

Foster and Kinship Care

2016 Carer Survey Report



FOSTER CARE QUEENSLAND



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Contents**Pages****Executive Summary****2-15****South East Region Report****19-72****South West Region Report****75-122****Brisbane Region Report****125-171****North Coast Region Report****175-220****Central Queensland Region Report****223-272****North Queensland Report****275-319****Far North Queensland Report****323-368**

Executive Summary

Region	Completed Surveys	Total carers in Region	% of carers who completed survey*
Brisbane	77	595	12.9%
Central	94	648	14.5%
North Qld	51	549	9.3%
Far North Qld	68	532	12.8%
North Coast	84	827	10.2%
South East	120	1141	10.5%
South West	80	893	9.0%

* Source: Department of Communities, Child Safety and Disability Services June 2016

In total 574 carers completed a carer survey, as of June 2016 there were a total of 5186 registered carers according to the records of the Department of Communities, Child Safety and Disability Services. Therefore a total of 11.07% of carers in Queensland completed a carer survey which represents a significant sample size to gather and analyse information from.

Overall State Data

Demographics

- 94.32% of carers reported being attached to a Fostering and Kinship Care Service
- 85.06% of carers identified as foster carers, 15.87% as Kinship and 0.92% as Provisionally approved
- 86.47% of carers identified as being over the age of 35 years old with 62.7% being between the age of 35 -54 years of age
- 8.86% (48 carers) who completed the survey identified as Aboriginal and/or Torres Strait Islander
- The majority of carers reported being married at 57.80%
- 75% of carers reported having been a carer for nine years or less
- 77.15% of carers reported providing long term care with 37.66% providing Short Term care and 45.9% providing Respite and Short Break Care (note carers were able to list more than one type of care)

It is positive to note that the vast majority of carers who completed the survey are being supported by a Fostering and Kinship Care agency, data throughout this report will evidence that the support provided by such agencies is proving successful with high satisfaction rates across the board.

It must be noted that three quarters of carers who completed this survey have been carers for nine years or less, this is a relatively short period of time and yet they have some very strong messages for the Child Protection System. FCQ also undertakes the Exit Interview program for carers in Queensland and it is interesting to note that 86.7% of carers who completed the survey for the financial year ending 2015-2016 had been carers for 7 years or less. This provides clear data that as a sector, if we don't start to listen and respectfully respond to the concerns carers continue to raise as challenges they face, then we will simply not retain carers and therefore, as a sector, will have

less and less experienced carers who have the skills to take on the increasingly difficult needs of children and young people and who can also act as mentors for other carers entering the system.

Cultural Diversity

Despite only 48 carers identifying as Aboriginal and/or Torres Strait Islander, 342 carers identified they are currently or have previously provided care for a child who identified as Aboriginal and/or Torres Strait Islander. It is recognised that Child Safety must seek placements with non-indigenous carers due to the over representation of Aboriginal and Torres Strait Islander children in care and the lack of culturally appropriate placements, however in making these placements the sector has responsibilities to the carers and children placed with them to ensure that the child or young person's cultural needs are being met and the carer has the knowledge and skills to provide this. Unfortunately this is where the carer survey data raises significant concerns.

Of the carers who stated they have cared for Aboriginal and Torres Strait islander children, 54.9% stated they did not have a Cultural Plan for the child or young person in their care and 50.28% stated they had not had any Cultural Awareness Training. Furthermore 24.02% of carers reported not knowing what the Aboriginal and Torres Strait Islander Placement Principle means. It is a responsibility of the Care Team as a whole to meet the Statement of Standards for every child and young person in care; this includes 'a child's needs relating to his or her culture and ethnic grouping will be met' (Child Protection Act 1999, S 122 1 (d)). The data above would indicate that in the majority of cases, children's cultural needs are not being met.

Carers were asked where they accessed the majority of cultural information from and the majority of carers reported from family and friends (42%) with only small percentages stating information was sought from elders, RE and cultural centres. Around 38% of carers reported also getting information from their fostering and kinship care agency and/or Child Safety.

CALD (Culturally and Linguistically Diverse) Community

For the first time, FCQ sought information regarding our CALD community. 38 (7.8%) of carers who completed the survey identified from the CALD community. 55 carers (11.13%) identified they had provided care to a child from the CALD community.

When asked if they had been provided with cultural awareness training and information, 82.28 % stated they had not.

Given the increasing numbers of children and young people entering the care system from CALD communities, the sector has a responsibility to ensure that carers have the knowledge and training to provide culturally appropriate care. Once again the Care team has a responsibility to meet the Standards of Care as outlined above; this includes meeting the cultural and ethnic needs of every child. This data evidences that there is much work to be done in this space.

Child Safety Services

Carers were asked a range of questions relating to their experiences with Child Safety which are specifically outlined in the individual regional reports. Carers were provided options of answering 'always, mostly, sometimes, never or n/a'. These questions were put to carers differently this year

due to feedback provided by carers in previous years. Previously FCQ had only given options of Satisfied or Not Satisfied. Carers provided feedback that in some instances with CSO's and CSSC's they had good experiences and others they did not. For this reason it was felt that providing options that reflected a carers experience across their years would be a more reflective and accurate record of carers' views.

With this in mind the following responses were provided in respect to the following question.

Are you satisfied that staff at your local office are;

Respectful	64% reported feeling always or mostly respected
Treated as part of a team	43% reported feeling always or mostly part of the Team
Considering your views	42% reported feeling that their views are always or mostly considered
Consider your family as a whole	40% reported feeling that their family as a whole is always or mostly considered
Return phone calls/emails within 24hr	41.3% reported phone calls/emails are always or mostly returned in 24hr
Provide a supportive environment	42% reported feeling mostly or always supported by their local CSSC

It is positive to note that the majority of carers reported feeling always or mostly respected by their local CSSC, however FCQ would like this percentage to look much higher as there is still much more room for improvement. Carers should always feel respected, the care team does not always have to agree, however if communication is transparent and honest and carers understand how Child Safety are reaching their decisions, although carers may not always agree, they are more likely to understand decisions and feel respected through the process.

In regards to other data recorded by carers relating to their experiences with CSSC, the overall response from the State provides some very concerning data with the majority of carers not feeling part of a team, not feeling as though their views have been heard, not feeling they are supported by their CSSC and not feeling like their family is taken into consideration when decisions are being made. Whilst carers may have the resilience required to manage one of these factors, the compounding effect of all these together can result in carers losing faith in the system and subsequently resigning.

Child Safety Processes

Carers were asked a range of questions relating to Child Safety processes and their satisfaction. Once again carers were provided options of 'always, mostly, sometimes and never'

Approval and Renewal of Approval	63% always or mostly satisfied
Placement Agreement completion	44.54% always or mostly satisfied
Home visits completed monthly (CSSC)	43% always or mostly satisfied
Inclusion in FGM processes	34.7% always or mostly satisfied
Review processes	34.56% always or mostly satisfied

For the majority of questions relating to satisfaction with Child Safety processes, carers have reported only feeling satisfied sometimes or never. This is particularly the cases with FGM's with carers reporting in the comments that they are never included in this process. Whilst FCQ recognises that it is not always appropriate to have the carer present at the FGM, there should

always be a process where by a carer is consulted. Carers provide 24/7 care to children and therefore their input is invaluable. Furthermore the Statement of Commitment between the Department of Communities, Child Safety and Disability Services and Foster and Kinship Carers of Queensland, recognises the valuable input carers do have in the lives of children.

Section 6.1 outlines:

‘Foster and kinship carers have the right to participate in the decisions affecting the lives of children or young people in their care, and have their knowledge and opinions inform decision making processes to ensure the best interests of children’.

With only 34.7% of carers reporting inclusion in FGM’s always or mostly, this raises significant concerns about the adherence to this section of the Statement of Commitment.

Standard of Care/Harm Report Process

Carers were asked a range of questions relating to their experiences of Standard of Care Reviews and Harm Reports. For the purposes of this section, those carers who felt the question was relevant to them have been analysed.

Carers were asked if they were satisfied or not satisfied – the following responses were provided;

	Satisfied	Not Satisfied	%
Standard of Care Review process	66	75	47 % Satisfied 53% Not Satisfied
Harm report process	52	48	52% Satisfied 48% Not Satisfied
Communication during process	63	81	44% satisfied 56 % Not Satisfied
Sensitivity during process	69	76	48% Satisfied 52% Not Satisfied
Information provision during process	50	87	37% Satisfied 63% Not Satisfied
Timeliness of process	60	87	41 % Satisfied 59% Not Satisfied
Review of Process if not satisfied with outcome	49	58	46% Satisfied 54 % Not Satisfied

Unfortunately despite the review of the procedures in 2013 and ongoing advocacy and training from FCQ regarding the intent of the procedures making its way into practice, these results continue to demonstrate that these are processes that we are still not getting right for carers. The majority of carers who have experienced either a Standard of Care Review and/or Harm Report have reported not feeling satisfied across the range of questions. The intent of these procedures requires a shift in culture when it comes to practice. The procedures themselves are in FCQ’s view very positive – however we continue to have a culture that drives punitive practice where carers are singled out and blamed in situations where it is clear the whole care team have contributed to standards not being met for children and young people.

Confidentiality

It is important that carers have all the relevant information in order to provide safe and appropriate care to not only children and young people in care, but other children and household members too. It is also important that carers and the care team as a whole have a comprehensive understanding of the confidentiality provisions of the act (Child Protection Act 1999) and what this means in terms of providing day to day care. Unfortunately it would appear that the issues surrounding confidentiality see information not being shared as professionals working in the sector do not understand what they can actually share.

Carers were asked a range of questions relating to confidentiality and the sharing of information;

- 54 % of carers felt that they were only sometimes or never provided with information relating to the child or young person at the time of placement
- 61% of carers felt that they were only sometimes or never provided with information about a child or young person as it became available to Child Safety
- 51% of carers reported only sometimes or never feeling satisfied in relation to safety checks being completed prior to their identifying information being given out
- 75% of carers felt that they did have a good understanding of the confidentiality provisions of the act and how this related to them as carers

FCQ is acutely aware of the issues facing carers relating to Confidentiality and for this reason we have put together a training information session which covers

- Missing Children Guidelines
- Confidentiality
- Social Media

This training is a practice based training that will assist carers to understand how the act applies to day to day living and how they can better advocate for relevant information from key stakeholders. It is envisioned that this training will be attended by other key stakeholders such as Fostering and Kinship Care Services and Child Safety so that all key Care Team members are receiving the same message at the same time.

Ultimately carers have a legal right to information about a child that assists them to provide safe and appropriate care; unfortunately Care Team members can have different interpretations about what is relevant information. It is crucial therefore that the Child Protection System has a shared understanding – it is hoped that FCQ's training will start to bring about some shared understanding.

Financial

Carers were asked a range of questions relating to their satisfaction around financial matters. Carers are volunteers and yet we hear continuously that carers are out of pocket when providing care to children and young people. Whilst Child Safety recognises that child related costs are not covered in the fostering allowance, it is certainly not unusual for CRC's to be turned down because of budget issues with an expectation that these costs will be met by a carer, child care has been a key example of this over the years with carers.

Generally in past carer surveys this has been an area with high satisfaction and whilst this year there is still an above average satisfaction rate, it has come down from the 2014 Carer Survey. In 2014

carers reported an 83.6% satisfaction rate, two years later in this current survey, carers reported a 65.04% satisfaction rate that is a decline of 18.6%.

Carers were also asked about their satisfaction in respect to CSNA and HSNA requests being met, of those who felt that the question was relevant to them (298 carers) 53% reported not feeling satisfied with this area. These figures are almost exactly the same as figures released in the 2014 report demonstrating no improvement in this area.

In respect to Child Related Costs, carers were asked whether they were satisfied in relation to a range of CRC's, only those who felt the question was relevant to them has been included in the following and these results have then been compared with the 2014 Carer Survey to provide some additional context and meaning;

CRC	Percentage 2016	Percentage 2014
Medical/Health/Therapy	Not Satisfied – 57.3%	Not satisfied – 53.3%
Kilometric Allowance (over 250km allowance)	Not Satisfied – 63.4%	Not satisfied – 56.7%
Educational Costs	Not Satisfied – 61.5%	Not satisfied – 57.1%
Child Care and Vacation Care Costs	Not Satisfied – 67.5%	Question not asked

It is disappointing to see such high rates of dissatisfaction amongst carers with regards to CRC's – in all areas the dissatisfaction rates have increased since 2014. The topic of Child Care was not asked in the 2014 Carer Survey however was specifically added to this survey given the sheer amount of enquires and cases FCQ has worked on over the past two years relating to this topic. The data is clearly demonstrating that this is an area of significant concern with more than two thirds of carers reporting dissatisfaction. FCQ continues to advocate that if we want to recruit carers in 2017 and beyond we must recognise that it is highly likely that carers will need to work at least part time given the cost of living, therefore children will require child care and this is not a cost covered in the allowance so if Child Safety refuse to meet those out of pocket expenses we are essentially stating as a Child Protection System that our volunteers need to be prepared to be out of pocket.

Carers were also asked if they were encouraged to apply for Ex-gratia payments; only 73 carers reported that they were satisfied in this area, 301 carers felt this question was relevant to them meaning that 69.4% of carers across the State reported not feeling satisfied in this area. It is interesting to note that the Policy and Procedure for this area is locked on Child Safety's website making it extremely difficult for carers to access any clear information about their rights relating to these applications. If Child Safety feel that the Policy and Procedure needs to be locked from public access it is recommended they develop a fact sheet outlining the policy and procedural requirements so carers can be empowered to act upon requests without reliance on Child Safety.

Finally carers were asked about their satisfaction in relation to information provision relating to Child Related Costs – of those carers who felt the question was relevant to them, only 33% were satisfied in this area. Once again there is a decrease in satisfaction in this area with 44% reporting satisfaction in this area in 2014.

These are some significant findings, and with some attention can provide some immediate relief to carers regarding their satisfaction with the system. Recognition that carers should not be out of pocket for a volunteer role is key to bringing satisfaction rates up so that in the next carer survey we undertake, we actually start to see improvement in this area rather than decline which has been the case during this survey.

Local Practice in CSSC

Carers were asked a range of questions relating to their interactions with their CSO and CSSC. Communication is a key factor to carers feeling like part of a care team, if communication is healthy and transparent, carers are more able to cope with some of the other challenges they face in the Child Protection System.

Carers want to know when there is a new CSO through being told by the CSO who is leaving, not by calling the CSSC to find out they have already left. Only 28% of carers reported always or mostly feeling satisfied in the way a changeover of CSO occurs for children in their care. Carers then report only a 36% satisfaction rate with CSO's knowledge of the history of the child in their care. CSO's play a critical role in a carer family, when a CSO leaves without any explanation or good bye and a new one turns up without any knowledge of history, this leaves a family and child in care feeling undervalued, not respected and frustrated. Unfortunately it can also lead to children and young people in care losing trust and faith in the very organisation that is tasked with the role of protecting them.

In order for carers to actively engage in case plans and assist the department and family to work towards reunification as per the Principals of the Child Protection Act (1999), a carer must have an understanding of the case plan goals. They must also have a sound Placement Agreement in place that outlines what their responsibilities are around matters such as family contact, education, health and wellbeing etc. Unfortunately 61.6% of carers reported they are only satisfied sometimes or never in respect to timeliness of case plan and placement meetings and 68% of carers reported only feeling sometimes or never satisfied in relation to the timeliness regarding the provision of minutes from these meetings.

Feeling part of a team also means having an understanding about what is happening in your local area, having an understanding of some of the challenges being faced by CSSC's i.e. staffing shortages or restructures. This can assist carers to understand some of the delays in communication. Only 21% of carers reported always or mostly always feeling informed in this area. From a regional perspective only 17% of carers reported feeling always or mostly satisfied. This provides very clear evidence that carers are feeling separated from the CSSC's and regions and not informed as to what is occurring on the ground that may be affecting them and the children they care for. Treating carers as colleagues means that we keep them informed as would be the expectation amongst staff in Child Safety.

Carers were asked if they felt supported to access respite, whilst 21.9% felt that this question was not relevant to them, 43.62% stated they only felt supported some of the time or never to access respite with 33% stating they feel supported mostly or always. A complicating factor in this area is the lack of respite placements available, so whilst Child Safety may actually support the concept of respite, it could very well be a matter of not being able to find appropriate options.

Carers were asked about Family Contact and whether consultation takes place, 55.5 % of carers reported feeling only sometimes or never satisfied in this area. This is a common concern for carers contacting FCQ, where they are simply told of new arrangements and their concerns or own family commitments are not taken into consideration, this is despite the Statement of Commitment outlining a carers right to participate in such discussions as outlined above. Nearly 60% of carers (59.6 %) reported they only feel that Child Safety sometimes or never take into consideration their own family commitments.

Education

Overall 60.9% of carers reported having an Education Support Plan (ESP) for children and young people in their care.

- 60.4% felt always or mostly satisfied with their inclusion in the process
- 56.76% felt always or mostly satisfied with the timeliness of the plan
- 56.64% felt always or mostly satisfied with the finalised plan
- 51.62% felt always or mostly satisfied with the review of the plan
- 50% felt always or mostly satisfied with the implementation of the plan

Please note that between 17% - 22% of carers felt that this question was not relevant to them, therefore the dissatisfaction rates were more so between the 20-25%.

These are figures that need to be shared with the Department of Education to help them understand where there may be gaps for carers and the children they care for.

Child Health Passports

Overall 55.89% of carers reported having a current Child Health Passport.

- 43% felt always or mostly satisfied with their inclusion in the process
- 34.4% felt always or mostly satisfied with the support provided
- 36% felt always or mostly satisfied with the process itself
- 34.8% felt always or mostly satisfied with information provided

Please note that between 21-22% of carers identified that this question was not applicable therefore leaving dissatisfaction rates between 34%- 43%.

This data links to the data provided by carers regarding their dissatisfaction in respect to receiving information about children that assists them to provide safe and appropriate care. It is also linked to the dissatisfaction regarding the timeliness of Medicare Cards and Health Care Cards being provided in a timely manner as evidenced further on in this report.

When children enter into the Child Protection System, they have in the vast majority of cases suffered trauma. The Child Protection System has an absolute responsibility to assess the health and wellbeing needs of any child or young person in a timely manner so that effective intervention can be put into place. This task cannot be done in isolation to the very people providing day to day care to our children and young people.

Placement Agreements

Carers were asked whether they had a current Placement Agreement that had been generated from a placement meeting.

Overall 62.90% of carers stated that they did have a current placement agreement.

- 56% felt always or mostly satisfied with inclusion in process
- 53.1% felt always or mostly satisfied with the process
- 50.1% felt always or mostly satisfied with the outcomes

- 42% felt always or mostly satisfied with follow up
- 41.3% felt always or mostly satisfied with review process

Please note that around 13 % of carers reported this question was not applicable to them leaving between 32-44% of carers not feeling satisfied in this area.

74% of carers reported they did not receive a copy of the minutes from the meeting.

Placement meetings and the subsequent minutes are crucial processes and documents that provide clear direction and understanding to carers about expectations of the placement. This is a vital communication tool and if not completed and/or communicated appropriately subsequent to the meeting – we will continue to see situations where there is misinterpretation and conflict.

Centrelink

Carers reported low satisfaction rates in this area, demonstrating a lack of understanding and communication. This can be a very complex area to understand and it is accepted that some Child Safety staff may also struggle to understand the complexities of the system.

- 62% of carers reported feeling that information from the department about Centrelink only sometimes or never happens
- 64.52% of carers reported feeling that support provided by Department to access Centrelink services only sometimes or never happens
- 61% of carers reported they only feel satisfied sometimes or never in respect to the ease of access to Centrelink services
- 65.4% of carers reported they only sometimes or never feel satisfied in respect to timeframes for provision of Medicare cards
- 58.7% of carers reported they only sometimes or never feel satisfied in respect to timeframes for provision of Health Care cards

There is some fundamental support that is required for carers during the initial stages of placement around financial matters and practical matters such as Medicare and Health Care Cards. A new placement can be a source of stress for a child and the carer family, it is critical that wherever possible other areas are being taken care of so that additional unnecessary stress is experienced. Once again this is an area where improvements can be made through the provision of practical assistance to carers – this could be by way of fact sheets outlining key entitlements as carers and a focus within CSSC's of having a new placement check list whereby critical resources are provided to the carer asap that enable them to provide the care they need to, this should include:

- Medicare Card
- Health Care Card
- Placement Agreement minutes
- Case Plan minutes
- Authority to Care

Support

Carers were asked a range of questions relating to where they access their support from. Carers were able to tick more than one source of support; mostly carers ticked their Fostering Agency

(64.88%). However also high up on the list were family and friends (59.72%), other carers (35.57%) and then Child Safety (22.82%). 16 % of carers also stated that they mostly contact FCQ and/or FAST delegates for support.

In relation to where carers access their information from, once again Fostering Agencies were the highest source (72.71%), with other carers coming in second (28.19%), CSSC (21.48%) and FCQ/ FAST (18%).

Fostering and Kinship Care Programs

Carers were asked a range of questions relating to the support provided by their fostering and kinship care agencies. 95.96% of carers reported being supported by an agency and reported the following in relation to their experiences of support;

- 83.75% reported feeling always or mostly satisfied with the regular support visits (at least monthly)
- 83.3% reported feeling always or mostly satisfied with response provided by their agency to their (the carers) contact
- 80.1% reported feeling always or mostly satisfied with support to complete paper work
- 80.7% reported feeling always or mostly satisfied with information provided
- 73.8% reported feeling always or mostly satisfied in respect to access to support networks
- 77.5% reported feeling always or mostly satisfied in respect to access to training
- 77.3% reported feeling always or mostly satisfied with the on call service (7.89 % felt this was not relevant to them leaving 14% feeling only sometimes or never satisfied)

FCQ has always advocated for the support of carers to sit with Fostering and Kinship Care services as the core role of Child Safety needs to be focused on meeting the needs of children and young people. FCQ were extremely pleased with Minister Fentiman's announcement in August 2016 that the transfer of the majority of carers to Fostering and Kinship Care services was to be implemented in 2017. The above data evidences that across the board more than three quarters of the carer's surveyed feel always or mostly satisfied with services provided by their fostering and kinship care services. There are certainly still areas for improvement in this area also, particularly in relation to Fostering and Kinship care services supporting carers to access support within their community networks better.

FCQ provides a wide range of supports to Fostering and Kinship care agencies across Qld and our role has continued to grow in the past two years. Currently FCQ undertakes the following with agencies across the State

- Ongoing professional development training in areas such as Initial Assessment Training, Kinship Assessment Training, Renewal of Assessment Training and Quality Support Training
- Agency staff are also encouraged to attend other modules of training developed for carers, i.e. Reunification, Family Contact, Standard of Care Training, QCAT, 3rd Party Guardianship and Carer Finance
- Foster and Kinship Care Agency Surveys – FCQ has sought feedback through multiple surveys over the past two years including Standard of Care Reviews/Harm Reports and Child Care and impact on carers
- FCQ has an email list covering the more than 80 Foster and Kinship Care agencies across the State and multiple emails are sent out weekly to agencies advising them of anything that is relevant to the Child Protection System, i.e. policy and procedural updates, legislative review updates, workshops, training opportunities and so on

- FCQ also takes multiple phone calls through our on call service from staff attached to fostering and kinship care services who are seeking advice on cases

FCQ looks forward to these relationships continuing to strengthen and grow over the next two years.

Foster Care Agreements

Carers were asked if they had a current Foster Care Agreement. 85% of carers stated they did with 7.5% stating they did not and 7.5% stating they did not know what one was. Given that Kinship Carers are not required to have a Foster Care Agreement it is likely the 15% that stated they did not have one or did not know what one was would be mostly kinship carers.

Carers were then asked a range of questions as to the value of Foster Care Agreements;

- 78% of carers felt that the Foster Care agreement accurately reflected the needs of their family (7.5% felt this question was not relevant meaning only 14 % felt that the FCA did not reflect the needs of their family)
- 79.7% felt that the FCA accurately represents learning and support needs (12.4% felt that it did not). 71% felt that it had then gone on to be a useful tool to assist with the actual learning and development (19.75% felt that it had not)
- 72.3% felt that the FCA has been a useful tool to establish appropriate placement options (18.2% felt that it has not been)

FCA's should always be seen as a living document, not simply another tick and flick document that is filed away at completion. It is interesting that whilst nearly 80% felt that it was a useful tool to identify learning, only 71% felt that it then went on to assist with learning. This could demonstrate that what is on paper is not always being achieved.

Training

Carers were asked a range of questions relating to their experiences of training. In previous years, this has been an area where carers have shown high satisfaction rates. Satisfaction rates are still in the majority, however not as high as previous years. Carers have told us they always or mostly feel satisfied with the relevance of training (63%), the amount of training offered (72%), the frequency of training (60.9%) and the provision of information about content of training (66%).

Carers have continued to express dissatisfaction with respect to the provision of child care for purposes of training with only 37% of carers reporting mostly or always being satisfied in this area and 47.5% feeling only sometimes or never satisfied.

Some of the carer comments in this section expressed frustration in respect to the distance they have to go to get to training, that training is typically held during the day and this makes it difficult for carers who are working, that training is often the same topic held multiple times and carers are looking for innovative and interesting training to attend that adds to their tool boxes and that appropriate child care is not offered for those carers at home caring for children making it impossible for them to attend.

If the sector has an expectation that carers will continue to develop and learn through training offered, they must take away some of the barriers that exist that are preventing carers from attending. Offering child care and flexible training times as well as on line options are essential to ensuring continued learning and development for carers across the State.

Complaints/Appeals

Carers were asked a range of questions relating to their knowledge and experience of the various complaint and appeal processes available to them in the Child Protection System.

The following percentage of carers reported knowledge and then access of these complaint/appeal processes.

Complaint/Appeal Process	Knowledge	Accessed
Regional Complaints Office (Child Safety)	48.70%	16.75%
Central Complaints Office (Child Safety)	27.42%	8.25%
Queensland Family and Child Commission	34.04%	4.25%
QCAT	54.85%	7.50%
Queensland Ombudsman	41.84%	3.50%
Crime and Corruption Commission	25.53%	0.50%

20.5% of carers reported never having heard of any of the complaint and appeal processes and 77.5% reported not having ever accessed any of them.

Of those carers who had accessed a complaint or appeal process, 56.3% reported they felt heard during the process, however only 42% reported feeling satisfied with the outcome achieved.

It is vital that carers have an in-depth knowledge and understanding of services available to them in the event that they are not happy with decisions being made or how they have been treated. It is the role of carers to advocate on behalf of a child or a young person in their care and this is not something they can achieve when they don't know where to take matters if not resolved within the local CSSC.

This is an area that FCQ can provide some education through the development of a training module which will provide clear advice to carers around the purposes of each avenue of complaint and appeal available to them and practical examples of when they should access each. FCQ's message will always be to attempt to resolve the matter at a local level first through discussions with CSO, Team Leader and then Manager.

Foster Care Queensland

Carers were asked a range of questions relating to their experiences with FCQ;

- 67.7% of carers reported satisfaction with information provision about FCQ, 13.8% felt this question was not relevant to them
- 64.01% of carers reported they had knowledge and understanding of the services provided, 11.59% felt this question was not relevant to them

Of those carers who felt the questions were relevant to them, the following feedback was provided in relation to FCQ

- 78.4% reported feeling mostly or always satisfied with access to FCQ staff
- 74% reported feeling mostly or always satisfied with timeliness of response from FCQ
- 67% reported feeling mostly or always satisfied with outcome achieved

FCQ has a rostered on call service which means that when carers make initial enquiries through the FCQ office, they receive a phone call back on the same day. Therefore it would appear that there needs to be some attention given to ongoing casework and ensuring that as much as possible carers have access to staff and are receiving calls back. It is acknowledged that up until recently FCQ only had two Case Officers in Brisbane and one in Townsville. This meant that there were periods where caseloads fluctuated over the 40 mark, making it difficult for staff to respond in a timely manner to all carers. FCQ was funded an additional position in August of 2016 and it is hoped that this will bring some relief to Case Officers and therefore increase satisfaction regarding carers access to staff and our ongoing responses to carers.

Carers were then asked a range of questions in relation to our FAST program; those carers that felt the question was relevant to them provided the following feedback to FCQ in relation to FAST;

- 73% reported feeling satisfied in relation to information provision about the FAST program
- 69% reported feeling satisfied in relation to knowledge of their local FAST rep
- 55% reported feeling supported to access their local FAST rep from Child Safety
- 66% reported feeling supported to access their local FAST delegate from their fostering and kinship care agency
- 76.6% reported feeling mostly or always satisfied with advice provided by FAST
- 76.3% reported feeling mostly or always satisfied with support provided by FAST
- 71% reported feeling mostly or always satisfied with advocacy provided by FAST
- 69% reported feeling mostly or always satisfied with outcomes achieved with FAST

FCQ works hard to recruit, train and support our many wonderful FAST Representatives. Some disappointing figures here is the lack of support carers are feeling to access their FAST Rep. Data in this survey has overwhelmingly demonstrated that carers are seeking support and advice from other carers. Sometimes this can lead to carers breaching a child's confidentiality and therefore it is vital that there is capacity for carers to speak to a fellow carer who is trained with the right advice to provide carers and where confidentiality is not being breached. FCQ ensures through our recruitment and retention of FAST Reps that key stakeholders, including Child Safety and Foster and Kinship Care agencies are provided with opportunities to provide feedback, therefore if there are any concerns which may be preventing Foster and Kinship Care agencies and/or Child Safety from referring carers to FAST Reps, this would be the avenue to have those concerns addressed.

Looking Forward

Carers were then asked a range of questions relating to their future as carers. 85.65% of carers recorded that they intend on fostering for three or more years, 8.7% said only for another year and 5.65% for another 2 years.

When asked whether there was anything that would influence this decision, 44.66% of carers stated that there would be, and carers were then able to provide comment. 196 carers provided comments on this particular question, and all comments are included in individual region reports, but the overall themes that came across as to what may be some things that would change this decision included:

- If they received a lack of support from Child Safety
- If there were continued issues in respect to finances
- If there were continued issues in relation to communication
- If they did not feel like they were being treated as part of a team
- If long term children in their care left
- If something happened to their health
- If natural families made things difficult for them.

Carers were then asked if they had suggestions for Child Safety and additionally if they had two things that they could change about the system, what would these things be. Once again the responses to these questions can be found attached to this report.

Finally carers were asked whether they would advise a friend to be a carer, 58.8% stated yes and 41.2% stated no. Given that word of mouth is known as one of the most powerful tools to recruit, it is disappointing that there are such a significant number of carers that would not recommend fostering to friends or family. It is clear through the messages attached by carers that we need to get better in key areas in order to then improve this statistic. We must;

- Treat carers as genuine members of the care team
- Promote a culture where open lines of communication that are honest and transparent are the experience of all carers
- Value the experience of carers and use this experience to assist the care team to make informed decisions about the children and young people that carers are providing 24/7 care to
- Recognise that carer families have the same demands as every other family in society with the additional complex layer of being part of an extremely bureaucratic system whilst trying to provide the most normal and happy childhood they can to children in care and their own children.
- Understand what support means to each individual carer and work alongside the Fostering and Kinship Care agency to meet those support needs
- Provide ongoing and up to date information to the carer to assist them in providing the very best care they can for the children and young people in their care. Trust them with this information as you trust them with the care of children and young people.

South East Region

2016 Carer Survey Report



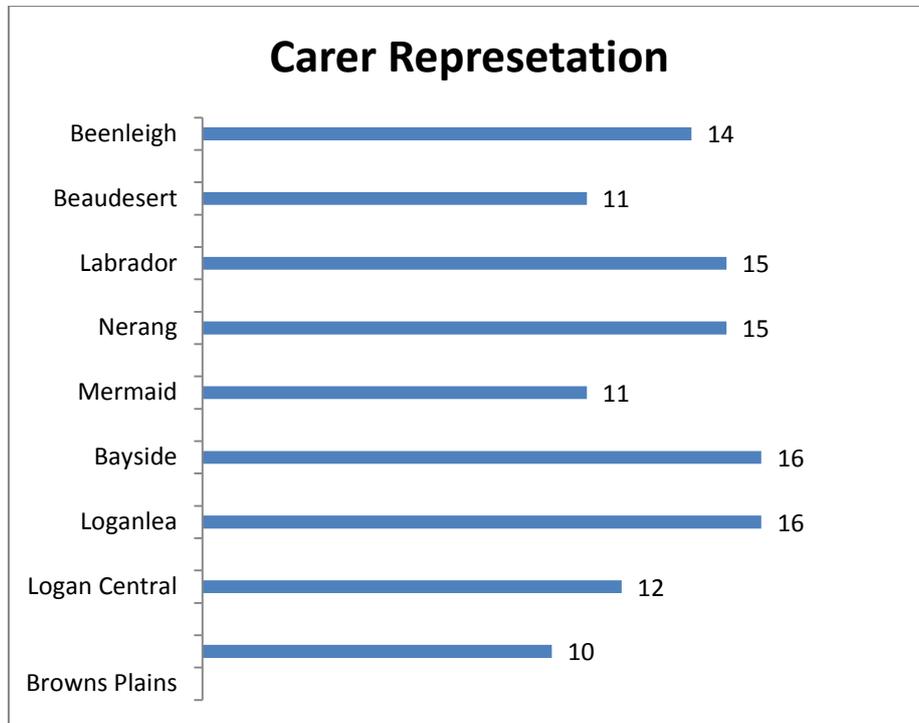
Contents

About the Carer	19
Relationship Status	21
Culture Diversity	22
CALD Community	26
How satisfied are you with Relationships with Staff at Child Safety Services	27
Child Safety Processes.....	35
Standard of Care/Harm Processes	38
Confidentiality.....	39
Financial	41
How satisfied are you with local practices of CSSC.....	45
Education Support Plans	48
Child Health Passports	49
Placement Agreements.....	50
Centrelink.....	51
Support	53
Foster and Kinship Care Services	54
Foster Care Agreements	59
Training	59
Complaint/Concerns Processes	61
Foster Care Queensland.....	62
FAST Program.....	63
Looking Forward	65

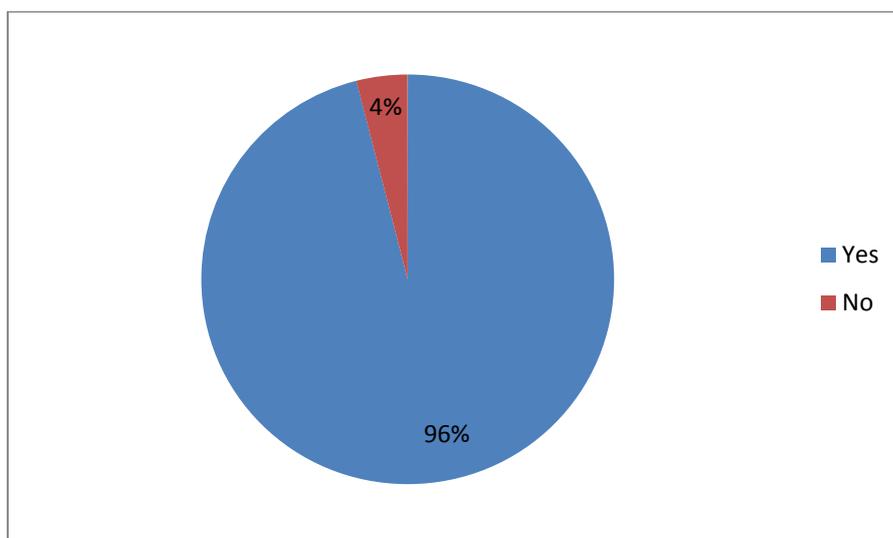
South East Region

About the Carer

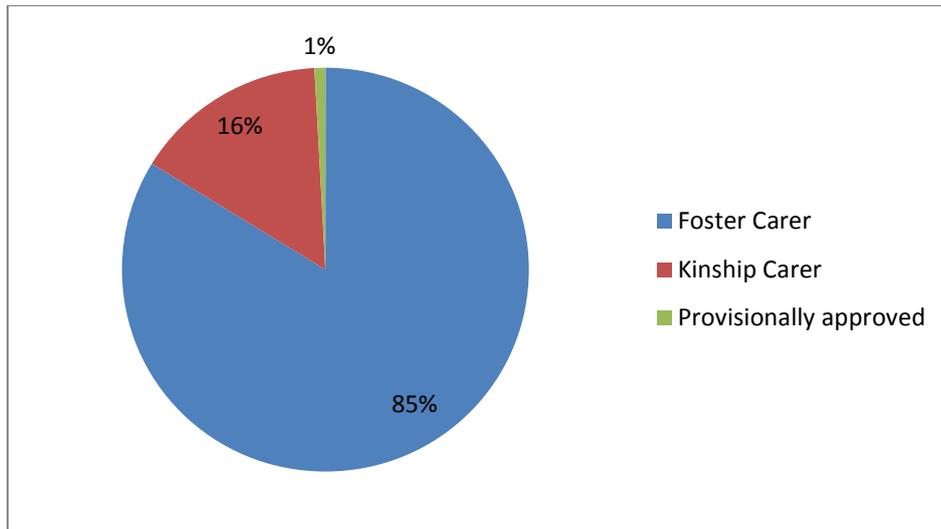
In South East 120 Foster and Kinship Carers completed the Carer survey and were represented in the following Child Safety Service Centres.



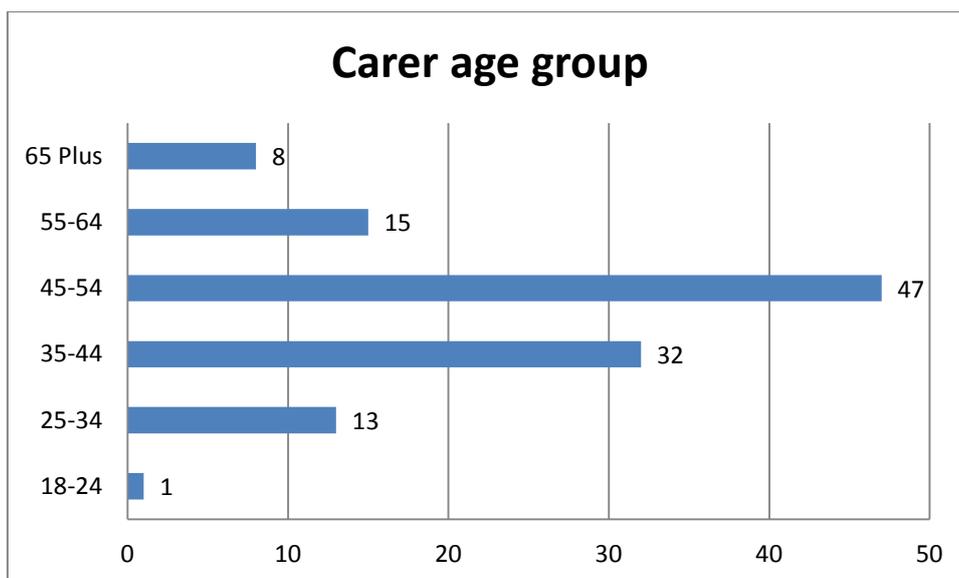
Carers were asked if they were supported by a fostering and kinship carer agency with the vast majority of carers in South East who completed the survey confirming they were.



Carers were asked whether they were foster or kinship carers, the vast majority of carers identified as foster carers.



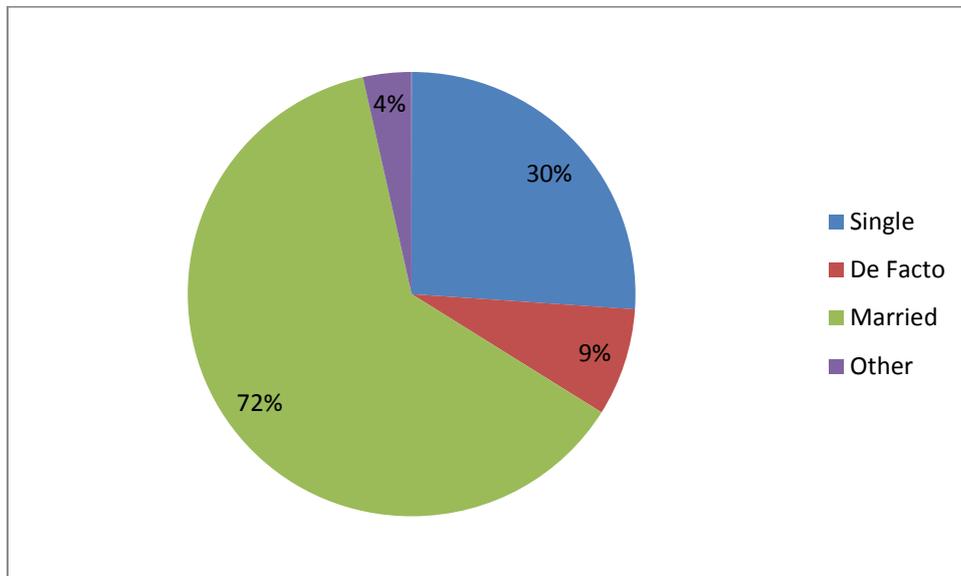
Carers were asked to identify the age group they fitted into.



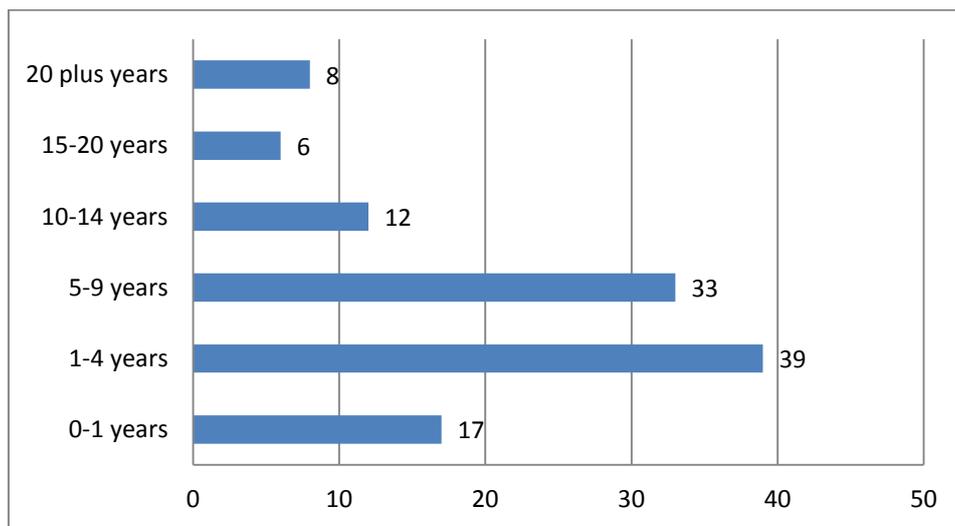
Aboriginal and Torres Strait Islander

Five carers in South East who completed the survey identified as Aboriginal. One carer identified as Torres Strait Islander and two carers identified as Aboriginal and Torres Strait Islander.

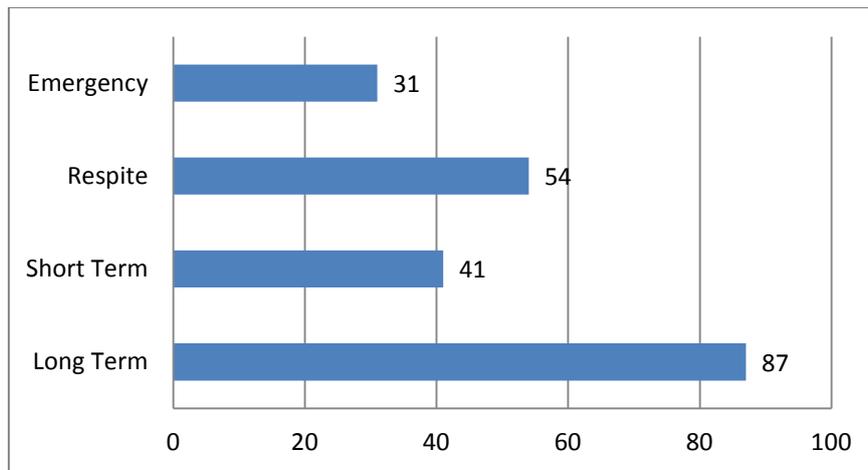
Relationship Status



Carers were asked how many years they had been providing care for.



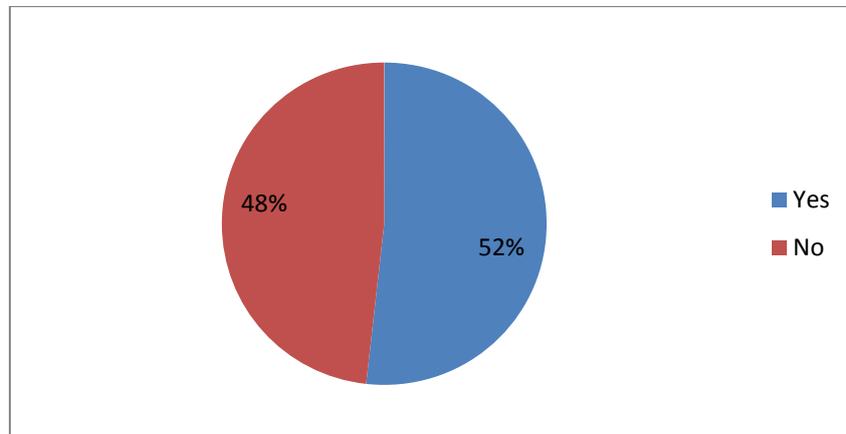
Carers were asked which type of care they provide, please note that carers were able to tick more than one type of care.



Culture Diversity

Carers were asked a range of questions relating to the care of Aboriginal and Torres Strait Islander children as follows.

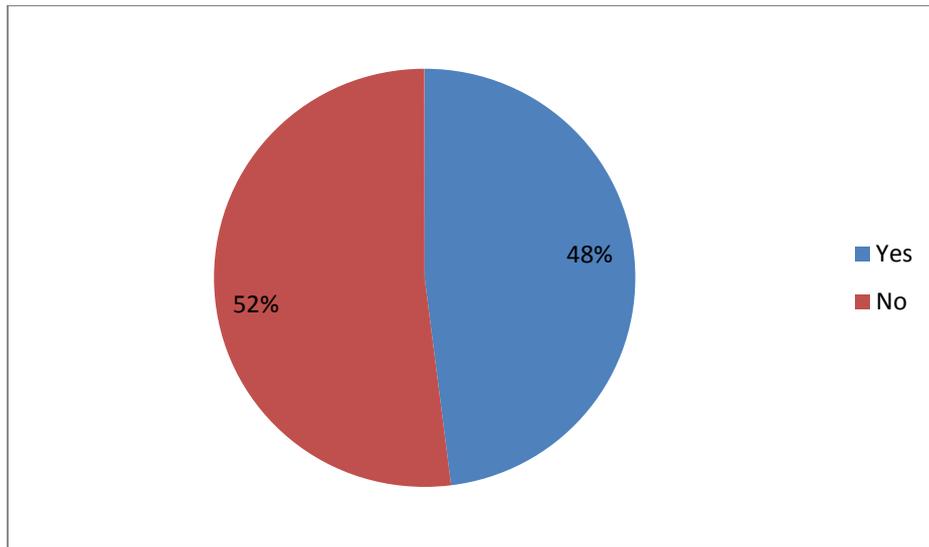
Are you caring or have you ever provided care for an Aboriginal and/or Torres Strait islander child?



Given that only 5 carers identified as Aboriginal in this survey, the majority of those carers who have responded yes to this question would not identify as Aboriginal or Torres Strait Islander.

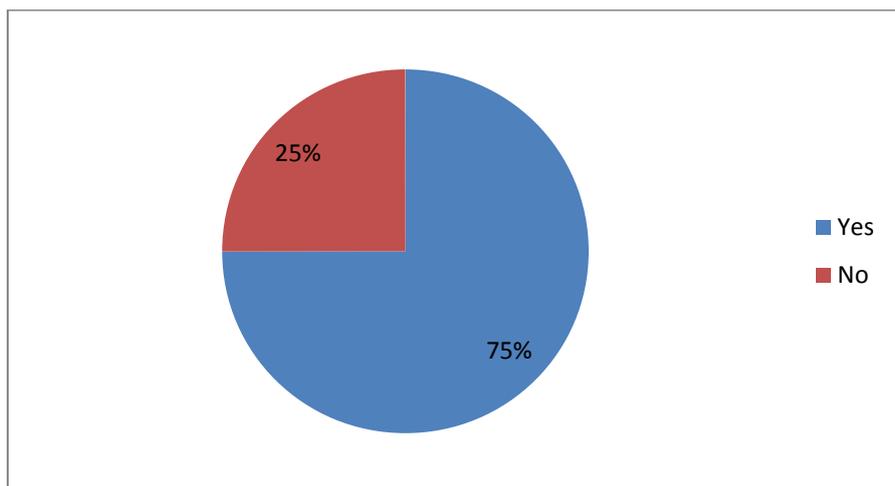
Carers were then asked if they had answered yes to the above question, whether they had a cultural support plan in place. Only 47% answered yes to this question, leaving 53% of children placed in care where they identified as Aboriginal or Torres Strait Islander either without a Cultural support plan or where the carer had no knowledge of its existence.

Carers were then asked if they were provided with Cultural awareness training to assist them to care for a child who identified as Aboriginal and/or Torres Strait Islander.

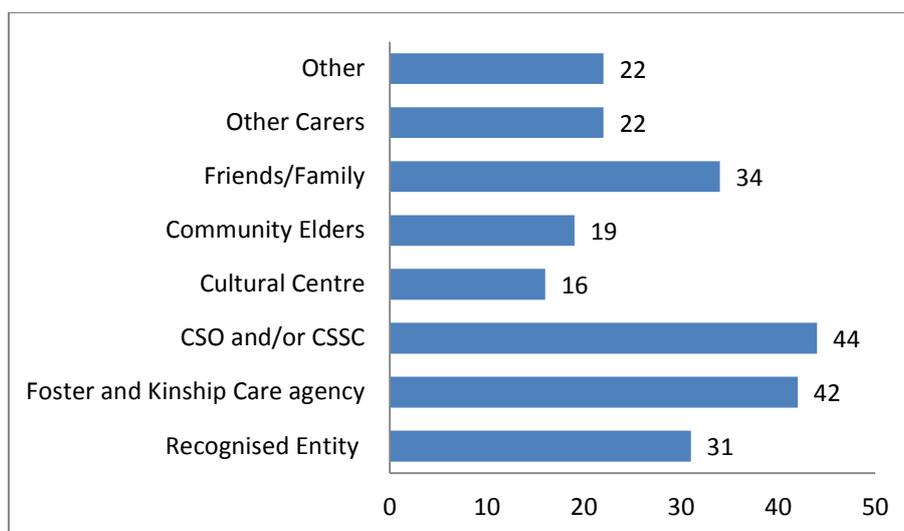


As evidenced above, more than half of the carers who responded identified they did not receive any training to assist them in building their cultural knowledge in their care of Aboriginal and Torres Strait Islander children.

Carers were asked whether they understood the Aboriginal and Torres Strait Islander Principle. This principle is explored with foster carers in the Pre-Service Quality Training, however it must be noted that carers are inundated with information during this training and if this is not followed up with further education and information, it is likely it won't be retained by carers. Whilst most carers reported they understood the principle, nearly 25% of carers in South East identified they don't understand it.



Carers were then asked where they accessed their Cultural information from. Please note that carers were able to tick multiple boxes as sources of information for this section.



Carers were asked to provide examples of how they meet the cultural needs of children in their care.

Comments:

- *This child is short term emergency care there are no additional support measures in place.*
- *Only rely on family info*
- *By helping them identify with their culture, partake in activities and programs and have pride in their heritage and people*
- *Via school/day-care cultural activities*
- *Respecting the families wishes and ensuring they are accessing their cultural needs*
- *I do not have the young person in my care now but I feel you need to respect all beliefs and support wherever possible.*
- *By having book about their culture to read to them*
- *We are only providing respite but we support the primary carer to implement plan*
- *By acknowledging their parents and involving their parents*
- *We attend all events provided by Kalwun*
- *I didn't have the awareness that should of been provided*
- *By supporting his culture in any way. Ensuring I am linked with Kalwun and informed on what's happening in our region*
- *Encouraging involvement in cultural activities and involvement with Indigenous services. Linking in with an indigenous medical centre for ongoing medical needs.*
- *Info as required*
- *Spoke to child's grandfather to make sure I was doing everything culturally right*
- *Exploration and identity*
- *Teaching the child and being around family and going camping and telling stories that have been handed down by our grandparents*
- *Cultural events*
- *Maintain positive family/community contacts, attend cultural events and celebrations, books, art/craft*

- *Kalwun*
- *By supporting their family links*
- *Mine has a Maori heritage. We watch movies, read books, research, and will visit NZ. I have NZ background*
- *Family contact*
- *Keeping them in touch with family*
- *Respite career, primary career does cultural support*
- *I am her uncle*
- *Encouraging to learn and be linked in with registered entities and indigenous support staff at school*
- *Supporting a child with their identity and embracing their culture through dance, supporting their unique language. Understanding how special and wonderful their culture is*
- *All the above*
- *The child in my care is Australian and has a similar culture to me*
- *By allowing them to research and learn their identity*
- *Its part of every opportunity in all activities It isn't an extra task, its incorporated in all activities*
- *In any way I possibly can offer to miss 13. She seems to be only interested in finding her place in social situations with her pairs not with her roots but will always try to keep these doors open for her whenever she chooses to seek knowledge or anything else I can help her find*
- *By making sure they are attending all cultural activities etc*
- *Haven't had a child with cultural needs*
- *Accepting of others*
- *As the children are still young we are working on a plan to gather more information to support their culture*
- *Personally I find this question problematic. I understand the importance of cultural identity but at the same time I have found that in regards to a kinship carer this question is not relevant and insulting the reason being that a child who is with family is being reared into the culture of the family. Also it seems to force people into stereotypes and marginalization. As I stated I understand the importance of culture but my granddaughter is third generation Australian and I get asked about cultural identity. My question is at what point does an individual identify as Australian and most importantly when are they accepted as Australian? In fact this question can be racist*
- *We have not yet been placed with any children to be able to answer this*
- *Recognition and supportive*
- *Still young so in process of explaining*
- *One of my boys does not want to acknowledge his heritage so I remind him occasionally. The other boy enjoys learning about aboriginal art and dance*
- *We offer to assist the children in any form of help they need or ask for*
- *Do not understand this question*
- *Participating in culture functions and in the heritage*
- *They are babies at the moment, took them to Naidoc in Mackay as we were away at the time.*
- *books*
- *By encouraging the children to participate and engage with their respective cultures and by providing transport and access to cultural events*
- *Only newborn but will look at ways how to support as age appropriate*

- *we talk a lot about the culture , encourage to go to multi-cultural events and through the school*
- *We would be more than happy to encourage and facility cultural awareness through the involvement of cultural entities available to the child. We would also incorporate the individual's culture into our everyday life for our whole family*
- *Supporting visits with family*
- *doing as we are told*
- *I have a multicultural business & research the background & support all children in cate*
- *Connecting me with Kalwun*
- *We support the children by using indigenous medical centres and Community events also we are indigenous so our home is also culture appropriate*
- *By recognising differences in many and varied areas of their life including language, food, cultural events and art and craft*
- *We only recently found out they were indigenous*
- *Providing opportunities to discover, learn, engage, about their heritage*
- *Support and recognition of the child's culture*
- *Time with extended bio family; involvement in NAIDOC week and other events where possible; music stories and craft*
- *Educating and helping the children participate in cultural experiences and bringing them into the home as much as possible*
- *Involving him in culturally relevant days, events. Using an indigenous health centre, having a positive relationship with the local indigenous community*
- *Community events. Story books. Craft activities. Celebrating all cultures*
- *Don't have any children from different cultural backgrounds*
- *By being informed and educating myself*
- *By ensuring that they have continuous links to family and community connection as well as seeking cultural advice where ever required*
- *Books Required Indigenous Offer Cultural Activities Educating Cultural Events Young Family Heritage Support Doing Child Cultural Needs Children Understand Providing Recognition Involvement Place Identity*

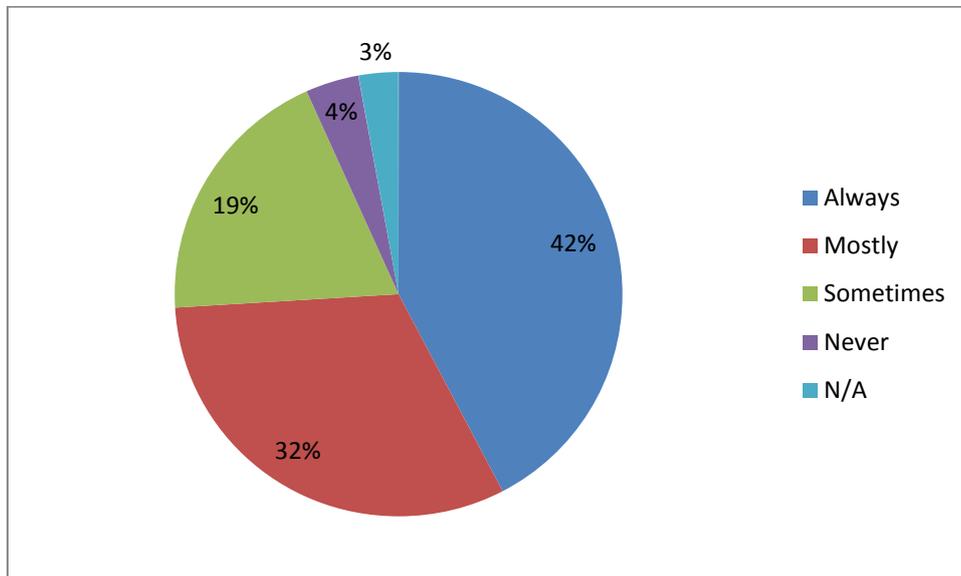
CALD Community

This is the first year that FCQ has sought to gather information from our carer community regarding the CALD community, specifically how many of our carers identify as being from a CALD community and whether carers have provided care for children and young people from a CALD community.

10.3% of carers who completed the survey in the South East Region identified from a CALD community and 13.5% of carers in South East who completed the survey reported they either were or had provided care to children who were from the CALD community. Carers who had provided care to children from a CALD community were asked whether they were provided with appropriate training to assist them to provide culturally appropriate care. Unfortunately only 16.4% advised that they had been provided with training.

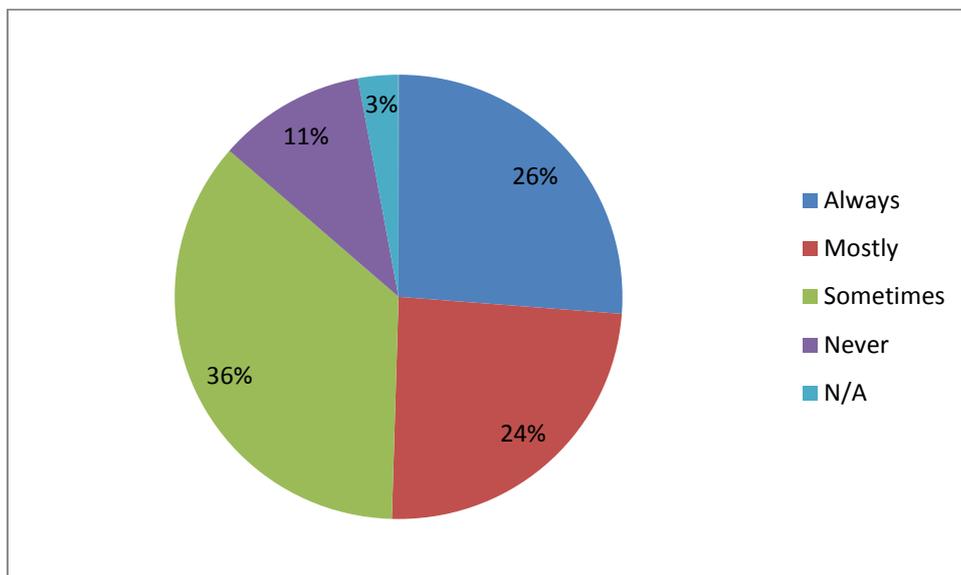
How satisfied are you with Relationships with Staff at Child Safety Services

Carers were asked whether they felt respected by their CSSC.



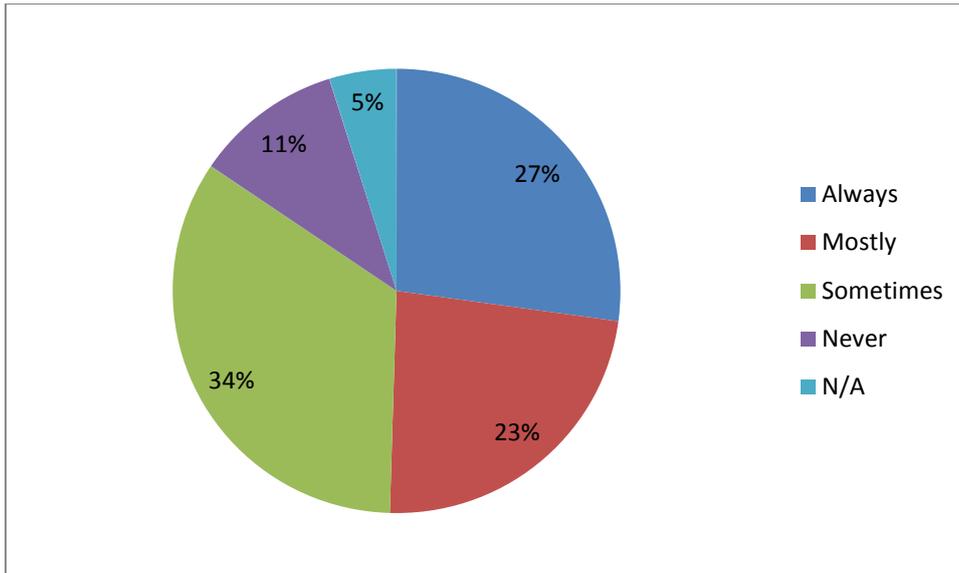
A total of 73% of carers reported feeling respected either always or mostly in the South East Region which is very positive with only 3.85% identifying they never feel respected.

Carers were asked whether they felt part of a team.



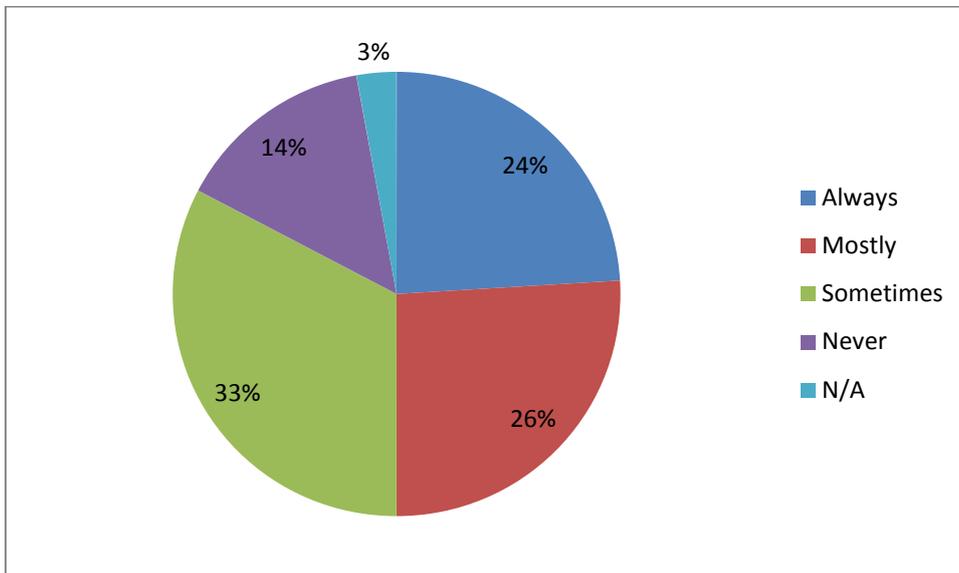
Nearly half of the carers surveyed reported that they only sometimes feel like part of the team or that they never feel like part of the team.

Carers were asked whether they feel as though their views are heard.



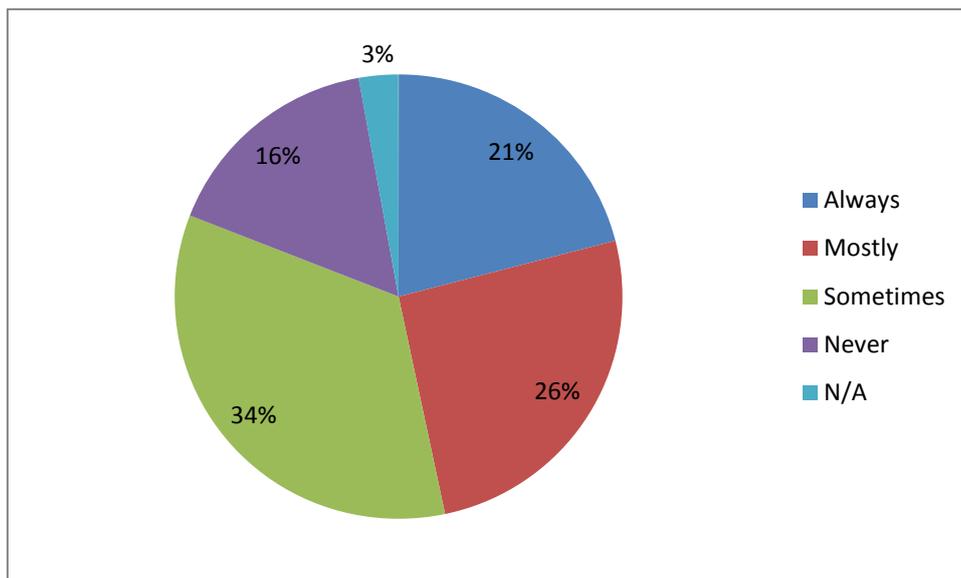
Only 50% of carers reported feeling that they feel that their views are either always or mostly considered. This leaves nearly half of the carers who were surveyed in South East stating that they feel that their views are only heard sometimes or never.

Carers were asked whether they feel as though there is consideration given to their whole foster or kinship family.



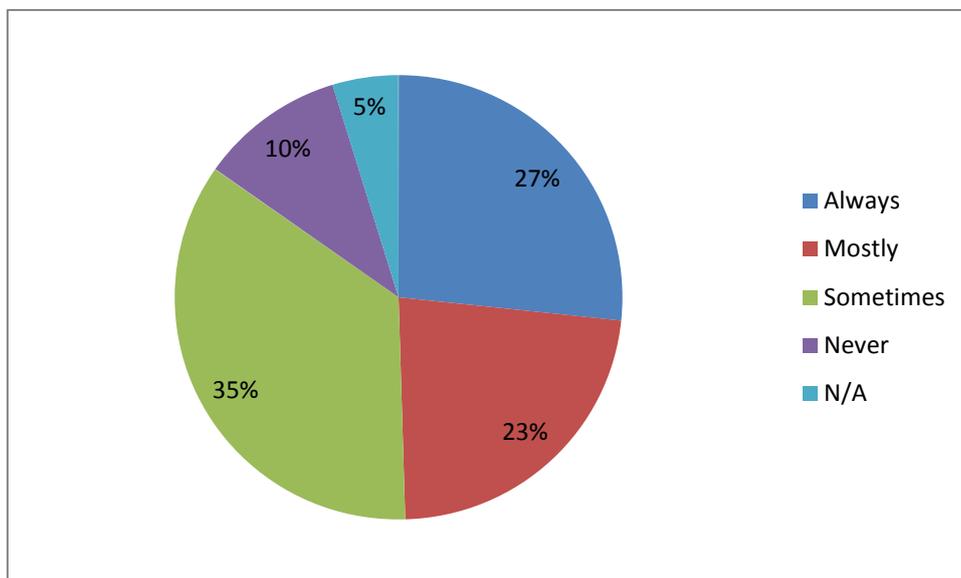
It is concerning that 14% of carers reported that they felt as though there is never any consideration given to the whole of family with another 32% stating that they feel as though consideration for the whole of family is only provided sometimes. Consideration of the whole of family is vital in the ongoing retention of foster and kinship care families as if fostering begins to negatively impact on their family and no consideration is given to this impact, carers are more likely to make decisions to resign from the system.

Carers were asked whether they received phone calls and/or emails within a 24 hour time frame.



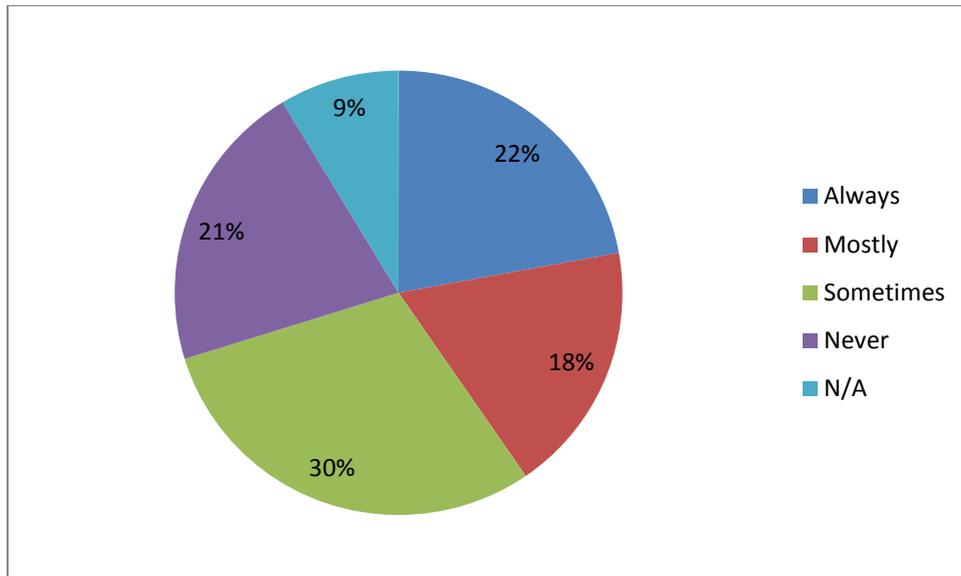
Only 45% of carers reported that they receive a response to emails or phone calls within a 24 hour period all the time or most of the time.

Carers were asked if the CSSC creates a supportive environment.



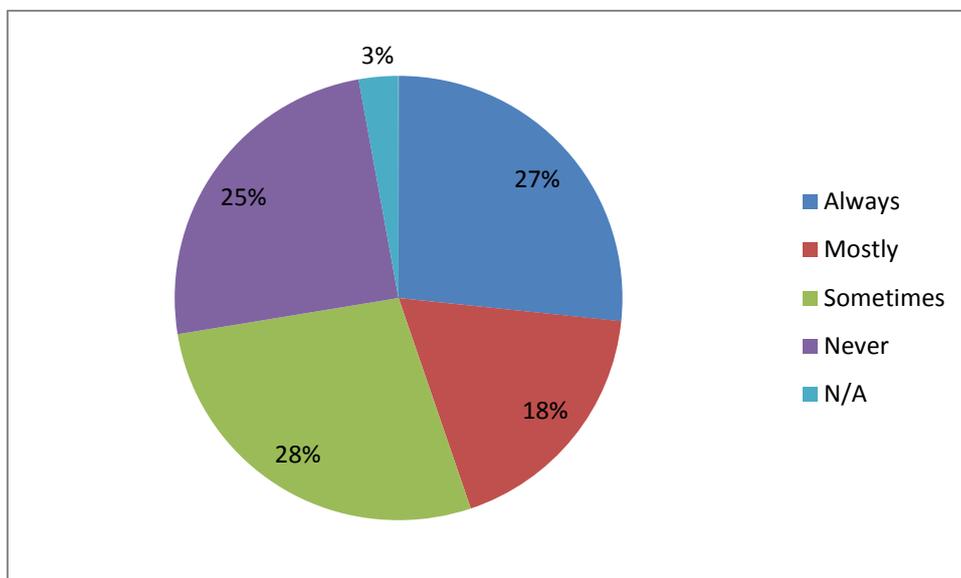
Carers in South East appear split down the middle in respect to their views around whether their CSSC provides a supportive environment.

Carers were asked if they are assisted in completing applications for reimbursements/claims in a timely manner.



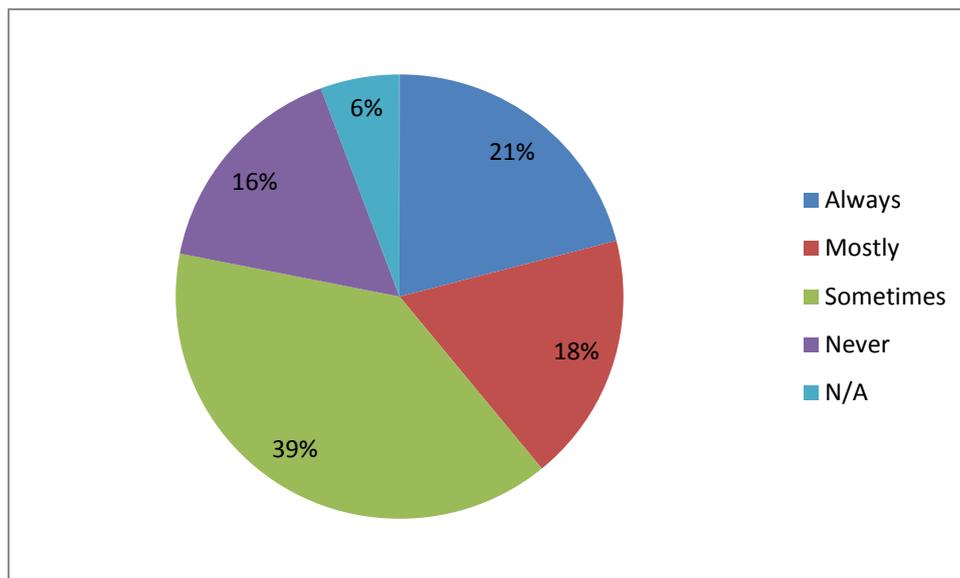
51% of carers reported that they feel that the CSSC only sometimes or never assists in this area. Financial stress can very much impact on placement stability and is often overlooked as a stress factor in foster and kinship families despite financial stress being one of the most recognised sources of stress in normal everyday families.

Carers were asked whether their CSO's let them know when they are going on leave or are going to be unavailable.



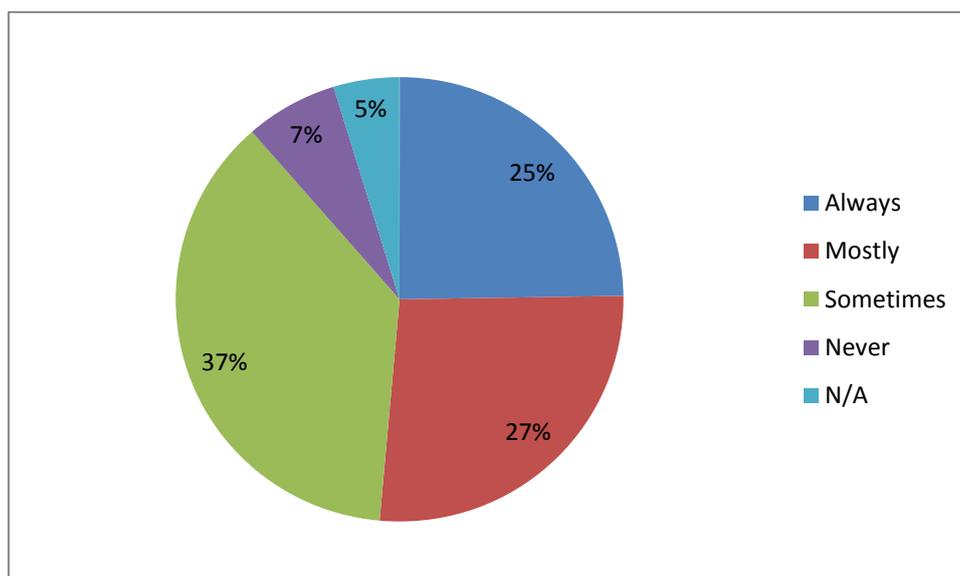
Advising the care team when planned leave or unavailability is occurring is a basic communication requirement in order to build a respectful and supportive care team. Carers are expected to let the care team know when they are going away or are going to be unavailable, therefore it would be an expectation that this same courtesy was provided to carers, however only 44.7% of carers reported that they are either always told or mostly told when this occurs leaving a large proportion of carers in the dark during these times.

Carers were asked whether they are given ongoing information about the child in their care.

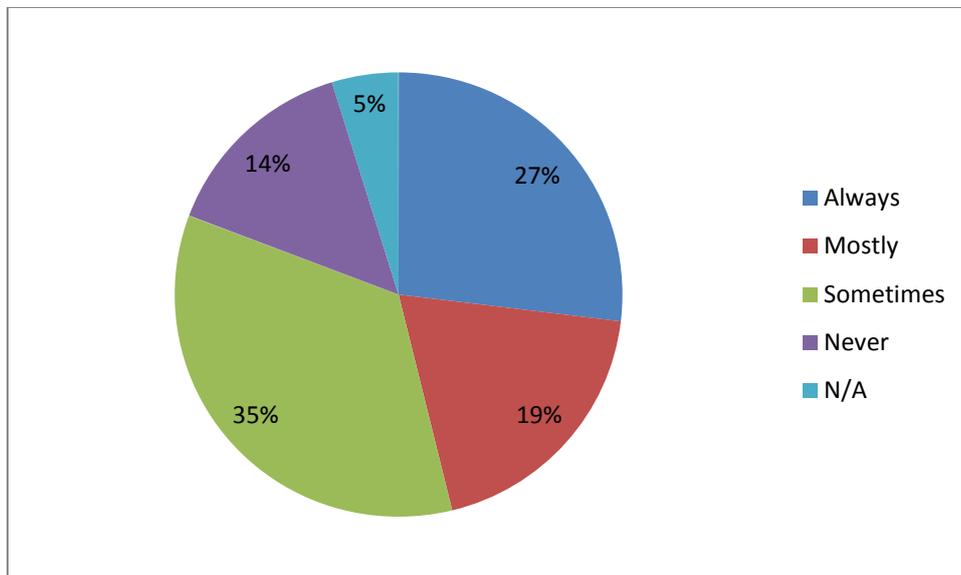


55% of carers reported that they only sometimes or never get updated information about children in their care. This percentage is high given the legislative requirements of the Child Protection Act 1999 that require carers to be provided with information that allows them to provide safe and appropriate care to the child and other children in their care. The issue of confidentiality and sharing of information is one that continues to raise concerns for FCQ. For this reason as discussed in Executive Summary, FCQ has developed a training session on Information sharing that will assist carers to understand the confidentiality provisions of the act and what information they need to have in order to provide safe and appropriate care for children and young people. This training also assists carers to understand what they can safely share with key stakeholders in the best interests of children and what responsibilities they have in respect to Social Media.

Carers were asked whether support and assistance was provided to them by CSSC for the children in their care.

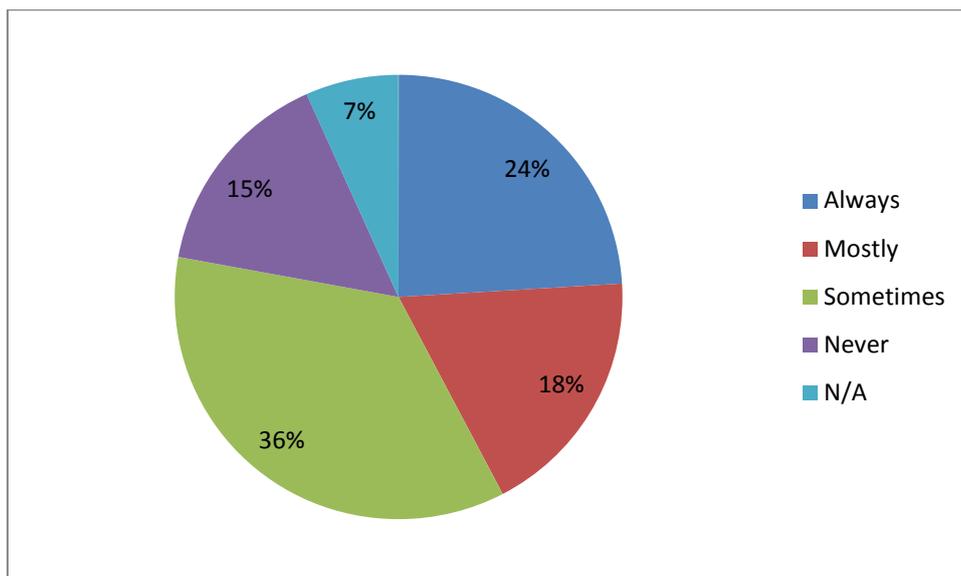


Carers were asked whether they were respected to advocate on behalf of the children in their care for resources, goods and services.



Nearly 50% of carers in South East Region feel that they are only sometimes or never supported to advocate for children in their care. It is important that all carers are supported to advocate in an appropriate manner for the children they provide 24/7 care to. Advocacy may not always lead to the result a carer is seeking for a child in their care, however it should at the very least lead to an understanding as to how a decision has been made in the interests of a child. Carer applicants are told of their need to advocate for children in their care during training and assessment, therefore it is vital they feel supported to do this when providing care.

Carers were asked whether the CSSC are improving services and interactions.



More than half of carers in South East (51%) reported that they feel that services and interactions are only improving sometimes or never.

Comments:

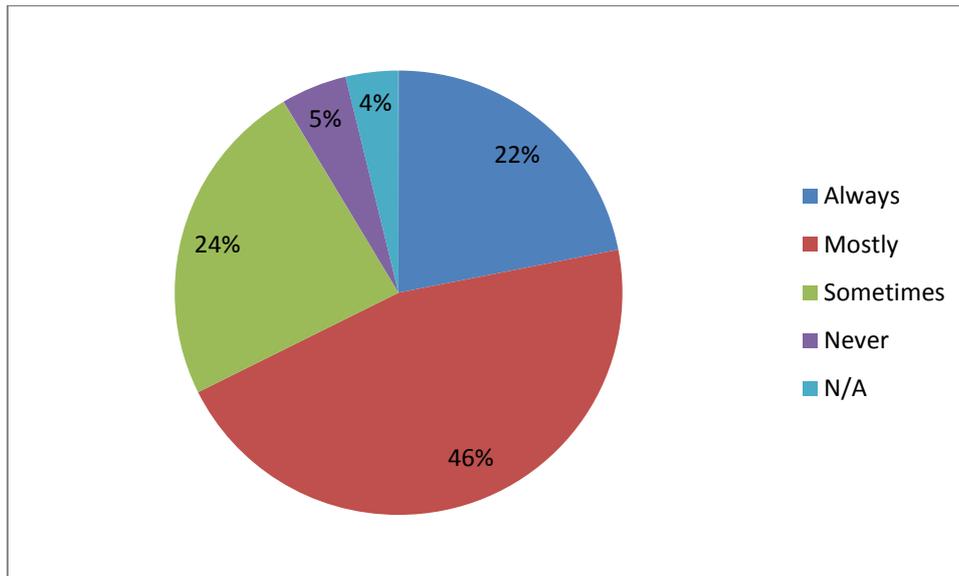
- *My current children have only been with me for 2 months so it's hard to comment and we are also transitioning to a new cso*
- *Our department caseworkers and team leaders go above supporting our children in care and supporting our family letting us know we do a great job first time the past two years has been nice to work as a team!*
- *(CSSC DE identified) have always been amazing respectful and supportive I am very lucky. However I recently stopped a ten year respite placement. The child was with (CSSC DE identified). I was invisible never knew when I was going to be reimbursed emails phone calls never returned. I was in such despair I felt I had no option. I sent a lengthy email my reasons why it was never acknowledged. Very sad*
- *I have had good experiences with all the child safety officers that I have been involved with - they have been open with communication and let me know what is happening with the children in my care. They have listened to my needs and mostly been able to accommodate them (such as adjusting contact to work around nap times...). I do feel though that at times the parents needs have come before the child's needs which has concerned me*
- *The non-Indigenous CS services think they know all about ATSI people but they don't, more Indigenous workers are needed for our Indigenous CS workers to make the final decisions not the white workers*
- *Find (CSSC DE identified) very unsupportive, can't get anything for the children done. Have children at both (CSSC DE identified) and (CSSC DE identified). (DE identified) will not supply any background on 1 of the children in my care who has been through a lot of trauma from a previous carer*
- *(Name DE identified) is the only decent person working in the (CSSC DE identified)*
- *Pathetic*
- *We are new carers and have not had any contact from child safety yet, only through our agency, (Agency DE identified)*
- *Carers views are seen as less important than the child's views*
- *Having sibling children who are attached to different branches is crazy Then you add in the carer family are attached to another branch it can mean up to 3 branches involved for two young people Families of children in care should have (within reasonable geographically areas) the same CSO/dept*
- *I always ask questions if I have concerns*
- *Depends on the CSO (Name DE identified) at (CSSC DE identified) is fantastic whereas (name DE Identified) at (CSSC DE identified) was just awful*
- *I had difficulty answering the above questions because in the 13 years that I have been a foster carer I have not had a support worker who I felt was supportive. Most of the time it seems they come like the foster carer police and not to support in any way. At times it's as if your home has a revolving door with workers coming and going. They are not familiar with the child in care issues and do not remain long enough to find out. In fact at times I have felt insulted and violated that I should be placed in such a situation. My other concern is that it can contribute to long term harm to the child in care because they are expected to trust and confided to people strangers giving them the impression that strangers can be trusted. Presently I have a support work who is professional in her job by this I mean that she understands that her job is to support the carer and child. She does this by having relevant information regarding funding or programs which may help*

a child in care unlike the other support workers who had nothing to contribute. In fact I question the employment suitability and training of the support carers

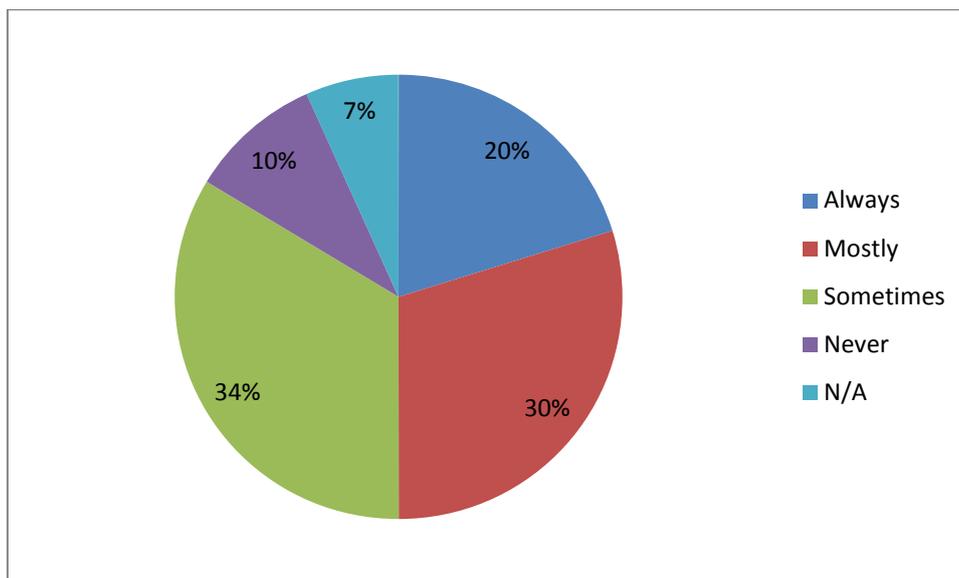
- *It's hard to give specific feedback, as during our 19 months as full-time carers we have had 6 different CSOs and a total of 4 or 5 home visits. We understand that a CSO has an intensive and highly emotional job, however we would appreciate being kept in the loop more and better communication*
- *Very professional service providers*
- *I am currently having a lot of difficulty with the newest young person in my care, and the major consideration is funding and not what is best for the family or the young person involved.*
- *Some months we do not hear from our CSO*
- *I have become increasingly appalled by my treatment by (CSSC DE identified) to the point that I am considering leaving foster care for good. As a carer everything you ask is treated with utter contempt. (Name DE identified) is rude and ignorant*
- *Depends on the CSO and which office*
- *We are just new to caring only approved on the 5th August and away for 2 of these weeks and had two instances of care on the weekends so far*
- *We have seen no real difference in the attitude of staff over the 20 plus years we have been carers and that is both unfortunate and sad*
- *Our case worker has not seen us since April. She very rarely returns our emails and calls. She doesn't consult with us and makes decisions and tells us last thing Friday for a Monday happening*
- *Change of CSO and new one will be on maternity leave soon. Requested to get TFC under way for over a year and only just started*
- *Set the children up for failure; make incorrect judgements on the children and situations; don't value Carer skill level and experience*
- *Outstanding support and show a great deal of respect to the children in our care always putting their best interest first and foremost and working with us at all times*
- *(CSSC DE identified) child safety is nothing short of disgraceful. I have made it clear to my agency that I will not accept future placements through (CSSC DE identified)*
- *My comments above are for (DE identified) CSSC. However if I was to comment on the two previous service centres I've had interactions with this year the responses would be mostly never.*
- *I generally feel supported by CSO. I would like more openness from contact supervisors about how contact visits go*
- *Takes months to receive promised HSNA at (CSSC DE identified). (CSSC DE identified) seem to never pay initial start-up allowances (CSSC DE identified) is amazing however*
- *These children come second best and the family of foster carers are of no concern to child safety officers*
- *While there are many workers who are very good and inclusive of the need to partner with us there are just as many who do not think we are partners at all*

Child Safety Processes

Carers were asked whether they were satisfied with the approval and reapproval processes as carers.

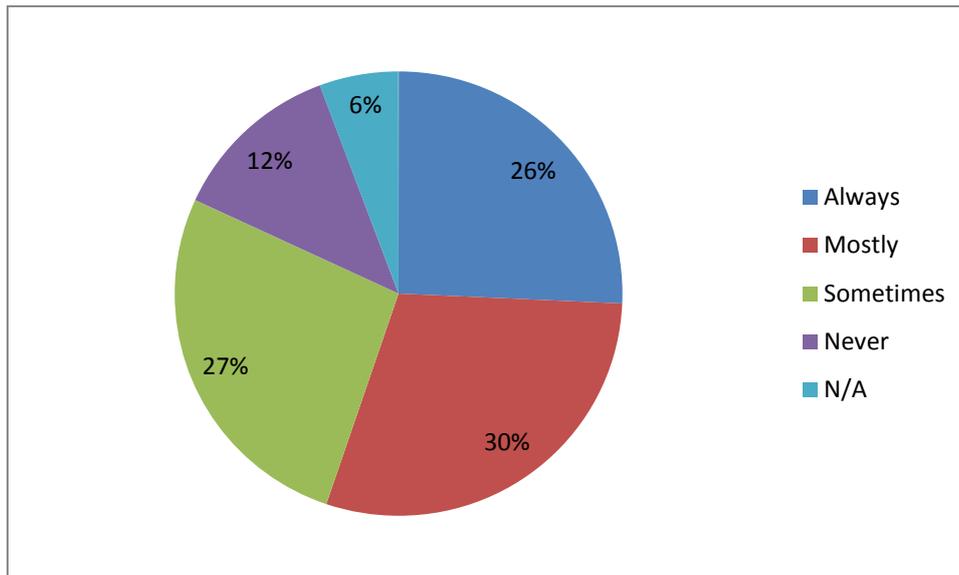


Carers were asked if they were satisfied with the completion of Placement agreements.



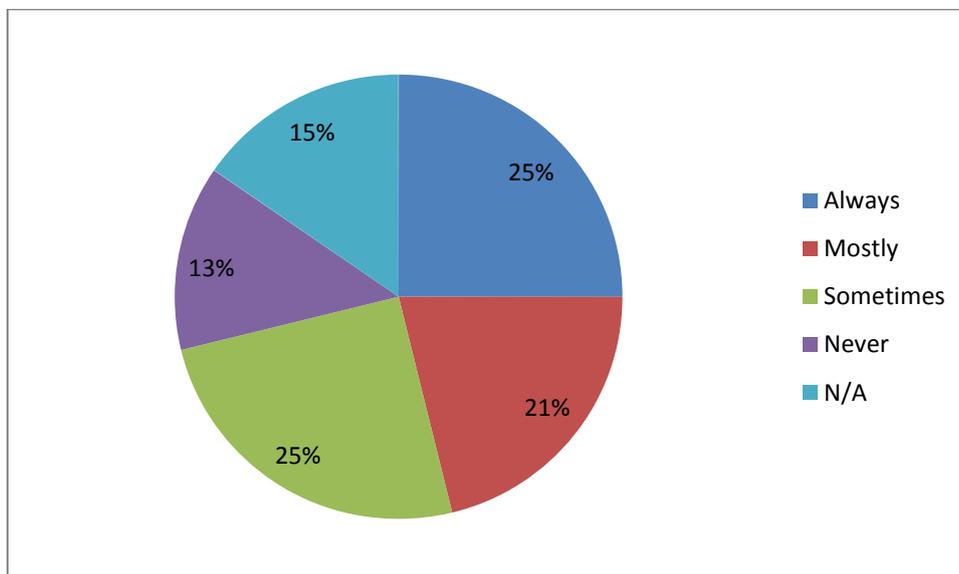
Given that placement agreements are a legislative requirement it is concerning that nearly half of the carers surveyed reported only feeling satisfied sometimes or never in relation to the completion of placement agreements.

Carers were asked if they were satisfied with home visits being completed by Child Safety.



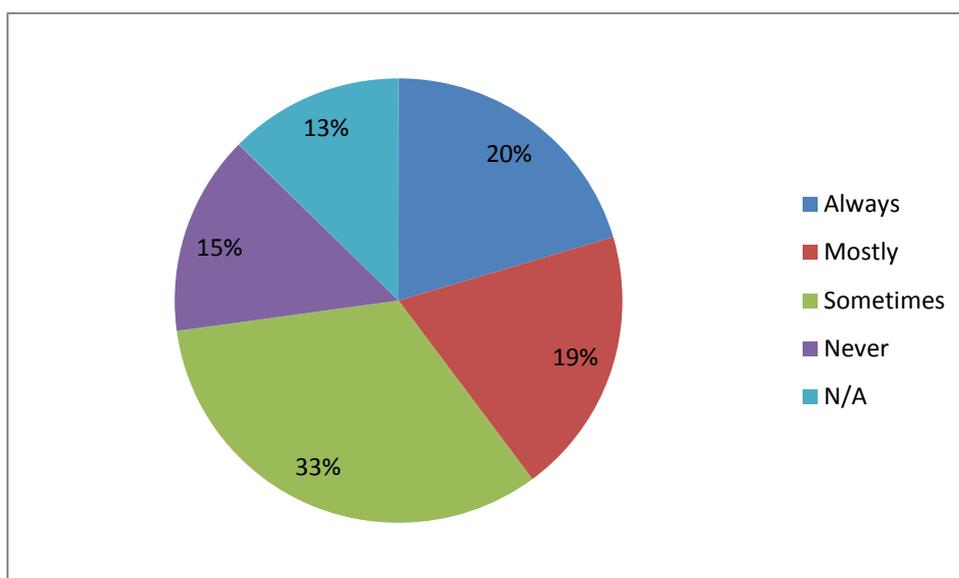
55% of carers reported they are always or mostly satisfied with home visits being completed and 39% of carers stating that only sometimes or never feel satisfied with the level of home visits being completed.

Carers were asked if they feel satisfied with their ability to engage in Family Group meetings for children in their care.



It is evident that despite their being provisions for carers input into Family Group Meetings within the Act and supporting procedures, that carers in South East are not always given the opportunity to have input. Whilst it is accepted that it may not always be appropriate for carers to attend FGM's, their input can be gathered through other means and it is disappointing that this does not seem to have been the case for around a third of carers in South East Region.

Carers were asked whether they were satisfied with review processes within the CSSC.



Only 39% of carers reported feeling always or mostly satisfied regarding review processes with the CSSC.

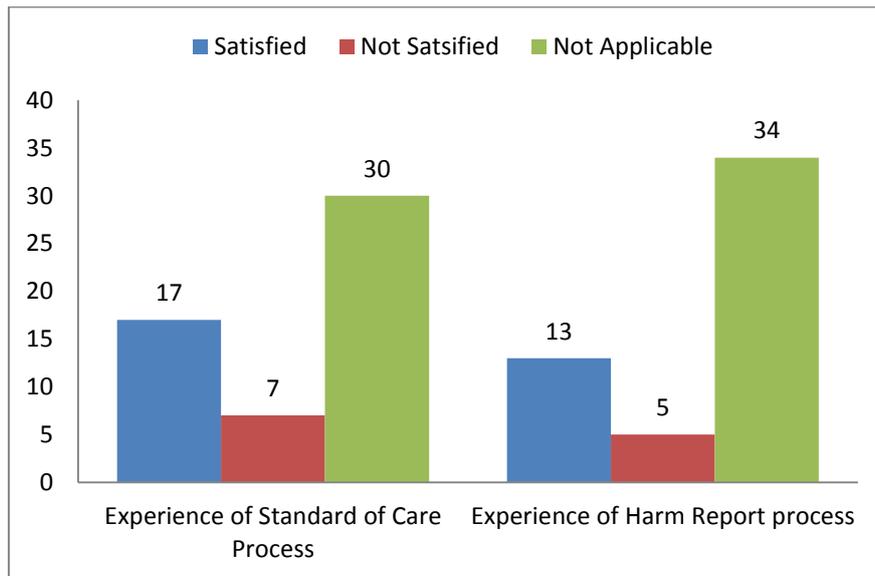
Comments:

- *My children are new and no placement plans are in place yet*
- *Our wishes always respected and we feel listen to by the department*
- *Always satisfied with everything (CSSC DE identified) does*
- *The white workers seem to do things behind our back and they have no respect for us. The white workers seem to stand over our mob*
- *Somethings the dept. look into are ridiculous especially when there are other things that need their attention*
- *Understanding carer role is often to give factual info and listen. I feel at times we are asked to be reporters of visitation activities. This is not a responsibility of a carer. They are focused on the child/young person. They should never be asked to give feedback about the Parent actions during visitation. If there is a concern the Dept should investigate OPG are the best. They often help and remove the carer from the being labelled a reporter and allow them to continue a relationship with the parent/s*
- *I always ask questions when I have concerns/questions*
- *Have never been included in any family group meetings*
- *I am a kinship carer who has been caring for my granddaughter since she was 14 months old and get offended that I get asked the same questions every two years not to mentioned have to be assessed for my suitability as her carer*
- *It is really difficult to get the Dept to understand your daily challenges*
- *Absolute disrespect and contempt for carers. I have dealt with (CSSC DE identified) and (CSSC DE identified) were marvellous*
- *Enjoying my experience with the kids*
- *Long time between visits with the child and the CSO*

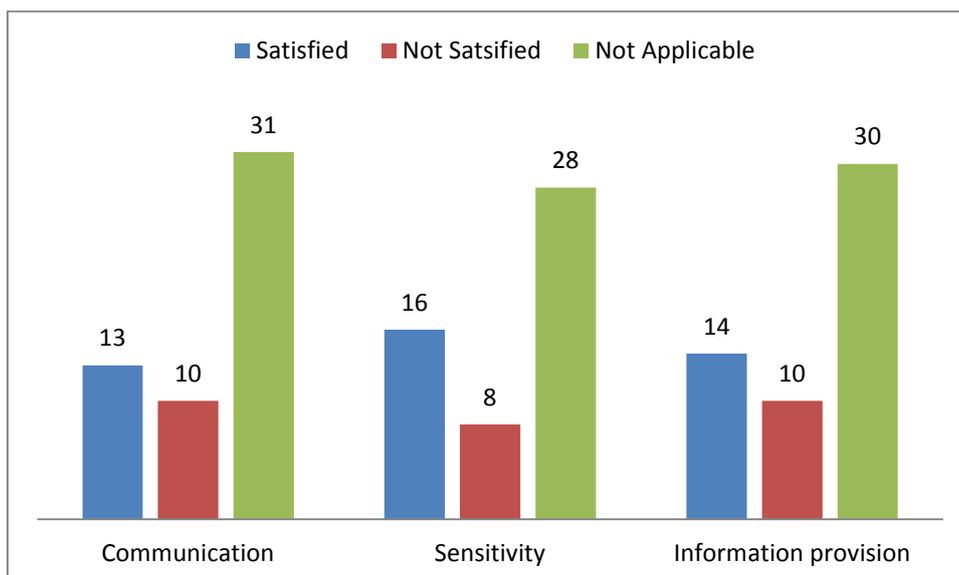
- *Unnecessary and lengthy delays in completing renewals; wanting to challenge Carers capacity numbers; Carers always bottom rung of the ladder*
- *I think communications are improving but can always be better. Information shared is very empowering to a carer*

Standard of Care/Harm Processes

Carers were asked whether they were satisfied in respect to Standard of Care and Harm processes they had been through.



Carers were asked a range of questions around the process relating to the quality of communication, sensitivity and information provision.

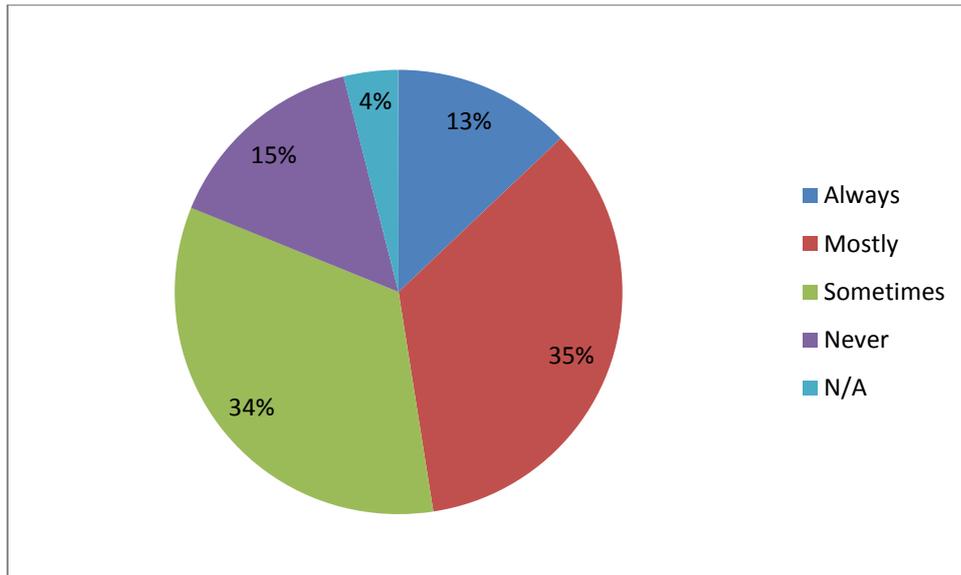


Carers were then asked if they were satisfied with the timeliness of the outcomes 20.75% reported feeling unsatisfied with the timeliness of the process and 24.53% reported feeling satisfied with the remaining percentage stating it was not applicable.

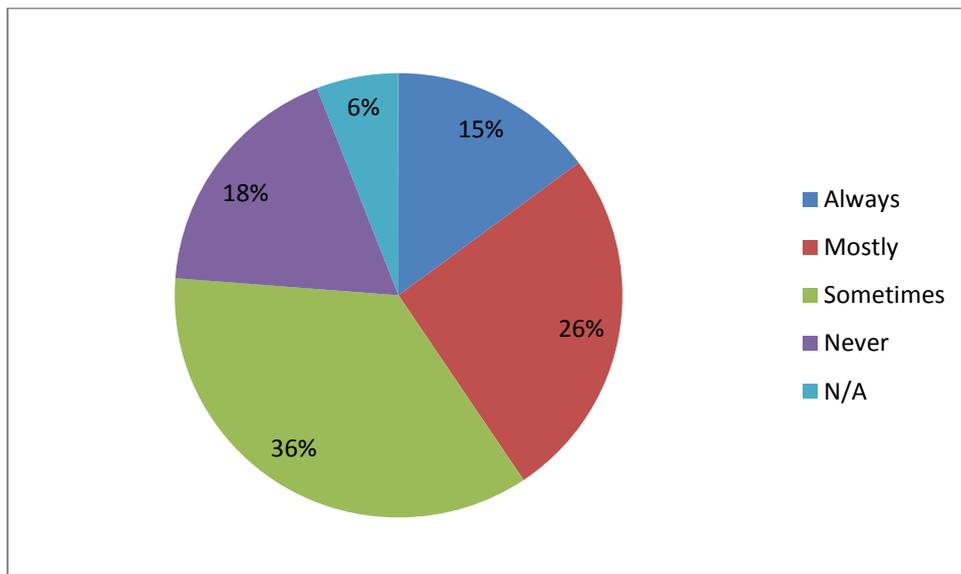
Carers were then asked if they were satisfied with the review process that took place if they were not happy with the outcome of the Standard of Care and/or harm report, of those who thought this question was applicable to them 26.3% did not report feeling satisfied with the review process.

Confidentiality

Carers were asked if they were satisfied with information provision provided to them about the children in their care.



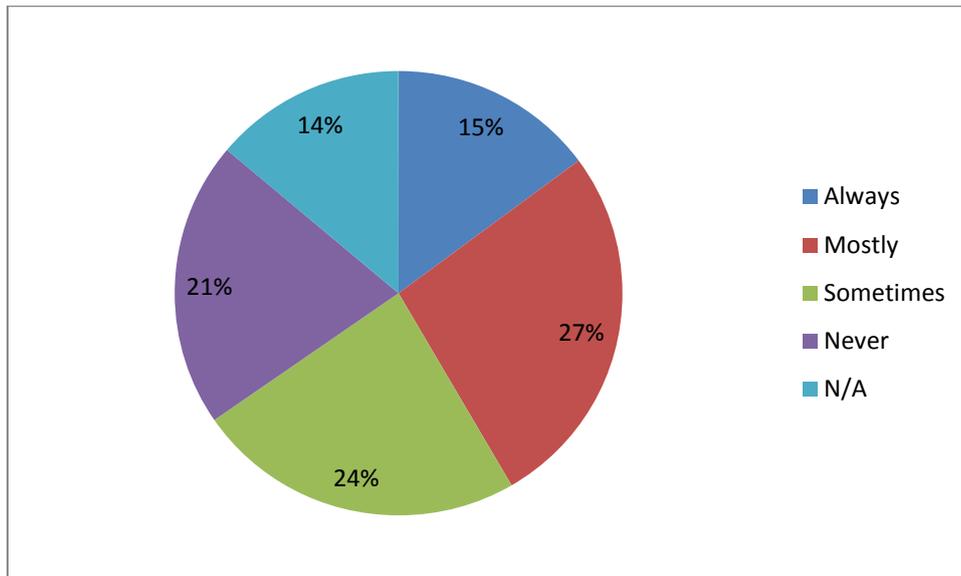
Carers were then asked if they were satisfied that information was provided to them about the child as it became available to Child Safety.



Whilst it is recognised Child Safety very rarely have all the information at time of placement, over time Child Safety gathers information which is vital to pass onto carers as this allows the carers to understand a child's trauma better and provide care in accordance with this. Unfortunately 53.46% of carers reported that they feel ongoing information about a child is only shared with them sometimes or never and 48% of carers reported only feeling satisfied sometimes or never in respect to

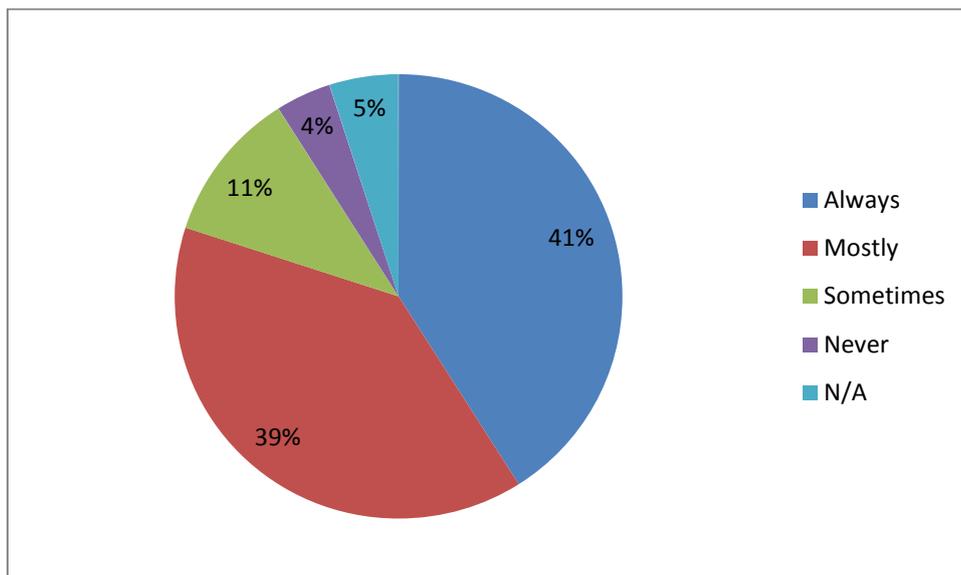
information provided about the child initially. Carers require information in order to provide safe and appropriate care to not only the child being placed with them, but other children they have in their care or they come in contact with.

Carers were asked whether they were satisfied with the information provided to them in respect to the Safety checks being completed prior to identifying information being given out.



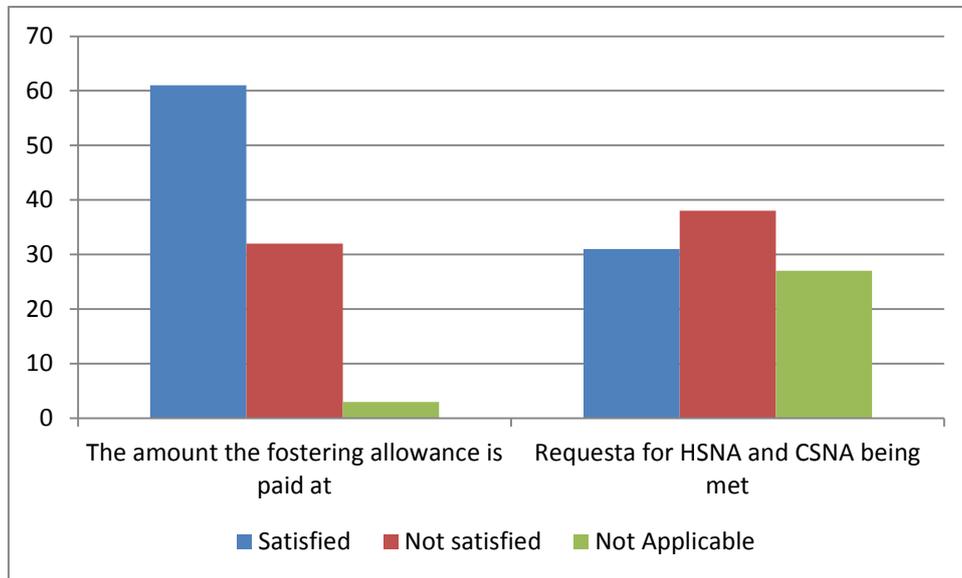
Nearly half of the carers surveyed reported only feeling satisfied sometimes or never regarding communication in this area.

Carers were asked whether they were satisfied with their understanding of confidentiality provisions and how this relates to them as carers.



It is positive to note that 80% of carers felt that they mostly or always satisfied with their knowledge regarding confidentiality provisions. However this knowledge is then not always reflecting in carers then receiving the informaton they require as evidenced in data above.

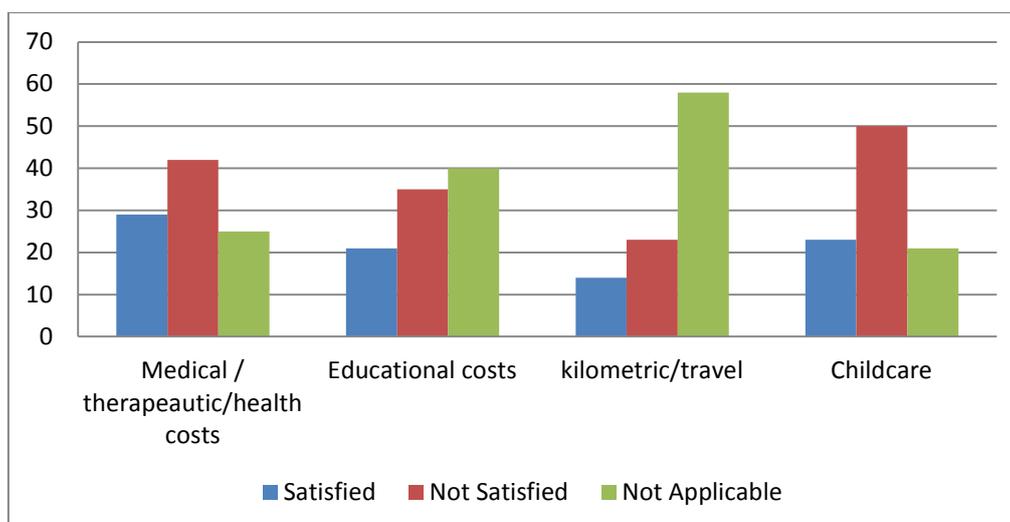
Financial



The dissatisfaction rate of carers has increased over the years in terms of the fostering allowance. Previous surveys have seen around 80% satisfaction rate amongst carers, however only 63% of carers reported feeling satisfied with the rate of the fostering allowance payment.

Of those carers who felt that the question relating to requests for HSNA and CSNA was applicable, 55% reported not feeling satisfied with their requests being met in this area. Over the past couple of years, FCQ has had a marked increase in the number of calls in respect to this as the focus became primarily focused on carers evidencing expenditure in this area and where previously carers felt the allowance was also in recognition of the additional level of care required, the focus was now only on the cost.

Carers were asked about a number of Child Related Costs that sit outside of the fostering allowance and whether they felt satisfied in relation to the payment of them.



In all areas of CRCs where carers felt the question was applicable to them, carers in South East have higher dissatisfaction rates than satisfaction. This is particularly the case for Child Care.

FCQ continues to raise the issue of Child Care as a State wide issue given that most families are now needing to bring in two incomes to support their household. Therefore if we are serious about recruitment and retention of carers in today's climate we need to be realistic about the financial implications for carers. This survey provides further evidence that this is an area that carers are simply not satisfied with.

Carers were asked about their knowledge to apply for ex-gratia (special payments) and whether they were encouraged to apply for these when applicable. Only 15.79% of carers reported having knowledge and being encouraged to apply for special payments. 50.53% reported not feeling satisfied in this area with the remaining feeling the question was not applicable to them.

Finally carers were asked if they were satisfied about information provision relating to Child Related costs. 53.19% of carers reported they did not feel satisfied in this area, 24.47% reported feeling satisfied and 22.34% reported that this question was not applicable to them.

Comments:

- *Fully understand the departments work on a budget; however we are never informed of any extra payments we may be entitled to, nor are we given any. Things like swimming lessons which were promised at the commencement of placement never eventuated. Spending money on our kids now helps them secure a future without welfare. Our children are years behind scholastically but no mention of tutoring to help them*
- *I still believe that support allowance should be looked at also in the amount of work the family has to do to support the child not just costs this can help reduce stresses in time if need to gain extra supports*
- *Like most government departments, I have not been told what I may be entitled to so am not aware of my entitlements, probably*

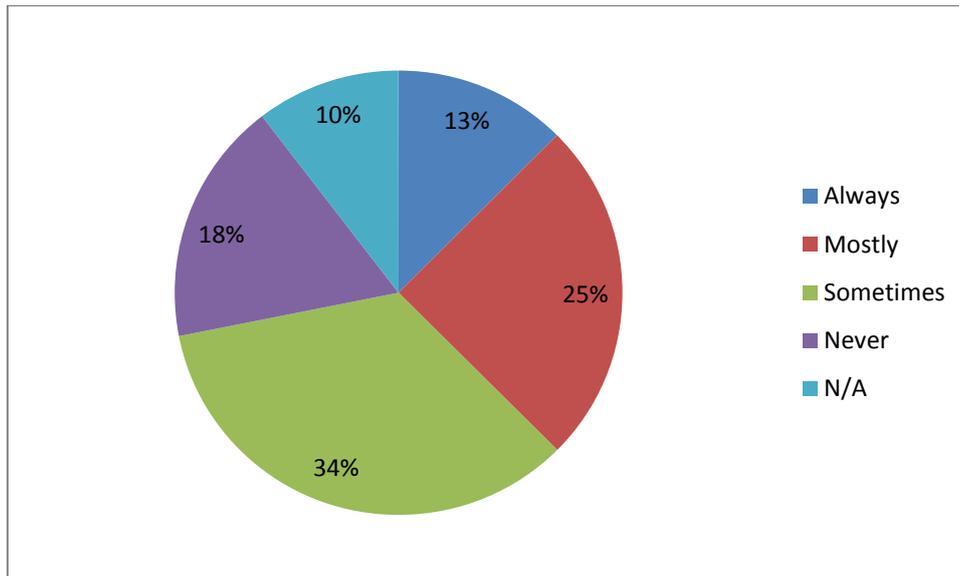
- *When my reimbursement was due for review I asked to be reviewed for our payment to go up a level as I believed the need of the child in our care hadn't changed greatly. Many changes had been advised by medical professionals and had been discussed with my CSO before implementing. At the time of review I was told I should be grateful for the payment I receive and I should think about what I spend the money on to make it go further*
- *I am satisfied with my reimbursement however more would be nice. I can't work due to the complex medical needs of my child. However in regards to the girl I had for respite her needs were also very complex yet (CSSC DE identified) never acknowledged. Towards the end from being highest complex needs she was dropped to high needs. Totally ridiculous and unfair and spiteful. Never informed when payments would drop*
- *With the first child I had in care I was never told by my agency or by child safety about high support needs and found out eventually from a co-worker who had worked in this area. So I was struggling for 8 months on my own to cope with his behaviours when I should have been getting more support. When I said that I wouldn't take him back unless he was reassessed he was straight away assessed as high needs. I think that all children who come into care should have an independent assessment as to their level of need and also a paediatrician assessment to determine what supports need to be put into place for the carer. It should not be left up to the carer to work this out for themselves as it puts the placement at risk of breaking down. I have also had a nonverbal autistic child placed with me and was told he was moderate needs - this was not the case at all. The reason that it is so important is because carers need to be able to take on children that they are able to cope with so that placements don't break down. In addition if children come with supports in place or with the plan to put supports in place then carers are able to support the children straight away and not spend their energy trying to get the supports put in for the children. I believe that this should be a child safety responsibility not a carer responsibility because they are the professionals and a carer may not be aware of what supports a child needs*
- *Have been waiting 7 weeks for babies 2 doctor's appointments to be paid for, I do 380km a week for family contact CS won't pay me for this*
- *In regards to points 4, 5 & 6 above (kilometric payments, educational costs and ex-gratia payments): * Have never had any financial support for any of these. Dept. will not even do dual payments for respite for 3 children in my care*
- *Payment for care is never correct or followed up*
- *Extremely long delays in making payments or reimbursements in circumstances such as 1) child safety want child to move school for second time in a term yet refuses to pay more than \$200 for uniforms leaving carer out of pocket. Carer paid for first lot of uniforms.... 2) child safety want child to have psychologist appointment but want carer to wait for payment. 8 week delay average 3) child safety want carer to pay bills such as before and after school care on credit card, yet take 6 weeks to reimburse carer. 4) carer approach child safety to pay for school camp. Camp never gets paid by child safety even after many reminders via email. Carer ends up paying on credit card when school rings so kid does not miss out*
- *There a hidden extras all the time. If you have a child and you are required to meet all their needs even if they payment doesn't cover it. Because that is the job you signed up for. But it impacts the whole household. For example we can't get spectacle allowance but 2 youth workers can be with 7 children on visitation for 9 hours on a Sunday to see Mum and Dad at Aust Zoo Wow. How about some context. Have a visitation on Saturday (costs less per hour). Visit at a place that is free or cheaper entry then we could afford the spectacles. This is a typical scenario. The children in care*

spend a lot of time being ferried to meet people. Minimise the trips. Have collaborative approach with no more than 2 days per week of travel simply ridiculous some of the specialist activities. Slow down. They need love and understanding not 10 hours in a car a week being taken some where

- *I probably need to educate myself more*
- *Allowance is far too low*
- *The foster carer payment only allows for the most basic needs of the child to be met, for example there is some provision for a child to join a sports team but for a child who may be more creative there is no funding for them to go to art or craft classes. I took my granddaughter to a beading retreat which cost close to \$400 but was told that this could not be reimburse despite the fact that this involves decision making knowledge and skill building which contributes to better self-confidences and self esteem*
- *If you ask you are treated like a criminal so you stop asking and become more and more resentful*
- *This was not an easy thing to get, ending up with FCQ needing to advocate for these payment to be made and HSNA to be on going. Still does not cover all the outgoing cost*
- *We don't know what ex gratia payments are?*
- *Need for CSNA constantly being questioned despite children attending special school and having diagnosed genetic duplications as basis of disability which is never going to fix itself*
- *I believe high needs also needs to be looked at not just in costs but time and work level it takes to care for a child*
- *Often carers are unaware of what they are able to claim for. It would be really great if all CSO's would have information at the ready for each home visit and this could also be added to first year training so that carers are getting relevant information*
- *What is FCQ doing about supporting carers through the NDIS and ensuring there is proper timely communication on the child safety process? I.e. timely being we want to know this information NOW!!*
- *I have just written a letter to the minister re childcare costs. It is not fair the childcare expenses have to come from the allowance and that carers cannot qualify for CCR*
- *A child diagnosed with a permanent disability should not have to have a CSNA reviewed every 6 months. No ex-gratia payment has ever been approved and I have been left to pay hospital bills that the department would not cover.*
- *We continually hear about the Service Centre budget and that it always very tight. Honestly we do not care about their budget, only about the child's needs and in the case of Child Related Costs that is the Departments responsibility to ensure these are met*

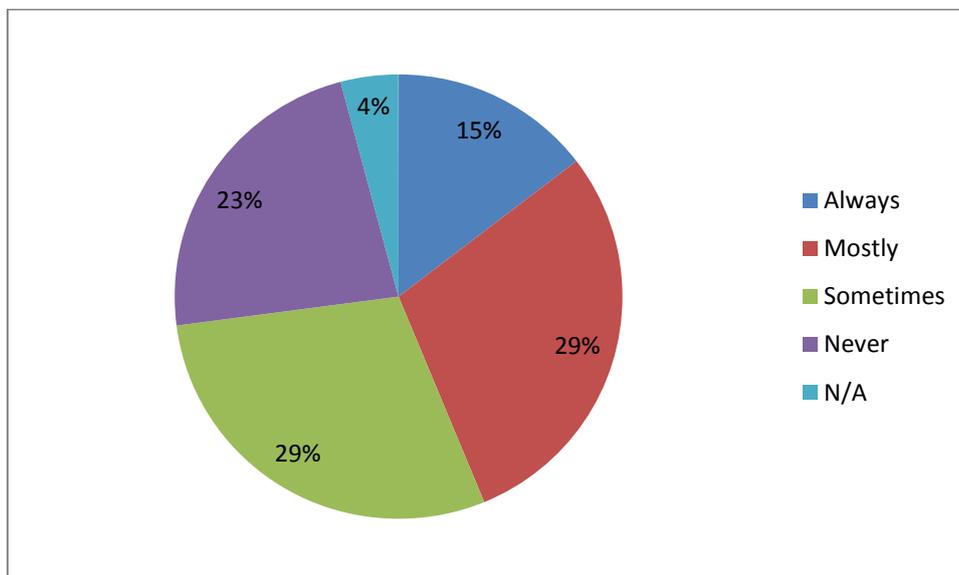
How satisfied are you with local practices of CSSC

Carers were asked how satisfied they were regarding information in relation to change over of CSO.



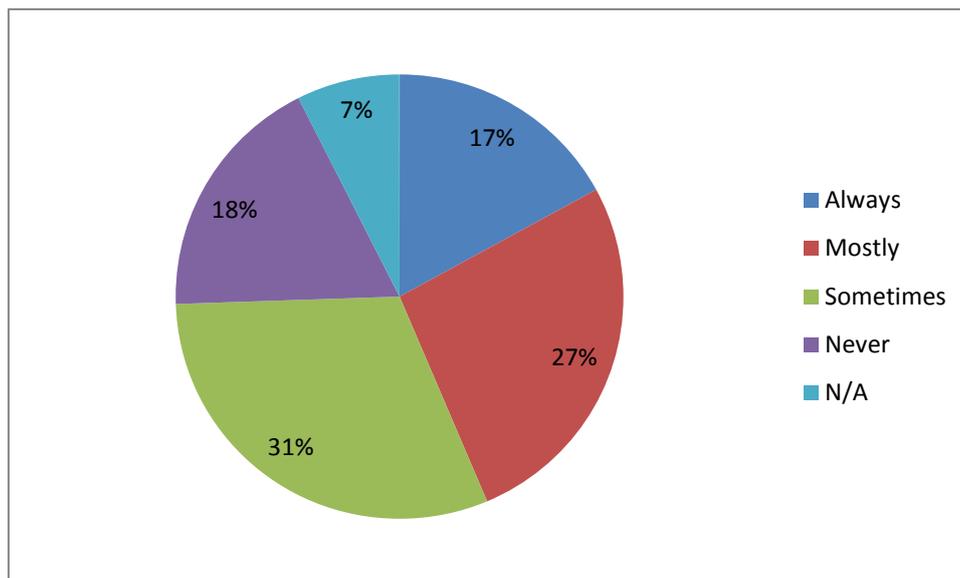
More than half of carers who were surveyed reported only feeling satisfied either sometimes or never in respect to information relating to change over of CSO's.

Carers were asked whether they were satisfied with the CSO's knowledge of the history regarding the child/ren in their care.



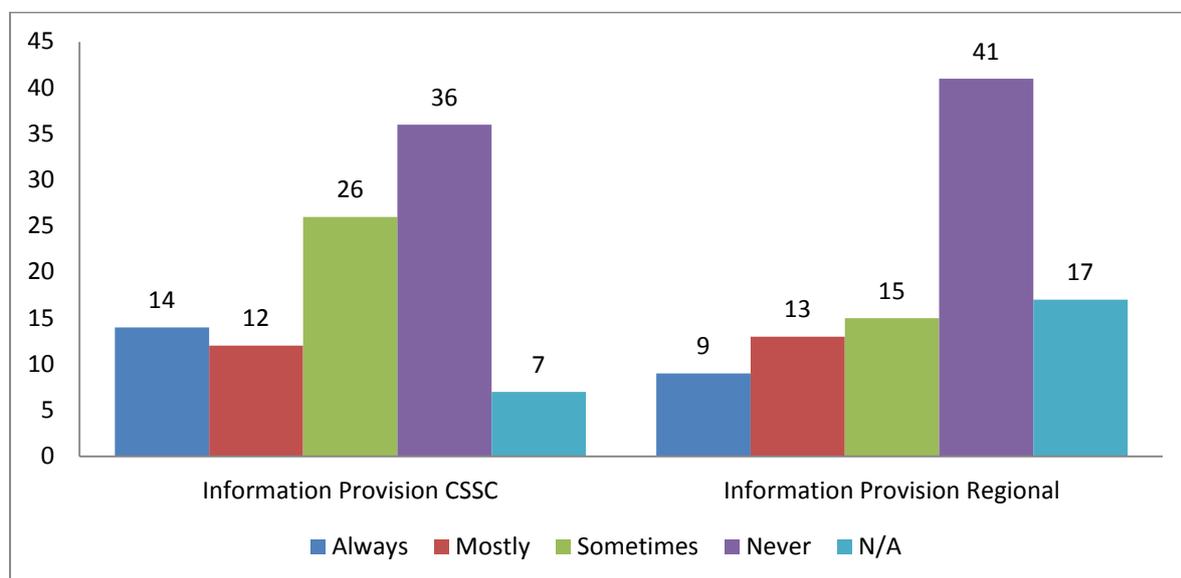
More than half of the carers surveyed reported that they felt satisfied only sometimes or never in respect to CSO's knowledge of cases.

Carers were asked if they were satisfied with the timeliness of case plans.



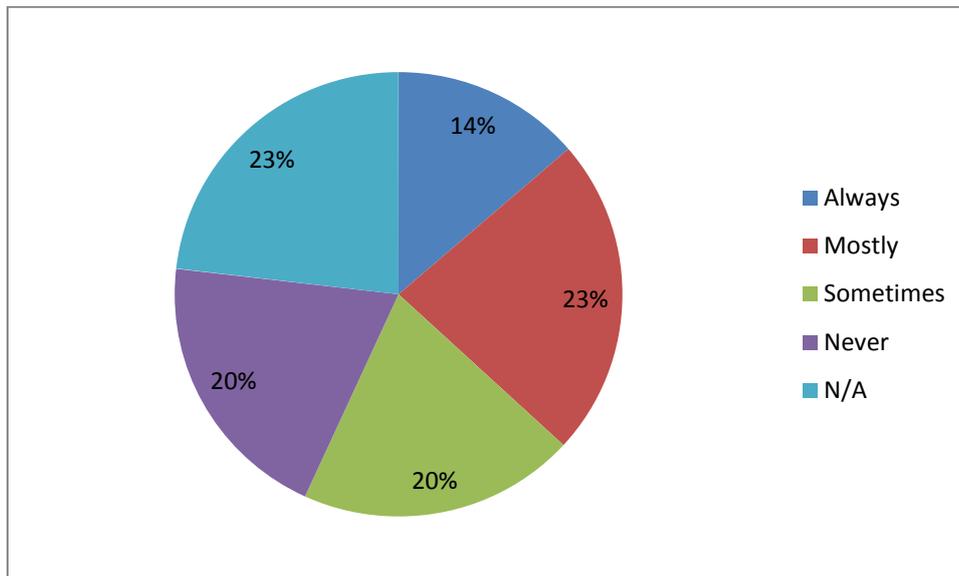
Carers were then asked whether they felt satisfied with minutes being provided to them for their records. 60% of carers reported they only felt satisfied sometimes or never in respect to this area, indicating a real concern with carers being provided with minutes in a timely manner or not at all.

Carers were asked if they were satisfied about provision of information provided by the CSSC and Region.

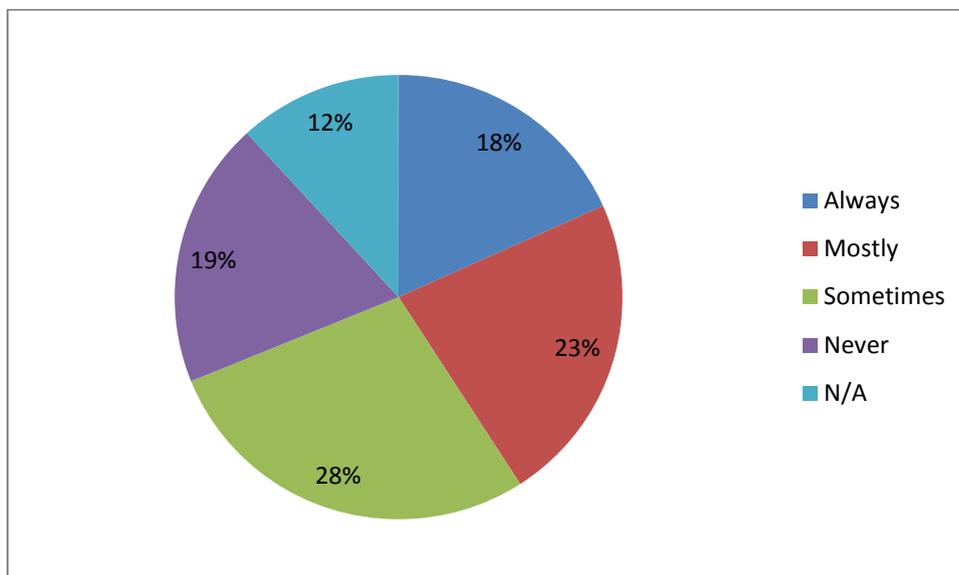


As demonstrated in above graph, carers expressed overwhelmingly that they are not kept up to date about changes in either their CSSC or Region.

Carers were asked if they were satisfied with their ability to access respite.

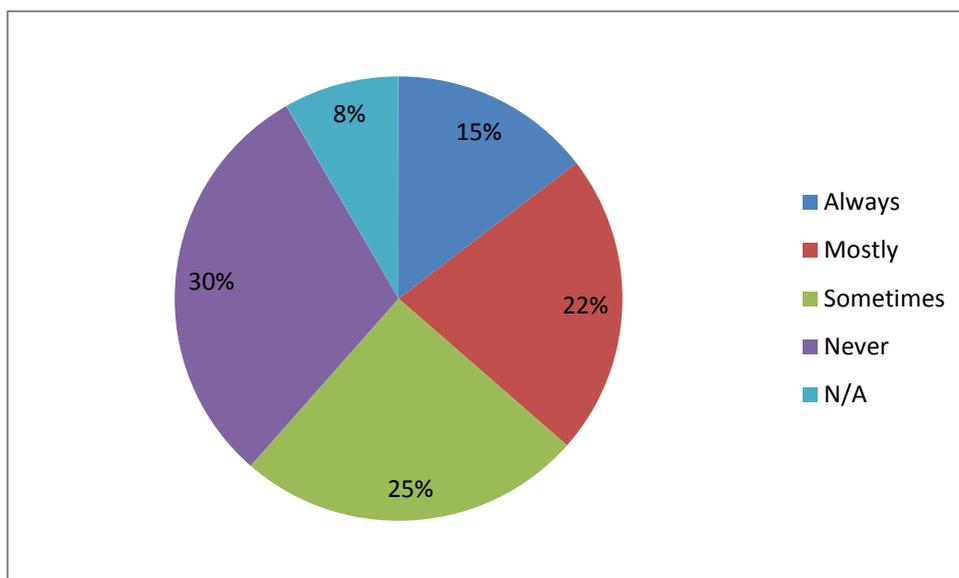


Carers were asked whether they were satisfied in respect to being consulted regarding Family Contact.



Nearly half of carers have reported only feeling satisfied sometimes or never, this is despite the Statement of Commitment clearly stating that carers should be consulted in respect to decisions effecting children and young people in their care. This is because there is recognition that someone who provides daily care to a child has insight into the child's needs, it is therefore disappointing that the percentage here is not much higher.

Carers were asked whether they felt they were supported to meet their own family commitments.

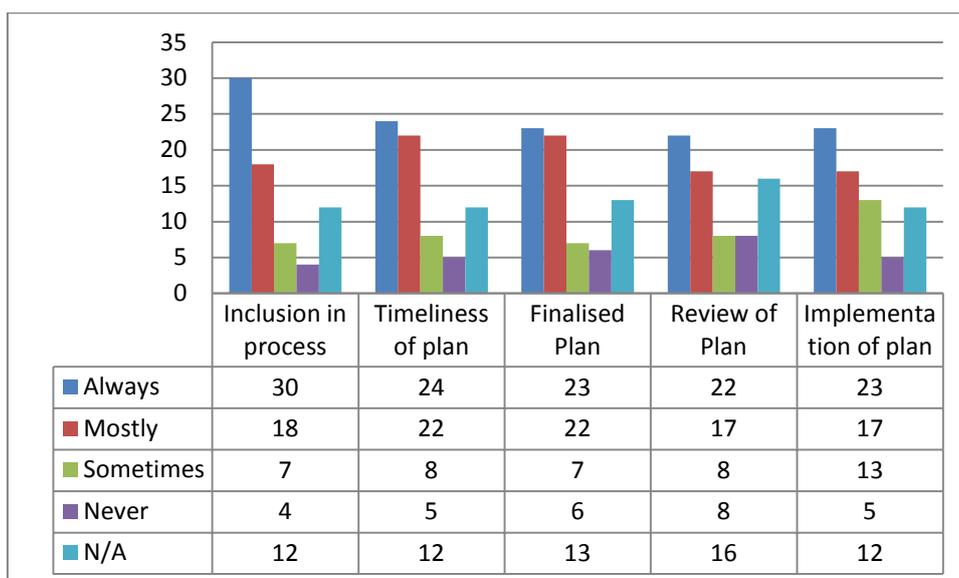


Over half of carers reported they never feel as though this is a matter that is considered. As stated above, if carers own family is not given consideration in decisions that are being made about the children in their care, carers are more likely to leave the system.

Education Support Plans

Carers were asked if they had a current ESP plan in place for the child/ren in their care, 59.57% reported having an ESP plan.

Carers were then asked a range of questions relating to the ESP process and their satisfaction with this as follows.



It would seem from the data above that in the most part carers are reporting that they are either always or mostly satisfied with the processes surrounding ESP plans. Satisfaction rates did seem to go down a bit in respect to the actual review and implementation of plans.

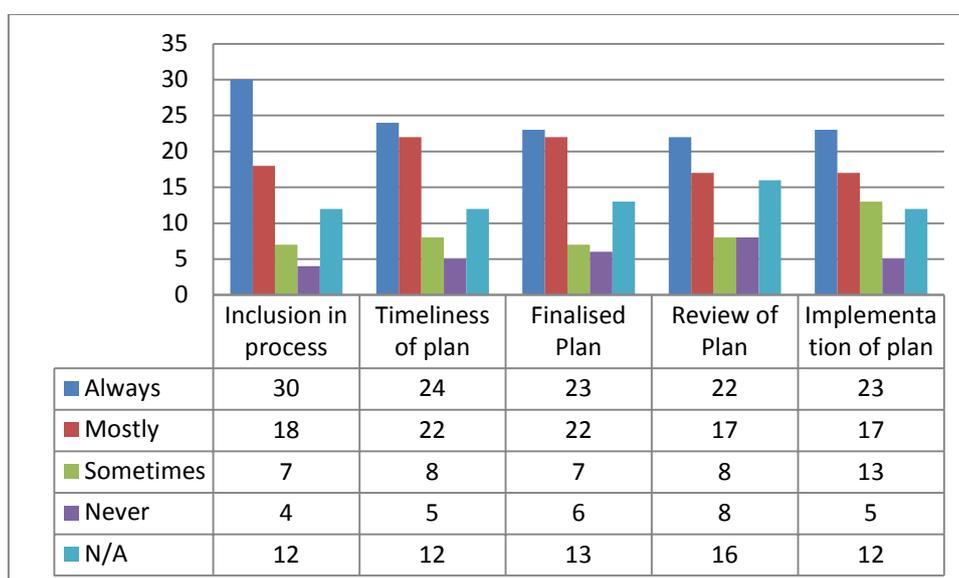
Comments:

- Some children do some don't
- Again strong team all who communicate for the best interest of the children in our care
- They seem to do this a week before its due in court and expect us to drop everything for them to come out to the house
- Seems to me that much is promised in plans by schools, but things are not carried out.
- Hit and miss. If the biological parents don't agree with the ESP it has no legs. And you spend a lot of your time selling the Dept / Parents why the child in care can't take a phone call or visitation as they are being tutored. Lot of renegotiation of visitation and phone calls for access. When their ESP should come first
- I will be asking more questions
- My child has a tutor but when she was at primary school I found the education plan a waste of time which was disruptive to class activities
- This is driven by the school however. CSO never attends despite many many requests
- I look after the school plan so far
- This is done through education system not CS
- We were not included in this even though we foster a child with a disability and she is in a special education unit
- Schools wonderful with getting these done
- I am caring for infants so no

Child Health Passports

Carers were asked if the child/ren in their care had a current Child Health Passport, 56.52% of carers reported having a Child Health Passport.

Carers were then asked a range of questions relating to the processes of Child Health passports and how satisfied they were, carers reported as follows.



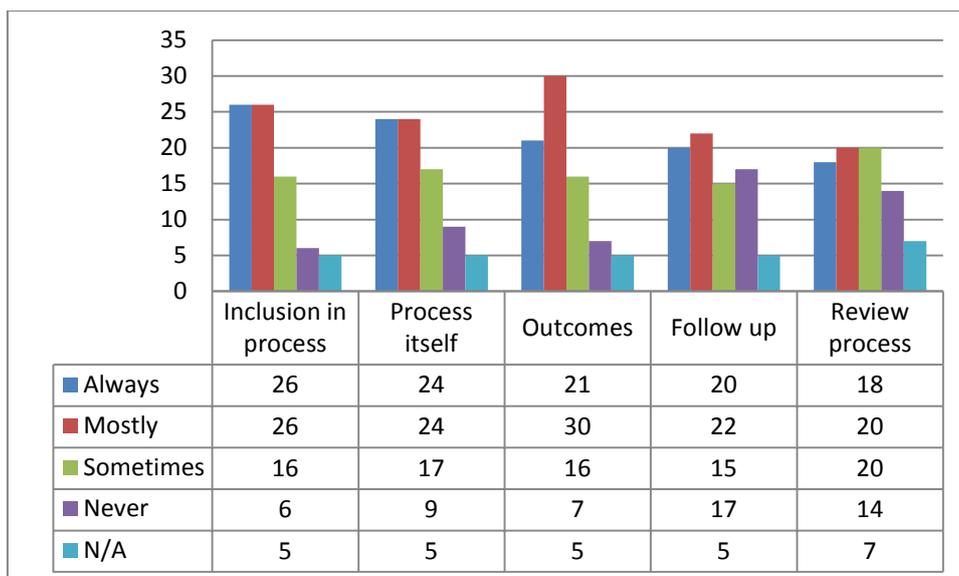
Comments:

- *Some children arrive with blank folders*
- *Always receive information and support*
- *The child in my care has very high support needs but a CHP has not been discussed.*
- *My child has a rare genetic life threatening condition (Identifying information withheld) (CSSC DE identified) always support and respect me. I have become well informed and docs appreciate me being on top of it. (identifying information withheld) Also support and thank me for my care*
- *I was given a folder. If my child needs to see a doctor I take him. Still waiting for a placement agreement as (CSSC DE identified) is very slow*
- *They have the folder - That's it!*
- *Only one of four children in my care has a health passport*
- *Often missing is Medicare cards. We only have the number. You can't buy medication without the card; you have to order a separate concession card for each child in the carer's name. This is very silly. They should have a concession card in the dept name linked to the Medicare number. Would save so much running around the health records are useless unless you have the original information. Most decent medicos won't use copies. They will ask for the original*
- *All good*
- *I have never had a copy of the health passport of any child in my care. I provide information via email to CSO and care agency when taking the young people to ant medical appointment.*
- *I have been promised this "Child Health Passport" many times but it has never been given to me.*
- *6 yes for passport. Only 2 documents in it*
- *It was empty and only supplied after many requests. We have had to try and fill it in ourselves.*
- *CHP is entirely put together and maintained by me. No input from child safety other than giving me the folder years ago*
- *This is a murky area. With my first child in care I was handed the folder and nothing more done or said. Although I am a little better armed these days I am often left wondering what to do with the folder*
- *The child health passport is a big joke. If I actually kept a paper file. I would have at least two drawers of filing cabinet full of information. Thankfully I scan everything and have these documents saved and available for me on the cloud. This is something the department needs to consider reviewing. I.e. it would seem more logical to use the child's e-health record to have this information stored on*
- *When the babies arrived there was very little or no info. I have put their passports together.*
- *We have stored knowledge of the child's health history so that this information can be shared which we do however this was not developed by Child Safety and has never been encouraged unfortunately*

Placement Agreements

Carers were asked if they had a current placement agreement generated from a placement meeting, 75% of carers reported they do.

