previous carers”</em></td>
</tr>
<tr>
<td>Marymead has now organised respite care. Minnie now goes for one weekend a month and two hours weekly to a family equipped to provide her with suitable care</td>
<td></td>
</tr>
<tr>
<td><strong>Care and Protection</strong> originally said ‘no’ because it was not their policy and it they did not have capacity to be flexible</td>
<td></td>
</tr>
</tbody>
</table>
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Temporary care until another option is found
The child turns 18 and exits care.

Permanency planning

Working towards adoption/EPR

A flexible alternative is reached

The child is returned to their parent/s

The child is moved to another placement

The temporary placement becomes long term

C1

C2

Ongoing care

Ongoing support provided to the child

Ongoing support and training provided to the carer

Leaving care

The child turns 18 and exits care

The child leaves our care

C

E

The matter goes before the Court and a longer term agreement for care is made

A flexible alternative is reached

The child is returned to their parent/s

The child is moved to another placement

The temporary placement becomes long term
Steven and Michael’s story

Brief background and history

Steven and his partner Michael are a male couple, both of whom work in the public sector (age in their early 40’s). The couple decided to become foster carers as they wanted to become parents. They had researched extensively into other care options and all that is involved with those options. Steven and Michael went through the process of becoming a carer which involved an application, extensive interviews, including a 12 member interview panel and a two month training course.

The couple are specific about their caring capacity, and do ask questions about the child before they accept the placement. Since becoming foster carers, the couple have had one child through emergency care (eight years old) who was brought to them at two in the morning and they cared for the child over a four day period. They are currently caring for Sam (21 months old with spina bifida) who came to them when he was 11 months old. Steven and Michael hope to adopt him.

What I understood and how I felt

Steven and Michael were very prepared for taking on the role of foster caring due to their extensive research. However, when welcoming a child they found, due to privacy reasons, that they were initially given very little information about the child (age, health issues etc). Steven believes it is necessary to have, basic information about the child to make an informed decision about your capacity to care and to be prepared. Steven stated that there seems to be a tension between agency’s not wanting to provide the full story in case carers says ‘no’ while carers are under the impression that they can’t ask questions and are afraid to say ‘no’ when they are offered a child in case that impacts future placement opportunities. Steven and Michael are in contact with lots of foster carers and they observe some of the agencies are not transparent in relation to information, and therefore some children are put into placements with people who might not be able to look after them (he noted that this may be due to a lack of carers and therefore limited options).

Steven and Michael now make sure they can have all the information they can possibly get before they make a decision:
• Age;
• Length of time the child is likely to be in care;
• Back ground information;
• Birth family’s situation; and
• Are there any issues we should be aware of.

“We keep asking these questions over and over again until we get the answers. This information can be quite hard to get, it usually comes from many different sources. It is the information we need to make an informed decision about our capacity to care for the child.”

It would be good to have a standard form, with the basic information that enables people to make an informed decision about caring for a child.

Steven and Michael have said no to a few children they have been offered because they would not have been able to provide the level of care required. They are open to the idea of taking more children but they consider their own capacity and the needs and interests of young Sam. Steven and Michael are approved to care for two more children. They would like to care for children around a similar age (no older than six year old) so the kids can play and interact together.

Relationships

They currently have no contact with Sam’s mother. Steven and Michael have attempted to contact her through Barnardo’s but there has been no response. They believe it is important for a child to know his family and siblings for the future. Sam has three other siblings who currently reside with their father’s. They have been in contact with the youngest sister Angela and play dates/meetings have been arranged, initially through the agency but now between the parents. The two older children have had no contact (18 and 21 years old) to date, but the couple hope that will change in the future.

Steven says that the transition between taking children out of foster care and giving them back to their birth parents can be as short as an hour after a court case. He believes this is harsh and does not respect the attachment between the child and the carer, and the value of that attachment. If Sam were to go back to his family he would need a structured transition period so he didn’t feel abandoned. If this situation happened to him, he would want daily visits initially over a two week period followed by the occasional visit and, if it were possible, lifetime contact.

The assessment process

The assessment process involves writing a life story, individual interviews, being interviewed as a couple and
an interview in front of a panel. “We were very open and transparent about the information we provided in our life history (there could be a guide to writing your life history so people know what information to provide). “The interviews were good, they asked us some really hard questions but we were prepared for that.

By the time we got to the panel we knew we were almost there and we had told them everything about ourselves. There were five main questions asked by the panel:

- What are we looking to be in the foster situation?
- What would our perfect family be?
- What issues might arise?
- What would we do if a placement failed?
- I can’t remember the last question, they were nice people there were 12 people on the panel.”

