

NSW FOSTER CARER RESEARCH REPORT

Produced in consultation with foster carers in New South Wales regarding their foster caring experience to explain:
Why foster carers in NSW are leaving the system at an increasing rate



**Foster Care
Angels**

Foster Care Angels welcomes any feedback concerning the information or methodology used in this report as well as any suggestions for future improvement

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INTRODUCTION

Foster Care Angels Inc. (FCA) was established eight years ago by foster carers in an effort to minimise the impact of foster care on traumatised and vulnerable children as they enter the foster care system for the first time. Through its volunteers and social media network it has considerable reach into the foster carer community.

This study was initiated through the growing number of anecdotes voiced by FCA's carer community asking that their concerns be heard. It was further prompted by statistics from the Australian Institute of Health and Welfare (2018a) report highlighting the increasing number of children entering the out of home care (OOHC) system together with an alarming rate of carers exiting the foster care system.

Underpinned by a view that **without carers there can be no foster care system**, FCA asked members of its carer community to express their interest in participating in a survey to investigate their concerns and perhaps find some solutions to what appeared to be growing problems within the foster care system. The response was overwhelming and in December 2018, the FCA Board agreed to undertake a qualitative, in-depth study using unstructured interviews with 70 carers in an effort to hear their concerns and to gather information on how possible solutions may be created to address identified problems.

EXECUTIVE SUMMARY

METHODOLOGY

The carer survey conducted by McHugh et al. (2004) found that women were identified as primary carers in 92% of couple foster families. Of single carers, 87% were female (Siminski, Chalmers & McHugh, 2005). Similarly, this study found that, of the 70 interviewees, 95% were single females, females with spouse support or same-sex female partners. Given these data, the study used a qualitative story-telling design, guided by feminist perspectives, to gain insight into the foster care experience from the female carer's perspective in NSW.

Feminist epistemologies (such as feminist empiricism, standpoint theory and postmodernism) recognise women's lived experiences as legitimate sources of knowledge. Feminist methodologies attempt to eradicate sexist bias in research and find ways to capture women's voices that are consistent with feminist ideals. The "narrative-based feminist approach was selected as it minimises the inherent power discrepancy between participant and researcher (Stanley & Wise, 1990), emphasises reciprocity and collaboration (Atkinson, 1998), values women's subjective experiences (Jackson, Daly & Chang, 2005) and acknowledges 'meaning' as a legitimate end product (Bailey & Tilley, 2002)" in Blythe et al. (2013).

The report contains considerably more quotes than is usual to demonstrate each issue. This strategy has been chosen to highlight the extent of the impact of being part of the foster care system on carers. Members of the carer community report that they are often made to feel that it is they, as an individual, that is the problem. The agencies make them to feel that they are the only one making waves and complaining about being mistreated. They have been shamed into keeping silent. This is clearly not the case. The numerous quotes in this report, which have been reduced from a significantly greater number of similar quotes, are used to demonstrate the systemic problems that are impacting on carers and to clearly indicate why those problems have led to an exodus of carers out of the foster care system.

Participants

A purposive sample of 70 foster carers who have provided a variety of foster care services, ranging from emergency care to long term, guardianship and adoption were recruited via FCA social media and word of mouth. This number of responses was received with only one posting. This, and especially the number received via word of mouth, highlighted the pent-up need of carers to have an opportunity to voice their frustrations.

Following initial contact, eligible participants were emailed an information package containing a written note of appreciation, an outline of the study processes, a confidentiality statement and an outline of the voluntary nature of the study, making it clear that they could opt out at any stage. No one opted out and 15% of respondents indicated they would be very happy to waive the confidentiality obligations and take part in detailed case study analysis if the survey progressed to such a stage. No contact was made with potential interviewees until consent had been received and it was evident they understood the conditions and were agreeable to participate in the survey process.

Data collection

Given the time-consuming nature of the foster carer role and the often-unexpected emergencies that are part of the role, participants were given a choice of when and where interviews would take place. In 100% of cases, carers chose to be part of a telephone in-depth semi-structured interview with follow-up emails if necessary. Questions were designed only to prompt and clarify the interview discussion, and left open so as not to lead participants to any particular or possibly biased view (Yin, 2003). Interviews began with a collection of socio-demographic characteristics, including age, cultural background, employment status, number of children in placement, length of time caring and experience of training. Participants were also asked what had inspired them to become foster carers in the first place. All participants were asked their permission to record the interview and there were zero refusals to this request. The recordings were transcribed by the author, the student and the FCA staff. All transcriptions were checked for accuracy against the recording once they had been transcribed. Emails and transcripts were all de-identified before data analysis began.

Data analysis

Once all data had been collected, analysis began with data reduction using summaries, coding, teasing out of themes, and making of clusters and partitions; data display through graphs and matrices; and conclusion drawing and verification using noting regularities, patterns and pattern matching, and possible causal flows according to Miles & Huberman (1994). These techniques enhance understanding by enabling examination of a huge amount of qualitative data and the common threads that run through it. It also enables the analysis to identify discrepancies between the various sources of data in an effort to draw the appropriate conclusions. The initial data analysis was undertaken by the author with additional scrutiny by the lived experience of FCA staff to verify the accuracy of the findings as they emerged.

Limitations

The study has not attempted to check with agencies or case workers as to their side of the carer story. That would jeopardise the carers' confidentiality. In line with the feminist perspective, the study has taken the view that the stories related in the carer interviews demonstrate the carers' reality and it is this reality that determines whether they intend to continue fostering and would recommend the

experience to others. However, given that the participants are those who feel they have been badly impacted by the foster care system, the study will have a certain negative bias.

KEY SURVEY FINDINGS

Demographics

Most carers (97%) are females who were single (10%), divorced (12%) or married with a supporting spouse (78%). Their ages ranged between 22 and 71, but the majority (70%) were between the ages of 41 and 60, indicating that in many cases these carers had either long-term placements and/or they were empty nesters who were prepared to undertake a carer role now that their own children had grown up.

The location of the carers extended across the whole state of NSW from Albury to Dubbo to Armidale, Lismore and the Hunter as well as the Sydney and the metropolitan area in suburbs such as Penrith, Blacktown and Castle Hill.

Carers were involved in all types of care (from emergency care to long-term care, guardianship and adoption) and their fostering experience ranged from 18 months to 27 years.

There were three main reasons for becoming a carer:

- *an altruistic desire to help vulnerable children and contribute to a better society
- *an opportunity to have a family because they were unable or did not want to have their own children
- *the need to support family members (kinship care).

The 2016/17 AIHW statistics show that nearly half (47.2%) of children living in OOHC are in relative/kinship care. The statistic is not reflected in this study; instead, at 10%, it is much lower. The voluntary participation nature of the study could explain the reduced representation of this group and those who did participate noted that kinship carers live in constant fear that their carer assessment would be jeopardised. Regardless, given that the AIHW 2016/17 statistics note that 37.8% of all children living in OOHC are in foster care, the comments of foster carers in this study are not only relevant but enlightening.

Carer challenges

System-related challenges, such as carers having to interact with birth families and maintaining working relationships with members of the foster care agency, can be seen as unique to the foster care role. While non-foster children may exhibit challenging and sexualised behaviours, the frequency and intensity with which these behaviours present in foster children provides a uniquely significant stress-inducing trauma for foster carers. The unique levels of stress experienced by foster carers impacts on their health and wellbeing and establishes an environment for trauma-creating conditions.

The children

The children in their care exhibit extreme behaviours and conditions, such as ADHD, OD, bipolar symptoms, autism, violent aggression to other children and animals, sexualised behaviour and brain damage. Not one interviewee had a foster child who was compliant and easy to manage.

The extreme behaviour was demonstrated through screaming, attacking the carer and other children with whatever came to hand (including knives) and damaging furniture and other property (such as

smashing holes in walls, breaking glass doors, and defecating on the floor then spreading the faeces on walls and furniture).

The care of the children required an extraordinary amount of time in making appointments with psychologists, psychiatrists, speech therapists and a myriad of other mental health professionals. Many of the children are/have been drug babies. The most harrowing story was the description of the carer having to inject a new baby with morphine every 3 hours so that it did not suffer withdrawal shock and perhaps die.

Mental health training

The carers reported that they did not receive appropriate training. Most (97%) indicated that the agency/NGO had provided basic training before they were approved to be carers but no one felt that such basic training prepared them for the challenges they would experience in looking after high needs children.

“The autistic child was dropped off and I had no idea what to do. I had never had anything to do with autism before.”

Unfortunately, when carers undertook training themselves to help them understand how to manage the needs of the child the agency was not always supportive and often refused to compensate the carers for their attempt to get the mental health training they needed.

Challenges in dealing with agencies/NGOs

Carers were frustrated with the lack of consistency across agencies and the lack of a more legitimised framework. This includes the case workers they employ, the support provided and even the allowance. There are significant differences in what allowance agencies provide. Some pay double the allowance compared to others. Each agency is set up differently and each agency is run differently, which is not only frustrating for carers but adds to the anxiety and challenges in dealing with the children in their care.

Additional key problems included support that was promised but never forthcoming, unrealistic expectations of the carers' roles, lack of emotional support, lack of essential information regarding the child (such as medical records), extreme repercussions (such as removal of children if the carer made complaints), no comprehension of the carer's value, use of emotional blackmail, records that did not reflect reality and other general inefficiencies (such as placing a child who had been removed because of harming the bio children just a few blocks from where the child had been removed).

One of the most worrying findings was the lack of accountability for the agencies. The carers reported that the agencies appeared to be a power unto themselves, making decisions without consultation, and sometimes without consideration to what the courts have decided. Although on the surface there appear to be processes in place to deal with complaints about their action, in reality there is nowhere for the carer to go with their complaints. As one carer noted:

“They are more powerful than the police.”

Carers' assessment of their relationship with the Department was similar, with 60% describing it as very poor.

Challenges with working with case workers

Carers perceive that support provided to carers by case workers is crucial for placement stability and retention of carers in the system. Carers are desperate for case workers to support them and work with them and to build up ongoing relationships to bring about the best for children in their care. Unfortunately, this is not the case. There are excellent case workers who are really child focused but the very high turnover of case workers has led to agencies employing younger case workers who have only just completed their degrees and in some cases are still completing their degrees. This has resulted in inexperienced case workers being invested with the power to make decisions with little understanding of the underpinning issues. Few of them have had any training in the mental health issues that the carer has to deal with, and without that training their decisions are uninformed and can be very harmful.

This is a critical issue. Because the decisions that are made by the case workers and their managers not only impact on the wellbeing of the carer but, more importantly, on the vulnerable child who they are supposed to help. Carers reported case after case of incredibly disastrous decisions made by inexperienced case workers that severely impacted negatively on the child. They asked:

“How can that be in the best interests of the child?”

Carers in the study agreed that unless there are changes in the attitudes of case workers and local office managers, especially in relation to information sharing and working as partners with carers, it will be difficult for fostering to survive as a feasible option in NSW.

Confidentiality

Although clearly information regarding children in care is highly sensitive, the Wood Report (2008) recommended reforms that were adopted in NSW through amendments to the *Children and Young Persons (Care and Protection) Act 1998*. These provisions clarify, for the avoidance of any doubt, that the safety, welfare and wellbeing of children are paramount and, accordingly, the needs of the children and their families take precedence over the protection of confidentiality or of an individual's privacy. It also protects anyone who shares information in good faith from any liability for civil, criminal or professional sanctions. Yet even with such an effective model for sharing information to better protect children, carer after carer in this study has reported that, due to the child's privacy, they are denied information about the child placed in their care.

This is a dangerous situation if, for instance, the child (and often it is a newborn baby) is drug dependent and can go into withdrawal shock if not treated appropriately. This situation reflects a lack of education of carer rights from the carer and especially from the case worker who must know better.

Vexatious claims protected by legislation

Information about a child who may need protection can come to the attention of the relevant department from a wide range of sources, including family, schools, health professionals or members of the community. Legislation in NSW protects the identity of the reporter and grants immunity from liability those persons who make a report in good faith or honestly and without recklessness (*Children and Young Person (Care and Protection) Act*, sections 24 and 29).

Of the 379,459 notifications in 2016/17, the AIHW found that over half (53%) were unsubstantiated. Although the Wood Report (2008) has concluded that mandatory reporting laws are a necessary component of child protection systems, mandatory reporting has been criticised on the basis that it

produces many unsubstantiated notifications, increasing the workload for already strained child protection personnel and service providers, including foster carers.

The study found that vexatious allegations have been made against carers from angry biological families who want their children back, children who have been hardened by many years in the system and know how to work it to their advantage and neighbours who do not understand that a child with mental health issues can go into meltdown several times a day.

People making the allegations are free from liability and therefore can claim anything they like without any fear of repercussions. The carer, on the other hand, is immediately considered to be guilty and the allegations, although unsubstantiated, can and have been used in court many years later against them. As one carer noted,

“An accused murderer has more rights than a carer with an allegation made against them.”

Carers have lost their jobs and careers and their homes through the cost of fighting the allegation and marriages have broken up during the allegations process, which can take years. Fear of false allegations keeps many would be carers out of the system. Participants proposed that the allegations process should return to an earlier model where experienced carers were a key part of the process for judging the veracity of allegations.

