



Connecting  
Foster & Kinship  
Carers | SA Inc  
advocate • support • connect • inform

## FORUM FOR CARERS

Friday 24<sup>th</sup> March 2017

Leilani Room, Morphettville Racecourse

### OPG Information Session

This session was delivered by the following presenters:

- Robyn Skilbeck – Department for Child Protection
- Sam Sands – Carer
- Meryl Kilmczak – Carer

Robyn opened the session acknowledging Carers and the care they provide which makes an enormous difference to the lives of children and young people.

A handout was provided (Attachments 1&2) to present current information available in relation to Other Person Guardianship (OPG), with Robyn identifying OPG as: "transfer of guardianship is really about a Carer putting up their hand to say we are in this for the future."

#### Department for Child Protection (DCP): General OPG information

The practicalities:

- Doesn't have to be one person
- While the Chief Executive discharges their responsibility - some people still need and want support from the child or young person's DCP case worker
- Order is discharged at age 18

For Carers who want to explore OPG:

- DCP wants Carers to say they are interested
- Continue to indicate interest at all points, including annual reviews

Currently, there are 3 steps:

### **1. The conversation.**

For DCP to consider OPG:

- DCP want to know you have formed a connection with the child and that child has formed a connection with you
- Provide an opportunity for each child to say what they would like
- Consider identity and processes, i.e., contact with birth family can lapse over time however the court process brings it to the surface again; court wants to know how child will remain connected to their birth family, country, community – particularly important for the large number of Aboriginal children in care

### **2. Assessment.**

- See assessment competencies in papers attached
- Needs may not be fully known until children grow and develop
- May be intensive support
- Deeper level conversation about the child, their needs, contact with birth family
- Determination of how Carers manage own stress
- Talk to birth families
- Talk to children and young people to gather their views

### **3. Court processes.**

- First hearing
- Second hearing for judge to make final decision
- If OPG granted – papers prepared to update system
- Carer becomes responsible for all decisions, including health, education and travel
- Carer makes consideration of connections and arrangements for managing and maintaining child's connections
- Need to let DCP know about changes (e.g. address if moving house)

For Carers who have been seeking OPG for long periods of time, DCP know the journey is taking too long and is longer than it needs to be.

Central point for Carers to register their interest in OPG can also occur via Robyn. Address enquiries to the attention of Robyn Skilbeck via the feedback form on the DCP website: <http://old.families.sa.gov.au/pages/familiessa/FSAComplimentNComplaints/> .

### **Sam's OPG story**

Sam shared her OPG story, the challenges, learnings and her successes.

The OPG process took 2 years for Sam with her first OPG application and involved psychological observations in her home; assessments with medical professionals; contact by DCP with birth parents (father agreed while mother objected) and a lot of time waiting for final reports and court dates.

Sam then applied for OPG again for another child in her care. They were required to go through the full assessment process again, but on this occasion both birth parents agreed. The process took 4½ years.

Sam acknowledged the things that helped her continue, including “fantastic workers” both with Dept (then Families SA) and agency (Anglicare) and the patience to persist.

Sam shared the first time it felt real – when she circled the “Parent/Guardian” on her child’s school permission slip. Sam still gets payments and maintains some contact with the birth parents, involving them in some things in the children’s lives.

Sam recommends OPG despite the challenges, stating the children feel a sense of belonging: “they know they are secure and are not going anywhere”. Sam hopes to be able to adopt one day.

### **Meryl’s OPG story**

Meryl also shared her OPG story and offered a different perspective, as her son was actively involved in the decision to apply for OPG. Meryl recalled driving with her son and his reaction: “This is the first time in my whole life that anyone has ever wanted me in their family. Does this mean they won’t come to take me away?”

Meryl’s OPG application took 4 years to be granted, with Meryl stating the first bonus was receiving their child’s full history. Meryl feels that Carers can feel like they are being judged and challenged from choosing to care, however describes OPG as “going beyond caring” and encourages other Carers to continue the pursuit.

Meryl described challenges which occurred in their family following OPG, and the outcomes which would have been different for their family had they not been protected by their OPG status.