Training

The training package for foster caring is a two month course. Steven said the training was good and they had three really good trainers. They did however focus a lot on worst case scenarios, “we need some worst case scenarios so we can be prepared but this has not been our experience and it may be a turn off for some potential carers.”

“When we planned to become foster carers we didn’t wait for information we read the policy and legislation. Now we are looking for information about adoption it is a lot harder to find. Information is scarce, contradictory and confusing. It would be great to have a simple flow chart that showed the process.”

When Steven and Michael welcomed Sam they found the support provided by the organisations fantastic. The assistance offered is periodic and includes: visits from Barnardos and Care and Protection once a month, a caseworker from Barnardos, visits from a psychologist, and a house inspection every six months. Barnardos also arrange social get-togethers on major holidays (Australia Day, Easter etc) for foster families to come together. In regard to financial support, the couple did not take this as a consideration because they did not need it. They were only advised of the details of financial assistance some time after they started the approval process.

The second placement Steven and Michael welcomed was the emergency care of an eight year old boy, Andrew. Andrew came to them at 2 am, after his mother was admitted to hospital, all he had with him were the pyjamas he was wearing. The support from both organisations was very good. There were clothes, toys and supplies given by both Care and Protection and the agency. However, Steven says that there seemed to be a lack of communication between the organisations as he received calls with queries or information which had been already supplied by the other organisation.

Self-Agency

The couple are well connected with other foster carers. They have organised this independently so that Sam can have a sense of normality while he is growing up.

Steven says that he believes organisations in this field are “doing their best with the resources they have.” He notices that they are run off their feet and they need a lot more foster carers and agency staff.

Steven and Michael are confident to ask for the information they need and proactive in getting information.

What could be improved?

Information on foster care and services

- It is necessary to have basic information about a child’s history so you can be prepared to care for them and make an informed decision about your capacity to care.
- There was not enough and readily available information available about transition to adoption, what are the steps?
- The trainers who delivered the foster carers training course were good but could use more positive scenarios.
- There was some breakdown in communication between carers, Care and Protection Services and foster agencies; leading to duplication of services.
- Better reunification programs that recognises the attachment that has gown between the carers and the children. “This has not impacted us directly but it has impacted some of our foster carer friends. Building a relationship with strong attachment is part of providing the care of a parent and we know if Sam were suddenly removed it would be hard for all of us.”

Clear and transparent information regarding care, helps people make informed decisions in the interest of the child and being prepared.
Gina’s story

About Gina
Gina has two children of her own (22 years and 23 years of age). Gina is currently fostering a little boy, Matty, who is seven. Gina’s husband, Bob, works in aged care and Gina works in out of home care. They began caring about 11 years ago, however they stopped for a period when Bob developed a life threatening illness. Lucy, their daughter, was deeply affected by her father’s illness, prompting the family to stop for 12 months. When Bob was well enough they resumed caring.

Motivation
Gina and Bob have always wanted more children but were unable to have them. Both of Gina’s children were born early in her life. Lucy has recently started a job with the ACT Government. Gina had friends who foster children and the family could really see the rewards of being a carer. It rewarded them to help kids. Bob used to say, “There are so many kids out there that just need food and a bed. We normally got groups of threes – sibling groups. The first lot of kids that we had when we started ended up going back home.”

Gina has welcomed about 42 kids including sibling groups, short term care, respite care, six month periods, eight month periods and the other little fellow, Matty, who will stay with them until he’s 18 years of age – “he’s ours.”

Cases that had issues
The family cared for one child who they recently had to say they were unable to care for him anymore. He wasn’t able to return home due to his parent’s involvement with drugs and alcohol. The child came to Gina for short-term care and is on long-term orders. He has now gone to another carer that he was going to for respite and they have found him a long-term carer. At one point, he asked for Gina to pick him up from childcare. She took him a ‘life story’ book and they looked at some photos. His needs were too high and there was a lot of competition between him and Matty. He wasn’t talking and he wasn’t toilet trained. Gina was told that he was a high needs child. She only works casually and was forced to take a lot of leave to accommodate all of his appointments. They just couldn’t afford it. They were struggling with the other bills and it became too much for the family to cope with. Gina (and family) successfully toilet trained him and taught him to talk which makes her think they have given him a really good start in life. They cared for him for eight months, but it was hard for him.

“There are so many kids out there that just need food and a bed.”
Reyna’s story

Reyna worked in a care team at a school with high needs children. She had been working with the first child they cared for, Peter, for a few years. She knew his home was unstable and had heard that his care situation had broken down. The family were initially asked to take him into respite care.

