# PARTNERS IN CARE

## DRAFT Engagement Report

## Version history

| Version | Author | Issue purpose | Date |
|---|---|---|---|
| V1.1 | GB/ consultant | Early draft only | 4-Aug-17 |
| V1.2 | GB/ consultant | Draft for limited internal distribution | 7-Aug-17 |
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## Executive summary

*To be completed following review of 1st draft*

*Editorial notes –*

*Dear reader!*

1. More drafting is underway on 'front end' to better position - Please review coding selection more closely
2. This is a 'content rich' document as version 1, with better readability and reader appeal to follow through design features
3. Findings are structured to flow from carer recruitment, experiences at placement and beyond through the life of the carer– please see if flow works… there is potential to map this through a diagram. This seems to be a more natural way of reporting rather than adhering to the session topics alone
4. The majority of the content is deliberately from the perspective of the carer given the focus of this engagement.
5. The engagement team recorded input literally without analysis. We see the role of the department and other experts to interpret, and consult further as necessary to determine potential responses and actions. Therefore, this document is not intended to be an implementation plan
6. All input has been merged for compilation to provide breadth of appreciation. The data appears to have very good validity as the input has been very consistent, well reasoned and supported by examples. Therefore mixing of the data is valid.
7. While some of the subject is issues-led, there is effort to position from a positive perspective.
8. There is some reinforcement of similar/ the same points within different themes. This has been done for completeness, particularly if specialist areas of the department are analysing specific sections. Also, there is a high degree of overlap of the themes discussed.
9. The reader will notice some divergence in views, as we were not seeking consensus
10. The attendees and participant profile indicates some limitations, that is, attendees were predominately Caucasian women, however this is likely to be the majority cohort, and the consistency of experience suggests the recorded findings are likely to be true for the majority of carers. There was limited Aboriginal representation.
11. In discussion of what good looks like and ideas for change, items will likely be listed that are in existence, but not recognised by all respondents. Some participants had very good experiences as carers and with the department, which needs to come through in further versions of the report. As attendees self-selected, there will be a bias in terms of carers with grievances as a motive to attend.

## 1. Purpose and timing of engagement

The Department of Communities, Child Safety, and Disability Services (the Department), supported by Foster Care Queensland (FCQ) implemented the Partners in Care engagement program across mid-2017, consisting of 17 consultation sessions with carers, and other stakeholders in the foster and kinship care community.

The engagement, held in workshop format, provided the opportunity for the department to gather direct input from foster and kinship carers and foster care agencies across the State about ways to further enhance partnerships across the care sector.

The workshops were normally 2-3 hours in duration, independently facilitated, with senior departmental personnel in attendance to hear directly from carers about their care experience and relationship with the department. The program commenced with a Partners in Care session at the 2017 Foster and Kinship Care Conference in late April 2017 and concluded in late June 2017.

The engagement is intended to inform future state-wide and local actions plans, along with implementation of initiatives to directly improve the care environment for children in out-of-home care, and their foster and kinship carers. This report includes many 'ideas for change' from carers for the department to consider and make future response to.

The objectives of the Partners in Care engagement program were to:

- consider issues raised from previous engagement in more detail to identify practical solutions for implementation to further improve the care environment for children in out-of-home care, and their foster and kinship carers.
- engage foster and kinship carers to further define their preferred role as a member of a 'care team', working collaboratively to support the safety, belonging and wellbeing of children in family based care.
- engage foster and kinship carers to help shape their relationship with the department
- recognise the importance and dedication of carers as a valued member of care teams.

## 2. Engagement context

A priority for the department and FCQ was to progress solutions to various issues and opportunities, as identified through other engagement with the sector.

The Queensland foster and kinship care community has undergone significant reform and change with numerous reviews, along with ongoing stakeholder engagement and consultation. Recent and ongoing consultation activities include:

- Engagement at the Foster and Kinship Carer Week Conference 2016
- Exit carer surveys from Foster Care Queensland
- 2016 biennial online survey of carers
- KicBox engagement
- KPMG project on the health and wellbeing of children in care
- Priority Access Project – Foster Care Queensland
- "Working Together to Care for Kids – The survey of Foster and Kinship Carers from the Australia Institute of Family Studies and the Department of Social Services (Commonwealth Government).

The Partners in Care engagement program built from this engagement and the known issues and priorities of foster and kinship carers, which was reflected in the discussion topics nominated by the department and FCQ at the workshops. By focusing on known carer priorities, the workshops were designed to specify further changes to improve the care environment and relationships.

In undertaking this engagement, the Department recognised the need for positive conditions around the recruitment and retention of foster and kinship carers, with ongoing demand for foster and kinship placements. Through this engagement the Department is seeking to support conditions whereby more people will be interested and willing to become carers, and existing carers continue to provide out of home care for vulnerable children.

## 3. Stakeholders and roles within the engagement process

### Key stakeholders involved

The key stakeholders targeted for engagement and participation within the Partners in Care workshops included:

1. Foster and kinship carers
2. Respite carers
3. Foster care agencies
4. Foster Care Queensland

## 4. Role and limitations of this report

The purpose of this report is to extend upon the findings of a range of consultation sources to identify and nominate priority actions to improve the care environment for foster and kinship carers.

This report has been drafted by The Comms Team, an independent, specialist stakeholder engagement agency, who led the facilitation of the Partners in Care workshops. The report records the rich anecdotal input of carers as provided at the 17 state-wide workshops. The consultant has coded and organised input as provided from the workshops, and the department and FCQ will further interpret the findings to nominate key actions for implementation.

### Reliability of findings

The consultation team considers that the collected data has a high level of reliability and validity. This confidence is based on the amount of data collected, years of cumulative care experience, key stakeholder representation, and the consistency of the responses provided by participants. In total the 17 state-wide sessions were attended by xx participants, with xxxx years of care experience.

Some of the reliability indicators and factors include:

- large sample set
- high proportion of key stakeholder sets involved (predominately carers)
- large rich anecdotal set (over 2,200 items of data collected over 18 sessions involving xx participants)
- highly consistent subject themes from multiple locations, over several weeks
- anecdotal information appeared not be influenced by external factors such as media publicity and political announcements
- limited disparity of data received (very limited outlying or unique comments)
- highly aware and informed audience
- high degree of engagement with subject
- comments recorded immediately by subject matter experts.

There are some sample strengths and limitations, which should be noted, but do not detract from overall reliability in the view of the authors. More women than men participated by a ratio of approximately 8:1. It is also known that the majority of lead carers in the family tend to be women, so this appears to be representative and a strength of the sample. Based on the consistency of responses among male and female participants, there is no indication that gender generated bias within the sample.

FCQ and the department identified that the apparent age of attendees accorded with the carer age profile, with representation of carers from approximately aged 30, with most carers aged between 40-55 years. There was representation of more senior, very experienced carers, including kinship carers. There is no indication that the age range and proportion generated bias within the sample. There was also a mix of foster and kinship carers to assist a balance of views

The sample was largely self-selecting, with some attendees registered by foster care agencies and encouraged to attend. As most groups identified positives and negatives within their care experience, it is unlikely that the findings are biased in terms of attendee sentiment.

There was also a small sample of Aboriginal attendees, however this small sample provided value input on the circumstances and expectations of Aboriginal communities and carers. (Editorial note: to be extended with more input).

### Data analysis

Conventional qualitative data analysis methods were applied, by designing themes and codes following the collection and review of anecdotal data. These themes, listed at section 13, provided the structure to tabulate the most common perspectives on foster and kinship carers experience.

## 5. Engagement format

[Editorial note: This section will be extended in v2.]In accordance with the department's standards for engagement, the International Association of Public Participation (IAP2) framework has been applied to the Partners in Care engagement. IAP2 is an internationally recognised model of values and best practices for involving the public in decisions-making processes.

Reflecting the department's commitment to working with foster carers and key partners to deliver the best care for children and identify solutions to challenges, a collaborative level of engagement was implemented.

Face-to-face workshops were undertaken in key population centres (across XX departmental regions), enabling the highest proportion of foster and kinship carers to attend. Day time and evening session were offered to maximise attendance, with child care provided where required.

Workshops ran for 1.5 – 2.5 hours with between 5 and 50 attendees. Extend methodology.

Representatives from foster care agencies, local to each region, attended the session to offer support to the lead facilitator.

The department provided facilitators for each group discussion. Each table facilitator recorded the group's feedback on the topic, with the discussion framed around three questions:

- What does good look like?
- What is stopping us?
- Your ideas for change?

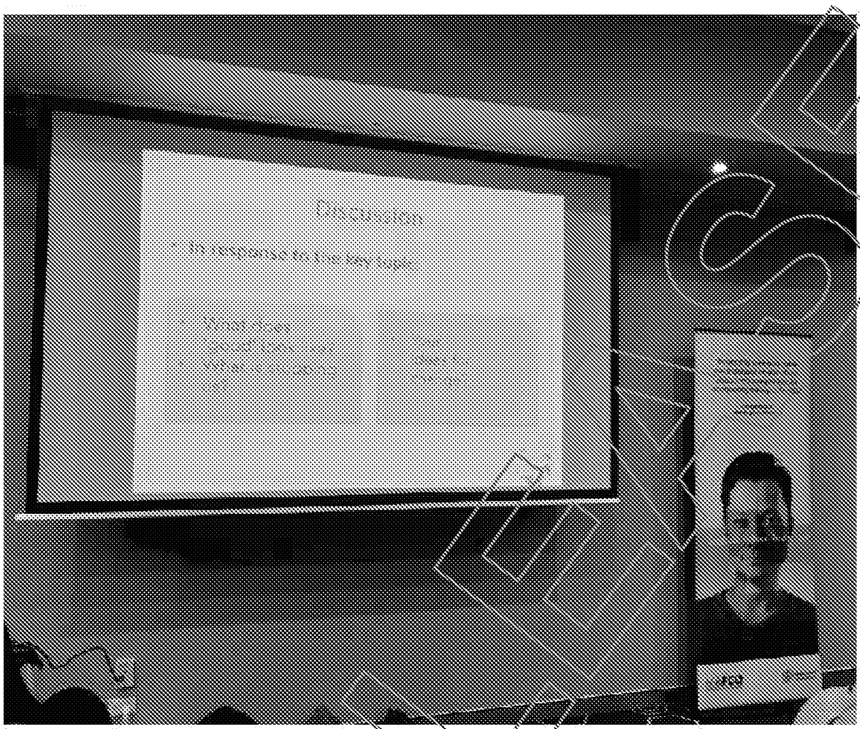


Table facilitators reported their findings to the entire workshop group, ensuring that what had been captured was an accurate reflection of the participant's feedback.

## 6. Engagement program

The following workshops were held across Queensland over a ten-week period, between Monday 29 May and Friday 21 July.

| **Workshop location** | **Date** |
|---|---|
| **Ipswich** | Monday 29 May |
| **Lake Kawana** | Friday 2 June |
| **Cairns** | Tuesday 6 June (AM) |
| | Tuesday 6 June (PM) |
| **Townsville** | Thursday 8 June |
| | Thursday 8 June |
| **Mackay** | Monday 12 June |
| **Rockhampton** | Wednesday 14 June |
| **Logan** | Tuesday 20 June (AM) |
| | Tuesday 20 June (PM) |
| **Maryborough** | Thursday 13 July |
| **Mt Isa** | Monday 17 July |
| **Mt Gravatt** | Wednesday 19 July (AM) |
| | Wednesday 19 July (PM) |
| **Nerang** | Thursday 20 July |
| | Friday 21 July |

*Table 1 – workshop schedule*

## 7. Partners in care participants and roles

The following project stakeholders participated in the partners in care engagement program, relative to their individual roles.

### 7.1 Foster and kinship carers

Foster and kinship carers are those people and families that provide family-based care; offering safe, caring homes for children and young people who are unable to live with their own families.

The participation of foster and kinship carers in the Partners in Care workshops was vital to ensuring that the outcomes accurately reflected the experiences of carers. The workshops were centred on ensuring that foster and kinship carers could discuss topics that were of interest/relevant to their experiences as carers.

### 7.2 Department of Communities, Child Safety and Disability Services

Within the Department of Communities, Child Safety and Disability Services, Child Safety Services (CSS) is the Queensland Government agency for child protection and adoption services.

CSS is dedicated to protecting children and young people from harm or who are at risk of harm, and whose parents cannot provide adequate care or protection for them.

CSS work closely with non-government and government partners in the delivery of child protection services across Queensland.

The department and CSS were responsible for the management and delivery of the Partners in Care workshops across Queensland. In addition to providing the necessary staffing support for workshops, the department and CSS have compiled, reviewed and assessed the outcomes of the workshops to prepare an action plan.

### 7.3 Foster Care Queensland

Foster Care Queensland (FCQ) is a government funded organisation, the membership of which is open to all foster, kinship and provisionally approved carers, supporters with associate membership open to organisations.

FCQ partnered with the department to conduct the Partners in Care workshops across Queensland following a FCQ survey undertaken in 2016. The FCQ survey found XXX and became a key reference for the program.

In addition to attending, promoting and recruiting carers to the workshops, FCQ has endorsed the program and is working closely with the department to determine the actions based on the feedback provided at workshops.

### 7.4 Foster care agencies

Alongside peak bodies and advocacy groups, community foster care agencies play a key role in providing foster care related services throughout Queensland. They provide a range of shared family care services, relating to:

- foster carer recruitment
- foster carer training
- foster carer support
- placement of children and young people in foster care
- other child protection support services.

Foster care agencies were instrumental in promoting the workshops and recruiting attendees to the relevant regional sessions. Agency staff also attended the workshops to support carers and share their own input, experiences and feedback.

## 8. Participation profile

GB to insert

## 9. Key topics offered and selected

Foster and kinship carers selected topics for discussion from a list of XXX possible topics. Topics were developed based on the feedback provided in recent consultations activities (see Section 4 – Context of engagement). Topics are listed below.

1. Information you need to care for a child
2. Your relationship with the Department
3. Being part of the child's care team
4. Training information resources
5. Financial support
6. Making decisions about the child in your care
7. Family contact and reunification
8. Permanent placement
9. The child's health and wellbeing
10. Early childhood education and care
11. Education
12. Transition from care.

Based on the above options, foster and kinship carers discussed the following topics at the relevant workshops detailed below. Some workshops included multiple tables discussing the same topic. This is indicated in the table below against the relevant topics.

| Workshop location | Date | Topics |
|---|---|---|
| **Ipswich** | Monday 29 May | • Financial support<br>• Information you need to care for a child<br>• Making decisions about the child in your care<br>• Your relationship with the department<br>• Being part of the child care team |
| **Kawana** | Friday 2 June | • Making decision about the child in your care<br>• Being part of the child care team<br>• Permanent placement<br>• Your relationship with the department (x 2) |
| **Cairns** | Tuesday 6 June (AM) | • Your relationship with the department (x2)<br>• Permanent placement<br>• Being part of the child's care team<br>• Financial support |
|  | Tuesday 6 June (PM) | • Being part of the child care team<br>• Information you need to care for a child |
| **Townsville** | Thursday 8 June | • Your relationship with the department (x3)<br>• Information you need to care for a child |
|  | Thursday 8 June | • Making decisions about the child in your care<br>• Financial support |
| **Mackay** | Monday 12 June | • Your relationship with the department<br>• Information you need to care for a child<br>• Family contact and reunification |
| **Rockhampton** | Wednesday 14 June | • Your relationship with the department (x2)<br>• Being part of the child care team |
| **Logan** | Tuesday 20 June (AM) | • Your relationship with the department<br>• Making decisions about the child in your care<br>• Information you need to care for a child<br>• Being part of the child's care team<br>• Permanent placement |
|  | Tuesday 20 June (PM) | • Your relationship with the department (x2)<br>• Making decisions about the child in your care<br>• Information you need to care for a child |
| **Maryborough** | Thursday 13 July | • Information you need to care for a child<br>• Making decisions about the child in your care<br>• Permanent placement<br>• Your relationship with the department |
| **Mt Isa** | Monday 17 July | • Being part of the care team<br>• Transition from care<br>• Making decisions about the child in your care<br>• Information you need to care for a child<br>• Your relationship with the department<br>• Financial support |
| **Mt Gravatt** | Wednesday 19 July (AM) | • Being part of the child care team<br>• Your relationship with the department (x2)<br>• Financial support<br>• Permanent placement<br>• Information you need to care for a child<br>• Family contact and reunification |
|  | Wednesday 19 July (PM) | • Family contact and reunification<br>• Information you need to care for a child<br>• Your relationship with the department (x2) |
| **Nerang** | Thursday 20 July | • Being part of the child care team<br>• Permanent placement<br>• Financial support<br>• Your relationship with the department |
|  | Friday 21 July | • Your relationship with the department<br>• Information you need to care for a child<br>• Family contact and reunification<br>• Being part of a child care team<br>• Making decisions about the child in your care |

## 10. Record keeping and role of department

To be included

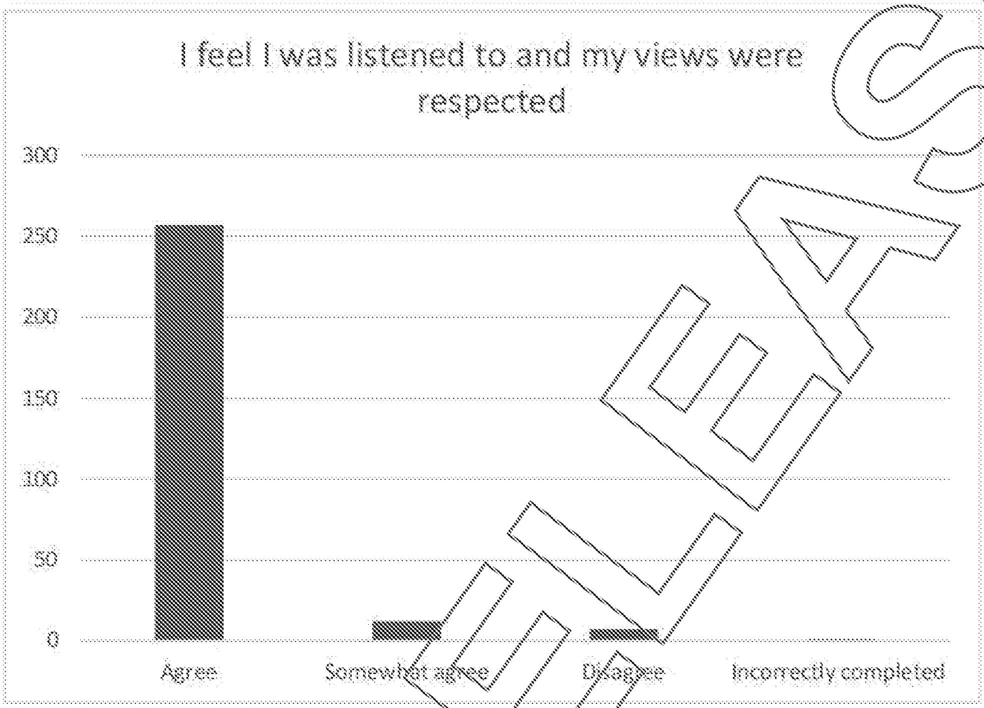
## 11. Role of local/regional reporting and action plans (with local reports/actions attached)

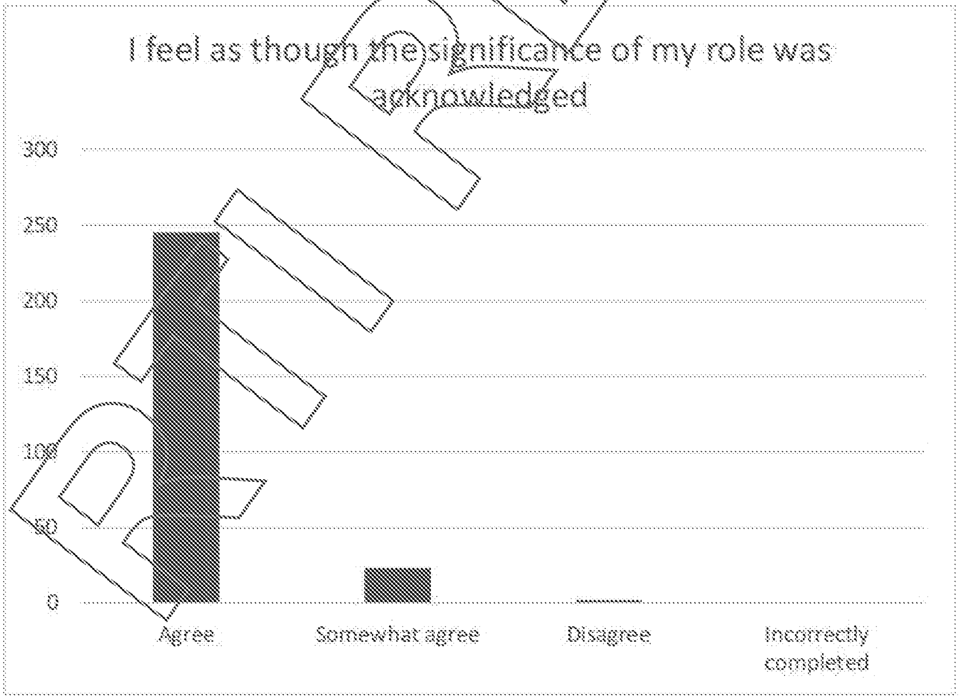
To be included

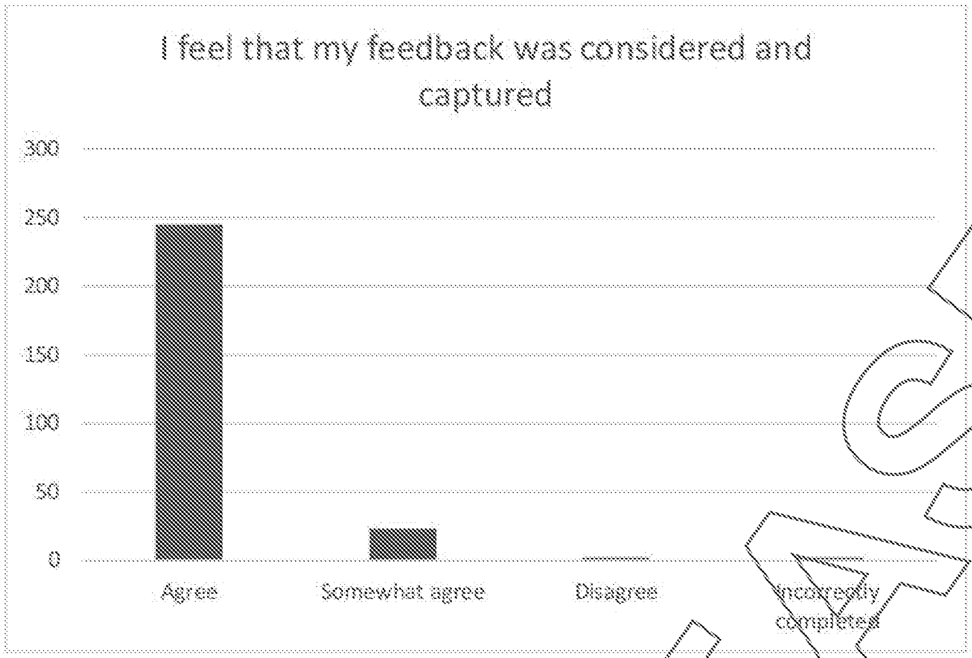
## 12. Participant feedback and satisfaction with engagement process and program

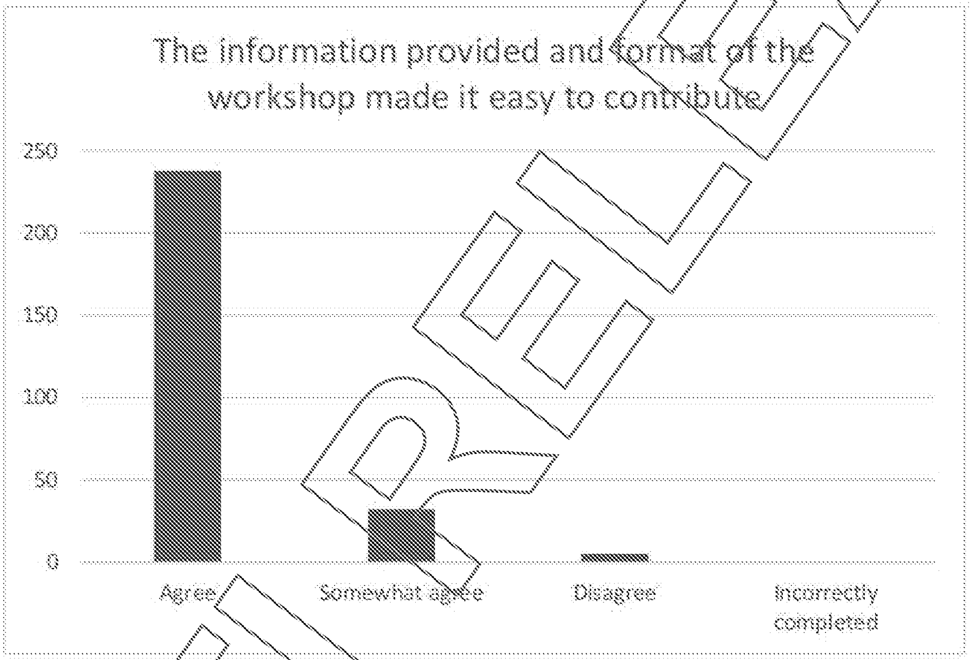
Following each workshop, participants were asked to complete a short satisfaction survey. The outcomes of each workshop were reported on, noting any comments or recommendations for consideration at upcoming workshops.

The findings from satisfaction surveys are detailed below.









Include most common feedback comments
Include profile of feedback – carers, foster care agencies

## 13. Key findings

Over 2,200 data items were recorded from the Partners in Care workshops, providing a rich, detailed anecdotal account of the Queensland foster and kinship care experience, as at mid-2017.

Discussion was framed around selected topics and set questions posed by session facilitators (refer to sections 9 and 10, above). Participant responses to selected topics and questions were recorded by session 'scribes', along with all comment provided during feedback discussions. This was coded into common themes.

Engagement findings follow, based on the common themes arising from participant feedback across their 'journey' as a carer. Themes are organised in approximately sequence from placement, experiences with a child in care, through to transition of children out of care. [Editorial note – to be illustrated through a graphic.]

Include code theme list (from below) when structure is confirmed by the department and FCQ

***NOTE:*** *The majority of findings are presented from the perspectives of the carer.*

Findings are presented as provided by participants, without interpretation. The intention of this report is to provide client stakeholders with direct feedback from carer 'constituents'. Some findings are general and non-specific, and appear to need further interpretation and consultation before defining and agreeing actions.

### 13.1 Carer recruitment and training for placement readiness

Throughout the workshops carers described their experience during their recruitment phase into foster care and their experience during early placements. Carers emphasised the need to be better informed of the demands of foster care and levels of support to expect. Kinship carers generally provided less information on this subject as they were more obligated to provide care for their family. However, some kinship carers also provided foster care or had association with foster carers, sometimes in a respite relationship, and provided comment on carer recruitment.

**For carers "good" look like?**

- Carers understand the commitment needed and challenges they will face when becoming a foster carer
- Carers are well trained and are assisted to navigate through departmental and sector systems
- Carers reconcile their personal values and beliefs with what is expected as a foster carer

**Ideas for change:**

- More trials for prospective carers through respite placements before taking on full time carer responsibilities
- More intensive and structured support by the department and agency when a carer begins their first and early care placements
- Following the initial placement meeting, a follow up meeting takes place no later than the first quarter
- More standards of care training provided before first placement
- Department and Child Safety Officer (CSO) doesn't assume carer knows how to navigate systems following training, and checks carer's confidence and understanding

- Kinship carers are able to undertake the same training as foster carers, if they need or wish
- CSOs check that carers understand any additional requirements to care for child, and provide specific training for carers on systems and support
- Limiting respite in early months so that carer conditions themselves to 'stick at it' – but depends on individual circumstances
- Orientation pack/better orientation pack to be provided at commencement of placement
- Providing all support information that is available, such as the foster carer handbook and child safety practice manual, supported with ongoing training
- Training is more professionalised, say at TAFE certificate level
- Early training needs to include 'module 5' - promoting positive behaviours, especially as most children will have experienced trauma
- Online training as an option
- The permanent "My Home" care initiative may attract more carers
- Role of FCQ is explained, and carer is required to provide contact details to FCQ
- Carers have first aid training
- Placements need to account for religious and cultural context for child and carer
- Consideration about use of the term 'placement', as it sounds administrative and not about the care of a vulnerable child

### 13.2 Interface with foster carer agencies

Discussions took place about the roles of foster care agencies and the carer's experience with agencies. Agency workers also attended and contributed to discussions. The outcomes are as follows:

**For carers, "good" is when:**

- The agency provides great support, when the relationship with the department is difficult
- Agency should be a stronger advocate for carer and child
- Customised placements
- Agency assists and takes over placement agreements to allow for the CSO and/or Child Safety Service Office (CSSO) to take on a more managerial role
- Devolved administration to agencies
- Consistent understanding of the role and services provided by the foster carer agency
- Agencies receive training on relationship formation with children
- Reminders about training and what carers have RSVP'd to attend

**Ideas for change:**

- Carer liaises with agency to seek any missing information
- Agencies can provide leadership and new energy to care team meetings
- Agency has authority for financial delegations
- Agencies provide information on available peer networks, such as Facebook groups and events
- Carers being able to choose their preferred agency
- Carers being able to change the agency if the relationship isn't working out
- Greater role clarity between department – agency – carer – other services – Foster Care Queensland

### 13.3 Placement experience and information

Participants provided their perspectives and experiences of the placement of children into their care. Carers hold the aspiration that a child in care has the same opportunities as an any child in a nurturing family, and there is no difference between a child in care and a child within a functioning family environment. To help meet this aspiration, carers are seeking more lead time for placement requests, sufficient information about the child (e.g. Child Information Form (CIF)) at the point of placement and essential paperwork such as the 'Authority to Care (ATC)'.

Carers explained that in their experience the departmental priority was to place a child, ahead of preparing necessary paperwork. Carers understood this priority under emergency and crisis situations, but also expected that information and plans would shortly follow.

Some carers also explained that there is ongoing pressure from the department to accept more children into the carers' home, and expectations on some respite carers to take children on an ongoing or full time basis.

**For carers, "good" is when:**

- Providing all essential information to allow the carer to make an informed decision as to whether they can manage the placement
- All required information is provided when the child is placed into care, including full name, age, birth certificate, schooling, family background, siblings, medication, disability, illness, infections, ongoing appointments, e.g. medical, counselling etc.
- When infants are placed, information is provided about whether there has been breastfeeding, readiness for bottle feeding, and whether there are drug and alcohol detox issues
- The information provided, including within placement agreement, has full disclosure, including any known medical issues, disability, or specific care requirements – to ensure the carer knows as much as the department knows
- Information allows the carer to consider and plan for potential impacts on their biological family
- Information includes details on extended family to understand interface, such as whether relatives and siblings are at the same school
- Placement request respects carers family situation, work, planned leave etc.
- Carers demonstrate tolerance that not all information is known or can be shared, particularly in time sensitive or crisis situations
- Reduced numbers of children in care in the same home
- When sensitive information can't be shared, this is explained to the carer, rather than remaining as an apparent information gap
- Being clear with potential carers whether the placement is emergency and short term, or could be longer duration
- If the care placement is an emergency or short term placement, items that a child will need are brought along, e.g. nappies, clothes, toys, medication etc.

**Ideas for change:**

- Consideration about the term 'placement', as this sounds administrative and not about the care of a vulnerable child
- Full information suite for carer about the child placed into their care with all the required information provided when the child is placed into care, including full name, age, birth certificate, schooling, family background, triggers for behaviour, sleeping patterns, fears, how to comfort, 'medical passport', ongoing appointments, e.g. medical, counselling etc.
- Intensive initial meeting to provide a complete handover to ensure the carer is ready to take on responsibility, particularly if the child in care has complex needs and the carer is inexperienced
- Ongoing development and roll out of Kicbox
- Information portal where all child information is provided and updated – through internet and/or app. Authority to care is provided through app.
- Portal could include:

  - Follow up from meetings including placement agreements and actions – track status of actions
  - Some access for kids to have some say/control
  - Include a trouble shooting or advice service – click to chat or benefit from other carers experience and knowledge
  - Health passport auto access
  - Someone to moderate and administer guidance
- Information to be provided in hard copy, but caution whether this is reliable through post, as there can be delays
- Follow up still takes place – in person or over the phone, even if information has been made available
- More experienced carers available as mentors
- Greater promotion of Foster care Advocacy and Support Team (FAST) resource to assist new or struggling carers
- Placement agreements are comprehensive including background on previous placement, regularly updated and monitored
- Placement agreements have dual signature of the department representative and carer
- The same 28-day agreement checklist should be used when an order is put in place
- Accurate departmental contact details are provided and maintained
- Carer profile to be provided to children going into care, so they are informed about the family, house and background information, including photographs.
- Understand and respect whether a child is comfortable being identified as a child in care, especially when they are in kinship care
- Support placements with trauma related counselling and interventions to help prevent placements breaking down – paediatrician with speciality in trauma healing allocated to each CSSO
- More training on discipline in the home with child in care, particularly when there are other children in the home
- Life story is actively completed for all children, which travels with children wherever they live, providing an account of their life history
- Build foster carer and kinship carer base and retain carers so that there are fewer placements that are inappropriate or compromised, and placements are better matched.

### 13.4 Child Safety Officer relationship, support and communication following placement

Carers consistently remarked that they wanted positive Child Safety Officer (CSO)-carer relationships to provide the basis for a collaborative and beneficial care experience for the child in care, along with the carer and their family.

Participants, particularly carers, frequently commented that better CSO-carer relationships and communication were needed. While acknowledging workload and pressures, carers tended to find relations with the department and the tone of communication to be adversarial and at times disrespectful.

Some carers reflected that they needed to consider how their tone and behaviours may contribute to the quality of the relationship. During sessions, several carers reflected that they also needed to demonstrate respect for the role of the CSO, and take ownership for the state of the relationship. Carers also asked that CSOs understand that they are often sleep deprived and frustrated, and this can negatively impact carer-CSO communication.

The high turnover of CSOs was identified as impacting the establishment of positive and collaborative relationships as carers are never sure how long they will be working with the CSO.

Many carers feel that CSOs withhold information based on confidentiality, however some information may be useful or essential in caring for the child. Others saw that confidentiality was necessary and helped at times, and is not always a barrier for care.

**For carers, 'good' is when:**

- CSOs work in collaboration with the carer, alongside agency, child in care, and parents – in a respectful relationship where it feels like everyone is on the one team
- All parties dedicate themselves to getting off to a good start, as the basis for good working relations, particularly to be in position to able to talk about and manage 'tricky' subjects
- Mutual respect that everyone has good intentions, and that mistakes can be made under pressure – give the benefit of doubt that decisions are based on good intent
- Proactive CSO contact with carers
- CSOs are more contactable – providing mobile phone numbers, email addresses and advising work hours and planned absences
- Greater demonstration of respect through timely return contact and interest in the carer's experience and expertise
- Reduced uniformity of approach to care – flexible, individual and therapeutic lens is applied
- CSOs demonstrate patience with carers, as carers are not professionalised practitioners within the child safety system
- CSO's offer compliments and encouragement
- Communication methods (e.g. call/email/face to face) are established early, and adhered to
- CSOs feel confident in the relationship with carers to explain what they don't know, and commit to finding out and communicating back to carers
- CSOs respect that the carer is advocating for the interests of the child rather than for their interests or trying to cause trouble
- Standard application of policies by CSOs
- CSO undertakes their role with cultural awareness and sensitivity (e.g. ATSI and CALD)
- CSOs recognise that carers do have emotional attachments and pride in the care they provide, and this is a strength
- When there is strain and emotion, parties default to a position to consider what is in the best interests of the child, and not defend positions
- CSO has the time and ability to take on a more active case management role when needed
- Carers able to discuss status of care and relationship with child safety managers
- CSOs know carers and their routines much better, and this is considered within decision making such as contact visits and appointments
- Positive home visits for the CSO, child in care and carer
- Unscheduled visits don't feel like an inspection or that there is suspicion about the quality of care
- Carers are told when there are staff changes that impact them and the child in care.

**Ideas for change:**

- CSO and carer explicitly work on getting off to a good start
- CSO, team leader and carer agree on best method for communication early in the relationship
- CSO provides updates on requests/agreed actions, even if there is no outcome/decision so that the carer knows that the matter is still being progressed
- Guideline is prepared and circulated about privacy and confidentiality, with pragmatic guidance on information that should be shared with carers and other members of the care team
- More informal and social opportunities to build relationships, so that there is better functional communication when under pressure, like the Partners in Care workshops, or event at a CSSO
- CSO profile included within Kicbox

- CSOs understand carers' perspective through more home visits
- Carers understand CSO perspective through 'a day in the life of a CSO' presentation/ experience
- CSOs understand carers perspective through 'a day in the life of a carer' presentation/ experience
- Interpersonal communication training for CSOs and carers
- Making clear to carers the intended duration of placement, and providing updates
- Advance notice of change of CSO or other staff changes, and time invested to manage transitions as best as possible
- Team contact lists/directory available to carers and support for escalation of issues to managers
- List that identifies roles and responsibilities within each CCSO
- Policies, procedures and guidelines are all dated so that extended care team, including carers know that they are referencing the most recent document
- Mechanisms to change CSO if the relationship between the CSO and carer is broken, rather than the carer disengaging, potentially leading to placement breakdown
- Extend the companion card concept for carers and make a carers card as useful as a senior's card.

### 13.5 CSO relationship with children

Participants observed that the CSO's relationship with the child contributes to the child's trust and confidence of their care environment. In some cases, participants explained that better relationship formation was needed between CSOs and the children within their case management. Some participants understood that child-CSO relationship formation is challenging when there is high staff turnover and large caseloads and/or large travel distances.

**For carers, 'good' is when:**

- There is regular contact between CSO-child
- CSO knows the child: care plans, history, medication, dietary needs, interests etc.
- Child in care is treated as normal child by CSO (and all other adults) and not made to feel different
- CSOs are properly prepared and equipped for contact visits, e.g. have car seats for younger children.

**Ideas for change:**

- Minimum monthly interaction with child, in carer's home
- Specific training on child-adult relationship formation and techniques
- Improved knowledge of child – reading over case files and liaising with carer/previous carer
- CSO takes time to attend events (especially those that a parent would attend) that are important to children, for example award presentations, sporting events etc.
- CSO warmly acknowledges and shows interest in all children in the home, not just the child in care.

### 13.6 Consistency of CSO-carer relationship

Participants consistently expressed preference for reduced change and 'churn' across CSO teams, to enhance continuity of case management for the child in care.

Participants explained the best CSO-carer-agency (care team) relationships and outcomes for the child took place when the CSO knew the child and their history and needs. In some cases carers suggested that a change of CSO could relieve pressure between a carer and CSO when the relationship had become strained.

Participants frequently suggested there should be specialist CSOs for children with complex needs, so that these children would have more active case management. This was also seen as having potential to reduce CSO burn out.

**For carers, 'good' is when:**

- There is stability and continuity within CSO teams and CSSCs, providing greater stability and continuity for the child/carer
- There are thorough and effective handovers between CSOs, and the carer is advised when the handover has been completed and the new CSO can be contacted
- The change of CSO does not interrupt or compromise progress on decisions already agreed and committed support etc.
- CSOs are more available when carers make contact, so that requests can be considered 'on the spot' to reduce delay
- CSOs push approvals processes for decisions and support, and don't need to be followed up by carer or foster carer agency
- A carer is trusted by their child in care because they know what is 'going on' (via excellent CSO liaison) and can be a point of truth in their lives
- A new CSO takes a fresh look at case management and looks for improvements
- Mutual respect that everyone has good intentions, and that mistakes can be made under pressure

Participants understood that change would remain a feature, and sought fewer negative consequences of this change upon the child and carer.

**Ideas for change:**

- More CSOs/reduced CSO workload so that they can better perform their roles
- Specialist, experienced CSOs to be dedicated to active case management of children with complex needs, with reduced case loads
- Better record keeping to ensure the child's history is known to the CSO, including notes from carer input
- 'Warmer', better-managed transitions, where time is taken for all parties to manage the change and reduce impacts
- Carer advised when the handover has been completed and the new CSO can be contacted
- Back up CSO for carer to liaise with when CSO is on leave, ill, acting in another role etc.
- Dedicated office position to coordinate and drive all decisions required
- Receptionists in CSSO know when CSO will next be available or can navigate carer to someone else with case/placement knowledge
- Ongoing departmental efforts to retain CSOs - reduce case load, increase support, and improve CSO-Carer relationships
- One CSO per household (where more than one child) for consistency
- Ability to change CSO, when all parties reflect reasonably and agree that a fresh start is needed in the CSO-carer relationship.

## 13.7 Communication and communication standard

Participants expressed the need for honest, mutually respectful, and timely communication between the carers, agencies and the department.

Participants explained that it is in the best interests of the child in care and for all those involved in the child's care team to agree on methods and frequency of communication, and to commit to responding to requests and contact in a timely and professional manner. Some carers expressed that communication with the department was difficult, while other carers expressed satisfaction with the professionalism of departmental personnel.

**For carers, 'good' is when:**

- Trust and respect is demonstrated in all communication
- More proactive contact with the carer, through regular phone check-in, so that it is not just up to the carer to raise concerns and issues – more equity in communication
- Acknowledgment of contact by CSO and confirmation that contact will be returned
- Effective communication and information transfer during transitions
- Quality of communication is based on high trust and mutually respectful relationships
- All parties are mindful of tone within email communication
- Issues are reframed as challenges and opportunities to reduce blame – position the topic in a positive perspective
- Mindful of creating negative perceptions of low achievement or life prospects through clumsy language, or putting labels of children – select language that affirms the child
- CSOs guards against 'confirmation bias' (i.e. subconsciously collecting information that accords with views and biases)

**Ideas for change:**

- Traffic light alert method for email contact – this explains urgency, and is intended to guide urgency of return contact response (e.g. red could mean within 2 hours, amber 24 hours, green within 3 days etc.)
- Carer and CSO mutually set expectations and how best to communicate
- Weekly update email from CSO to maintain engagement and continuity
- Better use of email 'out of office reply' with alternative contact points
- When a carer seeks confirmation of an action 'in writing' from a CSO that this is respected and provided, and vice versa
- Acknowledgement of contact is provided and expected time to reply, and carer 'kept in the loop' thereafter
- Group email protocol - 'reply to all' so that there aren't breaks in discussion and all information is provided in email circulation
- CSO writes down information provided by the carer during face to face discussions (and over phone) to demonstrate active listening and that their input is important and valued
- Manager sets and monitors communication KPIs/set expectations about responsiveness of communication
- CSO is mentored in expected inter-personal communication standards and style
- More innovation in communication style, e.g. short video clips to highlight changes

## 13.8 Relationship and experience with the department

Carers are seeking a more respectful and collegiate culture and experience when dealing with the department, built upon contemporary customer service standards. Some carers expressed that in their experience they feel disempowered and intimidated in their dealings with the department, and feel more like a client than a partner. In these circumstances, they value the support of the agencies to advocate and support the relationship and quality of the placement. Other carers explained that they have consistently professional dealings with the department.

Carers consistently reported that they experienced negativity and 'push back' from the department when advocating for the interests of the child. Carers want advocacy for the child to be appreciated as sincere effort to improve outcomes for the child in care.

Carers want to feel more appreciated and valued as a vital part of the child care team.

**For carers, 'good' is when:**

- Carers are treated as colleagues and partners, not "just a carer" or another departmental client or resource
- The department recognises that carers have valuable insight and perspectives to contribute (as they spend the most time with the child)
- The child is not stigmatised through departmental decisions, e.g. making appointments whereby child needs to leave class in front of peers or inappropriate family contact
- The department and care team holds high expectations and aspirations for the life outcomes for every child in care
- Carers know what they can expect in terms of responsiveness from the department
- There is senior regional and departmental engagement and evidence of oversight
- There is structure and rigour in planning and care plan reviews, with minimum six-monthly intensive review on child in care progress *and* carer wellbeing and morale
- The department is a strong and influential advocate to other agencies and departments in the interest of the child
- The department works closely and effectively with schools
- Carers have confidence that when issue is raised it will be taken seriously and acted upon.

**Ideas for change:**

- KPIs for return contact and requests
- Cultural transformation – more engagement, better communication and respectful dealings with carers
- Department provides a 'statement of commitment' to carers
- Carers can advocate for child without fear of reprisal
- Lower delegations for decisions that respects the role of the CSO and carer needs
- Internal auditing of status of plans, frequency of home visits etc. to ensure department meets its own standards, rather than carers needing to advocate
- Checklists on all child/case management/placement agreements that identifies whether carers have been consulted
- Department provides case plan to carers, so that they have visibility on agreed actions, and department remains accountable for commitments
- Opportunity for carer to provide input into CSO performance appraisal
- Managers meet with carers at least every quarter
- Managers provide personal compliment to carers when they manage a difficult situation
- More administrative support for CSSO/CSOs so that CSO can better dedicate their time to active case management

## 13.9 The care team and care planning

The concept of the care team for the child in care was a focus in most workshops. Carers agreed that a well-resourced and well-coordinated team, working in the best interests of the child remains essential. Carers are seeking greater inclusion and consultation about care planning for children in their care.

Participants suggested the department's focus on reunification guided care team decisions, when this is not always considered in the best interests of the child. There was also discussion about how a care team balances the rights of parents over the best interests of a child.

Participants explained that most children in care, particularly children with complex needs, must have tailored and well-resourced care plans.

Carers considered what good would look like in relation to the care team, and provided the following responses:

**For carers, 'good' is when:**

- The care team is dedicated to the interests of the child in care, effectively acting as co-parents
- A thorough needs assessment of the child is undertaken as soon as possible, with planning based on the individual needs of the child
- The care team is responsive, making decisions quickly, organising necessary actions and following up
- All care team members advocate for the child's interests, not their own interests
- Carers are engaged and their input is sought and respected
- Carers are informed about the actions the care team is progressing
- The carer's experience with the child contributes to decisions in the interests of the child
- Carers have opportunity to inform and influence decisions
- All options are considered, with no pre-determined decisions before care meetings
- There is a Plan B to go with Plan A (Editorial note: Is this generality useful in reporting?)
- Everyone on the care team is informed and prepared, or commits to be informed before meetings are held
- The best possible, available information is provided to support well-informed decision making, with open and transparent communication
- Regular meetings are held as scheduled and are well attended, including the CSO
- The voice of the child is included, as appropriate
- Parents are informed of plans and progress
- Care teams are agile and flexible to respond to emerging needs
- There are sufficient resources to allocate for more intensive therapy and educational support
- Placement and care plans are complete, up-to-date, and resourced as needed and resources are not time limited
- All key members of the care team are involved in critical incident responses and debriefs
- Teams consider the longer-term needs and interests of the child, including the different support requirements across developmental phases
- Specialised support and monitoring is available when there is a history of sexual abuse
- Planning also focuses on the strengths of the child and opportunities
- Carer is still respected if they advocate separate from the care team or appeal decisions

**Ideas for change:**

- A fully inclusive team is formed to work in the best interests of the child, including the carer
- Care teams are established immediately to become the basis for continuity if/when there are CSO personnel changes
- Charter and 'rules of engagement' agreed as teams are formed
- The non-negotiables are agreed up front, e.g. supporting court processes to position for the best 'order' for the child
- The roles and responsibilities of all care team members are known, and team members are accountable to deliver on their responsibilities
- Decision making powers and responsibilities within the care team are known
- Consultation is held with the carer before the meeting about care priorities and any recent issues and/or progress
- Business processes are followed: agendas, minutes with actions listed, status of implementation noted and followed up if there are delays
- All actions have an allocated person to implement and target time to complete and report
- Agenda include standing items: What else can we do? How else can we help?
- The care team includes education and health professionals, with all information from services and departments available – integrated databases needed
- A care/service 'tree' is mapped, with the child at the centre, to ensure holistic care and planning
- A culture of mutual respect is actively promoted within care team meetings
- Care team lead/CSO provides ongoing updates on requests, so that the carer knows that a decision is being sought (carers aren't "left hanging")
- If a key stakeholder doesn't attend then the group, the meeting continues with follow up notes distributed to keep everyone in the loop
- Any critical work which is a dependency to decisions are completed before meetings
- Carers are able to initiate referrals as needed
- Rotating chair of the care team, including the option of carer as occasional chair
- A senior child safety practitioner reviews progress and liaises with carer about progress
- Picture of the child is placed in the middle of the table to remind all attendees of the humanity of the child, and purpose of the meeting

## 13.10 Support for child's needs when in care – services and financial

### *Support services*

Carers explained the types of support needed to improve the care experience for the child in care and for carers and their families. Carers consistently explained that unmet support services created strain on them and disadvantage for the child. This was of greatest concern for children with complex needs and disability. Participants identified that most children in care have experienced trauma, requiring trauma-related counselling and other psychological support.