### **Thank you**

CFC-SA would like to thank Meryl, Sam and Robyn for their time and for sharing information with Carers.

We again sincerely apologise to Carers who would have been able to attend this session but did not receive information due to the delay in distribution of our Term 1 Newsletter. We invite you to join CFC-SA as a Member to receive information directly via email – join online for free at <http://cfc-sa.org.au/join-us/become-a-member/>

CFC-SA hopes to offer Carers a follow up session (to be held after hours) to communicate DCP changes to OPG in the near future.

## Q&A with Cathy Taylor

Amanda Porter, CEO CFC-SA introduced and welcomed Cathy Taylor, DCP Chief Executive who initially spoke about OPG:

*There are 45,000 children and young people living in out of home care – more than 3,500 are in SA. 83% are in family based care, the remainder rely on residential care and commercial care. We know that children do better in a family-based environment. There are more children and young people in kinship care than foster care arrangements.*

**Q: How is the Department addressing the lack of trust and inconsistencies at the local level?**

A: Cathy advised if she asked her staff they would say there is lack of communication and transparency, decisions are made in isolation, people in the field are managing the risk, executives are at arms-length. How does that permeate to the relationships with carers? In the Nyland report, recommendations 6,7,8,9 relate to the need for good people working in the Department, a new focus and working through the cultural practice and decision making. It is about decisions for Carers as well – we have to shift and change how we work. The Department trusts you to care, we need to trust you to make those critical decisions – we need to treat our staff differently and empower them at a local level to make decisions at the local level. It's not what you say, it's what you do – lived values and behaviours. This is going to take time.

**Q: Is it possible to change the way DCP currently works so we (Carers) can maintain connections with case workers if we already have a relationship with them, and how do we do this?**

A: How do we maintain contact and facilitate that? We are far from solving it but we recognise children and young people want to maintain connections.

**Q: My grandson is 9yrs 5m old and I've asked and not been accepted for OPG – I got a letter from DCP stating my suitability will be reviewed periodically and a thorough assessment, planning and review will take place – if after 9yrs 5m it hasn't proven that I can do this, when will it be time?**

A: The new draft legislation is moving away from OPG towards transfer of guardianship. Needs are the same pre and post OPG – it is a legal construction. Guardianship moves from Minister to you as grandparent. There is a process of assessment, panels, application to court, court then assesses. At the moment, they assess and look at questions to meet long term needs to facilitate families – in the future it will be about where is the best place for long term guardianship. You can ask for an assessment report. Transparency is needed. It's about communication, decision making and transparency so people get a chance to hear both sides – that's fair and reasonable in decision making.

**Q: The laws need to change so the DCP is not a law unto itself**

A: The culture and practice need to change. How do we resolve matters at the local level and how do you escalate that. Other things need looking into, for example on the current DCP internet site you cannot work out how to make a complaint. Also there is only half a position dedicated to complaints in the Department.

One of the critical recommendations is to create Carer liaison positions for better communication with DCP – keep resolution as close to the business as possible. We need to respond better to complaints. DCP needs to be more open and accountable – we are exploring whether we should have an alternative dispute process, a mediation process instead of going to SACAT or the Ombudsman, using DCP as an option. We need to make it simple.

**Q: There is a perceived culture from ground level staff towards Carers –why don't DCP implement training / refresher courses for front level staff?**

A: There is work to do with our own staff. Being a child protection case worker is an impossible task but that's no excuse for how we treat people, it needs to be done with respect. There are changes which have occurred over time and training will help. For example, what we now know about the theory of attachment – it has changed along the way, we need to bring our staff up to speed. Is this what we would have designed? How will the children thrive? Part of our training is to get people to think about quality assessment, partner effectively and integrate the latest thinking on attachment and culture – what's making a difference?

**Q: We've been lied to our face, it's ok for the social worker to say "I don't know", rather than say a lie.**

A: We need to apologise when we get it wrong, let's acknowledge that when a Carer raises an issue it's for the best of the child. It's ok to disagree. We need to have a respectful relationship. I think DCP staff have felt like they have been under attack for years and go into defensive mode. How do we highlight when good practice occurs and when there are good outcomes? If someone only hears about the bad they feel bad.

