

Queensland Foster and Kinship Care

Carer Forum Overview

QFKC ran nine carer forums across Qld from 4th June 2019 through to the 16th October 2019. These carer forums took place across all five regions as follows:

Region	Location	Date
South East	Springwood	30 th August
	Southport	16 th October
South West	Ipswich	4 th June
	Toowoomba	2 nd August
Moreton	Kenmore	30 th July
	Sunshine Coast	16 th August
Central	Rockhampton	7 th June
Northern	Townsville	27 th June
	Cairns	28 th June

The forums attracted 496 attendees, 258 of these were carers representing 52% of participants. The remaining participants identified as either Child Safety Service staff or Fostering and Kinship Care workers.

QFKC identified key areas of discussion that continue to generate casework activity for QFKC, these were:

- Decision Making
- Child Related Costs
- Placement Meetings
- High Support Needs Allowance
- Complex Support Needs Allowance
- Standards of Care and Harm reports

QFKC also led some discussions on Carer Connect and the proposed Code of Conduct for Carers in particular workshops.

In workshopping solutions to areas of concern, participants were asked to consider their worries, what the impact these worries had on carer households and what some solutions were. Participants were asked to review procedure and policy and look for areas where they could identify change could occur to bring about a positive impact on carer households.

Dual Respite

Participants across all forums provided consistent feedback about the Dual Respite policy – themes included:

- Monthly weekend dual respite being automatically approved as long as the respite is in the best interests of the child. Participants felt that the approval of dual respite recognised the support needs of carers as well as the right for children to experience the development of strong and lasting relationships outside of their primary carer.
- Consideration for there to be more flexibility with the number of days a CSSC Manager can approve beyond the monthly respite, or fortnightly for children/young people with complex needs and that approval is considered based on placement needs. An increase in flexibility of days would also assist in situations where there is a placement break down and a child moves to a new carer with no dual respite days allocated, instantly placing pressure on primary placement.
- That there be identified categories in the Dual Respite policy that recognises the difference between planned respite and family contact where the family contact involves another placement with an approved carer. Child Safety are not consistent in the way they view this, they can say that it is not dual respite as it is contact arrangement however due to the family member being an approved carer they receive a fostering allowance for the period of the placement. This means the primary carer receives no payment and has no say in whether the respite takes place as it is considered family contact.
- Recognition that a respite model is not always the preferred way for a carer family to have a break and furthermore given placement pressures in all regions, respite care is sometimes not even an option. Participants spoke of the need for Child Safety to consider how they can financially support alternate ways of carers having respite i.e. babysitting. Although babysitting is currently considered a cost covered in the fostering allowance, the average cost of a qualified babysitter who holds a Blue Card is \$25 an hour, therefore a four hour dinner out for a carer couple would cost \$100 out of their fortnightly fostering allowance which is unrealistic.
- Participants urged the Department to think outside of the square with this policy and procedure and suggested that a pool of carers be made available for children and young people who are suspended from school for day respite so that working carers do not miss work due to suspensions and placements can be maintained. A category of dual respite for this use was suggested.
- Participants wanted to see a consistent approach to the application of dual respite across the State.
- Participants across several of the forums raised the fact that respite carers receive the equivalent allowance of HSNA and/or CSNA that a primary carer is receiving despite not needing to evidence any expenditure that the primary carer must. Participants, including some carers who are respite carers for complex needs children advised that they do not have the same cost as they don't have to pay for therapies etc. and therefore this should not be an automatic but rather assessed on case by case.

Decision Making

Participants across all forums provided a number of ideas and consistent feedback as to how the system can reduce red tape to help normalise a child in care's experience in the home of foster and kinship carers as follows:

- Providing more flexibility around decision making relating to carer holidays. Recognising that a child in care's experience of going away for a family holiday is important and family contact should not override a child or young person's ability to experience this. Recognising that negotiation around make up contact is achievable in most situations and decisions should be focused on the interests of the child, not a parent's right. Participants recommended an overall review of permissions around travel with a focus on understanding the impact on children when left out of family holidays of any description because of permissions. Participants recommended consideration be also focussed on the red tape that can also delay decision making i.e. paperwork needed to be supplied for travel before booking and cost increasing due to lack of timeliness.
- Recognising that High Risk activity permissions can have very negative effects on the experiences of children and young people in care. It can have the effect of identifying a child or young person as being different as they cannot take up opportunities without notice i.e. going to a birthday party and having horses to ride and no permission granted, leads to the possibility of one child at the whole party not being able to participate, not because they don't want to, but because they are not allowed.
- Child Safety needs to trust more in the processes of other State departments and/or professionals recommendations rather than placing the final decision making with someone within the Department that has not actually got the expertise to consent. For example if the Department of Education has approved a school camp, Child Safety need to trust in the Department of Education's processes that have already taken place to determine risk and if a Doctor is recommending a blood test, then Child Safety need to trust in the medical professionals assessment of need.
- Participants would like to see an easy to understand booklet/checklist of who is responsible for what – there was feedback across the board that there are myths around decision making and what a carer can or cannot approve that continue to impact on the day to day care of children i.e. children not ever being able to be photographed for newspapers, not being in school photos and not having haircuts at all.
- Participants provided feedback that the ability to meet a child's medical needs is often compromised through the requirements for permissions and suggested that those who are responsible for making medical decisions should be present at the medical appointments wherever possible to minimise delay in decision making and help decision makers to provide informed consent. It was highlighted that the decision makers attending appointments should never be in place of carers attending, rather as well as.
- Participants highlighted the need for carers to be a genuine partner in decision making, consultation is a must and should be included in all procedure and policy relating to decision making for children and young people whom carers provide care for.
- Participants had an overall view that all decision making as it stands should be reviewed to ensure that the delegation is sitting with the most appropriate person i.e. is there some decisions that can go back to the carer, some that can sit with a CSO instead of Senior Team Leader or Manager and some that can come down from RD to Manager.
- Participants highlighted the need to adhere to the Charter of Rights and Principles of the Act when it comes to decision making and ensure that a child's views and wishes are always considered. Participants also highlighted the need for the sector to understand the concept of Gallick competency and apply this to decision making for young people.

Child Related Costs

Participants across all forums acknowledged the conflict that can arise out of this topic and therefore the strain this places on relationships which is unnecessary. Ideas to reduce conflict and burden of red tape and paperwork included:

- Child Safety having preapproved Child Related Costs. Carers would pay for the expense with knowledge there is preapproval and then provide receipt to BSO who will make immediate payment. CRCs could include where agreed to: school camps and photos, therapy, glasses, approved ongoing medications and emergency medical appointments where Medicare card is not provided to carer family etc. Participants advised that this would significantly reduce workload burden for CSO's and ensure timely payments of out of pocket expenses for carers.
- Participants spoke of the Establishment Payment and the inflexibility with this which does not consider the significant costs in setting up a primary placement, the timeframe of when this is done, the significant costs that come with different developmental ages or the breakdown of primary placements. Currently the Establishment Payment is paid once to a carer when a child comes onto a final order, this does not reflect the evolving needs of a child or the potential breakdown or end of placements for various reasons. The Start-up Allowance does not adequately provide for a new primary placement and should not be seen as doing so. The Start-up Allowance realistically would cover a few new clothing outfits and toiletries to be provided. Participants suggested that the Establishment Payment be made at the time of an Interim Order and flexibility to allow to be paid at times such as when a baby transitions to toddler and requires new bedding or when a primary school child transitions to high school in recognition of the cost associated with this.
- Participants highlighted the need for Child Safety to enable placements from the beginning by removing financial burden. This could be done through the use of \$100 grocery vouchers that the CSO takes to carer when making a new placement or where nappies and formula are taken to placement with a baby.
- Participants suggested flexible funding through agencies however some highlighted potential conflict with this if not applied consistently across agencies i.e. carers changing agencies where they hear that one provides more to carers than others.
- Participants spoke of the Fostering Allowance and the need for review of this. A formal review has not taken place since 2006 and whilst the allowance has increased in line with CPI, it has not realistically accounted for the real cost of living. For example carers are expected to pay for expenses such as sporting and babysitting where the cost would far outweigh the fortnightly caring allowance. Therefore carers simply are not in a position to meet these costs and children and young people miss out on sporting/recreational opportunities and carers do not consider babysitting as a viable support due to the expense. Participants not only recommended a complete review of the allowance, but that a separate CRC be set up for all children and young people in care that guarantee them access to a sporting/recreational activity.
- In respect to babysitting, that this be seen as an additional claimable cost.
- This would provide alternate opportunities for carers to have respite that does not put additional pressure on an already extremely overburdened placement system in trying to find respite carers – this should be one of the preapproved costs that can be drawn down on.