**For carers, 'good' is when:**

- Identified support needs are resourced
- The suite of available support is known – respite, counselling, medical, financial entitlements etc.
- Support is consistent from office to office and from region to region, and less at the 'manager's discretion'
- Carers are able to seek support without being judged
- More CSO liaison with respite carers

- Carers are consulted about planned cessation of CSHA/HSNA, with right of reply
- Respite carers are also supported and feel more engaged
- Support is also provided in the form of moral support, such as expressions of empathy and encouragement

**Ideas for change:**

- Placement planning included the support needed, with commitments as to the support to be provided
- Trauma-related counselling, and trauma-informed planning
- Trauma-specific support and training for carers on challenging behaviours to reduce risks of placement breakdown
- Children with complex needs receive consistent support
- More respite options, including in regional Queensland
- Greater promotion of respite care needs – ongoing recruitment
- CSO liaises with respite carer/s regarding child's behaviour and progress; not only the primary carer liaising with respite carer (CSO demonstrating active case management)
- More people are 'respite care ready' through broader blue card qualification, including units within university courses (such as care industries like nursing and teaching)
- After hours' specialist support is available
- Buddy system among carers modelled and promoted to provide peer support and respite
- In-home respite as an alternative, e.g. pyjama angels
- Specialist behaviour management training for teenage years to help carer cope, and to help prevent breakdown of placement
- If/when there is placement breakdown, undertake a detailed debrief and handover, with future interventions scheduled to help prevent ongoing conflict and instability in care

### *Financial*

Most carers sought fair and consistent financial support to help them provide in-home care, along with other child-related costs. Carers observed inconsistencies between regions, and offices within regions, as to the type and extent of financial support provided to the child in care and carer household.

Carers expressed concerns about the application and availability of NSDA funding and concern and confusion about future NDIS arrangements. Examples were provided about circumstances where children had benefitted from NSDA support, for the funding and support to be later withdrawn to the detriment of the child in care.

Carers also explained that there were inconsistencies between case/care plan and financial responsibility. Carers stated that they did not become carers for financial gain, however approved and eligible financial support should normally be consistently administered in the interests of the child.

**For carers 'good' is when there is:**

- On time reimbursement
- Clarity about what will be reimbursed
- Standard processes and predictable outcomes
- Simpler forms and processes
- Care plans include financial commitments
- Child can access private health care system
- Clarity and certainty about inclusions in HSNA, CSNA and carer allowance
- More timely and simpler HSNA approvals to assist children
- Concentrated investment at care interface, with more support for frontline services and less department/governmental waste
- Accurate information about financial support is in foster carer handbook
- Guaranteed funding for child care
- Financial arrangements don't inhibit ability to participate in activities such as sport, so that child in care has the same opportunities as other children
- Analysis and decisions about support services are not guided by expense and ability/willingness to fund
- Trust that carer requests are genuine and the carer is not trying to profiteer

**Ideas for change:**

- Better information about entitlements – CSO checks with carer that they understand entitlements and what can be reimbursed
- Care plans include financial commitments
- Consistent financial eligibility, payment and reimbursement standards and outcomes
- Child can be covered under family's private health cover, with 'the gap' paid by the department to ensure child has greater, more priority access to health care
- Financial coverage for activities that increase connection with community – e.g. sport
- Pre-approved financial expenses and remove onus on carer to prove basic expenses
- Reduced requirements for receipts for small pre-approved expenses from agreed price list
- Automated payments through various available technologies
- Payments are automated/organised through carer-department 'portal'
- Streamlined payments – between department and provider
- Dedicated administrative officer to manage payments instead of CSO
- Reduce levels of approvals for reimbursements

- Electronic upload of documents, as is possible with Centrelink
- Guaranteed funding for child care
- Child care costs are paid in advance
- Federal and state agreements on child care rebates
- Increase coverage for family day care
- Inclusion of non-evidenced/incidental costs to be reimbursed, (For example: wear and tear on car, carer time in meetings/appointments that impact ability to work)
- Payments to cover provision of specific meals that meet dietary needs
- Funding for education support and speech therapy – significant issues for some child in care
- Access to private schooling if this is identified as better meeting the needs of the child
- Common sense support around financial support for necessary expenses such as replacement school books
- Easier process for ex-gratia payments in response to damage to family home and property
- HSNA and CSNA reviews are not undertaken to check whether funding can be withdrawn, especially when there is permanent disability
- Improved liaison support with Centrelink
- Provide incentives such as subsidised housing costs for carer after five (5) years of care, which can directly help children in care
- Able to provide care from Government owned homes
- Support should extend to carer counselling.

### 13.11 'Professionalising' foster carers

In some sessions, carers suggested that government consider alternatives to the current volunteer model of foster care.

**Ideas for change:**

- Following the United Kingdom system, foster cares are self-employed professionals and receive a salary for their role.
- Foster carers act as a sole trader, and their expenses are tax deductible and there is a list of items for efficient expenses and claims e.g. use of motor vehicle
- If foster carers receive a "salary/wage" it will assist with their finance as they will be more eligible for bank loans
- Foster carers have decision making rights in legislation.

### 13.12 Decision making about child in care

Carers consistently provided input that they should have delegation and trust to be able to make common-sense everyday decisions, such as deciding when a child should have a haircut. Lack of involvement in decision making and slow-decision making were common frustrations expressed by carers.

Carers also explained that children should be able to influence decisions. Other carers cautioned against accepting the child's preferences, as some outcomes were not always positive, such as changing placement or respite arrangements.

While wanting inclusion in the care team and placement planning, some carers felt that the number of people involved made decision making slow and more difficult.

For carers, 'good' is when:

- Carers are consulted and involved in decisions about the child in their care
- Carers requests for decisions are acknowledged quickly
- Response times to contact and requests reflect urgency of the issue/request
- If there are delays to decisions, carers are kept informed
- Decisions are taken in best interests of the child, with flexibility in decision making, and less literal application of rules and policies when alternative positions would provide better outcomes
- Better delegated approvals to CSO and at times, to the carer for everyday decisions
- Perceived high-risk activities for the child are considered with greater pragmatism

**Ideas for change:**

- Overhaul of decision making delegations with carer able to make everyday care related decisions
- CSO doesn't make all decisions, but oversees the care plan in a more managerial capacity
- Staff need to know policies and when to seek manager approval, and what can be managed at their level
- Carer more involved in decisions, particularly if this significantly impacts child and home life
- Carer is present when decisions are made that directly impact them
- Time frames/target timeframes are set for decisions to be made
- Transparent decision making framework, and how this is consistent with the child's care plan
- Carers able to make decisions in an emergency, or when time critical, e.g. hospital visits, admissions
- All hours support for decisions, support and additional information about a child when there are emergencies
- Carer is able to advise on best times for parental contact, with consideration of carer's family and care obligations
- Application of the 'signs of safety framework, as per WA and elsewhere
- Policies need to be clear cut and objective to remove personal bias.

### 13.13 Travel

Carers consistently sought improved management of decisions pertaining to proposed travel with children in care.

**For carers, 'good' looks like when:**

- Approval for a child in care to travel with the carer's family is less complicated
- Timeframes for approval are agreed to
- Able to take child on holidays instead of placing in respite, so that the child feels normal and a valued part of the family

**Ideas for change:**

- The carer works with the department to achieve advance approval for proposed travel types and times
- The department undertakes effective liaison with parents to achieve consent if this is required
- Providing passports for child in care and approval for international travel is far less complex, with decisions achieved within more reasonable timeframes

- Department has better letter templates to seek approval for travel, especially for passport applications
- More pragmatism about specific travel needs to cross state border, such as for home and sibling visits, for shopping etc.
- Plans and support recognise the time it takes for a child to heal

### 13.14 Ongoing information and training needs

Participants recognised that foster and kinship care was subject to reform and ever changing. Accordingly, they wanted to feel confident that their knowledge and practice was current. They value information provision from FCQ, their agencies, the department and fellow carers. Some carers explained that they would like to be better networked with peers, and feel less isolated from a practice perspective.

**For carers, 'good' looks like when:**

- CSO explains any changes that impact the child and carer
- Timely legislation and policy updates, and what it means for the carer
- Updates provided in plain English with scenario examples (in many areas this is done well)
- All carers get the same information, e.g. about CSNA and NDIS
- The quality and timing of information is standard, and it doesn't just depend on the quality of CSO or agency communication
- Agencies are well-advised of any changes, and also disseminate information and convene training modules to reinforce understanding
- Training and carer consultation workshops such as the Partners in Care sessions should continue, and need to be more widely advertised

**Ideas for change:**

- More opportunities to network with carers, e.g. yammer connections/Facebook
- More promotion of the ability to become involved in FCQ Facebook page
- Re-establish coaching circles (e.g. Encompass)
- Informal information and social sessions with departmental staff to exchange information and better build relationships
- The excellent array of professional development sessions provided at the Foster and Kinship Carers Conference is available for everyone – perhaps filmed and uploaded online for carers who are unable to attend, or attended other sessions, or for attendees to view again.

### 13.15 Carer advocacy

The right of the carer and agencies to advocate for the interests of the child was a common area of discussion. Carers explained that many children in care have complex, changing and unmet needs, and in circumstances where CSOs have high caseloads, the position of carer as a trusted and respected advocate can be critical to achieve positive outcomes for the child in care.

**For carers, 'good' looks like when:**

- They are able to advocate for the interests of the child, and this respected and acted upon
- Mature department culture that accepts advocacy, and staff do not feel like they are being challenged or criticised
- Requests from carers are acknowledged quickly, and decisions are made in a timely way
- Carers advocate with respectful tone, providing well-reasoned justification

**Ideas for change:**

- Deliberate change management process is progressed to achieve a new departmental culture within CSSOs, where advocacy is respected by CSOs as the carer acting in best interests of the child
- Clear and transparent decision making by CSO, with outcomes objectively reasoned
- Proactive departmental audits to assess whether plans and supports are up to date, to both support or prevent the need for carer advocacy
- The formation of a Carers Union for stronger, united advocacy
- Greater opportunity for carers to be involved in policy development and advocacy with FCQ.

### 13.16 Issues resolution

When discussing communication with the department and advocacy, carers described situations where relationships had become strained and serious issues had developed. In these cases, carers sought professional ways of resolving issues.

**For carers, 'good' looks like when:**

- All parties are professional in the recognition and resolution of issues
- There are agreed pathways for resolving issues
- The interests of the child are central to resolving issues

**Ideas for change:**

- Traffic light system to reflect status of relationship and issues arising
- Ability to change agencies and CSOs
- Taking all practical measures through open dialogue to avoid the necessity for QCAT and Office of the Ombudsman review and dispute resolution processes
- Floating meditation team to provide independent, specialist intervention
- Placement breakdowns
- When placements break down, the CSO and agency need to find out what was in place, or wasn't in place and how a plan could be implemented to support transition.

### 13.17 Child in care and education

Carers regularly observed that children in care face many challenges in schooling. Participants recognised that this created risks of disengagement from education, adding further risk factors for the child in care. Carers consistently sought education-related planning and support for children in care.

**For carers, 'good' is when:**

- There is tailored, child-specific education planning to create conditions for the child in care to achieve within the educational system
- Education needs analysis takes place early following entry into care, including developmental assessments and trauma
- Children have choices within the education system to attend a school that best meets their needs
- The school environment demonstrates care and respect for the child in care, with specialist support
- The child is not stigmatised in the way they are 'managed' through their schooling
- The child has every opportunity available to any other child

**Ideas for change:**

- Individual education planning to maintain engagement in schooling
- Dedicated learning support is available
- Sensitivity in case management, by not taking child out of school to attend appointments
- Teachers are trained on how to work with children who have experienced trauma
- Child care support when there are suspensions from school, when carer works during day
- Culturally appropriate day care if the child is suspended from school
- Flexibility on school attendance, and gradual return to school to build confidence
- Full-time guidance officer in schools where high numbers of child in care are enrolled
- Ability to place child in school that is best suited for child's needs
- Child's education history 'follows them' such as through KicBox and/or electronic information portal

### 13.18 Child in care and health system

Participants explained that children in care often have specific health-related needs because of their backgrounds, normal medical needs arising from general illness, or the onset of other issues over time, including mental health issues. Carers sought a range of improvements with their interface with the health system to benefit children in care.

**For carers, 'good' is when:**

- There is early, thorough and ongoing assessment of needs
- Child health passport is always available, and up to date
- Medical assessment and response is on demand and carers don't have to advocate for necessity
- Assessment isn't avoided because of funding concerns
- There is easy access to doctor, and no out of pocket expenses for carers
- Out of pocket expenses are reimbursed on time and without question
- Carers shouldn't have to wait in emergency to access general care
- Carers are advised in advance of pending medical appointments, so that appointments aren't missed
- Department accepts diagnosis and recommendations of medical specialists, and funds any support accordingly
- Improved coordination between agencies, including disability support sector
- Carer can collect medication and administer to child
- Immunisations are up-to-date
- Children in care have access to healthy food and are encouraged and able to exercise, including when on contact visits with biological family
- Careful and sensitive planning and placement continues following hospital births and planned placement into care

**Ideas for change:**

- Child health passport is always available and up to date through Kicbox of carer information portal
- A health navigator/coordinator position within child safety to organise all medical and health needs, and speed up access and action for children in care
- More streamlined access to Medicare for child in care/processes in relation to Medicare are streamlined and updated
- Medicare card is provided to carer as soon as practical

- Department is alerted to expiring Medicare cards and orders replacement cards
- Carer should be able to approve immunisation updates
- Carer should be able to collect medication and administer to child
- Healthy eating and exercise is encouraged during contact visits with biological family

### 13.19 Child in care and disability support

Participants explained that it is common for children in care to have disability or complex needs. Carers explained that they rely on support services to manage and maintain their placements.

Most participants expressed concern and uncertainty about the implications of the future roll-out of the NDIS. Participants sought support from the department as a 'trusted guide' through future changes. Carers sought assurances that current support would be continued until guaranteed cross over into NDIS for children with disability.

**For carers, 'good' is when:**

- There is early, thorough and ongoing assessment of disability and support needs
- Child health passport is always available, and up to date, including description of disability and support needs
- NDIS eligibility and approvals are clear and certain, well in advance of roll out
- Current support is continued until guaranteed and commensurate NDIS services are confirmed
- NDIS funding and support is 'wrapped around' the child, irrespective of change in care arrangements and location
- Future clarity of nominee and decision making within NDIA
- During placement, information provided, including within placement agreement, has full disclosure, including any known medical issues, disability, or specific care requirements

**Ideas for change:**

- NDIS transition is supported by department, so that the child and carer is not vulnerable within changing system
- CSNA continues until there is certainty of outcomes under NDIS
- HSNA and CSNA reviews are not undertaken to check whether funding can be withdrawn, particularly when there is permanent disability and ongoing need

### 13.20 Child in care and court system

Carers expressed a desire for more timely court outcomes that best suited the needs of the child, and created greater certainty for the child in care, carer and the department. Carers expressed their concern about child in care in being back to back short orders, which reduced certainty and stability for the child.

**For carers, 'good' is when:**

- Decisions are made in the best interests of the child, not always prioritising parent's interests over the child
- The onus on reunification is revised when there are poor prospects
- The child can influence outcomes, when old enough
- Carer can be involved and have a voice during deliberations, should they wish to.

**Ideas for change:**

- Reduce the number of children on interim orders
- Reduce the time duration of children on interim orders
- No delays in communicating outcomes and consequences to carers
- The carer has standing in court after 'a period of time' caring for child that is reflected in legislation.

## 13.21 Reunification efforts and parental contact

Participants recognised that reunification was a sensitive and complex policy area. Participants explained that approaches ought to be based on the specific family context and prospects for reunification, and ultimately the best interests of the child. Some carers did not agree that reunification should be the leading policy objective for children in care. Some carers reasoned that in some cases it was reasonable for all parties to seek eventual re-engagement and repaired relationships with family.

**For carers, 'good' is when:**

- Formalised assessment about parents' readiness to commence and sustain reunification
- Parents are helped to be in a better position to provide a safe and functional home, in which children can return to
- Home life is assessed for what it could be with further support, perhaps under NDIS model
- Functional communication and team work between carer and parents to assist with reunification, including spending time together to build bonds for child, if appropriate
- Reunification is viewed from the perspective of the child's best interests
- Reunification prospects are objectively assessed, and may not be best option for child
- Reunification takes place at a pace that suits the child, and with close liaison with the child, as appropriate
- Parents interests are not always paramount, if not in best interests of child
- Assessment is practical and from a precautionary principle: a beneficial and more realistic outcome may be to achieve repaired and healthy relationship over time, not reunification
- The department and sector abandons tolerance of "good enough" parenting when considering reunification
- When carer can help with the reunification through parenting guidance and information about the child that the parent may not know
- Discussions about reunification are not judgmental about parents
- During reunification planning or renewed contact, there is ongoing consideration of the child's readiness, including counselling
- Carer helps with transition after reunification, with respite as needed
- If reunification is achieved, the carer is advised on progress
- Carers understand their attachment, but act in the best interests of the child during reunification planning

**Ideas for change:**

- Department and government revisits the ultimate goal of promoting reunification
- Carer is informed of progress following reunification and is able to keep in contact, if appropriate
- During reunification planning there is greater consideration about the carer and carer's family attachment to the child
- Carers are able to provide respite to parents during reunification transition and following reunification, as an option for 'shared care'
- If reunification breaks down, the child has the option of returning to previous carer

- Where there are good prospects for reunification, children are placed with carers with interest and speciality in reunification.

## 13.22 Parent/family contact

Carers supported the principle and function of biological parent/family contact when in the best interests of the child. Many carers were keen for functional communication and nexus between the carer and parents, but not all carers thought this was possible, or should be expected of carers. Some carers saw benefit in assisting with child-parent contact visits as a practical way of rebuilding family bonds. Most participants wanted role clarity and not over-reach of carer responsibilities for contact logistics or management.

**For carers, 'good' for the child is when:**

- The child wants to spend time with their biological family
- The contact helps their engagement and relationship with siblings and other family, and helps with their sense of identity
- The meeting place is safe and clean
- The contact will not lead/is unlikely to lead re-traumatisation
- No criminal activity is likely
- The contact fits in well with carer and carer family
- There are healthy eating habits during contact time

**In addition, for carers 'good' is when:**

- Contact is beneficial for the child and assists reunification
- Family contact includes parents, siblings and extended family
- Contact time is negotiated that is convenient for carers
- The roles of the parent, carer, agency and department are clear in contact management
- The department is clear about what support they will provide, and agency may also assist too
- Carer does not obstruct safe family contact
- Carer can be involved in contact visit if they wish, acting as part of an extended family
- Departmental transport arrives on time and provided by someone known to the child
- If the carer is transporting the child, the cost of fuel is reimbursed
- CSO/department does assume carer should transport child
- Departmental transport is always arranged when the parents are likely to be aggressive to carer/s
- Contact is well planned and resourced for complex cases, such as parents living interstate
- Carer has support when the child returning from contact has regressed and is exhibiting difficult behaviours
- Department facilitates relationships between carer and biological parents to help parents better understand child, if appropriate
- Family contact becomes an opportunity for parents to learn better parenting skills
- Contact venue is selected that is neutral and safe
- Opportunities are offered that allow for parent participation such as at sporting and music events
- Carer is not expected to supervise child's contact with biological parents/family
- Contact during school holidays is planned and considerate of carer family – could be a good time for contact, or less convenient depending on circumstances
- Parents are updated about child's progress and wellbeing outside of contact times
- Carer home addresses remains confidential for the safety of the child and family
- CSO debriefs with parent, child and carer about contact experience

**Ideas for change:**

- Contact times are negotiated and set through consultation with carers
- Contact planning is discussed in care team meetings, with carer involvement to discuss practicalities of timing and transport
- Transport is arranged for parents or information about public transport services, if needed
- Kinship carers are supported with parental contact as needed and are not expected to manage all parental contact, without assuming no support is needed
- Department or agency opens weekend contact centres
- Carers can support contact process through transportation and communication, if they are comfortable to do so
- Carers have contact details of someone safe in the family, if involved in contact management
- More guidance for parents – limit time on phone, no gambling, help with homework, read books together, play together, sport etc.
- More structured de-briefing on contact, especially if it is a negative experience or there was an incident
- Youth workers attend carer's home following contact to help with transition and to help respond to behavioural issues that can occur after contact
- Well planned and structured contact planning when reunification is being progressed
- More regular family group meetings to help with other contact and reunification
- Carers support meetings with a special bag of items from child's life such as photographs, cooking, art etc. to help with relationship formation
- Communication book between the carer and parent that the child can take for visits
- Keeping a diary which captures milestones, key moments, and achievements

## 13.23 Family group meetings

The role of family group meetings was seen as an important part of healing and creating child-centred planning and care. Participants explained that these meetings should be inclusive and as frequent as possible or needed.

**For carers, 'good' is when:**

- Kinship carers are prioritised to attend
- Time and venue suits kinship carers
- A venue is selected that is neutral and suits harmonious and confidential discussions
- People who are relevant to care should attend, case plan development to be discussed
- Independent family group convenors manage meetings, which can be especially important in Aboriginal and Torres Strait Islander extended families and kinship care circumstances

## 13.24 Experience for Aboriginal carers and Aboriginal kinship carers

Participants identifying as Aboriginal eople attended and participated at several workshops. As Aboriginal children were identified as over-represented in the child care system, many participants expressed their concern and aspiration for this to reduce and for these children in care to have positive experiences.

**For Aboriginal carers and kinship carers, 'good' is when:**

- We are 'all walking together', and the child safety system 'is not done to you'

- There are more culturally appropriate places to meet, and culturally appropriate processes and consultation
- Greater integration across 'the mob' so that child in care retain sense of identity and culture
- Fewer Aboriginal children in non-Aboriginal homes
- More effective intervention for family stability to avoid another 'stolen generation'
- Biological and family contact is managed, when not in kinship care, and also when in kinship care
- Positive and healing family group meetings
- School attendance is strong, with appropriate supports including culturally appropriate liaison within schools

**Ideas for change:**

- More indigenous staff/liaison that Aboriginal children feel culturally safe with
- More indigenous carers
- Programs and pathways for Aboriginal children in care to connect with their culture.
- CSOs need to know the Aboriginal child in care very well - the child should not feel they are with strangers
- Keep siblings together if possible
- Kinship is mapped
- Children can stay in community longer
- Tribal adoption as an option
- More strategies when kids wander off, and support for carers who become distressed when this happens
- More training for non-Aboriginal carers on culturally appropriate strategies
- Foster carers have detailed child information forms (CIF) with culturally specific information

### 13.25 Siblings in care

Participants discussed circumstances where siblings are in care, and ways to make this experience beneficial for siblings and their extended family.

**For carers, 'good' is when:**

- The carer understandings family structure, including whether the child in care has siblings
- Siblings can remain together if possible
- Sibling contact takes place to build and maintain kinship and identity
- Sibling matters are discussed in family group meetings, involving carers
- Coordinated sibling contact visits if siblings are in living in different places

**Ideas for change:**

- Siblings are able to visit and stay over
- Expected sibling contact is included in Placement Agreement and Care Plan
- CSSO support for travel to visit siblings, including when they live interstate.

## 13.26 Transitions during placements

Various transition scenarios were discussed, including the transition of CSOs, and transition of placements between carers. Discussion centred on how to provide continuity of care during transition, recognising that change is constant and inevitable. Overall, participants were seeking better, more 'warmer' transitions that we were much more considerate of children in care and carers.

**For carers, 'good' looks like:**

- Effective communication and information transfer during transitions
- Thorough and effective handovers between CSOs, and the carer is advised when the handover has been completed and the new CSO can be contacted
- A new CSO takes a fresh look at case management and looks for improvements
- At time of transition, placement and care plans are complete, up-to-date, and resourced as needed and resources are not time limited
- Specialist transition from care CSOs with lower caseloads to offer intensive support
- At completion of placement a full debrief with the carer to take place, with carer feedback included on the file, and a gradual handover and transition where possible

**Ideas for change:**

- Early, advance notice of change of CSO or other staff changes, and time invested to manage transitions as best as possible
- 'Warmer', better-managed transitions, where time is taken for all parties to manage the change and reduce impacts
- Exit interviews are always undertaken and any learnings shared and influential in ongoing department practice

Transition planning needs to be better across many phases – transition from independence, transition between placements, with the right timelines so that distress is minimised for the child and carer
Joint exit interviews to occur with a handover and transition

- Carer helps with transition after reunification, with respite as needed

**Ideas for change:**

- Carers are able to provide respite to parents during reunification transition and following reunification, as an option for 'shared care'
- Youth workers attend carer's home following contact to help with transition and to help respond to behavioural issues that can occur after contact
- Better management of support of family contact – reduce transition and behaviour issues upon return to carer
- Increased involvement of carers around reunification – input into timeframes/planning/transition
- Transition when adult/ transition to independence

**For a carer and independent young person "good" is when:**

- Gradual, well planned transition, with support and referral wherever possible
- Specialist transition from CSOs with lower caseloads to offer intensive support
- Support continues as needed, e.g. with disability

## 13.27 Duration and types of placements

Participants advocated for more longer-term placements for children where reunification was not possible or likely. This provided the benefits of certainty and stability for the child in care. There was also discussion about whether LTGO carers should be further professionalised and remunerated as professional carers. Whether other siblings would eventually need care was a consideration in whether to seek or accept a LTGO placement. Carers expressed their concern about child in care in being back to back short orders, which reduced certainty and stability for the child.

**For carers, 'good' is when:**

- Children are not on back to back short orders/two year orders
- LTGO process is sped up to benefit child
- Biological parents are informed and involved in LGTO planning
- The child-parent reunification status is clear to all parties during LGTO agreements, and does not remain an expectation
- There is clarity for each carer as to expectations around parental contact when on LTGO
- Ongoing parental and family contact is facilitated
- Ongoing support and training for longer term carers, even when placement is usually stable and functioning well - not set and forget
- Annual LTGO reviews take place to assess status.

**Ideas for change:**

- Eventual cessation of two year orders
- If supervised contact is continuing following two years, then move to a LTGO or other more permanent care order
- Follow the UK approach: when a foster carer has cared for a child for one year there become three choices; the child can be reunified with their parents, the carer can become a long-term guardian or other, or the child can be adopted by the carer
- Orders reflect who the child considers to be their family, and involve the child in the decision
- Statement of services are available for long term placements, where carers can be more confident to agree to longer term commitment
- Long term placements are still eligible for respite, even when placement is going well
- Placement and care plans are up-to-date and reflect the changing needs of the young person as they move through developmental phases
- Support to continue after 18 years of age, particularly if ongoing needs and disability
- Option of taking a hyphenated name reflecting both care and birth family identity
- Siblings able to transfer to a LTGO at the same time
- Further carer training and guidance if willing to move to LTGO

## 13.28 Permanency and adoption

Related to discussion about the lengths of orders and placements, participants also discussed permanency and adoption. This was primarily framed around providing stability and certainty for the child in care.

**For carers, 'good' is when:**

- Permanency and adoption options are 'not off the table' and are flagged early as options
- 'Foster to adopt' pathways are easier and more explicit in Queensland
- Pathways to adopt child is progressed, if in the best interests of the child
- Parents and kin are closely involved in discussions about these options
- These matters are handled by senior CSOs with team leader support
- Parents rights are respected about adoption options into a non-kin/non-biological family
- Can be raised in family group meetings if/when appropriate
- Carers don't enter placements with expectations that they will or should be able to adopt

**Ideas for change:**

- Parents are advised of options from 18 months (or agreed expiry time) following ongoing care placement, and from this time there is pathway to adoption or more permanent arrangements to normalise life for the vulnerable child
- Need for federal consistency or federal coordination regarding adoption from foster care environment
- Siblings can be jointly adopted
- New CSO case workers understand all historic discussions and considerations, including consultation with parents and kin that may have preceded their involvement – good 'corporate memory'

### 13.29 Home visits

Carers described their experience of home visits by CSOs. Carers understood the need for home visits, they offered various perspectives.

**For carers 'good' is when:**

- CSO is respectful when visiting carer home
- Agency worker also attends and supports visit
- CSO expressed warmth towards child in care, and spends time with them to further develop bonds
- Visits aren't intended for 'disciplinary' purposes
- CSOs acknowledge other children in the home.

**Ideas for change:**

- Agency joins CSO home visits
- CSO visits are routine to build rapport with carer and child in care.

## 13.30 Role of respite and perspective of respite carers

The availability of respite, and the perspective of respite carers were common areas of discussion and consideration within workshop sessions. Carers and agencies sought more respite opportunities, particularly with demanding placements, or when caring for multiple children

**For a respite carer, 'good' is when:**

- When child is placed into respite, there is adequate notice provided to carers and full information about the child's background and needs
- Respite carers have the opportunity to be involved in care team discussions, especially if they are a regular carer
- Respite carers feel more engaged and part of the child's network of care
- Adequate training, along with refreshers
- Timely payments are processed.

**For a carer, 'good' is when:**

- Respite is available on request, without the need for a CSO to seek manager's approval
- Respite requests can be made with less justification
- Respite could be sourced and provided from carer's extended network
- Respite carers should not feel pressure to take care of a child in a permanent capacity
- Simplified provision of respite by family members
- Timely Authority to Care forms to be provide to regular respite carers
- More CSO liaison with respite carers
- CSO liaises with respite carer (CSO demonstrating active case management for children with challenging behaviours)

**Ideas for change:**

- More respite capacity, including in regional Queensland
- Kinship carers are eligible for respite
- Family member can provide short term respite, at short notice
- Department and sector encourage more people to become respite carers, with a different level of assessment, shorter training and approvals
- Greater promotion of respite care needs – ongoing recruitment
- Seek re-involvement of former foster carers or kinship carers
- Additional day respite support to be available at short notice when children in care are suspended from school
- More people are 'respite care ready' through blue care qualification, including units within university courses
- In-home respite as an alternative and complement, e.g. pyjama angels
- Long-term placements are still eligible for respite, even when placement is going well

## 13.31 Kinship care experiences and perspectives

Many kinship carers strongly advocated that the child safety system needed to better reflect the differences between foster and kinship carers. Some kinship carers felt there was insufficient recognition of their involuntary predicament to care for their kin later in life. In the experience of many kinship carers, there is a dominant focus on foster carer needs, which under-recognised the service, sacrifice and commitment of kinship carers.

Some kinship carers indicated they also needed access to respite. At times, they may need support with parent contact and support, depending on circumstances. Some kinship carers preferred that the department leave them alone, expecting they didn't need or want support or active engagement. Several kinship carers expressed that they preferred less routine contact, but are also able to have the option to seek and draw on support and services as needed.

**To kinship carers, 'good' is when:**

- Kinship carers are not judged based on their family circumstances
- There is empathy and respect for the plight of kinship carers, and for the sacrifice they need to make for their family and children
- Kinship carers have the option of drawing upon services, and having the confidence that they can call on support
- They can trust CSO with sensitive family information, including information about the child
- They can trust the CSO when they are having difficulty
- Support is available and offered for parent contact
- Financial and other support is well explained by knowledgeable CSOs
- They have greater autonomy in decision making, just like a parent
- Information is gathered from kinship carers if the child needs to move into general care

**Ideas for change:**

- Same training and support is available as provided to foster carers
- Kinship carers able to draw on services, but not have mandated contact
- Kinship care authorisation is relaxed to have more kinship carers available, particularly for Aboriginal families and within Aboriginal communities
- Blue card requirements should be reviewed for willing and capable kinship carers, or other ways found to assess suitability
- Access to parenting training without judgment
- Kinship carers have the same decision making rights as parents
- Kinship carers are supported in contact with parents if this is needed
- Promotion among kinship carers that they can also be general carers

### 13.32 Considerations of carer's family

Many carers explained the challenges of including a foster or kinship child within their family. While this was a challenge willingly accepted, carers are seeking greater consideration of the impacts of child safety processes upon their family.

**For carers, 'good' is when:**

- Information is providing during the placement process that enables the carer to consider and plan for potential impacts on their family
- There is greater consideration about the scheduling of home visits, medical appointments, parent/ family contact etc. through advance notice and consultation
- There is greater consideration of logistics when more than one child in care in same home
- The department considers the suitability of seeking to place additional children into same home

- The CSO doesn't expect the carer 'to drop everything' to fit in with scheduled contact visit
- Contact during school holidays is planned and considerate of the carer's family – could be a good time for contact or less convenient depending on circumstances
- Carer's address remains confidential for the safety of the child and their family

**Ideas for change:**

- Acknowledging the carer's circumstances when planning. For example children, job, specific plans and flexibility in planning
- Greater consideration of impact of decisions/lack of decisions on carer's own family – Christmas, Easter impacts on carers own time with family.

### 13.33 Standards of care

In some workshops 'standards of care' (SOC) processes, as applied by the department to specific carers, was discussed. Carers understood the necessity to provide good standards of care, and sought fairness and objectivity is triggers for this process, and subsequent assessment.

**For carers, 'good' is when:**

- The SOC is based on evidence, with discussions and negotiations before a SOC is issued
- Not treated as guilty before information exchange and discussion
- Limit SOC interventions until other measures have time to be undertaken
- More accountability from the department to the carer about SOC circumstances, not just one-way accountability

**Ideas for change:**

- The SOC process is not used as reprisal for advocacy or criticism, or resulting from a difficult relationship with a CSO
- SOC to be used as an opportunity to further develop carer's skills, as needed

### 13.34 Completion of placement

Carers discussed different scenarios that constitute the completion of a placement, including by mutual agreement with the department, or when the scheduled placement had been completed. This also included when a young person transitioned to independent living or was reunified with biological parents or kin, or the child in care was adopted.

**For the carer, 'good' is when:**

- A full debrief is undertaken with carer to assist future placements, if relevant
- Carer feedback to be included on file
- The handover is gradual and smooth wherever possible, and the pace of change is comfortable for the child

**Ideas for change:**

- There is no judgment about the reasons why the placement finished, and future opportunities are provided

- There is future opportunity to be informed of the child's/young person's progress
- The option is open to receive the child back under respite conditions, if favourable to all parties

### 13.35 Carer retention factors/exiting the system (anecdote from current carers)

Kinship carers, foster carers and respite carers consistently explained that they could see that the child safety system is under constant pressure, with ongoing demands to place vulnerable children into care. Carers understood that the sector needed to retain carers to maintain ready capacity for children in care and future children coming into the system.

**For carers, 'good' is when:**

- CSO and agencies identifies that a carer is under duress and at risk of disengagement, and offers support
- Exit interviews are always undertaken and any learnings shared and influential in ongoing departmental practice

**Ideas for change:**

- Review and implementation of the ideas for change proposed at the Partners in Care workshops to improve the overall care environment
- More respite for carers who are struggling with home circumstances
- More training to be able to respond to challenging behaviours, especially in teen years

### 13.36 Other findings and perspectives Miscellanous section – to be reviewed

- RE should be more visible
- Kicbox allows child in care to connect with each other, so that they benefit from connecting with young people who have been through or are going through similar situations
- OPG to be more independent
- Community visitor to have more power
- Social media management
- Sexual behaviour

## 14. Priority issues and opportunities for Government and FCQ

*To be discussed/ developed after submission of 1st draft*

# PARTNERS IN CARE

## DRAFT Engagement Report

## Version history

| Version | Author | Issue purpose | Date |
|---|---|---|---|
| V1 | GB/ consultant | Early draft only | 4-Aug-17 |
| V2 | GB/ consultant | Draft for limited internal distribution | 7-Aug-17 |
| V3 | GB/ consultant | Draft for limited internal distribution | 21-Aug-17 |
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## Executive summary

The Department of Communities, Child Safety, and Disability Services (the Department), supported by Foster Care Queensland (FCQ) undertook the 'Partners in Care' engagement program across mid-2017, consisting of 17 consultation sessions with carers, and other stakeholders across the foster and kinship care sector. The engagement, held in workshop format, provided the opportunity for the department to gather direct input from foster and kinship carers and foster care agencies across the State about ways to further enhance partnerships across the care sector.

In total, **410** foster and kinship carers and foster care agencies, attended the workshop series. The collective experience of foster and kinship carers contributed to highly informed discussions, based on over **1,800 years** of cumulative experience.

Facilitated discussions within the workshop were based on the known priorities of foster and kinship carers, as identified through various data sources such as the regular FCQ survey. Carers chose their preferred workshop topics, with the most regularly requested topics including:

- Your relationship with the department
- Making decisions about the child in your care
- Being part of the child care team
- Information you need to care for a child
- Permanent placement

The engagement program was designed to recognise priority interests, and position contribution towards practical solutions. In responding to key questions: "what does good look like?" and "what are your ideas for change?" carers provided numerous suggestions and solutions, with over **2,200 comments** recorded.

There were consistent outcomes from most sessions, despite the diversity of geographic locations. In response to selected topics and the structured questions, foster and kinship carers most commonly expressed the following aspirations:

- Thorough information is provided about the child when placed into care, particularly time-critical background such as medical issues and dietary needs
- A care plan is prepared for the child as soon as practical based on their specific circumstances and needs, (eg learning, health and disability support) and this is supported/ funded and a copy is provided to the carer
- Collegiate, mutually-respectful relationships between carers and Child Safety Services Offices (CSSOs) as the basis for good communication, in the interests of the child in care
- Timely and proactive communication between carers and CSSOs, with responsive return contact, consistent with the stated urgency of the request or issue
- Carer is able to contribute to decisions about the child in their care
- Carer is able to make everyday decisions about the child in their care, and able to make decisions during medical emergencies
- Carer routines and home circumstances are considered in case management planning, such as when family contact and medical appointments are scheduled
- Reduced numbers of children on short term orders, and more home stability and certainty for young people
- Kinship carer differences are understood, with specific frequency of communication and support arrangements, as preferred by the kinship carer.

Attendees noted that most aspirations were current intents, and applied in some circumstances, but in their experience this was not consistent.

Attendees and FCQ understood that the department would receive a report that collated the feedback, and following consideration, the department would make a response. Regions also undertook to consider and begin to implement initiatives following local workshops.

## 1. Purpose and timing of engagement

The Department of Communities, Child Safety, and Disability Services (the Department), supported by Foster Care Queensland (FCQ) implemented the Partners in Care engagement program across mid-2017, consisting of 17 consultation sessions with carers, and other stakeholders in the foster and kinship care community.

The engagement, held in workshop format, provided the opportunity for the department to gather direct input from foster and kinship carers and foster care agencies across the State about ways to further enhance partnerships across the care sector.

The workshops were normally 2-3 hours in duration, independently facilitated, with senior Departmental personnel in attendance to hear directly from carers about their care experience and relationship with the Department. The program commenced with a Partners in Care session at the 2017 Foster and Kinship Care Conference in late April 2017 and concluded in late June 2017.

The engagement is intended to inform future state-wide and local actions plans, along with implementation of initiatives to directly improve the care environment for children in out-of-home care, and their foster and kinship carers. This report includes many 'ideas for change' from carers for the Department to consider and make future response to.

The objectives of the Partners in Care engagement program were to:

- consider issues raised from previous engagement in more detail to identify practical solutions for implementation to further improve the care environment for children in out-of-home care, and their foster and kinship carers.
- engage foster and kinship carers to further define their preferred role as a member of a 'care team', working collaboratively to support the safety, belonging and wellbeing of children in family based care.
- engage foster and kinship carers to help shape their relationship with the Department
- recognise the importance and dedication of carers as a valued member of care teams.

## 2. Engagement context

A priority for the Department and FCQ was to progress solutions to various issues and opportunities, as identified through other engagement with the sector.

The Queensland foster and kinship care community has undergone significant reform and change with numerous reviews, along with ongoing stakeholder engagement and consultation. Recent and ongoing consultation activities include:

- Engagement at the Foster and Kinship Carer Week Conference 2016
- Exit carer surveys from Foster Care Queensland
- 2016 biennial online survey of carers
- KicBox engagement
- KPMG project on the health and wellbeing of children in care
- Priority Access Project – Foster Care Queensland
- 'Working Together to Care for Kids – The survey of Foster and Kinship Carers from the Australia Institute of Family Studies and the Department of Social Services (Commonwealth Government).

The Partners in Care engagement program built from earlier engagement and the known issues and priorities of foster and kinship carer. This was reflected in the discussion topics nominated by the

Department and FCQ at the workshops. By focusing on known carer priorities, the workshops were designed to specify further changes to improve the care environment and relationships.

In undertaking this engagement, the Department recognised the need for positive conditions around the recruitment and retention of foster and kinship carers, with ongoing demand for foster and kinship placements. Through this engagement the Department is seeking to support conditions whereby more people will be interested and willing to become carers, and existing carers continue to provide out of home care for vulnerable children.

## 3. Stakeholders and roles within the engagement process

**Key stakeholders involved**

The key stakeholders targeted for engagement and participation within the Partners in Care workshops included:

1. Foster and kinship carers
2. Respite carers
3. Foster care agencies
4. Foster Care Queensland

## 4. Role and limitations of this report

The purpose of this report is to extend upon the findings of a range of consultation sources to identify and nominate priority actions to improve the care environment for foster and kinship carers.

This report has been drafted by The Comms Team, an independent, specialist stakeholder engagement agency, who led the facilitation of the Partners in Care workshops. The report records the rich anecdotal input of carers as provided at the 17 state-wide workshops. The consultant has coded and organised input as provided from the workshops, and the Department and FCQ will further interpret the findings to nominate key actions for implementation.

### Reliability of findings

The consultation team considers that the collected data has a high level of reliability and validity. This confidence is based on the amount of data collected, years of cumulative care experience, key stakeholder representation, and the consistency of the responses provided by participants. In total the 17 state-wide sessions were attended by 410 participants, with 1,831 years of care experience.

Some of the reliability indicators and factors include:

- large sample set
- high proportion of key stakeholder sets involved (predominately carers)
- large rich anecdotal set (over 2,200 items of data collected over 18 sessions involving 410 participants)
- highly consistent subject themes from multiple locations, over several weeks
- anecdotal information appeared not be influenced by external factors such as media publicity and political announcements
- limited disparity of data received (very limited outlying or unique comments)
- highly aware and informed audience
- high degree of engagement with subject
- comments recorded immediately by subject matter experts.

There are some sample strengths and limitations, which should be noted, but do not detract from overall reliability in the view of the authors. More women than men participated by a ratio of approximately 8:1. It is also known that most lead carers in the family tend to be women, which is represented as a strength of the sample. Based on the consistency of responses among male and female participants, there is no indication that gender generated bias within the sample.

FCQ and the Department identified that the apparent age of attendees accorded with the carer age profile, with representation of carers from approximately aged 30, with most carers aged between 40-55 years. There was representation of more senior, very experienced carers, including kinship carers. There is no indication that the age range and proportion generated bias within the sample. There was also a mix of foster and kinship carers to assist a balance of views.

The sample was largely self-selecting, with some attendees registered by foster care agencies and encouraged to attend. As most groups identified positives and negatives within their care experience, it is unlikely that the findings are biased in terms of attendee sentiment.

There was also a small sample of Aboriginal attendees, however this small sample provided valued input on the circumstances and expectations of Aboriginal communities and carers. (Editorial note: to be extended with more input).

**Data analysis**

Conventional qualitative data analysis methods were applied, by designing themes and codes following the collection and review of anecdotal data. These themes, listed at **Section 13**, provided the structure to tabulate the most common perspectives on foster and kinship carers experience.

## 5. Engagement format

[Editorial note: This section will be extended in v2.] In accordance with the Department's standards for engagement, the International Association of Public Participation (IAP2) framework has been applied to the Partners in Care engagement. IAP2 is an internationally recognised model of values and best practices for involving the public in decisions making processes.

Reflecting the Department's commitment to working with foster carers and key partners to deliver the best care for children and identify solutions to challenges, a collaborative level of engagement was implemented.

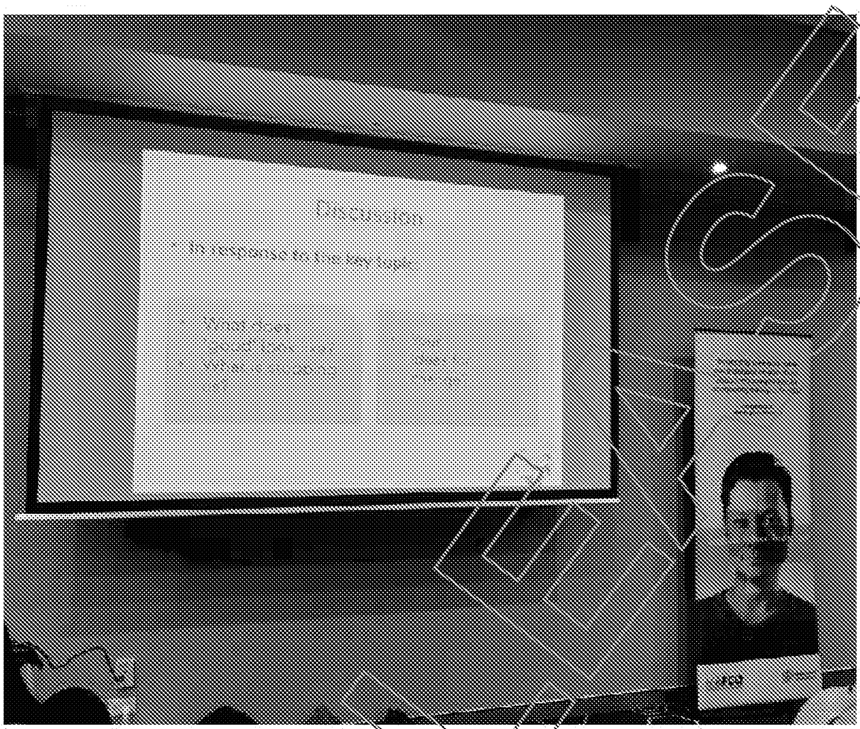
Face-to-face workshops were undertaken in key population centres (across XX the Departmental regions), enabling the highest proportion of foster and kinship carers to attend. Day time and evening session were offered to maximise attendance, with child care provided where required.

Workshops ran for 1.5 – 2.5 hours with between five (5) and 50 attendees. Extend methodology.

Representatives from foster care agencies, local to each region, attended the session to offer support to the lead facilitator.

The Department provided facilitators for each group discussion. Each table facilitator recorded the group's feedback on the topic, with the discussion framed around three questions:

- What does good look like?
- What is stopping us?
- Your ideas for change?



**Workshop reporting:** Table facilitators reported their findings to the entire workshop group within the session, ensuring what had been captured was an accurate reflection of the participant's feedback. Table facilitators regularly checked with participants that they had provided accurate and inclusive feedback.

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## 6. Engagement program

The following workshops were held across Queensland over a ten-week period, between Monday 29 May and Friday 21 July.

| Workshop location | Date |
|---|---|
| **Cairns (Foster and kinship carer conference)** | Sunday 30 April |
| **Ipswich** | Monday 29 May |
| **Lake Kawana** | Friday 2 June |
| **Cairns** | Tuesday 6 June |
| | Tuesday 6 June |
| **Townsville** | Thursday 8 June |
| | Thursday 8 June |
| **Mackay** | Monday 12 June |
| **Rockhampton** | Wednesday 14 June |
| **Logan** | Tuesday 20 June |
| | Tuesday 20 June |
| **Maryborough** | Thursday 13 July |
| **Mt Isa** | Monday 17 July |
| **Mt Gravatt** | Wednesday 19 July |
| | Wednesday 19 July |
| **Nerang** | Thursday 20 July |
| | Friday 21 July |

*Table 1 – workshop schedule*

## 7. Partners in care participants and roles

The following project stakeholders participated in the partners in care engagement program, relative to their individual roles.

### 7.1 Foster and kinship carers

Foster and kinship carers are those people and families that provide family-based care; offering safe, caring homes for children and young people who are unable to live with their own families.

The participation of foster and kinship carers in the Partners in Care workshops was vital to ensuring the outcomes accurately reflected the experiences of carers. The workshops were centred on ensuring foster and kinship carers could discuss topics that were of interest/relevant to their experiences as carers.

### 7.2 Department of Communities, Child Safety and Disability Services

Within the Department of Communities, Child Safety and Disability Services, Child Safety Services (CSS) is the Queensland Government agency for child protection and adoption services.

CSS is dedicated to protecting children and young people from harm, or who are at risk of harm, and whose parents cannot provide adequate care or protection for them.

CSS work closely with non-government and government partners in the delivery of child protection services across Queensland.