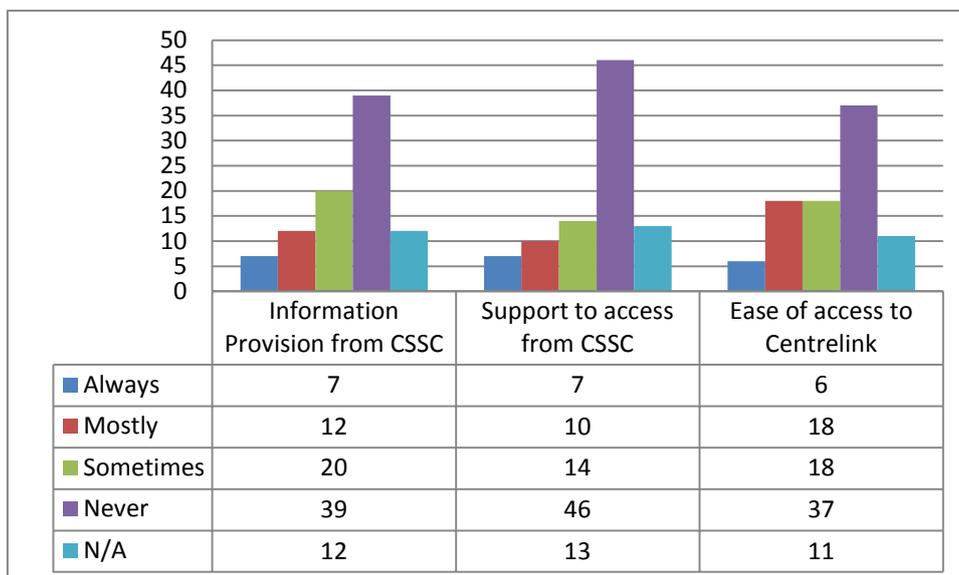
Carers were asked a range of questions relating to their satisfaction around the processes of Placement agreements with the following responses.



Carers were then asked whether they received a copy of the Placement meeting minutes, unfortunately only 27.91% of carers reported receiving copies of minutes.

Centrelink

Carers were asked a range of questions relating to Centrelink and how they were supported to access services through Centrelink from the CSSC, responses were as follows.



It is evident through this data that carers are feeling a high level of dissatisfaction in this area with the majority of carers feeling that they never receive information or support from their CSSC in relation to how and what they can access from Centrelink.

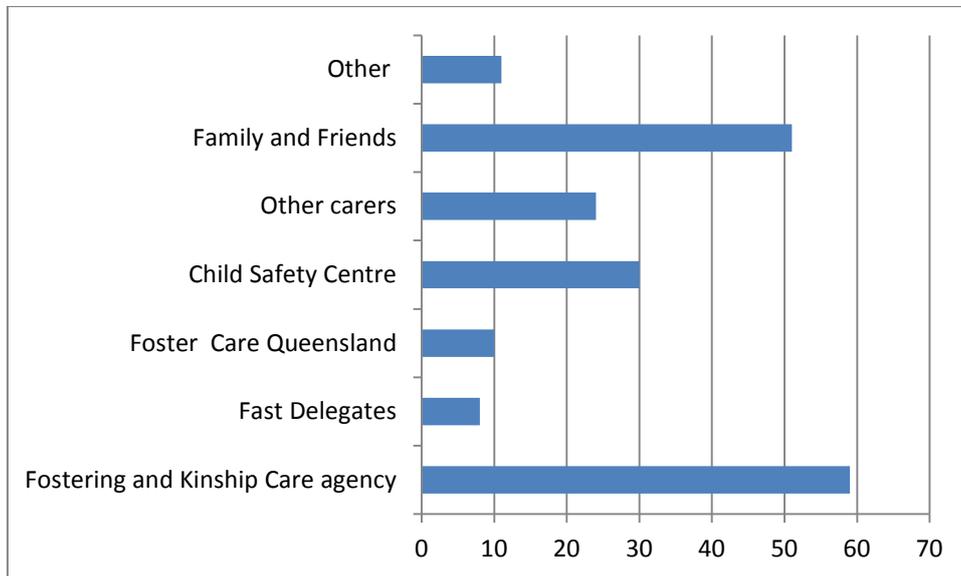
Carers were then asked question relating to ease of access to Medicare cards for the children in their care and Health care cards. 65% of carers reported only sometimes or never feeling satisfied with the timeframes associated with accessing Medicare cards. 60% of carers reported feeling only sometimes or never satisfied with time frames associated with accessing Health Care Cards.

Comments:

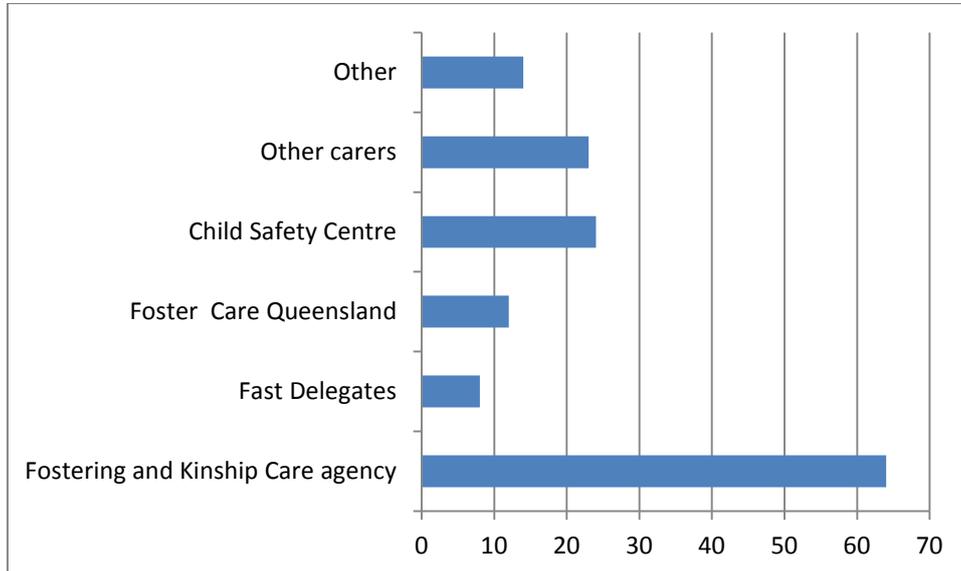
- *Ever tried contacting Centrelink by phone*
- *I have liaised with Centrelink myself and the mention of Centrelink has not come up in meetings*
- *My boy has been with me six years. Initially the Centrelink payments and approval slow. I have never had a problem since. I do believe these days it has become more difficult*
- *I had to find out about Centrelink myself - there was no support in this area and I am still working it all out. It is easier now with the special payment for foster carers under Newstart but I again had to find that out myself*
- *Why can't Medicare cards be sorted out sooner baby is 8 weeks old still no card*
- *I'm still waiting to do Centrelink. (Agency DE identified) does a really good job to help out, but the (CSSC DE identified) are bad, you can wait up to a month to 3 months to hear from them*
- *I have had kids for two years and still am getting promised Medicare cards*
- *I received the Medicare number but not the card as it may still be with the last carer. Centrelink may provide one, but I'm not sure. I was only told by CSO that I should go to Centrelink but not given any details or additional information about Centrelink services*
- *I now understand what needs to be done I need to stand in line for at least 90min after speaking on the phone to some lovely people and just wait to be issued You have to plan at least two half days of running around when you receive a new child in care. Just to get the basics covered. It can take 21 days for Family Tax Benefit to change as Centrelink need to wait to confirm when child has left one carer and in another person care. This should be initiated by Dept to Centrelink then there would be no waiting*
- *This area is nothing to do with Centrelink I BELIEVED--YES MUCH MORE SUPPORT WOULD BE APPRECIATED*
- *One of the children in my care did not have a Medicare card or copy of birth certificate for the first 14 months in my care. Even though I asked every month for them*
- *DOC'S has not told me about any of Centrelink's services to me (Agency DE identified) has*
- *Had to obtain a Health Care card myself*
- *Children have been in care with me for 10 months & still no health care cards*
- *Took forever to get the cards and all the enquiries about Centrelink were told to us by a friend*
- *Have long term children so little experience with this*
- *Regarding the placement agreement. I have given a weighted average across three of the four service centres that have had in placement agreement meetings with*
- *Attaining birth certificates seems to hold up a lot of dealings with Centrelink*
- *Do it yourself... Much quicker*

Support

Carers were asked where they accessed the majority of their support from.



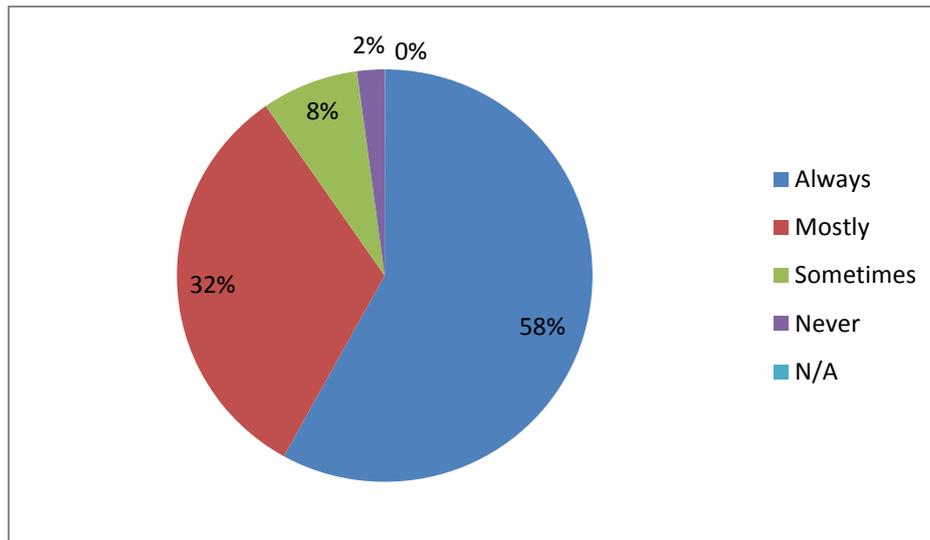
Carers were asked where they access the majority of their information from as carers.



Foster and Kinship Care Services

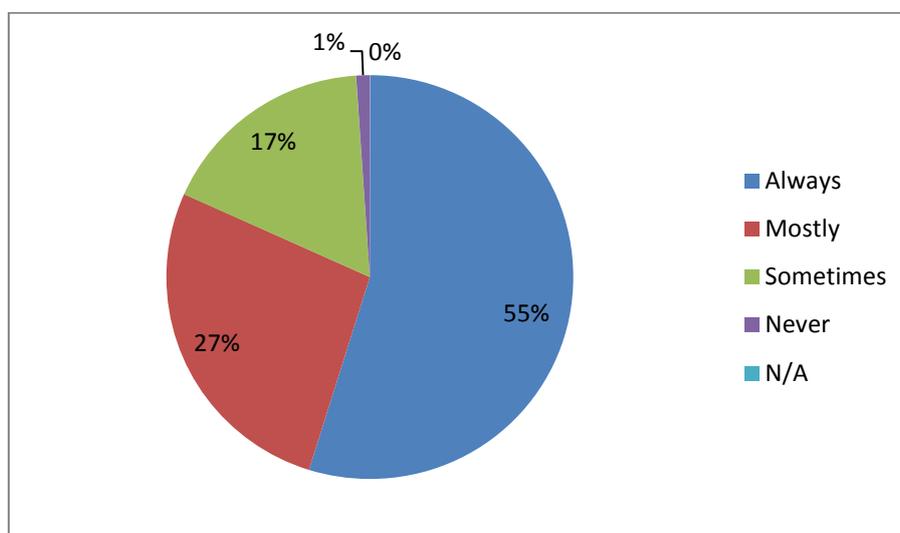
Carers were asked a range of questions relating to the support provided by Fostering and Kinship Care agencies. Firstly carers were asked if they were attached to a Fostering and Kinship Care Agency, only three carers in South East who completed this part of the survey identified that they were not with a fostering and kinship care agency.

Carers were asked if they were satisfied in respect to regular support visits occurring (at least monthly).



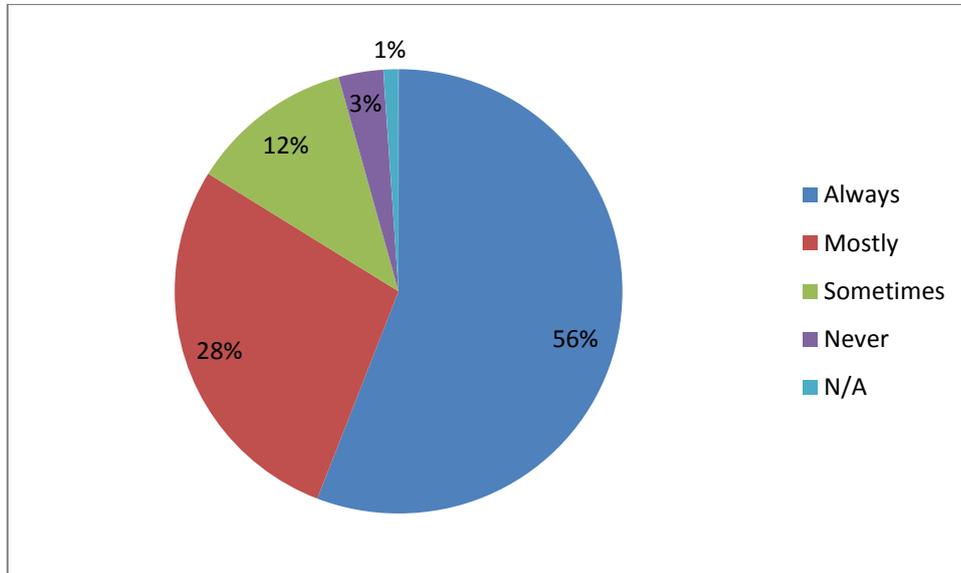
It is extremely positive to see that 90.32% of carers in South East Region reported always or mostly always feeling satisfied with the regular support visits occurring with their fostering and kinship care agencies with only 2.15% of carers identifying they are never satisfied in this area.

Carers were asked whether they were satisfied with response to contact with their agency.



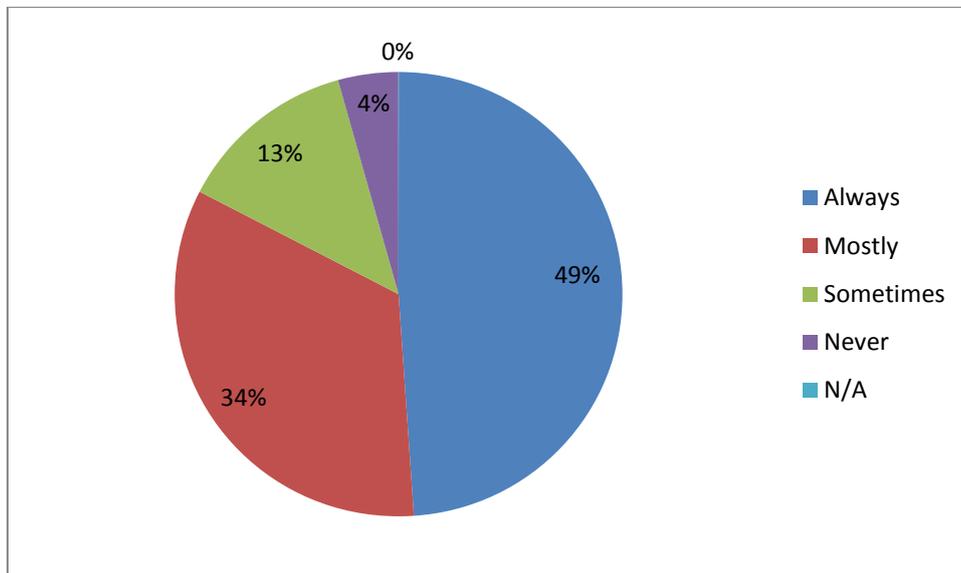
Once again over 81.72% of carers reported feeling always or mostly satisfied with only 1.08% of carers stating they were never satisfied (this % equates to one carer).

Carers were asked whether they were satisfied with assistance provided by their agency to complete paperwork.



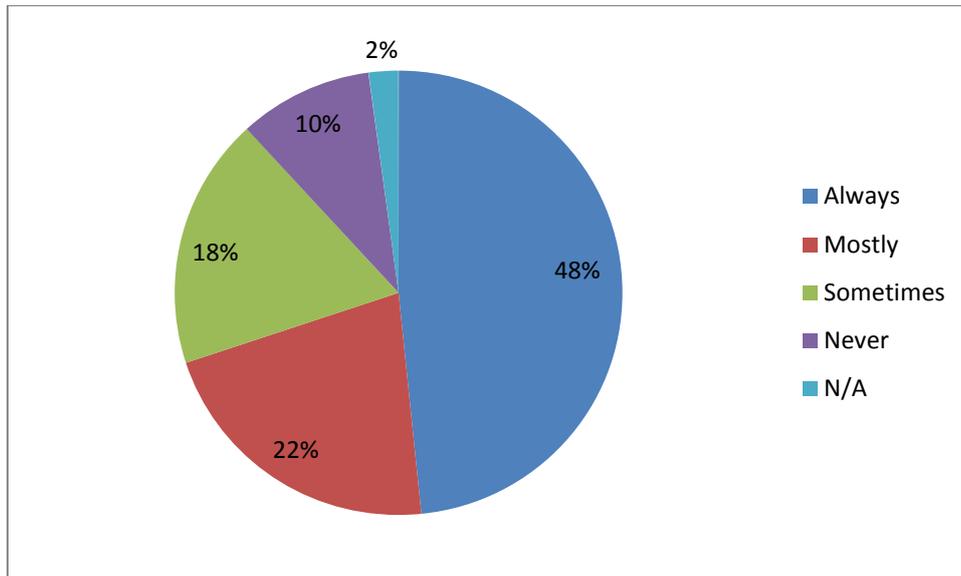
83.9% of carers reported feeling mostly or always satisfied in this area.

Carers were asked whether they were satisfied with information provided by their agency.



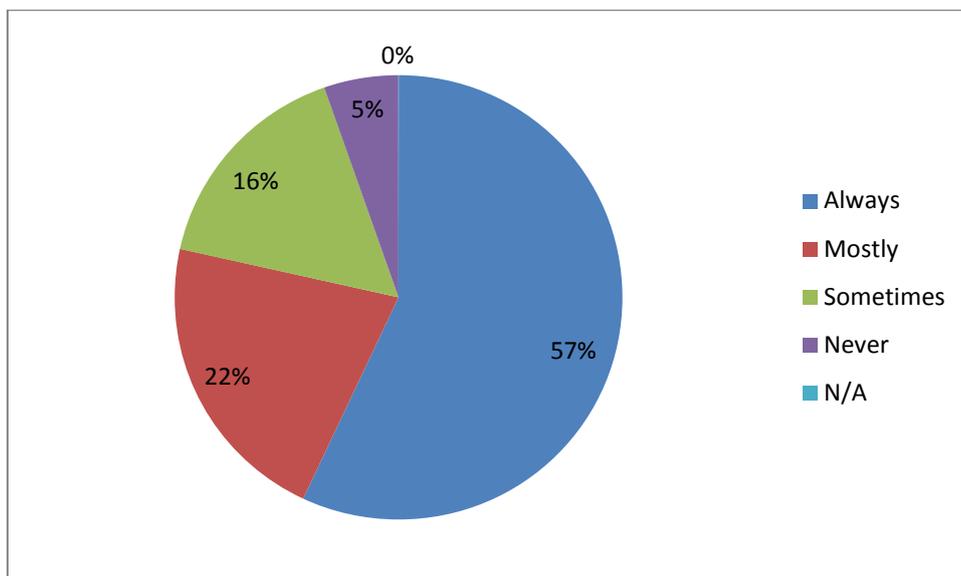
83% of carers reported feeling always or mostly satisfied with information provision from their agency.

Carers were asked whether they were satisfied with their access to support networks through their agency.



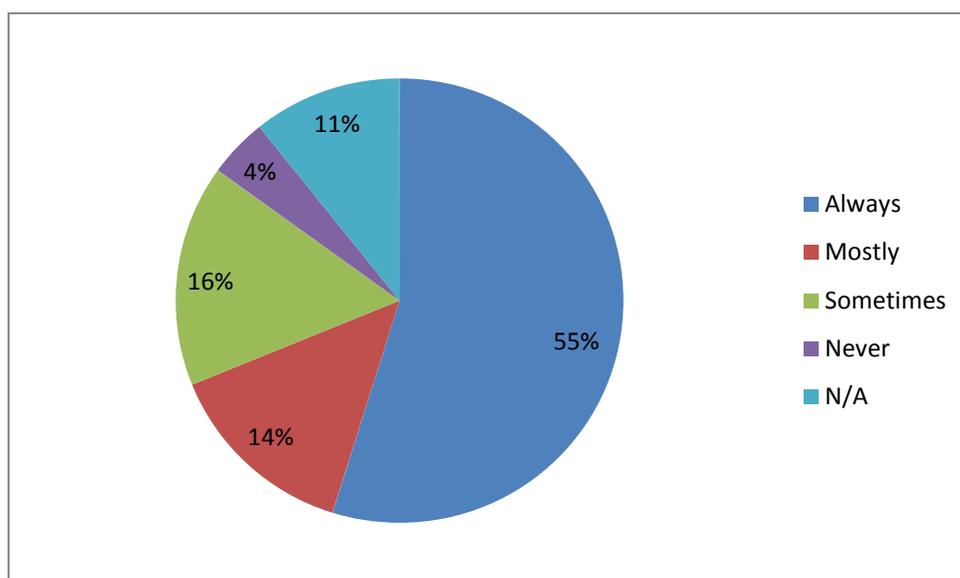
70% of carers reported feeling mostly or always satisfied in this area. This percentage is lower than other areas relating to Foster and Kinship Care agency satisfaction which indicates it is an area where carers would like more assistance to connect to other support systems.

Carers were asked if they were satisfied with their access to training.



79% of carers reported feeling satisfied always or mostly regarding opportunities for training.

Carers were asked if they were satisfied with the on call service provided by their agency.



69% of carers reported feeling mostly or always satisfied in this area. With nearly 11% feeling this question was not applicable, this leaves around 20% of carers in South East feeling only sometimes or never satisfied with the on all service their fostering and kinship care service offers.

Comments:

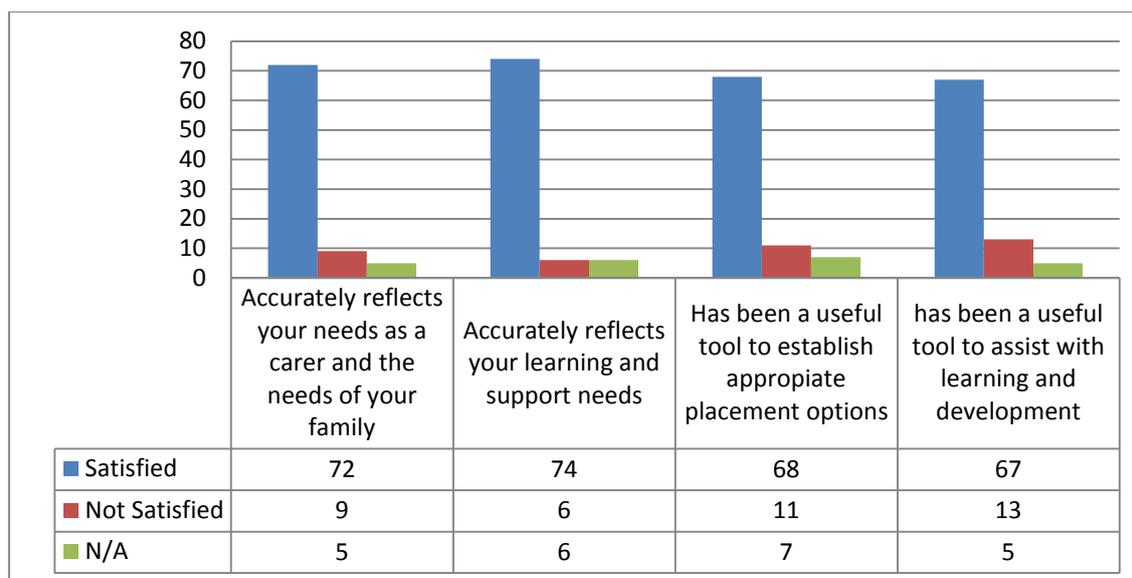
- *(Agency DE identified) are great lovely to deal with*
- *Sadly we have been let down by our support agency often with high number of children in our care this makes it difficult fortunately we have a hands on team at the department however to change support services is difficult and needs to be made easier for carers who need support why should we struggle to gain support from support agencies it is so frustrating and has impacts on your placement success*
- *Unfortunately my foster care agency has a large turnover of staff 6 coordinators in six months. It's a revolving door of people in my boy's life. Fortunately I am on top of his needs. Not so for other carers. We all have special needs children it has caused much frustration for carers*
- *I find that my support agency is good with the paperwork side of caring and liaising with Child Safety however in relation to the emotional side of being a carer I have found that it depends on the worker that you get. I had one worker who didn't believe in me and my ability to be a foster carer and it caused me a lot of distress as she wasn't supportive. In the end I spoke to her team leader and asked for a new worker. My new worker is amazing and very supportive. I do think that there should be more training opportunities especially after you have commenced fostering. In relation to training there needs to be support to access child care for children who don't attend school*
- *Very happy with my agency*
- *Brilliant*
- *On call and after hours are near impossible to get through to. Unacceptably long delays in emergencies. Have experienced a four hour delay during a medical emergency and a two hour delay during a child going missing*

- *In the general scheme of things the agency is irrelevant. It is just another hurdle in dealing with the department. The agency seems pre-occupied with paperwork and satisfying its own rules. Everything was much easier when I was a departmental carer. Sack the agencies and give the funds saved to the people doing the real and meaningful job for the children, the carers (DE identified) are fantastic*
- *Excellent area*
- *Presently the support is good but in the past it was a waste of time*
- *I have recently changed agencies and the new agency does not have the same level of High Support recourses as my previous agency*
- *I really love (Name DE Identified) she is very supportive and is always a phone call away or email and returns your call or emails by the end of the day*
- *Our agency makes or should I say demands 2hour long meetings twice a month and tells us they have to go for two hours?? Who does that? Should it not just go for as long as needed? They never organise respite. They make meetings and don't turn up When my child was in hospital they kept ringing and harassing me about the child in care when I told them I was in hospital with my child who was on emergency They ring and email and want meetings if we have respite as they know we will be free?? Umm how's that respite? They refuse youth worker support when the child is suspended so we are getting in trouble in our employment for having too much time off - in fact my partner just lost their job over the last suspension! They gave us 2 days support for last suspension which was ten days and during these 2 days they took him shopping, cooked lunch and gave him heaps of adult support and 1:1 - he can't wait to be suspended again!*
- *Not supportive of high needs kids. Keep challenging our need for support; withdraw supports without discussion. Make u feel bad for accessing regular respite or asking for it*
- *I find the agency I am currently with cannot communicate or give the level of support our family requires I find the department are the ones to support us in majority of situations*
- *I feel our agency could offer training dates at a different time as we can rarely make the time training or events are on. I feel that sometimes more hands on support would be beneficial.*
- *On call service since changing regions has been poorly staffed with incompetent staff who don't know anything about how to deal with a child who has multiple disabilities. Agencies and DOCS need to work better at getting educated on the NDIS and how this impacts on carers. What is FCQ doing about supporting carers through the NDIS and ensuring there is proper timely communication on the child safety process? I.e. timely being we want to know this information NOW!!*
- *We are well supported by our agency who are respectful, supportive and care about us as a family (Agency DE identified)*

Foster Care Agreements

Carers were asked if they had a current foster care agreement, 85.26% reported they have one, 4.21% reported they did not and 10.53% reported they did not know what one was. Given that Kinship carers do not have to have a foster care agreement, it is probable that those who reported not having one or not knowing what one was are in fact kinship carers. This brings the completion rates of Foster Care agreements to a very high level which is great to see.

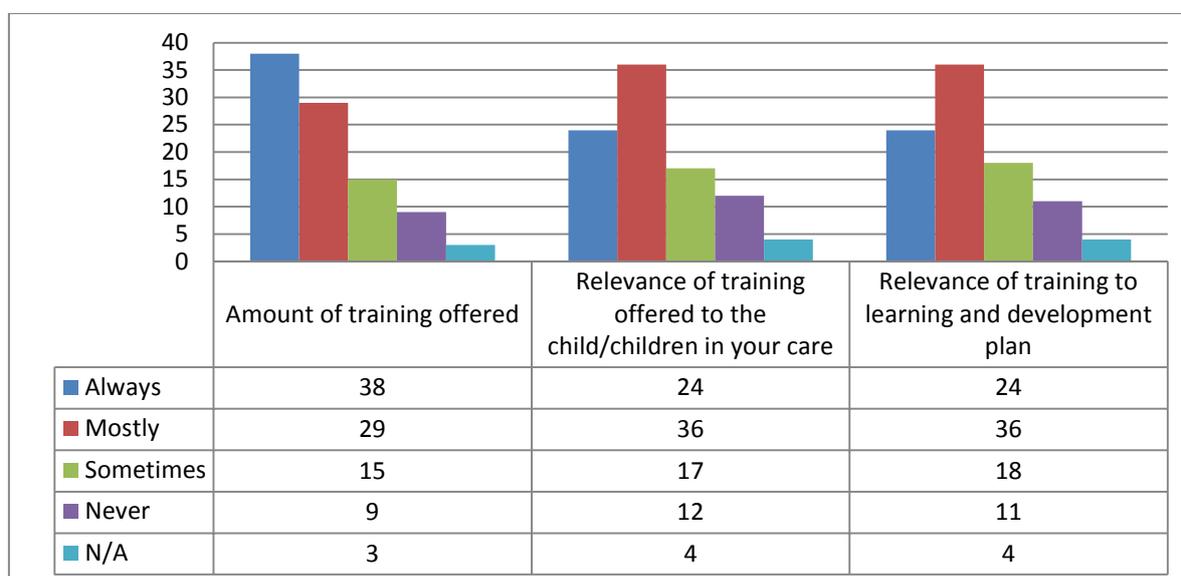
Carers were then asked a range of questions relating to the usefulness of the Foster Care Agreement as follows.



Carers have reported high levels of satisfaction across the board in relation to the Foster Care Agreement.

Training

Carers were asked a range of questions relating to their training experiences as follows.



Carers were asked whether they were satisfied with the times the training is offered, 48.3% reported feeling mostly or always satisfied in relation to this 62.7% of Carers reported when asked that they are either always or mostly satisfied in relation to the notice given to them in relation to when training is going to occur.

60% of carers reported feeling mostly or always satisfied in respect to the frequency of training being offered. 64.5% of carers were always or mostly satisfied with information provided prior to training regarding content.

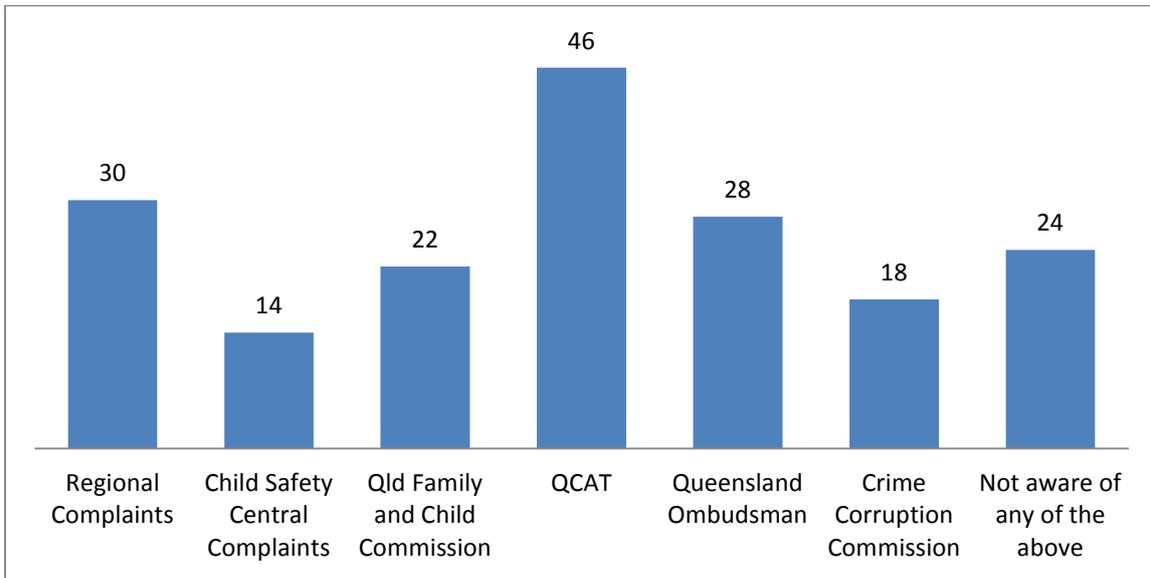
Carers were also asked whether they were satisfied with provisions of or support to access child care during training. 55.92% of carers reported they were only sometimes or never satisfied with this area.

Comments:

- *Our agency has no help with childcare usually which makes it hard to attend*
- *I am always willing to undertake training. Little is provided. I source my own training*
- *I think that it would be good for all carers to receive the training information directly from FCQ as I am not sure that all training opportunities get passed on to carers. I also think that there always needs to be the offer of child care so that carers don't need to worry about it. I also think that there needs to be more training offered and information about training offered by other agencies to carers*
- *More training during school hours would be ideal*
- *Need more examples of real life scenarios*
- *Always when we work Thankfully I have relevant training in my profession*
- *There is not a lot of training around the area we needed e.g.; intellectual disability.*
- *With an agency 40 mins away when there are others closer. Often too far to go to training offered and network meetings when other things are available 10 mins from home*
- *Overall training is usually without Childcare and hard to find time to attend with children and not specific to the children in our care*
- *I often do a lot of research myself and in the last 5 years I have yet to have agency or dept pay for any additional training for me. I am a lover of learning so would be ideal to be offered further inclusion of more conference type training and maybe even on line modules that I could further learn from*
- *Just to clarify as never is a frequency and not a level of satisfaction!!! I am rarely offered training and if I am it is at short notice and no child care arrangements are ever provided*

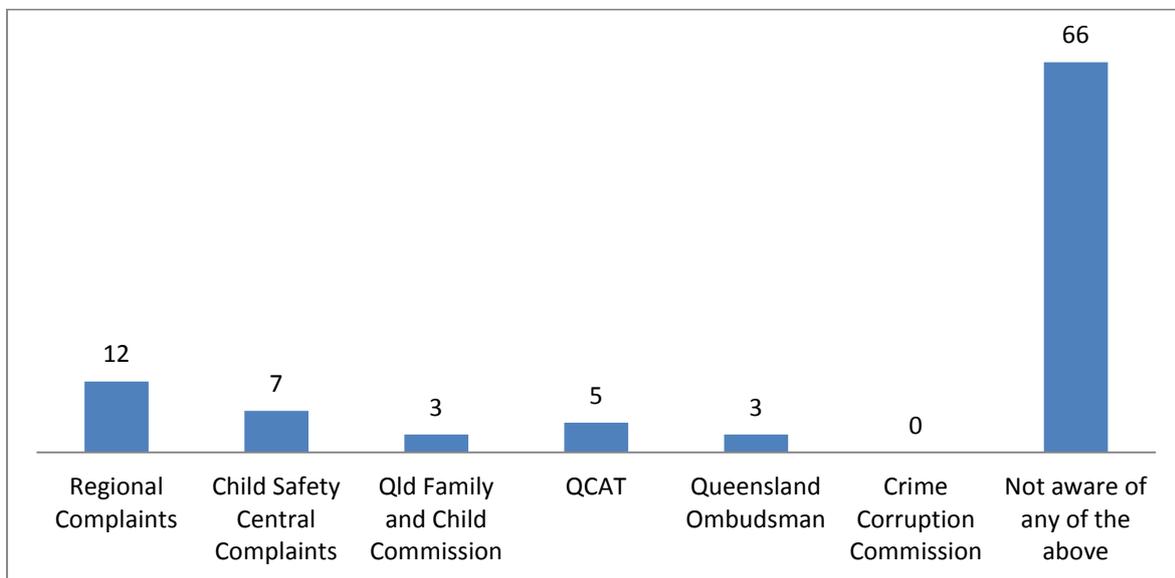
Complaint/Concerns Processes

Carers were asked to identify which complaint/appeal processes they were aware of.



Bearing in mind that nearly 120 carers completed the survey for South East, it is evident that many carers in South East Qld have little knowledge of the complaint and appeal processes available to them.

Carers were then asked if they had accessed any of the above processes.



Carers were asked if they felt heard and were satisfied with the outcome regarding their contact with the above services. 52.63% of carers reported they felt heard, however only 36.84% of carers felt satisfied with the outcome achieved.

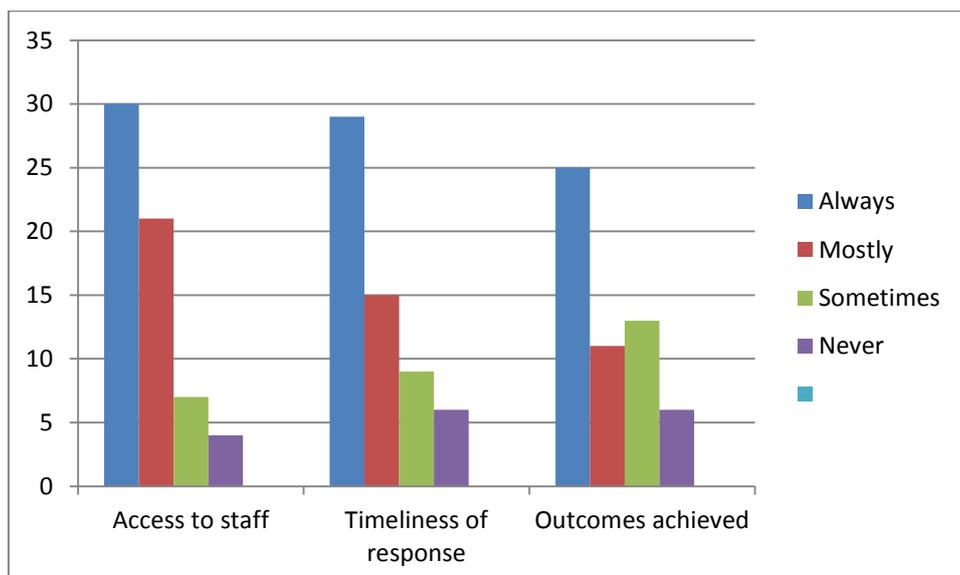
Comments:

- *Still in process have found it draining and long winded so far!*
- *I wish I had of been informed. As my problems with (CSSC DE identified) and their poor treatment of me went in for over 5 years. I had no option other than stop respite. Imagine after ten years. I would definitely have made formal complaints about my poor treatment*
- *Very satisfied with outcome of review unit*
- *If I had a complaint I'm sure I could find the right avenue if I looked in my paperwork and handouts. However, I haven't had to do that so I can't remember what the complaint agencies are*
- *Process currently going through the ombudsman. The QLD Family and Child Commission stated that the matters I raised were not of importance for them as it was more important for them to go and sort out what was happening with a child who was in jail and requiring legal representation. When going through the Central complaints unit a greater amount of weighting is applied to information provided by the department as opposed to information provided by myself as a carer. The integrity of my information and evidence is considered to not be as genuine as the information the department has on file*

Foster Care Queensland

Carers were asked a range of questions relating to Foster Care Queensland (FCQ). Firstly carers were asked if they were satisfied in respect to information provision regarding FCQ, 75.27% of carers reported satisfaction. In respect to knowledge and understanding of services provided, 71.11% of carers reported feeling satisfied.

Carers were then asked a range of questions relating to their experiences if they had contact with FCQ, please note that carers who have put not applicable, have not been included in this data as it is not relevant.



- 82.2% of carers reported feeling either always or mostly satisfied with access to staff
- 74.6% of carers reported feeling with mostly or always satisfied with timeliness of responses
- 65.5% of carers reported feeling satisfied either mostly or always with outcomes achieved.

Comments:

- *Have only recently needed to use however so far helpful*
- *Have not accessed FCQ - presumed it was for emergencies*
- *FCQ staff helped me greatly with a difficult situation involving my previous agency. I am very grateful for their assistance during that time*
- *I did send FCQ a copy of my email to (CSSC DE identified) ending respite placement. It was never acknowledged by (CSSC DE identified) my agency or FCQ*
- *Local fast delegate is always available to answer long or hard questions over the phone or in person*
- *Very helpful*
- *I have only contacted FCQ once and I never got a reply to my concerns*
- *I access the (Identifying information withheld) of FCQ when I need to, as had on going work with her and she know what we need ready well and I trust her*
- *On the multiple occasions I have sought assistance from FCQ, I have been told my problems are too hard for them to deal or have been simply told that I have to sort them myself. Even when I explained to a staff member at FCQ exactly what options I was after they still insisted on looking at the cookie cutter response instead of actually listening to what I was saying. I was looking long term and they were only looking short term this was despite me explaining that short term wasn't the issue. The long term was. I spent ten minutes trying to explain this and the (identifying information withheld) gave his cookie cutter response and then basically said there's nothing (identifying information withheld) could do until spoke to the CEO of FCQ (Identifying information withheld) who might be able to think outside the box on what the options were. I gave up*

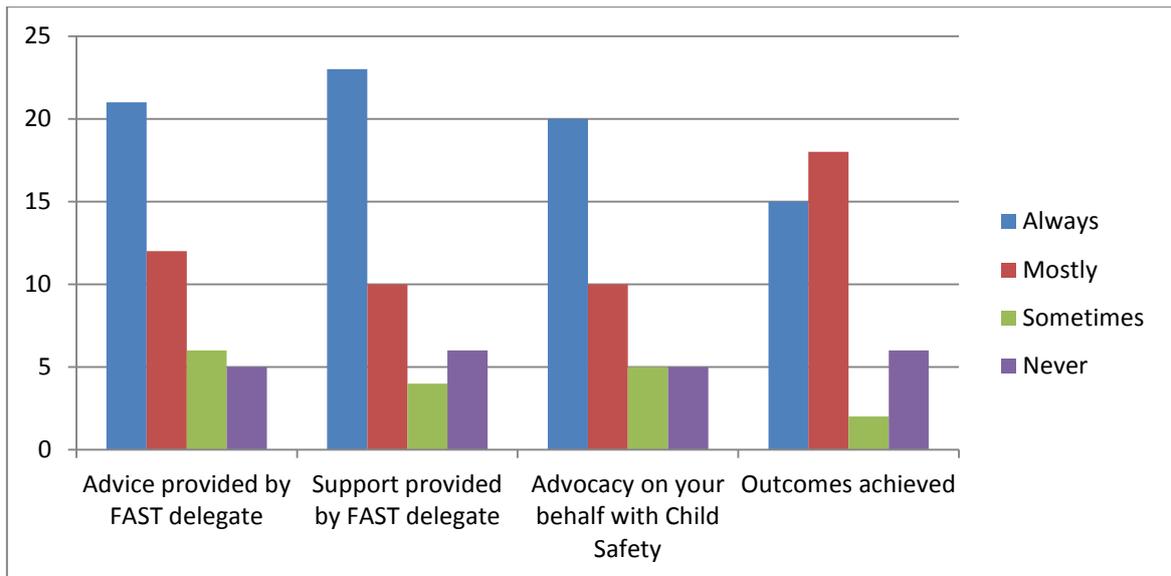
FAST Program

Carers were asked a range of questions relating to the FAST program attached to FCQ.

Carers were asked if they were satisfied with provision of information about FAST, of those carers who felt the question was applicable to them 75.4% reported feeling satisfied. In terms of knowledge of local FAST delegate, of those who felt the question was applicable to them 70.9% reported feeling satisfied.

Carers were then asked if they felt supported to access their local FAST delegate from Child Safety and from their Fostering and Kinship Care Service. 60.3% of carers reported feeling satisfied with support to access their FAST delegate from Child Safety and 66% reported feeling satisfied with support to access their FAST delegate from their Fostering and Kinship Care Service.

Carers were asked a range of questions relating to their experiences of accessing a FAST delegate, please note only responses from those carers who felt these questions were applicable have been included.



- 75% reported feeling always or mostly satisfied with advice provided by their FAST delegate
- 76.7% reported feeling always or mostly satisfied with support provided by their FAST delegate
- 75% reported feeling always or mostly satisfied with advocacy on behalf of carer with Child Safety
- 80% reported feeling always or mostly satisfied with outcomes achieved.

Comments:

- *Again, have not accessed FAST presuming it's for emergencies*
- *I haven't accessed a FAST delegate but am aware of their service*
- *Nice to have a local fast delegate who understands what being a carer is like, rather than taking advice from someone who hasn't raised a child/has just left university. Taking advice from another carer who lives it day in day out, and does not have a hidden agenda is refreshing in this system*
- *Found delegate to be condescending*
- *I have never accessed a FAST delegate but if a FAST delegate is trained by the same staff at FCQ who I have tried to get support from then I doubt that the FAST delegate would be of any help whatsoever. Basically I think FCQ needs to really look at what they are doing and look at the real issues affecting carers and take the department to task over them no matter how big or small the issue is to FCQ. The issue is big to the carer and ultimately they wouldn't be raising it with FCQ if they hadn't tried multiple ways of already having the issue resolved. I would rather see the money spent on FCQ actually be spent on an organisation that truly does care about carers!*

Looking Forward

During this section of the report, carers were asked a range of questions relating to their future as carers and what they would like to see change.

Firstly carers were asked how long they intended on continuing to provide care for. 86.02% of carers reported they intended on caring for more than 3 years. 6.45 % stated they only intended on caring for another year and the remaining 7.53% stated they intend on caring for another two years.

Carers were then asked if there was support that would influence that decision – 39.56% of carers stated that the support they received would influence this decision.

Comments:

- *It is frustrating to see these children come from a life of welfare only to head back to a life of welfare because extra funding to bring these children in line with others scholastically is not forthcoming. Payments to foster carers is around \$35 day 24hrs, to cover accommodation, food, electricity, phone, clothing, school related fees, books, outings, holidays, medical, transport. In comparison 6 hrs at day care will cost \$80*
- *Our support agency needs to step up and support without support it is a matter of time until your placement fails*
- *My health, perhaps*
- *Our biggest issue at the moment is the department are looking at us becoming guardians in 2 years and this scares us quite a lot because once we become guardians the help stops :-(Very scared, unsure if we will cope financially*
- *We are going through the process to become the guardian of the child in our care. We do not intend to foster any other children in the future*
- *My boy is my world. He will always be with me. He is my family*
- *More support from Indigenous workers*
- *I would foster for a longer period of time through a different office*
- *Slow follow up of renewal*
- *Child Care Relief*
- *I am not the bank and at present fostering has resulted in me having to borrow money to ensure my foster kids' needs are met. This is very unfair*
- *I would continue foster caring as long as I continued to receive support and information from the foster agency and the child's CSO*
- *Exhaustion around Legislation priorities. Children deserve to be able to grow up feeling safe and secure. Constant parents' rights do interfere with providing the above. Children do feel threatened when reality hits that they could be removed-even slight chance does threaten children's feelings of safety and security and belonging*
- *We intend to continue the care we provide for the children already in our care but no longer wish to provide ongoing care for short term placements due to our experiences with child safety & lack of support we feel*
- *More control over the child's welfare, if visiting parents isn't in their best interest I want it heard*
- *I am a kinship carer I am looking after my granddaughter*
- *We are very capable carers with a great deal of experience dealing with High Complex young people, but when we ask for help and support for our mental health needs it always comes down*

to funding and being told we are 'doing a wonderful job'. We know that already, when we ask for help we NEED it, and funding should be available

- *Treated respectfully and with dignity by (CSSC DE identified) child safety I would have continued*
- *I think there needs to be guidelines or per basis assistance. If you can prove that you are spending over and above the allowance on the young people. Then there needs to be extra funding you can call on*
- *Having a CSO that we can work with and who can do their job well, follow up with meeting and helping us to gain what we need for the children when needed*
- *Time for child in care to reach 18 years*
- *If we don't get more support from the children's CSO the. I think we will stop being foster carers! I don't ask/ need much but when I need support I expect a call back with 24 hours but I am usually waiting days even weeks. We had made the painful decision to end a placement on Friday & it's now Tuesday & o thill haven't heard from the child's CSO. Honestly if I didn't have an amazing foster scheme I would have given up*
- *High needs allowance paid when a child is considered high needs despite monetary outgoing*
- *Access to respite Support from agency that is useful and not judgemental No more two hour meetings for the sake of a two hour meeting*
- *I am committed to the 4 siblings I currently care for, however I would like to care for more children*
- *Intent of law, policy that will reflect best for child. . Not reflecting needs of system. If this does occur then it is systemic abuse, emotional, physical, financial,*
- *If dual payments for respite were not available anymore and the changing of the cso frequently*
- *Regular respite for complex needs kids. Feeling like our skills and experience are valued and utilised especially when you have a professional background of working with children*
- *Believe support agency we are with should be required to step up and support and be at a certain standard for all carers!*
- *As unfortunate as it is, money is always a factor. We look at caring from a therapeutic basis and go above and beyond any reimbursement offered. Although ex gratia payments are made for the major damage the more minor stuff is not looked at and often hard to get through as is crc for other needs of the child. I know that the more general child in care is fully covered but when you are looking at complex placements and baby's things are often overlooked. e.g. a baby with eczema and you try half a dozen products in a short space of time and each one is reacted to. Hundreds of dollars later and no reimbursement in site you are going to struggle. When sunscreen is not an option and you have to buy expensive sun protection clothing instead and replace on a regular basis*
- *What is FCQ doing about supporting carers through the NDIS and ensuring there is proper timely communication on the child safety process? I.e. timely being we want to know this information NOW!!*
- *The costs associated with raising children As carers we do not get superannuation given my age this is becoming a concern I think over time the system wears you down*
- *The pressure placed on us by the staff at (CSSC DE identified) child safety*
- *Financial costs*
- *Faster responses to emails sent to child safety. Better financial support when first starting out-dealing with child safety and Centrelink is painfully slow*
- *Foster care agency not supporting us as Carers*

- *Threats from biological family. Continued contact despite psychologist recommendation for no contact...loss of CSNA*

Carers were then asked if there was anything they feel that could improve the Child Protection System, comments as follows:

- *Have a booklet which outlines payments available don't hide the book in the CSO's office give it to all carers and be prepared to access the extra funds*
- *Ensure our support agencies are doing their jobs the turnover of staff makes it impossible to be supported properly.*
- *An easy-to-follow booklet saying what we are entitled to and what services are out there.*
- *Make sure every CSO has got your back*
- *Advocacy*
- *I think that payments for foster carers should be reviewed as I feel that it is such an important service within the community and I feel that foster carers don't get the financial acknowledgement they deserve. This is not to say that they do it for the money but more that it should be viewed as being important enough to pay well for. I also think that foster carers shouldn't be the ones who advocate for the children in their care - I think that child safety should be the ones advocating because at the end of the day they are the ones able to put supports in place and are the professionals who know what children need. Too much is expected of foster carers in relation to advocating for the children - we shouldn't have to fight to get things done. These children have experienced trauma and are damaged and it is the government who are responsible for making sure that they heal from this and are able to become fully functioning members of society. If this doesn't happen these children will end up in our hospital systems, our jails, our mental health systems...child safety's role is to put supports in place when the children are removed from their family to make sure that this doesn't happen by assisting the children to heal from the abuse and trauma - don't leave this all to the carers to have to work out*
- *Make it easier to get respite care if required. I hear so many stories of carers not finding out if the placement is getting respite until the last minute*
- *Being listened to by CS*
- *Pay more appropriate - especially kids with high needs (majority) the money is pathetic*
- *More support. More information about children in their care*
- *Less children per cso, as they were too busy to follow up non-payment with our agency*
- *Better communication from cso's and more empathy for the carer*
- *Carers are not the enemy. We do not spend reimbursements on ourselves. They barely cover what the kids need if children are provided for appropriately*
- *More support is needed for high needs children. Identifying and assessing a child's needs in a timely fashion*
- *Additional funding for club membership, e.g. sporting etc. Removal of the agencies*
- *More upfront information*
- *In my case, I need occasional after school care and vacation care for a young teenager. This is difficult to find as he is too old. There needs to be a partnership with an agency that runs activities appropriate for older kids after school*
- *Need to have more communication with CSO and regular updates*

- *The Amber alert system needs to change to be same as NSW and VIC If the child is in our care, they are in our care keeping them safe is our number one job. Don't be a road block to their safety*
- *Changes in legislation around 3rd Party Guardianship to suitable family's would allow children to feel 'normal' within a family structure would allow normal activities such as visiting family out of state without the fuss of approval which does keep the stigma of being a child in care a reality making attempts to dispel that stigma impossible hence squashes the 'normal' family desires within the child*
- *We provide long term care & love our kids like our own. Would appreciate being valued as a family member if the child/children as there has been occasions where we don't even get to farewell the kids in our care in an appropriate manner*
- *Offer superannuation as part of carer payments. Make carers feel that they are more than glorified babysitters, where appropriate let them be part of the process in family meetings, contact decisions etc*
- *For long term carers with children who don't have family contact be allowed to make more decisions with in carers' family*
- *Better and faster communication*
- *Please read your question suggestions to improve foster carers I am a kinship carer I am family and find the question impersonal and offensive it does not recognize my relationship to my granddaughter*
- *more communication to carers regarding what is happening with the child in their care and more relevant background/family information (health, etc)*
- *Satisfied carers*
- *Just keep communication open and honest. Answer queries in a timely manner and don't tell, us something is been looked into or dealt with a d not get back to us. I hate having to do all the follow-ups*
- *More finance and staff*
- *CSO to spend more time with the foster children doing some fun things, e.g. cooking which help them to get to know the child better*
- *Subsidise childcare for foster carers who are working full time. Working carers is good role modelling but many working professionals would not foster care because of the costs of child care*
- *Treat us as you partner and colleague rather than just one of those caters. We do matter and our kids matter*
- *Child safety needs to stop making changes into where children have visits. And be on a time frame for immunisations for the new born bubs and to be more consistent.*
- *Foe CSS to listen more to carers instead of putting parents first*
- *Reimbursement for lost wages Easier system for repairs to damages to house Valuing carers who actually do the 24/7 care and not having agency override parenting decisions ie taking child to movies when suspended from school!!! Understanding the pressures on the whole family and considering that*
- *To be heard when I am advocating for the children in my care. To be able to access more financial support*
- *DOCs need to include carers more. Kinship carers are treated like Crap and our opinions are not valued. These children are our family and we have no say over what happens. We have more insight into the parents' lives and don't use us for this only. Support is appalling and if it wasn't for the NGO we would be in a dark place*

- *If child is LGT order and has a possible forever home than the plan must be for stability, security, incorporating the needs of child both known and unknown. The system needs more flexibility around permanency placements. Develop a culture for complex care cases*
- *It would be nice if child safety showed that they respect and support the carers a bit more*
- *Listen*
- *Ensure support agencies are doing their jobs and carers are able to make a change if they are not doing what is required to support placements*
- *Mandatory training needs to change for sure. Carers should be subject to mandatory modules on an ongoing basis. Department staff should also be sitting in on trainings with the carers so that they are hearing the concerns and issues first hand. Carers also need to be better informed about the FAST program and get in to vent at a very early stage so that issues do not get out of hand and relationships fractured. there should also be the same rules for every department, it seems that the different departments have a different interpretation of the policies and procedures*
- *Training for Young people re puberty, emotions resurfacing and flight mode along with their rights and responsibilities Make trauma training ongoing so that Carers develop a long term relationship with the child and will then advocate for the child and not just move them on to another Carer and another carer etc why? I have a six year old and I am 14th carer??? I don't understand why, he has his issues but don't we all, and he has grown so much in the 2 mths being here and is happy. He has been in care from 18 mths, limited life experiences, doesn't know vegetables, fruit, had never been to the beach, seen an escalator, been to theme park etc....what do other Carers provide and believe is acceptable?*
- *Carers need to be appreciated, valued and included. I feel they need to have more say maybe even rights to more influence to the child's future a child they know best*
- *Foster allowance HSNA and Complex needs being paid when promised and approved not 6+months later*
- *Get rid of the third party's involved*
- *Give foster carers a voice and rights*
- *Yes that the Department workers really see us as a team along with our support service. That is not the case at the current time*

Carers were then asked if they could change two things about the Child Protection System tomorrow, what would they be, comments as follows:

- *More transparency between the department and carers, sharing info available. Better access/approval for funding for children in care, i.e. swimming lessons, extra tuition, music lessons, sporting payments, medical expenses*
- *To listen more to the children More support for children with needs*
- *Support agency support level*
- *More streamlined applications - I know of people who have applied and given up before they were approved!*
- *To take away the demands put on young children for phone contact and to continue support for all kinship carers to continue getting help for as long as the children are in your care*
- *I am satisfied. And glad the (Office DE identified) is changing which will benefit carers*
- *All children who come into care have an assessment by a pediatrician and supports are put in place to address any issues that arise from the assessment. - more financial support for carers to acknowledge the importance of the role that they do and to enable them to provide a better level of care*

- *Not means test childcare. Let regional carers have the same local access to services that city people do*
- *Dept to return phone calls within 24 hours, in many years this has only happened twice. Not to say they cannot put me on hold (they did not know who was calling) because there might be more important calls coming through*
- *Payments and ability to adopt in QLD*
- *Put Indigenous child with their mob*
- *That after a year the children go onto long term (like NSW). That carers get to have a say in what's happening with the children (That they have some rights)*
- *Less involvement from the department and a return to set reimbursements as csna meetings are disgusting!*
- *Child safety attitude*
- *It's hard to know; each child is different and has different needs. Supporting family access when the child is clearly suffering from it is difficult. I'm not sure if I'd give parents so many chances*
- *Nothing at this time. I love both my current caseworker and my CSO. They've both been very supportive and helped me access any information I need. They both care a great deal for my foster child also*
- *Pay carers more. Stop the department from changing team members ever couple of months.*
- *Less children per cso, more staff*
- *More staff at cps and funding*
- *Put the kids' needs above the needs of the biological parents. Rather than expect carers to respect biological family, it would be refreshing to see parents told to respect and behave appropriately to carers- who ultimately have the most difficult role.*
- *Only one and that's more support needed in regards to financial support.*
- *Remove the agencies. Review the transition from care arrangements. There is no incentive for carers to continue with 18+ children in care*
- *Secrecy*
- *no suggestions*
- *Child safety need to take child's needs more considerately Child safety need to have more interaction with foster carers regarding child*
- *Amber alert system and children visitation schedules need to have consequences when visitation is changed as parents were unavailable. These kids go through so much. Visitation is stressful on them. Don't let down. Have court order the parent must show unless there is a medical certificate (like work) ... Kids need their mums and dads even if it's only for 2 hours a fortnight...*
- *I would do away with long term care orders and go straight to 3rd Party Guardianship after 2yrs allowing children to grow up in a safe secure 'normal' upbringing-education and experiences. Children can still access their birth families at 18 if desire (normal). Same applies to parents*
- *Less chances for birth family to reunify & full time carers to be heard more where kids day to day needs are evaluated*
- *More notice that a child is being moved rather than 30 mins*
- *Get rid of respite care dual payment system - respite should only be used where carers have high needs children. Teach carers to not judge parents but be part of a team that are providing the children with safe homes, whether with the carer or with their biological parents*
- *Recognise the hours carers put in a reward the commitment. Not push transition on children whom are happy in carers family and will stay on beyond 18*
- *Increase the allowance totally inadequate*
- *Parents, who have had their children taken off them before, don't get a second chance. The children will be taken off them for good*
- *It seems to me there is too much emphasis on the social work aspect of caring for children which meets their most basic needs and not on the emotional needs of children. There should be mental*

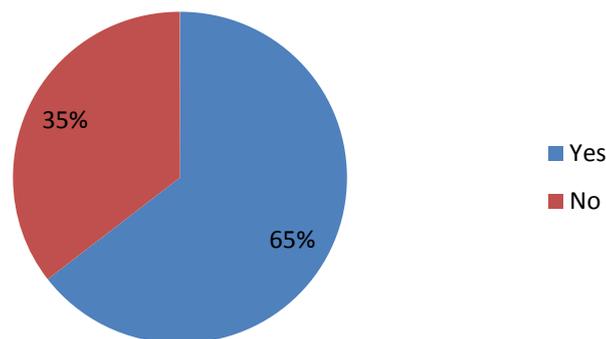
programs for child in place which they participate in automatically not as an option or at the suggestion of the carer who in many instances is not qualified to recognise or deal with

- *Faster court outcomes more communication/transparency*
- *Once the child has been in care for more than 2 years with the one carer and agency the dept should step back and just let us get on with it. Remove the red tape and put the children's needs before funding*
- *To be able to have better closure between respite child in your care if you have had them for more than 6 months. When they are removed from respite due to moving on to a different carer. Friends and family who are supporting you build a relationship with the child and no gets to say a proper good bye, wishing them well*
- *To be listened to when help is needed or when we have an issue arise*
- *Child safety (CSSC DE identified) to be easier to get hold of and more responsive to pressing matters*
- *CSO who participates, (most do) but they seem to be a law unto themselves focus on the child nit personal options*
- *More staff, less caseloads for CSO so they can take time to get to know the foster carers and the children better. More money to support what the foster children require*
- *Too early to tell*
- *Have a better transition from care for when kids reach adulthood. 2. All Govt departments should have set targets that enable teenagers in care leaving school system, have access to traineeships and apprenticeships in Govt agencies like QBuild and other Govt departments*
- *Stricter rules for reunification*
- *Stop carers being treated as glorified babysitters. -involve the carers more in the decision making processes for the child as they are the ones caring for the child 24/7*
- *The attitude of department staff to kinship careers and the way in which the department treat children when they want to be permanent*
- *Consistency and communication with CSO's to foster carers*
- *Make adoption an option Grant guardianship to carers quicker*
- *Respect carers rights to be a parent and the impact on whole family Stop having meetings for meetings sake*
- *For the children to be heard when they have strong opinions about a subject to have greater financial freedom to be able to give the children a better life*
- *To put kin straight into guardianship and allow the parents to work for that right back and to change the way the CSOs work with Kin carers*
- *Follow the law. Individualize each case and project a long term package around that child. They should have best of healthcare, best of justice, best of accommodation, best of medical care, financial needs met. NDIS should be tied to Medicare system*
- *The frequency of visits by CSO and dual respite payments were always available as even if the child is not with you there are still costs involved*
- *Respect for Carers. Better support for Carers with complex needs kids. Like the idea that some countries have of paid professional Carers for those that have appropriate degrees or work background*
- *Support agency*
- *More child focused and less parent focused a better exchange of information relating to the child that is coming into your care*
- *Make the "Focus for the best outcome for the Child" which is sometimes with a carer long term and with a positive ongoing relationship with their parents. The child "must be safe". And have a chance of a life. Offer more*
- *CONSISTENCY across the system particularly around financial approval, service Centre manager delegations. 2. Ensure that all staff employed by the department are there because they want to be there and they understand and adhere to the cultural change and they treat carers with respect*

from the Director General DOWN. Those that can't do this should be reassigned to other government departments

- *More child focused not the rights of the parents. That court decisions happen in a child's time frame not adjourned time and again*
- *More value placed in foster carers and less interference from the department and agencies. Kids can't begin to recover from trauma if they never feel like part of a family*
- *1. Bios been given a timeframe to Gain reunification... If not accomplished, Adoption. 2. Birth control (internal) to those bios that keep reproducing when they already have children in care. (Of course once children reunified, birth control removed)*
- *More foster allowance to give children better access to private health care and therapy sessions The way CSOs treat you*
- *More department staff Better funding*
- *Pay foster carers Allow children in long term care to have their carers become their guardians*
- *Children have time limited orders and that they are provided with permanency in their lives. That does not happen now. The Child Safety really see us as partners and not like birth parents especially when you are a Kinship Carer*

Finally – carers were asked if they would recommend fostering to a friend.



South West Region

2016 Carer Survey Report

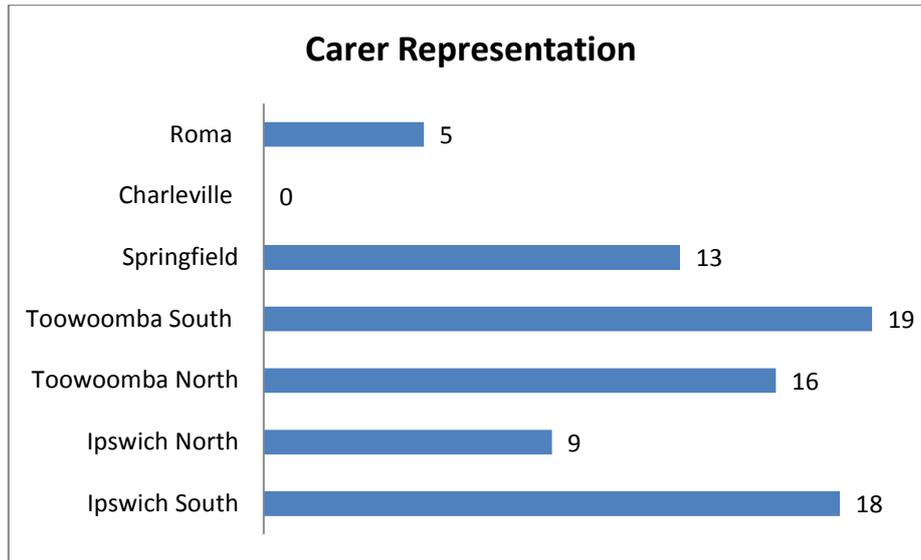
Contents

About the Carer	75
Relationship Status	77
Cultural Diversity.....	78
CALD Community	80
How satisfied are you with Relationships with Staff at Child Safety Services	81
Child Safety Processes.....	89
Standard of Care/Harm Processes	92
Confidentiality.....	93
Financial	95
How satisfied are you with local practices of CSSC.....	98
Education Support Plans	101
Child Health Passports	102
Placement Agreements.....	104
Centrelink.....	104
Support	106
Foster and Kinship Care Services	107
Foster Care Agreements	110
Training	111
Complaint/Concerns Processes	112
Foster Care Queensland.....	114
FAST Program.....	115
Looking Forward	116

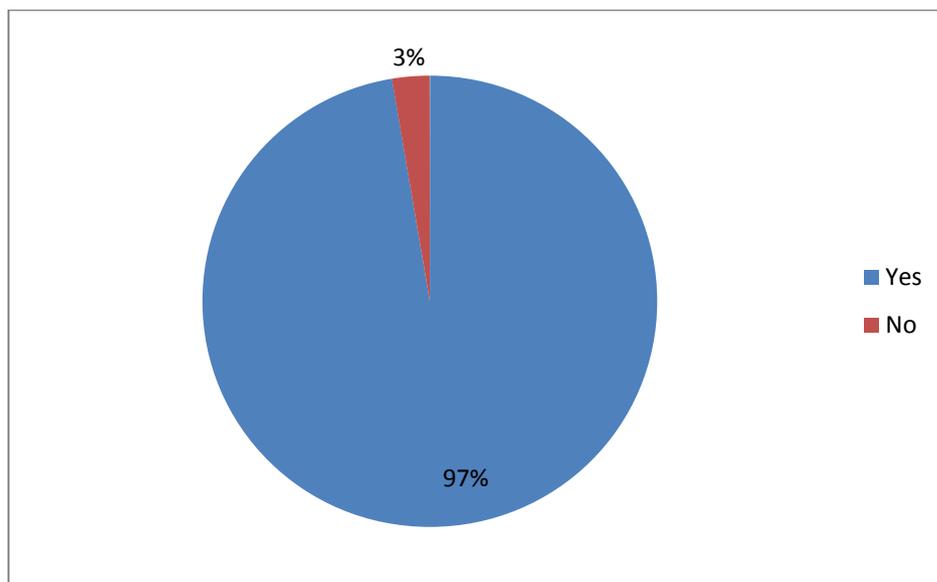
South West Region

About the Carer

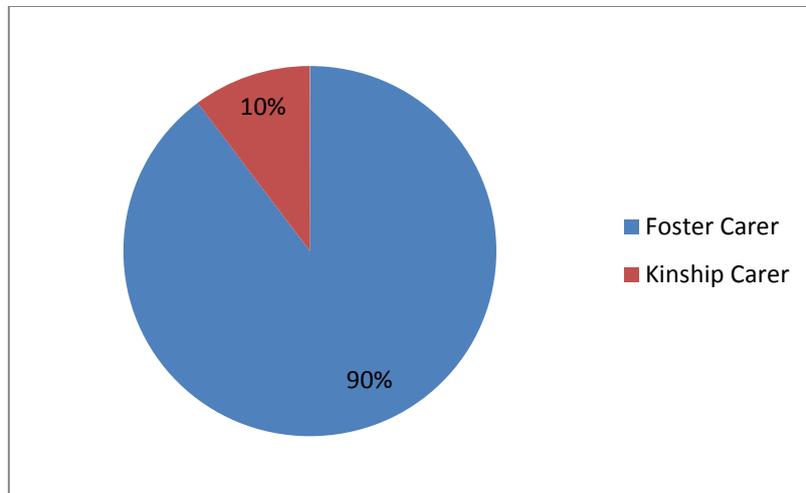
In South West 80 Foster and Kinship Carers completed the Carer Survey and were represented in the following Child Safety Service Centres.



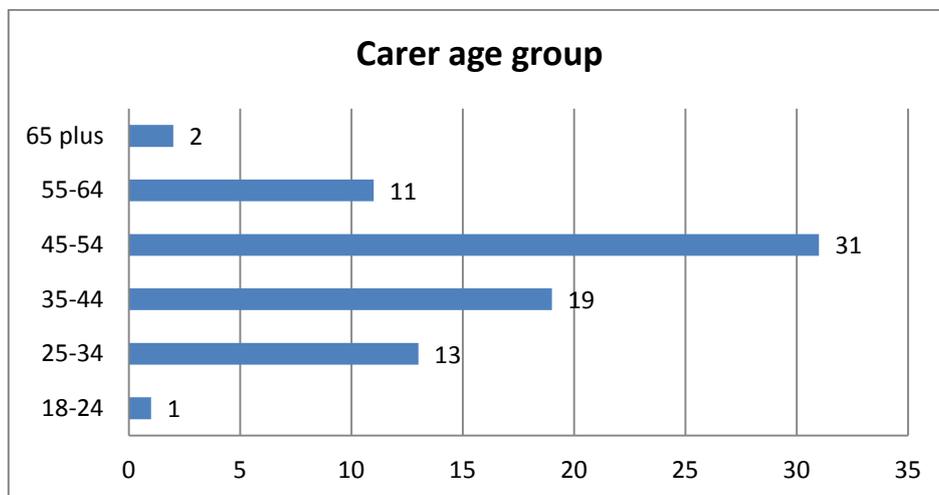
Carers were asked if they were supported by a fostering and kinship carer agency with the vast majority of carers in South West who completed the survey confirming they were.



Carers were asked whether they were foster or kinship carers, the vast majority of carers identified as foster carers.



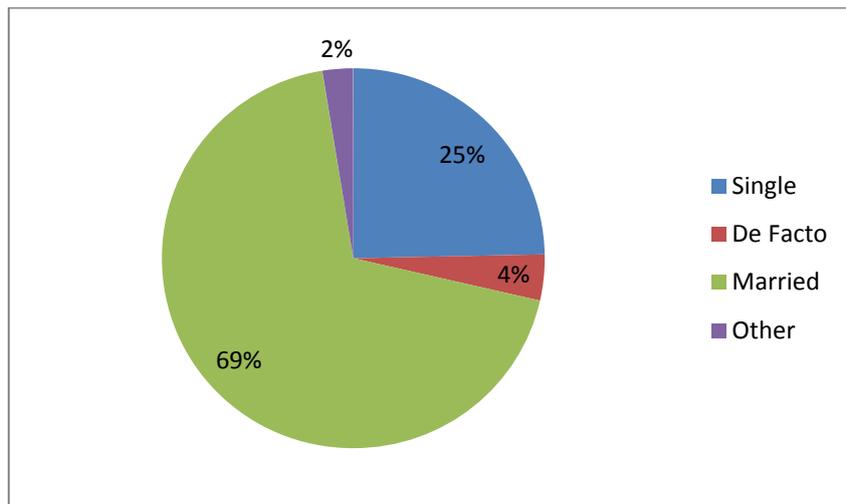
Carers were asked to identify the age group they fitted into.



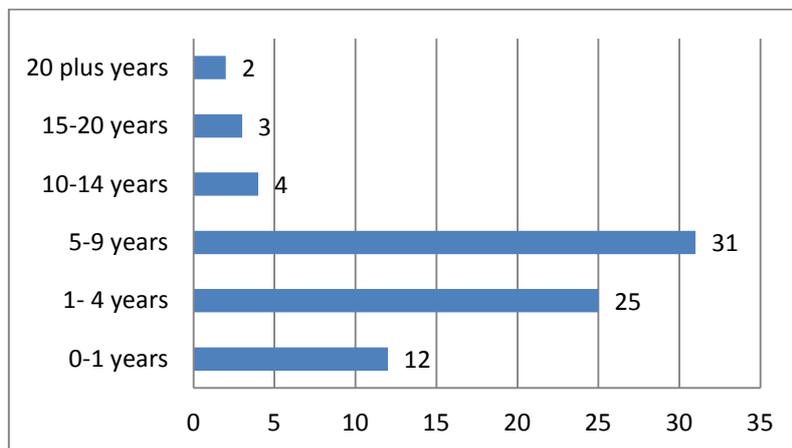
Aboriginal and Torres Strait Islander

Five carers in South West who completed the survey identified as Aboriginal. No carers identified as Torres Strait Islander and no carers identified as Aboriginal and Torres Strait Islander.

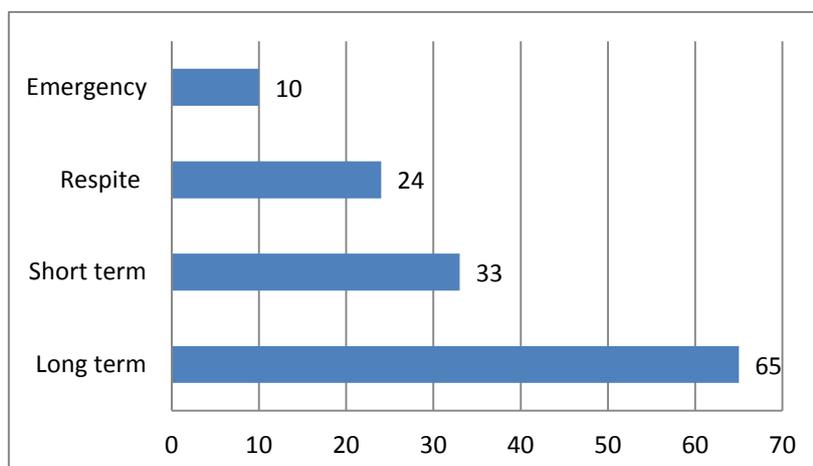
Relationship Status



Carers were asked how many years they had been providing care for.



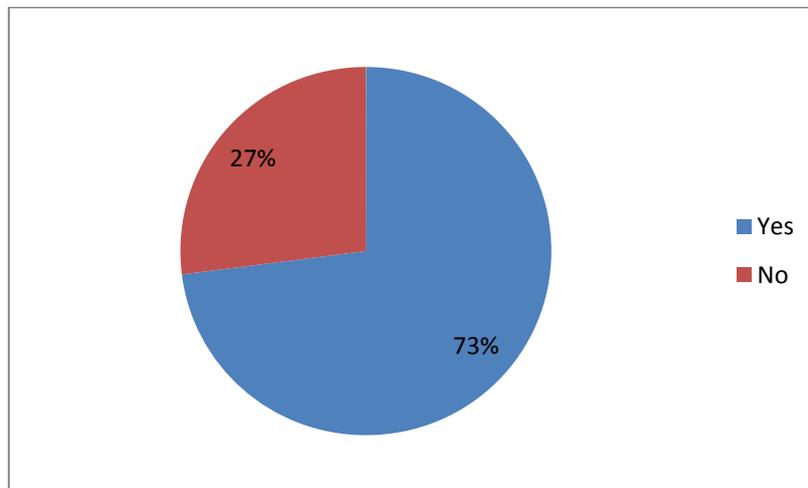
Carers were asked which type of care they provide, please note that carers were able to tick more than one type of care.



Cultural Diversity

Carers were asked a range of questions relating care of Aboriginal and Torres Strait Islander children as follows:

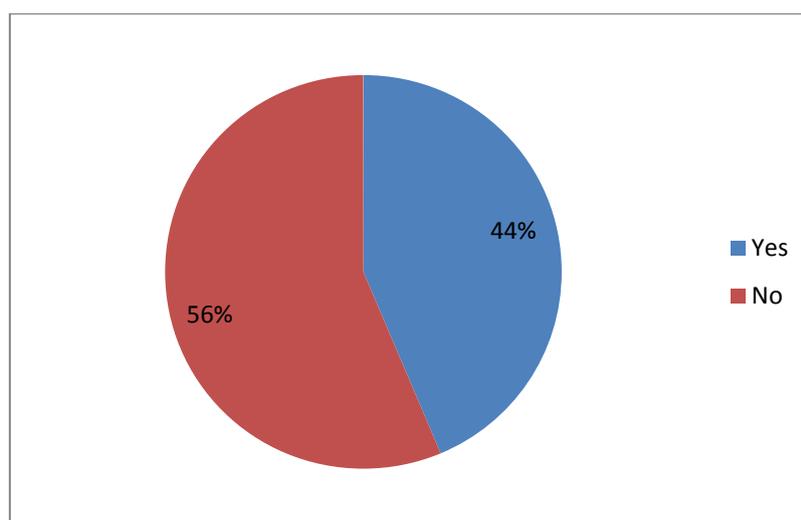
Are you caring or have you ever provided care for an Aboriginal and/or Torres Strait Islander child?



Given that only 5 carers identified as Aboriginal in this survey, the majority of those carers who have responded yes to this question would not identify as Aboriginal or Torres Strait Islander.

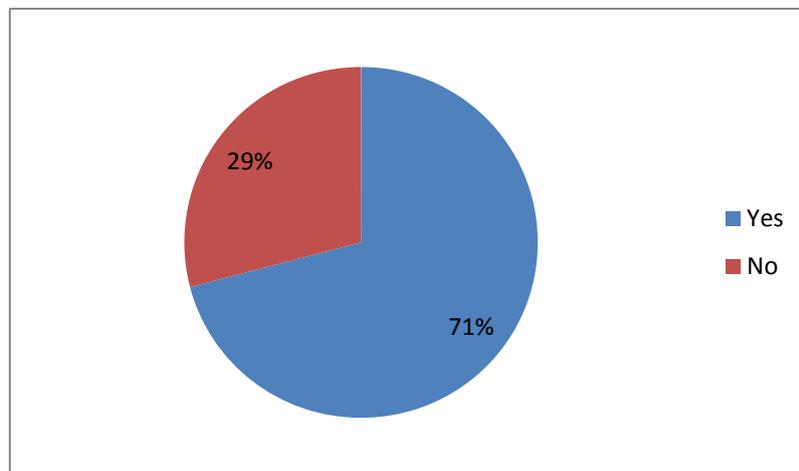
Carers were then asked if they had answered yes to the above question, whether they had a cultural support plan in place. Only 20% answered yes to this question, leaving a staggering 80% of children placed in care where they identified as Aboriginal or Torres Strait Islander either without a Cultural support plan or where the carer had no knowledge of its existence.

Carers were then asked if they were provided with Cultural awareness training to assist them to care for a child who identified as Aboriginal and/or Torres Strait Islander.

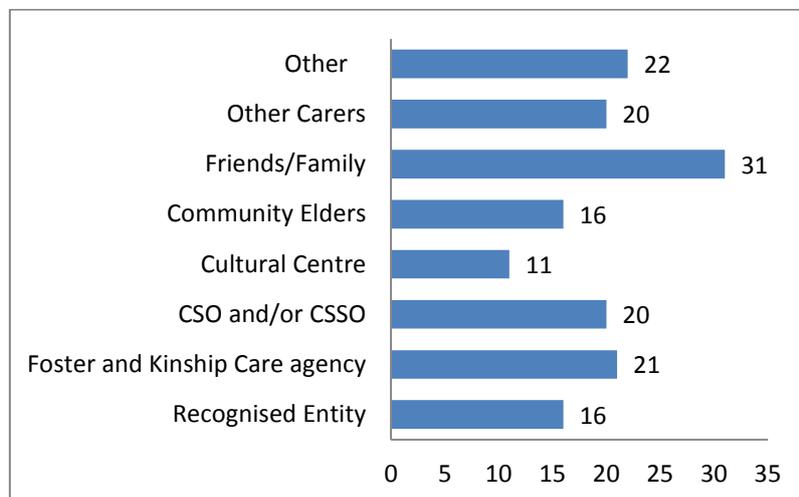


As evidenced above, more than half of the carers who responded identified they did not receive any training to assist them in building their cultural knowledge in their care of Aboriginal and Torres Strait Islander children.

Carers were asked whether they understood the Aboriginal and Torres Strait Islander Principle. This principle is explored with foster carers in the Pre-Service Quality Training, however it must be noted that carers are inundated with information during this training and if this is not followed up with further education and information, it is likely it won't be retained by carers. Whilst most carers reported they understood the principle, nearly 30% of carers in South West identified they don't understand it.



Carers were then asked where they accessed their Cultural information from. Please note that carers were able to tick multiple boxes as sources of information for this section.



Carers were asked to provide examples of how they meet the cultural needs of children in their care:

- *Attending appropriate cultural functions and encouraging curiosity around culture and family*
- *My biological children are Aboriginal*
- *The children were very young, so we read story books provided to us*
- *Tracking children's ancestry stories; NAIDOC events, spending time with Elders, learning from them, from documentaries, internet organised events etc for all in the household, is only a benefit to us as Australians*
- *By visiting their tribal land yearly or by yearly*

- *Sibling contact , phone calls ,contact with parents, /culture take the children/child to cultural activities*
- *We utilise the RE wherever possible for information and medical appointments. We ensure that we use support of indigenous friends to assist our understanding of their culture and one of our Aboriginal male friends yarns with the children. Another female friend spends time with the children and is happy to engage them in art activities. We have access to numerous dreamtime stories and have purchased tradition artwork for their room. We engage them in NAIDOC activities and acknowledge Sorry Day. We travel interstate once per year to take them back to their country. We are always open to undertaking training and have paid for our own training through NSW TAFE to assist with knowledge and ensure we are meeting the children's needs as best as we can*
- *We have a cultural night were we learn something new about their culture. We make it fun and interactive. I buy things related to their culture and teach what it means. We join community groups and attend cultural events*
- *Knowing which tribe their parents come from, taking part in cultural activities e.g. Naidoc week, encouraging children to learn about art through books, being connected with Kambu medical centres*
- *We are in contact with the aboriginal community around us*
- *Teaching the language; provide opportunities to mix with own community when possible; provide access to children's books about the Dreaming and traditional life*
- *I take them to a Culture Club once a week where they learn cultural dancing, art and history.*
- *Attending culturally appropriate events and strongly advocating and investigating family links*
- *Actively pursuing on Family Contact with siblings and Grandparents*
- *It's very difficult to support their culture as although they are identified as indigenous, neither parent actively participates in their culture nor know much about their background. I have previously sent the children to the indigenous kindergarten and participated in NAIDOC celebrations*
- *Being and active member of the Aboriginal Community, setting a strong, positive example as an Aboriginal woman and providing children with as many opportunities as possible to connect without heritage and culture. Providing health information*
- *We have dream time books. we go to community activities such as NAIDOC Week encourage the child to be part of Beyond Broncos program*

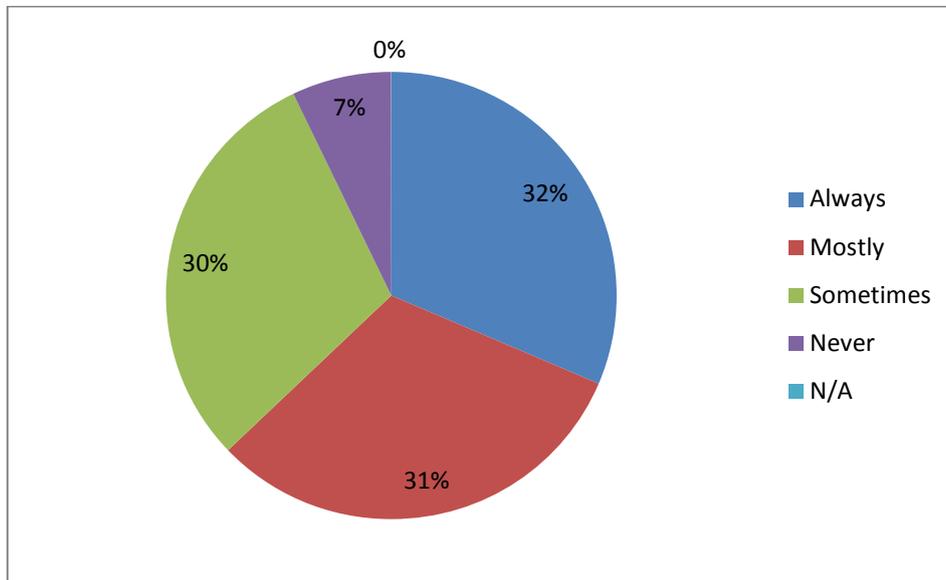
CALD Community

This is the first year that FCQ has sought to gather information from our carer community regarding the CALD community, specifically how many of our carers identify as being from a CALD community and whether carers have provided care for children and young people from a CALD community.

10.3% of carers who completed the survey in the South West Region identified from a CALD community and 13.5% of carers in South West who completed the survey reported they either were or had provided care to children who were from the CALD community. Carers who had provided care to children from a CALD community were asked whether they were provided with appropriate training to assist them to provide culturally appropriate care. Unfortunately only 16.4% advised that they had been provided with training.

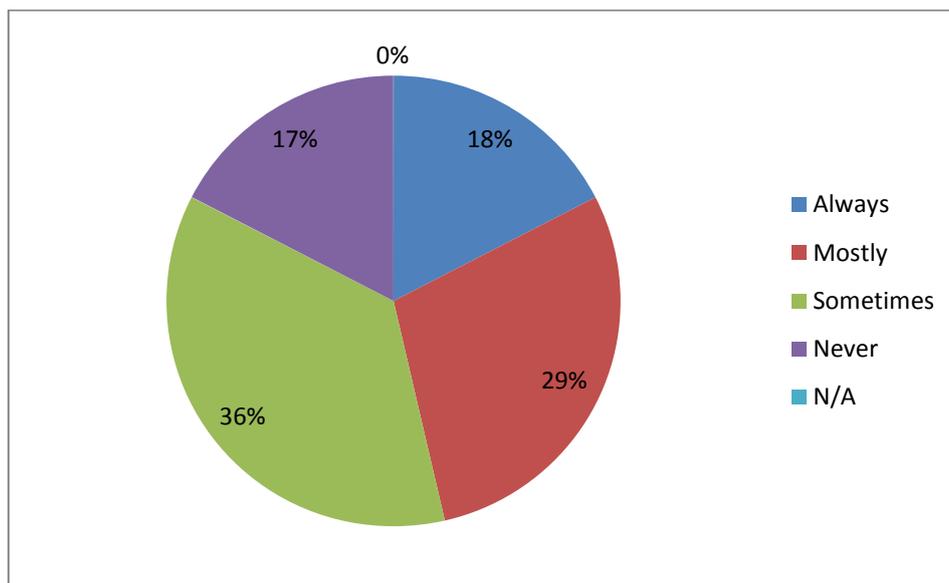
How satisfied are you with Relationships with Staff at Child Safety Services

Carers were asked whether they felt respected by their CSSC.



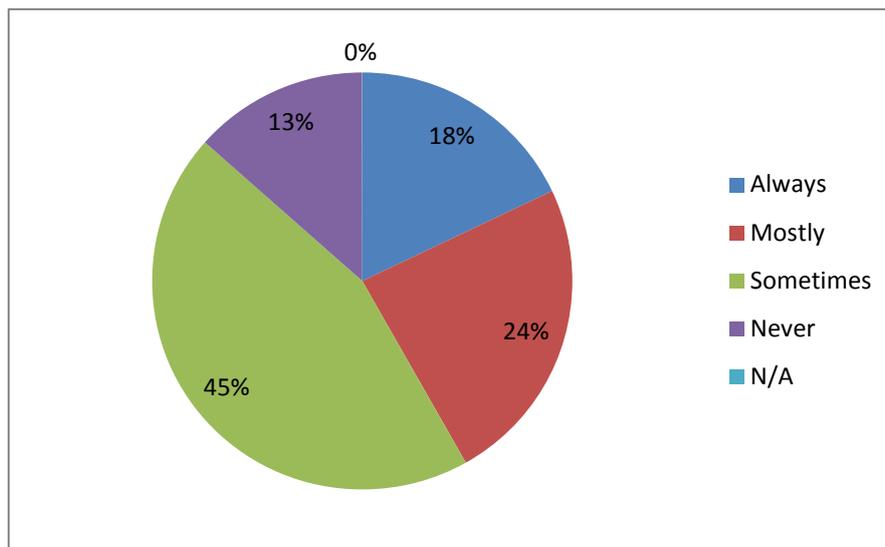
A total of 63% of carers reported feeling respected either always or mostly which is positive; that does leave 37% of carers however who reported only feeling respected sometimes or never.

Carers were asked whether they felt part of a team.



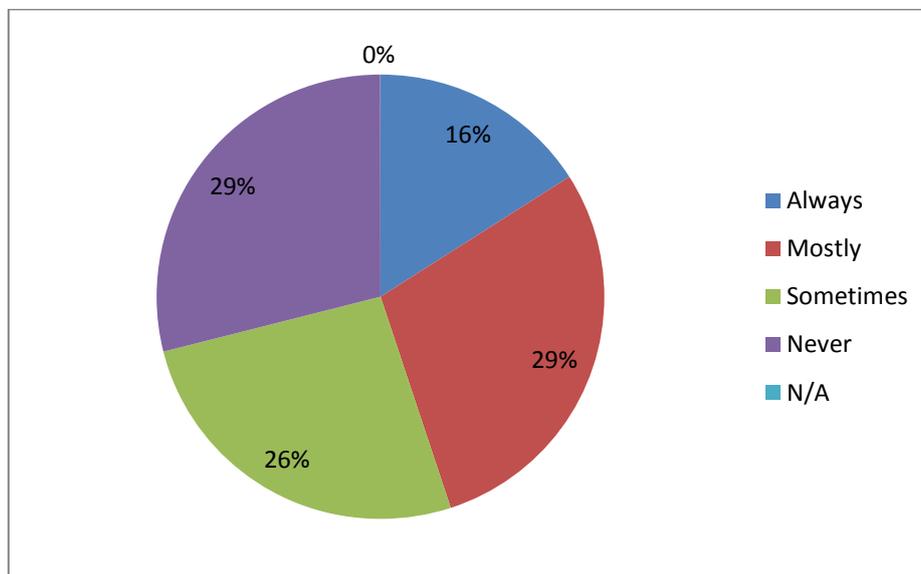
More than half of the carers surveyed reported that they only sometimes feel like part of the team or that they never feel like part of the team.

Carers were asked whether they feel as though their views are heard.



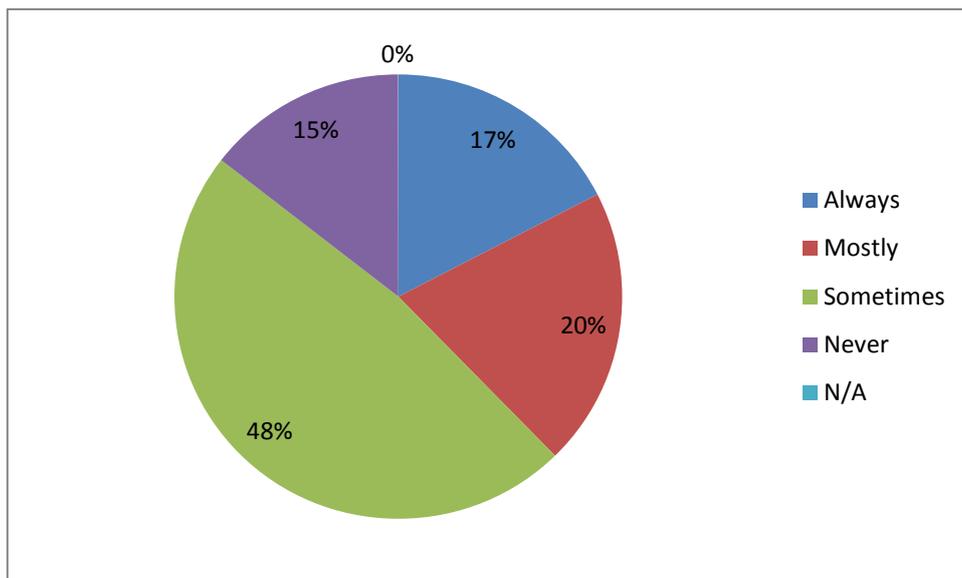
Only 42% of carers reported feeling that they feel that their views are either always or mostly considered. This leaves the majority of carers who were surveyed in South West stating that they feel that their views are only heard sometimes or never.

Carers were asked whether they feel as though there is consideration given to their whole foster or kinship family.



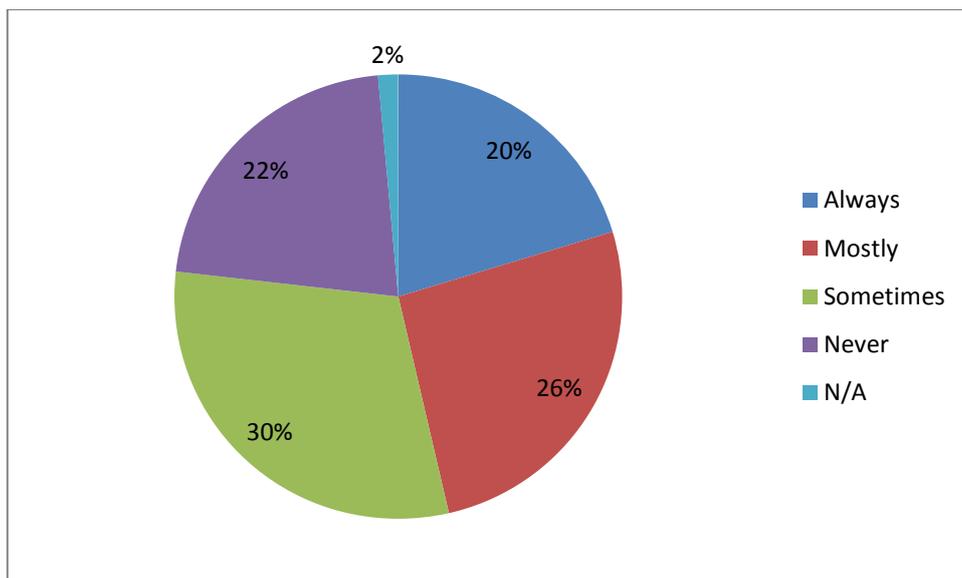
It is concerning that 29% of carers reported that they felt as though there is never any consideration given to the whole of family with another 26% stating that they feel as though consideration for the whole of family is only provided sometimes. Consideration of the whole of family is vital in the ongoing retention of foster and kinship care families as if fostering begins to negatively impact on their family and no consideration is given to this impact, carers are more likely to make decisions to resign from the system.

Carers were asked whether they received phone calls and/or emails within a 24 hour time frame.

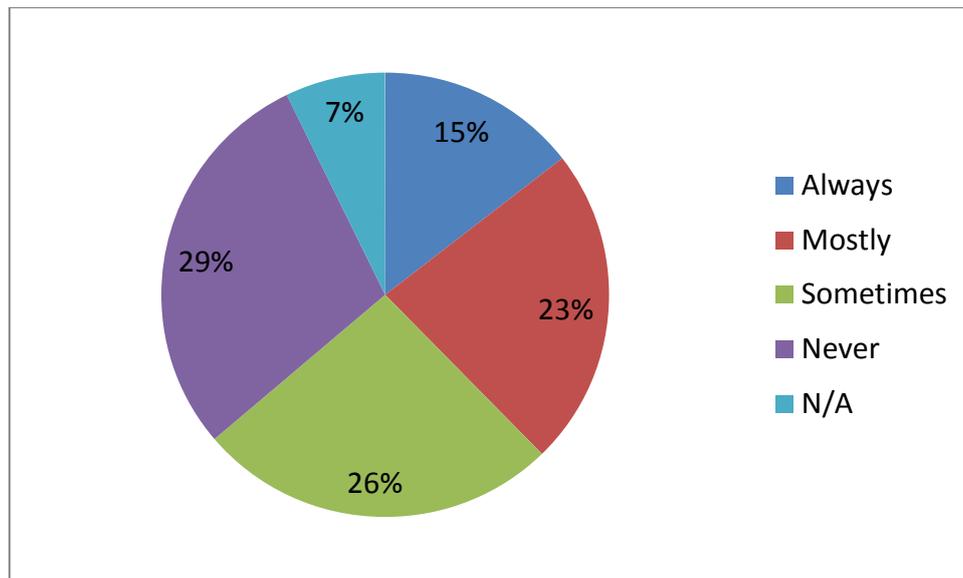


Only 37% of carers reported that they receive a response to emails or phone calls within a 24 hour period all the time or most of the time.

Carers were asked if the CSSC creates a supportive environment.

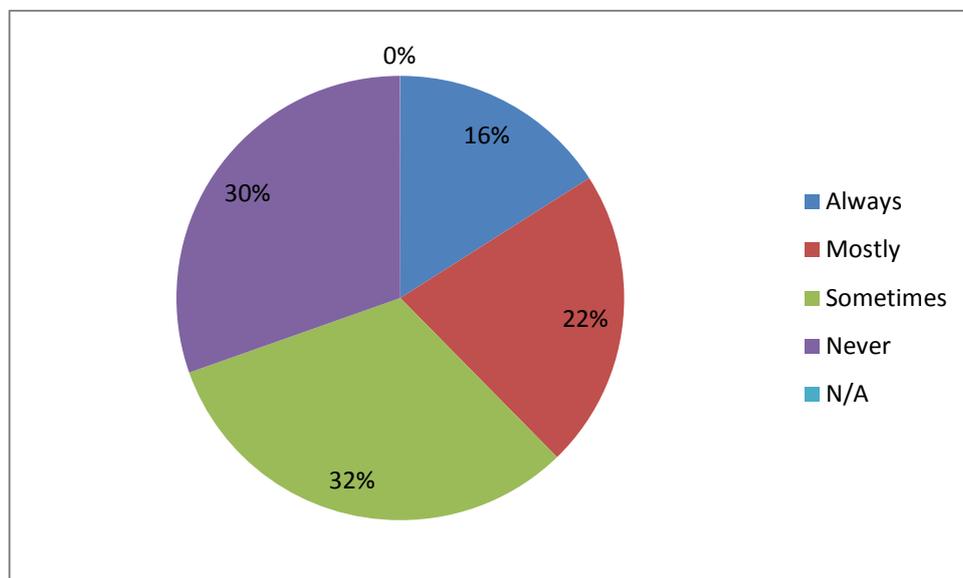


Carers were asked if they are assisted in completing applications for reimbursements/claims in a timely manner.



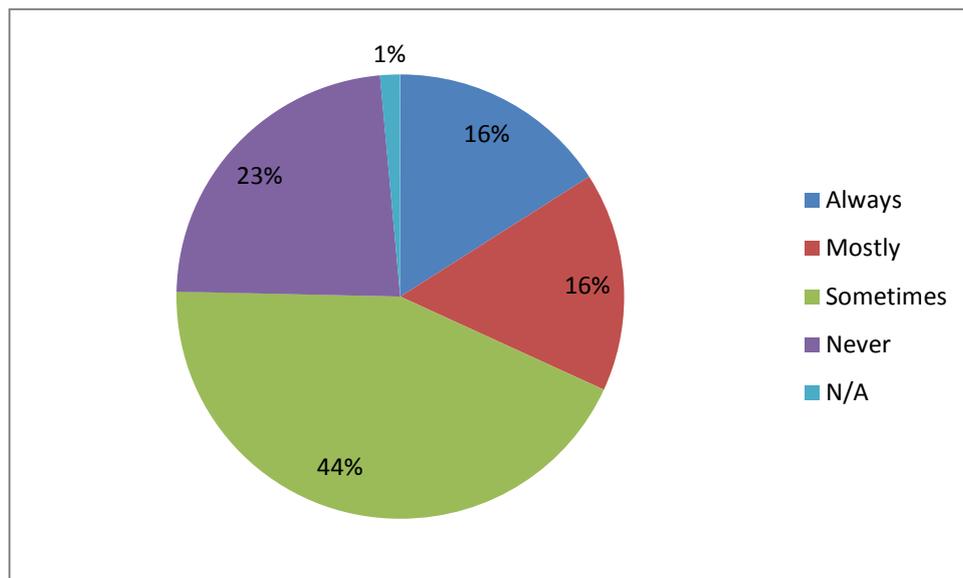
55% of carers reported that they feel that the CSSC only sometimes or never assists in this area. Financial stress can very much impact on placement stability and is often overlooked as a stress factor in foster and kinship families despite financial stress being one of the most recognised sources of stress in normal everyday families.

Carers were asked whether their CSO's let them know when they are going on leave or are going to be unavailable.



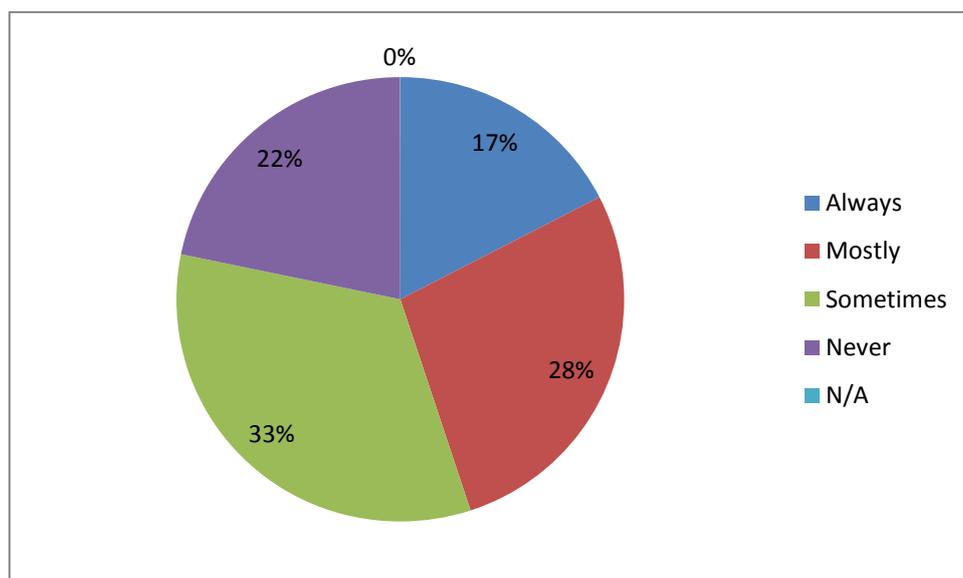
Advising the care team when planned leave or unavailability is occurring is a basic communication requirement in order to build a respectful and supportive care team. Carers are expected to let the care team know when they are going away or are going to be unavailable, therefore it would be an expectation that this same courtesy was provided to carers, however only 38% of carers reported that they are either always told or mostly told when this occurs leaving a large proportion of carers in the dark during these times.

Carers were asked whether they are given ongoing information about the child in their care.



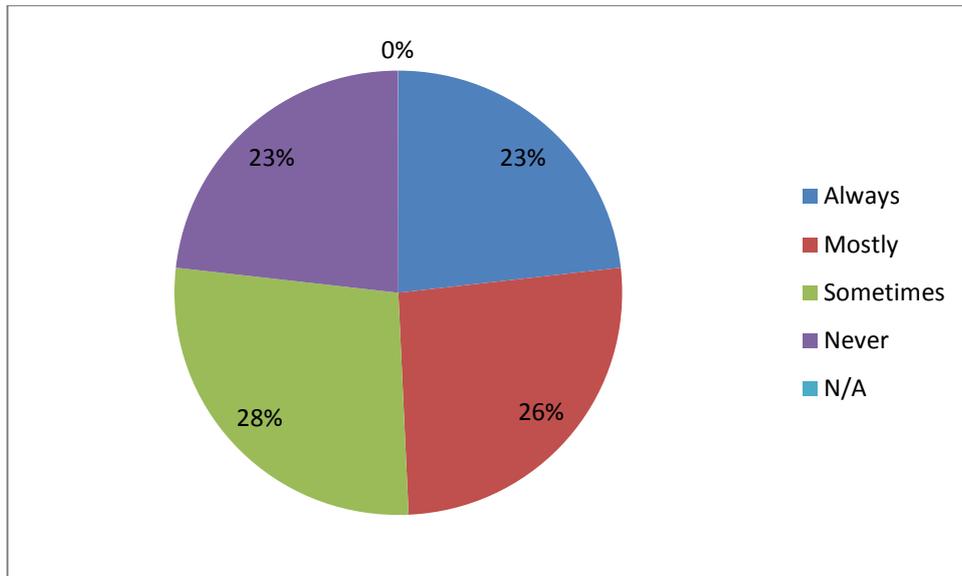
67% of carers reported that they only sometimes or never get updated information about children in their care. This percentage is extremely high given the legislative requirements of the Child Protection Act 1999 that require carers to be provided with information that allows them to provide safe and appropriate care to the child and other children in their care. The issue of confidentiality and sharing of information is one that continues to raise concerns for FCQ. For this reason FCQ has developed a training session on Information sharing that will assist carers to understand the confidentiality provisions of the act and what information they need to have in order to provide safe and appropriate care for children and young people. This training also assists carers to understand what they can safely share with key stakeholders in the best interests of children and what responsibilities they have in respect to Social Media.

Carers were asked whether support and assistance was provided to them by CSSC for the children in their care.



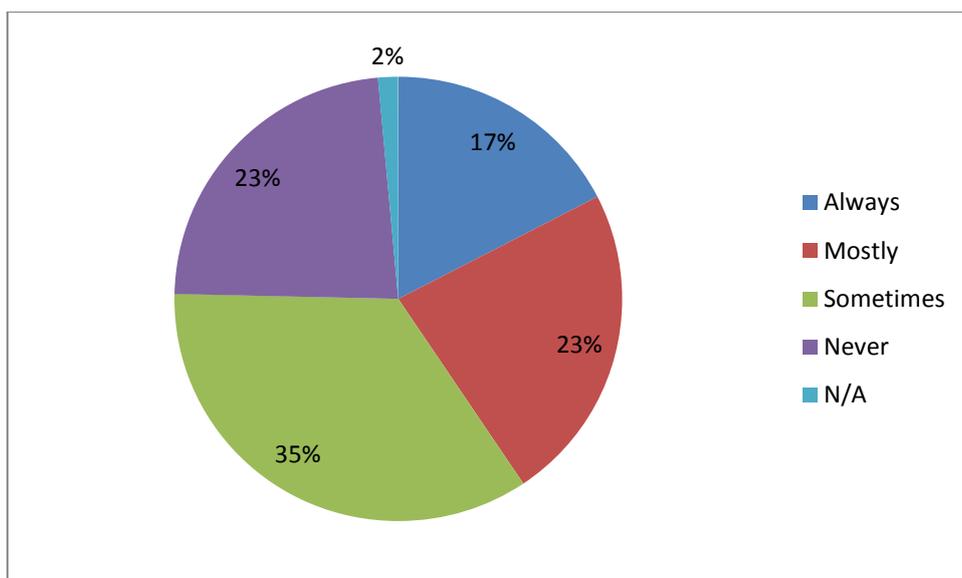
Unfortunately over half of the carers who responded felt that support and assistance for children in their care was only provided sometimes or never.

Carers were asked whether they were respected to advocate on behalf of the children in their care for resources, goods and services.



It is interesting that exactly 23% of carers reported they feel that they are supported to advocate all the time and 23% reported they feel they are never supported to advocate. Carers need to feel confident to advocate in an appropriate manner, whilst they may not always get the response they desire, it is vital that carers are provided with rationales as to why decisions have been made. FCQ finds that if the response is provided in a respectful manner with an explanation as to why the decision was reached, they are more likely to accept the outcome even if they don't necessarily agree with it as they understand how the decision was reached.

Carers were asked whether the CSSC are improving services and interactions.



More than half of carers in South West (58%) reported that they feel that services and interactions are only improving sometimes or never.

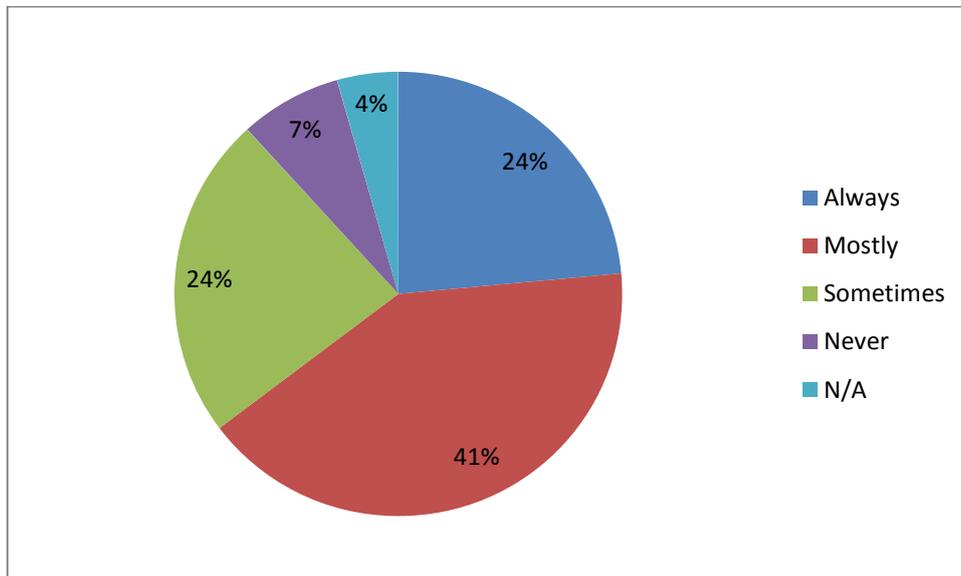
Comments:

- *We have three different CSO's who we deal with. All work differently and very inconsistent with how they work*
- *We have always had excellent CSO's who have worked with us as a team as mutual professionals*
- *(Office name withheld) office cut off the 50% child care reimbursements and ceased dual payments for respite without any communications to us or our agency... When we queried this we were told it was due to our placement agreement expiring. When we showed concern and asked how do they expire, we were accused of being 'financially motivated' which is not the case (office withheld) seems to be the ones who are financially motivated as the team leader knew about the 'expiry' and got the CSO to create higher needs payments to cover any shortfall for dual payments.... This was supposed to be reviewed every 3 months. We got 6 weeks and had respite days deducted to boot. We asked if a placement agreement expires, where does that leave the placement... We were of the understanding that they had renewal dates.... And got renewed... Not expired. All seems to be a con from (office withheld) to keep their budget in the black... At the cost of the carers*
- *We have based our answers on our experience with (office withheld) and acknowledge a new CSO has been helpful in making improvements. However, our interactions with (office withheld) have resulted in us feeling disrespected and not part of the care team. This has been particularly evident in our interactions with a CSSO. Furthermore, the CSO has visited the children 3 times in one year and made a promise of regular home visits that has not happened. The CSO and CSSO have shown disregard for the other young people in our care (through office withheld) and also our own children. We would not accept another (office withheld) placement. We have been requesting a Placement Agreement since January after the previous one expired last year. This still has not occurred*
- *We have had nothing but ongoing issues with the department. We've been treated disgracefully and when I've advocated for the children they have reminded me I'm "just the carer" and "well you volunteered for this"*
- *can't complain about our CSO - she is great*
- *Communication is a 2 way street, I'm very active in communication to our CSO and she and the team she is with is fantastic in helping/communicating with our needs*
- *We have a very stable placement and our CSO's have so far been very good at doing their best to maintain the status quo (i.e. help to ensure the placement remains stable). This has been invaluable for the child*
- *New CSO'S need to be fully aware of the child's history before they waltz in & try to implement changes before they've even met the child*
- *I have been told I am just the carer and although my input is appreciated it needs to come from a professional person. I have also been subjected to racist comments from a CSO at my kitchen table with my support agency as witness. CSO still denied saying anything wrong*
- *Rude, disrespectful, unhelpful - blame everybody else for problems/issues, take no responsibility for issues and continually contradict themselves in actions and information provided. Would hope nobody ever has to deal with this office - totally inept and incompetent*
- *The new CSO for my child is great and is always there with information and help to resolve issues. On the other hand the second office that I was with did not listen and because of this the placement was ended*

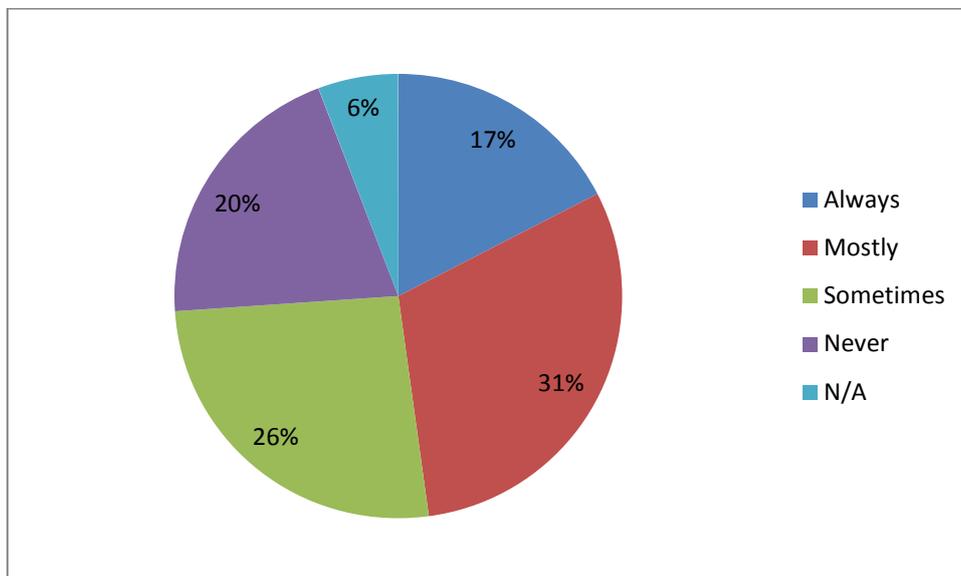
- *Foster carers are treated like they are the abusers, Some CSO's have a mighty than thou attitude towards the carers and carers are not believed when letting them know about trauma related issues the child is displaying. No support when trying to get help for these kids, always told that there is not enough money. Which is sad because we are supposed to work as a team together to support the needs of these children. Constantly trying to get DOCS to advocate for the child, when they care more about the biological parents. No consideration given to the child or carers when biological parents do not attend contact, and the subsequent emotional & mental impact that has on the child. We were also reprimanded by a team leader, because we had researched too much into the child's mental conditions consistent with the professional help we were getting the child, we were told we are not qualified so stop learning about the child's mental issues and required treatments and interactions and just enjoy the child!*
- *The same problems exist that have for the last seven years that I have been involved in Fostering*
- *Miscommunication, information withheld about resources Carers and children can access, lack of support for children with Complex needs, inadequate respite care, lack of standardisation between Regions and Offices within Regions*
- *Often excluded from key discussions. Placement meetings prepared without our consultation agreements re contact entered into without consulting with us yet expect us to do the transport*
- *We have been very lucky to have our CSO for a very long time. It was a different story before that*
- *It takes way too long for approvals for activities*
- *We are very lucky to have a fantastic CSO at (office withheld)*
- *My experiences with the Dept have been mostly positive and rewarding however, there have been times we have felt ignored, dismissed and unsupported by particular CSOs and Managers.*
- *Takes months to receive promised HSNA at (offices withheld) seem to never pay initial start-up allowances (office withheld) is amazing however*
- *We have recently been transferred and with all honesty the new office we are been working with are the complete and utter opposite. It is alarming that a government department could operate in such a way. Since our transfer we have been communicated with politely we have not been threatened and most importantly the children have been the priority*
- *Not enough helpful info is provided. Confidentiality is sometimes counter productive*
- *Sadly in a lot of aspects contact is parent focused rather than child focused. It's more acceptable, apparently, for a child to wait at the window at day care for a CSSO to arrive, all day, due to parents' poor attendance, rather than reducing contact. This is not child focused.*
- *The current Team Leader and CSO are probably the best we've had in 6 years. Team Leader is very respectful and listens always. (Name withheld) is the Team Leader and (name withheld) is CSO (office withheld) Office. Other staff are not always respectful or listen to me and my experience with the young person*

Child Safety Processes

Carers were asked whether they were satisfied with the approval and reapproval processes as carers.

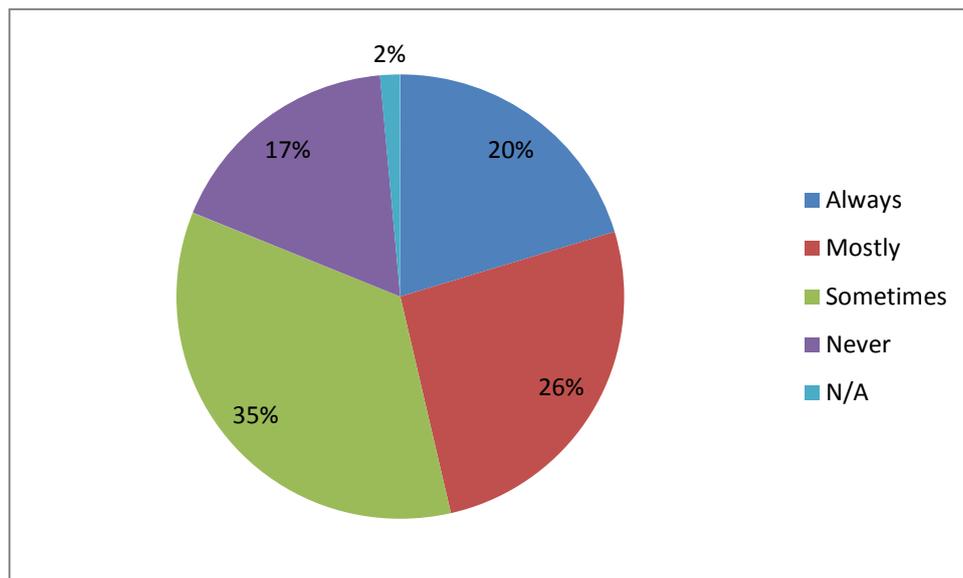


Carers were asked if they were satisfied with the completion of Placement agreements.



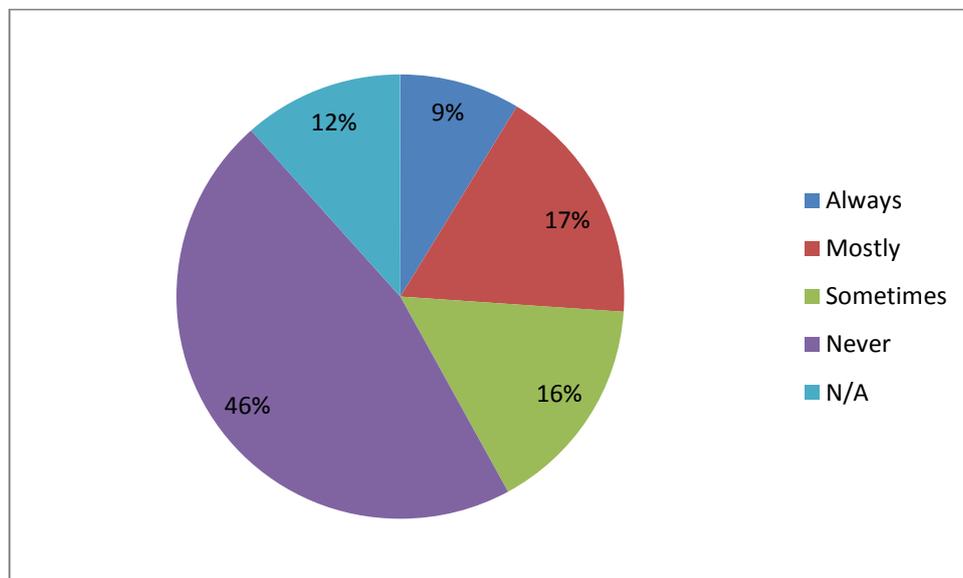
Given that placement agreements are a legislative requirement it is concerning that nearly half of the carers surveyed reported only feeling satisfied sometimes or never in relation to the completion of placement agreements.

Carers were asked if they were satisfied with home visits being completed by Child Safety.



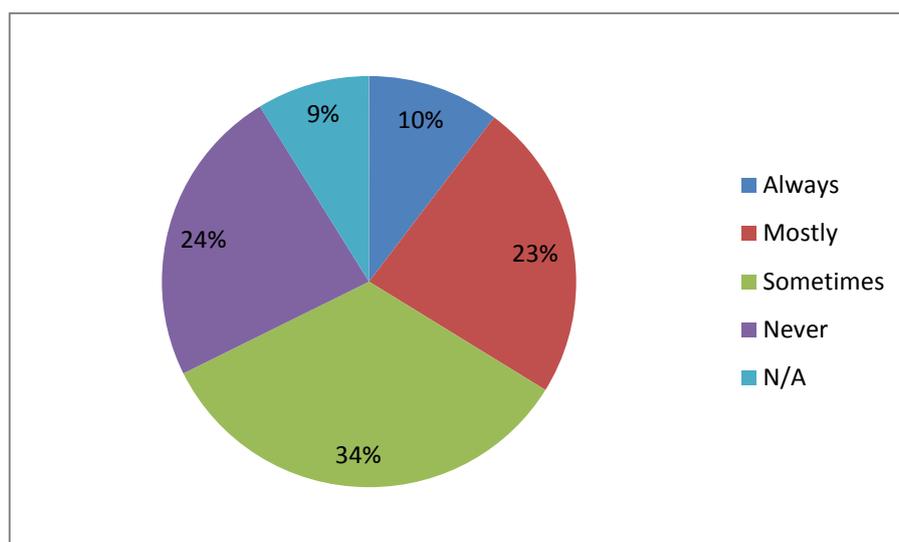
Carers are almost split down the middle in respect to this matter with around 46% of carers reporting they always or mostly always feel satisfied with home visits being completed and 52% of carers stating that only sometimes or never feel satisfied with the level of home visits being completed.

Carers were asked if they feel satisfied with their ability to engage in Family Group meetings for children in their care.



It is evident that despite their being provisions for carers input into Family Group Meetings within the Act and supporting procedures, that carers in South West are very rarely given the opportunity to have input. Whilst it is accepted that it may not always be appropriate for carers to attend FGM's, their input can be gathered through other means and it is disappointing that this does not seem to have been the standard practice in this region given the responses provided by carers.

Carers were asked whether they were satisfied with review processes within the CSSC.



Only 33% of carers reported feeling always or mostly satisfied regarding review processes with the CSSC.

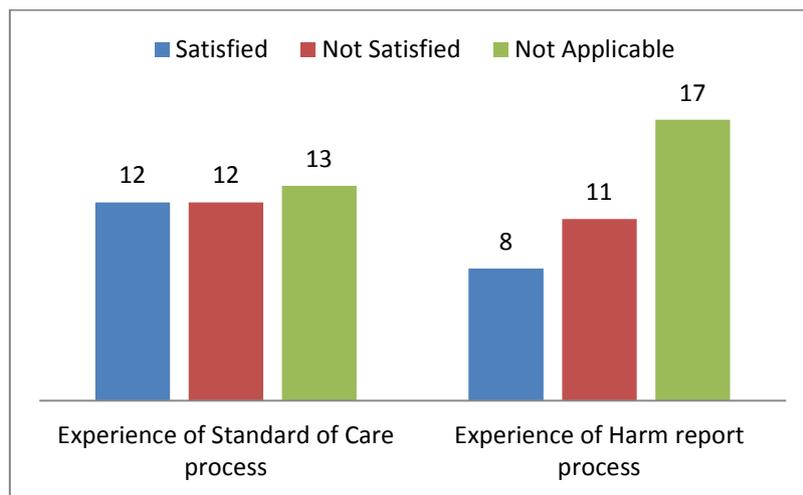
Comments:

- *As carers need to be involved in the ongoing family group meetings*
- *With regards to our LTG children no complaints all very supportive. New placement early days but mostly good*
- *Have not been asked to attend Family Group Meeting*
- *Never been invited to participate in a FGM. Placement Agreements are regularly out of date and not seen as important*
- *Initial case plan I was completely left out of and didn't know it had happened. It was pathetic and lacked vital information. I had to ask to be involved in the review of it 6 months later, after being informed by the team leader that carers usually aren't involved*
- *I would like more involvement in family group meetings, this is a very important part of what needs to be done/improved on with the children in care and being involved can help support the parents in a number of ways*
- *Child safety is a hard job and there to be more people employed by child safety to meet depends of the children that are in care*
- *There was some uncomfortable moments in the family meetings but was handled very respectfully*
- *3 x home visits in last 11 months. No placement agreement. No communication*
- *Carers are denied access to Family Group Meetings in this Region, have Case Plans withheld from them, often Placement Agreements are not done, rarely are Home Visits made by CSO's and Authority to Care documents are rarely completed or sent out to Carers*
- *Never invited to FGM's. Been told by Child Safety that carers do not attend FGM's*
- *One CSO for one of the children took over 14 weeks to come for a home visit to meet the child and me*

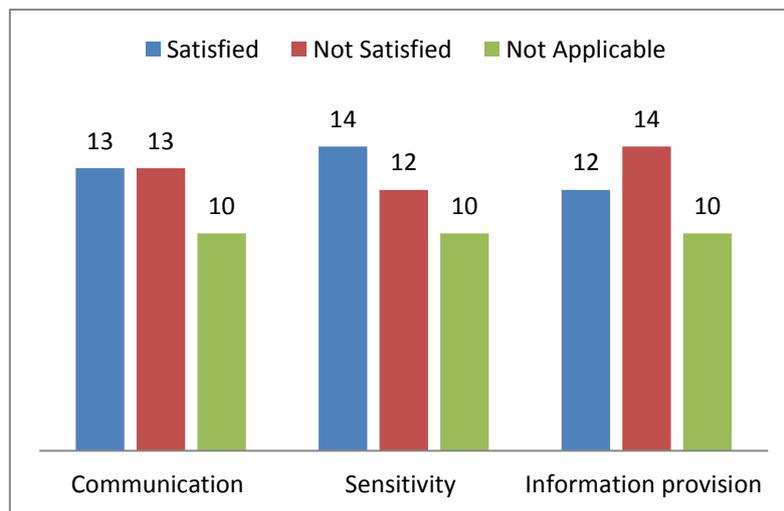
- We have never been asked to attend a FGM. We have found applications have taken such a long time and have been so badly dealt with we have had to postpone plans and even cancel them as approvals have not been obtained in time. Again these issues occurred with a the same few CSOs
- We only get to know things by word of mouth meaning a lot of what we need to know is not forthcoming

Standard of Care/Harm Processes

Carers were asked whether they were satisfied in respect to Standard of Care and Harm processes they had been through.



Carers were asked a range of questions around the process relating to the quality of communication, sensitivity and information provision.

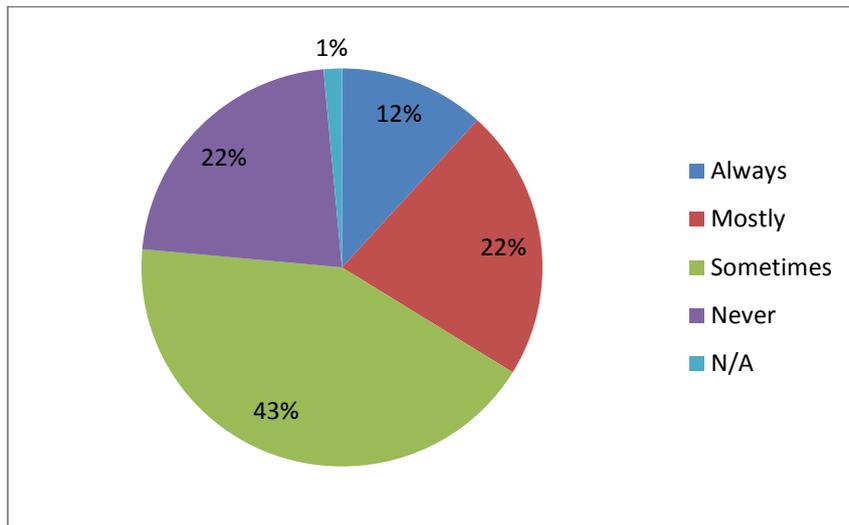


Carers were then asked if they were satisfied with the timeliness of the outcomes 41.6% reported feeling unsatisfied with the timeliness of the process and 30.1% reported feeling satisfied with the remaining percentage stating it was not applicable.

Carers were then asked if they were satisfied with the review process that took place if they were not happy with the outcome of the Standard of Care and/or harm report, of those who thought this question was applicable to them 55.5% did not report feeling satisfied with the review process.

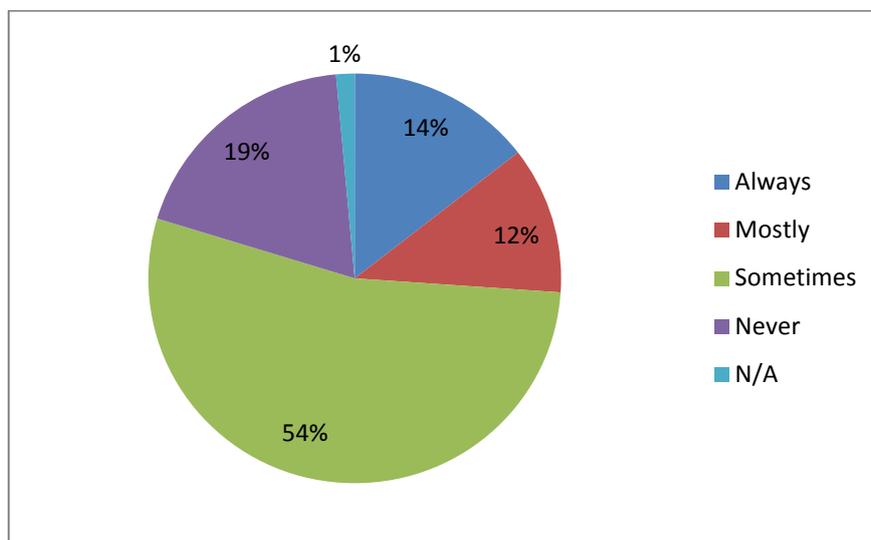
Confidentiality

Carers were asked if they were satisfied with information provision provided to them about the children in their care.



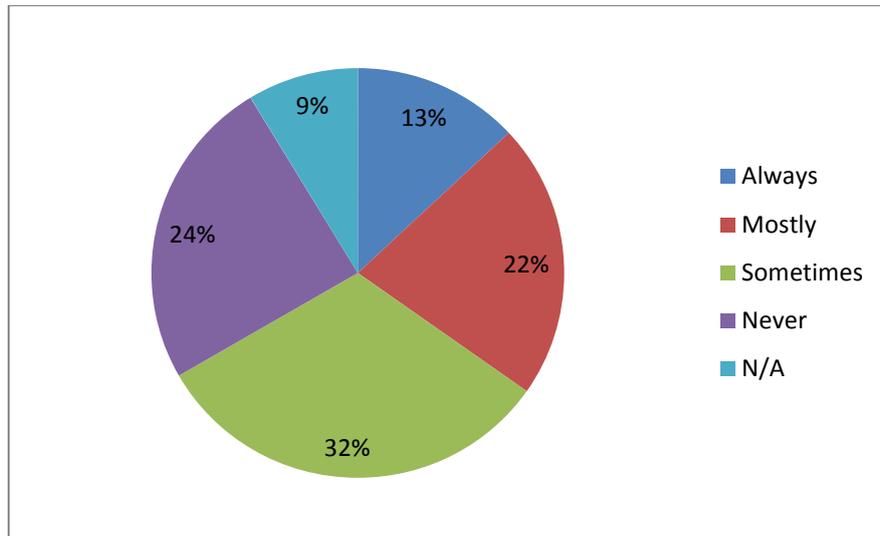
65% of carers reported they are only satisfied sometimes or never.

Carers were then asked if they were satisfied that information was provided to them about the child as it became available to Child Safety.



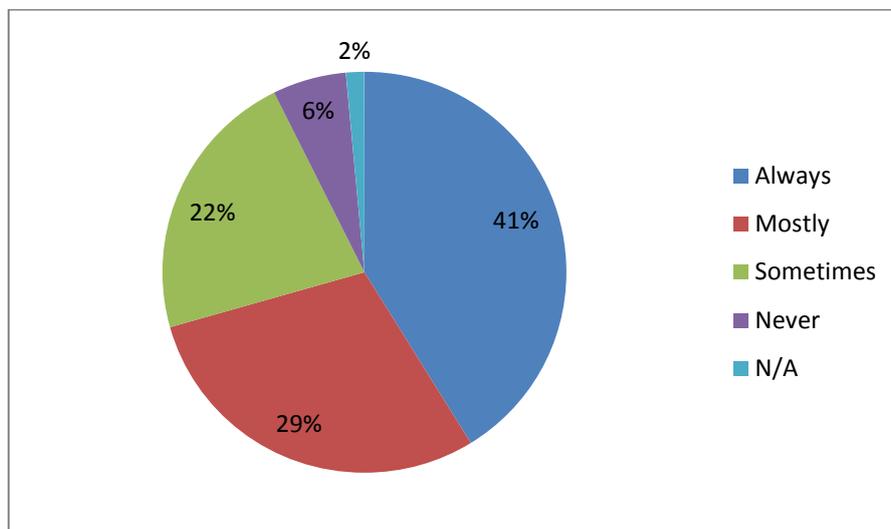
Whilst it is recognised Child Safety very rarely have all the information at time of placement, over time Child Safety gathers information which is vital to pass onto carers as this allows the carers to understand a child's trauma better and provide care in accordance with this. Unfortunately 73% of carers reported that they feel ongoing information about a child is only shared with them sometimes or never.

Carers were asked whether they were satisfied with the information provided to them in respect to the Safety checks being completed prior to identifying information being given out.



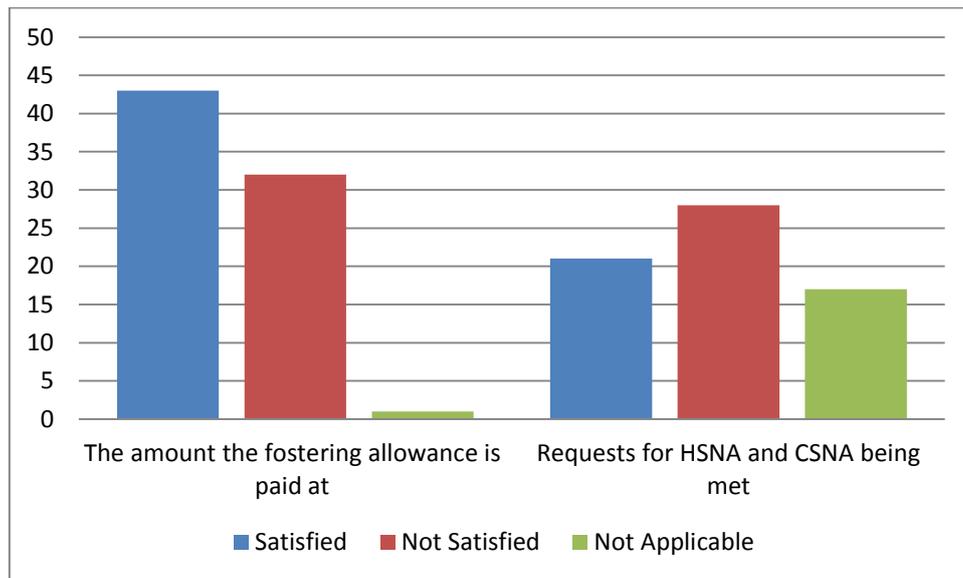
More than half of the carers surveyed reported only feeling satisfied sometimes or never regarding communication in this area.

Carers were asked whether they were satisfied with their understanding of confidentiality provisions and how this relates to them as carers.



70% of carers reported a good understanding of confidentiality provisions.

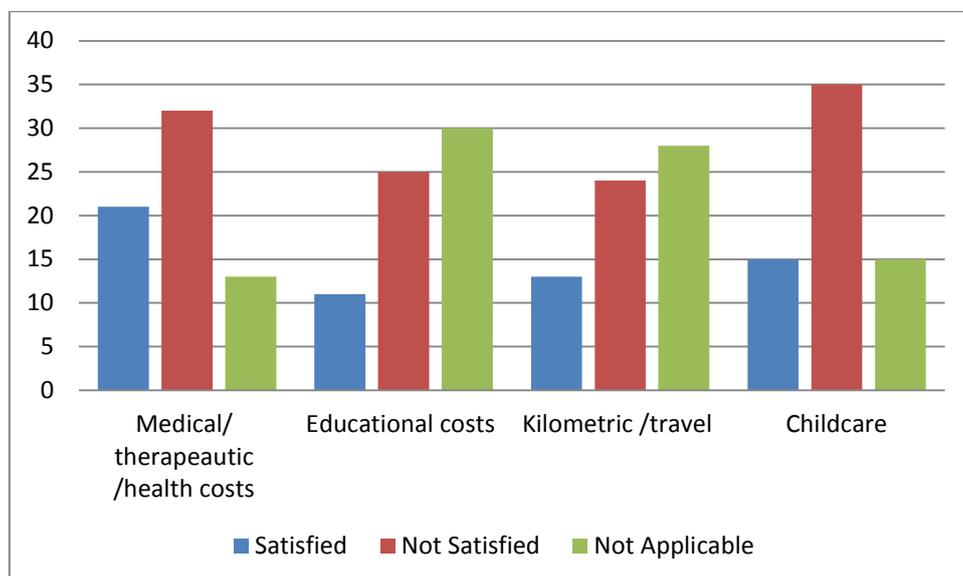
Financial



The dissatisfaction rate of carers has increased over the years in terms of the fostering allowance. Previous surveys have seen around 80% satisfaction rate amongst carers, however only 65% of carers reported feeling satisfied with the rate of the fostering allowance payment. This could be due to the rise in the cost of living not being compatible with the CPI index specifically when it comes to matters such as electricity, water, food and other essential household expenses.

Of those carers who felt that the question relating to requests for HSNA and CSNA was applicable, 57% reported not feeling satisfied with their requests being met in this area. Over the past couple of years, FCQ has had a marked increase in the number of calls in respect to this as the focus became primarily focused on carers evidencing expenditure in this area and where previously carers felt the allowance was also in recognition of the additional level of care required, the focus was now only on the cost.

Carers were asked about a number of Child Related Costs that sit outside of the fostering allowance and whether they felt satisfied in relation to the payment of them.



It is evident that carers had higher dissatisfaction rates with Childcare and medical and health costs and CRC's being met.

FCQ continues to raise the issue of Child Care as a State wide issue given that most families now need to bring in two incomes to support their household. Therefore if we are serious about recruitment and retention of carers in today's climate we need to be realistic about the financial implications for carers. This survey provides further evidence that this is an area that carers are simply not satisfied with.

Carers were asked about their knowledge to apply for ex-gratia (special payments) and whether they were encouraged to apply for these when applicable. Only 16.9% of carers reported having knowledge and being encouraged to apply for special payments. 49.3% reported not feeling satisfied in this area with the remaining feeling the question was not applicable to them.

Finally carers were asked if they were satisfied about information provision relating to Child Related Costs. 48.5% of carers reported they did not feel satisfied in this area, 32% reported feeling satisfied and 19.7% reported that this question was not applicable to them.

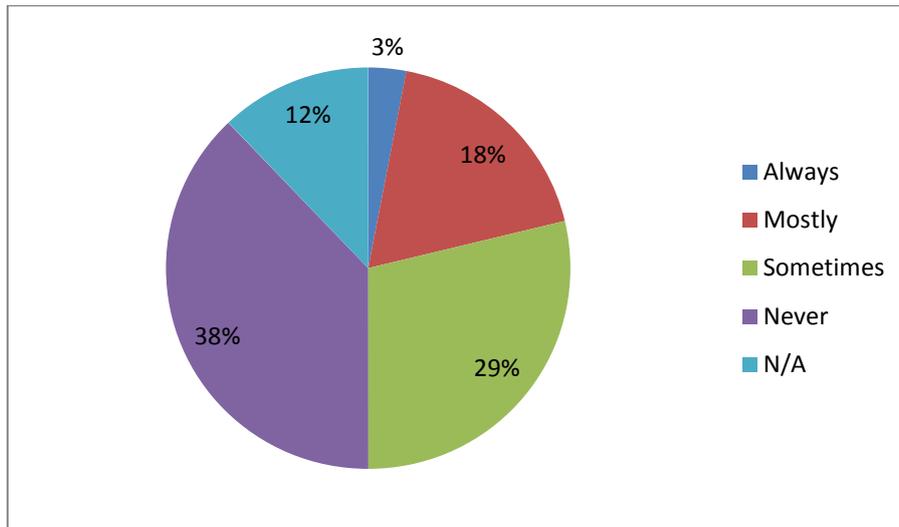
Comments:

- *Not informed about finances unless carer brings up the information. This information is not given to carers openly*
- *With regards to foster care for nightly payments need to be nationwide and all equal payments, and not QLD being lowest paid and we work just as hard as the other states*
- *It's disgusting how carers have to fight for reimbursements and whenever carers raise the issue of money they are made to feel bad about asking and treated as though we are only interested in money*
- *Had ongoing problem with establishment payment, the child had been placed with family before payment came through. 8 months after order was granted*
- *This department expects you to give and keep giving and they won't let you know what is available and if you find out they knock you back and say he is on the highest payment you have to use that money. I have spent over \$2000 in one month on medical expenses. We are really struggling to keep our family together. But too scared to say too much in case they break up this family. We have asked for guardian ship and get nowhere. We have done 11 years with this child and feel most of it we have done ourselves*
- *Our allowance payment was recently increased in recognition of the high needs support that is required from us. This has helped significantly and has made it easier for us to take the child to extra activities and pay for extra support (especially professional psychology services and cultural activities)*
- *Our child went from complex 3 to nothing without our knowledge. We were away on holidays at the time and only received HALF our usual payments. We since were able to access Complex 1 for 18 months but now they've taken that off us again and we're only on HSNA. Qld needs to base their payments model on SA's model - they're either complex or they're not, and carers of complex children all get paid the same (which is double for non-complex children) A full and thorough review is needed. FCQ and the government are screaming out for more carers, yet they won't fund them to have the kids. The cost of having kids in Residential is FAR, FAR MORE than what it would be to increase the payments to carers*

- *Little information provided about payment entitlements. Reimbursements are extremely poor - still waiting for Child Care Fees to be reimbursed from as far back as May 2016 and Kilometric Claims from April 2016*
- *You have to argue with DOCS about their own Policy and the legislation and how they narrowly interpret it, and we constantly get told they have no money. They are also very good at not telling you about things, which you later may or may not find out about. It seems like "they only want to spend the bare minimum to cover their arse"*
- *In this Region, many Carers are denied travel to pick up and return other Carer's children for Respite, mileage for Specialist visits, outside of the 250 km; in fact Carers in Warwick and Allora are being told three months after an event, that it is too late to claim. Mileage for contact is denied, child care, after-school care for working Carers is also denied. I have been told that if I want my child with Complex Needs to continue a particular therapy that I would have to use my own funds, as they dropped the CSNA down a level*
- *The allowance has not kept up with the cost of living. Child Safety does not honour their commitment to assist with child care or vacation care. High support allowance and CNA are withdrawn without consultation. Child safety appear very financially driven, if carers make an application for additional costs to be made they are accused of being motivated by money. They will never provide information on what is appropriate but will always highlight when they believe something is inappropriate. It is so hard to get HSNA and CNA that many of us give up because we are treated so poorly. Child safety pay a lot of money for some children in residential care but refuse to adequately support those in general care and thus make carers feel undervalued.*
- *If you don't know what you can apply for they are not going to tell you. Other carers are the best source of information. CSO's sometimes have no idea what you can apply for or what you SHOULD apply for. They act like they are paying you out of their own back pocket and discourage you from asking for high supports or reimbursements. CSNA is ridiculously difficult these days to maintain*
- *We had no communication at all for the complex and high support needs that just stopped in June for a child we care for that has 7 major disabilities*
- *The money doesn't cover 100% of care. I have spent 10k extra over 2 years. It upsets me when children come from other carers with little or old and worn out clothing. Most carers don't spend the money on the kids I feel*
- *We find reimbursements often take months to come through as have respite payments at times*
- *Many respite carers are being denied start up allowances for respites lasting more than four nights. This is contrary to policy and leaves carers out of pocket. Some children come into care and remain on interim orders for extended periods, denying carers access to the establishment payment for months or years*
- *We are never told of any of the above entitlements so do not know what is out there for us. Dept is always slow at any reimbursements*
- *In regards to information about the child, I know the child better than the Dept and therefore I am giving them the information rather than it being the other way around. Some Dept staff appreciate this and understand I know more and others appear arrogant and assume I don't know what I'm talking about. I believe the foster care payment I receive is fair and covers what I need it to cover. If I need additional costs paid by Dept I will put my position to Dept and usually get it paid*

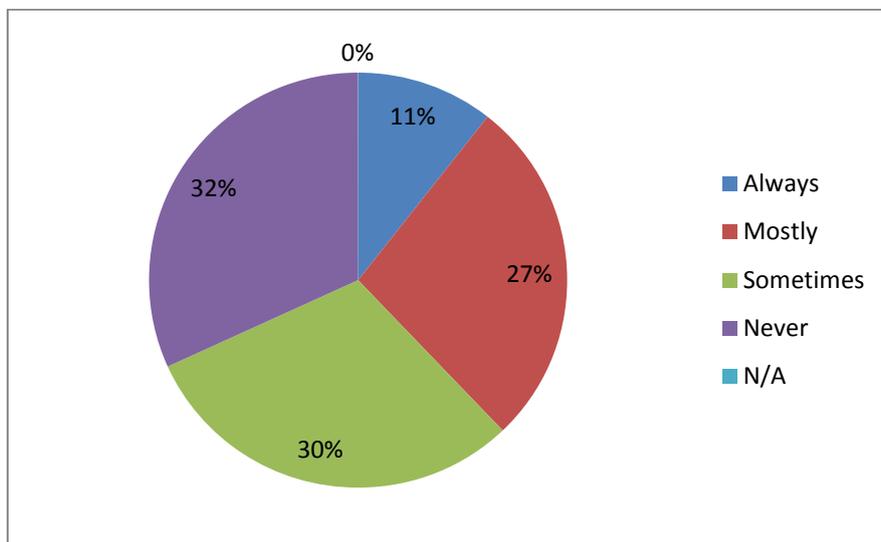
How satisfied are you with local practices of CSSC

Carers were asked how satisfied they were regarding information in relation to change over of CSO.