- Participants suggested that Carer Connect be utilised as a way of carers being able to claim for CRC through uploading of receipts.
- Participants across Qld continued to raise the ongoing issues relating to the Australian Child Care Subsidy and impact that this is having on carer families. Carer families are being left in debt with bills of thousands of dollars – although it is recognised this is a federal matter, it is impacting on carers and requires attention.
- Participants highlighted the flaws in the system with CRCs needing approval through Placement Agreements, however placement meetings not happening or minutes not being received results in requests or approvals being delayed considerably.
- Participants spoke broadly about the inconsistencies regarding approval across the State and that Child Safety need to establish with CRC what children and young people are entitled to and ensure that if request is made, it is paid. Carers spoke of the need to take out the ‘Manager’s discretion’ element to the CRC policies because if the cost is not covered in the allowance and it is a need for the child, it must be paid.
- Participants spoke of the Ex-Gratia process and inconsistency again around application of this across the State. Carers are often not aware of their ability to claim costs and what the process to do is. Participants are seeking a clearer process that is explained at time of induction as a carer and that training should also be extended to include agency workers and Child Safety staff having a good working knowledge of the policy and procedures surrounding this area.
- Participants spoke of education for children and young people in care and the knowledge that children and young people who come into care often have developmental needs based on their trauma experience and therefore tutoring is a must if we are going to truly recognise and support a child to achieve their potential. Tutoring is not covered by ESPs in most situations due to lack of funding; carers spoke of the need to stop passing the buck and recognise a need as a need and pay for it.
- Carers spoke of connection to community and family contact and the decisions made around this not being based on budget, rather the rights and needs of children and young people to be connected.

Complex Support Needs Allowance/High Support Needs Allowance

Although there were some forums where there were separate tables for these two matters, the feedback provided by participants were consistently very similar between the two. The last few forums had tables discussing these two matters combined. Feedback was as follows:

- Eligibility for both CSNA and HSNA to be considered for the whole of carer household, not just an individual child. This recognises that whilst a carer may have four children in their home and individually they are not complex, the needs of all children combined are complex. Providing the carer household with additional finances allows for flexibility of resources to be applied by the carer where they need it i.e. housekeeping, additional sporting/recreational services, babysitting etc.
- There was an overall view by carers that the focus for approval of CSNA and HSNA cannot solely lie in the cost of caring, but should take into account other factors such as a carer needing to be at home and not work due to the complex needs of the child and the intense care and time needed to care for a child with complex needs.
- Carers should not have to evidence costs through the process of spreadsheets and breaking down every single cost – this brings about inconsistency across the board i.e. what one CSSC deems, as

additional costs for electricity and laundry can be worlds apart from what another CSSSC deems as additional costs. There has been no set way of CSSCs determining these additional costs which has the effect of adding to the inconsistent decision making experienced across the State by carers.