The Department and CSS were responsible for the management and delivery of the Partners in Care workshops across Queensland. In addition to providing the necessary staffing support for workshops, the Department and CSS have compiled, reviewed and assessed the outcomes of the workshops to prepare an action plan.

### 7.3 Foster Care Queensland

Foster Care Queensland (FCQ) is a government funded organisation, the membership of which is open to all foster, kinship and provisionally approved carers, supporters with associate membership open to organisations.

FCQ partnered with the Department to conduct the Partners in Care workshops across Queensland following a FCQ survey undertaken in 2016. The FCQ survey found XXX and became a key reference for the program.

In addition to attending, promoting and recruiting carers to the workshops, FCQ has endorsed the program and is working closely with the Department to determine the actions based on the feedback provided at workshops.

### 7.4 Foster care agencies

Alongside peak bodies and advocacy groups, community foster care agencies play a key role in providing foster care related services throughout Queensland. They provide a range of shared family care services, relating to:

- foster carer recruitment
- foster carer training
- foster carer support
- placement of children and young people in foster care
- other child protection support services.

Foster care agencies were instrumental in promoting the workshops and recruiting attendees to the relevant regional sessions. Agency staff also attended the workshops to support carers and share their own input, experiences and feedback.

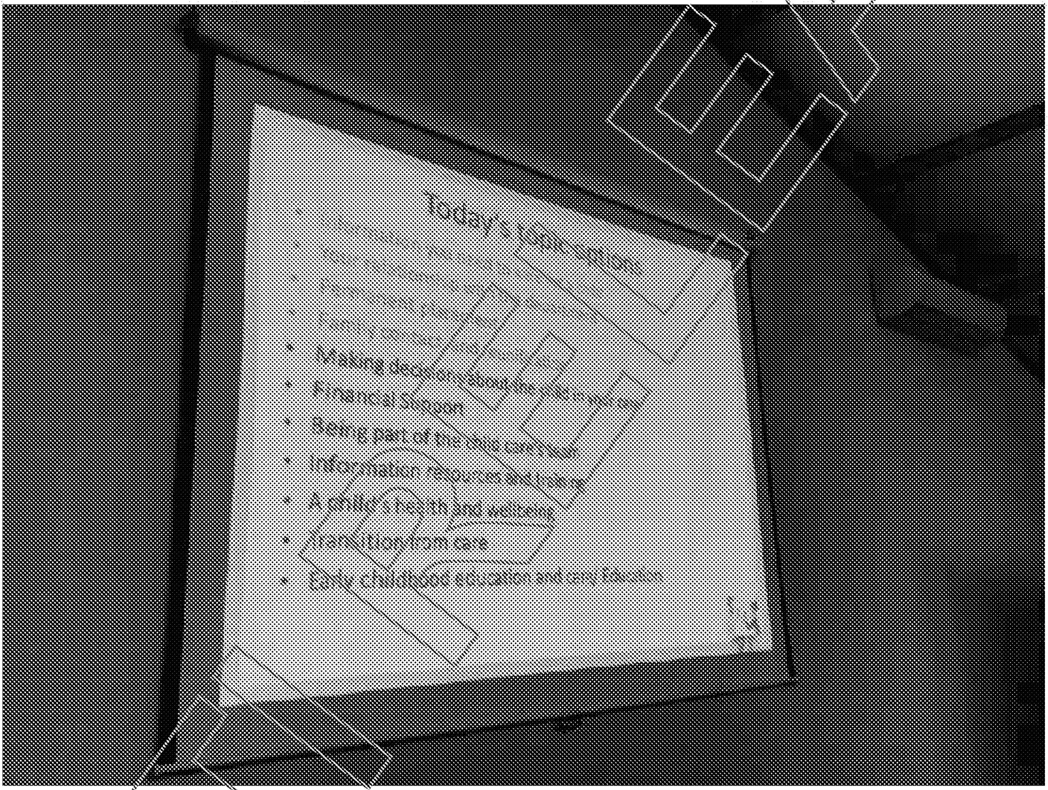
## 8. Participation profile

GB to insert

## 9. Key topics offered and selected

Foster and kinship carers selected topics for discussion from a list of 12 possible topics. Topics were developed based on the feedback provided in recent consultations activities. (see Section 4 – Context of engagement). Workshop topics are listed below.

1. Information you need to care for a child
2. Your relationship with the Department
3. Being part of the child's care team
4. Training information resources
5. Financial support
6. Making decisions about the child in your care
7. Family contact and reunification
8. Permanent placement
9. The child's health and wellbeing
10. Early childhood education and care
11. Education
12. Transition from care.



Today's topic selection

- Making decisions about the child in your care
- Financial Support
- Being part of the child care team
- Information resources and training
- A child's health and wellbeing
- Transition from care
- Early childhood education and care; Education

Based on the above options, foster and kinship carers discussed the following topics at the relevant workshops detailed below. Some workshops included multiple tables discussing the same topic. This is indicated in the table below against the relevant topics.

| Workshop location | Date | Topics |
|---|---|---|
| **Ipswich** | Monday 29 May | • Financial support<br>• Information you need to care for a child<br>• Making decisions about the child in your care<br>• Your relationship with the department<br>• Being part of the child care team |
| **Kawana** | Friday 2 June | • Making decision about the child in your care<br>• Financial support<br>• Your relationship with the department (x 2)<br>• Permanent placement<br>• Being part of the child care team |
| **Cairns** | Tuesday 6 June (AM) | • Information you need to care for a child<br>• Making decisions about the child in your care<br>• Your relationship with the department<br>• Being part of the child care team |
|  | Tuesday 6 June (PM) | • Being part of the child care team<br>• Information you need to care for a child |
| **Townsville** | Thursday 8 June | • Your relationship with the department (x3)<br>• Information you need to care for a child |
|  | Thursday 8 June | • Making decisions about the child in your care<br>• Financial support |
| **Mackay** | Monday 12 June | • Your relationship with the department<br>• Information you need to care for a child<br>• Family contact and reunification |
| **Rockhampton** | Wednesday 14 June | • Your relationship with the department (x2)<br>• Being part of the child care team |
| **Logan** | Tuesday 20 June (AM) | • Your relationship with the department<br>• Making decisions about the child in your care<br>• Information you need to care for a child<br>• Being part of the child's care team<br>• Permanent placement |
|  | Tuesday 20 June (PM) | • Your relationship with the department (x2)<br>• Making decisions about the child in your care<br>• Information you need to care for a child |
| **Maryborough** | Thursday 13 July | • Information you need to care for a child<br>• Making decisions about the child in your care<br>• Permanent placement<br>• Your relationship with the department |
| **Mt Isa** | Monday 17 July | • Being part of the care team<br>• Transition from care<br>• Making decisions about the child in your care<br>• Information you need to care for a child<br>• Your relationship with the department<br>• Financial support |
| **Mt Gravatt** | Wednesday 19 July (AM) | • Being part of the child care team<br>• Your relationship with the department (x2)<br>• Financial support<br>• Permanent placement<br>• Information you need to care for a child<br>• Family contact and reunification |
|  | Wednesday 19 July (PM) | • Family contact and reunification<br>• Information you need to care for a child<br>• Your relationship with the department (x2) |
| **Nerang** | Thursday 20 July | • Being part of the child care team<br>• Permanent placement<br>• Financial support<br>• Your relationship with the department |
|  | Friday 21 July | • Your relationship with the department<br>• Information you need to care for a child<br>• Family contact and reunification<br>• Being part of a child care team<br>• Making decisions about the child in your care |

## 10. Record keeping and role of department

To be included

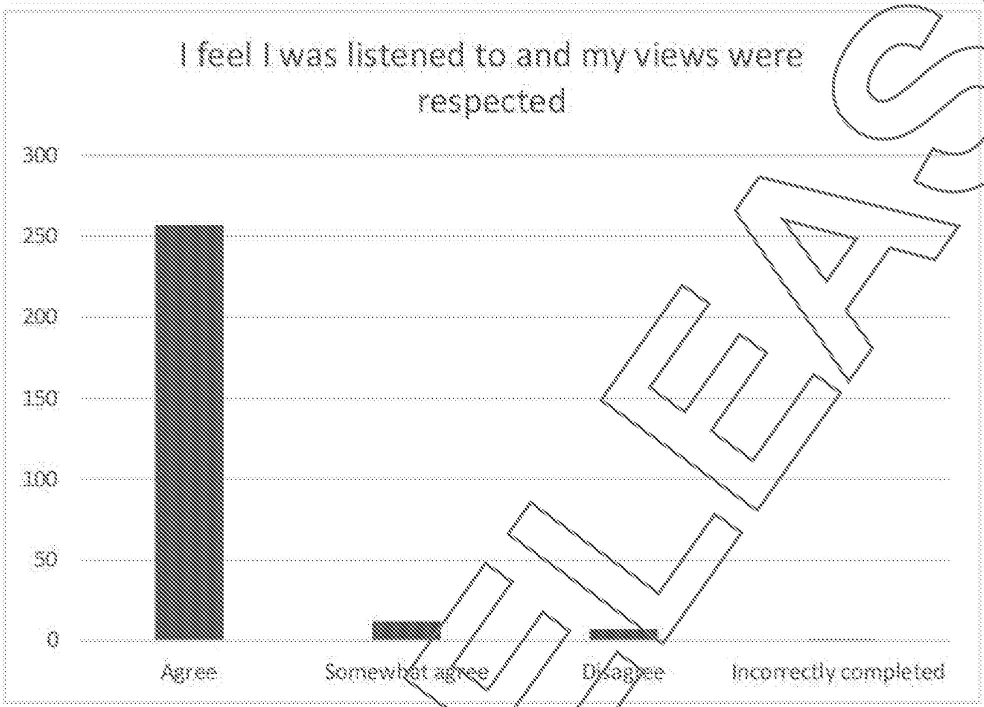
## 11. Role of local/regional reporting and action plans (with local reports/actions attached)

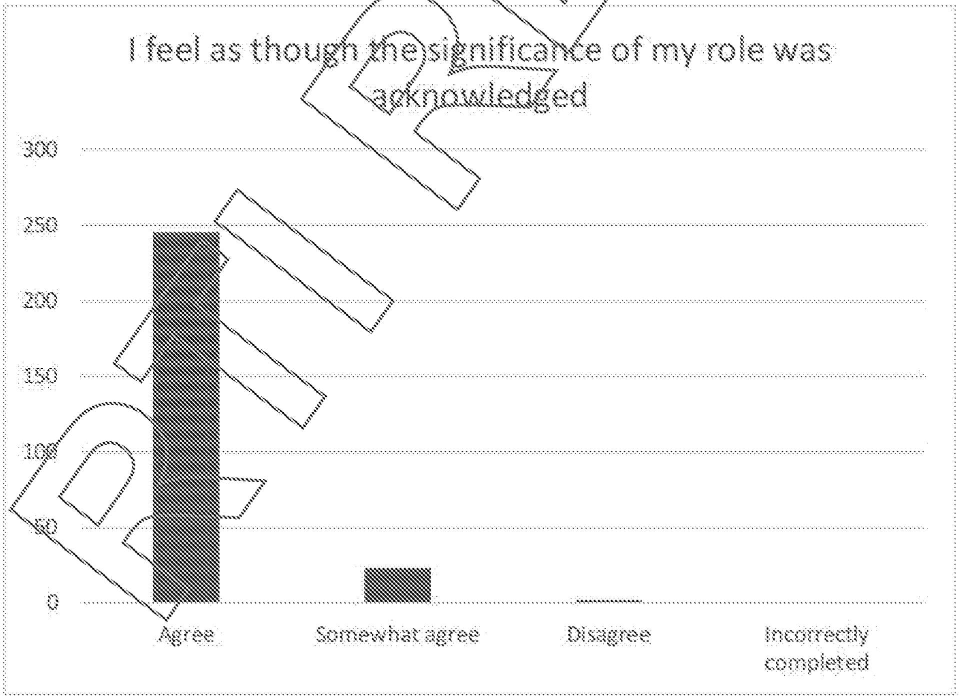
To be included

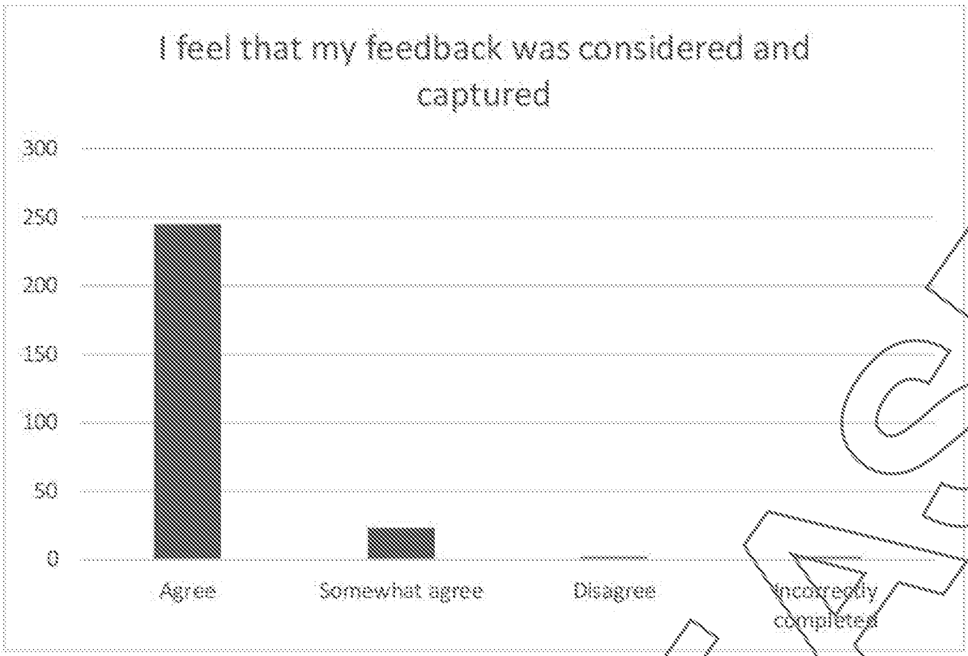
## 12. Participant feedback and satisfaction with engagement process and program

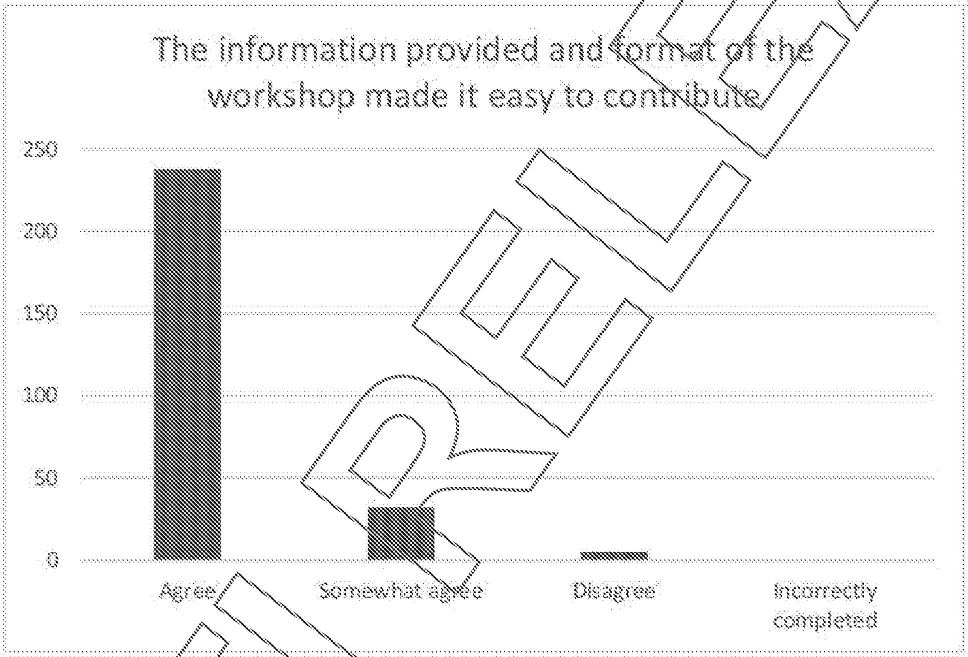
Following each workshop, participants were asked to complete a short satisfaction survey. The outcomes of each workshop were reported on, noting any comments or recommendations for consideration at upcoming workshops.

The findings from the 270 satisfaction surveys received are detailed below.









The feedback received was overwhelmingly positive, with 93 percent of participants indicating they felt listened to and that their views were respected.

Of all participants, 91 percent also felt their input within the session would be considered and that the significance of their role was acknowledged.

Participants were also satisfied with the information provided at the workshop with 86 percent agreeing the information and format of the workshop made it easy to contribute.

Following is an overview of the feedback provided:

Positive feedback was received on the format. Participants indicated small group discussions provided a good format, as was the option to discuss a range of topics. Other feedback from the sessions included:

- "The 'parking lot' worked well and the visual display of ideas"
- "The facilitator was keen to hear and record the information"
- "The format allowed everyone to contribute"
- "Loved a facilitator at the table"
- "Hearing the overview of the meeting was very worthwhile"
- "Enthusiastic acceptance of ideas and suggestions"
- "This was an excellent opportunity; especially as senior departmental staff were available. Very worthwhile"
- "Was a wonderful, non-confrontational forum. Loved having a facilitator at the table.

Participants expressed appreciation for the opportunity to be involved in the program, with feedback including, "being invited, having ideas heard makes people feel respected and acknowledged" and "it was evident that the views of carers were noted".

- "Very pleased my views were heard. A constructive and positive group. Well done"
- "Enjoyed the forum, was listened to and opinions respected"
- "It was great to work together to get a better service for our children in need"
- "Thank you for the opportunity to have a say"
- "I was part of a fantastic table of carers, agency staff and department staff - would make an awesome care team"
- "A very helpful workshop. Very supportive, great ideas!"
- "Very glad that foster carer feedback was prioritised"

Participants were also keen to be further involved and understand the outcomes of the program and how it will influence change. With one participant stating:

- "I really hope that what is discussed here is taken on board and put into practice".
- "Looking forward to seeing the outcomes put into place"
- "Looking forward to an overall result of the purpose for change to improve areas for foster care"
- "I think this needs to be regular and ongoing. Great to be able to discuss and hear different perspectives."

Participants also suggested more time could have been allocated to discuss each of the topics. This was noted at the outset of the program; however, the workshop format was developed to maximise input while being considerate of participant's time.

Other notable written feedback provided on the forms included:

- Introduction of a regional newsletter/ directory of who's who
- Standardisation of policy and procedures between offices and regions
- Opportunity for carers to have more input in decision making
- Appoint a HSNA/ CSNA specialist for each region
- I would have liked to be able to answer questions or make comment on each topic. Maybe a survey.
- Venue was too noisy and it was hard to hear
- Great having a cross section of people from different areas – agency, carers and departmental staff
- A forum or even where carers are able to share experiences would be beneficial

- Ran out of time to discuss complex/high care needs and permanent care
- I would have liked to talk to other tables to provide comment on other questions being discussed but appreciate time was limited
- It was frustrating to hear suggestions to bring about change, and to hear they are happening in other regions already, but good to move in that direction
- I think people found it too easy to get booged down by their negative experiences without actually putting forward/brainstorming solutions.

Participants at the **Ipswich** workshop, as an example, agreed they felt listened to and valued, with feedback including:

- "Everything on our table suggested was written down and discussed"
- "Everyone in our group had their say and it was a passionate discussion we all agreed on what was said"
- "Whole-heartedly agree that I was listened to."
- "I felt valued here"
- "This was an excellent opportunity, especially as senior department staff were available. Very worthwhile"
- "Was a wonderful, non-confrontational forum. "I felt carers were genuinely respected today in this process"
- "This was the first time I feel we were listened to"
- "This needs to be regular and ongoing. Great to be able to discuss and hear different perspectives"
- "Very safe environment to contribute and give constructive feedback"
- "Enthusiastic acceptance of ideas and suggestions"

## 13. Key findings

Over 2,200 data items were recorded from the Partners in Care workshops, providing a rich, detailed anecdotal account of the Queensland foster and kinship care experience, as at mid-2017.

Discussion was framed around selected topics and set questions posed by session facilitators (refer to sections 9 and 10, above). Participant responses to selected topics and questions were recorded by session 'scribes', along with all comment provided during feedback discussions. This was coded into common themes.

Engagement findings follow, based on the common themes arising from participant feedback across their 'journey' as a carer. Themes are organised in approximate sequence from placement, experiences with a child in care, through to transition of children out of care. [Editorial note – to be illustrated through a graphic.]

Include theme list (from below)

***NOTE:** The majority of findings are presented from the perspectives of the carer.*

Findings are presented as provided by participants, without interpretation. The intention of this report is to provide client stakeholders with direct feedback from carer 'constituents'. Some findings are general and non-specific, and appear to need further interpretation and consultation before defining and agreeing actions.

### 13.1 Carer recruitment and training for placement readiness

Throughout the workshops carers described their experience during their recruitment phase into foster care and their experience during early placements. Carers emphasised the need to be informed about the demands of foster care and levels of support to expect. Kinship carers generally provided less information on this subject as they felt more obligated to provide care for their extended family. However, some kinship carers also provided foster care or had association with foster carers, sometimes in a respite relationship, and provided comment on carer recruitment.

**For carers "good" looks like:**

- Carers understand the commitment needed and challenges they will face when becoming a foster carer
- Carers are well trained and are assisted to navigate through Departmental and sector systems
- Carers reconcile their personal values and beliefs with what is expected as a foster carer

**Ideas for change:**

- More trials for prospective carers through respite placements before taking on full time carer responsibilities
- More intensive and structured support by the Department and agency when a carer begins their first and early care placements
- Following the initial placement meeting, a follow up meeting takes place no later than the first quarter
- More standards of care training provided before first placement
- Department and Child Safety Officer (CSO) doesn't assume carer knows how to navigate systems following training, and checks carer's confidence and understanding

- Kinship carers can undertake the same training as foster carers, if they need or wish
- CSOs check that carers understand any additional requirements to care for child, and provide specific training for carers on systems and support
- Limiting respite in early months so that carer conditions themselves to 'stick at it' – but this depends on individual circumstances
- Orientation pack/better orientation pack to be provided at commencement of placement
- Providing all support information that is available, such as the foster carer handbook and child safety practice manual, supported with ongoing training
- Training is more professionalised, say at TAFE certificate level
- Early training needs to include 'module 5' - promoting positive behaviours, especially as most children will have experienced trauma
- Online training as an option
- The permanent "My Home" care initiative may attract more carers
- Role of FCQ is explained, and carer is required to provide contact details to FCQ
- Carers have first aid training
- Placements need to account for religious and cultural context for child and carer
- Consideration about use of the term 'placement', as it sounds administrative and not about the care of a vulnerable child.

### 13.2 Interface with foster carer agencies

Discussions took place about the roles of foster care agencies and the carer's experience with agencies. Agency workers also attended and contributed to discussions. The outcomes are as follows:

**For carers, "good" is when:**

- The agency provides great support, when the relationship with the Department is difficult
- Agency should be a stronger advocate for carer and child
- There are customised placements
- Agency assists and takes over placement agreements to allow for the CSO and/or Child Safety Service Office (CSSO) to take on a more managerial role
- Devolved administration to agencies
- Consistent understanding of the role and services provided by the foster carer agency
- Agencies receive training on relationship formation with children
- Reminders about training and what carers have RSVP'd to attend

**Ideas for change:**

- Carer liaises with agency to seek any missing information
- Agencies can provide leadership and new energy to care team meetings
- Agency has authority for financial delegations
- Agencies provide information on available peer networks, such as Facebook groups and events
- Carers being able to choose their preferred agency
- Carers being able to change the agency if the relationship isn't working out
- Greater role clarity between the Department – agency – carer – other services – Foster Care Queensland

### 13.3 Placement experience and information provision

Participants provided their perspectives and experiences of the placement of children into their care. Carers hold the aspiration that a child in care has the same opportunities as an any child in a nurturing family, and there is no difference between a child in care and a child within a functioning family environment. To help meet this aspiration, carers expect appropriate lead times for placement requests, sufficient information about the child (e.g. Child Information Form (CIF)) at the point of placement and essential paperwork such as the 'Authority to Care (ATC)'.

Carers explained in their experience, the Departmental priority was to place a child into a safe environment. Carers understood this priority particularly under emergency and crisis situations, but also expected that information and plans would shortly follow.

Some carers also explained that because of demand on the child safety system, there can be expectation to accept more children into the carers' home where there may be capacity. There can also be expectations on some respite carers to take children on an ongoing or full time basis.

**For carers, "good" is when:**

- Providing all essential information to allow the carer to make an informed decision as to whether they can manage the placement
- All required information is provided when the child is placed into care, including full name, age, birth certificate, schooling, family background, siblings, medication, disability, illness, infections, ongoing appointments, e.g. medical, counselling etc.
- When infants are placed, information is provided about whether there has been breastfeeding, readiness for bottle feeding, and whether there are drug and alcohol detox issues
- The information provided, including within placement agreement, has full disclosure, including any known medical issues, disability, or specific care requirements – to ensure the carer knows as much as the department knows
- Information allows the carer to consider and plan for potential impacts on their biological family
- Information includes details on extended family to understand interface, such as whether relatives and siblings are at the same school
- Placement request respects carers family situation, work, planned leave etc.
- Carers demonstrate tolerance that not all information is known or can be shared, particularly in time sensitive or crisis situations
- Reduced numbers of children in care in the same home
- When sensitive information can't be shared, this is explained to the carer, rather than remaining as an apparent information gap
- Being clear with potential carers whether the placement is emergency and short term, or could be longer duration
- If the care placement is an emergency or short term placement, that all items that a child will need are brought along, e.g. nappies, clothes, toys, medication etc.

**Ideas for change:**

- Consideration about the term 'placement', as this sounds administrative and not about the care of a vulnerable child
- Full information suite about the child placed into care is provided as soon as practical, including full name, age, birth certificate, schooling, family background, triggers for behaviour, sleeping patterns, fears, how to comfort, 'medical passport', ongoing appointments, e.g. medical, counselling etc.
- Intensive initial meeting to provide a complete handover to ensure the carer is ready to take on responsibility, particularly if the child in care has complex needs and the carer is inexperienced
- Ongoing development and roll out of Kicbox
- Information portal where all child information is provided and updated – through internet and/or app. Authority to care is provided through app.
- Portal could include:

  - Follow up from meetings including placement agreements and actions – track status of actions
  - Some access for kids to have some say/control
  - Include a trouble shooting or advice service – click to chat or benefit from other carers experience and knowledge
  - Health passport auto access
  - Someone to moderate and administer guidance
- Information to be provided in hard copy, but caution whether this is reliable through post, as there can be delays
- Follow up still takes place – in person or over the phone, even if information has been made available
- More experienced carers available as mentors
- Greater promotion of Foster care Advocacy and Support Team (FAST) resource to assist new or struggling carers
- Placement agreements are comprehensive including background on previous placement, regularly updated and monitored
- Placement agreements have dual signature of the Department representative and carer
- The same 28-day agreement checklist should be used when an order is put in place
- Accurate Departmental contact details are provided and maintained
- Carer profile to be provided to children going into care, so they are informed about the family, house and background information, including photographs.
- Understand and respect whether a child is comfortable being identified as a child in care, and also when they are in kinship care
- Support placements with trauma related counselling and interventions to help prevent placements breaking down – paediatrician with speciality in trauma healing allocated to each CSSO
- More training on discipline in the home with child in care, particularly when there are other children in the home
- Life story is actively completed for all children, which travels with children wherever they live, providing an account of their life history
- Build foster carer and kinship carer base and retain carers so that there are fewer placements that are inappropriate or compromised, and placements are better matched.

### 13.4 Child Safety Officer relationship, support and communication following placement

Carers consistently remarked that they wanted positive Child Safety Officer (CSO)-carer relationships to provide the basis for a collaborative and beneficial care experience for the child in care, along with the carer and their family.

Participants, particularly carers, frequently commented that quality, mutually-respectful CSO-carer relationships and communication were needed. While acknowledging CSO workload and pressures, carers sought more timely, respectful communication.

Some carers reflected that they needed to consider how their tone and behaviours may contribute to the quality of the relationship. During sessions, several carers reflected they also needed to demonstrate understanding of the difficult role of a CSO, and take ownership for the quality of the relationship. Carers also asked that CSOs understand they are often sleep deprived and under stress, and this impact the way they communicate with CSOs.

The high turnover of CSOs was identified as impacting the establishment of positive and collaborative relationships as carers are never sure how long they will be working with the CSO.

Many carers feel that CSOs could provide more information about the child in their care, with confidentiality concerns a barrier for communication. Others saw confidentiality as necessary and helped at times, and is not always a barrier for care.

**For carers, 'good' is when:**

- CSOs work in collaboration with the carer, alongside agency, child in care, and parents – in a mutually respectful relationship where it feels like everyone is on the one team
- All parties dedicate themselves to getting off to a good start, as the basis for good working relations, particularly to be in position to able to talk about and manage 'tricky' subjects
- Mutual respect that everyone has good intentions, and that mistakes can be made under pressure – give the benefit of doubt that decisions are based on good intent
- Proactive CSO contact with carers
- CSOs are more contactable – providing mobile phone numbers, email addresses and advising work hours and planned absences
- Greater demonstration of respect through timely return contact and interest in the carer's experience and expertise
- More flexibility, with reduced rigidity and uniformity of Departmental care model – should be flexible, individual and with a therapeutic lens applied to care plan
- CSOs demonstrate patience with carers, as carers are not professionalised practitioners within the child safety system
- CSO's offer compliments and encouragement
- Communication methods (e.g. call/email/face to face) are established early, and adhered to
- CSOs feel confident in the relationship with carers to explain what they don't know, and commit to finding out and communicating back to carers
- CSOs respect that the carer is advocating for the interests of the child rather than for their interests or trying to cause trouble
- Standard application of policies by CSOs
- CSO undertakes their role with cultural awareness and sensitivity (e.g. ATSI and CALD)
- CSOs recognise that carers do have emotional attachments and pride in the care they provide, and this is a strength
- When there is strain and emotion, parties default to a position to consider what is in the best interests of the child, and not defend positions
- CSO has the time and ability to take on a more active case management role when needed
- Carers able to discuss status of care and relationship with child safety managers
- CSOs know carers and their routines much better, and this is considered within decision making such as contact visits and appointments
- Positive home visits for the CSO, child in care, and carer
- Unscheduled visits don't feel like an inspection or that there is suspicion about the quality of care
- Carers are told when there are staff changes that impact them and the child in care.

**Ideas for change:**

- CSO and carer explicitly work on getting off to a good start
- CSO, team leader and carer agree on best method for communication early in the relationship
- CSO provides updates on requests/agreed actions, even if there is no outcome/decision so that the carer knows that the matter is still being progressed
- Guideline is prepared and circulated about privacy and confidentiality, with pragmatic guidance on information that should be shared with carers and other members of the care team
- More informal and social opportunities to build relationships, so that there is better functional communication when under pressure, like the Partners in Care workshops, or event at a CSSO

- CSO profile included within Kicbox
- CSOs understand carers' perspective through more home visits
- Carers understand CSO perspective through 'a day in the life of a CSO' presentation/ experience
- CSOs understand carers perspective through 'a day in the life of a carer' presentation/ experience
- Interpersonal communication training for CSOs and carers
- Making clear to carers the intended duration of placement, and providing updates
- Advance notice of change of CSO or other staff changes, and time invested to manage transitions as best as possible
- Team contact lists/directory available to carers and support for escalation of issues to managers
- List that identifies roles and responsibilities within each CCSO
- Policies, procedures and guidelines are all dated so that extended care team, including carers know that they are referencing the most recent document
- Mechanisms to change CSO if the relationship between the CSO and carer is broken, rather than the carer disengaging, potentially leading to placement breakdown
- Extend the companion card concept for carers and make a carers card as useful as a senior's card.

## 13.5 CSO relationship with children

Participants observed that the CSO's relationship with the child contributes to the child's trust and confidence of their care environment, and sought strong relationship formation. Some participants understood the child-CSO relationship formation is challenging when there is high staff turnover and large caseloads and/or large travel distances.

**For carers, 'good' is when:**

- There is regular contact between CSO-child
- CSO knows the child: care plans, history, medication, dietary needs, interests etc.
- Child in care is treated as normal child by CSO (and all other adults) and not inadvertently made to feel different
- CSOs are properly prepared and equipped for contact visits, e.g. have car seats for younger children.

**Ideas for change:**

- Monthly interaction with child, in carer's home, as a minimum
- Specific training on child-adult relationship formation and techniques
- Improved knowledge of child – reading over case files and liaising with carer/previous carer
- CSO takes time to attend events (especially those that a parent would attend) that are important to children, for example award presentations, sporting events etc.
- CSO warmly acknowledges and shows interest in all children in the home, not just the child in care.

## 13.6 Consistency of CSO-carer relationship

Participants consistently expressed preference for reduced change and 'churn' across CSO teams. This was seen as enhancing continuity of case management for the child in care.

Participants explained the best CSO-carer-agency (care team) relationships and outcomes for the child took place when the CSO knew the child and their history and needs.

Participants frequently suggested that there should be specialist CSOs for children with complex needs, so that these children would have more active case management. This was also seen as having potential to reduce CSO burn out.

**For carers, 'good' is when:**

- There is stability and continuity within CSO teams and CSSCs, providing greater stability and continuity for the child/carer
- There are thorough and effective handovers between CSOs, and the carer is advised when the handover has been completed and the new CSO can be contacted
- The change of CSO does not interrupt or compromise progress on decisions already agreed and committed support etc.
- CSOs are more available when carers make contact, so that requests can be considered 'on the spot' to reduce delay
- CSOs push approvals processes for decisions and support, and don't need to be followed up by carer or foster carer agency
- A carer is trusted by their child in care because they know what is 'going on' (via excellent CSO liaison) and can be a point of truth in their lives
- A new CSO takes a fresh look at case management and looks for improvements
- Mutual respect that everyone has good intentions, and that mistakes can be made under pressure

Participants understood change would remain a feature, and sought fewer negative consequences of this change upon the child and carer.

**Ideas for change:**

- More CSOs/reduced CSO workload so that they can better perform their roles
- Specialist, experienced CSOs dedicated to active case management of children with complex needs, with reduced case loads
- Better record keeping to ensure the child's history is known to the CSO, including notes from carer input
- 'Warmer', better-managed transitions, where time is taken for all parties to manage the change and reduce impacts
- Carer advised when the handover has been completed and the new CSO can be contacted
- Back up CSO for carer to liaise with when CSO is on leave, ill, acting in another role etc.
- Dedicated office position to coordinate and drive all decisions required
- Receptionists in CSSO know when CSO will next be available or can navigate carer to someone else with case/placement knowledge
- Ongoing Departmental efforts to retain CSOs - reduce case load, increase support
- One CSO per household (where more than one child) for consistency
- Ability to change CSO, when all parties reflect reasonably and agree that a fresh start is needed in the CSO-carer relationship.

### 13.7 Communication and communication standard

Participants expressed the need for honest, mutually respectful, and timely communication between the carers, agencies and the Department.

Participants explained that it is in the best interests of the child in care and for all those involved in the child's care team to agree on methods and frequency of communication, and to commit to responding to requests and contact in a timely and professional manner.

Some carers expressed that communication with the Department was difficult, while other carers expressed satisfaction with the professionalism of Departmental personnel.

**For carers, 'good' is when:**

- Trust and respect is demonstrated in all communication
- More proactive contact with the carer, through regular phone check-in, so that it is not just up to the carer to raise concerns and issues – there is equity in communication effort
- Acknowledgment of contact by CSO and confirmation that contact will be returned
- Effective communication and information transfer during transitions
- Quality of communication is based on high trust and mutually respectful relationships
- All parties are mindful of tone within email communication
- Issues are reframed as challenges and opportunities to reduce blame – position the topic in a positive perspective
- Mindful of creating negative perceptions of low achievement or life prospects through clumsy language, or putting labels of children – select language that affirms the child
- CSOs guards against 'confirmation bias' (i.e. subconsciously collecting information that accords with views and biases)

**Ideas for change:**

- Traffic light alert method for email contact – this explains urgency, and is intended to guide urgency of return contact response (e.g. red could mean within 2 hours, amber 24 hours, green within 3 days etc.)
- Carer and CSO mutually set expectations and how best to communicate
- Weekly update email from CSO to maintain engagement and continuity
- Better use of email 'out of office reply' with alternative contact points
- When a carer seeks confirmation of an action 'in writing' from a CSO that this is respected and provided, and vice versa
- Acknowledgement of contact is provided and expected time to reply, and carer 'kept in the loop' thereafter
- Group email protocol - 'reply to all' so that there aren't breaks in discussion and all information is provided in email circulation
- CSO writes down information provided by the carer during face to face discussions (and over phone) to demonstrate active listening and that their input is important and valued
- Manager sets and monitors communication KPIs/set expectations about responsiveness of communication
- CSO is mentored in expected inter-personal communication standards and style
- More innovation in communication style, e.g. short video clips to highlight changes

## 13.8 Relationship and experience with the Department

Carers sought a respectful and collegiate culture and experience when dealing with the Department, built upon contemporary customer service standards. Some carers expressed that they wanted to feel more empowered, and as a 'partner in care'. Carers want to feel appreciated and valued as a vital part of the child care team.

Carers generally value the support of the agencies to advocate and support the relationship and quality of the placement. Carers want advocacy for the child to be appreciated as sincere effort to improve outcomes for the child in care.

**For carers, 'good' is when:**

- Carers are treated as colleagues and partners, not "just a carer" or another Departmental client or resource
- The Department recognises that carers have valuable insight and perspectives to contribute (as they spend the most time with the child)
- The child is not stigmatised through Departmental decisions, e.g. making appointments whereby child needs to leave class in front of peers
- The Department and care team holds high expectations and aspirations for the life outcomes for every child in care
- Carers know what they can expect in terms of responsiveness from the Department
- There is senior regional and Departmental engagement and evidence of oversight
- There is structure and rigour in planning and care plan reviews, with minimum six-monthly intensive review on child in care progress *and* carer wellbeing and morale
- The Department is a strong and influential advocate to other agencies and departments in the interest of the child
- The Department works closely and effectively with schools
- Carers have confidence that when issue is raised it will be taken seriously and acted upon.

**Ideas for change:**

- KPIs for return contact and requests
- Cultural transformation – more engagement, better communication and respectful dealings with carers
- The Department provides a 'statement of commitment' to carers
- Carers can advocate for child without fear of reprisal
- Lower delegations for decisions that respects the role of the CSO and carer needs
- Internal auditing of status of plans, frequency of home visits etc. to ensure the Department meets its own standards, rather than carers needing to advocate
- Checklists on all child/case management/placement agreements that identifies whether carers have been consulted
- The Department provides case plan to carers, so that they have visibility on agreed actions, and department remains accountable for commitments
- Opportunity for carer to provide input into CSO performance appraisal
- Managers meet with carers at least every quarter
- Managers provide personal compliment to carers when they manage a difficult situation
- More administrative support for CSSO/CSOs so that CSO can better dedicate their time to active case management.

## 13.9 The care team and care planning

The concept of the care team for the child in care, was a focus in most workshops. Carers agreed a well-resourced and well-coordinated team, working in the best interests of the child remains essential. Carers are seeking greater inclusion and consultation about care planning for children in their care.

Participants suggested the Department's focus on reunification guided care team decisions, when this is not always considered in the best interests of the child. There was also discussion about how a care team balances the rights of parents over the best interests of a child.

Participants explained most children in care, particularly children with complex needs, must have tailored and well-resourced care plans that are directly relevant to their circumstances and needs.

Carers considered what good would look like in relation to the care team, and provided the following responses:

**For carers, 'good' is when:**

- The care team is dedicated to the interests of the child in care, effectively acting as co-parents
- A thorough needs assessment of the child is undertaken as soon as possible, with planning based on the individual needs of the child
- The care team is responsive, making decisions quickly, organising necessary actions and following up
- All care team members advocate for the child's interests, not their own interests
- Carers are engaged and their input is sought and respected
- Carers are informed about the actions the care team is progressing
- The carer's experience with the child contributes to decisions in the interests of the child
- Carers have opportunity to inform and influence decisions
- All options are considered, with no pre-determined decisions before care meetings
- There is a Plan B to go with Plan A (Editorial note: Is this generality useful in reporting?)
- Everyone on the care team is informed and prepared, or commits to be informed before meetings are held
- The best possible, available information is provided to support well-informed decision making, with open and transparent communication
- Regular meetings are held as scheduled and are well attended, including the CSO
- The voice of the child is included, as appropriate
- Parents are informed of care plans and child's progress
- Care teams are agile and flexible to respond to emerging needs
- There are sufficient resources to allocate for more intensive therapy and educational support
- Placement and care plans are complete, up-to-date, and resourced as needed and resources are not time limited
- All key members of the care team are involved in critical incident responses and debriefs
- Teams consider the longer-term needs and interests of the child, including the different support requirements across developmental phases
- Specialised support and monitoring is available when there is a history of sexual abuse
- Planning also focuses on the strengths of the child and opportunities
- Carer is still respected and involved if they advocate separate from the care team or appeal decisions

**Ideas for change:**

- A fully inclusive care team is formed to work in the best interests of the child, including the carer

- Care teams are established immediately to become the basis for continuity if/when there are CSO personnel changes
- Charter and 'rules of engagement' agreed as teams are formed
- The non-negotiables are agreed up front, e.g. supporting court processes to position for the best 'order' for the child
- The roles and responsibilities of all care team members are known, and team members are accountable to deliver on their responsibilities
- Decision making powers and responsibilities within the care team are known
- Consultation is held with the carer before the meeting about care priorities and any recent issues and/or progress
- Business processes are followed: agendas, minutes with actions listed, status of implementation noted and followed up if there are delays
- All actions have an allocated person to implement and target time to complete and report
- Agenda include standing items: What else can we do? How else can we help?
- The care team includes education and health professionals, with all information from services and departments available – integrated databases needed
- A care/service 'tree' is mapped, with the child at the centre, to ensure holistic care and planning
- A culture of mutual respect is actively promoted within care team meetings
- Care team lead/CSO provides ongoing updates on requests, so that the carer knows that a decision is being sought (carers aren't "left hanging")
- If a key stakeholder doesn't attend then the group, the meeting continues with follow up notes distributed to keep everyone in the loop
- Any critical work which is a dependency to decisions are completed before meetings
- Carers can initiate referrals as needed
- Rotating chair of the care team, including the option of carer as occasional chair
- A senior child safety practitioner reviews progress and liaises with carer about progress
- Picture of the child is placed in the middle of the table to remind all attendees of the humanity of the child, and purpose of the meeting

## 13.10 Support for child's needs when in care – services and financial

### *Support services*

Carers explained the types of support needed to improve the care experience for the child in care and for carers and their families. Carers identified that any unmet support services could create strain and disadvantage for the child, particularly if the child had complex needs and/or disability. Participants identified that most children in care have experienced trauma, requiring trauma-related counselling and other psychological support.

**For carers, 'good' is when:**

- Identified support needs are resourced
- The suite of available support is known and available – respite, counselling, medical, financial entitlements etc.
- Support is consistent from office to office and from region to region, and less at the 'manager's discretion'
- Carers can seek support without being judged
- More CSO liaison with respite carers
- Carers are consulted about planned cessation of CSHA/HSNA, with right of reply
- Respite carers are also supported and feel more engaged

- Support is also provided in the form of moral support, such as expressions of empathy and encouragement

**Ideas for change:**

- Placement planning included the support needed, with commitments as to the support to be provided
- Trauma-informed planning and trauma-related counselling
- Trauma-specific support and training for carers about how to address challenging behaviours to reduce risks of placement breakdown
- Children with complex needs receive consistent support
- More respite options, including in regional Queensland
- Greater promotion of respite care needs and opportunities, with ongoing recruitment
- CSO liaises with respite carer/s regarding child's behaviour and progress; not only the primary carer liaising with respite carer (CSO demonstrating active case management)
- More people are 'respite care ready' with broader blue card qualification across the community, including foster carer awareness subjects within university courses (such as care industries like nursing and teaching)
- After hours' specialist support is available
- Buddy system among carers modelled and promoted to provide peer support and respite
- In-home respite as an alternative, e.g. pyjama angels
- Specialist behaviour management training for teenage years to help carer cope, and to help prevent breakdown of placement
- If/when there is placement breakdown, undertake a detailed debrief and handover, with future interventions scheduled to help prevent ongoing conflict and instability in care

### *Financial*

Carers sought fair and consistent financial support to help them provide in-home care, along with other child-related costs. Carers sought consistency between regions, and offices within regions, as to the type and extent of financial support provided to the child in care, and carer household.

Carers sought assurances about the availability of NSDA and support to understand implications of future NDIS arrangements. Carers also sought consistency between case/care plan and financial allowances. Carers stated that approved and eligible financial support should be consistently administered in the interests of the child.

**For carers 'good' is when there is:**

- On time reimbursement
- Clarity about what will be reimbursed
- Standard processes and predictable outcomes
- Simpler forms and processes
- Care plans include financial commitments
- Child can access private health care system
- Clarity and certainty about inclusions in HSNA, CSNA and carer allowance
- More timely and simpler HSNA approvals to assist children
- Concentrated investment at care interface, with more support for frontline services
- Accurate information about financial support in foster carer handbook
- Guaranteed funding for child care
- Financial arrangements don't inhibit a child's ability to participate in activities such as sport and other extra-curricular activities
- Analysis and decisions about the support services necessary for a child are not guided by expense and ability to fund
- Trust that carer requests are genuine and the carer is not trying to profiteer

**Ideas for change:**

- Better information about entitlements – CSO checks with carer that they understand entitlements and what can be reimbursed
- Care plans include financial commitments
- Consistent financial eligibility, payment and reimbursement standards and outcomes
- Child in care can be covered under family's private health cover, with 'the gap' paid by the Department to ensure child has greater, more priority access to health care
- Financial coverage for activities that increase connection with community – e.g. sport
- Pre-approved financial expenses and remove onus on carer to prove basic expenses
- Reduced requirements for receipts for small pre-approved expenses from agreed price list
- Automated payments through various available technologies
- Payments are automated/organised through carer-department 'portal'
- Streamlined payments – between the Department and provider
- Dedicated administrative officer to manage payments instead of CSO
- Reduce levels of approvals for reimbursements
- Electronic upload of documents, as is possible with Centrelink
- Guaranteed funding for child care
- Child care costs are paid in advance
- Federal and state agreements on child care rebates
- Increase coverage for family day care

- Inclusion of non-evidenced/incidental costs to be reimbursed, (For example: wear and tear on car, carer time in meetings/appointments that impact ability to work)
- Payments to cover provision of specific meals that meet dietary needs
- Funding for education support and speech therapy – can be significant issues for some children in care
- Access to private schooling if this is identified as better meeting the needs of the child
- Common sense support around financial support for necessary expenses such as replacement school books
- Easier process for ex-gratia payments in response to damage to family home and property
- HSNA and CSNA reviews are not undertaken to check whether funding can be withdrawn, especially when there is permanent disability
- Improved liaison support with Centrelink
- Provide incentives such as subsidised housing costs for carer after five (5) years of care
- Able to provide care from Government owned homes
- Plans and support recognise the time it takes for a child to heal
- Support should extend to carer counselling.

### 13.11 'Professionalising' foster carers

In some sessions, carers suggested the government consider alternatives to the current volunteer model of foster care. There was suggestion that foster carers should have the optional of becoming full time paid professionals.

**Ideas for change:**

- Following the United Kingdom system, foster cares are self-employed professionals and receive a salary for their role.
- Foster carers act as a sole trader, and their expenses are tax deductible and there is a list of items for efficient expenses and claims e.g. use of motor vehicle
- If foster carers receive a "salary/wage" this will assist with financial position and carers will have better eligibility for bank loans
- Foster carers have decision making rights in legislation.

### 13.12 Decision making about child in care

Carers sough greater involvement in decision making about the interests of the child, and timely decision making. Carers also sought delegated decision making authority to be able to make "common-sense", "everyday" decisions, such as when a child should have a haircut.

Some carers also explained that children should be able to influence decisions. (Commonly expressed that "the voice of the child should be heard") Other carers cautioned against accepting the child's preferences, as some child-influenced outcomes were not always positive, such as changing placement or respite arrangements.