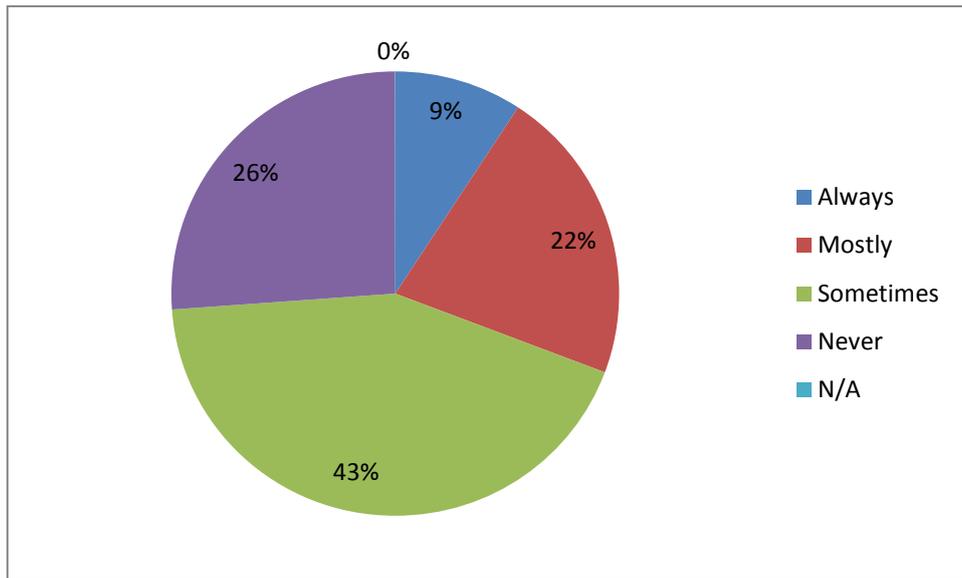
More than two thirds of carers who were surveyed reported only feeling satisfied either sometimes or never. Only 3% of carers reported that they were always satisfied with communication relating to change over of CSO's.

Carers were asked whether they were satisfied with the knowledge of the history regarding the child/ren in their care.



More than half of the carers surveyed reported that they felt satisfied only sometimes or never in respect to CSO's knowledge of cases.

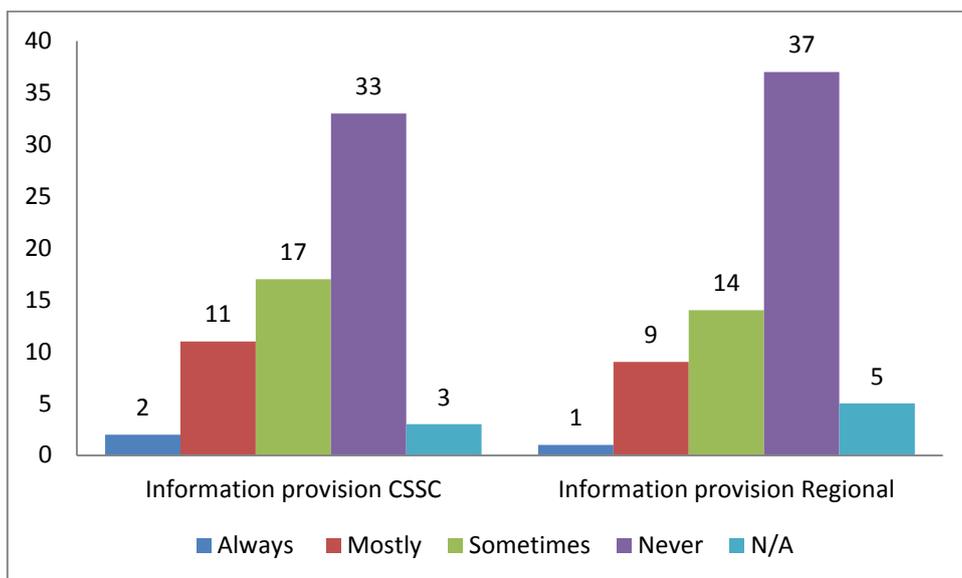
Carers were asked if they were satisfied with the timeliness of case plans.



Only 31% of carers reported that they were always satisfied or mostly satisfied in this area, leaving almost 70% of carers in South West feeling that case plans were only done in a timely manner some of the time or never.

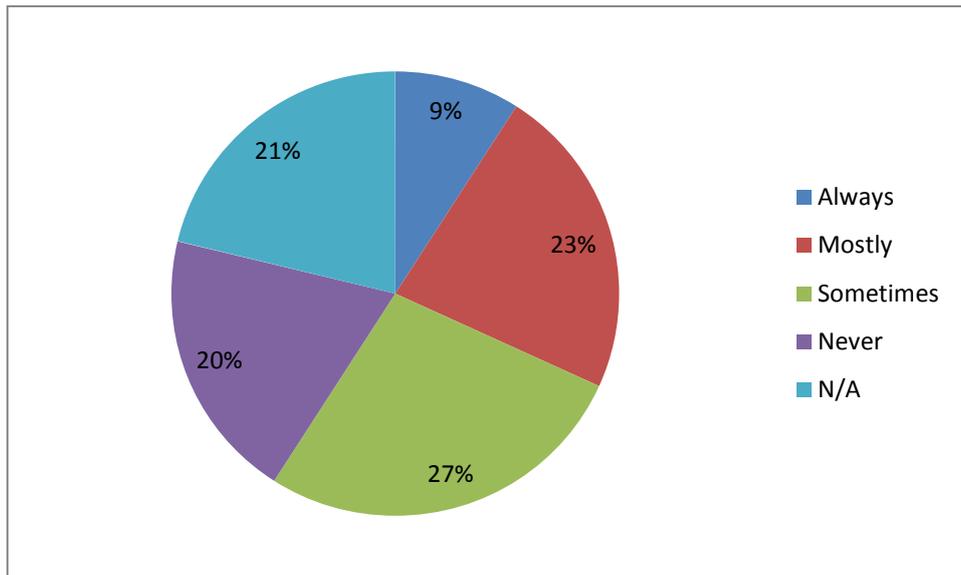
Carers were then asked whether they felt satisfied with minutes being provided to them for their records. 77% of carers reported they only felt satisfied sometimes or never in respect to this area, indicating a real concern with carers being provided with minutes in a timely manner or not at all.

Carers were asked if they were satisfied about provision of information provided by the CSSC and Region.

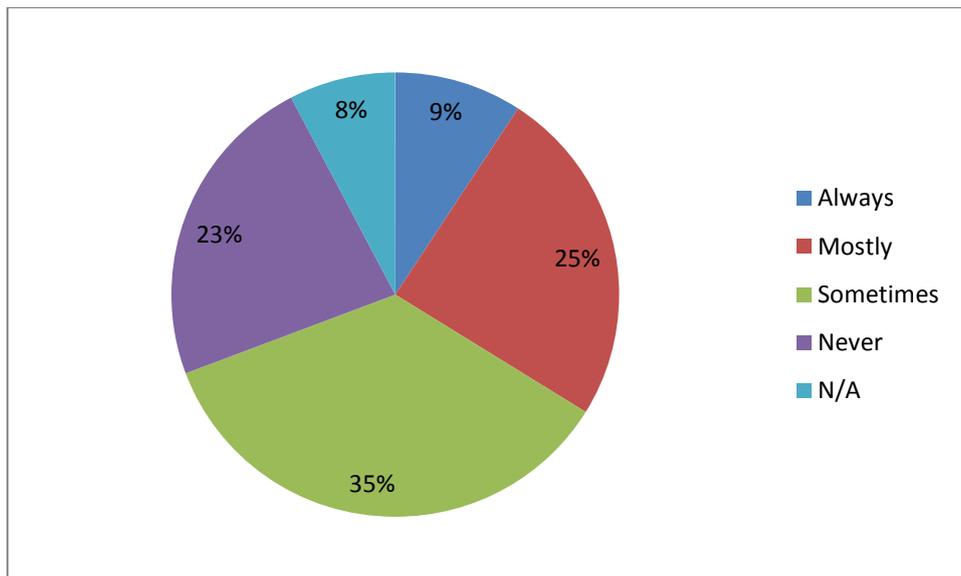


As demonstrated in above graph, carers expressed overwhelmingly that they are not kept up to date about changes in either their CSSC or Region.

Carers were asked if they were satisfied with their ability to access respite.

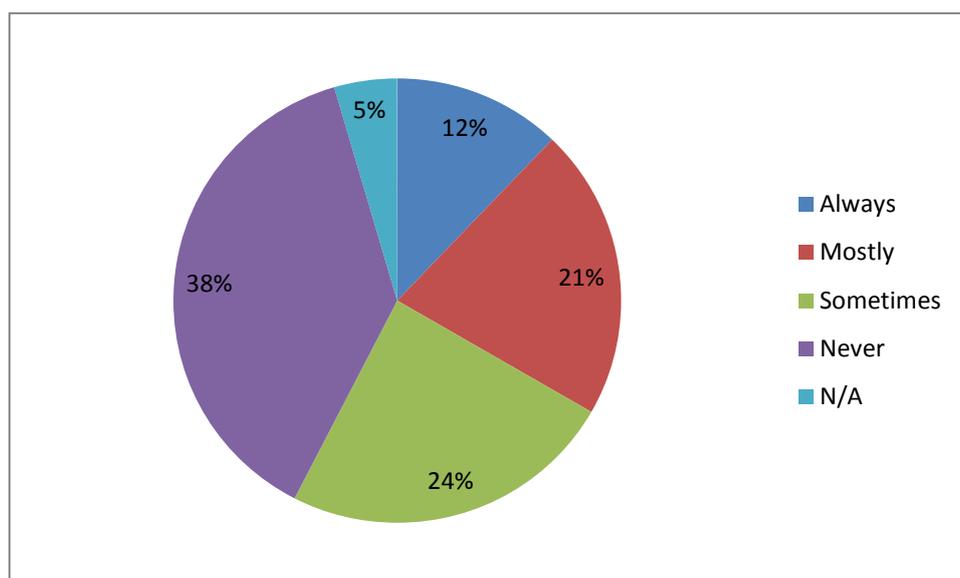


Carers were asked whether they were satisfied in respect to being consulted regarding Family Contact.



Over half of carers have reported only feeling satisfied sometimes or never, this is despite the Statement of Commitment clearly stating that carers should be consulted in respect to decisions effecting children and young people in their care. This is because there is recognition that someone who provides daily care to a child has insight into the child's needs, it is therefore disappointing that the percentage here is not much higher.

Carers were asked whether they felt they were supported to meet their own family commitments.

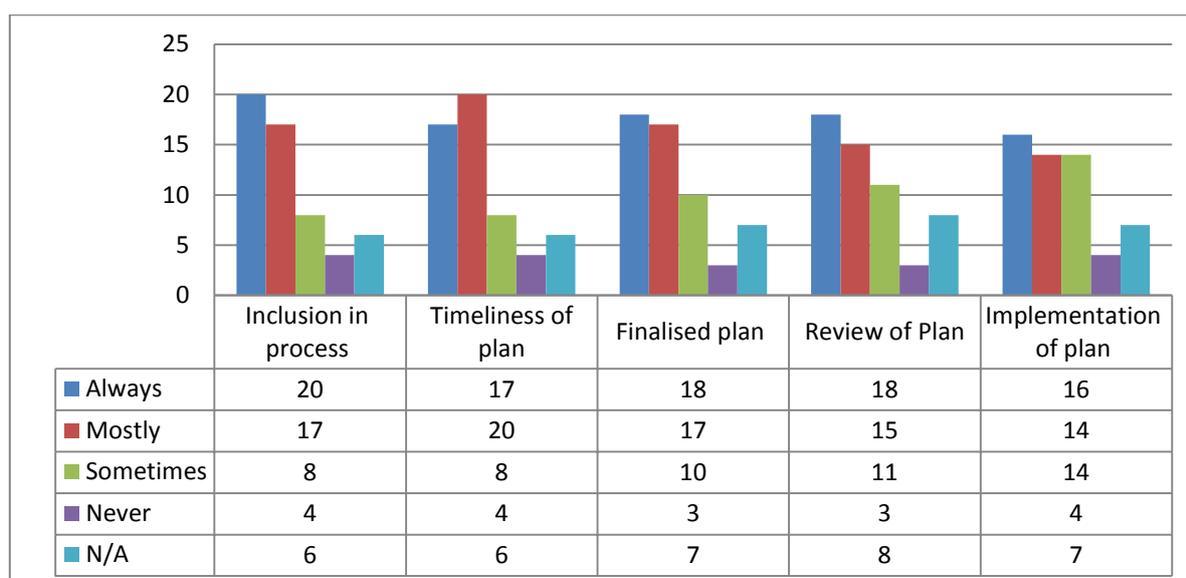


Over a third of carers reported they never feel as though this is a matter that is considered. FCQ's exit data tells us that carers will leave the system if fostering impacts on their family in a way that is not considered.

Education Support Plans

Carers were asked if they had a current ESP plan in place for the child/ren in their care, 72.3% reported having an ESP plan.

Carers were then asked a range of questions relating to the ESP process and their satisfaction with this as follows.



It would seem from the data above that in the most part carers are reporting that they are either always or mostly satisfied with the processes surrounding ESP plans. Satisfaction rates did seem to go down a bit in respect to the actual review and implementation of plans.

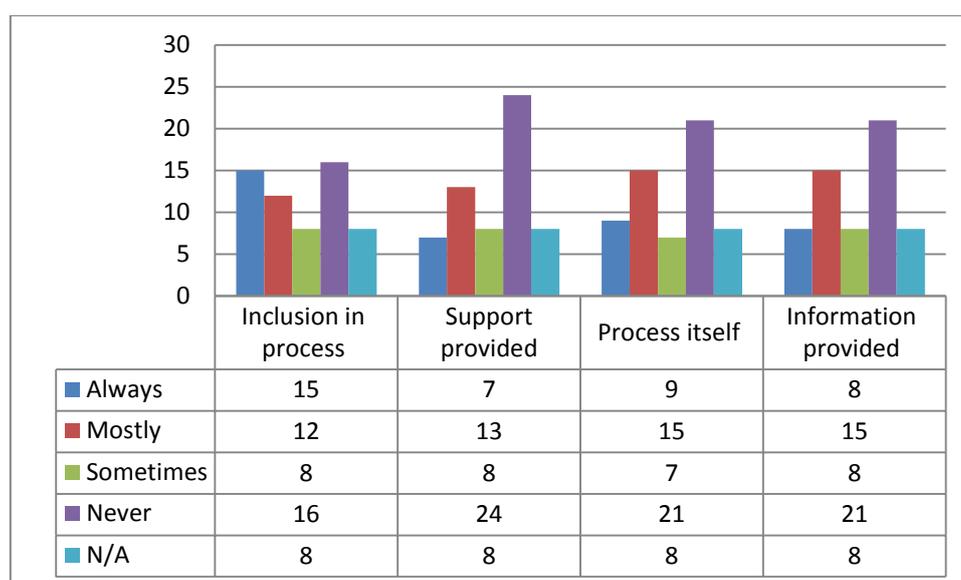
Comments:

- *The school organises the ESP and its never been a problem*
- *Depends on schools attended. Mostly very cooperative*
- *This is done by the school and myself the department has had no input*
- *I always see the school about a plan as soon as can*
- *Good support is given by the school*
- *3 of the 4 children I care for have ESPs. They were done by the schools and the CSO was unable to attend but were happy with mine and the teacher's assessments*
- *Tends to always go to teacher aide time. They need to be more creative to meet the needs of individual children*
- *It is me not CS that does this*
- *We had no lead up knowledge provided to the ES; the CSO didn't attend in person and was extremely disrespectful, adversarial, and didn't understand the process or what we were talking about. The child's teacher & the principal were not in attendance and the part time school councillor had had minimal to no prior contact with the child and didn't understand the issues*
- *The school does a remarkable job supporting our children*
- *ESP's in general are not good specific plans. They are an opportunity to really help children in care but not enough resources are provided to education to provide meaningful support. I feel like the process is tokenistic. Real dollars needs to be invested in ensuring education is a priority for children in care*

Child Health Passports

Carers were asked if the child/ren in their care had a current Child Health Passport, 70.8% of carers reported having a Child Health Passport.

Carers were then asked a range of questions relating to the processes of Child Health passports and how satisfied they were, carers reported as follows.



Carers reported high levels of dissatisfaction in respect to a number of processes relating to Child Health Passports, but most notably with support provided around the process.

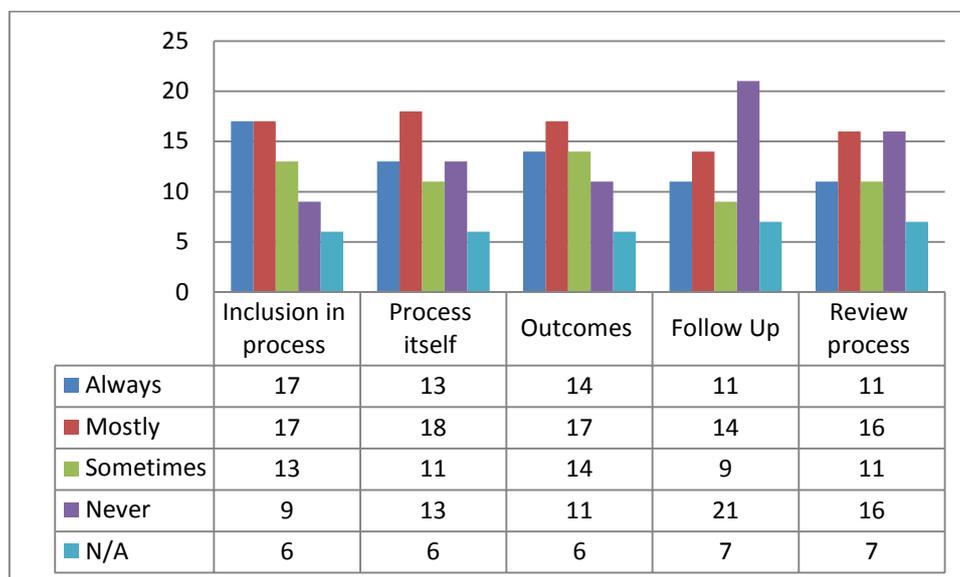
Comments:

- *My child did not come with a health passport, I initiated and maintain*
- *2 out of the 4 children have health passports but no information was passed on. We have to start new passports. But pointless when there not passed on by previous carers or CSO staff*
- *I was given a folder and told to put everything in the folder and give them copies, that's it*
- *Very hard to get*
- *Due to getting these children from birth. I did the whole thing and added to it over the years. I have no idea what I'm doing so I just add the hospital or testing results*
- *No child health passport - the placement has been stable for 9 years and we have recorded the child's extensive medical history in our own notes as well as for Queensland Health*
- *It's very old and hasn't been updated in the 3 years the child has been with us*
- *Again I am the one who has made sure health check and passport is up to date. I have personally never seen one though*
- *No support, had to do it all ourselves and even to the point we had to flag potential Hepatitis C exposure*
- *Again it is me not CS. They would not have a clue*
- *The information that is provided did not come from the Dept, I had to give it to the Dept to make their records complete*
- *The CHP is missing all the relevant information about pre and post birth and the care and hospitalization of the child, in early childhood*
- *have no idea what is in our children's CHP*
- *this is not an area that child safety believe is a priority*
- *would not have a clue if my children have a health passport*
- *6 yes for passport. Only 2 documents in it*
- *Child should have a health passport. We have been waiting nearly six months to get one*
- *I make all medical appointments and manage all health and disability needs I and make sure I keep the passport up to date*

Placement Agreements

Carers were asked if they had a current placement agreement generated from a placement meeting, 68.2% of carers reported they do.

Carers were asked a range of questions relating to their satisfaction around the processes of Placement agreements with the following responses.

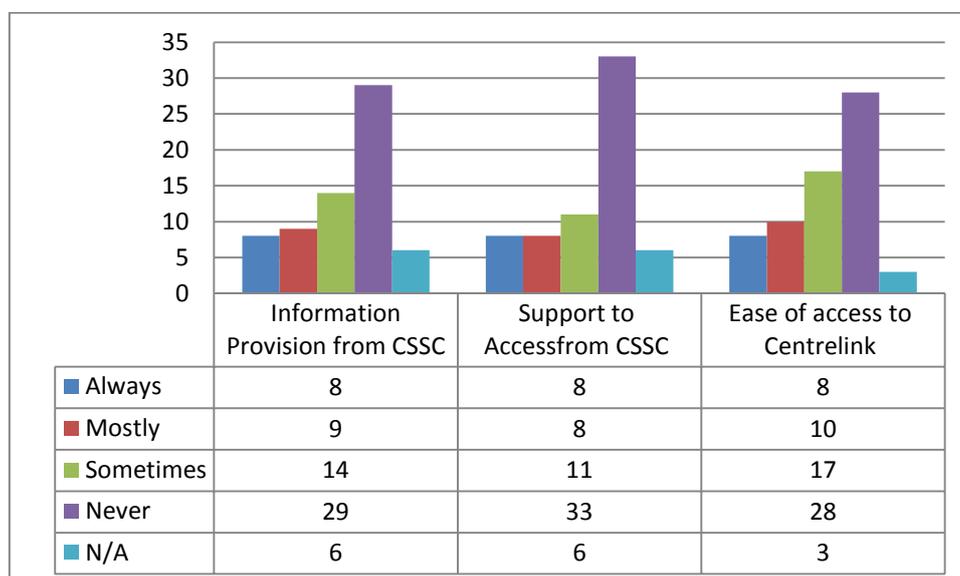


One stand out seems to be lack of satisfaction with follow up. Carers seem mostly satisfied with placement agreement processes and their inclusion in this process which is great to see.

Carers were then asked whether they received a copy of the Placement meeting minutes, unfortunately only 32.3% of carers reported receiving copies of minutes.

Centrelink

Carers were asked a range of questions relating to Centrelink and how they were supported to access services through Centrelink from the CSSC, responses were as follows.



It is evident through this data that carers are feeling a high level of dissatisfaction in this area with the majority of carers feeling that they never receive information or support from their CSSC in relation to how and what they can access from Centrelink.

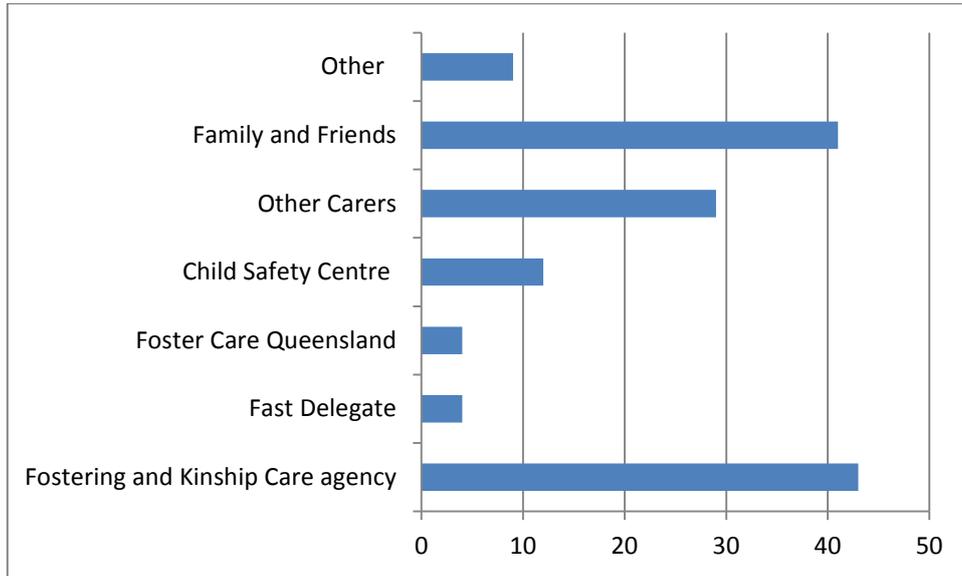
Carers were then asked question relating to ease of access to Medicare cards for the children in their care and Health care cards. 65% of carers reported only sometimes or never feeling satisfied with the timeframes associated with accessing Medicare cards. 56% of carers reported feeling only sometimes or never satisfied with time frames associated with accessing Health Care Cards.

Comments:

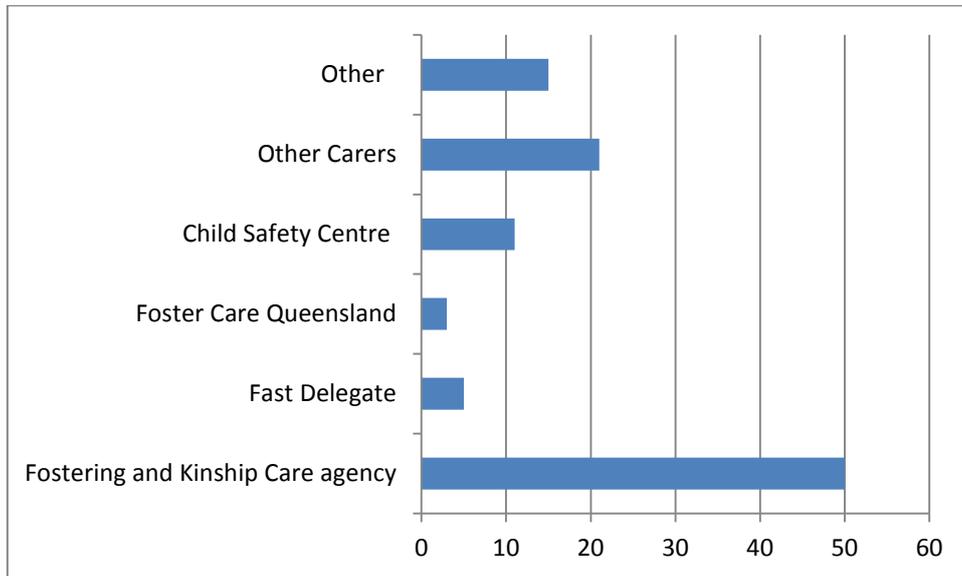
- *Centrelink staff are not always trained in the process Foster Carers have to go through and have no idea what entitlements carers are entitled to. Always pot luck on the phones if the person is trained*
- *Lack of information about the above from child safety*
- *LTG children great New placement still waiting for child safety to pay after 6 weeks, no Medicare card, no birth certificate, no Centrelink payments either*
- *Dept did nothing to assist in regards to Centrelink*
- *Centrelink are very hard to get someone who understands foster carer needs*
- *Medicare card came to us from CSO a week after having girls Healthcare card number came from pharmacy worker ringing Centrelink*
- *Waited for over 6 months for Medicare Cards despite requesting them numerous times. Were lied to on several occasions about their whereabouts and even whether or not ordered*
- *The dept never helped to receive the Medicare cards or health care cards that was always left to me and it was always a drama trying to get the Medicare cards*
- *Medicare card not in child's birth name, Docs and CSO did not see it as a priority and it took multiple requests over three CSO's and a team leader, over a 12 month period, and was finally fixed in a couple of days because the new CSO understood the importance of the Medicare card and was conscientious and diligent in her role as CSO*
- *It is almost impossible to get Medicare Cards in this Region for children in your care. I know a carer who has had a child in care for 3 years, who is still waiting*
- *Carers make their own application. Child Safety make this clear and have little to no involvement; to have involvement is seen as adding to the financial motivation for the carers*
- *Carers need to be able to talk to Medicare about the children who we care for. The medical receptionist can find out information but we cannot. Would be good to have them linked on the Medicare app or webpage so finding out information about mental health plans or aboriginal health plans or EPC's are easy to access. Centrelink have no idea what carers entitlements are. Carers need a section in Centrelink who know about carers and the ins and outs of providing care for children. Also if a child moves from carer to carer, things like Carers Allowance should follow instead of having to start a new claim all over again. Waste of everyone's time*
- *One child has been in our care since April and I am still waiting on a Medicare card for her*
- *We are not informed of Centrelink entitlements and generally find things by other people telling us. We are sure we miss out on things but our concerns are for the children not the money*
- *I had to make a formal complaint with Centrelink before action was taken. Since this time I have had only pleasant dealings with staff. That noted initially the process was very stressful and some workers were rude*

Support

Carers were asked where they accessed the majority of their support from.



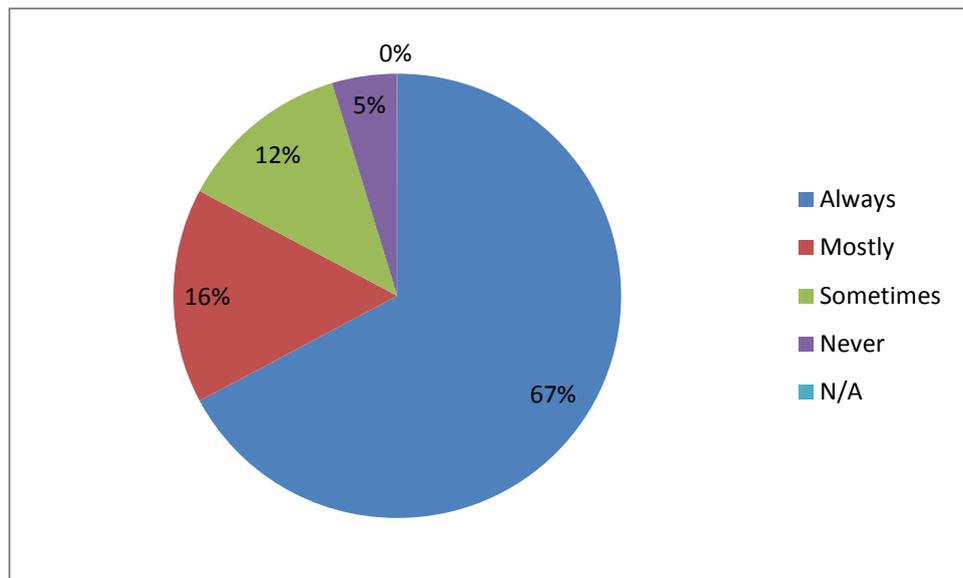
Carers were asked where they access the majority of their information from as carers.



Foster and Kinship Care Services

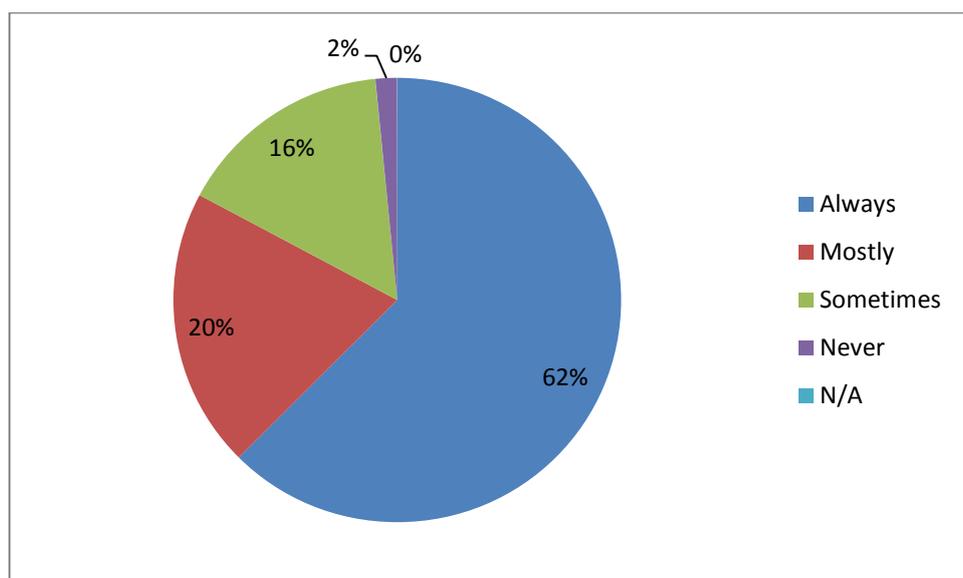
Carers were asked a range of questions relating to the support provided by Fostering and Kinship Care agencies. Firstly carers were asked if they were attached to a Fostering and Kinship Care Agency, only one carer in South West who completed the survey identified that they were not with a fostering and kinship care agency.

Carers were asked if they were satisfied in respect to regular support visits occurring (at least monthly).



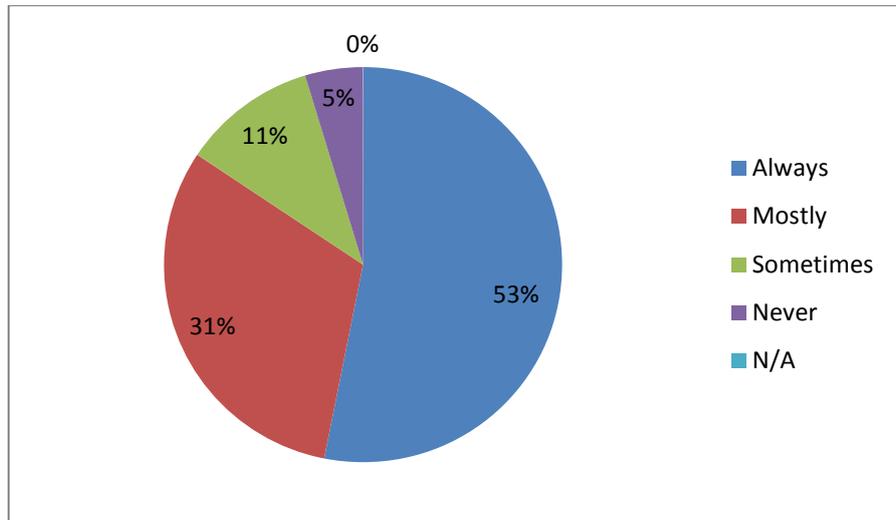
It is very positive to see that 83% of carers reported always or mostly always feeling satisfied with the regular support visits occurring with only 5% of carers identifying they are never satisfied in this area.

Carers were asked whether they were satisfied with response to contact with their agency.

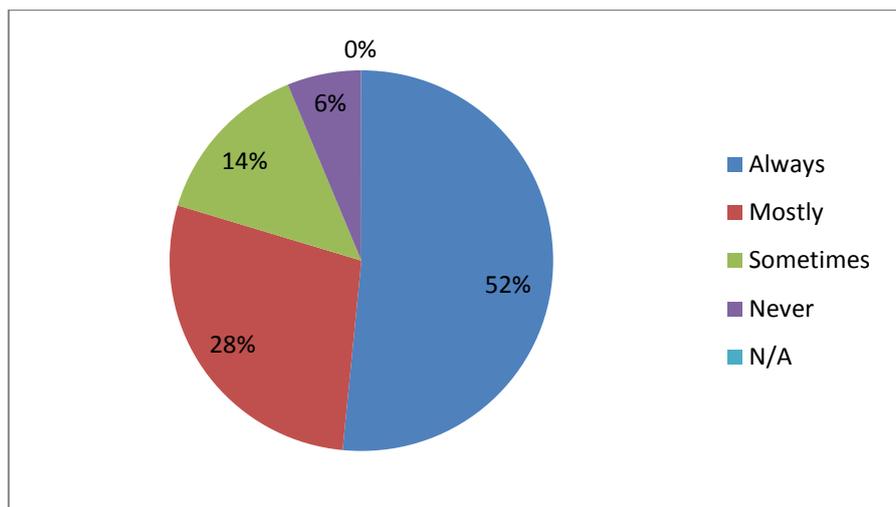


Once again over 80% of carers reported feeling always or mostly satisfied with only 2% of carers stating they were never satisfied (this % equates to one carer).

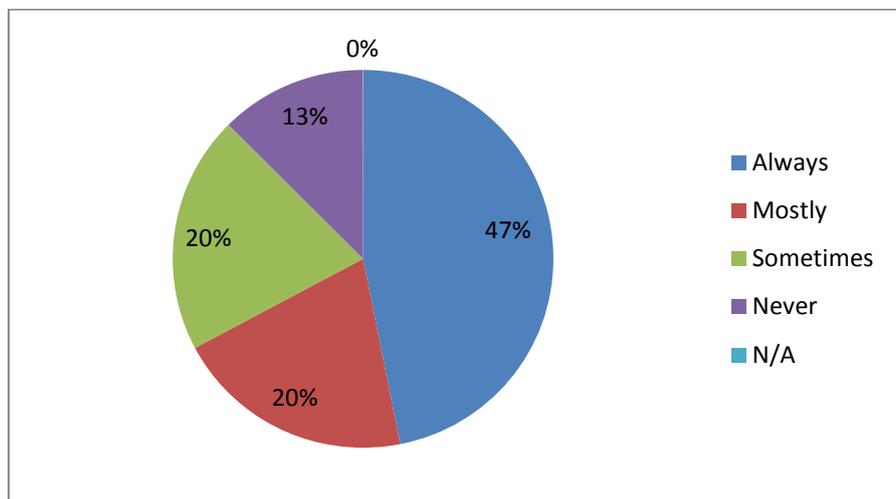
Carers were asked whether they were satisfied with assistance provided by their agency to complete paperwork.



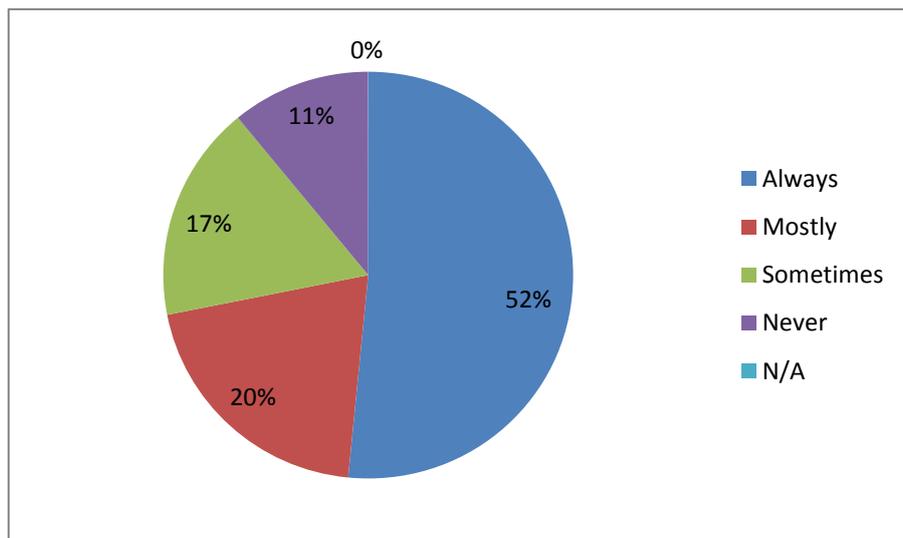
Carers were asked whether they were satisfied with information provided by their agency.



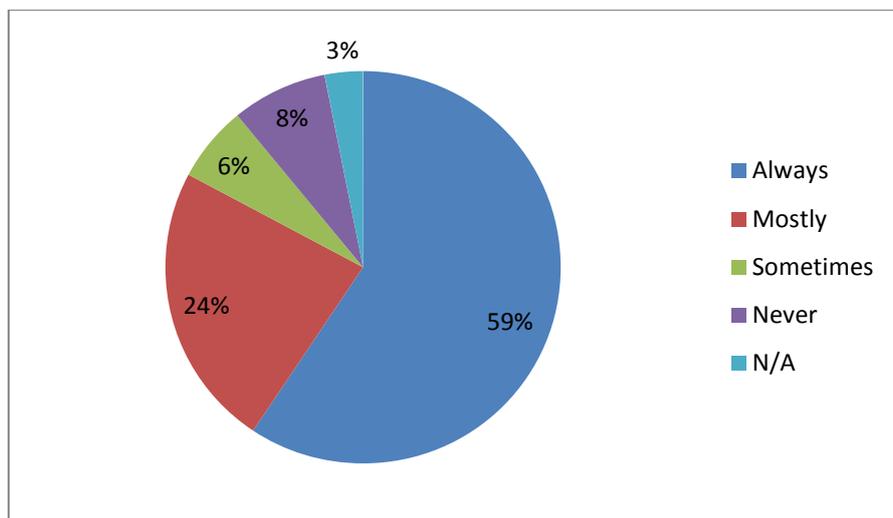
Carers were asked whether they were satisfied with their access to support networks through their agency.



Carers were asked if they were satisfied with their access to training.



Carers were asked if they were satisfied with the on call service provided by their agency.



Comments:

- *Too many people involved in the dealings of a child. Feels like extra work as more people to follow up with*
- *(Agency withheld) are wonderful. Very supportive*
- *Training is often during business hours which make it difficult if we have to be at work. Our regular visits are less frequent than monthly because of the stability of our long term placement*
- *My support agency is a lifeline for me to complete my role in fostering*
- *Previous support officer was excellent however current officer is not as supportive as we need and has recently "fallen off the face of the Earth"*
- *My contact in the agency is always on training or course and very hard to get a hold of. Therefore rarely around when I need them*
- *The service provider are too close to DOCS staff and there way of doing business, they do not always fight for the carer they just go along with the policy line or reiterate there is no money*

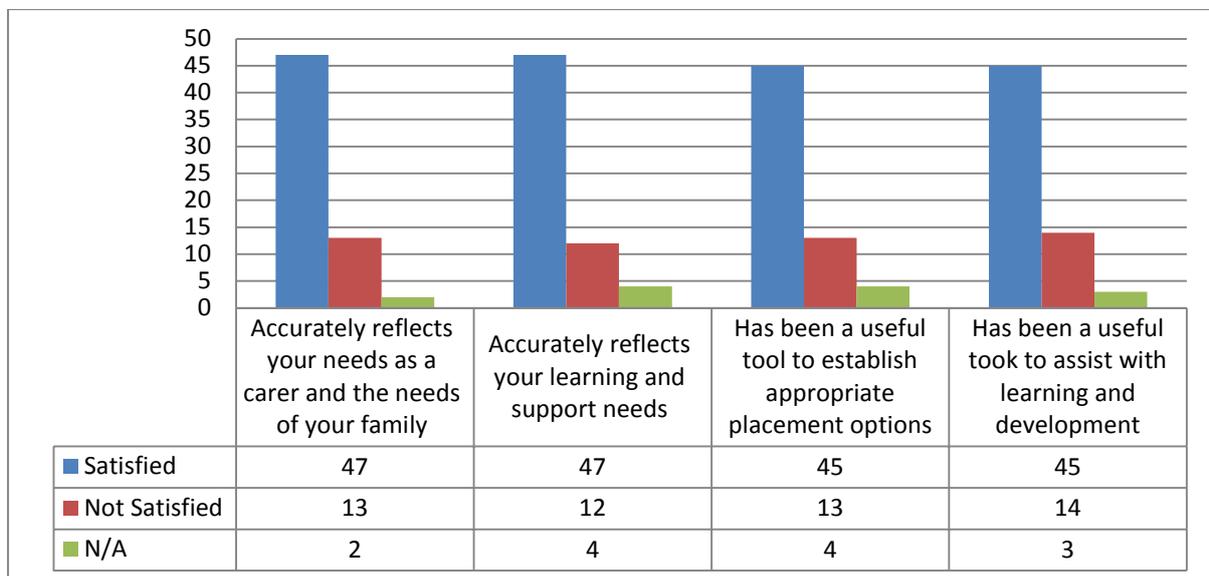
available. They won't advocate for the carer as they don't want to rock the boat with DOCS. They can also be very narrow in their understanding of policy and legislation always falling back on, that's just the ways they do thing?

- Been affiliated for a number of years. Never been offered any training at all had home visits in 3 years. Did have telephone calls from the new workers when they were taking over but never any follow up
- I LOVE my agency. Was with another agency for many years and have recently changed. BEST agency EVER
- Very supportive
- Our agency is awesome, as is our caseworkers
- I have a very good support worker. I have had no issues

Foster Care Agreements

Carers were asked if they had a current foster care agreement, 90.1% reported they have one, 4.7% reported they did not and 4.7% reported they did not know what one was. Given that Kinship carers do not have to have a foster care agreement, it is probable that those who reported not having one or not knowing what one was are in fact kinship carers. This brings the completion rates of Foster Care agreements to a very high level which is great to see.

Carers were then asked a range of questions relating to the usefulness of the Foster Care Agreement as follows.



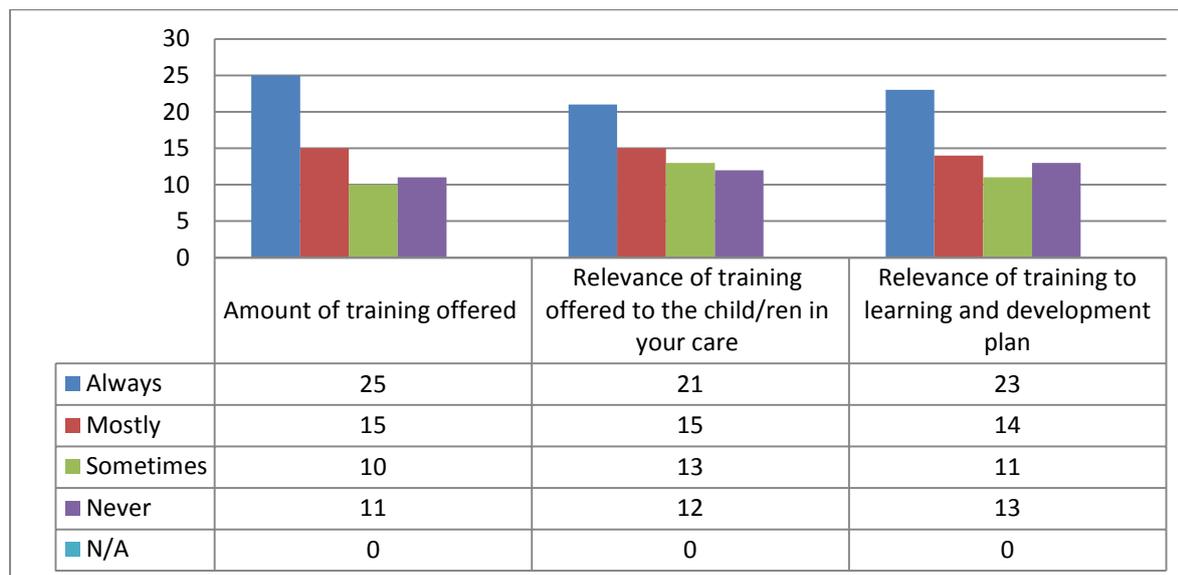
Carers have reported high levels of satisfaction across the board in relation to the Foster Care Agreement.

Of those who did not report satisfaction, some of the related comments were:

- Feels like just another piece of paper to sign
- I feel it is a bit of paper work that has to be done so it is
- Don't even know what mine says now

Training

Carers were asked a range of questions relating to their training experiences as follows.



Carers were asked whether they were satisfied with the times the training is offered, 54% reported feeling mostly or always satisfied in relation to this, leaving 44% feeling only satisfied sometimes or never. 64% of Carers reported when asked that they are either always or mostly satisfied in relation to the notice given to them in relation to when training is going to occur.

Carers were split down the middle in terms of satisfaction relating to frequency of training being offered with half of carers reporting that feel satisfied always or mostly and half carers feeling only sometimes or never. 60% of carers were always or mostly satisfied with information provided prior to training regarding content.

Carers were also asked whether they were satisfied with provisions of or support to access child care during training. 54% of carers reported they were only sometimes or never satisfied with this area.

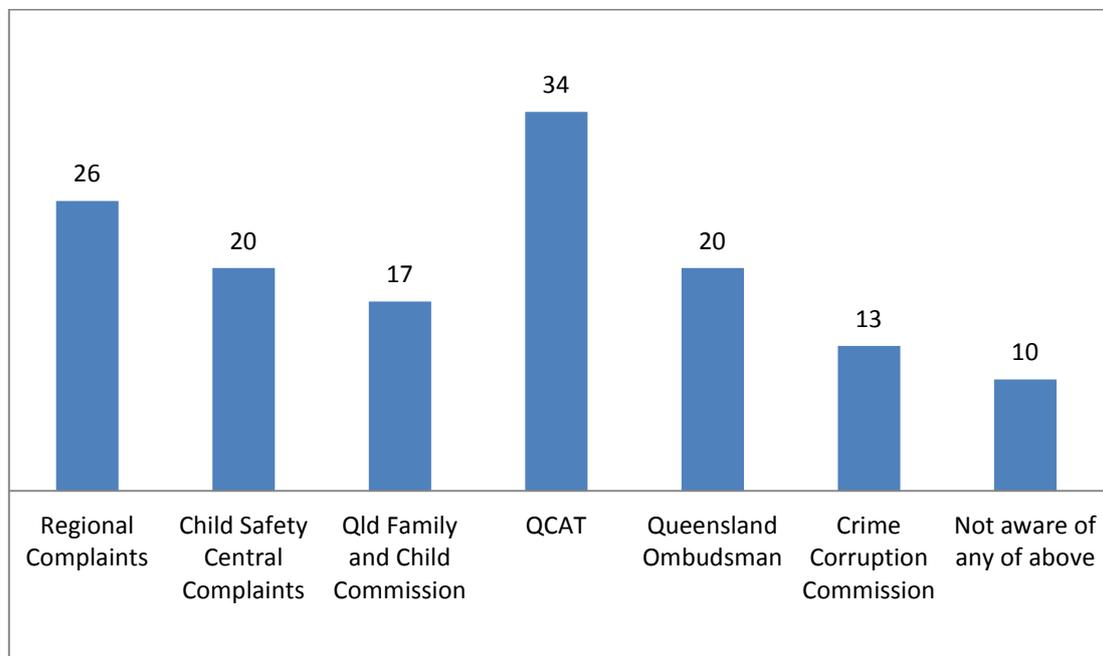
Comments:

- *Lack of time and location for education*
- *In over 14 months of caring, only offered 1 training session*
- *The training is fairly basic; a lot of sucking eggs, and doesn't represent the real world of how DOCS actually operate. The trainers don't instruct they just regurgitate from the manual. They say you can do somethings based under the policy but don't, because even though you don't need approval from DOCS, you need approval. As the vast majority of kids suffer from trauma, the training should go into real world examples of what you can and can't do and what real help there is available and how to actually access it. The training should also be split between people who are parents and people who are not, as our trainers were very young and had no real world experience as parents, There answer to 'if it gets hard and you need a break' just keep putting the kids in respite, not very good for traumatised children*
- *No training offered by agency; no longer any departmental forums to rely on. if I need information I seek it myself*

- *Training seems to be the same stuff offered every year. After nearly 10 years of caring I've done most of it and it isn't relevant anymore to my situation*
- *We changed agency this year there has been no training we could attend*
- *Childcare to attend training is an ongoing issue*
- *We often source our own training opportunities but are routinely advised of events and training opportunities*
- *Training needs to be offered to carers at night or on weekends. Child care needs to be provided for the training to be accessed*

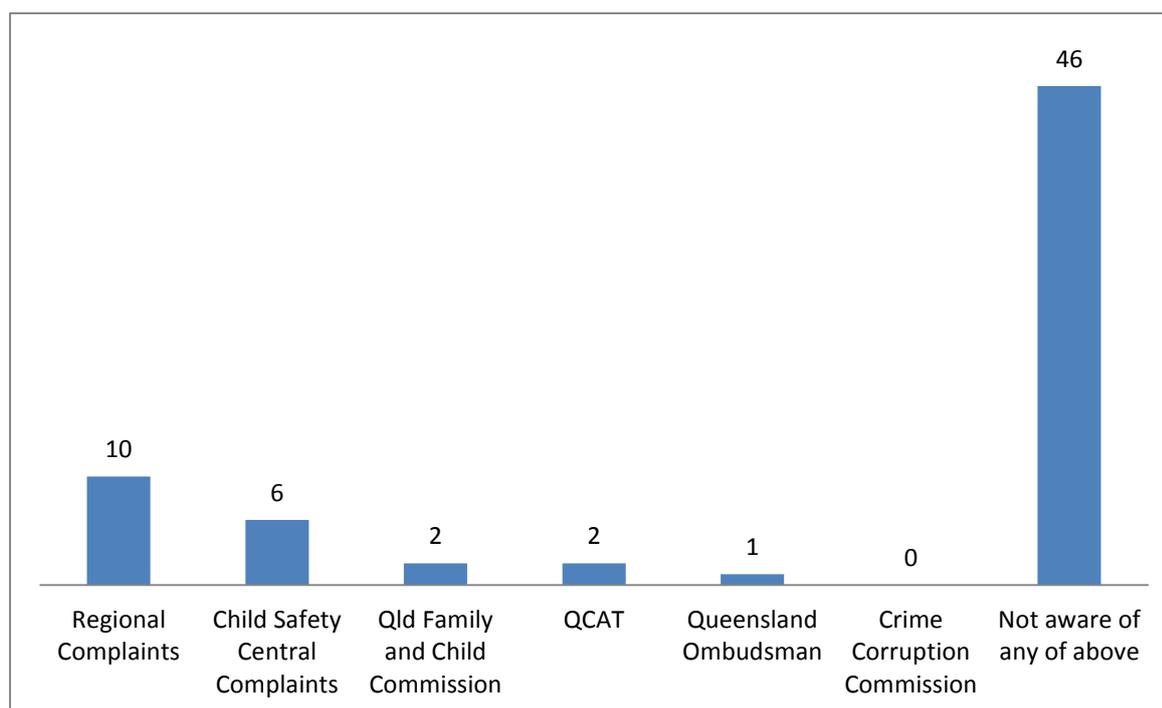
Complaint/Concerns Processes

Carers were asked to identify which complaint/appeal processes they were aware of.



Bearing in mind that nearly 70 carers completed the survey for South West, it is evident that less than half of the carers in South West are aware of complaint and appeal processes available to them.

Carers were then asked if they had accessed any of the above processes.



Carers were asked if they felt heard and were satisfied with the outcome regarding their contact with the above services. 77% of carers reported they felt heard, however only 44% of carers felt satisfied with the outcome achieved.

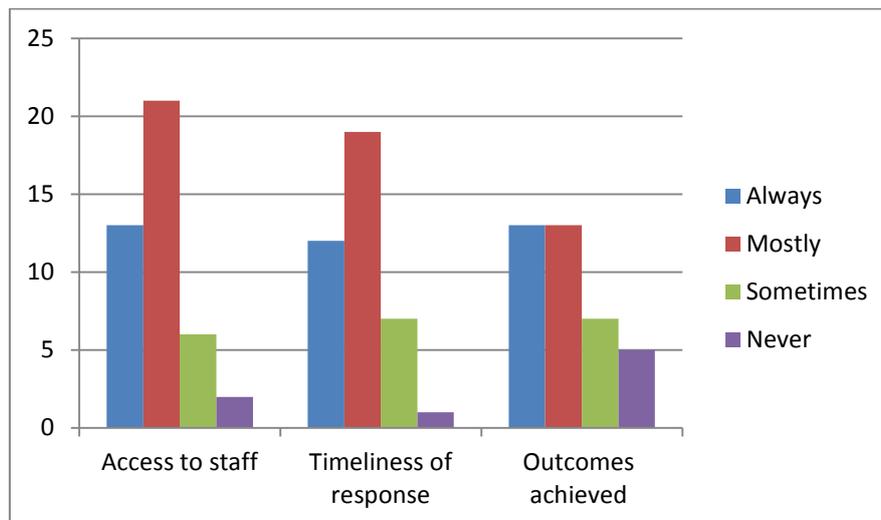
Comments:

- *My complaint went to the Assistant Minister's office who escalated it to the Minister's office 2 years ago. An investigation was done, the Regional Director replaced, and review meetings with the Assistant Minister were scheduled on two further occasions, to sort the issues out. Unfortunately, governments change, and issues dissolve. The same concerns raised several years ago, are still a major issue in this Region, with many Carers unaware of the resources available to them, or support. Many are misinformed, have information denied or withheld from them and resources*
- *No change came out of it; no culture change within the offices*
- *Unfortunately we did not succeed with either matter however both QCAT and the Complaints Unit exercised what authority they had to improve the situation and partially resolved the issues*
- *I have not made any complaints but would not hesitate if I felt I needed to*
- *Nothing was done about the complaint that I know*
- *Outcome achieved in very timely manner*
- *Need greater information about accessing an impartial person to hear about issues with child safety*
- *Have lots of issues; No follow up*

Foster Care Queensland

Carers were asked a range of questions relating to Foster Care Queensland (FCQ). Firstly carers were asked if they were satisfied in respect to information provision regarding FCQ, 62% of carers reported satisfaction. In respect to knowledge and understanding of services provided only 54% of carers reported feeling satisfied. With approximately 12% of carers feeling neither of these questions were applicable that leaves nearly one third of carers in South West having little understanding or knowledge about FCQ.

Carers were then asked a range of questions relating to their experiences if they had contact with FCQ, please note that carers who have put not applicable, have not been included in this data as it is not relevant.



- 80.9% of carers reported feeling either always or mostly satisfied with access to staff
- 79.4% of carers reported feeling satisfied with timeliness of responses
- 68.4% reported feeling satisfied either mostly or always with outcomes achieved.

Comments:

- *I wasn't aware Foster Care Queensland was something we could access*
- *Limited information about who and when to contact support*
- *Haven't used FCQ's services... not exactly sure of their role*
- *Unfortunately FCQ does not act in a timely manner to assist individual carers, as they are often trying to gather a larger base of information to bring about change. FCQ does not appear to be transparent in their dealings with Carers. Carers have the misconception that FCQ is there to represent them and advocate for them, however, FCQ is there to advocate for the child and if they can assist the carer as well that is a bonus. Carers need an advocate, who is there to represent them, It is disappointing that FCQ does not always fulfil this expectation*
- *We had to source this information ourselves, it was not provided in initial training*
- *You guys are brilliant*
- *Sometimes it is difficult to access someone on the phone. A lot of times it goes to message bank and a few times no one has returned my call. I have contacted you on Facebook and seem to get a response*

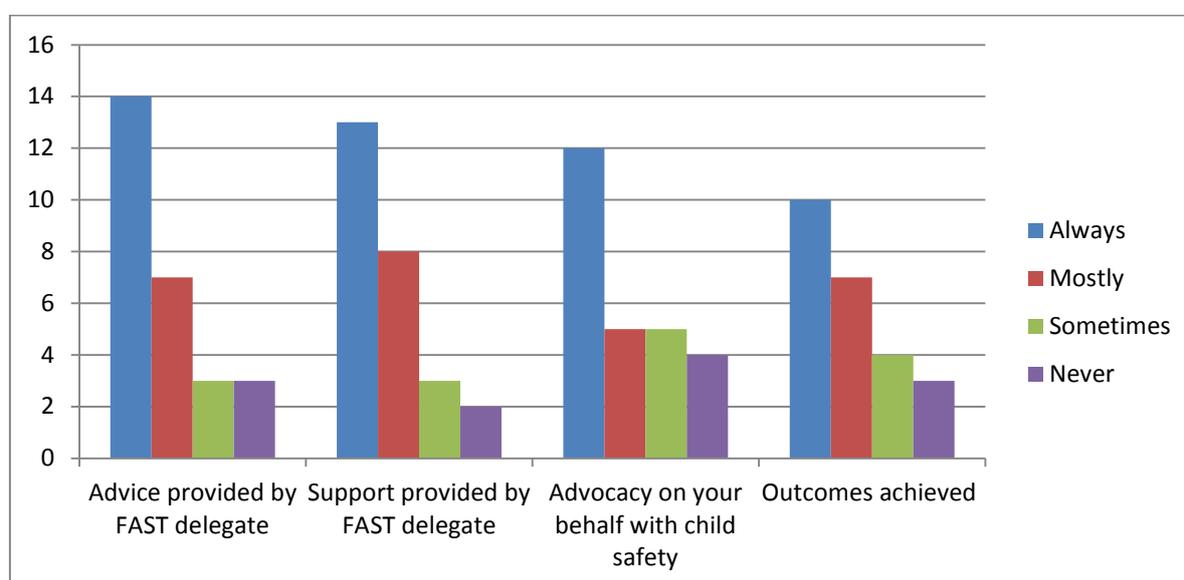
FAST Program

Carers were asked a range of questions relating to the FAST program attached to FCQ.

Carers were asked if they were satisfied with provision of information about FAST, of those carers who felt the question was applicable to them 66.7% reported feeling satisfied. In terms of knowledge of local FAST delegate, of those who felt the question was applicable to them 69.5% reported feeling satisfied.

Carers were then asked if they felt supported to access their local FAST delegate from Child Safety and from their Fostering and Kinship Care Service. 50% of carers reported feeling satisfied with support to access their FAST delegate from Child Safety and 64% reported feeling satisfied with support to access their FAST delegate from their Fostering and Kinship Care Service.

Carers were asked a range of questions relating to their experiences of accessing a FAST delegate, please note only responses from those carers who felt these questions were applicable have been included.



- 77.8% reported feeling always or mostly satisfied with advice provided by their FAST delegate
- 80.8% reported feeling always or mostly satisfied with support provided by their FAST delegate
- 65% reported feeling always or mostly satisfied with advocacy on behalf of carer with Child Safety
- 70.9% reported feeling always or mostly satisfied with outcomes achieved.

Comments:

- *Rang FCQ to get contact numbers for a FAST delegate to assist us with a HARM report (very short notice), rang FAST delegates several times, left messages no one ever got back to us, ever! Subsequently had no FAST delegate to assist us in this process, which we had no prior experience with*
- *Again the services are not appreciated by most agencies, they see the delegates as a threat and believe FCQ encroach on their role*
- *I have had two times when I used a FAST delegate and both times they were amazing!*

- *Contacted my FAST delegate requesting he come to a meeting at my house. Because it was at 3 pm he couldn't attend*
- *Fast delegates aren't really mentioned until a year into foster care during standard training. This has left many new carers unsupported at times of great uncertainty*

Looking Forward

During this section of the report, carers were asked a range of questions relating to their future as carers and what they would like to see change.

Firstly carers were asked how long they intended on continuing to provide care for. 93.3% of carers reported they intended on caring for more than 3 years. 3.3 % stated they only intended on caring for another year and the remaining 3.3% stated they intend on caring for another two years.

Carers were then asked if there was support that would influence that decision – 43% of carers stated that the support they received would influence this decision.

Comments:

- *Depending on how safe it is for my family to continue to care*
- *Lack of money and constant cutting of payments even when a child who has a disability that will never medically improve is extremely frustrating. Having to prove every 6 months why you should receive these payments is very degrading as you are made to feel you are only caring for the child for money reasons. When you are a carer with an agency that takes children with complex needs why are you constantly fighting for the child's complexed needs payments*
- *I did not feel sufficiently heard about concerns I have for the child/children in my care and included in the decisions made for them*
- *My love for the kids and desire to help them keeps me going. I'm not happy with either my agency or the Department. CSO's need training on how to speak when there is a carer listening. Her harsh words upset me greatly during a HUP meeting. I almost quit as a carer right there and then but I remembered I have a 6 year old boy with Autism counting on me to help him through his second reunification*
- *Child safety needs to communicate with foster carers more and LISTEN to what we are saying; have the Child Safety Officer do a course where they need to look after a foster child for two weeks in a residential to have the experience with the children instead of coming to an office with no experience with child, half the Child Care Officers are straight out of UNI getting stuff from books they need to have the experience and understanding of a foster carer*
- *It depends on the level of support and how we are treated by the dept. If I get fulltime employment it may become difficult to provide primary care especially if the dept won't assist with appointments etc.*
- *Change in case officer and order for the girls we look after*
- *Our agency support is extremely important, having a CSO who is willing to listen and visit is just as important*
- *We are not taking any more children because of the rubbish from the department but will be here for our two children as they are our family now*

- *My lifestyle at the moment is only really conducive to respite care, but I intend on taking on primary placements again in future and ongoing*
- *Our placement has been very stable for the last 9 years. Our only issue would be if someone decides to reunify the child or re-locate the child (which we don't expect to occur as this would not be in the child's best interest). But any such move would adversely affect our willingness to continue fostering*
- *That's a hard one to answer. I don't foresee any issue at present, but we don't know what circumstances may prevail in the future*
- *If I didn't have a support agency I would not foster if I had to deal with DCS on my own*
- *Dealing with the too hard issue. Best interest of child upholding law over insane policies*
- *The hardest issue in being a foster carer is not dealing with the traumatised children and all that entails, it is dealing with DOCS and their adversarial approach, their lack of respect and their constant dismissal of the child's needs. They are constantly on about, it's all about re-unification, and contact with the biological parents, parents rights, even when this is detrimental to the child, the child having a permanent order and removed from birth*
- *DOCS is a broken system. The lack of standardisation between Regions, the subjectivity that has arisen out of poorly formatted Policies and Procedures and the lack of understanding about these, makes it very difficult for a Carer to perform their role, when there is so much misinformation, inconsistency and lack of acknowledgement that this is a voluntary role*
- *It is SOCs related. If the department stop looking for what we may be doing wrong and instead focus on the positive*
- *economically*
- *It will be interesting to see how the introduction of the NDIS changes carer's payments. Seems to be a taboo subject no one is talking about. I'm pretty sure that CSNA will go and while that is okay for things like therapy etc. the process will fall down when it comes to being reimbursed for damages to the house and property and the constant level of destruction*
- *Timely reimbursement of money we have paid out and timely responses to issues that need to be resolved*
- *Been given the full information about child offer for us to care. There is so much holes in information it's hard to make an informed decision*
- *Intent of law, policy that will reflect best for child. Not reflecting needs of system. If this does occur then it is systemic abuse, emotional, physical, financial*
- *Age and health are the only issues that are likely to change our decision*
- *Financial costs*
- *Support levels from Dept and Agency*
- *needs to be more child focus- too much is based on keeping parents happy rather than looking at their actual ability to care for children*
- *my decision would change if the impact on my own children was detrimental*

Carers were then asked if there was anything they feel that could improve the Child Protection System, comments as follows:

- *I have been a carer in other states where you don't have to fight the department for payments. Individual agencies provide reimbursements for carers so there is no constant battle trying to get*

HSA & CSNA payments for a child which frees the carers and department staff to get on with the job of providing quality care for the child. Tension between the carer and CSO's are much less

- *Consistent education and reminders to CSO's and Team Leaders about what it is truly like for Foster Carers. Help them to understand that what they know in 'theory' is not what is always the actual reality*
- *CSO's need to be mature, well trained to be able to handle their responsibilities this job requires of them*
- *Open disclosure*
- *Make allowances for caring nationwide equal*
- *Paying carers as employees would make them more accountable and respected. There would be a lot more people who could afford to provide care.*
- *Better CSO's*
- *Knowing FAST delegates, I know a number of foster carers/kinship carers who don't have access to agencies are really struggling*
- *Get the older carers to help with training and make it real. It's not easy and the department needs to listen to carers more and support them more*
- *My friends struggle with the concept of having to give a child back to a parent who is clearly incompetent. This is the reason they will not become a carer*
- *Offer more opportunity and encouragement to attain permanent guardianship / guardianship-to-other in the case of long-term stable placements. This will provide more security and stability to the child and to the carers*
- *More transparency between the dept and carers. More input on contact and a time when it suits the carer as well not just the family and dept.*
- *If the payments to carers are not increased, I guarantee you will lose more carers. You only have to look at how many carers you lost through the huge cutbacks 2 years ago, and now you're screaming out for more carers*
- *A more streamlined reporting process for Foster Carers. More information about children that can influence the placement. More respect shown for feedback from carers. Appropriate reimbursement. And not make it like pulling teeth or just not receiving any money for expenses that are out of pocket*
- *Dual paid respite should be a given at least once a month then managers discretion after that*
- *Understand the issues of long term care for kids with complex needs and the lack of culture around these*
- *For the Dept and Agencies to remember that Foster Carers are human like everyone else and yes they do make mistakes*
- *DOCS tend to have a bureaucratic power mentality that is adversarial. I think DOCS itself should become a first response and over-watch organisation and the main functions outsourced to a private organisation that are paid based on the support provided to the child, so that carers can interact with an organisation that is there to help the children. DOCs should openly provide the funding to support the child's needs whenever needed*
- *Review Policies and Procedures, format them in a way that it is clear and precise, making the documents workable for departmental workers and Carers to follow the same procedures in each Region*
- *Improved communications between department and carers. Improve the level of information provision and quit thinking that carers will breach confidentiality*

- *To be consulted more on issues relating to the children*
- *Be proactive not reactive*
- *Be more open with information. Easier access to approval have a time frame that dept have to action requests. It took 6 months for an overseas trip to be approved. 4 months for a snow trip*
- *More consultancy in decisions made about children as we know them better than anyone. Training for bio children of carers*
- *If child is LGT order and has a possible forever home than the plan must be for stability, security, incorporating the needs of child both known and unknown. The system needs more flexibility around permanency placements. Develop a culture for complex care cases*
- *Increase financial support and implement a carer buddy system to allow for carer to carer support of new carers*
- *So much has improved but I feel the Dept is still on reactive to critical situations and not inclined to be proactive or take preventative measures. Carers also need to have clear information if a child has issues that may present a danger to existing placements*
- *Foster allowance HSNA and Complex needs being paid when promised and approved not 6+months later*
- *More information on children supplied prior to placement. Children who leave to go home and it does not work out should be allowed to return to the carer from which they left if that is where the child wishes to be and there is room at the placement*
- *Dept to listen and take on information from carers regarding contact and its impact on children*
- *The new system means that children who come into care now are much more traumatised. Carers are not provided with the skills or the ability to provide care for these children and young people. Often carers are better trainer and have better skills around trauma informed practice than Dept staff*

Carers were then asked if they could change two things about the child protection system tomorrow, what would they be, comments as follows:

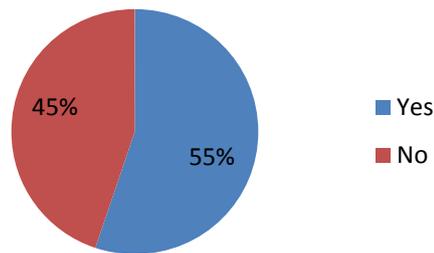
- *Child focused not parent focused Departmental blame shift to carer*
- *Carers to be reimbursed by Agencies Carers and CSO's working together as a team to provide a more stable placement for the child. Without all the tensions created by a lack of funding.*
- *Extra money to support kids in care*
- *To have carers seen as a significant part of the care team. Access to CCR for carer families where there is only one carer employed because the other carer is looking after the children in care, therefore does not meet the work requirement for qualification NOR is included in the 'exceptions' to this requirement, where grand-parents caring for their grandchildren are*
- *I would change compulsory contact for children under 10*
- *Limit contact with natural family. In the first place children (removed from natural family) have been placed in foster care because (for whatever reason) the natural family had been found to be unsuitable place/environment for the child. My experience, every time the child comes back from visitation they require a few days to get back into their routine*
- *Greater acknowledgment of carers input. Greater say for long term carers*
- *Kids automatically go on long term orders after two failed reunifications or if they have been in care for 3 years or longer. Every child aged 5 and above has a mental health assessment within 6 months of entering care or turning 5*

- *Communication /understanding of a foster carer and their roll and what we go through every day with children in their care, and when we say these children are not handling contact phone or face to face contact with parents and how the children's behaviour changes after contact*
- *The LTGO process to be quicker fairer payments to carers over the nation instead of state by state*
- *Regular police checks on all in household*
- *Carers being paid as employees, with the same expectations and respect as child safety employees. The dept make informed decisions. We have had ongoing issues of decisions being made without consultation with stakeholders like carers, psychologists etc.*
- *more money and support financially*
- *Better more committed CSO's*
- *For the children to be listened to rather than their parents. For parents to be given birth control when children are taken into care - case by case basis.*
- *More employees, so that each child safety officer only had a certain amount of children to be responsible for*
- *Change up people in the higher positions in our area office. Make more social support from carers for carers in our area*
- *A more inclusive process for all members of a child's support network and it would be wonderful if Child Safety had more permanent staff over contract positions so CSOs weren't changing so often*
- *Additional staff More funding*
- *Make the parents more responsible for their actions. My foster children really dislike the fact that their parents can keep having children but not care for them. Think more about the children's wishes and not the parents. Too many decisions are made with the parents in mind and not the child. It appears that the child has very little "voice" when it comes to their welfare despite what the rules are. This causes a lot of anxiety for my foster children*
- *Allow long-term stable placements to be considered for adoption. Avoid family visitations where it is clearly distressing to the child. The child's wellbeing needs to be put ahead of the requirement for family visits*
- *More support with contact with the family for the carer. A third party to provide transport to contact when there's safety concerns for the carer and carers family. To be seen as a part of a team and not just a babysitter*
- *Put us on the same payment system as South Australia. Any new CSO to a child MUST be fully aware of the child's complete file and history and issues BEFORE they meet the child, so they don't unsettle and stir up the child by bringing up things that shouldn't be brought up in front of the child*
- *Stop letting parental rights override child's right. More respect from CSO's especially considering my own family and home*
- *Provision of information and rights of the children over inept biological*
- *Timely permanent placement. Review of family contact*
- *Manager's discretion with dual paid respite. If you accept care for children that are under different offices that the children are put under the same office*
- *Uphold the intent of law. Individualise each case based on child's need and aim for best practices, outcomes for that child. Whatever it takes. The dept to be consistent not based on philosophy of whoever is in position at time*
- *Carers be treated with respect- we're not the enemy Carers to be given more information re children*

- *Stop putting Carers on pedestals and to remember that we are only human too and can make mistakes. For the information on the children coming into care to be handed over to the carer so as they can make the correct decision on whether they should take the child/children on.*
- *As soon as a magistrate orders that a child is to be placed in long term care under the current system, they should in fact be placed in an open adoption system, so that the needs of the child are met, the vicious circle of the current system which is all about the parents' rights and not the child's, sees the do-gooder element trying to constantly re-unify families that they know, are no longer viable or safe for that child, which the stats support. Secondly nearly all the children that enter the foster system have suffered or are suffering from trauma and or mental disorders on top of any physical impairments, i.e. reactive attachment disorder etc so I would have a set of packages readily available for carers, schools, psyche, pediatricians etc, which lay out how to handle these children in real world every day scenarios, provide a set program of psych intervention, set allocation of funds to meet the child's needs etc. The professionals, all the literature, everyone talks about what is required to help these kids, but not many act, and the fact the earlier the intervention the better chance they may have in life, but it is all hit and miss if the child actually gets carers that care, then they have to fight the system just to get the help the child needs, the rest just become statistics!*
- *Workable, useable formatted documents. Paid Respite Services*
- *The perception that carers are motivated only by finances. Make the system fair for all and get the workers to understand and appreciate that carers are volunteer humans and want to work in partnership*
- *Children's rights would be put before the rights of their parents*
- *We didn't have to keep applying for HSNA or CSNA. The foster care allowance we receive reflect on the amount of time we give to the children with complex needs*
- *stop changing CSO's the families have a hard enough time building up a rapport the change overs are too destructive*
- *Amount of parent contact when it sets children back in their recovery. Remove contact centres only have contact at department. They do not supervise very well*
- *Best interest of the child not parent. Limit to adjournments in court process. More communication with carers*
- *Follow the law. Individualize each case and project a long term package around that child. They should have best of health care, best of justice, best of accommodation, best of medical care, financial needs met. NDIS should be tied to Medicare system*
- *Fully believe in reunification where possible BUT, there should be a limit as to how many times this happens within a family. It messes with the children's emotional health. Carers live with the children and have a greater understanding of their needs and wants. We need to be able to be heard. Our intentions are to better the lives of the children in care, not to create tension or have a member of child safety tell us we don't know what we are talking about*
- *Allow adoption of children where reunification has been ruled unfeasible. Recognise the child's need for stability and not allow unlimited time for reunification for children under two due to the damage to their attachment*
- *Not removing a child just because a relative has shown up especially if that child has been with carers for most of its life. Better access to mental health support for both children and carers*
- *More foster allowance to give children better access to private health care and therapy sessions
The way CSOs treat you*

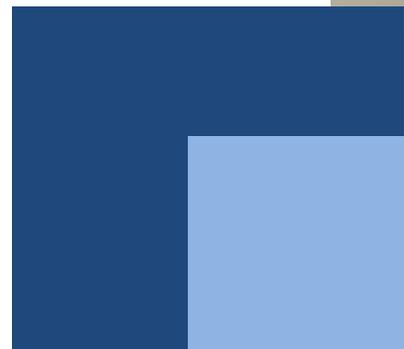
- *Department more supportive of carers wishing to pursue Guardianship to Other of long term children. Increased communication level from Department to Carer*
- *Consistency in following procedures and policy. Communication and timeliness of information*
- *Reduce contact- it's too draining for children, especially when they wait for a session that will never occur given the parents drug use. Streamline the system with Centrelink it shouldn't be so hard to get a child listed with you to be able to access daycare*
- *more carers with better skill*

Finally – carers were asked if they would recommend fostering to a friend.



Brisbane Region

2016 Carer Survey Report



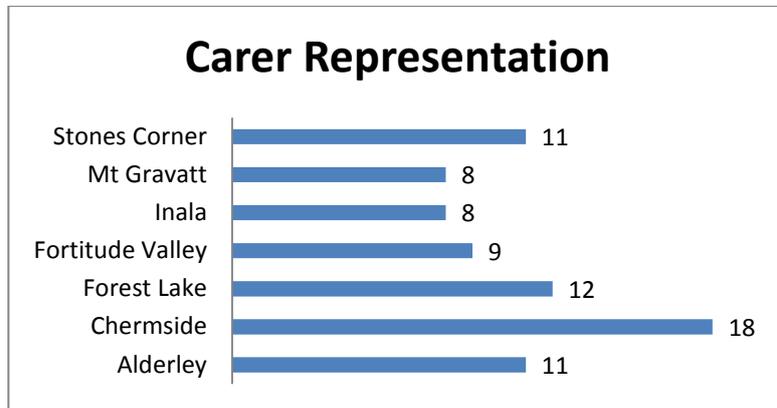
Contents

About the Carer	125
Relationship Status	126
Culture Diversity	128
CALD Community	131
How satisfied are you with Relationships with staff at Child Safety Services	131
Child Safety Processes.....	139
Standard of Care/Harm Processes	142
Confidentiality.....	143
Financial	145
How satisfied are you with local practices of CSSC.....	148
Education Support Plans	151
Child Health Passports	153
Placement Agreements.....	154
Centrelink.....	154
Support	156
Foster and Kinship Care Services	157
Foster Care Agreements	161
Training	162
Complaint/Concerns Processes	163
Foster Care Queensland.....	164
FAST Program.....	165
Looking Forward	167

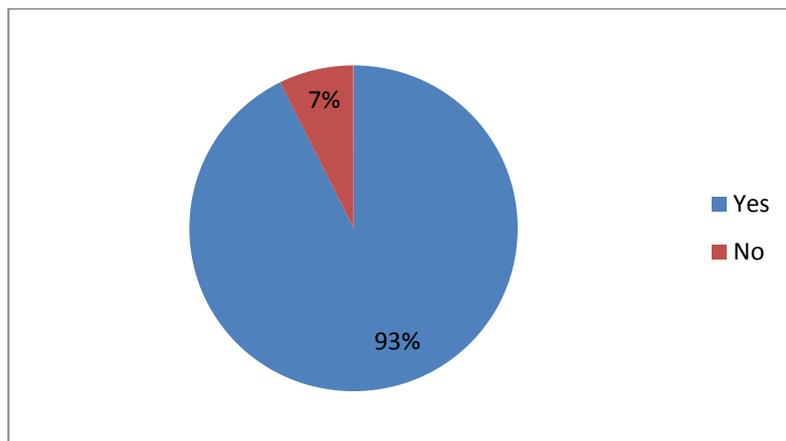
Brisbane Region

About the Carer

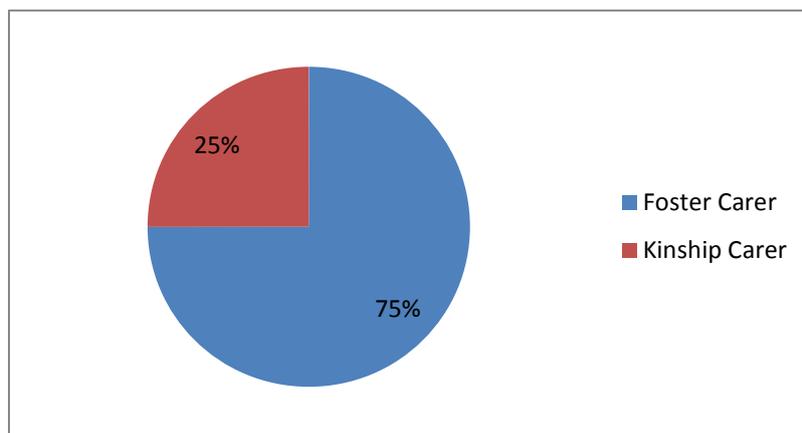
In the Brisbane Region 77 Foster and Kinship Carers completed the Carer Survey and were represented in the following Child Safety Service Centres.



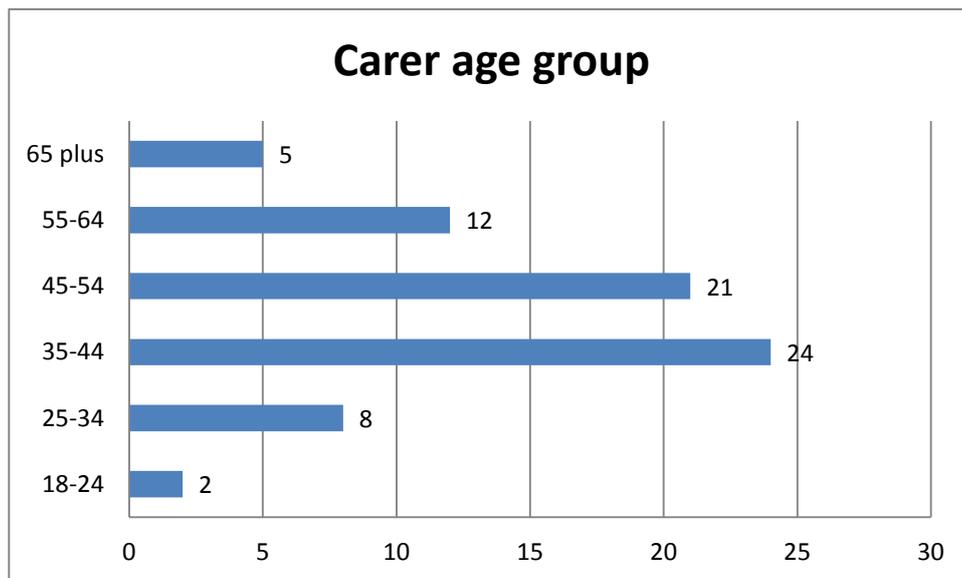
Carers were asked if they were supported by a fostering and kinship carer agency with the vast majority of carers in Brisbane region who completed the survey confirming they were.



Carers were asked whether they were foster or kinship carers, the majority of carers identified as foster carers.



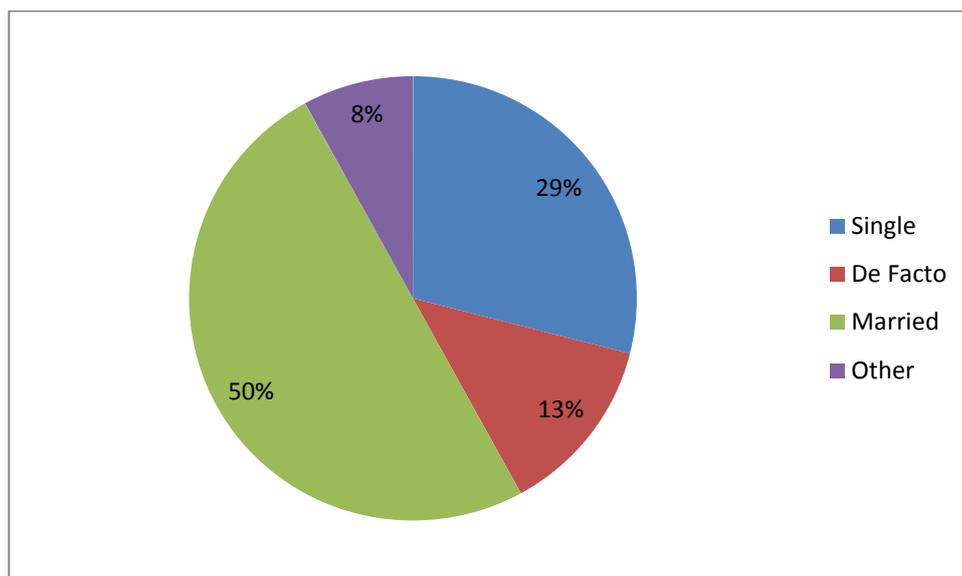
Carers were asked to identify the age group they fitted into.



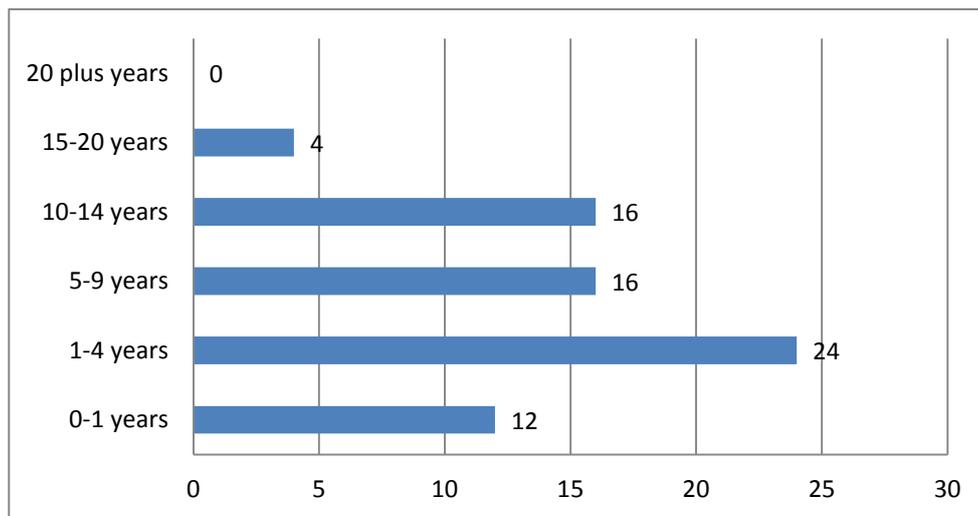
Aboriginal and Torres Strait Islander

1 carer in Brisbane Region who completed the survey identified as Aboriginal. No carers identified as Torres Strait Islander and no carers identified as Aboriginal and Torres Strait Islander.

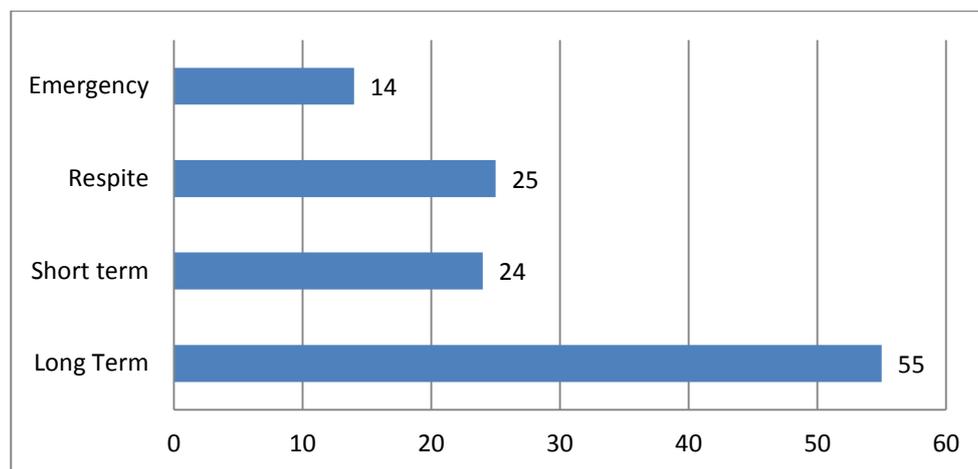
Relationship Status



Carers were asked how many years they had been providing care for.



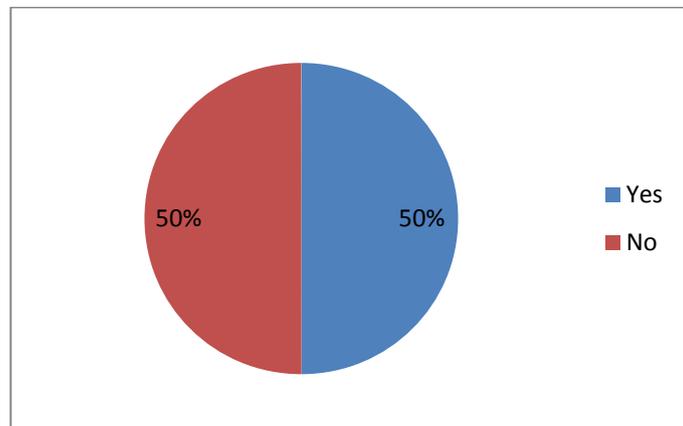
Carers were asked which type of care they provide, please note that carers were able to tick more than one type of care.



Culture Diversity

Carers were asked a range of questions relating to the care of Aboriginal and Torres Strait Islander children as follows:

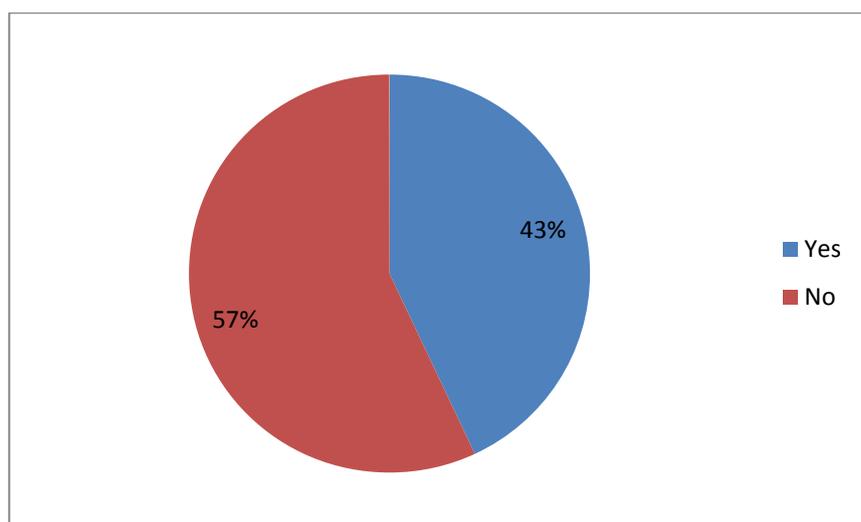
Are you caring or have you ever provided care for an Aboriginal and/or Torres Strait islander child?



Given that only 1 carer identified as Aboriginal in this survey, the majority of those carers who have responded yes to this question would not identify as Aboriginal or Torres Strait Islander.

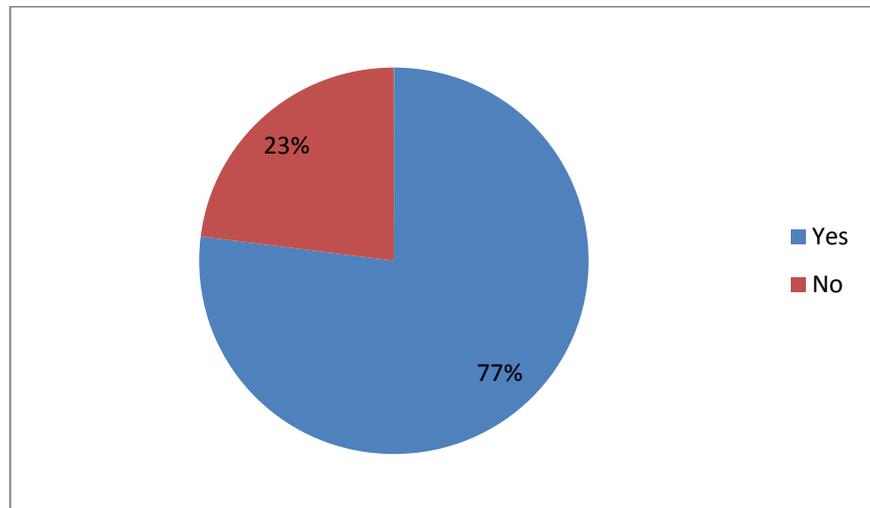
Carers were then asked if they had answered yes to the above question, whether they had a cultural support plan in place. Only 28.57% answered yes to this question, leaving a staggering 71.43% of children placed in care where they identified as Aboriginal or Torres Strait Islander either without a Cultural support plan or where the carer had no knowledge of its existence.

Carers were then asked if they were provided with Cultural awareness training to assist them to care for a child who identified as Aboriginal and/or Torres Strait Islander.



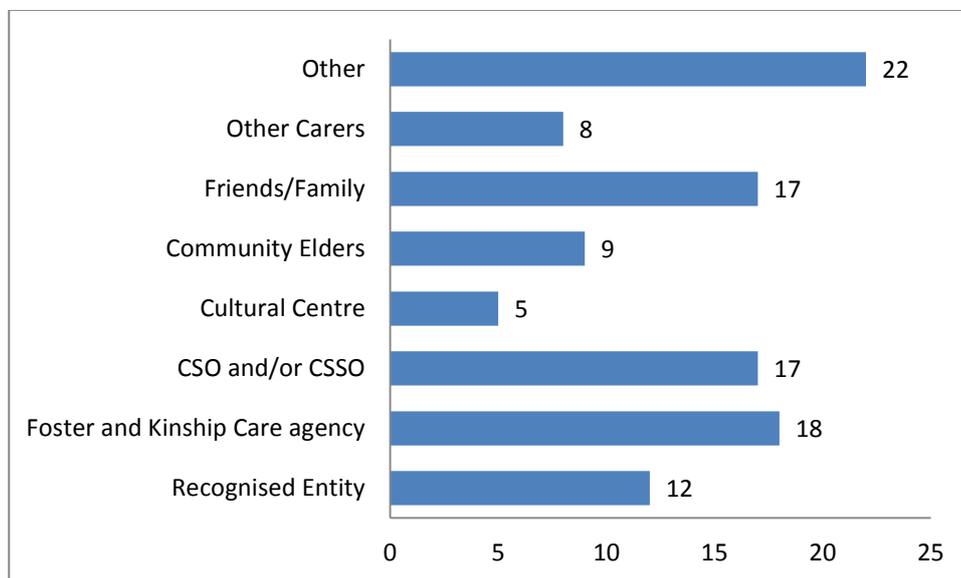
As evidenced above, more than half of the carers who responded identified they did not receive any training to assist them in building their cultural knowledge in their care of Aboriginal and Torres Strait Islander children.

Carers were asked whether they understood the Aboriginal and Torres Strait Islander Principle. This principle is explored with foster carers in the Pre-Service Quality Training, however it must be noted that carers are inundated with information during this training and if this is not followed up with further education and information, it is likely it won't be retained by carers.



Whilst most carers reported they understood the principle, 23% of carers in Brisbane region identified they don't understand it.

Carers were asked where they accessed their cultural information from. Please note carers were able to tick multiple boxes as sources of information for this section.



Carers were asked to provide examples of how they meet the cultural needs of children in their care.

- *Attending cultural events and encouraging them to acknowledge their heritage*
- *Resourcing myself through SNAIC. And indigenous family and friends.*
- *Taking him to IFACHS for immunisations*
- *CALD child - taking to events relevant for their culture. Cooking and eating cultural food. Provision of books, movies, holidays as appropriate. Teaching/learning language if interested*

- *As a respite carer, I ask the primary carer about any requirements the children may have and support the child accordingly*
- *Respecting the families wishes and ensuring they are accessing their cultural needs*
- *Whatever they want to get involved in within their culture*
- *Understanding, willing to learn*
- *Talking about where they came from; where their parents lived; how Australia was populated; taking to cultural events like Greek food festival etc (although children are not Greek)*
- *To allow the child to follow any of their heritage and attend any events that involve their culture, and support them with any enquiries about their culture*
- *Sensitivity to alternate ways of doing things. Attending relevant events / activities*
- *Incorporating culture into daily activities (music play books art etc). Learning Language with elders, participating in community events*
- *By ensuring he has close connections to family and community*
- *The school our foster child attends has been great in letting us know if AIME events that are on and other cultural things happening*
- *We've only provided respite care for Indigenous children. We are mindful and respectful of their cultural backgrounds and needs but it has not been necessary to have cultural support plans in place for respite care*
- *Research and promoting family contact and asking department and community visitor and agency for support*
- *I provided him with a range of culturally specific experiences, attending events, listening to music, watching TV, films, reading books, spending time on country and time with indigenous families & friends*
- *Allowing connection to family*
- *Seeking information from child's parent*
- *Taking them to cultural events*
- *Helping them understand who they are and what that means*
- *Have not really been supported even though I have ask*
- *Encourage them to be who they are and keep in touch with relatives*
- *By being respectful of their customs/traditions/values*
- *We only had the 2 girls for 6 months; they are aged 6 months & 2 years when they came to us. The department was more concerned with general day to day skills during our time of care.*
- *Family visitation and cultural days*
- *Being respectful. Attending community events, acknowledging heritage*
- *Educating and helping the children participate in cultural experiences and bringing them into the home as much as possible*
- *My partner is aboriginal and can understand the culture*
- *With dignity and respect*
- *By being culturally aware*

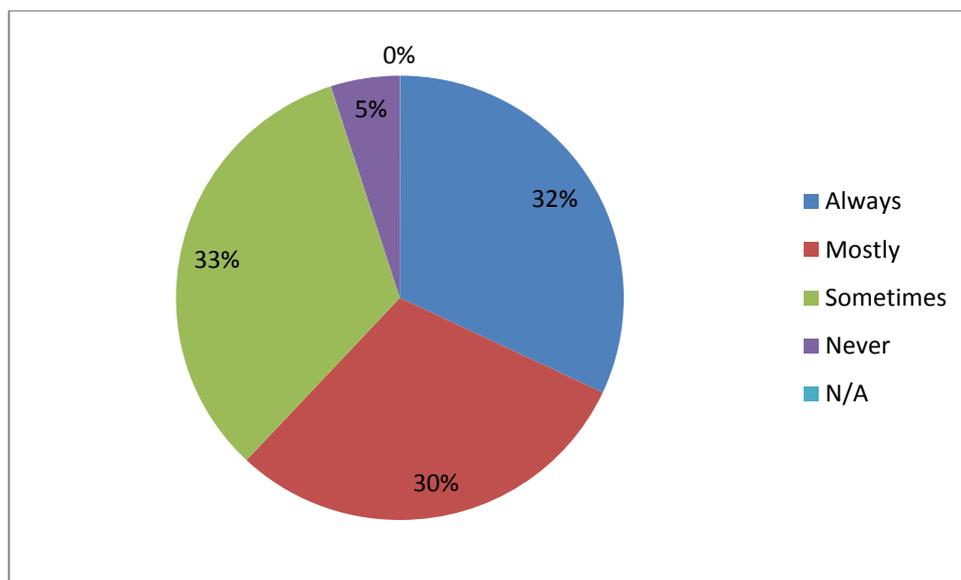
CALD Community

This is the first year that FCQ has sought to gather information from our carer community regarding the CALD community, specifically how many of our carers identify as being from a CALD community and whether carers have provided care for children and young people from a CALD community.

1 carer who completed the survey in Brisbane identified from the CALD community. 11 carers (16.7%) reported they had cared for a child from a CALD background. Carers who had cared for a child from a CALD background were asked if they were provided with appropriate training to assist them in providing culturally appropriate care, 6 carers identified they had with the remaining 5 stating they had not.

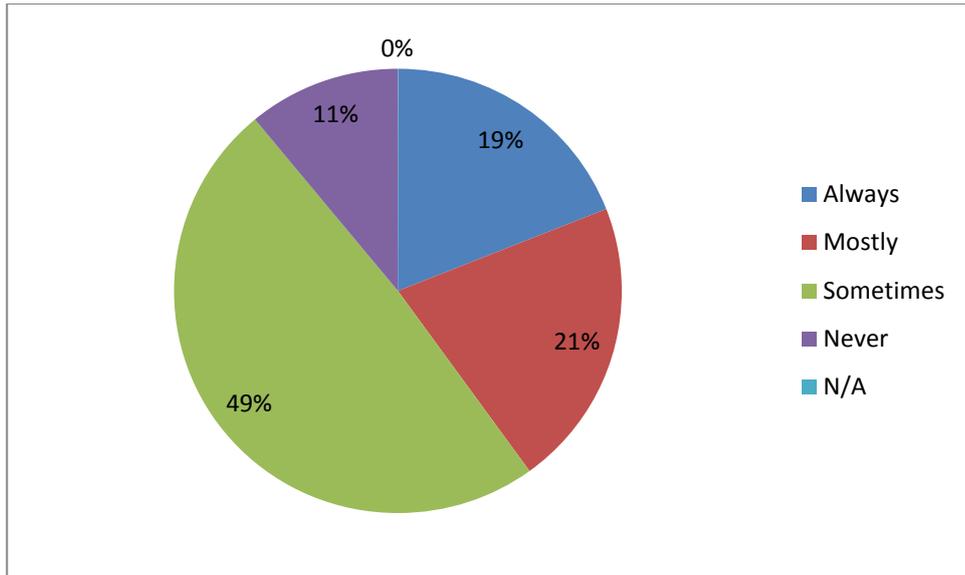
How satisfied are you with Relationships with staff at Child Safety Services

Carers we asked whether they felt respected by their CSSC.



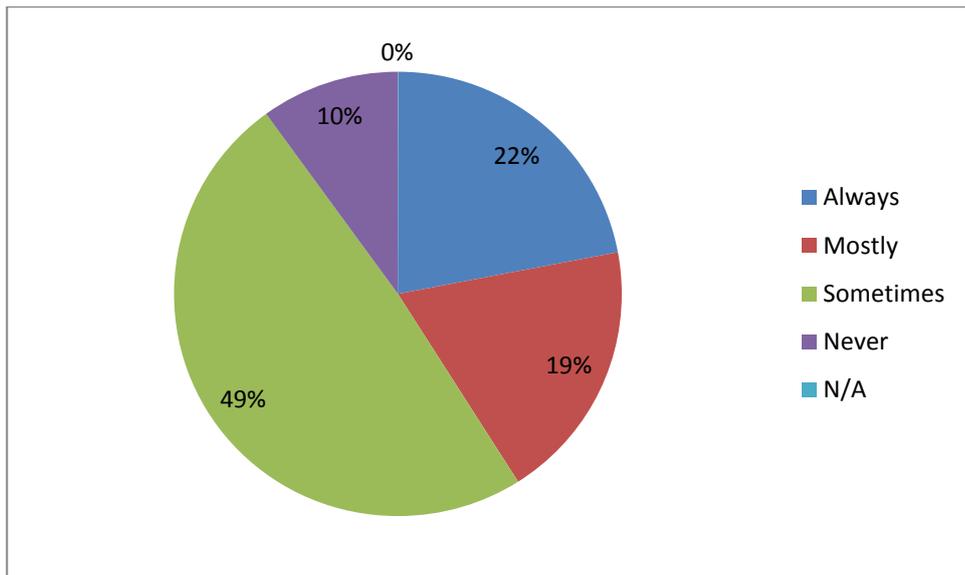
A total of 62% of carers reported feeling respected either always or mostly which is positive; that does leave 38% of carers however who reported only feeling respected sometimes or never.

Carers were asked whether they felt part of a team.



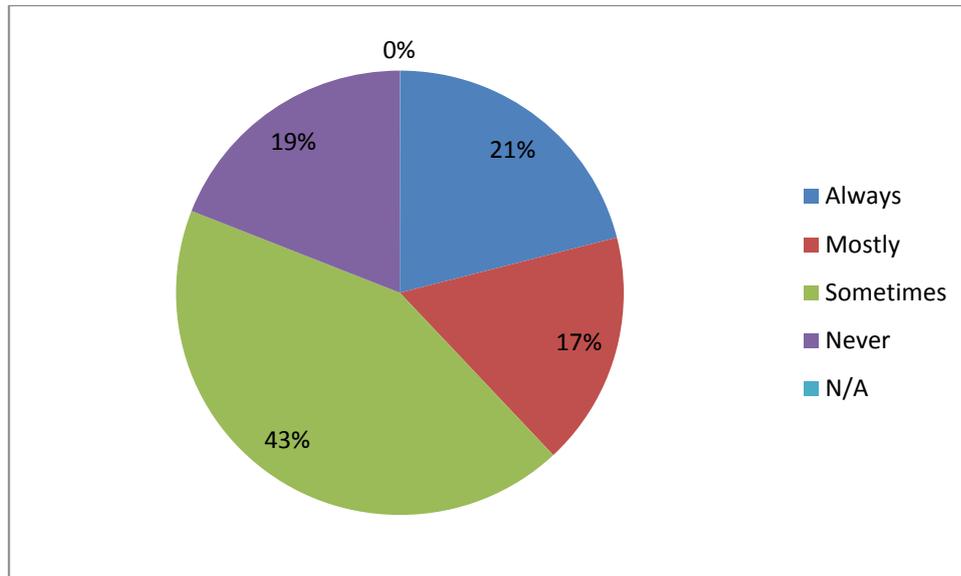
More than half of the carers surveyed reported that they only sometimes feel like part of the team or that they never feel like part of the team.

Carers were asked whether they feel as though their views are heard.



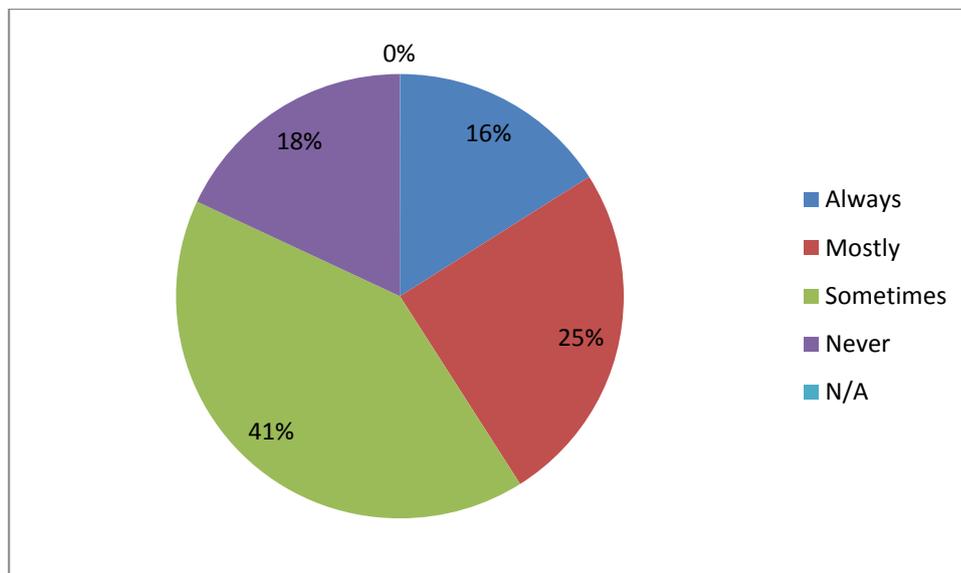
Only 41% of carers reported feeling that they feel their views are either always or mostly considered. This leaves the majority of carers who were surveyed in Brisbane stating that they feel that their views are only heard sometimes or never.

Carers were asked whether they feel as though there is consideration given to their whole foster and kinship family.



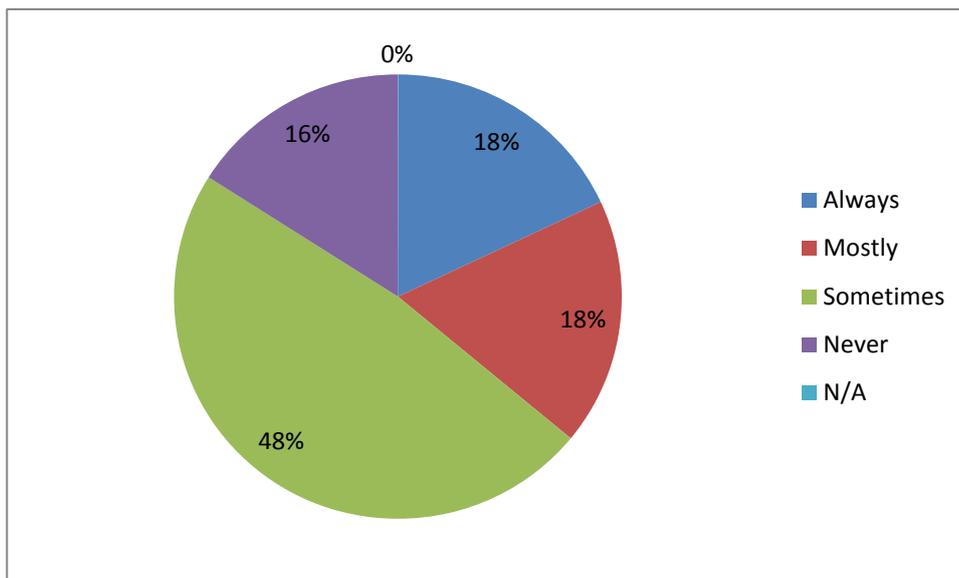
It is concerning that 19% of carers reported that they felt as though there is never any consideration given to the whole of family with another 43% stating that they feel as though consideration for the whole of family is only provided sometimes. Consideration of the whole of family is vital in the ongoing retention of foster and kinship care families as if fostering begins to negatively impact on their family and no consideration is given to this impact, carers are more likely to make decisions to resign from the system.

Carers were asked whether they received phone calls and/or emails within a 24 hour time frame.

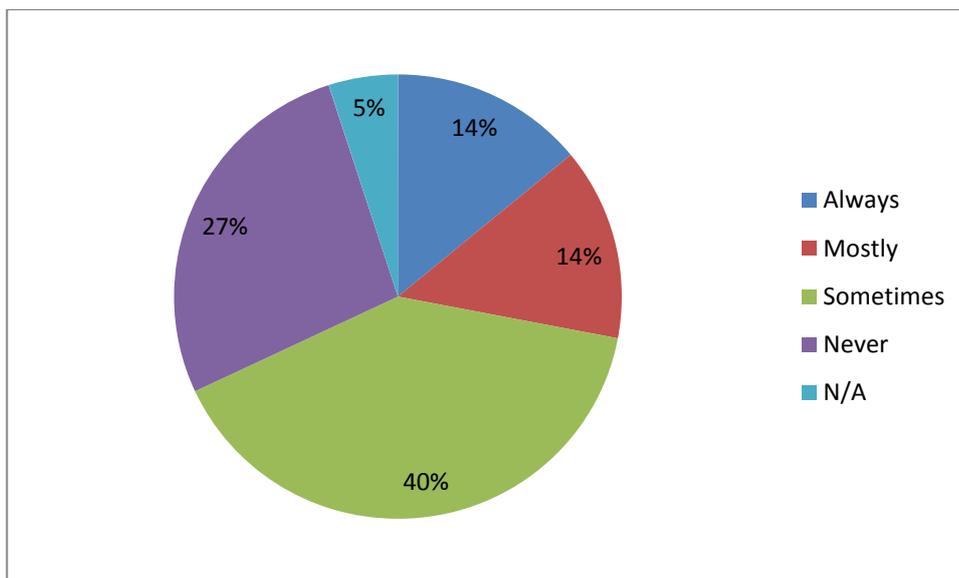


Only 41% of carers reported that they receive a response to emails or phone calls within a 24-hour period all the time or most of the time.

Carers were asked if the CSSC creates a supportive environment.

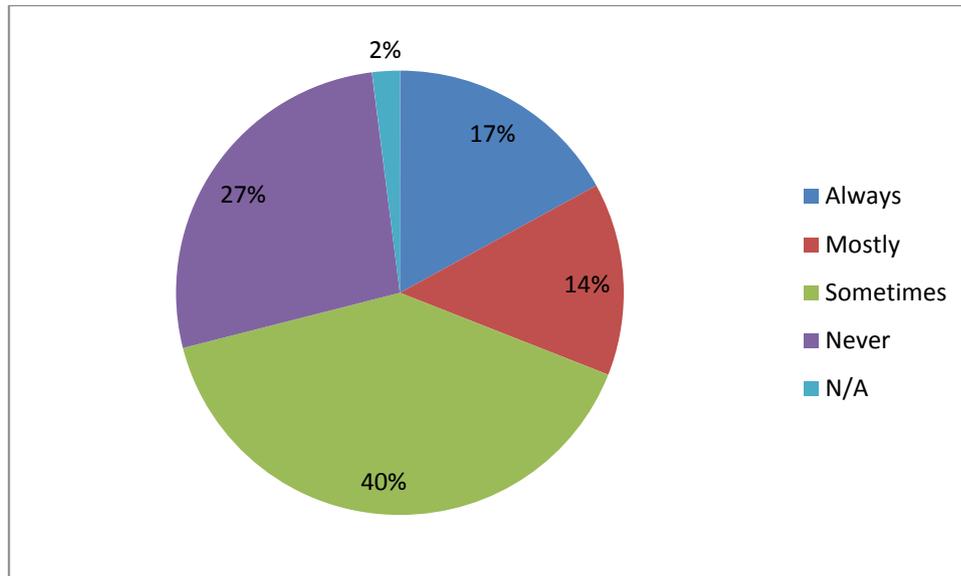


Carers were asked whether they are assisted in completing applications for reimbursements/claims in a timely manner.



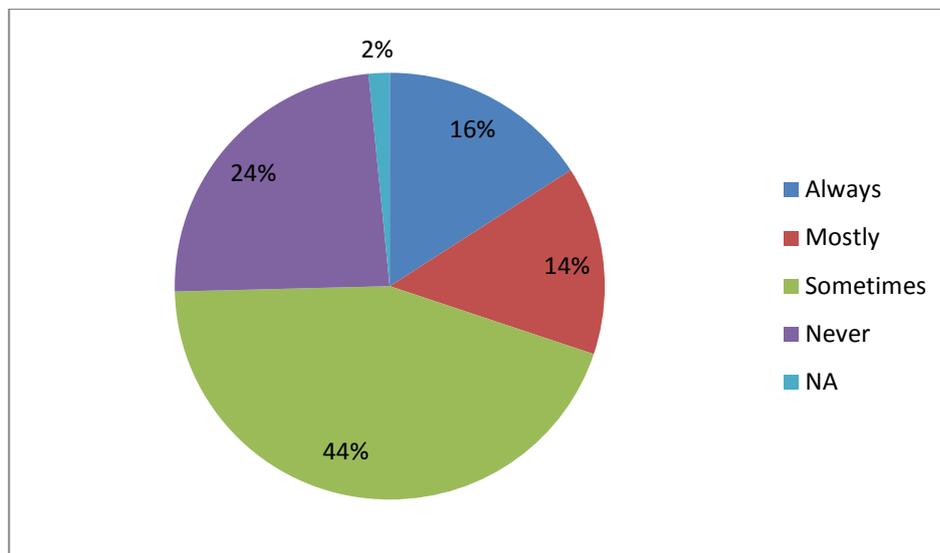
67% of carers reported that they feel that the CSSC only sometimes or never assists in this area. Financial stress can very much impact on placement stability and is often overlooked as a stress factor in foster and kinship families despite financial stress being one of the most recognised sources of stress in normal everyday families.

Carers were asked whether their CSO's let them know when they are going on leave or are going to be unavailable.



Advising the care team when planned leave or unavailability is occurring is a basic communication requirement in order to build a respectful and supportive care team. Carers are expected to let the care team know when they are going away or are going to be unavailable, therefore it would be an expectation that this same courtesy was provided to carers, however only 31% of carers reported that they are either always told or mostly told when this occurs, leaving a large proportion of carers in the dark during these times.

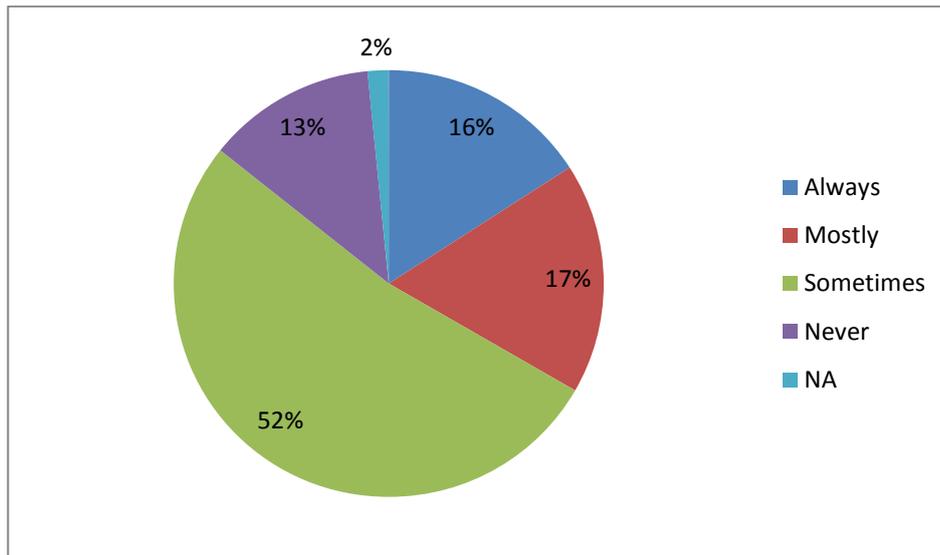
Carers were asked whether they are given ongoing information about the child in their care.



68% of carers reported that they only sometimes or never get updated information about children in their care. This percentage is extremely high given the legislative requirements of the Child Protection Act 1999 that require carers to be provided with information that allows them to provide safe and appropriate care to the child and other children in their care. The issue of confidentiality and sharing of information is one that continues to raise concerns for FCQ. For this reason FCQ has developed a

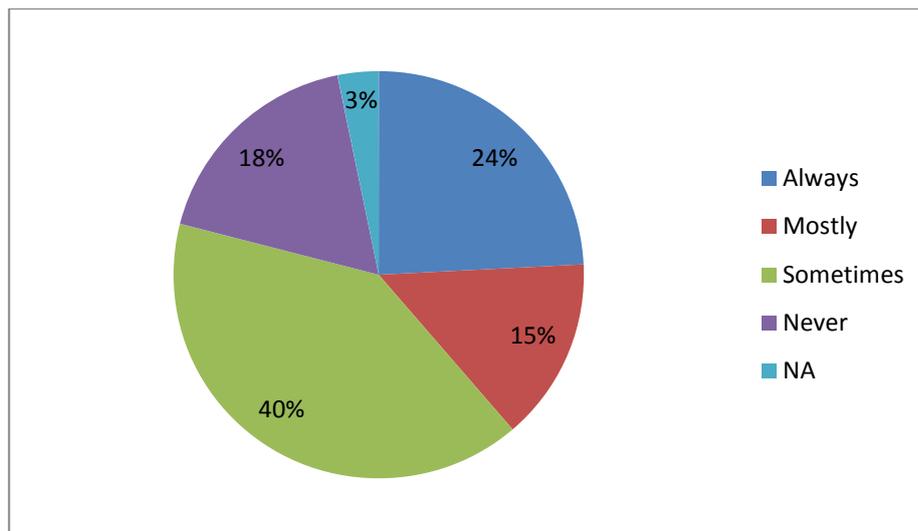
training session on Information sharing that will assist carers to understand the confidentiality provisions of the act and what information they need to have in order to provide safe and appropriate care for children and young people. This training also assists carers to understand what they can safely share with key stakeholders in the best interests of children and what responsibilities they have in respect to Social Media.

Carers were asked whether support and assistance was provided to them by CSSC for the children in their care.



Unfortunately over half of the carers who responded felt that support and assistance for children in their care was only provided sometimes or never.

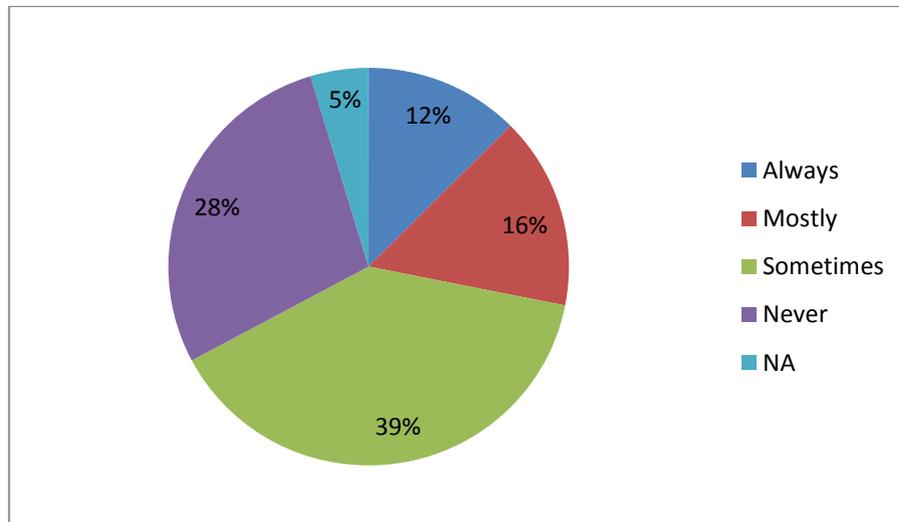
Carers were asked whether they were respected to advocate on behalf of the children in their care for resources, goods and services.



It is interesting that 24% of carers reported they feel that they are supported to advocate all the time and 18% reported they feel they are never supported to advocate. Carers need to feel confident to advocate in an appropriate manner, whilst they may not always get the response they desire, it is vital that carers are provided with rationales as to why decisions have been made. FCQ finds that if the

response is provided in a respectful manner with an explanation as to why the decision was reached, carers are more likely to accept the outcome even if they don't necessarily agree with it as they understand how the decision was reached.

Carers were asked whether the CSSC are improving services and interactions.



More than half of carers in South West (67%) reported that they feel that services and interactions are only improving sometimes or never.

Comments:

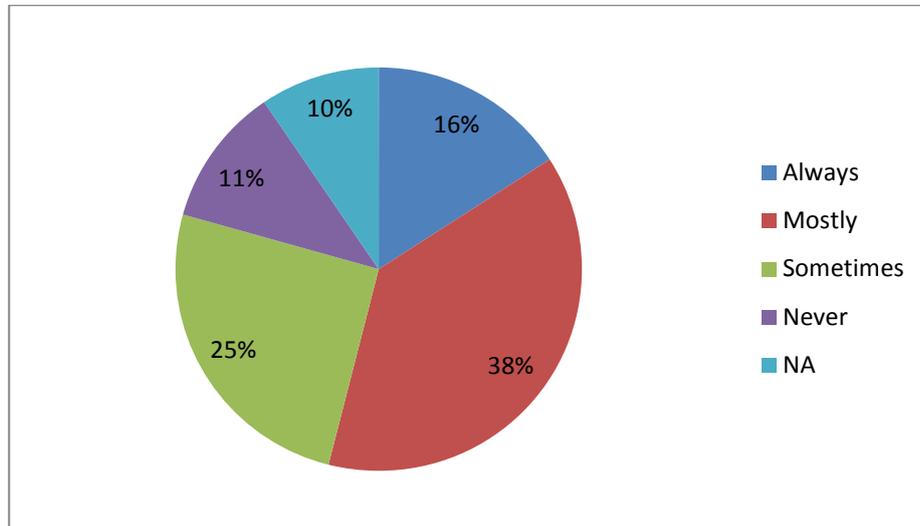
- *Since we have become Kin carers we have had six different case workers meaning information not shared from one to the other making it very difficult for the Dept to be consistent as well as communicative in their approach*
- *Waiting for Long Term Guardianship, which has been approved, is taking a long time due to staffing issues at the Child Safety Office*
- *Mostly staff are Rude and have highly superior attitudes and are generally disrespectful of the years, commitment and love I have put into my placements*
- *Continual changing CSO's means that you are often "re-working" stuff over and over again with the new CSO's. The longer I provide care the more self-reliant I become due to - incidents where I have asked for information and support and receive the wrong information (which means they aren't listening or are interpreting what I need rather than actively listening) or am told that those services or supports aren't available (Mt Gravatt is apparently a 'black hole' when it comes to support. Also, I am concerned about transition from car; see a lot of rhetoric but little action or support for Young Person who is going to need lots of help to find a job / career when they leave school. Too little support, with too much effort, often too late*
- *Outstanding CSO*
- *I currently do respite and work with Stones Corner and Inala service centres. I have never spoken to anyone at Stones Corner, my agency worker deals directly with them. I answered questions based on interactions with Inala, from when I had a primary placement*
- *Our department caseworkers and team leaders go above supporting our children in care and supporting our family letting us know we do a great job first time the past two years has been nice to work as a team!*

- *I find our Case Worker judgmental and hurtful in the way she communicates verbally and via emails to me. She makes all these assumptions about how a child may be feeling when she has very little direct contact with said child. I do my best to make sure this child is feeling secure, loved, cared for and I believe the child is happy (despite the challenges being felt within my biological family)*
- *We have two children under a guardianship order and have not had a case plan review in 5 years. Have a 15 year old girl that has Autism Disorder and intellectually impaired able to self-place and possible sexual interaction, but all we can do is ensure that it is recorded, as we cannot force her to come home, D.O.C.S will not remove her from the place she is staying at and the police don't get involved*
- *Staff seem to be doing their best; however, we have been consistently frustrated with reimbursements promised but then refused and a general reluctance to put commitments in writing. I have a long list!!!*
- *We as carers spend more time with the children in care than anyone - CSO spend maybe 10 minutes to an hour a week with the children, yet feel they are better qualified to make decisions on their behalf (sometimes opp to what we as their caregivers are telling them). They are informed of disclosed information the children give, and yet they still push to send these children straight home, only to have them sometimes return within the year*
- *This would have been a very different survey had I still been with my last child safety office. I really struggled with how they did things and communications*
- *I am an informal kinship carer who has parenting orders until my niece and two nephews are 16, I have had no help or assistance whatsoever in trying to raise these children. The laws need to change as I do the same job and have children with high needs who have come from neglect/abused home*
- *When we've been primary carers the support has been better, but that was down to an exceptional CSO. Other CSOs have not been especially responsive, can be quite demanding and in respite situations rarely process the carers allowance without several follow ups by our support worker in our agency*
- *Chermside is an extremely difficult office to deal with. There is a culture within the office that goes way above the level of CSO*
- *I have a CSO who works a 5 day fortnight & is often away. They never have enough time to do their job effectively and no one steps in when they are not at work. It's frustrating. Documents provided in person get lost, promises are made and never followed up on including CRC's and case plan actions*
- *The department is appalling, badly managed, doesn't understand they are part of the problem and a significant part, they wear me down and make us feel inadequate*
- *The most frustrating thing for us is the lack of communication in all areas. Between us and Child Safety and even in Child Safety itself there seems to be a breakdown in communication between the CSO & the Team leader*
- *I have been shut out in a lot of ways been told not to email or call everything has to go through my agency I don't even get invited to case plan meeting or other meetings. I don't even have home visits and rarely get phone calls*
- *We had 3CSOs in our 6 months there, and information was not shared as needed. At times I felt like I was the one being judged, rather than the one assisting these children*
- *Outstanding support and show a great deal of respect to the children in our care always putting their best interest first and foremost and working with us at all times*
- *There is so much wrong but I don't think it's the office its self just our child's CSO*

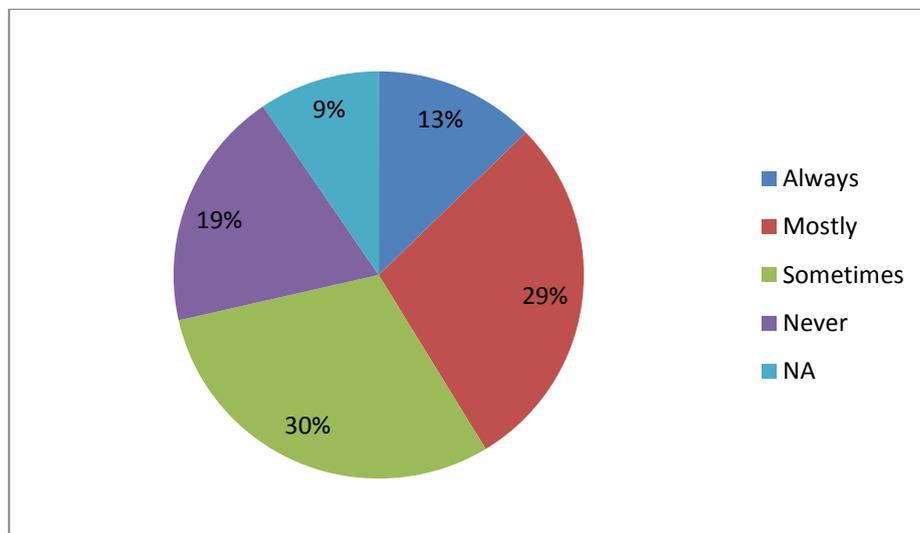
- *Child safety need to consider carers own families and respect the placements that the family chooses fits best*

Child Safety Processes

Carers were asked whether they were satisfied with the approval and reapproval processes as carers.

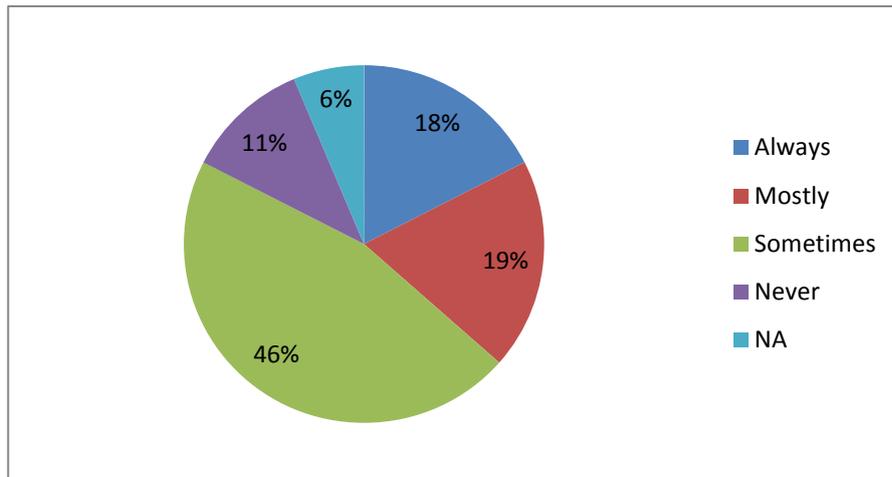


Carers were asked if they were satisfied with the completion of Placement agreements.

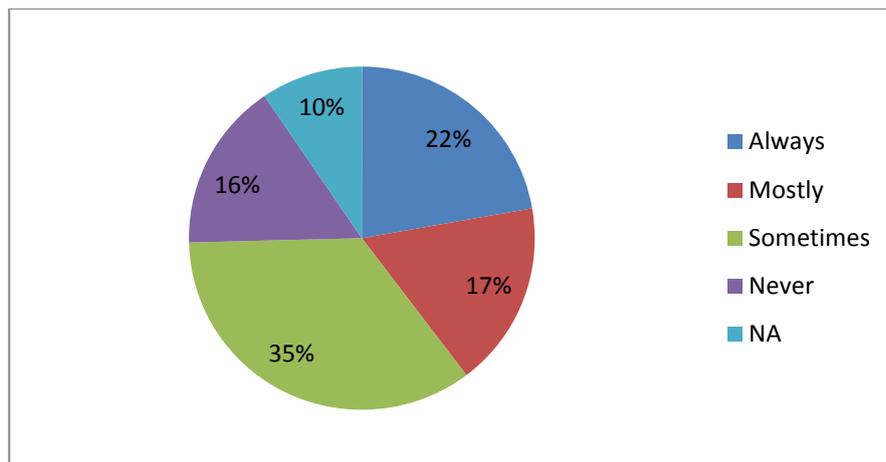


Given that placement agreements are a legislative requirement it is concerning that nearly half of the carers surveyed reported only feeling satisfied sometimes or never in relation to the completion of placement agreements.

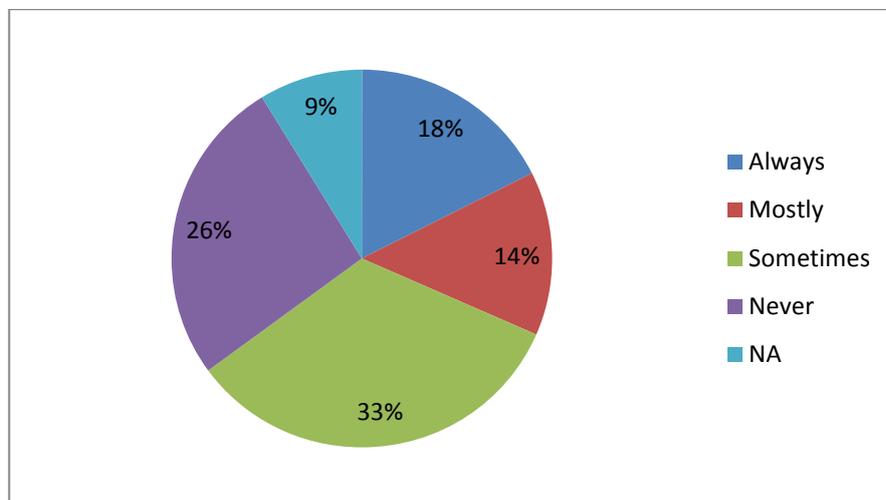
Carers were asked if they were satisfied with home visits being completed by Child Safety.



Carers were asked if they feel satisfied with their ability to engage in Family Group meetings for children in their care.



Carers were asked whether they were satisfied with review processes within the CSSC.



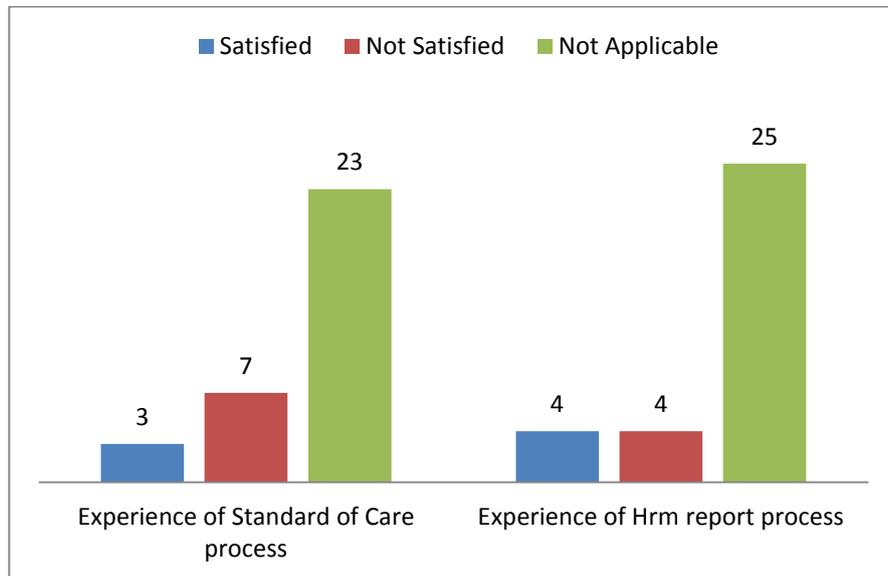
Only 32% of carers reported feeling always or mostly satisfied regarding review processes with the CSSC.

Comments:

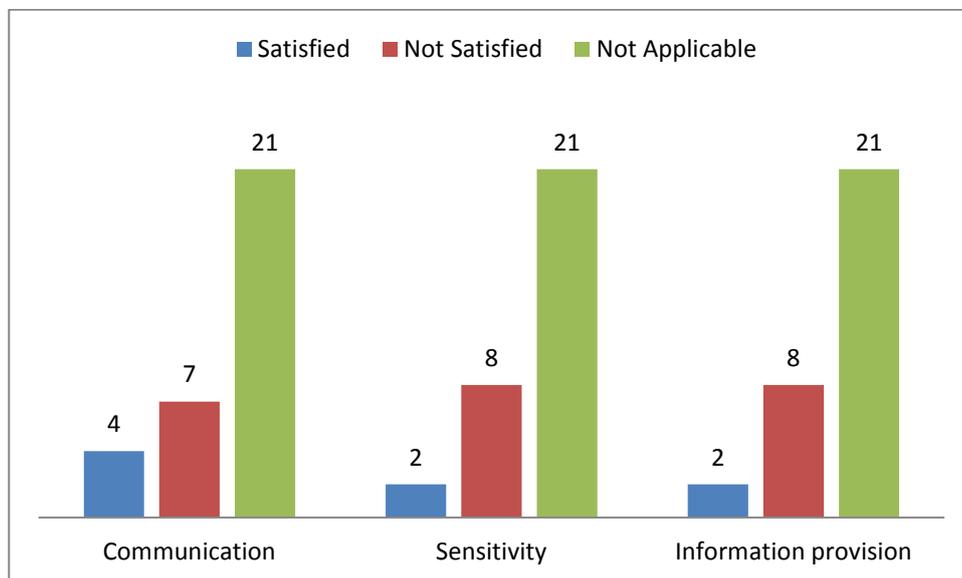
- *This is our first year as Kin carers. In that time we had a FGM via tele link. This case plan was due for review in September 16. To date no review date has been set which is disappointing. We have had one visit (unannounced) from CSO (Maroochydore).*
- *I currently do respite and work with Stones Corner and Inala service centres. I have never spoken to anyone at Stones Corner, my agency worker deals directly with them. I answered questions based on interactions with Inala, from when I had a primary placement.*
- *Our wishes always respected and we feel listen to by the department*
- *CSOs do not come out monthly as they should.*
- *The forms are written up independent of me, yet include many comments about how I may be feeling/coping (without actually asking me). I am then presented copies of the placement plans/reviews after the fact as a 'fait au complet'*
- *It is difficult to make enough time to effectively deal with the level of admin that caring requires. My calls are rarely returned. I've never called CS and spoken to our CSO - they have returned my call on two occasions. We have had more than 10 CSOs in 4 years for the same child!*
- *Home visits, have only had one for the girl in our care in 6 months, boys from separate agency the same, 1 visit in 7 months but do catch up on contact briefly now and again but still should be more home visits*
- *Our renewal had to be done twice due to it not being finished by the agency*
- *Very patchy at best. Placement agreements, ATC's, case plans Etc consistently overdue*
- *Case panning is a joke, they lose docs all the time I have out of pocket expenses for 6-8 months as they can't seem to process receipts. There's bad carers out there and they JUST DONT CARE!!*
- *Enjoying my experience with the kids*
- *We have rarely seen our CSOs in the past. Sometimes we don't even know who our current CSO is. We have recently had a lovely CSO who tried hard to offer support but she has just lost her contract and moved to another department. Now, we don't know who our CSO will be. It seems as if every time we get a new CSO, we have to start from the beginning again explaining our story, our foster child's complex needs, etc. It's as if these things aren't documented anywhere? Like there is no follow on continuity*
- *I was asked not to attend family meeting*
- *Some Child Safety Officers are more mature or experienced than others*
- *I was alone for my family group meeting (no support worker from our NGO), home visits only began after the placement broke down, I felt incredibly alone throughout the entire 6 month period*

Standard of Care/Harm Processes

Carers were asked whether they were satisfied in respect to Standard of Care and Harm processes they had been through



Carers were asked a range of questions around the process relating to the quality of communication, sensitivity and information provision:

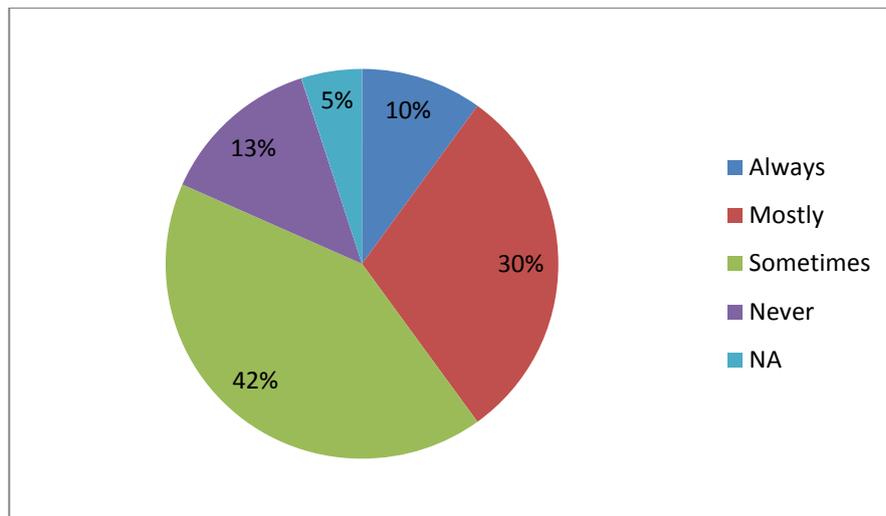


Carers were then asked if they were satisfied with the timeliness of the outcomes 28.13% reported feeling unsatisfied with the timeliness of the process and 6.25% reported feeling satisfied with the remaining percentage stating it was not applicable.

Carers were then asked if they were satisfied with the review process that took place when unhappy with the outcome of the Standard of Care and/or Harm Report, of those who thought this question was applicable 22.58% reported feeling unsatisfied with the review process.

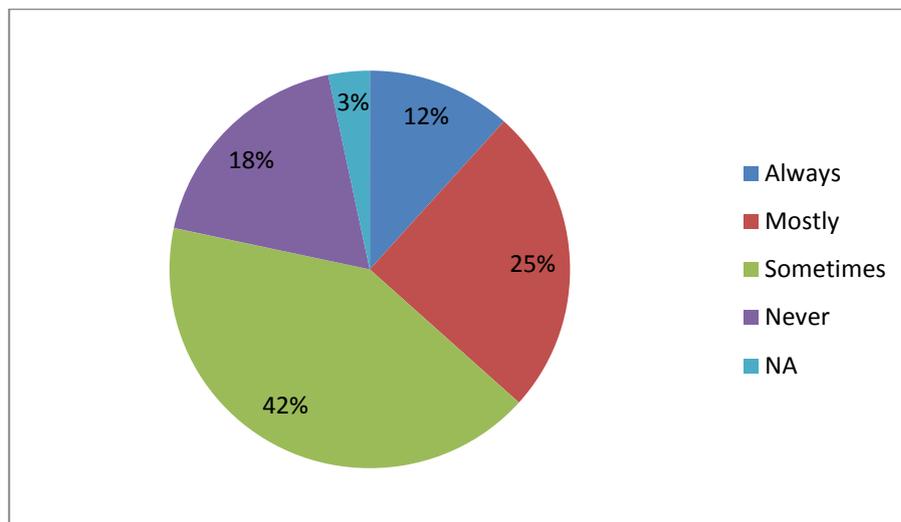
Confidentiality

Carers were asked if they were satisfied with information provision provided to them about the children in their care.