- The policy and procedure surrounding CSNA refers to indirect costs and the application across the State of this is very different. If reference is being made to this in the Policy, guidelines around what it means must be included.
- Consideration that if a child or young person is assessed by Child Safety as having complex needs, that they automatically receive an allowance higher than the Fostering Allowance in recognition that the costs will be higher and that a higher allowance allows flexibility to the carer in how they meet those needs.
- That CSNA and HSNA payments not be cut off when it is due for them to be reviewed if Child Safety have not completed the review. This significantly disadvantages the child and carer family and the onus should be on Child Safety to complete the review, therefore the allowance should continue pending review.
- Participants agreed that there should be weight placed on the Foster and Kinship Care agencies recommendation and that carers should be able to participate in any process relating to the application of CSNA. There was one forum where the groups identified the delegation of CSNA/HSNA should sit with Foster and Kinship Care agencies who should also be responsible for administering the money to their carer households.
- Many carers in particular identified the ongoing challenges that NDIS has brought to this space. Specifically carers CSNA and HSNA being cut without consultation or review (HSNA should not be affected at all but is being based on feedback). Participants highlighted that children are going without as CSNA allowances are cut, but NDIS plans are not in place or if they are there is no approved service providers and so whilst the money is sitting there, it is not being used. There was an overall agreement that there needs to be better education for all staff in the sector relating to NDIS.
- The inconsistent application of CSNA across CSSC was raised across the State, one forum raised the idea of having a regional panel that considered approval of all CSNA applications to bring about consistency.
- It was also raised the current policy and procedure does not account for recognition of cultural connection and actions taken by carers to ensure this.
- Participants also raised that carers feel that they are penalised under the current system when a child or young person starts to improve. There is no recognition of the need to maintain this and the cost/time and effort carers must put in to stabilise a child who has been identified as having complex needs.
- There was an overall theme raised around the stress that CSNA and HSNA brings into a carer household with pending reviews, cuts and a feeling from carers that when they are going through the process of request that they are seen as 'being in it for the money'. This view does not recognise just how difficult it is to raise a child with complex needs, of the time, energy and skill that a carer must bring to a child or young person 24 hours a day and 7 days a week. Carers spoke of the need for Child Safety to recognise that children with complex needs often need full time care and in order for the average household to achieve this, the commitment from Child Safety to provide an allowance that allows a carer to stay at home and not work is a necessity not a luxury.

Placement Agreements

It was discussed and agreed across the forums that Placement Agreement feeds into every one of the topics that was workshopped at the QFKC carer forums. If Placement Agreements are not done effectively then carers will receive appropriate financial reimbursement or support and this can very much lead to situations where Standards of Care are raised. Everyone recognised the need for Placement Agreements to be a priority, the following feedback was provided as to how it can be achieved:

- Participants spoke of passing the responsibility of completing Placement Agreements to foster and kinship Care agencies. It was recognised that agencies have the established relationships and understanding of the placement needs and are in a position to facilitate the timely completion of Placement Agreements and distribution of minutes.
- Participants spoke of 'pre placement meetings' where agencies meet with carers through their usual monthly home visit to establish what will be requested in the Placement Agreement that requires approval so that this can be put to Child Safety prior to the placement meeting for approval. This means the decision can be reflected in the minutes on the day and be distributed.
- Discussion took place (some agreeing and some not) to extending Placement Agreements to 12 monthly and doing them well, with a view that any care team member can call one if needed within the 12 month timeframe. The idea is that doing them well every 12 months and reducing burden on the system is better than an expectation of 6 monthly.
- The idea of 'emergent Placement Agreements' was discussed with a one page Placement Agreement template that is used across the State for any emergent placement. This would cover a four week period and include agreed support during this time. This recognises that the process of calling a placement meeting to include all areas does not occur in the legislative time frame of 72 hours or is not done well. This then allows for a more planned approach to the substantive Placement Agreement and a carer will be in a better position a month into the placement to know what the placement needs are likely to be.

Standard of Care and Harm Reports

This was a popular topic with many participants choosing to have input into the policy and procedures that guides this very difficult area. Across the State there was recognition that the practice that takes place to address Standards of Care continues to be carer focused and punitive in nature. QFKC worked alongside Child Safety in 2013 to change procedures with the hope that this would drive practice that supported a culture of shared responsibility where every care team member is accountable to meet the Standards of Care. Unfortunately carer surveys and feedback have demonstrated that whilst the intent of these procedures was clear, the practice has not reflected this outcome. Feedback across the State in this space included the following:

- That the language used in the past i.e. MOC and Breach, are continuing to be used and are continuing to drive a punitive process – 'SOC is the new MOC'. ICMS continues to record a SOC 'against a carer' despite the procedures stating that there is no one recorded as responsible, it is on the carer's file.
- There continues to be a power imbalance with an unrealistic expectation placed on carers to be the 'perfect parent'. Processes are still mostly department driven despite procedure requiring agency input and the ability for agencies to run the SOC discussion.