For carers, 'good' is when:

- Carers are consulted and involved in decisions about the child in their care
- Carers requests for decisions are acknowledged quickly
- Response times and requests reflect urgency of the issue/request
- If there are delays to decisions, carers are kept informed
- Decisions are taken in best interests of the child, with flexibility in decision making, and less literal application of rules and policies when alternative positions would provide better outcomes

- Better delegated approvals to CSO and at times, to the carer for everyday decisions
- Perceived high-risk activities for the child are considered with greater pragmatism

**Ideas for change:**

- Carers able to make everyday care-related decisions
- Carers able to make decisions in an emergency, or when time critical, e.g. hospital visits, admissions
- CSO doesn't make all decisions, but oversees the care plan in a more managerial capacity
- Staff need to know policies and when to seek manager approval, and what can be managed at their level
- Carer more involved in decisions, particularly if this significantly impacts child and home life
- Carer is present when decisions are made that directly impact them
- Time frames/target timeframes are set for decisions to be made
- Transparent decision making framework, and how this is consistent with the child's care plan
- All hours support for decisions, support and additional information about a child when there are emergencies
- Carer can advise on best times for parental contact, with consideration of carer's family and care obligations
- Application of the 'signs of safety framework', as per WA and elsewhere
- Policies need to be clear cut and objective to remove personal bias in decision making.

### 13.13 Travel

Carers consistently sought improved management of decisions pertaining to proposed travel with children in care.

**For carers, 'good' looks like when:**

- Approval for a child in care to travel with the carer's family is less complicated
- Timeframes for approval to travel are known and achieved
- Able to take child on holidays instead of placing in respite, so that the child feels normal and a valued part of the family

**Ideas for change:**

- The carer works with the department to achieve advance approval for proposed travel types and times
- The Department undertakes effective liaison with parents to achieve consent if this is required
- Providing passports for child in care and approval for international travel is far less complex, with decisions achieved within more reasonable timeframes
- The Department has better letter templates to seek approval for travel, especially for passport applications
- More pragmatism about specific travel needs to cross state border, such as for home and sibling visits, for shopping etc.

### 13.14 Ongoing information and training needs

Participants recognised that foster and kinship care was subject to reform and ever changing. Accordingly, they wanted to feel confident that their knowledge and practice was current. They value information provision from FCQ, their agencies, the Department and fellow carers. Some carers explained they would like to be better networked with peers, and feel less isolated from a practice perspective.

**For carers, 'good' looks like when:**

- CSO explains any changes that impact the child and carer
- Timely legislation and policy updates, and what it means for the carer
- Updates provided in plain English with scenario examples (in many areas this is done well)
- All carers get the same information, e.g. about CSNA and NDIS
- The quality and timing of information is standard across the system, and it doesn't depend on the CSO/ CSSO or agency as to whether carers are informed
- Agencies are well-advised of any changes, and convey information and convene training modules to reinforce understanding
- Training and carer consultation workshops such as the Partners in Care sessions should continue, and need to be more widely advertised

**Ideas for change:**

- More opportunities to network with carers, e.g. yammer connections/Facebook
- More promotion of the ability to become involved in FCQ Facebook page
- Re-establish coaching circles (e.g. Encompass)
- Informal information and social sessions with departmental staff to exchange information and build relationships
- The excellent array of professional development sessions at Foster and Kinship Carers Conference is available for everyone – perhaps filmed and uploaded online for carers who are unable to attend, or attended other sessions, or for attendees to view again.

### 13.15 Carer advocacy

The right of the carer and agencies to advocate for the interests of the child was a common area of discussion. Carers explained that many children in care have complex, changing and unmet needs, and in circumstances where CSOs have high caseloads, the position of carer as advocate can be critical to achieve positive outcomes for the child in care.

**For carers, 'good' looks like when:**

- Carers can advocate for the interests of the child, and this respected and acted upon
- Carers advocate with respectful tone, providing well-reasoned justification
- Departmental culture accepts and respects advocacy, and staff do not respond as if they are being challenged or criticised
- Requests from carers are acknowledged quickly, and decisions are made in a timely way

**Ideas for change:**

- Carer advocacy is respected as the carer acting in best interests of the child
- No negative consequences following advocacy
- Carer ability to advocate to CSSO management if necessary
- Clear and transparent decision making by CSO, with outcomes objectively reasoned
- Proactive departmental audits to assess whether plans and supports are up to date, to both support or prevent the need for carer advocacy
- The formation of a Carers Union for stronger, united advocacy
- Greater opportunity for carers to be involved in policy development and advocacy with FCQ.

## 13.16 Issues resolution

When considering communication and relationships with the Department, carers sought ways of professionally resolving issues when they arise. Carers also discussed relationship and behaviour issues with children in care that created issues.

**For carers, 'good' looks like when:**

- All parties are professional in the recognition and resolution of issues
- There are agreed pathways for resolving issues
- The interests of the child are central to resolving issues.

**Ideas for change:**

- Traffic light system to reflect status of relationship and issues arising
- Floating meditation team to provide independent, specialist intervention
- Taking all practical measures through open dialogue, to avoid the necessity for QCAT and Office of the Ombudsman review and dispute resolution processes
- Open recognition when there is risk of placement breakdown, with active intervention by CSSO management
- Ability to change agencies and CSOs
- When placements break down, the CSO and agency need to find out what was in place, or wasn't in place and how a plan could be implemented to support transition.

## 13.17 Child in care and education

Carers regularly observed children in care face many challenges with schooling and educational achievement. Participants recognised this created risks of disengagement from education, adding further risk factors for the child in care. Carers consistently sought education-related planning and support for children in care.

**For carers, 'good' is when:**

- There is tailored, child-specific education planning to create conditions for the child in care to achieve within the educational system
- Education needs analysis takes place in the early stages of care, including developmental assessments and impacts of trauma
- Children have choices within the education system to attend a school that best meets their needs
- The school environment demonstrates care and respect for the child in care, with specialist support
- The child is not stigmatised in the way they are 'managed' through their schooling
- The child in care has every educational opportunity available as any other child.

**Ideas for change:**

- Individual education planning to maintain engagement in schooling
- Dedicated learning support is available
- Sensitivity in case management, by not taking the child out of school to attend appointments where possible
- Teachers are trained on how to work with children with trauma

- Child care/ minding support when there are suspensions from school and carer works during day
- Culturally appropriate day care if the child is suspended from school
- Flexibility with school attendance, and gradual return to school to build confidence
- Full-time guidance officer in schools where high numbers of child in care are enrolled
- Ability to place child in school that is best suited for child's needs
- Child's education history 'follows them' such as through KicBox and/or electronic information portal

### 13.18 Child in care and the health system

Participants explained that children in care often have specific and sometimes extensive health-related needs. This can range from normal medical needs arising from general illness, or the onset of other issues over time, including mental health issues. Carers sought strong support from the health system to benefit children in care. As explained earlier, carers require available health and medical information about the children placed into their care.

**For carers, 'good' is when:**

- There is early, thorough, and ongoing assessment of needs
- Child health passport is always available, and up to date
- Medical assessment and response is on demand and carers don't have to advocate for the necessity of medical responses
- Assessment isn't avoided because of funding concerns
- There is easy access to doctors, and no out of pocket expenses for carers
- Out of pocket expenses are reimbursed on time and without question
- Carers don't need to have to wait in an emergency department to access general care
- Carers are advised in advance of pending medical appointments, so that appointments aren't missed
- Department accepts diagnosis and recommendations of medical specialists, and funds any support accordingly
- Improved coordination between agencies, including disability support sector
- Carer can collect medication and administer to child
- Immunisations are up-to-date
- Children in care have access to healthy food and are encouraged and able to exercise, including when on contact visits with biological family
- Careful and sensitive planning and placement continues following hospital births and planned placement of the newborn baby into care.

**Ideas for change:**

- Child health passport is always available and up to date through Kicbox or carer information portal
- A health navigator/coordinator position is created within child safety to organise all medical and health needs, and speed up access and action for children in care
- More streamlined access to Medicare for child in care/processes in relation to Medicare are streamlined and updated
- Medicare card is provided to carer as soon as practical
- The Department is aware of expiring Medicare cards and orders replacement cards
- Improved planning, coordination and notification to carers about medical appointments
- Carer should be able to approve immunisation updates
- Carer should be able to collect medication and administer to child

- Healthy eating and exercise is encouraged during contact visits with biological family

## 13.19 Child in care and disability support

Participants explained it is common for children in care to have disability or complex needs. During the sessions, carers advised they rely on support services to manage and maintain their placements.

Participants expressed uncertainty about the implications of the future roll-out of the NDIS. Participants sought support from the department as a 'trusted guide' through future changes. Carers sought assurances that current support would be continued until guaranteed cross over into NDIS for children with disability.

**For carers, 'good' is when:**

- There is early, thorough and ongoing assessment of disability and support needs
- Child health passport is always available, and up to date, including description of disability and support needs
- NDIS eligibility and approvals are clear and certain, well in advance of roll out
- Current support is continued until guaranteed and commensurate NDIS services are confirmed
- NDIS funding and support is 'wrapped around' the child, irrespective of change in care arrangements and location
- Future clarity of nominee and decision making within NDIA
- During placement, full information is provided, including within placement agreement with full disclosure of any known medical issues, disability, or specific care requirements.

**Ideas for change:**

- Full disclosure of known disability when child is placed into care, so that the carer can assess whether they have the ability to cope and care for the child
- NDIS transition is supported by the Department, so that the child and carer is not vulnerable within changing system
- CSNA continues until there is certainty of outcomes under NDIS
- HSNA and CSNA reviews are not undertaken to check whether funding can be withdrawn, particularly when there is permanent disability and ongoing need

## 13.20 Child in care and court system

Carers expressed a desire for more timely court outcomes that best suit the needs of the child, and provide greater certainty for the child in care, carer and the Department. Carers expressed their concern about child in care in being back-to-back short orders, which reduced certainty and stability for the child.

**For carers, 'good' is when:**

- Orders are made in the best interests of the child, not always prioritising parent's interests over the child
- The onus on reunification is revised when there are poor prospects
- The child can influence outcomes, when old enough
- Carer can be involved and have a voice during deliberations, should they wish to.

**Ideas for change:**

- Reduce the number of children on interim orders

- Reduce the time duration of children on interim orders
- No delays in communicating outcomes and consequences to carers
- The carer has standing in Court after caring for a child over 'a period of time' as reflected in legislation.

### 13.21 Reunification efforts and parental contact

Participants recognised that reunification was a sensitive and complex policy area. Participants explained that approaches ought to be based on the specific family context and prospects for reunification, and ultimately the best interests of the child. Some carers did not agree that reunification should be the leading policy objective for children in care. Carers reasoned that sometimes the best outcome is eventual re-engagement and repaired relationships with the biological family.

**For carers, 'good' is when:**

- There is formal assessment about parents' readiness to commence and sustain a reunification process
- Reunification prospects are objectively assessed, and may not be best option for child
- Reunification is viewed from the perspective of the child's best interests
- Parents interests are not always paramount, if not in best interests of child
- The Department and sector abandons tolerance of 'good enough' parenting when considering reunification
- Assessment is practical and from a precautionary principle: a beneficial and more realistic outcome may be to achieve repaired and healthy relationship over time, not reunification
- Parents are helped to provide a safe and functional home, to which children can safely return to
- Home life is assessed for what it could be with further support, perhaps under NDIS model
- Communication and team work between carer and parents to assist with reunification, including spending time together to build bonds for child, if appropriate
- Reunification takes place at a pace that suits the child, and with close liaison with the child, as appropriate
- When carers help with the reunification through parenting guidance and information about the child that the parent may not know about
- Discussions about reunification are not judgmental about parents
- During reunification planning or renewed contact, there is ongoing consideration of the child's readiness, including counselling
- Carer helps with transition after reunification, with respite as needed
- If reunification is achieved, the carer is advised on progress
- Carers recognise their emotional attachment, but act in the best interests of the child during reunification planning.

**Ideas for change:**

- The Department and government revisits the ultimate goal of promoting reunification
- Carer is informed of progress following reunification and is able to keep in contact, if appropriate
- During reunification planning, there is greater consideration about the carer and carer's family attachment to the child
- Carers are able to provide respite to parents during reunification transition and following reunification, as an option for 'shared care'
- If reunification breaks down, the child has the option of returning to previous carer
- Where there are good prospects for reunification, children are placed with carers with interest and speciality in reunification.

### 13.22 Parent/family contact

Carers supported the principle and function of biological parent/family contact when in the best interests of the child. Many carers were keen for functional communication and nexus between the carer and parents, but not all carers thought this was possible, or should be expected of carers. Some carers saw benefit in assisting with child-parent contact visits as a practical way of rebuilding family bonds. Most participants wanted role clarity and not over-reach of carer responsibilities to take on parent contact logistics or management.

**For carers, 'good' for the child is when:**

- The child wants to spend time with their biological family
- The contact helps their engagement and relationship with siblings and other family, and helps with their sense of identity
- The meeting place is safe and clean
- The contact will not lead/is unlikely to lead re-traumatisation
- No criminal activity is likely
- The contact fits in well with carer and carer family
- There are healthy eating habits during contact time.

**In addition, for carers 'good' is when:**

- Contact is beneficial for the child and assists reunification
- Family contact includes parents, siblings and extended family
- Contact time is negotiated that is convenient for carers
- The roles of the parent, carer, agency and the Department are clear with contact management arrangements
- The Department is clear about what support they will provide, and the role of the agency
- Carer does not obstruct safe family contact
- Carer can be involved in contact visit if they wish, acting as part of an extended family
- Departmental transport arrives on time and provided by someone known to the child
- If the carer is transporting the child, the cost of fuel is reimbursed
- CSO/Department does assume carer should transport child
- Departmental transport is always arranged when parents are likely to be aggressive to carer/s
- Contact is well planned and resourced for complex cases, such as parents living interstate
- Carer has support when the child returning from contact has regressed and is exhibiting difficult behaviours
- Department facilitates relationships between carer and biological parents to help parents better understand child, if appropriate
- Family contact becomes an opportunity for parents to learn better parenting skills
- Contact venue is selected that is neutral and safe
- Opportunities are offered that allow for parent participation such as at sporting and music events
- Carer is not expected to supervise child's contact with biological parents/family
- Contact during school holidays is planned and considerate of carer family – could be a good time for contact, or less convenient depending on circumstances
- Parents are updated about child's progress and wellbeing outside of contact times
- Carer home addresses remains confidential for the safety of the child and family
- CSO debriefs with parent, child and carer about contact experience

**Ideas for change:**

- Contact times are negotiated and set through consultation with carers
- Contact planning is discussed in care team meetings, with carer involvement to discuss practicalities of timing and transport
- Transport is arranged for parents or information about public transport services, if needed
- Kinship carers are supported with parental contact as needed, and are not expected to manage all parental contact, without assuming no support is needed
- The Department or agency opens weekend contact centres
- Carers can support contact process through transportation and communication, if they are comfortable to do so
- Carers have contact details of someone safe and trustworthy in the biological family, if involved in contact management
- More guidance and expectations placed on parents – limit time on phone, no gambling, help with homework, read books together, play together, sport etc.
- More structured de-briefing on contact, especially if it is a negative experience, or there was an incident
- Youth workers attend carer's home following contact to help with transition and to help respond to behavioural issues that can occur after contact
- Well planned and structured contact planning when reunification is being progressed
- More regular family group meetings to help with other contact and reunification
- Carers support meetings with a special bag of items from child's life such as photographs, cooking, art etc. to help with relationship formation
- Communication book between the carer and parent that the child can take for visits
- Keeping a diary which captures milestones, key moments, and achievements that the parent has access to.

## 13.23 Family group meetings

The role of family group meetings was seen as an important part of healing and creating child-centred planning and care. Participants explained that these meetings should be inclusive and as frequent as possible or needed.

**For carers, 'good' is when:**

- Kinship carers are prioritised to attend
- Time and venue suits kinship carers
- A venue is selected that is neutral and suits harmonious and confidential discussions
- People who are relevant to care should attend, case plan development to be discussed
- Independent family group convenors manage meetings, which can be especially important in Aboriginal and Torres Strait Islander extended families and kinship care circumstances

## 13.24 Experience for Aboriginal carers and Aboriginal kinship carers

Participants identifying as Aboriginal attended and participated at several workshops. Aboriginal children were identified as over-represented in the child care system. Many participants expressed their aspiration for over-representation to reduce, and for Aboriginal children in care to have positive experiences. Aboriginal participants explained that care needs to be culturally appropriate and/ or for the child to have opportunity to learn more about their culture.

**For Aboriginal carers and kinship carers, 'good' is when:**

- We are 'all walking together', and the child safety system 'is not done to you'
- There are more culturally appropriate places to meet, and culturally appropriate processes and consultation
- Greater contact across 'their mob' so that child develops and retains sense of identity and culture
- Fewer Aboriginal children in non-Aboriginal homes
- More effective intervention for family stability to avoid another 'stolen generation'
- Biological and family contact is managed, when not in kinship care, and also when in kinship care
- Positive and healing family group meetings
- Strong school attendance, with appropriate supports including culturally appropriate liaison within schools

**Ideas for change:**

- More Indigenous staff/liaison who Aboriginal children feel culturally safe with
- More Indigenous carers
- Programs and pathways for Aboriginal children in care to connect with their culture.
- CSOs need to know the Aboriginal child in care very well - the child should not feel they are with strangers
- Keep siblings together if possible
- Kinship is mapped
- Children can stay in community longer
- Tribal adoption as an option
- Kinship care authorisation is relaxed to have more kinship carers available across Aboriginal families and within Aboriginal communities (where otherwise may not be eligible for blue card)
- More strategies when "kids wander off" to return to 'place of safety', and support for carers who become distressed when this happens
- More training for non-Aboriginal carers on culturally appropriate strategies
- Foster carers have detailed child information forms (CIF) with culturally specific information.

## 13.25 Siblings in care

Participants discussed circumstances where siblings are in care, and ways to make this experience beneficial for siblings and their extended family.

**For carers, 'good' is when:**

- The carer understandings family structure, including whether the child in care has siblings
- Children know their family structure and whether they have siblings, or when new siblings are born
- Siblings can remain together if possible
- Sibling contact takes place to build and maintain kinship and identity
- Sibling matters are discussed in family group meetings, involving carers and child in care id appropriate
- Coordinated sibling contact visits if siblings are in living in different places

**Ideas for change:**

- Siblings are able to visit and stay over
- Expected sibling contact is included in Placement Agreement and Care Plan
- CSSO support for travel to visit siblings, including when they live interstate.

## 13.26 Transitions during placements

Various transition scenarios were discussed, including the transition of CSO case management, and transition of placements between carers. Discussion centred on how to provide continuity of care during transition, recognising that change is constant and inevitable. Overall, participants were seeking better, more 'warmer' transitions that are considerate of children in care and carers.

**For carers, 'good' looks like:**

- Effective communication and information transfer during transitions
- Thorough and effective handovers between CSOs, and the carer is advised when the handover has been completed and the new CSO can be contacted
- A new CSO takes a fresh look at case management and looks for improvements
- At time of transition, placement and care plans are complete, up-to-date, and resourced as needed and resources are not time limited
- At completion of placement a full debrief with the carer to take place, with carer feedback included on the file, and a gradual handover and transition where possible.

**Ideas for change:**

- Early, advance notice of change of CSO or other staff changes, and time invested to manage transitions as best as possible
- 'Warmer', better-managed transitions, where time is taken for all parties to manage the change and reduce impacts
- Exit interviews are always undertaken and any learnings shared and influential in ongoing department practice
- Specialist transition from care CSOs with lower caseloads to offer intensive support
- Transition planning needs to be better across many phases – transition from independence, transition between placements, with the right timelines so that distress is minimised for the child and carer
- Joint exit interviews to occur with a handover and transition
- Carer helps with transition after reunification, with respite as needed

### *Transition when adult/ transition to independence*

There were discussions about transition to independence when the child in care becomes an adult.

**For a carer and independent young person "good" is when:**

- Gradual, well planned transition, with support and referral wherever possible
- Specialist transition from CSOs with lower caseloads to offer intensive support
- Support continues as needed, e.g. with disability

### 13.27 Duration and types of placements

Participants advocated for more longer-term placements for children where reunification was not possible or likely. This provided the benefits of certainty and stability for the child in care. There was also discussion about whether Long Term Guardian-Other (LTGO) carers should be further professionalised and remunerated as professional carers. Whether other siblings would eventually need care was a consideration in whether to seek or accept a LTGO placement.

**For carers, 'good' is when:**

- Children are not on back to back short orders/two year orders
- LTGO process is sped up to benefit child
- Biological parents are informed and involved in LGTO planning
- During the planning for LGTO agreements reunification does not remain an expectation
- There is clarity for each carer as to expectations around parental contact when on LTGO
- Ongoing parental and family contact is encouraged and facilitated, as appropriate
- Ongoing support and training for longer term carers, even when placement is usually stable and functioning well - not set and forget
- Annual LTGO reviews take place to assess status.

**Ideas for change:**

- Eventual cessation of two year orders
- If supervised contact is continuing following two years, then move to a LTGO or other more permanent care order
- Follow the UK approach: when a foster carer has cared for a child for one year there become three choices; the child can be reunified with their parents, the carer can become a long-term guardian or other, or the child can be adopted by the carer
- Orders reflect who the child considers to be their family, and involve the child in the decision
- Statement of services are available for long term placements, where carers can be more confident to agree to longer term commitment
- Carers with long-term placements are still eligible for respite, even when placement is going well
- Placement and care plans are up-to-date and reflect the changing needs of the young person as they move through developmental phases
- Support to continue after 18 years of age, particularly if ongoing needs and disability
- Option of taking a hyphenated name reflecting both care and birth family identity
- Siblings able to transfer to a LTGO at the same time
- Further carer training and guidance if willing to move to LTGO.

### 13.28 Permanency and adoption

Related to discussion about the lengths of orders and placements, participants also discussed permanency and adoption. This was primarily framed around providing stability and certainty for the child in care.

**For carers, 'good' is when:**

- Permanency and adoption options are 'not off the table' and are flagged early as realistic options
- 'Foster to adopt' pathways are easier and more explicit in Queensland
- Pathways to adopt child is progressed, if in the best interests of the child
- Parents and kin are closely involved in discussions about these options
- These matters are handled by senior CSOs with team leader support
- Parents rights are respected about adoption options into a non-kin/non-biological family
- Can be raised in family group meetings if/when appropriate
- Carers don't enter placements with expectations that they will or should be able to adopt.

**Ideas for change:**

- Parents are advised of options from 18 months (or agreed expiry time) following ongoing care placement, and from this time there is pathway to adoption or more permanent arrangements to normalise life for the vulnerable child
- Need for federal consistency or federal coordination regarding adoption from foster care environment
- Siblings can be jointly adopted
- New CSO case workers understand all historic discussions and considerations, including consultation with parents and kin that may have preceded their involvement – good 'corporate memory'

### 13.29 Home visits by CSO or Departmental representative

Carers described their experience of home visits by CSOs. Carers understood the need for home visits, they offered various perspectives.

**For carers 'good' is when:**

- CSO is respectful when visiting carer home
- Agency worker also attends and supports visit
- CSO expressed warmth towards child in care, and spends time with them to further develop bonds
- Visits aren't intended for 'disciplinary' purposes or find fault
- Carers are complimented on their efforts and the child's progress
- CSOs acknowledge other children in the home.

**Ideas for change:**

- Agency joins CSO home visits
- CSO visits are routine to build rapport with carer and child in care.

## 13.30 Role of respite and perspective of respite carers

The availability of respite, and the perspective of respite carers were common areas of discussion and consideration. Carers and agencies sought more respite opportunities, particularly with high need children in care, or when caring for multiple children.

**For a respite carer, 'good' is when:**

- When a child is placed into respite, there is adequate notice provided to carers and full information about the child's background and needs
- Respite carers have the opportunity to be involved in care team discussions, especially if they are a regular carer
- Respite carers feel more engaged and part of the child's network of care
- Adequate training, along with refreshers
- Timely payments are processed.

**For a carer, 'good' is when:**

- Respite is available on request, without the need for a CSO to seek manager's approval
- Respite requests can be made with less justification
- Respite carers should not feel pressure to take care of a child in a permanent capacity
- Simplified provision of respite by family members
- Timely Authority to Care forms to be provide to regular respite carers
- CSO liaises with respite carer (i.e. CSO demonstrates active case management for children in care, particularly if they have challenging behaviours).

**Ideas for change:**

- More respite capacity, including in regional Queensland
- Kinship carers are eligible for respite
- Respite could be sourced and provided from carer's extended network, noting blue card requirements
- Family member can provide short term respite, at short notice
- The Department and sector encourage more people to become respite carers, with a different level of assessment, shorter training and approvals
- Greater promotion of respite care needs – ongoing recruitment
- Seek re-involvement of former foster carers or kinship carers to provide casual respite
- Additional day respite support to be available at short notice when children in care are suspended from school
- More people are 'respite care ready' through blue care qualification, including units within university courses
- In-home respite is available as an alternative and complement, e.g. pyjama angels
- Long-term placements are still eligible for respite, even when placement is going well

## 13.31 Kinship care experiences and perspectives

Kinship carers strongly advocated that the child safety system needed to better reflect the differences between foster and kinship carers. Kinship carers understood the focus on foster carer needs, however they sought recognition of the service, sacrifice and commitment of their fellow kinship carers.

Some kinship carers indicated they also needed access to respite. At times, they may need support with parent contact and support, depending on circumstances. Some kinship carers preferred that the department "leave them alone", explaining that they didn't need support or active engagement. Several kinship carers expressed that they preferred less routine contact, but are also able to have the option to seek and draw on support and services as needed.

**To kinship carers, 'good' is when:**

- Kinship carers are not judged based on their family circumstances
- There is empathy and respect for the plight of kinship carers, and for the sacrifice they need to make for their family and children
- Kinship carers have the option of drawing upon services, and having the confidence that they can call on support without judgement
- They can trust CSO with sensitive family information, including information about the child and the child's parents
- They can trust and rely on CSOs when they are having difficulty
- Support is available and offered for parent contact
- Financial and other support is well explained by knowledgeable CSOs
- They have greater autonomy in decision making, more like a parent
- Information is gathered from kinship carers if the child needs to move into general care
- When in general care, kinship carers have ongoing access and communication.

**Ideas for change:**

- The same training and support is available, as provided to foster carers
- Kinship carers able to draw on services, but arrangements with Government are not mandated
- Kinship care authorisation is relaxed to have more kinship carers available in the general community (where otherwise may not be eligible for blue card)
- Kinship care authorisation is relaxed to have more kinship carers available across Aboriginal families and within Aboriginal communities (where otherwise may not be eligible for blue card)
- Blue card requirements should be reviewed for willing and capable kinship carers, or other ways found to assess suitability
- Access to parenting training without judgment
- Kinship carers have the same decision making rights as parents
- Kinship carers are supported in contact with parents if this is needed
- Promotion among kinship carers that they can also be general carers

### 13.32 Considerations of carer's family

Many carers explained the challenges of including a foster or kinship child within their family. Carers sought consideration of the impacts of child safety processes upon their family.

**For carers, 'good' is when:**

- Information is provided during the placement process that enables the carer to consider and plan for potential impacts on their family
- There is consideration about the scheduling of home visits, medical appointments, parent/ family contact etc. through advance notice and consultation with the carer
- There is consideration of logistics when more than one child in care resides in the same home

- The department considers the suitability of seeking to place additional children into same home
- The CSO doesn't expect the carer 'to drop everything' to fit in with scheduled contact visit
- Contact during school holidays is planned and considerate of the carer's family – could be a good time for contact or less convenient depending on circumstances
- Carer's address remains confidential for the safety of the child and their family.

**Ideas for change:**

- Understanding and acknowledging carer circumstances during case management and making appointments, such as carer responsibilities for existing children, job demands, routines, travel etc. – better communication and consultation
- Understanding about impacts on family from slow decision making in relation to child in care, and lack of certainty
- Consultation around carer arrangements around Christmas, Easter and school holidays.

### 13.33 Standards of care

In some workshops 'standards of care' (SOC) processes was discussed. Carers understood the necessity to provide good standards of care, and sought fairness and objectivity regarding triggers for this process, and subsequent assessment.

**For carers, 'good' is when:**

- The SOC is based on evidence, with discussions and negotiations before a SOC is issued
- The carer is not assumed to be providing deficient care before information exchange and discussion
- Limit SOC interventions until other measures have time to be undertaken
- The SOC process is not used as reprisal for advocacy or criticism, or resulting from a difficult departmental relationship
- Joint accountability for the quality of care provided for child in care.

**Ideas for change:**

- SOC to be used as an opportunity to further develop carer's skills, as needed

### 13.34 Completion of placement

Carers discussed different scenarios that constitute the completion of a placement, including by mutual agreement with the department, or when the scheduled placement had been completed. This also included when a young person transitioned to independent living or was reunified with biological parents or kin, or the child in care was adopted.

**For the carer, 'good' is when:**

- A full debrief is undertaken with carer to assist future placements, if relevant
- Carer feedback to be included on file
- The handover is gradual and smooth as best possible, and the pace of change is comfortable for the child

**Ideas for change:**

- There is no judgment about the reasons why the placement finished, and future opportunities are provided
- There is future opportunity to be informed of the child's/young person's progress
- The option is open to receive the child back under respite conditions, if favourable to all parties.

### 13.35 Carer retention factors/exiting the system (anecdote from current carers)

Kinship carers, foster carers and respite carers explained that they could see that the child safety system is under constant pressure, with ongoing demands to place vulnerable children into care. Carers understood that the sector needed to retain carers to maintain ready capacity for children in care and for other children who would come into the system in the future.

**For carers, 'good' is when:**

- CSO and agencies identify that a carer is under duress and at risk of disengagement, and support and encouragement is provided
- Exit interviews are always undertaken and any learnings shared and are influential in ongoing departmental practice.

**Ideas for change:**

- Review and implementation of the ideas for change proposed at the Partners in Care workshops to improve the overall care environment
- More respite for carers who are struggling with home circumstances
- More training to be able to respond to challenging behaviours, especially in teen years.

### 13.36 Other findings and perspectives/Miscellaneous section – to be reviewed

- RE should be more visible
- Kicbox allows child in care to connect with each other, so that they benefit from connecting with young people who have been through or are going through similar situations
- OPG to be more independent
- Community visitor to have more power
- Social media management
- Sexual behaviour.

## 14. Priority issues and opportunities for Government and FCQ

Across the state-wide workshop series, common themes emerged, supported by many practical suggestions. While table based discussions were based on specific topics and interests, carers provided consistent comments about their experience as a carer, irrespective of the topic. Carers also provided consistent comment on specific topic areas.

The consistently of comment provides the department and sector with further understanding of the priority interests of carers. This presents the opportunity to recognise and address these interests, and to improve the care experience from the perspective of the carer *. (This is not to imply that specific or individual comments don't have merit and ought not to be considered by the department/ child safety sector).

The consistent comments that represent carer priorities* include:

| **Theme** | **Carer expectation/ suggested initiative** |
|---|---|
| Relationship and communication *as Partners in Care* | • Carers are respected colleagues and genuine 'Partners in Care'<br>• High standards of proactive, respectful communication takes place between the department, carers and agencies<br>• All parties dedicate themselves to getting off to a good start, to build the basis for good working relations<br>• Communication standards and frequencies are established between the CSO/ CSSO and the carer<br>• Timely response to carer contact, particularly about decisions sought<br>• Stable and constant carer-CSO relationships – more retained knowledge and history of child in care to assist good decision making<br>• Carer advocacy is respected as the carer acting in best interests of the child<br>• Carer routines are considered when planning family contact visits, medical and counselling appointments etc.<br>• Informal information and social sessions are held with departmental staff to build relationships and to provide briefings and professional development<br>• Produce 'day in the life of a CSO' and 'day in the life of a carer' video or material to build mutual appreciation for roles and challenges. |
| Decision making and outcomes for children in care | • Carers able to make every day, care-related decisions for the child in their care<br>• Carers are involved in decision-making about the child in care, within a care team environment or with the CSO/ CSSO<br>• Streamlined medical approval, with carers given decision-making approvals on a case to case basis<br>• CSOs push approvals processes for decisions and agreed support, without the need for follow-up by carer or foster carer agency<br>• Response times for decisions reflect urgency of the issue/request<br>• If there are delays to decisions, carers are kept informed<br>• Back-up CSO to progress decisions when case manager is not available<br>• Streamlined travel approval processes, whereby particular types and timing of travel is pre-approved<br>• Streamlined passport approval. |
| Information quality, transparency and information sharing | • Complete information about the child is provided at the time of placement, particularly time-critical information, such as health issues, medication, and dietary needs<br>• Full disclosure of known medical conditions and/ or disability, so that the carer can assess whether they can cope and care for the child<br>• Information provided by carers is valued in decision making and retained on file |

| Theme | Carer expectation/ suggested initiative |
|---|---|
| | • The roles and responsibilities of all care team members are known, and team members are accountable to deliver on their responsibilities<br>• Access to information at one point, with suggested online portal or 'app' as repository for child's information, which is regularly updated<br>• Life story is actively completed for all children, which travels with children wherever they live, providing an account of their life history and achievements – ongoing roll out and further development of Kicbox<br>• CSSO staff list distributed to carers with roles and responsibilities, and this is updated as positions change. |
| Caseload, capability and capacity | • Manageable CSO/ CSSO caseload/ workload<br>• Specialist, experienced CSOs dedicated to active case management of children with complex needs, with reduced case loads<br>• CSO has the time and ability for more active case management role when needed<br>• Training and mentoring on relationship formation with children<br>• Thorough handovers between CSOs, and the carer is advised when the handover has been completed and the new CSO can be contacted |
| Case management, planning and support | • Needs assessments are completed as early as possible following the child's entry into the child safety system – medical issues, mental health, behavioural, learning needs etc.<br>• A fully inclusive care team is formed to work in the best interests of the child, with the carer included<br>• Teams consider the longer-term needs of the child, including the different support requirements across developmental phases<br>• The suite of available support is known and available: respite, counselling, medical, financial entitlements etc.<br>• Children with complex needs and/or disability are appropriately supported<br>• NDIS transition is supported by the Department, so that the child and carer is not vulnerable within changing system<br>• Trauma related counselling and interventions are priorities<br>• Child care support is standard<br>• Care plans include financial commitments<br>• Consistent financial eligibility, payment and reimbursement standards and outcomes applied across regions<br>• Pre-approved financial expenses, with reduced onus on carer to prove basic expenses from agreed price list<br>• More streamlined access to Medicare for child in care/processes in relation to Medicare are streamlined and updated<br>• Medicare card is provided to carer as soon as practical<br>• Individual education planning to maintain engagement in schooling<br>• Dedicated learning support is available<br>• More respite capacity, including in regional Queensland<br>• Respite sourced and provided from carer's extended network, noting blue card requirements |
| Policy/ care model philosophy | • Flexibility in care model, with less, literal application of rules and policies, when alternative positions would provide better outcomes<br>• The Department and government revisits the ultimate goal of promoting reunification<br>• Fewer children on short term orders<br>• If supervised contact is continuing following two years, then move to a longer term or other more permanent care order |

| Theme | Carer expectation/ suggested initiative |
|---|---|
| | • Parents are advised of options from 18 months (or agreed expiry time); and from this time there is pathway to adoption or more permanent arrangements to normalise life for the vulnerable child |
| Kinship carer | • Recognition that kinship carers have separate needs, with specific relationships with the department sought, depending on the preference of the kinship carer (some seeking more or less involvement and support)<br>• Kinship carers are supported with parental contact as needed, and are not expected to manage all parental contact, without assuming no support is needed<br>• Kinship carers are eligible for respite |

*# Carers regularly advocated that these interests can provide better care outcomes for a child in care*

** Note this has been disaggregated from topics list (see section 9) and key themes (see section 13).*

## Implementation considerations

*This section is under development*

Stakeholders involved in the Partners in Care program strongly expressed support for the engagement program. Carers expressed their expectation that initiatives would be confirmed, communicated and implemented following departmental consideration.

There appeared to be understanding among carers that planning and funding new initiatives would take time to get right, and may require additional consultation to confirm scope. An example is the proposal for an online information 'portal' for carers.

There were other examples that could be implemented relatively soon, such as improved, proactive communication.

Following are considerations about implementation in the context of workshop outcomes:

- Some ideas were very tangible, practical and can be readily defined
- Some comments were expressed as practice principles and concepts, where carers present at the workshop, or not present would hold varied perspectives. These concepts would need to be tested.
- As the carer-CSO model is based on many personality and communication variables it isn't possible to standardise all parts of communication to the satisfaction of all parties, at all times. However, all parties identified that the standard of communication could be enhanced.

# PARTNERS IN CARE

## DRAFT Engagement Report

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## Version history

| Version | Author | Issue purpose | Date |
|---|---|---|---|
| V1 | GB/ consultant | Early draft only | 4-Aug-17 |
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## Executive summary

The Department of Communities, Child Safety, and Disability Services (the Department), partnered by Foster Care Queensland (FCQ) undertook the 'Partners in Care' engagement program across mid-2017, consisting of 17 consultation sessions with carers, and other stakeholders across the foster and kinship care sector. The engagement, held in workshop format, provided the opportunity for the department to gather direct input from foster and kinship carers and foster care agencies across the State about ways to further enhance partnerships across the care sector.

In total, **410** foster and kinship carers and foster care agencies, attended the workshop series. The collective experience of foster and kinship carers contributed to highly informed discussions, based on over **1,800 years** of cumulative experience.

Facilitated discussions within the workshop were based on the known priorities of foster and kinship carers, as identified through various data sources, such as the biennial FCQ survey. Carers chose their preferred workshop topics, with the most regularly requested topics including:

- Your relationship with the department
- Making decisions about the child in your care
- Being part of the child care team
- Information you need to care for a child
- Permanent placement

The engagement program was designed to seek practical solutions to high priority interests. In responding to structured questions: "what does good look like?" and "what are your ideas for change?" carers provided numerous suggestions and solutions, with over **2,200 comments** recorded.

There were consistent outcomes from most sessions, despite the diversity of geographic locations. In response to selected topics and the structured questions, foster and kinship carers most commonly expressed the following aspirations:

- Thorough information is provided about the child when placed into care, particularly time-critical background such as medical issues and dietary needs
- A care plan is prepared for the child as soon as practical based on their specific circumstances and needs, (e.g. learning, health and disability support) and this is supported/ funded and a copy is provided to the carer
- Collegiate, mutually-respectful relationships between carers and Child Safety Services Centres (CSSCs) as the basis for good communication, in the interests of the child in care
- Timely and proactive communication between carers and CSSCs, with responsive return contact, consistent with the stated urgency of the request or issue
- Carer can contribute to decisions about the child in their care
- Carer can make everyday decisions about the child in their care, and able to make decisions during medical emergencies
- Carer routines and home circumstances are considered in case management planning, such as when family contact and medical appointments are scheduled
- Reduced numbers of children on short term orders, and more home stability and certainty for young people
- Kinship carer differences are understood, with specific frequency of communication and support arrangements, as preferred by the kinship carer.

Attendees noted that most aspirations were current intents, and applied in some circumstances but not consistent in their experience. The sessions were highly constructive and the consultation exercise itself was affirming for carers, as indicated by greater than 90% satisfaction rate through the feedback surveys.

Attendees and FCQ understood that the department would receive a report that collated the feedback, and following consideration, the department would make a response. Regions also undertook to consider and begin to implement initiatives following local workshops.

## 1. Purpose and timing of engagement

The Department of Communities, Child Safety, and Disability Services (the Department), in partnership with Foster Care Queensland (FCQ) implemented the Partners in Care engagement program across mid-2017, consisting of 17 consultation sessions with carers, and other stakeholders in the foster and kinship care community.

The engagement, held in workshop format, provided the opportunity for the department to gather direct input from foster and kinship carers and foster care agencies across the State about ways to further enhance partnerships across the care sector.

The workshops were normally 2-3 hours in duration, independently facilitated, with senior Departmental personnel in attendance to hear directly from carers about their care experience and relationship with the Department. The program commenced with a Partners in Care session at the 2017 Foster and Kinship Care Conference in late April 2017 and concluded in late June 2017.

The engagement is intended to inform future state-wide and local actions plans, along with implementation of initiatives to directly improve the care environment for children in out-of-home care, and their foster and kinship carers. This report includes many 'ideas for change' from carers for the Department to consider and make future response to.

The objectives of the Partners in Care engagement program were to:

- consider issues raised from previous engagement in more detail to identify practical solutions for implementation to further improve the care environment for children in out-of-home care, and their foster and kinship carers.
- engage foster and kinship carers to further define their preferred role as a member of a 'care team', working collaboratively to support the safety, belonging and wellbeing of children in family based care.
- engage foster and kinship carers to help shape their relationship with the Department
- recognise the importance and dedication of carers as a valued member of care teams.

## 2. Engagement context

A priority for the Department and FCQ was to progress solutions to various issues and opportunities, as identified through other engagement with the sector.

The Queensland foster and kinship care sector has the been the subject of several reviews, along with ongoing stakeholder engagement and consultation. Consultation activities have included include:

- Engagement at the Foster and Kinship Carer Week Conference 2016 and 2017
- Exit carer surveys from Foster Care Queensland
- 2016 biennial online survey of carers
- KicBox engagement
- KPMG project on the health and wellbeing of children in care
- Priority Access Project – Foster Care Queensland
- "Working Together to Care for Kids – The survey of Foster and Kinship Carers from the Australia Institute of Family Studies and the Department of Social Services (Commonwealth Government).

The Partners in Care engagement program built from earlier engagement and the known issues and priorities of foster and kinship carer. To provide focus and make progress on known issues, topics were proposed by the Department and ratified by FCQ. The topics were identified through the review of many reports and previous consultation findings. During the RSVP process, carers and agencies registered the topics they wished to discuss. The workshop topics are listed

**Creating a positive care environment for retention and recruitment:** In undertaking this engagement, the Department recognised the need for positive conditions around the recruitment and retention of foster and kinship carers, with ongoing demand for foster and kinship placements. Through this engagement the Department is seeking to support conditions whereby more people will be interested and willing to become carers, and existing carers continue to provide out of home care for vulnerable children.

## 3. Stakeholders and roles within the engagement process

**Key stakeholders involved**

The key stakeholders targeted for engagement and participation within the Partners in Care workshops included:

1. Foster and kinship carers
2. Respite carers
3. Foster care agencies
4. Foster Care Queensland

## 4. Role and limitations of this report

The purpose of this report is to extend upon the findings of a range of consultation sources to identify and nominate priority actions to improve the care environment for foster and kinship carers.

This report has been drafted by The Comms Team, an independent, specialist stakeholder engagement agency, who led the facilitation of the Partners in Care workshops. The report records the rich anecdotal input of carers as provided at the 17 state-wide workshops. The consultant has coded and organised input as provided from the workshops, and the Department and FCQ will further interpret the findings to nominate key actions for implementation.

### Reliability of findings

The consultation team considers that the collected data has a high level of reliability and validity. This confidence is based on the amount of data collected, years of cumulative care experience, key stakeholder representation, and the consistency of the responses provided by participants. In total the 17 state-wide sessions were attended by 410 participants, with 1,831 years of care experience.

Some of the reliability indicators and factors include:

- large sample set
- high proportion of key stakeholder sets involved (predominately carers)
- large rich anecdotal set (over 2,200 items of data collected over 18 sessions involving 410 participants)
- highly consistent subject themes from multiple locations, over several weeks

- anecdotal information appeared not be influenced by external factors such as media publicity and political announcements
- limited disparity of data received (very limited outlying or unique comments)
- highly aware and informed audience
- high degree of engagement with subject
- comments recorded immediately by subject matter experts.

There are some sample strengths and limitations, which should be noted, but do not detract from overall reliability in the view of the authors. More women than men participated by a ratio of approximately 8:1. It is also known that most lead carers in the family tend to be women, which is represented as a strength of the sample. Based on the consistency of responses among male and female participants, there is no indication that gender generated bias within the sample.

FCQ and the Department identified that the apparent age of attendees accorded with the carer age profile, with representation of carers from approximately aged 30, with most carers aged between 40-55 years. There was representation of more senior, very experienced carers, including kinship carers. There is no indication that the age range and proportion generated bias within the sample. There was also a mix of foster and kinship carers to assist a balance of views.

The sample was largely self-selecting, with some attendees registered by foster care agencies and encouraged to attend. As most groups identified positives and negatives within their care experience, it is unlikely that the findings are biased in terms of attendee sentiment.

There was also a smaller sample of Aboriginal attendees, however this small sample provided valued input on the circumstances and expectations of Aboriginal communities and carers.

### Data analysis

Conventional qualitative data analysis methods were applied, by designing themes and codes following the collection and review of anecdotal data. These themes, listed at **Section 13**, provided the structure to tabulate the most common perspectives on foster and kinship carers experience.

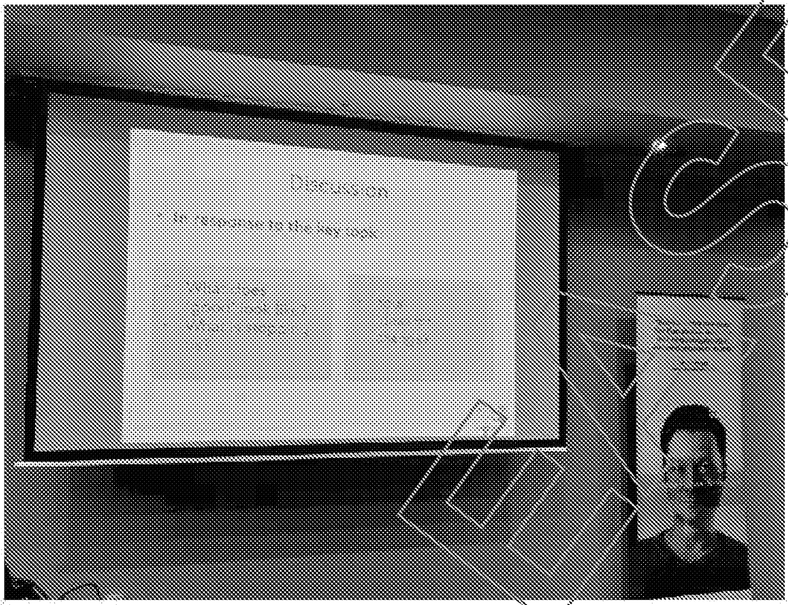
## 5. Engagement format

**Collaborative model:** In accordance with the Department's standards for engagement, the International Association of Public Participation (IAP2) framework has been applied to the Partners in Care engagement. IAP2 is an internationally recognised model of values and best practices for involving the public in decisions-making processes. Reflecting the Department's commitment to work with foster carers and key partners to identify solutions to challenges, a collaborative engagement was implemented.

**Format:** Face-to-face workshops were undertaken in key population centres, with a mix of urban and regional areas, enabling the highest proportion of foster and kinship carers to attend. Day time and evening session were offered to maximise attendance, with child care provided where required. Workshops ran for 1.5 – 2.5 hours with between five (5) and 50 attendees. Foster and kinship carers were invited through FCQ, foster carer agencies and by the Department. Carers were provided a list of suggested topics to choose from when registering.

**Ability to discuss priority topics in a small group environment:** The engagement program was designed by the Department's in-house Strategic Communication and Engagement, supported by 'The Comms Team'. Following introductions and context setting by senior Departmental and FCQ representatives, for much of the time attendees discussed the topics in small groups. Led by the Departmental table based facilitators, participants provided responses to;

- What does good look like?
- What is stopping us?
- Your ideas for change?



**Workshop record-keeping and reporting:** Table facilitators reported their findings to the entire workshop group within the session, ensuring what had been captured was an accurate reflection of the participant's feedback. Table facilitators regularly checked with participants that they had provided accurate and inclusive feedback. All notes were collated for the preparation of this report. Session specific notes were compiled into a workshop report for the region to review and consider local responses and actions.

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## 6. Engagement program

The following workshops were held across Queensland over a ten-week period, between Monday 29 May and Friday 21 July.

| **Workshop location** | **Date and session (AM/PM)** |
|---|---|
| **Cairns (Foster and kinship carer conference)** | Sunday 30 April (AM) |
| **Ipswich** | Monday 29 May (AM) |
| **Lake Kawana** | Friday 2 June (AM) |
| **Cairns** | Tuesday 6 June (AM) |
| | Tuesday 6 June (PM) |
| **Townsville** | Thursday 8 June (AM) |
| | Thursday 8 June (PM) |
| **Mackay** | Monday 12 June (AM) |
| **Rockhampton** | Wednesday 14 June (AM) |
| **Logan** | Tuesday 20 June (AM) |
| | Tuesday 20 June (PM) |
| **Maryborough** | Thursday 13 July (AM) |
| **Mt Isa** | Monday 17 July (AM) |
| **Mt Gravatt** | Wednesday 19 July (AM) |
| | Wednesday 19 July (PM) |
| **Nerang** | Thursday 20 July (PM) |
| | Friday 21 July (AM) |

*Table 1 – workshop schedule*

## 7. Partners in care participants and roles

The following project stakeholders participated in the partners in care engagement program, relative to their individual roles.