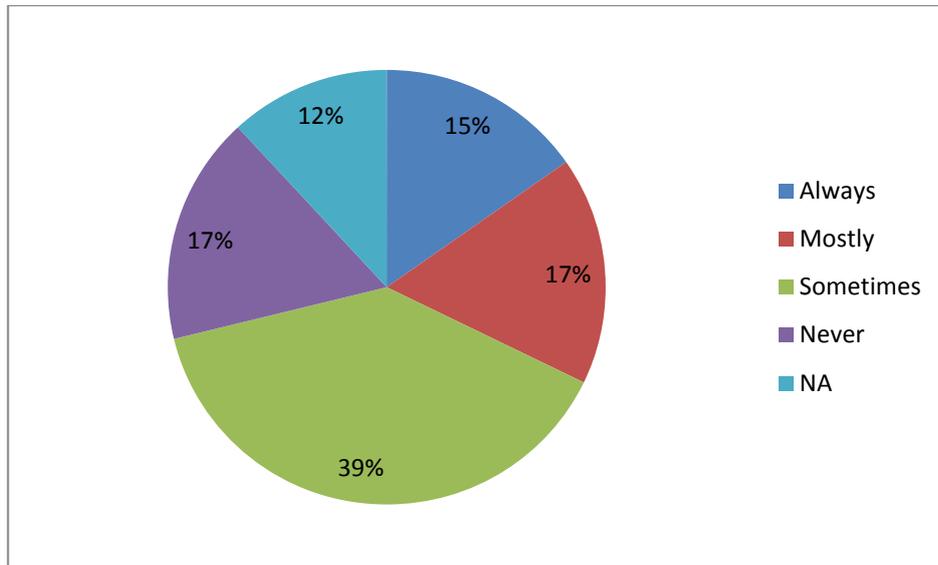
55% of carers reported they are only satisfied sometimes or never.

Carers were then asked if they were satisfied that information was provided to them about the child as it became available to Child Safety.

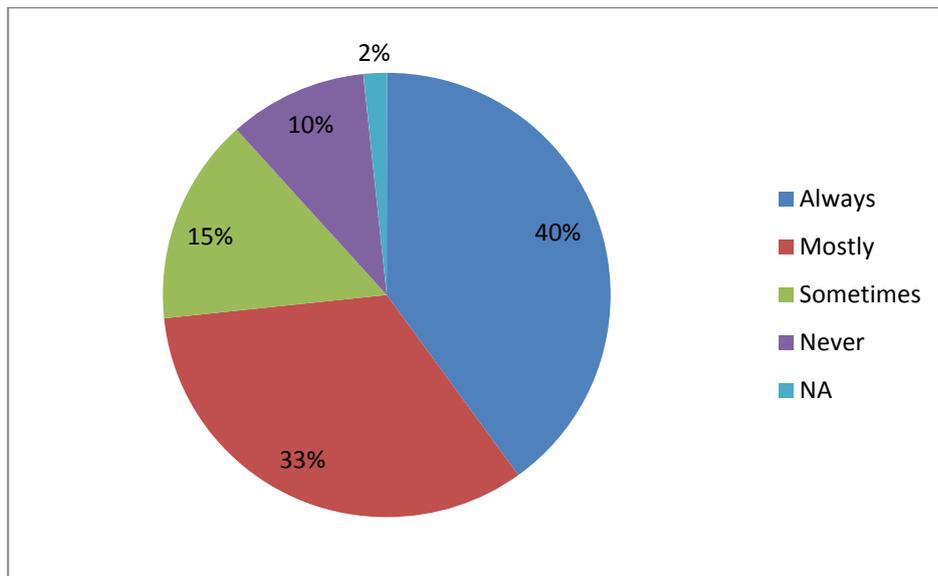


Whilst it is recognised Child Safety very rarely have all the information at time of placement, over time Child Safety gathers information which is vital to pass onto carers as this allows the carers to understand a child's trauma better and provide care in accordance with this. Unfortunately 60% of carers reported they feel ongoing information about a child is only shared with them sometimes or never.

Carers were asked whether they were satisfied with the information provided to them in respect to the Safety checks being completed prior to identifying information being given out.

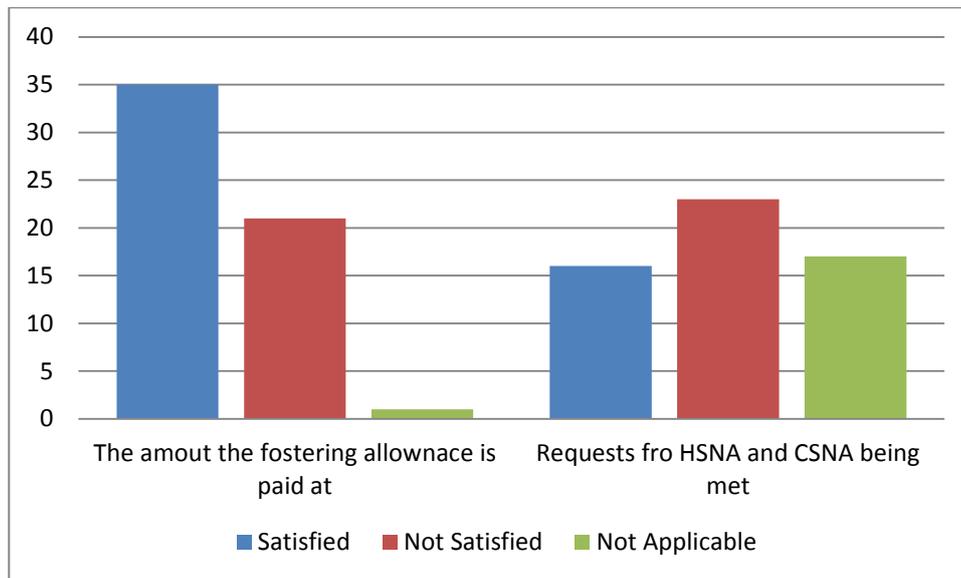


Carers were asked whether they were satisfied with their understanding of confidentiality provisions and how this relates to them as carers.



73% of carers reported a good understanding of confidentiality provisions.

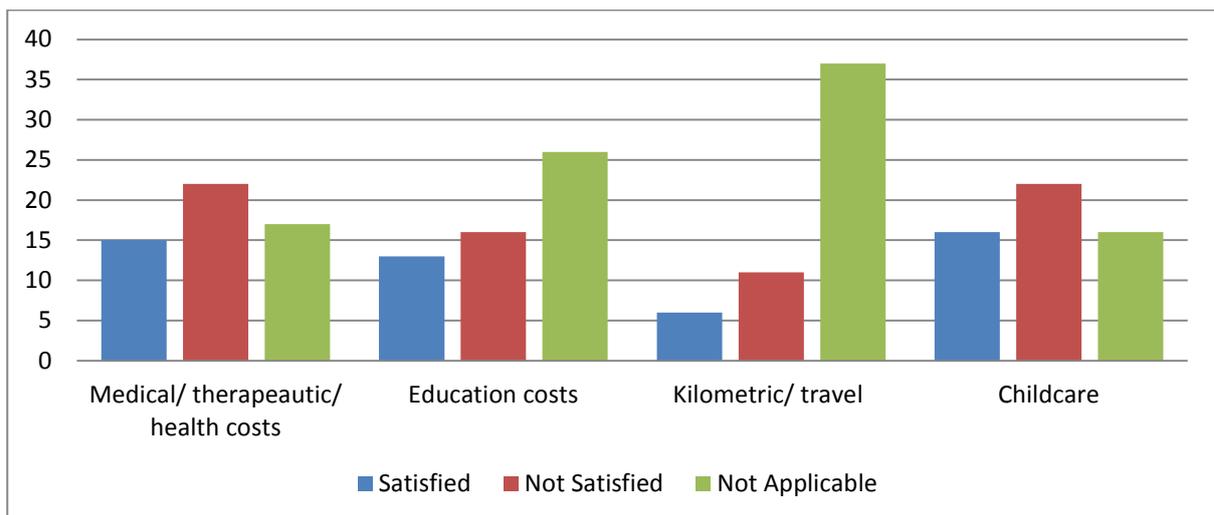
Financial

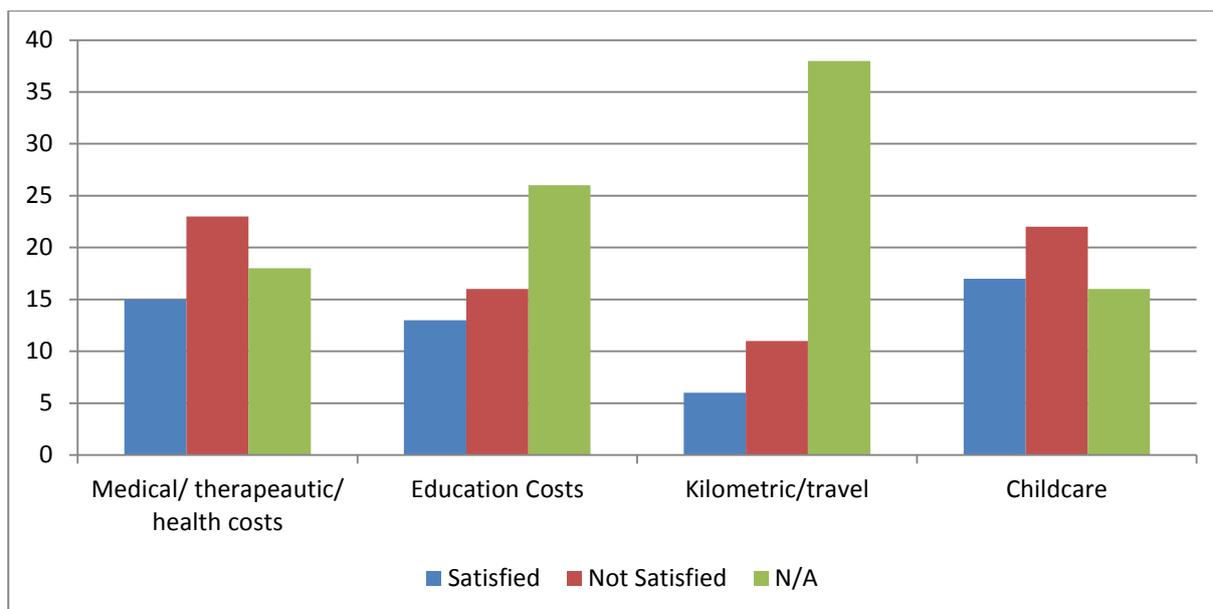


Results from the 2016 survey have evidenced a decline in satisfaction around the fostering allowance. This is an area that in previous years there has been high satisfaction rates of around 80%, however in 2016, the survey has shown a decline to around 65% satisfaction.

Satisfaction rates regarding HSNA and CSNA continue to be of concern with more carers reporting dissatisfaction in this area than satisfaction of those who felt the question was applicable to them.

Carers were asked about a number of Child Related Costs that sit outside of the fostering allowance and whether they felt satisfied in relation to the payment of them.





Of those that felt these questions were relevant to them, in all areas carers reported higher dissatisfaction rates than satisfaction.

Carers were asked about their knowledge to apply for ex-gratia (special payments) and whether they were encouraged to apply for these when applicable. Only 14.55% of carers reported having knowledge of and are encouraged to apply for special payments. 54.55% reported not feeling satisfied in this area with the remaining feeling the question was not applicable to them.

Finally, carers were asked if they were satisfied about information provision relating to Child Related costs. 59.26% of carers reported dissatisfaction in this area, 25.93% reported they were satisfied, and 14.81% reported this question was not applicable to them.

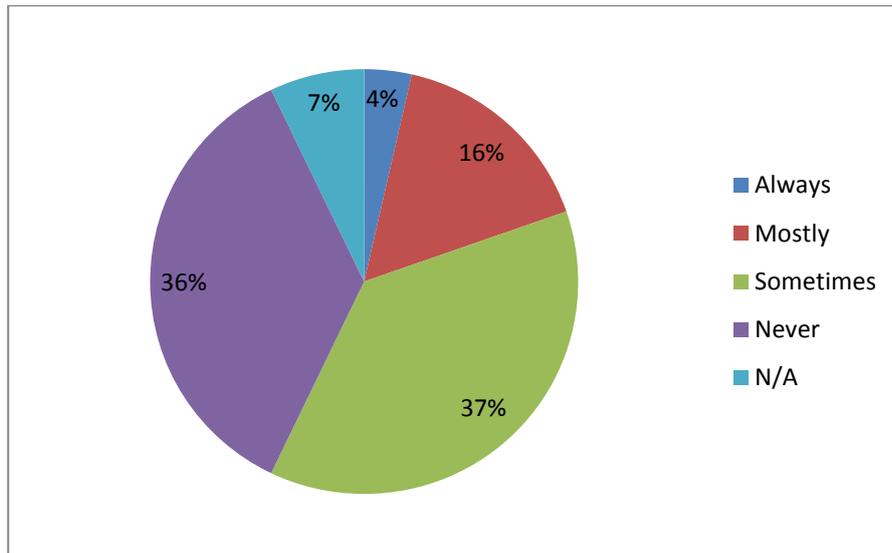
Comments:

- *The Dept. is always moving the goal post in terms of what is available funding wise and are very poor in communicating what is funded. Then worker changes meaning the need to start again*
- *I don't apply for additional expenses such as kilometres and out of pocket expenses, I feel it's easier just pay any expenses myself rather than having to complete forms, keep receipts and document everything*
- *I still believe that support allowance should be looked at also in the amount of work the family has to do to support the child not just costs this can help reduce stresses in time if need to gain extra supports*
- *Don't get told much about child related costs*
- *Reimbursements for childcare, etc. should be the same across the board, as should dual respite, rather than allowing each office decide what they want to pay*
- *Unfortunately not enough information is provided by agencies or the department in relation to benefits, health can cards etc. that can make life a little easier... For full time employees on a higher salary requiring child care and vacation care costs are prohibitive... Particularly with sibling group. In my case the entire fortnight payment did not cover the costs of kindergarten. It does cover 50% for up to four days but that's in arrears*

- *We have had several children placed with us that where on higher payments with last carer and when the child is placed with us the higher payments are taken away and we never get them back. Ask about tutoring and get told it is covered by fortnightly payment. Ask to have swimming paid for as we have a dam at our away property and all children should be able to swim. Ask about establishment fee as child arrives with very little, and get told NO*
- *Consistent failure to put offers of financial assistance in writing. We were told in an FGM that 'any medical expenses incurred that are prescribed by the doctor will be reimbursed' we asked for this to be confirmed by email and put in writing. It was not put in the case plan. We sought reimbursement after incurring the costs and after 5 months of follow up were finally told that they were refused! As reimbursement was 'at the manager's discretion'*
- *I think a consistent policy on covering childcare related costs would make a big difference to our availability as working carers and support the early development of young children in our care*
- *Cost of living just keeps rising and carers are always out of pocket. The fortnightly allowance needs a review to come more in line with actual costs. Whilst the majority of carers are not in this for "money" unfortunately money plays a huge role in carers being able to continue caring. For some it's simply too expensive and they stop caring because of this*
- *I am owed hundreds of dollars. Every CRC takes months to process and is only done after complaints. Kids in my care have had high support denied and only after considerable advocacy by myself and agency over 12+ months were finally acknowledged*
- *The department has approved costs in the past then 'changed their minds' they stopped paying for tutoring for my student in yr. 11 as she started passing!! She was determined to put hours in and break the cycle but the dept. didn't care.... we are paying them now as I will NOT have this young girl disadvantaged because Child Safety spends money on hiring executives rather than assisting the kids in its care*
- *The amount paid for high needs children don't cover their costs let alone cover weekly household cost seeing you cannot work having these children and what you do receive from Centrelink is a joke \$600 a fortnight isn't even a weekly wage*
- *We have a child with complex needs and require many specialists. We have sought help on many occasions in the past and have been told that we don't meet the criteria, will not receive any funding and are expected to put our child on the public health waiting list. We have sought out our own private specialists to get the support our child needs now and have paid for all of these expenses ourselves. We have recently been told that our payment will be increased to meet our child's specialist appointments needs better for which we will be very grateful*
- *Because we can afford to keep these children we don't ask for much in way of reimbursement*
- *I'm satisfied but would like more info about stuff I might be able to claim i.e. ex-gratia payments etc.*
- *Whilst we are satisfied, we are rarely informed of or encouraged to apply. We find out about payments ourselves and then have to advocate for our right to be paid them. It can be an uncomfortable and laborious process*
- *I did not find out about the majority of financial assistance available until after placement breakdown.*
- *I believe high needs also needs to be looked at not just in costs but time and work level it takes to care for a child*
- *We are in a position that we do not need to apply for any financial assistance*

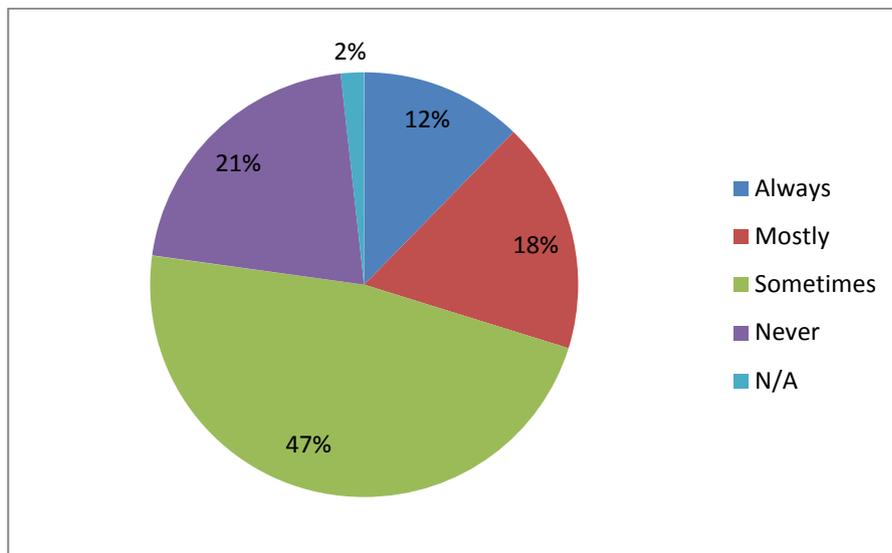
How satisfied are you with local practices of CSSC

Carers were asked how satisfied they were regarding information in relation to change over of CSO.



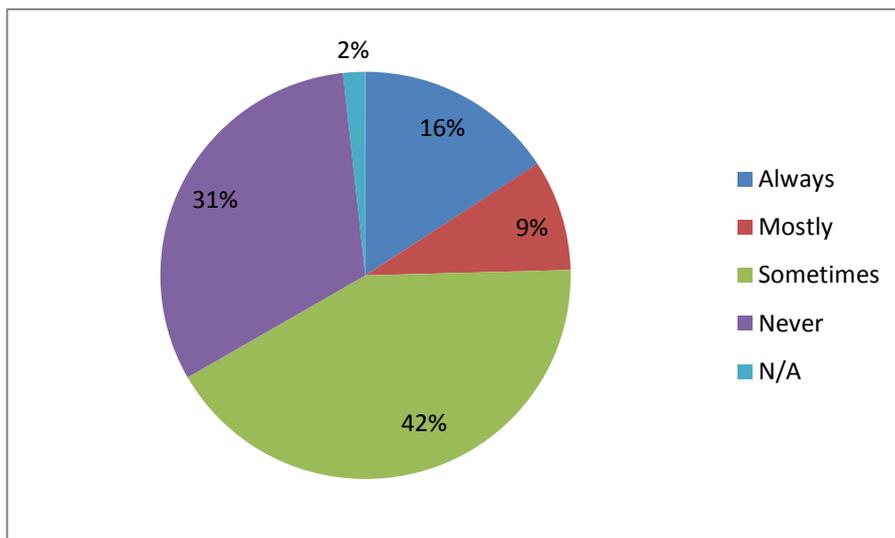
More than two thirds of carers who were surveyed reported only feeling satisfied either sometimes or never. Only 4% of carers reported that they were always satisfied with communication relating to change over of CSO.

Carers were asked whether they were satisfied with the CSO's knowledge of history regarding the child/ren in their care.



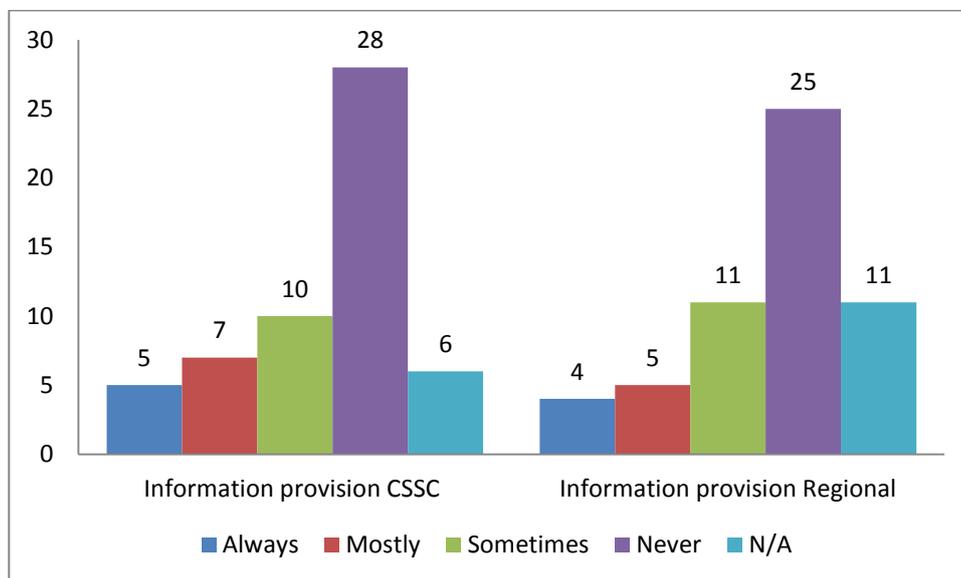
More than half of the carers surveyed reported that they felt satisfied only sometimes or never in respect to CSO's knowledge of cases.

Carers were asked if they were satisfied with the timeliness of case plans.



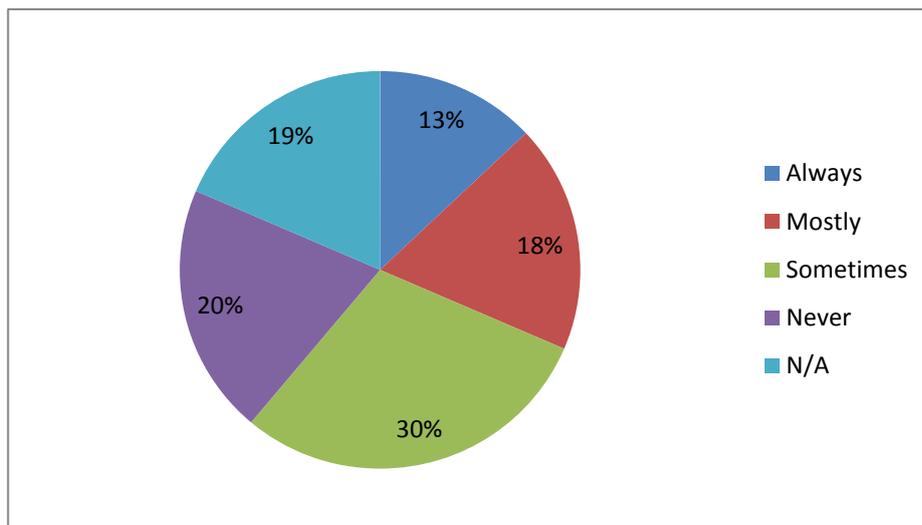
Only 25% of carers reported that they were always satisfied or mostly satisfied in this area, leaving 75% of carers in the Brisbane Region feeling that case plans were only completed in a timely manner some of the time or never.

Carers were asked if they were satisfied about provision of information provided by the CSSC and Region.

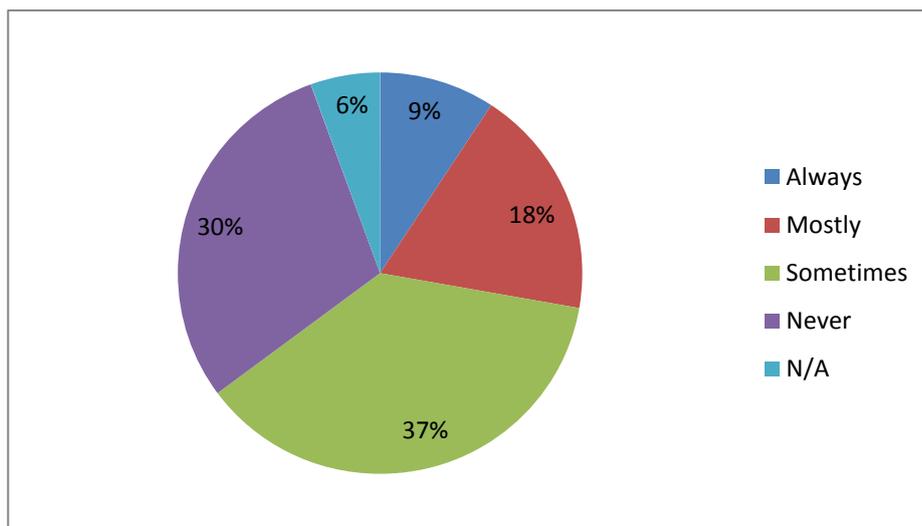


As demonstrated in the above graph, carers expressed overwhelmingly that they are not kept up to date about changes in either their CSSC or Region.

Carers were asked if they were satisfied with their ability to access respite.

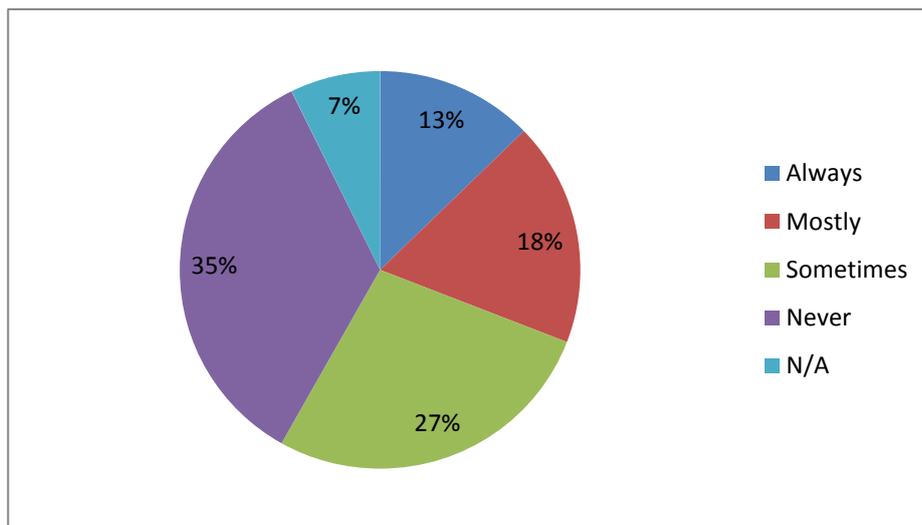


Carers were asked whether they were satisfied in respect to being consulted regarding Family Contact.



Over half of carers have reported only feeling satisfied sometimes or never, this is despite the Statement of Commitment clearly stating that carers should be consulted in respect to decisions effecting children and young people in their care. This is because there is recognition that someone who provides daily care to a child has insight into the child's needs, it is therefore disappointing that the percentage here is not much higher.

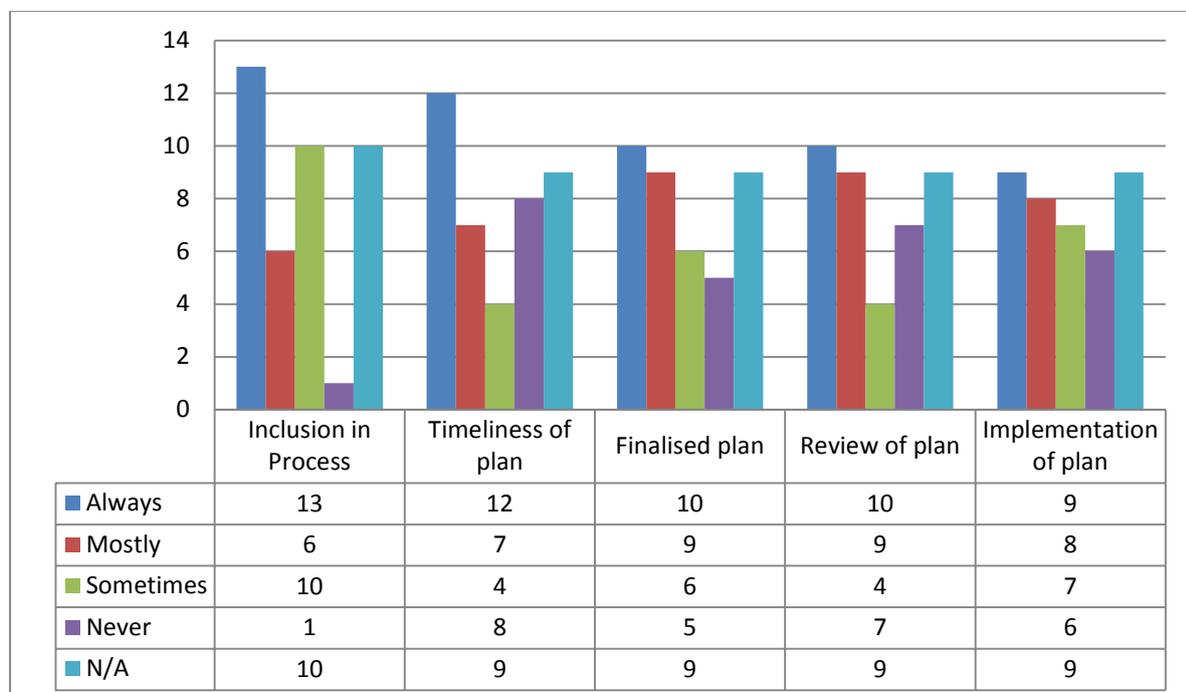
Carers were asked whether they felt they were supported to meet their own family commitments.



Education Support Plans

Carers were asked if they had a current ESP plan in place for the child/ren in their care, 54.39% reported having an ESP.

Carers were then asked a range of questions relating to the ESP process and their satisfaction with this as follows:



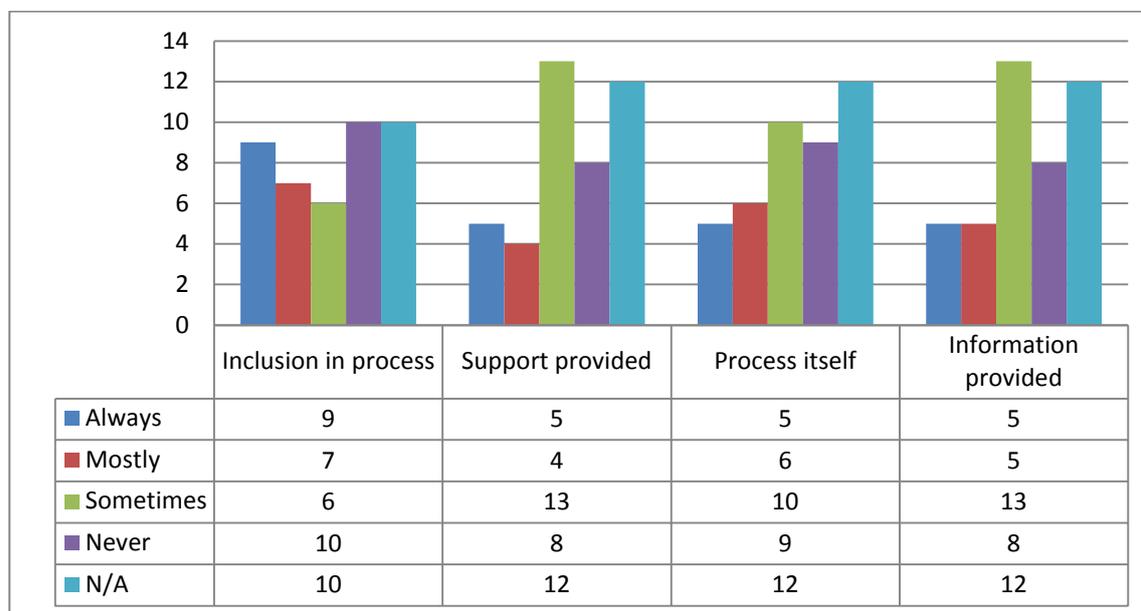
Comments:

- *The plan was implemented in April yet the CSO is still discussing the issues presented*
- *The value of an ESP is only as good as the education system that is supporting the young person - i.e. not seen as a means of ensuring more funding for the school but something that is specifically designed to assist young people in meeting their educational goals, ongoing, measured outcomes, consistent reviews with evidence to show that there has/hasn't been outcomes achieved. I like their intent (ESP) plans, but I am not sure how invested schools are in their outcomes, nor DOC's either*
- *Young people aren't achieving. The question is why and what needs to be done for each child so that they can reach their potential - not another useless process which predominately (from my perspective) meets the needs of a compliance driven system rather than being invested in the child*
- *Again strong team all who communicate for the best interest of the children in our care*
- *We have asked for an ESP but this has been declined because we are applying for guardianship*
- *The school did the leg work with us before the ESP meeting with the first CSO as we wanted access to counselling as part of the ESP which we had flagged in November 2015 but only commenced the counselling in Term 3 2016*
- *Had ESP plan a month ago and so far have heard nothing*
- *My children's school is excellent with children in care*
- *I attended an interview with the school, CSO and my child, in about January this year and have never heard anything further*
- *I have no say in schooling*
- *We have been trying to get an ESP plan for our child and I know that the school has tried to contact our previous CSO on many occasions to get this finalised. As we don't know who our new CSO is, we still don't know if the ESP plan has been finalised or not?*
- *Currently have an 18 month old*

Child Health Passports

Carers were asked if the child/ren in their care had a current Child Health Passport, 58.18% of carers reported having a Child Health Passport.

Carers were then asked a range of questions relating to the processes of Child Health passports and how satisfied they were, carers reported as follows:



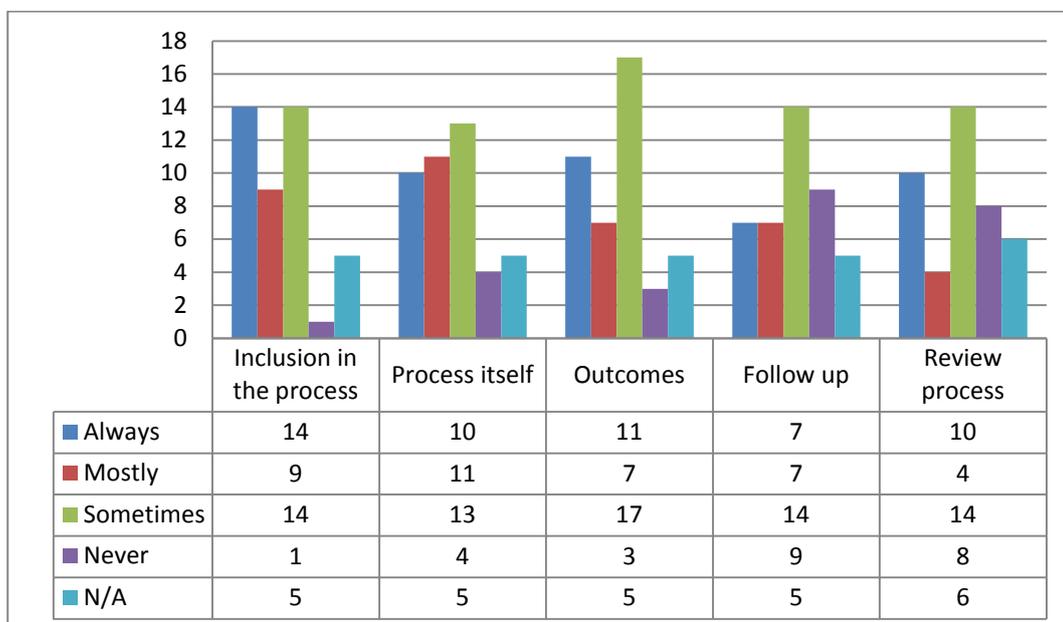
Comments:

- *Child is almost a teenager. Never had a CHP. I do all medical. I know more than CSO*
- *Saw it once. Nice idea for children who move between placements. Badly implemented and just another "system tool". Better idea would be for one health care professional / specialist to coordinate the young person's care (records, follow ups, referrals could all be managed in the same place)? Doesn't hold much relevance for kids in long term placements who have had the same GP / paediatrician / specialists for years*
- *Always receive information and support*
- *You get a white folder with not a lot in it and what's not there you need to run around and sort out for the children to receive the best care. "health care cards" "assessments"*
- *We received ours in August 2016 despite having cared for the child since November 2015!*
- *The boys are okay, our girls don't have*
- *I maintain the health passports. Dept. has no input*
- *These 'artefacts' are joke that CS hide behind. they are pointless bureaucratic 'tools' that will never help these kids*
- *For children in a stable, long term placement the CHP is a waste of time and resources. I have taken children to the GP in order for them to question me and then put my information in a letter to the Dept. Involving a GP in the process is superfluous*
- *I keep our child's health passport up to date*

Placement Agreements

Carers were asked if they had a current placement agreement generated from a placement meeting, 67.27% of carers reported they do.

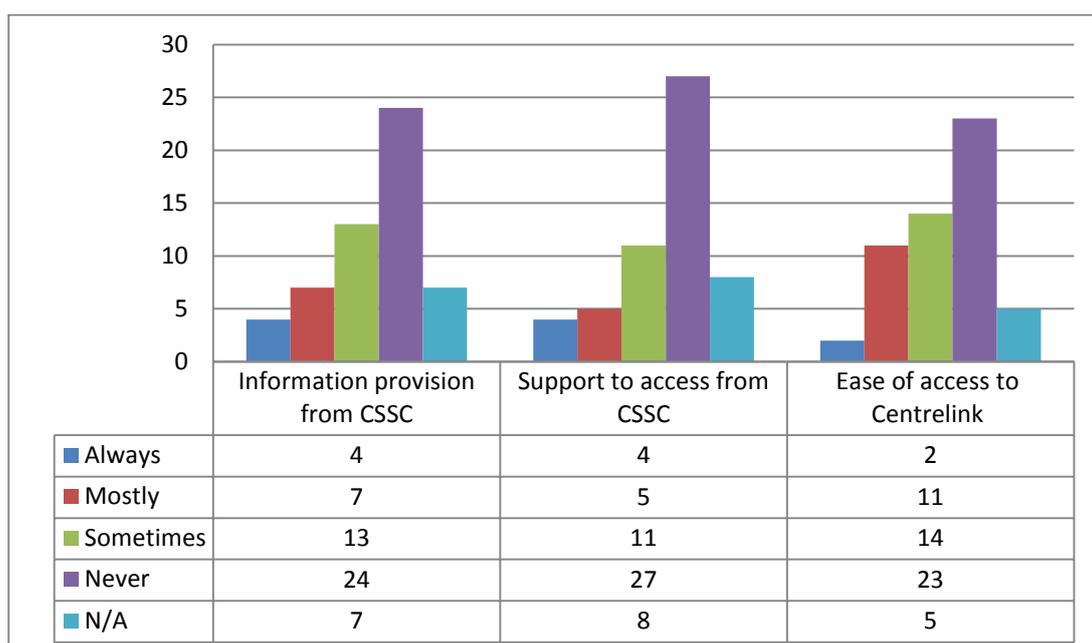
Carers were asked a range of questions relating to their satisfaction around the processes of Placement agreements with the following responses:



Carers were then asked if they received a copy of their placement meeting minutes, unfortunately only 28% reported that they do.

Centrelink

Carers were asked a range of questions relating to Centrelink and how they were supported to access services through Centrelink from the CSSC, responses were as follows:



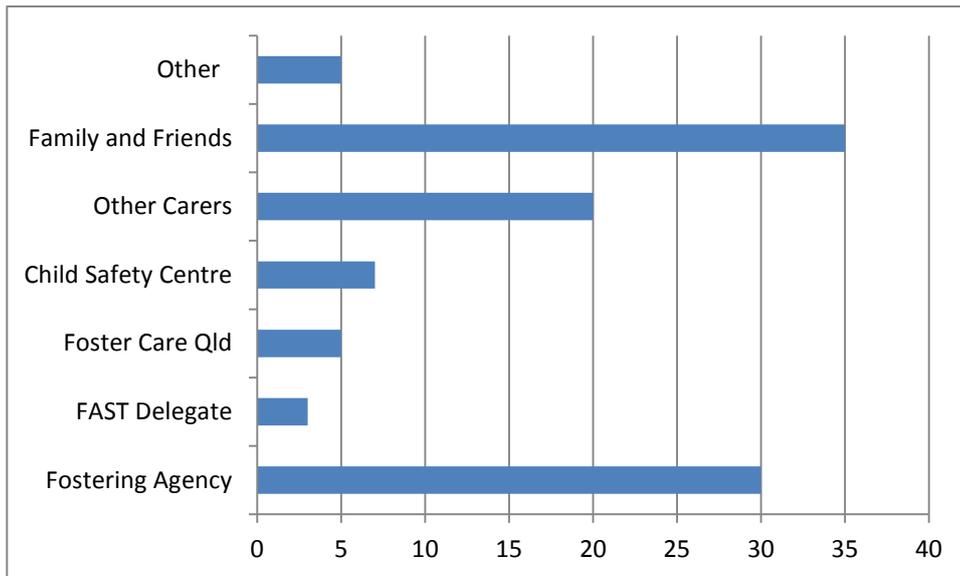
Comments:

- *The Dept. did not assist with Centrelink apart from providing a letter stating date of child's arrival to reside with us as Kin carers*
- *I do my Own Centrelink liaising. Have never ever been offered help with Centrelink by Dpt. Medicare cards are taking FAR too long to be done with newborns*
- *I never received a HCC for the primary placement*
- *The first time I needed HCC was a nightmare but that was because I hadn't been eligible for or access Centrelink services for about 12 years. Once I had an account set up, it worked but I found the multiple visits to a centre and then computers are out, can't help! And the 1 hour phone calls unbearable at the start. The annual review cards came out automatically - thank fully!*
- *Most children need us to chase up cards, but these children have been in care for some time before they come to us*
- *It took the department 18 months to register our child's birth and I have waited for up to 4 hours in Centrelink to discuss my child's healthcare card. I am often waiting for over an hour on the family's line to discuss why my child had dropped off CCB or CCR!*
- *Always a process to access Centrelink. Cannot obtain CCB or CCR for a month because most kids come in on TAO - Medicare cards mostly take over 6 months to obtain*
- *We were not given information about the interaction with Centrelink at the commencement and knew nothing about the CHP - which had the birth certificate we needed to start the process with Centrelink*
- *Got very tired of chasing Medicare cards, eventually came after many months. Never heard back or received anything from placement meetings, even these took months to organize but thanks to our caseworker she finally got it happening and haven't had a meeting with a CSO since*
- *I was never advised that the child in our care was eligible for a health care card and he didn't have one whole he was in our care. It also took around 6 weeks for childcare rebates to be paid to the childcare service, and fortunately the service was understanding of this but that would vary depending on the service*
- *Dealing with Centrelink is hassle. Carers should not be means tested for FTB*
- *Painful!! Takes forever & left in limbo*
- *Our incomes are too great to get a HCC, unless I go into Centrelink - I don't have time for that. My child is eligible for youth allowance so the Dept. stopped paying anything else for her so I got her to apply for the allowance to try to get more \$ to pay for music lessons, equipment etc. She went in on 21 June, been in three times, spoken to social workers, filled out form after form... still no money and unsure if she's even 'applied correctly'... VERY FRUSTRATING!!*
- *In one instance I spent 24 (non-consecutive) hours on the phone to Centrelink in order to add a child to my care*
- *Children's services never flooded through with what they said they would provide in the placement meeting i.e. respite. And we had to do everything with Centrelink out self*
- *We didn't receive our child's initial Medicare card until he was 8mths old and I needed to constantly inquire by email as to when I would be able to receive this as we had to pay all of the bills for our child with the specialists he needed to see right from birth. When his initial Medicare card expired, I was not given the new card but basically had to go on a search & find mission to discover which department it was at (as we had been transferred from Redcliffe to Alderley) and when I did eventually locate it, it had been sitting at the department for almost a month*

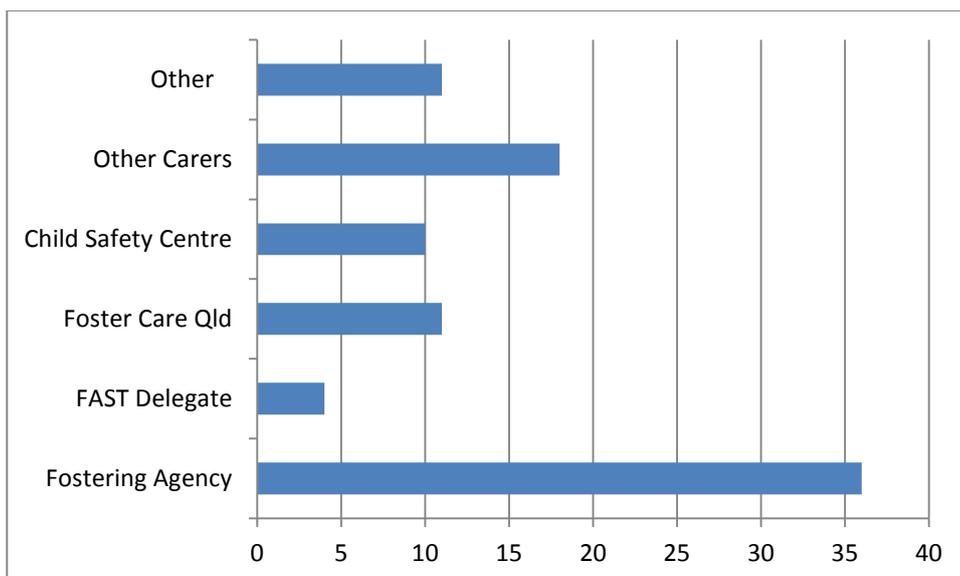
- None of this was offered during placement.
- I care for a 10mnt old still no birth certificate or Medicare card
- I haven't had any interaction with Centrelink. I received Medicare card via CSO. I do not have a Health Care Card. With a previous placement that we had for 11 months I tried to get a Medicare card from CSO and still didn't have one when he moved into Kinship Care

Support

Carers were asked where they accessed the majority of their support:



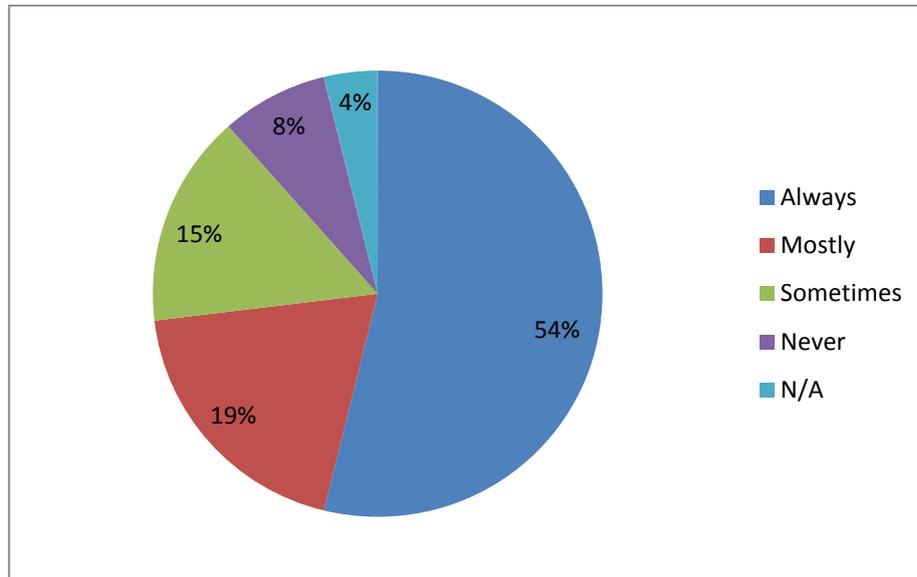
Carers were asked where they access the majority of their information from as carers.



Foster and Kinship Care Services

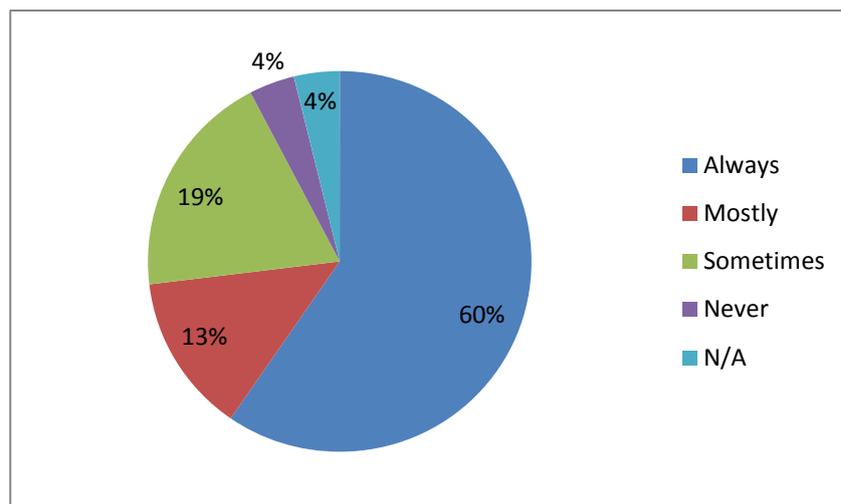
Carers were asked a range of questions relating to the support provided by Fostering and Kinship Care agencies. Firstly carers were asked if they were attached to a Fostering and Kinship Care Agency, three carers in Brisbane Region who completed the survey identified that they were not with a fostering and kinship care agency.

Carers were asked if they were satisfied in respect to regular support visits occurring (at least monthly).



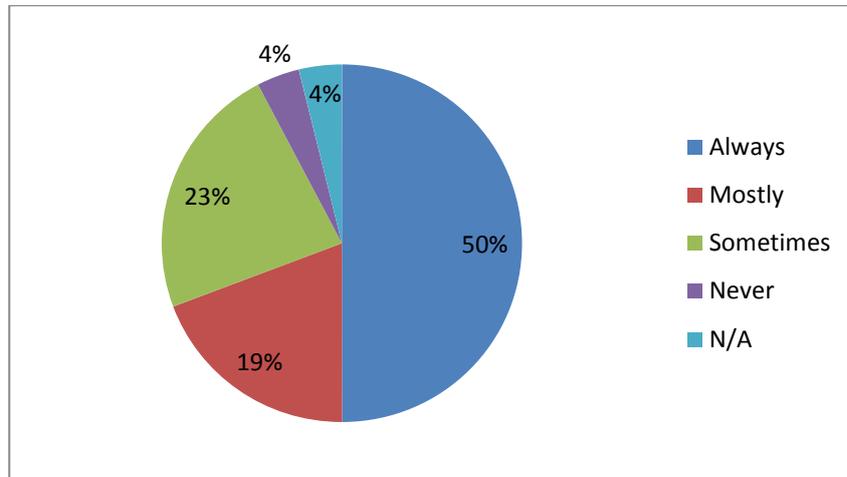
It is very positive to see that 73% of carers reported always or mostly always feeling satisfied with the regular support visits occurring with only 8% of carers identifying they are never satisfied in this area.

Carers were asked whether they were satisfied with response to contact with their agency.

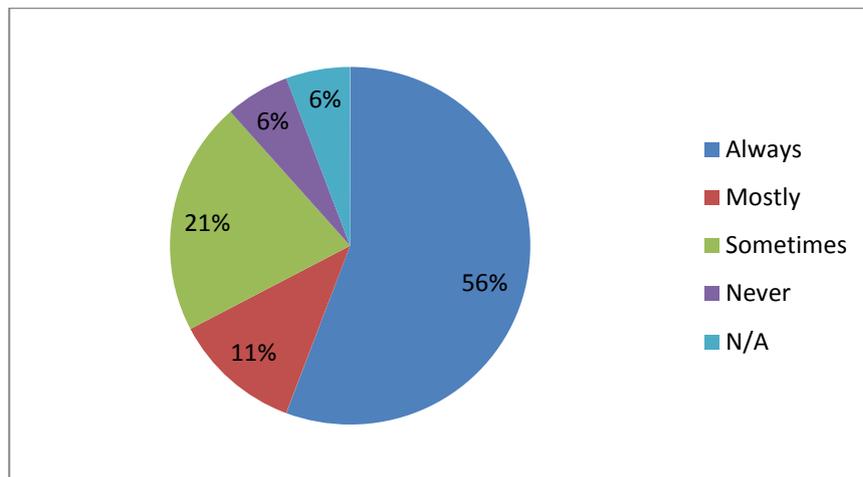


Once again over 73% of carers reported feeling always or mostly satisfied with only 4% of carers stating they were never satisfied (this % equates to two carers).

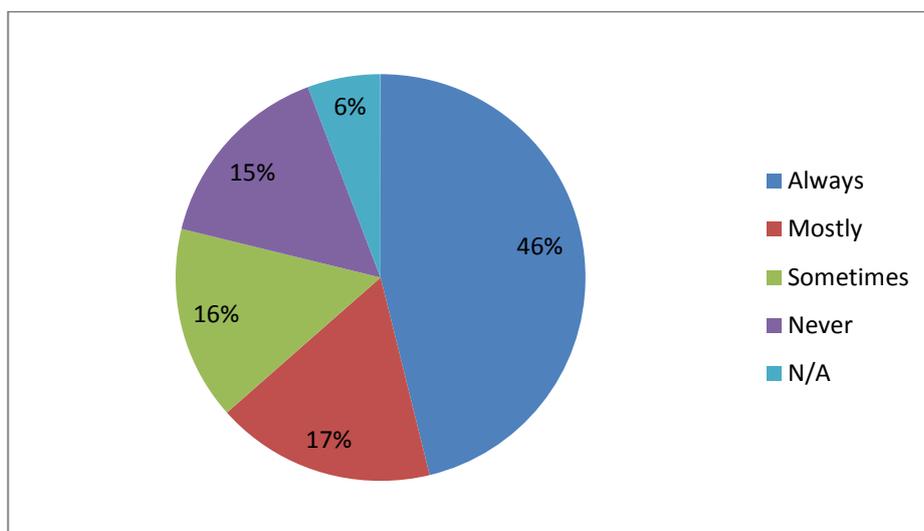
Carers were asked whether they were satisfied with assistance provided by their agency to complete paperwork.



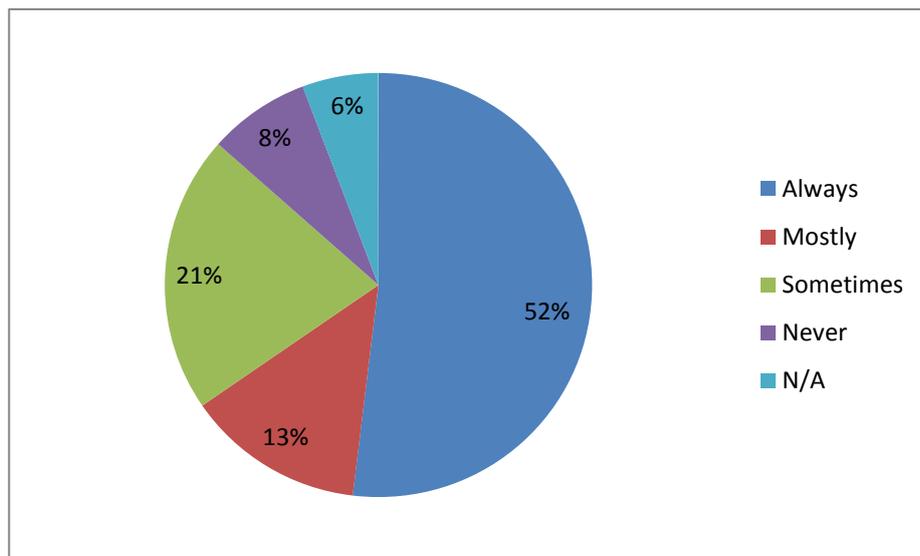
Carers were asked whether they were satisfied with information provided by their agency.



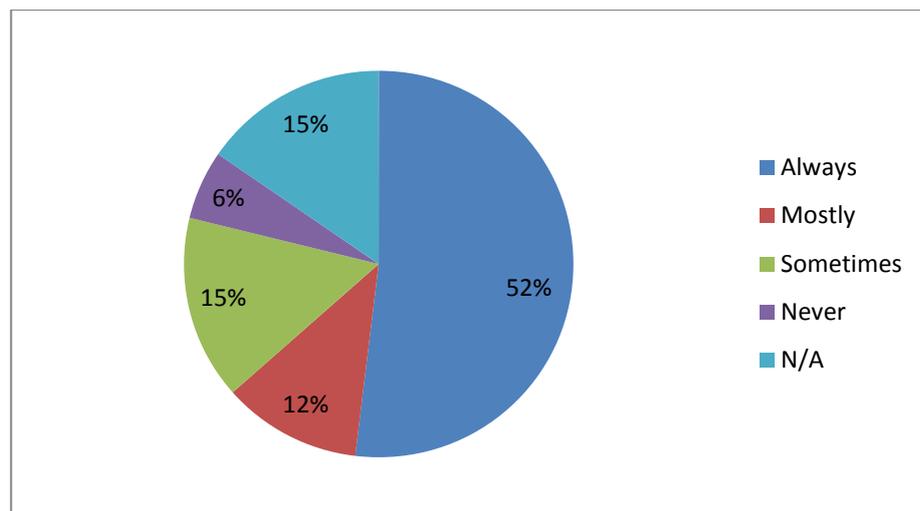
Carers were asked whether they were satisfied with their access to support networks through their agency.



Carers were asked if they were satisfied with their access to training.



Carers were asked if they were satisfied with the on call service provided by their agency.



Comments:

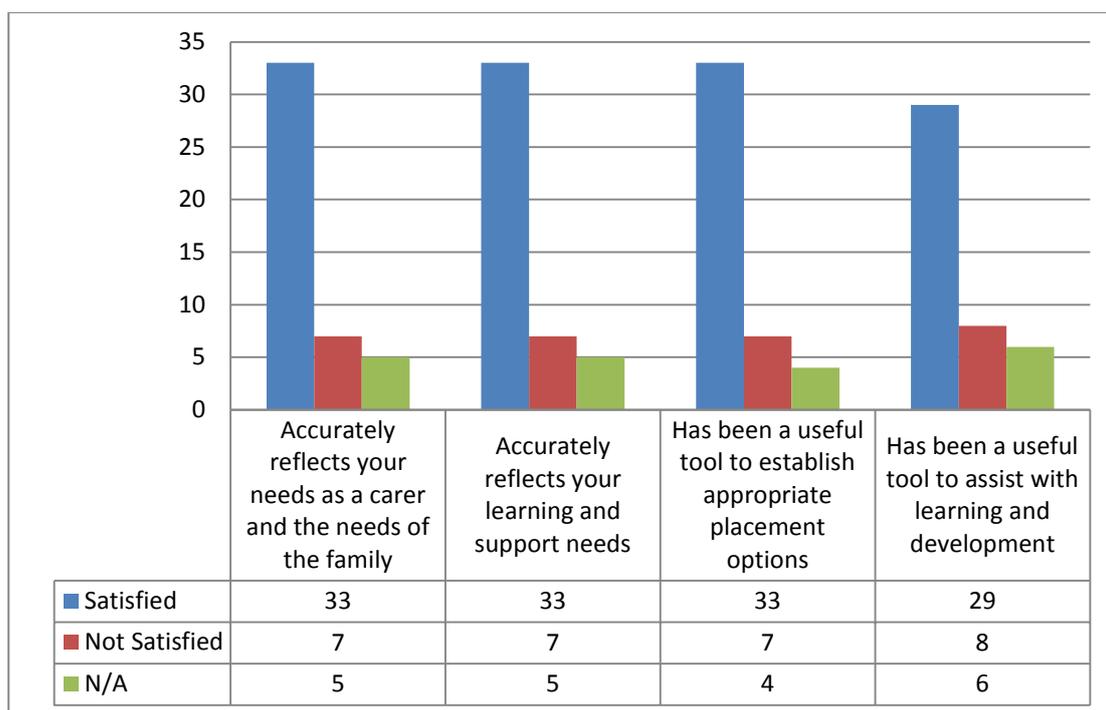
- Kinship carers do not get the support, information that they need. Agency staff / departmental staff struggle to understand that nuances of Kinship care and it often feels like an invasion into our lives. If a kinship carer is assessed as being competent then less "mandatory /compliance driven processes" should be required so that CSO's can focus on those children who are not safe. CSO's and community visitors and agencies can easily interact with permanent / stable carers and the young people they care for, it is the hard to reach carer's that need checking on. There should be a strata type service offered to carers if they are assessed as offering safe and stable care i.e. may just need a three monthly cuppa to discuss what is going and checking to see if there are services that they may need (open door policy for anything outside that time frame). Higher needs children in unstable = higher maintenance, therefore more time attributed to their care. Some community visitors aren't told when children move on so they don't have the correct information to check on these very vulnerable children?!*

- *Many training options take place on weekday mornings. This is difficult for full time workers who travel some distance to work. The same goes for carer networking morning teas*
- *Sadly we have been let down by our support agency often with high number of children in our care this makes it difficult fortunately we have a hands on team at the department however to change support services is difficult and needs to be made easier for carers who need support why should we struggle to gain support from support agencies it is so frustrating and has impacts on your placement success*
- *My agency is TRACC and they are brilliant*
- *Sometime, less visits and less contact would be better! So many people to fit in each month with CSO, child advocate, PJ Angel, School visits for EAP, weekly therapy sessions for children etc. Phone and email contact would be fine but they have to fit in another home visit when I really don't want to spend an hour talking with them*
- *Agencies can only pass on information that the department supplies in regards to children. On call and after hours were amazing when I have had to utilise twice*
- *We have only now been linked to a carer support agency*
- *I moved agencies and what a big difference that has been. I am very lucky with all the help and care I have*
- *With TRACC BRISBANE Anglicare couldn't fault them, been absolutely supportive in every way with every placement we have had*
- *Mercy family service are fabulous cannot fault them*
- *Training from evolve etc. is always in business hours. Need weekend training please*
- *Key Assets is always there for their carers no matter what time of day or night*
- *Our agency has been the one constant source of support for us and we have been incredibly supported by amazing workers there who have really heard & understood our concerns & needs and followed up on these concerns in a very quick manner. They are truly amazing advocates and we are very grateful to be linked in with them*
- *As I said before, I was left almost completely alone during our six month placement.*
- *I find the agency I am currently with cannot communicate or give the level of support our family requires I find the department are the ones to support us in majority of situations*

Foster Care Agreements

Carers were asked if they had a current foster care agreement, 75% reported they have one, 13.46 % reported they did not and 11.54% reported they did not know what one was. Given that Kinship carers do not have to have a foster care agreement, it is probable that those who reported not having one or not knowing what one was are in fact kinship carers. This brings the completion rates of Foster Care agreements to a very high level which is great to see.

Carers were then asked a range of questions relating to the usefulness of the Foster Care Agreement as follows:



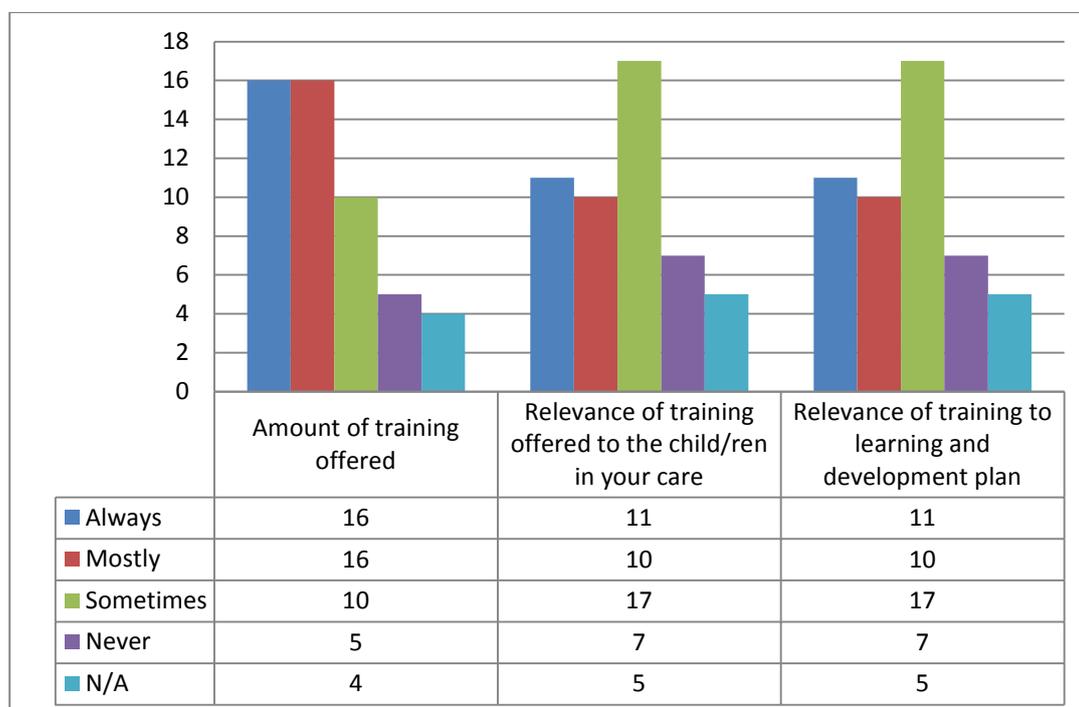
Carers have reported high levels of satisfaction across the board in relation to the Foster Care Agreement.

Of those who did not report satisfaction, some of the related comments were:

- *Only did one agreement and then accepted two siblings for long term care, so not needed anymore*
- *I don't think renewals should be as cumbersome*

Training

Carers were asked a range of questions relating to their training experiences as follows:



Carers were asked whether they were satisfied with the times the training is offered, 43% reported feeling mostly or always satisfied in relation to this, leaving 49% feeling only satisfied sometimes or never. 57% of Carers reported feeling always or mostly satisfied in relation to the notice given to them in relation to when training is going to occur.

Carers were split down the middle in terms of satisfaction relating to frequency of training being offered with half of carers reporting feeling satisfied always or mostly, and half of carers feeling satisfied only sometimes or never. 56% of carers were always or mostly satisfied with information provided prior to training regarding content.

Carers were also asked whether they were satisfied with provisions of or support to access child care during training. 56% of carers reported they were sometimes or never satisfied with this area.

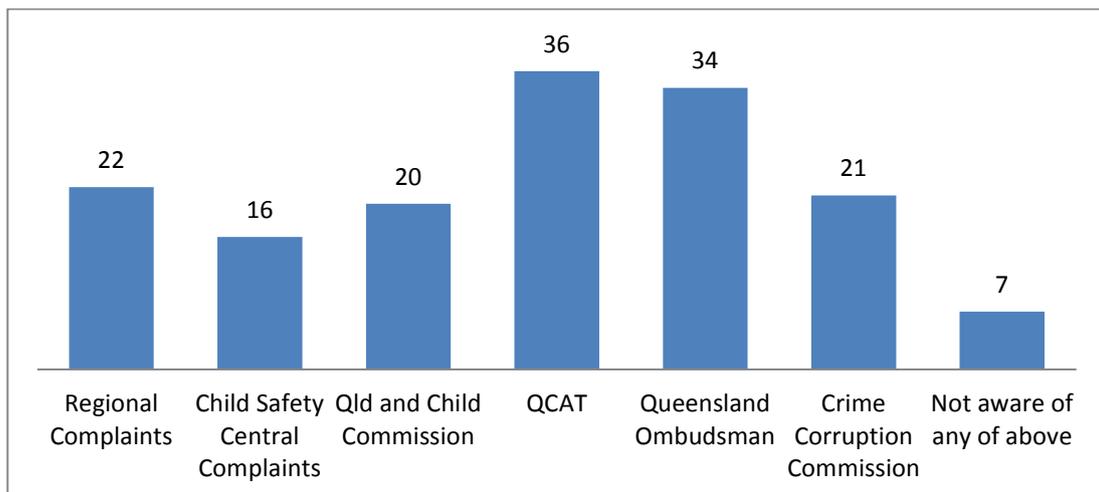
Comments:

- *If you are a working carer who doesn't have anywhere to leave the young people while attending training you are excluded. Is there such a thing as a training budget for carers so they are able to select courses that suit their family circumstances / times and locations?*
- *Our agency has no help with childcare usually, which makes it hard to attend*
- *The grandchild in my care has been identified as academically gifted & has no parental interaction so most info sessions are not relevant*
- *We work full time and have our own children*

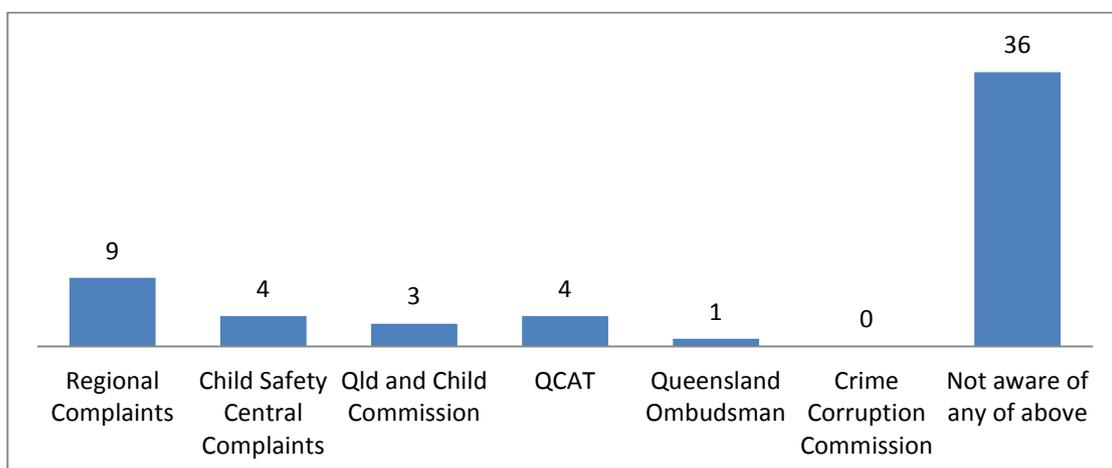
- *I would have loved training in raising 3 extra children with high needs and trauma, 7 years on and I'm still trying to get help, but the door is always slammed in my face, the child services don't want anything to do with helping the children I care for*
- *Training provided is not always relevant to the needs*
- *No training offered on weekend other than the initial training prior to assessment*
- *Department doesn't offer training Key Assets offers it*
- *We have attended some brilliant education sessions that have been so helpful in us dealing with our child's needs*
- *I completed training today & needed to bring our 4yr old respite child with us. We have not completed any other training.*
- *Not satisfied with delivery of training. We can all read slides. More practical - less text reading. Would be more beneficial*
- *Overall training is usually without Childcare and hard to find time to attend with children and not specific to the children in our care*

Complaint/Concerns Processes

Carers were asked to identify which complaint/appeal processes they were aware of.



Carers were then asked if they had accessed any of the above processes.



Carers were asked if they felt heard and were satisfied with the outcome regarding their contact with the above services. 62.5% of carers reported they felt heard, however only 50% of carers felt satisfied with the outcome achieved.

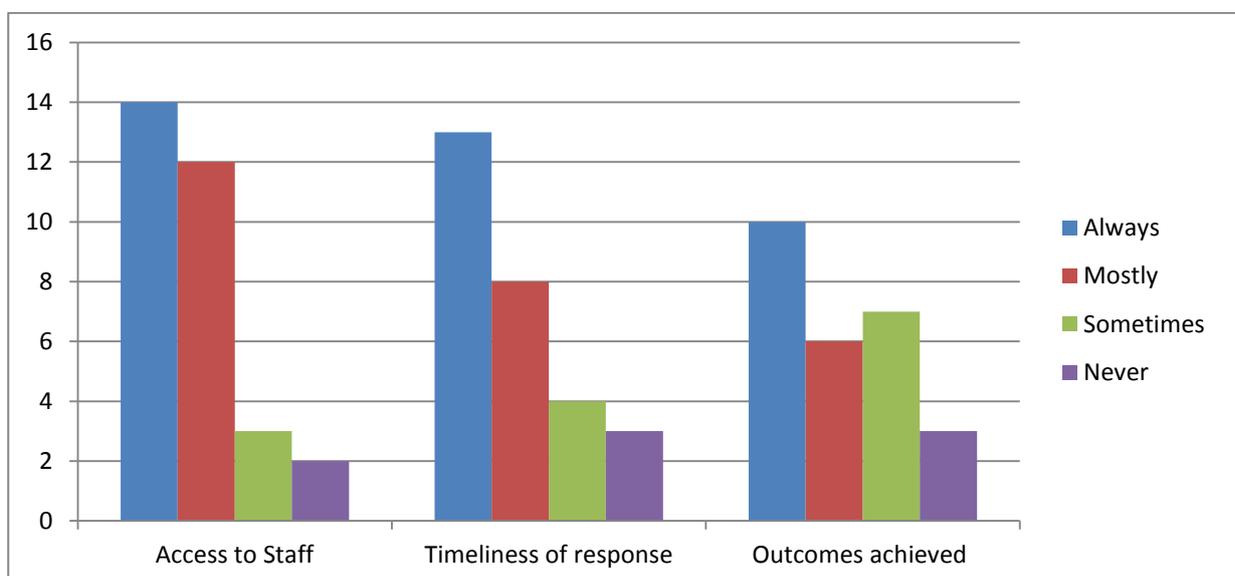
Comments:

- *It is a shame that we needed to make a formal complaint because the Dept. would not hear our concerns for the family and children involved*
- *Toothless tiger process. Always the Departmental line is tied regardless. Much like FCQ*
- *Still in process have found it draining and long winded so far!*
- *Still awaiting outcome and also has been sent to minister's office*
- *I contact the OPG CV for information*
- *Because I took in the 3 children before child services gave them to me they refuse to help me. I have been told to relinquish my rights to the children then they can go into foster care, I have been raising them for 7 years now*
- *Very frustrating to get to the point of making a complaint when a child in my care needed urgently dental work but CSO/CSSC unwilling to fund*
- *I have a complaint but didn't know where to direct it to*
- *QCAT closed an application without hearing or resolution at the request of the Service Centre Manager. My solicitor at the time could not believe the lack of transparency in the process*

Foster Care Queensland

Carers were asked a range of questions relating to Foster Care Queensland (FCQ). Firstly carers were asked if they were satisfied in respect to information provision regarding FCQ, 67% of carers reported satisfaction. In respect to knowledge and understanding of services provided 72% of carers reported feeling satisfied. With approximately 26% of carers feeling neither of these questions was applicable.

Carers were then asked a range of questions relating to their experiences if they had contact with FCQ, please note that carers who have put not applicable, have not been included in this data as it is not relevant.



- 83.9% of carers reported feeling either always or mostly satisfied with access to staff
- 75% of carers reported feeling either always or mostly satisfied with timeliness of responses
- 61.5% reported feeling satisfied either mostly or always with outcomes achieved.

Comments:

- *FCQ were very professional and informative when contacted. Follow up was done in a timely manner and the outcome was positive. Thank you*
- *Department line is taken. Perhaps a fear of funding withdrawal*
- *I don't believe that FCQ has a good understanding of Kinship care and therefore is unable to provide appropriate support despite Kinship care representing growing numbers of carers. I won't pay for membership to an organisation that I don't believe truly represents my, or my family needs*
- *Have only recently needed to use however so far helpful*
- *I am not sure if I am a member, UCC paid my membership initially so no idea where that's at. Didn't know what they do*
- *We sought support with our wanting to gain legal guardianship and the struggle that we have had with this process but FCQ were unable to offer us much support at the time as the department had said they were supportive of our application*
- *Never used FCQ*

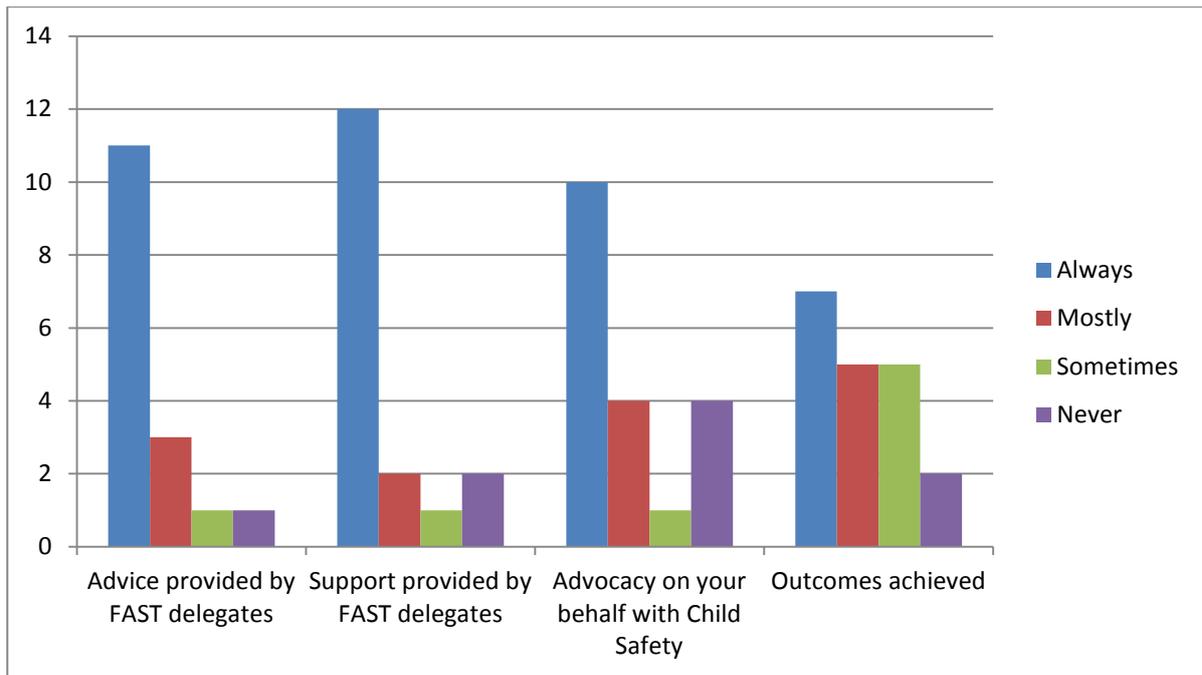
FAST Program

Carers were asked a range of questions relating to the FAST program attached to FCQ.

Carers were asked if they were satisfied with provision of information about FAST, of those carers who felt the question was applicable to them 42.867% reported feeling satisfied. In terms of knowledge of local FAST delegate, of those who felt the question was applicable to them 44.9% reported feeling satisfied.

Carers were then asked if they felt supported to access their local FAST delegate from Child Safety and from their Fostering and Kinship Care Service. 28.57% of carers reported feeling satisfied with support to access their FAST delegate from Child Safety and 26.53% reported feeling satisfied with support to access their FAST delegate from their Fostering and Kinship Care Service.

Carers were asked a range of questions relating to their experiences of accessing a FAST delegate, please note only responses from those carers who felt these questions were applicable have been included.



- 87.5 % reported feeling always or mostly satisfied with advice provided by their FAST delegate
- 82.3% reported feeling always or mostly satisfied with support provided by their FAST delegate
- 73.6% reported feeling always or mostly satisfied with advocacy on behalf of carer with Child Safety
- 63.1% reported feeling always or mostly satisfied with outcomes achieved.

Comments:

- *I don't know who our fast delegate is. I take my Issues up myself with relevant CSSC managers.*
- *I didn't know about FAST*
- *Never been involved with them*
- *We met a lovely FAST delegate at the Foster care conference and were able to share our story & frustrations with her. She was very supportive and directed us to FCQ for ongoing support*
- *Haven't needed this service*
- *I didn't learn about FAST until today*

Looking Forward

During this section of the report, carers were asked a range of questions relating to their future as carers and what they would like to see change.

Firstly carers were asked how long they intended on continuing to provide care for. 84.31% of carers reported they intended on caring for more than 3 years. 7.84% stated they only intended on caring for another year and the remaining 7.84% stated they intend on caring for another two years.

Carers were then asked if there was support would this influence their decision – 50.98% of carers stated that the support they received would influence this decision.

Comments:

- *The Dept. talks reunification yet the support for the family is ALL on the Sunshine Coast yet Mum lives Inala and there is no push for being closer in order for ALL of us to support the family*
- *When my foster child goes home the support for him and myself is limited. I feel I have to fight for everything in order to prepare for the transition. He will be my last placement*
- *Our support agency needs to step up and support without support it is a matter of time until your placement fails*
- *If the biological parents wants are always met with no regard to what is best for the children. If we as carers continue to be treated as though our feelings, thoughts and our own families do not matter*
- *Continued support from relevant child safety offices and agency. Review of entitlements*
- *Regular respite is essential and while it is no one's fault (e.g. illness of previous respite carer), the ability to find a replacement is very ordinary*
- *Higher allowances so the children can participate as a normal family child, Do the activities they chose, Get the best support from service providers, Policy changes covering self-placement of teenagers when children have disabilities and they are brain processing at a grade 2 or 3 level, this is a dangerous situation to be placing teens in when they don't understand right from wrong, and boy or girl friends are forever or until they get what they want and then dump them*
- *May consider taking time out for myself - don't have a lot of spare personal time. If fostering processes are too demanding and system does not listen to my views and treat me as a respected team member*
- *Outcome of complaint. Communication with Dept. staff*
- *After man, many years of short term care, I am now looking at long term care only*
- *We want reunification to occur and are advocating for that. The child wants to go home. Our children are being impacted now*
- *All the stake holders working together and wanting the best for the child.*
- *The time it has taken for therapy for our children, yes we receive HSNA but this doesn't cover the costs and the system process is way too long in getting therapy to the children, we ended up going private as these kids need help now not in 12 months or more that it takes child safety to put things into place. So not good for kids having to wait so long, huge huge disappointment in this area*
- *I have no choice as I have court orders, I need help*
- *I think if we lost the support from our agency or had some bad experiences with CSOs/ child safety processes we could be put off*

- *I am only continuing to care for the long term children in my care. Should that change I won't be a carer anymore*
- *Sack the entire management of CS, downsize the number of layers and put more front line staff on or just replace CS with NGO staff*
- *Someone to help when a child gets sent home for the 10 time from school and I'm working and will lose my job if I keep taking time off*
- *We went into this process to do the right thing by our little person that we are caring for. It has been an incredible roller coaster ride and I think we have been through more loop the loops than we could ever have imagined possible, but we are in this for the long run because our greatest desire is to help our little person grow & develop to the very best of his ability. We want him to be able to grow up with a healthy self-esteem, knowing how dearly he is loved by our family and that he can accomplish his dreams & goals that he has for life*
- *At the moment we are talking fostering day by day, case by case, & seeing how it works for our family. The first placement was quite traumatic*
- *Agency is not happy that I work*
- *Believe support agency we are with should be required to step up and support and be at a certain standard for all carers!*
- *Treatment by Department*
- *If we continue to get CSO that don't seem to care about us as carers and wanting the best for the children. The way our CSO comes off is as our child is just a number not a baby*
- *The harder it is on us as foster parents*

Carers were then asked if there was anything they feel that could improve the Child Protection System, comments as follows:

- *Please listen to our stories and communicate in a timely manner*
- *Inclusion. Respect. Increased Agency competency*
- *Better initial training and more professional ongoing training that could lead to a recognised qualification. All foster carers should do training with the Australian Childhood Foundation on Trauma informed care - this should be mandatory training*
- *Ensure our support agencies are doing their jobs the turnover of staff makes it impossible to be supported properly*
- *Yes to treat kin carers the way general carers r treated would be nice*
- *networking opportunities with other carers*
- *Regular respite to be available to long term placements*
- *For multi placement homes a youth worker or a support team should be able to stay with children at their normal home while carers go away on leave so everyone stays together and routine stays in place. Home and Child sitting*
- *It is hard to obtain genuine advocacy for carers. Because department funds both FCQ and Agencies and because agencies also assess carers, carers can feel a lack of real support and lack of willingness to advocate for carer. Similarly, children seem to lack genuine advocacy, whether Community Visitor - seem more influenced by policy principle of restoring relationship with family than what is best for child. Child can feel unheard*

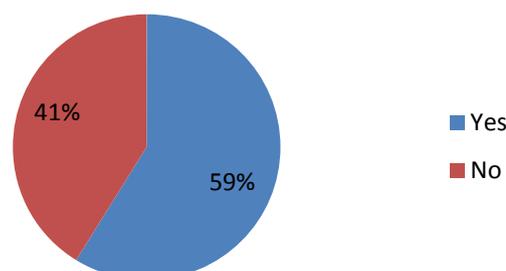
- *Listen to carers to what they say, e.g. we are looking after 2 of our 5 grandchildren. A third one we did have but the dept. listened to the child and not us who have known her from birth and knew what she is capable of and now the new carer has the same problems with her. Dept. has said they go on presumption and assumption not evidence provided*
- *Adequately find child safety, or provide the funding that is going to child safety to foster care organisations to their job instead. Support existing foster care workers and stop spending all the money on recruiting new ones. Child safety should return carers' calls. Child safety should put commitments in writing. Foster carers should have an avenue for review of funding decisions. Funding decisions should be transparent and not at the Managers discretion. Kinship carers should have an option to have meetings after hours, kinship carers also need to maintain full time employment so that they have the financial capacity to support the children in their care*
- *Foster carers need to be consulted more often. I feel sometimes (a lot of times) we are not heard when it comes to the children in our care*
- *The Department should take concerns more seriously and investigate them thoroughly should be more support for fosters cares grandparents should be included in decision making*
- *More respite out there*
- *Children should be able to access therapy without having to wait on short or long term orders. All kids on intern orders should deserve the therapy they need immediately to help them with the process of healing, change, trauma, neglect, abuse. They are not in the system for no reason!*
- *Accept informal kinship carers and stop discriminating against us and the children we care for. We need help just as much as foster carers*
- *Better arrangements for supporting childcare for working carers*
- *The biggest thing I would like to see is no means testing for FTB. This would help greatly with finance and may be the difference between carers being able to continue caring or have to give up*
- *until carers are treated as valued & essential team members, the triad of child protection has a broken wheel*
- *weekend training, better (accurate) information on kids*
- *more transparency about the children we are caring for before we take them on*
- *I think CSOs should spend a min of 6 hours with a child in their care to see what a real day is like with high needs kids 12 hours would be better because they have no idea what it takes to look after these children with appointments medical needs and so on*
- *I am sorry this sounds so negative because we have had very supportive CSO's in the past and I know their work load is incredibly difficult. But it could make a big difference if communication was better. The new manager at Alderley has been incredibly supportive. We had a meeting recently and felt that our concerns were heard & addressed and that was great!*
- *More chances to meet other carers, to get support needed & assist. Super checks for first time carers, so they don't 'slip through the cracks' like we did*
- *Ensure support agencies are doing their jobs and carers are able to make a change if they are not doing what is required to support placements*
- *Making sure they have what they need to care for kids just the basic etc. birth and Medicare cards*
- *More supports, better communication with Department and consistency with CSO's, better availability of support services for kids in care.*
- *Stop the carer abuse*

Carers were then asked if they could change two things about the child protection system tomorrow, what they would be, comments as follows:

- *Consistency Communication*
- *More child focused systems and policies. More true understanding of the role of a good foster carer*
- *Carers would have more say in the emotional needs of a child going home. Younger children have a longer tradition home*
- *Meetings outside of work hours sometimes. Quick return call/email - not having to wait or chase up*
- *Consistent CSOs Visual profile of the carers for the kids and vice versa*
- *A more responsive and timely Children's Court. Making Magistrates visit a foster home and spend an evening or day there in order for them to have a more compressive overview of the system they are a part of. In addition Magistrates should spend a minimum of a week 'shadowing' a CSO as they execute their job*
- *Increase money paid to carers so that a carer might not then have to work outside the home full time; offer more financial and professional support including training to kinship carers*
- *Support agency support level*
- *To get proper support for kids with disabilities and give carers a break from time to time especially the carers with complex high needs*
- *The children's needs would come before what the parents demand*
- *One thing - make the system work for the children not the parents. The rights and long term benefits of the children should take priority over reunification*
- *Reduce demands on carers' time given carers more decision making over children e.g. going on camps, overseas holidays etc.*
- *Self-placement policy when a child has disabilities. A fair allowance so carers are not out of pocket*
- *Community visitor a genuine advocate for child with real powers to get issues addressed. Carers have real advocates who are not conflicted by loyalty or funding ties with department.*
- *A more Child Focused System. A stronger focus on permanency planning*
- *Dept. listens to carers not just child (not go under the- we always believe what the child says). If child goes to a carer for placement or respite the Dept. give truthful and full relevant information about child so carer knows what they could be in for*
- *More intervention, triple the number of CSOs*
- *Give parents a time frame to comply with the departments requests or relinquish their parental rights - for the benefits of the children involved. The system has become all about the parents and the children are the side effect. - Allow adoption of children in long term care in QLD - other states allow this. Our children even on LTGO are still in limbo. Parents can come back after a 10 year absence and children are removed from the only home they have known (ours) and returned to people that are little more than strangers. I for one would love to adopt!*
- *Employ people that care and know what they are doing and put the child's safely and needs first*
- *To trust people really do want the best for you*
- *Repute care to be consistent and not so hard to get. Therapy immediately for children that require it*
- *Change the way Child Safety do a lot of things*
- *All carers regardless of whether they are formal or informal should be treated the same, just like Tasmania and NSW*
- *Better and timelier support for bio families and more respect shown by Child Safety to birth parents*

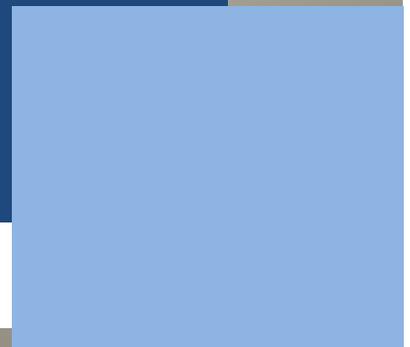
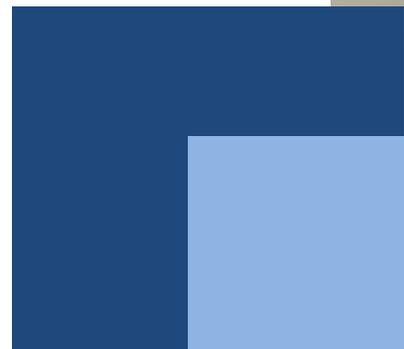
- *Permanency - There is no policy and there needs to be. A national child protection system*
- *stability in relationships for kids in care, so that even if they must move, their relationships with carers and all the people they love can continue to support them through those changes That a child's needs are the real priority, that they are not a budget consideration or a box to tick or a number to diminish*
- *reduce red tape and management in the agency, make them more decisive rather than this silly view they need to get consensus on everything*
- *more focus on the children's needs instead of the parents*
- *CSOs understanding and carers not being treated as the bad parents*
- *Better communication Bring in adoption for foster carers whose children will never be able to be reunified so these children can have security*
- *More staff (and mature ones) so we don't have so many changes with CSOs. Increased foster care allowance - Kids being re-traumatised by reunification with junkie parents*
- *Better records given in more timely manner Easier access to payments, allowances, etc*
- *More rights for the child, less for the biological adults (the best thing for the child is not always their broken parent). More support for new carers*
- *Amalgamate the role of agencies back into the department. Improve support and monitoring for troubled families within the community*
- *Support agency*
- *Emergency placements would be considered before 5pm at night. They must know before this time they are going to need a placement due to taking a child. More consideration of the child and their needs*
- *CSO who appreciate us and give some kind of respect. For the department to put child first and not the parents*
- *I would Replace child Safety Staff with experienced staff instead of People who have just come out of Uni and only know what they have read/studied in a dam book they do more harm than good*
- *More training and support to maintain CSO's in positions for the longer term. More programs to support education and mental health of kids in care.*
- *The way the department shield biological parents from being scrutinized in the same way carers are. The way the department bends over backwards for the biological parents*

Finally – Carers were asked if they would recommend fostering to a friend.



North Coast Region

2016 Carer Survey Report



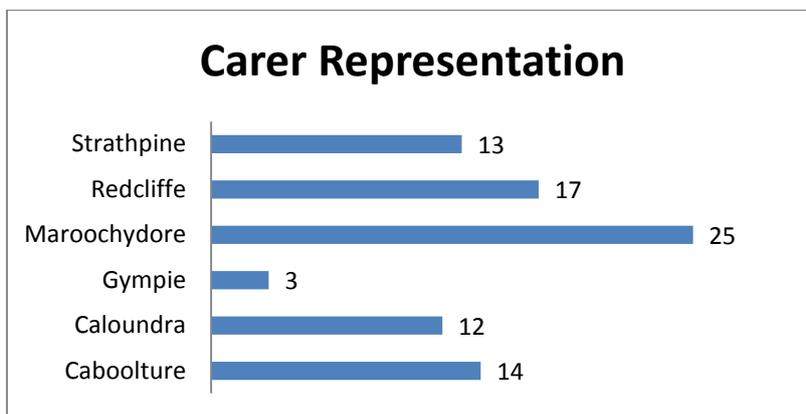
Contents

About the Carer	175
Relationship Status	176
Culture Diversity	178
CALD Community	181
How satisfied are you with Relationships with staff at Child Safety Services	181
Child Safety Processes.....	189
Standard of Care/Harm Processes	192
Confidentiality.....	193
Financial	195
How satisfied are you with local practices of CSSC.....	197
Education Support Plans	201
Child Health Passports	202
Placement Agreements.....	203
Centrelink.....	204
Support	205
Foster and Kinship Care Services	206
Foster Care Agreements	210
Training	211
Complaint/Concerns Processes	212
Foster Care Queensland.....	213
FAST Program.....	214
Looking Forward	215

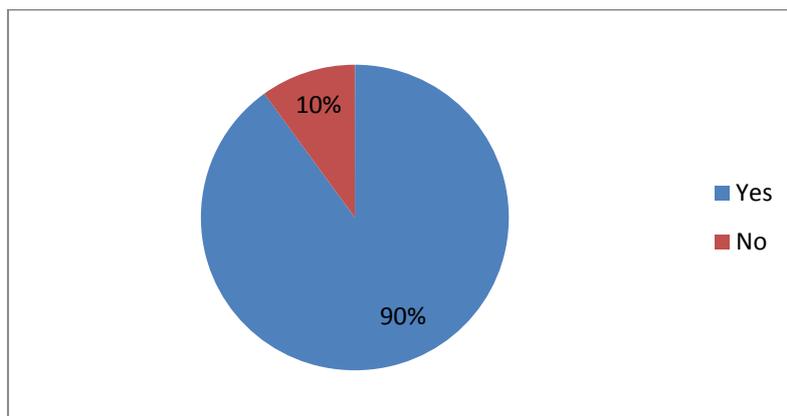
North Coast Region

About the Carer

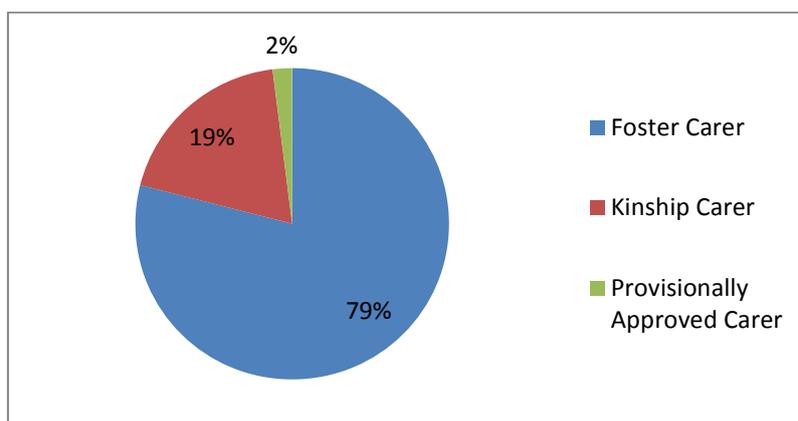
In North Coast Region 84 Foster and Kinship Carers completed the Carer Survey and were represented in the following Child Safety Service Centres.



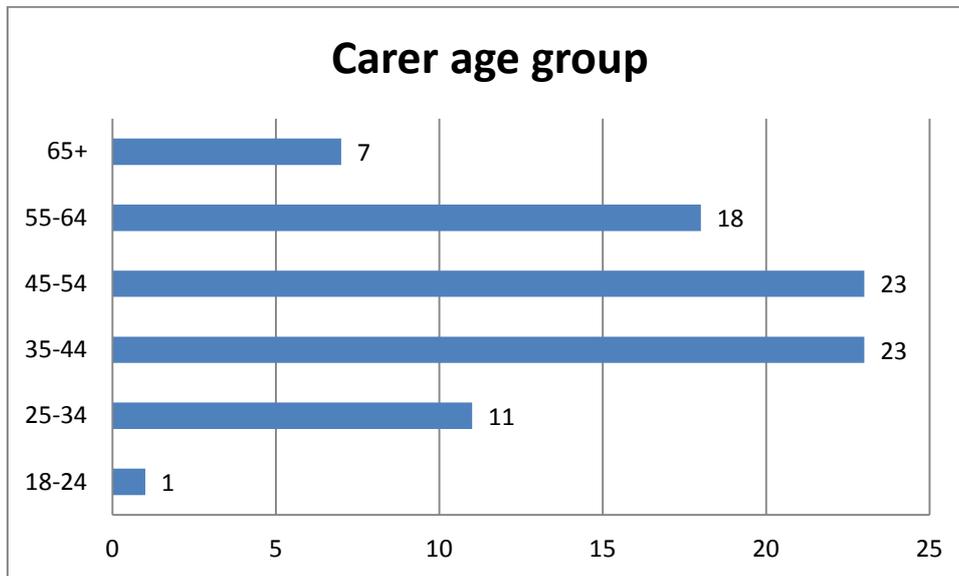
Carers were asked if they were supported by a fostering and kinship carer agency with the vast majority of carers in the North Coast region who completed the survey confirming they were.



Carers were asked whether they were foster or kinship carers, the vast majority of carers identified as foster carers.



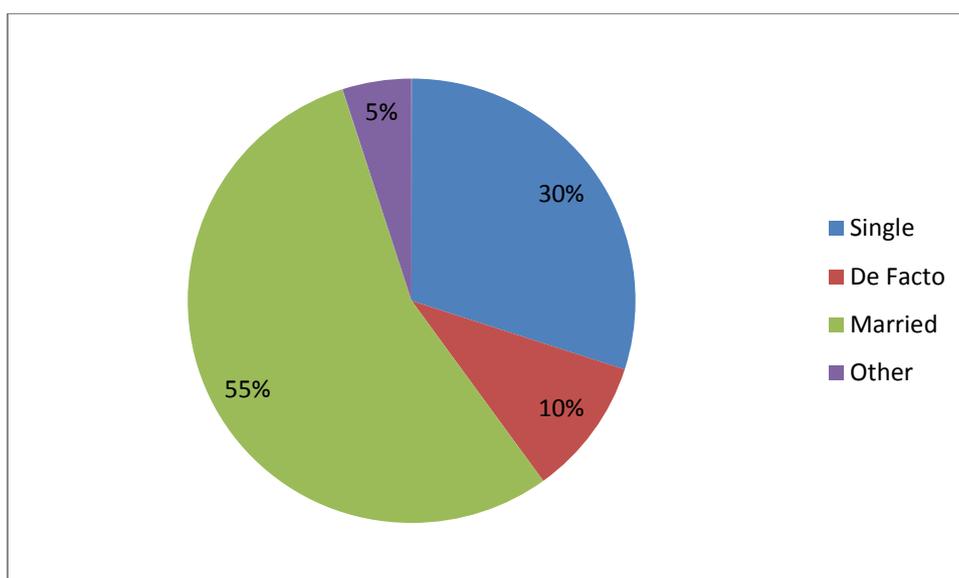
Carers were asked to identify the age group they fitted into.



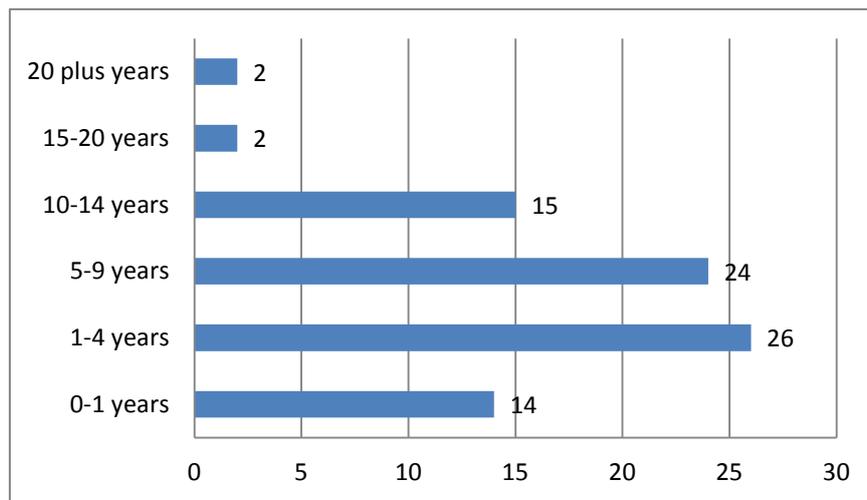
Aboriginal and Torres Strait Islander

6 carers in the North Coast Region who completed the survey identified as Aboriginal. No carers identified as Torres Strait Islander and 1 carer identified as Aboriginal and Torres Strait Islander.

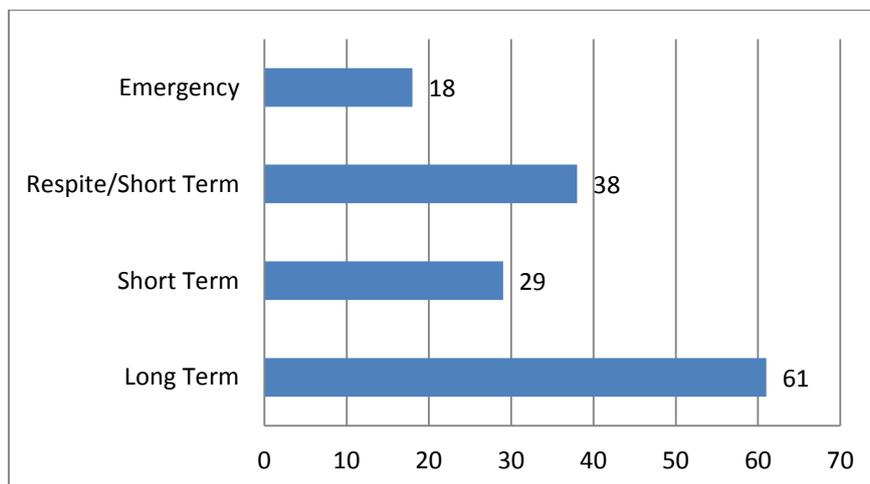
Relationship Status



Carers were asked how many years they had been providing care for.



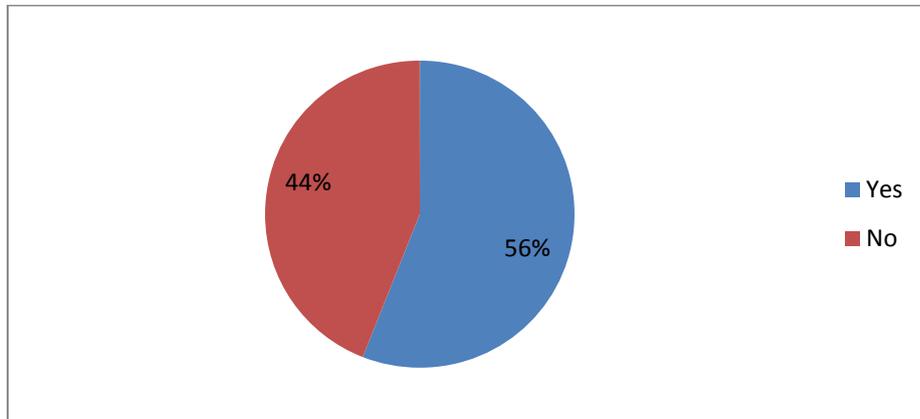
Carers were asked which type of care they provide, please note that carers were able to tick more than one type of care.



Culture Diversity

Carers were asked a range of questions relating care of Aboriginal and Torres Strait Islander children as follows.

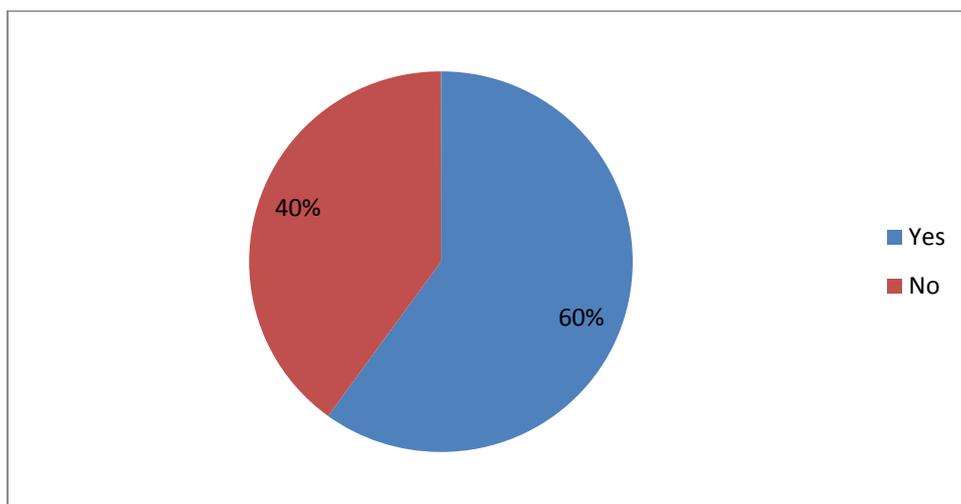
Are you caring or have you ever provided care for an Aboriginal and/or Torres Strait islander child?



Given that only 7 carers identified as Aboriginal or Aboriginal and Torres Strait Islander in this survey, the majority of those carers who have responded yes to this question would not identify as Aboriginal or Torres Strait Islander.

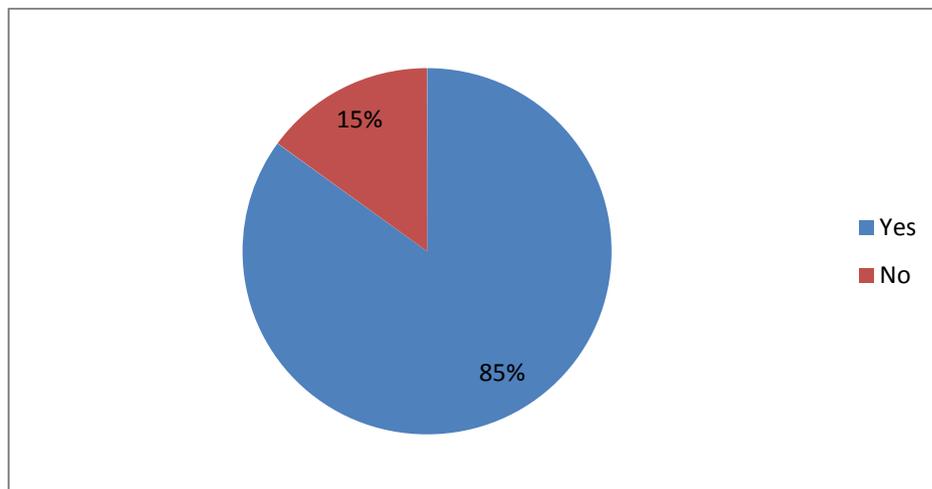
Carers were then asked if they had answered yes to the above question, whether they had a cultural support plan in place. 54% answered yes to this question, leaving 46% of children placed in care where they identified as Aboriginal or Torres Strait Islander either without a Cultural support plan or where the carer had no knowledge of its existence.

Carers were then asked if they were provided with Cultural awareness training to assist them to care for a child who identified as Aboriginal and/or Torres Strait Islander.

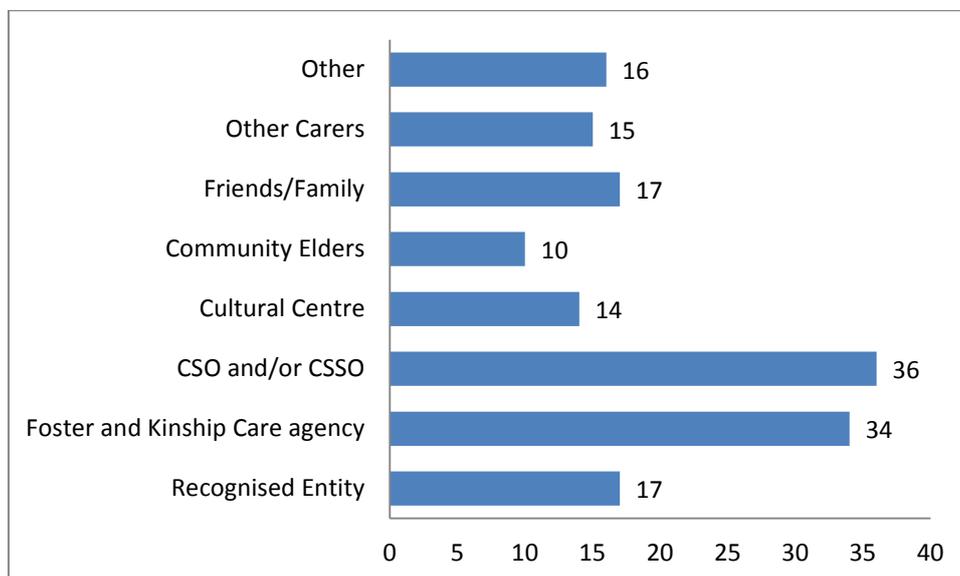


As evidenced above, nearly half of the carers who responded identified they did not receive any training to assist them in building their cultural knowledge in their care of Aboriginal and Torres Strait Islander children.

Carers were asked if they understood the Aboriginal and Torres Strait Islander Placement Principle. This principle is explored with foster carers in the Pre-Service Quality Training, however it must be noted that carers are inundated with information during this training and if this is not followed up with further education and information, it is likely it won't be retained by carers. It is positive to see that 85% of carers in North Coast Region identified they do understand the Aboriginal and Torres Strait Islander principle.



Carers were then asked where they accessed their cultural information from. Please note carers were able to tick multiple boxes as sources of information for this section.



Carers were asked to provide examples of how they meet the cultural needs of children in their care.

Comments:

- *Taking to cultural events visiting family in culturally relevant areas of QLD*
- *The indigenous children that we have supported have been largely through short-term respite. However, we have brothers who we believe may be 5 generations removed from an identifiable indigenous maternal figure, i.e. we are told that their paternal grandmother had a great-grandmother who was indigenous*

- *Making them aware of cultural heritage and encouraging them to participate and learn more.*
- *We attend NAIDOC celebrations when it is convenient. We went to Booin Gari at the Sunshine Coast during the holidays. Papunya Tula (dot painting). We have read some Aboriginal stories.*
- *Helping them to have a sense of belonging and the importance of their cultural heritage*
- *By exposing him to it regularly and having his culture be a part of everyday life*
- *We have only cared for newborns, so we make sure we utilise ATSI CHS*
- *Supporting and teaching culture*
- *He has regular contact with local Indigenous people. I have studied the history of his people (Palowa) and will teach him about it when he is older*
- *At the time the children were very young, and didn't really understand*
- *By connecting with their community and being involved in events and cultural days. Having cultural relevant items and materials and being connected with the elders in the community.*
- *Connecting the child with family, community, clan, traditions and customs*
- *Exposure to information & stories & cultural 'toys'/interests*
- *Any way available at the time. Stories etc for younger ones*
- *By allowing my children to embrace their culture. Accessing resources, camps and activities. Dreamtime stories and visits to cultural activities*
- *Respect their beliefs and traditions*
- *The children were only recently known to be identifying as Indigenous and we only had them on respite, but at work we have an IPP and I have attended Cultural Awareness training*
- *Giving them as much culture information as possible*
- *Part of our family*
- *Social, emotional and educational support*
- *My girl only found out that she is Aboriginal and we go to their things but we are taking it slowly as she not sure if she likes it and by going there she getting to meet people and is starting to like it*
- *Integrating into everyday lifey*
- *Sport, activities, special events, exposure, stories*
- *Being positive about differences*
- *Connection to identity - although having trouble getting info or where to start from support entities and Child Safety*
- *My own resources within the community*
- *We are aboriginal people. So we teach our children ourselves*
- *Dance and cultural awareness*
- *Engaging and sharing young person culture*
- *He is young so currently it is mostly through exposure*
- *Attend cultural days, attach child to cultural program at school*
- *By learning about it ourselves, participating how n when we can, & by exposing child/chn to as much of their culture as is possible*
- *We are open to their beliefs and traditions*
- *Wherever possible we encourage ongoing contact with family and others and attend days where culture is celebrated*
- *By playing an active part in that community*
- *I currently don't have any aboriginal children I our home*

- *Trying to learn with them and respecting belief system and keeping contact with other indigenous families*
- *I was affiliated with (Agency DE identified). They are the most incompetent business I have ever dealt with. Zero cultural support provided by them*

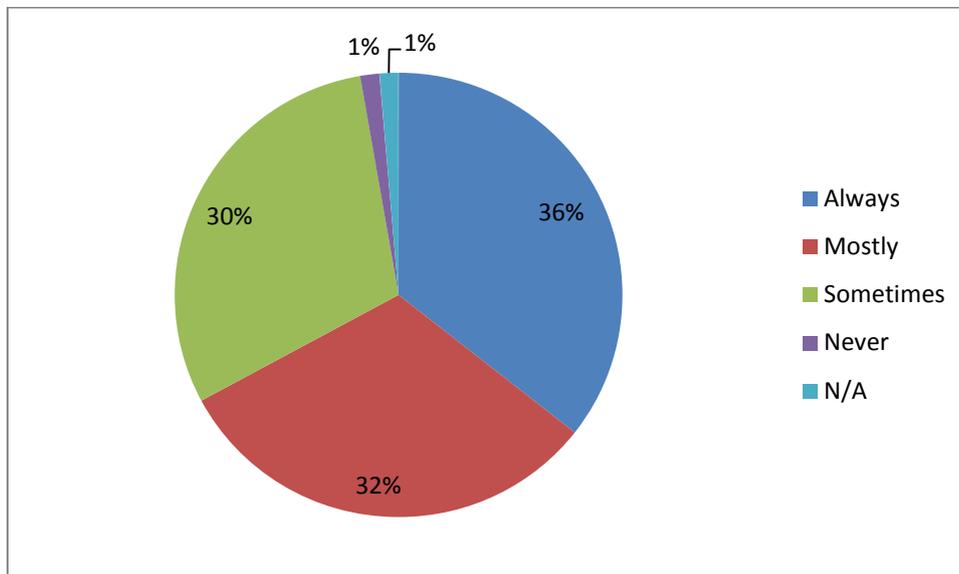
CALD Community

This is the first year that FCQ has sought to gather information from our carer community regarding the CALD community, specifically how many of our carers identify as being from a CALD community and whether carers have provided care for children and young people from a CALD community.

4.29 % of carers who completed the survey in the North Coast Region identified from a CALD community and 5.56% of carers in North Coast region who completed the survey reported they either were or had provided care to children who were from the CALD community. Carers who had provided care to children from a CALD community were asked whether they were provided with appropriate training to assist them to provide culturally appropriate care. Unfortunately only 24.39% advised that they had been provided with training.

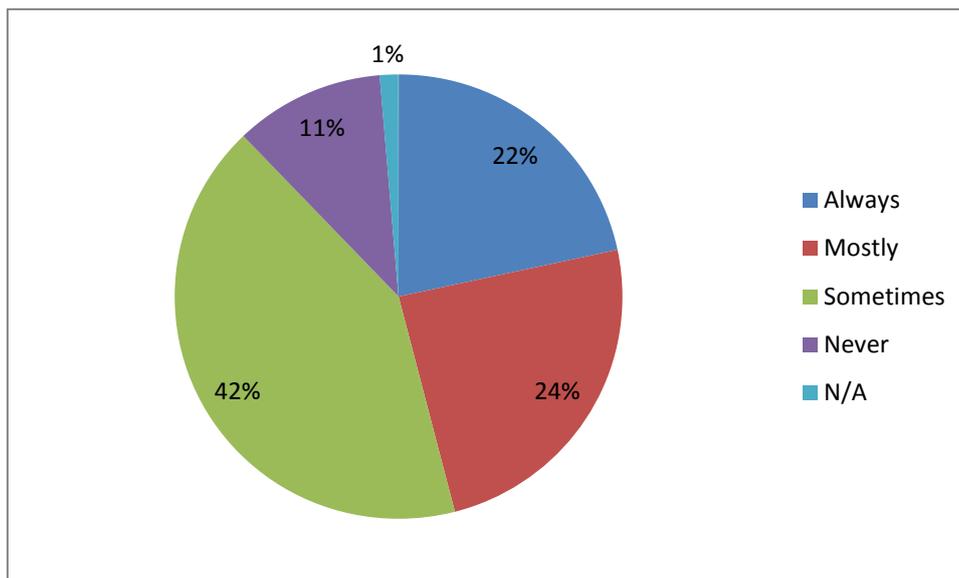
How satisfied are you with Relationships with staff at Child Safety Services

Carers we asked whether they felt respected by their CSSC.



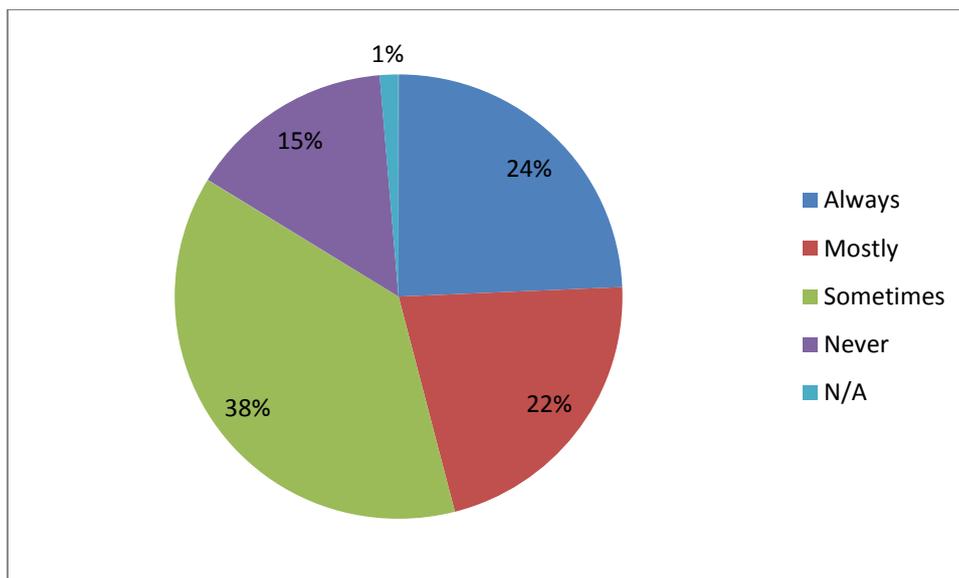
A total of 68% of carers reported feeling respected either always or mostly which is positive, which does leave 32% of carers however who reported only feeling respected sometimes or never.

Carers were asked whether they felt part of a team.



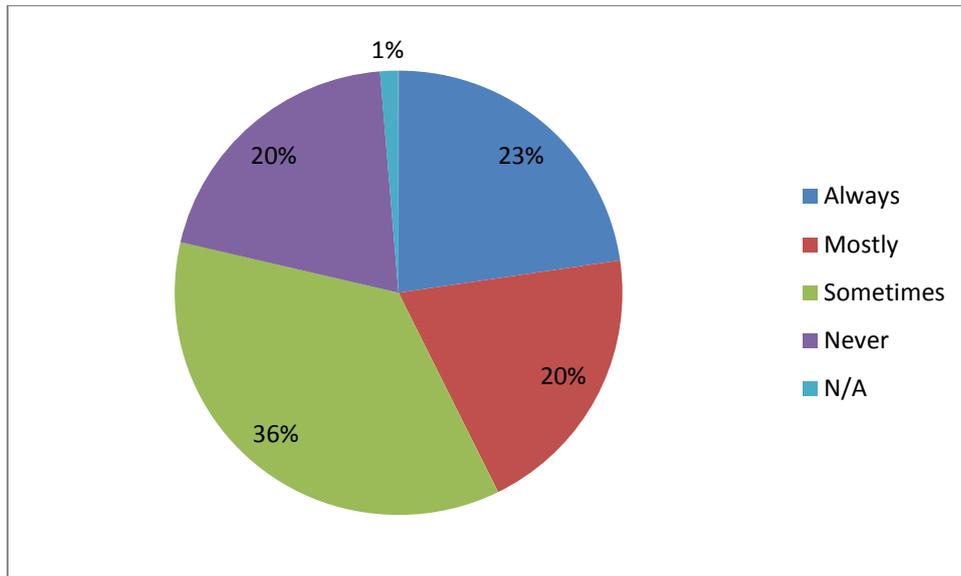
More than half of the carers surveyed reported that they only sometimes feel like part of the team or that they never feel like part of the team.

Carer was asked whether they feel as though their views are heard.



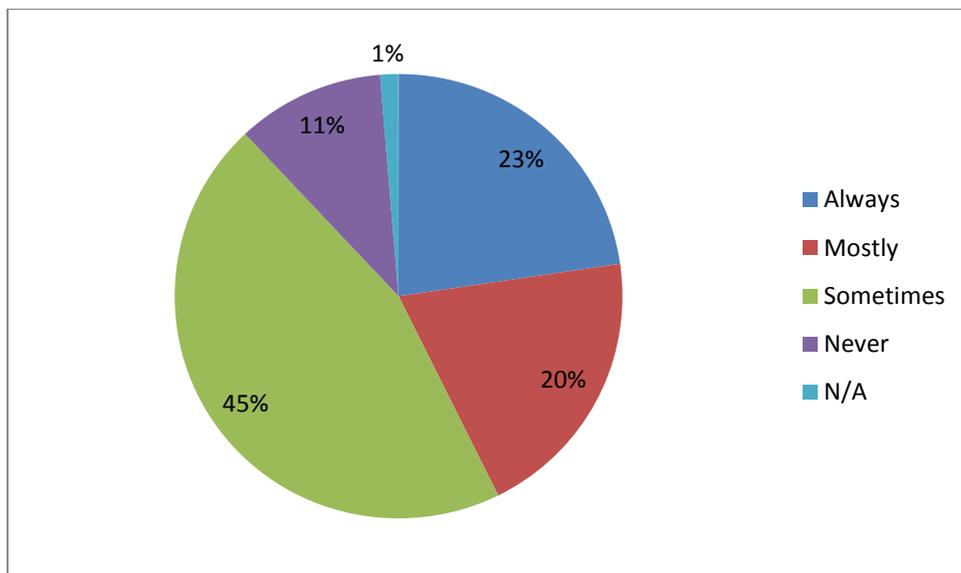
Only 46% of carers reported feeling that they feel that their views are either always or mostly considered. This leaves the majority of carers who were surveyed in North Coast Region stating that they feel that their views are only heard sometimes or never.

Carers were asked whether they feel as though there is consideration given to their whole foster and kinship family.



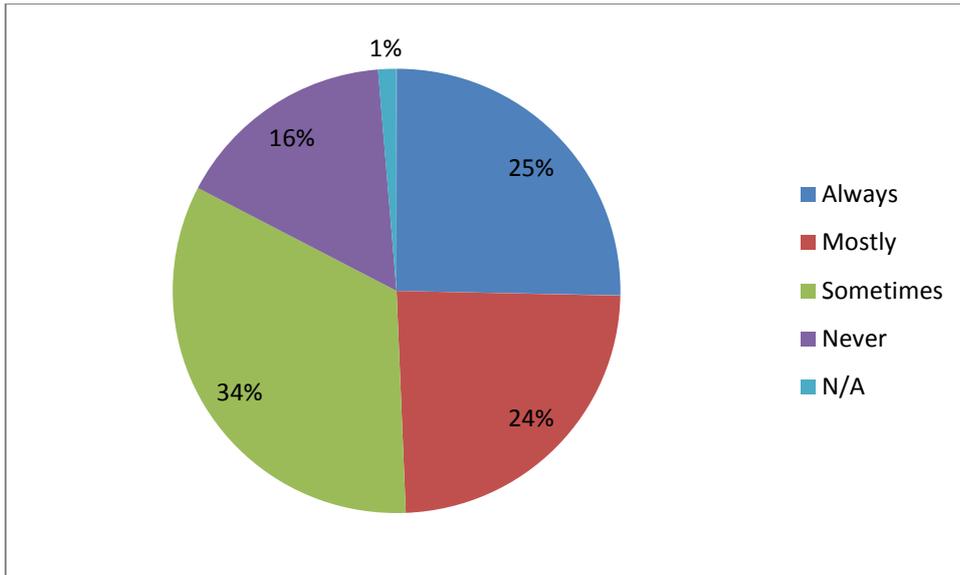
It is concerning that 20% of carers reported that they felt as though there is never any consideration given to the whole of family with another 36% stating that they feel as though consideration for the whole of family is only provided sometimes. Consideration of the whole of family is vital in the ongoing retention of foster and kinship care families as if fostering begins to negatively impact on their family and no consideration is given to this impact, carers are more likely to make decisions to resign from the system.

Carers were asked whether they received phone calls and/or emails within a 24 hour time frame.

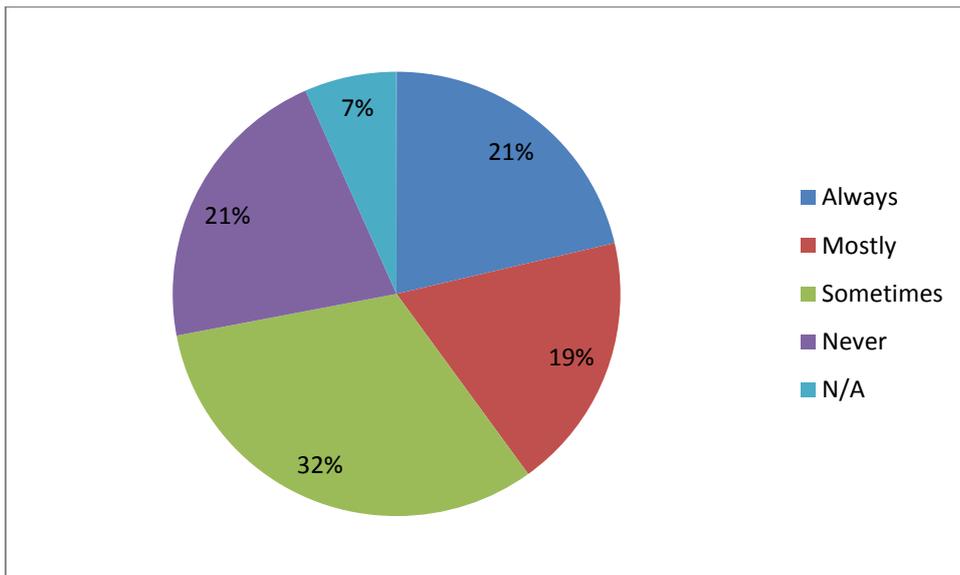


Only 43% of carers reported that they receive response to emails or phone calls within a 24-hour period all the time or most of the time.

Carers were asked if the CSSC creates a supportive environment.

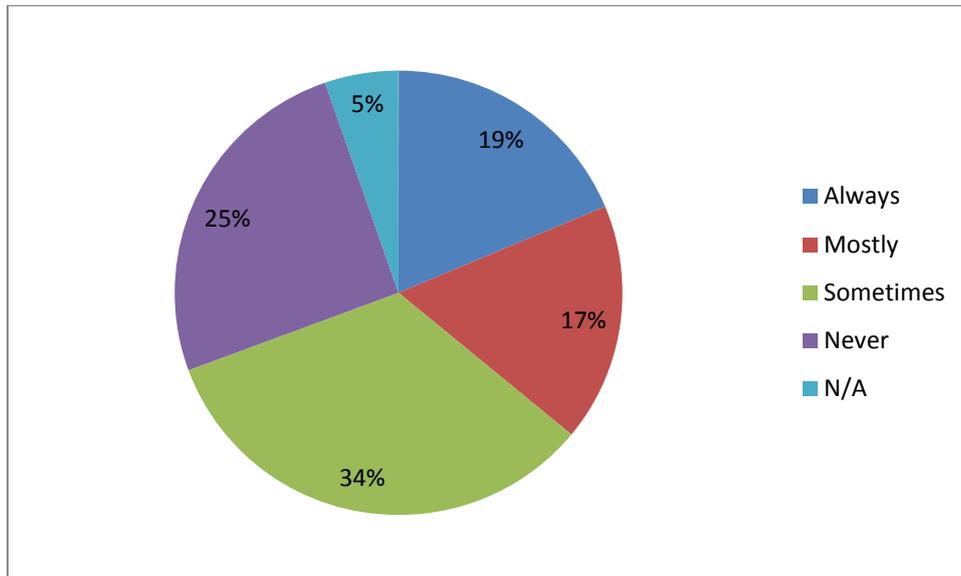


Carers were asked whether they are assisted in completing applications for reimbursements/claims in a timely manner.



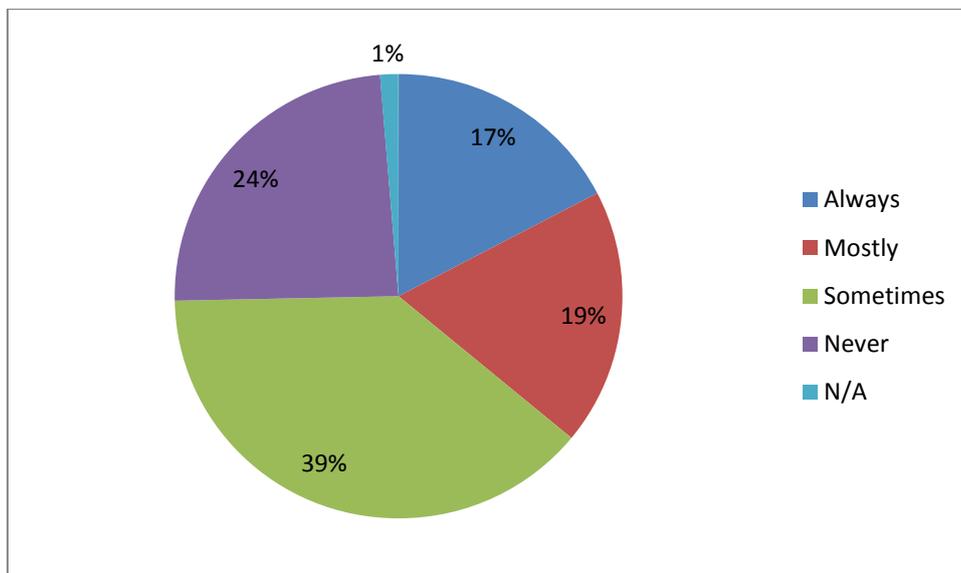
53% of carers reported that they feel that the CSSC only sometimes or never assists in this area. Financial stress can very much impact on placement stability and is often overlooked as a stress factor in foster and kinship families despite financial stress being one of the most recognised sources of stress in normal everyday families.

Carers were asked whether their CSO's let them know when they are going on leave or are going to be unavailable.



Advising the care team when planned leave or unavailability is occurring is a basic communication requirement in order to build a respectful and supportive care team. Carers are expected to let the care team know when they are going away or are going to be unavailable, therefore it would be an expectation that this same courtesy was provided to carers, however only 36% of carers reported that they are either always told or mostly told when this occurs leaving a large proportion of carers in the dark during these times.

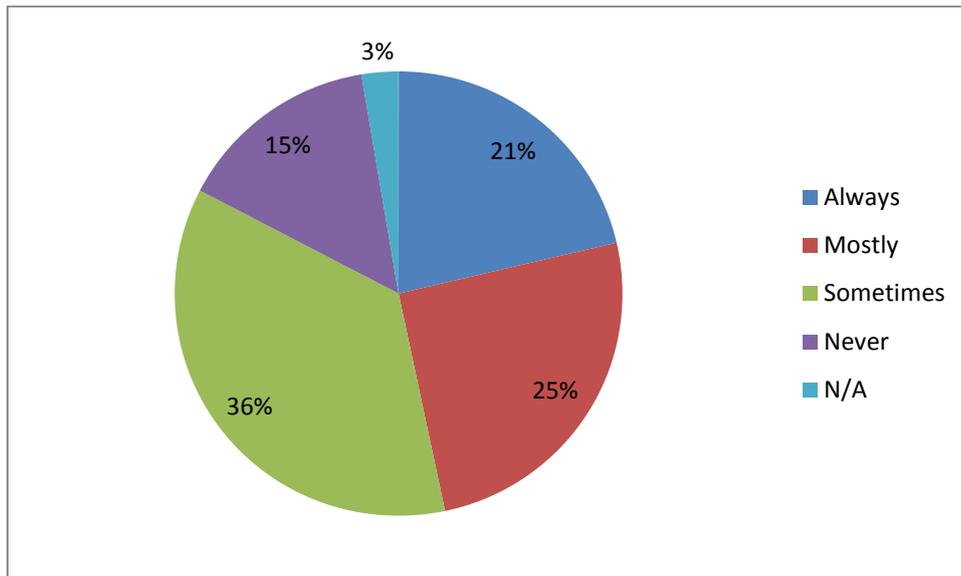
Carers were asked whether they are given ongoing information about the child in their care.



63% of carers reported that they only sometimes or never get updated information about children in their care. This percentage is extremely high given the legislative requirements of the Child Protection Act 1999 that require carers to be provided with information that allows them to provide safe and appropriate care to the child and other children in their care. The issue of confidentiality and sharing of information is one that continues to raise concerns for FCQ. As referred to in Executive Summary,

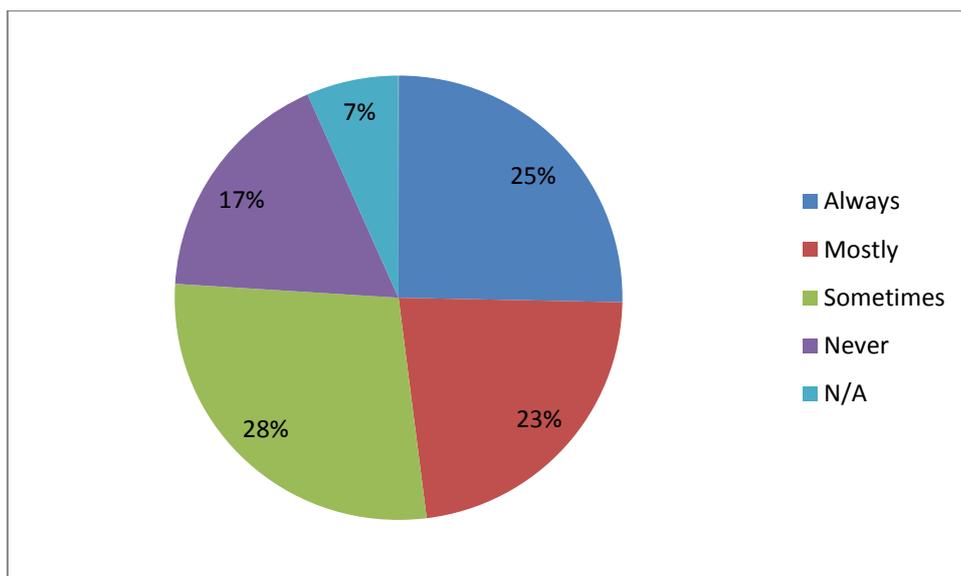
FCQ has developed a training session on Information sharing that will assist carers to understand the confidentiality provisions of the act and what information they need to have in order to provide safe and appropriate care for children and young people. This training also assists carers to understand what they can safely share with key stakeholders in the best interests of children and what responsibilities they have in respect to Social Media.

Carers were asked whether support and assistance was provided to them by CSSC for the children in their care



Unfortunately, over half of the carers who responded felt that support and assistance for children in their care was only provided sometimes or never.

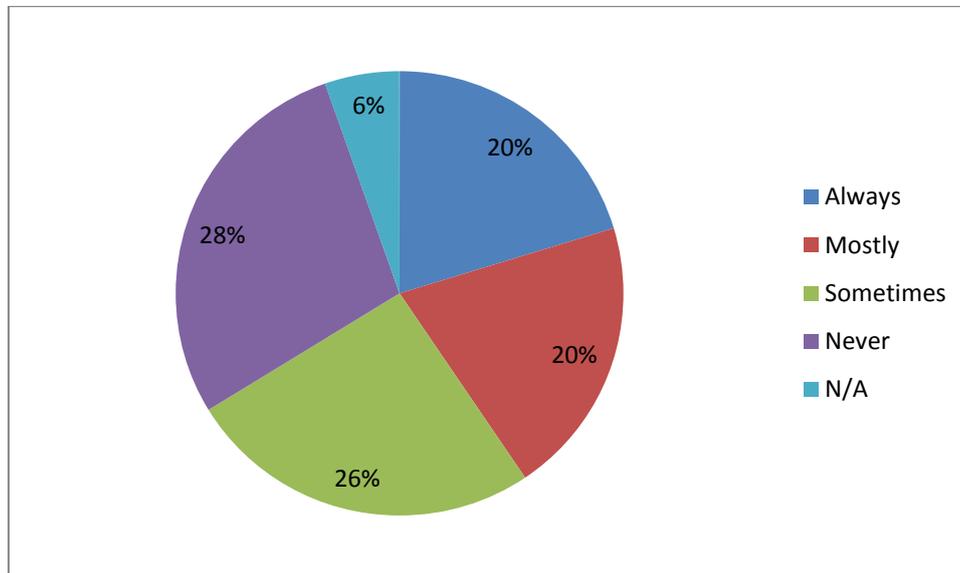
Carers were asked whether they were respected to advocate on behalf of the children in their care for resources, goods and services.



Carers need to feel confident to advocate in an appropriate manner, whilst they may not always get the response they desire, it is vital that carers are provided with rationales as to why decisions have

been made. FCQ finds that if the response is provided in a respectful manner with an explanation as to why the decision was reached, they are more likely to accept the outcome even if they don't necessarily agree with it as they understand how the decision was reached.

Carers were asked whether the CSSC are improving services and interactions.



More than half of carers in the North Coast region (54%) reported that they feel that services and interactions are only improving sometimes or never.

Comments:

- *Since we have become Kin carers we have had six different case workers meaning information not shared from one to the other making it very difficult for the Dept to be consistent as well as communicative in their approach*
- *Majority of the time I feel as a carer I am forgotten about and that the needs of the parents are more important than the child. I continually have to chase them up for important information. I've given up trying to get reimbursed for funds*
- *CSO and team leader not supportive of us having a child assessed for FASD*
- *They need more resources. The existing staff are wonderful, they just need more staff to deal with work volumes*
- *We have had an awful experience with this placement and the office*
- *Last child was through (CSSC DE identified), as we had a horrific experience! Very little communication, delayed responses and our views were not taken into consideration AT ALL!!*
- *Are supportive in all ways*
- *I provide substantial support to the (disabled) parents and am the kincarers for the child but am not a party to the discussions about custody. I sometimes feel left out of the loop. I think everyone is doing their best but the system does not in general treat carers well*
- *We have always found (CSSC DE identified) very supportive and our current CSO is wonderful and greatly supportive*
- *I have had many dealings with (CSSC DE identified), requesting help for children in our care and have been left to handle things myself. The support from that office is deplorable!*
- *All this depends on the CSO you are allocated*

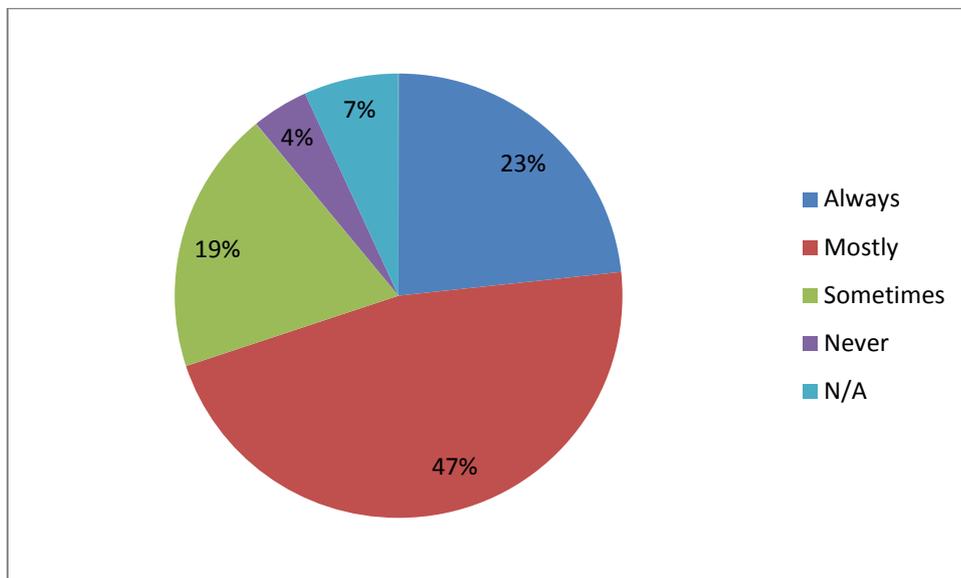
- *They listen to my views, often agree, but are bound by interpretation of policy and judicial opinion*
- *Trying to talk to a CSO is a nightmare, trying to get approval for certain things is even harder*
- *No contact*
- *Our opinion as carers is not valued we are merely treated as babysitters. If we want anything done we organise it & pay for it ourselves to ensure the child has everything they need and deserve*
- *We had a CSO who was excellent for the last 2 years, but they have just transferred, so the new one isn't as good, but considering it is about to go LTG it isn't a big deal*
- *We are very lucky and have an excellent CSO. C.S.O can make all the difference with the above questions*
- *Happy*
- *I have only been up on the (Area DE identified) a couple of years and I cannot say how helpful my workers have been*
- *We now have a new cso and she is great to work with can't complain now but the one before her was not informative at all*
- *I mostly feel like it's a battle dealing with Child Safety, rather than part of a team focused on the best interests of our kids in care*
- *I am extremely disappointed in the service that (CSSC DE identified) child safety provide*
- *The most sanctimonious self-righteous lot I have ever met. No regard or thought for the kids or carers. Don't want to listen to anything happening at home with kids because it will destroy their plans for reunification in six months!*
- *Need a 'rarely' button here. Above is for (CSSC DE identified) staff. I also deal with (CSSC DE identified) who would rate better on the questions - mostly 'sometimes' and a few 'mostly'*
- *(CSSC DE identified) office is a joke*
- *Continuous improvement*
- *I can't even begin to tell you how awful (CSSC DE identified) have been, my little ones CSO is never there, has only ever returned roughly 3 calls in 5 months, thinks I'm doing an amazing job so pretty much just ignores myself and my little one because other cases take priority. She's been to two home visits in the entire 5 months, has refused respite and day-care as she "didn't want it to happen" (no other reasons), the list is endless, I've pretty much been given a baby straight from hospital and then left completely alone without support. I also was never invited to the family group meeting, never got a copy of it until just recently and only after a lot of asking; still don't have a Medicare card, birth cert, child health passport etc.*
- *We have had numerous and ongoing issues with staff when we try to advocate. We feel they have been unprofessional towards us repeatedly and attempt to turn out advocacy into a negative*
- *We have had the worst interactions with this centre. They change contact supervision levels without consultation for parents who are actively engaged in drug use and not working toward their case plan at all. When it was bought up with the CSO they threatened to remove the child from our care. They are rude and bully people. We ended up having to go to our local member to get visits stopped with the mum as she was allowed to be unsupervised for 3 hours while on meth and with severe mental illness. We tried to get the CSO to change it but that didn't work. Our community visitor tried and the manager of OPG and still nothing. Once we went to the local member (Name DE identified) contact was back to being supervised within 2 hours of us emailing her office. We should not have to resort to this. Even the (name DE Identified) had recently put in a complaint with the ombudsman and QCAT about the handling of this case and (CSSC DE identified) putting this child in unsafe situations. The worst one was the CSO allowing the mother to*

breastfeed baby when she was about 1 1/2 months old and had been out of their care since 3.5 weeks. CSO saw no issue and when it was raised we got threatened to have baby removed. I would never recommend anyone being a foster parent or kinship of this is how the system works.