- Kin are held to the same standards as general carers – kin should be good enough as child still better off with kin in good enough care that is safe and secure than with a stranger.
- Placement Agreements are not current yet this is the very document that is reviewed when a Standard of Care for a child has not been met.
- Inconsistent application of what Standards of Care are and what they mean in a carer household depending on CSSC – what constitutes a SOC in one CSSC may not in another. Appears to be driven by value base.
- Timeframes relating to the completion of SOC or Harm Reports are not often met, this places additional stress on the carer and also further pressure on an already overburdened family based placement system.
- Carers feeling like they can't talk to their CSO for fear of having a SOC recorded.

In terms of ideas for improvements, across the board there was agreement that the policies and procedures driving SOCs in particular need to change to reflect a culture that is genuinely focused on shared responsibility, where it is recognised that all care team members have a role to play in meeting the standards of care for children. To achieve this, ideas were as follows:

- Do not have Standard of Care reviews any more – rather 'Care Consults' where any member of the care team can call one to address an area where they feel the care team is not meeting a Standard of Care.
- Senior Pracs to be more involved in the process of decision making when worries are raised in relation to either Standard of Care matters or Harm matters not just consolation role.
- Agencies to have genuine consultation i.e. decision should not be made of what is going to be recorded prior to consultation with agency.
- Recognise the difference between kin and general care when it comes to the application of Standards of Care.
- Provide clear guidelines and examples about what it means to meet the standards of care under each standard and examples of what it would mean to not meet them.
- Provide a clear pathway for review when a carer does not support an outcome of a SOC or Harm Report. Consider an external panel to review SOCs and Harm Reports and an independent person to consult as to whether SOC or Harm Report is recorded in the first instance.
- Joint training to be provided to the whole care team around SOCs and Harm Reports so that everyone is getting the same messaging and can hold each other accountable to the process.

Carer Connect

Two carer forums were asked to consider Carer Connect and provide feedback in this area, the following feedback was provided:

- Ensure clarification is provided to all parties about who is responsible for what regarding updating information in Carer Connect.
- App does not allow respite carers to access information about placements, respite carers still need to contact Child Safety for all information – respite carers should be able to access.
- Documents are still not always current and carers needing to contact CSOs – better education needed for CSOs.
- Agencies are missing out on receipt of documents as carers receiving via app, but agency not.

- Not suitable for all carers i.e. remote areas, carers that are not tech savvy – still need to have the ability for carers to communicate the old fashioned way if this is how they choose to.
- Has been issues around outages and logging on.

The above is an overall summary of discussions, individual reports for each region have been made available to the Regions and can be forwarded to any member of the public on request. These individual reports capture all feedback written down during the workshopping that took place.

Practical suggestions given to improve relationships

Participants across all nine forums were asked to consider three practical suggestions to improve relationships in their Region. The feedback provided in these suggestions closely aligned with QFKC carer surveys where carers are asked for ways the system could improve. The following provides a summary of these:

- Consistency of decision making across all areas in CSSCs.
- CSO training that involves education around a carer role, suggestion of bringing back day placements with carers as part of induction.
- Communication in general needs to improve examples included:
 - a) Communicate to carer staff changes, CSSC changes and Regional changes. Communicate to carer household if CSO is leaving or is on leave and who will be responsible for the case during this time;
 - b) Get to know your carers, do not form a view of them that is driven by experiences of crisis driven work only. Complete meaningful home visits with carer and children;
 - c) If CSOs observe worries when they visit a carer home, speak to the carer about them – offer support and help, respond in the way that is not punitive but support focussed;
 - d) Ensure email addresses are shared between department, agencies and carers and respond to emails, even if it is to say that you will get back to the carer in X amount of time;
 - e) Share information that is relevant to a carer household in a timely manner. Ensure information is shared with a carer household that is relevant to the household safety;
 - f) Respect, discovery and acknowledgement of carers information and concerns for child, don't be dismissive of information. Provide dialogue about how you have addressed what the carer has raised;
 - g) Ensure carers are considered a stakeholder and are present at stakeholder meetings;
 - h) Value the time of a carer as how you would like your time valued, if unable to attend a meeting provide advance notice – never just not turn up;
 - i) Celebrate the positive things with carers, acknowledge when they do great, not just when it goes wrong;
 - j) Acknowledge that each communication style for carers may be different, work out what works best for carer households, i.e. one may love email communication, another text and another phone calls. Don't put all into one box;
 - k) Managers to take the time to meet carer families so they know who they are making decisions about;
 - l) When decisions are communicated to carers, ensure there is always a rationale, why was this decision made, by who and who was consulted;