### 7.1 Foster and kinship carers

Foster and kinship carers are those people and families that provide family-based care; offering safe, caring homes for children and young people who are unable to live with their own families.

The participation of foster and kinship carers in the Partners in Care workshops was vital to ensuring the outcomes accurately reflected the experiences of carers. The workshops were centred on ensuring foster and kinship carers could discuss topics that were of interest/relevant to their experiences as carers.

### 7.2 Department of Communities, Child Safety and Disability Services

The Department of Communities, Child Safety and Disability Services is the Queensland Government department responsible for primary child protection and adoption services.

The department is dedicated to protecting children and young people from harm, or who are at risk of harm, and whose parents cannot provide adequate care or protection for them. The department works closely with non-government and government partners in the delivery of child protection services across Queensland.

The department's c and CSS were responsible for the management and delivery of the Partners in Care workshops across Queensland. In addition to providing the necessary staffing support for workshops, the Department and CSS have compiled, reviewed and assessed the outcomes of the workshops to prepare an action plan.

### 7.3 Foster Care Queensland

Foster Care Queensland (FCQ) is a non-government organisation and is the peak body for foster carers. The membership of FCQ is open to all foster, kinship and provisionally approved carers, with FCQ supporters able to hold associate membership.

Among their duties as a peak body, FCQ provides policy advocacy, carer training, advocacy on behalf of carers, and assists with carer recruitment.

FCQ partnered with the Department to conduct the Partners in Care workshops across Queensland. The FCQ survey, mentioned earlier, informed the selection of workshop topics.

In addition to attending, promoting and recruiting carers to the workshops, FCQ is working closely with the Department to determine the actions, based on the feedback provided at workshops.

### 7.4 Foster care agencies

Alongside peak bodies and advocacy groups, community foster care agencies play a key role in providing foster care related services throughout Queensland. They provide a range of shared family care services, relating to:

- foster carer recruitment
- foster carer training
- foster carer support
- placement of children and young people in foster care
- other child protection support services.

Some foster care agencies promoted the workshops and recruited attendees. Some foster care agencies attended the workshops to support carers and share their own input, experiences and feedback, but not all foster carer agencies attended sessions. The contribution of some foster carer agencies was vital in attendance levels, as they provided child care in order to carers to be able to attend.

## 8. Participation profile

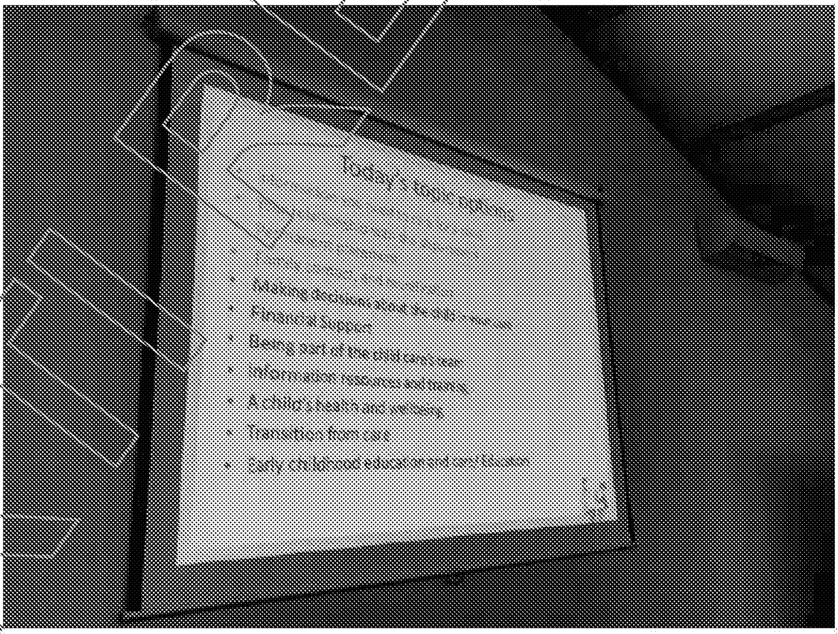
Approximately 410 carers and 40 foster carer agency staff attended the 17 Partners in Care workshops. Of the carer cohort, approximately 40 kinship carers attended. Twelve (12) carers identified as Aboriginal or Torres Strait Islander.

Approximately 135 departmental representatives attended the workshops. Representatives included the Director-General, regional department executives, service centre managers, Child Safety Officers and managers, members of the program and commissioning teams, and members of the communications and engagement unit.

## 9. Key topics offered and selected

Foster and kinship carers selected topics for discussion from a list of 12 possible topics. Topics were developed based on the feedback provided in recent consultations activities. (see Section 4 – Context of engagement). Workshop topics are listed below.

1. Information you need to care for a child
2. Your relationship with the Department
3. Being part of the child's care team
4. Training information resources
5. Financial support
6. Making decisions about the child in your care
7. Family contact and reunification
8. Permanent placement
9. The child's health and wellbeing
10. Early childhood education and care
11. Education
12. Transition from care.



**_Participants selected their preferred topics for discussion_**

Based on the above options, foster and kinship carers discussed the following topics at the relevant workshops detailed below. Some workshops included multiple tables discussing the same topic. This is indicated in the table below against the relevant topics.

| Workshop location | Date | Topics |
|---|---|---|
| **Ipswich** | Monday 29 May | • Financial support<br>• Information you need to care for a child<br>• Making decisions about the child in your care<br>• Your relationship with the department<br>• Being part of the child care team |
| **Kawana** | Friday 2 June | • Making decision about the child in your care<br>• Financial support<br>• Your relationship with the department (x 2)<br>• Permanent placement<br>• Being part of the child care team |
| **Cairns** | Tuesday 6 June (AM) | • Information you need to care for a child<br>• Making decisions about the child in your care<br>• Your relationship with the department<br>• Being part of the child care team |
|  | Tuesday 6 June (PM) | • Being part of the child care team<br>• Information you need to care for a child |
| **Townsville** | Thursday 8 June | • Your relationship with the department (x3)<br>• Information you need to care for a child |
|  | Thursday 8 June | • Making decisions about the child in your care<br>• Financial support |
| **Mackay** | Monday 12 June | • Your relationship with the department<br>• Information you need to care for a child<br>• Family contact and reunification |
| **Rockhampton** | Wednesday 14 June | • Your relationship with the department (x2)<br>• Being part of the child care team |
| **Logan** | Tuesday 20 June (AM) | • Your relationship with the department<br>• Making decisions about the child in your care<br>• Information you need to care for a child<br>• Being part of the child's care team<br>• Permanent placement |
|  | Tuesday 20 June (PM) | • Your relationship with the department (x2)<br>• Making decisions about the child in your care<br>• Information you need to care for a child |
| **Maryborough** | Thursday 13 July | • Information you need to care for a child<br>• Making decisions about the child in your care<br>• Permanent placement<br>• Your relationship with the department |
| **Mt Isa** | Monday 17 July | • Being part of the care team<br>• Transition from care<br>• Making decisions about the child in your care<br>• Information you need to care for a child<br>• Your relationship with the department<br>• Financial support |
| **Mt Gravatt** | Wednesday 19 July (AM) | • Being part of the child care team<br>• Your relationship with the department (x2)<br>• Financial support<br>• Permanent placement<br>• Information you need to care for a child<br>• Family contact and reunification |
|  | Wednesday 19 July (PM) | • Family contact and reunification<br>• Information you need to care for a child<br>• Your relationship with the department (x2) |
| **Nerang** | Thursday 20 July | • Being part of the child care team<br>• Permanent placement<br>• Financial support<br>• Your relationship with the department |
|  | Friday 21 July | • Your relationship with the department<br>• Information you need to care for a child<br>• Family contact and reunification<br>• Being part of a child care team<br>• Making decisions about the child in your care |

## 10. Role of department

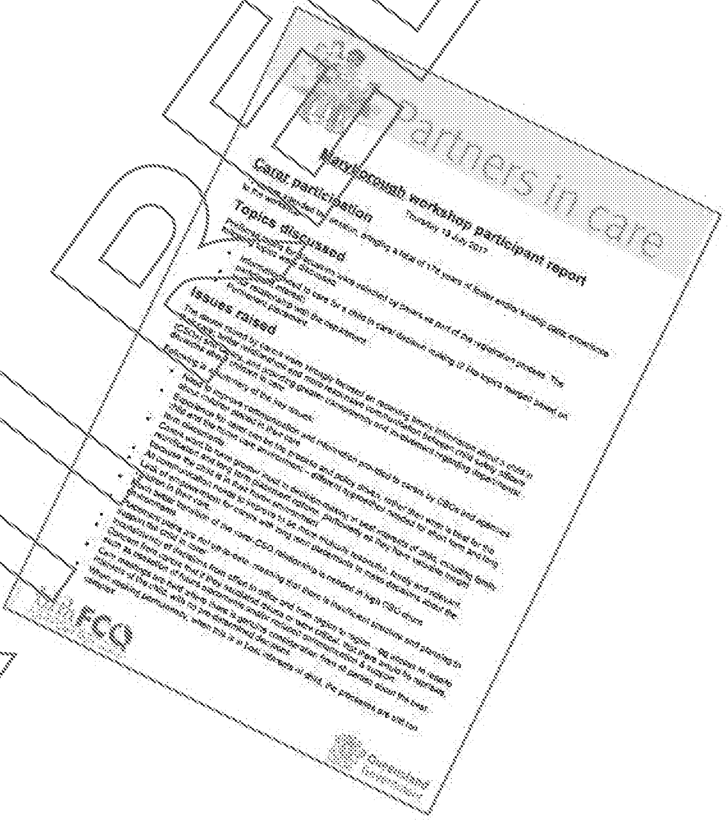
The Department led and resourced the Partners in Care engagement and all workshop sessions. The Department, led by Strategic Communications and Engagement, designed the workshop structure and attendee recruitment processes.

Experienced Departmental practitioners and engagement personnel were 'hands on' during the session through facilitation and record keeping of table based discussions.

Senior departmental representatives attended all sessions and provided a formal welcome to attendees, recognition of country, reflection following carer feedback, and factual responses to technical or specific interests. Importantly, departmental representatives listened and respectfully acknowledged rather than contended any input. On a small number of occasions a Department representative provided factual information when there was uncertainty about the status of a policy or initiative.

## 11. Role of local/regional reporting and action plans

In addition to the preparation of this report, session reports were provided to local regions. From these reports, regions can build local action plans based on practical change that can implemented at a local CSSC or regional level. The local reports included: key issues raised and ideas for change. All session reports are attached at Attachment 1. Following is the first page of a sample regional Partners in Care session report:



Partners in care

Maryborough workshop participant report

Thursday 13 July 2017

Carer participation

Topics discussed

Issues raised

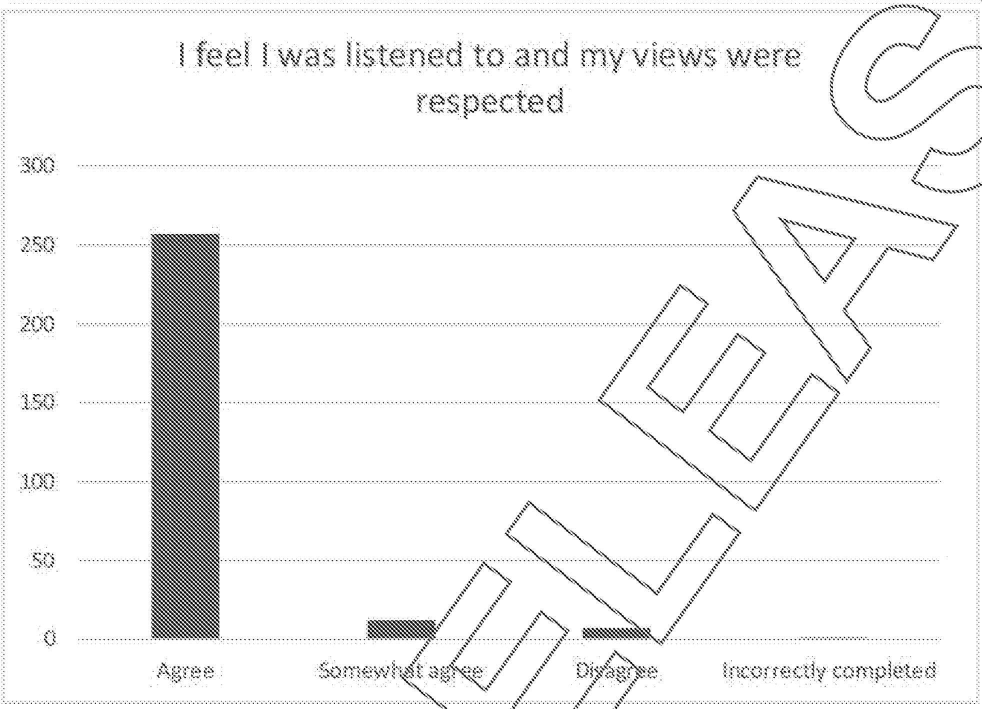
FCQ

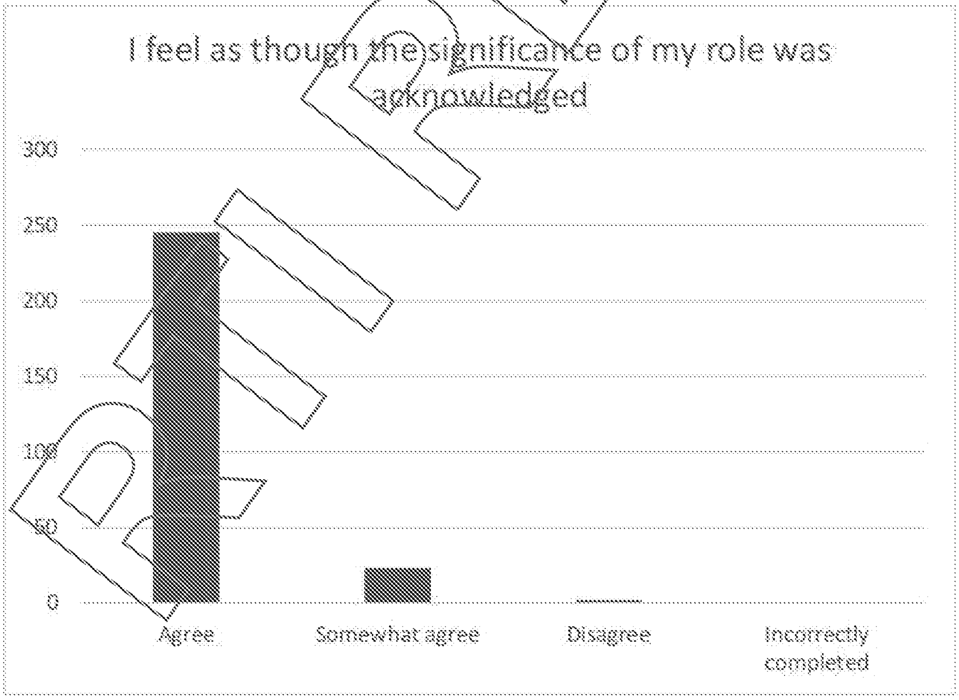
Queensland Government

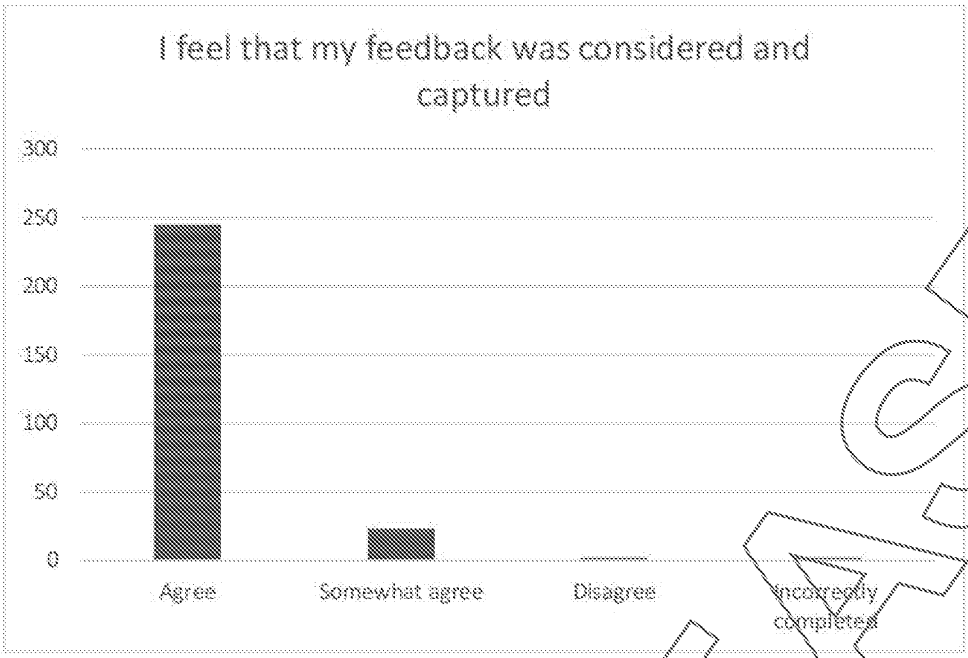
## 12. Participant feedback and satisfaction with engagement process and program

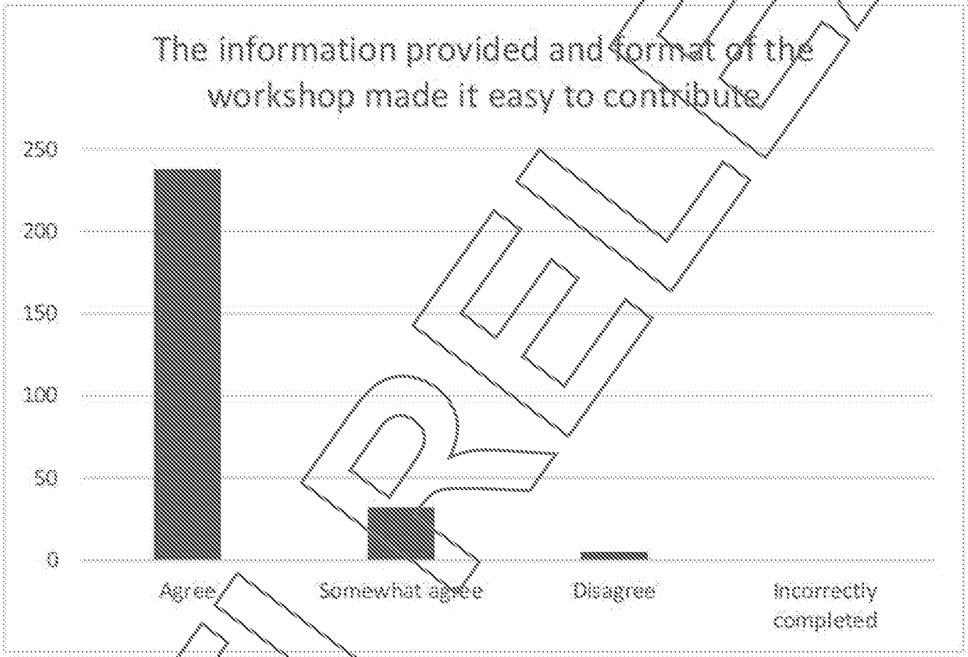
Following each workshop, participants were asked to complete a short satisfaction survey. The outcomes of each workshop were reported on, noting any comments or recommendations for consideration at upcoming workshops.

The findings from the 270 satisfaction surveys received are detailed below.









The feedback received was overwhelmingly positive, with 93 percent of participants indicating they felt listened to and that their views were respected.

Of all participants, 91 percent also felt their input within the session would be considered and that the significance of their role was acknowledged.

Participants were also satisfied with the information provided at the workshop with 86 percent agreeing the information and format of the workshop made it easy to contribute.

Following is an overview of the feedback provided:

Positive feedback was received on the format. Participants indicated small group discussions provided a good format, as was the option to discuss a range of topics. Other feedback from the sessions included:

- "The 'parking lot' worked well and the visual display of ideas"
- "The facilitator was keen to hear and record the information"
- "The format allowed everyone to contribute"
- "Loved a facilitator at the table"
- "Hearing the overview of the meeting was very worthwhile"
- "Enthusiastic acceptance of ideas and suggestions"
- "This was an excellent opportunity; especially as senior departmental staff were available. Very worthwhile"
- "Was a wonderful, non-confrontational forum. Loved having a facilitator at the table.

Participants expressed appreciation for the opportunity to be involved in the program, with feedback including, "being invited, having ideas heard makes people feel respected and acknowledged" and "it was evident that the views of carers were noted".

- "Very pleased my views were heard. A constructive and positive group. Well done"
- "Enjoyed the forum, was listened to and opinions respected"
- "It was great to work together to get a better service for our children in need"
- "Thank you for the opportunity to have a say"
- "I was part of a fantastic table of carers, agency staff and department staff - would make an awesome care team"
- "A very helpful workshop. Very supportive, great ideas!"
- "Very glad that foster carer feedback was prioritised"

Participants were also keen to be further involved and understand the outcomes of the program and how it will influence change. With one participant stating:

- "I really hope that what is discussed here is taken on board and put into practice".
- "Looking forward to seeing the outcomes put into place"
- "Looking forward to an overall result of the purpose for change to improve areas for foster care"
- "I think this needs to be regular and ongoing. Great to be able to discuss and hear different perspectives."

Participants also suggested more time could have been allocated to discuss each of the topics. This was noted at the outset of the program; however, the workshop format was developed to maximise input while being considerate of participant's time.

Other notable written feedback provided on the forms included:

- Introduction of a regional newsletter/ directory of who's who
- Standardisation of policy and procedures between offices and regions
- Opportunity for carers to have more input in decision making
- Appoint a High Support Needs Allowance (HSNA)/ Complex Support Needs Allowance (CSNA) specialist for each region
- I would have liked to be able to answer questions or make comment on each topic. Maybe a survey.
- Venue was too noisy and it was hard to hear
- Great having a cross section of people from different areas – agency, carers and departmental staff

- A forum where carers are able to share experiences would be beneficial
- Ran out of time to discuss complex/high care needs and permanent care
- I would have liked to talk to other tables to provide comment on other questions being discussed but appreciate time was limited
- It was frustrating to hear suggestions to bring about change, and to hear they are happening in other regions already, but good to move in that direction
- I think people found it too easy to get bogged down by their negative experiences without putting forward/brainstorming solutions.

Participants at the **Ipswich** workshop, as an example, agreed they felt listened to and valued, with feedback including:

- “Everything on our table suggested was written down and discussed”
- “Everyone in our group had their say and it was a passionate discussion we all agreed on what was said”
- “Whole-heartedly agree that I was listened to.”
- “I felt valued here”
- “This was an excellent opportunity, especially as senior department staff were available. Very worthwhile”
- “Was a wonderful, non-confrontational forum. “I felt carers were genuinely respected today in this process”
- “This was the first time I feel we were listened to”
- “This needs to be regular and ongoing. Great to be able to discuss and hear different perspectives”
- “Very safe environment to contribute and give constructive feedback”
- “Enthusiastic acceptance of ideas and suggestions”

## 13. Priority issues and opportunities for Government and FCQ

Across the state-wide workshop series, common themes emerged, supported by many practical suggestions. While table based discussions were based on specific topics and interests, carers provided consistent comments about their experience as a carer, irrespective of the topic. Carers also provided consistent comment on specific topic areas.

The consistently of comment provides the department and sector with further understanding of the priority interests of carers. This presents the opportunity to recognise and address these interests, and to improve the care experience from the perspective of the carer *. (This is not to imply that specific or individual comments don't have merit and ought not to be considered by the department/ child safety sector).

The consistent comments that represent carer priorities* include:

| **Theme** | **Carer expectation/ suggested initiative** |
|---|---|
| Relationship and communication *as Partners in Care* | • Carers are respected colleagues and genuine 'Partners in Care'<br>• High standards of proactive, respectful communication takes place between the department, carers and agencies<br>• All parties dedicate themselves to getting off to a good start, to build the basis for good working relations<br>• Communication standards and frequencies are established between the CSO/ CSSC and the carer<br>• Timely response to carer contact, particularly about decisions sought<br>• Stable and constant carer-CSO relationships – more retained knowledge and history of child in care to assist good decision making<br>• Carer advocacy is respected as the carer acting in best interests of the child<br>• Carer routines are considered when planning family contact visits, medical and counselling appointments etc.<br>• Informal information and social sessions are held with departmental staff to build relationships and to provide briefings and professional development<br>• Carer involvement in CSO training and CSO involvement in Carer training to build mutual appreciation for roles and challenges. e.g. Produce 'day in the life of a CSO' and 'day in the life of a carer' video/ presentation. |
| Decision making and outcomes for children in care | • Carers able to make every day, care-related decisions for the child in their care<br>• Carers are involved in decision-making about the child in care, within a care team environment or with the CSO/ CSSC<br>• Streamlined medical approval, with carers given decision-making approvals on a case to case basis<br>• CSOs push approvals processes for decisions and agreed support, without the need for follow-up by carer or foster carer agency<br>• Response times for decisions reflect urgency of the issue/request<br>• If there are delays to decisions, carers are kept informed<br>• Back-up CSO to progress decisions when case manager is not available<br>• Streamlined travel approval processes, whereby particular types and timing of travel is pre-approved<br>• Streamlined passport approval. |
| Information quality, transparency | • Complete information about the child is provided at the time of placement, particularly time-critical information, such as health issues, medication, and dietary needs<br>• Full disclosure of known medical conditions and/ or disability, so that the carer can assess whether they can cope and care for the child |

| Theme | Carer expectation/ suggested initiative |
|---|---|
| and information sharing | • Information provided by carers is valued in decision making and retained on file<br>• The roles and responsibilities of all care team members are known, and team members are accountable to deliver on their responsibilities<br>• Access to information at one point, with suggested online portal or 'app' as repository for child's information, which is regularly updated<br>• Life story is actively completed for all children, which travels with children wherever they live, providing an account of their life history and achievements – ongoing roll out and further development of Kicbox<br>• CSSC staff list distributed to carers with roles and responsibilities, and this is updated as positions change. |
| Caseload, capability and capacity | • Manageable CSO/ CSSC caseload/ workload<br>• Specialist, experienced CSOs dedicated to active case management of children with complex needs, with reduced case loads<br>• CSO has the time and ability for more active case management role when needed<br>• Training and mentoring on relationship formation with children<br>• Thorough handovers between CSOs, and the carer is advised when the handover has been completed and the new CSO can be contacted |
| Case management, planning and support | • Needs assessments are completed as early as possible following the child's entry into the child safety system – medical issues, mental health, behavioural, learning needs etc.<br>• A fully inclusive care team is formed to work in the best interests of the child, with the carer included<br>• Teams consider the longer-term needs of the child, including the different support requirements across developmental phases<br>• The suite of available support is known and available: respite, counselling, medical, financial entitlements etc.<br>• Children with complex needs and/or disability are appropriately supported<br>• NDIS transition is supported by the Department, so that the child and carer is not vulnerable within changing system<br>• Trauma related counselling and interventions are priorities<br>• Child care support is standard<br>• Care plans include financial commitments<br>• Consistent financial eligibility, payment and reimbursement standards and outcomes applied across regions<br>• Pre-approved financial expenses, with reduced onus on carer to prove basic expenses from agreed price list<br>• More streamlined access to Medicare for child in care/processes in relation to Medicare are streamlined and updated<br>• Medicare card is provided to carer as soon as practical<br>• Individual education planning to maintain engagement in schooling<br>• Dedicated learning support is available<br>• More respite capacity, including in regional Queensland<br>• Respite sourced and provided from carer's extended network, noting blue card requirements |
| Policy/ care model philosophy | • Flexibility in care model, with less, literal application of rules and policies, when alternative positions would provide better outcomes<br>• The Department and government revisits the ultimate goal of promoting reunification<br>• Fewer children on short term orders<br>• If supervised contact is continuing following two years, then move to a longer term or other more permanent care order |

| Theme | Carer expectation/ suggested initiative |
|---|---|
| | • Parents are advised of options from 18 months (or agreed expiry time); and from this time there is pathway to adoption or more permanent arrangements to normalise life for the vulnerable child |
| Kinship carer | • Recognition that kinship carers have separate needs, with specific relationships with the department sought, depending on the preference of the kinship carer (some seeking more or less involvement and support)<br>• Kinship carers are supported with parental contact as needed, and are not expected to manage all parental contact, without assuming no support is needed<br>• Kinship carers are eligible for respite |

*# Carers regularly advocated that these interests can provide better care outcomes for a child in care*

** Note this has been disaggregated from topics list (see section 9) and key themes (see section 13).*

### Implementation considerations

*This section is under development*

Stakeholders involved in the Partners in Care program strongly expressed support for the engagement program. Carers expressed their expectation that initiatives would be confirmed, communicated and implemented following departmental consideration.

There appeared to be understanding among carers that planning and funding new initiatives would take time to get right, and may require additional consultation to confirm scope. An example is the proposal for an online information 'portal' for carers.

There were other examples that could be implemented relatively soon, such as improved, proactive communication. In addition to the list above, following in section 14 there are many practical suggestions raised by carers and foster carer agencies.

Following are considerations about implementation in the context of workshop outcomes:

- Some ideas were very tangible, practical and can be readily defined
- Some comments were expressed as practice principles and concepts, where carers present at the workshop, or not present would hold varied perspectives. These concepts would need to be tested.
- The quality of communication was raised at every workshop. As the carer-CSO interactions are influenced by personality, communication preferences and lifestyle/ workload fatigue, and many other variables, it isn't possible to standardise all parts of communication to the satisfaction of all parties. However, all parties identified that the standard of communication could be enhanced, and there were many practical suggestions (please refer to section 14.7: 'Carer-CSO/ CSSC Communication', in particular).

## 14. Detailed findings

Over **2,200 data items** were recorded from the Partners in Care workshops, providing a rich, detailed anecdotal account of the Queensland foster and kinship care experience, as at mid-2017.

Discussion was framed around selected topics and set questions posed by session facilitators (refer to sections 9 and 10, previous). Participant responses to selected topics and questions were recorded by table facilitators, along with all comment provided during feedback discussions.

A 'parking lot' for personal or private comments was provided and this input was included. In some sessions participants preferred to make comments to a member of the consultation team rather than in an open discussion, and this was included in the findings. Information was coded into common themes.

Following coding the themes have been organised from the perspective of the **'journey' of the carer.** Themes are organised in approximate sequence from placement, experiences with a child in care, through to transition of children out of care.

- Carer recruitment and training for placement readiness
- Interface with foster carer agencies
- Placement experience and information provision
- CSO/ CSSC relationship, support and communication following placement
- CSO relationship with children
- Consistency of CSO-Carer relationship
- Carer-CSO/ CSSC Communication
- Relationship and experience with the Department
- The care team and care planning
- Support for a child's needs when in care – support services and financial
- Professionalising foster care
- Travel decision making
- Ongoing information and training needs
- Carer advocacy
- Issue resolution
- Child in care and education
- Child in care and the health system
- Child in care and disability support
- Child in care and the court system
- Reunification efforts and parental contact
- Parent/ family contact
- Family group meetings
- Experience for Aboriginal carers and Aboriginal kinship carers
- Siblings in care
- Transitions during placements
- Duration and types of placements
- Permanency and adoption
- Home visits by CSO or Department representative
- Role of respite and perspective of respite carers
- Kinship care experience and perspectives
- Considerations of carer's family
- Standards of care
- Completion of placement
- Carer retention factors/ carers exiting the system.

Findings are presented as provided by participants, without interpretation. The intention of this report is to provide client stakeholders with direct feedback from carer 'constituents'. Some findings are general and non-specific, and appear to need further interpretation and consultation before defining and agreeing actions.

***NOTE:*** *The findings are presented from the perspectives of the carer.*

## 14.1Carer recruitment and training for placement readiness

Throughout the workshops carers described their experience during their recruitment phase into foster care and their experience during early placements. Carers emphasised the need to be informed about the demands of foster care and levels of support to expect. Kinship carers generally provided less information on this subject as they felt more obligated to provide care for their extended family. However, some kinship carers also provided foster care or had association with foster carers, sometimes in a respite relationship, and provided comment on carer recruitment.

**For carers "good" looks like:**

- Carers understand the commitment needed and challenges they will face when becoming a foster carer
- Carers are well trained and are assisted to navigate through Departmental and sector systems
- Carers reconcile their personal values and beliefs with what is expected as a foster carer

**Ideas for change:**

- More trials for prospective carers through respite placements before taking on full time carer responsibilities
- More intensive and structured support by the Department and agency when a carer begins their first and early care placements
- Following the initial placement meeting, a follow up meeting takes place no later than the first quarter
- More standards of care training provided before first placement
- Department and Child Safety Officer (CSO) doesn't assume carer knows how to navigate systems following training, and checks carer's confidence and understanding
- Kinship carers can undertake the same training as foster carers, if they need or wish
- CSOs check that carers understand any additional requirements to care for child, and provide specific training for carers on systems and support
- Limiting respite in early months so that carer conditions themselves to 'stick at it' – but this depends on individual circumstances
- Orientation pack/better orientation pack to be provided at commencement of placement
- Providing all support information that is available, such as the foster carer handbook and child safety practice manual, supported with ongoing training
- Training is more professionalised, say at TAFE certificate level
- Early training needs to include 'module 5' - promoting positive behaviours, especially as most children will have experienced trauma
- Online training as an option
- The permanent "My Home" care initiative may attract more carers
- Role of FCQ is explained, and carer is required to provide contact details to FCQ
- Carers have first aid training
- Placements need to account for religious and cultural context for child and carer
- Consideration about use of the term 'placement', as it sounds administrative and not about the care of a vulnerable child.

## 14.2Interface with foster carer agencies

Discussions took place about the roles of foster care agencies and the carer's experience with agencies. Agency workers also attended and contributed to discussions. The outcomes are as follows:

**For carers, "good" is when:**

- The agency provides great support, when the relationship with the Department is difficult
- Agency should be a stronger advocate for carer and child
- There are customised placements
- Agency assists and takes over placement agreements to allow for the CSO and/or Child Safety Service Centre (CSSC) to take on a more managerial role
- Devolved administration to agencies
- Consistent understanding of the role and services provided by the foster carer agency
- Agencies receive training on relationship formation with children
- Reminders about training and what carers have RSVP'd to attend

**Ideas for change:**

- Carer liaises with agency to seek any missing information
- Agencies can provide leadership and new energy to care team meetings
- Agency has authority for financial delegations
- Agencies provide information on available peer networks, such as Facebook groups and events
- Carers being able to choose their preferred agency
- Carers being able to change the agency if the relationship isn't working out
- Greater role clarity between the Department – agency – carer – other services – Foster Care Queensland

## 14.3Placement experience and information provision

Participants provided their perspectives and experiences of the placement of children into their care. Carers hold the aspiration that a child in care has the same opportunities as an any child in a nurturing family, and there is no difference between a child in care and a child within a functioning family environment. To help meet this aspiration, carers expect appropriate lead times for placement requests, sufficient information about the child (e.g. Child Information Form (CIF)) at the point of placement and essential paperwork such as the 'Authority to Care (ATC)'.

Carers explained in their experience, the Departmental priority was to place a child into a safe environment. Carers understood this priority particularly under emergency and crisis situations, but also expected that information and plans would shortly follow.

Some carers also explained that because of demand on the child safety system, there can be expectation to accept more children into the carers' home where there may be capacity. There can also be expectations on some respite carers to take children on an ongoing or full time basis.

**For carers, "good" is when:**

- Providing all essential information to allow the carer to make an informed decision as to whether they can manage the placement
- All required information is provided when the child is placed into care, including full name, age, birth certificate, schooling, family background, siblings, medication, disability, illness, infections, ongoing appointments, e.g. medical, counselling etc.
- When infants are placed, information is provided about whether there has been breastfeeding, readiness for bottle feeding, and whether there are drug and alcohol detox issues
- The information provided, including within placement agreement, has full disclosure, including any known medical issues, disability, or specific care requirements – to ensure the carer knows as much as the department knows
- Information allows the carer to consider and plan for potential impacts on their biological family

- Information includes details on extended family to understand interface, such as whether relatives and siblings are at the same school
- Placement request respects carers family situation, work, planned leave etc.
- Carers demonstrate tolerance that not all information is known or can be shared, particularly in time sensitive or crisis situations
- Reduced numbers of children in care in the same home
- When sensitive information can't be shared, this is explained to the carer, rather than remaining as an apparent information gap
- Being clear with potential carers whether the placement is emergency and short term, or could be longer duration
- If the care placement is an emergency or short term placement, that all items that a child will need are brought along, e.g. nappies, clothes, toys, medication etc.

**Ideas for change:**

- Consideration about the term 'placement', as this sounds administrative and not about the care of a vulnerable child
- Full information suite about the child placed into care is provided as soon as practical, including full name, age, birth certificate, schooling, family background, triggers for behaviour, sleeping patterns, fears, how to comfort, 'medical passport', ongoing appointments, e.g. medical, counselling etc.
- Intensive initial meeting to provide a complete handover to ensure the carer is ready to take on responsibility, particularly if the child in care has complex needs and the carer is inexperienced
- Ongoing development and roll out of Kicbox
- Information portal where all child information is provided and updated – through internet and/or app. Authority to care is provided through app.
- Portal could include:
    - Follow up from meetings including placement agreements and actions – track status of actions
    - Some access for kids to have some say/control
    - Include a trouble shooting or advice service – click to chat or benefit from other carers experience and knowledge
    - Health passport auto access
    - Someone to moderate and administer guidance
- Information to be provided in hard copy, but caution whether this is reliable through post, as there can be delays
- Follow up still takes place – in person or over the phone, even if information has been made available
- More experienced carers available as mentors
- Greater promotion of Foster care Advocacy and Support Team (FAST) resource to assist new or struggling carers
- Placement agreements are comprehensive including background on previous placement, regularly updated and monitored
- Placement agreements have dual signature of the Department representative and carer
- The same 28-day agreement checklist should be used when an order is put in place
- Accurate Departmental contact details are provided and maintained
- Carer profile to be provided to children going into care, so they are informed about the family, house and background information, including photographs.
- Understand and respect whether a child is comfortable being identified as a child in care, and in kinship care

- Support placements with trauma related counselling and interventions to help prevent placements breaking down – paediatrician with speciality in trauma healing allocated to each CSSC
- More training on discipline in the home with child in care, particularly when there are other children in the home
- Life story is actively completed for all children, which travels with children wherever they live, providing an account of their life history
- Build foster carer and kinship carer base and retain carers so that there are fewer placements that are inappropriate or compromised, and placements are better matched.

## 14.4Child Safety Officer relationship, support and communication following placement

Carers consistently remarked that they wanted positive Child Safety Officer (CSO)-carer relationships to provide the basis for a collaborative and beneficial care experience for the child in care, along with the carer and their family.

Participants, particularly carers, frequently commented that quality, mutually-respectful CSO-carer relationships and communication were needed. While acknowledging CSO workload and pressures, carers sought more timely, respectful communication.

Some carers reflected that they needed to consider how their communication tone and behaviours may contribute to the quality of the relationship. During sessions, several carers reflected they also needed to demonstrate understanding of the difficult role of a CSO, and take ownership for the quality of the relationship. Carers also asked that CSOs understand they are often sleep deprived and under stress, and this impacts their communication.

The high turnover of CSOs was identified as impacting the establishment of positive and collaborative relationships as carers are never sure how long they will be working with the CSO.

Many carers feel that CSOs could provide more information about the child in their care, with confidentiality concerns a barrier for communication. Others saw confidentiality as necessary and helped at times, and is not always a barrier for care.

**For carers, 'good' is when:**

- CSOs work in collaboration with the carer, alongside agency, child in care, and parents – in a mutually respectful relationship where it feels like everyone is on the one team
- All parties dedicate themselves to getting off to a good start, as the basis for good working relations, particularly to be in position to able to talk about and manage 'tricky' subjects
- Mutual respect that everyone has good intentions, and that mistakes can be made under pressure – give the benefit of doubt that decisions are based on good intent
- Proactive CSO contact with carers
- CSOs are more contactable – providing mobile phone numbers, email addresses and advising work hours and planned absences
- Greater demonstration of respect through timely return contact and interest in the carer's experience and expertise
- More flexibility, with reduced rigidity and uniformity of Departmental care model – should be flexible, individual and with a therapeutic lens applied to care plan
- CSOs demonstrate patience with carers, as carers are not professionalised practitioners within the child safety system
- CSO's offer compliments and encouragement
- Communication methods (e.g. call/email/face to face) are established early, and adhered to

- CSOs feel confident in the relationship with carers to explain what they don't know, and commit to finding out and communicating back to carers
- CSOs respect that the carer is advocating for the interests of the child rather than for their interests or trying to cause trouble
- Standard application of policies by CSOs
- CSO undertakes their role with cultural awareness and sensitivity (e.g. ATSI and CALD)
- CSOs recognise that carers do have emotional attachments and pride in the care they provide, and this is a strength
- When there is strain and emotion, parties default to a position to consider what is in the best interests of the child, and not defend positions
- CSO has the time and ability to take on a more active case management role when needed
- Carers able to discuss status of care and relationship with child safety managers
- CSOs know carers and their routines much better, and this is considered within decision making such as contact visits and appointments
- Positive home visits for the CSO, child in care, and carer
- Unscheduled visits don't feel like an inspection or that there is suspicion about the quality of care
- Carers are told when there are staff changes that impact them and the child in care.

**Ideas for change:**

- CSO and carer explicitly work on getting off to a good start
- CSO, team leader and carer agree on best method for communication early in the relationship
- CSO provides updates on requests/agreed actions, even if there is no outcome/decision so that the carer knows that the matter is still being progressed
- Guideline is prepared and circulated about privacy and confidentiality, with pragmatic guidance on information that should be shared with carers and other members of the care team
- More informal and social opportunities to build relationships, so that there is better functional communication when under pressure, like the Partners in Care workshops, or event at a CSSC
- CSO profile included within Kicbox
- CSOs understand carers' perspective through more home visits
- Carers understand CSO perspective through 'a day in the life of a CSO' presentation/ experience
- CSOs understand carers perspective through 'a day in the life of a carer' presentation/ experience
- Carers contribute to CSO training to build awareness
- Interpersonal communication training for CSOs and carers
- Making clear to carers the intended duration of placement, and providing updates
- Advance notice of change of CSO or other staff changes, and time invested to manage transitions as best as possible
- Team contact lists/directory available to carers and support for escalation of issues to managers
- List that identifies roles and responsibilities within each CCSO
- Policies, procedures and guidelines are all dated so that extended care team, including carers know that they are referencing the most recent document
- Mechanisms to change CSO if the relationship between the CSO and carer is broken, rather than the carer disengaging, potentially leading to placement breakdown
- Extend the companion card concept for carers and make a carers card as useful as a senior's card.

## 14.5CSO relationship with children

Participants observed that the CSO's relationship with the child contributes to the child's trust and confidence of their care environment, and sought strong relationship formation. Some participants understood the child-CSO relationship formation is challenging when there is high staff turnover and large caseloads and/or large travel distances.

**For carers, 'good' is when:**

- There is regular contact between CSO-child
- CSO knows the child: care plans, history, medication, dietary needs, interests etc.
- Child in care is treated as normal child by CSO (and all other adults) and not inadvertently made to feel different
- CSOs are properly prepared and equipped for contact visits, e.g. have car seats for younger children.

**Ideas for change:**

- Monthly interaction with child, in carer's home, as a minimum
- Specific training on child-adult relationship formation and techniques
- Improved knowledge of child – reading over case files and liaising with carer/previous carer
- CSO takes time to attend events (especially those that a parent would attend) that are important to children, for example award presentations, sporting events etc.
- CSO warmly acknowledges and shows interest in all children in the home, not just the child in care.

## 14.6Consistency of CSO-carer relationship

Participants consistently expressed preference for reduced change and 'churn' across CSO teams. This was seen as enhancing continuity of case management for the child in care.

Participants explained the best CSO-carer-agency (care team) relationships and outcomes for the child took place when the CSO knew the child and their history and needs.

Participants frequently suggested that there should be specialist CSOs for children with complex needs, so that these children would have more active case management. This was also seen as having potential to reduce CSO burn out.

**For carers, 'good' is when:**

- There is stability and continuity within CSO teams and CSSCs, providing greater stability and continuity for the child/carer
- There are thorough and effective handovers between CSOs, and the carer is advised when the handover has been completed and the new CSO can be contacted
- The change of CSO does not interrupt or compromise progress on decisions already agreed and committed support etc.
- CSOs are more available when carers make contact, so that requests can be considered 'on the spot' to reduce delay
- CSOs push approvals processes for decisions and support, and don't need to be followed up by carer or foster carer agency
- A carer is trusted by their child in care because they know what is 'going on' (via excellent CSO liaison) and can be a point of truth in their lives
- A new CSO takes a fresh look at case management and looks for improvements

- Mutual respect that everyone has good intentions, and that mistakes can be made under pressure.

Participants understood change would remain a feature, and sought fewer negative consequences of this change upon the child and carer.

**Ideas for change:**

- More CSOs/reduced CSO workload so that they can better perform their roles
- Specialist, experienced CSOs dedicated to active case management of children with complex needs, with reduced case loads
- Better record keeping to ensure the child's history is known to the CSO, including notes from carer input
- 'Warmer', better-managed transitions, where time is taken for all parties to manage the change and reduce impacts
- Carer advised when the handover has been completed and the new CSO can be contacted
- Back up CSO for carer to liaise with when CSO is on leave, ill, acting in another role etc.
- Dedicated office position to coordinate and drive all decisions required
- Receptionists in CSSC know when CSO will next be available or can navigate carer to someone else with case/placement knowledge
- Ongoing Departmental efforts to retain CSOs - reduce case load, increase support
- One CSO per household (where more than one child) for consistency
- Ability to change CSO, when all parties reflect reasonably and agree that a fresh start is needed in the CSO-carer relationship.

## 14.7Carer-CSO/ CSSC communication

Participants expressed the need for honest, mutually respectful, and timely communication between the carers, agencies and the Department.

Participants explained that it is in the best interests of the child in care and for all those involved in the child's care team to agree on methods and frequency of communication, and to commit to responding to requests and contact in a timely and professional manner.

Some carers expressed that communication with the Department was difficult, while other carers expressed satisfaction with the professionalism of Departmental personnel.

**For carers, 'good' is when:**

- Trust and respect is demonstrated in all communication
- More proactive contact with the carer, through regular phone check-in, so that it is not just up to the carer to raise concerns and issues – there is equity in communication effort
- Acknowledgment of contact by CSO and confirmation that contact will be returned
- Effective communication and information transfer during transitions
- Quality of communication is based on high trust and mutually respectful relationships
- All parties are mindful of tone within email communication
- Issues are reframed as challenges and opportunities to reduce blame – position the topic in a positive perspective
- Mindful of creating negative perceptions of low achievement or life prospects through clumsy language, or putting labels of children – select language that affirms the child
- CSOs guards against 'confirmation bias' (i.e. subconsciously collecting information that accords with views and biases)

**Ideas for change:**

- Traffic light alert method for email contact – this explains urgency, and is intended to guide urgency of return contact response (e.g. red could mean within 2 hours, amber 24 hours, green within 3 days etc.)
- Carer and CSO mutually set expectations and how best to communicate
- Weekly update email from CSO to maintain engagement and continuity
- Better use of email 'out of office reply' with alternative contact points
- When a carer seeks confirmation of an action 'in writing' from a CSO that this is respected and provided, and vice versa
- Acknowledgement of contact is provided and expected time to reply, and carer 'kept in the loop' thereafter
- Group email protocol - 'reply to all' so that there aren't breaks in discussion and all information is provided in email circulation
- CSO writes down information provided by the carer during face to face discussions (and over phone) to demonstrate active listening and that their input is important and valued
- Manager sets and monitors communication KPIs/set expectations about responsiveness of communication
- CSO is mentored in expected inter-personal communication standards and style
- More innovation in communication style, e.g. short video clips to highlight changes

## 14.8 Relationship and experience with the Department

Carers sought a respectful and collegiate culture and experience when dealing with the Department, built upon contemporary customer service standards. Some carers expressed that they wanted to feel more empowered, and as a 'partner in care'. Carers want to feel appreciated and valued as a vital part of the child care team.

Carers generally value the support of the agencies to advocate and support the relationship and quality of the placement. Carers want advocacy for the child to be appreciated as sincere effort to improve outcomes for the child in care.