THE BEST INTERESTS OF THE CHILD

Efficient program delivery is critical to the sustainability of the foster care system. The system exists for the provision of decisions that will be in the best interests of the child. The study proposes that the inability of FACS to efficiently monitor the program delivery of its agents, as reported by the NSW Auditor General in June (2019), has led to some decisions being made that are incredibly inappropriate and not always made for the best reasons, under the guise of “the best interests of the child”. How can it be in the child’s best interests to force him into a car when he is screaming and struggling for an hour because he does not want to be removed from a home where he has developed bonds and could stay to adulthood because the case worker has made the decision to remove him? How can it be in the interests of the little 2-year-old to be torn away from the only mother she has known since birth, crying “Mama, help me” as she is handed over to the biological parents for an unsupervised visit? These are scenes from a Dickensian era and surely in the 21st century they should not be happening. Surely, these decisions are not in the best interests of the child. Yet time and again carers have related similar stories for this study.

FOSTER KIDS BECOME PARENTS OF FOSTER KIDS

The urgency to provide some overall review of the foster care system is becoming critical. It is a compounding problem demonstrated by the generations of children in care who become the parents of children in care. Furthermore, when these traumatised children do not receive appropriate care and protection then violence is their only protection. It is what they know and they become violent adults responsible for terrible crimes. It is of no value for FACS to say, “Well, they are 18 therefore not our problem. They now need to be dealt with by the criminal justice system”. It is not FACS or the Justice Department that is worse off; instead, the whole of society suffers. The evidence for the deterioration of the system is provided by the statistics, which clearly demonstrate an upward trend in the number of children going into care and a corresponding downward trend in the number of carers willing to volunteer their hearts and homes in an effort to heal traumatised children and break the vicious generational cycle.

CARER TRAUMA

Research has identified that women providing long-term foster care characterise themselves as mothers, but struggle to reconcile their significant maternal responsibilities with their limited authority (Blythe et al., 2013). If a damaged child has been cared for and nurtured by the carer, building a healthy attachment between themselves and the carer over an 8-year period, is it really difficult to imagine the separation anxiety, the grief, the guilt that is experienced by the carer when a 24-year-old case worker decides she doesn't like the carer's parenting skills and within hours the child is removed never to be seen again by the carer? Surely a system that supports such trauma-inducing behaviour is not only broken but is in danger of being guilty of human rights abuse. The rights and the best interests of the child are important issues and, in this example, they were clearly misguided but where also was the consideration of the rights and interests of the carer? Unlike other custodial mothers, the participants' parental authority is restricted because legal authority over and for the children remains with the system. The extent of this restriction has been very difficult for participants, adding anxiety and stress to an already difficult situation.

When foster care agencies tell participants they are volunteers as they choose to do this, it betrays a serious misunderstanding of the issue. Somewhere there has to be consideration that these volunteers are like no other. They are human beings managing extraordinarily difficult situations with extraordinarily difficult children and they are doing it 24/7 often with no respite to ease the stress. They are doing it for 5, 10 and even 20 years and all they are asking is for some emotional support; someone to hear their pain to lower the stress level. When no one hears, they leave the system and no one wants to step into their shoes.

WHO IS LIKELY TO RECOMMEND A FOSTER CARER ROLE?

Recruitment by carers of family and friends is the most powerful source of recruitment strategy. In the past, committed carers provided some of the best sources of new carer recruits. With the ever-increasing number of carers leaving the system, the problem of recruitment of carers has a compounding effect.

A carer who responded to the request for study participants noted she wanted to add her positive experience as a carer, which was a welcome change of perspective for the study. She had been doing respite and short-term care for 18 months, a period of time that long-time carers call the "honeymoon period". Also, respite and short-term care have been reported as having the least emotional impact, with carers seldom suffering from attachment and separation anxiety because of its short-term nature. This carer's comment was that she does not involve herself with the Facebook, and other, support groups because they are so negative. "If it is so bad", she said, "then they should just leave". The point is that carers *are* leaving the system; they are leaving in droves. Others, seeing the trauma inflicted on their friends and family through contact with the system, are turning their backs on becoming foster carers whereas in the past they would be encouraged to also join up. And instead of advocating and recruiting for the system, carers who have left the system discourage many possible new recruits. The statistics clearly demonstrate this exodus. The tragedy is, of course, that if the numbers continue to drop then eventually there will be no carers and **without carers there is no foster care system**.

CONCLUSION

There is no doubt the foster carer role is an extremely difficult one and it is carried out 24/7 for 365 days in the year. Carers are volunteers like no other and the benefit they give to society through their efforts is beyond measure. Yet this study has found that their value is unrecognised by many of those in charge of the system and they suffer, often severely, for the children they try to care for. They suffer emotionally, financially and mentally through the traumatic situations they encounter.

The distressing fact is that many of these symptoms have been known about for at least 15 years. As the gap between the number of children taken into care and the number of available carers to care for them continues to widen, there has been growing interest in researching the reasons for carers' exodus. While most of the reasons outlined in this study have been researched under various titles during this period and stress has been identified as a factor - trauma-inducing stress levels for carers have not been appreciated and they are a contributing factor to the ever-increasing gap between demand and supply of carers today.

Partly this can be explained by the extraordinary complexity of the system, which could now be said to have grown into an ever-expanding industry. Attempts to mend one part of the system, as in contracting out the delivery of services, can sometimes create a bigger problem rather than fix the one on hand. The COAG National Framework is attempting to do this, but it is a very slow-moving beast and statistics would indicate that this is an urgent problem requiring immediate action.

RECOMMENDATIONS

- The system is such a complex combination of professions, organisations and services that a Royal Commission is required to review the whole system.
- Study stakeholders agree with other studies that unless there are changes in the attitudes of case workers and local office managers, especially in relation to information sharing and working as partners with carers, it will be difficult for fostering to survive as a feasible option. FCA therefore recommends case worker qualifications be reviewed to incorporate additional mental health training and a strong emphasis on the value of foster carers.
- FCA recommends the following in regard to training:
 - an immediate focus on the carers of the NSW system, with particular attention to the carers' educational needs
 - an immediate extension of this survey so specific mental health training needs are identified and appropriate programs developed
 - training be provided through and for the FCA carer community with information and methods that have already been piloted and confirmed to be efficient and valuable.
- The power structure between case workers and carers needs immediate review. Horrendous decisions are being made by case workers without consequences. The carer has no right of reply. The situation is critical and a key reason why carers are leaving the system at an increasing rate.
- Minister Goward, when in office, committed to make adoption easier, but this is not the experience of many carers and the situation needs immediate investigation.

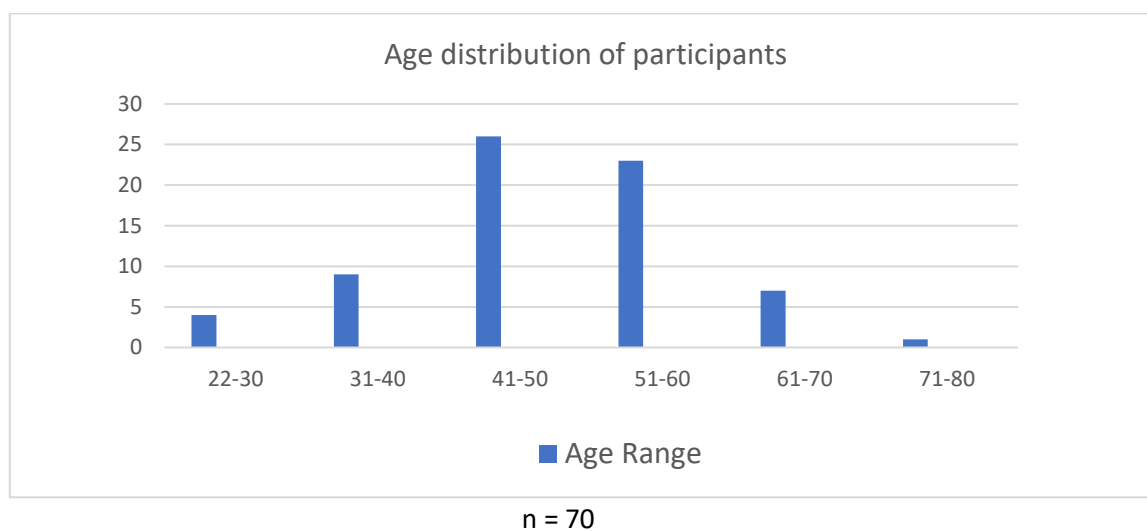
- There needs to be a time limit on allegations being brought up in court against carers seeking adoption or guardianship. It is not acceptable that unsubstantiated allegations that have already been investigated and found to be untrue can be brought up again 5 years later.
- Person of Interest notification needs immediate review. Carers who have not been charged need to have their POI cleared so they can continue to participate in community activities.

KEY SURVEY FINDINGS

Socio-demographics of carers

Age

The age of the cohort of participants in this study ranged from 22 to 71. Most participants are in the 40–60 age range.



The marital status of the participants is overwhelmingly married (78%). Single participants are much less represented (10%). Divorced participants (12%) are not included in the single cohort but in effect, if added together, the single status would be 22% of the cohort.

Location and time fostering

The location of carers is extensive and diverse, including Sydney metro, and a range of suburbs like Blacktown, Parramatta, the Hills area and Penrith. Regional areas have also been well represented with participants from Newcastle, East Maitland and Hunter Manning, Dubbo, Taree, Wagga Wagga, Albury, Muswellbrook and Nowra.

Given the range of locations, it is proposed that there is no location bias in the data. However, given the similarity of problems from across all locations it is also proposed that the data identifies problems that are systemic and significantly represents the serious concerns of the NSW carer community.

In addition, the range of experience with time fostering and type of fostering is also diverse, ranging from 7 months to 27 years. Ten percent of the cohort had fostered for less than a year and 33% had fostered from 1–5 years, but the majority were experienced carers: 5–10 = 20%, 10–15 = 30%, 15+ = 7%. Those with the least experience (> 1 year) were generally providing emergency and respite or short-term care and they were the most positive of all the groups in their assessment of the system It is proposed that it is this cohort of short term and respite carers, that most likely reflects the view of carers by other stakeholders in the carer community. They recognise their role as keeping the child safe until a more permanent place can be found. They are seldom impacted by attachment issues and rarely experience separation anxiety. The remaining 90% of participants had experience across the foster caring type spectrum, including guardianship and adoption. All participants reported various

levels of dissatisfaction but it would appear that the longer the association with a child, the greater the impact on carer wellbeing, which is not surprising.

Agency affiliations

Given the diverse locations, the participants represent the clientele of a wide area and a range of FACS offices and NGOs. A list of agencies referred to in the interviews is available, but not provided as part of the report. This is a key finding because if it was just one office or one NGO that was being complained about then that office could be dealt with reasonably easily. Unfortunately, the dissatisfaction is systemic and often serious with carers stating that it is the agency or NGO that is part of the problem rather than the solution. Acting in the best interests of the child, although always stated as an objective, is, in reality, far from the outcome.

In addition, most participants report that if they complain then punishment is meted out in various forms. They are made to feel they are the only ones who are a problem, rather than the agency working through the problem with them. Given the number and diversity of locations, it would appear that this is also a systemic issue.

Why fostering?

Altruistic reasons

Overwhelmingly, study participants entered the fostering system for altruistic reasons. Thirty nine percent (39%) of those interviewed responded that they had learnt there was a growing need for carers and wanted to help. They had learnt about the problem of vulnerable children needing a safe and caring home either from their jobs, from family and friends or from recruiting advertisements. A number of these were carrying on a family tradition; their parents or other family members had been foster carers and they also wanted to contribute to a better community. Those working in related systems included teachers, counsellors, pastors, nurses and community services professionals who saw firsthand the impact of neglect and abuse on children and felt certain that they could provide an improvement to such children's lives. This last professional group, in particular, were well educated and had much needed skills to make a significant contribution to the foster care system.

Want a family

The second highest reason for entering the foster care system was to either have more children (65%) or care for foster children because they could not have any of their own (35%). The reasons for the latter included same-sex couples, infertility and choice not to have children.

- *We don't have any other children because we wanted a family, but we are not baby people.*

Kinship care

Kinship was the third category of carers and they included both the Aboriginal community as well as uncles and aunties but mostly grandparents or, rather, grandmothers. This group generally did not feel they had a choice; they could not allow children of their own families go into the care of others. The system's dysfunctions appear to impact on them more than anyone else. The 2016/17 AIHW statistics show that nearly half (47.2%) of children living in OOHC are in relative/kinship care. That statistic is not reflected in this study; it is much lower, at 10%. The voluntary participation nature of

the study could explain the reduced representation of this group and those who participated noted that kinship carers lived in constant fear that their carer assessment be jeopardised.

“This is a kinship placement. They treat us the worst because they have us by the heart. We live in constant fear that they will remove our own blood-related children.”

Carers are altruistic people who have opened their hearts and homes to damaged children, but in all three groups and especially those who had been fostering for many years there was dissatisfaction with the system and a questioning of their decision to become foster carers. Although there was a great deal of personal satisfaction with the contribution they had been able to make to individual children, it was often reported that it has always been a very challenging thing to do because the carer is dealing with behaviourally difficult children and a bureaucracy that rarely understands the challenges. In addition, the recent changes to the system have added significantly to the level of challenge. These were considered to be the two biggest issues. The third biggest issue was the random lack of resources.