- m) Be mindful of language used, this may be a job to those working in the field, but to carers it is their family life;
 - n) CSSC Managers should be provided with an updated email list of all carers attached to their CSSC and write an email that updates them in relation to any matters relating to the office or another idea was quarterly newsletters for each CSSC and agency as to who is who and what is happening to include pictures and profiles of new workers;
 - o) Carer appreciation letters;
 - p) CSOs to share mobile phone numbers with carers;
 - q) Carer mailbox for carer enquires relating to financial matters that is managed by BSO and responded to in a timely manner;
- Encourage care team environments by having joint functions between Child Safety, Fostering and Kinship Care staff and carers.
 - Offering EAP services as a matter of course to carers, carers are dealing with trauma on a daily basis and should be offered a service that allows them to debrief from this extremely challenging role. This service is an expected service offered to all paid employers however is not extended to carers despite the 24/7 role they undertake in the sector.
 - Carers should be allowed to have a review period to look at minutes of meetings, Placement Agreements and their input into case plans. There has been times that information captured in these documents have been inaccurate.
 - Carer transfers from one CSSC to another should be seamless, children should not be disadvantaged through drawn out processes.
 - When transitioning case to another CSO, should consider warm transitions where possible, i.e. CSO introduces new CSO to carer household. Proper transfer meetings to take place with all key stakeholders so there is less chance for lost information or different directions being taken by new workers which is not considerate of all the history.
 - Ensuring that carer households are seen as a whole, children in care not seen in isolation to everyone else in the household and that decisions made by Child Safety reflect this.
 - Provide a friendly space at all CSSCs for all carers to meet with Child Safety staff and have a cup of tea or coffee, open up the reception door and invite carers in, treat carers as colleagues and they will feel valued.
 - Carers to be informed about their details being passed onto parents, how risk assessments are completed to determine this, involve carer in process of providing relevant information to inform risk assessments.
 - Consider a mentoring program where experienced carers spend time with a CSO helping them to understand the role of a carer. This should not be seen as a one off, but an ongoing partnership where a CSO has the opportunity to really get to understand the complexities of parenting in a statutory system and where a carer's experience is seen as a valued and important tool to growth and development for CSOs journey. Experienced carers could visit a CSSC on a monthly basis and spend time in the service centre with CSOs answering questions, providing guidance and insight into the role of a carer.

Other ideas/suggestions

Participants were able to provide any additional feedback that did not fit into the above areas, the following was raised:

- CSO's need training to put car seats in.
- Worry that Separate Reps are making recommendations without having met children, should be requirement for Separate Reps to meet children.
- Permanency – additional training required for carers, agency and department staff to understand the new legislation (October 2018).
- Cultural Support Plans – The Human Rights Act will provide a platform for a child and young person's right to culture, how do we honour this.
- One CSO should be allocated to a sibling group regardless if they are across different CSSCs in one region.
- Carer participation policy where carers right to be part of decision making for children they care for is recognised and valued across all aspects of caring.
- Themed carer forums i.e. kinship carer specific forum, safe care and connection specific forum etc.
- Social events that include carer, Child Safety and agency i.e. trivia nights.
- It was raised in several of the forums that carers had found out last minute about the QFKC forum and often only through way of QFKC FB pages. Questions around where the breakdown in communication is as all Foster and Kinship Care agencies received the invite.
- Suggestion around a 'buddy' system for carers where a new carer is allocated an experienced carer to assist in their journey. Carers would be able to identify if they would like to be nominated as a buddy.
- Concern that caseloads for CSOs are too big, lower caseloads and think about the intensity of cases.
- Reapproval processes are 'crappy, stressful and appear punitive'. Suggestion to review how carers are reapproved and keep in mind that we are working with families.
- Non indigenous carers providing care to Aboriginal or Torres Strait Islander children are asking for further assistance to meet the needs of children in their care.