**For carers, 'good' is when:**

- Carers are treated as colleagues and partners, not "just a carer" or another Departmental client or resource
- The Department recognises that carers have valuable insight and perspectives to contribute (as they spend the most time with the child)
- The child is not stigmatised through Departmental decisions, e.g. making appointments whereby child needs to leave class in front of peers
- The Department and care team holds high expectations and aspirations for the life outcomes for every child in care
- Carers know what they can expect in terms of responsiveness from the Department
- There is senior regional and Departmental engagement and evidence of oversight
- There is structure and rigour in planning and care plan reviews, with minimum six-monthly intensive review on child in care progress *and* carer wellbeing and morale
- The Department is a strong and influential advocate to other agencies and departments in the interest of the child
- The Department works closely and effectively with schools
- Carers have confidence that when issue is raised it will be taken seriously and acted upon.

**Ideas for change:**

- KPIs for return contact and requests
- Cultural transformation – more engagement, better communication and respectful dealings with carers
- The Department provides a 'statement of commitment' to carers
- Carers can advocate for child without fear of reprisal
- Lower delegations for decisions that respects the role of the CSO and carer needs
- Internal auditing of status of plans, frequency of home visits etc. to ensure the Department meets its own standards, rather than carers needing to advocate
- Checklists on all child/case management/placement agreements that identifies whether carers have been consulted
- The Department provides case plan to carers, so that they have visibility on agreed actions, and department remains accountable for commitments
- Opportunity for carer to provide input into CSO performance appraisal
- Managers meet with carers at least every quarter
- Managers provide personal compliment to carers when they manage a difficult situation
- More administrative support for CSSC/CSOs so that CSO can better dedicate their time to active case management.

## 14.9 The care team and care planning

The concept of the care team for the child in care, was a focus in most workshops. Carers agreed a well-resourced and well-coordinated team, working in the best interests of the child remains essential. Carers are seeking greater inclusion and consultation about care planning for children in their care.

Participants suggested the Department's focus on reunification guided care team decisions, when this is not always considered in the best interests of the child. There was also discussion about how a care team balances the rights of parents over the best interests of a child.

Participants explained most children in care, particularly children with complex needs, must have tailored and well-resourced care plans that are directly relevant to their circumstances and needs.

Carers considered what good would look like in relation to the care team, and provided the following responses:

**For carers, 'good' is when:**

- The care team is dedicated to the interests of the child in care, effectively acting as co-parents
- A thorough needs assessment of the child is undertaken as soon as possible, with planning based on the individual needs of the child
- The care team is responsive, making decisions quickly, organising necessary actions and following up
- All care team members advocate for the child's interests, not their own interests
- Carers are engaged and their input is sought and respected
- Carers are informed about the actions the care team is progressing
- The carer's experience with the child contributes to decisions in the interests of the child
- Carers have opportunity to inform and influence decisions
- All options are considered, with no pre-determined decisions before care meetings
- There is a Plan B to go with Plan A as contingency
- Everyone on the care team is informed and prepared, or commits to be informed before meetings are held
- The best possible, available information is provided to support well-informed decision making, with open and transparent communication
- Regular meetings are held as scheduled and are well attended, including the CSO
- The voice of the child is included, as appropriate
- Parents are informed of care plans and child's progress
- Care teams are agile and flexible to respond to emerging needs
- There are sufficient resources to allocate for more intensive therapy and educational support
- Placement and care plans are complete, up-to-date, and resourced as needed and resources are not time limited
- All key members of the care team are involved in critical incident responses and debriefs
- Teams consider the longer-term needs and interests of the child, including the different support requirements across developmental phases
- Specialised support and monitoring is available when there is a history of sexual abuse
- Planning also focuses on the strengths of the child and opportunities
- Carer is still respected and involved if they advocate separate from the care team or appeal decisions

**Ideas for change:**

- A fully inclusive care team is formed to work in the best interests of the child, including the carer

- Care teams are established immediately to become the basis for continuity if/when there are CSO personnel changes
- Charter and 'rules of engagement' agreed as teams are formed
- The non-negotiables are agreed up front, e.g. supporting court processes to position for the best 'order' for the child
- The roles and responsibilities of all care team members are known, and team members are accountable to deliver on their responsibilities
- Decision making powers and responsibilities within the care team are known
- Consultation is held with the carer before the meeting about care priorities and any recent issues and/or progress
- Business processes are followed: agendas, minutes with actions listed, status of implementation noted and followed up if there are delays
- All actions have an allocated person to implement and target time to complete and report
- Agenda include standing items: What else can we do? How else can we help?
- The care team includes education and health professionals, with all information from services and departments available – integrated databases needed
- A care/service 'tree' is mapped, with the child at the centre, to ensure holistic care and planning
- A culture of mutual respect is actively promoted within care team meetings
- Care team lead/CSO provides ongoing updates on requests, so that the carer knows that a decision is being sought (carers aren't "left hanging")
- If a key stakeholder doesn't attend then the group, the meeting continues with follow up notes distributed to keep everyone in the loop
- Any critical work which is a dependency to decisions are completed before meetings
- Carers can initiate referrals as needed
- Rotating chair of the care team, including the option of carer as occasional chair
- A senior child safety practitioner reviews progress and liaises with carer about progress
- Picture of the child is placed in the middle of the table to remind all attendees of the humanity of the child, and purpose of the meeting

### 14.10 Support for child's needs when in care – services and financial

#### *Support services*

Carers explained the types of support needed to improve the care experience for the child in care and for carers and their families. Carers identified that any unmet support services could create strain and disadvantage for the child, particularly if the child had complex needs and/or disability. Participants identified that most children in care have experienced trauma, requiring trauma-related counselling and other psychological support.

**For carers, 'good' is when:**

- Identified support needs are resourced
- The suite of available support is known and available – respite, counselling, medical, financial entitlements etc.
- Support is consistent from office to office and from region to region, and less at the 'manager's discretion'
- Carers can seek support without being judged
- More CSO liaison with respite carers
- Carers are consulted about planned cessation of CSHA/HSNA, with right of reply
- Respite carers are also supported and feel more engaged

- Support is also provided in the form of moral support, such as expressions of empathy and encouragement

**Ideas for change:**

- Placement planning included the support needed, with commitments as to the support to be provided
- Trauma-informed planning and trauma-related counselling
- Trauma-specific support and training for carers about how to address challenging behaviours to reduce risks of placement breakdown
- Children with complex needs receive consistent support
- More respite options, including in regional Queensland
- Greater promotion of respite care needs and opportunities, with ongoing recruitment
- CSO liaises with respite carer/s regarding child's behaviour and progress; not only the primary carer liaising with respite carer (CSO demonstrating active case management)
- More people are 'respite care ready' with broader blue card qualification across the community, including foster carer awareness subjects within university courses (such as care industries like nursing and teaching)
- After hours' specialist support is available
- Buddy system among carers modelled and promoted to provide peer support and respite
- In-home respite as an alternative, e.g. pyjama angels
- Specialist behaviour management training for teenage years to help carer cope, and to help prevent breakdown of placement
- Kicbox allows child to connect with other children in care, so that they benefit from connecting with young people who have been through or are going through similar situations
- If/when there is placement breakdown, undertake a detailed debrief and handover, with future interventions scheduled to help prevent ongoing conflict and instability in care

### *Financial*

Carers sought fair and consistent financial support to help them provide in-home care, along with other child-related costs. Carers sought consistency between regions, and offices within regions, as to the type and extent of financial support provided to the child in care, and carer household.

Carers sought assurances about the availability of NSDA and support to understand implications of future NDIS arrangements. Carers also sought consistency between case/care plan and financial allowances. Carers stated that approved and eligible financial support should be consistently administered in the interests of the child.

**For carers 'good' is when there is:**

- On time reimbursement
- Clarity about what will be reimbursed
- Standard processes and predictable outcomes
- Simpler forms and processes
- Care plans include financial commitments
- Child can access private health care system
- Clarity and certainty about inclusions in HSNA, CSNA and carer allowance
- More timely and simpler HSNA approvals to assist children
- Concentrated investment at care interface, with more support for frontline services
- Accurate information about financial support in foster carer handbook
- Guaranteed funding for child care
- Financial arrangements don't inhibit a child's ability to participate in activities such as sport and other extra-curricular activities
- Analysis and decisions about the support services necessary for a child are not guided by expense and ability to fund
- Trust that carer requests are genuine and the carer is not trying to profiteer

**Ideas for change:**

- Better information about entitlements – CSO checks with carer that they understand entitlements and what can be reimbursed
- Care plans include financial commitments
- Consistent financial eligibility, payment and reimbursement standards and outcomes
- Child in care can be covered under family's private health cover, with 'the gap' paid by the Department to ensure child has greater, more priority access to health care
- Financial coverage for activities that increase connection with community – e.g. sport
- Pre-approved financial expenses and remove onus on carer to prove basic expenses
- Reduced requirements for receipts for small pre-approved expenses from agreed price list
- Automated payments through various available technologies
- Payments are automated/organised through carer-department 'portal'
- Streamlined payments – between the Department and provider
- Dedicated administrative officer to manage payments instead of CSO
- Reduce levels of approvals for reimbursements
- Electronic upload of documents, as is possible with Centrelink
- Guaranteed funding for child care
- Child care costs are paid in advance
- Federal and state agreements on child care rebates
- Increase coverage for family day care

- Inclusion of non-evidenced/incidental costs to be reimbursed, (For example: wear and tear on car, carer time in meetings/appointments that impact ability to work)
- Payments to cover provision of specific meals that meet dietary needs
- Funding for education support and speech therapy – can be significant issues for some children in care
- Access to private schooling if this is identified as better meeting the needs of the child
- Common sense support around financial support for necessary expenses such as replacement school books
- Easier process for ex-gratia payments in response to damage to family home and property
- HSNA and CSNA reviews are not undertaken to check whether funding can be withdrawn, especially when there is permanent disability
- Improved liaison support with Centrelink
- Provide incentives such as subsidised housing costs for carer after five (5) years of care
- Able to provide care from Government owned homes
- Plans and support recognise the time it takes for a child to heal
- Support should extend to carer counselling.

### 14.11 'Professionalising' foster carers

In some sessions, carers suggested the government consider alternatives to the current volunteer model of foster care. There was suggestion that foster carers should have the optional of becoming full time paid professionals.

**Ideas for change:**

- Following the United Kingdom system, foster cares are self-employed professionals and receive a salary for their role.
- Foster carers act as a sole trader, and their expenses are tax deductible and there is a list of items for efficient expenses and claims e.g. use of motor vehicle
- If foster carers receive a "salary/wage" this will assist with financial position and carers will have better eligibility for bank loans
- Foster carers have decision making rights in legislation.

### 14.12 Decision making about child in care

Carers sough greater involvement in decision making about the interests of the child, and timely decision making. Carers also sought delegated decision making authority to be able to make "common-sense", "everyday" decisions, such as when a child should have a haircut.

Some carers also explained that children should be able to influence decisions. (Commonly expressed that "the voice of the child should be heard") Other carers cautioned against accepting the child's preferences, as some child-influenced outcomes were not always positive, such as changing placement or respite arrangements.

For carers, 'good' is when:

- Carers are consulted and involved in decisions about the child in their care
- Carers requests for decisions are acknowledged quickly
- Response times and requests reflect urgency of the issue/request
- If there are delays to decisions, carers are kept informed
- Decisions are taken in best interests of the child, with flexibility in decision making, and less literal application of rules and policies when alternative positions would provide better outcomes

- Better delegated approvals to CSO and at times, to the carer for everyday decisions
- Perceived high-risk activities for the child are considered with greater pragmatism

**Ideas for change:**

- Carers able to make everyday care-related decisions
- Carers able to make decisions in an emergency, or when time critical, e.g. hospital visits, admissions
- CSO doesn't make all decisions, but oversees the care plan in a more managerial capacity
- Staff need to know policies and when to seek manager approval, and what can be managed at their level
- Carer more involved in decisions, particularly if this significantly impacts child and home life
- Carer is present when decisions are made that directly impact them
- Time frames/target timeframes are set for decisions to be made
- Transparent decision making framework, and how this is consistent with the child's care plan
- All hours support for decisions, support and additional information about a child when there are emergencies
- Carer can advise on best times for parental contact, with consideration of carer's family and care obligations
- Application of the 'signs of safety framework', as per WA and elsewhere
- Policies need to be clear cut and objective to remove personal bias in decision making.

### 14.13 Travel

Carers consistently sought improved management of decisions pertaining to proposed travel with children in care.

**For carers, 'good' looks like when:**

- Approval for a child in care to travel with the carer's family is less complicated
- Timeframes for approval to travel are known and achieved
- Able to take child on holidays instead of placing in respite, so that the child feels normal and a valued part of the family

**Ideas for change:**

- The carer works with the department to achieve advance approval for proposed travel types and times
- The Department undertakes effective liaison with parents to achieve consent if this is required
- Providing passports for child in care and approval for international travel is far less complex, with decisions achieved within more reasonable timeframes
- The Department has better letter templates to seek approval for travel, especially for passport applications
- More pragmatism about specific travel needs to cross state border, such as for home and sibling visits, for shopping etc.

### 14.14 Ongoing information and training needs

Participants recognised that foster and kinship care was subject to reform and ever changing. Accordingly, they wanted to feel confident that their knowledge and practice was current. They value information provision from FCQ, their agencies, the Department and fellow carers. Some carers explained they would like to be better networked with peers, and feel less isolated from a practice perspective.

**For carers, 'good' looks like when:**

- CSO explains any changes that impact the child and carer
- Timely legislation and policy updates, and what it means for the carer
- Updates provided in plain English with scenario examples (in many areas this is done well)
- All carers get the same information, e.g. about CSNA and NDIS
- The quality and timing of information is standard across the system, and it doesn't depend on the CSO/ CSSC or agency as to whether carers are informed
- Agencies are well-advised of any changes, and convey information and convene training modules to reinforce understanding
- Training and carer consultation workshops such as the Partners in Care sessions should continue, and need to be more widely advertised

**Ideas for change:**

- More opportunities to network with carers, e.g. yammer connections/Facebook
- More promotion of the ability to become involved in FCQ Facebook page
- Re-establish coaching circles (e.g. Encompass)
- Informal information and social sessions with departmental staff to exchange information and build relationships
- Specific training on how to manage adolescent sexuality awareness and activity, and role in sex education and managing contraception
- The excellent array of professional development sessions at Foster and Kinship Carers Conference is available for everyone – perhaps filmed and uploaded online for carers who are unable to attend, or attended other sessions, or for attendees to view again.

### 14.15 Carer advocacy

The right of the carer and agencies to advocate for the interests of the child was a common area of discussion. Carers explained that many children in care have complex, changing and unmet needs, and in circumstances where CSOs have high caseloads, the position of carer as advocate can be critical to achieve positive outcomes for the child in care.

**For carers, 'good' looks like when:**

- Carers can advocate for the interests of the child, and this respected and acted upon
- Carers advocate with respectful tone, providing well-reasoned justification
- Departmental culture accepts and respects advocacy, and staff do not respond as if they are being challenged or criticised
- Requests from carers are acknowledged quickly, and decisions are made in a timely way

**Ideas for change:**

- Carer advocacy is respected as the carer acting in best interests of the child
- No negative consequences following advocacy
- Carer ability to advocate to CSSC management if necessary
- Clear and transparent decision making by CSO, with outcomes objectively reasoned
- Proactive departmental audits to assess whether plans and supports are up to date, to both support or prevent the need for carer advocacy
- The formation of a Carers Union for stronger, united advocacy
- Greater opportunity for carers to be involved in policy development and advocacy with FCQ.

## 14.16 Issues resolution

When considering communication and relationships with the Department, carers sought ways of professionally resolving issues when they arise. Carers also discussed relationship and behaviour issues with children in care that created issues.

**For carers, 'good' looks like when:**

- All parties are professional in the recognition and resolution of issues
- There is greater role clarity regarding the Office of Public Guardian, community visitors and other referral and advocacy support
- There are agreed pathways for resolving issues
- The interests of the child are central to resolving issues.

**Ideas for change:**

- Traffic light system to reflect status of relationship and issues arising
- Floating meditation team to provide independent, specialist intervention
- Taking all practical measures through open dialogue, to avoid the necessity for QCAT and Office of the Ombudsman review and dispute resolution processes
- Open recognition when there is risk of placement breakdown, with active intervention by CSSC management
- Ability to change agencies and CSOs
- When placements break down, the CSO and agency need to find out what was in place, or wasn't in place and how a plan could be implemented to support transition.

## 14.17 Child in care and education

Carers regularly observed children in care face many challenges with schooling and educational achievement. Participants recognised this created risks of disengagement from education, adding further risk factors for the child in care. Carers consistently sought education-related planning and support for children in care.

**For carers, 'good' is when:**

- There is tailored, child-specific education planning to create conditions for the child in care to achieve within the educational system
- Education needs analysis takes place in the early stages of care, including developmental assessments and impacts of trauma
- Children have choices within the education system to attend a school that best meets their needs
- The school environment demonstrates care and respect for the child in care, with specialist support
- The child is not stigmatised in the way they are 'managed' through their schooling
- The child in care has every educational opportunity available as any other child.

**Ideas for change:**

- Individual education planning to maintain engagement in schooling
- Dedicated learning support is available
- Sensitivity in case management, by not taking the child out of school to attend appointments where possible

- Teachers are trained on how to work with children with trauma
- Child care/ minding support when there are suspensions from school and carer works during day
- Culturally appropriate day care if the child is suspended from school
- Flexibility with school attendance, and gradual return to school to build confidence
- Full-time guidance officer in schools where high numbers of child in care are enrolled
- Ability to place child in school that is best suited for child's needs
- Child's education history 'follows them' such as through KicBox and/or electronic information portal

### 14.18 Child in care and the health system

Participants explained that children in care often have specific and sometimes extensive health-related needs. This can range from normal medical needs arising from general illness, or the onset of other issues over time, including mental health issues. Carers sought strong support from the health system to benefit children in care. As explained earlier, carers require available health and medical information about the children placed into their care.

**For carers, 'good' is when:**

- There is early, thorough, and ongoing assessment of needs
- Child health passport is always available, and up to date
- Medical assessment and response is on demand and carers don't have to advocate for the necessity of medical responses
- Assessment isn't avoided because of funding concerns
- There is easy access to doctors, and no out of pocket expenses for carers
- Out of pocket expenses are reimbursed on time and without question
- Carers don't need to have to wait in an emergency department to access general care
- Carers are advised in advance of pending medical appointments, so that appointments aren't missed
- Department accepts diagnosis and recommendations of medical specialists, and funds any support accordingly
- Improved coordination between agencies, including disability support sector
- Carer can collect medication and administer to child
- Immunisations are up-to-date
- Children in care have access to healthy food and are encouraged and able to exercise, including when on contact visits with biological family
- Careful and sensitive planning and placement continues following hospital births and planned placement of the newborn baby into care.

**Ideas for change:**

- Child health passport is always available and up to date through Kicbox or carer information portal
- A health navigator/coordinator position is created within child safety to organise all medical and health needs, and speed up access and action for children in care
- More streamlined access to Medicare for child in care/processes in relation to Medicare are streamlined and updated
- Medicare card is provided to carer as soon as practical
- The Department is aware of expiring Medicare cards and orders replacement cards
- Improved planning, coordination and notification to carers about medical appointments
- Carer should be able to approve immunisation updates

- Carer should be able to collect medication and administer to child
- Healthy eating and exercise is encouraged during contact visits with biological family

### 14.19 Child in care and disability support

Participants explained it is common for children in care to have disability or complex needs. During the sessions, carers advised they rely on support services to manage and maintain their placements.

Participants expressed uncertainty about the implications of the future roll-out of the NDIS. Participants sought support from the department as a 'trusted guide' through future changes. Carers sought assurances that current support would be continued until guaranteed cross over into NDIS for children with disability.

**For carers, 'good' is when:**

- There is early, thorough and ongoing assessment of disability and support needs
- Child health passport is always available, and up to date, including description of disability and support needs
- NDIS eligibility and approvals are clear and certain, well in advance of roll out
- Current support is continued until guaranteed and commensurate NDIS services are confirmed
- NDIS funding and support is 'wrapped around' the child, irrespective of change in care arrangements and location
- Future clarity of nominee and decision making within NDIA
- During placement, full information is provided, including within placement agreement with full disclosure of any known medical issues, disability, or specific care requirements.

**Ideas for change:**

- Full disclosure of known disability when child is placed into care, so that the carer can assess whether they have the ability to cope and care for the child
- NDIS transition is supported by the Department, so that the child and carer is not vulnerable within changing system
- CSNA continues until there is certainty of outcomes under NDIS
- HSNA and CSNA reviews are not undertaken to check whether funding can be withdrawn, particularly when there is permanent disability and ongoing need

### 14.20 Child in care and court system

Carers expressed a desire for more timely court outcomes that best suit the needs of the child, and provide greater certainty for the child in care, carer and the Department. Carers expressed their concern about child in care in being back-to-back short orders, which reduced certainty and stability for the child.

**For carers, 'good' is when:**

- Orders are made in the best interests of the child, not always prioritising parent's interests over the child
- The onus on reunification is revised when there are poor prospects
- The child can influence outcomes, when old enough
- Carer can be involved and have a voice during deliberations, should they wish to.

**Ideas for change:**

- Reduce the number of children on interim orders
- Reduce the time duration of children on interim orders
- No delays in communicating outcomes and consequences to carers
- The carer has standing in Court after caring for a child over 'a period of time' as reflected in legislation.

## 14.21 Reunification efforts and parental contact

Participants recognised that reunification was a sensitive and complex policy area. Participants explained that approaches ought to be based on the specific family context and prospects for reunification, and ultimately the best interests of the child. Some carers did not agree that reunification should be the leading policy objective for children in care. Carers reasoned that sometimes the best outcome is eventual re-engagement and repaired relationships with the biological family.

**For carers, 'good' is when:**

- There is formal assessment about parents' readiness to commence and sustain a reunification process
- Reunification prospects are objectively assessed, and may not be best option for child
- Reunification is viewed from the perspective of the child's best interests
- Parents interests are not always paramount, if not in best interests of child
- The Department and sector abandons tolerance of "good enough" parenting when considering reunification
- Assessment is practical and from a precautionary principle: a beneficial and more realistic outcome may be to achieve repaired and healthy relationship over time, not reunification
- Parents are helped to provide a safe and functional home, to which children can safely return to
- Home life is assessed for what it could be with further support, perhaps under NDIS model
- Communication and team work between carer and parents to assist with reunification, including spending time together to build bonds for child, if appropriate
- Reunification takes place at a pace that suits the child, and with close liaison with the child, as appropriate
- When carers help with the reunification through parenting guidance and information about the child that the parent may not know about.
- Discussions about reunification are not judgmental about parents
- During reunification planning or renewed contact, there is ongoing consideration of the child's readiness, including counselling
- Carer helps with transition after reunification, with respite as needed
- If reunification is achieved, the carer is advised on progress
- Carers recognise their emotional attachment, but act in the best interests of the child during reunification planning.

**Ideas for change:**

- The Department and government revisits the ultimate goal of promoting reunification
- Carer is informed of progress following reunification and is able to keep in contact, if appropriate
- During reunification planning, there is greater consideration about the carer and carer's family attachment to the child
- Carers are able to provide respite to parents during reunification transition and following reunification, as an option for 'shared care'
- If reunification breaks down, the child has the option of returning to previous carer
- Where there are good prospects for reunification, children are placed with carers with interest and speciality in reunification.

### 14.22 Parent/family contact

Carers supported the principle and function of biological parent/family contact when in the best interests of the child. Many carers were keen for functional communication and nexus between the carer and parents, but not all carers thought this was possible, or should be expected of carers. Some carers saw benefit in assisting with child-parent contact visits as a practical way of rebuilding family bonds. Most participants wanted role clarity and not over-reach of carer responsibilities to take on parent contact logistics or management.

**For carers, 'good' for the child is when:**

- The child wants to spend time with their biological family
- The contact helps their engagement and relationship with siblings and other family, and helps with their sense of identity
- The meeting place is safe and clean
- The contact will not lead/is unlikely to lead re-traumatisation
- No criminal activity is likely
- The contact fits in well with carer and carer family
- There are healthy eating habits during contact time.

**In addition, for carers 'good' is when:**

- Contact is beneficial for the child and assists reunification
- Family contact includes parents, siblings and extended family
- Contact time is negotiated that is convenient for carers
- The roles of the parent, carer, agency and the Department are clear with contact management arrangements
- The Department is clear about what support they will provide, and the role of the agency
- Carer does not obstruct safe family contact
- Carer can be involved in contact visit if they wish, acting as part of an extended family
- Departmental transport arrives on time and provided by someone known to the child
- If the carer is transporting the child, the cost of fuel is reimbursed
- CSO/Department does assume carer should transport child
- Departmental transport is always arranged when parents are likely to be aggressive to carer/s
- Contact is well planned and resourced for complex cases, such as parents living interstate
- Carer has support when the child returning from contact has regressed and is exhibiting difficult behaviours
- Department facilitates relationships between carer and biological parents to help parents better understand child, if appropriate
- Family contact becomes an opportunity for parents to learn better parenting skills
- Contact venue is selected that is neutral and safe
- Opportunities are offered that allow for parent participation such as at sporting and music events
- Carer is not expected to supervise child's contact with biological parents/family
- Contact during school holidays is planned and considerate of carer family – could be a good time for contact, or less convenient depending on circumstances
- Parents are updated about child's progress and wellbeing outside of contact times
- Carer home addresses remains confidential for the safety of the child and family
- CSO debriefs with parent, child and carer about contact experience

**Ideas for change:**

- Contact times are negotiated and set through consultation with carers
- Contact planning is discussed in care team meetings, with carer involvement to discuss practicalities of timing and transport
- Transport is arranged for parents or information about public transport services, if needed
- Kinship carers are supported with parental contact as needed, and are not expected to manage all parental contact, without assuming no support is needed
- The Department or agency opens weekend contact centres
- Carers can support contact process through transportation and communication, if they are comfortable to do so
- Carers have contact details of someone safe and trustworthy in the biological family, if involved in contact management
- More guidance and expectations placed on parents – limit time on phone, no gambling, help with homework, read books together, play together, sport etc.
- More structured de-briefing on contact, especially if it is a negative experience, or there was an incident
- Youth workers attend carer's home following contact to help with transition and to help respond to behavioural issues that can occur after contact
- Well planned and structured contact planning when reunification is being progressed
- More regular family group meetings to help with other contact and reunification
- Carers support meetings with a special bag of items from child's life such as photographs, cooking, art etc. to help with relationship formation
- Communication book between the carer and parent that the child can take for visits
- Keeping a diary which captures milestones, key moments, and achievements that the parent has access to.

### 14.23 Family group meetings

The role of family group meetings was identified as an important part of healing and creating child-centred planning and care. Participants explained that these meetings should be inclusive and as frequent as possible or needed.

**For carers, 'good' is when:**

- There is clarity about the role of family group meetings
- Kinship carers are prioritised to attend
- Time and venue suits kinship carers
- A venue is selected that is neutral and suits harmonious and confidential discussions
- People who are relevant to care should attend, and case plan development is discussed
- Independent family group convenors manage meetings, which can be especially important in Aboriginal and Torres Strait Islander extended families and kinship care circumstances

### 14.24 Experience for Aboriginal carers and Aboriginal kinship carers

Participants identifying as Aboriginal attended and participated at several workshops. Aboriginal children were identified as over-represented in the child care system. Many participants expressed their aspiration for over-representation to reduce, and for Aboriginal children in care to have positive experiences. Aboriginal participants explained that care needs to be culturally appropriate and/ or for the child to have opportunity to learn more about their culture.

**For Aboriginal carers and kinship carers, 'good' is when:**

- We are 'all walking together', and the child safety system 'is not done to you'
- There are more culturally appropriate places to meet, and culturally appropriate processes and consultation
- Greater contact across 'their mob' so that child develops and retains sense of identity and culture
- Fewer Aboriginal children in non-Aboriginal homes
- More effective intervention for family stability to avoid another 'stolen generation'
- Biological and family contact is managed, when not in kinship care, and also when in kinship care
- Positive and healing family group meetings
- Strong school attendance, with appropriate supports including culturally appropriate liaison within schools

**Ideas for change:**

- More Indigenous staff/liaison who Aboriginal children feel culturally safe with
- More Indigenous carers
- Programs and pathways for Aboriginal children in care to connect with their culture.
- CSOs need to know the Aboriginal child in care very well - the child should not feel they are with strangers
- Keep siblings together if possible
- Kinship is mapped
- Children can stay in community longer
- Tribal adoption as an option
- Kinship care authorisation is relaxed to have more kinship carers available across Aboriginal families and within Aboriginal communities (where otherwise may not be eligible for blue card)
- More strategies when "kids wander off" to return to 'place of safety', and support for carers who become distressed when this happens
- More training for non-Aboriginal carers on culturally appropriate strategies
- Foster carers have detailed child information forms (CIF) with culturally specific information.

## 14.25 Siblings in care

Participants discussed circumstances where siblings are in care, and ways to make this experience beneficial for siblings and their extended family.

**For carers, 'good' is when:**

- The carer understandings family structure, including whether the child in care has siblings
- Children know their family structure and whether they have siblings, or when new siblings are born
- Siblings can remain together if possible
- Sibling contact takes place to build and maintain kinship and identity
- Sibling matters are discussed in family group meetings, involving carers and child in care id appropriate
- Coordinated sibling contact visits if siblings are in living in different places

**Ideas for change:**

- Siblings are able to visit and stay over
- Expected sibling contact is included in Placement Agreement and Care Plan
- CSSC support for travel to visit siblings, including when they live interstate.

## 14.26 Transitions during placements

Various transition scenarios were discussed, including the transition of CSO case management, and transition of placements between carers. Discussion centred on how to provide continuity of care during transition, recognising that change is constant and inevitable. Overall, participants were seeking better, more 'warmer' transitions that are considerate of children in care and carers.

**For carers, 'good' looks like:**

- Effective communication and information transfer during transitions
- Thorough and effective handovers between CSOs, and the carer is advised when the handover has been completed and the new CSO can be contacted
- A new CSO takes a fresh look at case management and looks for improvements
- At time of transition, placement and care plans are complete, up-to-date, and resourced as needed and resources are not time limited
- At completion of placement a full debrief with the carer to take place, with carer feedback included on the file, and a gradual handover and transition where possible.

**Ideas for change:**

- Early, advance notice of change of CSO or other staff changes, and time invested to manage transitions as best as possible
- 'Warmer', better-managed transitions, where time is taken for all parties to manage the change and reduce impacts
- Exit interviews are always undertaken and any learnings shared and influential in ongoing department practice
- Specialist transition from care CSOs with lower caseloads to offer intensive support
- Transition planning needs to be better across many phases – transition from independence, transition between placements, with the right timelines so that distress is minimised for the child and carer
- Joint exit interviews to occur with a handover and transition
- Carer helps with transition after reunification, with respite as needed

### *Transition when adult/ transition to independence*

There were discussions about transition to independence when the child in care becomes an adult.

**For a carer and independent young person "good" is when:**

- Gradual, well planned transition, with support and referral wherever possible
- Specialist transition from CSOs with lower caseloads to offer intensive support
- Support continues as needed, e.g. with disability

## 14.27 Duration and types of placements

Participants advocated for more longer-term placements for children where reunification was not possible or likely. This provided the benefits of certainty and stability for the child in care. There was also discussion about whether Long Term Guardian-Other (LTGO) carers should be further professionalised and remunerated as professional carers. Whether other siblings would eventually need care was a consideration in whether to seek or accept a LTGO placement.

**For carers, 'good' is when:**

- Children are not on back to back short orders/two year orders
- LTGO process is sped up to benefit child
- Biological parents are informed and involved in LGTO planning
- During the planning for LGTO agreements reunification does not remain an expectation
- There is clarity for each carer as to expectations around parental contact when on LTGO
- Ongoing parental and family contact is encouraged and facilitated, as appropriate
- Ongoing support and training for longer term carers, even when placement is usually stable and functioning well - not set and forget
- Annual LTGO reviews take place to assess status.

**Ideas for change:**

- Eventual cessation of two year orders
- If supervised contact is continuing following two years, then move to a LTGO or other more permanent care order
- Follow the UK approach: when a foster carer has cared for a child for one year there become three choices; the child can be reunified with their parents, the carer can become a long-term guardian or other, or the child can be adopted by the carer
- Orders reflect who the child considers to be their family, and involve the child in the decision
- Statement of services are available for long term placements, where carers can be more confident to agree to longer term commitment
- Carers with long-term placements are still eligible for respite, even when placement is going well
- Placement and care plans are up-to-date and reflect the changing needs of the young person as they move through developmental phases
- Support to continue after 18 years of age, particularly if ongoing needs and disability
- Option of taking a hyphenated name reflecting both care and birth family identity
- Siblings able to transfer to a LTGO at the same time
- Further carer training and guidance if willing to move to LTGO.

## 14.28 Permanency and adoption

Related to discussion about the lengths of orders and placements, participants also discussed permanency and adoption. This was primarily framed around providing stability and certainty for the child in care.

**For carers, 'good' is when:**

- Permanency and adoption options are 'not off the table' and are flagged early as realistic options
- 'Foster to adopt' pathways are easier and more explicit in Queensland
- Pathways to adopt child is progressed, if in the best interests of the child
- Parents and kin are closely involved in discussions about these options
- These matters are handled by senior CSOs with team leader support
- Parents rights are respected about adoption options into a non-kin/non-biological family
- Can be raised in family group meetings if/when appropriate
- Carers don't enter placements with expectations that they will or should be able to adopt.

**Ideas for change:**

- Parents are advised of options from 18 months (or agreed expiry time) following ongoing care placement, and from this time there is pathway to adoption or more permanent arrangements to normalise life for the vulnerable child
- Need for federal consistency or federal coordination regarding adoption from foster care environment
- Siblings can be jointly adopted
- New CSO case workers understand all historic discussions and considerations, including consultation with parents and kin that may have preceded their involvement – good 'corporate memory'

### 14.29 Home visits by CSO or Departmental representative

Carers described their experience of home visits by CSOs. Carers understood the need for home visits, they offered various perspectives.

**For carers 'good' is when:**

- CSO is respectful when visiting carer home
- Agency worker also attends and supports visit
- CSO expressed warmth towards child in care, and spends time with them to further develop bonds
- Visits aren't intended for 'disciplinary' purposes or find fault
- Carers are complimented on their efforts and the child's progress
- CSOs acknowledge other children in the home.

**Ideas for change:**

- Agency joins CSO home visits
- CSO visits are routine to build rapport with carer and child in care.

## 14.30 Role of respite and perspective of respite carers

The availability of respite, and the perspective of respite carers were common areas of discussion and consideration. Carers and agencies sought more respite opportunities, particularly with high need children in care, or when caring for multiple children.

**For a respite carer, 'good' is when:**

- When a child is placed into respite, there is adequate notice provided to carers and full information about the child's background and needs
- Respite carers have the opportunity to be involved in care team discussions, especially if they are a regular carer
- Respite carers feel more engaged and part of the child's network of care
- Adequate training, along with refreshers
- Timely payments are processed.

**For a carer, 'good' is when:**

- Respite is available on request, without the need for a CSO to seek manager's approval
- Respite requests can be made with less justification
- Respite carers should not feel pressure to take care of a child in a permanent capacity
- Simplified provision of respite by family members
- Timely Authority to Care forms to be provide to regular respite carers
- CSO liaises with respite carer (i.e. CSO demonstrates active case management for children in care, particularly if they have challenging behaviours).

**Ideas for change:**

- More respite capacity, including in regional Queensland
- Kinship carers are eligible for respite
- Respite could be sourced and provided from carer's extended network, noting blue card requirements
- Family member can provide short term respite, at short notice
- The Department and sector encourage more people to become respite carers, with a different level of assessment, shorter training and approvals
- Greater promotion of respite care needs – ongoing recruitment
- Seek re-involvement of former foster carers or kinship carers to provide casual respite
- Additional day respite support to be available at short notice when children in care are suspended from school
- More people are 'respite care ready' through blue care qualification, including units within university courses
- In-home respite is available as an alternative and complement, e.g. pyjama angels
- Long-term placements are still eligible for respite, even when placement is going well

## 14.31 Kinship care experiences and perspectives

Kinship carers strongly advocated that the child safety system needed to better reflect the differences between foster and kinship carers. Kinship carers understood the focus on foster carer needs, however they sought recognition of the service, sacrifice and commitment of their fellow kinship carers.

Some kinship carers indicated they also needed access to respite. At times, they may need support with parent contact and support, depending on circumstances. Some kinship carers preferred that the department "leave them alone", explaining that they didn't need support or active engagement. Several kinship carers expressed that they preferred less routine contact, but are also able to have the option to seek and draw on support and services as needed.

**To kinship carers, 'good' is when:**

- Kinship carers are not judged based on their family circumstances
- There is empathy and respect for the plight of kinship carers, and for the sacrifice they need to make for their family and children
- Kinship carers have the option of drawing upon services, and having the confidence that they can call on support without judgement
- They can trust CSO with sensitive family information, including information about the child and the child's parents
- They can trust and rely on CSOs when they are having difficulty
- Support is available and offered for parent contact
- Financial and other support is well explained by knowledgeable CSOs
- They have greater autonomy in decision making, more like a parent
- Information is gathered from kinship carers if the child needs to move into general care
- When in general care, kinship carers have ongoing access and communication.

**Ideas for change:**

- The same training and support is available, as provided to foster carers
- Kinship carers able to draw on services, but arrangements with Government are not mandated
- Kinship care authorisation is relaxed to have more kinship carers available in the general community (where otherwise may not be eligible for blue card)
- Kinship care authorisation is relaxed to have more kinship carers available across Aboriginal families and within Aboriginal communities (where otherwise may not be eligible for blue card)
- Blue card requirements should be reviewed for willing and capable kinship carers, or other ways found to assess suitability
- Access to parenting training without judgment
- Kinship carers have the same decision making rights as parents
- Kinship carers are supported in contact with parents if this is needed
- Promotion among kinship carers that they can also be general carers

### 14.32 Considerations of carer's family

Many carers explained the challenges of including a foster or kinship child within their family. Carers sought consideration of the impacts of child safety processes upon their family.

**For carers, 'good' is when:**

- Information is provided during the placement process that enables the carer to consider and plan for potential impacts on their family
- There is consideration about the scheduling of home visits, medical appointments, parent/ family contact etc. through advance notice and consultation with the carer
- There is consideration of logistics when more than one child in care resides in the same home

- The department considers the suitability of seeking to place additional children into same home
- The CSO doesn't expect the carer 'to drop everything' to fit in with scheduled contact visit
- Contact during school holidays is planned and considerate of the carer's family – could be a good time for contact or less convenient depending on circumstances
- Carer's address remains confidential for the safety of the child and their family.

**Ideas for change:**

- Understanding and acknowledging carer circumstances during case management and making appointments, such as carer responsibilities for existing children, job demands, routines, travel etc. – better communication and consultation
- Understanding about impacts on family from slow decision making in relation to child in care, and lack of certainty
- Guidance on the management of social media with the child in care
- Consultation around carer arrangements around Christmas, Easter and school holidays.

### 14.33 Standards of care

In some workshops 'standards of care' (SOC) processes was discussed. Carers understood the necessity to provide good standards of care, and sought fairness and objectivity regarding triggers for this process, and subsequent assessment.

**For carers, 'good' is when:**

- The SOC is based on evidence, with discussions and negotiations before a SOC is issued
- The carer is not assumed to be providing deficient care before information exchange and discussion
- Limit SOC interventions until other measures have time to be undertaken
- The SOC process is not used as reprisal for advocacy or criticism, or resulting from a difficult departmental relationship
- Joint accountability for the quality of care provided for child in care.

**Ideas for change:**

- SOC to be used as an opportunity to further develop carer's skills, as needed
- SOC is affirming not intended to stigmatise

### 14.34 Completion of placement

Carers discussed different scenarios that constitute the completion of a placement, including by mutual agreement with the department, or when the scheduled placement had been completed. This also included when a young person transitioned to independent living or was reunified with biological parents or kin, or the child in care was adopted.

**For the carer, 'good' is when:**

- A full debrief is undertaken with carer to assist future placements, if relevant
- Carer feedback to be included on file
- The handover is gradual and smooth as best possible, and the pace of change is comfortable for the child

**Ideas for change:**

- There is no judgment about the reasons why the placement finished, and future opportunities are provided
- There is future opportunity to be informed of the child's/young person's progress
- The option is open to receive the child back under respite conditions, if favourable to all parties.

### 14.35 Carer retention factors/exiting the system (anecdote from current carers)

Kinship carers, foster carers and respite carers explained that they could see that the child safety system is under constant pressure, with ongoing demands to place vulnerable children into care. Carers understood that the sector needed to retain carers to maintain ready capacity for children in care and for other children who would come into the system in the future.

**For carers, 'good' is when:**

- CSO and agencies identify that a carer is under duress and at risk of disengagement, and support and encouragement is provided
- Exit interviews are always undertaken and any learnings shared and are influential in ongoing departmental practice.

**Ideas for change:**

- Review and implementation of the ideas for change proposed at the Partners in Care workshops to improve the overall care environment
- More respite for carers who are struggling with home circumstances
- More training to be able to respond to challenging behaviours, especially in teen years.

## Attachments – Partners in Care session reports

To be attached

# PARTNERS IN CARE

## DRAFT Engagement Report

## Version history

| Version | Author | Issue purpose | Date |
|---|---|---|---|
| V1 | GB/ consultant | Early draft only | 4-Aug-17 |
| V2 | GB/ consultant | Draft for limited internal distribution | 7-Aug-17 |
| V3 | GB/ consultant | Draft for limited internal distribution | 21-Aug-17 |
| V4 | GB/ consultant | Edits completed & returned | 25 Aug. 17 |
| V5 | MB/FCQ | Edits completed | 29-Aug-17 |
| | | | |

Table of Contents

## Executive summary

The Department of Communities, Child Safety, and Disability Services (the Department), In partnership with Foster Care Queensland (FCQ) undertook the 'Partners in Care' engagement project across mid-2017, consisting of 17 consultation sessions with carers, and other stakeholders across the foster and kinship care sector. The engagement, held in workshop format, provided the opportunity for the department to gather direct input from foster and kinship carers and foster care agencies across the State about ways to further enhance partnerships across the care sector.

In total, **410** foster and kinship carers and foster care agency representatives, attended the workshop series. The focus was on listening to carer's experiences and enabling them to contribute to solutions in response to known issues. Foster care agencies were invited to enhance understanding of carers' experience within the foster care system. The collective experience of foster and kinship carers contributed to highly informed discussions, based on more than **1,800 years** of cumulative experience (based on surveys of carer experience within the workshops).

Facilitated discussions within the workshop were based on the known priorities of foster and kinship carers, identified through analysis of various data sources, including successive FCQ survey results, exit surveys, etc. Carers shaped the workshop agendas by choosing their preferred workshop topics on registration, with the most regularly requested topics being:

- Your relationship with the department
- Making decisions about the child in your care
- Being part of the child care team
- Information you need to care for a child
- Permanent placement

The engagement program was designed to seek practical solutions to high priority interests. In responding to structured questions: "what does good look like?" and "what are your ideas for change?" carers provided numerous suggestions and solutions, with over **2,200 comments** recorded.

Consistent themes emerged from most sessions, despite the diversity of geographic locations. In response to selected topics and the structured questions, foster and kinship carers most commonly expressed the following aspirations:

- Thorough information to be provided about the child when placed into care, particularly time-critical background such as medical issues and dietary needs
- A placement agreement to be prepared for the child as soon as practical based on their specific circumstances and needs, (e.g. learning, health and disability support) and this is supported/ funded and a copy is provided to the carer
- Collegiate, mutually-respectful relationships between carers and Child Safety Services Centres (CSSCs) as the basis for good communication, in the interests of the child in care
- Timely and proactive communication between carers and CSSCs, with responsive return contact, consistent with the stated urgency of the request or issue
- Carer to be able to contribute to decisions about the child in their care
- Carer to be able to make everyday decisions about the child in their care
- Carer routines and home circumstances to be considered in case management planning, such as when family contact and medical appointments are scheduled
- Permanency planning to be incorporated in case planning for all children and young people in care
- Kinship carer differences to be recognised, with specific frequency of communication and support arrangements, as preferred by the kinship carer.

Attendees provided feedback that some suggestions are already in practice, but are not consistently applied or are in practice, but not known to carers. The sessions were highly constructive and the consultation exercise itself was affirming for carers, as indicated by greater than 90% satisfaction rate through the feedback surveys.

Attendees and FCQ understood that the department would receive a report that collated the feedback, and following consideration, the department would make a response. Regions also undertook to consider the outcomes of local workshops and begin to nominate and implement local initiatives.

# 1. Priority issues and opportunities for Government and FCQ

Across the state-wide workshop series, common themes emerged, supported by many practical suggestions. While table based discussions were based on specific topics and interests, carers provided consistent comments about their experience as a carer; irrespective of the topic. Carers also provided consistent comment on specific topic areas.

The consistently of comment provides the department and sector with further understanding of the priority interests of carers. This presents the opportunity to recognise and address these interests, and to improve the care experience from the perspective of the carer *. (This is not to imply that specific or individual comments don't have merit and ought not to be considered by the department/ child safety sector).

The consistent comments that represent carer priorities* include:

| **Theme** | **Carer expectation/ suggested initiative** |
|---|---|
| Relationship and communication *as Partners in Care* | • Carers are respected colleagues and genuine 'Partners in Care'<br>• High standards of proactive, respectful communication between the department, carers and agencies<br>• All parties dedicate themselves to getting off to a good start, to build the basis for good working relations<br>• Communication standards and frequencies are established between the CSO/ CSSC and the carer<br>• Timely response to carer contact, particularly about decisions sought<br>• Stable and constant carer-CSO relationships – more retained knowledge and history of child in care to assist good decision making<br>• Carer advocacy is respected as the carer acting in best interests of the child<br>• Carer routines are considered when planning family contact visits, medical and counselling appointments etc.<br>• Informal information and social sessions are held with departmental staff to build relationships and to provide briefings and professional development<br>• Carer involvement in CSO training and CSO involvement in carer training to build mutual appreciation for roles and challenges. e.g. Produce 'day in the life of a CSO' and 'day in the life of a carer' video/ presentation.<br>• Holding regular Partners in Care style engagement sessions<br>• Department makes a response to the outcomes of the Partners in Care workshops, and this is shared across the sector. |
| Decision making and outcomes for children in care | • Carers able to make every day, care-related decisions for the child in their care<br>• Carers are involved in decision-making about the child in care, within a care team environment or with the CSO/ CSSC<br>• Streamlined medical approvals for child in care, with carers given decision-making approvals on a case by case basis<br>• CSOs push approvals processes for decisions and agreed support, without the need for follow-up by carer or foster carer agency<br>• Response times for decisions reflect urgency of the issue/request<br>• If there are delays to decisions, carers are kept informed<br>• Back-up CSO to progress decisions when case manager is not available<br>• Streamlined travel approval processes, whereby particular types and timing of travel is pre-approved<br>• Streamlined passport approval. |

| Theme | Carer expectation/ suggested initiative |
|---|---|
| Information quality, transparency and information sharing | • Complete information about the child is provided at the time of placement, particularly time-critical information, such as health issues, medication, and dietary needs<br>• Full disclosure of known medical conditions and/ or disability, so that the carer can assess whether they can cope and care for the child<br>• Information provided by carers is valued in decision making and retained on file<br>• The roles and responsibilities of all care team members are known, and team members are accountable to deliver on their responsibilities<br>• Access to information at one point, with suggested online portal or 'app' as repository for child's information, which is regularly updated<br>• Life story is actively completed for all children, which travels with children wherever they live, providing an account of their life history and achievements – ongoing roll out and further development of Kicbox<br>• CSSC staff list distributed to carers with roles and responsibilities, and this is updated as positions change. |
| Caseload, capability and capacity | • Manageable CSO/ CSSC caseload/ workload<br>• Specialist, experienced CSOs dedicated to active case management of children with complex needs, with reduced case loads<br>• CSO has the time and ability for more active case management role when needed<br>• Training and mentoring on relationship formation with children<br>• Thorough handovers between CSOs, and the carer is advised when the handover has been completed and the new CSO can be contacted |
| Case management, planning and support | • Needs assessments are completed as early as possible following the child's entry into the child safety system – medical, mental health, behavioural, learning needs etc.<br>• A fully inclusive care team is formed to work in the best interests of the child, with the carer included<br>• Care teams consider the longer-term needs of the child, including the different support requirements across developmental phases<br>• The suite of available support for the care placement is known and consistently available: respite, counselling, medical, financial entitlements etc.<br>• Trauma related counselling and interventions are priorities<br>• Children with complex needs and/or disability are appropriately supported<br>• NDIS transition is supported by the Department, so that the child and carer is not vulnerable within changing system<br>• Child care support is available to all carers<br>• Care plans include financial commitments<br>• Consistent financial eligibility, payment and reimbursement standards and outcomes applied across regions<br>• Pre-approved financial expenses, with reduced onus on carer to prove basic expenses from agreed price list<br>• More streamlined access to Medicare for child in care/processes in relation to Medicare are streamlined and updated<br>• Medicare card is provided to carer as soon as practical<br>• Individual education planning to maintain engagement in schooling<br>• Dedicated learning support is available<br>• More respite capacity, including in regional Queensland<br>• Respite sourced and provided from carer's extended network, noting blue card requirements. |
| Policy/ care model philosophy | • Flexibility in care model, with less, literal application of rules and policies, when alternative positions would provide better outcomes<br>• The Department and government revisits the goal of promoting reunification |

| Theme | Carer expectation/ suggested initiative |
|---|---|
|  | • Fewer children on short term orders<br>• If supervised contact is continuing following two years, then transition the child in care to a longer-term or other more permanent care order<br>• Parents are advised of guardianship options from 18 months (or agreed expiry time); and from this time there is pathway to adoption or more permanent arrangements to normalise life for the vulnerable child. |
| Kinship carer | • Recognition that kinship carers have separate needs, with specific relationships with the department sought, depending on the preference of the kinship carer (some seeking high contact and support, others seeking less and minimal contact)<br>• Kinship carers are supported with parental contact as needed, and are not expected to manage all parental contact, without assuming no support is needed<br>• Kinship carers are eligible for respite<br>• Communication and considerations about kinship care demonstrate respect for all parties |

*# Carers regularly advocated that these interests can provide better care outcomes for a child in care*

** Note this has been disaggregated from topics list (see section 9) and key themes (see section 13).*

### Departmental response and implementation considerations

Stakeholders involved in the Partners in Care program strongly expressed support for the engagement program. It was evident that the engagement process itself recognised the important role of foster and kinship carers; which carers valued. Carers expressed their expectation that initiatives would be confirmed, communicated and implemented following departmental consideration.