Participants recognised some may think carers take on the carer role for the remuneration. However, the 24/7 care commitment and the stress of dealing with the extreme behaviours of such traumatised children meant no participants had been attracted to the role because of the allowance, which generally does not cover the costs of looking after the children.

CHILD NEEDS AND TRAUMA

A defining moment in FCA experience came about when a NSW Government Minister accepted an invitation to visit the organisation. The objective of the invitation was to seek his assistance in providing support for a carers' retreat. The Minister innocently asked why the carers would need a respite break. Didn't carers get a break when the children in their care were at school? Isn't that what all parents experience?

This question, which was asked innocently, clearly demonstrated that no discussion about carers would be complete without some discussion about the kind of trauma experienced by children taken into foster care and the resultant behaviour exhibited. The Minister's question was not isolated. This report proposes that such a question would be asked by most of the public since most people couldn't imagine the kind of trauma to which foster children have been exposed.

The following quotes have been taken directly from carer interviews. While they have been de-identified, a number of the carers have stated they are happy to waive the confidentiality conditions and discuss these issues further to demonstrate to the public the difficult role of a foster carer.

Reasons for removal from biological parents

The United Nations Convention on the Rights of the Child (1989) provided a platform to promote children's rights, including rights against abuse and neglect. In Australia, by the late 20th century, the scope of what was recognised as child abuse and neglect had expanded to include not just physical abuse but also sexual abuse, emotional abuse and neglect of physical, supervisory, medical, educational and emotional needs of children (Silink, 2017). Although currently each state and territory has its own legislative schemes for the care and protection of children, they have all historically assumed, and continued to exercise, power to legislate with respect to child protection within its expanded meaning. Such legislation also empowers the state to intervene to protect children from unacceptable treatment by caregivers.

Examples of mistreatment of children causing them to be removed from their biological families into the care of foster carers are provided below by carers who received the children into their care.

- *What made this horrific was the abuse that he had suffered and the state that he was found in. He was in a coma for 3 and a half weeks before he came to my place. The police were involved because mum has gone to jail for nearly 5 years for this, which was a pretty good outcome, but this poor little boy has suffered terrible trauma.*
- *They were extremely traumatised kids. They had been abused for the last 5 years in a paedophile ring, so the kids were extremely traumatised. All adults were dangerous, and they were very frightened little kids. The youngest had very little language and the older boys had been quite starved, so at 6 and 7 their ribs and spine were just sticking out and they were in size 3 clothes.*
- *At 3 months old she came to us in a very bad state. She stank of cigarettes, she had scabies and to receive this little baby still with the newborn tag on it was just heartbreaking.*
- *One little bub who was 6 months old still couldn't sit up. There was nothing wrong with her. It is just that she had been sat in front of a TV in a capsule without any kind of stimulation for six months.*

- *He had intellectual challenges and ADHD and he was very challenging. He had no routine and had no idea how to go to sleep because he had never been put to bed. He would just run amok till he fell asleep exhausted on the floor at 2 o'clock in the morning.*
- *She was sexually abused by her father and her father's friends and she was a seriously traumatised little girl.*
- *My foster child was a heroin baby and removed at birth but as a result she has a brain injury acquired from that and she has alcohol syndrome. She has ADHD and all these symptoms manifest in quite challenging behaviours.*
- *When we got these kids and you could see the baby trying to work out the spoon. She is trying to work it out because she hadn't ever used a spoon before. At 17 months they could not feed themselves. One of them had a few words but the other one just squealed. She couldn't talk but she was scared all the time. We were never given a reason why this was the case but she was really scared of men. Every other person that came in sight, even a female with short hair, she would scream if they came near her. Screamed, terrified, like I'm really talking terrified.*

Resultant behaviours of the trauma

There is now an extensive body of research that indicates child mistreatment is associated with a broad range of adverse outcomes for such things as socio-emotional development, cognition and learning and mental health (Cashmore, 2017). Research studies continue to report that young children exposed to trauma suffer impairments in emotional and behavioural function, are at risk of physical health problems and academic disadvantage, and show complex mental health, social interpersonal, attachment and complex trauma related difficulties. These outcomes extend into adolescence and adulthood and are evident in the statistics of children who have come through the OOHC system and end up in the juvenile criminal justice system as outlined in the 2018 CREATE Foundation Youth Justice Report.

The quotes listed below demonstrate carer experience with behavioural, intellectual and/or physical disabilities. Not one interviewee reported a "normal" child who happily attended school and provided the foster parent with time for a break as per the Minister's question.

The carers are volunteers but this is volunteering like none other. It is 24/7 and it involves a lot of aggressive and violent behaviour and even when the child does attend school, the foster parent is often called to collect the child because of violent and disruptive behaviour to other children at the school.

In addition, due to the shortage of carers compared to children entering the OOHC system, carers are now housing a higher number of children who previously, based on their exhibited behaviours, would have been referred to residential settings and deemed "unfosterable" (Kerker & Dore, 2006), substantially increasing carer responsibility and stress.

- *I would not hesitate to say that every single child in foster care has high needs. Not one of them is unaffected by trauma or having inherited some learning difficulty.*
- *When you first get them as babies, they are beautiful. It is later on when you have them tested you find that they have so many problems, not just from the trauma but also genetically.*

- *Our new placement was desperately in need of psychiatric evaluation. It was exhausting having him. He had no emotion, he had no empathy, he had severe behavioural issues, he was medicated and he was only 5 years old.*
- *We were his 11th carer in 3 months. He was extremely violent. We had him for 3 weeks, which apparently was the longest that he had stayed in one place. He was a very traumatised child and at that time we had just changed careers and we weren't even able to do our job so it was quite difficult. It was literally full on from 5 in the morning to 9 at night when we gave him his medication, which knocked him out.*
- *He does go to school and they have a lot of difficulties with him at school to the point where he was almost suspended for pulling down cupboards and trying to hit other children. He will stomp on other children. I had to change paediatricians because the one I had just said she didn't know what to do with him. If she didn't know then what do I do? At one point he was referred to as a feral animal, which he was. He was rubbing faeces everywhere and pooing on his bed and smearing it on the walls.*
- *We had a couple of autistic kids who were very hard work for 12 months. We couldn't take them out of the house or take them anywhere at all with special needs so lots of appointments and therapies and that sort of stuff.*
- *The kids were very difficult and had severe behaviours. The 7-year-old was suicidal from when she arrived and self-harmed daily. The 2-year-old was basically non-verbal and still on 4 bottles a day. The 4-year-old would drop to the floor and become violent in a moment and the oldest one had severe anxiety and would pick her skin and self-harm. She couldn't eat with a knife and fork and was almost like a wild animal.*
- *There is a lot going on with him, a lot of brain damage that they just had not identified. At nearly nine he is far stronger than I am already and he can turn quite aggressive and brutal to the point where I have taken photos to show where he has scratched me to pieces. My arms were covered with bruises. He split my lip. He was running across the lounge and kicking me. He kept scratching me and butting me but I am a single carer so there is not much that I can do.*
- *He is always very defiant and you have to hold his hand all the time because he would try to run off, which is why my shoulder is now damaged. He is extremely hard work. When he is like this it is too hard to do anything because I can't even go to the bathroom or he will run off through the house and do whatever he wants to do so you keep living on the edge. But he is autistic so he doesn't pick up on the vibes that I am anxious or even frightened.*
- *He is having some sort of seizures during the night. He forgets everything he has learnt next morning. For instance, we had him in a very good place where he was playing handball, he was riding a scooter, he could partially dress himself and was eating with a spoon. Then one day he woke up so violent that when I went in to say good morning, he lashed out and slapped my face and it was all downhill from there.*
- *My 15-year-old has a multitude of problems and challenges. It is the complexity of fostering care that is exhausting. She requires certain services and they just don't exist. So even something straight forward like respite care is not available because no one will take her. She was a heroin baby and as a result of that she has a brain injury and she has alcohol syndrome, she has ADHD and all of the above*

manifest in quite challenging behaviours. She struggles to understand her limitations when she is put in with other children and it lowers her self-worth as well adding further to her challenges.

- *My child has impulsive destructive ADHD and ODD and extreme anxiety and destroys the house every night post medication: kicked in glass doors, wrecked all the blinds, cracked all the tiles. Like I am talking major damage.*
- *But when puberty hit that is when things started to get very difficult. In the last 3 years the hormones have kicked in and we have since found out that these behaviours are very common to these young men with intellectual disabilities and particularly those on the autism spectrum. There is no empathy so he can't put himself in someone else's shoes.*

These quotes are only a fraction of similar information throughout all the interviews. They are provided in an effort to demonstrate that carers are not simply storage facilities where ordinary children are placed like packages ready to be removed when someone else makes the decision. These carers are dealing with extremely difficult human beings and they are contributing a massive amount of selfless dedication to help very damaged children so that NSW society can be a better, safer place. Their dedication and efforts need recognition and the value they provide to society is in desperate need of acknowledgement and support.

FOSTER CARE AND MENTAL HEALTH TRAINING

McKeough et al. (2017, p 10) reported that their research results demonstrated that “challenging behaviours are the most stressful unique role demand for foster carers and the largest predictor of carer stress levels. Overwhelmingly, carers reported a desire for additional training in order to support them in their role.” These results are supported by the findings of this study, especially training for mental health behaviours that they are dealing with on a daily basis. But carers in this report lament that their training is a hit and miss affair and mostly through their own efforts. Agency training is mostly at a basic level and does not necessarily reflect their needs. Yet if carers receive insufficient training, carer stress may increase and result in a placement breakdown, which has been associated with long-term detrimental outcomes for children in OOHC (Chamberlain et al., 2006).

- *The reason these children have been removed from their families is because of their neglect and abuse, which of course affects their behaviours which you have to deal with. It also affects your other family members and you as well. You're trying to help but you are trying to bring them into your world, which is totally different to the world they came from. So, it is extremely difficult when they are nonverbal and incontinent and you haven't received anywhere near enough training to deal with it. I did this crash course on the internet when I had 10 days' notice before they came on autism. I had not actually dealt with autism before but the children were placed in my care without question.*
- *We signed up for every possible training that we could get our hands on. We did about 14 or 15 courses because we knew none of this. We were learning all about self-harm and stuff that we could help with and we brought the kids to every support service that we could. We funded most of that ourselves because we got very little support from the agency for anything at all. For a while everything was hell but amazing at the same time. The oldest went to high school, the 7-year-old went up 16 reading groups and became his class captain. They were doing ballet and dancing and soccer and coming ahead in leaps and bounds. It was phenomenal. It has been the*

most rewarding thing we've ever done to see how simple things can change a child's life, and make them feel safe and loved. But it has also been the most frustrating thing ever trying to deal with the agency.

- *There are carers who do not go to training and are not educated about the kids in their care and their issues, which leads to endless drama like placement breakdown; carers not knowing how to deal with the trauma behaviour. The department says that training is mandatory, but they don't enforce it. And then there are some carers who have five children and consider themselves too busy to come to training without realising that they could be much more effective if they did get some education about the care they are providing. And the training provides education about how to deal with birth parents as well.*
- *The training did not prepare us for any of the stuff that we had to eventually face. The main thing we remember from the training was this let's set up a hypothetical, which was highly unrealistic and impractical, but during the training they brought a carer in to talk to us. She is the model of foster carers they told us and she is going to be able to give you really good information. She specialised in short-term care and was really clinical the way she described the processes but the difference between the long-term care that we eventually did and short term that she described was not relatable. In short term we just need to keep them safe and happy, delouse them, get them new clothes because they arrive in clothes 3 sizes too small and stuff like that. But the training didn't touch on the concepts of attachment and there was no effort to focus on the challenges of attachment that you have to deal with in long-term care and the mental health issues that these kids will exhibit. Part of why that training didn't help was that it didn't relate to what we were planning to do and what we actually did in the long run.*

FOSTER CARER ISSUES WITH AGENCIES/NGOs

The Performance Audit Report on contracting non-government organisations released by the NSW Auditor-General Margaret Crawford in June 2019 warned that the Department of Family and Community Services cannot guarantee the homelessness and child protection programs run by non-government operators are “safe and quality services”. The report said that the department had “few processes in place to ensure that clients receive safe, quality services” and instead relied on contract staff to monitor NGO performance. It found that while NGOs were required to self-report on some performance measures, the data they provided was of “variable quality and completeness”. “This makes it difficult to determine how well service providers are performing and makes it difficult for FACS to demonstrate that it is efficiently managing the delivery of human services.”

The report recommends better communication between FACS and NGOs with no mention of carers, just clients. Clients could be the children, the biological families and a host of others, but it is the carers who underpin the system and it is communication with the carers that in many cases is missing. They desperately need to be part of the fostering partnership with the department and the agencies, not just a dropping-off point for troubled children for a while. Similarly, the Tone Report only mentions carers in terms of payment but the carers in this study have demonstrated that most carers are generally driven by altruistic motives not the allowance they may receive.