Reyna’s family did the foster care training: ‘Shared stories, shared lives.’ Four months later, the kinship placement fell apart and they were asked to care for Peter permanently. Reyna had just fallen pregnant. Initially she said “no, it’s not possible.” Over the weekend Reyna and Arthur gave the idea further thought and held a family meeting with their kids.

Reyna has two daughters who were nine and 11 years old at the time. The decision to take Peter into their home was a whole family one. They said “how can we leave him on the street?” Reyna’s kids wanted to help and Peter went to them between August and April 2008. He was a child with complex needs, coping with Attention Deficit Disorder and mental health issues.

At this time Reyna was struggling. She was pregnant, sick and still working. An arrangement was made to transfer the child into the RAFT program which meant the family was almost paid a wage. This allowed Reyna to go on early maternity leave, rest during the day and be there when the kids came home from school. Peter was 12 years old when he came to stay with Reyna’s family. He left their care to go back into kinship care, which wasn’t permanent. After a year Peter was out on the streets. He was in and out of residential care, and eventually ended up back on the streets. The family grieved deeply when this happened.

The family had a series of short term and long term placements:

- May 2008 – 2011 – a girl came to stay for a couple of days and ended up staying until she left foster care.
- A boy in year 8 came for a couple of respite weekends. The boy’s twin sister also came to stay. Her kinship placement broke down and they wanted to welcome her back to the home but were struggling with their other foster child.
- Jan 2012 – a high needs teenager (16 years) for two weeks followed by a few weekends of respite.
- March 2012 – an 11 year old girl, Cara, came into their care (from On Track) for one weekend. The family negotiated with On Track about taking her for crisis placement from April 2012 until November 2012 when she left them in crisis.

They then decided not to care for a while. “I was really unwell and severely burnt out.”

At Easter 2013, Cara contacted the family. She said she had left her placement and would like to catch up with Reyna, Arthur and the kids. She was in a bad emotional state. Cara stayed for Easter and did a really amazing thing -she worked hard to repair the relationship between Reyna, Arthur and herself, which would have been an extremely hard thing for her to do. The family recognised the enormous courage and effort that took from Cara. Cara went camping with Reyna and her family for school holidays, then stayed for another two weeks. Reyna had some major medical things to do. They said they could only have her for occasional weekends.

Currently Cara is 12 years old and in residential care. “She has had about 12 placements this year – these are the sad, sad stories.” The family were contemplating offering to take her as a long term placement but have decided to only offer respite care. Cara bullies their five year old quite a lot, which influenced the decision about how much care they could provide. “We are now taking another break. We have had 7 years of caring for high needs kids – at the moment I don’t feel I can do justice to them.” The family is interested

Were you prepared?

The family did the Connecting Through Care course in March 2008 which helped them understand the effects of trauma. They believe that if they had this training earlier it would have made a difference. Had they known about attachment theory and how to deal with challenging behaviours in a therapeutic parenting way, they may have been able to provide the stability for Peter to have stayed in care.

The decision to take Peter into their home was a whole family one. They said “how can we leave him on the street?”
in caring for younger children and are interested in being involved in reunification processes. They have learnt a lot from their experiences and know they have skills that can help children.

Reyna now delivers the Positive Futures carers’ training, she recognises that their family’s motivation is different to other carers as it was never about building their family. At first their motivation was to help a particular child as a family. “We felt very blessed and wanted to give something back to society.”

Our motivations for caring have changed since we started

The family’s decisions about caring is no longer that they are doing something for society. Now, they identify as foster carers. Before it was like a job, now it doesn’t feel right if they don’t have a child in care. Their five year old has a very different view of family since they have provided foster care. For him, family doesn’t necessary mean they live with you. All the kids that have been in Reyna’s care are part of their family. They stay in contact with them and the children are always welcome. Reyna’s youngest has a view that they are his brothers and sisters. When he has to draw his family at school he always needs to ask for another sheet of paper. Reyna’s eldest daughter is 17 and is very interested in foster caring. She contributes significantly to the family’s capacity to care. She provides the peer support and she is great at diffusing situations. It is Reyna’s daughter who maintains contact with kids who have left care, she initiates the contact and they respond well to that. She would like to do the official foster carer training but has been told that she is not eligible, unless she is the adult carer. The contribution the carer’s children make is not really understood or valued. The agency does a lot of outings for the foster children, movies etc but the other children in the family are not included. It would make a big difference to them if they were included and recognised as part of the caring team.

What are the rewards?