There appeared to be understanding among carers that planning and funding new initiatives would take time to get right, and may require additional consultation to confirm scope. An example is the proposal for an online information 'portal' for carers. There were other examples that could be implemented relatively soon, such as improved, proactive communication.

Following are considerations about the departmental response and implementation in the context of workshop outcomes:

- Some ideas were very tangible, practical and can be readily defined
- Some comments were expressed as practice principles and concepts, where carers present at the workshop, or not present, would hold varied perspectives. These concepts would need to be tested.
- The quality of communication was raised at every workshop. Carer-CSO interactions would be influenced by personality, communication preferences and lifestyle/ workload fatigue, and many other variables. Therefore, it will not be possible to standardise all parts of communication to the satisfaction of all parties. However, all parties identified that the standard of communication could be enhanced, and there were many practical suggestions, as listed further in this report.
- Attendees provided feedback that some suggestions are already in practice, but are not consistently applied or are in practice, but not known to carers.

## 2. Purpose and timing of engagement

The Department of Communities, Child Safety, and Disability Services (the Department), in partnership with Foster Care Queensland (FCQ) implemented the Partners in Care engagement program across mid-2017, consisting of 17 consultation sessions with carers, and other stakeholders in the foster and kinship care community.

The engagement, held in workshop format, provided the opportunity for the department to gather direct input from foster and kinship carers across the State about ways to further enhance partnerships across the care sector.

The workshops were normally 2-3 hours in duration, independently facilitated, with senior Departmental personnel in attendance to hear directly from carers about their care experience and relationship with the Department. The program commenced with a Partners in Care session at the 2017 Foster and Kinship Care Conference in late April 2017 and concluded in late July 2017.

The engagement is intended to inform future state-wide and local actions plans, along with implementation of initiatives to directly improve the care environment for children in out-of-home care, and their foster and kinship carers. This report includes many 'ideas for change' from carers for the Department to consider and respond to.

The objectives of the Partners in Care engagement program were to:

- consider issues raised from previous engagement in more detail to identify practical solutions for implementation to further improve the care environment for children in out-of-home care, and their foster and kinship carers.
- engage foster and kinship carers and foster carer agencies to further define their preferred role as a member of a 'care team', working collaboratively to support the safety, belonging and wellbeing of children in family based care.
- engage foster and kinship carers to help shape their relationship with the Department
- recognise the importance and dedication of carers as a valued member of care teams.

## 3. Engagement context

A priority for the Department and FCQ was to progress solutions to various issues and opportunities, as identified through other engagement with the sector.

The Queensland foster and kinship care sector has been subject to several reviews, along with ongoing stakeholder engagement and consultation. Consultation activities have included:

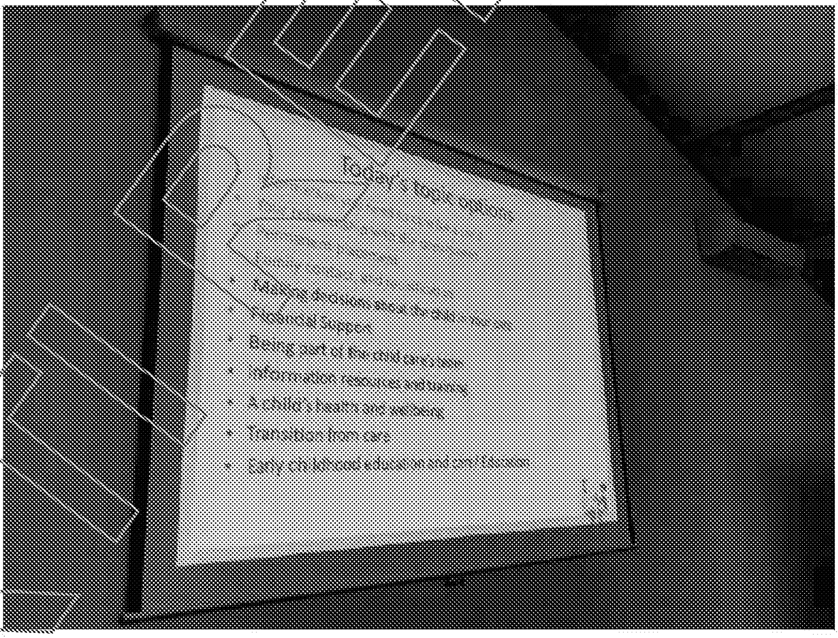
- Engagement at Foster and Kinship Carer Week Conferences
- Exit carer surveys from Foster Care Queensland
- 2016 biennial online survey of carers conducted by Foster Care Queensland
- KicBox engagement
- Project on the health and wellbeing of children in care
- Priority Access Project
- "Working Together to Care for Kids – The survey of Foster and Kinship Carers from the Australian Institute of Family Studies and the Department of Social Services (Commonwealth Government).

- The Queensland Family and Child Commission's examination of foster care and blue card services

The Partners in Care engagement program built from earlier engagement and the known issues and priorities of foster and kinship carers. To provide focus and make progress on known issues, topics were identified by the Department and endorsed as priority areas by FCQ.

The topics were identified through the review of data gathered from various reports and and carer surveys, as well as previous consultation findings. During the process for registration for the workshops, carers and agencies selected the topics they wished to discuss.

1. Information you need to care for a child
2. Your relationship with the Department
3. Being part of the child's care team
4. Training information resources
5. Financial support
6. Making decisions about the child in your care
7. Family contact and reunification
8. Permanent placement
9. The child's health and wellbeing
10. Early childhood education and care
11. Education
12. Transition from care.



*Participants selected their preferred topics for discussion*

**Creating a positive care environment for retention and recruitment:** In undertaking this engagement, the Department recognised the need for positive conditions around the recruitment and retention of foster and kinship carers, with ongoing demand for foster and kinship placements. Through this engagement the Department is seeking to support conditions whereby more people will be interested and willing to become carers, and existing carers continue to provide out of home care for vulnerable children, with the goal of providing better outcomes for children in out of home care

## 4. Stakeholders and roles within the engagement process

**Key stakeholders involved**

The key stakeholders targeted for engagement and participation within the Partners in Care workshops included:

1. Foster and kinship carers
2. Respite carers
3. Foster care agencies
4. Foster Care Queensland
5. Regional managers and Child Safety Service Centre staff.

## 5. Role of this report

The purpose of this report is to extend upon the findings of a range of sources to identify and nominate priority actions to improve the care environment for foster and kinship carers.

This report has been drafted by The Comms Team, an independent, specialist stakeholder engagement agency, who led the facilitation of the Partners in Care workshops. The report records the rich anecdotal input of carers as provided at the 17 state-wide workshops. The consultant has coded and organised input as provided from the workshops, and the Department and FCQ will further interpret the findings to nominate key actions for implementation.

### Reliability of findings

The consultation team considers that the collected data has a high level of reliability and validity. This confidence is based on the amount of data collected, years of cumulative care experience, key stakeholder representation, and the consistency of the responses provided by participants. In total the 17 state-wide sessions were attended by 410 participants, with 1,831 years of care experience.

Some of the reliability indicators and factors include:
- large sample set
- high proportion of key stakeholder sets involved (predominately carers)
- large rich anecdotal set (over 2,200 items of data collected over 18 sessions involving 410 participants)
- highly consistent subject themes from multiple locations, over several weeks
- anecdotal information appeared not to be influenced by external factors such as media publicity and political announcements
- limited disparity of data received (very limited outlying or unique comments)
- highly aware and informed audience
- mix of experienced and relatively new carers
- high degree of engagement with subject

- comments recorded immediately by subject matter experts.

There are some sample strengths and limitations, which should be noted, but do not detract from overall reliability in the view of the authors. More women than men participated by a ratio of approximately 8:1. It is also known that most lead carers in the family tend to be women, which is represented as a strength of the sample. Based on the consistency of responses among male and female participants, there is no indication that gender generated bias within the sample.

FCQ and the Department identified that the apparent age of attendees accorded with the carer age profile, with representation of carers from approximately aged 30, with most carers aged between 40-55 years. There was representation of relatively inexperienced carers, and more senior, very experienced carers, including kinship carers. There is no indication that the age range and proportion generated bias within the sample. There was also a mix of foster and kinship carers to assist a balance of views.

The sample was largely self-selecting, with some attendees registered by foster care agencies and encouraged to attend. As most groups identified positives and negatives within their care experience, it is unlikely that the findings are biased in terms of attendee sentiment.

There was also a smaller sample of Aboriginal attendees, however this small sample provided valued input on the circumstances and expectations of Aboriginal communities and carers. The project managers acknowledged the department's commitment to providing culturally appropriate opportunities for Aboriginal and Torres Strait Islander carers to contribute to identifying solutions to specific challenges they experience within the foster and kinship care system.

### Data analysis

Conventional qualitative data analysis methods were applied, by designing themes and codes following the collection and review of anecdotal data. These themes provided the structure to tabulate the most common perspectives on foster and kinship carers experience.

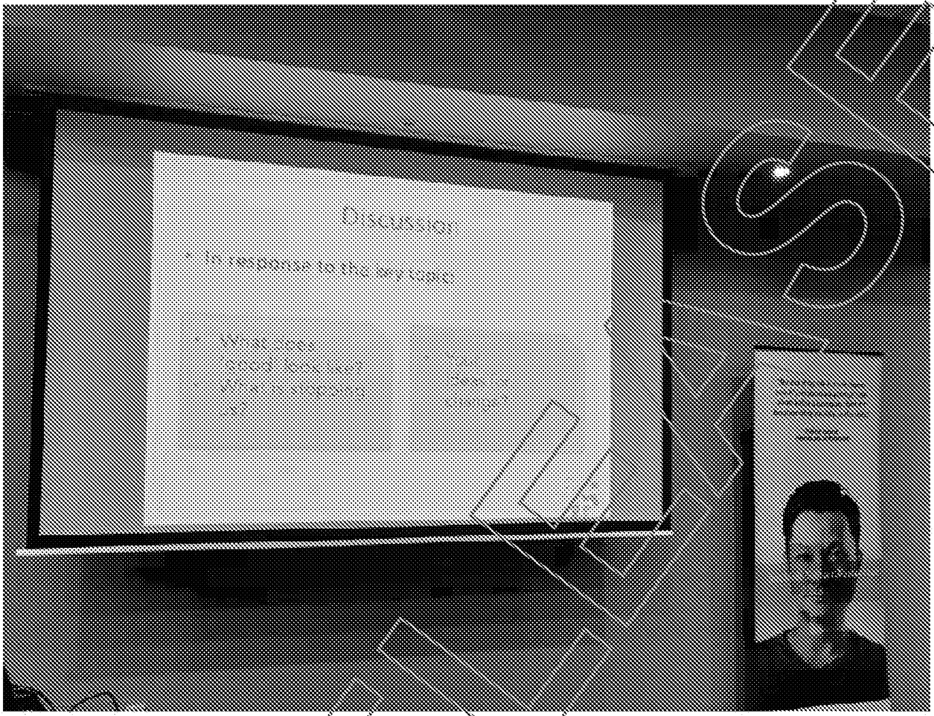
## 6. Engagement format

**Collaborative model:** In accordance with the Department's standards for engagement, the International Association of Public Participation (IAP2) framework has been applied to the Partners in Care engagement. IAP2 is an internationally recognised model of values and best practices for involving the public in decision-making processes. Reflecting the Department's commitment to work with foster and kinship carers and key partners to identify solutions to challenges, a collaborative engagement was implemented.

**Format:** Face-to-face workshops were undertaken in key population centres, with a mix of urban and regional areas, enabling the highest proportion of foster and kinship carers to attend. The location for the workshops were determined within the time and budget constraints through collaboration between the Department and Foster Care Queensland. Day time and evening session were offered to maximise attendance, with child care provided where required. Workshops ran for 1.5 – 2.5 hours with between five (5) and 50 attendees. Foster and kinship carers were invited through FCQ, foster carer agencies and by the Department. Carers were provided a list of suggested topics to choose from when registering.

**Ability to discuss priority topics in a small group environment:** The engagement program was designed by the engagement team within the Department's in-house Strategic Communication and Engagement, and Child, Family and Community Services Commissioning, supported by 'The Comms Team'. Following introductions and context setting by senior Departmental and FCQ representatives, for much of the time attendees discussed the topics in small groups. Led by the Departmental table based facilitators, participants provided responses to;

- What does good look like?
- What is stopping us?
- Your ideas for change?



**Workshop record-keeping and reporting:** Table facilitators reported their findings to the entire workshop group within the session, ensuring what had been captured was an accurate reflection of the participant's feedback. Table facilitators regularly checked with participants that they had provided accurate and inclusive feedback. All notes were collated for the preparation of this report. Session specific notes were compiled into a workshop report for each region to review and consider local responses and actions.

## 7. Engagement program

The following workshops were held across Queensland over a ten-week period, between Monday 29 May and Friday 21 July.

| **Workshop location** | **Date and session (AM/PM)** |
|---|---|
| **Cairns (Foster and kinship carer conference)** | Sunday 30 April (AM) |
| **Ipswich** | Monday 29 May (AM) |
| **Lake Kawana** | Friday 2 June (AM) |
| **Cairns** | Tuesday 6 June (AM) |
| | Tuesday 6 June (PM) |
| **Townsville** | Thursday 8 June (AM) |
| | Thursday 8 June (PM) |
| **Mackay** | Monday 12 June (AM) |
| **Rockhampton** | Wednesday 14 June (AM) |
| **Logan** | Tuesday 20 June (AM) |
| | Tuesday 20 June (PM) |
| **Maryborough** | Thursday 13 July (AM) |
| **Mt Isa** | Monday 17 July (AM) |
| **Mt Gravatt** | Wednesday 19 July (AM) |
| | Wednesday 19 July (PM) |
| **Nerang** | Thursday 20 July (PM) |
| | Friday 21 July (AM) |

*Table 1 – workshop schedule*

## 8. Partners in care participants and roles

The following project stakeholders participated in the partners in care engagement program, relative to their individual roles.

### 8.1 Foster and kinship carers

Foster and kinship carers are those people and families who provide family-based care; offering safe, caring homes for children and young people who are unable to live with their birth parents. .

The participation of foster and kinship carers in the Partners in Care workshops was vital to ensuring the engagement findings accurately reflected the experiences of carers. The workshops were centred on ensuring foster and kinship carers could discuss topics that were of interest/relevant to their experiences as carers.

### 8.2 Department of Communities, Child Safety and Disability Services

The Department of Communities, Child Safety and Disability Services is the Queensland Government department responsible for primary child protection and adoption services.

The department is dedicated to protecting children and young people from harm, or who are at risk of harm, and whose parents cannot provide adequate care or protection for them. The department works closely with non-government and government partners in the delivery of child protection services across Queensland.

The department was responsible for the management and delivery of the Partners in Care workshops across Queensland. In addition to providing the necessary staffing support for workshops, the Department in collaboration with FCQ has compiled, reviewed and assessed the data collected at the workshops to prepare local reports and action plans. Local regions have undertaken to prepare and implement local action plans, and the Department will also make a response to this report.

### 8.3 Foster Care Queensland

Foster Care Queensland (FCQ) is a non-government organisation and is the peak body for foster and kinship carers. The membership of FCQ is open to all foster, kinship and provisionally approved carers, with FCQ supporters able to hold associate membership.

Among their duties as a peak body, FCQ provides policy advocacy, carer training, advocacy on behalf of carers, and assists with carer recruitment, support and retention.

FCQ partnered with the Department to conduct the Partners in Care workshops across Queensland. The FCQ surveys, mentioned earlier, informed the selection of workshop topics.

In addition to attending, promoting and recruiting carers to the workshops, FCQ is working closely with the Department to determine the actions to be taken, based on the input provided at workshops.

## 8.4 Foster care agencies

Alongside peak bodies and advocacy groups, community foster and kinship care agencies play a key role in providing carer related services throughout Queensland. They provide a range of family based care services, relating to:

- foster carer recruitment
- foster and kinship carer training
- foster and kinship carer support
- the offer of placements for children and young people in foster and kinship care
- other child protection support services.

All foster and kinship care agencies were invited to participate and some accepted the invitation to promote the workshops and recruited attendees. Many foster and kinship care agencies attended the workshops to support carers and share their own input, experiences and feedback, but not all foster and kinship care agencies attended sessions. The contribution of foster carer agencies in some cases was vital to attendance levels, as they provided child care in order for carers to be able to attend.

The support by foster and kinship care agencies in promoting the engagement sessions to their carers was inconsistent. Some agencies strongly encouraged carers to attend and facilitated their participation by providing transport and childcare. Some carers may have missed the opportunity to participate if their agency did not promote the workshops.

## 9. Participation profile

Approximately 410 carers and 40 foster and kinship care agency staff attended the 17 Partners in Care workshops. Of the carer cohort, approximately 40 kinship carers attended. Twelve (12) carers identified as Aboriginal or Torres Strait Islander.

Approximately 135 departmental representatives attended the workshops. Representatives included the Director-General, regional and Brisbane department executives, service centre managers, Child Safety Officers and Team Leaders, staff from the practice and commissioning areas, and members of the communications and engagement unit. The Minister for Child Safety, the Hon Shannon Fentiman MP also attended a session and provided a welcome to attendees.

## 10. Key topics offered and selected

Foster and kinship carers selected topics for discussion from a list of 12 possible topics. Topics were developed based on the feedback provided in recent consultations activities. (see Section 4 – Context of engagement). Workshop topics are listed below.

Based on the above options, foster and kinship carers discussed the following topics at the relevant workshops detailed below. Some workshops included multiple tables discussing the same topic. This is indicated in the table below against the relevant topics.

| Workshop location | Date | Topics |
|---|---|---|
| **Ipswich** | Monday 29 May | • Financial support<br>• Information you need to care for a child<br>• Making decisions about the child in your care<br>• Your relationship with the department<br>• Being part of the child care team |
| **Kawana** | Friday 2 June | • Making decision about the child in your care<br>• Financial support<br>• Your relationship with the department (x 2)<br>• Permanent placement<br>• Being part of the child care team |
| **Cairns** | Tuesday 6 June (AM) | • Information you need to care for a child<br>• Making decisions about the child in your care<br>• Your relationship with the department<br>• Being part of the child care team |
| | Tuesday 6 June (PM) | • Being part of the child care team<br>• Information you need to care for a child |
| **Townsville** | Thursday 8 June | • Your relationship with the department (x3)<br>• Information you need to care for a child |
| | Thursday 8 June | • Making decisions about the child in your care<br>• Financial support |
| **Mackay** | Monday 12 June | • Your relationship with the department<br>• Information you need to care for a child<br>• Family contact and reunification |
| **Rockhampton** | Wednesday 14 June | • Your relationship with the department (x2)<br>• Being part of the child care team |
| **Logan** | Tuesday 20 June (AM) | • Your relationship with the department<br>• Making decisions about the child in your care<br>• Information you need to care for a child<br>• Being part of the child's care team<br>• Permanent placement |
| | Tuesday 20 June (PM) | • Your relationship with the department (x2)<br>• Making decisions about the child in your care<br>• Information you need to care for a child |
| **Maryborough** | Thursday 13 July | • Information you need to care for a child<br>• Making decisions about the child in your care<br>• Permanent placement<br>• Your relationship with the department |
| **Mt Isa** | Monday 17 July | • Being part of the care team<br>• Transition from care<br>• Making decisions about the child in your care<br>• Information you need to care for a child<br>• Your relationship with the department<br>• Financial support |
| **Mt Gravatt** | Wednesday 19 July (AM) | • Being part of the child care team<br>• Your relationship with the department (x2)<br>• Financial support<br>• Permanent placement<br>• Information you need to care for a child<br>• Family contact and reunification |
| | Wednesday 19 July (PM) | • Family contact and reunification<br>• Information you need to care for a child<br>• Your relationship with the department (x2) |
| **Nerang** | Thursday 20 July | • Being part of the child care team<br>• Permanent placement<br>• Financial support<br>• Your relationship with the department |
| | Friday 21 July | • Your relationship with the department<br>• Information you need to care for a child<br>• Family contact and reunification<br>• Being part of a child care team<br>• Making decisions about the child in your care |

## 11. Role of department

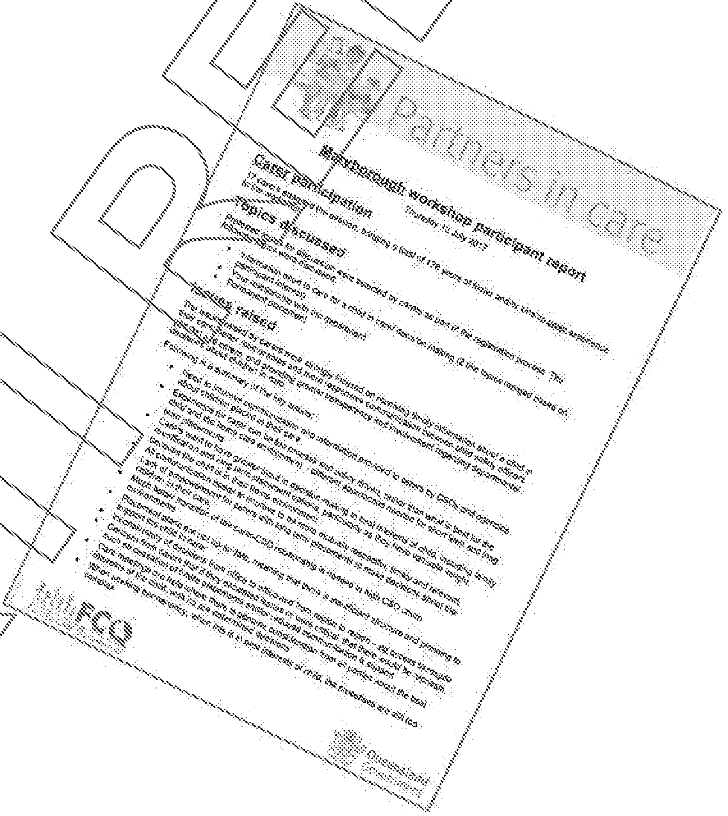
The Department led and provided resources to support the Partners in Care engagement and all workshop sessions. The engagement team within Strategic Communications and Engagement, and Child, and Family and Community Services Commissioning, designed and managed the workshop structure and attendee recruitment processes.

Experienced Departmental practitioners and engagement personnel were 'hands on' during the session through facilitation and record keeping of table based discussions.

Senior departmental representatives attended all sessions and provided a formal welcome to attendees, recognition of country, reflection following carer feedback, and factual responses to technical or specific interests. Importantly, departmental representatives listened and respectfully acknowledged rather than contended any input. On a small number of occasions a Department representative provided factual information when there was uncertainty about the status of a policy or initiative.

## 12. Role of local/regional reporting and action plans

In addition to the preparation of this report, session reports were provided to local regions. From these reports, regions can build local action plans based on practical change that can implemented at a local or regional level. The local reports included: key issues raised and ideas for change. All session reports are attached at Attachment 1. Following is the first page of a sample regional Partners in Care session report:



Partners in care

Maryborough workshop participant report

Thursday 13 July 2017

Carer participation

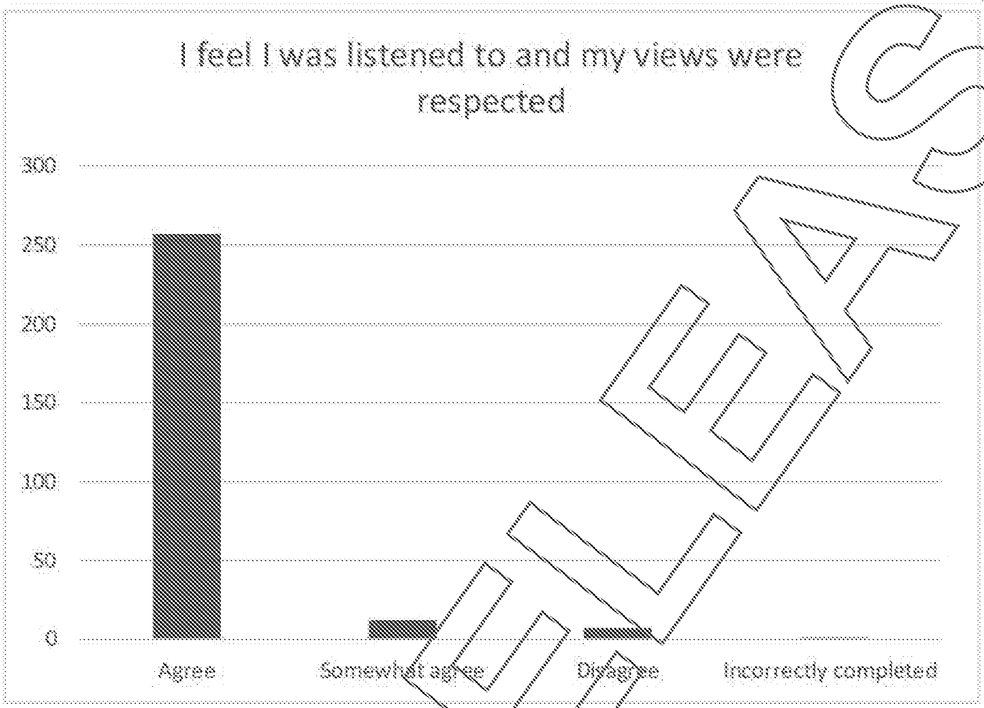
Topics discussed

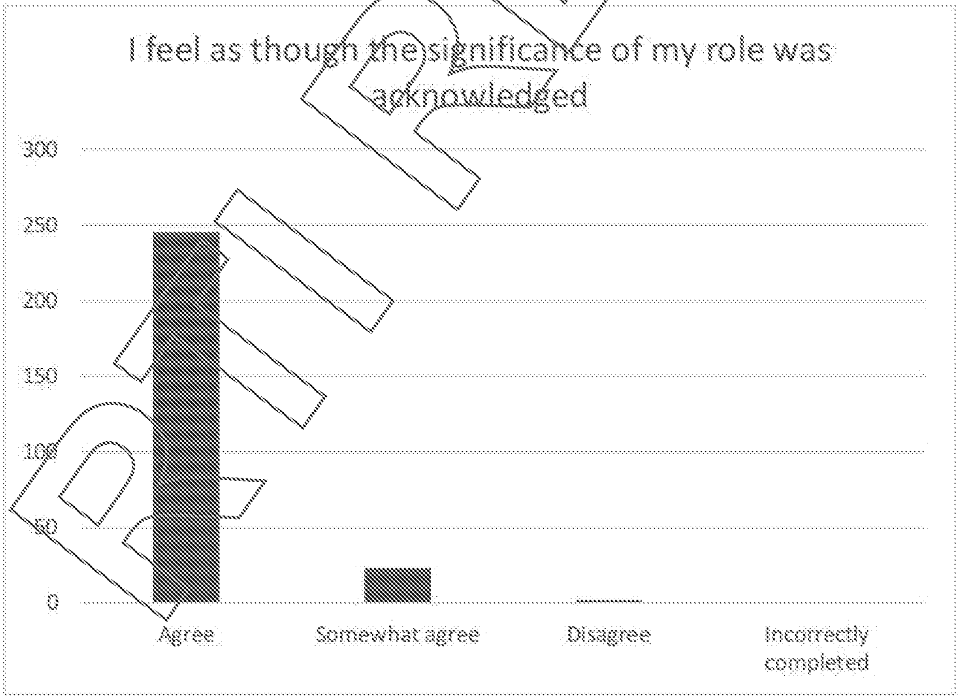
Issues raised

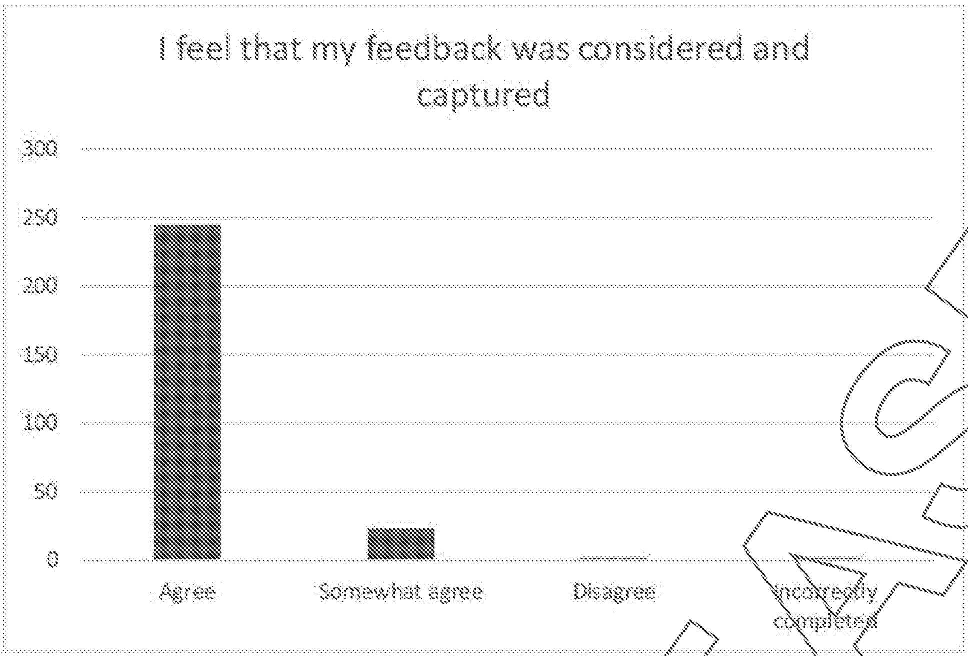
## 13. Participant feedback and satisfaction with engagement process and program

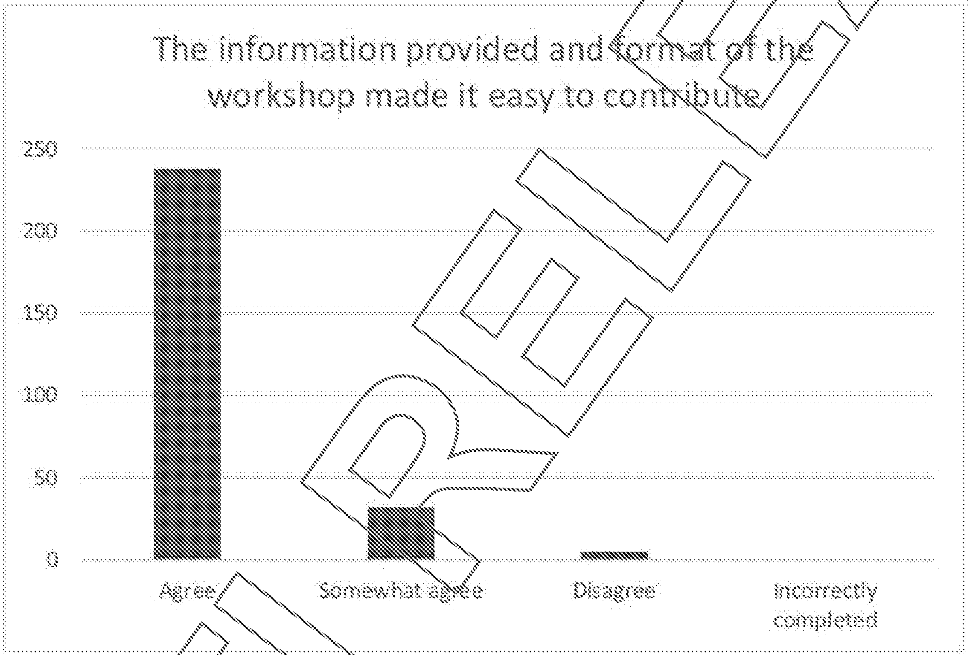
Following each workshop, participants were asked to complete a short satisfaction survey. The outcomes of each workshop were reported on, noting any comments or recommendations for consideration at upcoming workshops.

The findings from the 270 satisfaction surveys received are detailed below.









The feedback received was overwhelmingly positive, with 93 percent of participants indicating they felt listened to and that their views were respected.

Of all participants, 91 percent also felt their input within the session would be considered and that the significance of their role was acknowledged.

Participants were also satisfied with the information provided at the workshop with 86 percent agreeing the information and format of the workshop made it easy to contribute.

Following is an overview of the feedback provided:

Positive feedback was received on the format. Participants indicated small group discussions provided a good format, as was the option to discuss a range of topics. Other feedback from the sessions included:

- "The 'parking lot' worked well and the visual display of ideas"
- "The facilitator was keen to hear and record the information"
- "The format allowed everyone to contribute"
- "Loved a facilitator at the table"
- "Hearing the overview of the meeting was very worthwhile"
- "Enthusiastic acceptance of ideas and suggestions"
- "This was an excellent opportunity; especially as senior departmental staff were available. Very worthwhile"
- "Was a wonderful, non-confrontational forum. Loved having a facilitator at the table.

Participants expressed appreciation for the opportunity to be involved in the program, with feedback including, "being invited, having ideas heard makes people feel respected and acknowledged" and "it was evident that the views of carers were noted".

- "Very pleased my views were heard. A constructive and positive group. Well done"
- "Enjoyed the forum, was listened to and opinions respected"
- "It was great to work together to get a better service for our children in need"
- "Thank you for the opportunity to have a say"
- "I was part of a fantastic table of carers, agency staff and department staff - would make an awesome care team"
- "A very helpful workshop. Very supportive, great ideas!"
- "Very glad that foster carer feedback was prioritised"

Participants were also keen to be further involved and understand the outcomes of the program and how it will influence change. With one participant stating:

- "I really hope that what is discussed here is taken on board and put into practice".
- "Looking forward to seeing the outcomes put into place"
- "Looking forward to an overall result of the purpose for change to improve areas for foster care"
- "I think this needs to be regular and ongoing. Great to be able to discuss and hear different perspectives."

Participants also suggested more time could have been allocated to discuss each of the topics. This was noted at the outset of the program; however, the workshop format was developed to maximise input while being considerate of participant's time.

Other notable written feedback provided on the forms included:

- Introduction of a regional newsletter/ directory of who's who
- Standardisation of policy and procedures between offices and regions
- Opportunity for carers to have more input in decision making
- Appoint a High Support Needs Allowance (HSNA)/ Complex Support Needs Allowance (CSNA) specialist for each region
- I would have liked to be able to answer questions or make comment on each topic. Maybe a survey.
- Venue was too noisy and it was hard to hear
- Great having a cross section of people from different areas – agency, carers and departmental staff

- A forum where carers are able to share experiences would be beneficial
- Ran out of time to discuss complex/high care needs and permanent care
- I would have liked to talk to other tables to provide comment on other questions being discussed but appreciate time was limited
- It was frustrating to hear suggestions to bring about change, and to hear they are happening in other regions already, but good to move in that direction
- I think people found it too easy to get bogged down by their negative experiences without putting forward/brainstorming solutions.

Participants at the **Ipswich** workshop, as an example, agreed they felt listened to and valued, with feedback including:

- "Everything on our table suggested was written down and discussed"
- "Everyone in our group had their say and it was a passionate discussion we all agreed on what was said"
- "Whole-heartedly agree that I was listened to."
- "I felt valued here"
- "This was an excellent opportunity,especially as senior department staff were available. Very worthwhile"
- "Was a wonderful, non-confrontational forum. "I felt carers were genuinely respected today in this process"
- "This was the first time I feel we were listened to"
- "This needs to be regular and ongoing. Great to be able to discuss and hear different perspectives"
- "Very safe environment to contribute and give constructive feedback"
- "Enthusiastic acceptance of ideas and suggestions"

## 14. Detailed findings

Over **2,200 data items** were recorded from the Partners in Care workshops, providing a rich, detailed anecdotal account of the Queensland foster and kinship care experience, as at mid-2017.

Discussion was framed around selected topics and set questions posed by session facilitators (refer to sections 9 and 10, previous). Participant responses to selected topics and questions were recorded by table facilitators, along with all comment provided during feedback discussions.

A 'parking lot' for personal or private comments was provided and this input was included. In some sessions participants preferred to make comments to a member of the consultation team rather than in an open discussion, and this was included in the findings. Information was coded into common themes.

Following coding the themes have been organised from the perspective of the **'journey' of the carer.** Themes are organised in approximate sequence from placement, experiences with a child in care, through to transition of children out of care.

- Carer recruitment and training for placement readiness
- Interface with foster and kinship careagencies
- Placement experience and information provision
- CSO/ CSSC relationship, support and communication following placement
- CSO relationship with children
- Consistency of CSO-Carer relationship
- Carer-CSO/ CSSC Communication
- Relationship and experience with the Department
- The care team and care planning
- Support for a child's needs when in care – support services and financial
- Professionalising foster and kinship care
- Travel decision making
- Ongoing information and training needs
- Carer advocacy
- Issue resolution
- Child in care and education
- Child in care and the health system
- Child in care and disability support
- Child in care and the court system
- Reunification efforts and parental contact
- Parent/ family contact
- Family group meetings
- Experience for Aboriginal carers and Aboriginal kinship carers
- Siblings in care
- Transitions during placements
- Duration and types of placements
- Permanency and adoption
- Home visits by CSO or Department representative
- Role of respite and perspective of respite carers
- Kinship care experience and perspectives
- Considerations of carer's family
- Standards of care
- Completion of placement
- Carer retention factors/ carers exiting the system.

Findings are presented as provided by participants, without interpretation. The intention of this report is to provide client stakeholders with direct feedback from carer 'constituents'. Some findings are general and non-specific, and appear to need further interpretation and consultation before defining and agreeing actions.

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**NOTE:** *The following findings are presented from the perspectives of the carer*

## 14.1 Carer recruitment and training for placement readiness

Throughout the workshops carers described their experience during their recruitment phase into foster care and their experience during initial placements. Carers emphasised the need to be informed about the demands of foster care and levels of support to expect. Kinship carers generally provided less information on this subject as they felt more obligated to provide care for their extended family. However, some kinship carers also provided foster care or had association with foster carers, sometimes in a respite relationship, and provided comment on carer recruitment.

**For carers "good" looks like:**

- Carers understand the commitment needed and challenges they will face when becoming a foster carer
- Carers are well trained and are assisted to navigate through Departmental and sector systems
- Carers reconcile their personal values and beliefs with what is expected as a foster carer

**Ideas for change:**

- Recently approved carers supported to take respite placements initially in order to gain confidence in their caring role
- More intensive and structured support by the Department and agency when a carer begins their first and early care placements
- Following the initial placement meeting, a follow up meeting takes place no later than the first quarter
- More standards of care training provided before first placement

- Department and Child Safety Officer (CSO) doesn't assume carer knows how to navigate systems following training, and checks carer's confidence and understanding
- Kinship carers can undertake the same training as foster carers, if they wish to
- CSOs check that carers understand any additional requirements to care for child, and provide specific training for carers on systems and support
- Orientation pack/better orientation pack to be provided at commencement of placement
- Providing all support information that is available, such as the carer handbook and child safety practice manual, supported with ongoing training
- Training is more professionalised, say at TAFE certificate level
- Early training needs to include 'module 5' - promoting positive behaviours, especially as most children will have experienced trauma
- Online training as an option
- The permanent "My Home" care initiative may attract more carers
- Role of FCQ is explained, and carer is required to provide contact details to FCQ
- Carers have first aid training
- Placements need to account for religious and cultural context for child and carer
- Consideration about use of the term 'placement', as it sounds administrative and not about the care of a vulnerable child.

### 14.2 Interface with foster carer agencies

Discussions took place about the roles of foster and kinship care agencies and the carer's experience with agencies. Agency workers also attended and contributed to discussions. The outcomes are as follows:

**For carers, "good" is when:**

- The agency provides great support, when the relationship with the Department is difficult
- Agency should be a stronger advocate for carer and child
- There are customised placements
- Agency assists and takes over placement agreements to allow for the CSO and/or Child Safety Service Centre (CSSC) to take on a more managerial role
- Devolved administration to agencies
- Consistent understanding of the role and services provided by the foster carer agency
- Agencies receive training on relationship formation with children
- Reminders about training and what carers have RSVP'd to attend

**Ideas for change:**

- Carer liaises with agency to seek any missing information
- Agencies can provide leadership and new energy to care team meetings
- Agency has authority for financial delegations
- Agencies provide information on available peer networks, such as Facebook groups and events
- Carers being able to choose their preferred agency
- Carers being able to change the agency if the relationship isn't working out
- Greater role clarity between the Department – agency – carer – other services – Foster Care Queensland

### 14.3 Placement experience and information provision

Participants provided their perspectives and experiences of the placement of children into their care. Carers hold the aspiration that a child in care has the same opportunities as any child in a nurturing family, and there is no difference between a child in care and a child not in care. To help meet this aspiration, carers expect appropriate lead times for placement requests, sufficient information about the child (e.g. Child Information Form (CIF)) at the point of placement and essential paperwork such as the 'Authority to Care (ATC)'.

Carers explained in their experience, the Departmental priority was to place a child into a safe environment. Carers understood this priority particularly under emergency and crisis situations, but also expected that information and plans would shortly follow.

Some carers also explained that because of demand on the child safety system, there can be expectation to accept more children into the carers' home than may be capacity. There can also be expectations on some respite carers to take children on an ongoing or full time basis.

**For carers, "good" is when:**

- Providing all essential information to allow the carer to make an informed decision as to whether they can manage the placement
- All required information is provided when the child is placed into care, including full name, age, birth certificate, schooling, family background, siblings, medication, disability, illness, infections, ongoing appointments, e.g. medical, counselling etc.
- When infants are placed, information is provided about whether there has been breastfeeding, readiness for bottle feeding, and whether there are drug and alcohol detox issues
- The information provided, including within placement agreement, has full disclosure, including any known medical issues, disability, or specific care requirements – to ensure the carer knows as much as the department knows
- Information allows the carer to consider and plan for potential impacts on their biological family
- Information includes details on extended family to understand interface, such as whether relatives and siblings are at the same school
- Placement request respects carers family situation, work, planned leave etc.
- Carers demonstrate tolerance that not all information is known or can be shared, particularly in time sensitive or crisis situations
- Reduced numbers of children in care in the same home
- When sensitive information can't be shared, this is explained to the carer, rather than remaining as an apparent information gap
- Being clear with potential carers whether the placement is emergency and short term, or could be longer duration
- If the care placement is an emergency or short term placement, that all items that a child will need are brought along, e.g. nappies, clothes, toys, medication etc.

**Ideas for change:**

- Consideration about the term 'placement', as this sounds administrative and not about the care of a vulnerable child
- Full information suite about the child placed into care is provided as soon as practical, including full name, age, birth certificate, schooling, family background, triggers for behaviour, sleeping patterns, fears, how to comfort, 'medical passport', ongoing appointments, e.g. medical, counselling etc.
- Intensive initial meeting to provide a complete handover to ensure the carer is ready to take on responsibility, particularly if the child in care has complex needs and the carer is inexperienced
- Ongoing development and roll out of Kicbox
- Information portal where all child information is provided and updated – through internet and/or app. Authority to care is provided through app.
- Portal could include:

  - Follow up from meetings including placement agreements and actions – track status of actions
  - Some access for kids to have some say/control
  - Include a trouble shooting or advice service – click to chat or benefit from other carers experience and knowledge
  - Health passport auto access
  - Someone to moderate and administer guidance
- Information to be provided in hard copy, but caution whether this is reliable through post, as there can be delays
- Follow up still takes place – in person or over the phone, even if information has been made available
- More experienced carers available as mentors
- Greater promotion of Foster care Advocacy and Support Team (FAST) resource to assist new or struggling carers
- Placement agreements are comprehensive including background on previous placement, regularly updated and monitored
- Placement agreements have dual signature of the Department representative and carer
- The same 28-day agreement checklist should be used when an order is put in place
- Accurate Departmental contact details are provided and maintained
- Carer profile to be provided to children going into care, so they are informed about the family, house and background information, including photographs.
- Understand and respect whether a child is comfortable being identified as a child in care, and in kinship care
- Support placements with trauma related counselling and interventions to help prevent placements breaking down – paediatrician with speciality in trauma healing allocated to each CSSC
- More training on discipline in the home with child in care, particularly when there are other children in the home
- Life story is actively completed for all children, which travels with children wherever they live, providing an account of their life history
- Build foster carer and kinship carer base and retain carers so that there are fewer placements that are inappropriate or compromised, and placements are better matched.

### 14.4Child Safety Officer relationship, support and communication following placement

Carers consistently remarked that they wanted positive Child Safety Officer (CSO)-carer relationships to provide the basis for a collaborative and beneficial care experience for the child in care, along with the carer and their family.

Participants, particularly carers, frequently commented that quality, mutually-respectful CSO-carer relationships and communication were needed. While acknowledging CSO workload and pressures, carers sought more timely, respectful communication.

Some carers reflected that they needed to consider how their communication tone and behaviours may contribute to the quality of the relationship. During sessions, several carers reflected they also needed to demonstrate understanding of the difficult role of a CSO, and take ownership for the quality of the relationship. Carers also asked that CSOs understand they are often sleep deprived and under stress, and this impacts their communication.

The high turnover of CSOs was identified as impacting the establishment of positive and collaborative relationships as carers are never sure how long they will be working with the CSO.

Many carers feel that CSOs could provide more information about the child in their care, with confidentiality concerns a barrier for communication. Others saw confidentiality as necessary and helped at times, and is not always a barrier for care.

**For carers, 'good' is when:**

- CSOs work in collaboration with the carer, alongside agency, child in care, and parents – in a mutually respectful relationship where it feels like everyone is on the one team
- All parties dedicate themselves to getting off to a good start, as the basis for good working relations, particularly to be in position to able to talk about and manage 'tricky' subjects
- Mutual respect that everyone has good intentions, and that mistakes can be made under pressure – give the benefit of doubt that decisions are based on good intent
- Proactive CSO contact with carers
- CSOs are more contactable – providing mobile phone numbers, email addresses and advising work hours and planned absences
- Greater demonstration of respect through timely return contact and interest in the carer's experience and expertise
- More flexibility, with reduced rigidity and uniformity of Departmental care model – should be flexible, individual and with a therapeutic lens applied to care plan
- CSOs demonstrate patience with carers, as carers are not professionalised practitioners within the child safety system
- CSO's offer compliments and encouragement
- Communication methods (e.g. call/email/face to face) are established early, and adhered to
- CSOs feel confident in the relationship with carers to explain what they don't know, and commit to finding out and communicating back to carers
- CSOs respect that the carer is advocating for the interests of the child rather than for their interests or trying to cause trouble
- Standard application of policies by CSOs
- CSO undertakes their role with cultural awareness and sensitivity for Aboriginal and Torres Strait Islander people and culturally and linguistically diverse communities
- CSOs recognise that carers do have emotional attachments and pride in the care they provide, and this is a strength
- When there is strain and emotion, parties default to a position to consider what is in the best interests of the child, and not defend positions
- CSO has the time and ability to take on a more active case management role when needed
- Carers able to discuss status of care and relationship with child safety managers
- CSOs know carers and their routines much better, and this is considered within decision making such as contact visits and appointments
- Positive home visits for the CSO, child in care, and carer
- Unscheduled visits don't feel like an inspection or that there is suspicion about the quality of care
- Carers are told when there are staff changes that impact them and the child in care.