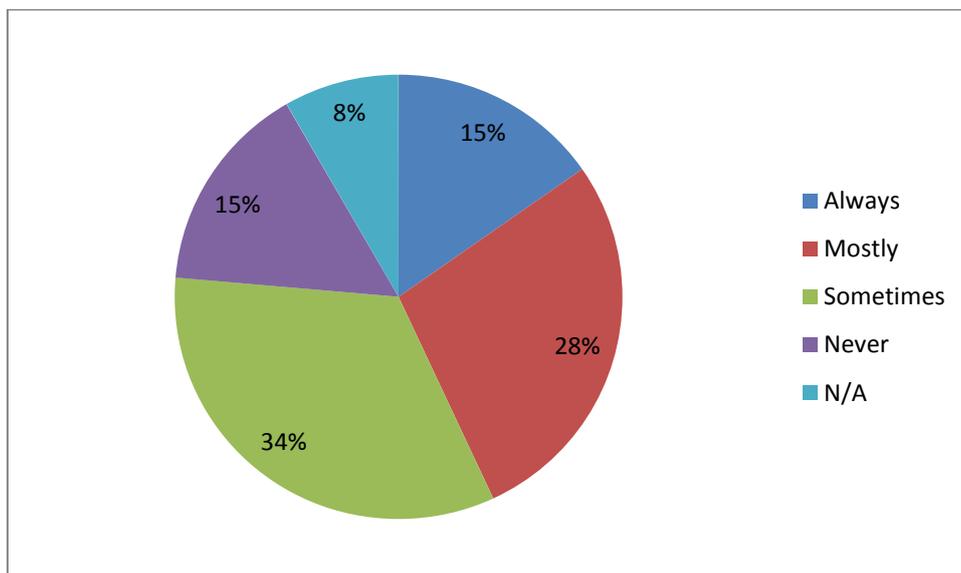
- *We have great difficulty in receiving return emails when answers are required. We ensure we email only when we require answers and more often than not, receive no replies or acknowledgement of emails. We also had to advocate strongly for the child's safety in recent reunification process and felt we were not acknowledged enough about ongoing concerns we raised about his emotional wellbeing in the environment he was returned to*

Child Safety Processes

Carers were asked whether they were satisfied with the approval and reapproval processes as carers.

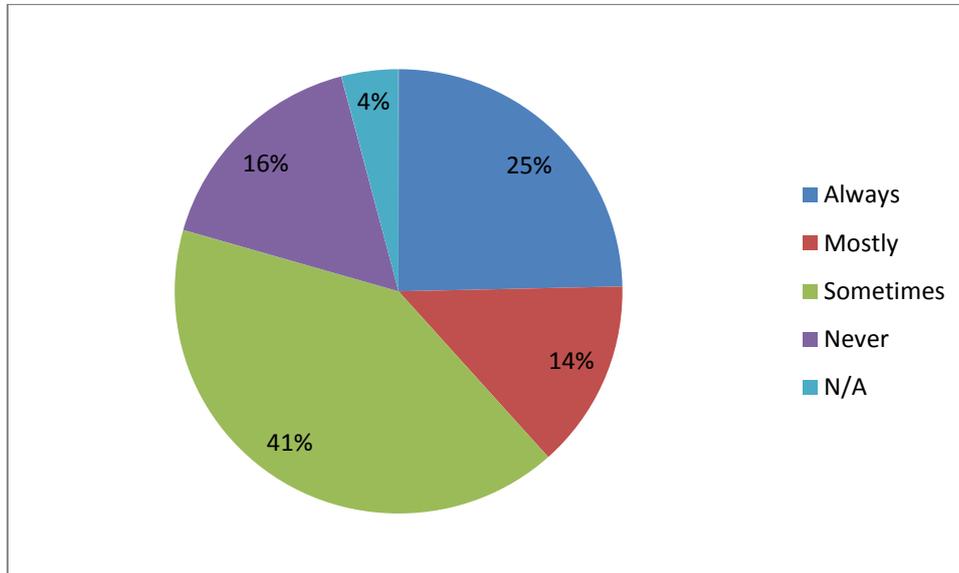


Carers were asked if they were satisfied with the completion of Placement Agreements.



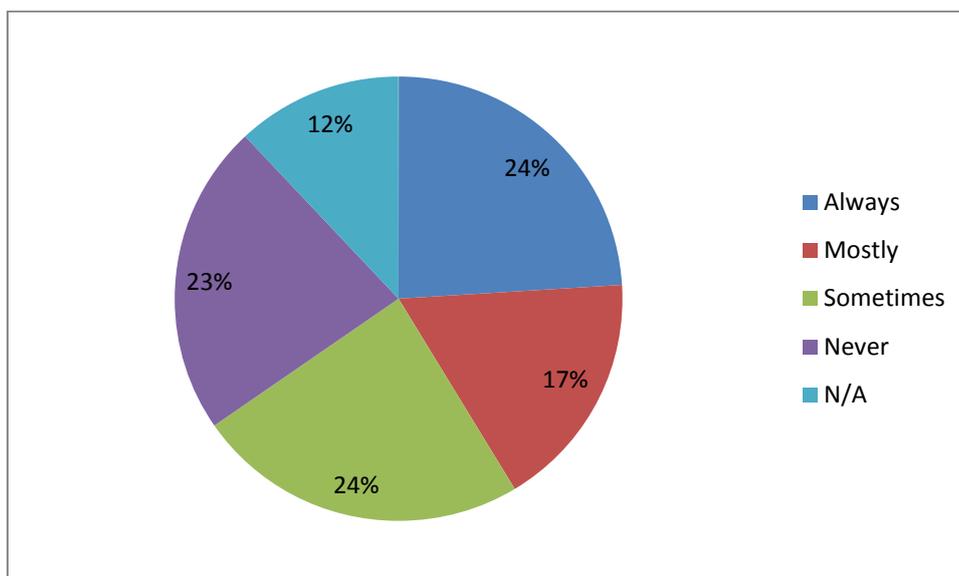
Given that placement agreements are a legislative requirement it is concerning that over half of the carers surveyed reported only feeling satisfied sometimes or never in relation to the completion of placement agreements.

Carers were asked if they were satisfied with home visits being completed by Child Safety.



39% of Carers reported they always or mostly always feel satisfied with home visits being completed and 61% of carers stating that only sometimes or never feel satisfied with the level of home visits being completed.

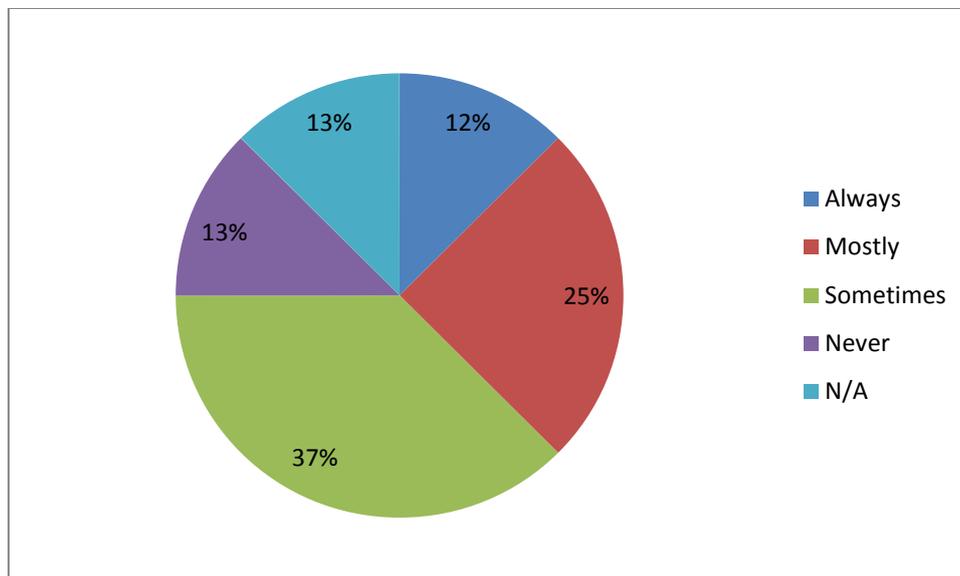
Carers were asked if they feel satisfied with their ability to engage in Family Group meetings for children in their care.



It is evident that despite their being provisions for carers input into Family Group Meetings within the Act and supporting procedures, that carers in the North Coast Region are not always given the opportunity to have input. Whilst it is accepted that it may not always be appropriate for carers to

attend FGM's, their input can be gathered through other means and it is disappointing that this does not seem to have been the standard practice in this region given the responses provided by carers.

Carers were asked whether they were satisfied with review processes within the CSSC.



Only 32% of carers reported feeling always or mostly satisfied regarding review processes with the CSSC.

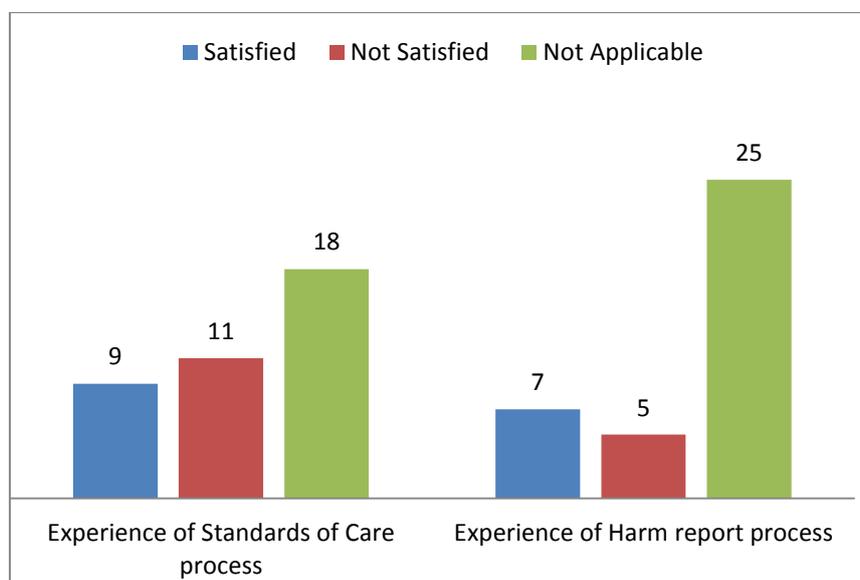
Comments:

- *This is our first year as Kin carers. In that time we had a FGM via telelink. This case plan was due for review in September 16. To date no review date has been set which is disappointing. We have had one visit (unannounced) from CSO (CSSC DE identified)*
- *Once again, existing staff are great, but overloaded so not able to provide the level of support they would like*
- *I was made the subject of this process which was totally unfounded. I have no knowledge that DOCS were taking this stance. I was treated really badly in July 2015 and I am still dealing with the same CSO. I discussed this matter with the Manager at (CSSC DE identified) at the time – (Name DE identified) and I advised her at the time that I couldn't and would never trust the CSO - still dealing with the same person after having been told that she was going to be changed from this case. I also am told that this incident is still on our records but the (CSSC DE identified) Manager advised me that she had no idea why this had happened to me at the time*
- *CSOs do not come out monthly as they should*
- *CSO did not come to our home. We had contact at CSSC 3 days per week*
- *always kept us up to date*
- *We provide emergency care, however the children often stay for much longer than anticipated (not a problem for us) I never see the CSO's at my home and have never been invited to a family group meeting*
- *I have yet to be involved in a family group meeting*
- *We have to request on many occasions copies of placement agreements, case plans, contact arrangements etc only to be given documents that are virtually blank (not completed) with little or no information*

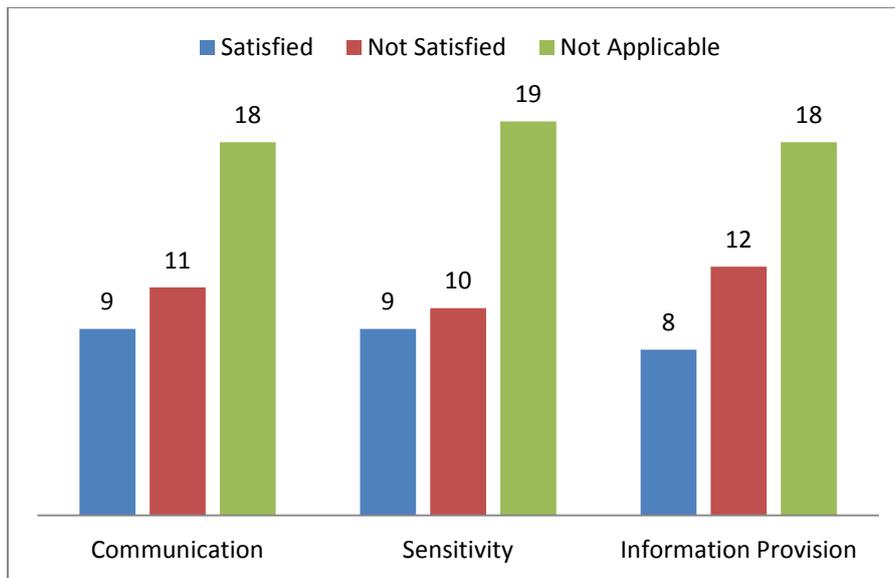
- *We have not had a family meeting*
- *It took over a year for a SOCR outcome to be completed by (CSSC DE identified) Child Safety*
- *I was apparently consulted about a FGM.... only problem was I was not even in the state and didn't know there was even a meeting planned, yet there it is on paper*
- *We very rarely get visits from our CSO at our home. We attend monthly stakeholder meetings and the CSO attends these*

Standard of Care/Harm Processes

Carers were asked whether they were satisfied in respect to Standard of Care and Harm processes they had been through.



Carers were asked a range of questions around the process relating to the quality of communication, sensitivity and information provision.

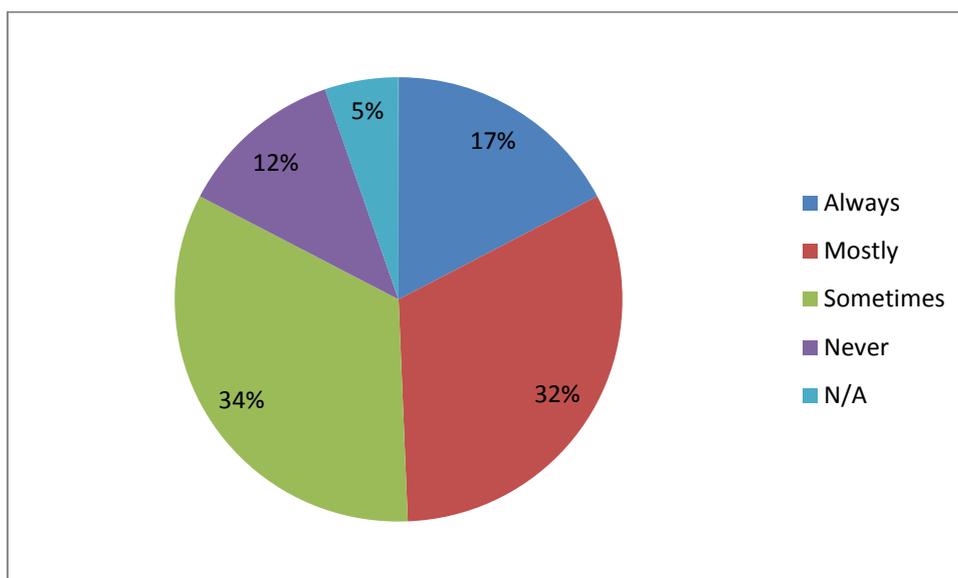


Carers were then asked if they were satisfied with the timeliness of the outcomes 32% reported feeling unsatisfied with the timeliness of the process and 24% reported feeling satisfied with the remaining percentage stating it was not applicable.

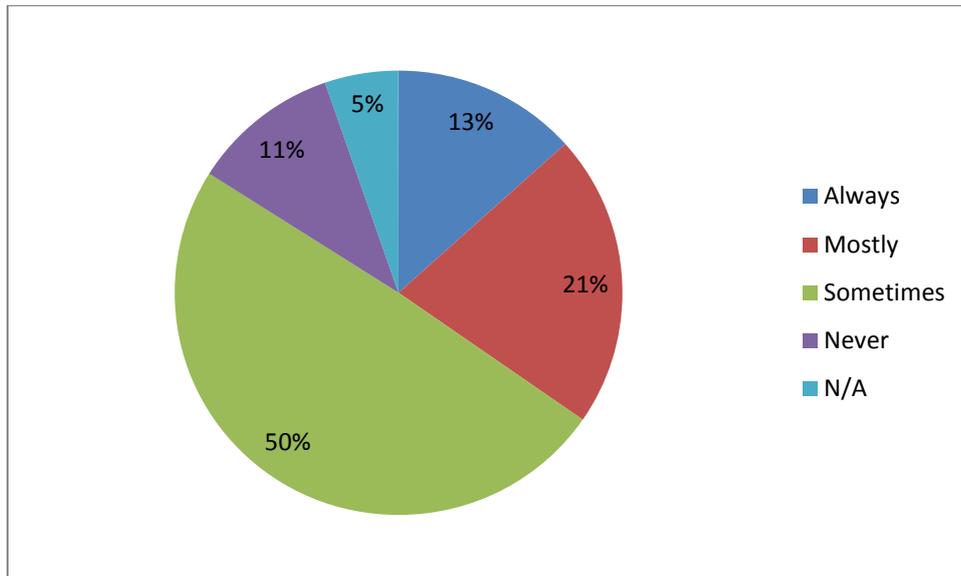
Carers were then asked if they were satisfied with the review process that took place if they were not happy with the outcome of the Standard of Care and/or harm report, of those who thought this question was applicable to them 43% did not report feeling satisfied with the review process.

Confidentiality

Carers were asked if they were satisfied with information provision provided to them about the children in their care.

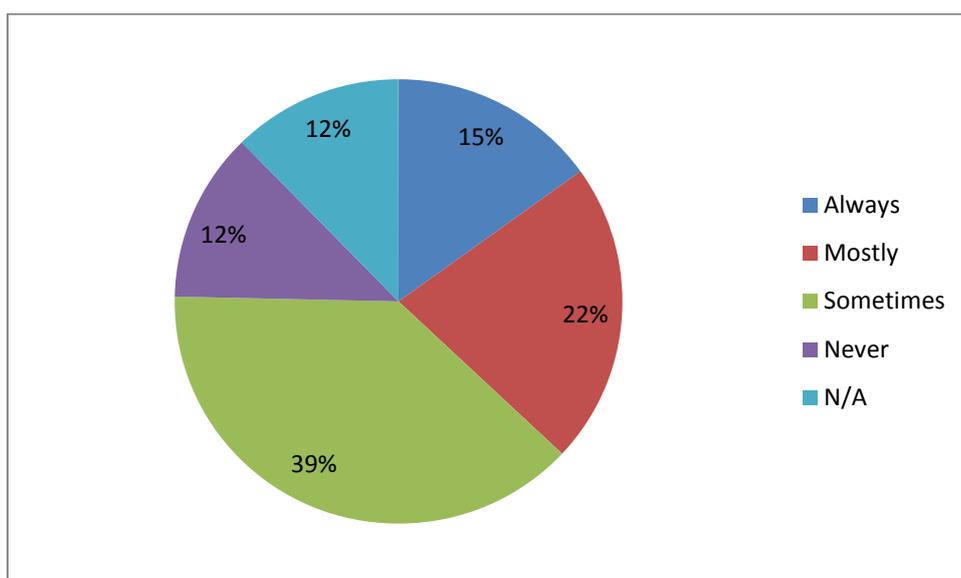


Carers were then asked if they were satisfied that information was provided to them about the child as it became available to Child Safety.



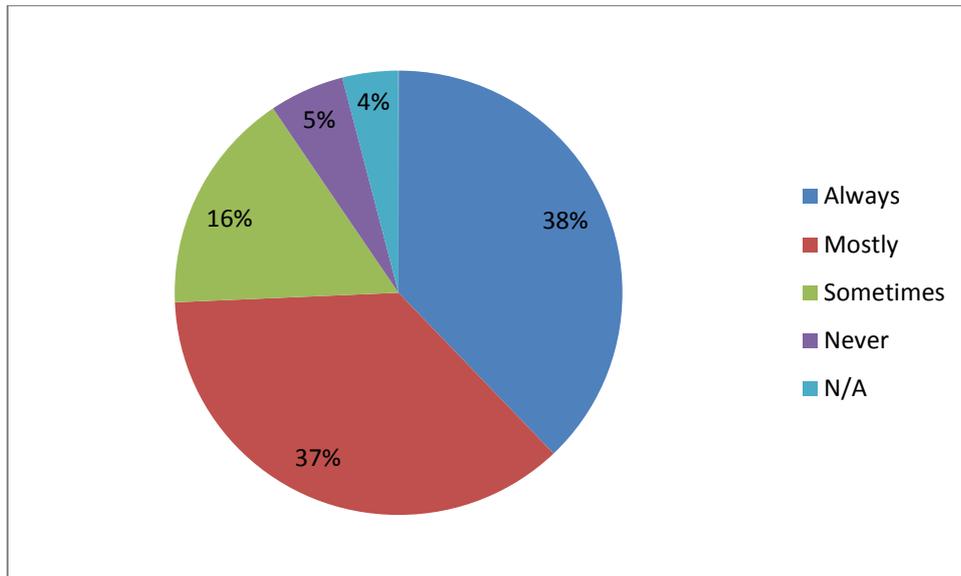
Whilst it is recognised Child Safety very rarely have all the information at time of placement, over time Child Safety gathers information which is vital to pass onto carers as this allows the carers to understand a child’s trauma better and provide care in accordance with this. Unfortunately 61% of carers reported that they feel ongoing information about a child is only shared with them sometimes or never. As stated above, FCQ has developed a training module on Information Sharing and it is hoped that this will assist carers in understanding what information is relevant for them to have and pass onto stakeholders and how they can advocate to receive this. This training will also be offered to Fostering and Kinship Care Staff and any other key stakeholders who wish to observe it.

Carers were asked whether they were satisfied with the information provided to them in respect to the safety checks being completed prior to identifying information being given out.

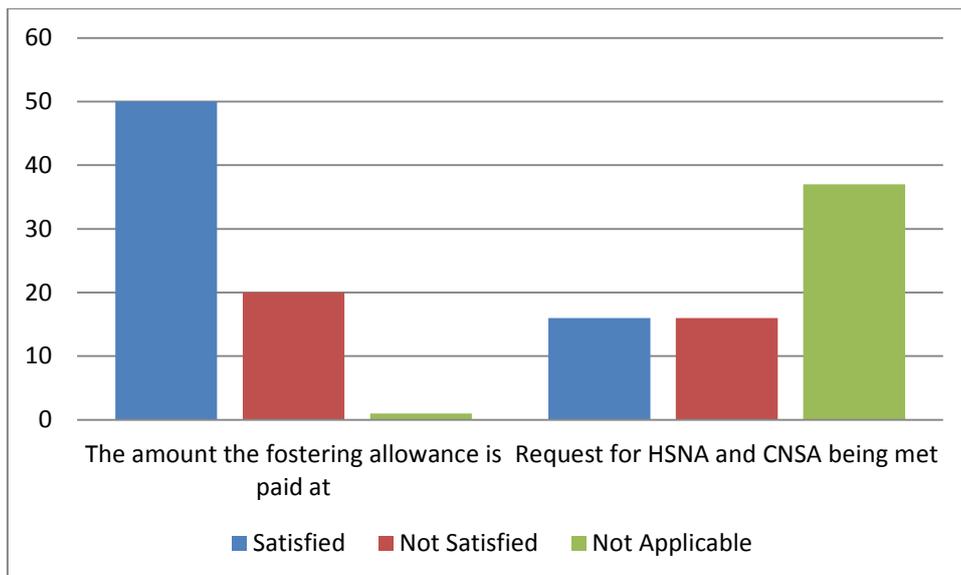


More than half of the carers surveyed reported only feeling satisfied sometimes or never regarding communication in this area.

Carers were asked whether they were satisfied with their understanding of confidentiality provisions and how this relates to them as carers.



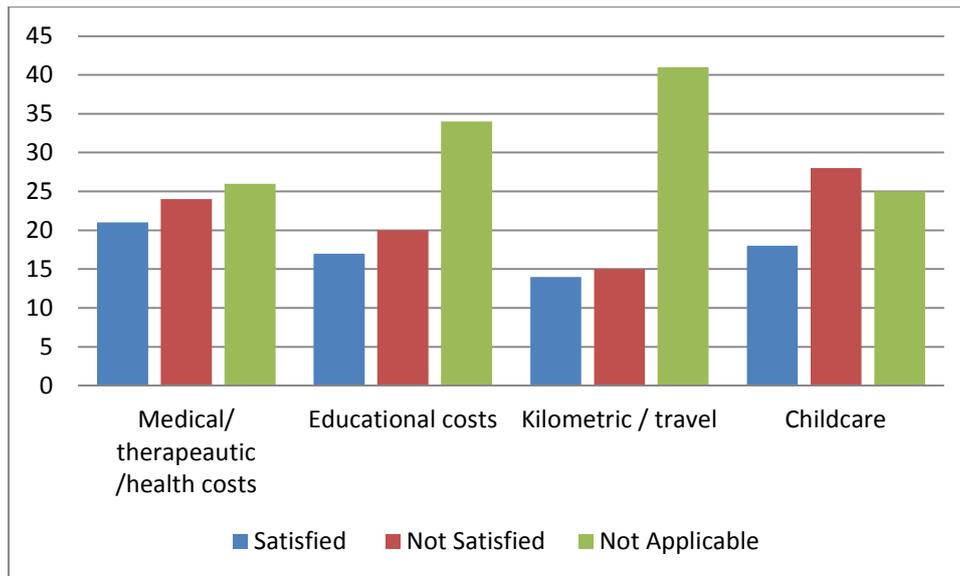
Financial



The dissatisfaction rate from carers during this survey has increased from previous surveys completed by FCQ. Typically this is an area where in excess of 80% of carers will state they are satisfied; however during this survey across the State carers have expressed a lower satisfaction rate. In North Coast 70% of carers reported being satisfied with 29% dissatisfied and 1% feeling it was not applicable to them.

Of those carers who felt that the question relating to HSNA and CSNA was applicable to them exactly 50% reported being satisfied and 50% not satisfied. This area continues to be an area where FCQ receives numerous calls from for support and advocacy.

Carers were asked about a number of Child Related Costs that sit outside of the fostering allowance and whether they felt satisfied in relation to the payment of them.



In all areas of CRC's, for those carers that felt the question was relevant to them, more expressed dissatisfaction than satisfaction. This seems particularly the case for Child Care where across the State carers have recorded high levels of dissatisfaction.

Carers were asked about their knowledge to apply for ex-gratia (special payments) and whether they were encouraged to apply for these when applicable. Only 18.31% of carers reported having knowledge and being encouraged to apply for special payments. 49.30% reported not feeling satisfied in this area with the remaining feeling the question was not applicable to them.

Finally carers were asked if they were satisfied about information provision relating to Child Related costs. 55.88% of carers reported they did not feel satisfied in this area, 20.59% reported feeling satisfied and 23.53% reported that this question was not applicable to them.

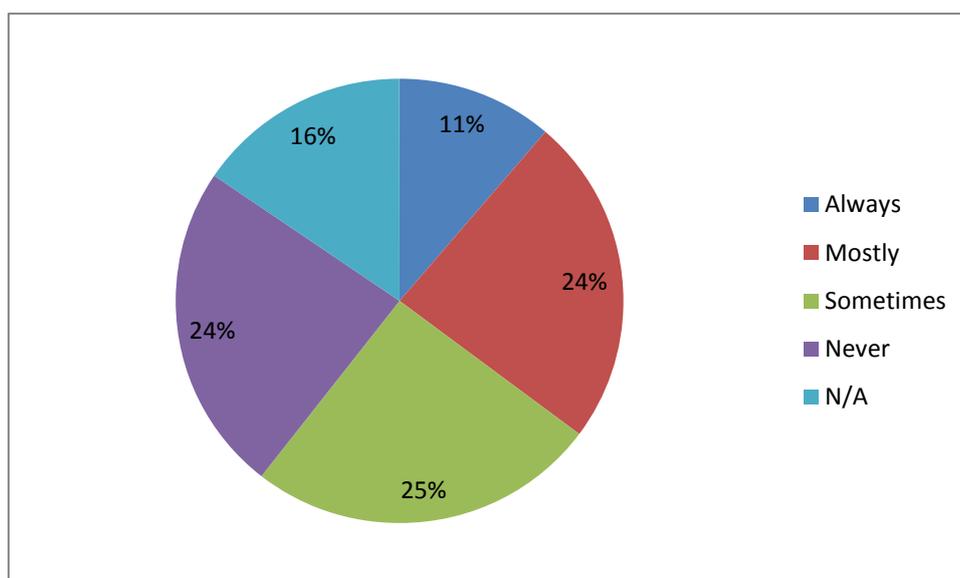
Comments:

- *The Dept. is always moving the goal post in terms of what is available funding wise and are very poor in communicating what is funded. Then worker changes meaning the need to start again*
- *Gave up asking for forms and reimbursements*
- *More assistance with Vacation Care would be good*
- *Sometimes it feels like carers are treated like they are making tons of money being carers & subsequently allowances are not readily disclosed. You have to really know what you're entitled to for the children in care, and chase it up*
- *Reimbursements for childcare, etc. should be the same across the board, as should dual respite, rather than allowing each office decide what they want to pay*
- *Don't have a need for access*
- *Have had to chase department for expenses we were told they would pay for, some expenses we waited over 6 months for*
- *Very Supportive*

- *The previous carer got the higher allowance for the child, but I don't. The child needed new glasses, it took the dept. over 3 months to reimburse me, never again will I pay for something and for the dept. to say they will reimburse me, dept. can pay for it first*
- *We have to pay for our child's medical needs including the paediatrician, physiotherapist & speech pathologist. Our child is not considered high needs so receiving any reimbursement is not an option*
- *As a respite carer, I have not had to get involved with any other payments other than the foster care allowance*
- *My comment around this area would be that while there is agreement to pay for child care out of pocket expenses it is not paid in a timely fashion (i.e. I put a claim in 31/5 and it is still not paid) and this happens every time. One of my kids has been diagnosed with FASD but it is not a disability so we aren't able to get funding for education costs (only through ESP for school intervention) and we can't get Complex needs, but that would help to get extra support*
- *ESP funding isn't enough to help children struggling 1 1/2 hours a week isn't near enough support. If you use esp. funding for teacher aide time at school then department won't help with payment for private tutoring. More should be given for struggling students wanting to learn before it is too late to help them. More help needs to be available in education because esp. funding is going NO WHERE*
- *Don't even get told about all the payment we can get to assist*
- *We are awaiting confirmation of funding to help our current child attend a programme and have been pleasantly surprised that the department is willing to help us achieve this goal*
- *How satisfied are you with local practices of CSSC*

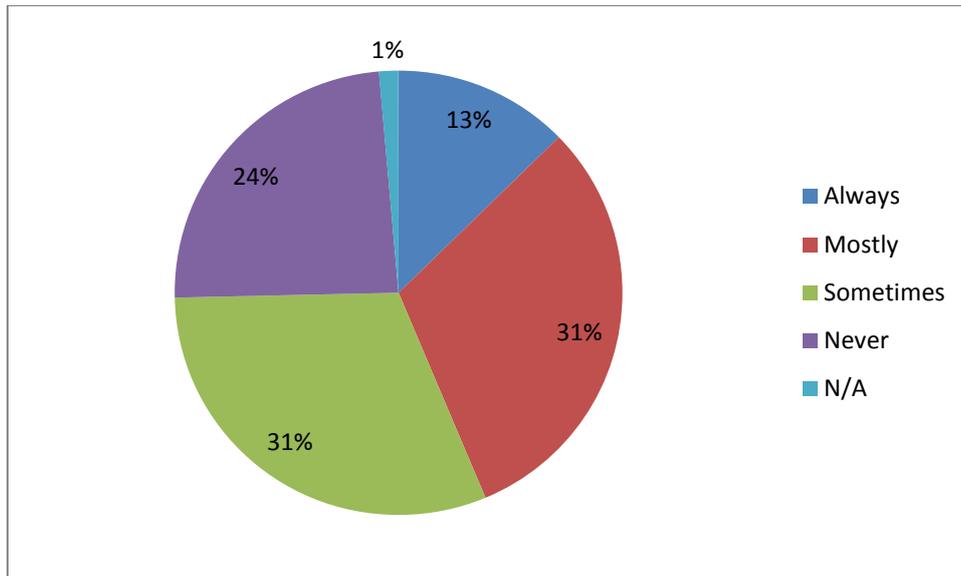
How satisfied are you with local practices of CSSC

Carers were asked how satisfied they were regarding information in relation to change over CSO.



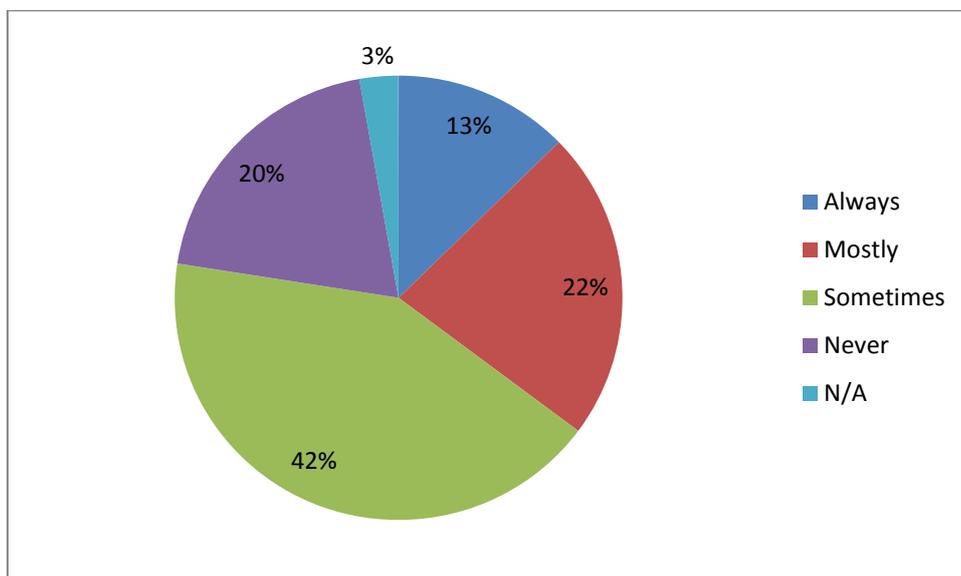
49% of carers who were surveyed reported only feeling satisfied either sometimes or never. Only 11% of carers reported that they were always satisfied with communication relating to change over of CSO's.

Carers were asked whether they were satisfied with the CSO’s knowledge of history regarding the child/ren in their care.



More than half of the carers surveyed reported that they felt satisfied only sometimes or never in respect to CSO’s knowledge of cases.

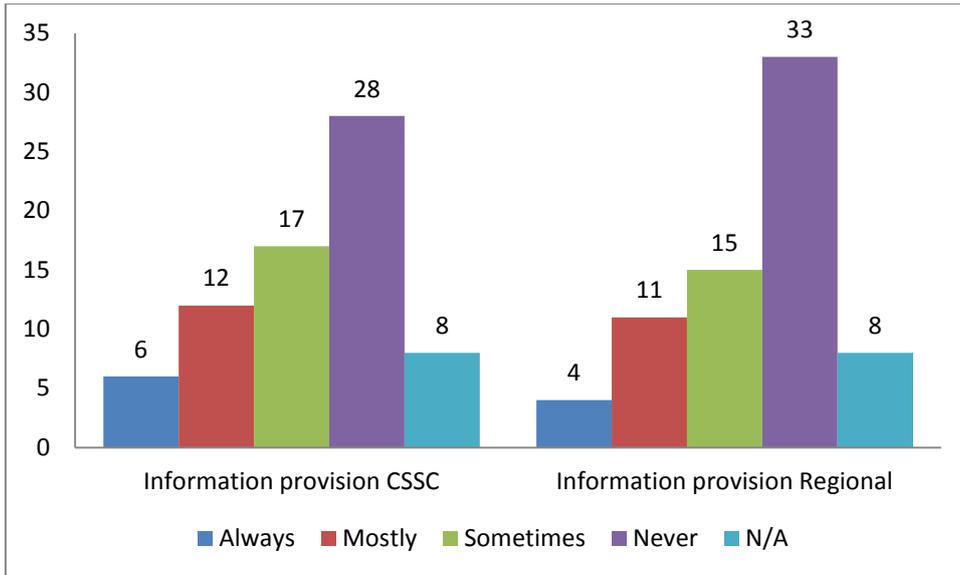
Carers were asked if they were satisfied with the timeliness of case plans.



Only 35% of carers reported that they were always satisfied or mostly satisfied in this area, leaving over 60% of carers in the North Coast region feeling that case plans were only done in a timely manner some of the time or never.

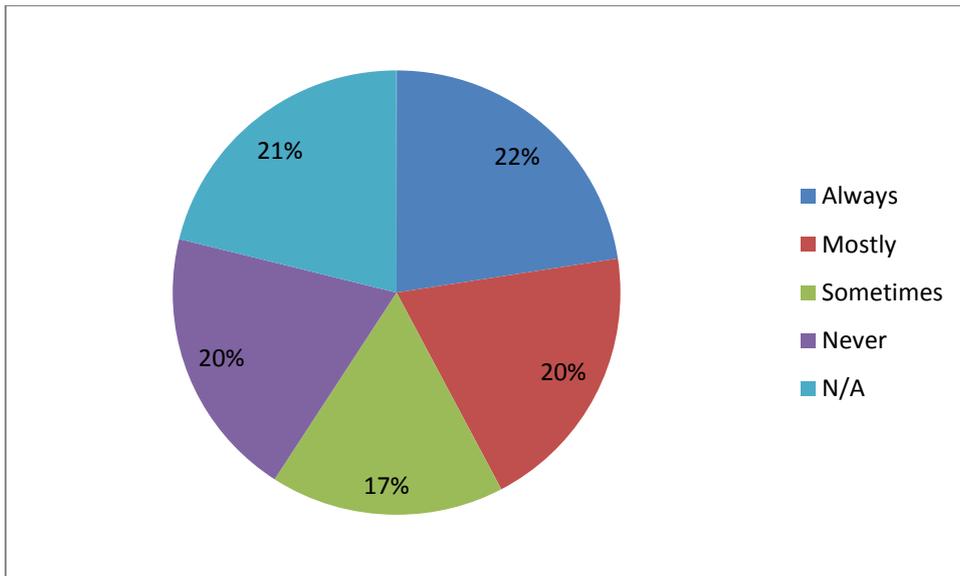
Carers were then asked whether they felt satisfied with minutes being provided to them for their records. 63% of carers reported they only felt satisfied sometimes or never in respect to this area, indicating a real concern with carers being provided with minutes in a timely manner or not at all.

Carers were asked if they were satisfied about provision of information provided by the CSSC and Region.

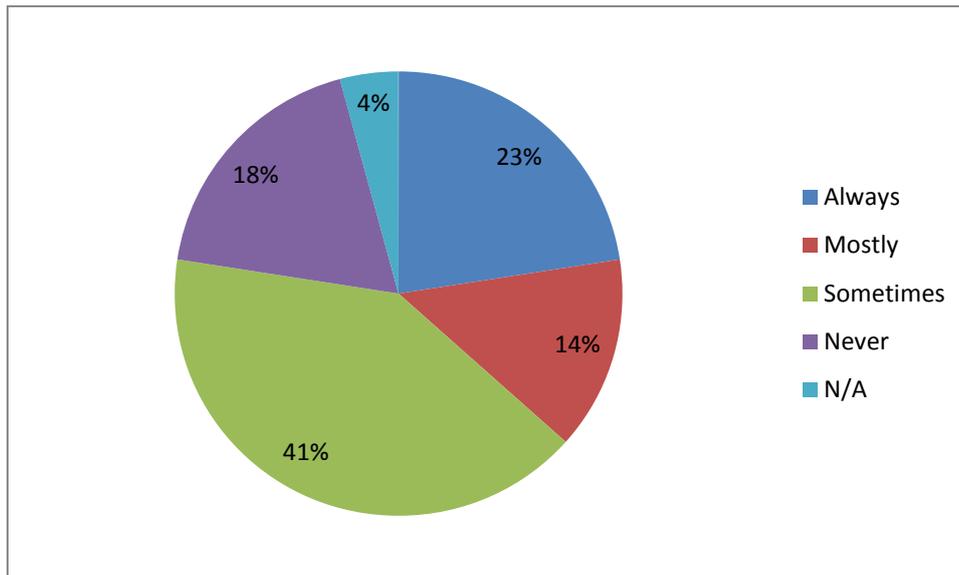


As demonstrated in above graph, carers expressed overwhelmingly that they are not kept up to date about changes in either their CSSC or Region.

Carers were asked if they were satisfied with their ability to access respite.

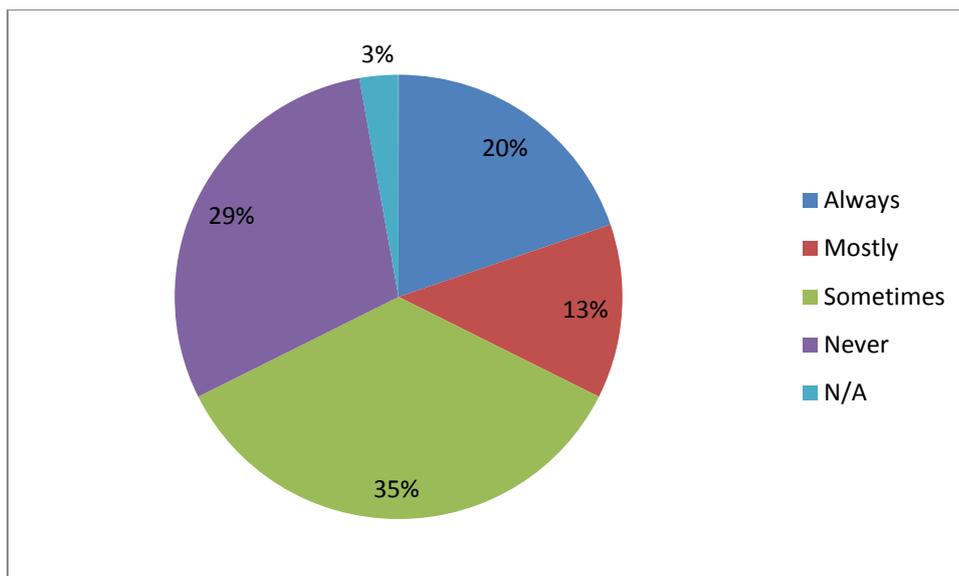


Carers were asked whether they were satisfied in respect to being consulted regarding Family Contact.



Over half of carers have reported only feeling satisfied sometimes or never, this is despite the Statement of Commitment clearly stating that carers should be consulted in respect to decisions effecting children and young people in their care. This is because there is recognition that someone who provides daily care to a child has insight into the child’s needs, it is therefore disappointing that the percentage here is not much higher. Consultation is also essential to ensure that the carers family’s commitments are taken into consideration as family contact has a direct impact day to day life.

Carers were asked whether they felt they were supported to meet their own family commitments.

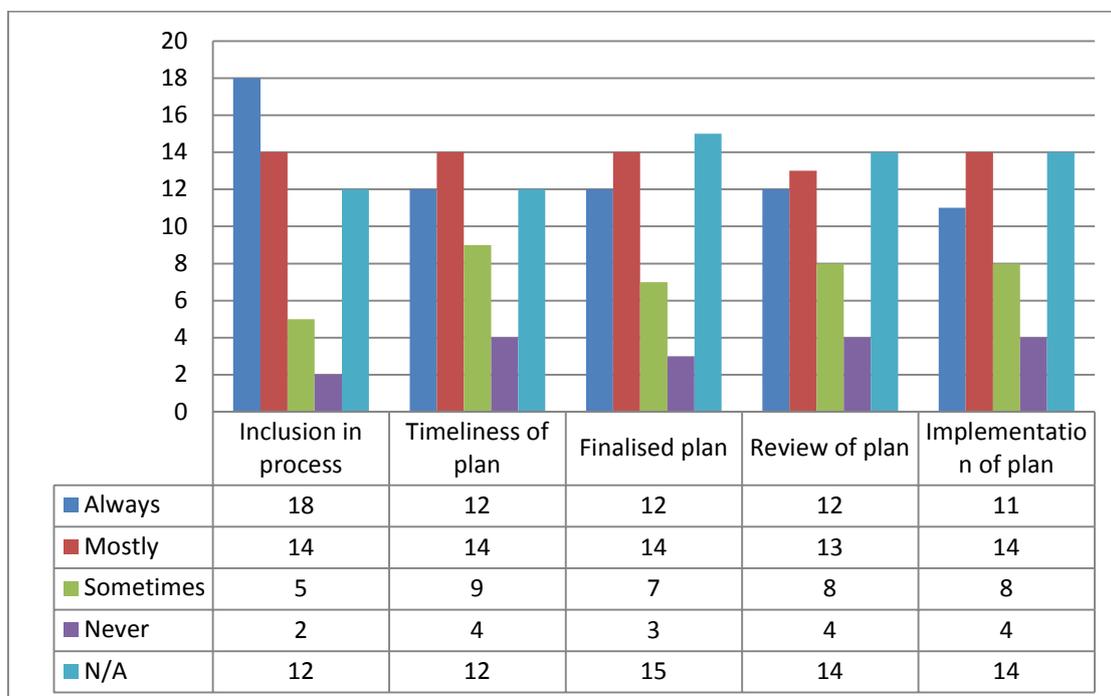


Nearly a third of carers reported they never feel supported to meet their own family commitments. As stated above, including carers in consultation around matters such as Family contact will go a long way in assisting carers to ensure they are supported to meet their family’s needs.

Education Support Plans

Carers were asked if they had a current ESP plan in place for the child/ren in their care, 53.85% reported having an ESP plan.

Carers were then asked a range of questions relating to the ESP process and their satisfaction with this as follows.



It would seem from the data above that in the most part carers are reporting that they are either always or mostly satisfied with the processes surrounding ESP plans.

Comments:

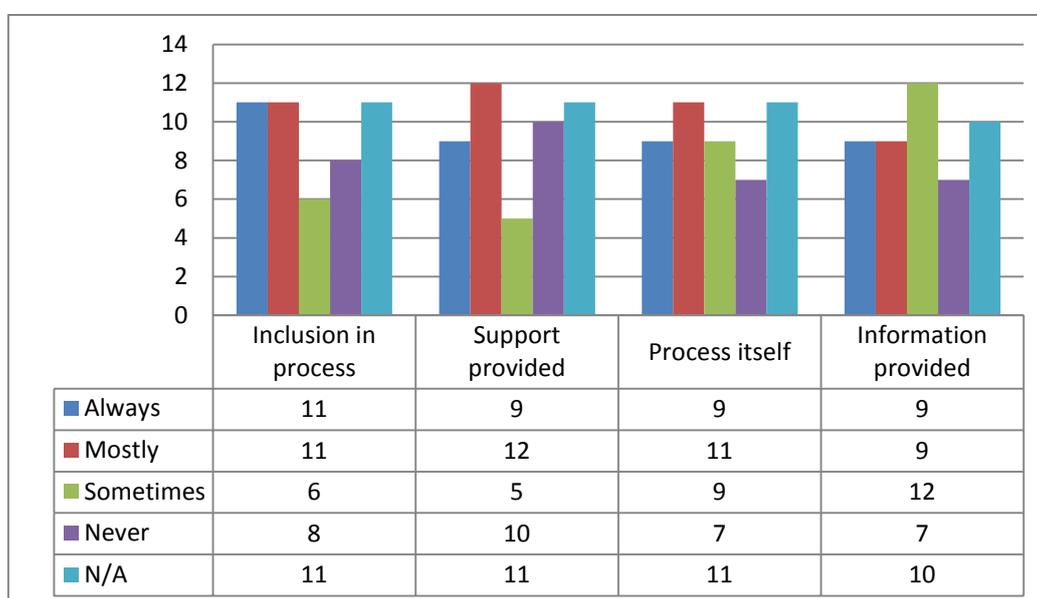
- *The plan was implemented in April yet the CSO is still discussing the issues presented*
- *We have had a change of CS Offices and 2 different CSO's with no follow ups done*
- *Trying to engage CS at the moment for a 5 year-old due to commence school in 2017, but there has been a change of CSO and we have still not been told who this is and time is running out to get an ESP in place*
- *Takes too long to implement and usually a full term is wasted trying to get this implemented*
- *CSO dialled in by phone, we generally organise it with the School - Deputy, Teacher and Guidance Officer, who are great. Team Leader has been disappointing in this area in the past*
- *ESP funding isn't enough to help children struggling 1 1/2 hours a week isn't near enough support. If you use esp. funding for teacher aide time at school then department won't help with payment for private tutoring. More should be given for struggling students wanting to learn before it is too late to help them. More help needs to be available in education because esp. funding is going NO WHERE...SOMETHING WRONG IN THIS AREA and needs more support for the children*
- *Support is limited for children requiring a high level of support*
- *At the moment we are getting his needs met through the disability services*

- *We have a child who will need an ESP for commencing school 2017 - CSO tardy in getting this up and running, and he is a special needs child that is going to need ongoing support to allow him to commence school*
- *I have been banging on about this for six months to no avail*
- *I drive this process*
- *Great support here and extra hours were provided to our child*

Child Health Passports

Carers were asked if the child/ren in their care had a current Child Health Passport, 53.85% of carers reported having a Child Health Passport.

Carers were then asked a range of questions relating to the processes of Child Health passports and how satisfied they were, carers reported as follows.



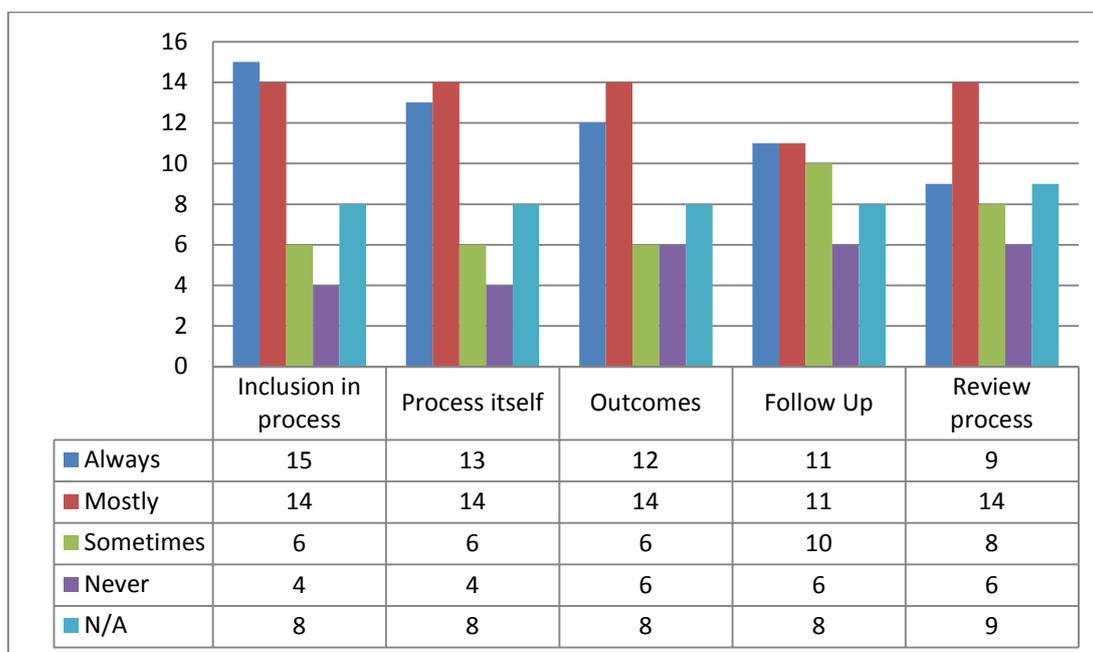
Comments:

- *Got no idea, sometimes yes and no answer doesn't answer the question*
- *Often have to specifically request copies of documentation for CHP as it becomes available*
- *Our child health passport was completed by our child's parents who are both intellectually impaired so it is incorrect & the majority has not been completed. When we raised this with our caseworker she said yes I know that's all we've got. So we had to go to our own GP & paediatrician and start again*
- *I was given a folder 5 years ago and I have maintained it myself. I have never been asked about it by the Department*
- *What's a child health passport?*
- *What the hell is a CHP?*
- *I drive this process. Most services 'cc' me in. Dept often refuses to provide copies of reports*
- *Still waiting after almost 12 months*
- *We don't always get copies of correspondence from paediatricians, for the file*
- *Child Health Passport CHP Copies*

Placement Agreements

Carers were asked if they had a current placement agreement generated from a placement meeting 59.38% of carers reported they do.

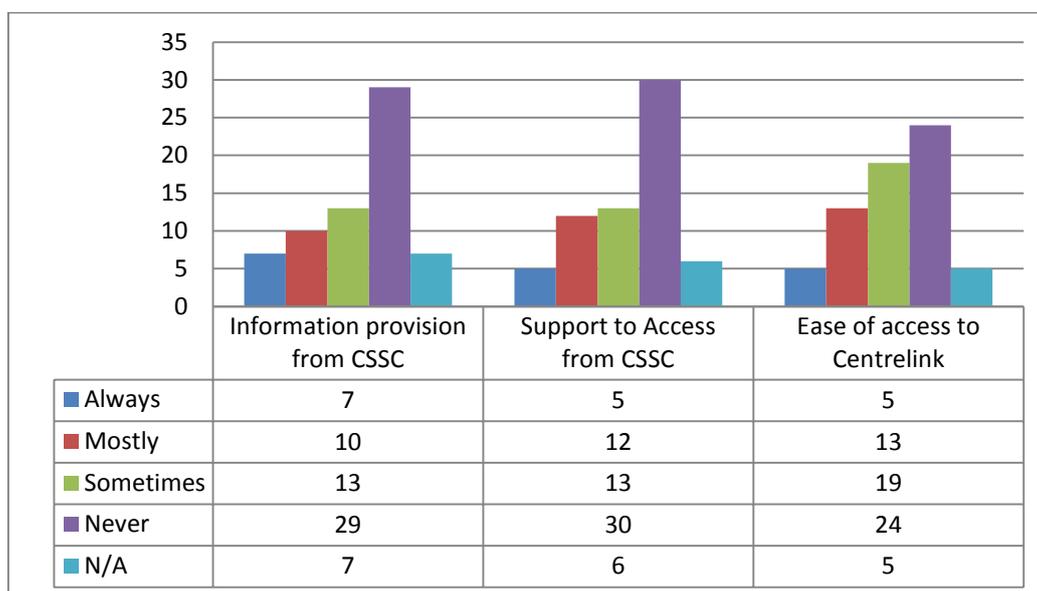
Carers were asked a range of questions relating to their satisfaction around the processes of Placement agreements with the following responses.



Carers were then asked whether they received a copy of the Placement meeting minutes, unfortunately only 27.42% of carers reported receiving copies of minutes.

Centrelink

Carers were asked a range of questions relating to Centrelink and how they were supported to access services through Centrelink from the CSSC, responses were as follows.



It is evident through this data that carers are feeling a high level of dissatisfaction in this area with the majority of carers feeling that they never receive information or support from their CSSC in relation to how and what they can access from Centrelink.

Carers were then asked question relating to ease of access to Medicare cards for the children in their care and Health care cards. 64% of carers reported only sometimes or never feeling satisfied with the timeframes associated with accessing Medicare cards. 57% of carers reported feeling only sometimes or never satisfied with time frames associated with accessing Health Care cards.

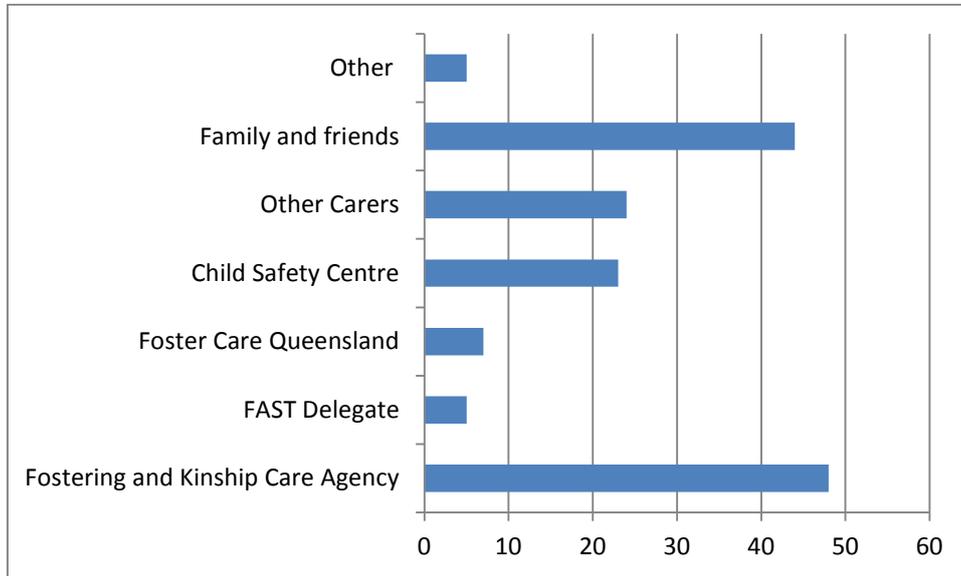
Comments:

- *The Dept did not assist with Centrelink apart from providing a letter stating date of child's arrival to reside with us as Kin carers*
- *Dealing with Centrelink is a bloody nightmare*
- *Should be easier to add children to Carers Medicare Card*
- *Had child for three years. Still no health care card because child is only in our care "short term".*
- *No contact with Centrelink required so far*
- *Health care cards seem to be a lot quicker and easier to organise with Centrelink*
- *We asked child safety what the process was with Centrelink and we were told they don't know*
- *I avoid Centrelink like the plague; they are extremely hard to deal with and it is a time consuming task. I haven't seen a Health Care Card renewed for 18 months, they use to be automatic*
- *I only have numbers for the kids, no Medicare cards despite me asking and asking*
- *My little one is 7 months and despite many, many, many written and oral requests still doesn't have a Medicare card (I only have his Medicare number because GPs and home doctor were refusing to treat him so I had to keep taking him to the hospital he was born at and they gave me the number as they were disgusted at DOCS), health passport, birth certificate etc despite being in care since birth*

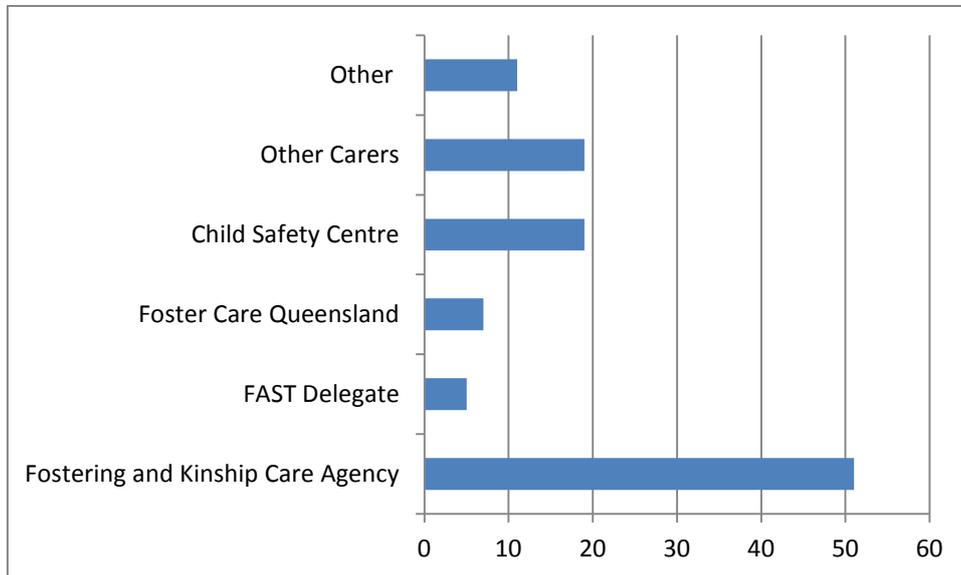
- We have had our foster child for nearly three years and he does not have a health care card
- Haven't been told about any of this. Took ages for Medicare card. Still waiting for birth cert

Support

Carers were asked where they accessed the majority of their support from.



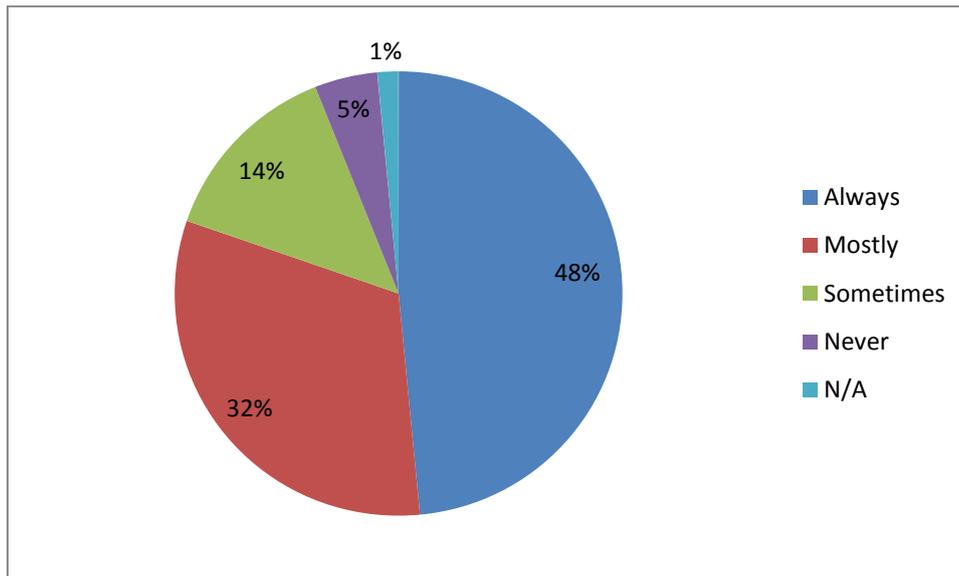
Carers were asked where they access the majority of their information from as carers.



Foster and Kinship Care Services

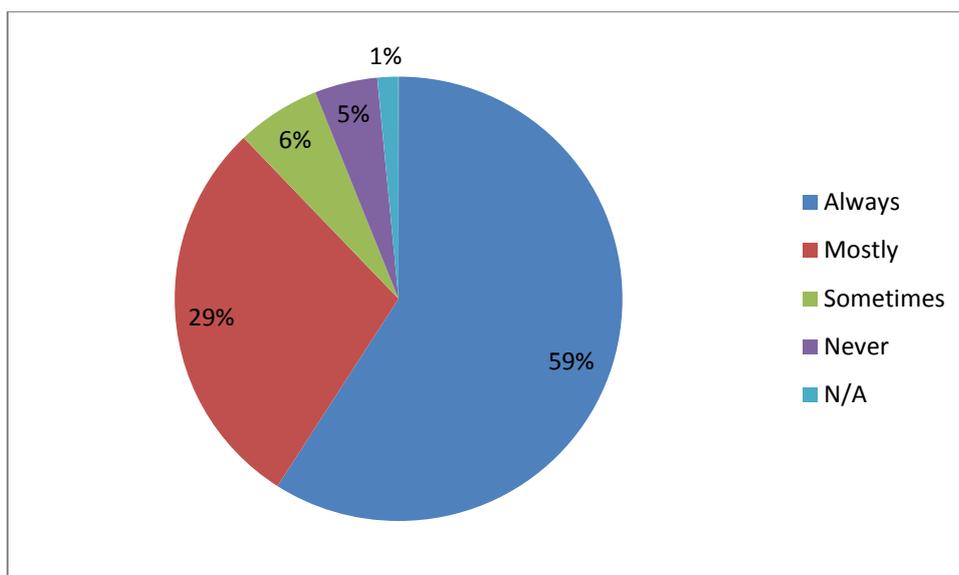
Carers were asked a range of questions relating to the support provided by Fostering and Kinship Care agencies. Firstly carers were asked if they were attached to a Fostering and Kinship Care Agency, four carers in the North Coast Region who completed the survey identified that they were not with a fostering and kinship care agency.

Carers were asked if they were satisfied in respect to regular support visits occurring (at least monthly).



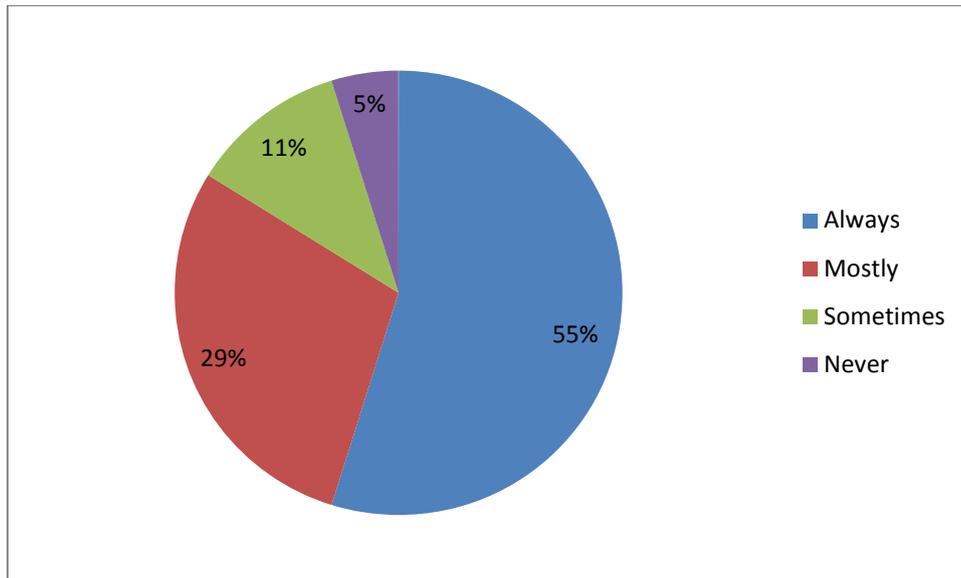
It is very positive to see that 80% of carers reported always or mostly always feeling satisfied with the regular support visits occurring with 5% of carers identifying they are never satisfied in this area.

Carers were asked whether they were satisfied with response to contact with their agency.



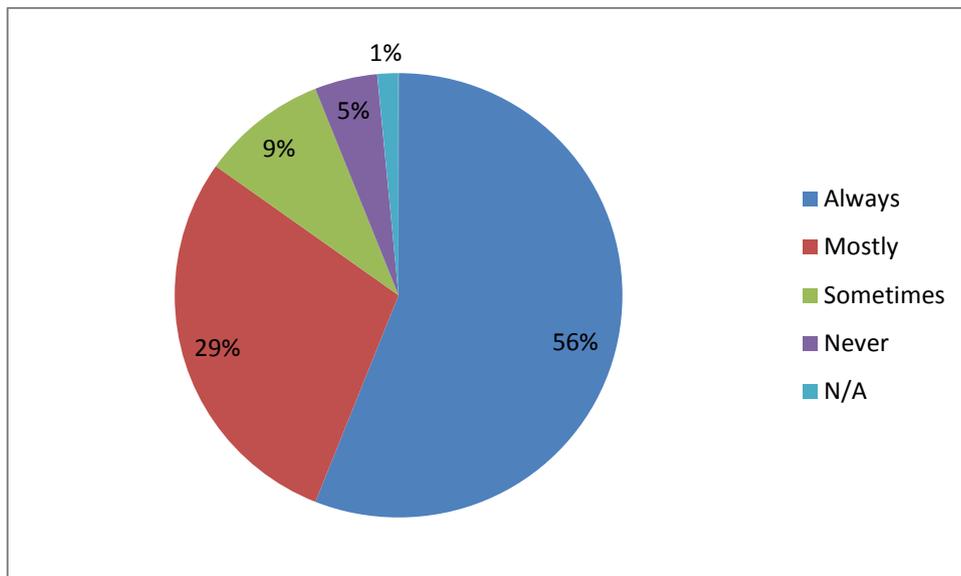
88% of carers reported feeling mostly or always satisfied in this area.

Carers were asked whether they were satisfied with assistance provided by their agency to complete paperwork.



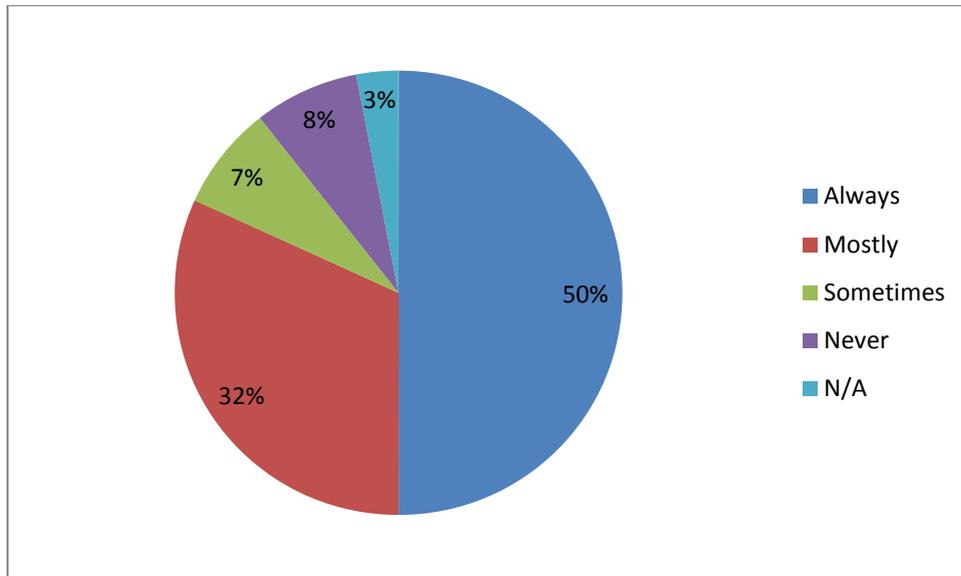
84% of carers reported feeling mostly or always satisfied in this area.

Carers were asked whether they were satisfied with information provided by their agency.



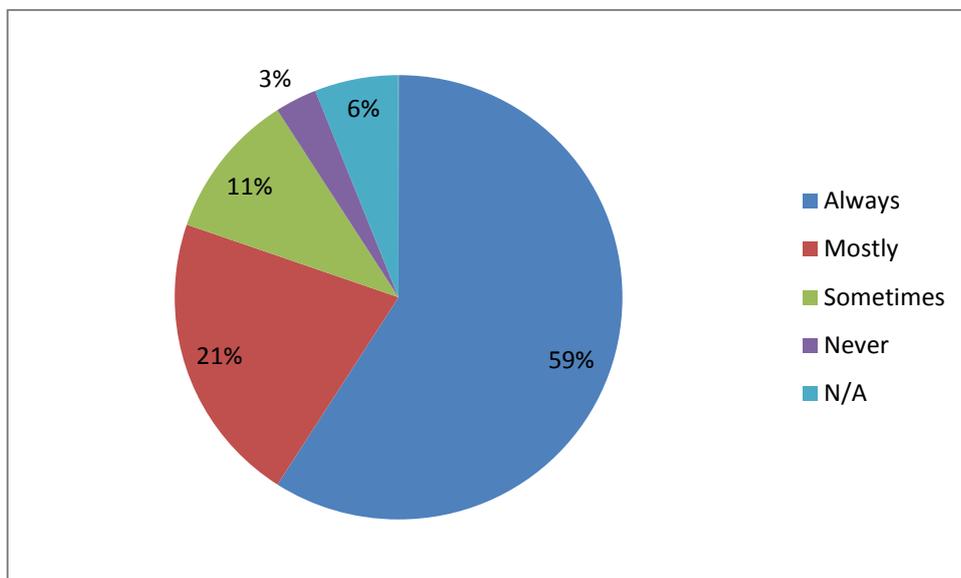
85% of carers reported feeling always or mostly always satisfied in this area.

Carers were asked whether they were satisfied with their access to support networks through their agency.



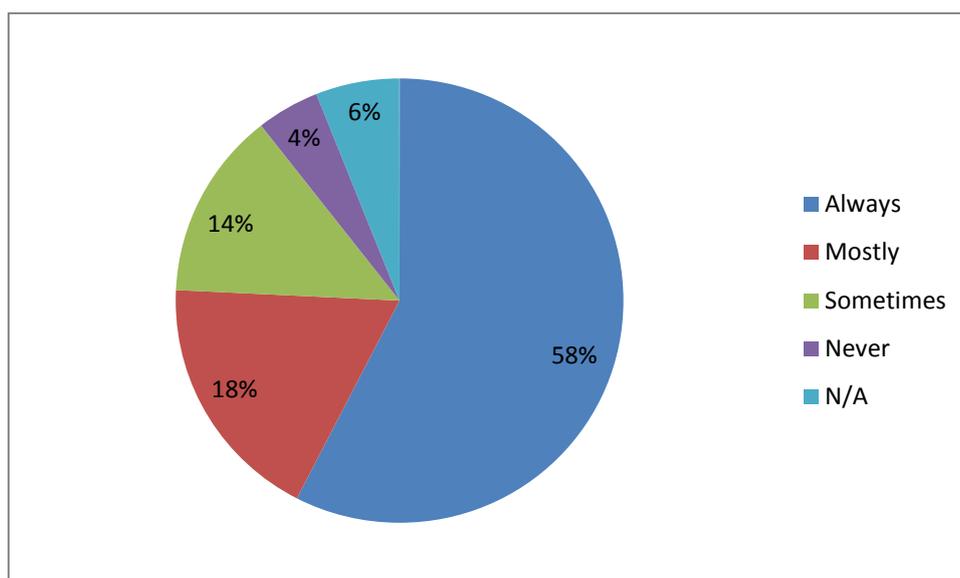
72% of carers reported feeling mostly or always satisfied in this area.

Carers were asked if they were satisfied with their access to training.



80% of carers reported feeling mostly or always satisfied in this area.

Carers were asked if they were satisfied with the on call service provided by their agency.



76% of carers reported feeling mostly or always satisfied in this area.

As can be seen above, foster and kinship carers have recorded very high satisfaction rates across the board in respect to the support and assistance provided by their fostering and kinship care services.

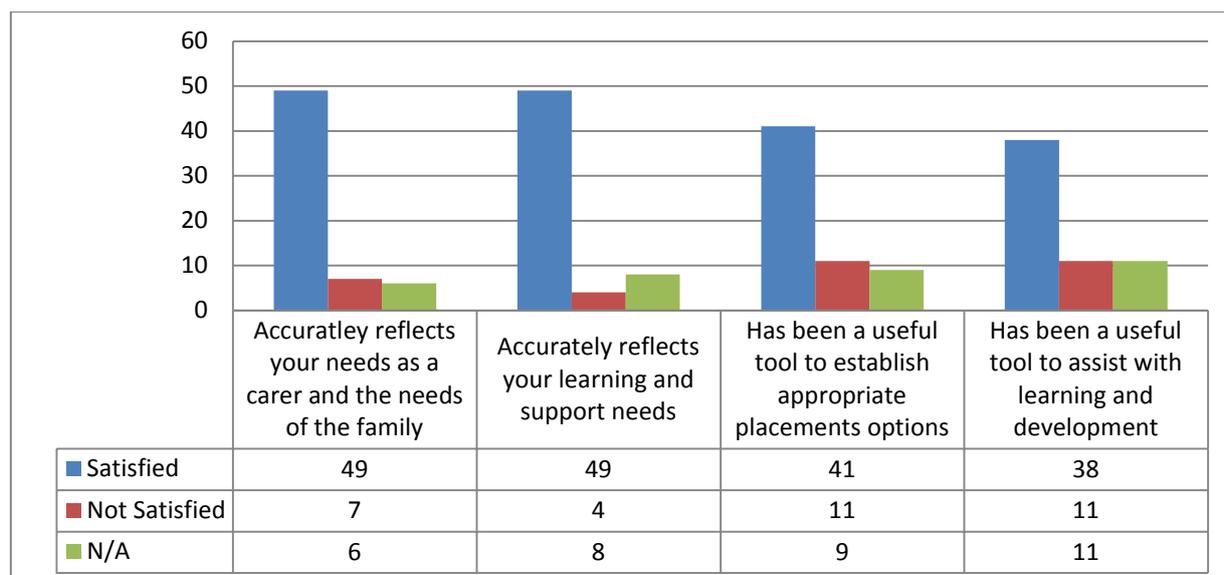
Comments:

- *More practical training is needed, offering practical and realistic strategies*
- *It seems that people promise things and then don't go through with it - for example was told by my agency worker that she would send some questions to my husband because he couldn't be at a recent meeting. She was going to ask him questions and get his responses so she could advise his thoughts. The email never came when I questioned her she said oh it doesn't matter*
- *My agency is (Agency DE identified) and they are brilliant*
- *(Agency DE identified) is fantastic. They are the reason we continue to be able to foster*
- *I'm a kinship carer*
- *Our foster agency worker is a great support to us as in she listens to our concerns but she has no power when it comes to Child Safety & she isn't able to advocate for us as she doesn't have the power or authority to request any changes or insist that issues are addressed. We feel the agencies are powerless in this process so it's hard to advocate when child safety doesn't see them as an authority*
- *Most of the short training courses are held during working hours and as I work full time I cannot attend*
- *I can't fault (Agency DE identified) at (Area DE identified), they have been amazing!*
- *UnitingCare is incredible. They are the reason we are still foster carers*
- *Our agency was walking a thin line with us; now with a new support worker we are finding things are progressing a lot better, & we're getting the support that we need from her*
- *(Agency DE identified) support worker even visited our sick child in hospital on a Sunday. The support and encouragement from this agency goes above and beyond and this is evident in the relationship the support worker builds with our foster children. Cannot speak highly enough of them*

Foster Care Agreements

Carers were asked if they had a current foster care agreement, 82.61% reported they have one, 7.25% reported they did not and 10.14% reported they did not know what one was. Given that Kinship carers do not have to have a foster care agreement, it is probable that those who reported not having one or not knowing what one was are in fact kinship carers. This brings the completion rates of Foster Care agreements to a very high level which is great to see.

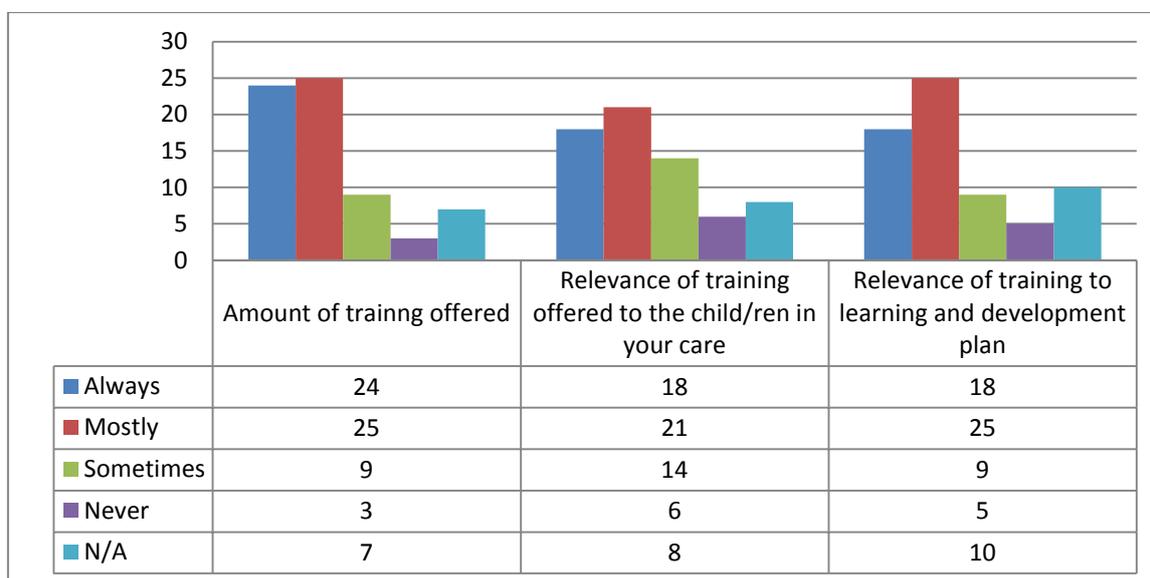
Carers were then asked a range of questions relating to the usefulness of the Foster Care Agreement as follows.



Carers have reported high levels of satisfaction across the board in relation to the Foster Care Agreement.

Training

Carers were asked a range of questions relating to their training experiences as follows.



Carers were asked whether they were satisfied with the times the training is offered, 36% reported feeling mostly or always satisfied in relation to this, leaving 52% feeling only satisfied sometimes or never. 67% of Carers reported when asked that they are either always or mostly satisfied in relation to the notice given to them in relation to when training is going to occur.

60% of Carers were always or mostly satisfied with the frequency of training being offered with 27% of carers reporting they feel sometimes or never satisfied. 67.16% of carers were always or mostly satisfied with information provided prior to training regarding content.

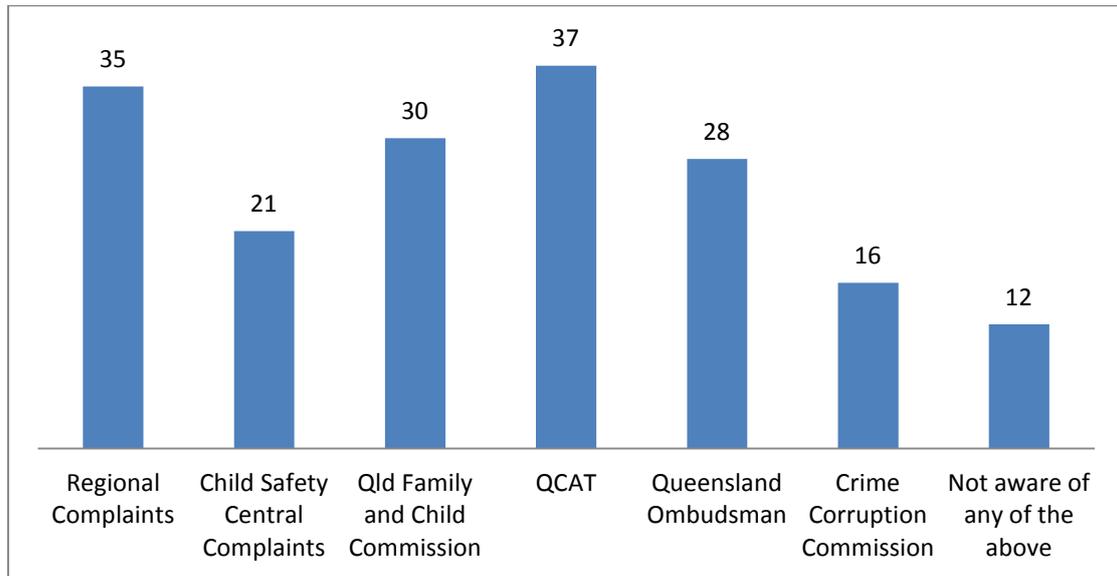
Carers were also asked whether they were satisfied with provisions of or support to access child care during training. 42% of carers reported they were only sometimes or never satisfied with this area.

Comments:

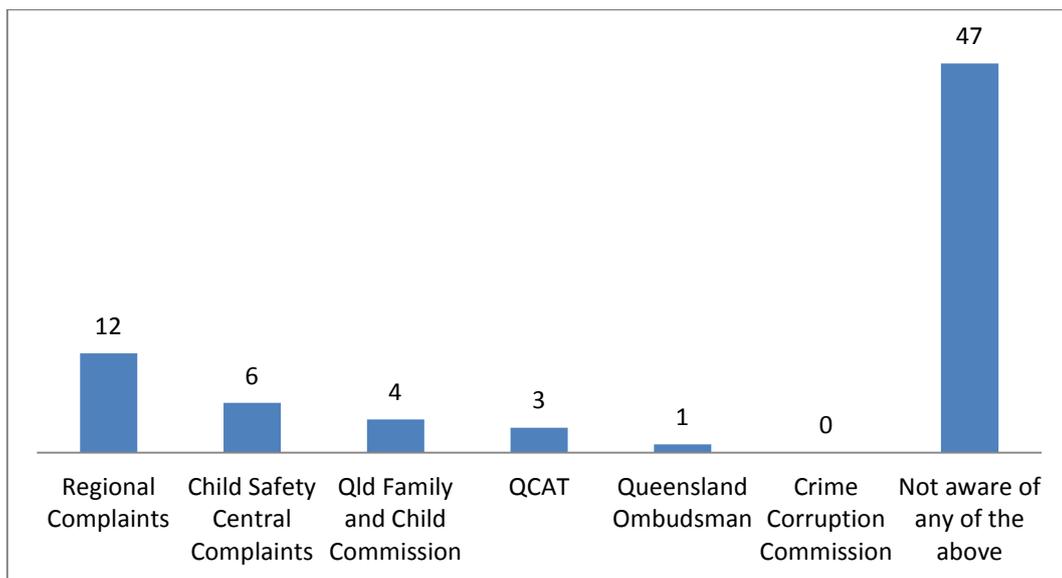
- *Kinship Carers*
- *The training is during the day and I work full-time*
- *Online training has been offered which is excellent and supports my training needs*
- *Rarely training at night, always weekends and day when I have work and kid commitments*
- *Night time training for Carers who work*
- *As a working career I am unable to go to any training as they are all held through the day*

Complaint/Concerns Processes

Carers were asked to identify which complaint/appeal processes they were aware of.



Carers were then asked if they had accessed any of the above processes.



Given that 84 carers completed the survey in this region, it is concerning to see the very low numbers of carers who have knowledge of absolutely none of the appeal and complaint processes available to them.

Carers were asked if they felt heard and were satisfied with the outcome regarding their contact with the above services. 75% of carers reported they felt heard, and 75% of carers felt satisfied with the outcome achieved.

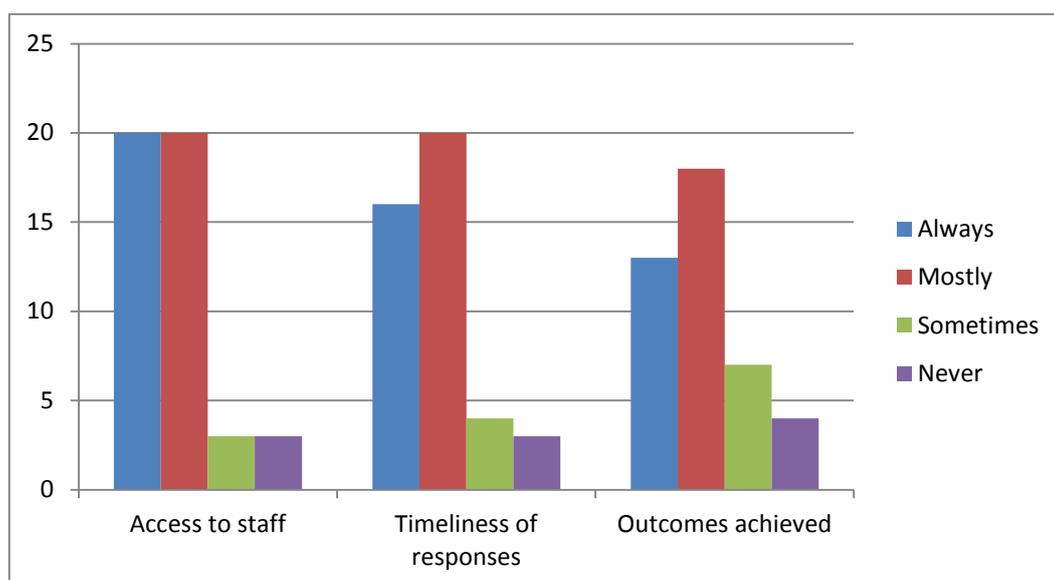
Comments:

- *It is a shame that we needed to make a formal complaint because the Dept would not hear our concerns for the family and children involved*
- *I wasn't aware as a carer that we could access QCAT services. I have asked that of DOCS, agency worker and FAST delegate in the past and no one ever gave me information. I kept being told that contact couldn't be changed because the parents would go to QCAT and QCAT would side with them. I kept asking the CSO how can you possibly know that. I never got a straight answer*
- *If not go straight to the Minister ha ha. Get a faster response*

Foster Care Queensland

Carers were asked a range of questions relating to Foster Care Queensland (FCQ). Firstly carers were asked if they were satisfied in respect to information provision regarding FCQ, 70.31% of carers reported satisfaction. In respect to knowledge and understanding of services provided 66.13% of carers reported feeling satisfied.

Carers were then asked a range of questions relating to their experiences if they had contact with FCQ, please note that carers who have put not applicable, have not been included in this data as it is not relevant.



- 87% of carers reported feeling either always or mostly satisfied with access to staff
- 84% of carers reported feeling either mostly or always satisfied with timeliness of responses
- 74% reported feeling satisfied either mostly or always with outcomes achieved.

Comments:

- *FCQ were very professional and informative when contacted. Follow up was done in a timely manner and the outcome was positive. Thank you*
- *I need to familiarize myself to the range of services & information that FCQ provide*
- *I contacted FCQ when I was treated badly by DOCS in July 2015. FCQ was very helpful*

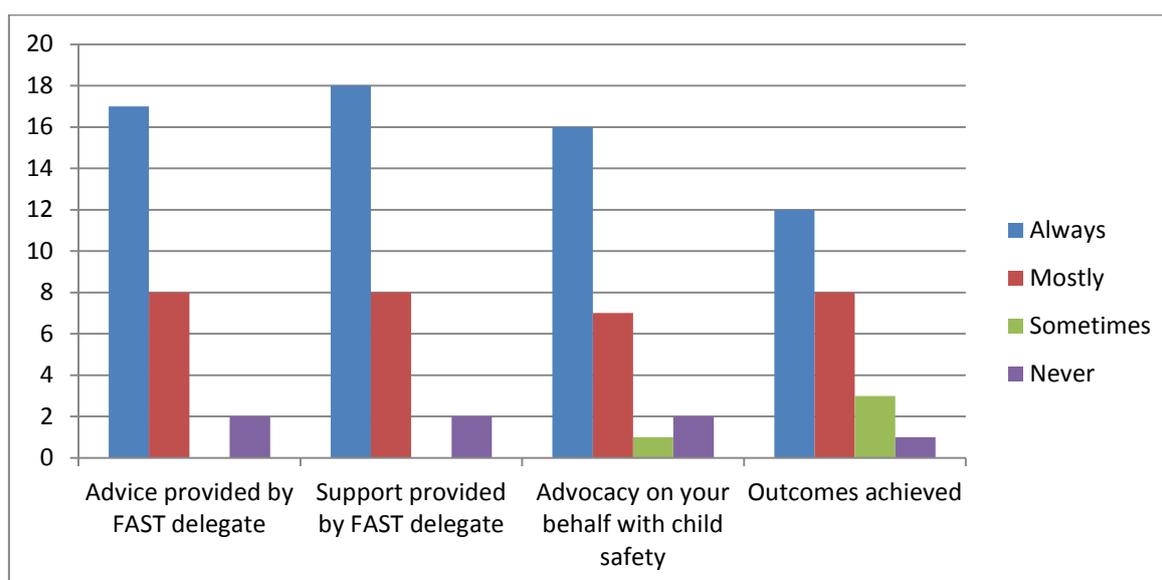
- *I still don't think I really understand what you do. And I've been working with you for over a year on the advice of our agency*
- *Very Supportive*
- *Besides the Facebook page we don't receive any information from FCQ*

FAST Program

Carers were asked a range of questions relating to the FAST program attached to FCQ.

Carers were asked if they were satisfied with provision of information about FAST, of those carers who felt the question was applicable to them 77% reported feeling satisfied. In terms of knowledge of local FAST delegate, of those who felt the question was applicable to them 74% reported feeling satisfied.

Carers were then asked if they felt supported to access their local FAST delegate from Child Safety and from their Fostering and Kinship Care Service. 43.55% of carers reported feeling satisfied with support to access their FAST delegate from Child Safety and 48.39% reported feeling satisfied with support to access their FAST delegate from their Fostering and Kinship Care Service.



Carers were asked a range of questions relating to their experiences of accessing a FAST delegate, please note only responses from those carers who felt these questions were applicable have been included

- 93% reported feeling always or mostly satisfied with advice provided by their FAST delegate
- 93% reported feeling always or mostly satisfied with support provided by their FAST delegate
- 88% reported feeling always or mostly satisfied with advocacy on behalf of carer with Child Safety
- 83% reported feeling always or mostly satisfied with outcomes achieved.

Comments:

- *I contacted a FAST delegate years ago but never really got any assistance from her so I haven't done it again*
- *We have used a FAST delegate once and she was the most useful resource we have utilised in this process. She was very helpful and responsive; she came to a meeting with us at very short notice and was a great support*
- *I did not know this existed*

Looking Forward

During this section of the report, carers were asked a range of questions relating to their future as carers and what they would like to see change.

Firstly carers were asked how long they intended on continuing to provide care for. 85.65% of carers reported they intended on caring for more than 3 years. 8.71 % stated they only intended on caring for another year and the remaining 5.65% stated they intend on caring for another two years.

Carers were then asked if there was support that would influence that decision – 44.66% of carers stated that the support they received would influence this decision.

Comments:

- *The Dept talks reunification yet the support for the family is ALL on the Sunshine Coast yet Mum lives Inala and there is no push for being closer in order for ALL of us to support the family*
- *As we are getting older and have at least one child with challenging behaviours the ongoing access to reasonable respite and to a higher needs allowance is important*
- *Following the recent tragedies, it's a shame that the media has succeeded in their smear campaign against foster care & carers. The stigma around foster care was finally improving and the media's sensationalized "reporting" around these issues has caused irreversible damage. Of course, like always, the minority ruin it for the majority*
- *If the biological parents wants are always met with no regard to what is best for the children. If we as carers continue to be treated as though our feelings, thoughts and our own families do not matter*
- *Better interaction with child safety*
- *Length of time we will remain carers is unknown, we are currently on a break and will review in December*
- *If our long term child is removed we would not continue*
- *Great Support from Child Safety and (Agency DE identified) to help us support our grandchild to adulthood*
- *Would greatly depend on appropriate placements. Would also depend on amount of time we have available as fostering requires a lot of time for weekly appointments and contact*
- *Further issues with (CSSC DE identified) office*
- *Breakdown in relationship with CS or parent would affect decision*
- *Life commitments*
- *If Child Safety continue to ignore our issues than we will have no choice but to end the placement. We feel their decisions are causing the child placed with us to have increasing issues and it's heartbreaking to watch when we are powerless to help her*
- *I would consider looking after children up to the age of 2 years as emergency relief only*
- *income*

- *Support with unexpected high needs placement. I have had to give up employment to continue caring for the child. Financial support, emotional support, training and respite are key to being able to continue*
- *Open communication with child safety*
- *Provided that support for the children to attend the same school continue*
- *We have siblings who have been affected by substance abuse in vitro, who will need ongoing supports throughout their lives - if this does not occur in a timely manner as they being their journey in the education system, we may have to rethink the impacts on them as well as our family*
- *The continued misconduct from (CSSC DE identified) Child Safety and their poor decision making process*
- *DOCS lack of acknowledging the vital and large part carers have in kids' lives and the total disregard by CSO to listen or even consult with foster families before making decisions based on what they see at contact or what they are told by contact centre staff. Any nitwit can behave for 75 minutes twice a week when there is plenty of stuff for kids to do*
- *I now regularly consider walking away. However, my commitment to the children (LTG) prevails. We are a family. The current CSO seems to be determined to undermine this fact at every opportunity. I no longer allow her in our home without my agency worker as a witness*
- *There is no support*
- *Department listening to child's needs*
- *My little one desperately needs a new CSO, he's likely with me for life and I can see the placement breaking down if she continues to be his CSO*
- *A better relationship with child safety*
- *Communication HAS to improve between all areas; this "team approach" we hear of... we'd actually like to see it, as carers... We deserve far more respect on the whole, & we need for our input to mean something for the children in our care. We are expected to attach and advocate, yet when we speak up, we get silenced*
- *We are never able to get respite as there aren't enough careers to do it, especially if you have high needs children*

Carers were then asked if there was anything they feel that could improve the Child Protection System, comments as follows:

- *Please listen to our stories and communicate in a timely manner*
- *Payments for babies should be more than primary aged children due to the costs involved*
- *More focus on the need for arrangements to be supported by a team approach*
- *More resources!*
- *Carers often know the children better than anybody so listen to the carer. Take the feedback on board that the carer is providing and don't then go and attack them for trying to advocate for the child in their care*
- *Let the carers know what is happening regarding orders, make sure ATC's are current*
- *Review carer allowance, make sure Health Care Cards are available, Follow up on Birth Certs and Medicare cards, and ensure carers are contacted at least once a fortnight when placement first begins. Provide transport options when carer is unwell*
- *No*
- *Listen to your carers*
- *No*
- *Online training that meets requirements necessary for compulsory training*
- *Assertiveness training for dealing with parents*
- *Access to Super*
- *Remind Child Safety that we are people and should be treated as such*

- *Better access to CSOs, they need to play a bigger part and listen to the carer, after all we look after them 24/7. They see them for less than an hour a month*
- *I have worked for child safety for many years and the culture towards carers is not good. Carers are seen as uneducated people who don't know the true needs of the child & who don't understand the real impact of trauma. They are seen as whingers and only in it for the money. To improve services for carers you need to change the culture of child safety to value carers & give foster agencies some authority*
- *Support services when times are rough*
- *NO*
- *Assistance for government agencies, Centre link availability of agencies to assist with children having difficulties and knowledge given to carers to assist them where to go when they need help*
- *The cost incurred in High school is very expensive and the allowance is a bit low to meet the needs of a 14 year old*
- *Include us more in the decision making.... Or at least keep us in the loop*
- *larger budget either directly to carers or to the CSO to fund wrap around services*
- *More consideration on carers' family*
- *Involve the foster carers in the decision making process*
- *Always room for improvement*
- *And massive injection of funds into DOCS and an even bigger reform for the attitudes and outcomes of the entire department*
- *Respect. Respect. Respect. In every interaction*
- *Communication training for all DOCS staff and a review of their processes*
- *More respect from child safety staff*
- *Give kinship more training and support. We get left out a lot. Also our foster agency is on Sunshine Coast which is too far to go to anything. We should be moved to a local one.*
- *Yes! Dept & agencies & FCQ need to stop talking and start doing! i.e. When a carer is told by FCQ that an issue will be followed up, then jolly-well do it!*
- *We need to be acknowledged as an important part of decision making regarding the children in our care. I feel we spend so much time with them, we know them better than the judges, social workers etc... Who make decisions on their future? If we were allowed to have a voice in the decision making, we would feel valued and not so much like babysitters with no rights and too many responsibilities*
- *More say in what we can do without having to ask parents' permission for in daily upbringing of foster children*
- *The department of child safety need to start working with their careers more and starting putting the children's needs first and what is in the best interest of the child instead of getting children back home at all costs even if it is not safe for the child. I am all for reuniting families but only when it is safe to do so*

Carers were then asked if they could change two things about the child protection system tomorrow, what would they be, comments as follows:

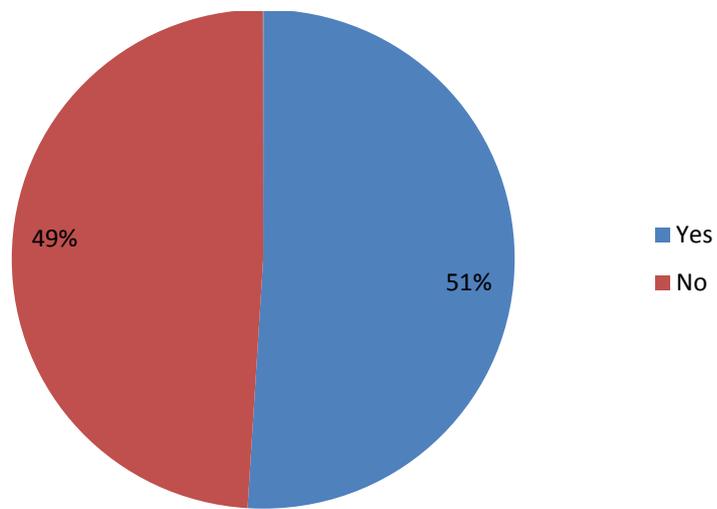
- *Consistency Communication*
- *Give more rights to the children instead of the parents*
- *Acknowledgement from CS staff that we are volunteers. Assistance with purchasing 'people-movers'*
- *All carers be provided with clothing voucher for emergency placement Carers be provided with food vouchers for emergency placement*
- *Not reuniting children with parents when it's known the children will return to care in the future; and the powers that be not making assumptions based on years of experience instead of*

consideration of individual circumstances (a difficult thing to do when you're one person doing the work of 2 or 3)

- *That decisions are truly made in "the best interests of the child in care". My experience has been that decisions are made to keep the biological parents happy and really nothing to do with the child. 2. Make decisions based on fact and evidence. Don't make decisions based on what you think QCAT or some other appeal process will do or on how the parents will react*
- *The children's needs would come before what the parents demand*
- *Have the child as the primary focus rather than the parents. Stricter timeframes around reunification*
- *Carers being informed, correctly, about what changes are occurring with child's placement, reunification. Have CSO's that have a backbone and are willing to confront parents when they are obviously failing in their role as parents, i.e. Alcohol, Drugs, nonattendance!!!*
- *More vigilance for vulnerable children 2. scrutiny on foster and kinship carers of vulnerable children*
- *Put children first, not the parents Listen to carers, some of us do carefully*
- *A quicker intervention in the early stages*
- *Children come before the parents and their needs for contact is considered not just the parents. That children do not come in and out of care continuously, parents are given the chance with support but if return to care then they are placed in primary carer situations to assist with attachment. Centrelink entitlements such as family day care and part A and B for foster care children should not be means tested and dependent on the foster care families income*
- *Minimal staff turnover at Child Safety and better communication*
- *Foster care should always be more about the child's needs - not the parents. More strict regulations from parents who don't actively make improvements - dragging kids through emotional turmoil & manipulation over several years is just not fair!*
- *More caring staff. Allowing carers to provide such things as dental care without having to have approval from DOCS, this would free up everybody's time*
- *Be realistic to the needs and care of foster carers*
- *Stronger voice for the carers advice in the case plan*
- *That the system was child centered, based on evidence and decisions were made in a timely manner. The constant change in plans, change in visitation, multiple placements, makes behaviours challenging and is unstable for the child. Impose time limits that are already policy!*
- *Timeliness and stability. I really wish decisions would be made faster and reflect the need for children in care to have stability*
- *To genuinely put the needs of the child first not just talk about it. For caseworkers to be more concerned about the children and less about whether they will be taken to QCAT or back to court by the parents. The system is set up to keep the family together and meet the needs of the parents the needs of the child come secondary to that. Children are too often re-harmed & traumatised under the 'keeping families together' model. Secondly allow adoption from foster care in Queensland. All adoptions are open so parents can still be kept up to date or have contact with the child. This would allow permanency for children and also reduce the expense of paying fostering allowance to carers. It seems crazy to have some many couples in Qld who are on the suitable parents list for adoptions and all of these children in care needing a permanent home and not marry the two together. I know the stolen generation & second stolen generation impact on these decisions but if the process was done correctly which Adoptions can do it would give lots of children a better chance for the future*
- *Don't discriminate if a child is fostered in your state support should be available*
- *I heard a lot of stories and really believe that we all need to work as a team to act in the kids best interests*
- *provide more help in school for struggling foster children*
- *More legal rights and supports for the child. Parents seem to have more rights than the child*
- *Listen to us sometimes when we say that the child has said things when had visits and you use listen to the parent or family not the child*

- *The child's wellbeing and future should be number one priority. Each child is an individual and should be treated and assessed accordingly not as a case book text that is marked off. Children's lives are sometimes very messed up by the governing bodies not always by the families and carers*
- *Consistency of department including CSO's*
- *Better access for children to psychologists and psychiatrists. It is not enough just to love a child, many have serious mental health and psychological issues that need to be assessed and treated with appropriate psychological interventions*
- *The RIGHTS of the biological parents. Neglect & abuse by these people; appears to be rewarded - as the system works now*
- *All involved in caring for kids at risk focus on the child and not individual agenda's. Respect and acknowledgement of a carers' role in the community*
- *Children in care more than 2 years to be adopted into a family!!!*
- *Look at past history of families in the system and stop pouring money and resources into them. It doesn't work. Transparency when it comes to the families we deal with. We need to know as much as we can to be of max support to the kids we care for*
- *Respect for the children. Respect for the foster parent. Respect for the blended Foster family.*
- *time to process info and accepting placements information*
- *That DOCS would consider the carer to be a human being deserving of inclusion and consultation! And the ability to change CSO when it's evident that they aren't doing what's best for the child in care*
- *Timeframes for parents and higher professionalism from child safety staff*
- *Keep safety top of mind not reunification. Seems to be too much of a push for parents to be 'safe enough' and they get their kids back too early and kids die. Need to reward parents for achieving goals so when they don't work on case plan they should not get more contact or extra contact or change of supervision*
- *That there would be more on-the-ground support for families and children experiencing difficulty & dysfunction, that would help them stay together & work together, where separation would only cause more harm... And, that Dept tactics would not be so brutal on the children... that they would work with early childhood professionals & primary & youth professionals to assist in removal, transition & reunification or unification... children, especially those suffering and who've done nothing wrong, should not be left in rooms to wonder what's happening to them and their family*
- *Giving the children in care a voice - if they indicate to us they are not wanting to see their parents, they should be able to have this recognised and acted upon. Secondly, it seems the very people these children have been taken away from for whatever reasons, once the child is in care, the parents appear to call the shots and the needs of the child seem to not be as important as appeasing the parents*
- *Carers have more say Input from carers is actually listened to*
- *Stopping bowing down to difficult parents to keep the peace. When sending kids home making sure it actually is in the best interest of the child*

Finally – carers were asked if they would recommend fostering to a friend.



Central Queensland Region

2016 Carer Survey Report

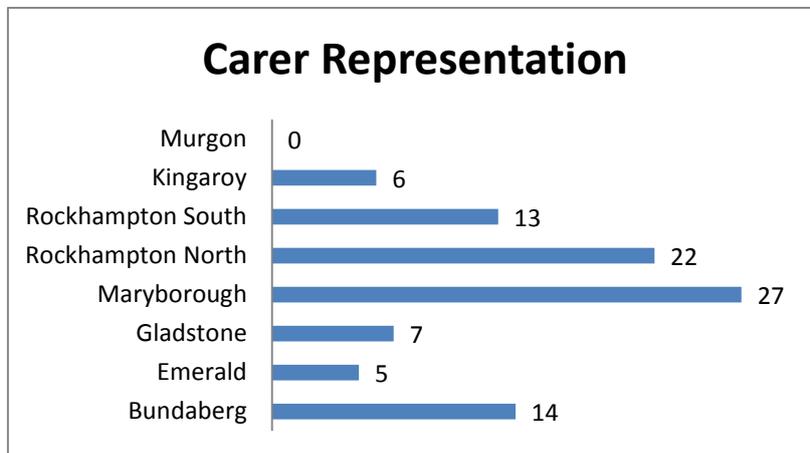
Contents

About the Carer	223
Relationship Status	224
Culture Diversity	226
CALD Community	230
How satisfied are you with Relationships with staff at Child Safety Services	230
Child Safety Processes.....	239
Standard of Care/Harm Processes	242
Confidentiality.....	243
Financial	245
How satisfied are you with local practices of CSSC.....	248
Education Support Plans	252
Child Health Passports	253
Placement Agreements.....	254
Centrelink.....	254
Support	256
Foster and Kinship Care Services	257
Foster Care Agreements	260
Training	261
Complaint/Concerns Processes	262
Foster Care Queensland.....	263
FAST Program.....	264
Looking Forward	266

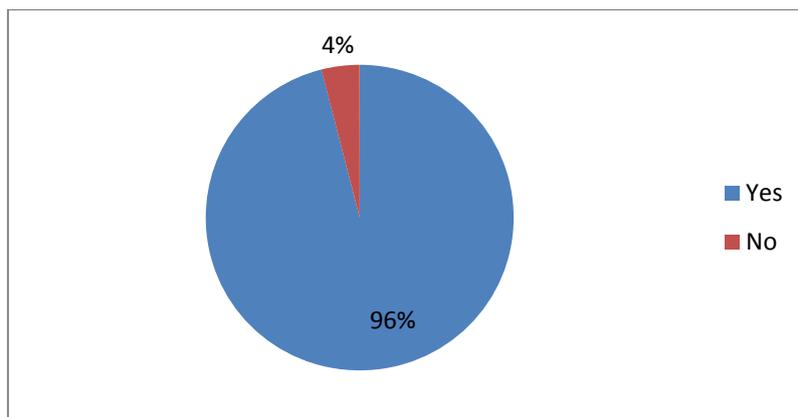
Central Queensland Region

About the Carer

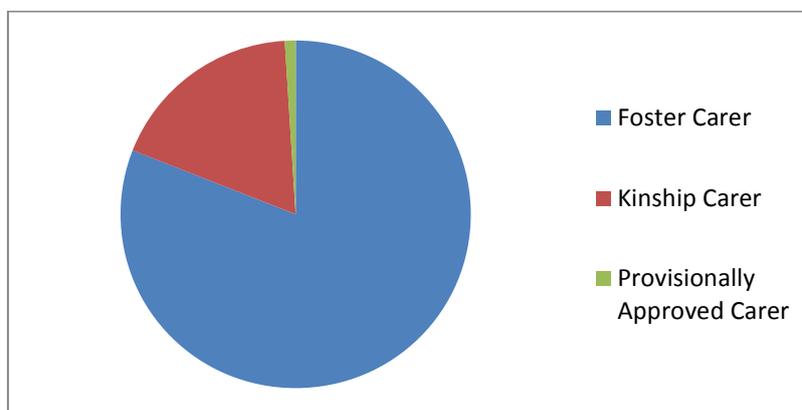
In Central Region 94 Foster and Kinship Carers completed the Carer Survey.



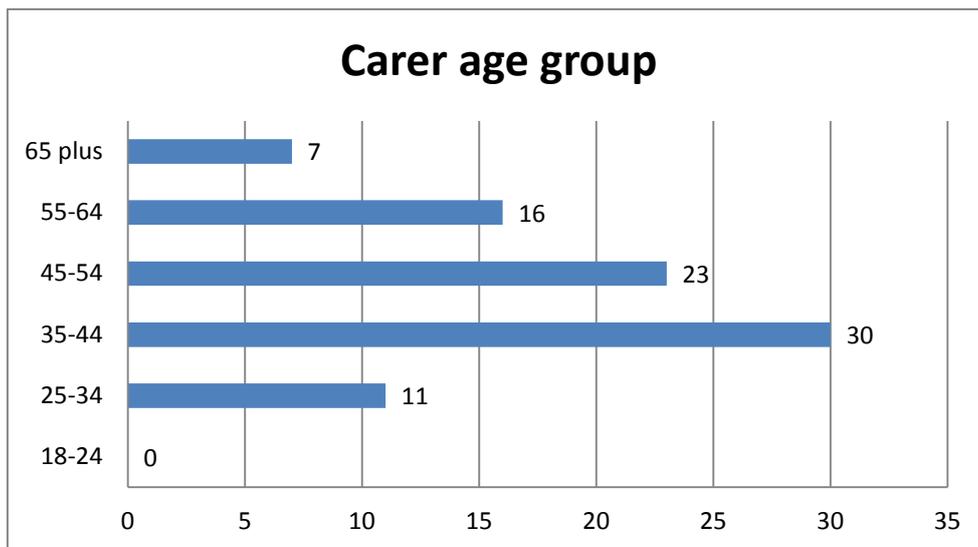
Carers were asked if they were supported by a fostering and kinship carer agency with the vast majority of carers in Central Region who completed the survey confirming they were.



Carers were asked whether they were foster or kinship carers, the vast majority of carers identified as foster carers.



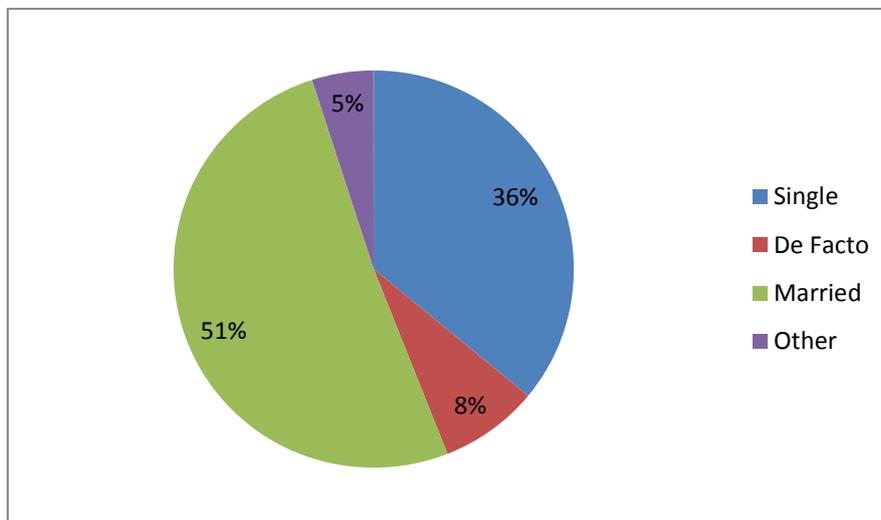
Carers were asked to identify the age group they fitted into.



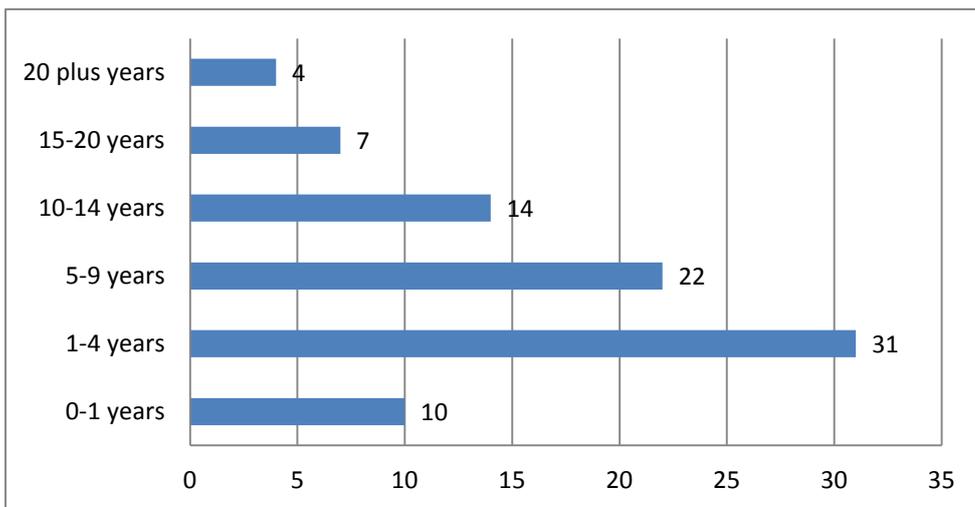
Aboriginal and Torres Strait Islander

8 carers in Central Region who completed the survey identified as Aboriginal. No carers identified as Torres Strait Islander and no carers identified as Aboriginal and Torres Strait Islander.

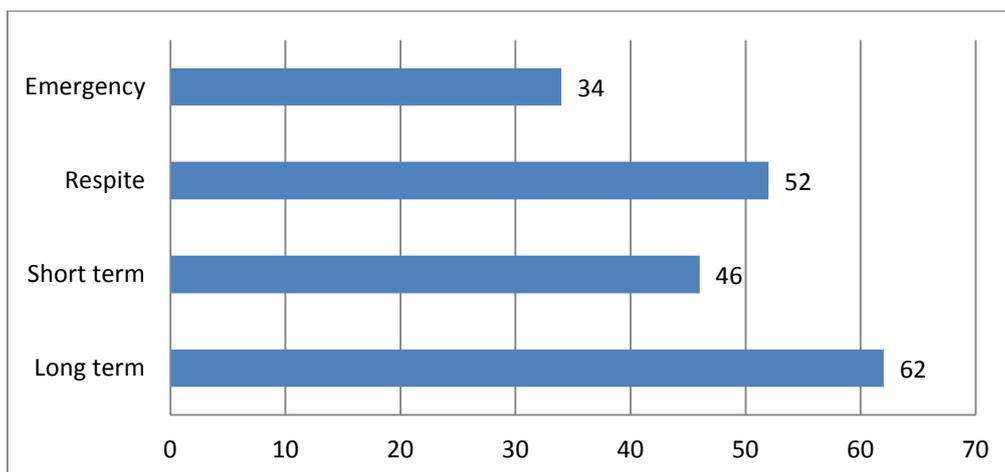
Relationship Status



Carers were asked how many years they had been providing care for.



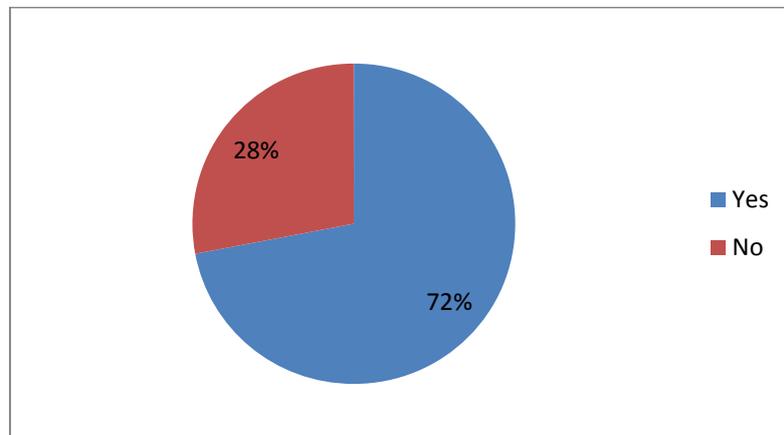
Carers were asked which type of care they provide, please note that carers were able to tick more than one type of care.



Culture Diversity

Carers were asked a range of questions relating care of Aboriginal and Torres Strait Islander children as follows.

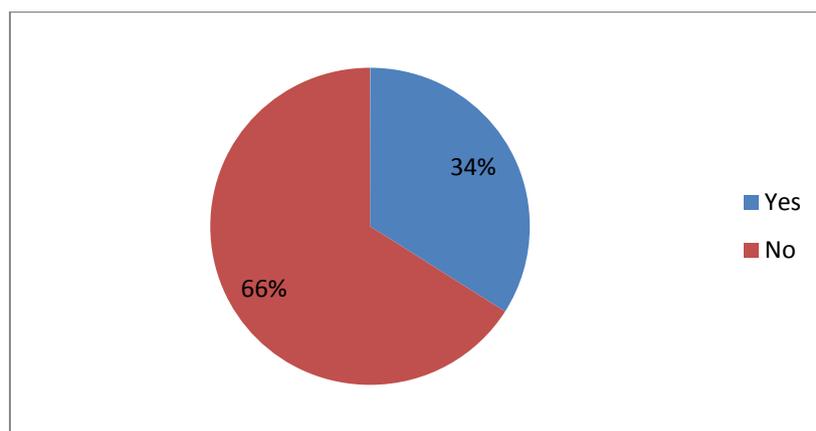
Are you caring or have you ever provided care for an Aboriginal and/or Torres Strait islander child?



Given that only 8 carers identified as Aboriginal in this survey, the majority of those carers who have responded yes to this question would not identify as Aboriginal or Torres Strait Islander.

Carers were then asked if they had answered yes to the above question, whether they had a cultural support plan in place. 44.26% answered yes to this question, leaving 55.75% of children placed in care where they identified as Aboriginal or Torres Strait Islander either without a Cultural support plan or where the carer had no knowledge of its existence.

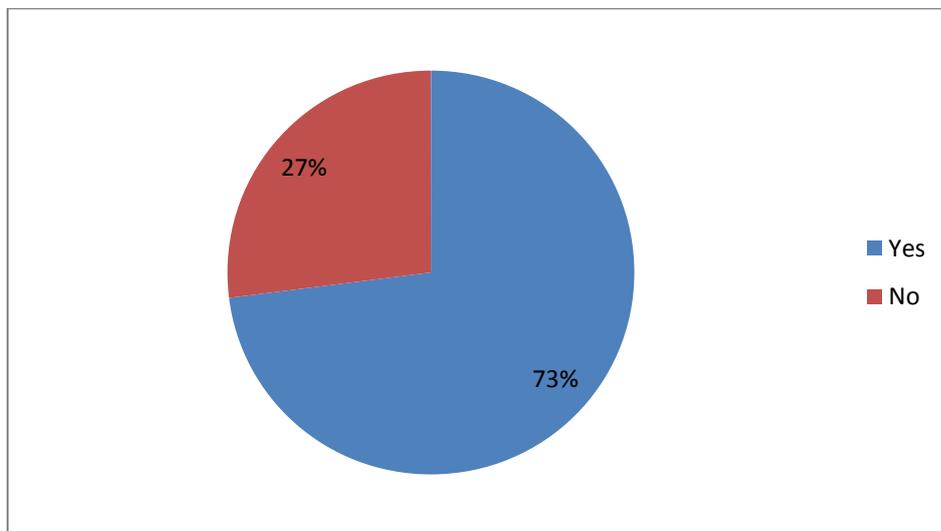
Carers were then asked if they were provided with Cultural awareness training to assist them to care for a child who identified as Aboriginal and/or Torres Strait Islander.



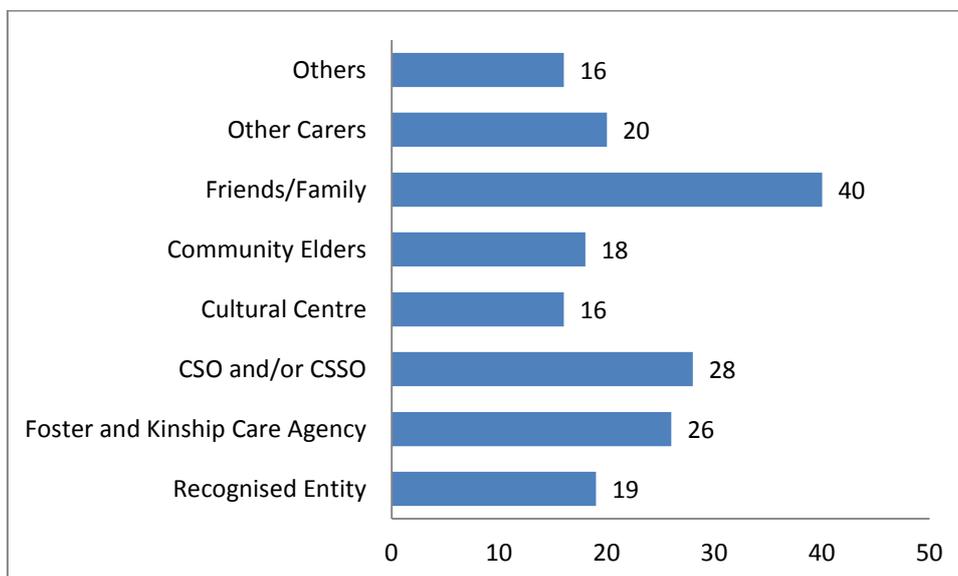
As evidenced above, 66% of the carers who responded identified they did not receive any training to assist them in building their cultural knowledge in their care of Aboriginal and Torres Strait Islander children.

Carers were asked if they understood the Aboriginal and Torres Strait Islander Placement Principle. This principle is explored with foster carers in the Pre-Service Quality Training, however it must be noted that carers are inundated with information during this training and if this is not followed up with

further education and information, it is likely it won't be retained by carers. Whilst most carers reported they understood the principle, nearly 27.42% of carers in Central Region identified they don't understand it.



Carers were then asked where they accessed their cultural information from. Please note carers were able to tick multiple boxes as sources of information for this section.



Carers were asked to provide examples of how they meet the cultural needs of children in their care:

- *Cultural awareness programs. Family history e.g. photos, stories from their & their family's past*
- *I married an indigenous man and we had 3 children. I have a lot of knowledge myself and also have lots indigenous friends. I have some university studies in social work and some core subjects were*

around indigenous and cultural issues. I support a child's culture by recognising they need cultural experiences and influences and making that possible

- *Family contact*
- *By attending events, speakers, books, educational TV, listening to Elders*
- *Always trying to involve them in cultural activities*
- *Building relationships with own culture*
- *Through library and cultural events*
- *Attending community/church events, biological family visitations, non-biological family events*
- *By having access to my support network of community elders and family friends.*
- *Encourage social interaction with indigenous adults and children. Participate in NAIDOC festivities. Provide information and knowledge*
- *By following recognised guidelines.*
- *Have not cared for an indigenous child yet*
- *by staying connected to family and community*
- *By facilitating access to cultural education*
- *Making it a part of our life*
- *Our basic principles, the way we parent, view family, the way our family extended works. The way we live*
- *Celebrating traditions - birthdays, Easter, Christmas*
- *Have yet to have the opportunity to interact with culture due to child's age group*
- *Family contact Attending cultural events Including culturally appropriate ideals in everyday life*
- *Supporting cultural activities at school, contact with family members*
- *Identify cultural issues and events and participate where possible.*
- *As family unit*
- *Providing what is available to keep up traditions and support identity*
- *In ways of communicating with them. Providing activities that are culturally focused. Bush walking, art, music and song, (I have Indigenous music on CD's) meeting with other Indigenous families. Having a conversation about the history of the local area and asking about their totem if they know it and if they want to I'll follow through to find it out. Taking them to the gardens to the 'Yarning Circle'. I have many pieces of Aboriginal Art Pieces and I talk about their meaning and symbolism. My garden reflects the beauty of nature and I know the children feel comfortable being in my home and garden. I have a Gumby Gumby Tree in my yard, and the bushland beyond the Botanic gardens provide opportunities to educate the children re plants and their purposes*
- *The Child was not allowed to have anything to do with the Aboriginal Culture as his Mother was against it*
- *We try to meet the needs through contact with family and local cultural experiences when available. We own a number of artefacts associated with the cultural group*
- *One of my boys does not want to acknowledge his heritage so I remind him occasionally. The other boy enjoys learning about aboriginal art and dance*
- *Child was intellectually handicapped and 4 years old so difficult to confirm on weekend respite that I was supporting their culture*
- *As we are from the same mob I find it slot easier to support the child with our culture*

- *I am not aboriginal or islander but my children are part and I was raised in an aboriginal community. I socialise with many different nationalities talk to the children about history read books to them attend cultural events and encourage them and support them*
- *For letting the children discover and experience the cultural history of their family; by attending regular outings and mixing with our cultural children*
- *I am supporting by going to cultural days. We never receive any help from Child safety officers. It all done by me as a foster carer*
- *The children I have are Anglo-Saxon and are supported through church groups, sporting and artistic endeavours as well as education of other cultures*
- *The children in our care are supported by their mob, elders and extended family. We have very strong supportive friendships within the local community and the tribal uncles and elders contact us to ask us to bring the children to culturally important events. The boys have participated in ceremony and my hubby has been into the men's area with them as they were painted up by uncles and elders*
- *By teaching our child in care about the history of our nation and the difficulties the people of this nation have faced*
- *Connecting with other indigenous people in the community*
- *Strong cultural community connections and network*
- *Sibling and family contact Community involvement Resources*
- *Child was a baby so too little*
- *My foster child has a close relationship with biological family who encourage them and teach them about their background*
- *Respecting family structure, attending relevant cultural activities, culturally appropriate games, tv programs, books, contact with family network, liaise with child's support team*
- *By doing the cultural awareness training I have learnt a lot about the kids' culture and how I can teach them. It was also a good opportunity to network to find other support networks for cultural activities*
- *They only attend cultural events at school*
- *Keeping them connected to community, family and country*
- *As an indigenous person, culture is embedded in home, education and practices.*
- *To ask questions, to engage with family, to seek out opportunities that contribute to their culture*
- *Child too young and not interested*
- *Doing my best to access information and keep child aware and supported of cultural events and ceremonies and family connections where safe and possible*
- *Being inclusive to their culture*
- *The child doesn't identify himself as aboriginal*

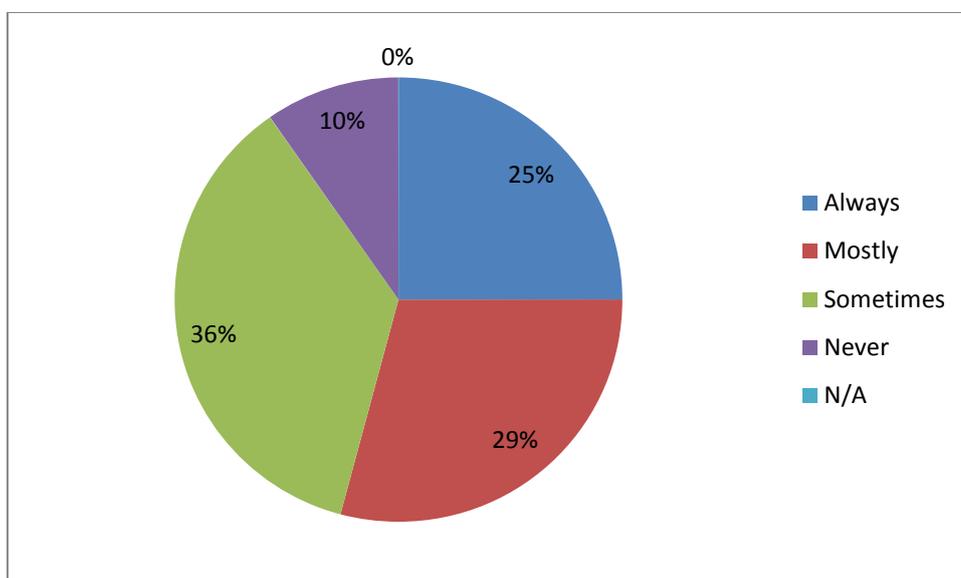
CALD Community

This is the first year that FCQ has sought to gather information from our carer community regarding the CALD community, specifically how many of our carers identify as being from a CALD community and whether carers have provided care for children and young people from a CALD community.

3.85% of carers who completed the survey in the Central Region identified from a CALD community and 6.17% of carers in Central Region who completed the survey reported they either were or had provided care to children who were from the CALD community. Carers who had provided care to children from a CALD community were asked whether they were provided with appropriate training to assist them to provide culturally appropriate care. Unfortunately only 14.29% advised that they had been provided with training.

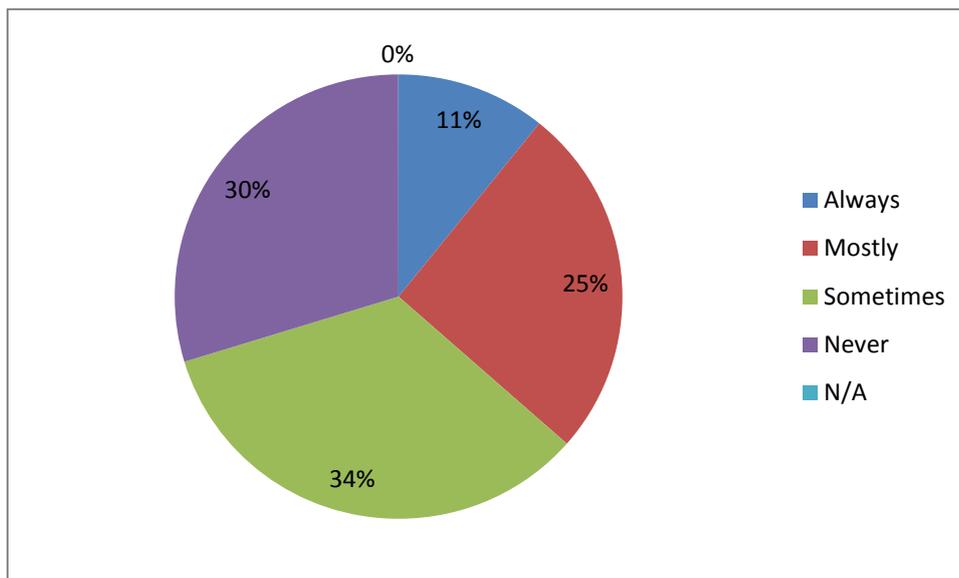
How satisfied are you with Relationships with staff at Child Safety Services

Carers we asked whether they felt respected by their CSSC.



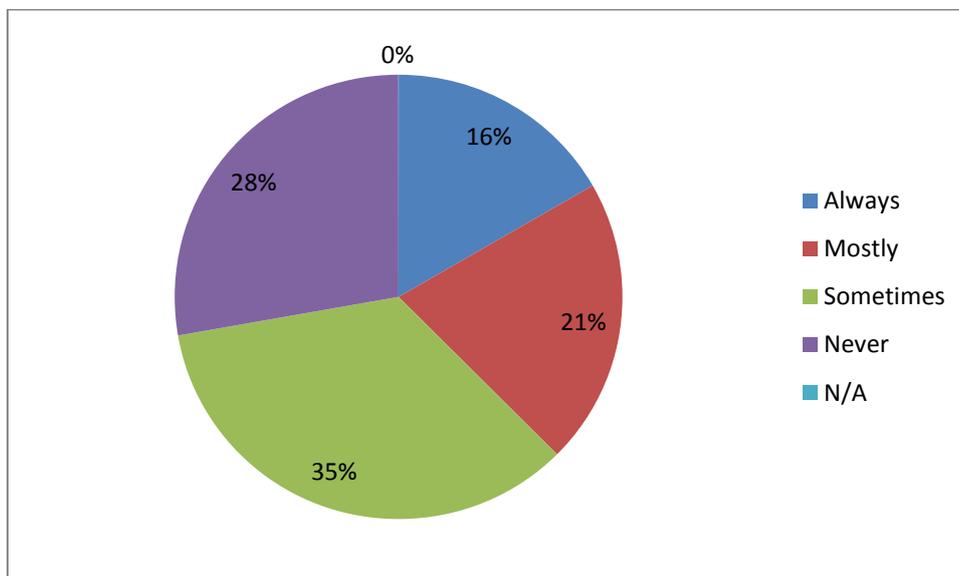
A total of 54% of carers reported feeling respected either always or mostly and 46% of carers reported only feeling respected sometimes or never.

Carers were asked whether they felt part of a team.



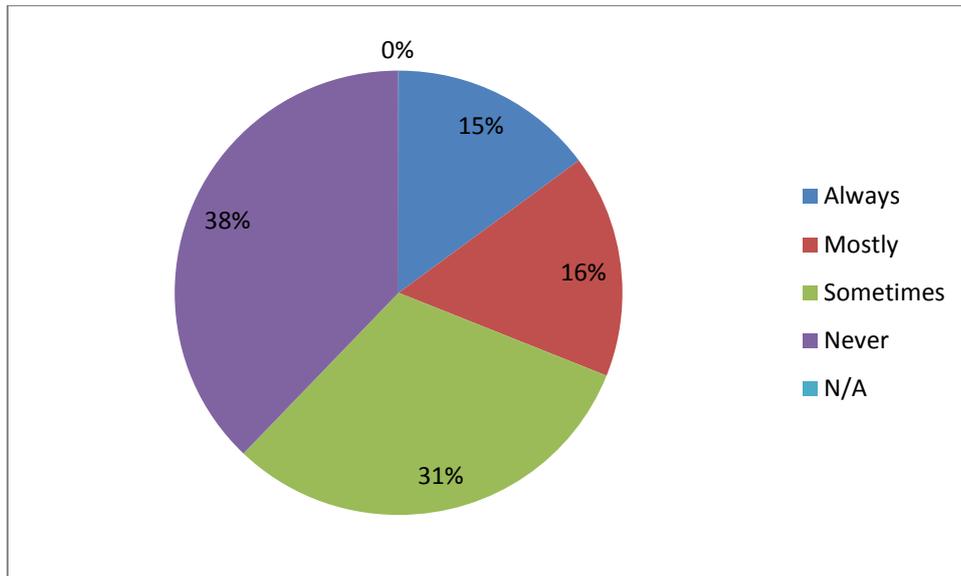
Over half (64%) of the carers surveyed reported that they only sometimes feel like part of the team or that they never feel like part of the team.

Carers were asked whether they feel as though their views are heard.



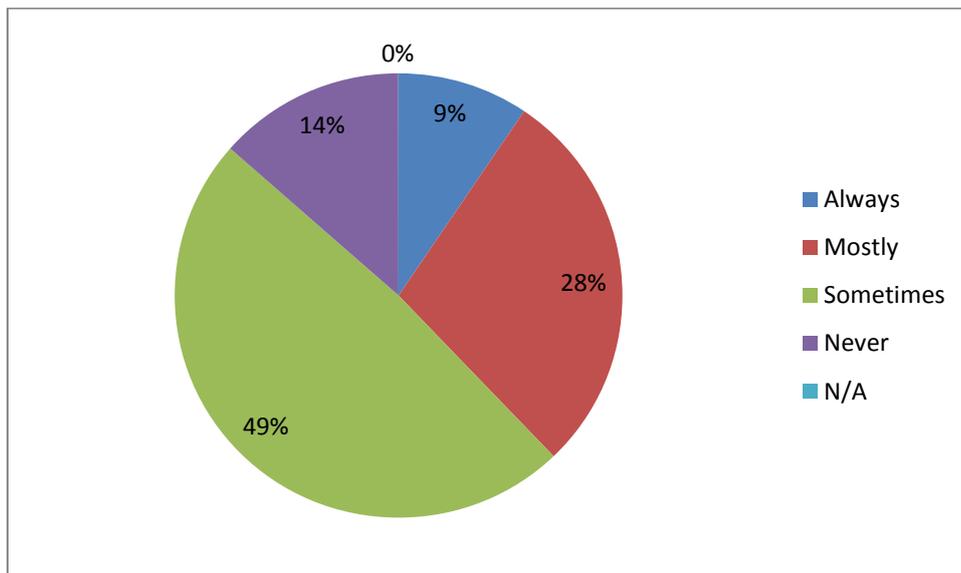
Only 37% of carers reported feeling that they feel their views are either always or mostly considered. This leaves the majority of carers (63%) who were surveyed in Central Region stating they feel that their views are only heard sometimes or never.

Carers were asked whether they feel as though there is consideration given to their whole foster and kinship family.



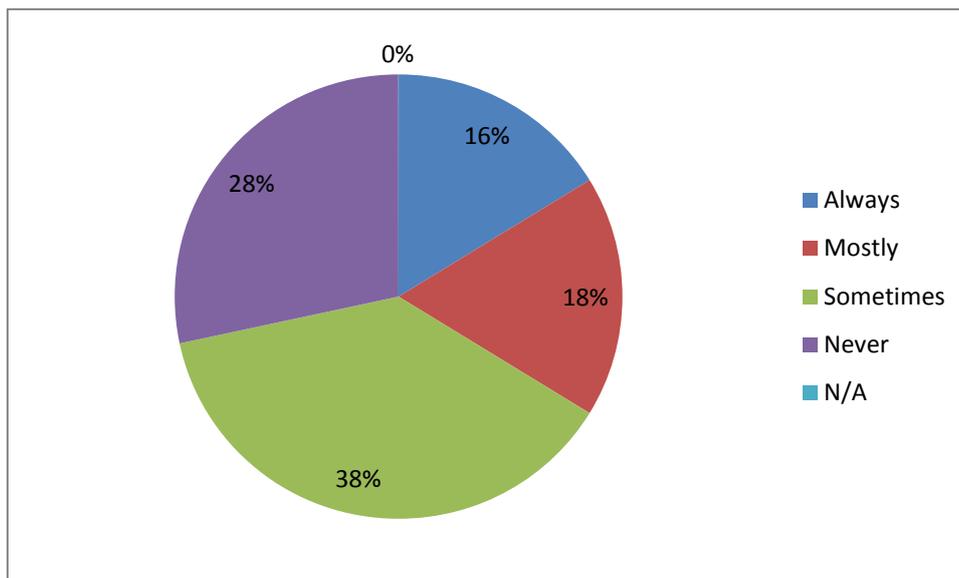
It is concerning that 38% of carers reported that they felt as though there is never any consideration given to the whole of family with another 31% stating that they feel as though consideration for the whole of family is only provided sometimes. Consideration of the whole of family is vital in the ongoing retention of foster and kinship care families as if fostering begins to negatively impact on their family and no consideration is given to this impact, carers are more likely to make decisions to resign from the system.

Carers were asked whether they received phone calls and/or emails within a 24 hour time frame.

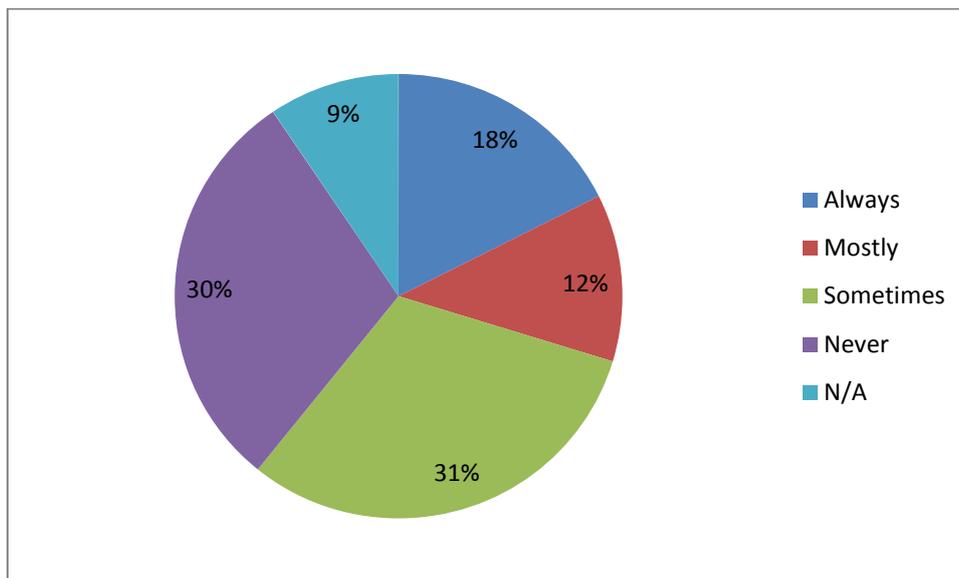


Only 37% of carers reported that they receive a response to emails or phone calls within a 24-hour period all the time or most of the time.

Carers were asked if the CSSC creates a supportive environment.