This study was initiated because of the myriad of anecdotal evidence that the services provided by the agencies demonstrated significant inefficiencies and it was often said that they exacerbated the problem rather than providing a solution to children who had been taken into OOH. The qualitative data in this study supports the Auditor-General's report that self-reporting has contributed to

inaccurate reports that attempt to support the existence of the NGO rather than truly taking the child's best interests into account.

- *We got a letter from another person from the NGO telling carers that because of their new structure, if you are waiting for a new placement from 0–4 years old you could be waiting for a long time. When we picked up this baby last June who was 10 days old, the social worker at Blacktown hospital asked me if I had to wait long for a phone call. I said only about 6 weeks. She said I have got babies sitting in the unit waiting to find a carer and all I keep getting told is that the agencies are all full. They can't take any, but I could tell her that I could name 5 carers who are sitting at the NGO waiting for a placement.*
- *One last thing that I would say is that there is no consistency across agencies and there needs to be a more legitimised framework. That comes down to the case worker, the support and even the pay. We certainly don't do it for the pay but some agencies pay double what our agency pays. That is significant. Each agency is set up differently and each agency is run so differently but it seems that there are better ones than others.*

It needs to be mentioned that Barnardos Australia has been named by a number of carers as providing good support and training, although their case workers can be overloaded with the number of families and children that they have to deal with. Perhaps the systems and processes of this organisation could be the role model or criteria by which other foster care agencies are measured.

- *For the day-to-day running, the agency is here, they are supportive. I said I wanted child care for the boys. They said no. I said think again. They said ok, which was a good answer. I could not ask for better support rather than the case worker who I have a great deal of respect for but she is so overworked and struggling in a difficult system.*

Unreliable promises

In most cases, carers in this study were frustrated with the lack of consistency across agencies and the lack of a more legitimised framework. This includes the case workers that they employ, the emotional and financial support that is provided and even the allowance. Each agency has different ideals on the level of appropriate support, which is not only frustrating but adds to the anxiety and challenges in dealing with the children in their care. One of the key identified problems in dealing with agencies was support that was promised but never forthcoming. Time and again carers related how they had been promised a great deal of support during the recruitment process, which when applied for was inaccessible or, in many cases, simply denied.

Lack of emotional support

- *I wouldn't say that my NGO has supported me well. I always say to people, better the devil you know than the devil you don't when people tell me to change agencies. You definitely don't get the level of support that you are promised in the beginning. When I talk about support, I mean emotional support, someone to ring when you are beside yourself dealing with the out-of-control behaviour and informed support, which is a case worker who is educated in the particular mental health issue you are dealing with.*
- *The agency helped us out but only to a point. The oldest girl was just over 2 when she came to us and she clearly had problems like withdrawal and that sort of stuff. They were really*

odd behaviours, which we had never seen before. At the time we were FACS carers and we were regularly contacting our case worker saying “Look, this child needs extra help. Can we go ahead and get some assessments done?” But they told us, “We don’t have authority to do that. We will organise that for you” and then it didn’t happen because the case worker was too busy. Because the case worker we were assigned was actively working in child protection and emergency removals we were never ever going to be a priority because our child was safe, for the next 12 months. The case worker was actually lovely and we didn’t have a problem with her. When we managed to get hold of her, she was excellent. But it would take her weeks to return phone calls and emails. So, we took it higher within FACS just to say “This isn’t working. The kids need more support. We need extra services and extra assistance to help them out. There are clearly some things that need to be addressed to help this child.” But they just moved us onto an NGO where the same thing happened.

- *So really there is no support for carers at all except if it is from other carers.*
- *The kids are OK. You go into it knowing that these are going to be tough kids. There is no surprise that you get this child who is broken and behaves the way they do because this is what you sign up for. But the promises from the agency telling you about all the support and all the things they are going to do for you and they just don’t. That’s the thing that gets you.*
- *Our NGO’s version of support was providing us with services that we didn’t really need. They didn’t job us off, but any time we asked anything about diagnoses they danced around the issue saying “Oh, let’s try these other things first.” They would put five more hoops in the way before we would get to that point.*
- *The NGO, of course, did not provide the psychological and psychiatric care and his other needs. I had to organise all that. There was very little support. Within several months of him being placed here he had long-term orders and after that we didn’t even have a case worker. In fact, we didn’t have a case worker for a long time. We just did it. I would make contact with them if I had a question or if I needed something and then I organised that. It was just like parenting your own child. There was no real support even though they are supposed to make regular visits.*
- *The children get removed if they get verbally abused but we get abused every single day. We get shouted at every single day. Like she got the baby’s chair and threw it across the kitchen floor. She got the baby’s bag and threw it across the lounge room. You tell the case workers and they do nothing. What I would like is just some support. Things can get really bad, especially during school holidays, and I am on the phone in tears, just someone to talk to, someone to support you or someone to check to see how things are going. All I am asking is emotional support, but the case workers are getting younger and younger and have never been parents so they just don’t know.*

Lack of financial support

Foster carers are volunteers, but they need to be trained, supported and recompensed for the cost of the care they provide. As many of them readily testify, foster caring is unlike any other forms of volunteering because it is an ongoing 24 hours-a-day, 365 days-a-year commitment but there is a fine line to be drawn between using the willing contribution of volunteers and exploiting them.

- *One of the things that would really improve the system is if they say they will do something then actually follow through. That can really be a level of frustration. You shouldn't have to keep asking for months to get things done. When you are asking for reimbursement of funds that you have actually spent, it should be done in a timely manner. Like it is not hard; just put it through the computer and it is done.*
- *The agency was not taking care of our needs. We had to arrange everything ourselves for a few months with his previous carers. We had to drive 6 hours to bring his belongings because the agency couldn't get to it and then the agency disappeared for a few months. Their offices were temporarily shut so we had no support whatsoever. Then we got this ill baby from hospital and when our agency disappeared, we had to rely on FACS on everything. This was quite a large thing. There were a few meetings at our local hospital, hospital staff, funding staff, specialists, FACS and CFOs and us and this new baby. These were two extremes of case worker involvement. It was extremely hard because we had a very ill baby. When we got him, he was on oxygen and we were feeding him through a tube. He was very high needs, obviously. We accepted the case with the agreement that we would be provided support, like funding for a nurse to come in 4 hours a week. Things like someone to call if things went wrong. We didn't get that. We were getting a normal standard allowance but FACS was funding the agency as medium. When I found out I wrote one hell of a letter explaining how appalled I was. If you are not going to support us emotionally then at least don't pocket a sick child's money.*
- *I complained about this as far as I could, to the head of the agency even to FACS and, basically, I complained all over the state. But the agency is fully within their legal rights. FACS gives them a set amount of money and they say the minimum you can give your carer is X amount and they give me that X amount and they are not obliged to give me a cent more. It is pretty clear: the agency will not give me a cent more because they just pocket it. Online you can quickly see the FACS payment that should transfer to the agency payment rate, but they just simply don't. So different agencies pay different amounts, which they shouldn't. I view it as stealing. They steal \$246 a fortnight from me. Meanwhile, I am broke every second week. They say that the money goes to paying for case management, but they don't do anything for me. There is no case management.*
- *We actually don't get any support from FACS. They just hammer us and drill us about everything in negative terms. Before the NDIS came out we had to do all the therapies through the public system, which I have always done. Our paediatrician has tried to get it but thank god everything is now paid through the NDIS and we don't have to beg anymore.*

Disregard for carer value

Foster carers contribute an incredibly valuable service to the community. They play a key role in maintaining the health and wellbeing of the children in their care because they are responsible for the day-to-day care and protection of these children and they do it every day, all day. Their parenting role also requires them to negotiate and advocate for all the necessary resources and services that are required to maintain the children's development and wellbeing. That 24/7 role makes them the best source of knowledge about the children's needs.

Healthy attachment to a foster 'parent' has been found to facilitate healing, provide a sense of belonging and promote resilience for this vulnerable group of children (Riggs et al. 2009 in Blythe

(2013). But carers report that their life-changing contribution is seldom recognised, and they described the process of trying to care for their foster children as a constant battle against the system with little recognition of the value they add to a child's life.

In addition, their volunteer status means that they are excluded from the decision-making processes regarding children in their care, which is a source of great frustration. It is particularly difficult for them when decisions regarding normal day-to-day parental responsibility are denied to them and opposing, sometimes conflicting, decisions, which they do not consider to be in the best interests of the child, are made by the case worker or the agency and they are powerless to object. Foster and kinship carers deserve to have their skills recognised and the fact that they are volunteers should not be sufficient reason for them to not receive recognition.

- *They think that you are only babysitting but you are doing more than that; you are mending young lives and if you do it right you can save or at least turn lives around. You don't do it right you perpetuate the vicious circle.*
- *Carers are only a safety net for FACS and the bio families until their use by date is up. It is so unfair to the children that are placed in a safe environment and to the carers who love them, sacrifice and help them through their hardships that the bio families have caused.*
- *We don't have any biological children because these 2 children are challenging enough. We did have a third child but sadly he passed away. He had a terminal illness and we didn't know exactly what it was, and he passed away at 14 months. The department was the hardest to cope with around that. They were way worse than any grief that we went through. They were awful. We had a great relationship with the child's birth parents and we together agreed on the kind of funeral that we wanted but FACS in the region just said too bad, they will make the decisions. They chose everything and it was really disrespectful. They made a time with the funeral home to do the appointment and then sent us an email about 15 minutes before the appointment was due and didn't give us notice and we had our other foster child coming off a school bus to be picked up. It was a terrible time of day, but we managed to rally around with family and friends and the school bus and made sure that it got us there at that point. FACS were just nasty about the whole way they approached everything, and we had to deal with all of this while we were grieving for our little boy.*
- *At the same time, though, as carers of children we are required by rules to have things like an eye and ear test every year. To the point that one time when we tried to make an appointment the audiologist just said go away. They said come back when there actually is a problem. You are basically told to tick boxes and not go outside those boxes. And as a carer you don't actually have responsibility and so are not allowed to get medical assessments and medical reports. You are not allowed to do that, so you have to ask for permission from a psychologist or psychiatrist and for any sort of testing you have to get written permission but getting it is a nightmare.*
- *We had to basically fight for the younger one to attend an autism school. But FACS would not allow us to make choices about his education. Basically, we are just told where he can go. He is now adopted and those choices that they forced us to make have had huge impacts on his life. He is now home schooled because school was so damaging for him. Being adopted now we can make that choice for him. If you complain then you put yourself in a worse position. We wouldn't bow down to all their stuff and kept fighting. They did things like when it was*

time for the adoption, they made us do an extra psychological review. When we did the review, we laid it all on the table and told them exactly what we needed, and the psychologist hauled them over the coals. That is when the files were locked, and we didn't have too many issues after that.

- *We have another new manager at the moment who is big on the legislation and all the Acts so she will throw all of that stuff at you. She makes statements like, under this legislation or under this Act you are to etc. etc. I understand all of that, you don't need to throw it at me, but it is all done coldly and condescendingly. You are not treated like a person. You are just a number that has this number of kids in your house.*
- *Within a month of her sister arriving I realised that the little sister's accidents were not accidents. I asked for clinical support, but it took 3 months for a psychologist to see her and then he saw her twice and disappeared. I had to end the placement because I was getting zero support. They kept telling me that it was just sibling rivalry and I didn't know what was going on. Oh yes, I did, sitting on your little sister's chest with both hands around her neck chocking her is not just sibling rivalry.*
- *The agencies don't like us talking to each other, but other carers are the only ones who do understand the situation. The groups are my support and it is also good that my parents were carers and they support me. It is the agencies and their treatment of the carers and their children that are the problem.*
- *It is particularly difficult for me because I work across multiple FACS offices with multiple case workers and managers and when you come across a really good one and you see what they can achieve for the children you sit back and say why can't I achieve this for the child in my care. What the manager said to me was that my foster child is an out-of-home-care child and he needs to know that and know that he is going to miss out on things. Excuse me. He doesn't know and he doesn't need to know that. What he needs to know is that he has a very stable loving home with extended family and community that will always be there for him and that is never going to change. This system is making him an out-of-home-care child. He doesn't need that stigma or that label. He is a kid just like any other kid.*
- *There are obviously good people with good intentions, so why is the system not being reviewed in anyway? I do not understand this. You would think that it is in the government's interest to do something about the situation, but when you have a manager who rolls her eyes and drops her pen, stands up and says I have better things to do than to listen to this and leaves the meeting chaired by the district director you think how am I going to get anywhere with this?*
- *The tests they were insisting on were so unnecessary and age inappropriate and when I looked into it, they are supposed to ask the foster carers first and explain the procedure and why they do it. They said they didn't have to do any of that even though their own documentation says they have to. Then when the bio dad said he wanted to update the contact schedule, he wrote down what he said and told us we had to sign it. They didn't ask us what we thought about it. They didn't ask us what we would like to change or what we thought about it. They kept badgering us and we kept saying "No, we have to think about it.*

We don't think it is the right way to go about it. We want to slow it down because these extra contacts are traumatising the boy all over again." So, we ended up in court.