**Ideas for change:**

- CSO and carer explicitly work on getting off to a good start
- CSO, team leader and carer agree on best method for communication early in the relationship
- CSO provides updates on requests/agreed actions, even if there is no outcome/decision so that the carer knows that the matter is still being progressed
- Guideline is prepared and circulated about privacy and confidentiality, with pragmatic guidance on information that should be shared with carers and other members of the care team

- More informal and social opportunities to build relationships, so that there is better functional communication when under pressure, like the Partners in Care workshops, or event at a CSSC
- CSO profile included within Kicbox
- CSOs understand carers' perspective through more home visits
- Carers understand CSO perspective through 'a day in the life of a CSO' presentation/ experience
- CSOs understand carers perspective through 'a day in the life of a carer' presentation/ experience
- Carers contribute to CSO training to build awareness
- Interpersonal communication training for CSOs and carers
- Making clear to carers the intended duration of placement, and providing updates
- Advance notice of change of CSO or other staff changes, and time invested to manage transitions as best as possible
- Team contact lists/directory available to carers and support for escalation of issues to managers
- List that identifies roles and responsibilities within each CSSO
- Policies, procedures and guidelines are all dated so that extended care team, including carers know that they are referencing the most recent document
- Mechanisms to change CSO if the relationship between the CSO and carer is broken, rather than the carer disengaging, potentially leading to placement breakdown
- Extend the companion card concept for carers and make a carers card as useful as a senior's card.

### 14.5CSO relationship with children

Participants observed that the CSO's relationship with the child contributes to the child's trust and confidence in their care environment, and sought strong relationship formation. Some participants understood the child-CSO relationship formation is challenging when there is high staff turnover and large caseloads and/or large travel distances.

**For carers, 'good' is when:**

- There is regular contact between CSO-child
- CSO knows the child: care plans, history, medication, dietary needs, interests etc.
- Child in care is treated as normal child by CSO (and all other adults) and not inadvertently made to feel different
- CSOs are properly prepared and equipped for contact visits, e.g. have car seats for younger children.

**Ideas for change:**

- Monthly interaction with child, in carer's home, as a minimum
- Specific training on child-adult relationship formation and techniques
- Improved knowledge of child – reading over case files and liaising with carer/previous carer
- CSO takes time to attend events (especially those that a parent would attend) that are important to children, for example award presentations, sporting events etc.
- CSO warmly acknowledges and shows interest in all children in the home, not just the child in care.

### 14.6Consistency of CSO-carer relationship

Participants consistently expressed preference for reduced change and 'churn' across CSO teams. This was seen as enhancing continuity of case management for the child in care.

Participants explained the best CSO-carer-agency (care team) relationships and outcomes for the child took place when the CSO knew the child and their history and needs.

Participants frequently suggested that there should be specialist CSOs for children with complex needs, so that these children would have more active case management. This was also seen as having potential to reduce CSO burn out.

**For carers, 'good' is when:**

- There is stability and continuity within CSO teams and CSSCs, providing greater stability and continuity for the child/carer
- There are thorough and effective handovers between CSOs, and the carer is advised when the handover has been completed and the new CSO can be contacted
- The change of CSO does not interrupt or compromise progress on decisions already agreed and committed support etc.
- CSOs are more available when carers make contact, so that requests can be considered 'on the spot' to reduce delay
- CSOs push approvals processes for decisions and support, and don't need to be followed up by carer or foster and kinship care agency
- A carer is trusted by their child in care because they know what is 'going on' (via excellent CSO liaison) and can be a point of truth in their lives
- A new CSO takes a fresh look at case management and looks for improvements
- Mutual respect that everyone has good intentions, and that mistakes can be made under pressure.

Participants understood change would remain a feature, and sought fewer negative consequences of this change upon the child and carer.

**Ideas for change:**

- More CSOs/reduced CSO workload so that they can better perform their roles
- Specialist, experienced CSOs dedicated to active case management of children with complex needs, with reduced case loads
- Better record keeping to ensure the child's history is known to the CSO, including notes from carer input
- 'Warmer', better-managed transitions, where time is taken for all parties to manage the change and reduce impacts
- Carer advised when the handover has been completed and the new CSO can be contacted
- Back up CSO for carer to liaise with when CSO is on leave, ill, acting in another role etc.
- Dedicated office position to coordinate and drive all decisions required
- Receptionists in CSSC know when CSO will next be available or can navigate carer to someone else with case/placement knowledge
- Ongoing Departmental efforts to retain CSOs - reduce case load, increase support
- One CSO per household (where more than one child) for consistency
- Ability to change CSO, when all parties reflect reasonably and agree that a fresh start is needed in the CSO-carer relationship.

## 14.7Carer-CSO/ CSSC communication

Participants expressed the need for honest, mutually respectful, and timely communication between the carers, agencies and the Department.

Participants explained that it is in the best interests of the child in care and for all those involved in the child's care team to agree on methods and frequency of communication, and to commit to responding to requests and contact in a timely and professional manner.

Some carers expressed that communication with the Department was difficult, while other carers expressed satisfaction with the professionalism of Departmental personnel.

**For carers, 'good' is when:**

- Trust and respect is demonstrated in all communication
- More proactive contact with the carer, through regular phone check-in, so that it is not just up to the carer to raise concerns and issues – there is equity in communication effort
- Acknowledgment of contact by CSO and confirmation that contact will be returned
- Effective communication and information transfer during transitions
- Quality of communication is based on high trust and mutually respectful relationships
- All parties are mindful of tone within email communication
- Issues are reframed as challenges and opportunities to reduce blame – position the topic in a positive perspective
- Mindful of creating negative perceptions of low achievement or life prospects through clumsy language, or putting labels of children – select language that affirms the child
- CSOs guards against 'confirmation bias' (i.e. subconsciously collecting information that accords with views and biases)

**Ideas for change:**

- Traffic light alert method for email contact – this explains urgency, and is intended to guide urgency of return contact response (e.g. red could mean within 2 hours, amber 24 hours, green within 3 days etc.)
- Carer and CSO mutually set expectations and how best to communicate
- Weekly update email from CSO to maintain engagement and continuity
- Better use of email 'out of office reply' with alternative contact points
- When a carer seeks confirmation of an action 'in writing' from a CSO that this is respected and provided, and vice versa
- Acknowledgement of contact is provided and expected time to reply, and carer 'kept in the loop' thereafter
- Group email protocol - 'reply to all' so that there aren't breaks in discussion and all information is provided in email circulation
- CSO writes down information provided by the carer during face to face discussions (and over phone) to demonstrate active listening and that their input is important and valued
- Manager sets and monitors communication KPIs/set expectations about responsiveness of communication
- CSO is mentored in expected inter-personal communication standards and style
- More innovation in communication style, e.g. short video clips to highlight changes

### 14.8 Relationship and experience with the Department

Carers sought a respectful and collegiate culture and experience when dealing with the Department, built upon contemporary customer service standards. Some carers expressed that they wanted to feel more empowered, and as a 'partner in care'. Carers want to feel appreciated and valued as a vital part of the child care team.

Carers generally value the support of the agencies to advocate and support the relationship and quality of the placement. Carers want advocacy for the child to be appreciated as sincere effort to improve outcomes for the child in care.

**For carers, 'good' is when:**

- Carers are treated as colleagues and partners, not "just a carer" or another Departmental client or resource
- The Department recognises that carers have valuable insight and perspectives to contribute (as they spend the most time with the child)
- The child is not stigmatised through Departmental decisions, e.g. making appointments whereby child needs to leave class in front of peers
- The Department and care team holds high expectations and aspirations for the life outcomes for every child in care
- Carers know what they can expect in terms of responsiveness from the Department
- There is senior regional and Departmental engagement and evidence of oversight
- There is structure and rigour in planning and care plan reviews, with minimum six-monthly intensive review on child in care progress *and* carer wellbeing and morale
- The Department is a strong and influential advocate to other agencies and departments in the interest of the child
- The Department works closely and effectively with schools
- Carers have confidence that when issue is raised it will be taken seriously and acted upon.

**Ideas for change:**

- KPIs for return contact (emails and phone calls) and requests
- Cultural transformation – more engagement, better communication and respectful dealings with carers
- The Department provides a 'statement of commitment' to carers
- Carers can advocate for child without fear of reprisal
- Lower delegations for decisions that respects the role of the CSO and carer needs
- Internal auditing of status of plans, frequency of home visits etc. to ensure the Department meets its own standards, rather than carers needing to advocate
- Checklists on all child/case management/placement agreements that identifies whether carers have been consulted
- The Department provides case plan to carers, so that they have visibility on agreed actions, and department remains accountable for commitments
- Opportunity for carer to provide input into CSO performance appraisal
- Managers meet with carers at least every quarter
- Managers provide personal compliment to carers when they manage a difficult situation
- More administrative support for CSSC/CSOs so that CSO can better dedicate their time to active case management.

## 14.9 The care team and care planning

The concept of the care team for the child in care, was a focus in most workshops. Carers agreed a well-resourced and well-coordinated team, working in the best interests of the child remains essential. Carers are seeking greater inclusion and consultation about care planning for children in their care.

Participants suggested the Department's focus on reunification guided care team decisions, when this is not always considered in the best interests of the child. There was also discussion about how a care team balances the rights of parents over the best interests of a child.

Participants explained most children in care, particularly children with complex needs, must have tailored and well-resourced care plans that are directly relevant to their circumstances and needs.

Carers considered what good would look like in relation to the care team, and provided the following responses:

**For carers, 'good' is when:**

- The care team is dedicated to the interests of the child in care, effectively acting as co-parents
- A thorough needs assessment of the child is undertaken as soon as possible, with planning based on the individual needs of the child
- The care team is responsive, making decisions quickly, organising necessary actions and following up
- All care team members advocate for the child's interests, not their own interests
- Carers are engaged and their input is sought and respected
- Carers are informed about the actions the care team is progressing
- The carer's experience with the child contributes to decisions in the interests of the child
- Carers have opportunity to inform and influence decisions
- All options are considered, with no pre-determined decisions before care meetings
- There is a Plan B to go with Plan A as contingency
- Everyone on the care team is informed and prepared, or commits to be informed before meetings are held
- The best possible, available information is provided to support well-informed decision making, with open and transparent communication
- Regular meetings are held as scheduled and are well attended, including the CSO
- The voice of the child is included, as appropriate
- Parents are informed of care plans and child's progress
- Care teams are agile and flexible to respond to emerging needs
- There are sufficient resources to allocate for more intensive therapy and educational support
- Placement and care plans are complete, up-to-date, and resourced as needed and resources are not time limited
- All key members of the care team are involved in critical incident responses and debriefs
- Teams consider the longer-term needs and interests of the child, including the different support requirements across developmental phases
- Specialised support and monitoring is available when there is a history of sexual abuse
- Planning also focuses on the strengths of the child and opportunities
- Carer is still respected and involved if they advocate separate from the care team or appeal decisions

**Ideas for change:**

- A fully inclusive care team is formed to work in the best interests of the child, including the carer

- Care teams are established immediately to become the basis for continuity if/when there are CSO personnel changes
- Charter and 'rules of engagement' agreed as teams are formed
- The non-negotiables are agreed up front, e.g. supporting court processes to position for the best 'order' for the child
- The roles and responsibilities of all care team members are known, and team members are accountable to deliver on their responsibilities
- Decision making powers and responsibilities within the care team are known
- Consultation is held with the carer before the meeting about care priorities and any recent issues and/or progress
- Business processes are followed: agendas, minutes with actions listed, status of implementation noted and followed up if there are delays
- All actions have an allocated person to implement and target time to complete and report
- Agenda include standing items: What else can we do? How else can we help?
- The care team includes education and health professionals, with all information from services and departments available – integrated databases needed
- A care/service 'tree' is mapped, with the child at the centre, to ensure holistic care and planning
- A culture of mutual respect is actively promoted within care team meetings
- Care team lead/CSO provides ongoing updates on requests, so that the carer knows that a decision is being sought (carers aren't "left hanging")
- If a key stakeholder doesn't attend then the group, the meeting continues with follow up notes distributed to keep everyone in the loop
- Any critical work which is a dependency to decisions are completed before meetings
- Carers can initiate referrals as needed
- Rotating chair of the care team, including the option of carer as occasional chair
- A senior child safety practitioner reviews progress and liaises with carer about progress
- Picture of the child is placed in the middle of the table to remind all attendees of the humanity of the child, and purpose of the meeting

## 14.10 Support for child's needs when in care – services and financial

### *Support services*

Carers explained the types of support needed to improve the care experience for the child in care and for carers and their families. Carers identified that any unmet support services could create strain and disadvantage for the child, particularly if the child had complex needs and/or disability. Participants identified that most children in care have experienced trauma, requiring trauma-related counselling and other psychological support.

**For carers, 'good' is when:**

- Identified support needs are resourced
- The suite of available support is known and available – respite, counselling, medical, financial entitlements etc.
- Support is consistent from office to office and from region to region, and less at the 'manager's discretion'
- Carers can seek support without being judged
- More CSO liaison with respite carers
- Carers are consulted about planned cessation of Complex Support Needs Allowance (CSNA) and High Support Needs Allowance (HSNA), with right of reply
- Respite carers are also supported and feel more engaged

- Support is also provided in the form of moral support, such as expressions of empathy and encouragement

**Ideas for change:**

- Placement planning included the support needed, with commitments as to the support to be provided
- Trauma-informed planning and trauma-related counselling
- Trauma-specific support and training for carers about how to address challenging behaviours to reduce risks of placement breakdown
- Children with complex needs receive consistent support
- More respite options, including in regional Queensland
- Greater promotion of respite care needs and opportunities, with ongoing recruitment
- CSO liaises with respite carer/s regarding child's behaviour and progress; not only the primary carer liaising with respite carer (CSO demonstrating active case management)
- More people are 'respite care ready' with broader blue card qualification across the community, including foster carer awareness subjects within university courses (such as care industries like nursing and teaching)
- After hours' specialist support is available
- Buddy system among carers modelled and promoted to provide peer support and respite
- In-home respite as an alternative, e.g. pyjama angels
- Specialist behaviour management training for teenage years to help carer cope, and to help prevent breakdown of placement
- Kicbox allows child to connect with other children in care, so that they benefit from connecting with young people who have been through or are going through similar situations
- If/when there is placement breakdown, undertake a detailed debrief and handover, with future interventions scheduled to help prevent ongoing conflict and instability in care

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### *Financial*

Carers sought fair and consistent financial support to help them provide in-home care, along with other child-related costs. Carers sought consistency between regions, and offices within regions, as to the type and extent of financial support provided to the child in care, and carer household.

Carers sought assurances about the availability of HSNA and support to understand implications of future NDIS arrangements. Carers also sought consistency between case/care plan and financial allowances. Carers stated that approved and eligible financial support should be consistently administered in the interests of the child.

**For carers 'good' is when there is:**

- On time reimbursement
- Clarity about what will be reimbursed
- Standard processes and predictable outcomes
- Simpler forms and processes
- Care plans include financial commitments
- Child can access private health care system
- Clarity and certainty about inclusions in HSNA, CSNA and carer allowance
- More timely and simpler HSNA approvals to assist children
- Concentrated investment at care interface, with more support for frontline services
- Accurate information about financial support in foster carer handbook
- Guaranteed funding for child care
- Financial arrangements don't inhibit a child's ability to participate in activities such as sport and other extra-curricular activities
- Analysis and decisions about the support services necessary for a child are not guided by expense and ability to fund
- Trust that carer requests are genuine and the carer is not trying to profiteer

**Ideas for change:**

- Better information about entitlements – CSO checks with carer that they understand entitlements and what can be reimbursed
- Care plans include financial commitments
- Consistent financial eligibility, payment and reimbursement standards and outcomes
- Child in care can be covered under family's private health cover, with 'the gap' paid by the Department to ensure child has greater, more priority access to health care
- Financial coverage for activities that increase connection with community – e.g. sport
- Pre-approved financial expenses and remove onus on carer to prove basic expenses
- Reduced requirements for receipts for small pre-approved expenses from agreed price list
- Automated payments through various available technologies
- Payments are automated/organised through carer-department 'portal'
- Streamlined payments – between the Department and provider
- Dedicated administrative officer to manage payments
- Reduce levels of approvals for reimbursements
- Electronic upload of documents, as is possible with Centrelink
- Guaranteed funding for child care
- Child care costs are paid in advance
- Federal and state agreements on child care rebates

- Increase coverage for family day care
- Inclusion of non-evidenced/incidental costs to be reimbursed, (For example: wear and tear on car, carer time in meetings/appointments that impact ability to work)
- Payments to cover provision of specific meals that meet dietary needs
- Funding for education support and speech therapy – can be significant issues for some children in care
- Access to private schooling if this is identified as better meeting the needs of the child
- Common sense support around financial support for necessary expenses such as replacement school books
- Easier process for ex-gratia payments in response to damage to family home and property
- HSNA and CSNA reviews undertaken in a way that recognises not all permanent disability expenses will be covered by NDIS
- Improved liaison support with Centrelink
- Provide incentives such as subsidised housing costs for carer after five (5) years of care
- Able to provide care from Government owned homes
- Plans and support recognise the time it takes for a child to heal
- Support should extend to carer counselling.

### 14.11 'Professionalising' foster carers

In some sessions, carers suggested the government consider alternatives to the current volunteer model of foster care. There was suggestion that foster and kinship carers should have the option of becoming full time paid professionals.

**Ideas for change:**

- Following the United Kingdom system, foster cares are self-employed professionals and receive a salary for their role.
- Foster carers act as a sole trader, and their expenses are tax deductible and there is a list of items for efficient expenses and claims e.g. use of motor vehicle
- If foster carers receive a "salary/wage" this will assist with financial position and carers will have better eligibility for bank loans
- Foster carers have decision making rights in legislation.

### 14.12 Decision making about child in care

Carers sough greater involvement in decision making about the interests of the child, and timely decision making. Carers also sought delegated decision making authority to be able to make "common-sense", "everyday" decisions, such as when a child should have a haircut, while acknowledging cultural sensitivities.

Some carers also explained that children should be able to influence decisions. (Commonly expressed that "the voice of the child should be heard") Other carers cautioned against accepting the child's preferences, as some child-influenced outcomes were not always positive, such as changing placement or respite arrangements.

For carers, "good" is when:

- Carers are consulted and involved in decisions about the child in their care
- Carers requests for decisions are acknowledged quickly
- Response times and requests reflect urgency of the issue/request
- If there are delays to decisions, carers are kept informed

- Decisions are taken in best interests of the child, with flexibility in decision making, and less literal application of rules and policies when alternative positions would provide better outcomes
- Better delegated approvals to CSO and at times, to the carer for everyday decisions
- Perceived high-risk activities for the child are considered with greater pragmatism

**Ideas for change:**

- Carers able to make everyday care-related decisions
- Carers able to make decisions in an emergency, or when time critical, e.g. hospital visits, admissions
- CSO doesn't make all decisions, but oversees the care plan in a more managerial capacity
- Staff need to know policies and when to seek manager approval, and what can be managed at their level
- Carer more involved in decisions, particularly if this significantly impacts child and home life
- Carer is present when decisions are made that directly impact them
- Time frames/target timeframes are set for decisions to be made
- Transparent decision making framework, and how this is consistent with the child's care plan
- All hours support for decisions, support and additional information about a child when there are emergencies
- Carer can advise on best times for parental contact, with consideration of carer's family and care obligations
- Application of the 'signs of safety framework', as per WA and elsewhere
- Policies need to be clear cut and objective to remove personal bias in decision making.

### 14.13 Travel

Carers consistently sought improved management of decisions pertaining to proposed travel with children in care.

**For carers, 'good' looks like when:**

- Approval for a child in care to travel with the carer's family is less complicated
- Timeframes for approval to travel are known and achieved
- Able to take child on holidays instead of placing in respite, so that the child feels normal and a valued part of the family

**Ideas for change:**

- The carer works with the department to achieve advance approval for proposed travel types and times
- The Department undertakes effective liaison with parents to achieve consent if this is required
- Providing passports for child in care and approval for international travel is far less complex, with decisions achieved within more reasonable timeframes
- The Department has better letter templates to seek approval for travel, especially for passport applications
- More pragmatism about specific travel needs to cross state border, such as for home and sibling visits, for shopping etc.

### 14.14 Ongoing information and training needs

Participants recognised that foster and kinship care was subject to reform and ever changing. Accordingly, they wanted to feel confident that their knowledge and practice was current. They value information provision from FCQ, their agencies, the Department and fellow carers. Some carers explained they would like to be better networked with peers, and feel less isolated from a practice perspective.

**For carers, 'good' looks like when:**

- CSO explains any changes that impact the child and carer
- Timely legislation and policy updates, and what it means for the carer
- Updates provided in plain English with scenario examples (in many areas this is done well)
- All carers get the same information, e.g. about CSNA and NDIS
- The quality and timing of information is standard across the system, and it doesn't depend on the CSO/ CSSC or agency as to whether carers are informed
- Agencies are well-advised of any changes, and convey information and convene training modules to reinforce understanding
- Training and carer consultation workshops such as the Partners in Care sessions should continue, and need to be more widely advertised

**Ideas for change:**

- More opportunities to network with carers, e.g. yammer connections/Facebook
- More promotion of the ability to become involved in FCQ Facebook page
- Re-establish coaching circles (e.g. Encompass)
- Informal information and social sessions with departmental staff to exchange information and build relationships
- Specific training on how to manage adolescent sexuality awareness and activity, and role in sex education and managing contraception
- The excellent array of professional development sessions at Foster and Kinship Carers Conference is available for everyone – perhaps filmed and uploaded online for carers who are unable to attend, or attended other sessions, or for attendees to view again.

### 14.15 Carer advocacy

The right of the carer and agencies to advocate for the interests of the child was a common area of discussion. Carers explained that many children in care have complex, changing and unmet needs, and in circumstances where CSOs have high caseloads, the position of carer as advocate can be critical to achieve positive outcomes for the child in care.

**For carers, 'good' looks like when:**

- Carers can advocate for the interests of the child, and this respected and acted upon
- Carers advocate with respectful tone, providing well-reasoned justification
- Departmental culture accepts and respects advocacy, and staff do not respond as if they are being challenged or criticised
- Requests from carers are acknowledged quickly, and decisions are made in a timely way

**Ideas for change:**

- Carer advocacy is respected as the carer acting in best interests of the child
- No negative consequences following advocacy

- Carer ability to advocate to CSSC management if necessary
- Clear and transparent decision making by CSO, with outcomes objectively reasoned
- Proactive departmental audits to assess whether plans and supports are up to date, to both support or prevent the need for carer advocacy
- Greater opportunity for carers to be involved in policy development and advocacy with FCQ.

### 14.16 Issues resolution

When considering communication and relationships with the Department, carers sought ways of professionally resolving issues when they arise. Carers also discussed relationship and behaviour issues with children in care that created issues.

**For carers, 'good' looks like when:**

- All parties are professional in the recognition and resolution of issues
- There is greater role clarity regarding the Office of Public Guardian, community visitors and other referral and advocacy support
- There are agreed pathways for resolving issues
- The interests of the child are central to resolving issues.

**Ideas for change:**

- Traffic light system to reflect status of relationship and issues arising
- Floating meditation team to provide independent, specialist intervention
- Taking all practical measures through open dialogue, to avoid the necessity for QCAT and Office of the Ombudsman review and dispute resolution processes
- Open recognition when there is risk of placement breakdown, with active intervention by CSSC management
- Ability to change agencies and CSOs
- When placements break down, the CSO and agency need to find out what was in place, or wasn't in place and how a plan could be implemented to support transition.

### 14.17 Child in care and education

Carers regularly observed children in care face many challenges with schooling and educational achievement. Participants recognised this created risks of disengagement from education, adding further risk factors for the child in care. Carers consistently sought education-related planning and support for children in care.

**For carers, 'good' is when:**

- There is tailored, child-specific education planning to create conditions for the child in care to achieve within the educational system
- Education needs analysis takes place in the early stages of care, including developmental assessments and impacts of trauma
- Children have choices within the education system to attend a school that best meets their needs
- The school environment demonstrates care and respect for the child in care, with specialist support
- The child is not stigmatised in the way they are 'managed' through their schooling
- The child in care has every educational opportunity available to any other child.

**Ideas for change:**

- Individual education planning to maintain engagement in schooling
- Dedicated learning support is available
- Sensitivity in case management, by not taking the child out of school to attend appointments where possible
- Teachers are trained on how to work with children with trauma
- Child care/ minding support when there are suspensions from school and carer works during day
- Culturally appropriate day care if the child is suspended from school
- Flexibility with school attendance, and gradual return to school to build confidence
- Full-time guidance officer in schools where high numbers of children in care are enrolled
- Ability to place child in school that is best suited for child's needs
- Child's education history 'follows them' such as through KicBox and/or electronic information portal

### 14.18 Child in care and the health system

Participants explained that children in care often have specific and sometimes extensive health-related needs. This can range from normal medical needs arising from general illness, or the onset of other issues over time, including mental health issues. Carers sought strong support from the health system to benefit children in care. As explained earlier, carers require available health and medical information about the children placed into their care.

**For carers, 'good' is when:**

- There is early, thorough, and ongoing assessment of needs
- Child health passport is always available, and up to date
- Medical assessment and response is on demand and carers don't have to advocate for the necessity of medical responses
- Assessment isn't avoided because of funding concerns
- There is easy access to doctors, and no out of pocket expenses for carers
- Out of pocket expenses are reimbursed on time and without question
- Carers don't need to have to wait in an emergency department to access general care
- Carers are advised in advance of pending medical appointments, so that appointments aren't missed
- Department accepts diagnosis and recommendations of medical specialists, and funds any support accordingly
- Improved coordination between agencies, including disability support sector
- Carer can collect medication and administer to child
- Immunisations are up-to-date
- Children in care have access to healthy food and are encouraged and able to exercise, including when on contact visits with biological family
- Careful and sensitive planning and placement continues following hospital births and planned placement of the newborn baby into care.

**Ideas for change:**

- Child health passport is always available and up to date through Kicbox or carer information portal
- A health navigator/coordinator position is created within child safety to organise all medical and health needs, and speed up access and action for children in care

- More streamlined access to Medicare for child in care/processes in relation to Medicare are streamlined and updated
- Medicare card is provided to carer as soon as practical
- The Department is aware of expiring Medicare cards and orders replacement cards
- Improved planning, coordination and notification to carers about medical appointments
- Carer should be able to approve immunisation updates
- Carer should be able to collect medication and administer to child
- Healthy eating and exercise is encouraged during contact visits with biological family

## 14.19 Child in care and disability support

Participants explained it is common for children in care to have disability or complex needs. During the sessions, carers advised they rely on support services to manage and maintain their placements.

Participants expressed uncertainty about the implications of the future roll-out of the NDIS. Participants sought support from the department as a 'trusted guide' through future changes. Carers sought assurances that current support would be continued until guaranteed cross over into NDIS for children with disability.

**For carers, 'good' is when:**

- There is early, thorough and ongoing assessment of disability and support needs
- Child health passport is always available, and up to date, including description of disability and support needs
- NDIS eligibility and approvals are clear and certain, well in advance of roll out
- Current support is continued until guaranteed and commensurate NDIS services are confirmed
- NDIS funding and support is 'wrapped around' the child, irrespective of change in care arrangements and location
- Future clarity of nominee and decision making within NDIA
- During placement, full information is provided, including within placement agreement with full disclosure of any known medical issues, disability, or specific care requirements.

**Ideas for change:**

- Full disclosure of known disability when child is placed into care, so that the carer can assess whether they have the ability to cope and care for the child
- NDIS transition is supported by the Department, so that the child and carer is not vulnerable within changing system
- CSNA continues until there is certainty of outcomes under NDIS
- HSNA and CSNA reviews undertaken in a way that recognises not all permanent disability expenses will be covered by NDIS

## 14.20 Child in care and court system

Carers expressed a desire for more timely court outcomes that best suit the needs of the child, and provide greater certainty for the child in care, carer and the Department. Carers expressed their concern about child in care in being back-to-back short orders, which reduced certainty and stability for the child.

**For carers, 'good' is when:**

- Orders are made in the best interests of the child, not always prioritising parent's interests over the child
- The onus on reunification is revised when there are poor prospects
- The child can influence outcomes, when old enough
- Carer can be involved and have a voice during deliberations, should they wish to.

**Ideas for change:**

- Reduce the number of children on interim orders
- Reduce the time duration of children on interim orders
- No delays in communicating outcomes and consequences to carers
- The carer has standing in Court after caring for a child over 'a period of time' and this is reflected in legislation.

### 14.21 Reunification efforts and parental contact

Participants recognised that reunification was a sensitive and complex policy area. Participants explained that approaches ought to be based on the specific family context and prospects for reunification, and ultimately the best interests of the child. Some carers did not agree that reunification should be the leading policy objective for children in care. Carers reasoned that sometimes the best outcome is eventual re-engagement and repaired relationships with the biological family.

**For carers, 'good' is when:**

- There is formal assessment about parents' readiness to commence and sustain a reunification process
- Reunification prospects are objectively assessed, and may not be best option for child
- Reunification is viewed from the perspective of the child's best interests
- Parents interests are not always paramount, if not in best interests of child
- The Department and sector abandons tolerance of "good enough" parenting when considering reunification
- Assessment is practical and from a precautionary principle: a beneficial and more realistic outcome may be to achieve repaired and healthy relationship over time, not reunification
- Parents are helped to provide a safe and functional home for children to safely return
- A future home life with biological parents for the child in care is assessed for what it could be with further support
- Communication and team work between carer and parents to assist with reunification, including spending time together to build bonds for child, if appropriate
- Reunification takes place at a pace that suits the child, and with close liaison with the child, as appropriate
- When carers help with the reunification through parenting guidance and information about the child that the parent may not know about
- Discussions about reunification are not judgmental about parents
- During reunification planning or renewed contact, there is ongoing consideration of the child's readiness, including counselling
- Carer helps with transition after reunification, with respite as needed
- If reunification is achieved, the carer is advised on progress
- Carers recognise their emotional attachment, but act in the best interests of the child during reunification planning.

**Ideas for change:**

- The Department and government revisits the goal of promoting reunification
- Carer is informed of progress following reunification and is able to keep in contact, if appropriate
- During reunification planning, there is greater consideration about the carer and carer's family attachment to the child
- Carers are able to provide respite to parents during reunification transition and following reunification, as an option for 'shared care'
- If reunification breaks down, the child has the option of returning to previous carer
- Where there are good prospects for reunification, children are placed with carers with interest and speciality in reunification.

### 14.22 Parent/family contact

Carers supported the principle and function of biological parent/family contact when in the best interests of the child. Many carers were keen for functional communication and nexus between the carer and parents, but not all carers thought this was possible, or should be expected of carers. Some carers saw benefit in assisting with child-parent contact visits as a practical way of rebuilding family bonds. Most participants wanted role clarity and not over-reach of carer responsibilities to take on parent contact logistics or management.

**For carers, 'good' for the child or young person is when:**

- The child wants to spend time with their biological family
- The contact helps their engagement and relationship with siblings and other family, and helps with their sense of identity
- The meeting place is safe and clean
- The contact will not lead/is unlikely to lead re-traumatisation
- No criminal activity is likely
- The contact fits in well with carer and carer family
- There are healthy eating habits during contact time.

**In addition, for carers 'good' is when:**

- Contact is beneficial for the child and assists reunification
- Family contact includes parents, siblings and extended family
- Contact time is negotiated that is convenient for carers
- The roles of the parent, carer, agency and the Department are clear with contact management arrangements
- The Department is clear about what support they will provide, and the role of the agency
- Carer does not obstruct safe family contact
- Carer can be involved in contact visit if they wish, acting as part of an extended family
- Departmental transport arrives on time and provided by someone known to the child
- If the carer is transporting the child, the cost of fuel is reimbursed
- CSO/Department does assume carer should transport child
- Departmental transport is always arranged when parents are likely to be aggressive to carer/s
- Contact is well planned and resourced for complex cases, such as parents living interstate
- Carer has support when the child returning from contact has regressed and is exhibiting difficult behaviours
- Department facilitates relationships between carer and biological parents to help parents better understand child, if appropriate
- Family contact becomes an opportunity for parents to learn better parenting skills
- Contact venue is selected that is neutral and safe

- Opportunities are offered that allow for parent participation such as at sporting and music events
- Carer is not expected to supervise child's contact with biological parents/family
- Contact during school holidays is planned and considerate of carer family – could be a good time for contact, or less convenient depending on circumstances
- Parents are updated about child's progress and wellbeing outside of contact times
- Carer home addresses remains confidential for the safety of the child and family
- CSO debriefs with parent, child and carer about contact experience.

**Ideas for change:**

- Contact times are negotiated and set through consultation with carers
- Contact planning is discussed in care team meetings, with carer involvement to discuss practicalities of timing and transport
- Transport is arranged for parents or information about public transport services, if needed
- Kinship carers are supported with parental contact as needed, and are not expected to manage all parental contact, without assuming no support is needed
- The Department or agency opens weekend contact centres
- Carers can support contact process through transportation and communication, if they are comfortable to do so
- Carers have contact details of someone safe and trustworthy in the biological family, if involved in contact management
- More guidance and expectations placed on parents – limit time on phone, no gambling, help with homework, read books together, play together, sport etc.
- More structured de-briefing on contact, especially if it is a negative experience, or there was an incident
- Youth workers attend carer's home following contact to help with transition and to help respond to behavioural issues that can occur after contact
- Well planned and structured contact planning when reunification is being progressed
- More regular family group meetings to help with other contact and reunification
- Carers support meetings with a special bag of items from child's life such as photographs, cooking, art etc. to help with relationship formation
- Communication book between the carer and parent that the child can take for visits
- Keeping a diary which captures milestones, key moments, and achievements that the parent has access to.

### 14.23 Family group meetings

The role of family group meetings was identified as an important part of healing and creating child-centred planning and care. Participants explained that these meetings should be inclusive and as frequent as possible or needed.

**For carers, 'good' is when:**

- There is clarity about the role of family group meetings
- Kinship carers are prioritised to attend
- Time and venue suits kinship carers
- A venue is selected that is neutral and suits harmonious and confidential discussions
- People who are relevant to care should attend, and case plan development is discussed
- Independent family group convenors manage meetings, which can be especially important in Aboriginal and Torres Strait Islander extended families and kinship care circumstances

## 14.24 Experience for Aboriginal carers and Aboriginal kinship carers

Participants identifying as Aboriginal attended and participated at several workshops. Aboriginal children were identified as over-represented in the child care system. Many participants expressed their aspiration for over-representation to reduce, and for Aboriginal children in care to have positive experiences. Aboriginal participants explained that care needs to be culturally appropriate and/ or for the child to have opportunity to learn more about their culture.

**For Aboriginal carers and kinship carers, 'good' is when:**

- We are 'all walking together', and the child safety system 'is not done to you'
- There are more culturally appropriate places to meet, and culturally appropriate processes and consultation
- Greater contact across 'their mob' so that child develops and retains sense of identity and culture
- Fewer Aboriginal children in non-Aboriginal homes
- More effective intervention for family stability to avoid another 'stolen generation'
- Biological and family contact is managed, when not in kinship care, and also when in kinship care
- Positive and healing family group meetings
- Strong school attendance, with appropriate supports including culturally appropriate liaison within schools

**Ideas for change:**

- More Indigenous staff/liaison who Aboriginal children feel culturally safe with
- More Indigenous carers
- Programs and pathways for Aboriginal children in care to connect with their culture.
- CSOs need to know the Aboriginal child in care very well - the child should not feel they are with strangers
- Keep siblings together if possible
- Kinship is mapped
- Children can stay in community longer
- Tribal adoption as an option
- Kinship care authorisation is relaxed to have more kinship carers available across Aboriginal families and within Aboriginal communities (where otherwise may not be eligible for blue card)
- More strategies when "kids wander off" to return to 'place of safety', and support for carers who become distressed when this happens
- More training for non-Aboriginal carers on culturally appropriate strategies
- Foster carers have detailed child information forms (CIF) with culturally specific information.

## 14.25 Siblings in care

Participants discussed circumstances where siblings are in care, and ways to make this experience beneficial for siblings and their extended family.

**For carers, 'good' is when:**

- The carer understandings family structure, including whether the child in care has siblings

- Children know their family structure and whether they have siblings, or when new siblings are born
- Siblings can remain together if possible
- Sibling contact takes place to build and maintain kinship and identity
- Sibling matters are discussed in family group meetings, involving carers and child in care id appropriate
- Coordinated sibling contact visits if siblings are in living in different places

**Ideas for change:**

- Siblings are able to visit and stay over
- Expected sibling contact is included in Placement Agreement and Care Plan
- CSSC support for travel to visit siblings, including when they live interstate

### 14.26 Transitions during placements

Various transition scenarios were discussed, including the transition of CSO case management, transition to independence for young people leaving care as they turn 18 and transition of placements between carers. Discussion centred on how to provide continuity of care during transition, recognising that change is constant and inevitable. Overall, participants were seeking better, more 'warmer' transitions that are considerate of children in care and carers.

**For carers, 'good' looks like:**

- Effective communication and information transfer during transitions
- Thorough and effective handovers between CSOs, and the carer is advised when the handover has been completed and the new CSO can be contacted
- A new CSO takes a fresh look at case management and looks for improvements
- At time of transition, placement and care plans are complete, up-to-date, and resourced as needed and resources are not time limited
- At completion of placement a full debrief with the carer to take place, with carer feedback included on the file, and a gradual handover and transition where possible.

**Ideas for change:**

- Early, advance notice of change of CSO or other staff changes, and time invested to manage transitions as best as possible
- 'Warmer', better-managed transitions, where time is taken for all parties to manage the change and reduce impacts
- Exit interviews are always undertaken and any learnings shared and influential in ongoing department practice
- Specialist transition from care CSOs with lower caseloads to offer intensive support
- Transition planning needs to be better across many phases – transition from independence, transition between placements, with the right timelines so that distress is minimised for the child and carer
- Joint exit interviews to occur with a handover and transition
- Carer helps with transition after reunification, with respite as needed

#### *Transition when adult/ transition to independence*

There were discussions about transition to independence when the child in care becomes an adult.

**For a carer and independent young person "good" is when:**

- Gradual, well planned transition, with support and referral wherever possible
- Specialist transition from CSOs with lower caseloads to offer intensive support
- Support continues as needed, e.g. with disability.

### 14.27 Duration and types of placements

Participants advocated for more longer-term placements for children where reunification was not possible or likely. This provided the benefits of certainty and stability for the child in care. There was also discussion about whether Long Term Guardian-Other (LTGO) carers should be further professionalised and remunerated as professional carers. Whether other siblings would eventually need care was a consideration in whether to seek or accept a LTGO placement.

**For carers, 'good' is when:**

- Children are not on back to back short orders/two year orders
- LTGO process is sped up to benefit child
- Biological parents are informed and involved in LGTO planning
- During the planning for LGTO agreements reunification does not remain an expectation for biological parents
- There is clarity for each carer as to expectations around parental contact when on LTGO
- Ongoing parental and family contact is encouraged and facilitated, as appropriate
- Ongoing support and training for longer term carers, even when placement is usually stable and functioning well - not set and forget
- Annual review to review the possibility of the carer applying for LGTO.

**Ideas for change:**

- Eventual cessation of two year orders
- If supervised contact is continuing following two years, then move to a LTGO or other more permanent care order
- Follow the UK approach: when a foster or kinship carer has cared for a child for one year there become three choices; the child can be reunified with their parents, the carer can become a long-term guardian, or the child can be adopted by the carer
- Orders reflect who the child considers to be their family, and involve the child in the decision
- Statement of services are available for long term placements, where carers can be more confident to agree to longer term commitment
- Carers with long-term placements are still eligible for respite, even when placement is going well
- Placement and care plans are up-to-date and reflect the changing needs of the young person as they move through developmental phases
- Support to continue after 18 years of age, particularly if ongoing needs and disability
- Option of taking a hyphenated name reflecting both care and birth family identity
- Siblings able to transfer to a LTGO at the same time
- Further carer training and guidance if willing to move to LTGO.

### 14.28 Permanency and adoption

Related to discussion about the lengths of orders and placements, participants also discussed permanency and adoption. This was primarily framed around providing stability and certainty for the child in care.

**For carers, 'good' is when:**

- Permanency and adoption options are 'not off the table' and are flagged early as realistic options
- 'Foster to adopt' pathways are easier and more explicit in Queensland
- Pathways to adopt child is progressed, if in the best interests of the child
- Parents and kin are closely involved in discussions about these options
- These matters are handled by senior CSOs with team leader support
- Parents rights are respected about adoption options into a non-kin/non-biological family
- Can be raised in family group meetings if/when appropriate
- Carers don't enter placements with expectations that they will or should be able to adopt.

**Ideas for change:**

- Parents are advised of options from 18 months (or agreed expiry time) following ongoing care placement, and from this time there is pathway to adoption or more permanent arrangements to normalise life for the vulnerable child
- Need for federal consistency or federal coordination regarding adoption from foster care environment
- Siblings can be jointly adopted
- New CSO case workers understand all historic discussions and considerations, including consultation with parents and kin that may have preceded their involvement – good 'corporate memory'

### 14.29 Home visits by CSO or Departmental representative

Carers described their experience of home visits by CSOs. Carers understood the need for home visits, they offered various perspectives.

**For carers 'good' is when:**

- CSO is respectful when visiting carer home
- Agency worker also attends and supports visit
- CSO expressed warmth towards child in care, and spends time with them to further develop bonds
- Visits aren't intended for 'disciplinary' purposes or find fault
- Carers are complimented on their efforts and the child's progress
- CSOs acknowledge other children in the home.

**Ideas for change:**

- Agency joins CSO home visits
- CSO visits are routine to build rapport with carer and child in care.

## 14.30 Role of respite and perspective of respite carers

The availability of respite, and the perspective of respite carers were common areas of discussion and consideration. Carers and agencies sought more respite opportunities, particularly with high need children in care, or when caring for multiple children.

**For a respite carer, 'good' is when:**

- When a child is placed into respite, there is adequate notice provided to carers and full information about the child's background and needs
- Respite carers have the opportunity to be involved in care team discussions, especially if they are a regular carer
- Respite carers feel more engaged and part of the child's network of care
- Adequate training, along with refreshers
- Timely payments are processed.

**For a carer, 'good' is when:**

- Respite is available on request, without the need for a CSO to seek manager's approval
- Respite requests can be made with less justification
- Respite carers should not feel pressure to take care of a child in a permanent capacity
- Simplified provision of respite by family members
- Timely Authority to Care forms to be provide to regular respite carers
- CSO liaises with respite carer (i.e. CSO demonstrates active case management for children in care, particularly if they have challenging behaviours).

**Ideas for change:**

- More respite capacity, including in regional Queensland
- Kinship carers are eligible for respite
- Respite could be sourced and provided from carer's extended network, noting blue card requirements
- Family member can provide short term respite, at short notice
- The Department and sector encourage more people to become respite carers, with a different level of assessment, shorter training and approvals
- Greater promotion of respite care needs – ongoing recruitment
- Seek re-involvement of former foster carers or kinship carers to provide casual respite
- Additional day respite support to be available at short notice when children in care are suspended from school
- More people are 'respite care ready' through blue care qualification, including units within university courses
- In-home respite is available as an alternative and complement, e.g. pyjama angels
- Long-term placements are still eligible for respite, even when placement is going well

## 14.31 Kinship care experiences and perspectives

Kinship carers strongly advocated that the child safety system needed to better reflect the differences between foster and kinship carers. Kinship carers understood the focus on foster carer needs, however they sought recognition of the service, sacrifice and commitment of their fellow kinship carers.

Some kinship carers indicated they also needed access to respite. At times, they may need assistance with parent contact and possible ongoing support on managing what can be a difficult and fractious relationship, depending on circumstances. Some kinship carers preferred that the department "leave them alone", explaining that they didn't need support or active engagement. Several kinship carers expressed that they preferred less routine contact, but are also able to have the option to seek and draw on support and services as needed.

**To kinship carers, 'good' is when:**

- Kinship carers are not judged based on their family circumstances
- There is empathy and respect for the situation of kinship carers, and for the sacrifice they need to make for their family and children
- Kinship carers have the option of drawing upon services, and have the confidence that they can call on support without judgement
- They can trust CSO with sensitive family information, including information about the child and the child's parents
- They can trust and rely on CSOs when they are having difficulty
- Support is available and offered for parent contact
- Financial and other support is well explained by knowledgeable CSOs
- They have greater autonomy in decision making, more like a parent
- Information is gathered from kinship carers if the child needs to move into general care
- When in general care, kinship carers have ongoing access and communication.

**Ideas for change:**

- The same training and support is available, as provided to foster carers
- Kinship carers able to draw on services, but arrangements with Government are not mandated
- Kinship care authorisation is relaxed to have more kinship carers available in the general community (where otherwise may not be eligible for blue card)
- Kinship care authorisation is relaxed to have more kinship carers available across Aboriginal families and within Aboriginal communities (where otherwise may not be eligible for blue card)
- Blue card requirements should be reviewed for willing and capable kinship carers, or other ways found to assess suitability
- Access to parenting training without judgment
- Kinship carers have the same decision making rights as parents
- Kinship carers are supported in contact with parents if this is needed
- Promotion among kinship carers that they can also be general carers

### 14.32 Considerations of carer's family

Many carers explained the challenges of including a foster or kinship child within their family. Carers sought consideration of the impacts of child safety processes upon their family.

**For carers, 'good' is when:**

- Information is provided during the placement process that enables the carer to consider and plan for potential impacts on their family
- There is consideration about the scheduling of home visits, medical appointments, parent/ family contact etc. through advance notice and consultation with the carer

- There is consideration of logistics when more than one child in care resides in the same home
- The department considers the suitability of seeking to place additional children into same home
- The CSO doesn't expect the carer 'to drop everything' to fit in with scheduled contact visit
- Contact during school holidays is planned and considerate of the carer's family – could be a good time for contact or less convenient depending on circumstances
- Carer's address remains confidential for the safety of the child and their family.

**Ideas for change:**

- Understanding and acknowledging carer circumstances during case management and making appointments, such as carer responsibilities for existing children, job demands, routines, travel etc. – better communication and consultation
- Understanding about impacts on family from slow decision making in relation to child in care, and lack of certainty
- Guidance on the management of social media with the child in care
- Consultation around carer arrangements around Christmas, Easter and school holidays.

### 14.33 Standards of care

In some workshops 'standards of care' (SOC) processes was discussed. Carers understood the necessity to provide good standards of care, and sought fairness and objectivity regarding triggers for this process, and subsequent assessment.

**For carers, 'good' is when:**

- The SOC is based on evidence, with discussions and negotiations before a SOC is issued
- The carer is not assumed to be providing deficient care before information exchange and discussion
- Limit SOC interventions until other measures have time to be undertaken
- The SOC process is not used as reprisal for advocacy or criticism, or resulting from a difficult departmental relationship
- Joint accountability for the quality of care provided for child in care.

**Ideas for change:**

- SOC to be used as an opportunity to further develop carer's skills, as needed
- SOC is affirming not intended to stigmatise

### 14.34 Completion of placement

Carers discussed different scenarios that constitute the completion of a placement, including by mutual agreement with the department, or when the scheduled placement had been completed. This also included when a young person transitioned to independent living or was reunified with biological parents or kin, or the child in care was adopted.

**For the carer, 'good' is when:**

- A full debrief is undertaken with carer to assist future placements, if relevant
- Carer feedback to be included on file

- The handover is gradual and smooth as best possible, and the pace of change is comfortable for the child

**Ideas for change:**

- There is no judgment about the reasons why the placement finished, and future opportunities are provided
- There is future opportunity to be informed of the child's/young person's progress
- The option is open to receive the child back under respite conditions, if favourable to all parties.

### 14.35 Carer retention factors/exiting the system (anecdote from current carers)

Kinship carers, foster carers and respite carers explained that they could see that the child safety system is under constant pressure, with ongoing demands to place vulnerable children into care. Carers understood that the sector needed to retain carers to maintain ready capacity for children in care and for other children who would come into the system in the future.

**For carers, 'good' is when:**

- CSO and agencies identify that a carer is under duress and at risk of disengagement, and support and encouragement is provided
- Exit interviews are always undertaken and any learnings shared and are influential in ongoing departmental practice.

**Ideas for change:**

- Review and implementation of the ideas for change proposed at the Partners in Care workshops to improve the overall care environment
- More respite for carers who are struggling with home circumstances
- More training to be able to respond to challenging behaviours, especially in teen years.

## Attachments – Partners in Care session reports

To be attached