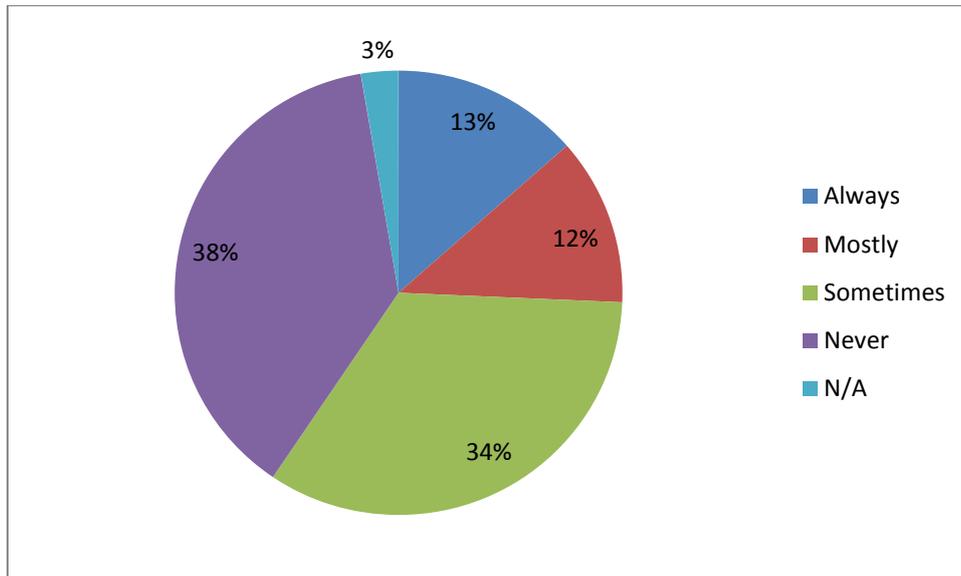


Carers were asked whether they are assisted in completing applications for reimbursements/claims in a timely manner.



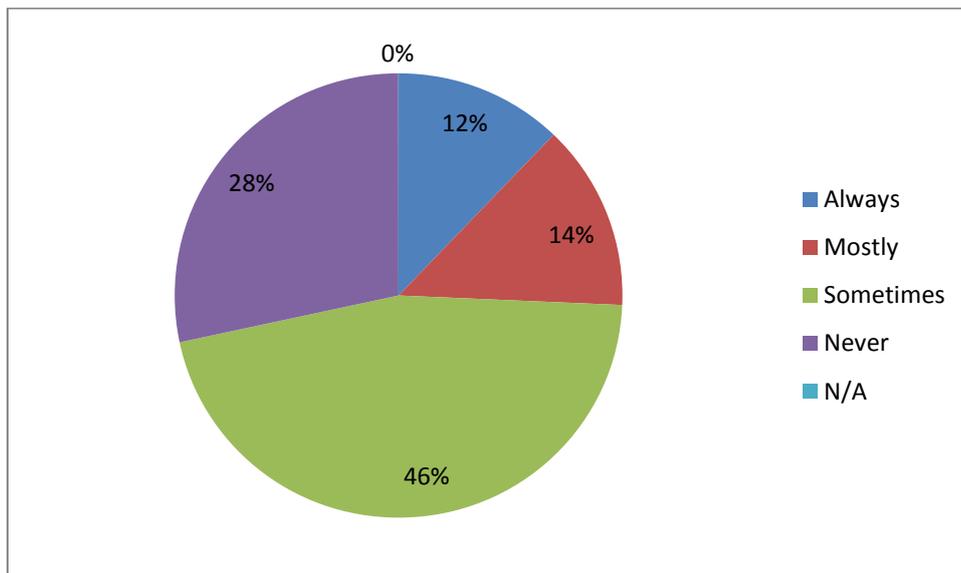
61% of carers reported that they feel that the CSSC only sometimes or never assists in this area. Financial stress can very much impact on placement stability and is often overlooked as a stress factor in foster and kinship families despite financial stress being one of the most recognised sources of stress in normal everyday families.

Carers were asked whether their CSO's let them know when they are going on leave or are going to be unavailable.



Advising the care team when planned leave or unavailability is occurring is a basic communication requirement in order to build a respectful and supportive care team. Carers are expected to let the care team know when they are going away or are going to be unavailable, therefore it would be an expectation that this same courtesy was provided to carers, however only 25% of carers reported that they are either always told or mostly told when this occurs leaving a large proportion of carers in the dark during these times.

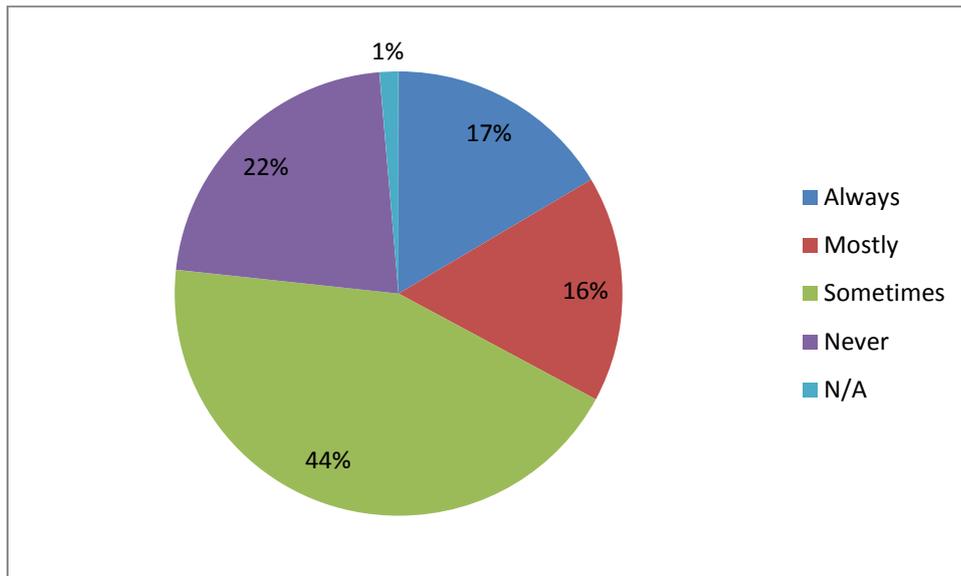
Carers were asked whether they are given ongoing information about the child in their care.



74% of carers reported that they only sometimes or never get updated information about children in their care. This percentage is extremely high given the legislative requirements of the Child Protection Act 1999 that require carers to be provided with information that allows them to provide safe and appropriate care to the child and other children in their care. The issue of confidentiality and sharing of information is one that continues to raise concerns for FCQ. For this reason FCQ has developed a

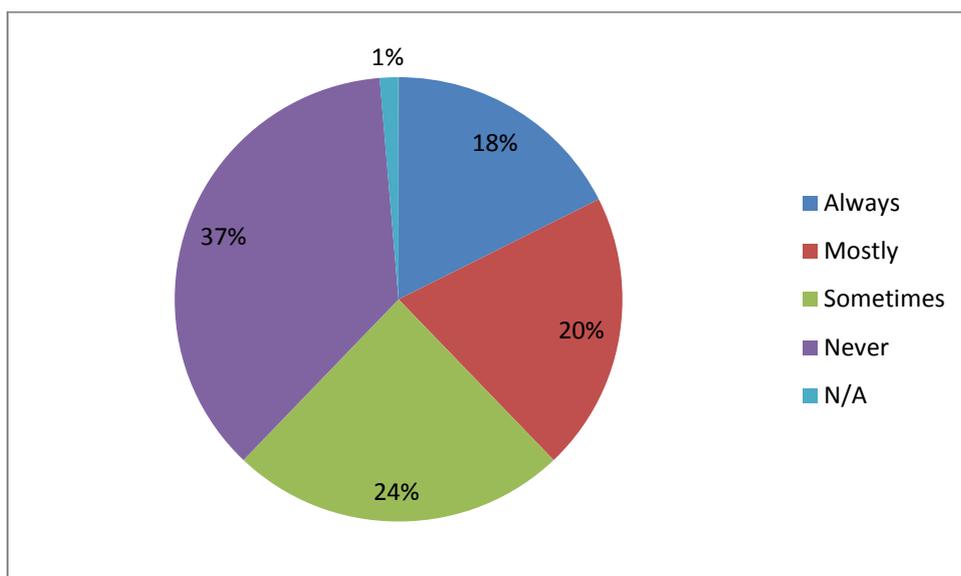
training session on Information sharing that will assist carers to understand the confidentiality provisions of the act and what information they need to have in order to provide safe and appropriate care for children and young people. This training also assists carers to understand what they can safely share with key stakeholders in the best interests of children and what responsibilities they have in respect to Social Media.

Carers were asked whether support and assistance was provided to them by CSSC for the children in their care.



Unfortunately over half of the carers who responded felt that support and assistance for children in their care was only provided sometimes or never.

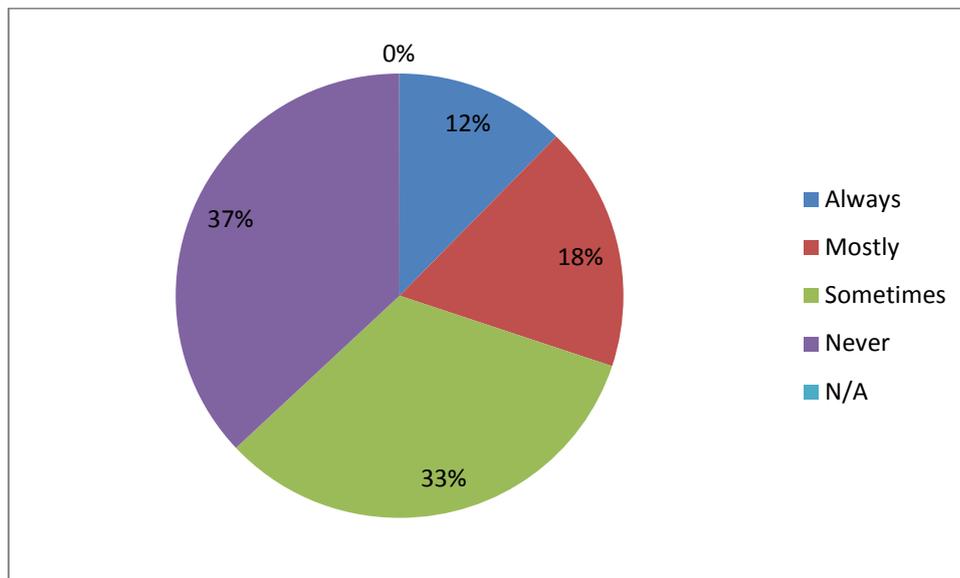
Carers were asked whether they were respected to advocate on behalf of the children in their care for resources, goods and services.



18% of carers reported they feel that they are supported to advocate all the time and 37% reported they feel they are never supported to advocate. Carers need to feel confident to advocate in an

appropriate manner, whilst they may not always get the response they desire, it is vital that carers are provided with rationales as to why decisions have been made. FCQ finds that if the response is provided in a respectful manner with an explanation as to why the decision was reached, they are more likely to accept the outcome even if they don't necessarily agree with it as they understand how the decision was reached.

Carers were asked whether the CSSC are improving services and interactions.



70% of carers in Central Region reported that they feel that services and interactions are only improving sometimes or never.

Comments:

- *Some CSO's are more helpful than others. Most never say they are away & e-mails are left unattended*
- *Not happy with child safety's level of support to myself. Promise to reimburse costs but have to fight tooth and nail to get basics such as a child's reading glasses. So many negative issues, bullying by some staff towards carers, often feel we are looked down on. Will interfere to upset the placement particularly with teens but when the teens are out of hand will not support carers trying to keep the kids settled engaged at school etc.*
- *No support from DOCS for aboriginal child in my care, especially medical support*
- *Staff now is so different to staff over 8yrs ago. Better educated*
- *(DE identified) office are not helpful they are too quick to sign parents off without the appropriate drug testing or random house visits*
- *We are only contacted when a visit is being arranged. We are not made aware of what support can be given so often feel frustrated in dealing with our children's behaviours*
- *We find the child safety team not very understanding to ours or the child's view and take too long to make important life changing decisions for the children in our care. An example of this was when we said yes for a child to stay in our care; all we wanted was that the child move to the local school. We wanted this for the child so that we could enjoy walking them to school or buying them a bike to ride with them to school. On the night before the care agreement was finished they were making the decision at 6pm. This isn't good enough. They had 8 weeks to work out if he could stay*

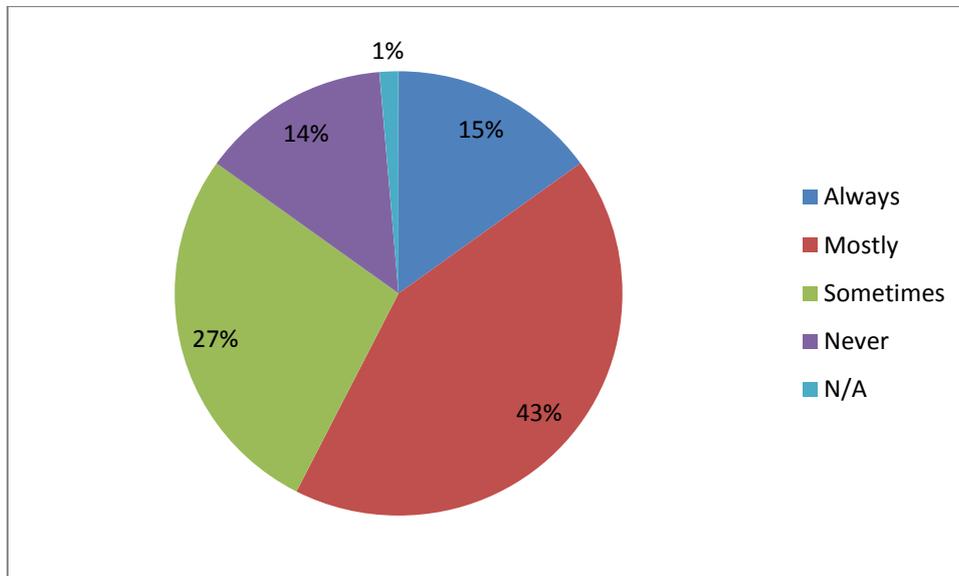
or not. Another disappointment was having the Child Safety Officer ask the same child who he liked better us or a carer who he stayed with while on respite care because he wasn't allowed to come on holidays with us. Very disappointing for an adult to make a child pick who he liked better. Something I never thought would happen. Explained to the same child that it was wrong of the CSO to make him pick

- I rarely hear from Child Safety
- I receive valuable and important feedback from CSSC regularly when needed
- Seriously need to put the kids first. ..not their statistics and bloody minded views
- Foster carers are the last people aware of what is going on, and I feel our opinion is not sufficient to the child in care needs unless the opinion is verified by a professional or a member of child safety
- While our particular CSO's are awesome, it's their superiors that create the issues mentioned above. If there were a separate set of questions for CSO's their results would be much higher
- Staff know that any complaint goes straight back to the manager who can say whatever they want. We cannot get access to such communications so they ostensibly answer to no one. Even when being ordered by QCAT they effectively ignore the rulings. The QCAT system is heavily skewed in favour of docs
- As an Emergency Carer, I find I have sufficient support and I have a good relationship with the Program Coordinator and Placement Support Worker of (agency DE identified) which is often all I need during short term placements
- If it costs money the answer is generally no or you need to jump through so many hoops you end up giving up as it takes so much of your time and effort chasing things up
- I am currently having a lot of difficulty with the newest young person in my care, and the major consideration is funding and not what is best for the family or the young person involved
- The last CSO has been extremely negative. Rarely contacts the children, I have rang up to 20 times in a week trying to speak to her. Never lets us know if she is there or not. Has organized ESP meetings with the school and not even bothered to advise us. Refuses to apply for Dual Payment for Respite even though it is in the Placement Agreement. I have rang to advise the Manager, but they will never take the call. Never actually spoken to the Manager yet
- Child safety is understaffed and has too many young text book graduates working for them. They expect a lot from me as a carer sometimes near impossible time wise
- Always too busy. Know respect for child or carer
- Communication and good relationship between case workers and carers and agency workers and carers seems to be very low in this area currently. There is a huge mistrust amongst carers towards the department workers and the agency workers based directly on the way carers have been treated by workers, promises made that haven't come through and general accusations made against carers about their standard of care. Carers are not recognised for what they really do for children, and how this impacts on their lives. If carers were treated like they deserve, with respect, dignity and trust, as if they are professionals in their field (despite being volunteers), as the people who know how the child truly feels and what they need, then things might change around
- I find that there is very little respect given to the carers as reliable sources of information regarding the children. Neither of us feels supported. The children are actually being harmed further by the decisions that are made and the lack of respect that sees no communication until after changes occur. For example, the children were taken to see the parents' house without any warning except for an email on the day this happened. No ability to prepare the children who suffered trauma and abuse because according to the service centre manager "it wasn't the same house"

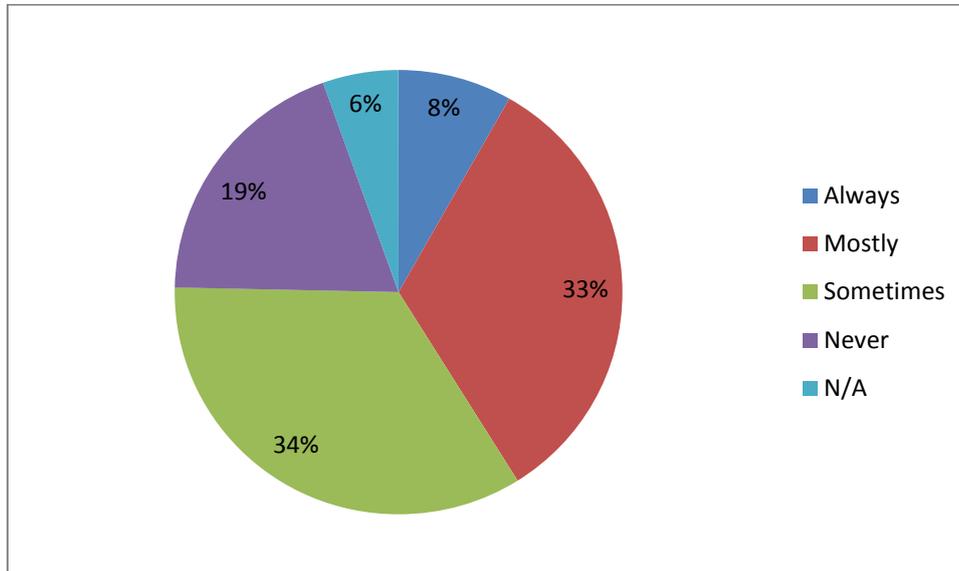
- *Sadly we have found the behaviours of DOCS workers to be very rude, unprofessional and uninformed. They make decisions that are beyond their scope of practice and seem to be accountable to no one. They blatantly lie and write this into case notes which then are treated as 'fact' They are the most unprofessional, dishonest and unaccountable government employees I have ever had the displeasure of working with. My hubby and I have both been professional workers working within both the private and Govt. sectors for over 30yrs. Docs workers in our region do not follow any of the guidelines or practices that they should be and as soon as you question their decisions / behaviours you get SOCRed with false allegations and blatant lies and have children removed. This has also happened to other carers in this region. There is a culture of retribution and punishment within this region for any carer who dares to speak up and rock the boat*
- *Change the rules when it suits. Siblings that should be together are not for no logical reason. Place unsuitable children together*
- *My experience for the first two years as a carer was a fantastically supportive CSO. Since her leaving the department my experiences have been totally different with lack of communication and support. Decisions being made that are not in the best interest of the child*
- *The local office is great but our CSO was rubbish. We have just received a new CSO but the old one never followed up emails, phone calls or requests. Never submitted reimbursement requests or cultural support requests*
- *The child safety team here at (office DE identified) have never once shown me or my family respect, understanding or consideration. They have only ever treated us with disdain and disrespect. They are rude, and expect us to do their job, for example do supervised visits, do all the running around with the child, take the child to appointments with the parents etc. They are happy to let you wait up to 20 mins before acknowledging you are there. If you refuse to do what they want you to do, then they will continually harass you until you do what they want. They use standover and intimidation tactics. I was repeatedly told "You know that we review placements every 6 to 8 weeks. Just because I refused to do what they wanted me to do, which was do the running around for the young child in my care, to have visitations with her mother. I was forced to have ongoing contact with the child's paternal parents, despite there being several ongoing issues. I did not and still do not want to have contact with the maternal parents, but have been told that I have no choice. I am continually treated by the department, like a piece of trash and made to feel that I am lying when I report ongoing issues with the child*
- *Issues with Consistency amongst CSO's*
- *We have two CSO to deal with. The one that relates to this survey is exceptional and has been the best support over the last 18 months. I couldn't have asked for a better person to help me understand the child protection system from a carer's perspective*
- *We never see or hear from child safety unless I ring*
- *It is sometimes frustrating that CW does not communicate with support workers and questions are not answered*
- *Little or no contact with child safety unless they need to*

Child Safety Processes

Carers were asked whether they were satisfied with the approval and reapproval processes as carers.

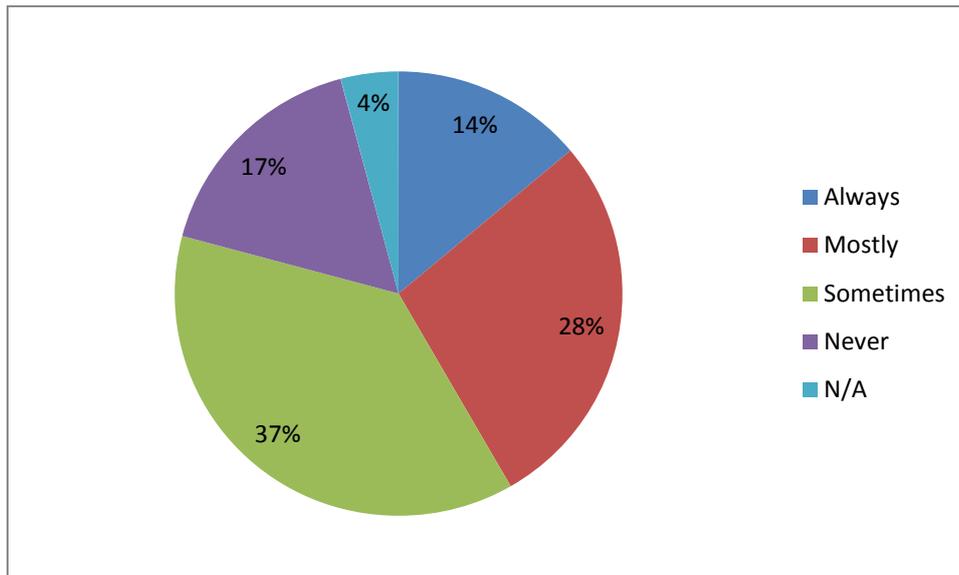


Carers were asked if they were satisfied with the completion of Placement agreements.

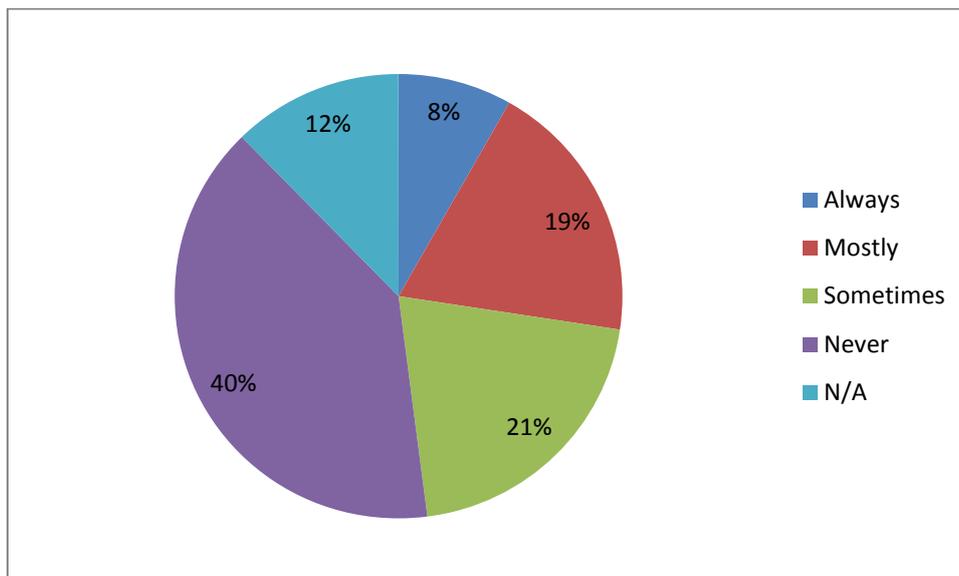


Given that placement agreements are a legislative requirement it is concerning over half of the carers surveyed reported only feeling satisfied sometimes or never in relation to the completion of placement agreements.

Carers were asked if they were satisfied with home visits being completed by Child Safety.

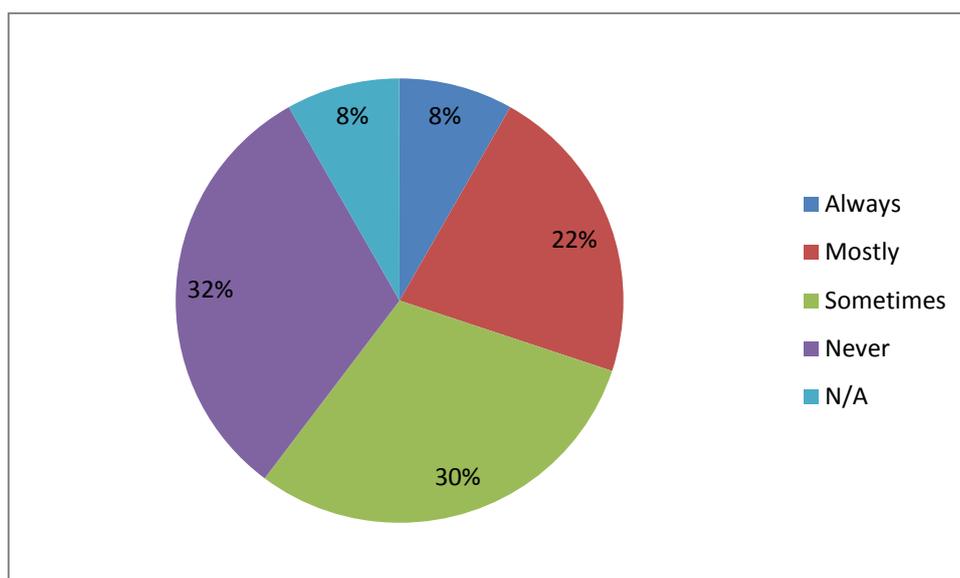


Carers were asked if they feel satisfied with their ability to engage in Family Group meetings for children in their care.



It is evident that despite their being provisions for carers input into Family Group Meetings within the Act and supporting procedures, that carers in Central region are very rarely given the opportunity to have input. Whilst it is accepted that it may not always be appropriate for carers to attend FGM's, their input can be gathered through other means and it is disappointing that this does not seem to have been the standard practice in this region given the responses provided by carers.

Carers were asked whether they were satisfied with review processes within the CSSC.



Only 30% of carers reported feeling always or mostly satisfied regarding review processes with the CSSC.

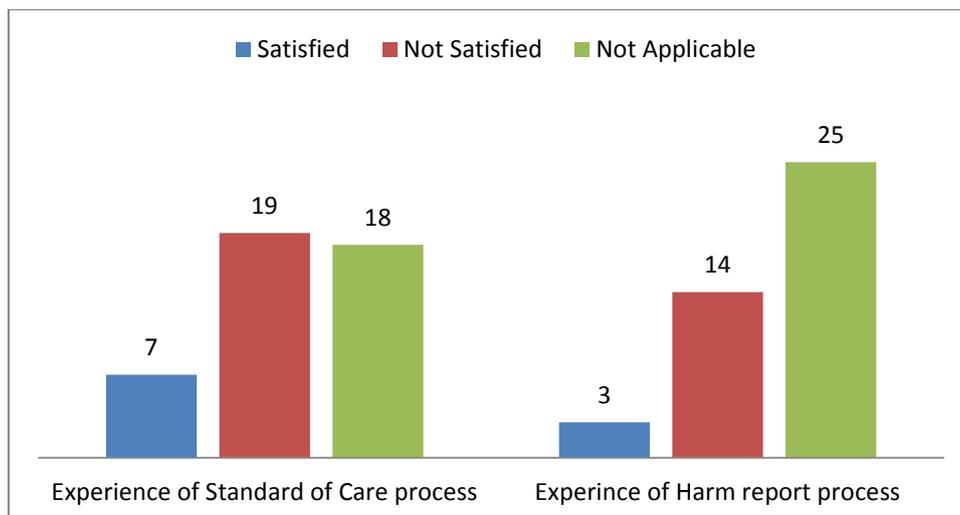
Comments:

- *Never are included in a family group meeting*
- *The (De identified) office only complete if they are in the hot seat it's not about the children it's about pleasing parents demands even if it is unsafe*
- *We have never had Family Group Meetings with one of our children. The other we had one or two at the very beginning however none in 7 years after that. Placement agreements are usually done over the phone or without our consultation at all. We are never informed of what the Department of Child Safety CAN do for us or how they can help us & therefore we do not know what we can ask for*
- *We have waited many months for Placement agreements and not received one in all the time we had one particular child in our care. Have not had a home visit in the time we have been carers. Never asked to be engaged in a Family group meeting*
- *The child in my care currently is rarely visited by her child safety officer*
- *We've been waiting over 12 months for reapproval paperwork to be completed*
- *It has taken Dept. and (agency DE identified) nearly 5 years to complete assessment process. We have complied with everything and still have been limited to placements after all this time*
- *As in previous comment, because of Short Term placements, most of the above doesn't apply and I'm satisfied with how the Agreements are happening at the moment*
- *It is really difficult to get the Dept. to understand your daily challenges*
- *CSO's in (CSSC DE identified) tell you what will be written in Placement Agreements and I have never had or been invited to a Family Group Meeting*
- *Very sad always too busy. Really don't care about the child*
- *Nothing is done on time. All the above is put off until the case worker isn't on either sick leave, personal days off, holidays or able to get to it*

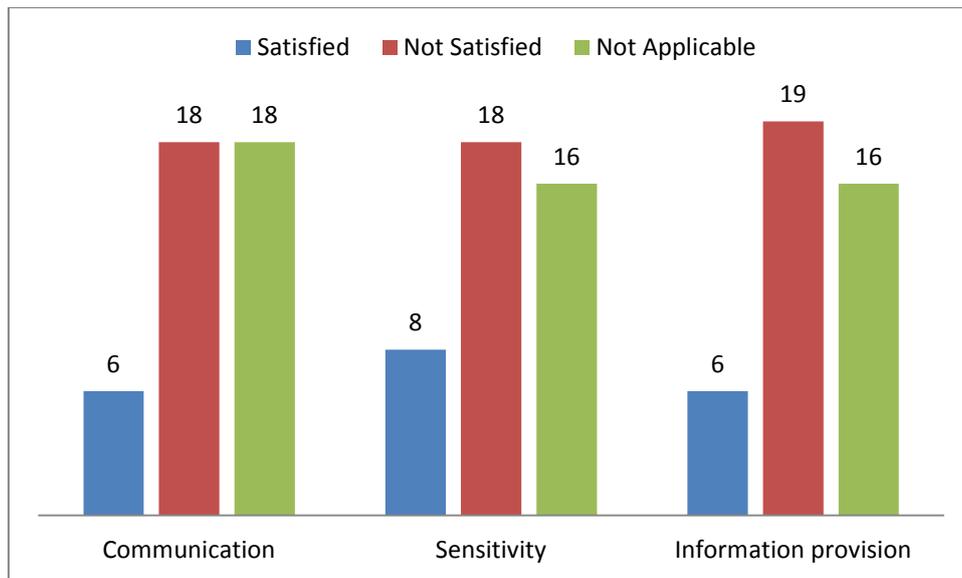
- *I have never been to a family group meeting. Nor a case plan meeting. Nor a placement agreement meeting. One stakeholder meeting in 19 months which occurred two weeks ago*
- *We had children in our care for almost 3 yes and only had a CSO visit our house on 2 occasions in that whole time and the last time was in the process of removing the children from our care to another carer*
- *I have never been involved in a family group meeting. Have not had a CSO home visit in over six months. In two years I have probably had three CSO home visits*
- *We have never been included in any decision making or been informed of the outcomes*
- *Our short term order expired two months before we received another one, despite being asked several times for it*
- *CSO's frequently change*
- *Child safety officer has not seen or even met the child for months*

Standard of Care/Harm Processes

Carers were asked whether they were satisfied in respect to Standard of Care and Harm processes they had been through.



Carers were asked a range of questions around the process relating to the quality of communication, sensitivity and information provision.

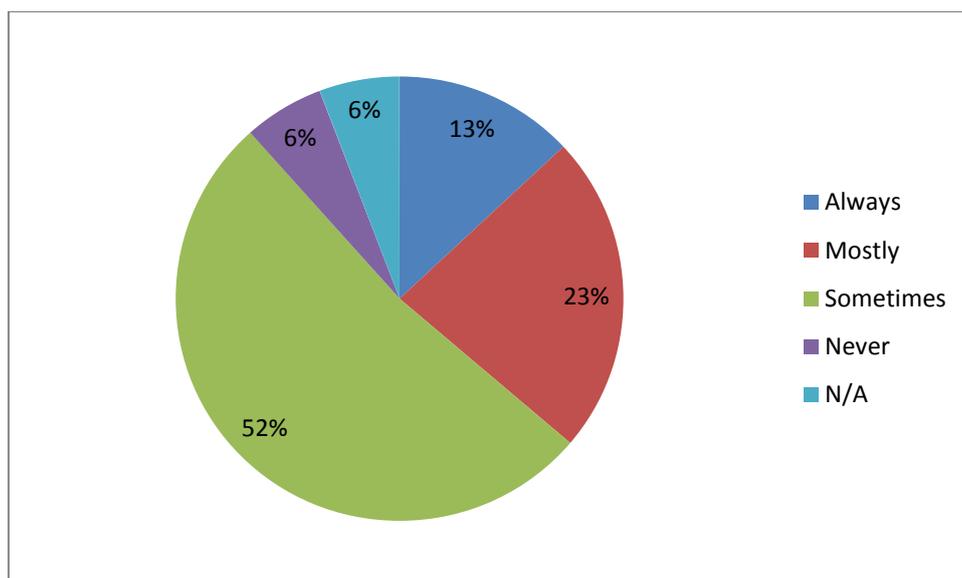


Carers were then asked if they were satisfied with the timeliness of the outcomes 46.34% reported feeling unsatisfied with the timeliness of the process and 17.07% reported feeling satisfied with the remaining percentage stating it was not applicable.

Carers were then asked if they were satisfied with the review process that took place if they were not happy with the outcome of the Standard of Care and/or harm report, of those who thought this question was applicable to them 34.15% did not report feeling satisfied with the review process.

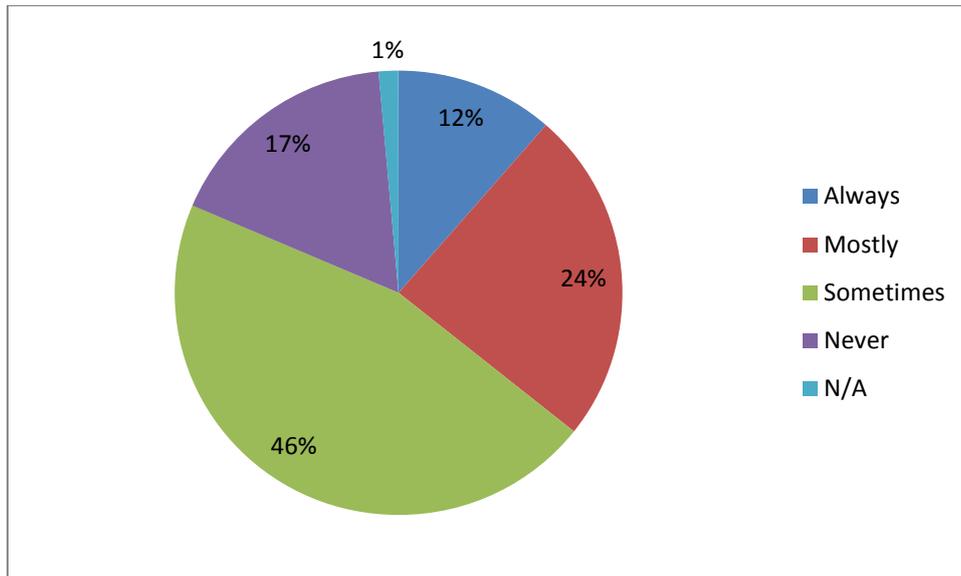
Confidentiality

Carers were asked if they were satisfied with information provision provided to them about the children in their care.



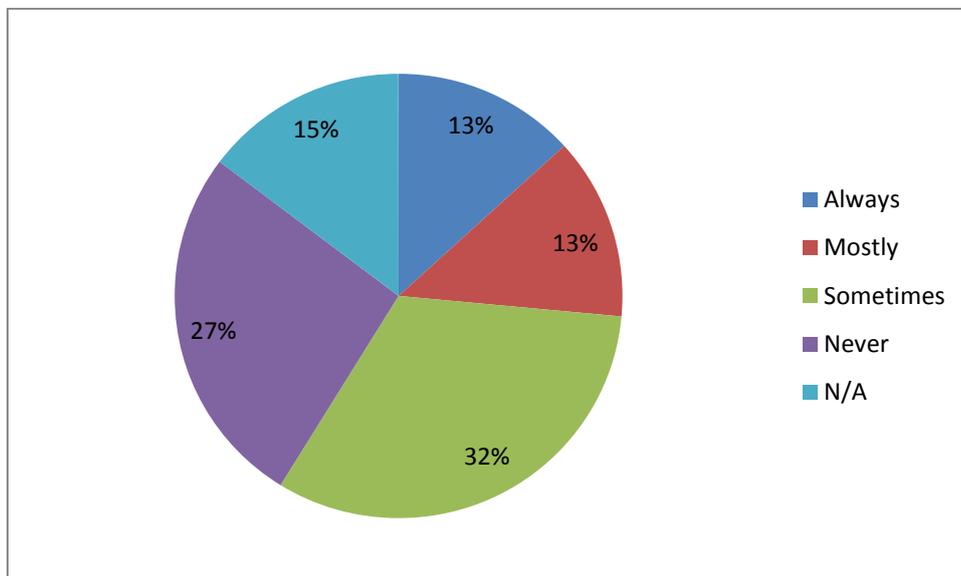
58% of carers reported they are only satisfied sometimes or never.

Carers were then asked if they were satisfied that information was provided to them about the child as it became available to Child Safety.

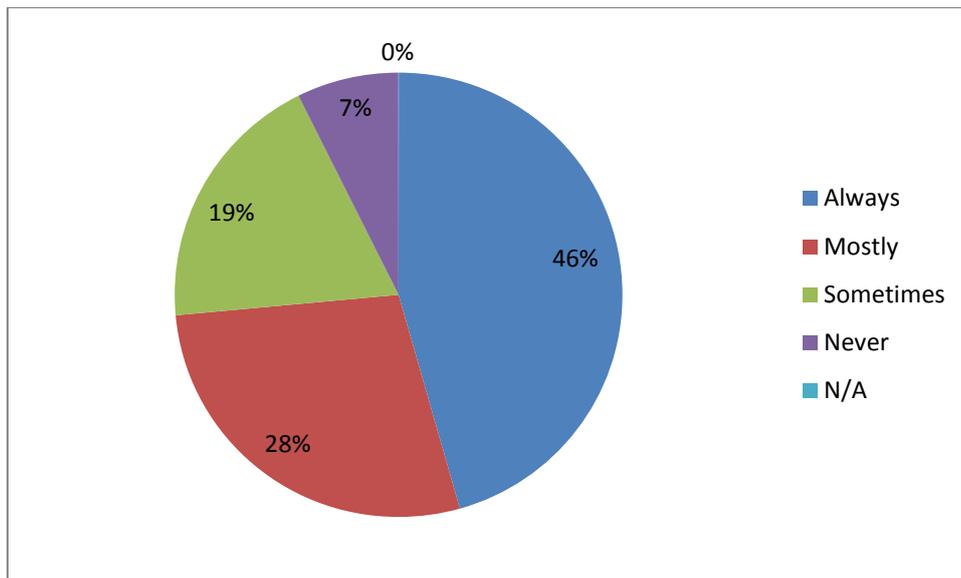


Unfortunately 63% of carers felt satisfied sometimes or never that information was passed onto them when it became available.

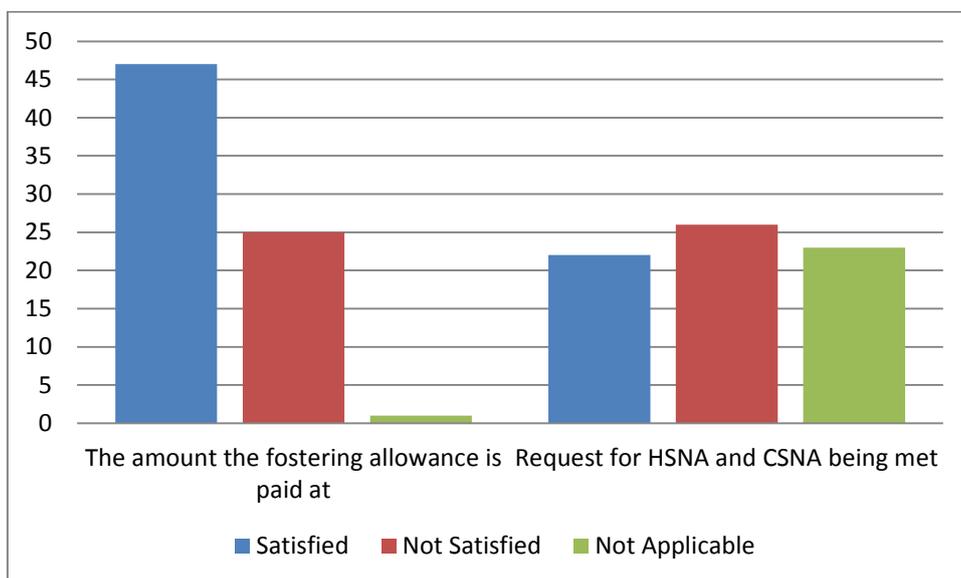
Carers were asked whether they were satisfied with the information provided to them in respect to the Safety checks being completed prior to identifying information being given out.



Carers were asked whether they were satisfied with their understanding of confidentiality provisions and how this relates to them as carers.



Financial

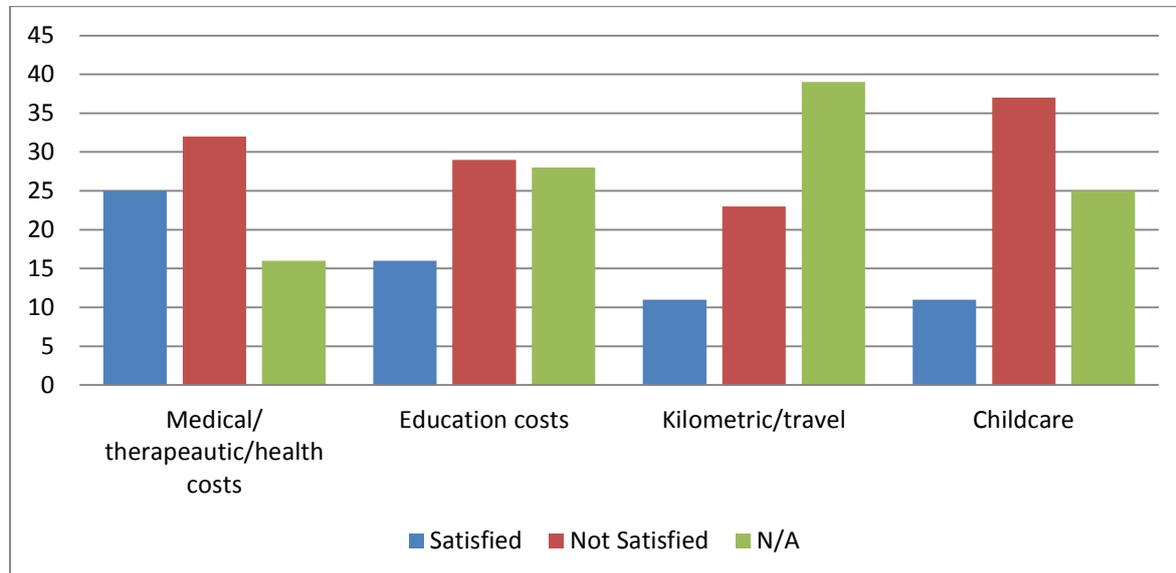


The dissatisfaction rate of carers has increased over the years in terms of the fostering allowance. Previous surveys have seen around 80% satisfaction rate amongst carers, however only 64% of carers reported feeling satisfied with the rate of the fostering allowance payment.

Of those carers who felt that the question relating to requests for HSNA and CSNA was applicable, 55% reported not feeling satisfied with their requests being met in this area. Over the past couple of years, FCQ has had a marked increase in the number of calls in respect to this as the focus became primarily

focused on carers evidencing expenditure in this area and where previously carers felt the allowance was also in recognition of the additional level of care required, the focus was now only on the cost.

Carers were asked about a number of Child Related Costs that sit outside of the fostering allowance and whether they felt satisfied in relation to the payment of them.



FCQ continues to raise the issue of Child Care as a State wide issue given that most families now need to bring in two incomes to support their household. Therefore if we are serious about recruitment and retention of carers in today's climate we need to be realistic about the financial implications for carers. This survey provides further evidence that this is an area that carers are simply not satisfied with.

Carers were asked about their knowledge to apply for ex-gratia (special payments) and whether they were encouraged to apply for these when applicable. Only 12.50% of carers reported having knowledge and being encouraged to apply for special payments. 59.72% reported not feeling satisfied in this area with the remaining feeling the question was not applicable to them.

Finally carers were asked if they were satisfied about information provision relating to Child Related costs. 57.75% of carers reported they did not feel satisfied in this area, 26.76% reported feeling satisfied and 15.49% reported that this question was not applicable to them.

Comments:

- *Would like to see kilometric allowance (250ks) reviewed*
- *The foster carers manual are quite clear on what carers are to pay for but trying to get anything from dept. is impossible*
- *New CSO on board with this*
- *(Office DE Identified) doesn't disclose that you can apply and when you do the process is lengthy*
- *We have struggled with going public/private in situations regarding children's medical needs & have been often forced to go public & then are put on waiting lists even when we have been prepared to pay costs or part costs. Our family visitation km allowance has a limit to the amount we can claim*

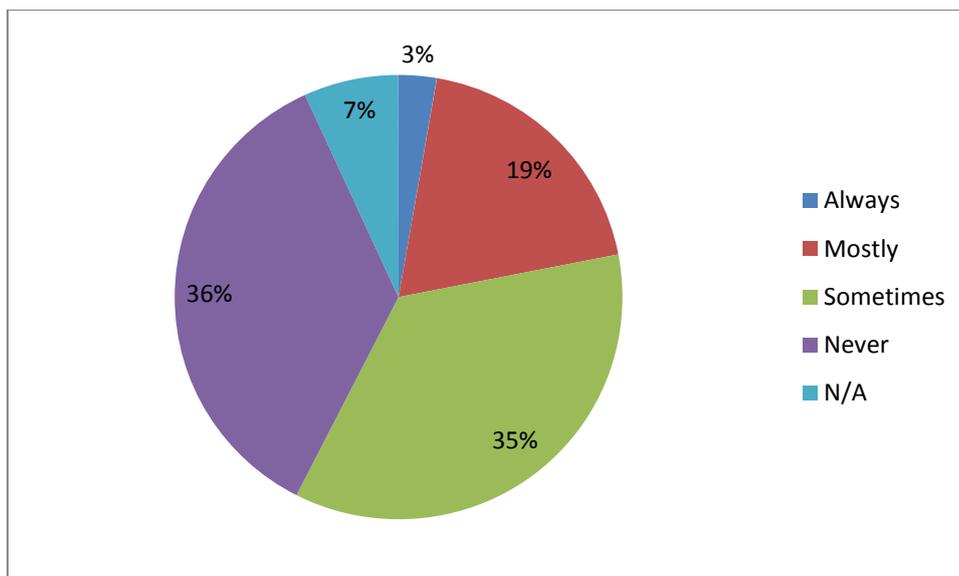
- *In our region they always say, its part of your foster care allowance and when we question them and say no, it is not. They get very cranky with us. Sometimes it feels that because we stand up and say no we get overlooked a lot*
- *My foster son really struggles with his schoolwork I have asked repeatedly for help with his tutoring cost only to be told that child safety do not pay for tutoring it has to be done at school. We spent \$5000 over a period of time out of our own pocket*
- *Didn't even know some of these were available. We just get told no!!!*
- *Carers are continually rejected, questioned and scrutinised over claims at the (Office DE Identified) Child Safety Service Centre even when things are put in a case plan*
- *I do find with Emergency Placements, often the children arrive with very little clothing and toys and toiletries, which I understand. The Department do a very good job in providing what they can to help out and it's the extras that still need to be purchased. In the area of food, I try to cook their favourite meals and provided favourite activities. Also, when they come for respite they often come with very little. The allowance often doesn't cover the expenses in these situations*
- *Very difficult to get CRC's. Difficult to get them into the case plan and often they are removed or there is no formal record for carers in the case plan to confirm the costs. We are often told that won't be approved or the manager won't approve that. If you have been lead to believe it is in the case plan and you try to get reimbursement you are told sorry it is not in the case plan*
- *High support payments were revoked for the children after 10 years. (Office DE identified) meets NO extra costs in relation to Medical, Health and was told if I wanted the child to go to counselling, it would be at my own expense. The fortnightly allowance no longer covers the costs for a child. We cannot afford Tutoring and I have got the paperwork to apply for ex-gratia payment and it is ridiculous the amount of paperwork*
- *I always pay for everything no matter what as dept. are not easy to deal with money issues but for the first time i asked them to pay for my child's reading glasses. I have always paid for them previously plus school camps, medical expenses and expensive items anyhow it's been a week since I asked and I don't expect them to do anything as per usual*
- *I did know about the kilometric allowance and despite the fact that we have kept the children in their schools which means an hour round trip in traffic morning and afternoon, and the therapy trips and sporting trips, we have been told that we are not eligible to claim. There has been significant damage to the house etc. and despite being told to claim ex-gratia payments, the forms have never been forwarded to us nor the procedure explained. However I have very low hopes of that considering I sourced speech therapy for the 14yo who badly needs it, at a cost of \$25 a session and that payment was not forthcoming. He has waited for therapy for the entire time, despite us offering to pay with a therapist who specialises in teens with impediments ourselves. I could not get permission to start. I finally got the community visitor involved. Again. Then I was allowed to start*
- *Everything is a secret. The only way you find out about other available payments is from other carers mentioning it. Docs and the NGO never told us about anything avail. We had to ask and ask to get payments. No help or suggestions about Centrelink etc.*
- *Sometimes have to chase up fortnightly payments*
- *I am well supported financially for my high needs children but feel this may have only been the case due to previous CSO support*
- *We have been waiting for education reimbursement for over 9 months. If you have a child come into care you have high set up expenses but if the child has received the establishment payment*

through another carer then you get no support. The kids often come with nothing so it's a bit hard to expect to pay for all of the set up with no help or funding

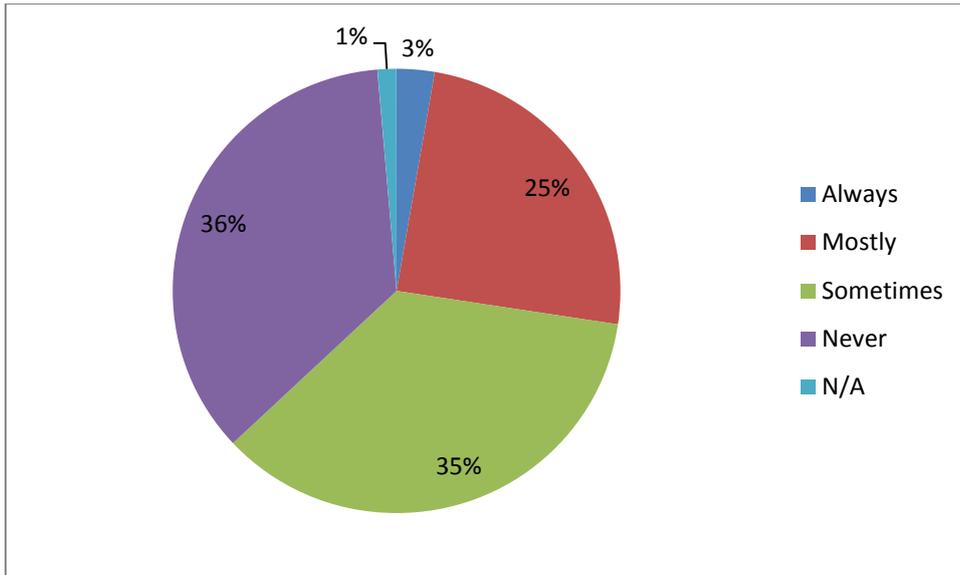
- *No extra payments are made easily accessible Carers practically need to beg for assistance even substantial cost of property damage caused by children in care we are belittled for asking*
- *Was not aware of most of the above mentioned*
- *We desperately need assistance with vacation care but informed that the "budget doesn't support it". An alternative option such as respite would not be in the best interest of the child. For the past 2 years we have used all of our annual leave and now we are asking for assistance with this expense*
- *e.g. 4yo unable to speak, DOCS offered anything at all to help, enrolled in kindy programme, will not pay full gap expenses. Child has made amazing progress over 12 months, communication skills now good, social skills excellent due to kindy programme. DOCS still only reimburse 3 days; I pay for the other 2 days because I see the necessity*

How satisfied are you with local practices of CSSC

Carers were asked how satisfied they were regarding information in relation to change over CSO.

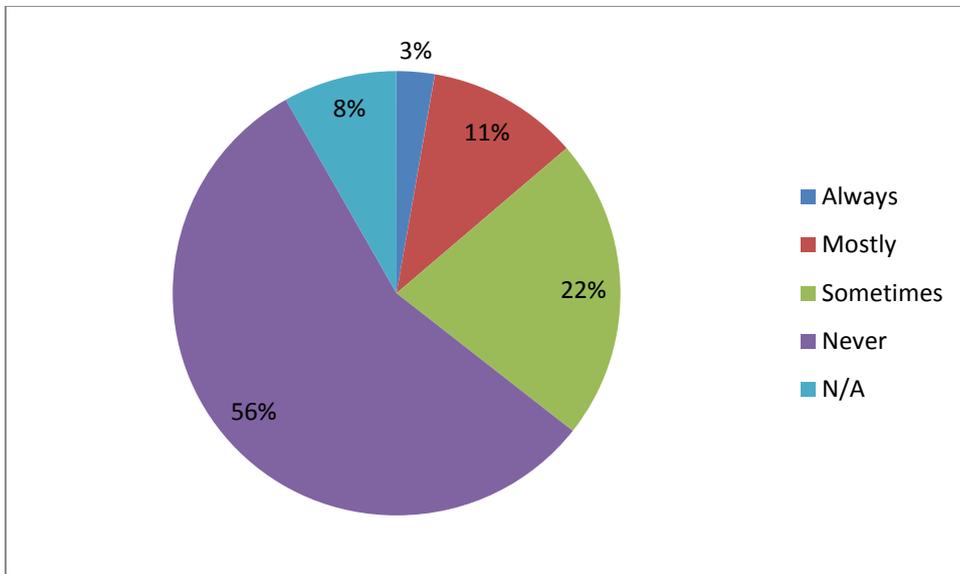


Carers were asked whether they were satisfied with the knowledge of history regarding the child/ren in their care.



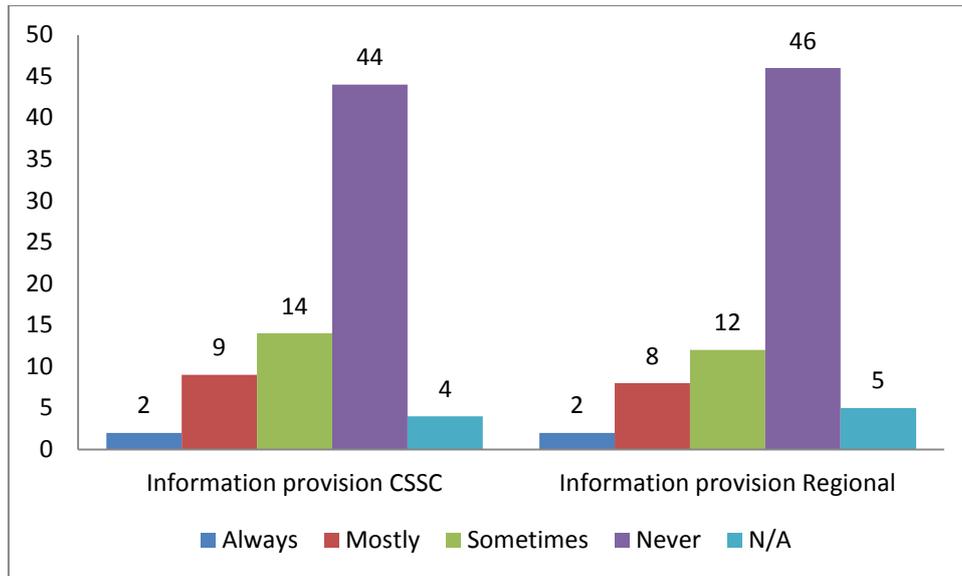
Carers were asked if they were satisfied with the timeliness of case plans.

Only 33% of carers reported that they were always satisfied or mostly satisfied in this area, leaving almost 61% of carers in Central Region feeling that case plans were only done in a timely manner some of the time or never.



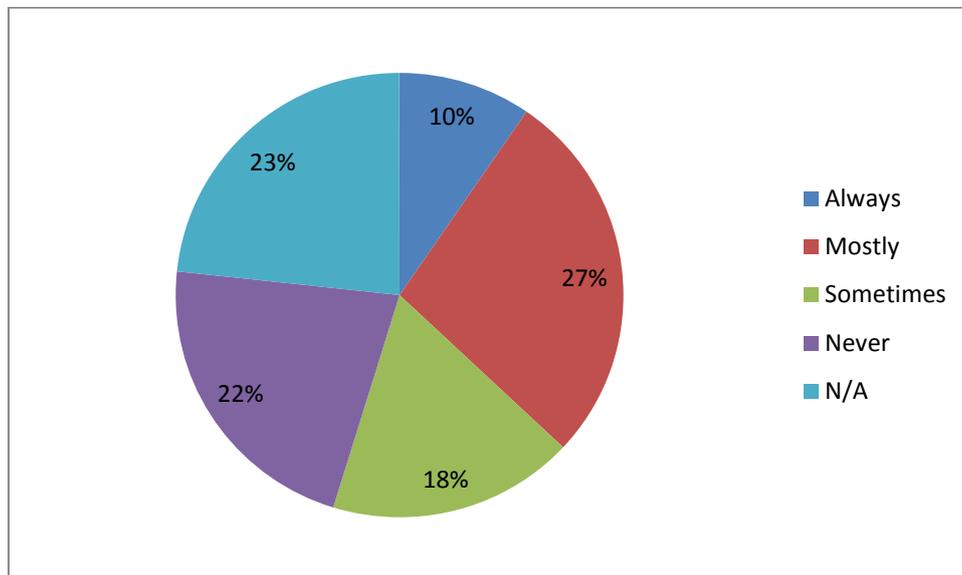
Carers were then asked whether they felt satisfied with minutes being provided to them for their records. 79% of carers reported they felt satisfied sometimes or never in respect to this area, indicating a real concern with carers being provided with minutes in a timely manner or not at all.

Carers were asked if they were satisfied about provision of information provided by the CSSC and Region.

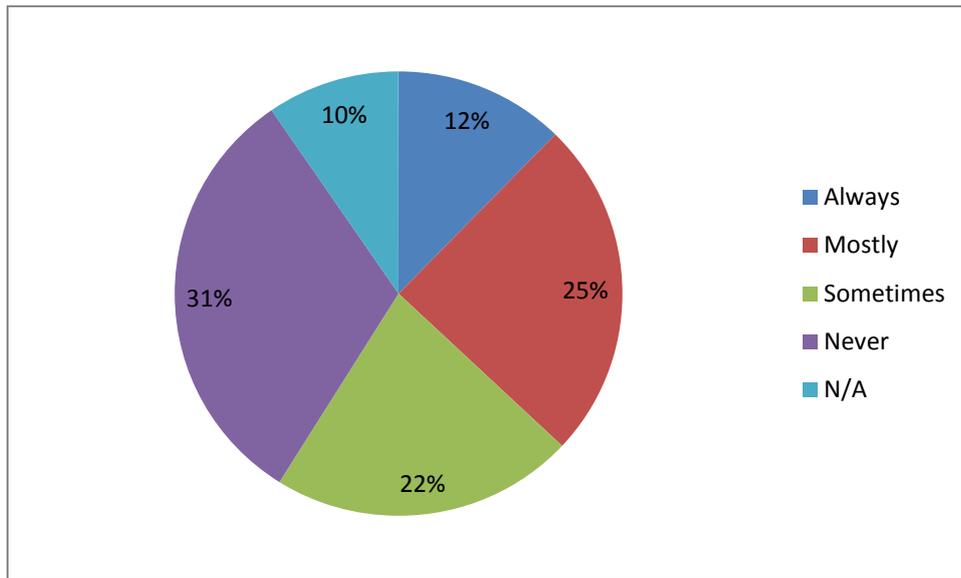


As demonstrated in above graph, carers expressed overwhelmingly that they are not kept up to date about changes in either their CSSC or Region.

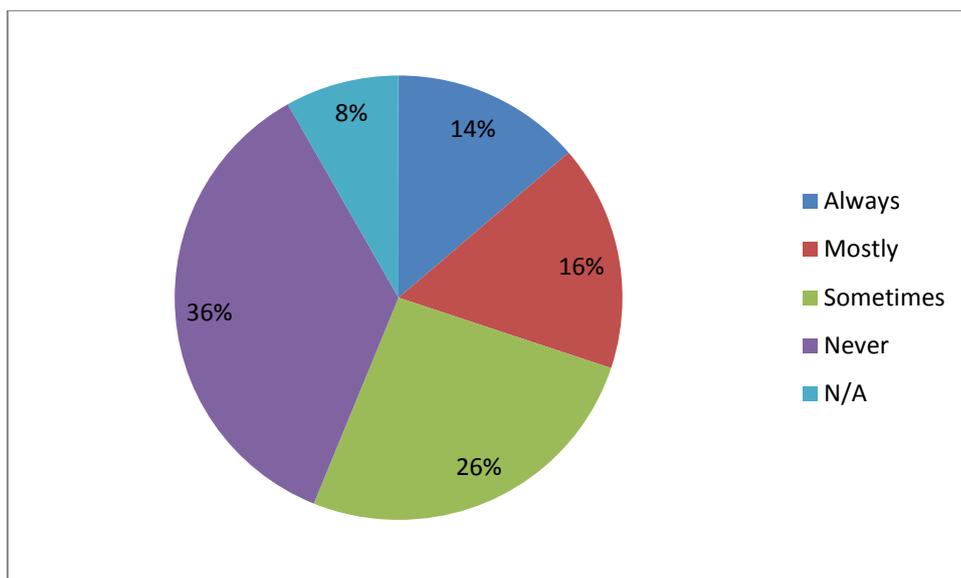
Carers were asked if they were satisfied with their ability to access respite.



Carers were asked whether they were satisfied in respect to being consulted regarding Family Contact.



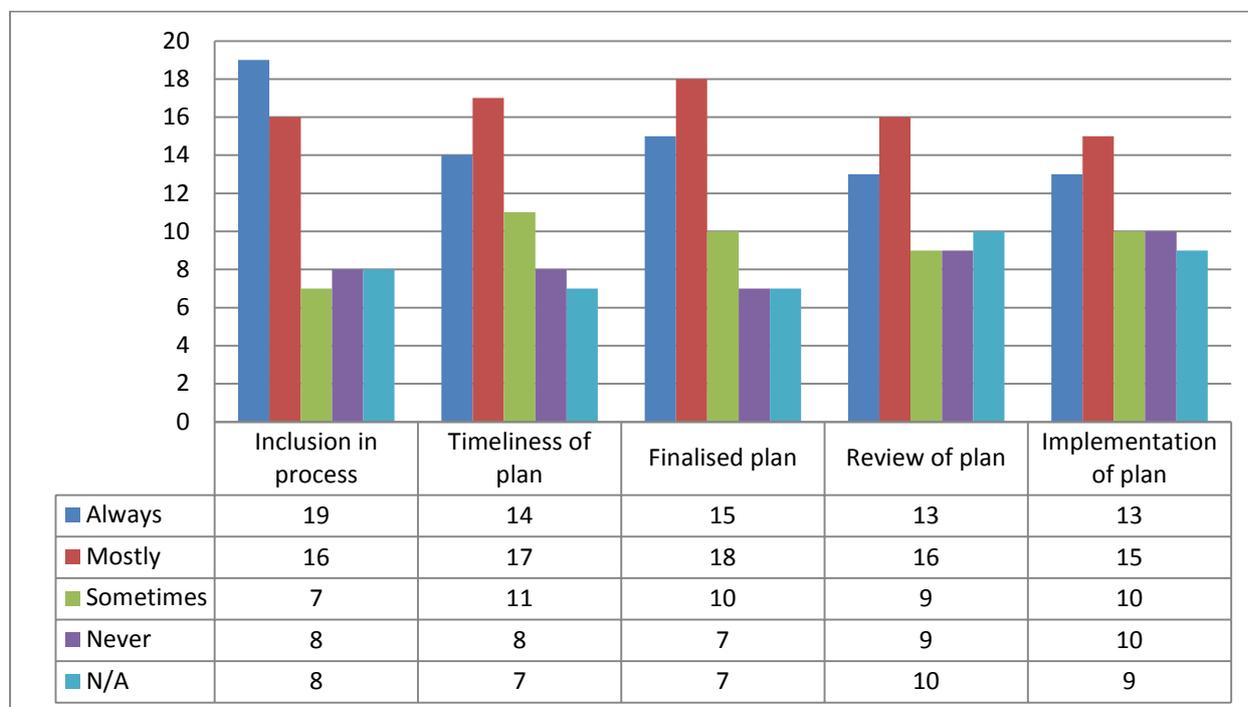
Carers were asked whether they felt they were supported to meet their own family commitments.



Education Support Plans

Carers were asked if they had a current ESP plan in place for the child/ren in their care, 65.75% reported having an ESP plan.

Carers were then asked a range of questions relating to the ESP process and their satisfaction with this as follows.



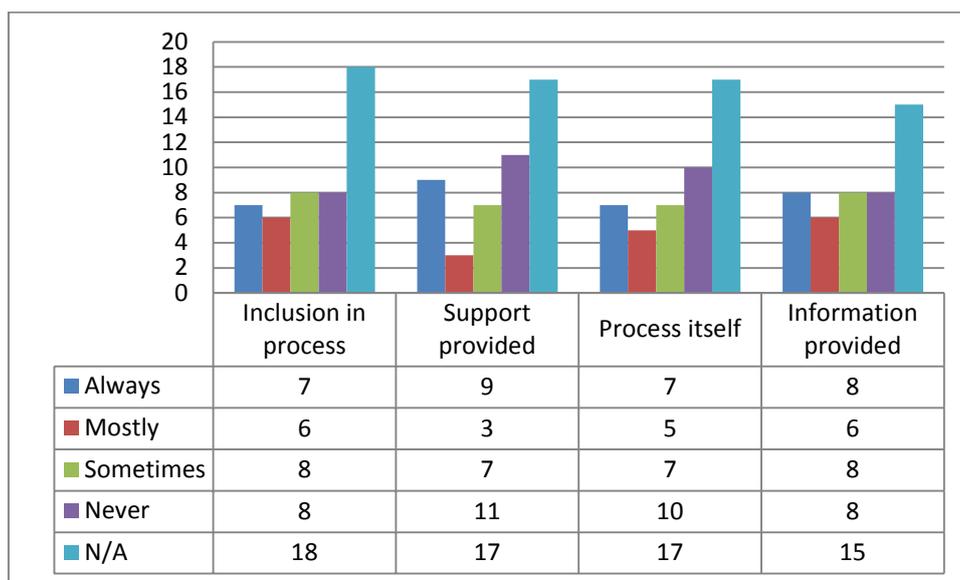
Comments:

- *(Office DE identified) makes it quite difficult to address these issues or get told that we have to fund*
- *Our ESP's are usually done at the end of Term 3 which I don't find very useful as anything that is put in place is only for 1 Term & then kids change teachers & classes in new year whereas if it was done at beginning of Term 2 then there would be three more terms to see change.*
- *Never been done for any children that have needed it in our care*
- *CSO's in (office DE identified) do not advise us that the ESP is even happening. We have no input at all*
- *Our satisfaction of the ESP is due mostly because of the school staff*
- *I have found both schools that these children attend to be very supportive of the children. The principal at (school DE identified) has a fabulous knowledge of trauma and has trained her staff well. The ESPs reflect that training and knowledge*
- *We have been asking for an ESP for the last 8 months and still no esp*
- *The children's school is my main source of support*
- *But this is due to the agency worker*

Child Health Passports

Carers were asked if the child/ren in their care had a current Child Health Passport, Only 36.11% of carers reported having a Child Health Passport in the Central Region.

Carers were then asked a range of questions relating to the processes of Child Health passports and how satisfied they were, carers reported as follows.



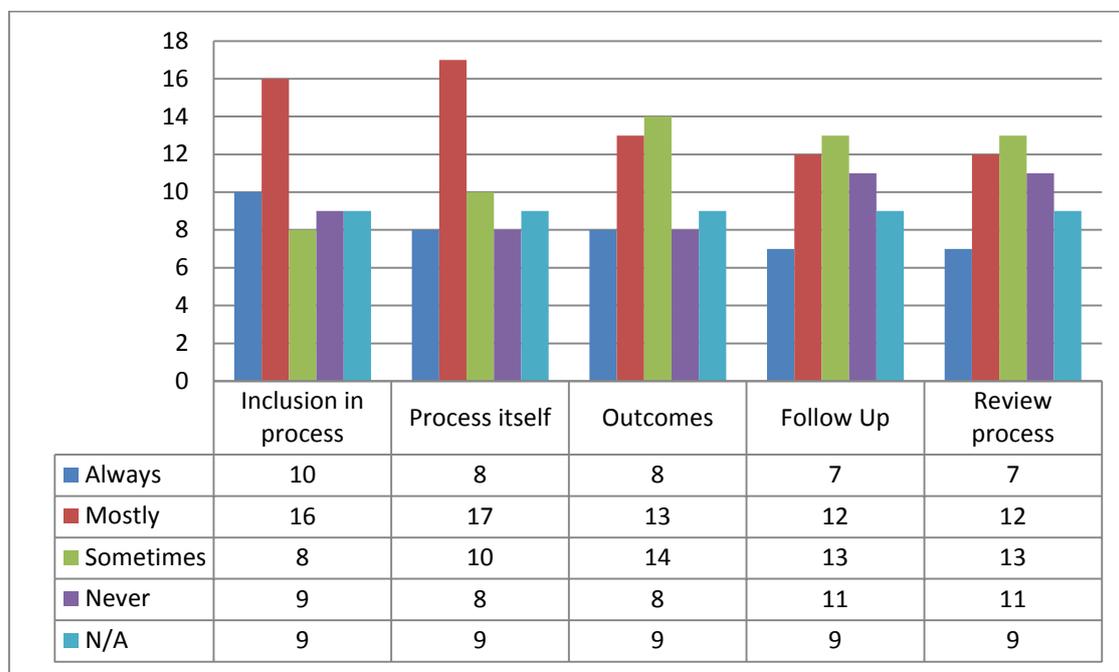
Comments:

- *Always have to ask*
- *We cannot be sure, as we don't know about the CHP*
- *I have no knowledge of a health passport despite asking to see it*
- *We could not even get a Medicare card for 14 months so could never take them to the Dr ever. They were sick preemie babies and all we could do is take to hospital and sit for hours waiting to be seen. Unable to get vacc due to no Medicare card. Asked monthly for Medicare cards for the children. Pathetic Then SOCR complaint because not vaccinated*
- *I have never received a health passport for any of the children in my care*
- *What's a health passport??*
- *My children Doctor is very supportive of our whole family*
- *This is a real need. Health information must be available no matter where the child is living*

Placement Agreements

Carers were asked if they had a current placement agreement generated from a placement meeting, 52.8% of carers reported they do.

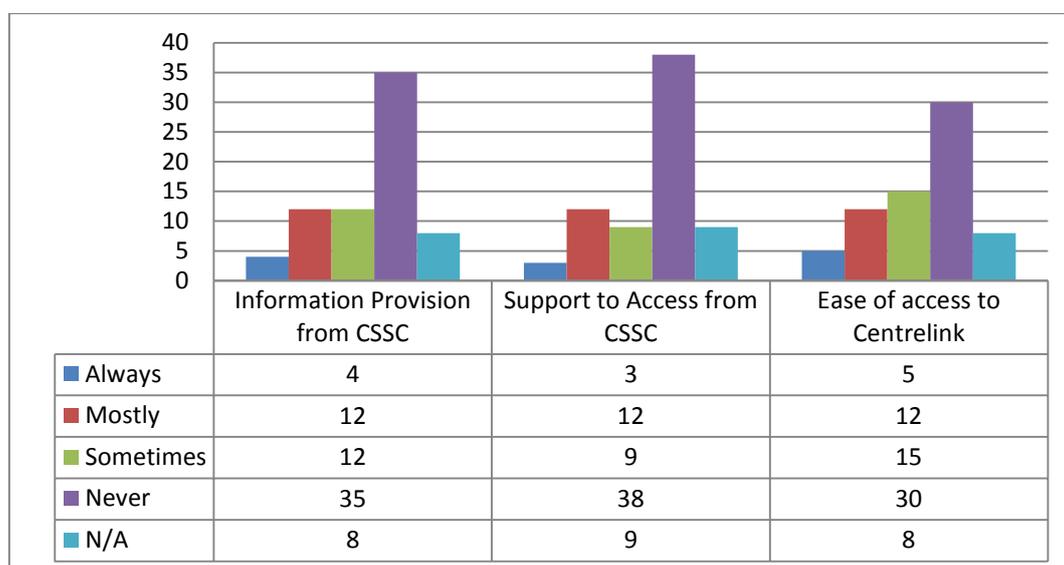
Carers were asked a range of questions relating to their satisfaction around the processes of Placement agreements with the following responses.



Carers were then asked whether they received a copy of the Placement meeting minutes, unfortunately only 11.11% of carers reported receiving copies of minutes.

Centrelink

Carers were asked a range of questions relating to Centrelink and how they were supported to access services through Centrelink from the CSSC, responses were as follows.



It is evident through this data that carers are feeling a high level of dissatisfaction in this area with the majority of carers feeling that they never receive information or support from their CSSC in relation to how and what they can access from Centrelink.

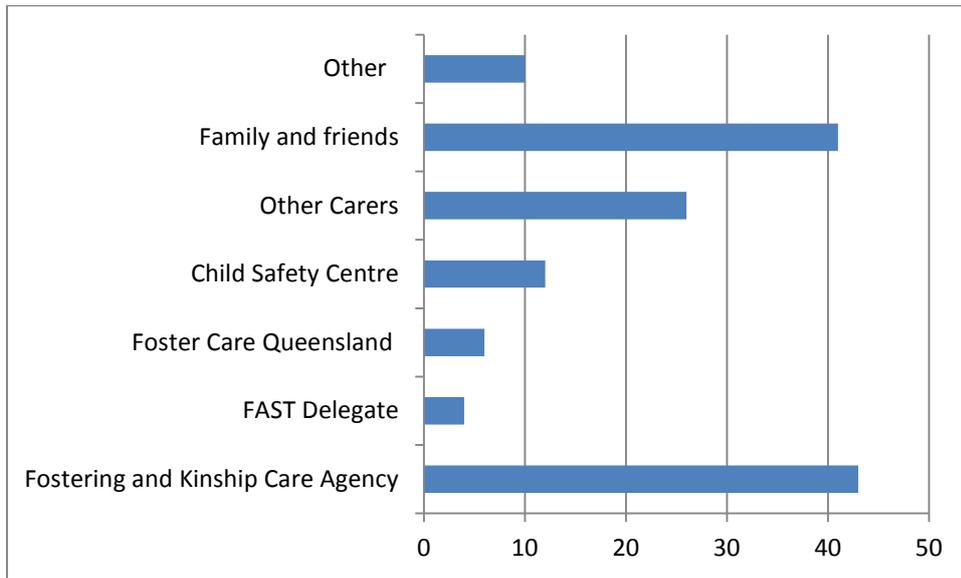
Carers were then asked question relating to ease of access to Medicare cards for the children in their care and Health care cards. 72% of carers reported only sometimes or never feeling satisfied with the timeframes associated with accessing Medicare cards. 64% of carers reported feeling only sometimes or never satisfied with time frames associated with accessing Health Care cards.

Comments:

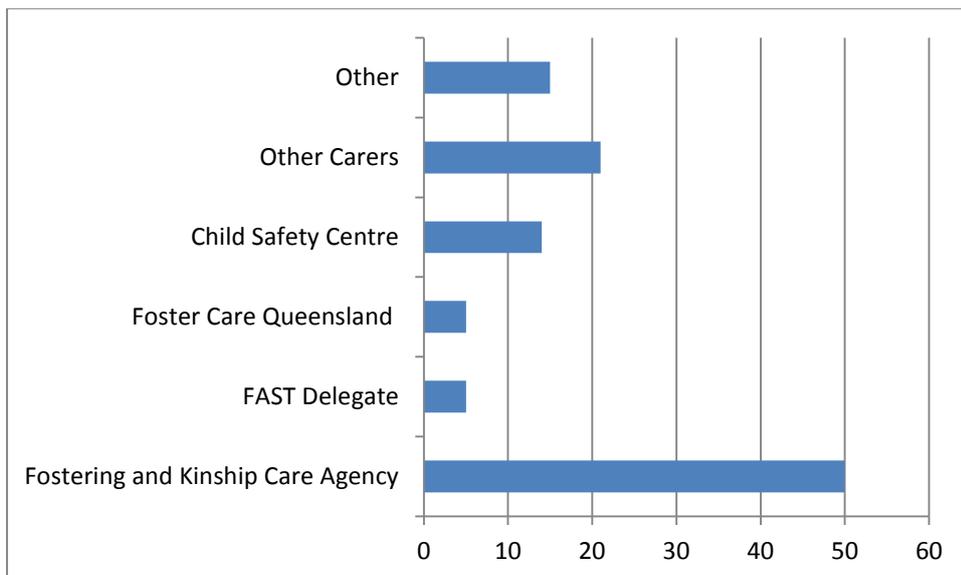
- *I as a carer have to follow up always with Medicare cards and Centrelink*
- *We have never been informed from the department about what Centrelink services are available to us. And we have had to wait about two months for a Medicare card*
- *Haven't had new children in my care for over 3 years so can only comment on how it was then.*
- *As I care mostly for newborns, a grey area has arisen, as Centrelink will not accept ATC as proof that a child has been born, they require the Birth Certificate, which if a baby is here short term, that document is not provided to me as the carer, so I have missed FTB on three occasions, fortunately I have a support person from Centrelink looking into this matter for me. But she is having difficulty getting a response for Child Safety?*
- *We've never had any assistance from the department in this regard*
- *I apply for Health Care Cards through Centrelink for the Child. We are lucky to have a wonderful Doctor's Surgery that look up the Medicare numbers for the Child, I then write them down and keep the numbers in my purse*
- *One of the children in my care did not have a medicate card or copy of birth certificate for the first 14 months in my care. Even though I asked every month for them*
- *(Office DE identified) have never assisted or given me any information regarding Centrelink. I rarely receive a Medicare Card. Centrelink is a challenging process*
- *I am still to be able to get Centrelink to have the children added after 19 months so have no Health Care cards. I have been told that they are being claimed elsewhere,*
- *Read above. No Medicare or healthcare card for 14mths. Could not ever take kids to Dr. They were very sick children and needed Dr supervision*
- *I had a newborn in my care and did not receive Medicare card details until approx. 8 months of age and then these were given to me by my local chemist*
- *Still don't have a Medicare card and healthcare card took 6 months*

Support

Carers were asked where they accessed the majority of their support from.



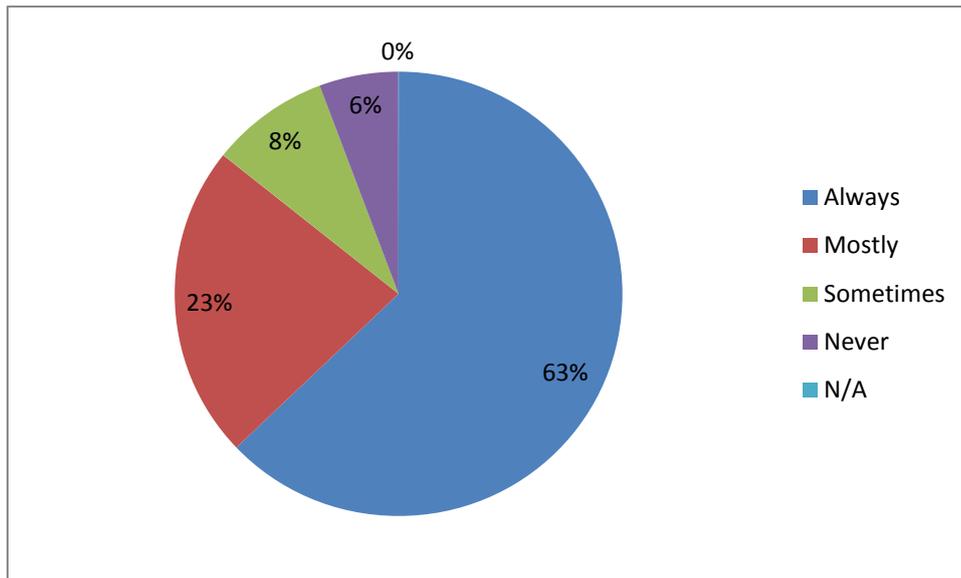
Carers were asked where they access the majority of their information from as carers.



Foster and Kinship Care Services

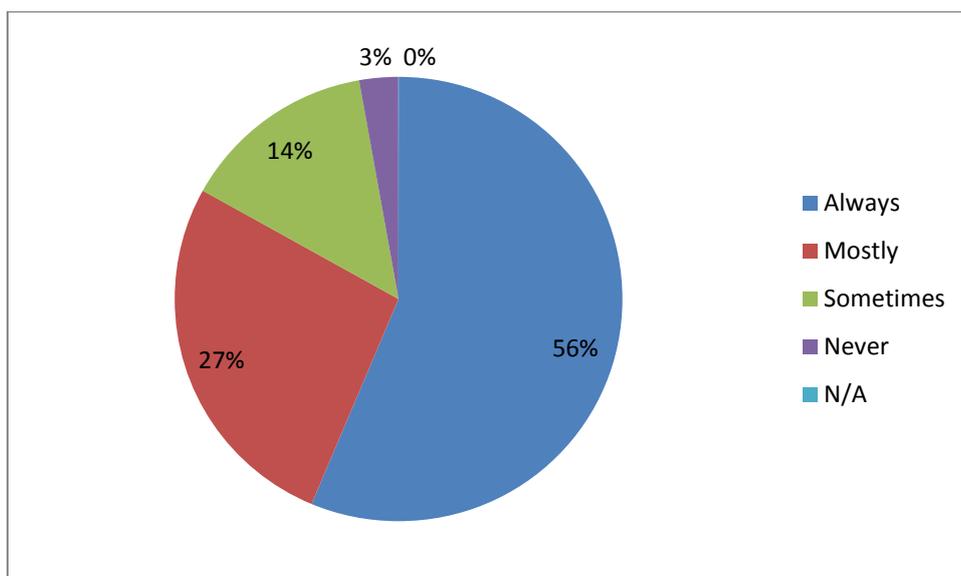
Carers were asked a range of questions relating to the support provided by Fostering and Kinship Care agencies. Firstly carers were asked if they were attached to a Fostering and Kinship Care Agency, only 2 carers in Central Region who completed the survey identified that they were not with a fostering and kinship care agency.

Carers were asked if they were satisfied in respect to regular support visits occurring (at least monthly).

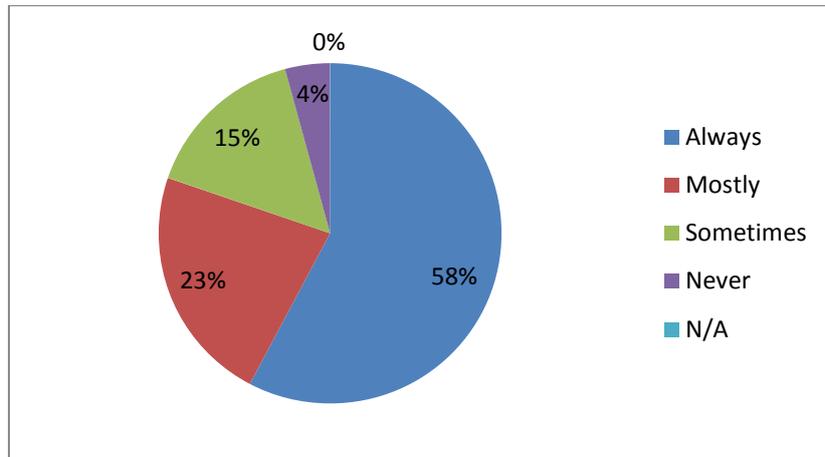


It is very positive to see that 86% of carers reported always or mostly always feeling satisfied with the regular support visits occurring with only 6% of carers identifying they are never satisfied in this area.

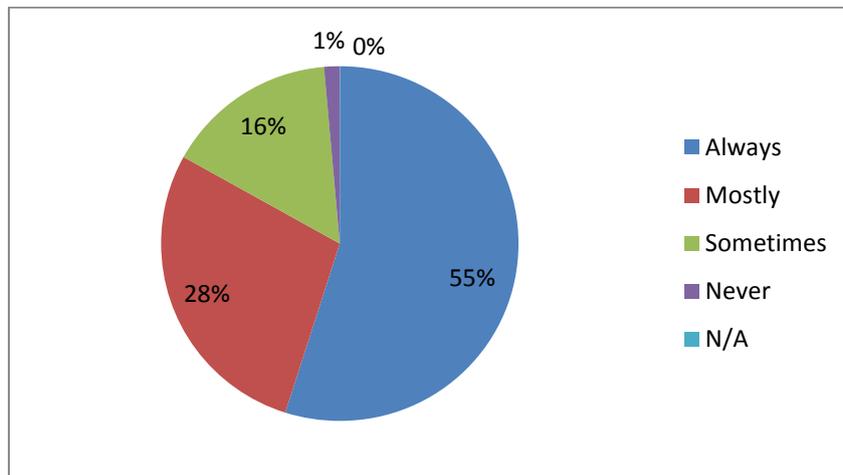
Carers were asked whether they were satisfied with response to contact with their agency.



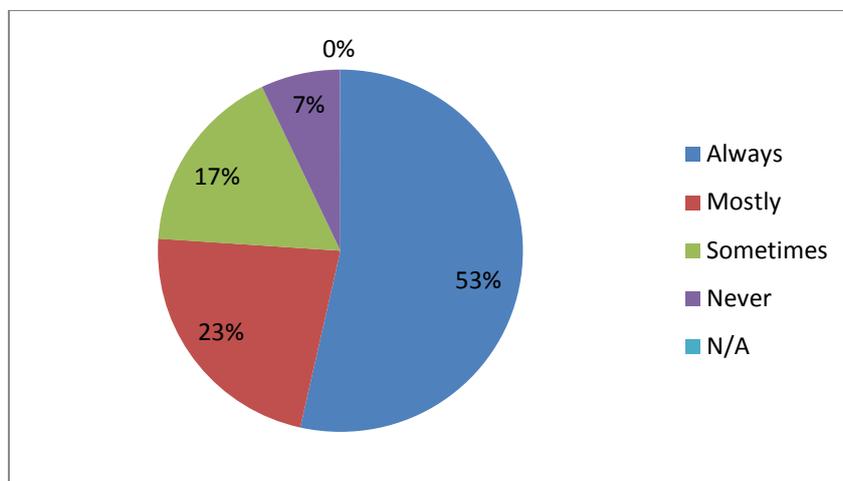
Carers were asked whether they were satisfied with assistance provided by their agency to complete paperwork.



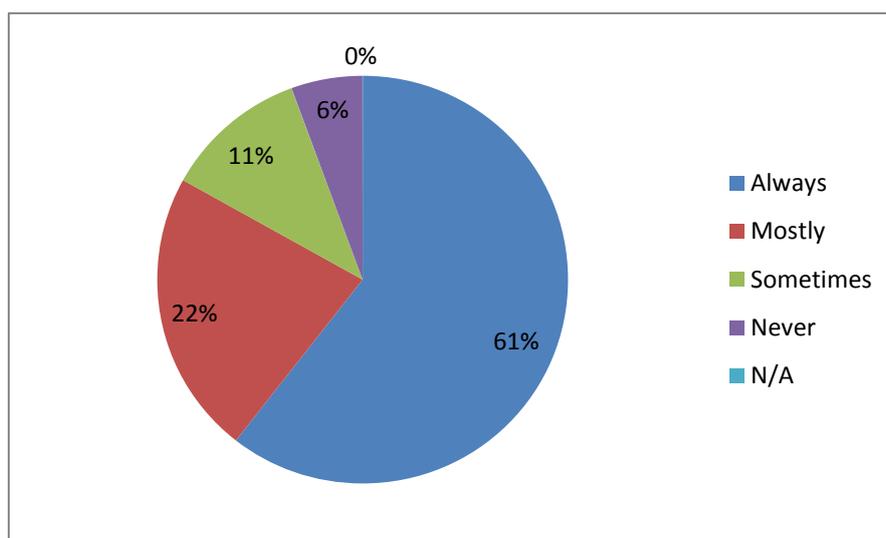
Carers were asked whether they were satisfied with information provided by their agency.



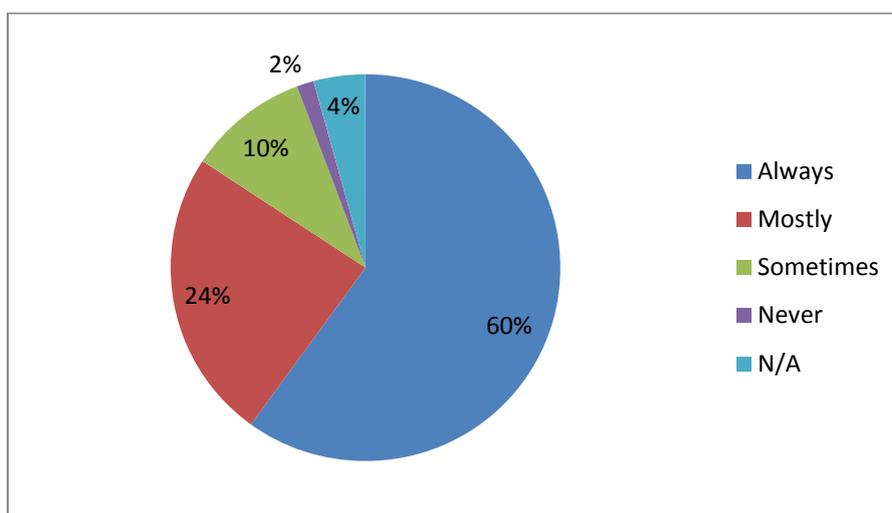
Carers were asked whether they were satisfied with their access to support networks through their agency.



Carers were asked if they were satisfied with their access to training.



Carers were asked if they were satisfied with the On call service provided by their agency.



Comments:

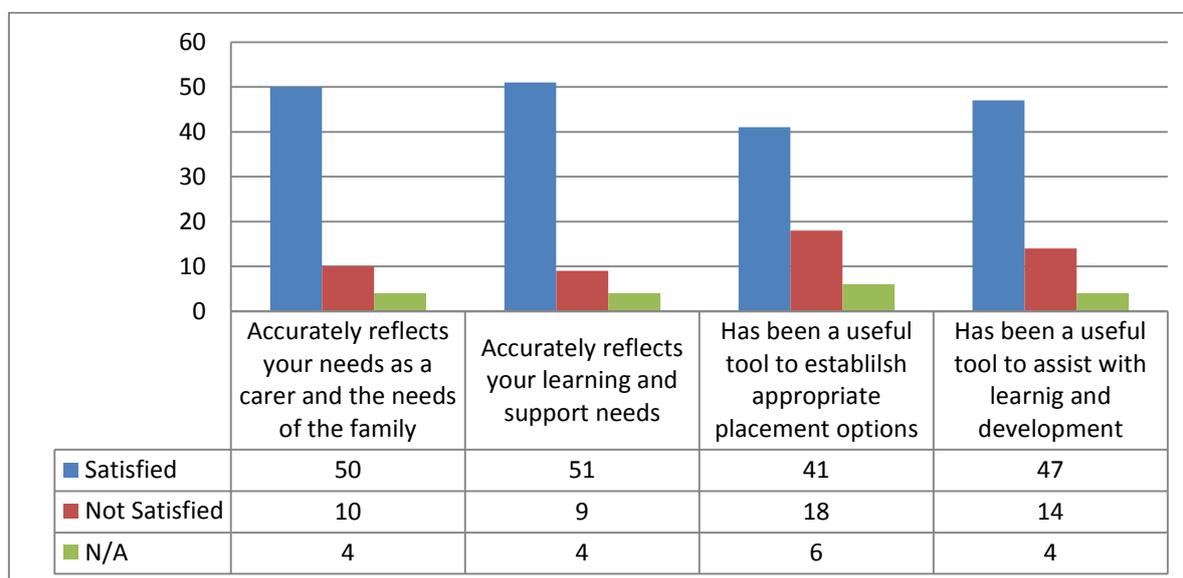
- *(Agency DE identified) are a great agency and help as much as possible*
- *I cannot fault (Agency DE identified) for the support I have received*
- *(Agency DE identified) have been helpful to a point. Yes we have been provided with training. We sometimes feel that they do not back what we say and also that we are too much trouble for them. We are not yes people and will expect to read CIF's before we say yes to having someone in our care. When we do say yes to have children in our home they then question us asking how we are going to support the children we have just said yes to. We consider every child that is offered to us very carefully to see if they will fit within the family unit and don't take the decision lightly. We are currently moving to uniting care to see if their service is what we are looking for*
- *Always satisfied from Support Workers*
- *Agency goes above and beyond every time*
- *If it wasn't for (Agency DE identified) we wouldn't have kept going*

- *I have recently changed agencies and the new agency does not have the same level of High Support recourses as my previous agency*
- *I have nothing but high praise for my agency and support worker. This has been a difficult placement to support but all of our expectations have been exceeded*
- *We have identified our own training needs 3 yes ago and still waiting for it to be delivered. The agency workers we had in the first 18mths we had were great. Enthusiastic, supportive, helpful. Then we had one for over 12mths that was friendly but useless and actually undermined and worked against us rather than supporting us. She was a waste of space and should be retrained or dismissed. She is in her mid to late 50s been doing this for ages and is burnt out and apathetic and has too many friends that are docs workers to speak up on our behalf against them*
- *Agency staff are all we see*

Foster Care Agreements

Carers were asked if they had a current foster care agreement, 80.56% reported they have one, 9.72% reported they did not and 9.72% reported they did not know what one was. Given that Kinship carers do not have to have a foster care agreement, it is probable that those who reported not having one or not knowing what one was are in fact kinship carers. This brings the completion rates of Foster Care agreements to a very high level which is great to see.

Carers were then asked a range of questions relating to the usefulness of the Foster Care Agreement as follows.



Carers have reported high levels of satisfaction across the board in relation to the Foster Care Agreement.

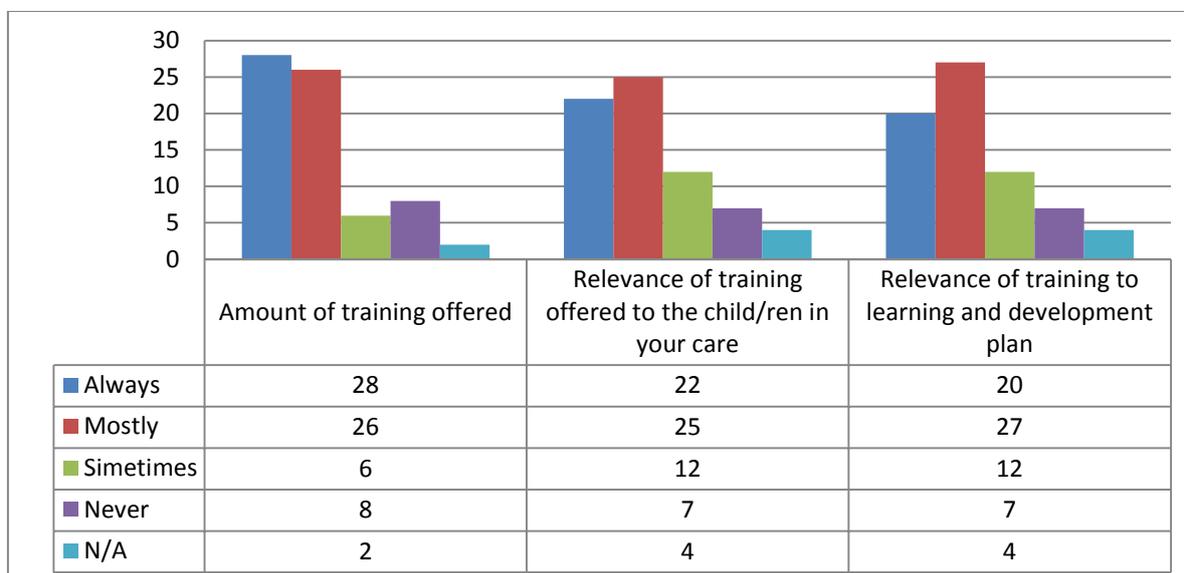
Of those who did not report satisfaction, some of the related comments were:

- *Disputing conditions the manager is trying to enforce, with no valid reasons or evidence to support her restrictions*
- *Manager won't approve FCA wants to impose unjust limitations*

- *It's been in dispute with manager since January - May 2016*

Training

Carers were asked a range of questions relating to their training experiences as follows.



Carers were asked whether they were satisfied with the times the training is offered, 57% reported feeling mostly or always satisfied in relation to this, leaving 38% feeling only satisfied sometimes or never. 70% of Carers reported when asked that they are either always or mostly satisfied in relation to the notice given to them in relation to when training is going to occur.

63% of carers were satisfied with frequency of training being offered, with 33% of carers reporting carers feeling only sometimes or never satisfied. 64.51% of carers were always or mostly satisfied with information provided prior to training regarding content.

Carers were also asked whether they were satisfied with provisions of or support to access child care during training. 43% of carers reported they were only sometimes or never satisfied with this area.

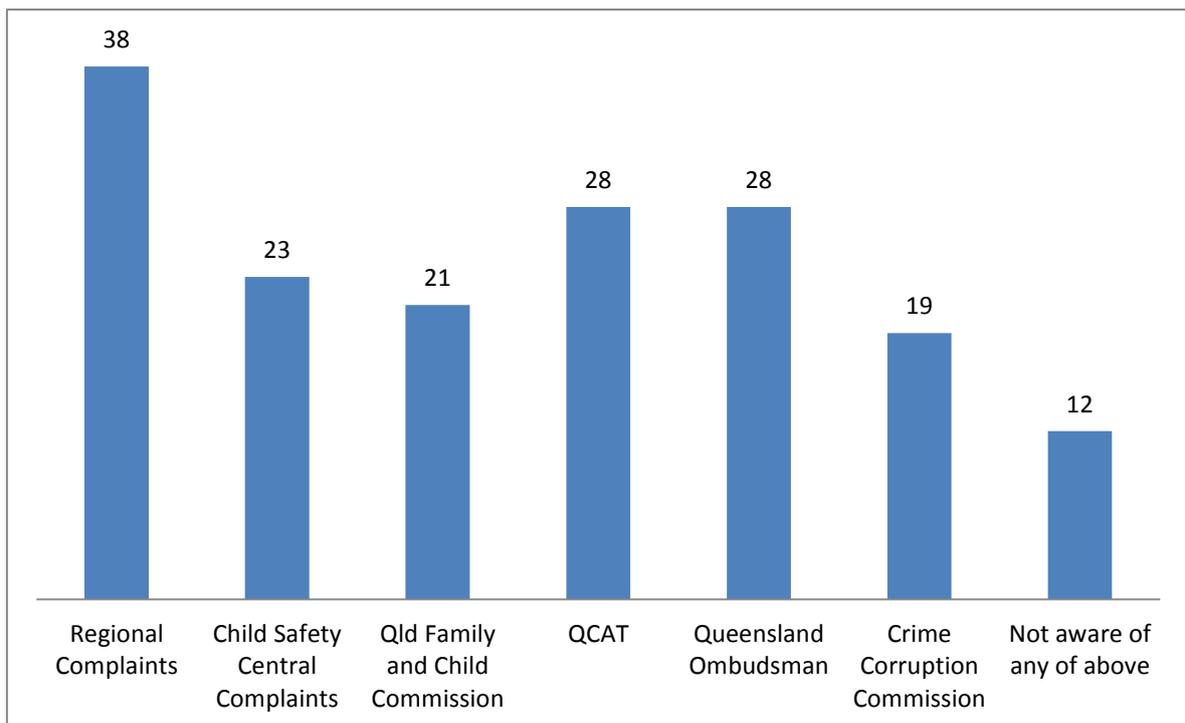
Comments:

- *We find it difficult to attend training as we live 50kms away from where training is held & we find we don't have time to do online training. We also work so often training is held during the day & on days we cannot attend or over weeks at a time where we may be able to make one but not all the required days*
- *They don't offer child care at all and also the times are always thought the week and when you work full time like most males do. How do they access the training*
- *I am a shift worker and therefore cannot always make it to training*
- *Training is always during the day. Not helpful for working carers*
- *I feel more training could be offered pertaining to newborns*
- *All my training in the past number of years has been provided through the college at which I work and this training has been excellent. I haven't had any information re training for a long time from the Department*

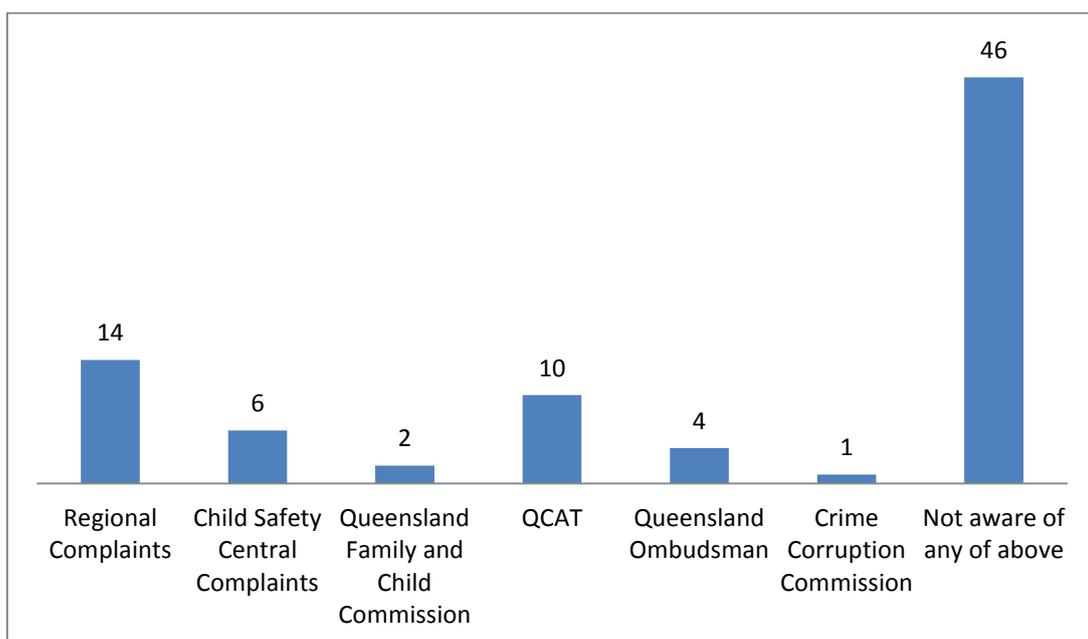
- You identify your training needs, the resources are out there but this particular training that you want or need is never provided. Been asking 3 yrs. now
- It's mostly the same courses offered every year. If we want to learn anything different we have to find it ourselves or told to pay for courses on the American fostering site

Complaint/Concerns Processes

Carers were asked to identify which complaint/appeal processes they were aware of.



Carers were then asked if they had accessed any of the above processes.



Carers were asked if they felt heard and were satisfied with the outcome regarding their contact with the above services. 28.57% of carers reported they felt heard and 22.73% of carers felt satisfied with the outcome achieved.

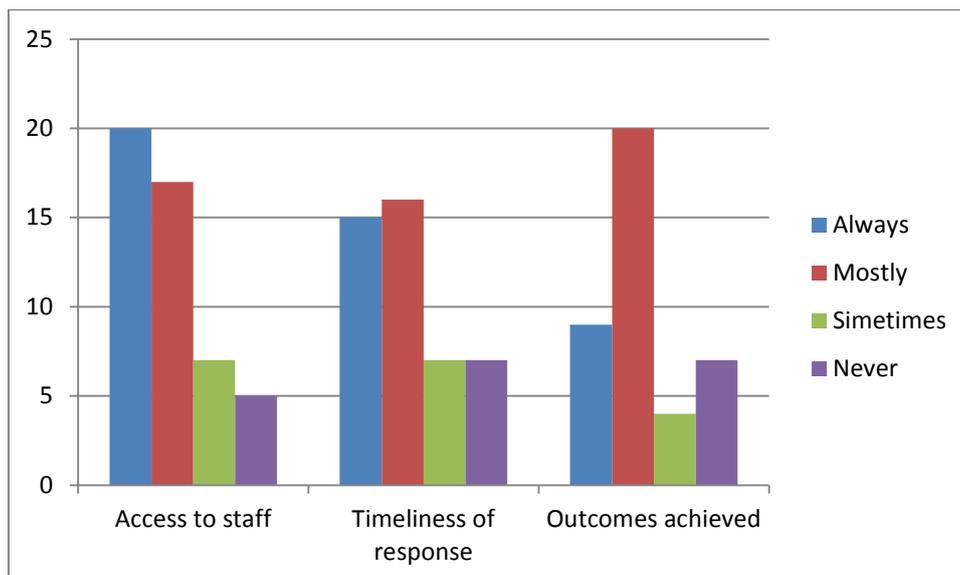
Comments:

- *They basically dismissed the complaint and blamed us for the problems. To the point that they said we don't support reunification and that we can't have any newborns in our care anymore. But hey we raised a child until they were nearly 11 months old with no help other than the community nurse. So we believe we did a great job, especially in the situation of 5 different CSO's in the same time frame and no placement agreement. Even though we had about 4 meetings to try and get one*
- *Everything is done with confidential communication with the manager. They can say what they want to avoid responsibility. Notes are taken on pieces of paper and only information the individual dept. wants on file goes on the computer. We cannot take a lawyer to QCAT, but DOCS comes with trained experienced staff who, in our case, was on first name basis with the panel. The carer has no chance even when they have irrefutable evidence*
- *Mates investigating mates is never going to be honest or impartial*
- *I did not hear about any outcome, in relation to any of my concerns*
- *Foster Care Queensland helped us reach a satisfactory outcome*

Foster Care Queensland

Carers were asked a range of questions relating to Foster Care Queensland (FCQ). Firstly carers were asked if they were satisfied in respect to information provision regarding FCQ, 65.71% of carers reported satisfaction. In respect to knowledge and understanding of services provided 62.69% of carers reported feeling satisfied.

Carers were then asked a range of questions relating to their experiences if they had contact with FCQ, please note that carers who have put not applicable, have not been included in this data as it is not relevant.



- 75.5% of carers reported feeling either always or mostly satisfied with access to staff
- 68.9% of carers reported feeling satisfied with timeliness of responses
- 72.5% reported feeling satisfied either mostly or always with outcomes achieved.

Comments:

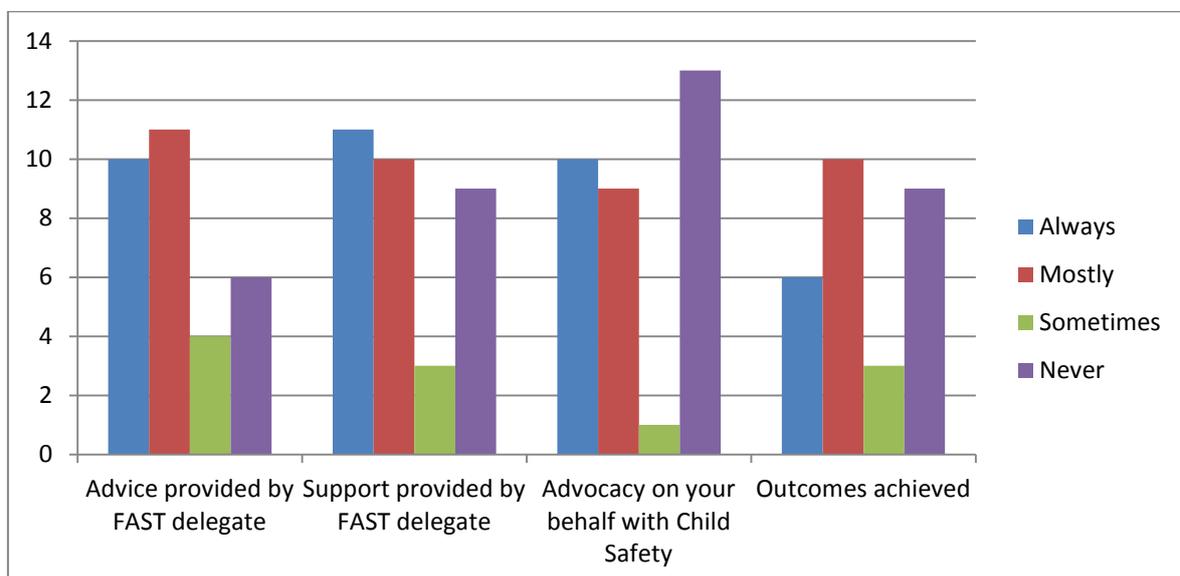
- *We know FCQ exists however we don't know much about them or what they can do for us.*
- *Never used the service, but we should have*
- *Have not accessed FCQ for a long time.*
- *Aware of my area delegate and her contact details*
- *I have only contacted FCQ once and I never got a reply to my concerns.*
- *Not sure what FCQ are, what they do or even that they exist. This is true for most of the carers in our area. If you asked most of them who FCQ is, most of them would answer that they don't know.*
- *The only way I knew about FCQ was from a foster care board on Facebook. I had never been told about the organisation or the possible role it may play in solving conflicts*
- *In two years I have made one phone call to FCQ which was never returned*
- *I've never dealt directly with FCQ*

FAST Program

Carers were asked a range of questions relating to the FAST program attached to FCQ.

Carers were asked if they were satisfied with provision of information about FAST, of those carers who felt the question was applicable to them 69% reported feeling satisfied. In terms of knowledge of local FAST delegate, of those who felt the question was applicable to them 76.8% reported feeling satisfied.

Carers were then asked if they felt supported to access their local FAST delegate from Child Safety and from their Fostering and Kinship Care Service. Of those that thought the question as relevant to them 53.3% of carers reported feeling satisfied with support to access their FAST delegate from Child Safety and 64% reported feeling satisfied with support to access their FAST delegate from their Fostering and Kinship Care Service.



Carers were asked a range of questions relating to their experiences of accessing a FAST delegate – please note only those carers who felt this question was relevant to them has been included in this data.

- 65.6% reported feeling always or mostly satisfied with advice provided by their FAST delegate
- 61.7% reported feeling always or mostly satisfied with support provided by their FAST delegate
- 57.5% reported feeling always or mostly satisfied with advocacy on behalf of carer with Child Safety
- 58.6% reported feeling always or mostly satisfied with outcomes achieved.

Comments:

- *As a FAST rep. I am unaware of any carers advised to seek information from FAST rep.*
- *Not needed to use*
- *We know who our FAST delegates are but that is it. We have not had any information about what they can do for us*
- *(office DE identified) only recently got a fast delegate, and have never used the service.*
- *My FAST rep did not follow up my issue or call back. This has also been the case with 2 other carers that I know of. Very disappointing*
- *not aware of any FAST delegates in (office DE identified) region*
- *I have recently had reason to access support from FCQ because of the way the children's case was being handled. I wasn't 100% happy with how the meeting was run but I feel at least everyone came to an understanding that was lacking previously in the case planning. I may even be invited to participate in some of the discussions now, but we shall see. At least I have this avenue now, where before all of the participants were banging their heads against the figurative brick wall and getting nowhere*
- *Fast delegates can't be as helpful as is needed when they are also carers and suffer retribution from the same dysfunctional DOCS office. They are not stupid. They will not stick their neck out and risk having their kids removed too. A FAST worker needs to be a 'retired' carer that has experience but does not have children they are currently caring for*
- *Have never been provided with my FAST delegate details or information on how to access*

Looking Forward

During this section of the report, carers were asked a range of questions relating to their future as carers and what they would like to see change.

Firstly carers were asked how long they intended on continuing to provide care for. 82.61% of carers reported they intended on caring for more than 3 years. 10.14% stated they only intended on caring for another year and the remaining 7.25% stated they intend on caring for another two years.

Carers were then asked if there was support that would influence that decision – 45.59% of carers stated that the support they received would influence this decision.

Comments:

- *I am moving to another area to resume fostering. I would like to continue but that would depend on the placement level of support respect and working relationship with dept and agencies*
- *Ensuring DOCS support placement, especially children that have health issues*
- *We are disheartened with the (office DE identified) office they don't follow with drug testing they don't do random house checks on parents or carers (office DE identified) office have signed off on parents that have active DVO and that have failed drug test and returned children*
- *We would like to feel that the Department of Communities has more interest in the kids & supporting us through our struggles*
- *Will all depend on how (agency DE Identified) handle our situation weather we stay carers or not.*
- *Children need our support. There is no reason whatsoever to stop me from continuing in my role as a carer*
- *To be more included in support or placement agreements. foster carers are the last to know anything*
- *If my long term children were moved*
- *I have a long term child in my care so I will continue to be a Carer until he is 18 then I will reconsider if I am still motivated to be a Carer with my local office as some of the staff there think they are god and I don't like being treated like a client and lied about*
- *Continuing pressure from the Dept. to take placements that are obviously outside my agreement. I know there is a high demand. ... but I have made it VERY clear what I can manage, and what are definitely NO's for me*
- *Decisions made by Child Safety concerning children that cover their backs but have no consideration for the emotional welfare of the child*
- *Depends entirely on my physical ability to continue giving 100% care*
- *No support. Feel judged*
- *I have decided to quit caring and will advise anyone who asks to avoid doing it.*
- *We are very capable carers with a great deal of experience dealing with High Complex young people, but when we ask for help and support for our mental health needs it always comes down to funding and being told we are 'doing a wonderful job'. We know that already, when we ask for help we NEED it, and funding should be available*
- *A little more support from CSO would be great. Communication is essential. Rudeness and unprofessional workers should not be considered as CSO's. A return phone call within a day or even a call just to see how things are going. Or even meeting with the children occasionally and showing us (Carers and children) the respect they deserve*

- *My work placing*
- *General support from child safety would be good also placement agreements so i get to have a say and find out what's expected of me*
- *Treatment of carers by dept. costs involved especially child care*
- *We fully intend to have the placement until the children age out of care, and beyond, but whether the department will allow us to, is dependent on their agenda for the children*
- *The mishandling of the case has caused enormous stresses in my marriage and family. If that continues we will be unable to sustain the placement. The levels of trauma have been completely mishandled and this in itself has caused even more trauma for the children*
- *If we are similarly treated by DOCS how we were in the past we will not continue. We are highly intelligent professional people who have raised our own family and want to help some other less fortunate children. We found the DOCS workers to be rude and generally poorly educated, most were very young with limited life experiences and many were single and childless and had no idea about raising children at all but they had read something in a book so it must be right. They are poorly trained across the board in regards to attachment disorders and preventing or minimizing the creation of attachment disorder and seemed to have no understanding that their poorly thought out knee jerk, spontaneous decisions were decisions that will have a negative effect on these children for the REST of their lives, way beyond when they finally leave care. Their decisions and the current system in QLD are possibly causing more long term mental and emotional damage to the children in care. The carers live and care for these children 24/7 but in our experience and talking to many other carers as well we are rarely even asked how the DOCS decisions are impacting on the children*
- *Removal of the indigenous children in my care to an indigenous placement further traumatizing vulnerable children*
- *I would like there to less invasion on my privacy. Especially where renewals are concerned*
- *Changes to child care rebate percentages being based on carers' income would make it easier to continue caring*
- *Better Support from the department and taking the carers and children views in consideration when making decisions*
- *To be treated with the respect that I deserve, I hold a degree and work, we are not doing this for the money, I can earn more with one overtime time shift at work, so we don't deserve to be treated so badly*
- *Current manager and attitude of child safety workers not valuing/respecting carers as team members and that we are volunteers*
- *If taking on children becomes too much of a financial burden to my husband, myself and our own children*
- *Individual basis*
- *Assistance with the costs of vacation care. Having a support network where carers can meet and greet without feeling they are breaking the rules. Ongoing frustrations with not being able to access health care promptly for children in our care. To be continually told to access government services even though there are huge waiting lists and these children are missing out or having to wait long periods*
- *Carers were then asked if there was anything they feel that could improve the Child Protection System*
- *Child safety & NGO's have better sharing of information*

- Plenty
- DOCS to ensure they work as a team to provide best outcome for child and placement
- To listen to carers , and to put the children's safety first
- More communication & the occasional phone call to say "Hi, this is the department calling to see how you are going.... ok, this is how we may be able to help you." Better CSO's who are proactive in their job
- The department need to listen more to the carer and treat us fairly and not like lepers. We are there to help them. They need to stop treating us like the enemy. If they want us to treat the child/ren like our family then they need to support the family the child/ren is living with. Make the decisions more quickly and be fair to all. Explain why they made the decision they made. Stop treating the carers as second class citizens; we are doing the department a good service by helping them
- Professional training for carers who care for children who struggle as a result of alcohol or drug affected pregnancy
- All that needs to apply is continuation on the basis that all stakeholders maintain their individual situation in order that we are all on the same page with our thoughts and decision making
- Better communication from docs. Being able to have appointments with dept. manager when requested Not being treated like a 12 yr. old that has never looked after children before
- More information for carers and the children should have more rights than the parents
- Looking at individual placements as to LTGO regardless of culture
- We are very undervalued by child safety staff and very rarely listened to with concerns. Nothing will happen in my local office until there are staff changes
- Yes that they take into account that one size does not fit all, and consider the individual emotional welfare of every child in each situation
- A complete overhaul of management at (office DE identified) Child Safety office
- As I'm still full time at work, I feel I'm well supported with what I do for Emergency and Respite Placements. I would attend Training Programs if they were available at a time when I could manage to change work commitments
- Access to Immunisation schedule!!!
- Just keep communication open and honest. Answer queries in a timely manner and don't tell, us something is been looked into or dealt with a d not get back to us. I hate having to do all the follow ups
- Child safety workers need more real life experiences
- Centrelink services including child care debate at highest rate for foster children
- Child services DOCS treat you with respected
- If carers were viewed as incredibly important to the CPS arena, recognised as the people on the fore front of child protection and treated with respect and dignity and trusted, then things might change and carers would feel valued. If carers received apologies from CPS staff when they said or did the wrong thing, this would go a long way
- Trauma training should be mandatory. During the trainings I received I believe that a lot of the participants were not particularly knowledgeable about even basic child development, which would affect how the children were perceived
- I think DOCS workers should mandatorily be a foster carer for 12mths prior to becoming a CSO or above. If they can't care for a child in their own home for 12mths and deal with the crap decisions by DOCS workers and see firsthand how this impacts the children in their care then they do not

have the ability to be a great DOCS worker that makes decisions that are actually in the best interests of the children. By having DOCS workers that have been carers first THEN you will improve services and support for carers and there will be much better and informed decisions made in the best interest of the children

- *Automated ATC and Health information upon placement*
- *Local meetings*
- *Foster carers need to be paid remuneration on top of the allowance for the children, a superannuation scheme as well should be implemented. I gave up a very good position to foster children some 16 yrs. ago. When I work out now later in life how much financial gain I have lost is substantial*
- *Better support and inclusion for carers*
- *To be treated better, this is our first child, and we will see this child through but will not be doing it any more. I am so disappointed in the whole process, and understand why you are always crying out for foster careers. We have talked to several other foster careers and all, every single one has stated the same problems and dilemmas. Fix this and stop the bullying from the department towards the careers, because they are bullies, and it's not fair. Stop this and maybe people will continue to care for children who so desperately need it*
- *Extra financial support when it comes to health costs like glasses and extras. Children cannot receive free glasses if they haven't been on a current healthcare card for more than 6mths. Also something needs to be done about the time it takes Centrelink to add a child to the carer and the speed in which a healthcare card is issued. It took 5-6 weeks for Centrelink to process my last placements and issue healthcare cards*
- *Community engagement and distributed leadership*
- *Have placement support workers and CSOs that have knowledge about health services so they can help carers navigate the system. Perhaps have a health co-ordinator that carers have as a single point of call*
- *Reduce workload of CSO so they would have the time to study case files and be informed about the children, they always seem so overloaded*
- *More accurate information about children and communication between docs and the agency needs improvement. CW need to understand that carers need answers to questions such as travel etc. in a timely manner so as to make arrangements.*

Carers were then asked if they could change two things about the Child Protection System tomorrow, what would they be, comments were as follow:

- *Better sharing of information. Respect for cares.(not just at foster care week celebrations). To be treated as a partner that spends 28/7 with the young person*
- *Not all children benefit from family contact. I have raised children where there is no hope of generational changes due to the fact the person who they call mum and dad have had a bad influence over their lives in care. I wouldn't send my children to regularly see drug dealers prostitutes paedophile's but I as a foster child send these kids off to such people what message do these kids get from an early age. Their parents' choices are acceptable. I put my heart and soul into the f children only to see them follow their parent's ways to self-destruction*
- *Full support and contact regarding child's health needs*

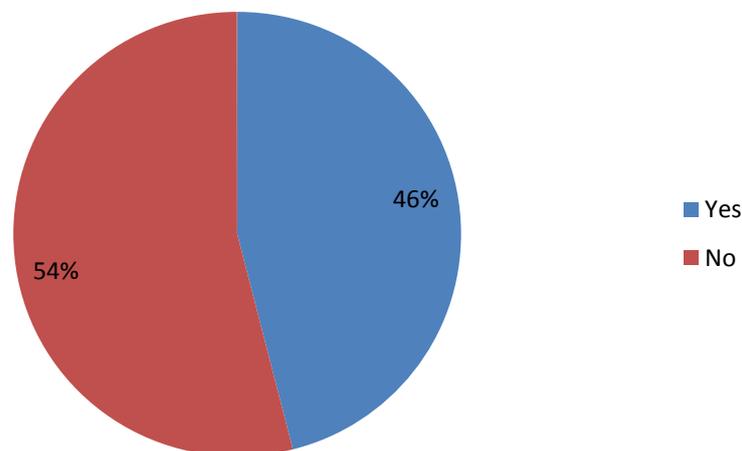
- *All carers be provided with clothing voucher for emergency placement Carers be provided with food vouchers for emergency placement*
- *All prospective carers should do SMART training as part of their condition to become general/kinship carers*
- *Some of the CSO and team leader and manager of (office DE identified)*
- *Access to more Community Visitor time. 2. Showing an interest in the kids & being proactive about supporting both the kids & us*
- *The department need to become team players with the carers. Stop hindering them and help them instead. Have access to our own information that they write about us. Know who to put complaints into. And get a fair hearing. Have access to the manager of the local service*
- *Child safety officers getting to know the children better 2. Working on removing the stigma that children in out of home care face*
- *Reduce red tape. Remove unnecessary secrecy*
- *Better communication And for staff to realise I have looked after children before and don't need to be told how to talk to and look after children*
- *Keep siblings together if possible make LTG decisions sooner*
- *That the children are listened to more and that carers are supported more*
- *Children and their needs should come first*
- *LTGO to long term carers*
- *In my local office it would be to remove the toxic senior staff that can destroy a child's life in just a few sentences of nonfactual information. And for staff not to mistreat carers and treat carers with the respect we and our families deserve. We work very hard day and night to give children all their needs and much more. If child safety staff and carers worked together with respect for each other equally it could be a very positive environment for all involved*
- *Get rid of the ridiculous reunification rule... majority of kids are not in foster care for no reason. ...home is often NOT the best option... and family contact is regularly more disruptive than helpful... and... make adoption more available*
- *A complete overhaul of the Child Safety Office in (Office DE identified). 2 A more consultative process regarding decisions made around each child*
- *More information provided to the carer; that the carers are more highly regarded for our services to the child and the system*
- *Placement guidelines, and review process of IFC placements*
- *Get support people who will listen to you, advocate on your behalf and not be intimidated by the Dept. of Child Safety then hang you out to dry*
- *Replace Manager at (Office DE identified) System needs to listen to carers concerns more*
- *The entire system needs to be overhauled so as to be more transparent and managers need to have less power*
- *Sometimes in the past when I accepted Emergency Placements, I was given a timeline which went way beyond what was given. I ask that the Placement Team be honest with the number of days the child/ren is expected to be in care. Also, when asked by (agency DE identified) to consider a placement, I need more information re the child for the benefit of the child before accepting. I do my best in providing a safe environment and give the love and care that is needed. Unfortunately, sometimes more is needed. If I were given more information from the beginning, I could be better prepared when accepting the placement. So more information prior to accepting the child, re needs, type of care and behavioural tendencies. Usually I'm only provided with age and gender*

- *To be considered as work colleagues of the department or agencies so that you are on an equal footing with the same rights and benefits. To be acknowledged and respected for the fact we spend 24/7 with these children and that the carers views on the decision surrounding the young people should have considerable weight before implementing a decision*
- *Once the child has been in care for more than 2 years with the one carer and agency the dept. should step back and just let us get on with it. Remove the red tape and put the children's needs before funding*
- *Return phone calls. CSO's should treat us with respect as an even and not belittle us*
- *Parents should be given a certain amount of fixed time to get themselves together. If they don't do that then they should step out of the children's lives as all they can offer is negatives to the child. Having teens I've seen how years of parents brainwashing at every meet becomes fixed in a child. I don't allow my own children to mix with drug dealers etc. as I believe doing that gives children the belief that the behaviour is ok*
- *More info provided to carers ongoing. Carers being seen as significant people in children's lives after moving placements*
- *Regular visits for the children in carer and carers themselves. More information on the children*
- *Child comes first always. More respect for carers. DOCS cases workers have to many children on their books cut down to 10 children only*
- *Nationalise the foster care system. 2. Allow carers to become professionals in their field of work*
- *Inclusion of the carers who know the children best in decision making. Making the focus on the children and their holistic health rather than whether parents are ticking generic boxes. How decisions affect the children and whether they are able to cope with the changes these decisions will bring. Basically I think this means that the entire stakeholder group including therapists and especially carers should have input into the case plans, so that the entire family has a chance of successful reunification rather than accepting that there will be a revolving door effect in a large percentage of cases. Work with the parents to help them break the cycle*
- *Put the rights and the needs of the children first. If the children don't want to see the parents that starved, abused and hurt them then they shouldn't have to. Babies that have been in care since birth and have formed primary attachments to the carer should not be forced to have contact visits with birth parents and relatives without the carers being present to support the child. This happens in other states but not QLD and these young babies and toddlers are developing attachment disruptions due to contact visits. Everything should be run so as to minimize attachment disorders. These are the one thing that cannot be repaired by counselling and therapy and the major thing that affects these children for the rest of their life and leads to relationship breakdowns at school, with their carers, drug and alcohol abuse, intimate relationship breakdowns as adults, etc. etc. the cycle repeats. Docs workers do not make attachment friendly decisions*
- *Improved resources (staffing) Remove power obsessed staff*
- *Child focused Consistency for carers and children*
- *Children able to be adopted after LTG granted. Foster carers respected and treated as equals in the system, not treated as they are the biological parents that have let the children down*
- *If a SOC is put on a carer, it would be better if the Carer was able to defend themselves before the SOC was place on them and forever on their record. It's unfair that the Department of Child Safety has meeting with tour support network before contacting the carer and including them in the discussion or allowing them the chance to defend themselves. Carers are guilty and constantly have to prove their innocence. It's demoralizing, unfair and plain rude. In a court room we would*

be allowed the chance to defend ourselves but as carers we have a SOC put on us and informed later that this has happened and there's not a thing we can do about it or to get it removed from our record even though we are innocent

- *Better advocacy for the child's needs and wants. Child rights become before the parents*
- *That carers be given more rights, to aid in the care young children. That the department be held accountable for their actions and lack of actions, in regards to children in care and people who care for them*
- *Less skewed towards involved adults and more structured to protect children and involve children in decision making*
- *Open the recruitment for CSOs to have health background as well. Buddy new carers with an experienced carer. Make the Fast Delegate a paid position so more people will put their hands up*
- *Foster carers to be more involved about decisions made for the child CSO to have more respect for carers*
- *Better communication. Clearer rules and boundaries, uniform rules regardless of where you live.*
- *Someone accessible by telephone at child safety, you phone and everyone is permanently out of the office*
- *More help and communication from. Child safety. More inclusion in processes. More direct funding for child services such as vacation care paid directly to service on top of allowance*

Finally – carers were asked if they would recommend fostering to a friend.



North Queensland Region

2016 Carer Survey Report

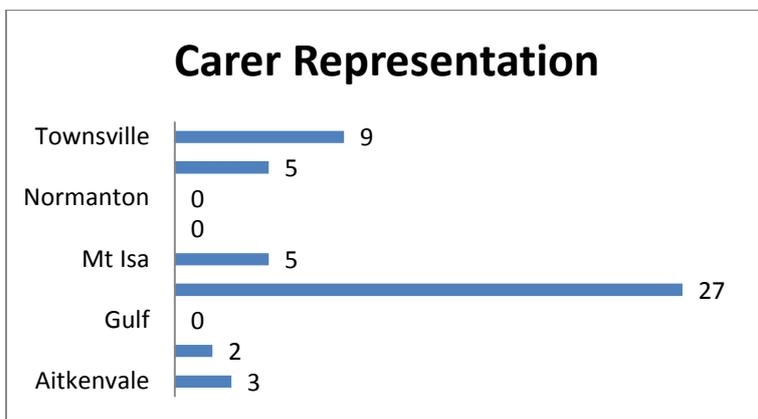
Contents

About the Carer	275
Relationship Status	276
Culture Diversity	278
CALD Community	281
How satisfied are you with Relationships with Staff at Child Safety Services	282
Child Safety Processes.....	289
Standard of Care/Harm Processes	293
Confidentiality.....	294
Financial	296
How satisfied are you with local practices of CSSC.....	298
Education Support Plans	301
Child Health Passports	302
Placement Agreements.....	303
Centrelink.....	304
Support	305
Foster and Kinship Care Services	306
Foster Care Agreements	310
Training	311
Complaint/Concerns Processes	312
Foster Care Queensland.....	313
FAST Program.....	314
Looking Forward	315

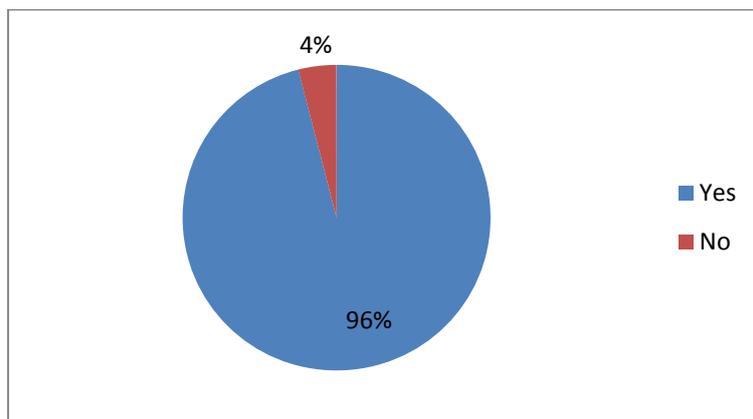
North Queensland Region

About the Carer

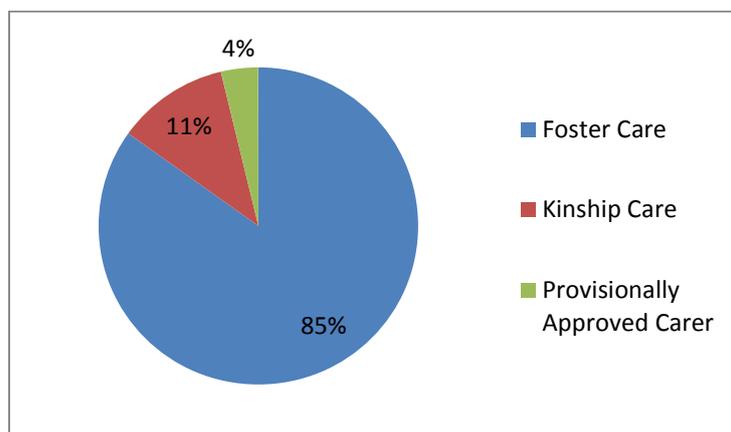
In the North Queensland Region 51 Foster and Kinship carers completed the carer survey and were represented in the following Child Safety Service Centres.



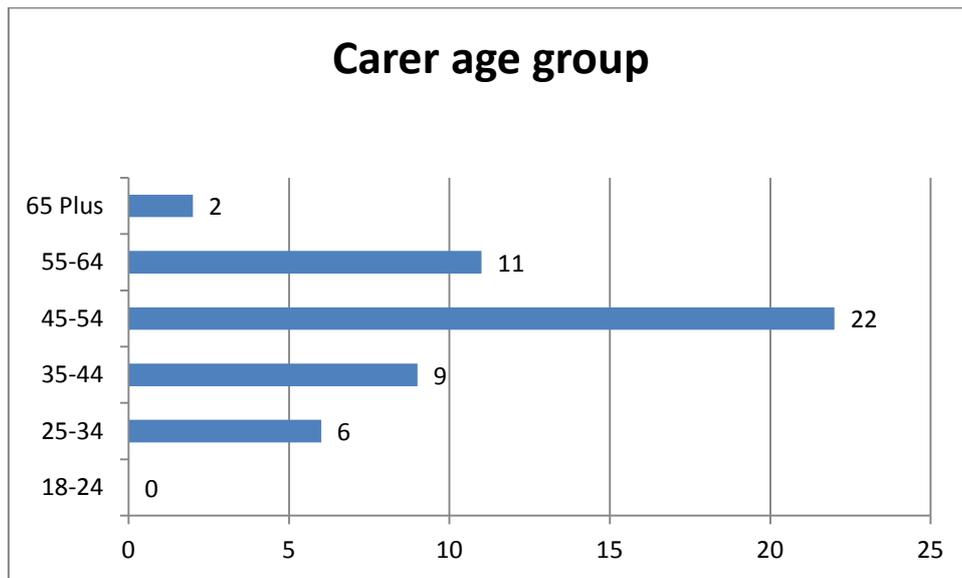
Carers were asked if they were supported by a fostering and kinship carer agency with the vast majority of carers in North Queensland who completed the survey confirming they were.



Carers were asked whether they were foster or kinship carers, the vast majority of carers identified as foster carers.



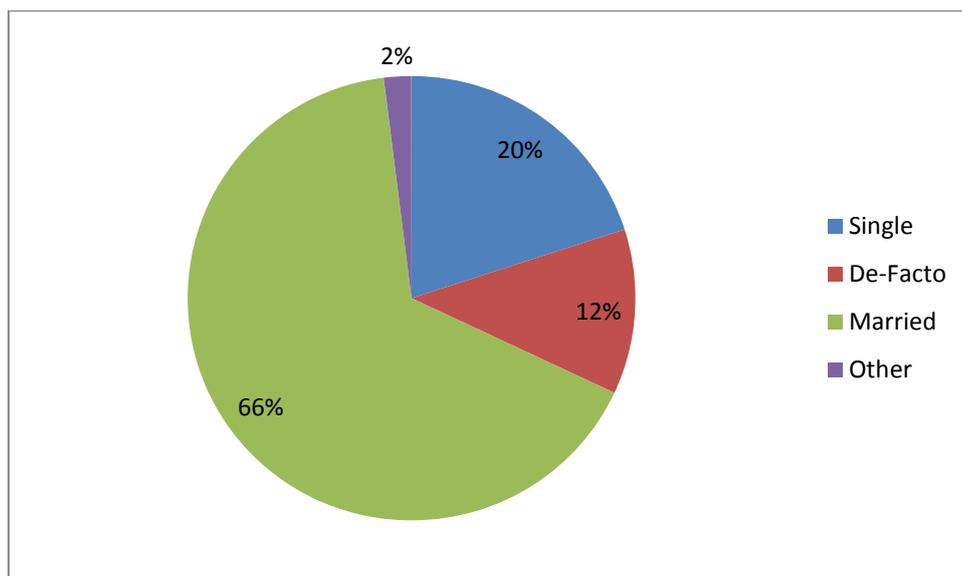
Carers were asked to identify the age group they fitted into.



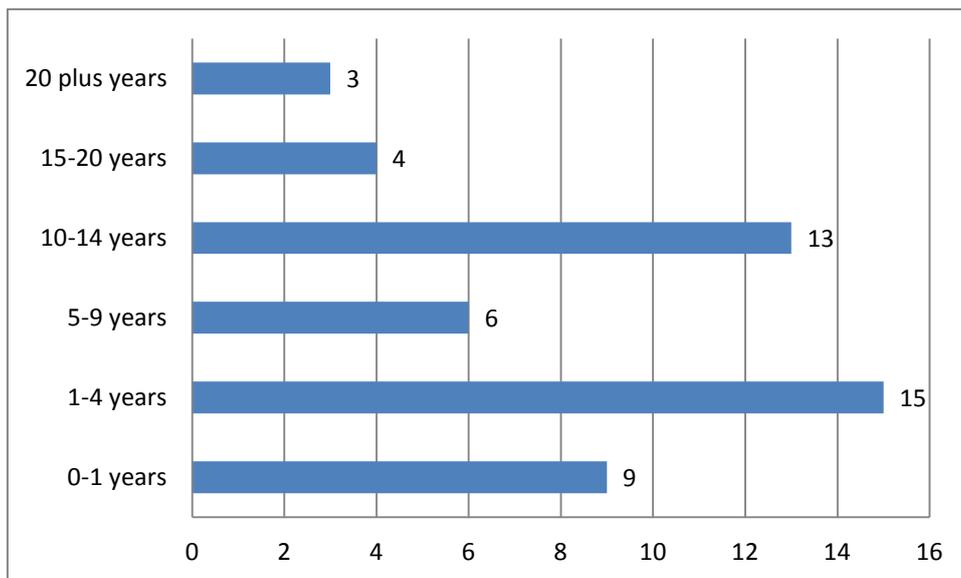
Aboriginal and Torres Strait Islander

Four carers in North Queensland who completed the survey identified as Aboriginal. No carers identified as Torres Strait Islander and no carers identified as Aboriginal and Torres Strait Islander.

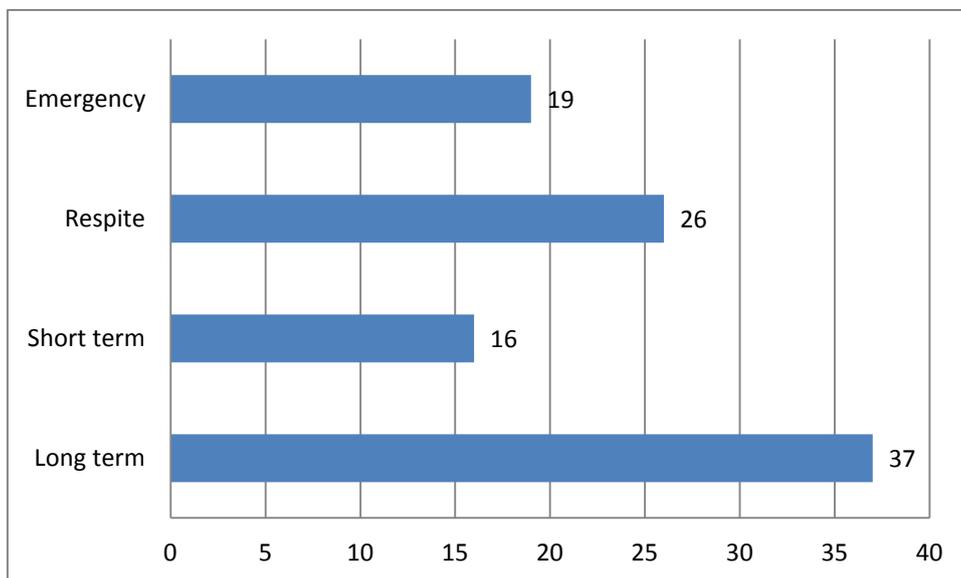
Relationship Status



Carers were asked how many years they had been providing care for.



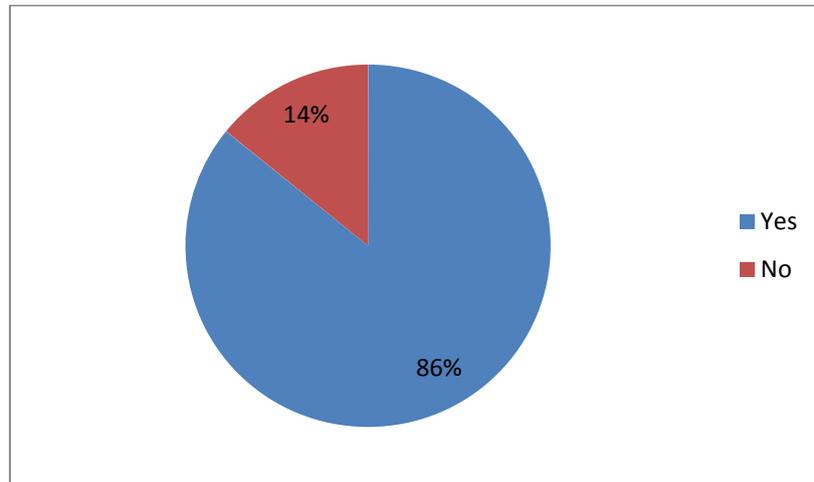
Carers were asked which type of care they provide, please note that carers were able to tick more than one type of care.



Culture Diversity

Carers were asked a range of questions relating care of Aboriginal and Torres Strait Islander children as follows.

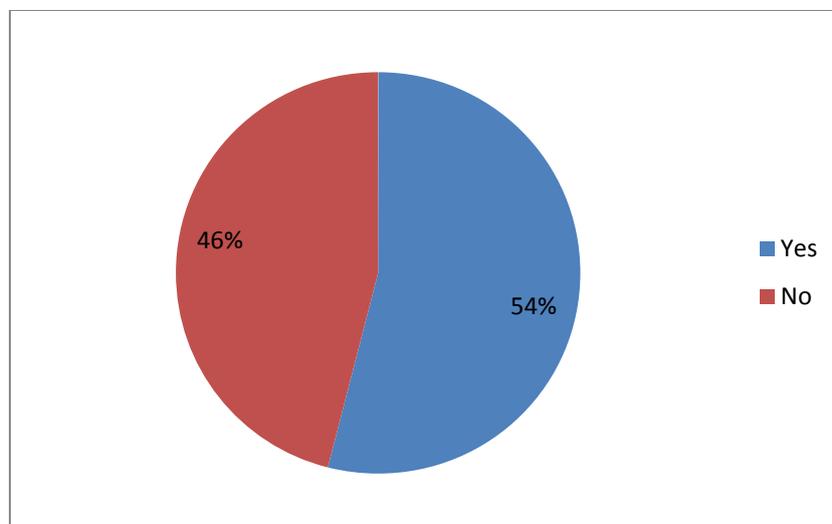
Are you caring or have you ever provided care for an Aboriginal and/or Torres Strait islander child?