“We felt that we managed to build a circle of security for all of our children”. For example, one of their foster daughters had a strong need to return to her mum, but it was a challenging environment and every time she went home it derailed her. Despite the difficult situation the young person felt a strong sense of responsibility for her mother and wanted to return home. They were able to set up a flexible arrangement where she spent three days a week with her mum and the rest of the time with the foster family. In this way she was supported in a stable environment to finish school and to maintain a relationship with her mother.

They maintain this relationship with all the young people who have been in their care “They are part of the family and are always welcome to get in contact or come back”. I get a call: ‘I am at the police station can you come down?’” “We get a call out of the blue: ‘Can I come to dinner?’” “These are really special moments, It’s just me listening then they feel they can face the world again.” “We don’t ask questions.” “If a young person comes back after a placement breakdown we ask: ‘Can you tell us what was going on for you so we don’t make that mistake again.’”

Recommendations:

• Creative supports: The need for being creative in supporting carers in their caring: paying for cleaning, ironing, babysitting for a night out and regular respite.

• Respite: “I would like to see respite carers linked to permanent full time carers as soon as they start caring to create an extended family model (respite carers becoming the uncles/aunts/consistent other adult in the foster child’s life). I think this is particularly important in a place like Canberra (eg we don’t have any relatives in Canberra that could help out or just be available to any of the kids). Also, it would be great if the respite carers could provide a week or two of care within the house of the permanent carer to all kids in the family (foster and birth) so the carers can enjoy two weeks of rest on their own or with their partner to build better emotional and physical health.”

• Interactions with birth families: It’s important to recognise the role of the birth family and provide support and training to include them in the family.

• More information about the young people when they come into care: “Why did the last placement breakdown? In one case the placement broke down because the young person was bullying younger kids, we needed to
know this to keep our children safe. We get information in drips and drabs. There are two responses to trauma - kids rebel or they are over compliant. Over compliant kids are labelled as ‘easy kids’ the trauma is not recognised, Care and Protection should pick the trauma up from the children’s history, we often don’t get that information.”

• Treat carers as professionals: “Over the years I have gained a lot of experience but by Care and Protection I am treated just as a carer, as if I am the house wife. We are doing all the work at the cold face but we are not consulted when decisions are made about the young people. My opinions don’t count in decision making.”

• There needs to be more transparency around decision making.

• Recognise that foster carers become the children’s kin: They maintain contact with us. They put us forwards as advocates and they request that information is shared with us. We take kids for life, they are always welcome back but no one tells us when a placement breaks down. We can’t help if we don’t know.

• Ensure that caseworkers are well informed on trauma and therapeutic parenting: Caseworkers need to have more knowledge about trauma informed practice. Workers should understand the impacts of trauma and be able to support carers. “Therapeutic parenting strategies are essential for supporting young people who have experienced trauma. I have often found myself in the situation where I had to teach caseworkers about therapeutic parenting strategies, rather than the other way around.”

• Provide more training for carers on therapeutic parenting: “Connecting through care is fabulous, I wish I’d done it earlier, now I have done it three times, but it’s not enough and the workers need to know more than this.”

• Implement a Care Team Model for every placement based on On Track: “Which is GREAT! A regular care team meets weekly, then fortnightly, then monthly as necessary. (The On Track child we had we met every week, the needs were so, so high). You need people to brainstorm with, to try and understand what is happening, and develop a large pool of therapeutic strategies.”

• Having someone with expertise about therapeutic parenting strategies on the team is essential.

• Foster care training: The Positive Futures Caring Training package focuses on legal issues and day to day issues but does not have nearly enough focus on brain development and trauma. This is the most crucial thing, it helps carers to understand children’s behaviour and what to do.

• Contact: Decisions about frequency and timing, type, place, supervision, who with etc of contact with birth family needs to be made based on current trauma theory. The contact needs to focus on building and strengthening relationships with the birth family and the foster family within a therapeutic frame work. Otherwise the child, birth family and foster family suffer under contact arrangements.
Summary – foster carers

Needs

• I wanted transparent information about the child I was being asked to care for so that I could make an informed decision about my capacity to care.

• I needed my relationships with the agencies or Care and Protection to be safe enough to ask for help when I needed it and I needed action to be taken.

• I needed to be included in decisions about the child or young person.

• I wanted the opportunity to do more training especially to do with building attachment, understanding the impact of trauma on behaviour and therapeutic parenting.

• When I am interested in permanency I would like transparent, consistent access to information.

• My birth children are part of our caring team, we are all one family. Their contribution is not recognised and they are excluded by the agency and Care and Protection when there are events and outings for the foster child.