- *There really needs to be a cultural change in FaCS because they drive the system and they are very focused and it doesn't seem to matter whatever government tells them to do, they are focused on restoration at whatever cost even when it is not in the best interests of the child. They say they want foster carers, but they want foster carers that are compliant and obedient to their way of life. Instead of looking at the foster carer as a person who is going to love a child and want what is best for them.*
- *Before we went to court, we had a special meeting with a FACS manager and on the day, I thought she was excellent. She really listened to us. She helped us through with some things and then she signed what we thought was going to be the report that would be presented in court. But the 50-page report made available to us only the day before court, was totally the opposite of what she had said when we were talking to her. Yet in court she swore that she wholly agreed with the court report. That was crushing.*
- *One thing that would certainly improve the system is case workers who know how to listen. Just being prepared to listen. Sometimes I also think that a case worker or a manager thinks they have to offer a solution. But often as a carer you don't want their solution, you just want them to listen and hear you; for them to hear what you are actually going through and understand that you are not making this up. As a case worker they come in and see the kids for half an hour and then they leave again while you are dealing with these kids 24/7. One of the things that we said when we transferred to our NGO was that these kids are like our family. We have had them for so long that they know us as mum and dad. We don't need a case worker to come in and take them for an ice-cream or a milkshake. We want normal family situations for them so that they grow up normally.*
- *So that attitude that we are the enemy and we are doing everything wrong is prevalent. And then the youngest one fell over and got a black eye unfortunately the day before her birthday. But kids fall over, she has cerebral palsy, she doesn't have good balance. She was sitting next to us and she leant over to get a doll that she dropped, and she smashed her face on wood. So, of course, you get a black eye. We got a new case worker that day. My daughter is a doctor, so she checked her out and my other daughter who is a nurse checked her out. It was a long weekend, so it was no use going to the hospital to have her checked out. I couldn't get into a GP. But my daughter being a GP checked her out and she said that everything was fine, just keep ice on it and keep an eye on it. I am a nurse so I knew what to do and what to look for and it was just soft tissue damage, but the new case worker said get her straight to the doctor. We took her to the doctor, and she said look she is not even wincing when you press on the area but she is a foster kid so we had better send her to the paediatric assessment team. We took her to the local paediatric assessment team, and they said there is no reason to even x-ray her. She is showing no signs that she is in pain but she is a foster kid so we had better x-ray it. By the time we got to x-ray, they said no we are going to do a full CT scan. They have exposed her to unnecessary radiation just to tick a box. And that is what it feels like. A lot of their care is just ticking boxes, but that attitude creates so many other problems and uses a lot of unnecessary resources. If two doctors are saying it is not necessary to scan her why is it done? They are just afraid of litigation. And then they had to bring out our case worker and another case worker who had to verify that we had*

witnesses to the fact that she fell over and hit her head. It feels like they are just watching and waiting for you to slip up and come down heavy on you. And you think, "Excuse me, are you the one that is getting your house damaged, are you the one getting bashed up, screamed at, are you the one doing the hard yards?" They make you feel like you are the enemy. It is certainly not a partnership working towards improving kids' lives.

Participants in the study also reported feeling that they were being used and forced to be compliant by being threatened with emotional blackmail. The strategy suggested that they were the only ones making complaints and by not acquiescing to the case worker demands they, the carer, were the issue, leaving them feeling isolated and vulnerable.

- *We also at one stage had 3 little boys who the agency was trying to keep families together so all of them came into our care. They were going to be reunited with their mother, which we were supportive of, then FACS said to me that I needed to take them to contact 3 times a week 150 km away. I said I can't do that because I will be away from my home 3 days a week and by the time I get there and get back will be 3 hours and you have to have contact all day; anyway the 6-year-old needs to go to school. They said to me if you don't do that, we will split them up and send them to different houses. I said you can't do that. These little boys have just been removed from their mother. They are traumatised, and they need each other. But that is what they did. They split them up, but only for the weekend because they played up so much that the agency rang me on the Monday and asked if I would take them back. I still didn't agree to do the 3 days a week contact, and they then agreed to that. But this is what they do. Because we get emotionally attached to these kids, they threaten us with things that they know we are not going to like. This is emotional blackmail.*
- *Everything I want I have to push for all the time. We have a pool in the backyard and there is a vine on the back fence. We had to get a compliance certificate for it for me to be approved as a carer. This is 3½ years down the track. Never in the whole time have they asked if these children had swimming lessons. But they said the vine has to come down off the fence. It just doesn't make sense. We have an alarm on the pool, but the only focus is on that vine. I asked what if we don't pull down the vine, which is not necessary because the council has already issued a letter to say the pool is safe. The case worker said "Well, then, the children will be removed." I found that really threatening.*
- *We didn't have any problems in the early stages. We did some emergency placements so a few days to a few weeks sort of thing. And although it was a bit of a production line with FACS and you get a few kids in and a few kids out and we didn't really experience any problems in the early days. Initially it was just immediate care of the kids when they were removed from their family. Noting that when we did the training and we went through the sign-up process we did actually specify that we were signing up to be long-term carers. Then when we were approved it was a case of, "Oh, you need to go through a matching process to find a long-term placement for you. In the meantime, do you think you could do this?" The emergency was not planned. It was not what we had originally set up to do. We would get an emergency call on a Friday afternoon and can you have this child or children because we have nowhere else. It doesn't matter what you sign up for, they just ask you to do more and make you feel guilty if you don't agree.*

Lack of agency accountability

A major concern for many of the carers was the difference between what was recorded and what had actually taken place in their dealings with the agency and case workers. This point is pertinent to the NSW AG (2019) performance audit of NGOs, which found that FACS had “few processes in place to ensure that clients received safe, quality services” and instead relied on contract staff to monitor NGO performance. Furthermore, the report found that while NGOs were required to self-report on some performance measures, the data they provided was of “variable quality and completeness”. The participants in this study demonstrated the veracity of this finding.

- *The agency just wants to tick off the paperwork that makes them look good. Anyone can put some paperwork together. But no body checks and there is no accountability. When I started with a new agency having moved to a new town and we received a record of what had happened with our previous agency, it was a real eye opener. The statement said that the agency had come regularly to visit but they didn't even know that the child had a disability. Yet on the paperwork they said that they had been coming out. It was an absolute lie. The worker should be checking with that family with a notification file. The agency should be able to check asking did you actually see this case worker. They can write whatever they like and there is no one to check on them.*
- *I pointed this out to FACS that the person they authorised to go do the home visit and look at the living arrangements reported on a different address to the actual house where the children were going to be living. I knew and told FACS, because I had to drop the children off at their house where the mother lived when they were doing the restoration, to get comfortable with her. But the house was a different house to the paperwork and I said it to their case worker. But when I said it to FACS they didn't want to do anything about it, like this sort of thing wasn't a concern. It's really worrying that it's a different house that was inspected as opposed to where they were meant to be going. That's really scary.*
- *Foster care is intergenerational for this family. I want to break that. This is not how my son was brought up. It is a whole new world for me. I have never experienced this before. The police at my door and I have had to call the police because there was domestic violence and I need to remove the children myself. I said to the police, “I don't have seats in my car.” He said, “I don't care. Take them.” The only time I get real action is when I write a letter to the director. She was very good and then they got a new person here who was manager of client services or something like that, so she contacted me and I had a meeting with her and I told her what I was concerned about like the lack of communication when you sent emails and emails and emails and get nothing back or you ring and get nothing back. She said we will have a meeting with the case worker and her manager in January. Well, I sent an email yesterday, in March, asking can we please have that meeting.*
- *I asked, “Do you have a transition policy?” and they said, “No, we don't”, which is surprising because with FACS there always has to be a transition policy. You ring each other first. You get to know them on the phone. They come to your house, meet the child. They come to your house and you walk away, then they will take them for a few hours, take them overnight and then they will leave. And that process involves the agency not just the case worker. All the children I have had with this NGO have not had a transition policy in place when they have left. They just pick the kids up and take them to the new carer and wonder why it all falls apart. It is like a stray cat which you drop off at the office. These are children which they*

don't seem to understand. Children that need to get to know the new carer and get to say goodbye to the previous family.

- *During the case plan meeting we had our social worker and two of the teachers from the boys' early learning centre and the original case worker. Then a new person came into the meeting and we were told, "This is your new case worker." The manager of the case workers was also there, and he proceeded to bully us something terrible. He told us in front of everyone that he doesn't care what we want for the boys, he will decide what school they will go to. Even at the end of this meeting, and he is a big man, he blocked the door and stood over me and said, "It doesn't matter what you think. I will make the final decision of what these boys do or don't do." When we see people who were there at the meeting they still talk about how horrible it was. He did it in front of everyone and wasn't ashamed at all. During the meeting we had said to him, "Well, we have been trying to contact you about the decisions that we are having", and he said, "I don't listen to the titter tatter of she said, she said." Then he said, "You can tell us now what the problem is." So, in front of everyone we tried to explain and be reasonable to this case worker that this wasn't appropriate behaviour, but this is the only forum that we have to make a complaint. His attitude has been like that for the last 2 years. We are still there but only just.*
- *So, we cancelled the operation and contacted the person above the case worker manager. We wrote a letter and made a formal complaint through FACS. The operation was delayed till late October and by then the tumour was the size of a cantaloupe. The person above the case manager was good she said, "Money is not an option. We can't do respite, but how about a nanny service." The FACS person did listen and directed that the case worker manager get the ball rolling on things. There were things outstanding like the updating of the case plan, there were things in it that were just not true, and we wanted those sorts of things sorted out but they still haven't been done. The operation went ahead and luckily the tumour was not malignant and she is now OK but if it had been malignant then the shit would have really hit the fan because the agency had 3 months' notice and then to say to us that we would be neglecting the boys by putting them into respite while dealing with the operation, is just outrageous.*
- *Because the case worker went on maternity leave, they didn't do our foster daughter's leaving care plan and her financials. She was left with nothing and they basically gave her a card that said, "Well done. You have graduated from foster care." The children were all given victims' compensation because of the abuse that they had suffered but the girl got half of what the boys got because apparently the abuse that happens to girls is not as bad as the abuse that happens to boys. The boys got \$80K victim comp and she got \$40K. We were told that that was what was on her records and it was deemed that what she went through was not as bad as what the boys went through. The counsellor that she was seeing said, "I was the one that wrote on their records and I know what I wrote on hers and, if anything, she should have got more than the boys." We went to a solicitor, we went through our local member, we wrote to the Minister and we were just told that because we were not the legal guardians, it would be a matter for FACS and a case of FACS having to sue FACS, therefore there was no point in pursuing it. We had spent a few thousand dollars to get some sort of redress on it and no one wanted to listen. So not only did she not get the full amount for the victim comp, but she didn't get her leaving care financials. Apparently, no one but the one case worker could do the case plan and she was not available so bad luck. It was like our*

daughter was abused all over again. It is outrageous considering that she has had to have counselling for long periods of time and she still struggles with the emotional stuff and flashbacks. If she hadn't come to us, I just don't think she would be alive today.

- *The other thing that needs to happen above and beyond anything else is that these case workers and managers actually need to be held accountable to somebody. They make these decisions and there is nowhere for you to go independently to get any sort of discussion, review or anything else about the decision, particularly when it is negatively impacting the child in a really serious way. They do not value the information that carers can provide about the kids.*
- *Pru Goward was supposed to make the section 90s and guardianship a lot easier because she said she believed that every child deserved a permanent home, which is what I also believe to be true. If a long-term child has been there for a long time why shouldn't they have that privilege and get rid of the foster care stigma. But it is a promise that is not being kept. FACS and the case workers are not following through on this. They are making it so difficult for anyone wanting to get guardianship.*
- *We had asked for guardianship because my husband went to a session where the government said that within 2 years the children could be taken out of OOHC and have permanent orders to be in a forever home. We put up our hand and said that we are happy to do that, thinking that we would be able to make these decisions ourselves instead of having to ask permission for every little single thing. These girls do have behaviours. They grew up with violence. It is the norm for them. But they are improving, and we have a behaviourist that we are working with and we have plans that we are following but the agency said that because of their behaviours they recommended against guardianship. This was last December but no one has contacted us and asked how are we going. You feel like they are just waiting for you to crash. You feel like this placement isn't going to work, oh well let's just see how long it can go before it crashes.*

The hazards of carers making complaints

Most carers take on the foster caring role with the very best of intentions. Initially they willingly comply with the accreditation process seeing it as confirmation of their parenting abilities. But as their inability to make decisions for the children in their care is reinforced by the system it leaves them feeling powerless and the lack of promised support increases their frustration. The initial response is to try to challenge the blockages. They make complaints to the case worker or the case manager or try to take the matter even further to achieve some kind of positive result. Unfortunately, the participants in this study reported that such actions often had repercussions leaving them fearful of the consequences, especially the risk of losing their children.