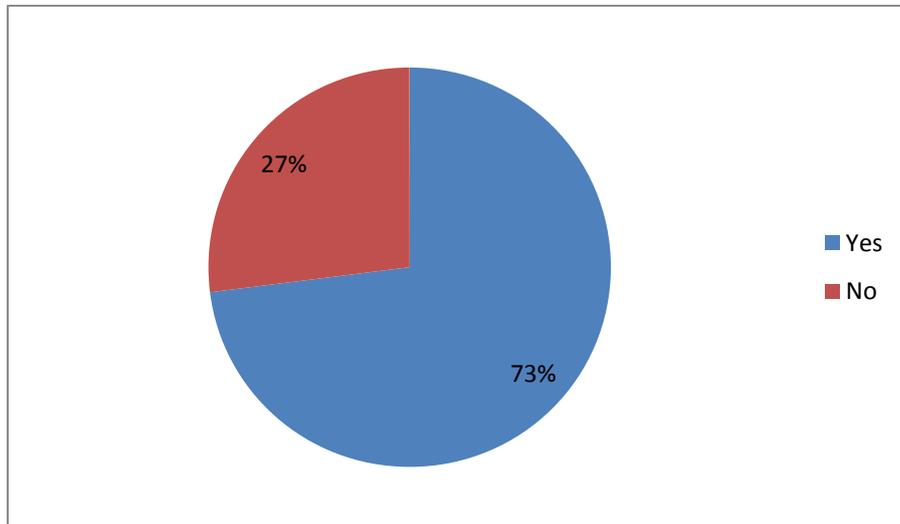
Given that only 4 carers identified as Aboriginal in this survey, the majority of those carers who have responded yes to this question would not identify as Aboriginal or Torres Strait Islander.

Carers were then asked if they had answered yes to the above question, whether they had a cultural support plan in place. Only 53.66% answered yes to this question, leaving 46.34% of children placed in care where they identified as Aboriginal or Torres Strait Islander either without a Cultural support plan or where the carer had no knowledge of its existence.

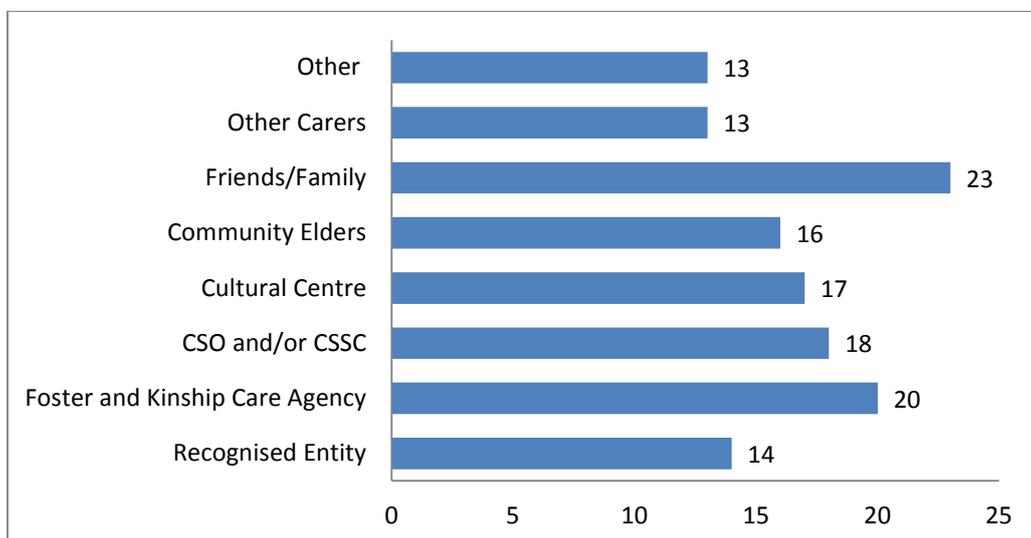
Carers were then asked if they were provided with Cultural awareness training to assist them to care for a child who identified as Aboriginal and/or Torres Strait Islander.



Carers were asked whether they understood the Aboriginal and Torres Strait Islander Principle. This principle is explored with foster carers in the Pre-Service Quality Training, however it must be noted that carers are inundated with information during this training and if this is not followed up with further education and information, it is likely it won't be retained by carers. Whilst most carers reported they understood the principle, nearly 30% of carers in North Queensland identified they don't understand it.



Carers were then asked where they accessed their Cultural information from. Please note that carers were able to tick multiple boxes as sources of information for this section.



Carers were asked to provide examples of how they meet the cultural needs of children in their care:

Comments:

- *Take them to functions that required them to attend*
- *Ensuring they have culturally appropriate toys, reading matter and contact with their family where possible. Ensure they attend culturally appropriate events etc*
- *By providing the tool and education to support and promote the child's culture and traditions*
- *Encouraging their involvement in celebrations and activities. Teaching them (younger children) about their culture through books, films, etc. Linking them in with other people from their same cultural group. Maintaining family contact*
- *Not a lot of contact with CSSC as respite carers*
- *Helping them understand their heritage / where they are from. Family trees. Different foods.*
- *Accepting and respecting the child's culture. Participating in various community program such as Multicultural Festival Naidoc Week celebration. Learning their culture, reading them dream time stories, display and use of things at home to connect them with their cultural heritage, and more*
- *Cultural training for the child. Family contact*
- *We only had emergency care. Not long as enough to support cultural needs*
- *Bowen Cultural Centre once a week, in George Street*
- *Living in Mt Isa there are many groups and organizations that support the indigenous programs that we can attend. Naidoc week and play groups for children focus on their culture and future in this community*
- *Using the plan and support from the agency with a cultural support planner*
- *Our nephews are around family and other aboriginal people on our station*
- *Take them to any social activities Attend NAIDOC activities Read stories Bush walks Talking with elders*
- *Discuss culture attend whatever there is in community*
- *By allowing them to continue cultural routines such as Christmas and Easter and birthdays*
- *I feel that there is a lot of talk about white carers providing culturally appropriate support to the Indigenous children they care for however nothing is followed through it is just lip service every 6 months at placement meetings - by both the REs and the CSOs*
- *Music, puzzles and doing cultural activities speaking some words in their native tongue*
- *Engaging with cultural activities*
- *Offering children to mix with their culture and offer them to go to functions and outings that they have*
- *Involvement in local cultural events and interaction with other*
- *We are sensitive to Aboriginal and Torres strait islander heritage*
- *As we are Aboriginal and South Sea Islanders we support culture through sharing oral history and teaching of culture ways*
- *I think we have a cultural support plan in place. But I couldn't say what's in it. I find the recognised entity a complete waste of time. They turn up to the odd stakeholder meeting and contribute literally nothing over 2.5 years now. I don't understand why they are there. At every stakeholder meeting everyone says they will try and organise some more family connection and understanding but again in 2.5 years, we have had zero progress in that*
- *Encouraging a knowledge of their culture*

- *By finding out any info that the child has asked about*
- *Learning what I can and applying/practising whenever possible*
- *Find out everything possible to do with regards to the child's culture, ensure my family is culturally sensitive and inclusive*
- *Ensure the child/ren visit their country, engage with their parents and talk about culture.*
- *Ok losing family tradition and culture/religion*
- *Providing opportunity and access to taking part in the language, philosophies, cultural norms, art, song lines and interpersonal interaction*
- *Openly talk about the culture. I have story books available to read to age appropriate children to further invite opportunities for discussion*
- *I feel that I support the children in their culture in the way of having regular contacts with their Elders, family extended family, relatives and other carers with Indigenous children. We attend family gatherings and important dates for their families. We attend NAIDOC, cultural events and the children are attending Aboriginal Dancing. Deadly Choices run School Holiday activities and they also do programs at s their schools. The children schools are also involved Indigenous Culture activities*
- *As I am married to a Torres strait islander I feel the children are made very aware of their culture through my husband and his family*
- *Training*
- *Safe environment*
- *Family contact, trips to palm island, Naidoc, spring fair on palm, encourage and support child with their identity*
- *Reading culturally appropriate stories & cultural history books, taking for bush walks to identify 'bush tucker', attending cultural festivals/occasions, talking with other indigenous people so that they can talk to the children. Observe aboriginal art & artefacts so that children feel connected to country & their people. I try and immerse the children in whatever I can find that is culturally based*

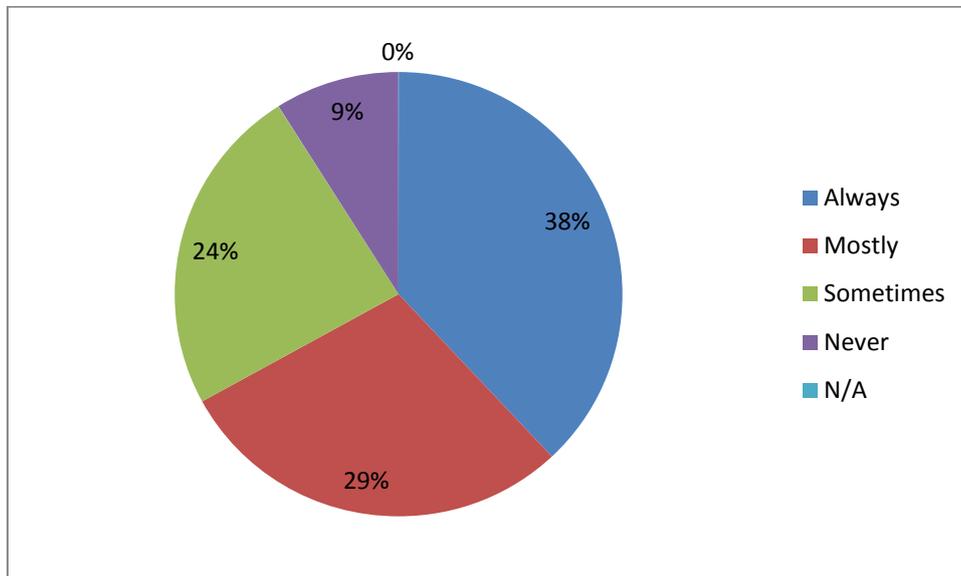
CALD Community

This is the first year that FCQ has sought to gather information from our carer community regarding the CALD community, specifically how many of our carers identify as being from a CALD community and whether carers have provided care for children and young people from a CALD community.

17.78% of carers who completed the survey in the North Queensland Region identified from a CALD community and 18.42% of carers in North Queensland Region who completed the survey reported they either were or had provided care to children who were from the CALD community. Carers who had provided care to children from a CALD community were asked whether they were provided with appropriate training to assist them to provide culturally appropriate care. Unfortunately only 18.42% advised that they had been provided with training.

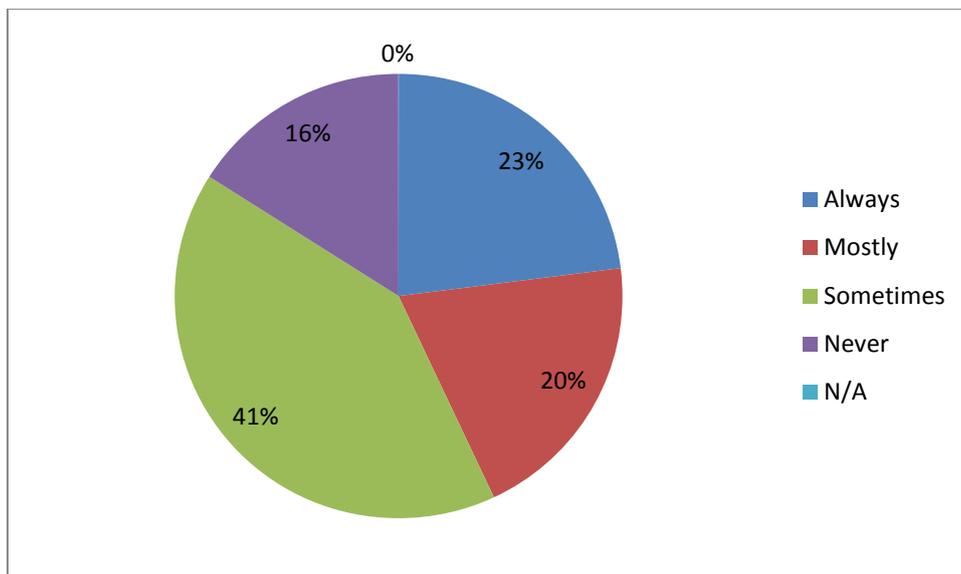
How satisfied are you with Relationships with Staff at Child Safety Services

Carers were asked whether they felt respected by their CSSC.



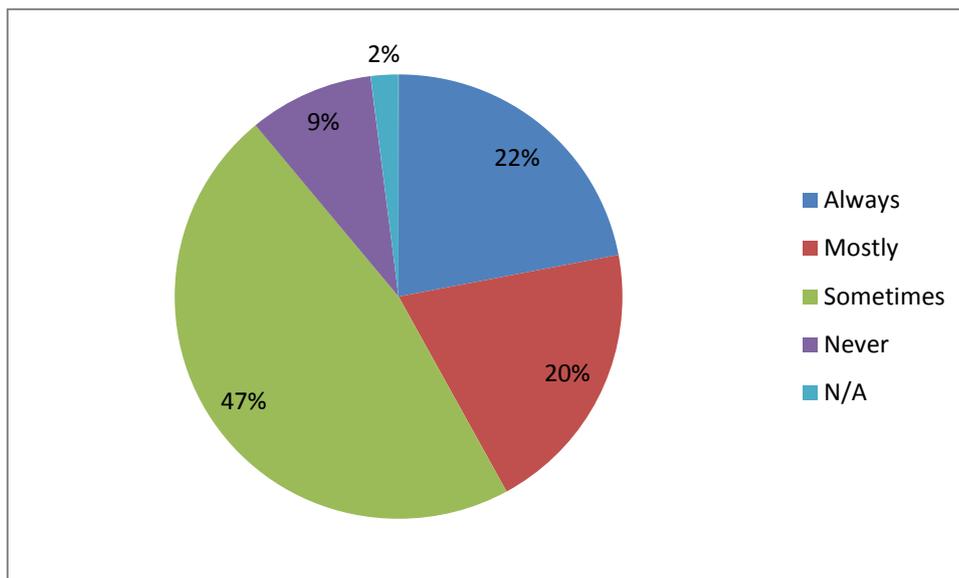
Two thirds of carers in the Northern Qld Region reported they feel respected always or mostly which is positive to see. Less than 10% of carers reported never feeling respected with 24.4% stating they feel respected only sometimes.

Carers were asked whether they felt part of a team.



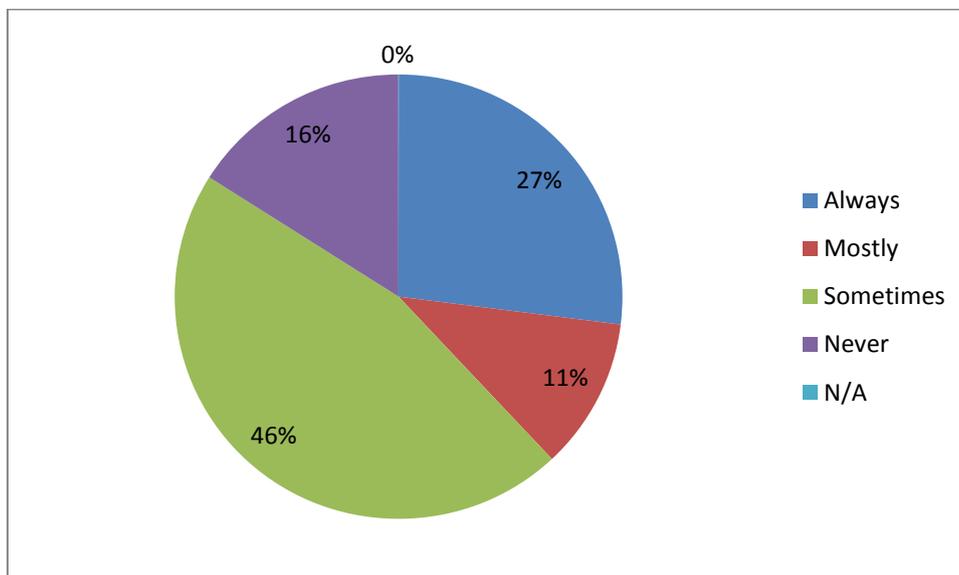
Unfortunately more than half of the carers in Northern Region reported they never or only sometimes feel like part of a team.

Carers were asked whether they feel as though their views are heard.



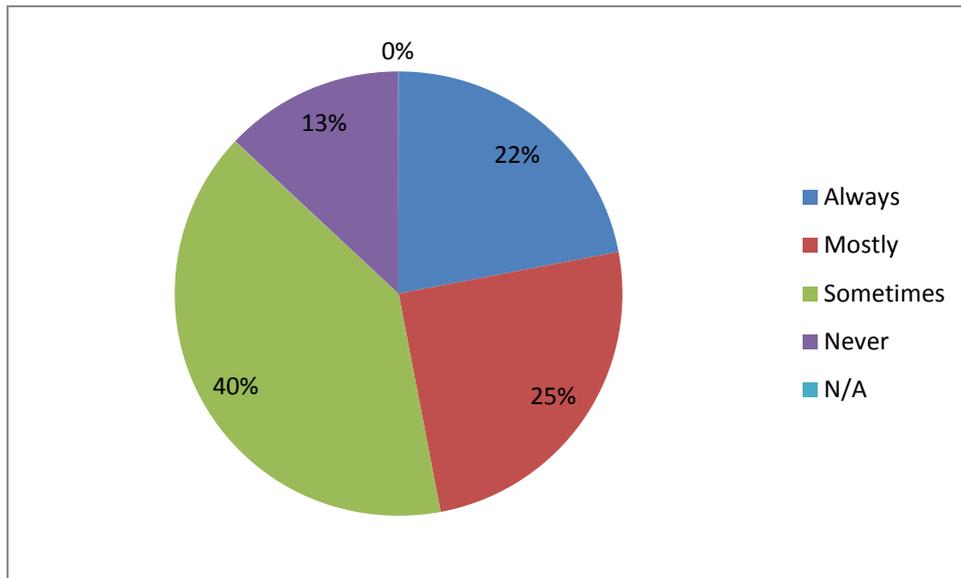
42.2% of carers in Northern Qld felt that their views were considered always or mostly. The majority of carers in this region felt that their views were only sometimes considered with a small proportion feeling as though they are never considered.

Carers were asked whether they feel as though there is consideration given to their whole foster or kinship family.

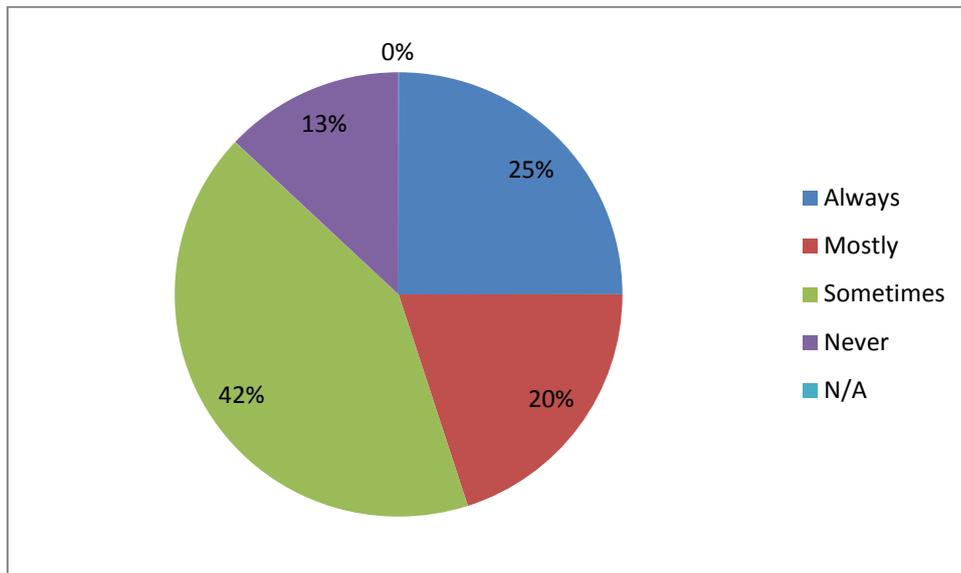


It is concerning that over 60% of carers felt that consideration is only given to their whole of family sometimes or never. Carers are more likely to resign from the system if their family is being negatively affected by fostering.

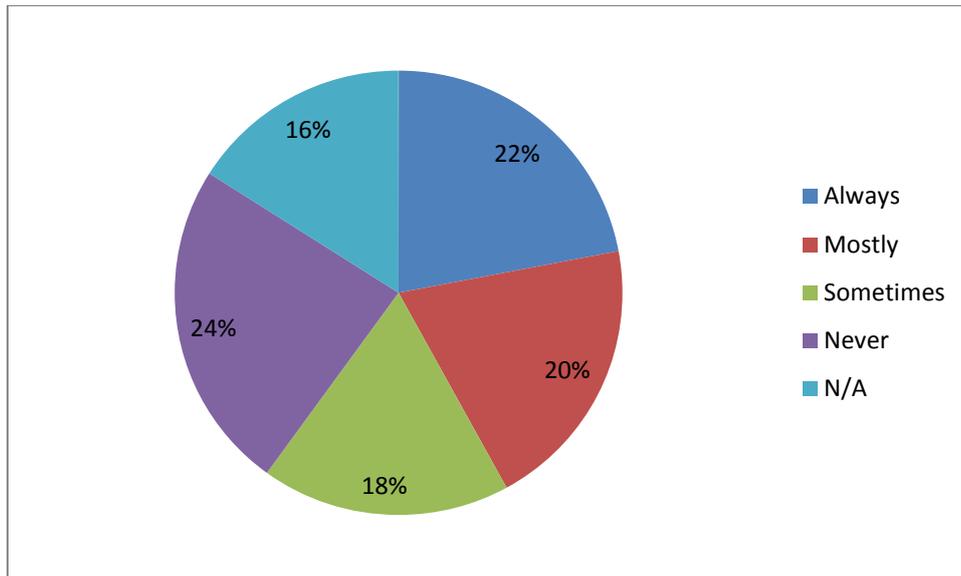
Carers were asked whether they received phone calls and/or emails within a 24 hour time frame.



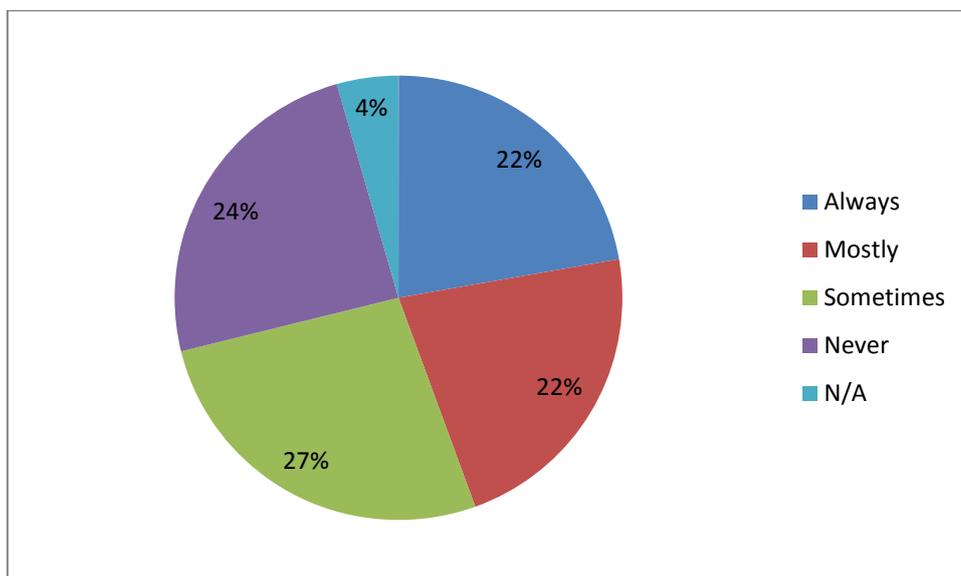
Carers were asked if the CSSC creates a supportive environment.



Carers were asked if they are assisted in completing applications for reimbursements/claims in a timely manner.

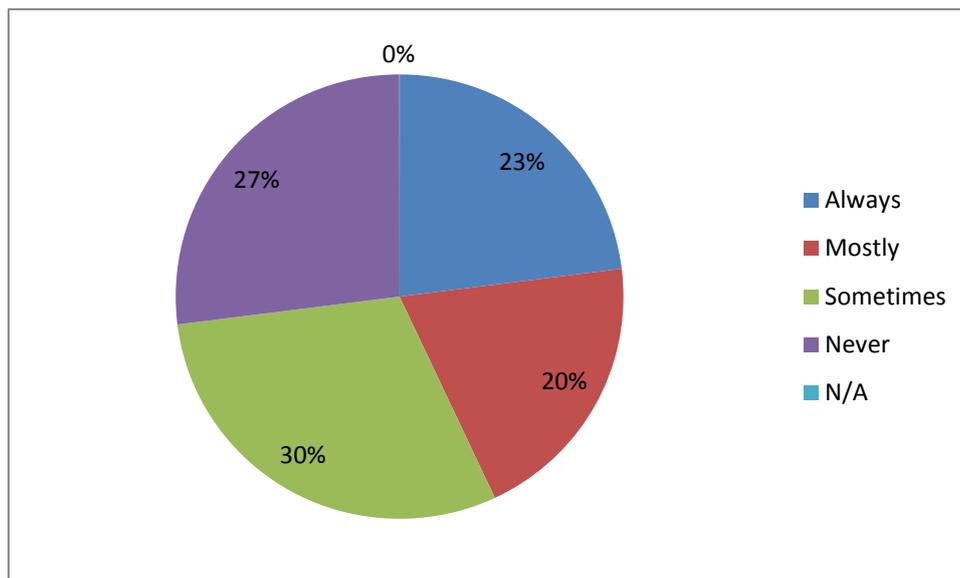


Carers were asked whether their CSO's let them know when they are going on leave or are going to be unavailable.



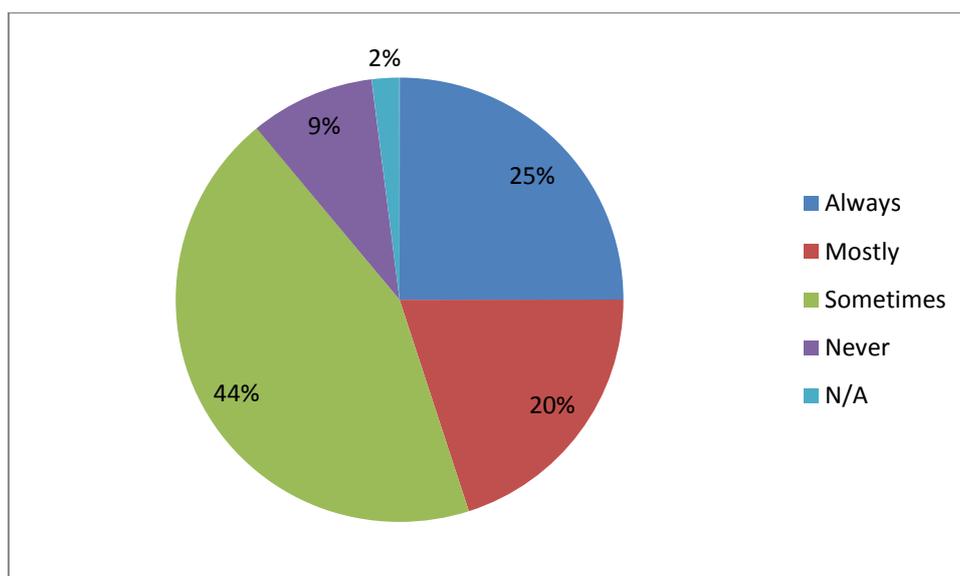
Advising the care team when planned leave or unavailability is occurring is a basic communication skill required in any team, this helps build respectful and supportive relationships. Over half of the carers in Northern Qld have reported they are never or only sometimes told of their CSO's availability.

Carers were asked whether they are given ongoing information about the child in their care.



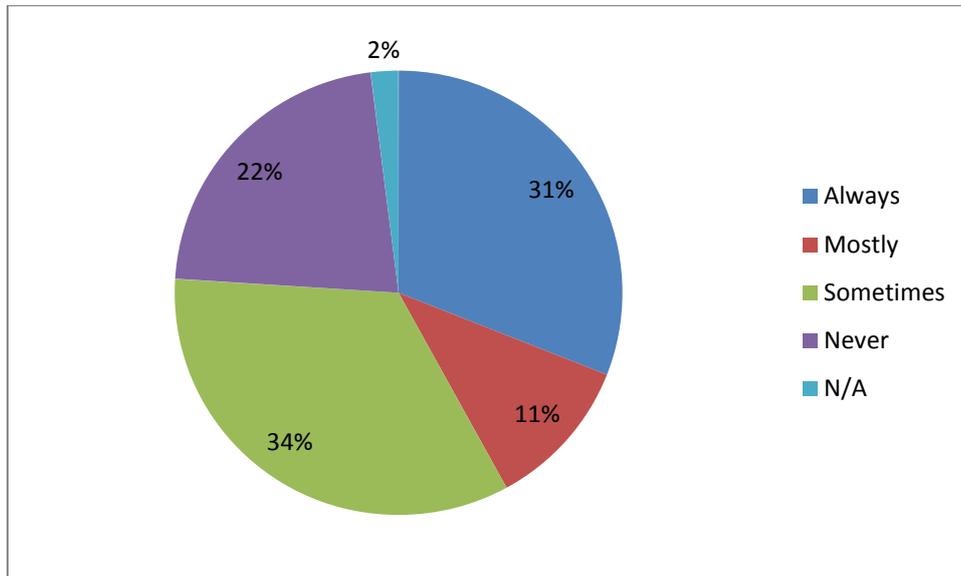
57% of carers reported they feel they only sometimes or never get up to date information about children in their care. The Child Protection Act (1999) requires Child Safety to provide relevant information to carers that allows them to provide safe and appropriate care to the child subject to orders and any other child in their care. It is therefore concerning that more than half of the carers in Northern Qld do not feel this is occurring. As can be seen in the Executive summary, FCQ is in the process of developing an Information Sharing module of training that will hopefully bring down some of the barriers to sharing of information.

Carers were asked whether support and assistance was provided to them by CSSC for the children in their care.



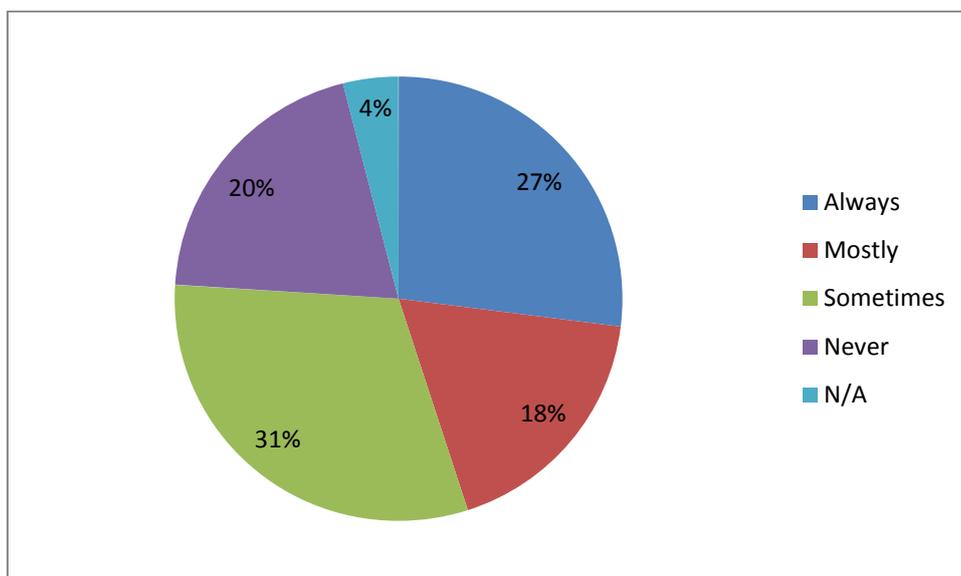
The majority of carers felt support and assistance was forthcoming sometimes.

Carers were asked whether they were respected to advocate on behalf of the children in their care for resources, goods and services.



55.5% of carers felt they were only supported to advocate on behalf of children sometimes or never. Carer applicants are questioned in respect to their advocacy skills during Initial Assessment processes with a view that approved carers should have the skill set to advocate appropriately on behalf of children. It is therefore concerning that carers are not feeling always supported to enact this for children in their care.

Carers were asked whether the CSSC are improving services and interactions.



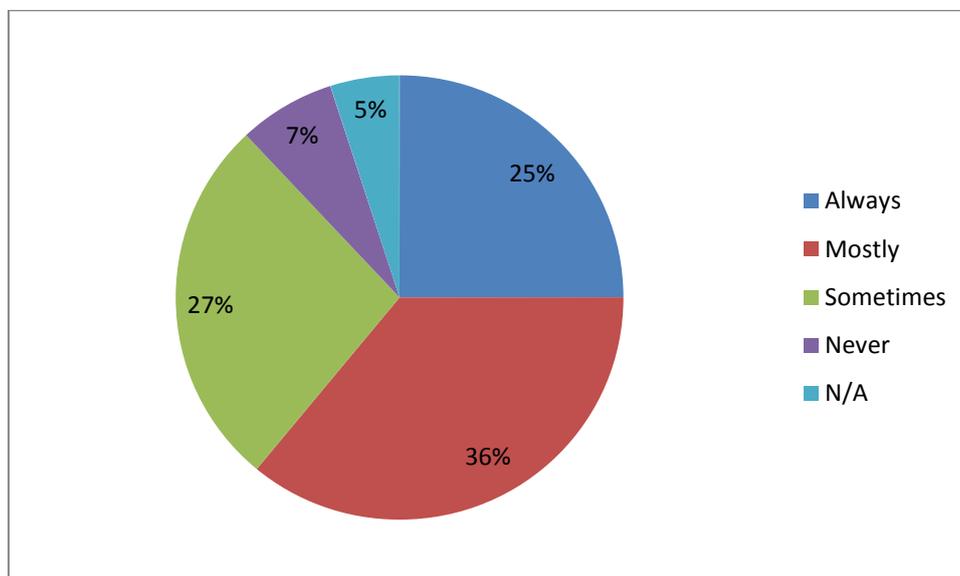
Comments:

- *It appears to us that some of the staff are restricted in being able make decisions "on the spot" and we have some concerns regarding the age/life experience of some of the case support officers*
- *We change support workers regularly due to staff changes and the children in my care are long term. I work in the education industry and with special needs students so I often source my own training and support networks and am able to help the support worker to know where to access this. I am also confident in going directly to the children's CSO if necessary, however, usually invite my case worker so they know what is going on*
- *Depends on the CSO that you're dealing with on the day*
- *I am satisfied with the my relationship with the Child Safety Staff or my case worker but I noticed they had been changing staff several times since I started fostering children*
- *Dept of child safety need to stop playing God thinking they know everything including what is in the best interest of a child. They need to start seriously listening to the people on the ground who are there 24/7 (The Carer's)*
- *We are very new carers and we are absolutely shocked at how badly we were treated by the CSO Officer and her lack Of support*
- *The Department of Child Safety is a terrible organisation run by government officials, whom really have no idea what should happen to children that are placed into care. Foster carers should have more say in what is best for a child that may be in their care and also have more background information as to why that child is in care*
- *Due to short staff*
- *Feel the Dept. in general laud it over carers and treat them with contempt. Rarely include carers in decisions BUT demand carers fulfil roles & tasks without consultation Expect carers to provide transport to family contact Treat carers at the bottom of the food chain often treat carers like mushrooms.....keep them in the dark and feed them bullshit Some have no idea of how children function & react to certain situations*
- *Carer stated that she is very happy with her current relationship with the YP's CSO. Carer stated historically her dealings with CS have not been as good and the first CSO did not do well at all in building a relationship with carer or YP*
- *Questions regarding involvement with the department are completely ambiguous. I currently have a new CSO that is much better than the last. But we couldn't have gotten worse than our last CSO. For an incredibly complex case with extreme high behaviours we were assigned a brand new fresh out of university CSO on her P plates still that was completely useless. There was literally no point having her assigned to us. This was at a time when the young people's father was released from prison after the domestic violence incidents. Contact with him was then organised by the department. Our home has been completely destroyed by an escalating 8 yr old as reunification broke down with their mother and contact started with dad. We had about 3 visits in 6 months which was completely unacceptable. During an extremely difficult time we were absolutely and totally Unsupported by the (CSSC DE identified) Child Safety Service Centre. When people ask me now about fostering I do not recommend it as interaction with the department created more stress and worry for us*
- *Not all, some CSOs are amazing, others not so much*
- *My support worker, (name DE identified), is the most wonderful person ever, kind, empathetic, the perfect person to do such a job*

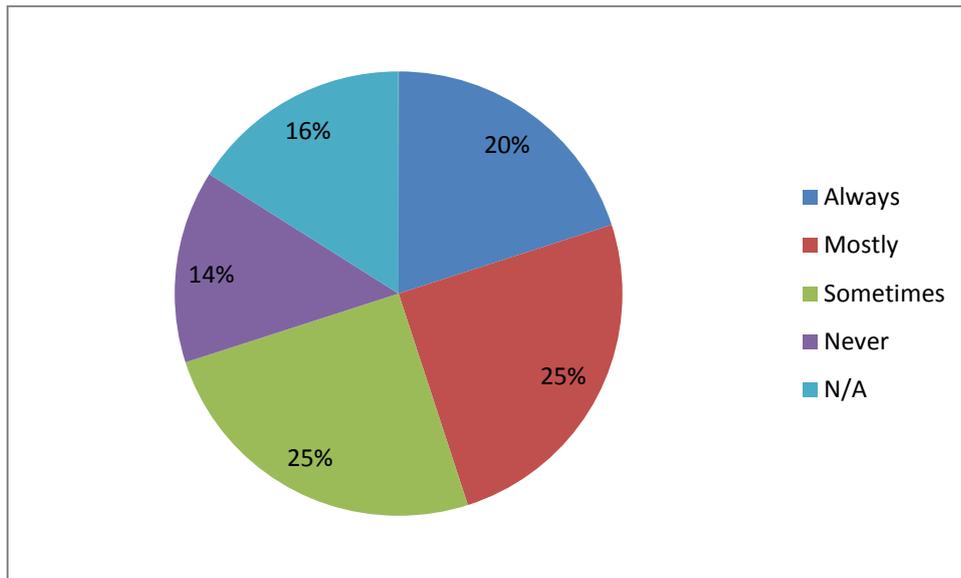
- Interactions are usually at my initiation. There is no genuine relationship building with worker and child. Lacking empathy
- As I have dealt with several CSO the interactions change - if I was to comment on one recent CSO the survey response would be more positive. Majority of decisions seem to be made based on how much capacity as a CSO team do they have to complete task or exercise. I am yet to meet a CSO that is focused on the best for the children. It is about do we have staff to transport?? Do we have a budget to cover this cost? Who can we get to do it as fast as possible? can we get these kids off out books.?
- Constant changes of Case Worker have seen us receive differing information on the same issue. Has cause issued to not be resolved
- These questions really depend on if you have a good worker or not
- They were quite difficult questions to answer because we deal with two different offices, (offices DE identified). (Office DE identified) is far and above the better of the 2 offices to work with whereas (DE identified) can be very difficult to work with. I find (DE Identified) on most occasions to be punctual with paper work (except ATC's) whereas (DE identified) is great with ATC's but as far as returning phone calls or emails, well sometimes it just never happens at all. The carer spends most of her day trying to contact the CSO only to be told they're in training or not in the office

Child Safety Processes

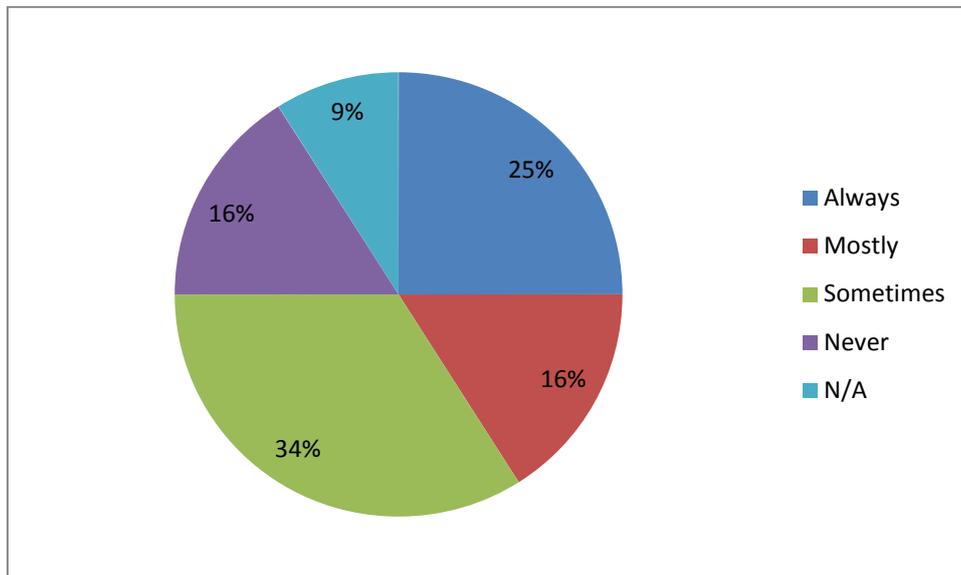
Carers were asked whether they were satisfied with the approval and reapproval processes as carers.



Carers were asked if they were satisfied with the completion of Placement agreements.

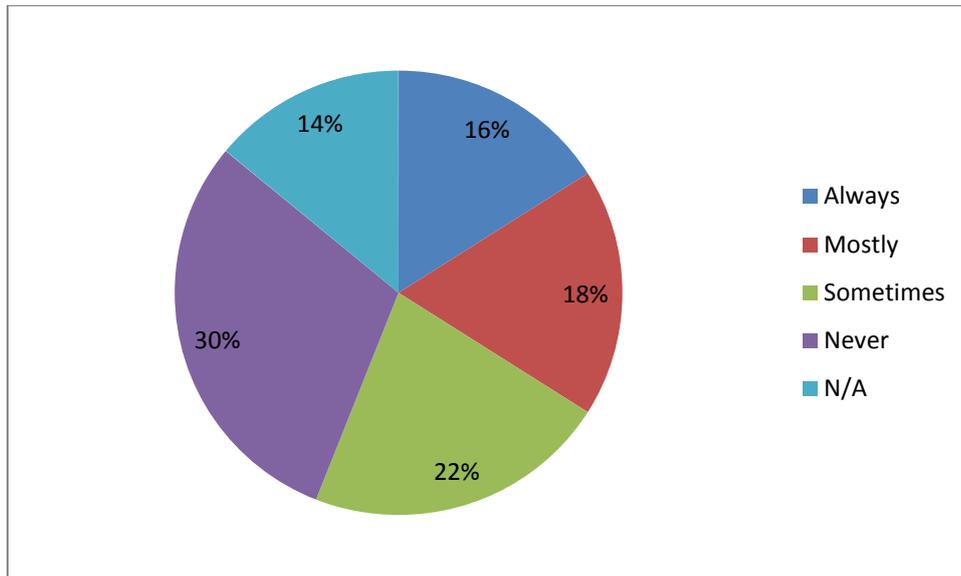


Carers were asked if they were satisfied with home visits being completed by Child Safety.



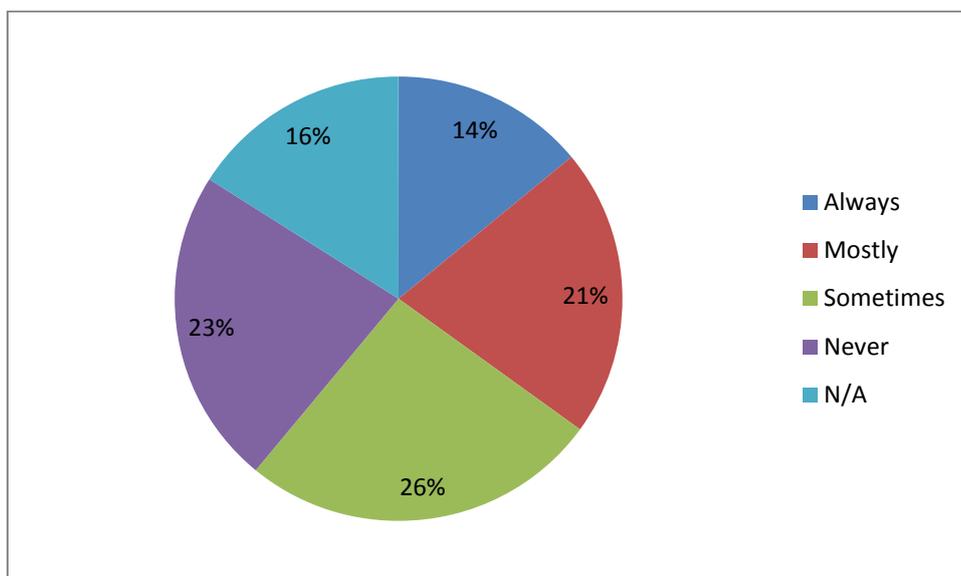
It would appear from this data that carers in Northern Qld would like to see more home visits from their CSO's.

Carers were asked if they feel satisfied with their ability to engage in Family Group meetings for children in their care.



Nearly one third of carers in Northern Qld reported they are never satisfied in their ability to engage in Family Group Meetings. Carers are an integral part of the Care Team and have extremely valuable input given their 24/7 care of children. Whilst it is understood that it is not always possible to have carers present at Family Group Meetings, there should be limited reasons as to why a carer could not be contacted prior to a meeting for their input.

Carers were asked whether they were satisfied with review processes within the CSSC

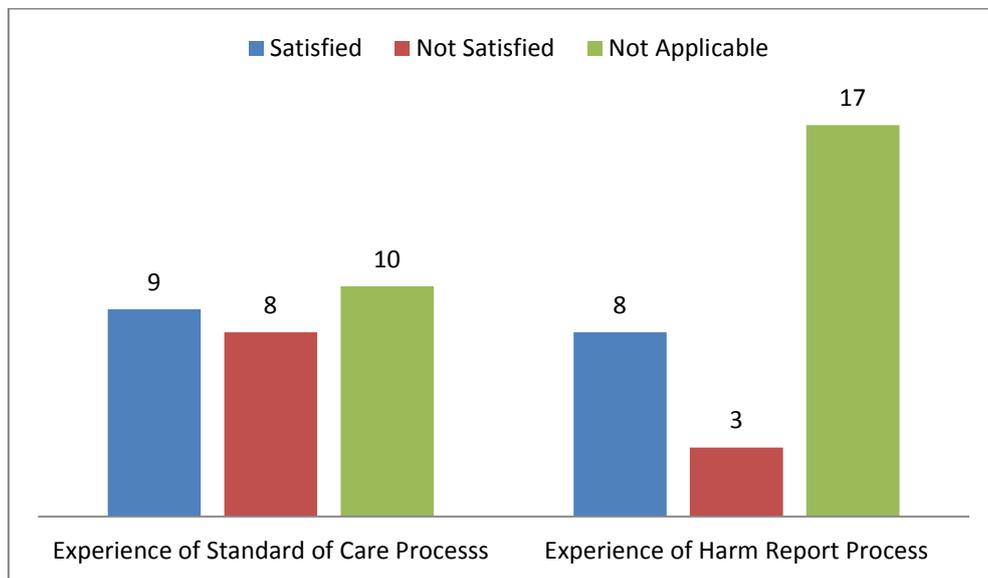


Comments:

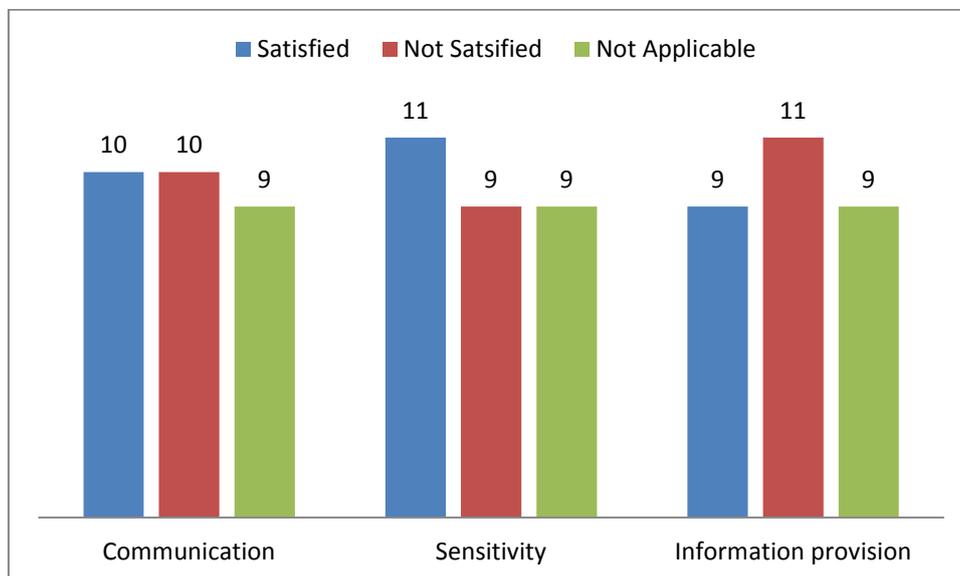
- *Very rarely were we included in family group meetings*
- *The approval process is often dependent on who you get and when they send a stranger from the community (someone from the coast) who flies in just to do approvals it becomes a very impersonal approach. Home visits by CSO's are hit and miss as it depends on who the case worker is. Some are great and visit regularly and are respectful of the family's commitments and others are difficult and come with the attitude that we have to bend to meet their commitments, fail to turn up to meetings they schedule due to sickness or emergency needs and we find out after the fact. I have 4 boys in my care (2 x LTGO) and (2 x LTGCEO). The 2 older boys (age DE identified) have been with me since 2005 and they have been requesting LTGO for the past few years and it is still dragging on. I have not been invited to family group meeting for a number of years, but this is also because their family is from a remote Indigenous community so it is not so easy to organise. The dept does not seem to move with any speed on the request of children who are in stable placements and not creating any sense of urgency. We often feel forgotten and many of our meetings are going over the same stuff and little traction is happening*
- *Dept of child safety are always behind in their paper work. More often than not you receive paper work that has expired & out dated e.g. placement agreements, authority to care etc.*
- *We had to push for our authority to care*
- *Last renewal with external assessor went into a lot more questions than I was used to previously. Went into more detail. Some of the questions were a bit personal and didn't want to answer but I had to. A lot more personal questions*
- *Very little carer participation encouraged or even asked for*
- *I wish the children in my care would be moved from the (office DE identified) Service Centre to either of the other service centres in (area DE identified) who we have worked with successfully over the years*
- *Our new CSO although much better at communicating and getting us responses still hasn't really engaged with the children or been available to attempt to. They all seem completely overworked. She has transported the children home from contact once in a couple of months now. Considering reunification broke down at the start of the year, parents haven't been turning up for contact affecting the young person, resulting in around \$40,000 in damages to property and possessions I thought visits may have stepped up by now. But they simply haven't*
- *Living rurally - one CSO has only done a "home visit" once in 18months - others make more of an effort*
- *I believe an FGM is primarily for the Parents, I am happy to provide feedback to the Parents about how their children are going and then leave*
- *Always a rush to do renewals and placement agreements. "oops due end of the week" Then done informally and rushed*
- *Decision are made without consultation- home visit are at the convenience of the CSO not carer*
- *There needs to be another category 'rarely' as there is too big a gap between 'sometimes' and 'never'. One would hope if the carers answered 'never' for some of these there would/should be some CSO's being shown the door*

Standard of Care/Harm Processes

Carers were asked whether they were satisfied in respect to Standard of Care and Harm processes they had been through.



Carers were asked a range of questions around the process relating to the quality of communication, sensitivity and information provision.

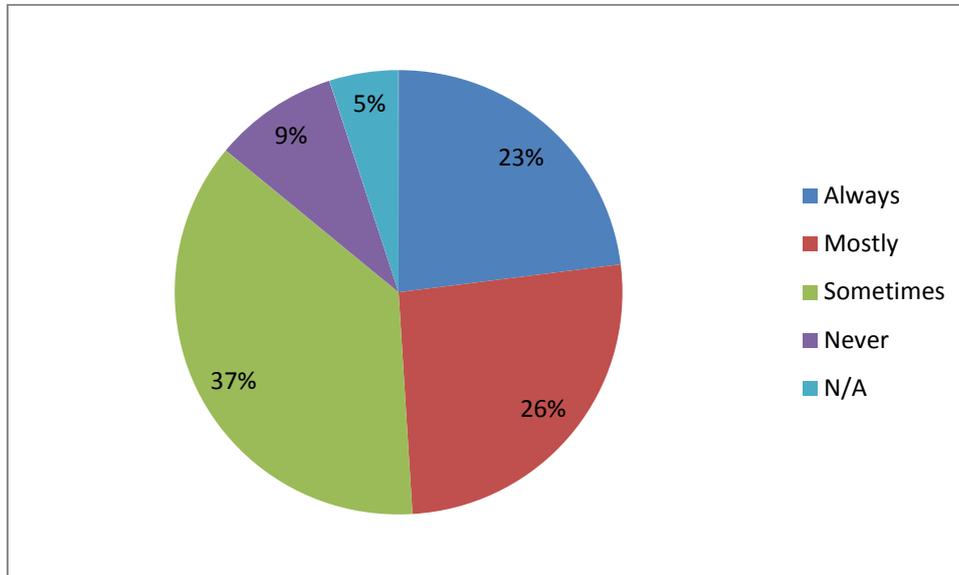


Carers were then asked if they were satisfied with the timeliness of the outcomes 31% reported feeling unsatisfied with the timeliness of the process and 38% reported feeling satisfied with the remaining percentage stating it was not applicable.

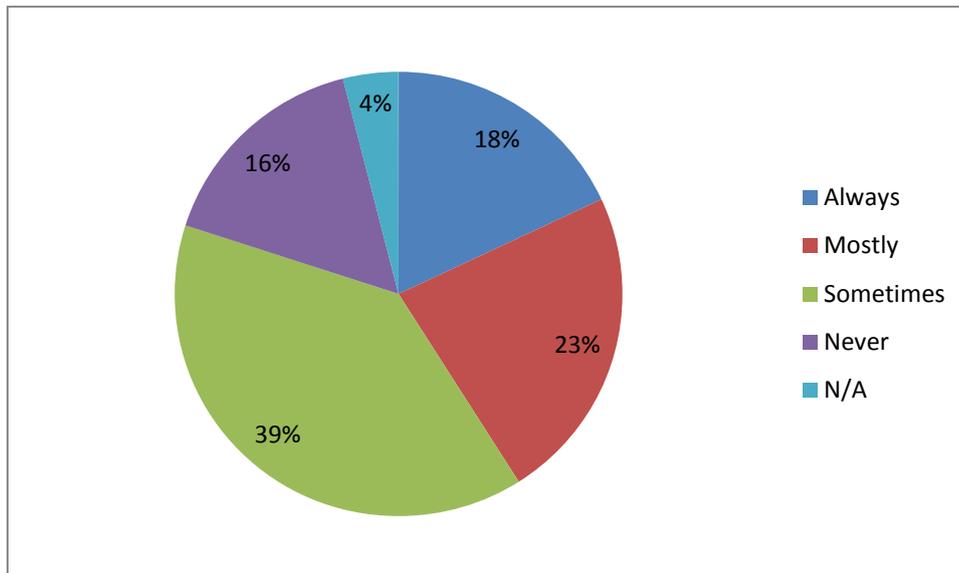
Carers were then asked if they were satisfied with the review process that took place if they were not happy with the outcome of the Standard of Care and/or harm report, of those who thought this question was applicable to them 40% did not report feeling satisfied with the review process.

Confidentiality

Carers were asked if they were satisfied with information provision provided to them about the children in their care.

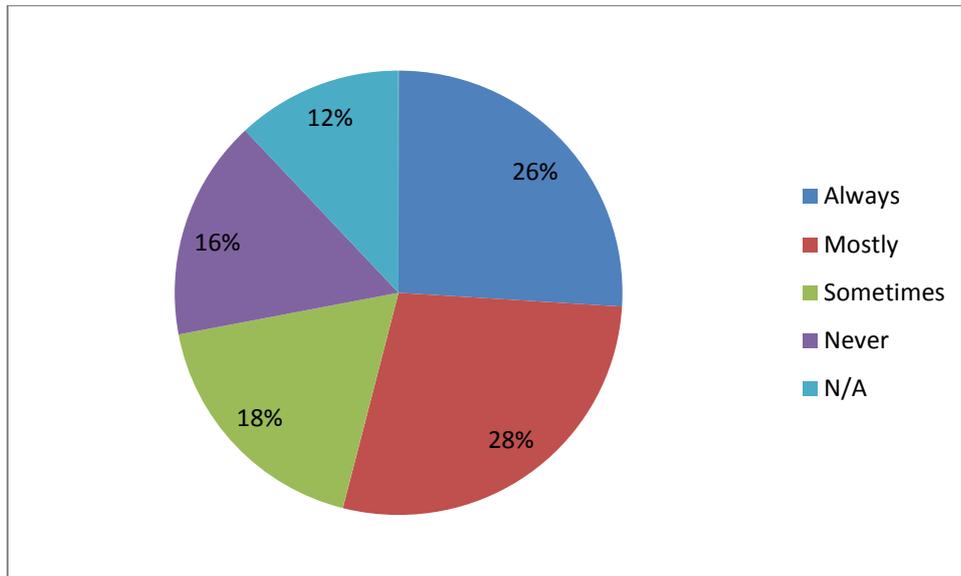


Carers were then asked if they were satisfied that information was provided to them about the child as it became available to Child Safety.

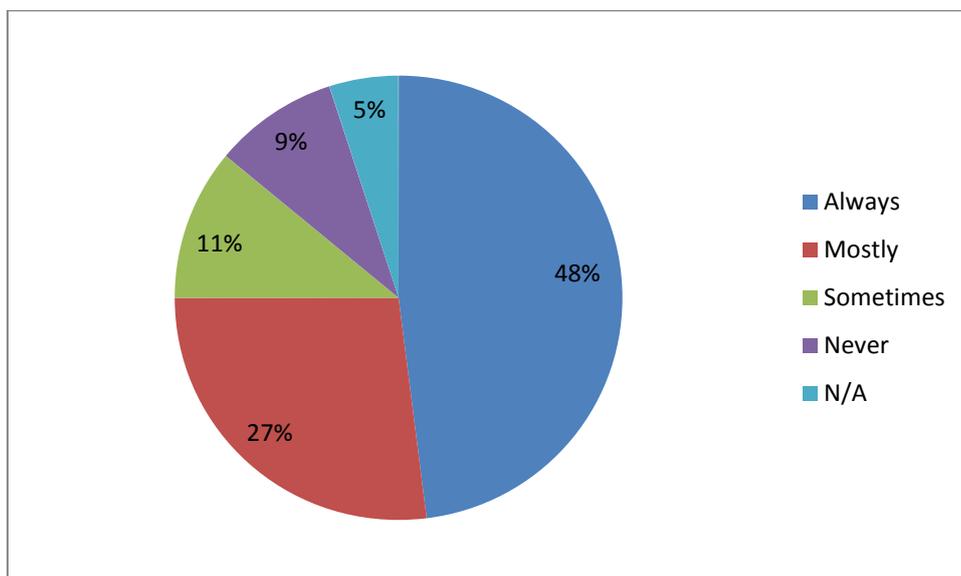


Whilst it is understood that Child Safety at time of placement may not have access to all the information, it is vital that once this becomes available to Child Safety, that it is shared in order for the carer to provide safe and appropriate care that is trauma informed.

Carers were asked whether they were satisfied with the information provided to them in respect to the Safety checks being completed prior to identifying information being given out.

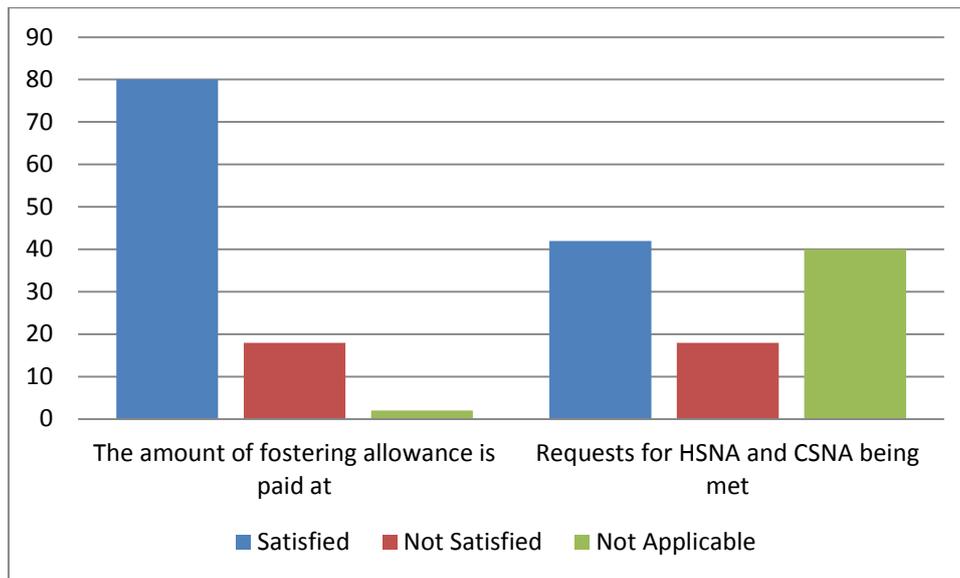


Carers were asked whether they were satisfied with their understanding of confidentiality provisions and how this relates to them as carers.



It is positive to see that nearly three quarters of carers feel always or mostly satisfied with their understanding of Confidentiality provisions. However this knowledge does not then seem to be translating to carers actually receiving the information they are entitled to, it is hoped the Information Sharing module of training FCQ is developing will assist in this.

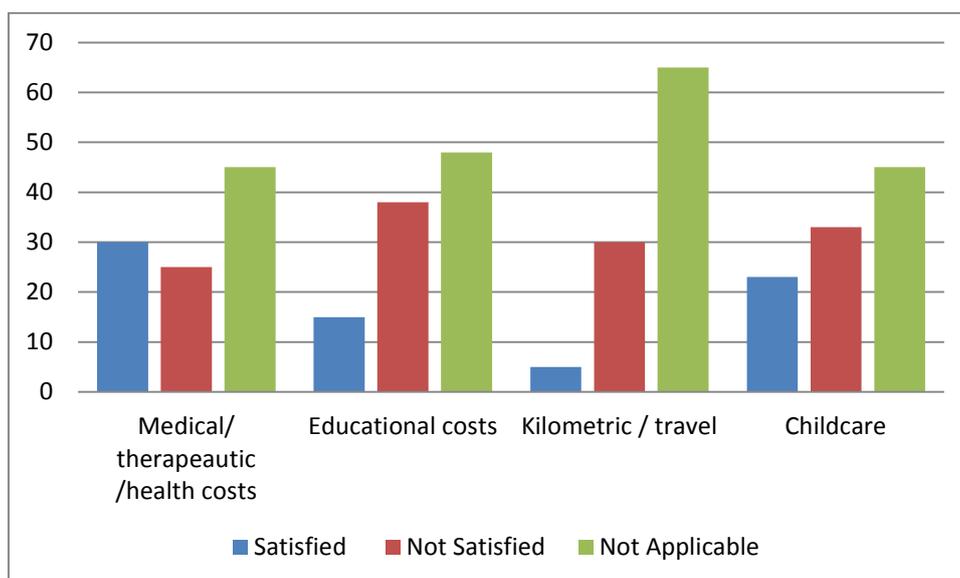
Financial



The Northern Qld Region recorded a high rate of satisfaction in respect to satisfaction regarding the amount the fostering allowance is paid at with over 80% of carers reporting satisfaction in this area.

Of those carers who felt that the question relating to CSNA and HSNA was applicable – 70% reported satisfaction. Again this is a high rate of satisfaction and higher than State wide figures for 2014 and 2016.

Carers were asked about a number of Child Related Costs that sit outside of the fostering allowance and whether they felt satisfied in relation to payment of them.



Of those carers who felt this section was applicable to them (more than likely those who have attempted to claim CRC's), in all areas other than Medical/therapeutic and health costs, carers have reported higher rates of dissatisfaction than satisfaction. CRC's are costs that are recognised as not covered in the Fostering allowance, therefore if not approved there is an expectation that carers will be out of pocket.

Carers were asked about their knowledge to apply for ex-gratia (special payments) and whether they were encouraged to apply for these when applicable. Only 17.5% of carers reported having knowledge and being encouraged to apply for special payments. 40% reported not feeling satisfied in this area with the remaining feeling the question was not applicable to them.

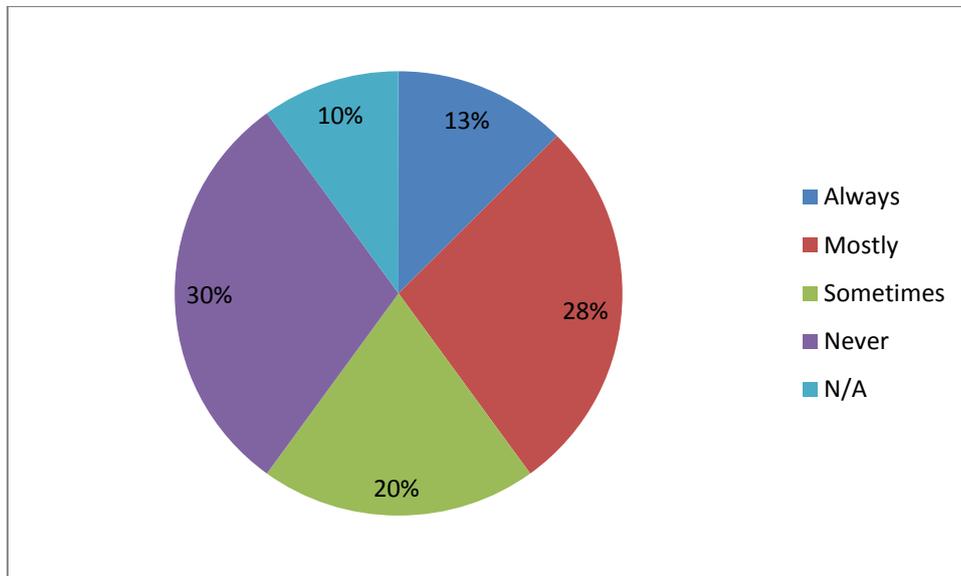
Finally carers were asked if they were satisfied about information provision relating to Child Related costs. 45% of carers reported they did not feel satisfied in this area, 27.5% reported feeling satisfied and 27.5% reported that this question was not applicable to them.

Comments:

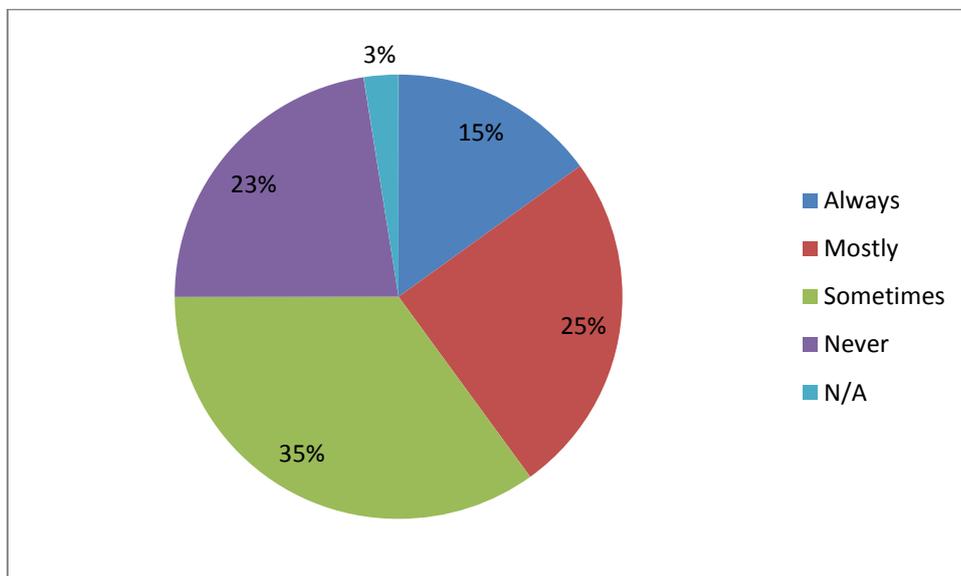
- *Ex-gratia payments - no-one seems to know the process and it becomes difficult to get any information and as soon as traction happens, the CSO or case worker changes*
- *Dept of child safety do not give away much info regarding extra payments as it may cost them money. What is more important, the child or the expenditure of Government money?*
- *We are still trying to get reimbursed for kilometres agreed to by CSO 4 weeks after the fact. Very unhappy*
- *It's taken around 4 months to sort out our ex gratia payment and have it clearly defined by the (Office DE identified) CSSC. It's caused anxiety and stress for us as carers. It's been absolutely horrible to go through. We have been made to feel like liars and once even laughed at by the CSSC manager in a meeting. This experience again makes me never ever recommend fostering to friends or family*
- *Never informed of what I might be entitled to when child diagnosed. Have had to fight for any extra to cover costs and then it changes and I have to remind them nothing has changed and the cycle continues*
- *There has been no support to assist with extra financial cost for the children in our care hence why we can only afford to have one child*
- *I receive the fortnight foster allowance and high support allowance. I pay for tutoring for my children, Psychologist appointments and 2 plane trips per year for children to see Grandparents. I have never been encouraged to apply for Ex-gratia payments (whatever this maybe). When I have asked for help to, the usual answer is there is no funding. So that is why if these children need something I pay for it. It seems there is funding for some carers and not others*
- *If you don't ask you're not told to claim it*
- *I hate how, as a carer, you have to fight for every cent for things like 'glasses' etc. to be reimbursed if you don't have prior approval. It's not as though you'd go out and buy the most expensive frames etc. you'd be concerned about durability and functionality (if school age perhaps style would have to come into it) but more importantly getting the child to wear them to achieve the desired outcome*

How satisfied are you with local practices of CSSC

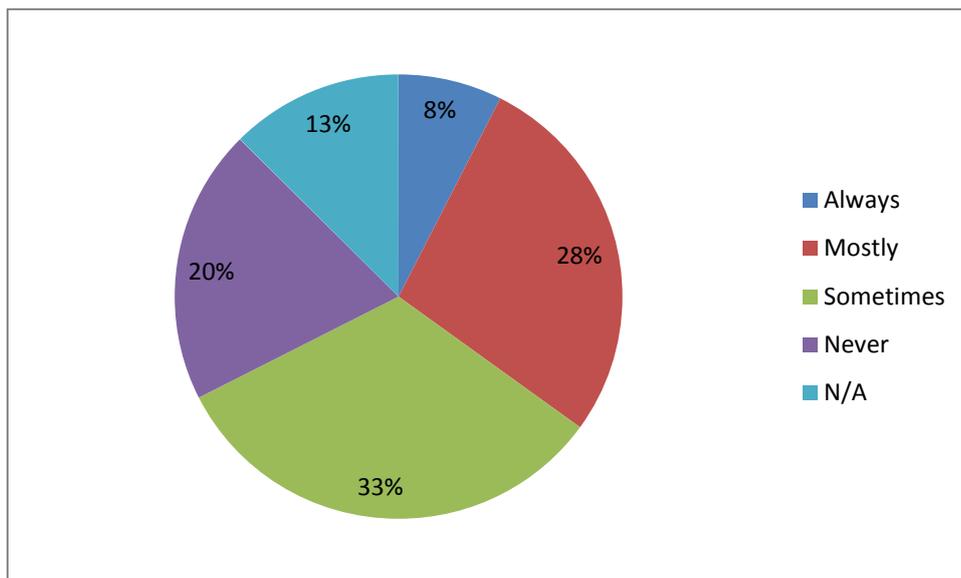
Carers were asked how satisfied they were regarding information in relation to change over of CSO.



Carers were asked whether they were satisfied with the knowledge of the history regarding the child/ren in their care.

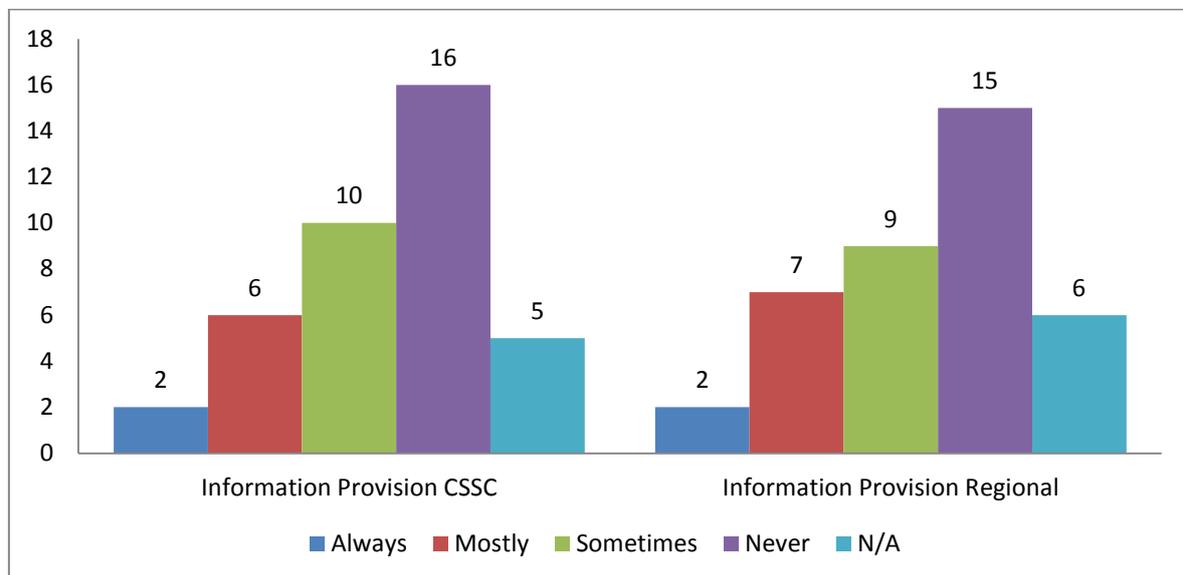


Carers were asked if they were satisfied with the timeliness of case plans.



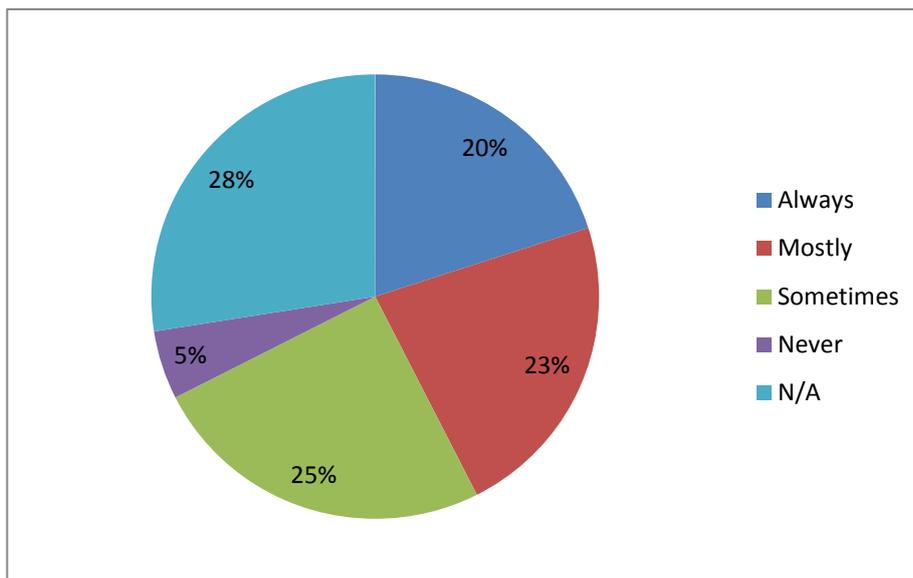
Carers were then asked whether they felt satisfied with minutes being provided to them for their records. 62.50% of carers reported they only felt satisfied sometimes or never in respect to this area, indicating a real concern with carers being provided with minutes in a timely manner or not at all.

Carers were asked if they were satisfied about provision of information provided by the CSSC and Region.

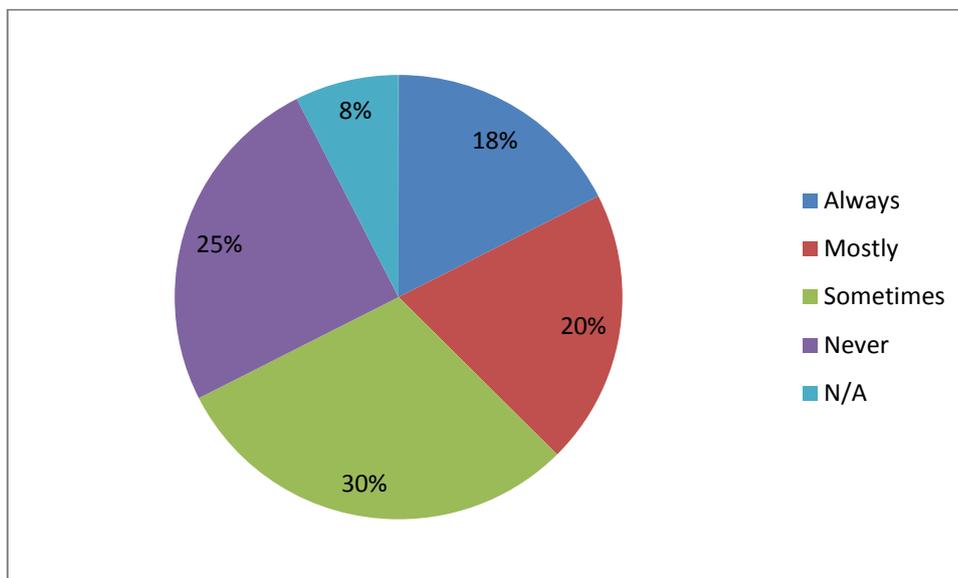


As demonstrated in the above graph, carers expressed overwhelmingly that they are not kept up to date about changes in either their CSSC or Region.

Carers were asked if they were satisfied with their ability to access respite.

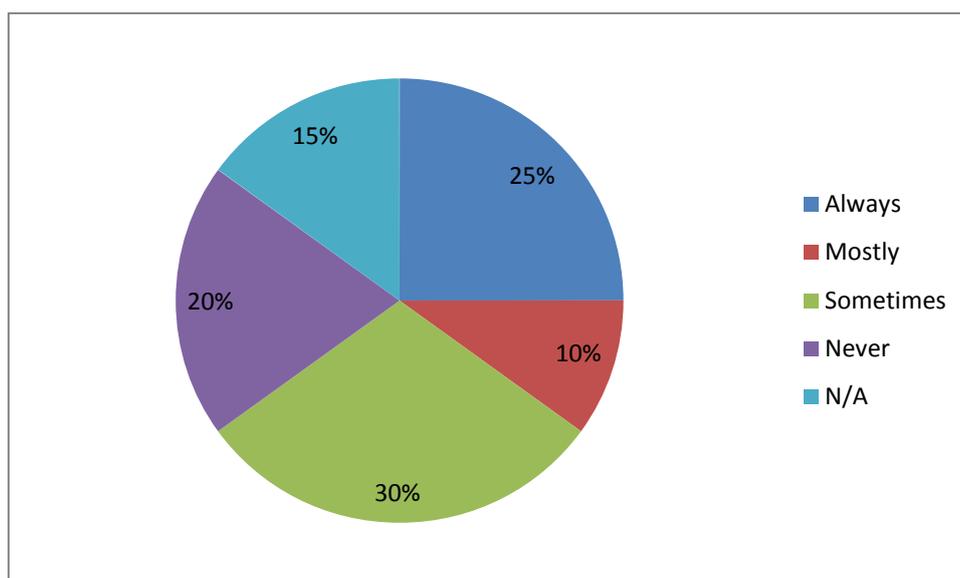


Carers were asked whether they were satisfied in respect to being consulted regarding Family Contact.



It is disappointing that more than half of carers felt that they were only satisfied sometimes or never in respect to consultation around Family Contact. The Statement of Commitment outlines the rights of carers and includes the right to be consulted in respect to decisions that affect the children in their care.

Carers were asked whether they felt they were supported to meet their own family commitments.

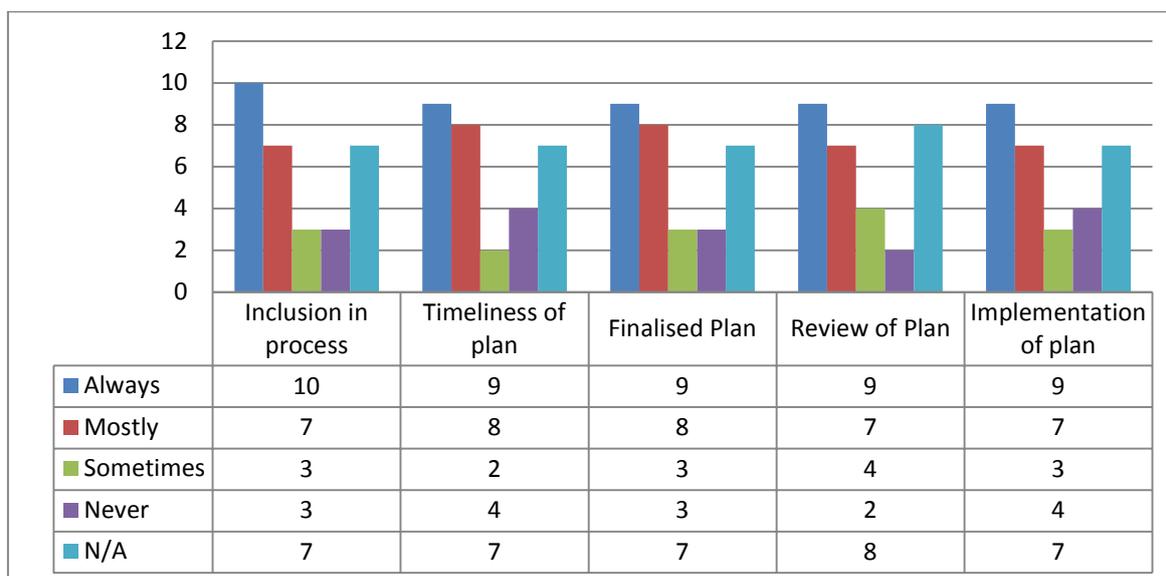


Half of the carers in Northern Qld did not feel as though they are only sometimes or never supported to meet their own family commitments. As stated above when consideration is not given to whole of family or to the foster or kinship carers own family commitments, it is more likely that families will resign from the fostering system.

Education Support Plans

Carers were asked if they had a current ESP plan in place for the child/ren in their care, 57.89% reported having an ESP plan.

Carers were then asked a range of questions relating to the ESP process and their satisfaction with this as follows.



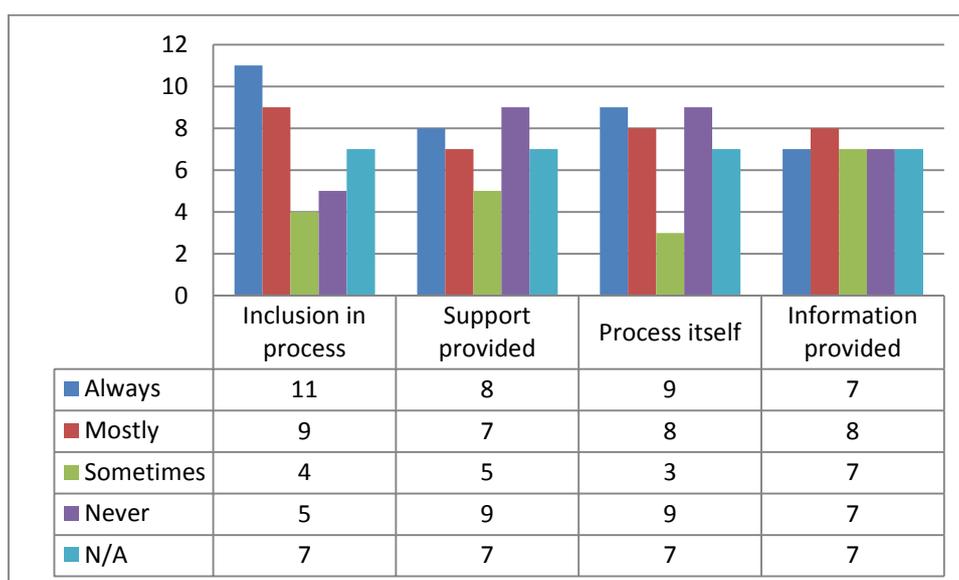
Comments:

- *ESP are driven by the school and negotiated with myself. Their CSO attends if possible but we go ahead regardless*
- *The only reason this has proven a successful area for our placement is because of the school and not the department. The school have been incredibly supportive of the young person's needs*
- *The school is amazing!*
- *I have taken the proactive approach to educational care for most kids in my care*
- *I realize that ESP's take time to do, I do think they need to be reviewed every 6 months. Also be in place before the next year of school as by the time we have started another year and replaced the last years one we are already into Term 2. I feel the Kids In Care Funding needs to be reviewed with Education QLD to benefit the Kids In Care. To many other mainstream children benefit from this funding e.g. small groups in schools*
- *I don't have any children at the moment but from past experience I believe it to be almost impossible to have Departmental Representatives at these meetings because even though the school schedules them well in advance invariably at the last minute there is some reason/excuse why the Rep. cannot attend, which is very frustrating for both the school and the carer who are also running a pretty tight schedule. I've known occasions when there hasn't even been a contact to say they weren't coming*

Child Health Passports

Carers were asked if the child/ren in their care had a current Child Health Passport, 61.54% of carers reported having a Child Health Passport.

Carers were then asked a range of questions relating to the processes of Child Health passports and how satisfied they were, carers reported as follows.



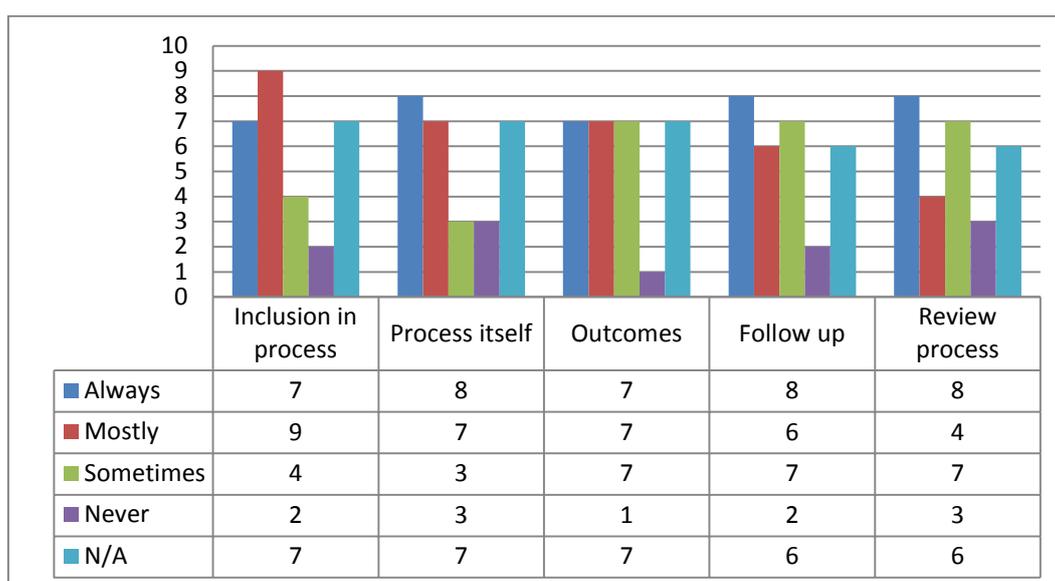
Comments:

- *As health professionals we, without assistance from the dept, were able to access health information to ensure we met .their medical needs*
- *I maintain all the children's medical information and because they are long term I know what they need. When I have had children stay with me for short term placements between placements I have found their passports unhelpful or missing*
- *Indigenous Health Care Centre in (area DE identified) for indigenous children, would take children every six months to see the doctor at the Centre*
- *Was given the health passport and nothing further mentioned about it in 8 years*
- *We are currently paying for psychology appt without support - we instigated OT and Physio appt ourselves after paediatrician referral*
- *The Child Health Passports are a waste of time I never receive a Paediatricians report unless I request one. If I happen to receive one from the Department it is months old. The referral to any other specialists take forever to get or to obtain permission for*
- *I have only had 1 child arrive with a Health Passport. On most occasions I have had to gather the information and have it recorded or record it in a folder for the child when they move on from our home. I find it very frustrating not being able to find out whether immunisation is up to date etc. without going to the GP. 1 child could have had Hep C when he came to us but that information was never passed on to us until we got the results to say that in fact they didn't have it. How many of these types of diseases go unreported to carers when the child comes into care*

Placement Agreements

Carers were asked if they had a current placement agreement generated from a placement meeting, 50% of carers reported they do.

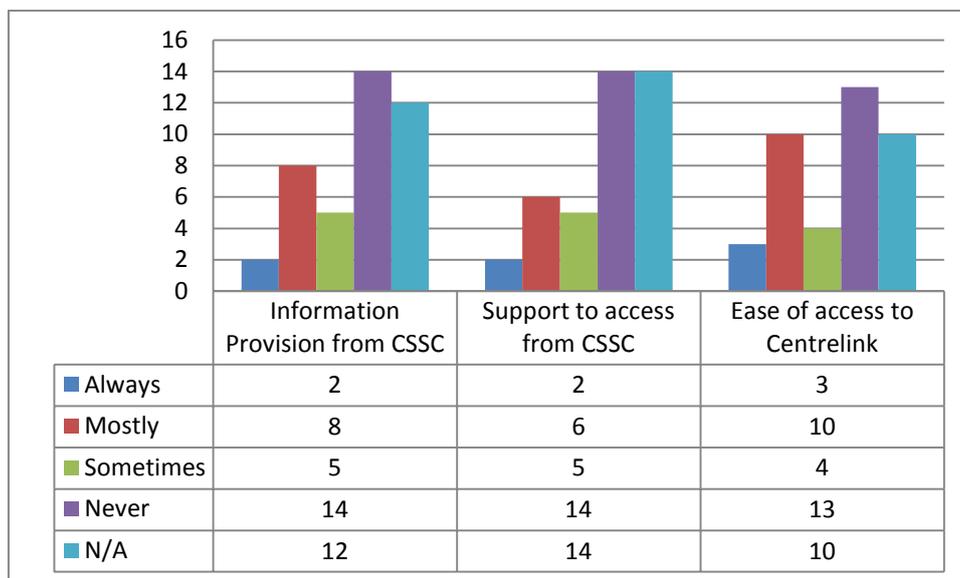
Carers were asked a range of questions relating to their satisfaction around the processes of Placement agreements with the following responses.



Carers were then asked whether they received a copy of the Placement meeting minutes, unfortunately only 25% of carers reported receiving copies of minutes.

Centrelink

Carers were asked a range of questions relating to Centrelink and how they were supported to access services through Centrelink from the CSSC, responses were as follows.



Carers were then asked question relating to ease of access to Medicare cards for the children in their care and Health care cards. 54% of carers reported only sometimes or never feeling satisfied with the timeframes associated with accessing Medicare cards. 44% of carers reported feeling only sometimes or never satisfied with time frames associated with accessing Health Care cards

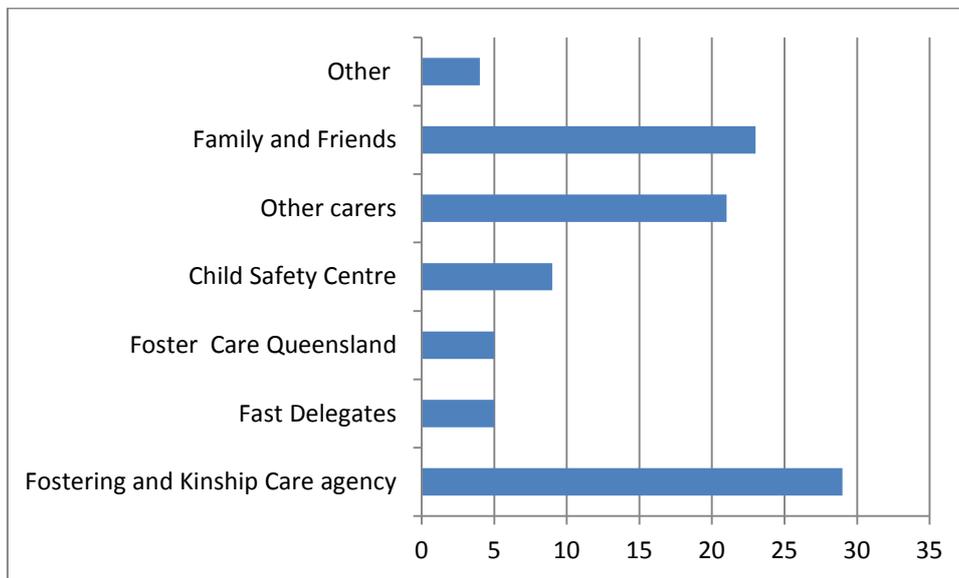
Comments:

- *I sought the health care cards myself because I originally found out from another carer how to do this. I have also asked the dept for my teenage boys (17 and 15) to be able to hold their own Medicare cards (or a duplicate card) as they are often required for ID and we have yet to receive these. I keep getting told "we'll look into it" and it has been a couple of years now*
- *Trouble with Centrelink and declaring payments. Had to find babysitters for children when working for the dole. Don't class foster carers as working they are volunteers, so they have to look for job to receive payment*
- *There needs to be a phone number given to foster carers to let the Centrelink staff know when a child has moved on or has increased nightly visits as we have to stay on the phone for hours and when we do not get time for this as it is a regular thing for Foster carers we owe money back and the parent misses out on some of their entitlements*
- *No information given on Centrelink whatsoever, I had to muddle through that*
- *The process is inhibitive as they expect things like birth certs which we don't usually get. The children come with no shoes let alone documents*
- *I was told with my first ever placement to go to Centrelink with these forms. I have not been told what I may be able to access from Centrelink from the Department*

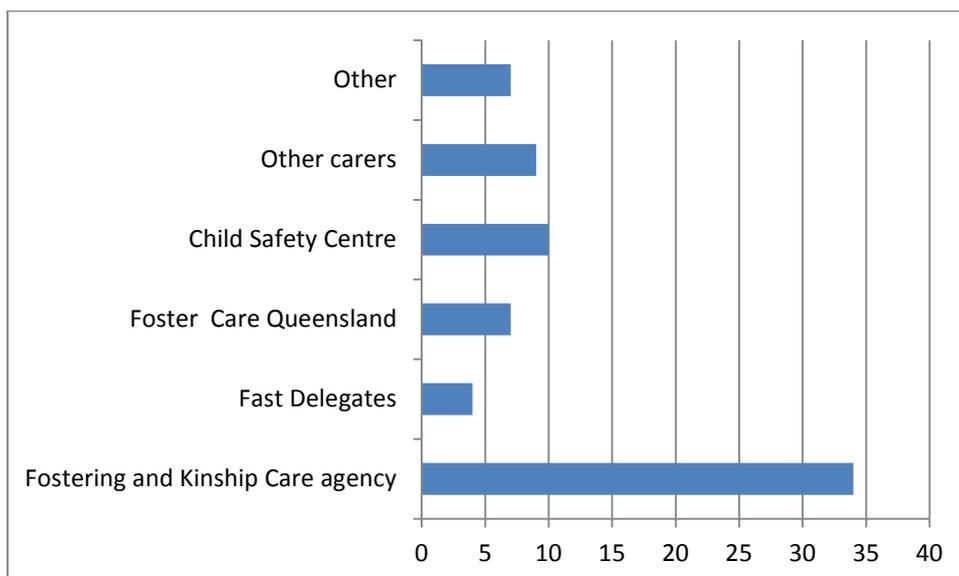
- *Once again, the carer has to go through the process to get a Health Care Card for the child. I think they should have one of their own that is not attached to any carer so that it can go with them when/if they move placements*

Support

Carers were asked where they accessed the majority of their support from.



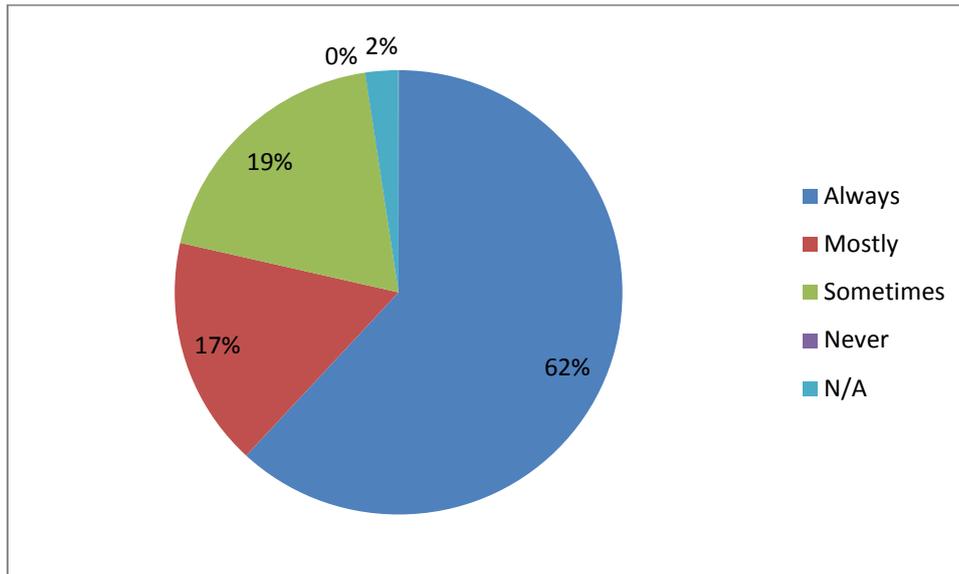
Carers were asked where they access the majority of their information from as carers.



Foster and Kinship Care Services

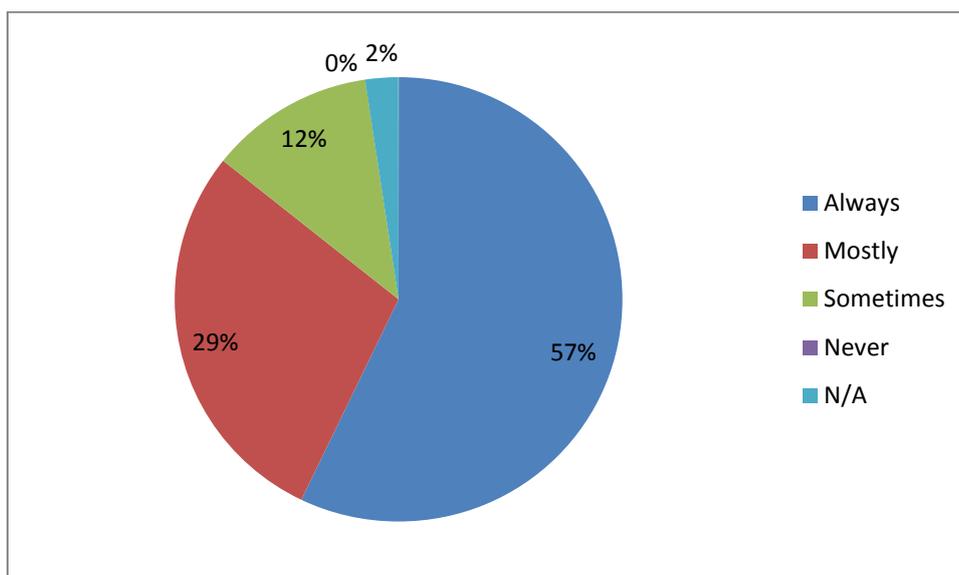
Carers were asked a range of questions relating to the support provided by Fostering and Kinship Care agencies. Firstly carers were asked if they were attached to a Fostering and Kinship Care Agency, all the carers who answered this section of the survey identified that they were with a Fostering and Kinship Care Service.

Carers were asked if they were satisfied in respect to regular support visits occurring (at least monthly).



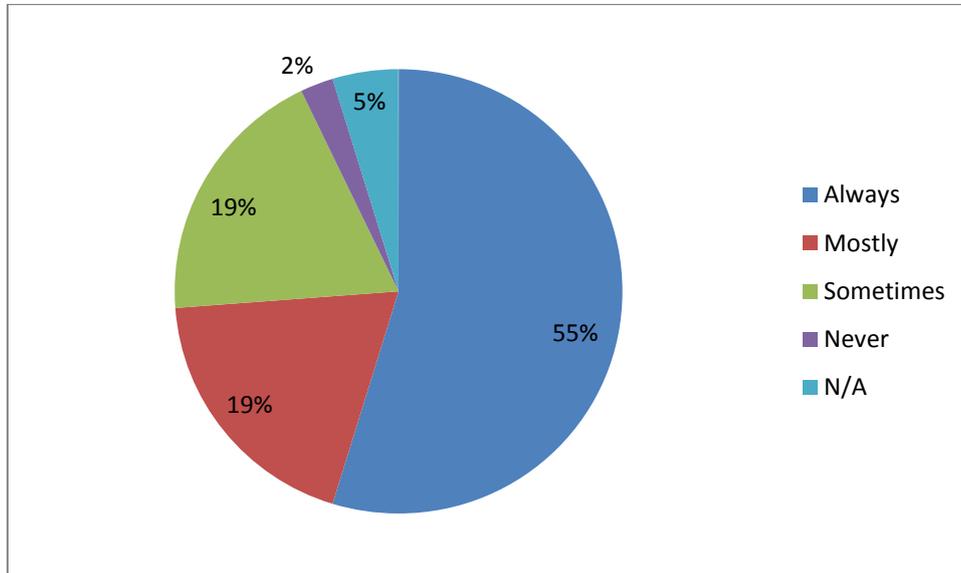
It is very positive to see that 79% of carers reported always or mostly always feeling satisfied with the regular support visits occurring with only 2% of carers identifying they are never satisfied in this area.

Carers were asked whether they were satisfied with response to contact with their agency.



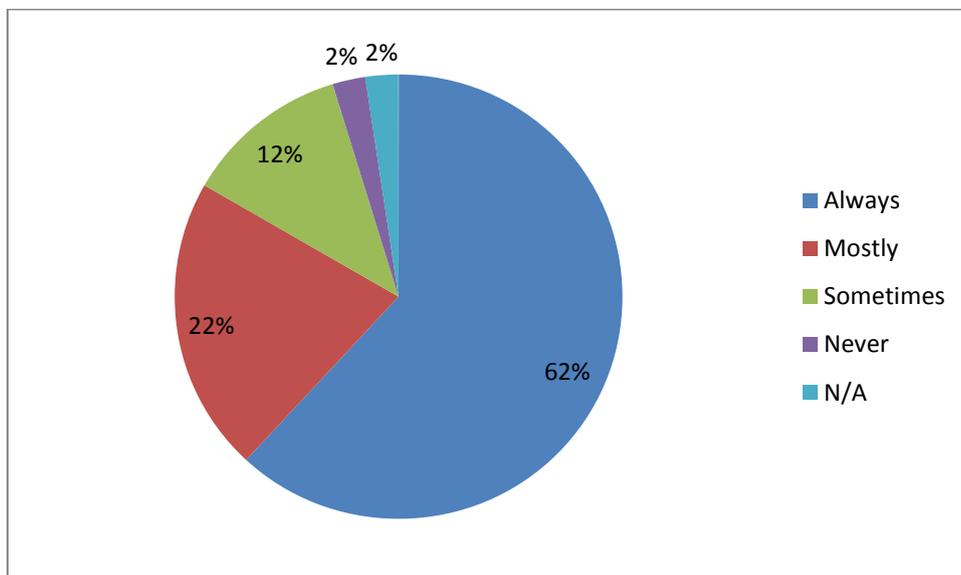
86% of carers reported feeling mostly or always satisfied in respect to contact they have with the agency with no carers reporting never feeling satisfied in this area.

Carers were asked whether they were satisfied with assistance provided by their agency to complete paperwork.



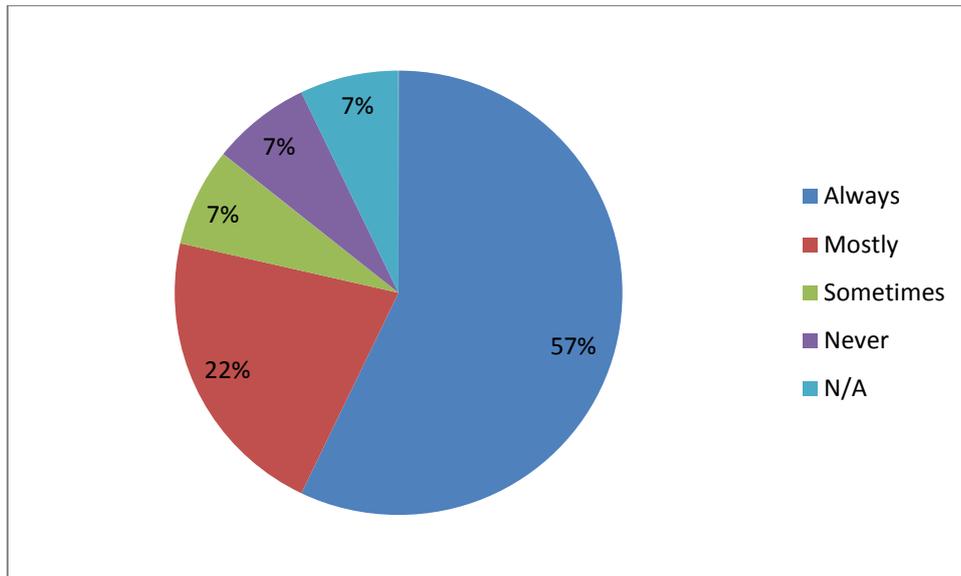
74% of carers reported feeling mostly or always satisfied with assistance to complete Paperwork from their agency, with only 2% of carers reporting they never do.

Carers were asked whether they were satisfied with information provided by their agency.



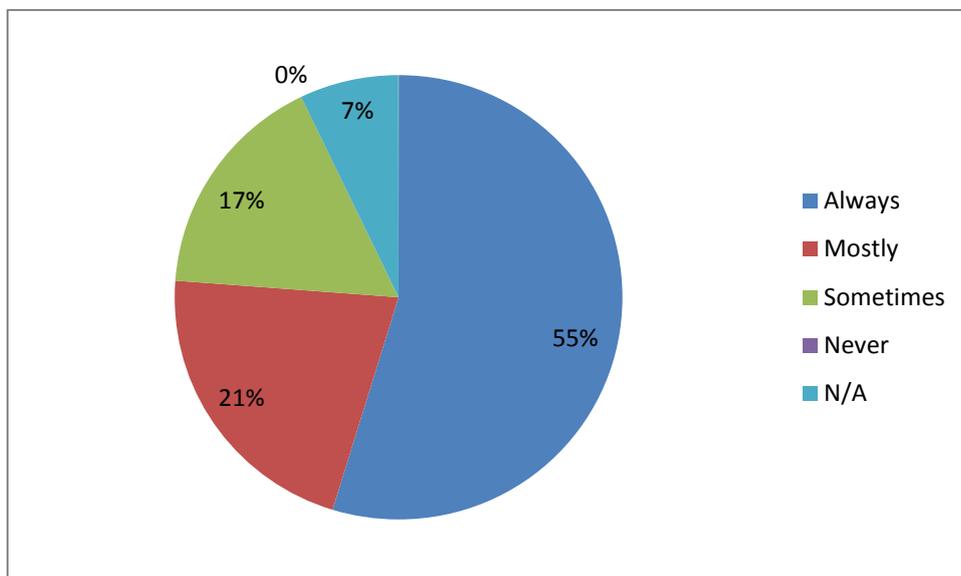
84% of carers reported feeling mostly or always satisfied with information provided by their agency with only 2% of carers stating they never feel satisfied in this area and 12% reporting feeling only sometimes satisfied.

Carers were asked whether they were satisfied with their access to support networks through their agency.



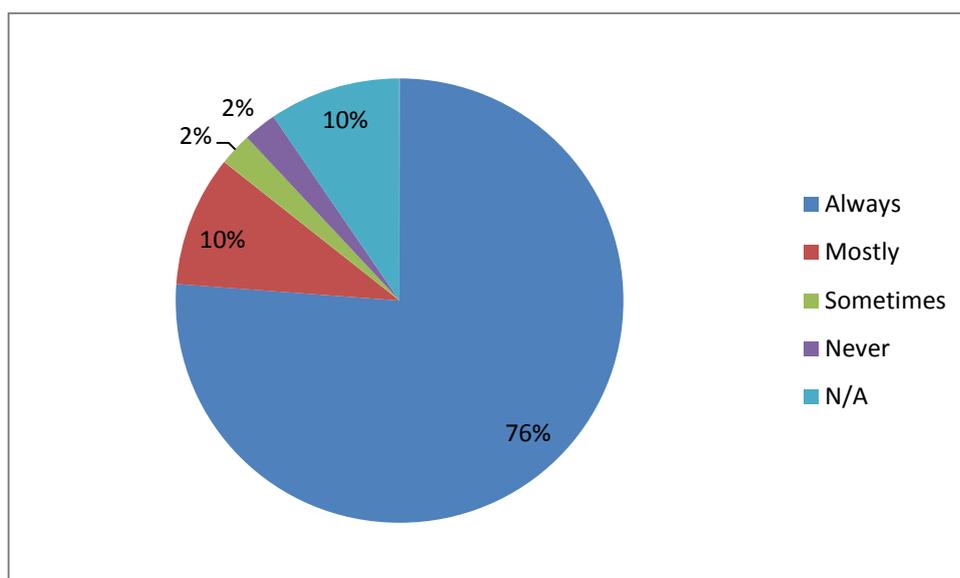
79% of carers reported satisfaction in this area mostly or always.

Carers were asked if they were satisfied with their access to training.



76% of carers reported satisfaction mostly or always in relation to access to training.

Carers were asked if they were satisfied with the On call service provided by their agency.



It is extremely pleasing to see such a high rate of carers feeling 'always' satisfied. Only 4 % of carers reported only sometimes or never feeling satisfied in this area.

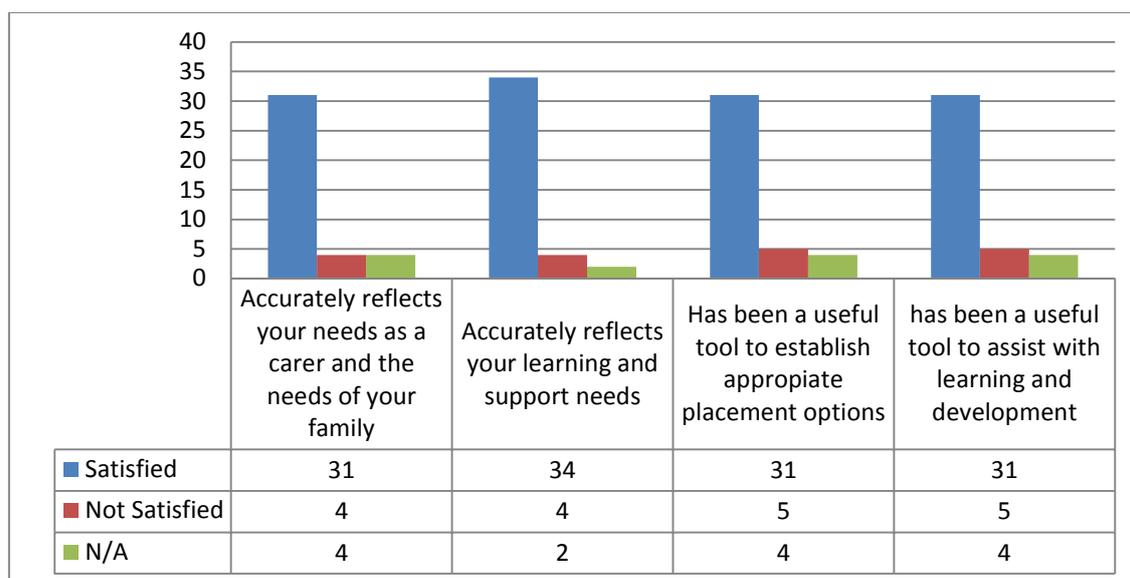
Comments:

- *Continuing support from these services is tantamount to providing a supportive environment for children in care*
- *We have just had a change of staff at our agency. Our previous contact was sensational - our new contact we have had one call in just over a month and no home visit we have gone from one extreme to the other*
- *The support team from the fostering service is more supportive and more active in providing feedback for whatever concerns I have experienced as a carer*
- *(Agency DE identified) are a phenomenal agency. Very supportive and approachable*
- *(Agency DE identified) provide a stable professional support for both carer and child . Very happy with the support given*
- *(Agency DE identified) in Townsville have been an exceptional support for us. Even if there have been issues with a particular SOC worker management have always answered our call and assisted and helped to rectify*
- *My last case support officer - did not advocate or support me to the point where I went to FCA for assistance- transporting children to access visits is not the responsibility of the Foster Carer especially 100km - we were bullied to do this or not be seen as a good foster carer. The care worker was clear in her information put forward that we would go on a black list if we did not assist with transport*
- *First (Agency DE identified) support worker (name DE identified) great. New girl I find difficult to relate to and a bit condescending and I would be reluctant to accept another placement while she is support worker for this area*
- *If you have a great support worker*

Foster Care Agreements

Carers were asked if they had a current foster care agreement, 88.10% reported they have one, 7.14% reported they did not and 4.7% reported they did not know what one was. Given that Kinship carers do not have to have a foster care agreement, it is probable that those who reported not having one or not knowing what one was are in fact kinship carers. This brings the completion rates of Foster Care agreements to a very high level which is great to see.

Carers were then asked a range of questions relating to the usefulness of the Foster Care Agreement as follows.



Comments:

- *To be honest I can't remember if I do! And what is in it*
- *We were meticulous at the detail included in the new approved plan*

Training

Carers were asked a range of questions relating to their training experiences as follows.



Carers were asked whether they were satisfied with the times the training is offered, 68% reported feeling mostly or always satisfied in relation to this, leaving 31.71% feeling only satisfied sometimes or never. 78% of Carers reported when asked that they are either always or mostly satisfied in relation to the notice given to them in relation to when training is going to occur.

63% were happy with frequency of training. 78% of carers were always or mostly satisfied with information provided prior to training regarding content.

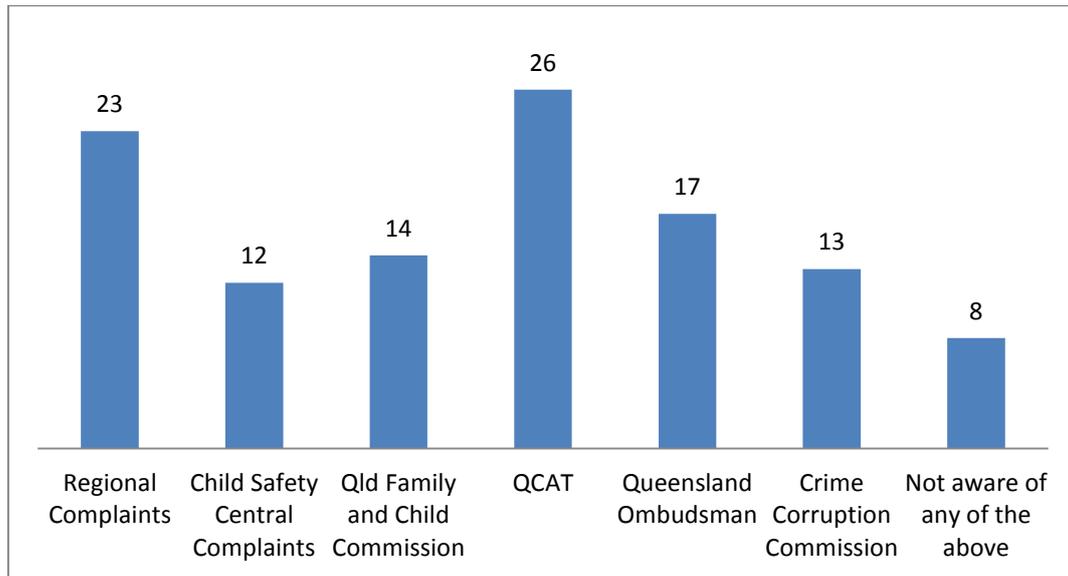
Carers were also asked whether they were satisfied with provisions of or support to access child care during training. 31% of carers reported they were only sometimes or never satisfied with this area.

Comments:

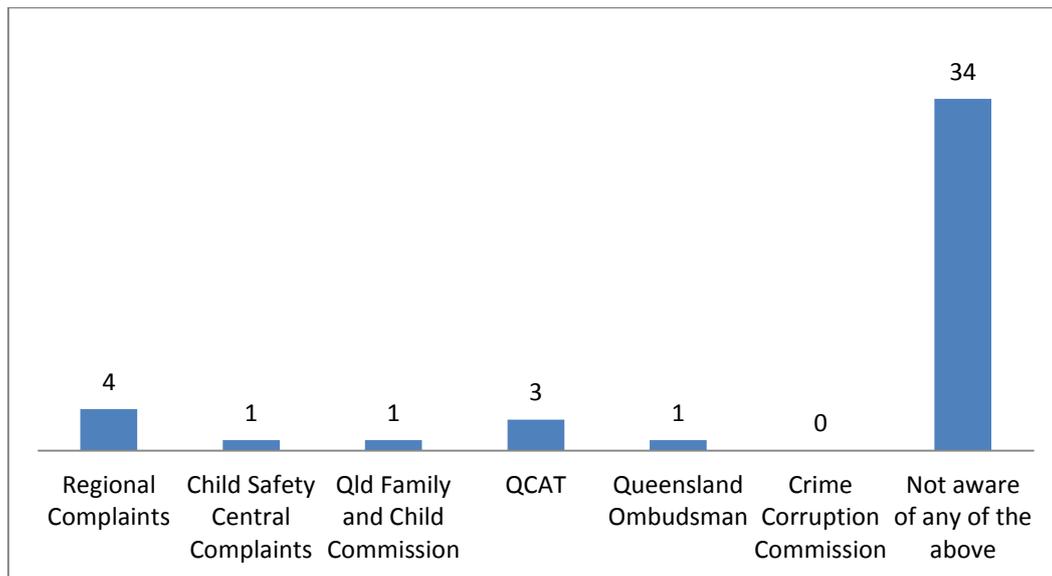
- *Hours usually don't suit as I work*
- *I enjoy training sessions and will attend any or all that are available in the time I have available*
- *Unfortunately, the carers in our area are not as enthusiastic (?) and often training sessions are poorly attended or cancelled due to lack of interest from carers which is a real shame*

Complaint/Concerns Processes

Carers were asked to identify which complaint/appeal processes they were aware of.



Carers were then asked if they had accessed any of the above processes.



Carers were asked if they felt heard and were satisfied with the outcome regarding their contact with the above services. 54.55% of carers reported they felt heard, and 54.55% of carers felt satisfied with the outcome achieved.

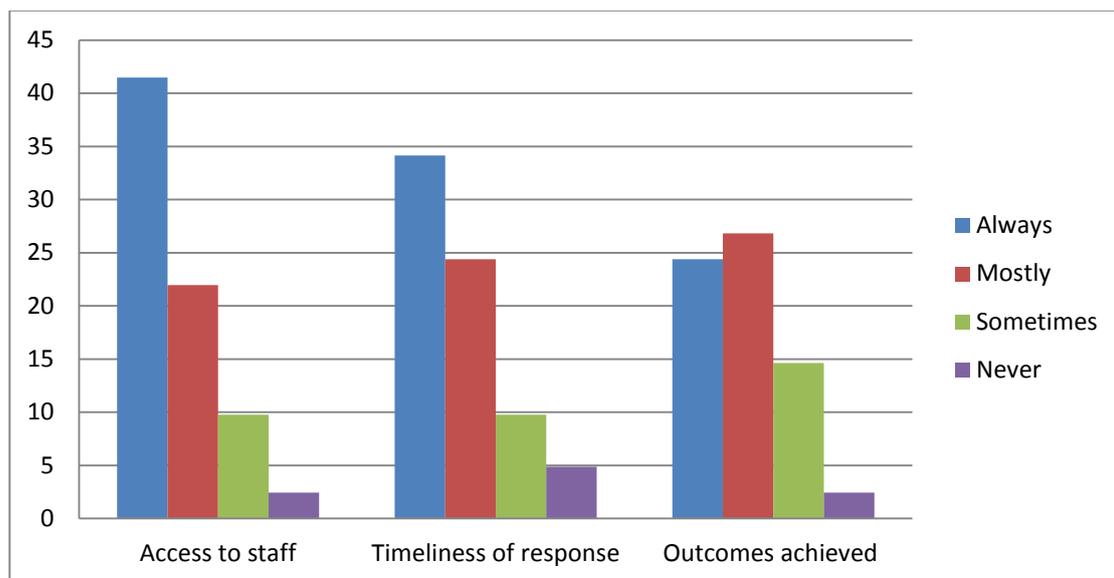
Comments:

- *Our concerns & the child's concerns were heard by the child advocate putting a strong case forward bringing a with-drawl by the Dept of child safety of their decision. But prior to that Docs were not interested in any other views including that of the child.*
- *One CSO yes the other no*

Foster Care Queensland

Carers were asked a range of questions relating to Foster Care Queensland (FCQ). Firstly carers were asked if they were satisfied in respect to information provision regarding FCQ, 77% of carers reported satisfaction. In respect to knowledge and understanding of services provided 72.50% of carers reported feeling satisfied. With approximately 11% of carers feeling neither of these questions were applicable.

Carers were then asked a range of questions relating to their experiences if they had contact with FCQ, please note that carers who have put not applicable, have not been included in this data as it is not relevant.



- 63.4% of carers reported feeling either always or mostly satisfied with access to staff
- 58.5% of carers reported feeling satisfied with timeliness of responses mostly or always
- 51.2% of carers reported feeling satisfied either mostly or always with outcomes achieved.

Comments:

- *We have to pay for membership which I believe is wrong*
- *FCQ was absolutely crucial in helping us overturn a decision by the (Office DE identified) CSSC that was going to place a young person in a house with children who it was documented had harmed him before. Without FCQ that may have happened*
- *Great support people*
- *Foster care Queensland was very helpful to the point of changing our minds as we were considering not Fostering due to the poor treatment by the CSO and lack of support by the caseworker*

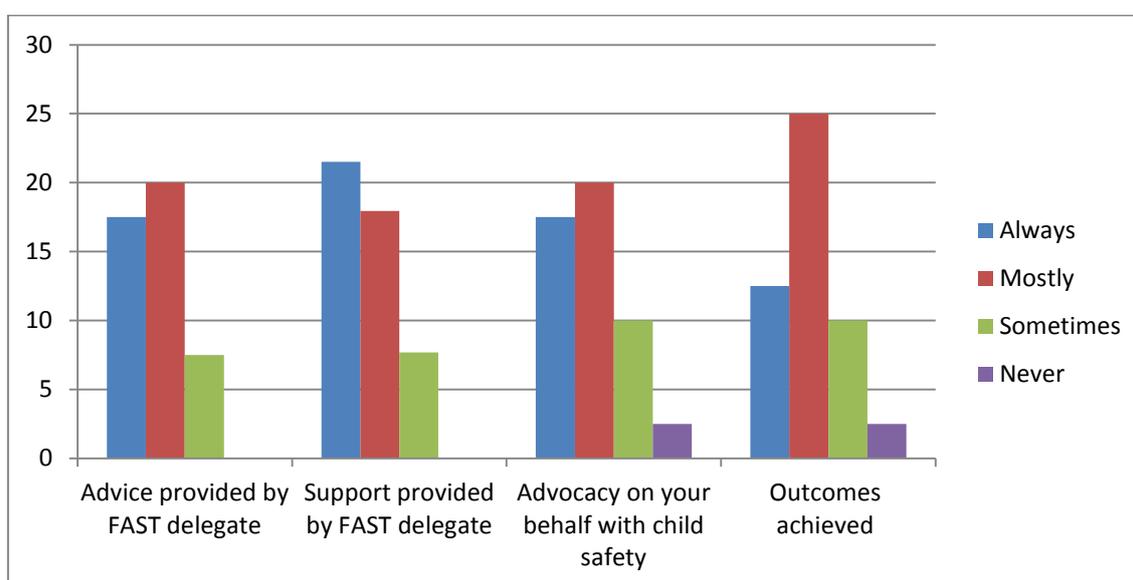
FAST Program

Carers were asked a range of questions relating to the FAST program attached to FCQ.

Carers were asked if they were satisfied with provision of information about FAST, of those carers who felt the question was applicable to them 55% reported feeling satisfied. In terms of knowledge of local FAST delegate, of those who felt the question was applicable to them 47.5% reported feeling satisfied.

Carers were then asked if they felt supported to access their local FAST delegate from Child Safety and from their Fostering and Kinship Care Service. Of those carers who felt the question was relevant to them, 25% reported feeling satisfied with support to access their FAST delegate from Child Safety and 42.5% reported feeling satisfied with support to access their FAST delegate from their Fostering and Kinship Care Service.

Carers were asked a range of questions relating to their experiences of accessing a FAST delegate, please note only responses from those carers who felt these questions were applicable have been included.



- 37.5% reported feeling always or mostly satisfied with advice provided by their FAST delegate
- 38.5% reported feeling always or mostly satisfied with support provided by their FAST delegate
- 37.5% reported feeling always or mostly satisfied with advocacy on behalf of carer with Child Safety
- 37.5% reported feeling always or mostly satisfied with outcomes achieved.

Comments:

- *Access to FAST delegate not required*
- *Do not know who is FAST delegate and have no understanding of what they do*
- *Unfortunately we did have a recent meeting regarding ex gratia where (name DE Identified) was attending. During that meeting she queried us as the carers if a certain item the child damaged needed to be replaced. The answer to that is yes. We built this house and paid for it, the child damaged something, it needs to be replaced. We did feel in that moment that FCQ were advocating for the department, and not for us as carers*

- *The FAST delegate I have spoken with is very good. They let me blow off steam then work through whatever problem I have. They're always first to admit they don't have all the information in their head but will investigate and get back to me. They have never failed to do just that. It's a shame there aren't more of them*

Looking Forward

During this section of the report, carers were asked a range of questions relating to their future as carers and what they would like to see change.

Firstly carers were asked how long they intended on continuing to provide care for 88.1% of carers reported they intended on caring for more than 3 years. 7.14% stated they only intended on caring for another year and the remaining 4.76% stated they intend on caring for another two years.

Carers were then asked if there was support that would influence that decision – 41.46% of carers stated that the support they received would influence this decision.

Comments:

- *Our treatment by CSO and their lack of respect and assistance*
- *If the Department of Child Safety and the courts quicken the children's orders for placement and terms. It makes the foster carers place their lives on hold until they know what order a child will be placed under*
- *Have too many issues with Centrelink, so not able to provide care at this time. Having a break to assess future*
- *Communication from child safety concerning children placed in your care so that carers can be aware of the needs beforehand*
- *If natural parent causes disruption to the placement in an ongoing manner*
- *Communication with child safety clear and not misleading information consultation on changes for the child*
- *Docs support and duty of care*
- *As respite carers we haven't received our carer payment four times so far, I have had to chase it up myself, the CSO is always blamed for not processing it on time. Also we agree to provide respite and plans change and they don't tell us to the last minute. I don't feel part of a team, I'm not sure if the fact that we identify as Aboriginal/Islander automatically means the dept. feel that you are subnormal*
- *I selected no but I will still comment. I am caring for these boys because it's what I signed up to do. Regardless of how let down we have been by the department or we felt we may have been by FCQ I have taken on a long term placement and that was my decision as an adult to take on that responsibility. So no matter how unsupported you may be at times it doesn't 'influence' my decision to continue care for these children*
- *Not being supported as carers in our family*
- *The way I am treated by Dept of Child Safety or Foster Care Agency*
- *No, It's about the children*
- *Child safety and our foster care agency need to be more forth coming with financial support and how to access this as well as sort out their ability to transport children for access visits*

- *Receiving adequate support around behavioural issues, with Children in our care*
- *(Agency DE identified) support person*
- *I'm here to support these kids in care*
- *Time it has taken to reenter the care roll*
- *If my partner decided they really didn't want to be part of my 'team' then I think I'd have to rethink that decision. They're a valuable tool in our successful placements*

Carers were then asked if there was anything they feel that could improve the Child Protection System, comments as follows:

- *No*
- *More open and honest communication between the department of child safety and carers*
- *Case workers sometimes do not understand that children, particularly those in long term placements, become part of the family. They continue to see them and refer to them as 'placements' when that is not how they see themselves. I encourage them to embrace both families (their biological and foster family) as they are doubly blessed. I have had the occasional case worker (often the mature ones) that understood this fact*
- *To have available after hours trouble shooting available, as On-Call only provide a type of counselling. Be able ask for a YW/professional to come and assist with situations if needed. Provide training of other services that could be contacted to help if needed. Rather than calling the Police*
- *Docs need to listen more to Carer's*
- *Yes. Help new carers to understand the system and don't make us feel bad for asking questions*
- *Allow Foster Carers to attend court hearings to advocate for the children in their care, to allow the judges and Department of Child safety to hear about benefits for children to remain in care etc*
- *Happy being a foster carer*
- *Need to know more information*
- *Just more communication. More information on child/ren to carers so carers have a better understanding on how to provide for needs of the child*
- *Make the Dept. treat carers with more respect and not as 2nd class citizens Withdraw some day to day decisions away from parents and give it to carers Reassess 'reunification' as being the desired outcome and give the children greater protection. If the parents can't clean up their act within a year allow child to be placed permanently in successful foster home with no threat of having to return to the horrid situation from which they had been removed*
- *I think CSOs (particularly those who don't have children) should have to spend a day with a carer to understand that being a parent is a full-time job and that carers have more important things to be doing besides waiting around for child safety - who may or may not arrive*
- **COMMUNICATION**
- *More open communication*
- *When we provide respite I would like to be able to fill in a report on the children that we have had in our home, we don't have an avenue to express any concerns about things we see and hear from the children*
- *Just for the department to be more available and listen more to carers.*
- *Staff should be employed based on their personal attributes rather qualifications. ie compassion, honesty, problem solving, family values*
- *To many to write here*

- *Government department should be able to access children in care via Medicare numbers or CRN - this is not a privacy issue it is a better opportunity to ensure the child gets access to services and support in a timely manner. Surely in today's technology this could occur with levels of security - just like e health records. ALL children in care should have access to Free funded child care. Not just those with indigenous carers this is unfair*
- *Have case workers from DOCS be open and forth coming with information to carers, including what the true agenda is for the children in care*
- *Personally I would feel more comfortable dealing with older staff at child safety and through (Agency DE identified) who perhaps had more than book experience of life who maybe had had children at least*
- *For (Agency DE identified) and Department staff to work with us Carers and Kinship Carers as part of a team. Some workers do but I have come across a few who don't treat and respect us as part of a team. Just because it's written in theory doesn't mean it will work in practicality.*
- *rest bite is hard to get in Mackay*
- *Listen to the carer*

Carers were then asked if they could change two things about the Child Protection system tomorrow, what would they be, comments as follows:

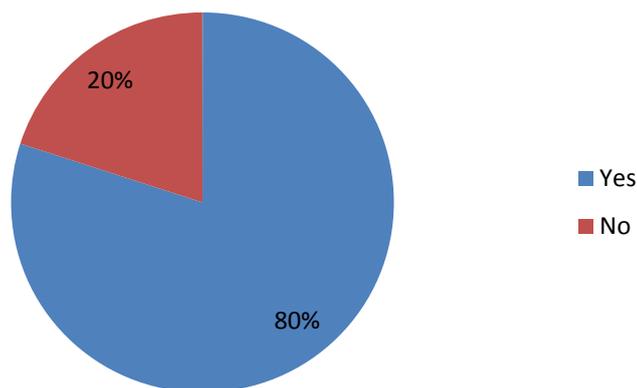
- *More support for carers. More open communication concerning records*
- *Ensure training, mentoring and support for CSO's is appropriate and ongoing. The needs of the child should be considered paramount.....over and above political "red tape" and the feelings of the child's family*
- *The communication and paperwork!*
- *I understand that the foster care system has reunification as its central goal and believe this should be the case, however, often it is pushed too hard and the capacity of the family to reunify effectively is not supported because the handover often happens quickly and doesn't allow the child time to adjust. I believe this is because it is an intensive process to facilitate family contact and reunification and it is often hurried to fit in with the adults and the views of the child are secondary. I think the time line should be determined by the individual child's needs - not the adults. Listen to the children and respond quickly to their requests. Children who are 17 and 15 should be able to have the majority of the say about what happens to them - not their birth mother and the RE who they have met once. Especially when the request is reasonable, well thought out and supported by the adults around them. My boys feel the dept doesn't listen to them. Whenever they want to do something major it has to have approval from people who are far removed from them. On the same point, the quiet, shy, compliant, non-trouble making teenagers don't get heard as they don't make demands on the CSO's time. Their monthly visits often get overlooked or are real quick. When they do speak up, their issues often get delayed by the 'urgent' ones or the CSO's workload. So the answer is more workers so they have the time to hear what all children are saying and have the time to act on these requests*
- *Need more supports for parents, providing training for the parent in parenting. More resourcing for carers to help them maintain placements and avoid placement breakdown*
- *Staff at Dept really need to care about the kids not just be a pay check or a stepping stone to a better job. Be transparent with the carer if you know changes are likely or court cases are proceeding, visits are going to change, tell the carer. Dept staff are experts at beating around the bush if they don't want you to know something*

- Docs not to have all & final say as they like to. Docs to have & give more respect to all Carer's We as Carer's are not just Carer's. Without us Docs are jobless. We deserve more respect
- Transparency and communication
- Allow foster carers to attend court in relation to orders Allow foster carers the background information about placements
- Only issues with Centrelink. Never had issues with the Dept.
- more information better planning
- Knowing more about the child/ren case plan. More feedback, Communication
- Less reunifications and more adoptions Parents lose their parental rights whilst children are in care
- Carers would be reimbursed for their time and energy Carers not to be considered volunteers
- I would make a more transparent reunification plan so that all stakeholders could see boundaries, consequences
- That the system be about the child and not the parents, I understand we need to consult the parents to get children back in the home but let the consultation be child focused and what is best for the child not the parent
- Communication and Support
- Better interaction of/ and more involvement of carers
- Children that have been in and out of the FCS should get a permanent placement. For stability care and love
- Making carers more accountable with what they spend their carer payment on. So many children come to us for respite with dirty stained clothes and underwear with holes in it and mildew stains etc. I think that is degrading for the children
- Reduce the workload on CSO's to more effectively do their jobs. Recognise in Queensland that high behaviour children need a lot of interaction and the role as a foster carer should not be considered 'voluntary', but a recognised job in certain cases
- More supports for CSOs so that they can complete their job and be more accessible
- Ease of \$\$ to improve agency support services
- As above 2. Lots more staff to give each child the time and attention they deserve and support to the carer
- Workers caseloads minimised. One worker for parent child carer. I would advise a friend to be a carer for the children's sakes; I would also tell them that the red tape and attitude of workers is very frustrating and SAD!
- Streamlined security level access to children in carers information - ie Medicare numbers - CRN, vaccinations, digital birth certificates 2. Free dental, child care services for ALL children in care regardless of the carer ethnicity or income
- Consistency of case workers and Foster outcomes of care arrangements including long term care
- Access to education sheets suitable for each child so I can offer extra homework as most children are falling behind with schooling
- Just dealing with one agency ie as in NZ social welfare and one set of people not those changing every 5minutes and having to re explain and establish understandings all the time
- What's good enough for one carer and kid in care should be the same for others. Example: no funding for this child but yet that child Department pays for their Private school fees, bus fares and private speech therapist. Give the carers of Long Term children more leeway, example: the carer

can sign blood test forms and Dental - anaesthetic forms, so we don't have to wait for Department to return forms

- *Mostly just to listen to the advice of the carer when it comes to children's behaviours and attitudes during school and pre-school kids*
- *Listen to the carer, about get burnt out. more respite, time with own family to keep the unit strong*
- *Listen to the carer*
- *Children/babies in long term care be offered for adoption for some chance to develop attachment to one person * Parents relinquish right to make decisions for their children when placed in out of home care. * Children in LTG to other should be allowed to adopt the child * Children would have more say as to whether they will be reunited with parents * Children would not be forced to go attend Family contact with parents if they don't want to*

Finally – carers were asked if they would recommend fostering to a friend.



Far North Queensland Region

2016 Carer Survey Report

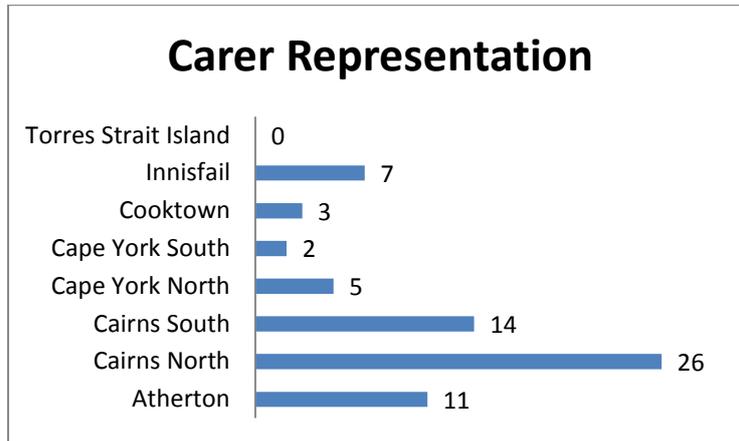
Contents

About the Carer	323
Relationship Status	324
Culture Diversity	326
CALD Community	329
How satisfied are you with Relationships with Staff at Child Safety Services	330
Child Safety Processes.....	337
Standard of Care/Harm Processes	341
Confidentiality.....	342
Financial	344
How satisfied are you with local practices of CSSC.....	345
Education Support Plans	348
Child Health Passports	349
Placement Agreements.....	351
Centrelink.....	351
Support	353
Foster and Kinship Care Services	353
Foster Care Agreements	358
Training	359
Complaint/Concerns Processes	360
Foster Care Queensland.....	361
FAST Program.....	362
Looking Forward	363

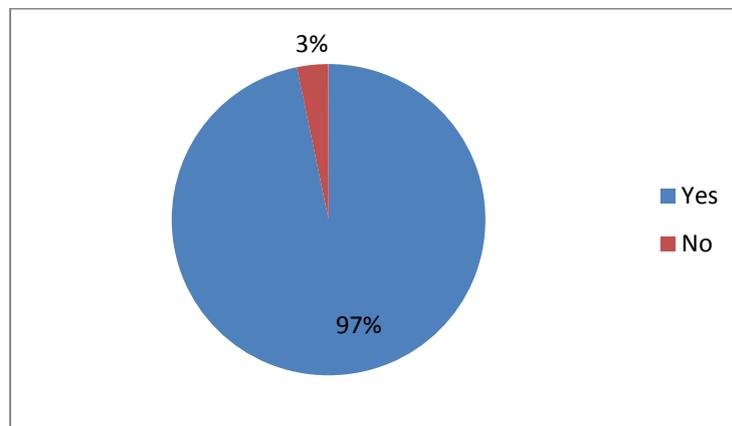
Far North Queensland Region

About the Carer

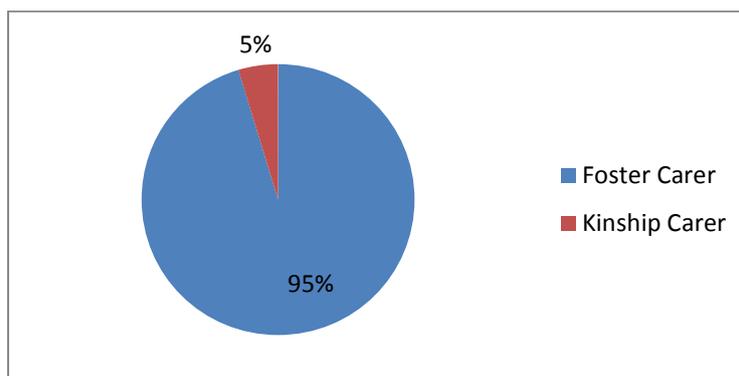
In Far North 68 Foster and Kinship Carers completed the Carer survey and were represented in the following Child Safety Service Centres.



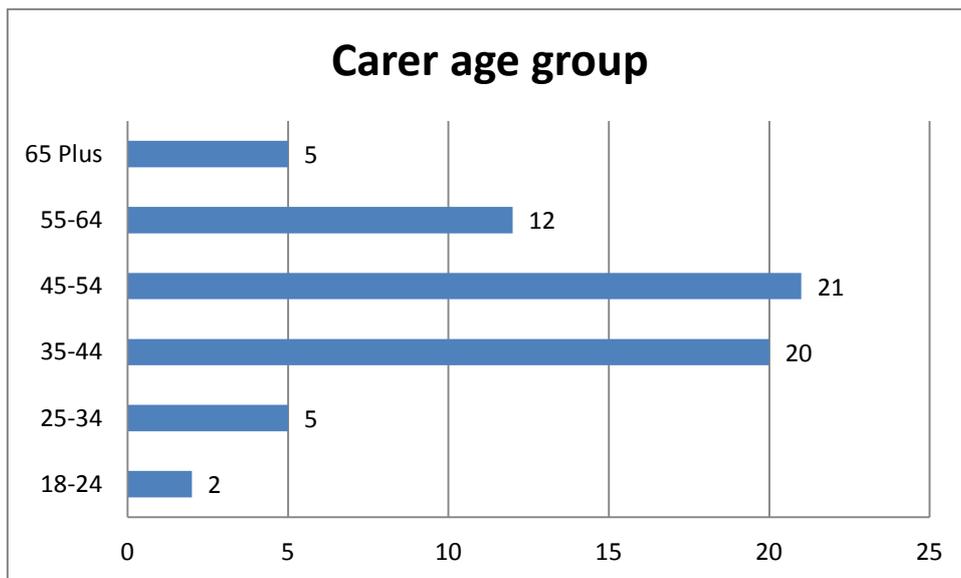
Carers were asked if they were supported by a fostering and kinship carer agency with the vast majority of carers in Far North who completed the survey confirming they were.



Carers were asked whether they were foster or kinship carers, the vast majority of carers identified as foster carers.



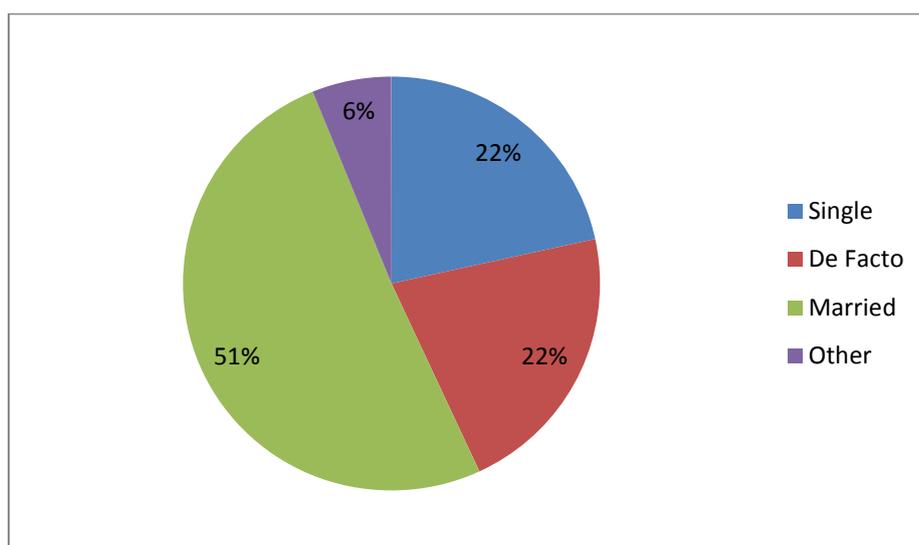
Carers were asked to identify the age group they fitted into.