• I needed flexibility around policy and procedures that couldn’t respond to the individual needs of the child.

• I was concerned that the policy is that the child or young person that I cared for could be picked up from school one day by Care and Protection and I will never see them again. I am concerned for myself and I am concerned for the child. Whatever happens to the child, I would hope to be able to maintain our relationship, I want them to know I still care and they have not been abandoned by me.

• I wanted to develop a long term relationship with the child/young person. I considered them to be part of our family.

Challenges

• There are constant challenges in this environment, the carers are learning every day but they often don’t feel that their years of experience count.

• There is a contradiction between the total life changing commitment to care and the feeling that they are not consulted and sometimes not told when decisions are made about the child.

• Carers sometimes need a break so that they can continue to care.

• The decision to care impacts on the whole family, every day.
Insights

The Core Design Team read through the narrative, drawing out key insights and identifying what works, what doesn’t work and what can be done better within the care system. The following insights have been developed from this process and are based on what we heard from research participants.
Insights – Communication and information

All of the participants identified a lack of effective communication and consistent information.

Children and young people are not told what is happening to them

The young people interviewed described not being told enough about their situation, in particular, information about the carers they were placed with. They described instances where they felt that they had been tricked and lied to. They described being unsure of why they had been taken into care or whether a placement was intended to be permanent or temporary. This caused great uncertainty for them.

Communication about contact visits and respite

Both carers and birth parents described a lack of communication around what happens during contact visits and respite. They would like to be able to create consistency between home and contact/respite time, particularly around routines, behaviour strategies, pocket money and dietary plans. They describe the current communication process as being ‘like a game of Chinese whispers’ at best.

Information about the child/young person

Foster carers and kinship carers felt that they are not provided with sufficient information about the child or young person entering their care. When information was provided, many carers stated that it was inaccurate or provided too late to be of any assistance. This could range from simple things such as dietary requirements and health needs to complex things such as behavioural issues. Carers felt that when they didn’t have basic information it can create unnecessary anxiety and stress for the child or young person and for themselves.

Information about entitlements

Foster carers and kinship carers felt that they are not informed about their entitlements as carers. Carers often discovered their eligibility for financial reimbursement and ongoing financial support several months after the care arrangement had begun. They usually found out from other carers or by coincidence, not from the agency or caseworkers involved in their case. Most carers lacked confidence to ask for support, particularly early on in their care experience as they saw it as an indication of weakness. Experienced carers learn to ask for help. When carers become aware of their entitlements, they find the process of retrospectively claiming financial support to be arduous and often unsuccessful.
Information about the process

Some carers conducted their own research into the foster care process, including reviewing the legislation and financial entitlements as well as techniques and strategies for dealing with traumatised children. These carers described feeling much more prepared and equipped than their peers.

Kinship carers do not feel respected

Kinship carers in particular described not feeling respected by workers in the care system. They described being made to feel like the ‘bad guy’ and having their experience and skills undermined and their opinions not sought or valued.

Providing information to birth families

Birth families felt that they are not provided with accurate or truthful information about their child, such as the anticipated timeframes that their child will be in care and what kind of placement they are in. In the instances where birth parents had been given the opportunity to meet or communicate with the carer who had their child, the situation was much less distressing for the child or young person and for themselves.

Birth families have to tell their story multiple times to multiple caseworkers

The potential turnover of caseworkers meant birth families felt they had to re-tell their story multiple times. Birth families felt that this was distressing and humiliating and could be avoided by caseworkers reading the case file before commencing work with them.

Young people and birth families do not know where to go to get help

Young people and birth families felt there weren’t clear pathways to get help and support. Young people and birth families interviewed reported calling Care and Protection when they were not coping, were not safe or they were seeking help. Some were told they had called the wrong number or were not referred to the right place or they were seen as the perpetrator, rather than someone who needed help and found themselves ‘in trouble.’ Both kinship and foster carers reported avoiding asking for help for fear of being deemed incapable and having the child in their care removed.
Insights: Support and training

Participants have identified that there is not sufficient training and support available.

Conflict resolution skills
The young people interviewed identified that placement breakdowns were often the result of an argument. Children and young people, especially those who spent their formative years in care may have little or no capacity to resolve conflicts. Equipping all parties (children and young people, carers and birth families) with conflict resolution skills could significantly reduce the number of placement breakdowns.

What makes a good caseworker?
As described by young people and birth families, a good caseworker provides a humanised relationship rather than just following protocol, saw their client as an individual, was caring, was honest, was consistent, read the files before commencing and followed through on promises. A good caseworker listened, heard and acted.