- *No, I haven't talked to our local member because I don't want to jeopardise our court case. I just feel that if I start to complain then they are going to turn around and not support our section 90. So basically, what I find is as carers we have to bow to their commands. Our whole life is at their fingertips. What they say, we have to do. Then if we don't agree they just make our life even more difficult which is really unfair. Really, they are a law unto themselves. There is no one monitoring what they are doing.*

- *As soon as we make a complaint about a case worker not doing their job, we cop it and I made massive complaints. I am with an Aboriginal agency in the department and the department always sided with them. We haven't seen anybody at our house since July last year, not even our own workers. When we complained that the leaving care plan was full of things that just did not happen and we wanted it fixed, 2 other children who had been with us overnight and school holidays were refused placement with us. This is the way they pay us back because I have complained and have done something about it.*
- *One of the reasons that the case worker told my husband that the placement was ending is because I am too abusive to the case workers. FACS and the agencies don't want carers like me and others like me who fight for these children because we actually care about them and want the best outcome for them because we cause too much trouble. I really don't want them to get rid of the carers that complain because the ones that complain are the ones that fight for the kids. These kids need an advocate. This little girl went to court for final orders. She is so disabled that travelling in the car is painful. Her mother got up in court and said, "My baby is dying and I need to see her every week." Well, she is not going to die in the next 4 years, but the magistrate agreed that she could see her every week. But where was the baby's advocate? Where was someone standing up in court saying, "Well, actually, this baby is so disabled and traumatic that it could be life threatening for her to travel in the car for an hour and a half to see her mother because the mother doesn't drive." No one was there for her.*
- *When I was complaining about the agency not paying me the appropriate allowance, which I called "stealing my money", they stopped my adoption progressing. That was on hold for 12 months because I dared complain. The agency said that processing an adoption takes a lot of advocating and we can't advocate for you when you are constantly complaining. They forget that we are volunteers not employees. If all volunteers said, "We are walking away", are agency workers going to take the kids into their homes? I don't think so.*
- *I tried to get a review of the decision and the senior member for that was fantastic and very empathetic and basically told FACS that he wished that he had jurisdiction because he would be doing something about it. But nothing happened, so when that didn't work I went and very apologetically contacted the district director directly. She has ordered an internal review and we are going through that process at the moment. I have been through my local member. I have tried to go through the children's guardian, I have tried the ombudsman, I have tried the FACS complaint line but none of them would take the complaint or even listen to what I had to say. They kept saying to go back to the manager. I said the manager is the issue. I can't talk to her. They basically say, "Bad luck".*
- *Then I started on the long road trying to change agencies, which was very difficult with a lot more meetings and a lot more complaints. The complaints were about no home visits for 12 months. They wouldn't communicate in any respect. For instance they would arrange contact and not tell me the parents had cancelled contact, so I would be driving for an hour for nothing in some cases. It was just ridiculous. There is no care for the carers.*
- *We are with the kids 24/7. We know them better than the case workers, we know their personalities and we know their quirks and their good and their bad faults, but the minute we report something that we think we need help with that was the end for me and I was*

treated like I was the worst person in the world. It was absolutely disgusting. The agencies are there to protect themselves because they are running a business.

- *FACS would be the worst organisation in the world to communicate with. They are dreadful. I had a really good person working here with me, but she moved and we have had a number of different case workers since who were dreadful and I had to write a couple of letters to the director of this area about the lack of communication. They did nothing about my complaints about the abused children and I had to write to the local member to have the children formally removed even though they were already staying with me. FACS didn't act even after the mother had poured petrol through the house. The FACS worker said that they would go and visit, but when I followed up they said that they hadn't had enough time because they had had another emergency. That was not my problem. My problem was that mother and what she was capable of doing. She was using ice, which is such an unpredictable drug. There was a lot of domestic violence in the house, but my complaints were going nowhere.*
- *The boy was diagnosed with ADHD in March, which was fine because we had realised that already but not having parenting rights it was up to the case worker or the protection people to make the paediatrician appointment and put him on the waiting list. We said that is fine, but by about August I reached out and said, "When is the appointment?" and they said that they hadn't actually put him on the waiting list yet. When we had a meeting and I actually confronted them about it and said that this was not good enough when it would only take 2 minutes to put him on a waiting list to improve him with school, help him with the quality of life, they turned around to us and said that every case only gets a certain amount of their time and this case has already had a lot of their time. My husband was so disgusted that he just got up and walked out.*
- *When things started to get really bad, which was at the end of November, we asked for a meeting saying that we were really struggling, things needed to change because we just can't sustain this. They said "Yeah, we will meet again in 6 weeks." Earlier that year in March we had applied for a nanny to help us out one day a week to support us. But by the end of November nothing had happened. But six weeks later, when we were supposed to have a second meeting, nothing had happened despite them saying that they would. So, we say this is what we need help with, and they say yes that will be done but they just didn't do any of it. We just couldn't keep going and ended the placement. As soon as we ended the placement, our case worker really turned on us. Before then she had been so kind and we were really close with her, but as soon as we ended the placement we were dead to her and since then things have got really hostile.*

Carer families and other stakeholders

When discussion is undertaken about the foster care system by researchers, government authorities and other stakeholders, there is a lot of talk about the traumatised children and their families and a growing body of research on the issues of carers. But there is a dearth of information about the families of the carers and their external environment. Most carers in this study and other studies are married with their own biological children and although consideration is given to the foster child, the impact of the fostering process on the biological children is vague and generally not available.

Such an omission of focus is but another reason carers are leaving the system. Their own children suffer and sometimes badly for a number of reasons. The extraordinary amount of time devoted to

dealing with traumatised children means that that time is not available for the birth children and they have at times reported feeling neglected and abandoned and therefore a lack of the bonding that would have taken place with their own parents. There is also an attachment problem when it comes to the foster child, not only by the carer but also by the biological children. When a foster child is removed suddenly at a minute's notice, carers report it is like a death in the family. This is a child that has been brought into the family, considered to be part of the family, a sibling, and suddenly they are gone. The grieving is not only done by the carer; the whole family suffers. Carers report that the anxiety of such action has impacted on the psychological development of many of their own children, sometimes badly.

In addition, the biological children have to endure what has been called a 'fishbowl' existence where a case worker reports on every possible thing that is happening in the house. The bio children have to make sure more than children in 'normal' family homes that the state of the house is in sufficient order for the case worker's approval. They have to live with the constant behaviour of the foster children, which can often be violent, and they have to go to school where their foster care siblings are treated differently. For instance, if a biological child is asked to a sleepover, the parents make a decision. If their foster sibling is also asked to the same sleepover, in some cases the parents have no right to make a decision. The agency will need to be contacted and then the hosts will be interviewed by the agency and their house inspected before the sleepover can take place. But what impact does this have on the biological child who tends to refuse invitations in the future because it is just too embarrassing. The result being a barrier to their own development. When the carer, who is generally the mother, is devoted to the foster children then there is a partner and their own children who suffer, and it is no wonder that marriages have ended due to participation in the fostering system.

The external environment can also not be ignored. One of the main problems for carers and their families concerns the foster child's biological families. Not all families who have children removed are just quietly acquiescing to the removal. Carers have reported of being stalked by the birth families and their homes being watched. They have had vexatious allegations made against them to try to get the children back. One carer reported that the child was a nightmare, but his biological mother said, "Play up as much as you can and they will eventually run out of carers and you can come home." In smaller communities and country towns, the carer and their families run into birth families in the supermarket and on the streets and have faced confrontations that non-fostering families do not.

The school, the psychologist, the GP, the day care centre, neighbours, parents of non-foster care children are all part of the difficult journey that the carer and their family need to negotiate, and by all reports it is a very difficult path to follow. When your family is suffering, the altruistic motivation often fades, and the carers have no choice but to leave the system.

- *The reason these children have been removed from their families is because of their neglect and abuse, which of course affects their behaviours, which you as the carer have to deal with. It also affects your other family members and you as well. You're trying to help but you are trying to bring them into your world, which is totally different to the world they came from. When they are nonverbal and incontinent and you haven't received anywhere near enough training to deal with the issues it is very difficult.*
- *We had these children for nearly 2 years, and you know they were part of our lives. I've got my own kids and they loved them like their own sisters. My children miss the twins badly, but the agency just doesn't take that into account. I'm just so frustrated and upset.*

- *I gave up a well-paid job and a career because this was the only thing I wanted to do. But fostering has pulled our relationship and our family into so many awful directions. I can't say that I could recommend our agency to anyone else.*

FOSTER CARER ISSUES WITH CASE WORKERS

The allocation of case workers has been described as a lottery system. Winning the jackpot is getting a case worker who is child focused, is empathetic and understands the issues that carers have to deal with. Support from the case worker is a critical element of the foster care system and seen as crucial for placement stability and retention of carers in the system (McHugh, 2005). Carers say that they want case workers to work with them as partners and to build up ongoing relationships to bring about the best outcomes. Research also indicates that a lack of regular casework and regular visits to carers is strongly associated with placement breakdown (Triseliotis, Sellick & Short, 1995). Carers in this study agreed with the McHugh (2005, p. 18) assessment that “unless there are changes in the attitudes of case workers and local office managers, especially in relation to information sharing and working as partners with carers, it will be difficult for fostering to survive as a feasible option”.

A Foster Care Association's finding in 2001 (FCA, 2001) is strongly supported by carers in this study even though it is 18 years later. The Association reported that there “appeared to be negative and even unprofessional attitudes among some administrators, social workers and case managers”. In addition, a comprehensive test for child protection workers in South Australia identified a number of people working with vulnerable children in care were “psychologically unsuitable” to be in their jobs. The test formed part of the former state government's response to the Child Protection System's 2014 Royal Commission, but the current government is yet to disclose just how many case workers were found to be unsuitable. Whatever the number, both studies identify that some people are unsuitable to be employed in this sector.

It was also noted that there is a pressing need for the various stakeholders within the sector to work together in a more wholistic and appreciative understanding of each other's roles, needs, responsibilities and rights. Such an assessment by the Foster Care Association is totally supported by the carers in this study and their views are provided below under a number of key questions: What makes an excellent case worker? Do they have sufficient training to be case workers in this sector? Can they be too young to be case workers? Is there too much power vested in the case worker decision-making process?

What makes an excellent case worker?

- *If the example of a really good case worker was to be the standard, then it is possible to imagine that there could be no foster care crises in NSW.*
- *I work across multiple FACS offices with multiple case workers and managers and when you come across a really good one and you see what they can achieve for the children you sit back and say, “Why can't I achieve this for the child in my care?”*
- *Our current case worker is the best ever and she stayed for 2 years. When we sent photos to her of the child in assembly, she responded with a thank you, she listened, she asked*

questions and followed up and let me know when meetings or assessments were going to be made. But it doesn't have to be meetings – just a text would do.

- *In my experience the difference between the good and the dreadful childcare workers are that they are child focused. These are workers and one manager in particular who I work with and we are talking really extreme kids with very challenging behaviours, which is my history and expertise. These workers are so child focused, asking us, the carers, what is going to work for this kid and what can we do and what funding do we need to get. "What do you need us to do? What can we do to support this child?" They are the questions they ask. It is not put in the too-hard basket. It is not, "Oh, well. They are going to end up in the juvenile justice anyway, so there is no point in trying."*
- *The case worker at FACS was very supportive. She would do home visits and help us arrange things like surgery and accommodation and specialist appointments and things like that. We were very thankful that she was there. We had her mobile number and if we were having medical issues with the baby, she would take the phone home with her on the weekend just in case we needed to call her. She went above and beyond.*
- *Over the 20 years we have probably been the lucky ones with respect to case workers. With Metro you potentially have a better level of case worker: more experienced, savvier and child focused. All of our case workers have been pretty good, and we have had good relationships with the case and social workers. Also, when we started, we were pretty aware of what the foster system was like and we don't take any crap when we advocate for these children. If they are not performing, then we will let them know about it.*
- *We have had some good case workers. We have been pretty lucky. For 95% of the time we felt heard. A lot of it comes down to communication styles as well as matching of carers and case workers. With some carers, their communication skills are not good. Their hearts are in the right place and they give good care, but their communication skills let them down. That then interferes between themselves and the case worker. The case worker gets a skewed perception of the carer, which then goes on to impact that placement.*

Do they have sufficient training to be case workers in this sector?

Participants who have been undertaking several types of fostering from respite care to long-term care for over 6 years are able to provide reliable comparisons of the experience and sector knowledge of the case workers who have been allocated to them. Inevitably, the response to the question regarding training and experience is negative, as illustrated by the following quotes.

But it must be repeated that this is a critical element underpinning the foster care system, and training upgrades are not only urgent for carers; they are also urgently required for inexperienced and inappropriately trained case workers who are making decisions that impact on the children, the carers and the system as a whole.

- *We are told a lot about our parenting skills. You can't do this, you can't do that, oh you are doing it wrong. You feel like you are being judged and your parenting is being judged and questioned all the time. And often this is from someone who has not had any experience themselves. They have just read books. There are case workers out there that do have kids*

who are normal but they have no specific mental health training and they have no idea about special needs kids or kids that require special care, which actually is most kids in care who have trauma and they have drug and alcohol problems from their parents. The case workers have no training on what these kids really need so they have no idea of their additional needs. That is what else is tough. They think that they know it all, but they don't.