**Q: Under the new Bill, what's being done for permanency planning for young people? Some are removed from their Carer families and returned to their birth parents after a long term?**

A: We should be doing permanency planning from the time we intervene – how will we meet their long term needs? Are we keeping you (Carers) engaged in the conversation? Are we actively working with the family around who can provide safe care for the child? Work done in the first couple of months is critical.

**Q: Is there a cut-off point?**

A: The magic number has been 2 years – now know that 90% of all children look for family of origin post 18 years. People fixate on the timeframe rather than the safety of children being re-unified. Solid case work is needed at the beginning. We should do assessments in the first 6 months.

**Q: The first 2 months for a child in foster care is huge. Two months decides on the rest of their life.**

A: Discussion ensued and Cathy reiterated the importance of early assessment, do it well and then support it.

**Q: A Carer asked about SAPOL practices regarding section 16, removing children and decisions up the chain.**

A: Decisions about removal are always difficult. It's usually a young social worker removing the child, they don't have the life experience, it's a training issue. The priority is how do we make the child safe? We are all about safety. It's not always a direct removal, we negotiate and ask a family member to step in – develop a safety plan. We want kids to be safe. In casting the net wide, we are criticised for taking away from a family but if we cast the net too short then we are not putting a child in best care. We need to question “can the child thrive”?

**Q: I've had 3 little girls over the last 2 years who would have benefited from access to therapeutic services for child development and the social workers have said “all in good time”, but it is critical in the first 5 years, one of the girls can't go to kindy because she needed help earlier – can my social worker look after developmental needs at the same time?**

A: We need a care team concept rather than one person covering it all. You are right, therapeutic needs and specialist child development workers such as speech pathology and OT etc are needed. The first 5 years are important, but the first 2 years are critical. We have been talking to health and education about this.

**Q: What do we do when a case worker says all in good time? Who do we go to?**

A: We need a therapeutic assessment upfront. You could raise it with the Manager.

**Q: I did but still deferred.**

A: We need to move to an outcomes focus, fixate less on placement, more on outcomes and integrate therapeutic needs. Cathy is going to be meeting with the CEO's of NGO's and will raise the matter with them also.

**Q: Yes but who can I call now?**

A: The liaison person in the future but for now, put something in writing to me.

**Q: Kids leaving and being moved around and not knowing where we are at with them – I'm kinship and the biggest screw-up is going from Carer to Carer – how will this stop for the future? How do we prevent them from being removed again and again? Are we being used in the interim?**

A: We need to ask whether we have we had these full and frank conversations as to why – I don't think so. Kinship care is different to foster care – the dynamics of a family. There is a view it would require less support than foster care – no, kinship requires different supports. It's about navigating the complexity of families. There are inconsistencies – it comes back to the key things of communication, transparency, consistency. If we get it wrong, we should be owning that and apologising.

**Q: Question about respite**

A: We should recognise there are x number of days per year – you need time out. We are not recruiting respite and emergency Carers well enough. We are looking at how to recruit for respite and emergency. We are currently sitting at 10% in growth in this area.

**Q: Why would a social worker encourage a 15 year old to leave home, who now has major mental health issues, tried to suicide, taking drugs, in and out of hospital. None of this behaviour happened when living with me.**

A: What I don't know is: did the young person approach us; but I understand the Carer's perspective. Why would we support it? We need to listen to the voice of children and young people and Carers as well. This is the real stuff Carers are facing. We need to work with the Carer and young person to understand what's happening. This is as tough as you could get, this type of question. Our workers are focussed on the child and young person but could we have done something with the Carer to do something different.

**Q: A Carer spoke about her care for 3 kinship care children. She had been caring for kin for 2 years (fulltime for 6 months), stating they received no support from care workers. Last year the children were suddenly taken away, with the reason stated as they didn't have a suitable car – DCP had previously been hiring an 8-seater for them. Carer has been told they will need to wait 2 years before she can see them again and is distressed at what the children have been told, where they are and if they will be able to see them. It has affected everyone in her family, their friends, school, other children etc. When are the plans going to be done? Who can we turn to?**

A: I'm not going to avoid this. We need to ask what it would take to sustain young people in the family. We're not talking to Carers the right way. We've interpreted it the wrong way. It's about changing the culture and practice. Cathy needs to find out the other side of the story.