Equipping parents and carers to provide the right kind of care
Carers reported the proper assessment of behavioural issues, illness and disability was essential for them to provide the right care. Both carers and birth families reported great difficulty in having children assessed in their care. More than one carer reported that the child’s hearing issues were not identified for a considerable amount of time, which contributed to their behaviour problems.

Kinship carers

Mental health/emotional support
In the kinship care context the transition of the child into care is often the result of a traumatic event or series of events. Kinship carers, by virtue of their role, often have a connection with the birth family, which means that they must deal with the event that has occurred resulting in the removal of the child as well as the (usually) unexpected, life-changing experience of becoming a carer. Some kinship carers described receiving no support for themselves or counselling for the child or young person. Instead, during this time, kinship carers described being made to ‘jump through hoops’ to prove that they can be responsible parents.

Practical support
Kinship carers suggested assistance with practical tasks such as house cleaning, travel to visit birth family and attending medical appointments would be beneficial, especially at the start of a placement.

Training
Because kinship carers often do not receive formal training, some described themselves as ‘untrained foster parents.’ Kinship carers felt training would be useful particularly in the cases where the child has suffered trauma and/or has high needs. Kinship carers identified training that included real stories from other kinship carers and the opportunity for a mentor program.

Foster carers

Mental health/emotional and practical support
Foster carers identified that they benefited from respite care, particularly when they were caring for a child with complex needs. They also recognised that they may need counselling, particularly when they are managing complex situations.

Training
The formal training provided to foster carers is generally described as good by the carers interviewed. Trauma informed and therapeutic training provided to carers in the On Track program was identified as being particularly valuable particularly in the cases where the child has suffered trauma or has complex needs.

**Inclusion and recognition of biological children**

Foster caring is a whole family commitment and the children of foster carers participate in the caring role. However, they are rarely, if ever recognised for their contribution or included when special activities are organised for the foster child.

**Birth families**

**Support for birth parents to prevent removal of children**

In a number of the cases of the birth families interviewed Care and Protection were involved with the family for extended periods before the removal of the child or children. During the interviews the birth families did not describe any supports that were provided to prevent the child being taken into care. In some cases, a comprehensive assessment of the child or young person and practical assistance in managing their behaviour could have made a significant difference to the outcomes.

**Support for birth parents for reunification**

Birth families made significant changes to get their children back, often with little or no recognition for what they achieved along the way. Families saw recognition of positive progress would build trust, which helps birth families achieve their goals and have their children returned.

**Support for birth parents after reunification to prevent the children re-entering care**

Birth families identified they do not always receive the support they need in order to prevent their children re-entering care. Support and assistance with their mental health, behaviour and health issues as well as more practical help such as transport to school and respite care were not provided to birth families.

**Young people**

**Multiple caseworkers**

The young people interviewed described having multiple caseworkers during their relationship with Care and Protection. While this is often unavoidable, wherever possible allowing children and young people to remain with their preferred caseworker would bring more stability and consistency to their lives. Young people sometimes found a caseworker to whom they were able to relate and whom they felt understood them.

**Leaving care plan**

More than one of the young people interviewed described leaving care at 18 years as a harsh/abrupt event. In some cases Care and Protection had been the only consistent presence in the young person’s life. The young person’s relationship with Care and Protection ends at a significant time in their life – their 18th birthday and entry into adulthood. The young people interviewed did not feel that the significance of this event was acknowledged by Care and Protection.

**Support through transition/change of**
placement

Carers observed that the transition process is ‘harsh’ and that children and young people are transitioned with very little notice. This process does not consider the attachment between the carer and the child or young person and may in some cases actively discourage carers from building this attachment. For example, young people described being disappointed that they didn’t ever get to say goodbye or thank you to carers. Carers lived in fear of children being picked up from school without notice. Children and young people back in the care of their birth families valued the opportunity to maintain contact with carers.

Support during placements

Placements in out of home care seem to break down far more easily than traditional family relationships. The young people and carers interviewed identified arguments as being a common cause of placement breakdown.

Support to achieve their goals beyond 18 years old

Young people want more consistent information about leaving care, a stable place to live, what they could expect, what they are entitled to and where they can get help. A common theme is reflected in the comment ‘This is the most stable my life has ever been, but I feel lonely.’ The value of successful care seems to be the relationships that are built for life.
Insights – Suitability of placements

Participants identified the need and opportunity for more flexible placement options. They also identified that more information for children/young people and carers helps both parties be better prepared to make the placement work.