- *When our boy became very violent to myself and my husband and I said to the case worker that he is making threats about killing us and the rest of the family, can we get him into a secure house. She said, "Look, just make sure that you change the smoke batteries, change the locks on your bedroom door and buy him a swing. That will calm him down." I asked, "You don't think I should take him to mental health?" "Oh", she said, "That might be helpful." No, we didn't get a lot of support so far as his mental health stuff goes. We just did all that from our own bat.*
- *We have had a lot of case workers. We have been with our NGO 6 years and in that time we have had 6 case workers. You occasionally get one that is experienced and qualified and they seem to do a better job, but then you get the others that just come in and don't have a clue about what they are doing at all. They have never had children and no parenting experience. One of the things that I can honestly say is that the case workers that we have had who have been parents themselves have been much better case workers than the ones that have never had children. It is completely different with having worked with children and having them in your home 24/7.*
- *Speaking to other people in the sector, they told us that the agency should have recognised that our fostered young man should not have been in the home because of the level of his violence. It was not ok, and they should have stepped in and said he is not safe there. They didn't do that, so one of the case workers, who was one of our original case workers, came back and she was very disappointed that the agency didn't recognise the behaviour that was involved and that they didn't take steps earlier to work something out for our young man. She said, "I am just appalled", but that goes back to the staff lack of experience in the sector. They just don't have the knowledge and experience to know how to deal with it.*
- *If I had a wish list to improve the system, I would put on it case workers that actually understand what is it like to live with a child with a trauma background. They think that they do, but they have no idea. On top of my wish list would be that the case workers actually know the carers and the children. Because our case worker doesn't actually know us. He might pop in for half an hour once a month, but he doesn't know us. They think they do and I have a real suspicion that case workers form opinions of carers, and sometimes there are carers they like so they think that they can do no wrong but there are other carers that they don't like so they say all these horrible things about them. I have seen it happen. Sometimes that is to the detriment of children in placement where case workers think the carer is doing a great job, but they are not. I have also seen kids removed from great placements and other children left in very poor placements because the case worker liked the carer and couldn't see what was as plain as the nose on their face.*
- *One of the hardest things to deal with is that I expected that we were a team working for the girls' best interests, but they think that they are the girls' advocate and they have to be on guard at all times in case the girls want to notify about some issue. They treat us as the*

enemy. I am on a few support groups and Facebook and that is how a lot of carers feel. Even though you are the one working 24/7 looking after the damaged children, even though you are the one getting bashed up, yelled at, screamed at, your property damaged, they don't say, "You poor thing." They come in and interrogate you as to why did you do this or that.

Can they be too young to be case workers?

Long-term carers with 20 plus years' experience caring for foster children report that they have observed that case workers are getting much younger. Partly this trend can be explained by the growing demand, leading to a shortage of case workers due to the growing number of children coming under protection orders. Also, when they are a young age and have no parenting experience and their degree does not have extensive coverage of mental health issues, they are left to work with unacceptable workloads, within a very difficult system as best they can, which can be just as unfair on them as it is on the carers who have to deal with inappropriate decision making. Under such conditions, burn out and stress are understandable, leading to a very high turnover, which exacerbates the problem and leads to even greater shortages.

This issue of inexperienced and untrained case workers with unmanageable workloads that lead to burnout contributing to case worker shortages is particularly concerning because of the impact it has on children in the foster care system. McDowell (2013) reported that having continuity of case worker provides an opportunity for children to build an effective relationship, while high turnover of case workers is linked to instability and a loss of trust for these children, with obvious consequences for their future growth and development.

- *We get case workers that are straight out of school. We need case workers that have been parents not graduates. Some of these case workers haven't even finished their degree and they are telling us how to parent. My case worker was only 24 and straight out of uni. I was her first case and they gave her the toughest case to date.*
- *A royal commission into agencies and staff ratios to caseloads needs to happen or the government will have to start going backwards and open up orphanages again as carer numbers are in such critical shortage.*
- *They come to visit every 4 weeks, but there is always someone different because we have had so many case workers. There is no follow-up phone call to see if you are OK, is there anything that we can do for you? Even if there is nothing that they can do but they can at least ask you those questions because when he turns violent, he becomes extremely violent. I have asked for authorisation for him to be put under an MRI, CAT scan or something to check out his brain but they just let it go. And since I have had more case workers than I have had kids and they don't follow up it's like OMG I have to explain all this again. Also, they tend to be young with no kids of their own. And everything turns out to be your fault.*
- *Another thing is that since we have been with this NGO, which is over 6 years, we are on our 14th case worker. This is especially bad when you have a girl with a disability who finds it hard to cope with changes. It really affects her, and it affects the other two girls. The other girls don't want to know their case worker because they say, "What for? We just get to know them, and they turn around and leave." As a family we have said that the worst thing we ever did is to transition to the NGO.*

- *Our case worker at the moment is 25. He is not married. He has no children and his communication skills are poor. He is very bright and he knows what he is talking about, but our 17-year-old just can't be bothered with him and I can't say I blame her. The other two children who are siblings and have been with us since they were newborn really don't need case management; they are travelling very well. They have very little to do with the agency or the case worker and we are looking to apply for guardianship for them because we just don't think we need case management for those two, but our case worker, although he is very knowledgeable and a very nice young man, is causing problems. He just doesn't understand the issues.*
- *I didn't have a particularly high opinion of the case worker when I was dealing with the little boy; however, the boss left which, was a great freedom to her and she then grew and blossomed and by the end of it I was going to speak quite highly of her in the post review. She was only young, but she developed a lot. It is complicated and I now have 3 case workers for the siblings, which has been extraordinarily difficult, but my case worker is fantastic. She is a mature-aged woman. She is the woman who had initially interviewed me for the carer role and I already developed a respect for her at that stage. I think that she quite likes me speaking my mind. My comment would be that the system has created such a workload for this woman that I think the average should be 3 children per case worker, but this lady has 7 with 4 families and my children are newly removed from their home so she needs to deal with them to get them on the right path for the courts to try and get them restored to family. It makes it extraordinarily difficult for her to efficiently get through the different people.*
- *It is not that the case worker is a bad person; she is just overwhelmed and struggling in a system that is broken.*
- *They need to be more professional with accountable professional KPIs and standards in place, like reply to an email within 3 days. They have huge caseloads, but they can just say they are out of the office and will get back to us. They need to be caring. Some carers have a child for 6 months without meeting the case worker. If it is the training, then they need carers at their training days to get the carers' perspective.*
- *Over the last 20 years that we have been fostering we have noticed that the case workers are less child focused now than they used to be and less open to listening to carers. Although I don't want to include the last case worker that we had because she was quite good. But I think she was good because she had her own child with a disability. She had an autistic child so she kind of got where we were coming from. There have been occasional good managers and I think, "Oh, gosh. This person is so great", and we are moving forward and then they are moved on.*
- *His regular case worker was on maternity leave so the girl that took his place was 23 and simply took at face value the stories he was telling her and told him he didn't have to stay at home if he didn't want to. I said to the manager who knew us, "We have been with you for 10 years and you are now saying that we are lying and he is telling the truth" and when I refuted all the lies that he told them, the manager said, "Oh, just bring him back in and we will tell him we made a mistake." I said, "It is too late. The damage is done. You have basically empowered him to say that we have no rights in our own home." He was eventually totally homeless, and they had nowhere for him to go.*

- *My foster child has high needs, but he knows what he wants and what he doesn't want. He is verbal and he can talk. He is not silly. But she comes in and tries to talk to them and takes photos of them and their rooms. But all that is to put on our file. It is not because we are friends. She asks, "Have you got anything new in your room?" and she keeps trying to be the kids' friend but the kids keep saying, "I don't want to be friends with her." I know that there is a thing that they have to speak to the kids on their own, but there are kids out there that are petrified. Like my kids they have had that experience of being taken away and this is another person that can do that.*
- *And since the case workers keep changing, we have to start from scratch every time. And we even have change of managers. I was ready to give up many times. I thought, "I just can't do this anymore. This is the hardest thing I have ever done." Then my case worker went on and did something else and we got a new case worker and she was pregnant and also left. They come in, get pregnant and they are gone, and we wait for another new one. You just get to know the case worker because every case worker interprets the rules differently and you don't know how to take them. You don't know if you can have a joke with them or if they take everything seriously. You get to know them, but as soon as you get to know them they are gone. Then our last one came back, but she came back under a different manager so now the rules change again. It is just crazy living under so much stress.*

Is there too much power vested in the case worker decision-making process?

Even though a case worker may not be sufficiently trained and lacks experience, the power that is invested in them and their managers through the decision-making process is extraordinary. If they write their reports, or their managers insist that they edit their reports, in a way to benefit the image of the agency rather than the facts of the situation then this action impacts on both the carer and the child in their care. Carers report that often there is no transparency in the process, and they have no ability to review or even see what has been written. Often the first time they see what has been written is when they end up in court and then they are shocked at the difference between the reality and the report.

The consequences are compounded because the reports go to courts, and judges made decisions on these reports and the decisions directly, and often negatively, impact on the very vulnerable children that the system has been set up to protect. Carers see this lack of transparency as a critical issue for the foster care system.

- *The issue was handled so badly, he did have a meltdown, but to take him from a home and people who loved him to a unit then to virtual strangers was not appropriate. We were never part of any consultations. No opinions were asked. Nothing. The decision was just made on the spot by the case worker and even though it eventually became evident that it was the wrong decision they refused to admit to that. They initially took him for 10 days, but he never came back.*
- *When she came to us at 4, I would have to show you a picture to show you how bad her teeth were. They were black, they were pointed with nerves hanging out and it was something out of the Middle Ages. We kept being told by the case workers that she was on the list, but she couldn't eat properly. We had to push really hard to get something done. We waited years and years and, because we are not her guardians, we can't make any of those decisions.*

Some of them we do, we just don't tell the department. But with these teeth, to this day she needs all this oral work. She needs all this work, but the case workers don't arrange any of this work. Every year it is on a case plan, but nothing ever happens from it.

- *Because these girls are disabled, they are on NDIS. Previously we organised all the meetings and funding with NDIS and then we got a new case worker that insisted that he was the guardian of the children and he had to make all the decisions. He didn't even know their names. He told them that he would take them out for a milkshake and get to know them but never did in the 6 months that he was here. He insisted on organising NDIS, insisted he was the guardian, insisted that he come to all the meetings where he said nothing. He didn't even know which was which of the girls. But that is now what is in the paperwork, that he is the guardian. He made the decision to get a support coordinator that we didn't need, and she ended up being a micromanager too and I am thinking, "How can they make these decisions when they don't even know the girls?"*
- *The worst thing is that they have so much power. They never take into consideration what us carers say. We are just carers. We hear all the time, "Well, you don't have a say because you are just a carer." I have this child 24/7 but I don't have any say because I am just the carer! They actually say that, and I get that quite often. Then I get that I am not the family member because I am not related by blood. I am just related through the relationship because we are not married. Who has the money to get married these days even though we have been together nearly 10 years? My partner is the kinship carer. I am just the carer, but we are in a relationship. We are family. We are kin. And as an Aboriginal person kin are anyone. We support our community.*
- *Don't get me wrong. I understand that there are carers out there that behave extremely inappropriately, and I have dealt with them through schools. They will come and say, "No, the child can't go on that \$10 excursion because FACS won't pay for it." But the reality is that the system is the issue because there are no processes in place to make the case workers and their managers accountable, and their decisions are not reviewed by anybody who has knowledge and the experience to understand what the impacts of those decisions are on the children and not taking on the information that is provided to them from valid professional input. That's where it all falls apart.*
- *The word to use for the case workers that are not child focused is negligent and I am often on the verge of taking this to Human Rights because they do not consider his needs and his rights in any shape or form. They don't follow their own processes and they don't have the systems and the checks in place that actually make the system sustainable to make these people accountable and their decisions accountable and they don't review what they put in place to see the impact. And they don't take on the information from the people who are caring for these kids every single day and they put no value on that. That is wrong.*
- *When we had the recent issues with our fostered young man, I actually had to highlight to the manager who was the team leader and who was sitting at my dining table saying, "I know, I know" and I just looked at her and said, "You don't know. You don't know me. You haven't met our foster child and you have never met my husband. How can you say you know?" These people are making decisions for these young people and their families, but*

they have no idea. This woman had no idea what our foster child even looked like. How could she know? Two weeks later she resigned, and we had to start again.

- *After working with that case worker for 18 months she finally figured out the puzzle. She finally began to say that she had no concerns about our child and that she thought we were doing a great job. I said to her, “Now you can understand why I said what I said.” And she agreed absolutely. But she was so fresh out of university and hadn’t actually completed her degree when she became a case worker. Yet without experience she had enormous power to make decisions about people who had been parenting for years.*

CONFIDENTIALITY

“Sharing of information between ‘service providers, regulator/oversight bodies and other government and non-government agencies involved in the lives of children is a critical means by which both abusers of children, and children who are at risk of being abused or neglected, are identified. By its nature, this information is highly sensitive about both abusers and the children involved” (Silink, 2017). Of particular importance is the area of information sharing, which involves the information available to care providers, especially OOHC providers.

There are significant tensions between the compelling reasons for sharing the information on the one hand, and, on the other hand, the apparent restrictions on sharing this information derived from complex (and at times inconsistent) provisions of privacy, secrecy and confidentiality. These inconsistencies and the fear of consequences have provided case workers with the justification of not disclosing information to carers although doing so can clearly be in the best interests of the child.