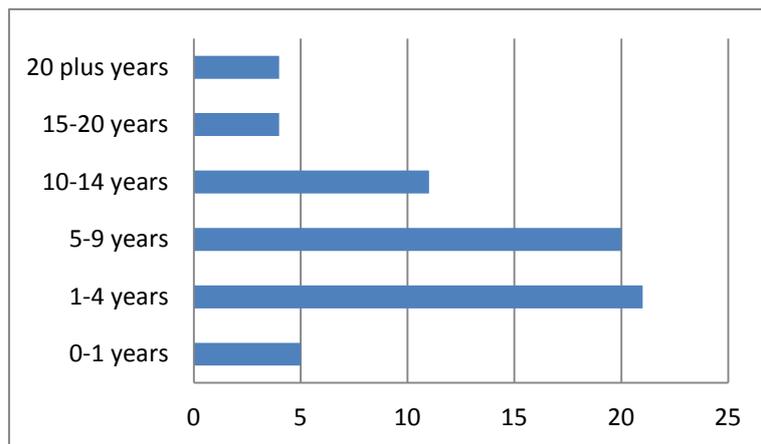
Aboriginal and Torres Strait Islander

There were no carers in the Far North Region who completed the survey that identified as Aboriginal. No carers identified as Torres Strait Islander and no carers identified as Aboriginal and Torres Strait Islander.

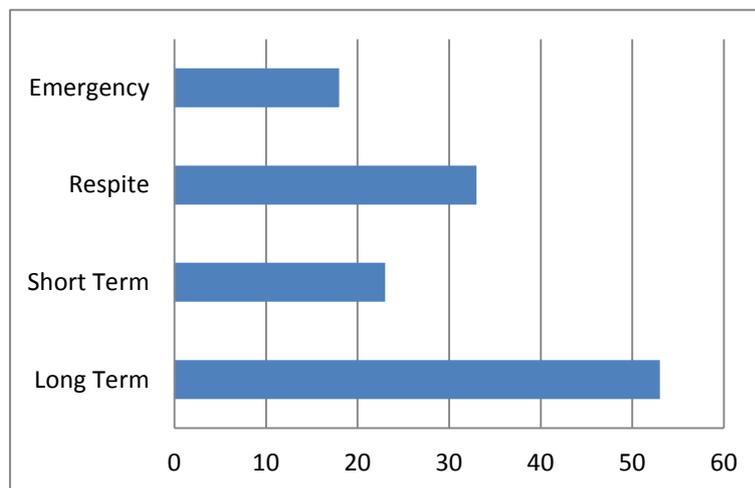
Relationship Status



Carers were asked how many years they had been providing care for.



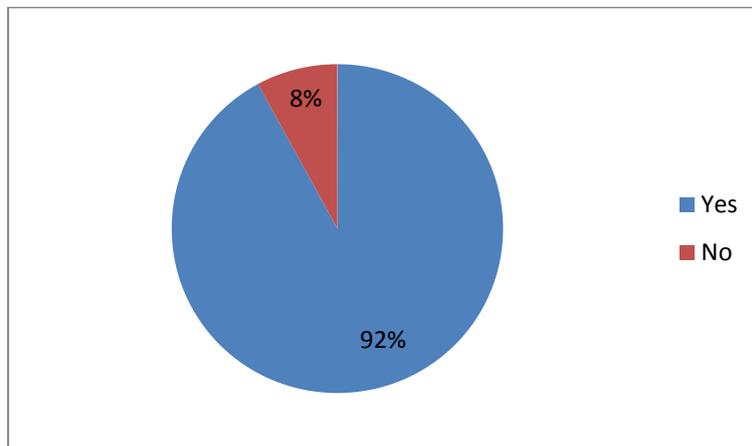
Carers were asked which type of care they provide, please note that carers were able to tick more than one type of care.



Culture Diversity

Carers were asked a range of questions relating to the care of Aboriginal and Torres Strait Islander children as follows:

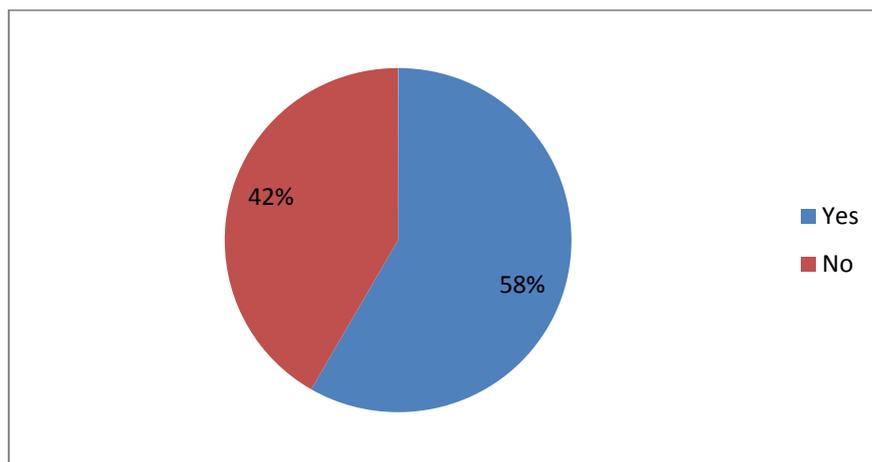
Are you caring or have you ever provided care for an Aboriginal and/or Torres Strait islander child?



Carers were then asked if they had answered yes to the above question, whether they had a cultural support plan in place. 55% of carers answered yes to this question.

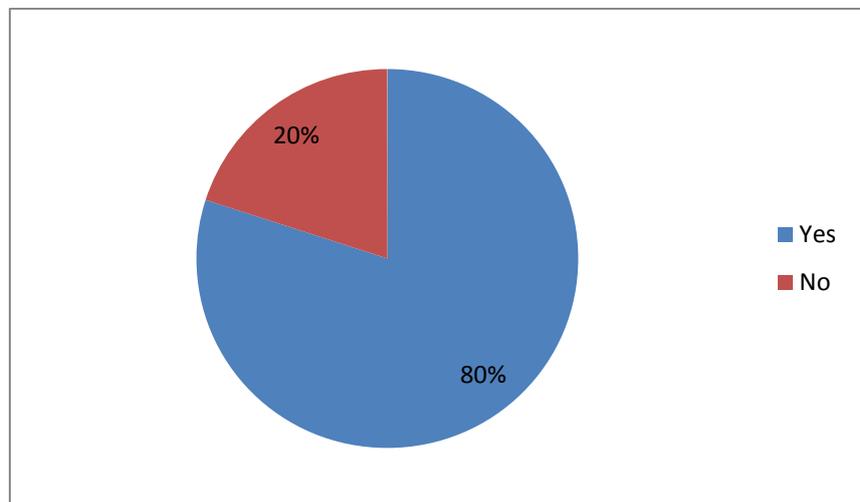
Given that no carers who completed this survey identified as Aboriginal and/or Torres Strait Islander this leaves 45% of carers caring for children with no cultural support plan or knowledge of a cultural support plan and who do not identify as Aboriginal and/or Torres Strait Islander.

Carers were then asked if they were provided with Cultural awareness training to assist them to care for a child who identified as Aboriginal and/or Torres Strait Islander.

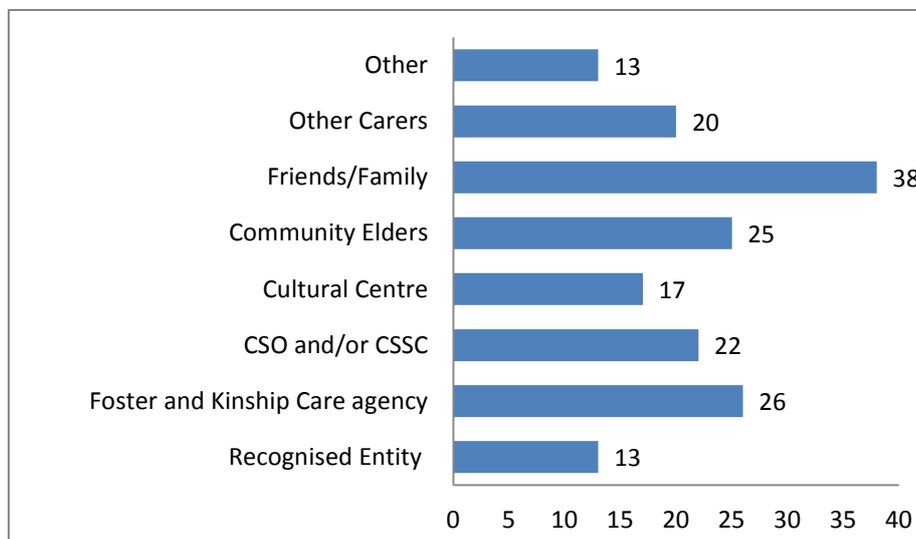


It is positive to see that more than half of carers in Far North Region have received cultural awareness training. However given the over representation of Aboriginal and Torres Strait Islander children in care and the amount not placed within family or community, these numbers must increase substantially.

Carers were asked whether they understood the Aboriginal and Torres Strait Islander Principle. This principle is explored with foster carers in the Pre-Service Quality Training, however it must be noted that carers are inundated with information during this training and if this is not followed up with further education and information, it is likely it won't be retained by carers. It is positive to see that the vast majority of carers in Far North Qld reported an understanding of the Aboriginal and Torres Strait Islander Principle.



Carers were then asked where they accessed their Cultural information from. Please note that carers were able to tick multiple boxes as sources of information for this section.



Carers were asked to provide examples of how they meet the cultural needs of children in their care:

- *We have supported the children since birth, have visited their communities and have made them aware of their heritage and culture*
- *Provide Contact*
- *I am very aware of the aboriginal culture and what it means*
- *Am very open and supportive. We support all the child's needs while in our care*
- *Personal and general interaction with community activities*
- *We embrace all cultures. Teach the kids about the natural ways of living for all cultures. Beliefs of cultures*

- *Ensure the school has cultural awareness and let kids attend cultural resources/gatherings. Our kids learnt more about culture with us than they have learnt on their entire lives from in care and from family*
- *By helping regain their self-worth, trust and respect for themselves and others. To help with a better future socially, academically and self respect*
- *Contact as determined by Dept*
- *I have a familiarity with community elders and a history of association within the communities in North QLD*
- *Time with family*
- *Passing on family traditions and explaining the way of our people*
- *My child is only 5mths old*
- *Every way we can*
- *We tried to support our kids cultural needs by helping them engage with direct family with other carers also pushed for community visits. We encouraged them to research and talked about their culture and what they knew what they wanted to know and how could we find out*
- *We live near and work in a remote Aboriginal Community giving us the resources we need to benefit the wellbeing of children in our care to enable them to remain connected to their culture in a stable environment*
- *By being an advocate for the children in care. Searching for events and making sure the children don't miss out. Offering the child opportunities to explore activity and events that are culturally appropriate. The child visits other adults and plays with other children who are culturally appropriate*
- *She is aware of her culture and I keep in touch with her mother and is taken to various cultural days and family gatherings. She knows who is her elders and what they stand for*
- *providing positive role models around the child from all sorts of cultural background not just Aboriginal, and allowing the child to choose if he or she wants to watch particle programs on TV that have 'culture' shown in a positive way. Allowing the child to ask Q's about culture and background. Showing child how my work supports culture and development in a positive manner*
- *I do not as I think white children are just as important*
- *Mainly through yearly trip back to community and local family contact. we buy books and CD's*
- *Every second school holidays we take the kids back to community*
- *Giving them every chance to learn their culture through elders/family members*
- *By being part of their family, including parents and aunties, grandparents ----outside the department arranged visits we've only done respite and short term care for indigenous children*
- *Cultural events, family visits, visiting extended family, exploring cultural history and putting up with family wanting things because they see me as mum/ sister/ a free ride. Also teaching what little I pick up from cultural experiences we have observed*
- *We take children back to community every school holiday. Also engage in any culture activities that hear off*
- *By respecting their culture and allowing them to identify with their culture*
- *Take the kids back to community every school holidays. And work with the family and elders to arrange activities like spear making*
- *Camping, getting out in nature, going to cultural events*
- *By being there to help them through difficult times and to try if possible to get them back with family. Schooling and friendships to show that things do have happy endings*
- *Books, school, kindy, shirts*
- *Showed respect and interest in her cultural heritage. Participating in cultural training - also went to Tjapukai & learnt about Aboriginal Culture. Take child to indigenous Medical Centre when required. Support access to child's indigenous friends / previous carers when requested*
- *encourage them to make connections*
- *We looked it up and gathered the information and learnt with the children*

- *I am aboriginal...but who cares, I am a person who is opening up my home, my family and caring for a child in need. Race/colour culture - the children have been placed in my care for them as if they are my own. That is a caring, loving and safe place!!!*
- *Fostering close ties with family*
- *maintaining an essential link to the child's identity and sense of belonging through community links and cultural awareness*
- *A very safe caring and stable environment*
- *Books, Drawings, Programs. Recognition*
- *Connecting with Community Elders and getting knowledge's from Family members.*
- *By keeping children close to family elders and community*
- *Naidoc Family Books*
- *Culturally our families are similar so we just try to maintain a good relationship with us and his family and talk positively about everything*
- *Naidoc Family Books Personal interest*
- *Making sure they have access to appropriate events, experiences, family members and friends and also acknowledging appropriate customs/traditions while they are with you*
- *Attending the festivals and Naidoc week, taking the children back to their community to visit family*
- *Not currently caring for indigenous children but maintain their culture through schools, family members, community events*
- *Through participation in dance through school activities*
- *Keeping them connected to family and country and attending significant cultural occasions*
- *Travel to the child's community and have family from the community visit are home*
- *Including in community*
- *We are an Aboriginal Family*
- *We support connection with family. Community events, language, and because we have lived in the Cape and have direct connections with personal friends who are indigenous and support us. We attend Dance and music events, we access anything we can even if not financial support to do so by CS*
- *Cultural focus and we attend anything they offer from dance to art sessions. We encourage traditional language and foods*
- *Making sure the child has access to his culture and any questions that they have can be answered*

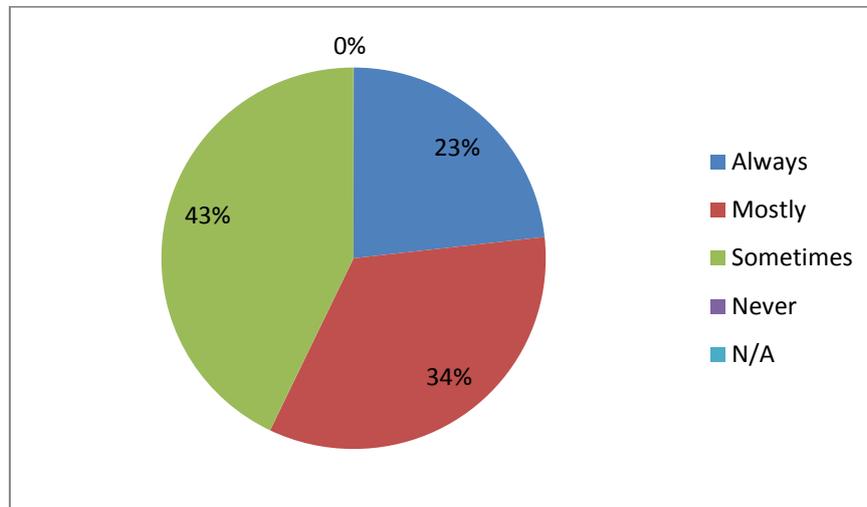
CALD Community

This is the first year that FCQ has sought to gather information from our carer community regarding the CALD community, specifically how many of our carers identify as being from a CALD community and whether carers have provided care for children and young people from a CALD community.

11.48% of carers who completed the survey in the Far North Region identified from a CALD community and 19.76% of carers in Far North Region who completed the survey reported they either were or had provided care to children who were from the CALD community. Carers who had provided care to children from a CALD community were asked whether they were provided with appropriate training to assist them to provide culturally appropriate care. Unfortunately only 19.57% advised that they had been provided with training.

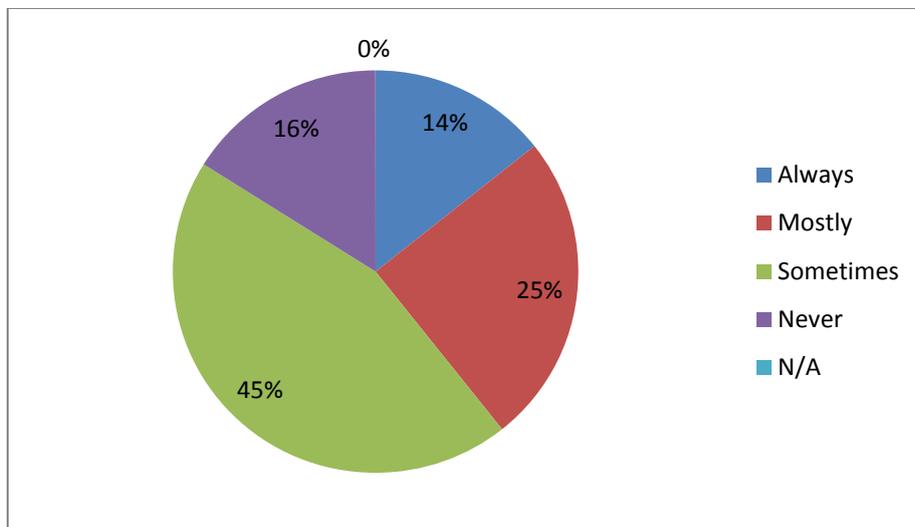
How satisfied are you with Relationships with Staff at Child Safety Services

Carers were asked whether they felt respected by their CSSC.



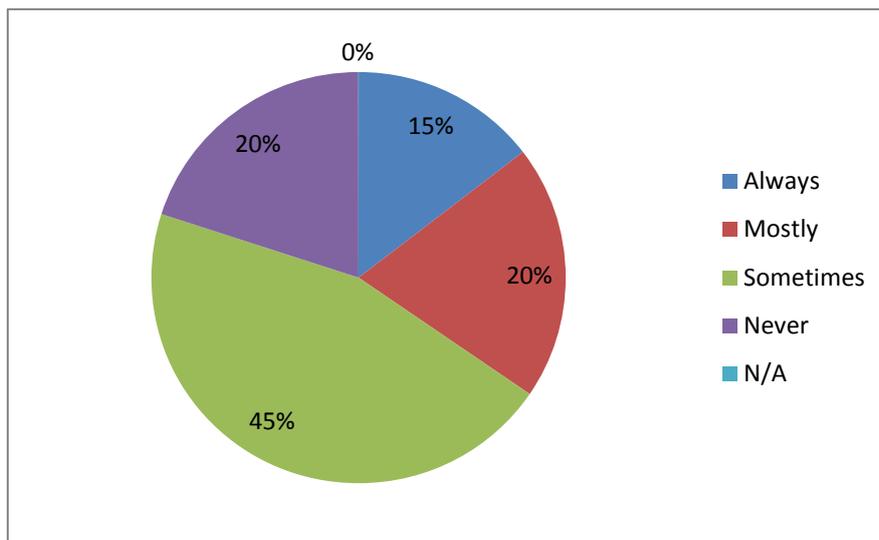
A total of 57% of carers reported feeling respected either always or mostly which makes up the majority of carers, however that still leaves 43% of carers feeling that they are not respected sometimes or never.

Carers were asked whether they felt part of a team.



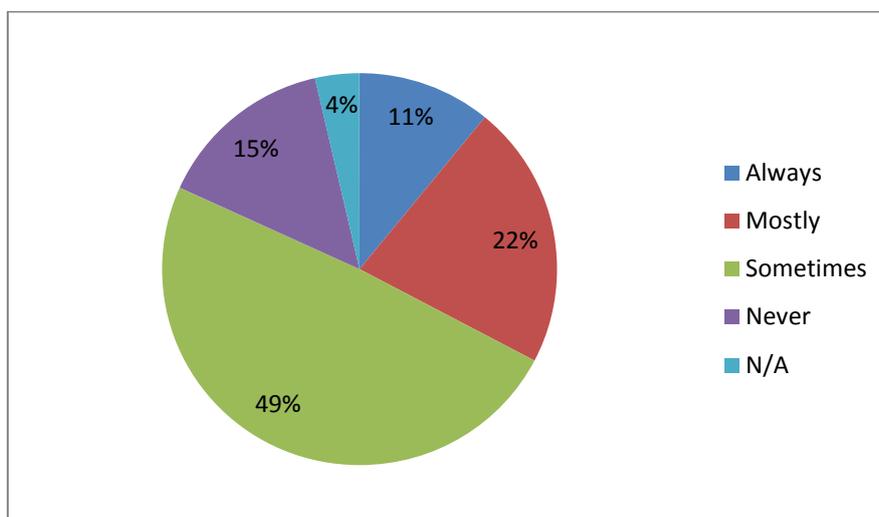
More than half of carers reported only feeling like part of a team sometimes or never. These are disappointing figures as we try to build cultures that recognise carers as colleagues not clients.

Carers were asked whether they feel as though their views are heard.



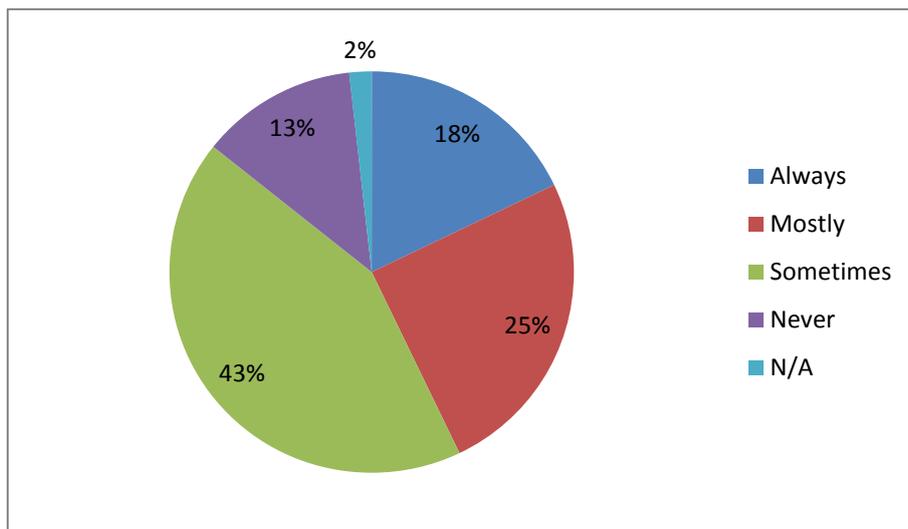
Only 35% of carers reported that they feel like that their views are always mostly considered, leaving the majority of carers in Far North Region feeling as though their views are only sometimes or never considered.

Carers were asked whether they feel as though there is consideration given to their whole foster or kinship family.



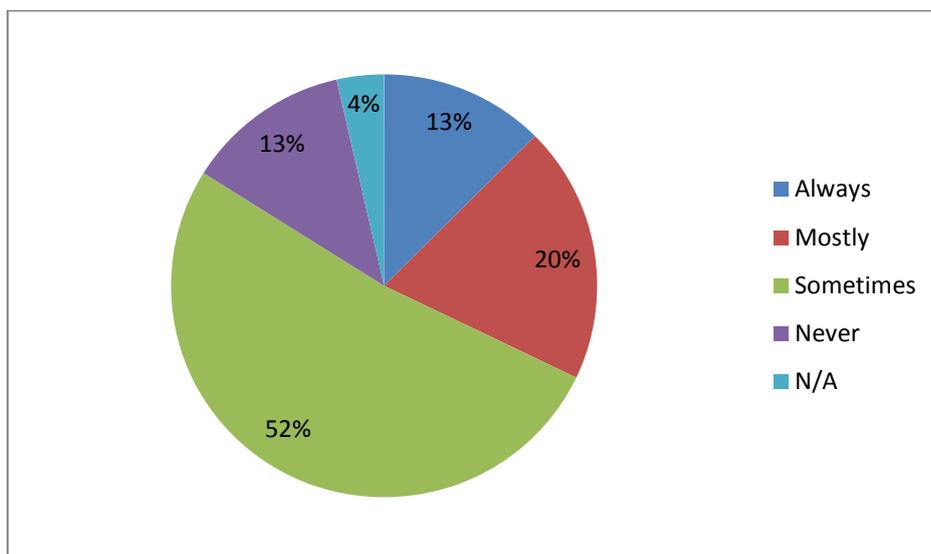
Only 33% of carers felt that consideration was given to their whole of family always or mostly. Consideration of the whole of family is crucial in the retention of foster and kinship carers, the system must recognise that foster and kinship carers have the same struggles and needs as every other family in the community with an additional complex layer of providing care to children where decision making does not always lie with them. The decision makers must consider the impact of their decisions on the family as families consider the impact of their own decisions on their whole of family.

Carers were asked whether they received phone calls and/or emails within a 24 hour time frame

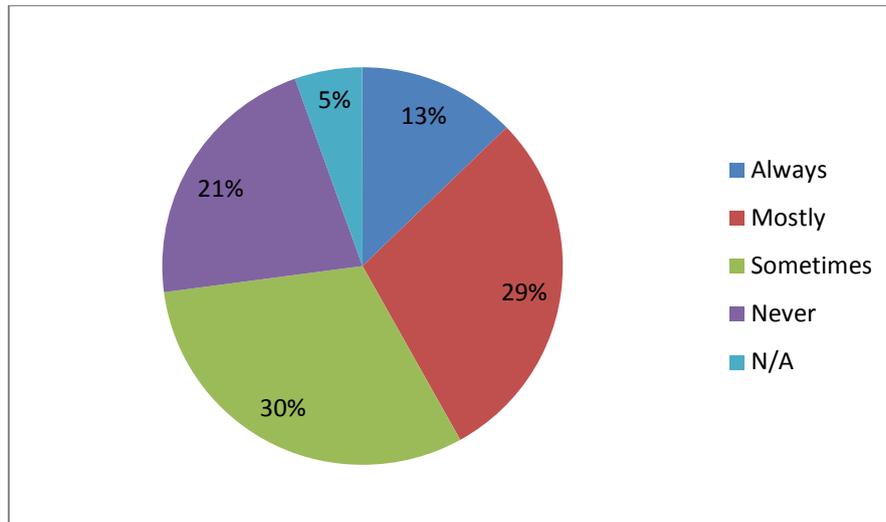


43% reported receiving a response to emails and/or phone calls within a 24 hour period all the time or most of the time. It is recognised that the nature of Child Protection work means that CSSC staff must prioritise their time – this is where communication and knowing your carers is vital in understanding the urgency of the phone calls and emails and where to prioritise return of these.

Carers were asked if the CSSC creates a supportive environment.

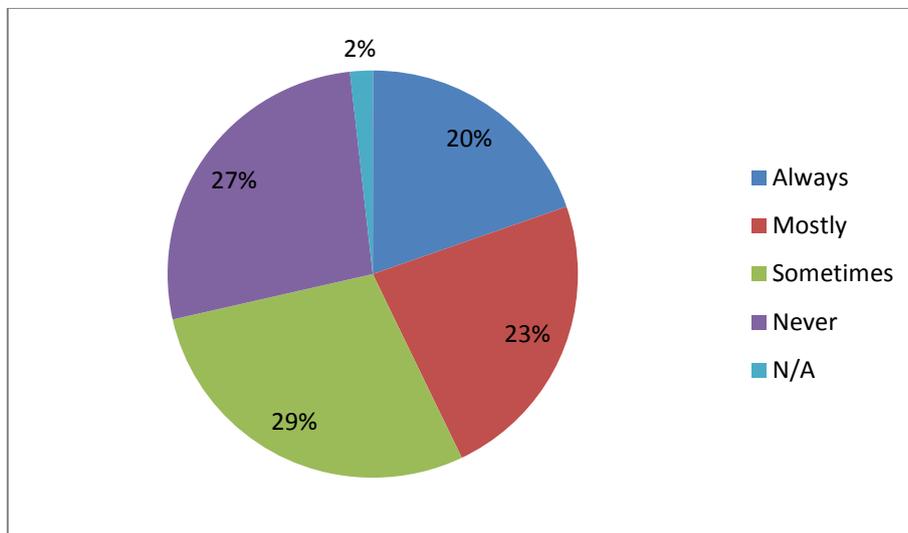


Carers were asked if they are assisted in completing applications for reimbursements/claims in a timely manner.



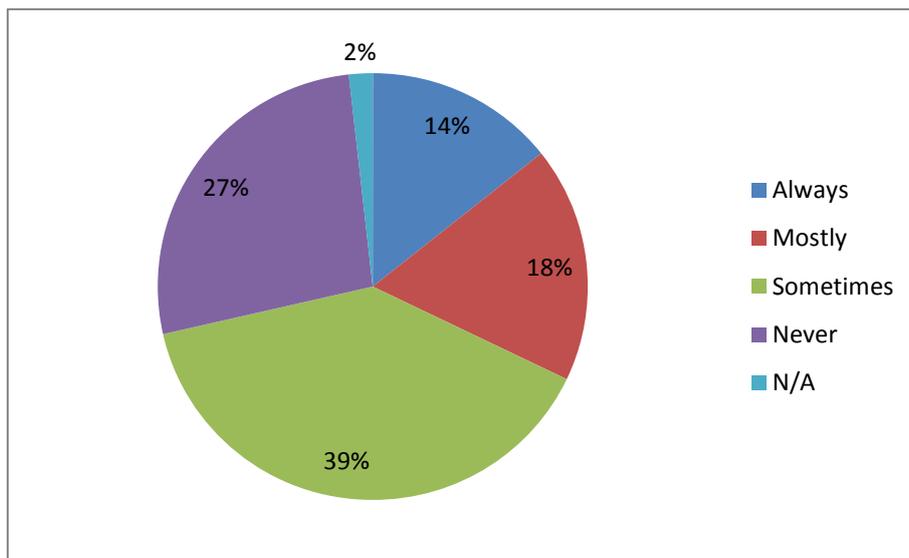
More than half of the carers surveyed reported they only feel supported to complete applications for reimbursements and claims in a timely manner sometimes or never. Financial stress can very much impact on placement stability and is often overlooked as a stress factor in foster and kinship families despite financial stress being one of the most recognised sources of stress in normal everyday families.

Carers were asked whether their CSO's let them know when they are going on leave or are going to be unavailable.



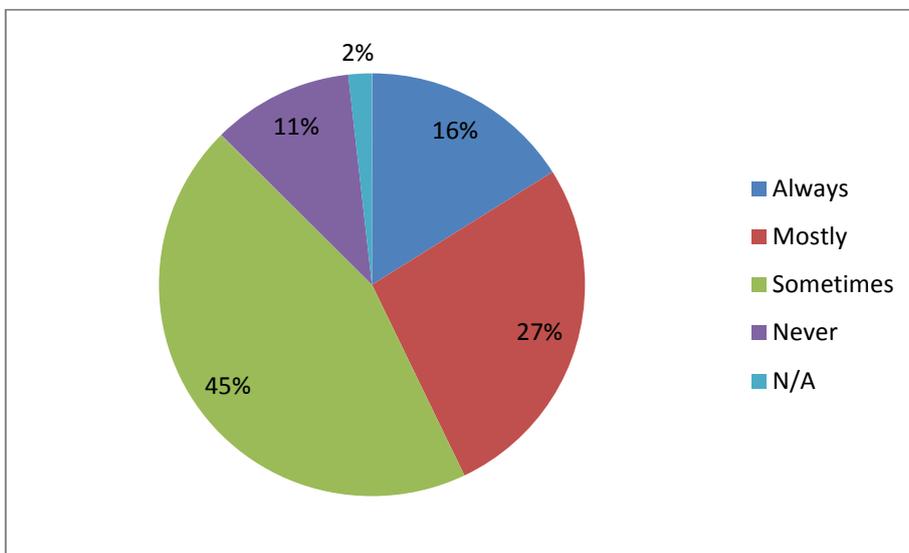
It is disappointing to see that less than half of the carers surveyed in the Region reported that their CSO lets them know when they are on leave or unavailable always or mostly. This is a basic communication skill with team members and is an expectation for carers when they are going to be away for any length of time whether that be with children or without children and not available to take placements.

Carers were asked whether they are given ongoing information about the child in their care



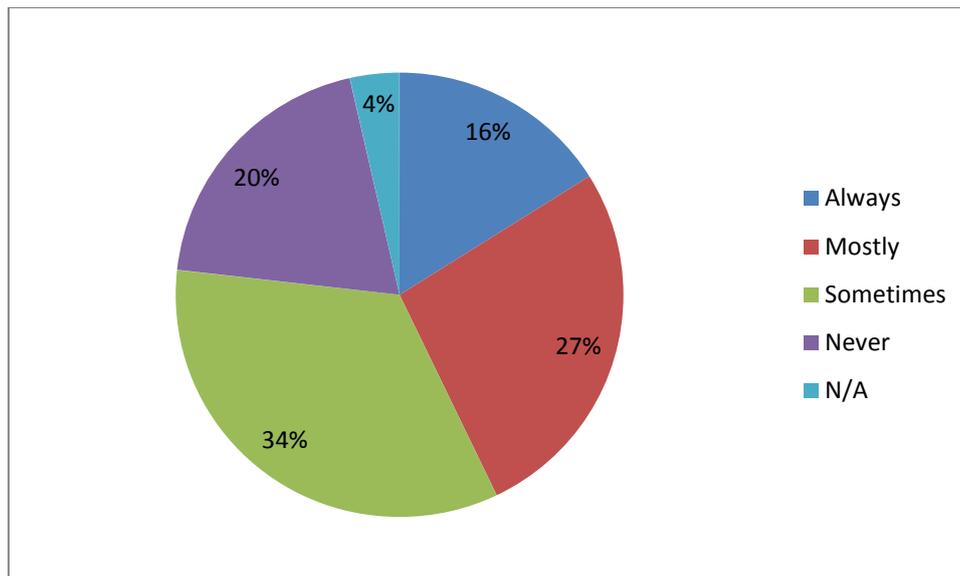
66% of carers reported they only sometimes or never get updated information about children in their care. This percentage is high given legislative requirements of the Child Protection Act 1999 that require carers to be provided with information that allows them to provide safe and appropriate care to the child and other children in their care.

Carers were asked whether support and assistance was provided to them by CSSC for the children in their care.

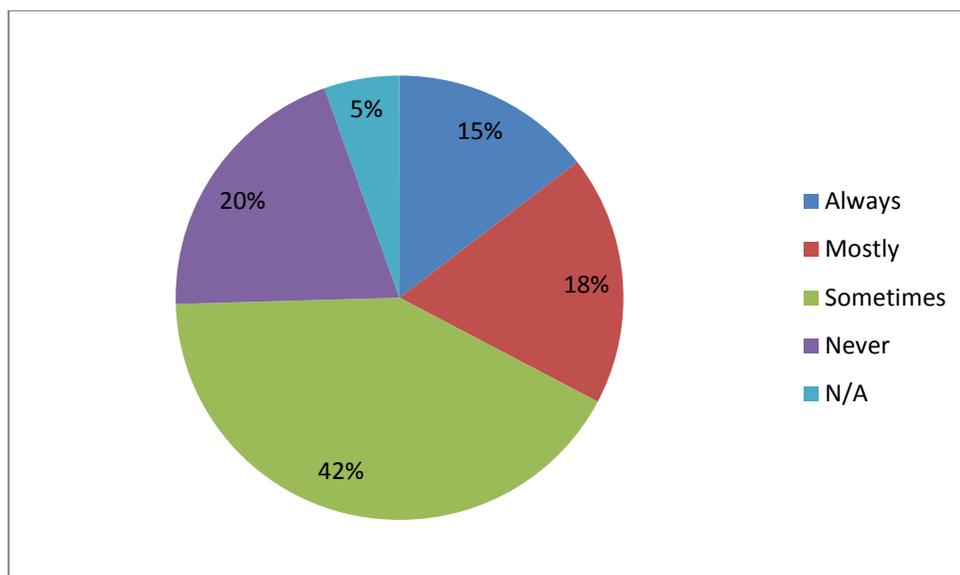


Unfortunately over half of the carers who responded felt that support and assistance for children in their care was provided sometimes or never.

Carers were asked whether they were respected to advocate on behalf of the children in their care for resources, goods and services.



Carers were asked whether the CSSC are improving services and interactions



Comments:

- *Because I do a lot of emergency and respite care, once a child has left my care, I am unable to get any info on how they are going. If there is an area that I feel would benefit the child, I email and call to give some feedback. I never get a response. I'm not a sticky beak - just give a crap about these kids*
- *Child Safety needs a whole investigation into their actions not only for the children's sake but for the foster care workers also*
- *I found not much support in changing the child's school, the school is pushing for medication as they cannot seem to understand the extra needs for a foster child, child safety has not made their priority to ensure the school understands this. They also allowed these children to be highly medicated and left them with respite carers for 18months. Carers of 73years of age who couldn't accommodate for the energetic needs of a child and let them be highly medicated so they could go*

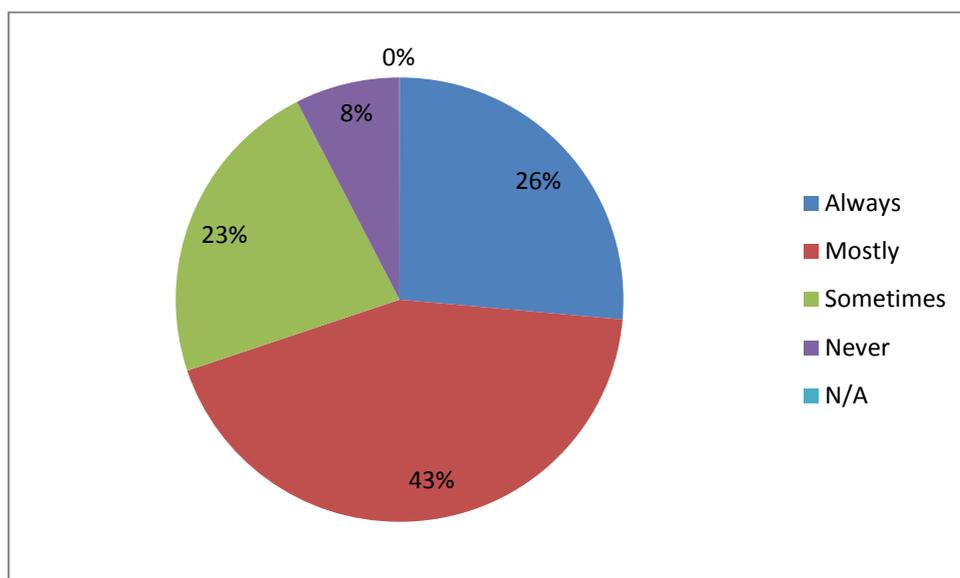
to school, come home watch TV and bed. The most exercise they got was at lunch time at school resulting in the extra energetic behaviours. This should be seen as child abuse

- *Completely feel not valued*
- *Child services are extremely hard to get a hold of and don't take into account other children in your care*
- *Working with Child Safety in this last year has been a nightmare. When we were with (DE identified CSSC) it was so much better!!*
- *I find some staff- team leaders and CSO's (not all) at the (DE identified) office are disrespectful to carers. They have no time. The office does not respect nor recognize the advice/ experience given by Foster care agencies and their carers. The secrecy...(don't tell the carers anything!) is deeply ingrained in their staff, which can cause a lot of problems when the children start to show serious health issues. I have also dealt with CSO's from (DE identified) office...even if you are of Torres Strait Islander descent you will be treated disrespectfully by them. We find this very offensive*
- *Advocating for children in remote indigenous community is very trying due to the lack of understanding from Child Safety Department with the different family dynamics and Carers demands. This could be improved with shared responsibilities rather than expect Carers to carry the full load. Listening to Carers concerns when children have other needs is disrespected or not considered*
- *Our first Child safety Officer from dept. of Comms. Was not that 'user friendly'. Seem to bribe the child with cartons of coke (which mind you they didn't ask for at home). We had an incident where the child was suspected of a crime (when on parent visit without us) and we were notified one week after they were notified on Xmas eve. Leaving us in doubt of how we would handle the child over the Xmas period as they were not allowed to be left alone with other children and was prevented in seeing relatives and the child was not told why therefore we took the brunt of the child's sadness as we could not tell them why they could not visit relatives. It was handled poorly. The agency we go through did all they could but the CSO let us all down*
- *I find them to be slack at their job they get nasty towards you if you have an opinion on anything and most of time they always run late and do not care if it upsets the children. They don't communicate with each other so most don't know times dates and other factors on the cases in our care. Getting respite is difficult as they just don't care*
- *I am attached to two child safety offices. My experience with one has been supportive and positive but we experience delay with applications for resources, goods and services. I have indigenous children attached to this office and I believe that culturally they are doing their best but many times cultural identity issues are often result in token experiences and culture is not embedded deeply into the lives of these children. I believe more needs to be done but I would not critique this child safety office as this is an issue that needs to go to the top. . My experience with the other has not been positive. They have been re-active and CSO's have not engaged with children very well, especially teenagers. Child Safety has done very little to help although our current CSO is very good but sadly come on bed too late for one of my children*
- *(DE identified) office is one of best I have had dealings with*
- *These questions are difficult to answer without an OTHER BOX. When children come and go from your care, one box to tick is not enough. They all behave and respond differently. The same as CSO's. Even with long term children a change of CSO disrupts the routine because they have ideas of their own to assist with the child's future. And they expect the child to bond immediately*
- *My biggest concern is that often the carer is the person that knows the child best but often the carer is not included in decisions that are made. I understand that it is not appropriate for the carer to be involved in some confidential decisions*
- *I have found that my team has been fantastic and I couldn't have done all this without their help*
- *Very slack CSO, I am constantly having to do all the work and chase up paperwork*

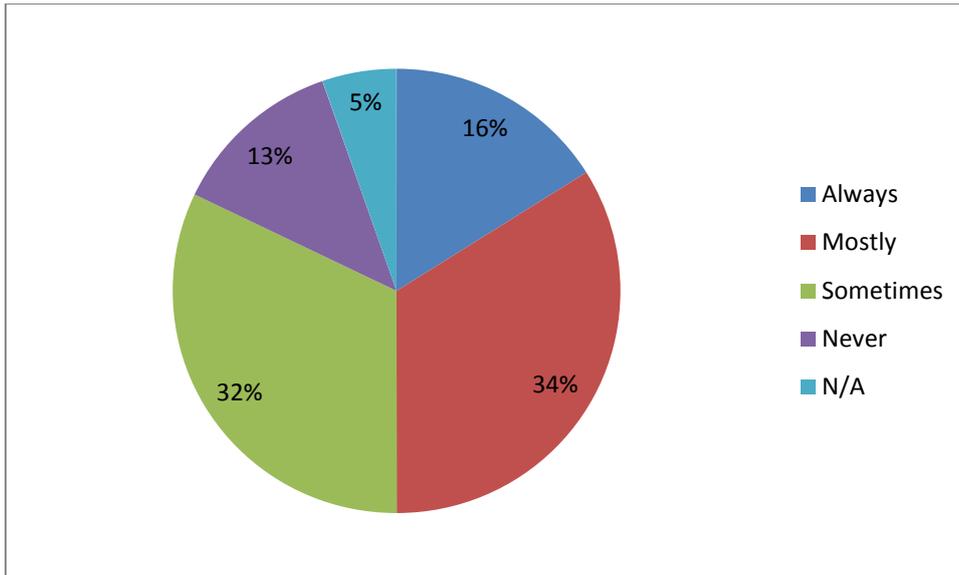
- *Our main dissatisfaction has been sending emails to CSOs and receiving no reply, no acknowledgement. It seems that only a squeaky wheel gets the grease and neither myself or my husband have been squeaky wheels*
- *This really depends on the quality of the child safety officer and there are large disparities: like in any profession*
- *My experience with my service center has been reasonable over the past 2 years. Child Safety Service staff vary in degrees of support and understanding based on their experience in that role, their supervision and their ability to seek additional supports and resources for the child*
- *Very poor communication with Foster Care Agency as the Foster Care Agency is the Foster Carers Support Network*
- *I am in a good relationship with the child safety staffs and I would like to say thank you for your supports*
- *I am a respite carer*
- *We have a wonderful CSO however I know this is not the case with all CSOs. I do worry how hard it would be if we weren't with a helpful and caring CSO*
- *Some of this information is from past experiences as I mostly do respite*
- *In the four years that I have been a carer I have never had a problem with the department until we got a new CSO in April there has been nothing but disrespect and problems since*
- *(CSSC DE identified) is run very inefficiently, the budget is always a priority ahead of the child in care and the carer is simply a pawn in their manipulative game of chess.*
- *Some things seem to improve a bit but it never lasts. Overall I don't think much has really changed in the past 20+ years. It's just different*
- *The biggest letdown in caring for a child in long term care is the lack of continuity of a care plan for the child, especially with complex mental health issues inadequately addressed*

Child Safety Processes

Carers were asked whether they were satisfied with the approval and reapproval processes as carers.

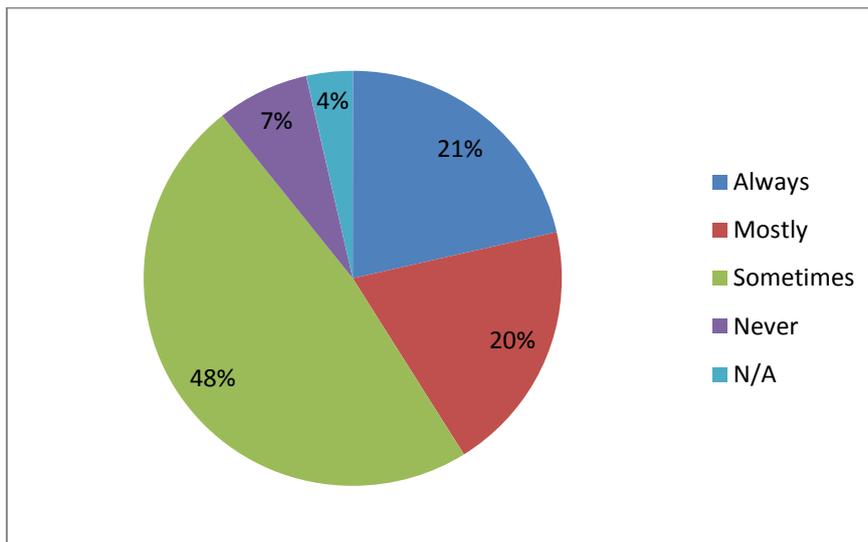


Carers were asked if they were satisfied with the completion of Placement Agreements.



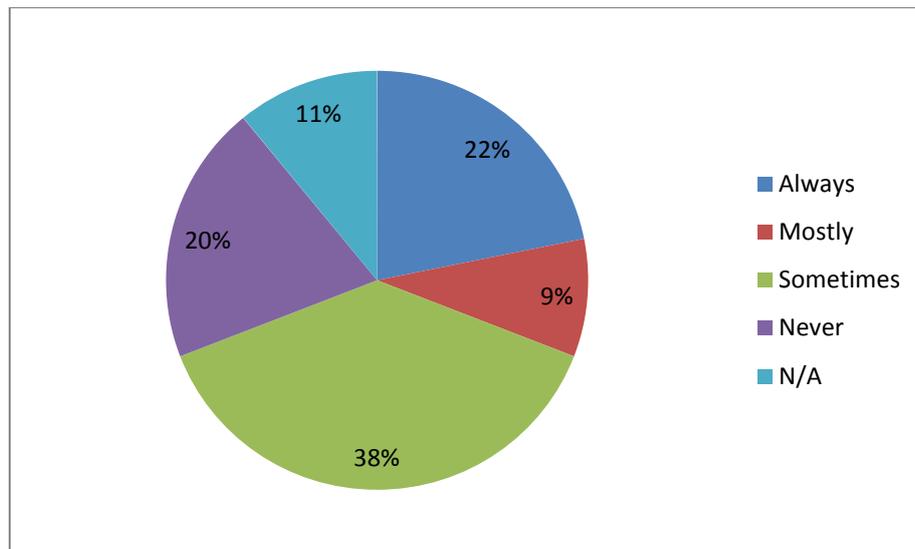
Given that placement agreements are a legislative requirement, it is concerning that nearly half of the carers surveyed reported feeling satisfied sometimes or never in relation to the completion of placement agreements.

Carers were asked if they were satisfied with home visits being completed by Child Safety.



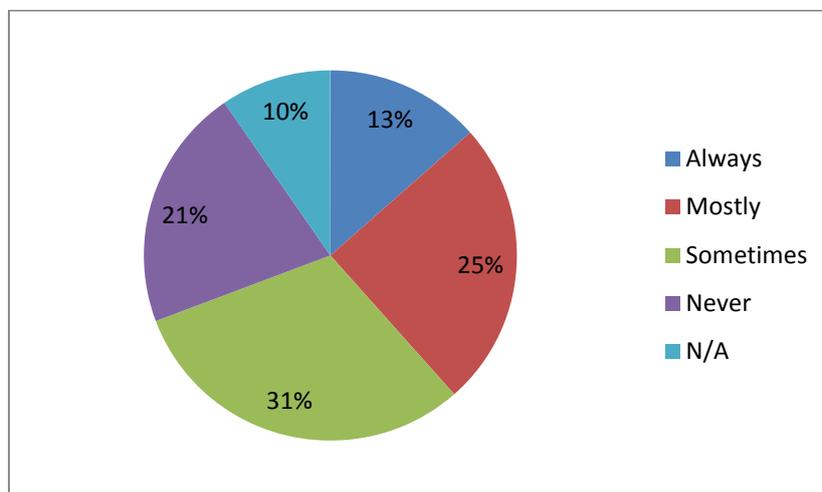
It is evident from the data that the majority of carers experience is that sometimes they are satisfied with home visits being completed. It is expected that this would vary depending on the child they have placed and the CSO.

Carers were asked if they feel satisfied with their ability to engage in Family Group meetings for children in their care.



Only 31% of carers reported feeling satisfied in relation to their ability to engage in FGM's mostly or always. It is recognised that it is not always appropriate for a carer to attend an FGM in person, however it should be the case that carers are mostly or always consulted in respect to an FGM regarding a child or young person they provide 24/7 care to.

Carers were asked whether they were satisfied with review processes within the CSSC.



Comments:

- *Different experience with different service centres*
- *Child safety seems to drop the children off and forget they are in care unless there is trouble then all they want to do is big note themselves and play god and tell us they are overworked*
- *I have had my children for 8months. I'm happy with the children just wish I had more support with the school as there answer to everything is medication. The rate of kids medicated these days is disgusting and should be seen as giving kids drugs. Kids get brought into care for parents doing*

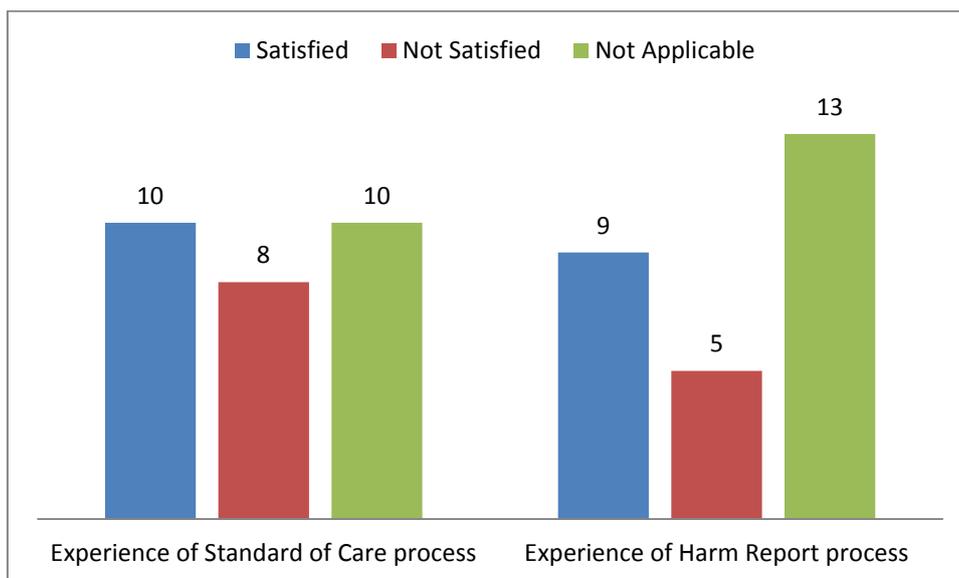
drugs why give the kids drugs even if it's got a script. We all know Foster kids need extra help not medication

- *What is the review process*
- *We had 2 children in our care for over 4 months and never were given the time to do a placement agreement. We have emails that go completely unanswered and requested to take our children on a holiday and never got a response. We were given wrong information as to the children's immunization status and therefore had to pay way more than necessary for their daycare*
- *Carers are not usually invited to family group meetings. CSO's try to do placement agreements over the phone without telling you what they are doing and deliberately shut out the carers support agent. Most carers are not told what the plan is for the child*
- *The only experience's that we have had completion of Placement Agreements and other documents have not followed through on time. Carers approval and renewal has been a nightmare when advocating for children especially when common sense does not prevail*
- *In the last 12 months things have improved immensely with information - communication - accessibility*
- *They do the renewal but never stand by what they say .example they say they will give to funding for sports or activities for your children in care but then say you have to do it yourself. When they change cases over the new one knows nothing of the case and forget pickups and other important things like giving you important information of appointments they have made without consulting you on times and if your able to do times for it, they just don't care about the carer*
- *Home visits are fine and Child Safety should be doing this. Some CSO's though do not relate very well to children whilst others are very good*
- *Overall placement agreements need to happen quicker*
- *Approval or renewal of approval of what? Placement agreements. Ahhhahha Child placement-short term, sometimes/ occasionally*
- *The CSO is always trying to improve things and make it better and easier on both carer and parents*
- *We recently participated in our first Standard of Care Review and were shocked by the unfairness of the process - lack of consultation. We were told 1 week in advance that complaints had been made by a child who had left our care. We were not informed of the nature of the complaints. A meeting was arranged for us to attend a week later and while the CSO and other Child Safety staff were well prepared, we came having prepared volumes of info to cover each Standard of Care, not knowing what we actually needed and having suffered sleepless nights. It was very stressful and we felt like we were being treated like criminals when as it turned out, nothing serious had been reported. I had googled "Standards of Care Review", referred to my Child Safety manual, but it was only the night before our interview, that the CSO emailed us some information about what would happen and what potential outcomes there could be. The Standards of Care interview happened, was rushed, we felt under pressure, the CSO indicated she had kids to pick up from an after care centre and needed to go soon - so we felt we didn't get to say all we wanted to and so we then waited and waited and waited and then a phone call came to say we had breached 2 standards of care then we received an email that was not addressed to us - it was Ccd to us and it contained words that said "no evidence was found of significant harm". To this day, we still have not received any further information - nothing in writing, no request to come in and see them. It is very perplexing. In the mean time we have had considerable time to think and have actually discontinued as carers just 2 days ago - thinking the whole process must have been completed. However, we learnt then, during our discussion with our Agency, that Child Safety are supposed to send us a letter finalising the matter and have an interview with us afterwards. We were very disappointed with the way we have been treated*

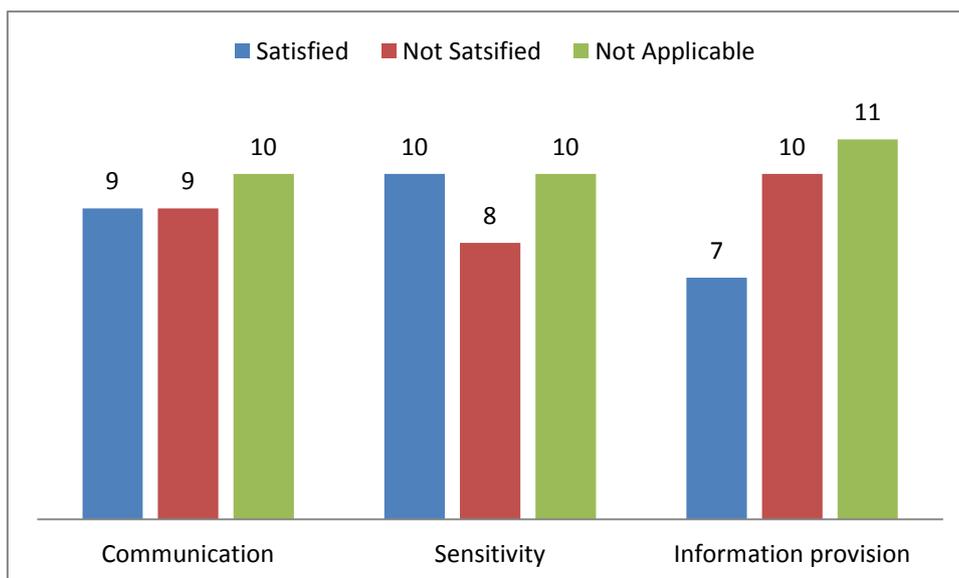
- *I have cared for a number of children of families who have had Family Group Meetings. I have only been invited once to be included and that was at the insistence of the parent.*
- *I am a respite carer*
- *Review process of what???*

Standard of Care/Harm Processes

Carers were asked whether they were satisfied in respect to Standard of Care and Harm processes they had been through.



Carers were asked a range of questions around the process relating to the quality of communication, sensitivity and information provision.

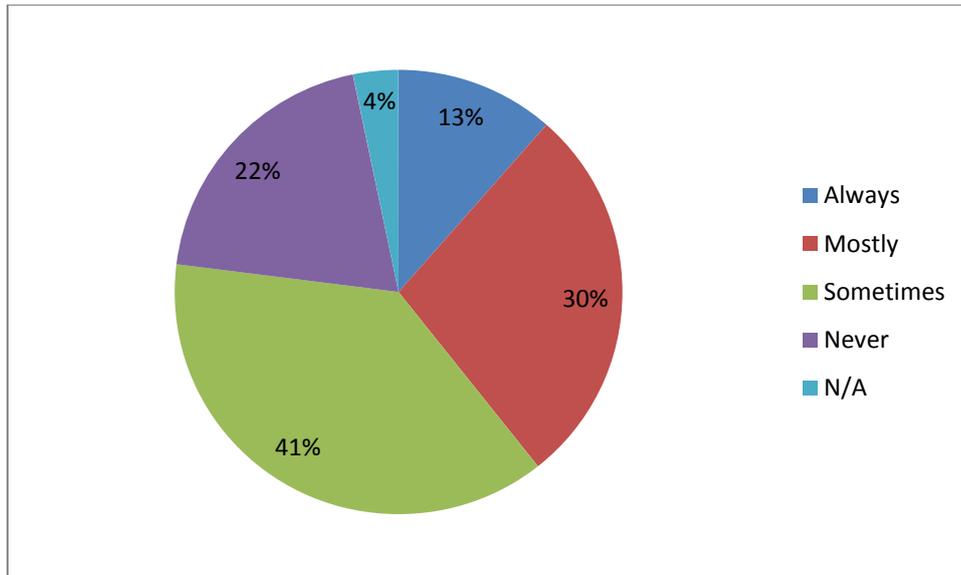


Carers were then asked if they were satisfied with the timeliness of the outcomes. 29.6% reported feeling satisfied, 33.3% unsatisfied and 37% felt the question was not relevant to them.

Carers were then asked if they were satisfied with the review process that took place if they were not happy with the outcome of the Standard of Care and/or harm report. Of those who thought this question was applicable to them 69% reported feeling unsatisfied.

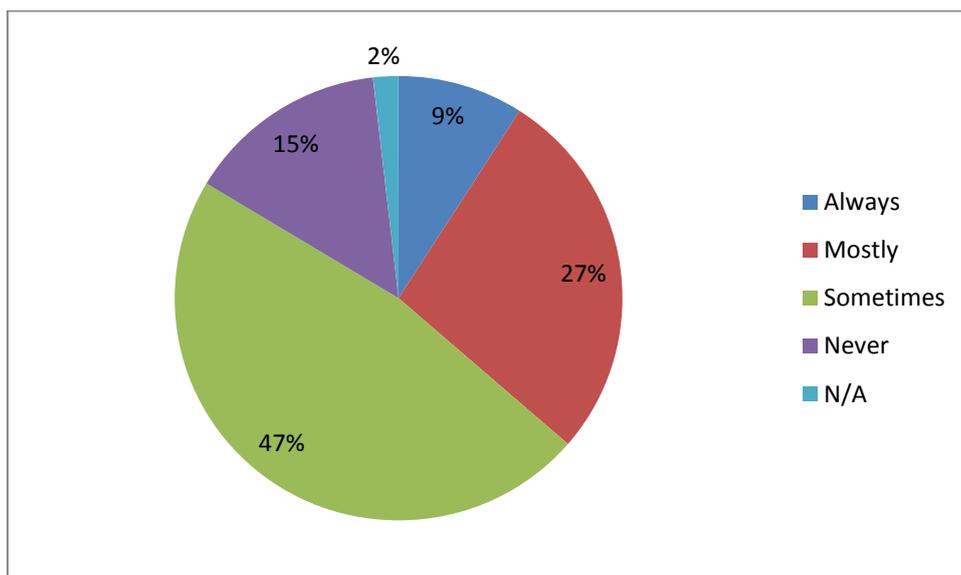
Confidentiality

Carers were asked if they were satisfied with information provision provided to them about the children in their care.



62.5% of carers reported they are only satisfied about information provided in relation to children in their care sometimes or never.

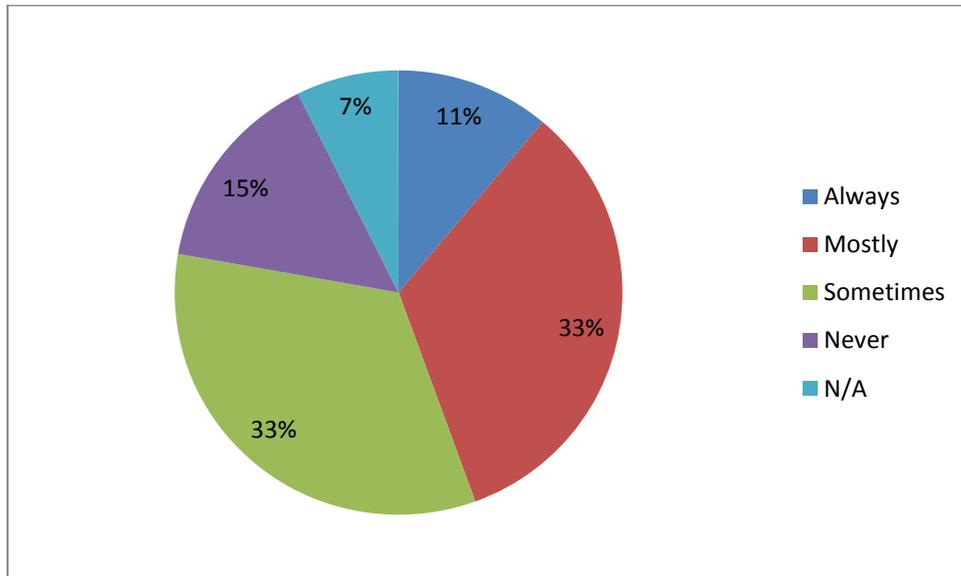
Carers were then asked if they were satisfied that information was provided to them about the child as it became available to Child Safety.



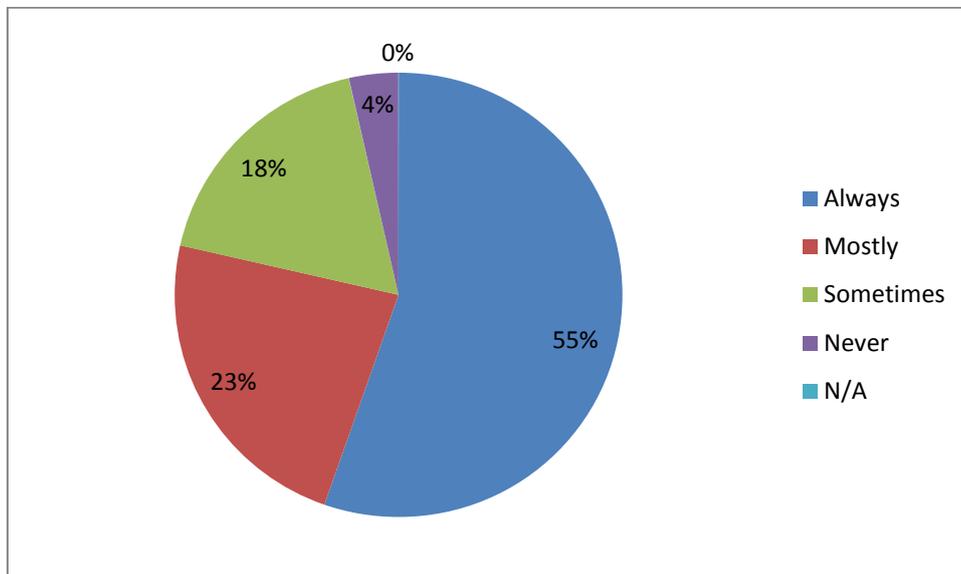
It is recognised that Child Safety do not always have the information relating to the child available to them at the time of placement. However it is vital that once that information does become available,

that it is shared with carers to enable them to provide care that is considerate of their needs and the needs of others in their family. Unfortunately 61.8% of carers in Far North Qld feel that additional information that comes to the attention of Child Safety is only shared with carers sometimes or never.

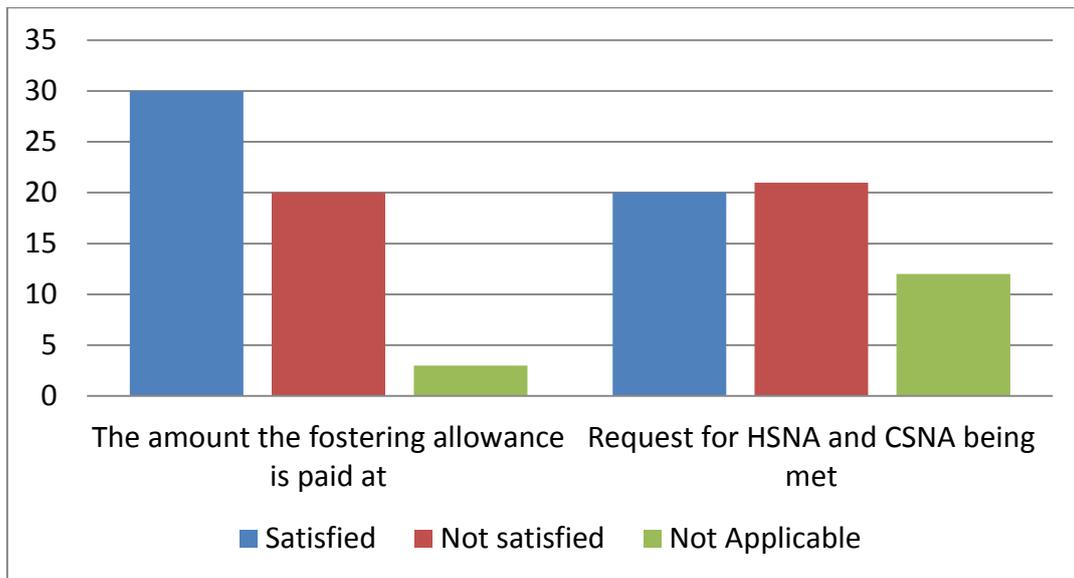
Carers were asked whether they were satisfied with the information provided to them in respect to the Safety checks being completed prior to identifying information being given out.



Carers were asked whether they were satisfied with their understanding of confidentiality provisions and how this relates to them as carers.



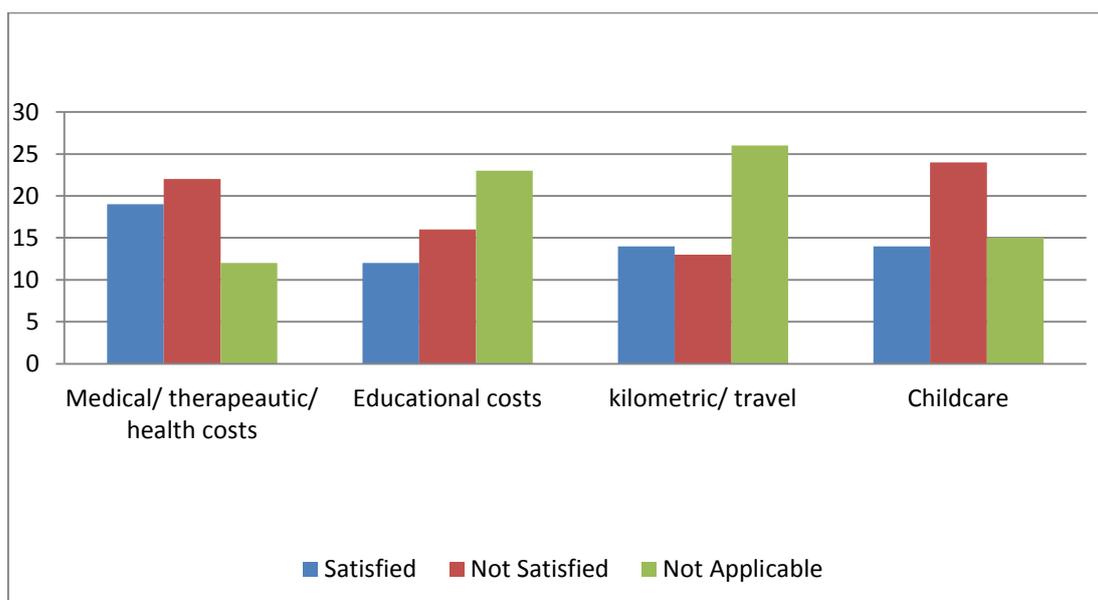
Financial



The dissatisfaction rate of cares has increased since the 2014 survey across all regions. In 2014 over 80% of cares reported satisfaction in this area, during this survey only 56% of carers in Far North Qld have reported satisfaction.

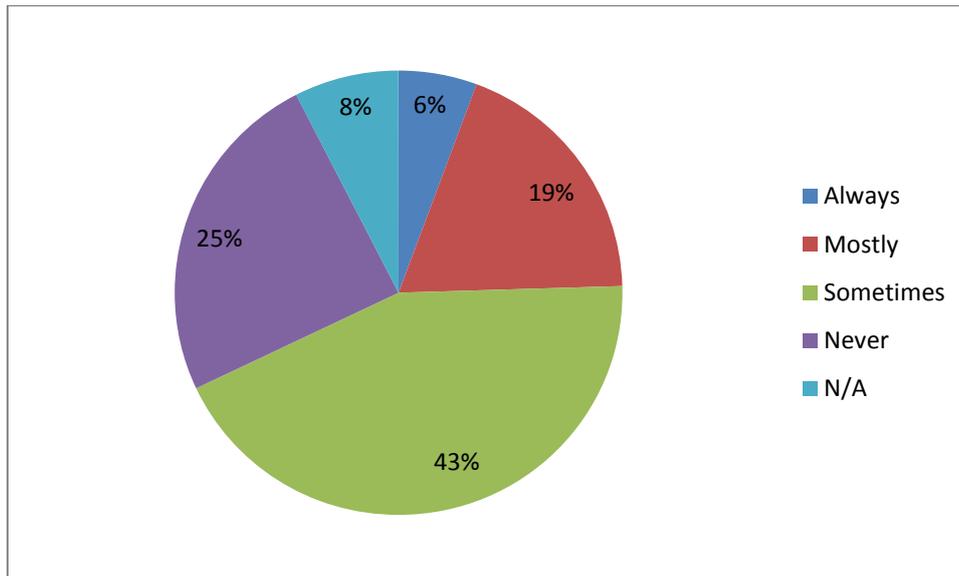
Of those carers who felt that the question relating to requests for HSNA and CSNA was relevant to them 51% reported feeling dissatisfied with their requests being met in this area. FCQ continues to get a high level of calls from carers with grievances in respect to this area whereby the focus has certainly moved to actual expenditure.

Carers were asked about a number of Child Related Costs that sit outside of the fostering allowance and whether they felt satisfied in relation to the payment of them.



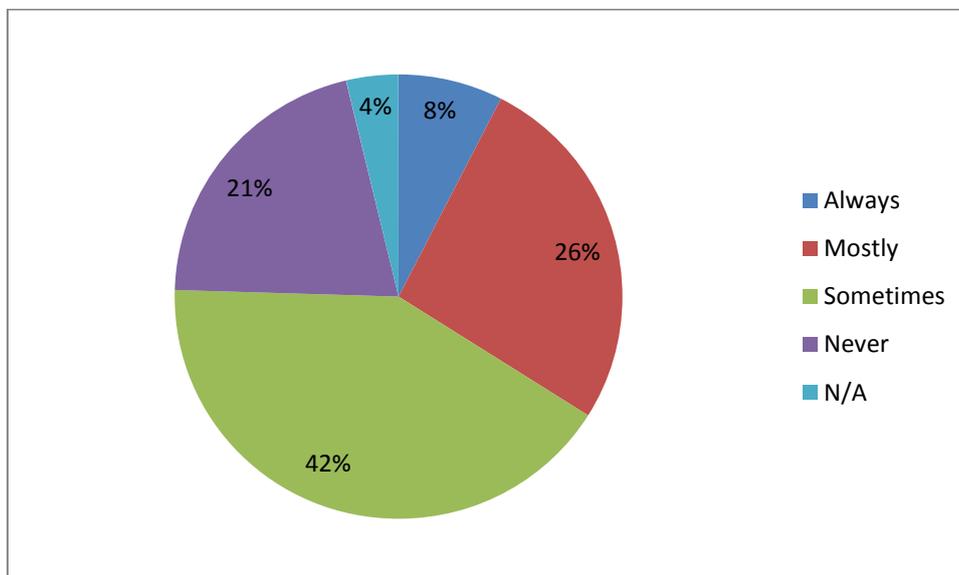
How satisfied are you with local practices of CSSC

Carers were asked how satisfied they were regarding information in relation to change over of CSO.



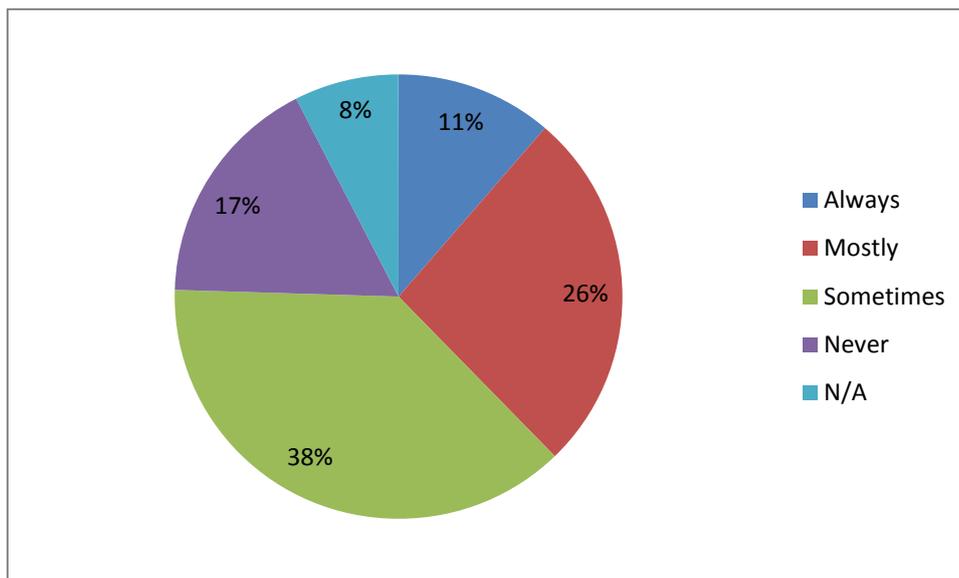
67% of carers reported only feeling satisfied either sometimes or never in relation to this area, with only 5.6% stating they always felt satisfied.

Carers were asked whether they were satisfied with the knowledge of the history regarding the child/ren in their care.



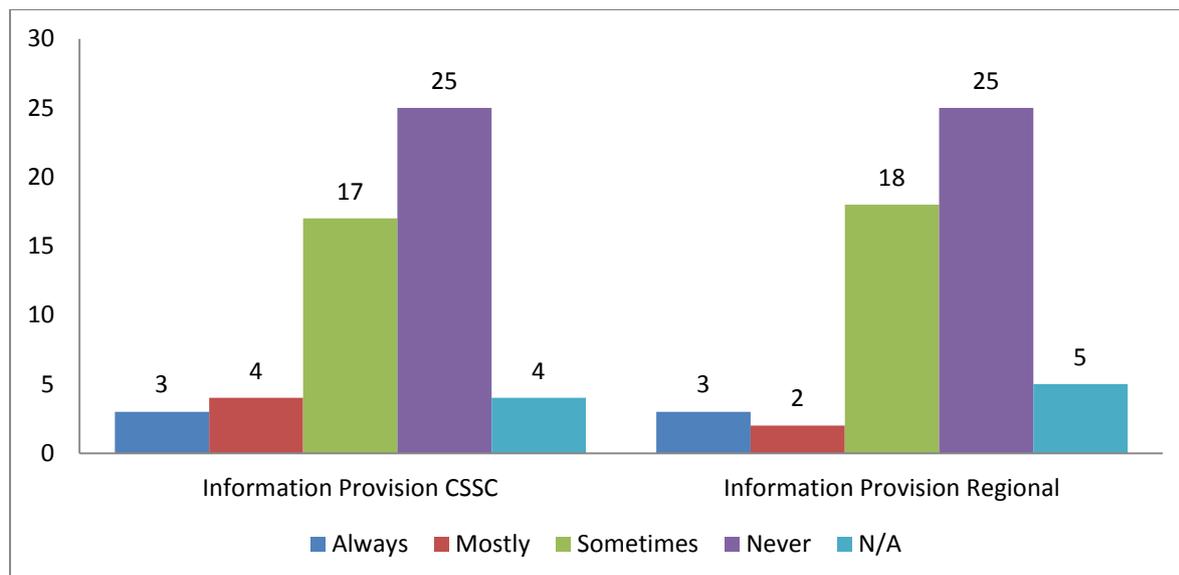
62% of carers felt that CSO's had relevant knowledge of the history of the children in their care sometimes or never. This can be a constant source of frustration with carers when there is consistently change overs of CSO's as they feel they have to start at square one again and they express fear that case plans will change based on what knowledge a CSO has at the time.

Carers were asked if they were satisfied with the timeliness of case plans.



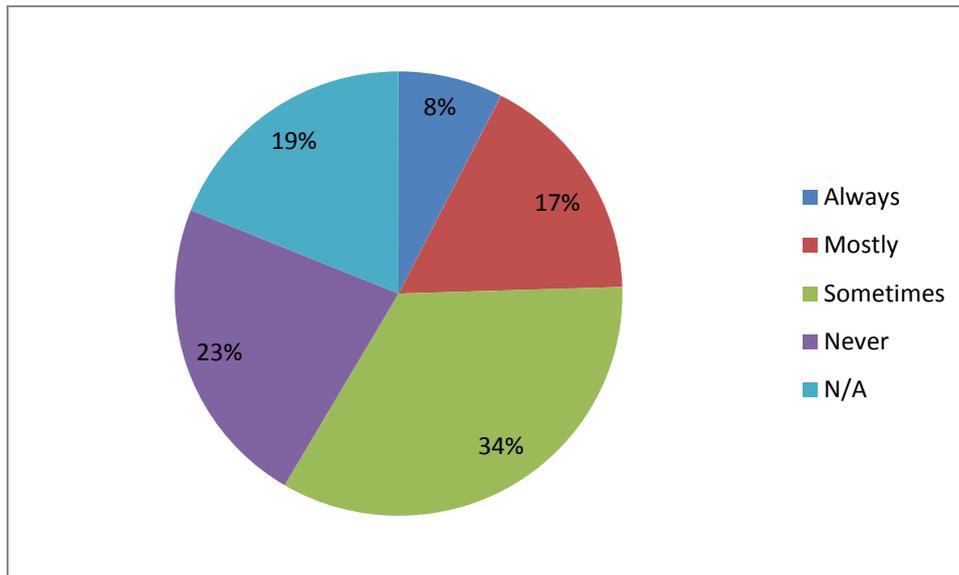
Only 38% of carers felt mostly or always satisfied in this area.

Carers were asked if they were satisfied about provision of information provided by the CSSC and Region.

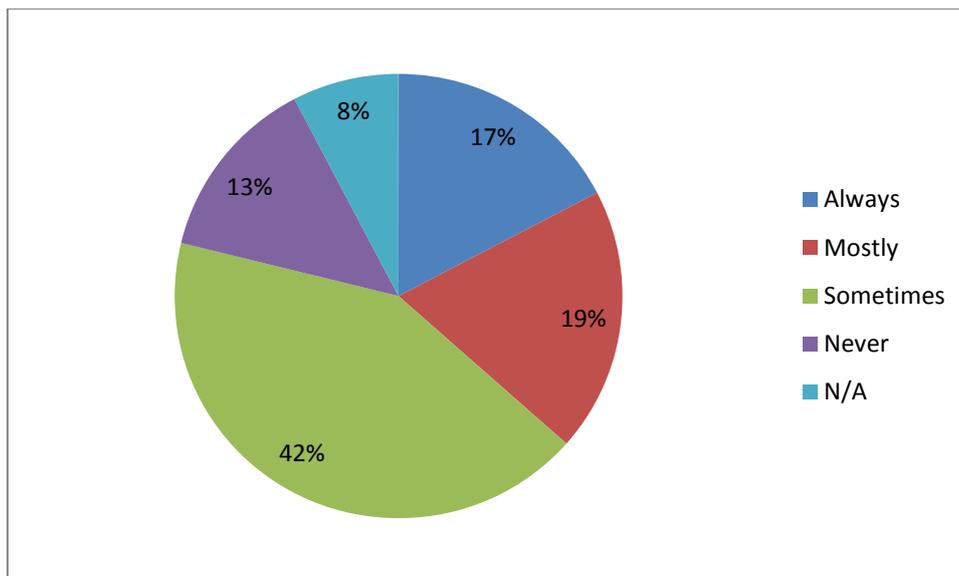


The data above reflects overwhelmingly that carers are not being kept up to date in respect to changes in their CSSC or Region.

Carers were asked if they were satisfied with their ability to access respite.

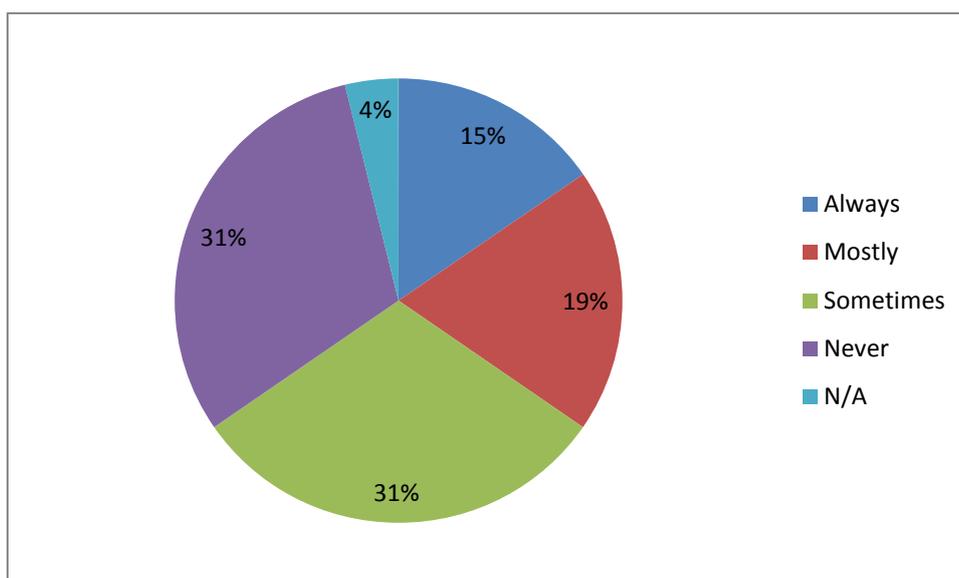


Carers were asked whether they were satisfied in respect to being consulted regarding Family Contact.



Over half of carers have reported only feeling satisfied sometimes or never, this is despite the Statement of Commitment clearly stating that carers should be consulted in respect to decisions effecting children and young people in their care. This is because there is recognition that someone who provides daily care to a child has insight into the child's needs, it is therefore disappointing that the percentage here is not much higher.

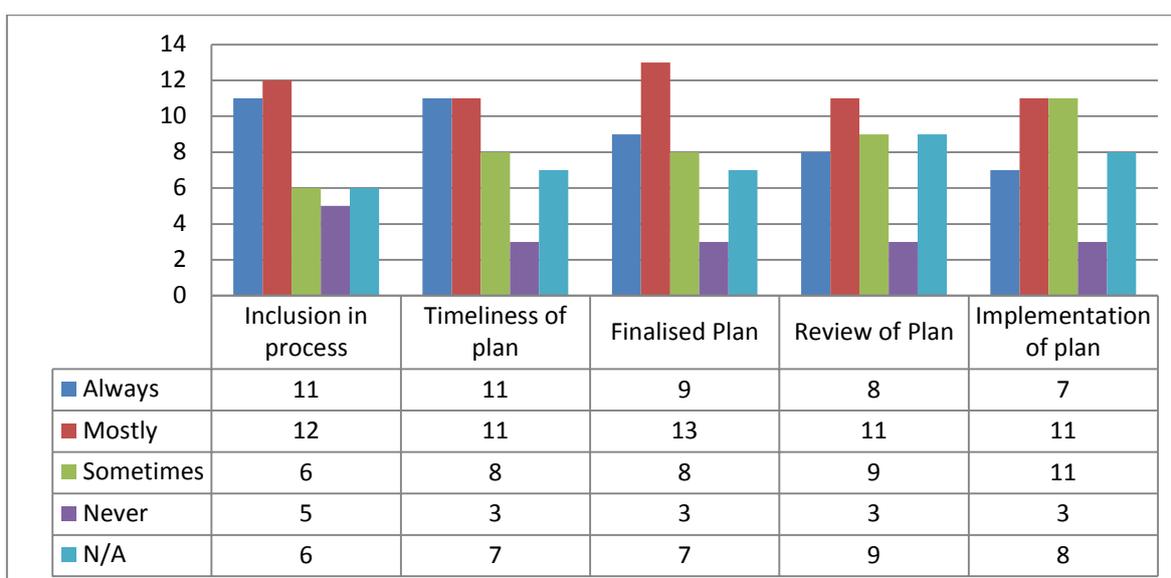
Carers were asked whether they felt they were supported to meet their own family commitments.



Education Support Plans

Carers were asked if they had a current ESP plan in place for the child/children in their care, 67.75% reported having an ESP plan.

Carers were then asked a range of questions relating to the ESP process and their satisfaction with this as follows.



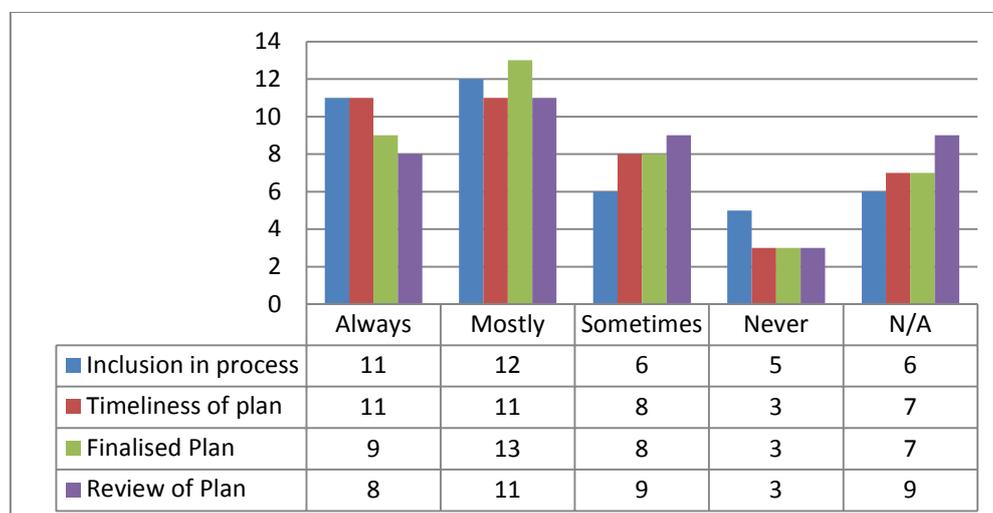
Comments:

- no problems in this area
- ESP is about helping a child. Majority of my kids ESP plan is about the child getting to go to playground if not wanting to complete task. There should be strict boundaries at school and maybe the ESP may be a little more positive with better results. The ESP seems to be there for the school to over exaggerate the child's behaviours so they can get more funding. If the child's behavioural are so bad they should put strict boundaries in place not to let the child do as he/she please
- They should have an educational support plan as it is highly necessary but the department seems to have missed these kids or forgotten them
- The carer does all the work getting the child started at school (meetings with principle etc)and foot's all the expense with uniforms, books, and travel if you live out of town in rural areas
- The educational support was provided by us and us alone
- No not satisfied
- I have always been included in making and talking about plans for future of child or children.
- I attended an Educational Support Plan Meeting for the child we cared for - for 5 months. To this date we have never signed a Placement Agreement for the child we had for 5 months ESPs are not given as much emphasis now compared to 5 years ago. Guidance Officers or EQ appointed delegate often rushes through with limited focus or hope of gaining any additional support for the child through this Planning process
- Recommendations were made that were not followed through; e.g. speech pathologist. Whilst this is likely due to the demand on the service, why put it in there if the child won't receive the service as suggested. Teacher's do not give feedback on their responsibilities
- I have always been included with the ESP meetings but since new CSO I have been excluded
- Not applicable
- ESP are worthless and are rarely followed

Child Health Passports

Carers were asked if the child/children in their care had a current Child Health Passport, 60% of carers reported having a Child Health Passport.

Carers were then asked a range of questions relating to the processes of Child Health passports and how satisfied they were, carers reported as follows.



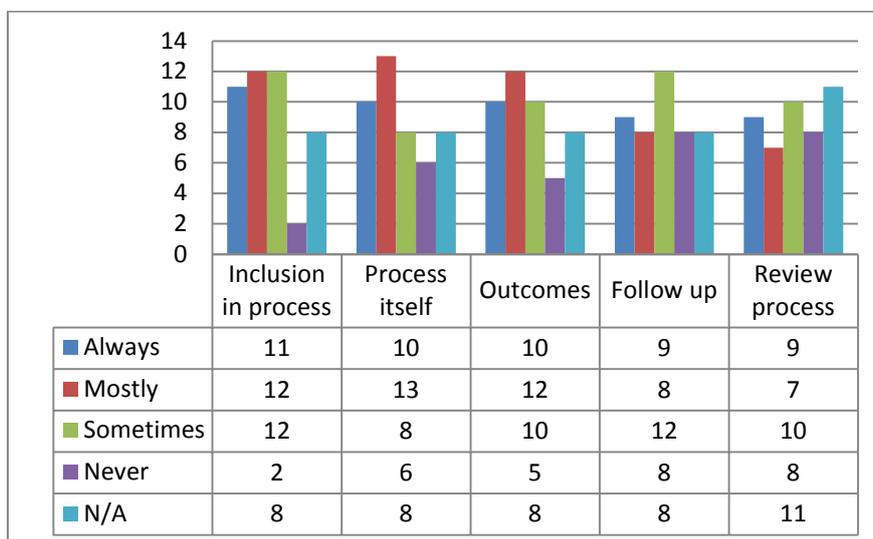
Comments:

- *hospital appointments are never passed on till well after appointment is dated*
- *I hold folders for health care passports. There's not much in them as all medicals get sent to child safety and I have never been provided with copies to put in the passports*
- *We only got it after requesting it multiple times and it was not up to date or accurate*
- *Carers need to learn to make their own child passports for the kids. you won't get one with DOCS....never have in 8yrs*
- *We have never received CHP for any of the children in our care*
- *the child in question had not seen a dentist (ever) so booked that as soon as possible, this was reimbursed ASAP and the child now has moved on so hopefully the new careers are keeping up dental plan*
- *No I do all appointments .all needles with doctors Child Safety do nothing*
- *The healthcare plan is a good idea but I use my own as the Child Safety one does not make sense. Also, if a child goes to the doctor for general complaints and requires antibiotics I do not see the point in completing a medication form. If I take a child to the doctor and they require medicine I am doing what I am supposed to be doing. A medical report is fine but the medication form is overkill*
- *Carers need to be able to sign for medical and dental needs as it puts a strain on everyone as you have to wait for approval make another appointment so the child normally misses out on school for half a day*
- *We think the child we cared for - for 5 months had a CHP but we are not aware of it. She was taken to some medical appointments by her previous carer and two appointments by us*
- *Not applicable*
- *I do most of the work around any of the health care needs of our children*
- *This process needs to be reviewed and looked at for better ways of managing it*
- *Mental health issues poorly documented and communicated*

Placement Agreements

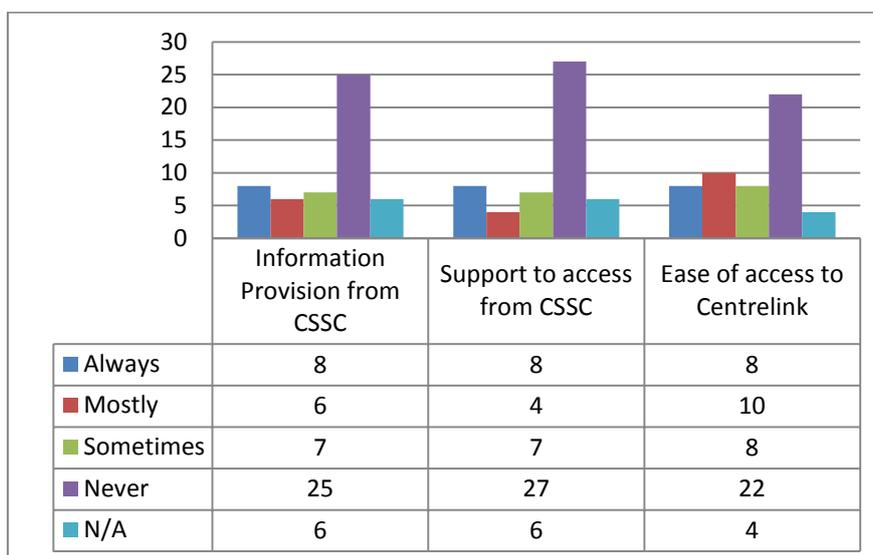
Carers were asked if they had a current placement agreement generated from a placement meeting, 64% of carers reported they do.

Carers were asked a range of questions relating to their satisfaction around the processes of Placement agreements with the following responses.



Centrelink

Carers were asked a range of questions relating to Centrelink and how they were supported to access services through Centrelink from the CSSC, responses were as follows.

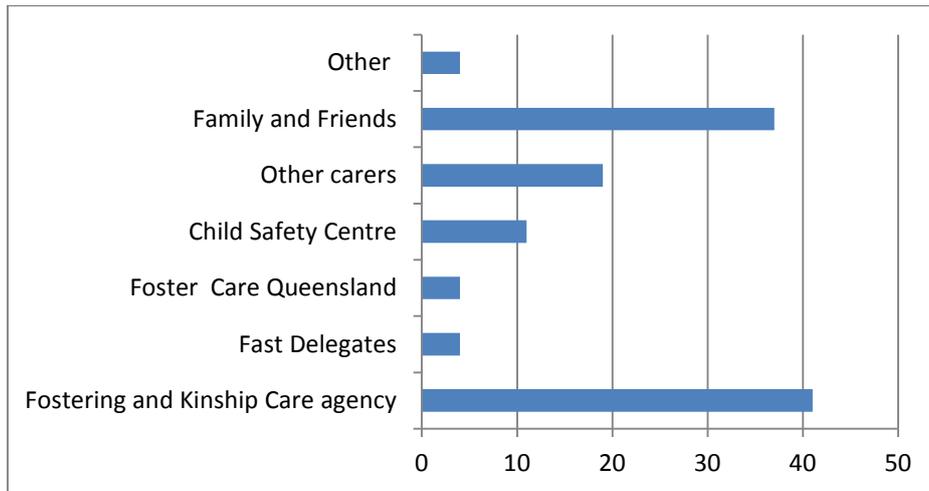


Comments:

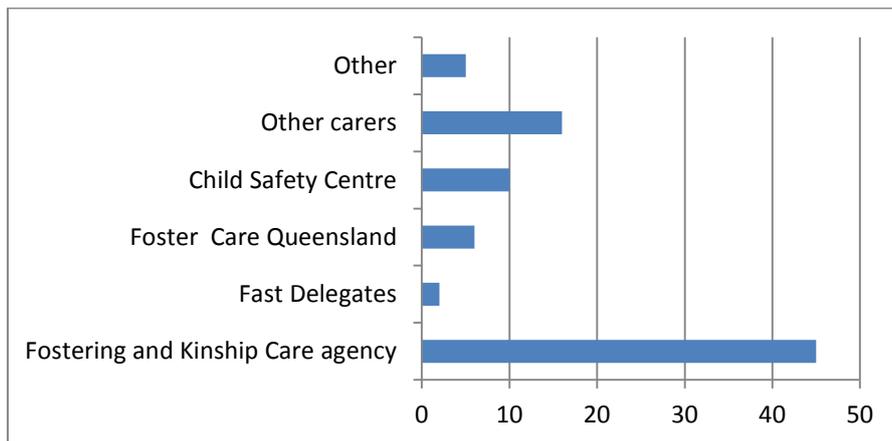
- *Centrelink access as always been left to the foster carer in our case*
- *Centrelink has never been mentioned by child safety. Only had one placement agreement in 8months*
- *Centrelink is a dream compared to the department*
- *Kids have been in care for 8 months and DOCS still hasn't provided a Medicare card. Centrelink services are only given to carers when they find out themselves*
- *never have been give Medicare cards*
- *We work fulltime and aren't eligible for a HCC. Centre link owes us \$1,750 in Kindergarten fees that the Department assured us that we would be reimbursed. Up to date this is still not the case*
- *respite carer, although we are respite carer I am of the understanding that the children that come into our carer should still have Placement agreements, ESP etc, this has either not occurred or we are not aware of it*
- *Medicare is one of the sticky points but usually gets resolved with perseverance.*
- *I was given wrong birth dates; no not satisfied*
- *I have to see Centrelink for the Health Care Cards myself and fail to see why children do not come with them. I did find out that I can put the children on my Medicare Card whilst they have their own which makes life much easier and much more sense as often children do not come with a card*
- *both services should be linked*
- *New placement agreement conducted approx. 1 -2 mths ago yet not finalised. Previous agreement outdated by several years. Previous Agreement not honored in regard to many issues including financially*
- *Centrelink here in cairns needs to work out which office can take paperwork as it is annoying going to one only to be told that you have to go into town office then they tell you can put the paperwork in at the other office. It's so frustrating*
- *As we were only supposed to care for a child for 2 weeks and this grew to 5 months, our Centrelink entitlements were never made known to us by Department of Child Safety and we were not provided with Medicare card. Another child who we regularly provided respite to approx. every 3rd weekend - her regular carer was happy to provide her Medicare details for an emergency appointment*
- *Not applicable*
- *Something needs to be done about working on getting these systems to be able to work together in a much more 'seamless' way*
- *Have been receiving the same payments from Centrelink now for a few years and since new CSO she told Centrelink that I have the children only 50% time as they were trying reunification but as that fell through and now have children 85% of the time she won't request changes with Centrelink now*
- *The carer is responsible for applying for the health care card NOT the department so I don't even know why you are raising this as the department supplying the health care card?*
- *This was completely overlooked; I only discovered all of these things as I had to pay for services. The health care card should travel with the child and not be carer dependent. The system has completely failed in this regard*
- *The Department does not care to support us in accessing Centrelink payments. Centrelink are good to deal with*

Support

Carers were asked where they accessed the majority of their support from.

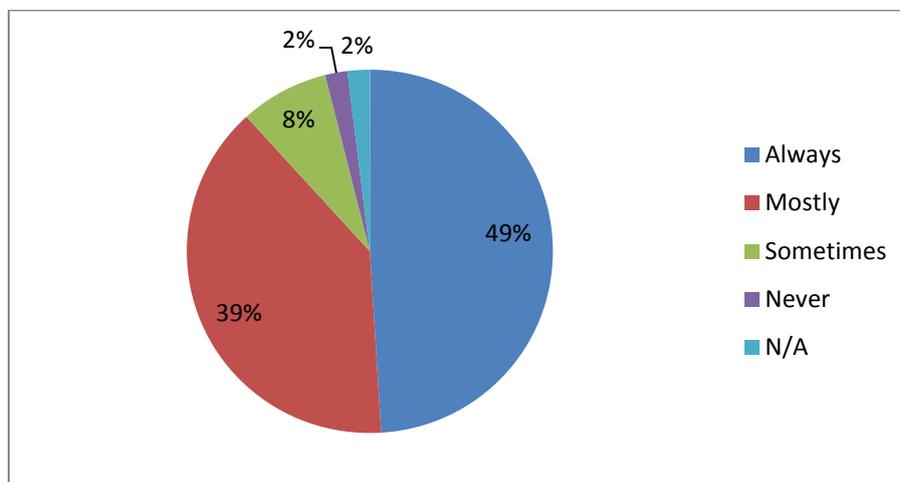


Carers were asked where they access the majority of their information from as carers.



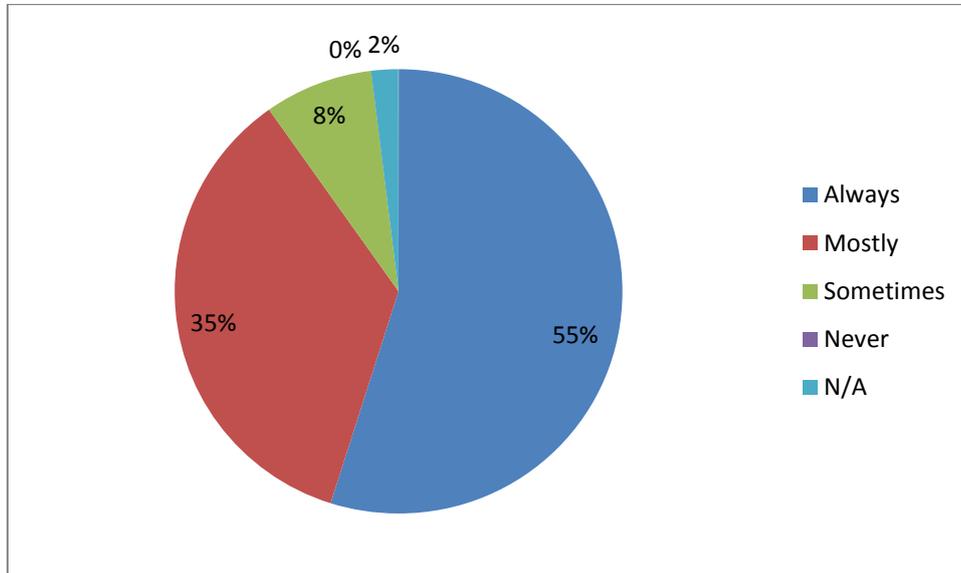
Foster and Kinship Care Services

Carers were asked if they were satisfied in respect to regular support visits occurring (at least monthly).



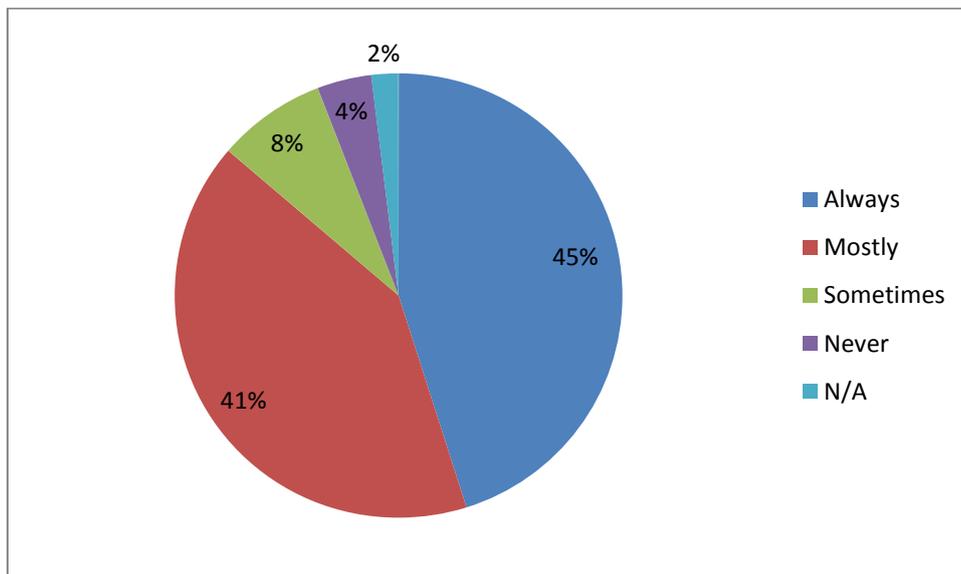
It is very positive to see that 88% of carers reported always or mostly always feeling satisfied with the regular support visits occurring with only 1.96% of carers identifying they are never satisfied in this area.

Carers were asked whether they were satisfied with response to contact with their agency.



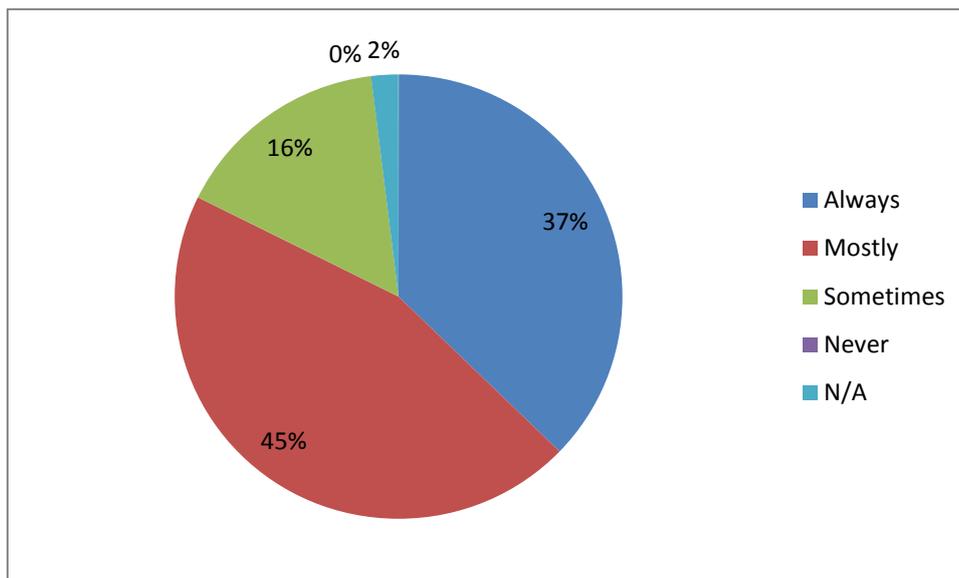
Once again these are very positive figures with 90% of carers feeling mostly or always satisfied in this area and no carers identifying that they are never satisfied in this area.

Carers were asked whether they were satisfied with assistance provided by their agency to complete paperwork.



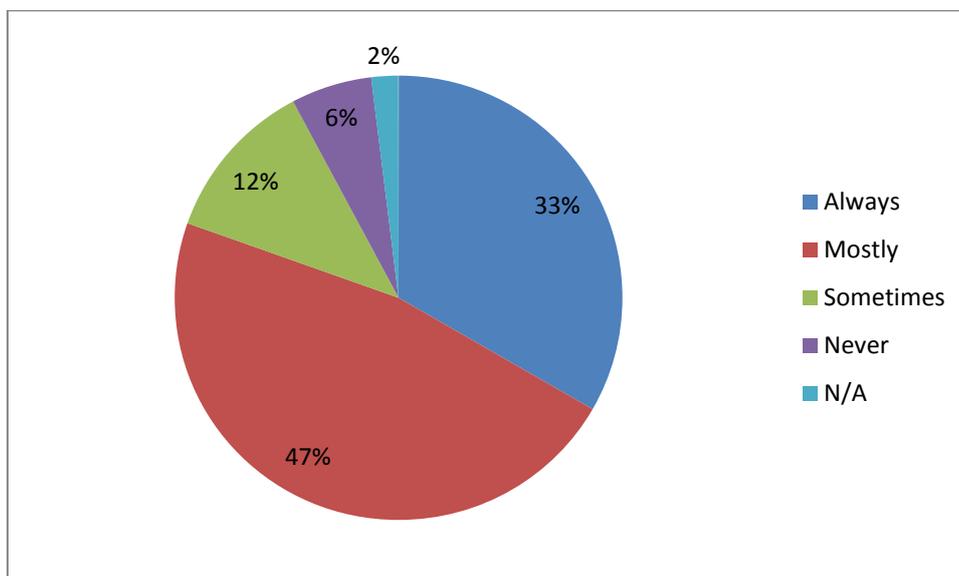
86% of carers identified being satisfied always or mostly in this area.

Carers were asked whether they were satisfied with information provided by their agency.



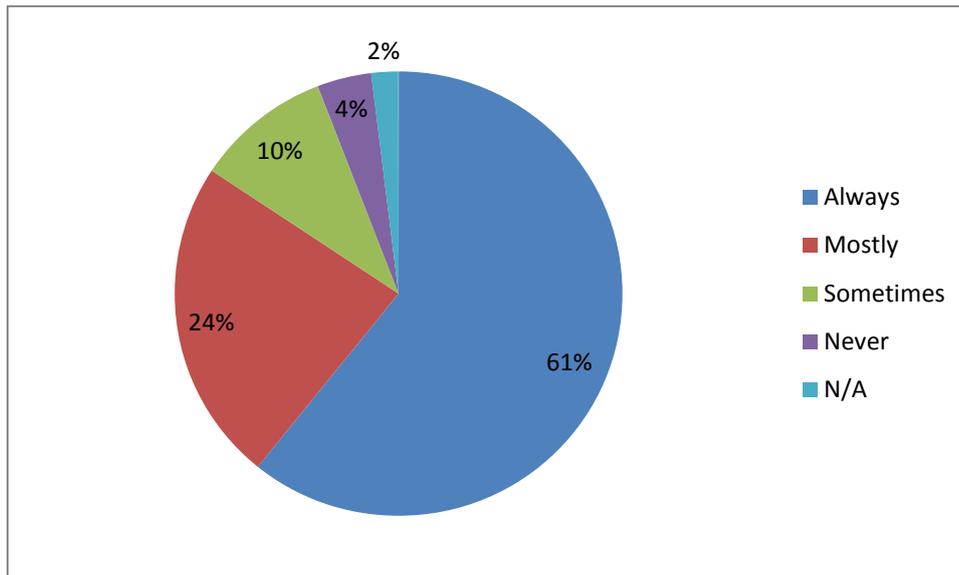
83% of carers identified being mostly or always satisfied in this area with no carers identifying they are never satisfied in this area.

Carers were asked whether they were satisfied with their access to support networks through their agency.



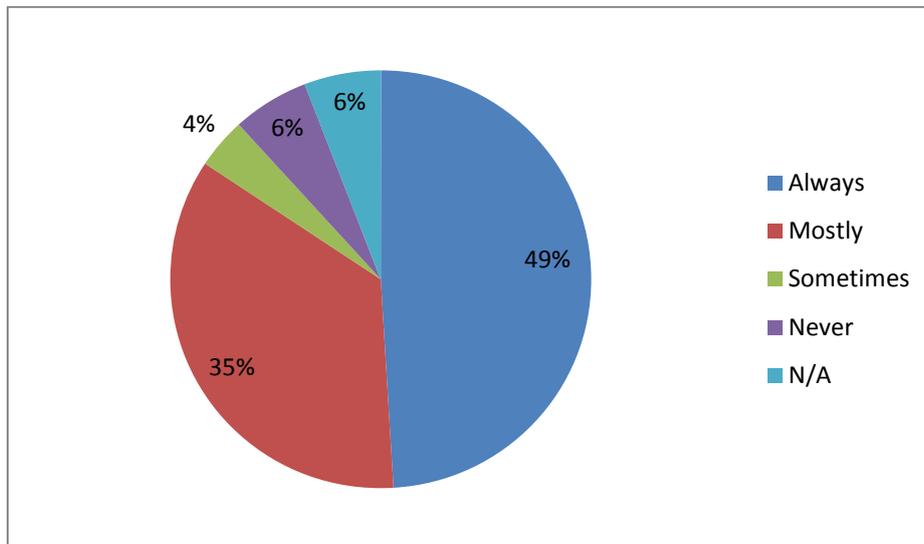
80% identified feeling mostly or always satisfied in this area.

Carers were asked if they were satisfied with their access to training.



85% of carers identified feeling mostly or always satisfied in this area.

Carers were asked if they were satisfied with the on call service provided by their agency.



84% identified being satisfied in this area mostly or always.

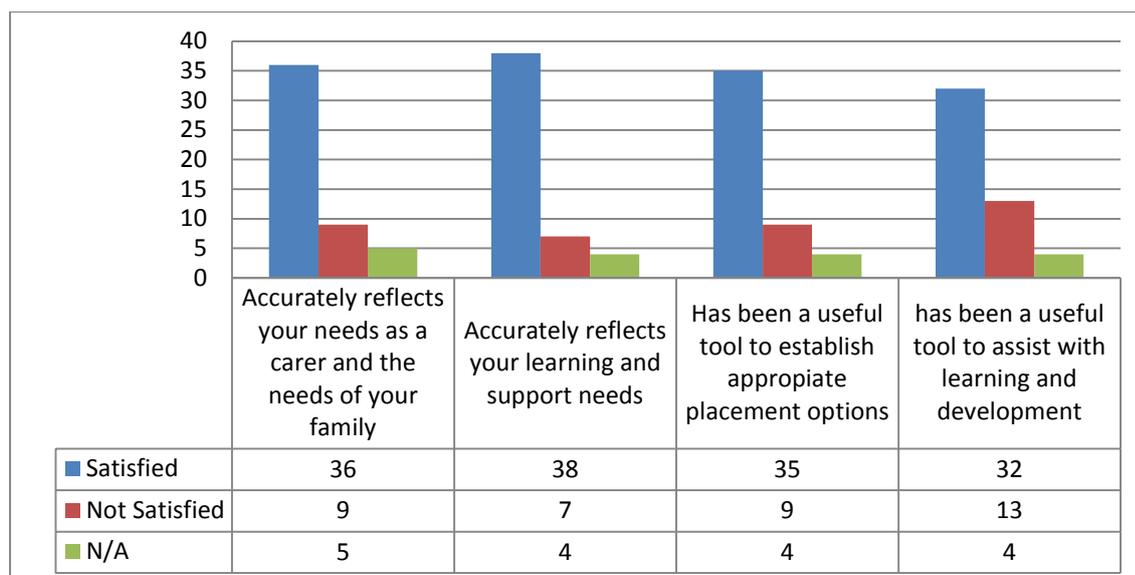
Comments:

- *Cannot fault (agency DE identified) in anyway*
- *Child Safety not responding or doing their role has made it very difficult for our agency to provide the proper support as they were not receiving any information either*
- *(agency DE identified) in Cairns is outstanding in their support. They are very professional in their workings and I would recommend them to anyone wanting to become a foster carer*
- *(agency DE identified) are a remarkable support network*
- *Since day one of becoming carers, my husband and I have requested training outside the working hours of 9am -5pm, this has not once occurred, very unhappy with the training opportunities, there are no flexible options, weekends or outside working hours that have been offered*
- *Our case managers are always more involved the child safety*
- *I would like my agency to arrange more carer (social) activities as wells as activities for carers and children*
- *Support person is only employed part time*
- *I have never had a bad experience with my fostering agency. They are always helping me and will come out and see me if I can't make it into the office for information. Bring books and paperwork out to me*
- *We have a fantastic support worker*
- *Our Support Agency is remotely located in Cairns so visits were not every month. Sometimes our emails were never answered. There were times when we felt the Child in our care was being better supported than we were by our Agency*
- *Training is often conducted only during the day, thus, if you are a professional/employed person you miss the majority - if not all - training opportunities*
- *(Agency DE identified). are very supportive*
- *My support agency have been wonderful*
- *(Agency DE identified) need to sort their staffing and support our particularly the manager who has little to no knowledge about out of hoe care in addition to this the lack of communication when staffing changes occur is really poor*
- *(Agency DE identified) have been excellent*

Foster Care Agreements

Carers were asked if they had a current foster care agreement, 90.38% reported they have one, 7.69% reported they did not and 1.92% reported they did not know what one was. Given that Kinship carers do not have to have a foster care agreement, it is probable that those who reported not having one or not knowing what one was, are in fact kinship carers. This brings the completion rates of Foster Care agreements to a very high level which is great to see.

Carers were then asked a range of questions relating to the usefulness of the Foster Care Agreement as follows.



Carers have reported high levels of satisfaction across the board in relation to the Foster Care Agreement.

Of those who did not report satisfaction, some of the related comments were:

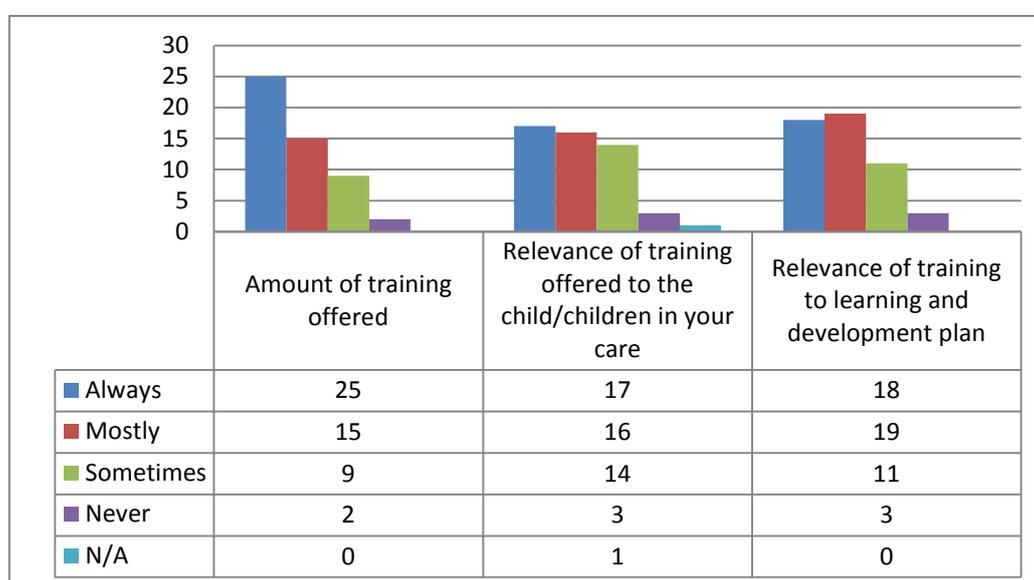
- *Not happy with the age group on my agreement or number of kids. It was a typo that was supposed to be reviewed but never happened. I have the room for 2-3 more children of ages up 0-10*
- *Despite us and our agency requesting this multiple times it didn't happen*
- *However, we do stipulate clearly our capacity and clear outline of requirements of children that come into our care*
- *When it comes to your own children sometimes in the past I feel I did not support my own child enough as he had learning difficulties also. I had to focus more on my four foster children and attend all meetings and support plans for them, along with music practice and sports, medical which made time for a husband or your own child limited. I feel this is the reason many carers end up single, or find caring easier when their own children leave home*
- *Although the agreement reflects our needs and wants, this does not necessarily mean that these needs and wants are met*
- *No not satisfied*
- *Not aware that Agreement should cover all the above. I think Carers should have consistent, equal training that covers general to complex. Sometimes we have complex children in our care but not*

paid accordingly or more importantly may come with support but at the end of the day, carers need to be trained

- I have been given several aggressive, autistic, nonverbal children. I have requested a sign language course for years. Also a training opportunity whilst in the local area. The support agency refused only to offer a 2 hr training session they provide which I have already done
- In Easter, 2016, our Agency Support Worker gave us our Annual Carer Renewal forms to fill out. This renewal was ready for us to sign 2 days ago, 27 September, 2016, but we discontinued as Carers instead, as we have become frustrated with the whole Child Protection System and the impact it has on our family

Training

Carers were asked a range of questions relating to their training experiences as follows.



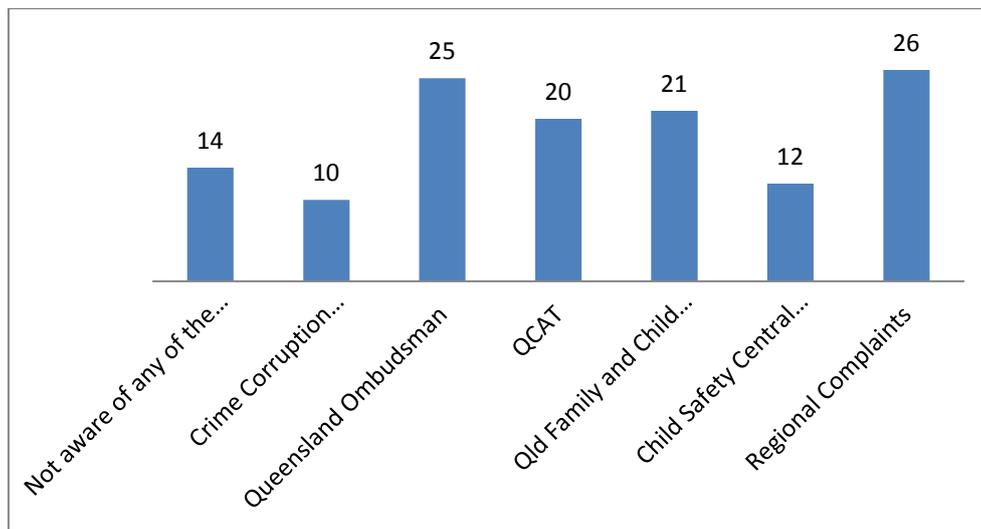
Comments:

- No problems here
- The training needs to be realistic. They tell you the children don't tend to have very high needs only the odd ones do. Every child that has been placed here had very high needs to extreme levels we weren't informed about. Carers need to be made aware of what really happens with the Behaviours of children and realistic strategies to overcome them. Sexualised behaviours is huge and needs to be discussed more so there isn't kids wrongly accused of the behaviour
- I work full time and most of the courses are mon to fri school hours
- Although I had mentioned that I was up for any and all training and learning I very rarely was notified of it
- As Carers we have a self-plan in place to support and for fill our needs if required.
- I think the training provided is fantastic for Cairns people; the tablelanders have children at school and can't always get to training in cairns. I also feel it would be only fair that the training and experience carers have should entitle them to a certificate in child care. After much hands on experience with all children of different ages

- *No not satisfied*
- *Carers should be trained to an equivalent of a Certificate 3 with ongoing workshops to support that learning and development*
- *As mentioned previously no suitable training offered*
- *Training offered and provided is of a high quality*
- *Training needs to be on weekends. Carers work too!*
- *Never has support to access childcare been offered*

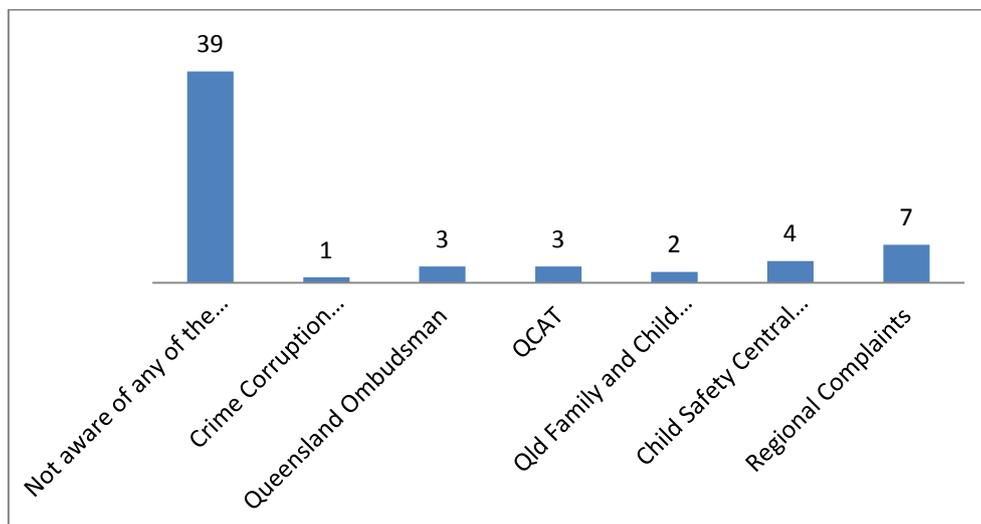
Complaint/Concerns Processes

Carers were asked to identify which complaint/appeal processes they were aware of



Given that 68 carers filled in the survey for Far North Qld, it would seem that the highest percentage of carers knowing of the existence of an avenue for complaint or appeal is 38% who have identified knowledge of the Regional Complaints service.

Carers were then asked if they had accessed any of the above processes.

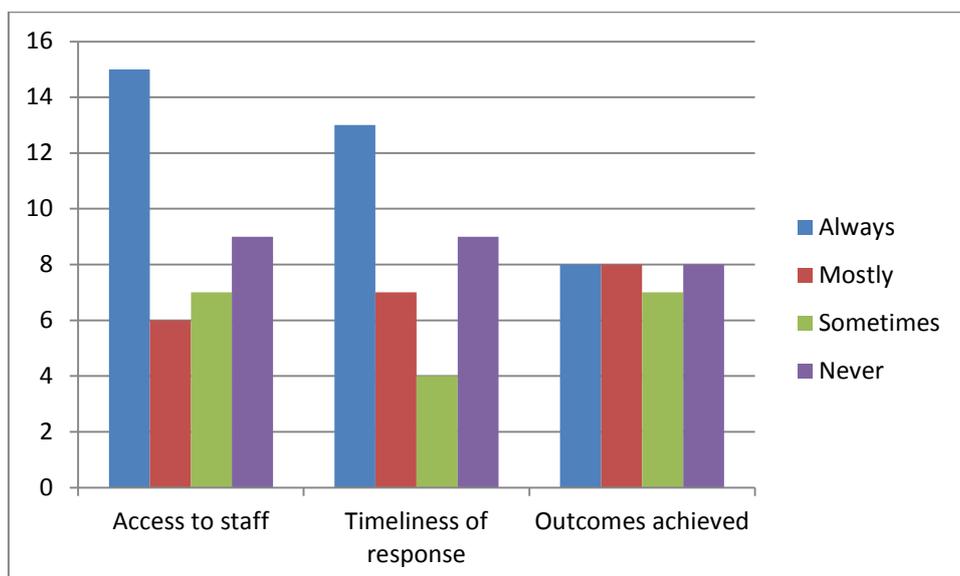


Comments:

- *Our concerns fell on deaf ears*
- *I probably will access a few of them now*
- *I have not accessed any of these services; however, in retrospect I should have done so when children have been moved into bad situations in the past. Knowing where a person can put forth a complaint about disrespectful treatment to indigenous cares by dept staff/management*
- *The Regional and Central Complaints Office/Unit are a law unto themselves. QFCC are to frighten to battle with the system, Qld Ombudsman and CMC seem to prefer not to get involved in what is classed as trivial matter and QCAT has rules that don't comply with their mandates. Example: a call for a stay is considered after the removal of the child/children.*
- *No our needs are not heard*
- *I felt I was heard but at the end there is nothing a carer can say to express the wrong choice was made or handed with for the child involved. Children are not put first and more what it looks like on paper (this is my option)*
- *We feel that even though we may have genuine complaints to make, we have been left feeling exhausted, ignored, undervalued and therefore, can't be bothered wasting any more of our time with the Department!*
- *It was a while ago but I lost complete trust in the processes I just don't bother anymore*

Foster Care Queensland

Carers were then asked a range of questions relating to their experiences if they had contact with FCQ, please note that carers who have put not applicable, have not been included in this data as it is not relevant.



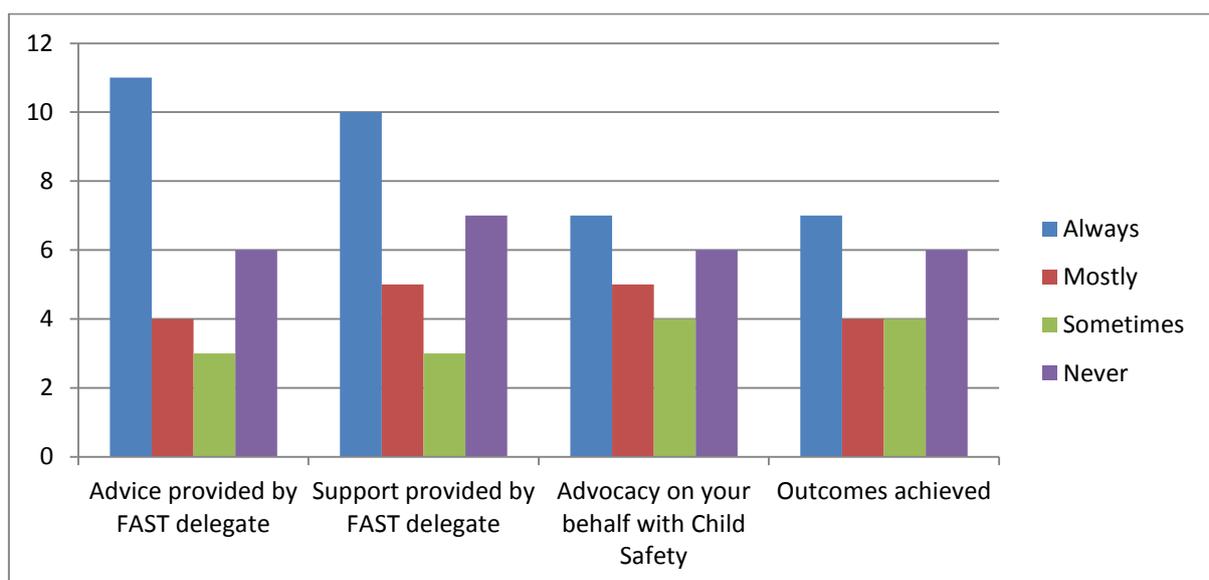
Comments:

- *We have never used them*
- *Support agency responded. Child Safety doesn't if they are too busy they need more staff*
- *I don't even know what it is so it is hard to know what role they play*
- *Don't hear anything about FCQ*
- *Outcomes achieved is fully controlled by the Department of Child Safety therefore, being our representative at the QCAT hearing, was unable to comment to support however, was appreciated for attendance and being aware of what took place for a stay after the fact.*
- *Service providers informed me FCQ was not needed with their agency*
- *The only times I heard about Foster Care Qld was when we first became carers, we were told that within a month they would contact us and we could become members. That never happened, we got busy and it got overlooked. I'm sure FCQ may have been a great help to us if we had have become members as early carers*
- *It is imperative that carers have an additional avenue of support such as FCQ as Department and support agencies are not always able to provide independent advice and support*
- *FCQ need to ultimately get real and look at ALL the issues faced by foster carers. FCQ also need to understand that they don't have to play by the department's rule; they need to be creative in thinking and learn to stand up to the bullying tactics of the department and not provide cookie cutter responses to carers!*
- *I don't know about them*

FAST Program

Carers were asked a range of questions relating to the FAST program attached to FCQ.

Carers were asked a range of questions relating to their experiences of accessing a FAST delegate, please note only responses from those carers who felt these questions were applicable have been included.



Comments:

- *Never used them*
- *I may contact them now*
- *The only outcome acknowledged was the fact that the call for a stay was a great waste of our time*
- *Never used FAST*
- *This organisation need to be more proactive*
- *The local FAST delegate is a lovely carer, but as she used to care for the child we were caring for there was a conflict of interest, so we couldn't utilise her services. We were told shortly before a Standards of Care Review by the Department that we could have another FAST delegate to help support us at the interview, but as we had never met before, we opted not to*
- *Never used a FAST delegate because they are trained by FCQ and anytime I've sought support from FCQ they've said there's nothing we can do and left me to sort the problem myself*

Looking Forward

During this section of the report, carers were asked a range of questions relating to their future as carers and what they would like to see change.

Firstly carers were asked how long they intended on continuing to provide care for. 84% of carers reported they intended on caring for more than 3 years. 12.05% stated that they only intended on caring for another year and the remaining 14% stated they intend on caring for another 2 years.

Carers were then asked if there was anything that would influence that decision 52.08% of carers stated that the support they received would influence this decision.

Comments:

- *Health issues if they arise*
- *More input into the welfare of our kids*
- *The ability of Child Safety service to continue to support the children in care and the carers*
- *More understanding and communication between DOC'S and carers, around the concerns and wellbeing of the children, as well as understanding the emotional health of the carer*
- *Child safety shows more support. Better communication. If they are honest and don't just tell you what you want to hear*
- *Departmental decisions about children without consultation*
- *I will probably not foster again once, the children in my care are returned to their parents - it is too difficult dealing with the department and them stopping payments and putting me into hardship while they take their time to sort the matter out then start paying again - they seem to think this is OK because I get back-paid the money - this is crap as I go into debit to find the money to pay for daycare, food etc.*
- *We would like to continue caring but we received no support with the last case and it made it really difficult*
- *The Dept*
- *Going with the Dept. it's like we as carers are nothing, have no value in the child's care system. Our word is always questioned and the child's is always than to be true. They always work on the law of probability- it could happen so it did*
- *I hope to continue caring as there is a great deal of satisfaction working with children. Should my health or circumstances change I have to just go with whatever comes at me*

- *My employment role is a factor in my decision making to be a foster carer and I contemplate the decision every renewal. As a respite and short term carer our views and opinions appear to be disregarded by Child Safety and we are not included in the overall care of the child despite being a regular carer, having the same child over and over again. This negatively influence's my decision around caring as the whole point is to try and make a difference to the child's life, not just to give the primary carer a break. The feeling as though we are not making a difference when we want to.*
- *Age related*
- *If my long term child was removed I would quit*
- *We are at the end of time as being carers*
- *Foster carers have no rights even with matters concerning their own family and are also treated very poorly by the system and the departments*
- *Having to give up children that have been placed by birth with you and has been part of family for many years. Just because we are not right colour skin or race. If this continues to happen we still want to be carers we will only accept children that are not aboriginal*
- *Finding the right placement for our family. Feeling needed*
- *I would to be able to shift into a house with more bedrooms so I can look after more children.*
- *As previously stated, we have decided to discontinue providing care, mostly due to the upheaval we have experienced in our lives because of the way the Department / Child Protection system works - As a respite carer, being told you are having a child for 2 weeks, that blowing out to 5 months, combined with managing child behavioural issues, lack of support from both our Agency at times and the Dept, and then being subjected to a Standards of Care Review with very little information/consultation, lengthy delays, lack of communication from the Department and generally being left wondering what's going on and are we going to get any written feedback, leave you with no alternative but to get out of the system; especially when you have other commitments (such as your own family, elderly family members - you want to be there for them too!)*
- *The provision of adequate resources to support the current placement of children with complex needs over the next few years*
- *Depends on reunification, I would probably not undertake full-time care, rather respite care might be less drama*
- *Lack of communication with our Foster Care Agency from DCCS*
- *Maybe from pure frustration, hearing stories from other carers where children have reunified, the family has broken down again and they have gone into care with a different family. I can't imagine how hard that would be*
- *If the placements were not appropriately supported and the system became a negative impact on the well-being of the core family unit, this situation may be reconsidered.*
- *Many many many things; health, tolerance of ignorant organisations such as FCQ and department bureaucrats*
- *Better support with Govt agencies & Financial Support*
- *We need quality Support Workers not funded by the Department and independent of them so as to not be influenced by them*

Carers were then asked if there was anything they feel that could improve the Child Protection System, comments as follows:

- *Community services should improve the services offered to existing Foster Carers.*
- *Dept needs to communicate better with Carers*
- *There is way too much focus on therapy etc. There is definitely a need but sometimes it is as simple as getting a child into a team sport*
- *Listen to their needs and keep to agreements made with them*

- Haven't got room to write about child safety improvements or the time in a year
- IGA discounts would help a lot or big w etc.
- No
- Dept to listen to Foster Carers
- Foster carers do a fantastic job, the department need to show them some respect, return their calls, fast track their payments, just talk to them if that's what they need
- Give foster carers support and recognition for their work
- Child safety officers need training on how to treat carers respectfully. Without the carers the CSO's wouldn't have a job
- Value them and not just with nice word, but by action
- To identify and acknowledge that remote indigenous communities are completely different to that of mainstream township/cities therefore, consideration should be given
- Look after carers more making sure they get breaks and are not being burnt out. Focus is much on the children I feel carers should get a little more recognition and people should understand the sacrifice they make when they open their homes and share their lives with other children that need love and training
- The cost of after school care and child care costs needs to be covered for every working family that are carers. Child Safety and carer support workers need to assist more in transporting children to their appointments such as Doctors, dentist, specialist etc when the child is placed with working families. If there was more support to working families there would be families that would be willing and able to be carers and the child would have positive role models in their lives who work hard
- To listen to the foster carers opinions about the child and what they would like to see happen to the child. For traumatised children counselling should be immediate and not have to wait 6 months or more
- Agencies should provide transport for children on respite. Regular respite. Youth worker support for high needs children, and children with disabilities
- That all the agencies work together more, if there is a child available or in need of respite it goes out to all carers whom may be eligible not just ones registered with a particular agency.
- Yes we need child safety to start treating us with respect and listen to our concerns as it is the carers who improves the lives of these children not them who hardly know or see the children. They also need to learn compassion as they are not doing the hard yards 24/7 like the carers
- The role of foster carers needs to be re-visited and no longer seen as a 'volunteer role'. Carers are looking after children 24/7 with little respite and the needs of children are often high needs to complex. Putting traumatised children in the hands of carers who, despite all the good intentions in the world, but do not know what they are doing only adds the trauma. Carers are looking after these children every day, not CSO's, and therefore Carers should be supported by have the appropriate training equivalent to a Certificate 3 with ongoing training and accountability. An example in regards to accountability would be the regular completion of milestone checklists and regular medical appointments to ensure children needs are being met. Sometimes children lag behind and CSO's do not even realise it. There are many more proactive experiences and care that Carers can provide as carers should no longer been as seen as a placement and a bed. It is time to move on and address these issues especially as CSO's are not with the children on a daily basis
- More funding, more staff and more support systems for every child and carer who enters the system
- TO SUPPORT NON-INDIGENOUS CARERS WITH INDIGENOUS CHILDREN / TODDLERS. HAVE A SCHOOL PROGRAM/ PLAYGROUPS RUN BY THE OLDERS TO TEACH CULTURE TO CHILDREN AND PARENTS. LIKE GREEK CHILDREN ATTEND GREEK SCHOOLS AFTER SCHOOL HOURS. INSTEAD YOU TAKE STABLE LOVING FAMILIES THAT GIVE A CHILD THE CHANCE FOR A FUTURE THERE OWN PARENTS HAVEN'T BEEN LUCKY ENOUGH TO HAVE AND PLACE IN COMMUNITIES WHERE LEARNING IS ALMOST OVER BY GRADE 6 AND DRUGS, SEXUAL ATTACKS AND CRIME ARE AT THERE

HIGHEST. AND ALL BECAUSE IT GIVE A CHILD MORE CULTURE. MOST CARERS WHO ARE NOT ABORIGINAL AND CARE FOR A ABORIGINAL CHILD WOULD LOVE TO SUPPORT AND LEARN MORE ABOUT THE CHILD THEY LOVE AND CARE ABOUT LEARN ABOUT THERE CULTURE. THIS PROBLEM WILL NEVER CHANGE AND WE WILL ONLY SEE MORE CHILDREN IN THE FUTURE GO THOUGH ON THE SAME PATH AS THERE PARENTS HAVE FOLLOWED AND THIS IS BECAUSE OF LACK OF EDUCATION AND THE RIGHT GUIDANCE AS A CHILD

- *To be able to see from organizations such as banks to be able to get home loans and cars etc, it's hard when you say your full time foster care. As they see you with no income*
- *Allow carers to be informed of children's whereabouts once they have left their care*
- *CSOs to have less of a workload to have more time for a more personalised relationship with carers and children in care*
- *Better access to major departments!*
- *Yes. Answer / acknowledge all emails received from Carers! Don't treat carers like they are your subordinates - show respect for them at all times - after all - they are the one's ultimately caring for the children and their welfare*
- *Listen to the carers more about children they have in their care for years before making decision about returning home or other things involving the children*
- *Department to adequately support the stable placement of children ensuring that workers are aware of child related costs and allowances to support the child or young person and increase placement stability. This may be educational or medical costs, km allowance or dual payment of short break allowance*
- *Employ more child safety officers. I am a child safety officer and there is not enough time to complete all the tasks. Within a month of commencing, I had 3 more cases (18) than recommended by Carmody*
- *More of a team attitude between DCCS & Foster Care Agency*
- *All carers need respite*
- *Have a separate section with Centrelink that deals with foster carers only and that can process quickly*
- *More rights for the carer. I feel like we should at least be able to get the child a haircut without permission. As their carer and for that time family, we should be able to be trusted with such decisions*
- *Communication and support systems between the Dept and other departments (such as Centrelink, Education and Health) being improved and possibly linked in some way, would make life a lot easier for many carers*
- *There is not enough room to suggest improvements!*
- *A more transparent & streamlined process for all of the support services*
- *Centrelink childcare benefit and rebate needs to be 100% so carers can use their allowances for other needs of the children*
- *Yes consistency from agencies would be a good start*

Carers were then asked if they could change two things about the Child Protection System tomorrow, what would they be, comments as follows:

- *Improve family allowances to meet the cost of living. 2. Assist with day care and school fees costs*
- *Keep it simple Better information on child*
- *Allow more 'parenting' to be in place and less bureaucracy to dictate the child in cares needs*
- *Get rid of child safety after the children have been taken away from the parents and more input to the children in care from foster carers*
- *The CSO would be pulled in line. New members who have had experience as a foster carer themselves so they understand. Privilege card for things that relate around children*

- CS officer to live in reality rather than policies. Carers to have more authority over children
- Dept to be more inclusive in Case Planning. Dept to return calls
- stop cutting my payments every 6 months and return my phone calls - I don't call for nothing
- Make the focus be more about the children and less about the money. Have timely responses in regards to decisions being made to improve their lives
- Better access to family information, especially for kids in care who have been exposed to toxic substances and alcohol during pregnancy Dept to have more common sense in their decision making for the kids. It's far too easy to take the "tick the box" attitude
- Perhaps keep carers in the loop a bit more
- Consistency and do as they say in the time frames, they set
- Placing the right CSO's with the right Carers. Meaning don't send inexperienced staff into complex communities that identify cultural connections. A need for a Carers external complaints process
- Giving carers and their extended families a yearly flight or holiday package to an island or fun place. Getting carers certificates in child care when they prove worthy. Yes I would advise a friend to be a carer as I have done with many in the past but I tell them the sacrifice that will need to be made by them so they are not disillusioned
- Placement and case plan agreement meetings to be one document, and one meeting that can be completed through a virtual worked to support working families. Assistance to get children to their counselling, doctors and specialist appointments so the carer does not have to miss work to meet a foster child's needs, meaning that the idea of fostering "becomes easier" and there are more families willing and able to be carers
- To change some things in the "Carmody Report". On the whole it is good but it is not always in the best interest of the child
- Greater input for carers regarding their long term foster children
- Remove the children earlier, some of the case's read are so sad and distressing how could they be left in that situation for so long. Some people are not ever going to be parents even if given 'help' or new skills. I personally don't believe in 3rd or 4th chances, we are destroying children futures. they need stable loving homes to learn and grow
- All child safety are aware of their cases and do the job they are supposed to do. All child safety should also be on time and respectful to carers time and availability, return calls keep a steady routine
- all children coming into care should be assessed by a doctor and pediatrician as well as having input from daycare/schools to gain an holistic approach to what is needed for the children (its time to take out heads out of the sand). Secondly, Child Safety re-think the role of carers to they can attract more, good quality carers who support the children and CSO's in taking care of the children whilst helping children to develop and grow
- The need for a full time psychologist at every department office to meet kids coming into care and also carers and families involved to help place the child with the right carer. More funding
- **NON-INDIGENOUS CARERS ARE ACCEPTED AND ARE TREATED ON THE SAME LEVEL WHEN CARING FOR AN INDIGENOUS CHILD. NOT ABOUT COLOUR BUT HOW HAPPY AND A CHILD IS DEVELOPING IN THE PLACEMENT AND STABLE ENVIRONMENT**

Finally – carers were asked if they would recommend fostering to a friend.