Children and young people may have been inappropriately placed which led to multiple placement breakdowns

Young people and birth families interviewed reported young people who were too young being placed in residential care with older young people. For these young people it resulted in bullying by other young people and poor management of the child’s behaviour. Young people also identified they were placed in care arrangements where there are expectations such as cultural, religious and individual preferences that was not consistent with their own values.

Be flexible to cater for the needs of children and young people

All groups identified that decisions about who cares for a child/young person, how their needs are catered for and expectations around visits to birth family needed to be flexible. For example alternative arrangements such as shared care or home schooling were not offered.

Neither carers nor children and young people were provided with information about each other

Young people described how hard it was to go to a placement with no prior knowledge of the home or family. Young people described the difficulty and anxiety brought about by not knowing why they were carers, who was in the family and what was expected of them as a foster child. They also recognised the value of carers having more information about them as a person.

Child representatives need to understand more to act in the best interests of the child

A kinship carer identified that legal representatives for children and young people do not always connect with the child or young person in order to represent them in court. Carers were also not consulted or informed about court decisions when they were made about the child or young person.

Kinship carers felt unprepared, uninformed and pressured into care

Kinship carers described how their first involvement with out of home care was at the time of a crisis, making it difficult for them to absorb information. They described a sense of guilt, accountability for the situation and obligation, particularly in the case of grandparent carers.

Consistent observation of all care arrangements

All groups observed there was an inconsistency of observation of carers, birth families and children and young people. Some of the people interviewed described feeling under constant surveillance while others felt that there was no follow-up for them even to the point where they believed that Care and Protection didn’t know where the children were.
Insights – Listening

All participants wanted a stronger voice in decision making. They wanted their opinions to be asked and respected.

**Asking for help**
There was a common message that birth families and carers felt they would be considered unfit to care if they asked for help when they needed it. People did not know who to call or where to go for help or advice. There were some good examples where supportive intervention was provided when carers or birth families were not coping, for example a cleaner, respite care, petrol and food vouchers.

**Young people**
Young people described assumptions and decisions made by caseworkers based on their case file, without a real understanding of who they really were. Young people say they needed the opportunity to explain who they were, what they wanted, what they needed and why they behaved as they did.

**Birth families**
Birth families described having little or no say about how their children were cared for by carers. This is particularly crucial in respite care situations with carers or residential care where there could be inconsistencies in expectations around behaviour, routines and diet.

**Kinship carers**
Kinship carers felt that their knowledge of the complex context from which the child has been removed is not respected or trusted. Their opinions are not valued when decisions are made about the child.
Recommendations

The Core Design Team, through a co-design process and informed by the insights, developed the following recommendations for policy change, administrative change and social/cultural changes.
Recommendation 1: Hearing the voice of children and young people

Children and young people should be involved in all forms of decision making about matters that impact on their lives. Children and young people should be actively and genuinely engaged in decision making so they can have their voices heard, decisions can be made based on their opinions and they can be aware of what decisions have been made. Children and young people are all individuals so there needs to be multiple ways people attempt to engage and empower children and young people to have a voice.

Recommendation 2: Resources on entry to care

Due to the often volatile situations from which children and young people are removed, in many cases they are placed into care without any of their belongings. Carers must quickly source clothing and other basic necessities for children and young people, often late at night.

Some young people said they felt a sense of being a burden on their foster carer because the carer had to provide these basic items for them.

Care and Protection could develop emergency packs that contain items such as:

- Pyjamas
- Underpants and socks
- Toiletries such as toothbrush and toothpaste, soap, shampoo
- Hygiene products
- Towel

Ideally these packs could provide some security to empower the child or young person during this transition process like the name and contact number for their caseworker and the information sheet about the carer they have been placed with (See the next recommendation).

Packs could also include a simple toy such as a teddy bear or doll.

Recommendation 3: Develop a carer profile

Young people found it very hard to be taken to a placement with no prior knowledge of the family. Some questions the young people had were why the family became carers, who is in the family, what the rules in the house are, what their cultural or religious background is and what is expected of them as a foster child. This recommendation suggests all foster care and residential care houses develop a carer profile that can be provided to the child or young person so they have a bit of information about the family.

Recommendation 4: Stable placements

There needs to be placement decision making for children and young people with a goal of successful and stable placements. This should include providing carers with as much information as possible at the time of placement so carers can make an informed decision about their capacity to care. This will also help carers tailor their responses to the needs of the child or young person. There should be a standardised assessment as soon as a child or young person is placed with a carer. This would allow the development of a comprehensive case plan that meets the needs of the child and supports their carer.