Discussion ensued and Cathy advised she would follow-up. Other attendees showed their support for the Carer who spoke, asking Cathy what she could offer this Carer in the here and now. Another Carer spoke about her grandson who was taken away unexpectedly after caring for him with no problems.

**Q: People have attended this session today to get your ear. What are your concrete plans / pathway through?**

A: CFC-SA are part of the options available and as for DCP, we will recruit 4 liaison positions between now and 30 June. They should be based out in the community and sector more, visiting people and offices. The website needs a clear complaints process. We are looking at establishing a small mediation capacity in the Department. At the moment my office handles it all and there is a significant numbers of complaints. We are looking at roles and responsibilities - practical delegations giving Carers decision making powers. It's a failing of the system if you need to talk to CEO about some of these things.

**Q: Will the liaisons be employed in the DCP?**

A: They need to be at arms-length to the DCP. We are working through this at the moment. We don't want you to navigate a complex system – we need a single point for complaints. I'm happy to have help to design the job description (one Carer volunteered her time to be involved with this).

**Q: As Carers we find it hard to ask for money – it's the biggest taboo topic.**

A: It's not about money, it's about health and support. How do we do that?

I am prepared to hear you and I want you to be prepared to hear us as well. We want siblings together, we want kids to thrive. How many CEO's have taken Q&A's over the last 5 years? (It was acknowledged that Etienne did this for Carers.) We need to keep this going. My worry is I only hear where it's going wrong – this won't attract other Carers, we will work this through. How do we get conversations that recognise when it is working and when it's not? We can't ask Carers to open their hearts and homes unless we have all the information.

**Q: A Carer shared a story about their experiences which has led to a pending court case –**

A: Due to legal proceedings, the Carer was asked not to compromise their case and no details were recorded.

**Further questions were raised but due to time constraints were not answered. We have passed on and will endeavour to provide a response in future:**

- Why does the OPG process take so long, ie application to assessment?
- Safety of children, physical and emotional wellbeing - Voice of the children? Why are young children whom have been removed from neglectful, abusive, parents then continually sent to have access with a parent who has made no steps to change their behaviour or address the issues which led to the above child being removed?
- What steps are you taking to review departmental processes and remove the current over bureaucracy and the disrespect to carers which arises from current practices and process, how are communications dealt with, rights of carers to see/review file notes

- Has any advance been made on adding a line to CRISIS CARE no. or child abuse line so that children needing emergency medical care can be better served and not have to wait inordinate amounts of time?
- Why do you DCP have the right to defame, slander and malign the integrity of carers by backing ex foster children in what you know to be untrue – causing health issues and legal battles
- Why is the 50% loading (for children with additional needs) not 50% of the base payment? E.g. We received \$180 pw base payment and have a 50% loading based on \$138 pw. This loading designation is highly misleading.
- All entries and notes recorded on file re : carers / kinship carers, should be signed off by the relevant person, as being a true and correct entry. And have the right of correction.
- LOADING PAYMENTS - Is it fair the actual loading is calculated on a lower rate? E.g. we receive a 50% loading. When calculated against our normal payment it is only 37%. It is clearly a money saving exercise but is not fair. It is “unethical” to say the least.
- LOADING ASSESSMENT - The questions in the assessment appear to be structured in a way that the “house always wins”. We have a child who is diagnosed with autism with high needs and challenging behaviours. The questions do not address the type of needs of this condition. Around 2005 we had a child with cerebral palsy. She was given automatic 100% loading. Our child with autism who is “more” disabled is only entitled to “50%”. This makes no sense. It reflects how the goal posts have shifted over 10 years in the application process.”

## Thank You

Amanda thanked Cathy for her time today and also thanked everyone for attending and participating in the Forum. A reminder that CFC-SA are available to assist Carers with advocacy, support, connection and information, please contact us: <http://cfc-sa.org.au/contact/contact-cfc-sa/> .