What is working well

It was also important to capture what is working well, participants provided the following feedback:

- When you have a consistent CSO this brings stability to a placement and makes a huge difference.
- When workers at all levels are willing to negotiate.
- When care team members admit not knowing everything and seek advice from all key stakeholders which results in discussions and outcomes that reflect mutually beneficial outcomes.
- Mostly Placement Agreements occur every 6 months with entire care team and when they occur with the entire care team in a planned and collaborative way, they work well. They serve their purpose and assist in ensuring the longevity of placements.
- A care team approach done well leads to positive outcomes for children and young people in care.
- Supporting paid respite to carers helps ensure placement stability.
- When a CSO answers and responds, this makes a carer feel valued and respected.
- Regular home visits with CSO and agency staff together works well, cuts down the amount of meetings required of the carer and ensures everyone is on the same page.
- Support from QFKC.

- The new Australian Child Care Subsidy Rebate (When applied properly).
- When Child Safety extended dual respite to acknowledge additional days for children and young people with identified complex needs.
- Carer Connect – easy access to information, one stop shop, the link to Kicbox, it is convenient, user friendly, pretty, visually appealing and easy to navigate. Carers can upload positive experiences of the children for them to look at when older.
- Forums for carers input. Should be regular.
- Relationships between CSOs and carers can be built through the regular connection of family contact and pick up and drop off if CSO takes a bit of extra time to stop and talk.
- A number of the feedback provided centred on agency support and the benefits of this felt by carers. One feedback stated that support agencies will step in an advocate for carers or assist where they are able to get costs met.
- Great relationships between some carers/CSOs and agencies.
- Ability to feel comfortable about discussing everything.
- Stable placements and improved outcomes in engagement of children for education, health etc. when team work between CSO/Agency and carer is working well.
- Decisions are being made and communicated quickly once information gets to Team Leaders.
- Immunisation changes – carers able to maintain schedule.
- When CSOs are on top of everything, things go smoothly.
- When everyone is talking.
- Good care team requires all members of the team to be good, good agency worker, CSO and carer.
- When agencies run SOCs they are not as formal and feel more like discussions.
- Care team approach to SOCs works well.
- New smoke alarm initiative is very good.
- For some carers, they feel that current allowance is reasonable.
- Foster carer forums like this one is great to meet other carers and staff.
- Communication has improved following an escalation process.
- Some staff can be very practical and try very hard to support.
- Some CSSCs are excellent in obtaining CRCs to support placements.
- Having carers involved in reunifications processes and remaining part of the child's network.
- Consistent respite carers for children and young people.
- Focus on LTG to other and having children 'free of institutionalisation' – child is able to function normally in a family unit.
- The new Placement Agreement template is very clear about Department expectation for each domain.
- SOCs have better outcomes when agency and CSSC staff have good working relationships.

Summary

The process of consultation with the carer community to help identify priorities for the Foster and Kinship Care Oversight Group has been one of great worth. The key now is to ensure that this feedback is heard, to make changes where change can be made and to provide clear feedback to the carer community where change cannot be made with rationale as to why.

QFKC was very pleased to see the change of review dates for HSNA and CSNA move from 6 months to 12 months during this consultation process – this was direct feedback from participants of the forums and it was important for carers to see that their feedback was having a direct impact on policy and procedure.

Communication continues to be an area identified in all forums and surveys as needing a lot of attention. The process of consulting carers, hearing what they have to say and then demonstrating that they have been heard will be key to carers feeling like this process has been worthwhile. As the Peak organisation for carers, we must be in a position to provide clear communication to all participants that took the time to attend our forums as to the progress of their feedback.

We look forward to working with Child Safety to achieve this goal.

Carissa Inglis

Service Support Manager

Queensland Foster and Kinship Care

28th October 2019