Recommendation 5: Reunification support

Birth families who wish to have their child or children restored to them need to be assisted to identify and understand what changes need to occur for their children to return to their care. Birth families need this help to continue when the child has returned so they don’t come back into care.
Recommendation 6: 
Encourage relationships between foster carers and birth families

The birth families interviewed described how the stress and anxiety they experience could be alleviated by knowing a bit about the carer who is caring for their child. In addition to this, the research showed that when it is possible to have contact between carers and birth families, allowing them to make their own arrangements for contact and care, the results were extremely positive.

Allowing and encouraging carers to have direct contact with birth parents and birth families would mean that:

- Birth families would be able to meet and get to know the carer so they know whom their child is living with and how the child is going.
- Children and young people will witness role modeling about how to manage complex relationships.
- Foster carers and birth families would be able to make their own arrangements for contact that suits them and the child or young person.

Recommendation 7:
Fully explored permanency options

A motivation for many foster carers is the desire to build their family or to become parents. These carers should be supported to care for children and young people in a long term arrangement transitioning to adoption or using Enduring Parental Responsibility Order.

The pathway to adoption and Enduring Parental Responsibility Orders should be clear, consistent and accessible for those carers wishing to go down this path. Carers considering this option would value a pathway describing the steps they need to take and consistent information about policy and processes.

Recommendation 8:
Kinship care assessments

Kinship carers need to be well supported through the assessment process when they first become carers. Kinship carers are often making a life changing decision at a time when there are multiple pressures on the family. The assessment process and the transition of the child into kinship care should include providing consistent, transparent and helpful information and support that enables the kinship carer to make an informed decision about their capacity to care.

Recommendation 9:
Support for kinship carers

Kinship carers need to have access to a range of supports to assist them in their caring role.

Kinship carers felt they needed more support with training, access to financial assistance, particularly when a child or young person is first placed in to their care, streamlined assessments and placement support including in home assistance.

Recommendation 10:
Improved training for kinship carers and foster carers

Some carers experience a lack of preparedness for their role. This is particularly seen with kinship carers in the area of training. Foster carers and kinship carers want more training in caring for children and young people who have experienced trauma, in therapeutic parenting and in developing healthy attachments.
Recommendation 11: Young people, birth parents and carers presenting at Care and Protection Services and agency workers training

Care and Protection Services and agency caseworkers may benefit from a young person who has been in care, birth parent, kinship carer and foster carer attending a training session so they can hear their experiences of care system. By listening to people who have directly experienced the care system workers may be better equipped to encourage carers and birth families to be involved in decision making.

Recommendation 12: Mentor programs for carers, birth families and children and young people

Children, young people, birth families and carers would benefit from peer support so they can access information and be supported by others with the same or similar experience. This peer support could include assisting people to access additional supports, training and access to networking groups. Networking through social media could play a role, particularly for children and young people.

Recommendation 13: Create family events

Foster carers have indicated that caring is a whole family commitment and their biological children can be critical contributors to the caring role. However, there needs to be more events where they are recognised for the contribution they make.

This issue could be addressed by the creation of family events that acknowledge the whole ‘family’ and do not single out the child in care. These events would:

- Attempt to normalise the child’s care experience.
- Recognise the importance of the carer and others in the household as a whole unit.
- Assist in recognising the needs of other people in the household early which in turn may reduce placement breakdown.

Recommendation 14: Practice reviews

Care and Protection Services, agency caseworkers, a birth parent, CREATE, carer and young person could conduct practice reviews on a child or young person’s case. The reviews could focus on whether the best interests of the child were considered, what worked well and what could have been done better. The findings from the reviews could be used to inform policy and practice across out of home care.

Recommendation 15: Care and Protection Services policy and procedures externally accessible

Care and Protection Services should have more externally accessible policy and procedures so there is greater transparency between Care and Protection Services, agencies, carers and birth families.
Conclusion

This research project has used a co-design approach to understand the experience of out of home care users. Detailed narratives of the experience of 16 service users have been developed and analysed highlighting that there are a number of service pressure points for service users specifically in the areas of: effective communication, training and support, stable placements and listening. The Core Design Team has made 15 recommendations with implications for change to policy, administration and culture. The next step will be to align the recommendations with the five year Out of Home Care Strategy and then to develop the recommendations into service solutions. The power of co-design in this research project has been to include service users, out of home care agencies, out of home care peak bodies and the Community Services Directorate in developing the recommendations. A collaborative approach aims to deliver results that are: desirable, viable and possible for service users, service providers and the Directorate by embedding the multiple perspectives in the development of the design solution.