Such tensions were specifically identified in the Wood Report (2008) as a major impediment to effective information sharing in NSW. The Wood Report recommended reforms to permit “the exchange of information between human services and justice agencies and the non-government sector for the purpose of making a decision, assessment, plan or investigation relating to the safety, welfare and wellbeing of a child or young person” (Wood, 2008, Vol. 3; 24.6). These reforms were adopted in NSW through amendments to section 245A(2)(d) of the Children and Young Persons (Care and Protection) Act. These provisions clarify, for the avoidance of any doubt, that the safety, welfare and wellbeing of children are paramount and, accordingly, the needs of children and their families take precedence over the protection of confidentiality or of an individual’s privacy. It also protects anyone who shares information in good faith from any liability for civil, criminal or professional sanctions. Yet even with such an effective model for sharing information to better protect children, carer after carer in this study has reported that they are denied information about the child placed in their care due to the child’s privacy.

This is a dangerous situation if, for instance, the child, and often it has been a newborn baby, is drug dependent and can go into withdrawal shock if not treated appropriately. In this case it is clearly the case worker and the carer that should both be confident in the knowledge that the carer has the right to insist on the provision of the correct level of information. Even more worrying is the lack of understanding of mental health issues about which case workers are making decisions. The condition reflects back on the agency and its monitoring of the appropriate level of training that is provided to case workers before they are empowered with the powerful position that they hold in making

decisions on children's lives. Furthermore, the stress level inflicted on the carer is unacceptable. If the child dies because of withdrawal shock, the responsibility and feelings of guilt fall on the carer's shoulders.

- *When her new family placement went on holiday, they put her into respite, but the respite carers found her trying to strangle their 3-year-old. They kept her for the rest of the 10-day respite, but put in a massive complaint because they had not been told anything about her problems with hurting young children and yet I had notified the case worker and put that in writing that the girl could not be around young children and animals.*
- *We were so wrongly swindled into a long-term placement of a young 9-year-old boy without any information at all of how severe his case was. We were his 7th placement. He had been in care since he was 2. It was eye opening to say the least. We had no information that he had quite severe sexualised behaviours, which was one of our main criteria that we were not willing to have that sort of behaviour because we had a lot of small children. They told us, "Oh, no, none of that." But we later found out that he was removed from his previous placement for sexually abusing his siblings. So not being told any of that we went in blind sighted into a long-term placement with this little boy. We were so ill prepared. We got no training at all apart from the case workers coming to our house for a few hours for 3 nights with very basic what they called training. We did our best and fumbled through and supported him as best we could, but we could see that it was really not going to be a positive situation.*
- *We didn't have very much information coming our way, but I never felt that it was the agency's fault. It was not like they were excluding us. I felt that they also didn't have the information and it was FACS that was the issue. For instance, we didn't get any information about the medical history at all or what was happening at court, which made things very difficult. We basically had to start everything from scratch. There were a lot, and I mean a lot, of appointments. You would never begrudge that for the child because it is necessary, but it turned out that this child had a heart condition and if we had the information and it was available through his previous foster family, things would have been much better. For instance, we had to go to a paediatrician for him to be assessed and found he had a global mental delay, and all of that should have been known so we could progress things instead of having to start at the beginning. FACS just said that they didn't have the records, but that was not possible, and it is their responsibility to pass those records on to the carers.*
- *This is a trust issue. Before we got the children, we were told a little bit about them and then we gathered things along the way about their history and we were told there were no drug issues. But their psychologist said that there was a lot of drug use to the point that the boy told my husband about these special plants that mum had in a special room with special lights. But one thing that we were very big on even before we knew these kids existed, we said we wouldn't take a placement with any experience of harming animals because we have dogs that are very precious to us. We took that on trust. The children see their 22-year older brother on Sunday. We spoke to him about this issue and he was absolutely gob smacked because he had told the agency about all the times that she has hurt animals and a time when she sat on the cat's tail and wouldn't get off until they actually pushed her off. She had pulled the feathers out of a bird. This all came up because when the children were with him, they went to his friend's place and she badly kicked the dog. He came to us and said that he*

wanted to let us know what had happened. But when we told the agency they just said that the brother was lying even though we could see for ourselves that there was a problem.

- *He has high cortisol levels, he can't calm himself, but they don't give you that information. I had to find all that out for myself. They say that this is for the privacy of the child, but if you don't have the knowledge you can't help. They just told me that I should take him to emergency if I feel my life is threatened. How can you drive him when he is in a violent state? They then said, "Just call the police." How can you call the police? He wouldn't have a clue what that was about. The case workers just don't have any idea what is involved in looking after him.*
- *We have had just one other little girl who was four and a half for about 3 weeks. This is really hard to talk about, but we were just not given the right information. It was supposed to be long term, but it didn't work. We agreed to take the little girl and we thought that we could provide the right sort of family, but we made the choice without the right information. I just hate it because all foster parents say that they don't want placements to breakdown. It is such a feeling of failure, but this child had significant disabilities that we were not told about and it was very difficult. We had asked a lot of questions and were told that there were no developmental issues, but when the child came to us she wasn't toilet trained and was still feeding from a bottle at 4 years old. And it wasn't just developmental things, but it was clear to us that there was a lot going on and there needed to be a lot of diagnoses first. She was obviously going to need intensive support that at that time we were just not able to offer. I felt awful and the poor kid had to be moved on again, but if the right information had been provided then we would not have agreed to take her on in the first place and she would have had one less move.*
- *One of my big problems is that you are not told anything about them. I have had one little bub that was a drug baby straight from hospital, but they didn't tell me that she was withdrawing. This poor little darling was screaming and screaming and withdrawing. As the case worker was leaving after her visit, she just said, "Oh, her drug stuff is in the blue book. Make sure that you fill it out." They said, "Oh didn't we tell you that she is a drug baby?" I ended up taking her back to the hospital because she had blood in her faeces, and she had been screaming for 12 hours. The hospital told me that she is obviously withdrawing. Yet when she came to me, she was ticked as all fine.*
- *When I got my youngest one, I wasn't told that he was asthmatic until he had his first major asthmatic attack. I took him to the hospital and the agency said, "Oh yeah, we should have told you he was an asthmatic." Yes, that would have been helpful. Just very important information not being passed on.*
- *Everything was fine for a number of years. You are never told the background or the history, so at different times, different case workers might indicate without directly telling you what circumstances they came from. In the early days, when everything was going well, we developed a fairly good relationship with the paternal family and there were a couple of occasions where we actually had a BBQ or a birthday of one of the kids and they came along. We were present as well and so we celebrated one of the kid's birthdays together with the idea that it would be really positive for the kids. Talking to the family they indicated that there certainly were drugs and alcohol involved in the lead up to the kids being removed.*

And, yeah, the oldest one had significant mental health problems, but we could never get a clear understanding or answer about what was her medical background and what were the factors that might have been relevant. It was even difficult having to go to a paediatrician or working with the NGO psychologist. We couldn't give them a detailed explanation of what the relevant factors were for the psychologist to help them to determine what were the particular behaviours and where they might be coming from and what the drivers for those were. It made it hard to get proper support for the kids and therefore us, which really added to the challenge.

- *That little boy was 8 months old and he was drug addicted and they let him go cold turkey because they kept denying that his mother was a drug addict, which she was. If I had not been so aware because of my nurses' training and I had had so many drug-addicted kids and recognised the signs, he would not have received any treatment. I was just appalled.*

Small communities

The privacy issue is particularly ridiculous in communities where everyone knows each other. When the agencies tell carers that they are not to talk to other carers about their child it is unrealistic. Whether it is an outer suburb of Sydney or a regional centre, people know each other and can see that there are problems. Carers just need specific health and especially mental health information on the child they are being asked to care for.

- *Out here in the Hunter it is rife. All the carers here know each other quite well. And groups of people get together, so we know what is out there and some of us have the same case workers and we have the same issues. Even though you don't talk about the personal stuff of your child, you do talk about how you are being made to feel. The system would be so much better if the case worker listening skills were improved and they understood the need to value carers and their advice. Carers do a very hard job without a break. There are so many carers who are desperate for respite, but FACS just says, "Too bad. We don't have anyone." and then they are surprised why carers are leaving. Not everyone has a support network that they can tap into. That is what they need to understand as well and build up and encourage the carers to connect and build up the connections with the kids so that they can go to someone familiar for breaks and so that the carer feels supported.*
- *We were not happy with our NGO. In our area there were a lot of inappropriate carers doing inappropriate things with children, which wasn't being addressed. Things like food deprivation, punitive behaviour, people in inappropriate professions that impacted on the children. For instance, one particular family owned a brothel. So there were a lot of those things, but the punitive behaviour and food deprivation were the worst. Like the foster children could get apples and oranges, but the other kids could get strawberries and things like that. That is very common. I know about these issues because sometimes people have disclosed this stuff as far as punitive stuff. I have actually spoken to the case workers that it is not right and actually reported it to the agencies. But the people still retain the kids and the agency does nothing. I tend to know a lot of people from around my area in the carer community from different agencies and things like that. I also have kids with special needs, so I know quite a lot of kids with disabilities and it becomes a very small world.*

- *We were supposed to have them for 10 weeks, but after 8 weeks I just couldn't take it anymore. They never really settled and actually I thought it was a really bad choice because they placed them with us, and their aunt and their grandmother lived in the same street. So, they were running away and going up to their aunt's place all the time. She had a heap of kids and they wanted to be with their cousins. They had lived with their aunt and their cousins on a number of occasions, so they were always running off and they were very determined to do what they wanted to do, but the agency should have known that before placing them with us.*

VEXATIOUS CLAIMS AND ALLEGATIONS PROTECTED BY LEGISLATION

A key source of anxiety reported by foster carers is the fear of allegations being made against them. They have seen many other carers lives diverted into extremely distressing trajectories and they report that some now refuse to take children over the age of 7. As one participant put it, "An accused murderer has more rights than a carer." An accused murderer is deemed to be innocent until proven guilty; a carer is deemed guilty from the moment the allegation is made, and they have to try to prove their innocence – an effort that can cost them their job, their income, their home, their marriage and their financial security. Even when they do prove their innocence, the allegation can still be brought up in court 5 years later.

Information about a child who may be in need of protection can come to the attention of the relevant department from a wide range of sources, including family, schools, health professionals or members of the community. Legislation in NSW protects the identity of the reporter and grants immunity from liability persons who make a report in good faith or honestly and without recklessness (Children and Young Person (Care and Protection) Act, ss 24 & 29).

In addition, in 2001, the High Court of Australia, in *Sullivan v Moody*, upheld the principle that a person who has a statutory duty to report a reasonable suspicion of child sexual abuse owes no duty of care to persons who may be wrongly suspected of perpetrating the harm and, therefore, cannot be liable in negligence.

Mandatory reporting laws have been justified on the basis that by requiring designated persons to report their suspicions, and permitting other persons to make reports, more cases will be picked up that would not otherwise be identified, allowing government agencies to intervene where necessary and assist the child and their family in appropriate ways. In NSW, the Wood Report (Vol. 1, 2008) concluded that mandatory reporting laws are a necessary component of child protection systems.

However, mandatory reporting has also been criticised on the basis that it produces many unsubstantiated notifications, increasing the workload for already overloaded child protection workers and service providers, including foster carers. There is no doubt that without such reporting obligations many legitimate cases would not be notified, but a question arises with respect to the nature of the requirement: is reporting compliance improved by having the duty embedded in legislation or is the effectiveness of reporting more a product of professional training and other contextual factors? The distinction between the two different systems has serious consequences for the foster carer community.

In the best case scenario, when an investigation is made against a foster carer it involves an assessment as to whether there is sufficient basis for believing that the child has been, or is likely to be, abused, neglected or otherwise harmed and, if so, whether the circumstances meet the threshold for intervention within the meaning of the relevant legislation (Silink, 2017). In such a case, conferences with relevant professionals involved in the investigation process, such as the police and health workers, are initiated. But critical to that process is the inclusion of the foster carer. With a significant number of case workers being reported as getting younger and younger and lacking the experience to deal with mental health issues, the best case scenario, according to the participants in this study, is seldom achieved.

Many of the allegations will not be substantiated. In 2016/17, 379,459 notifications (AIHW, 2018) up from 320,169 in 2014/15 (AIHW, 2016), were reported but only 47% were assessed as requiring further investigation (AIHW, 2018). Over half (53%) were not substantiated and dealt with by other means such as referral to a support service. Carers report that they are well aware that not all allegations were made in good faith. Unsubstantiated and vexatious allegations have eventually been identified as being made by relations of the bio families wanting the children to be brought back into their care, as well as by children who had been hardened by many years in the system clearly understanding how to use the process to get their own way. Neighbours and members of the public who are not conversant with mental health issues will also report abuse when they see or hear a child having a meltdown, but that is the nature of many of the health issues that the children are facing, and the carers are managing those as best they can, and so often without any support. With legislation protecting the identity of the reporter, granting immunity from liability to persons who make a report, there are no consequences for making false allegations. The carer, on the other hand, is considered to be immediately guilty.

Inexperienced case workers with little training in mental health issues have also lacked the understanding that the child can make unfounded allegations in order to draw attention to themselves or their condition being one where they turn on the carer. It takes considerable wisdom and experience to distinguish between these situations and, in the past, experienced carers were included in the early discussions regarding the notification. However, given the lack of training and inexperience in a growing cohort of case workers and the fear of being sued on the part of agencies and NGOs, carers are immediately considered to be guilty as charged until the notification is deemed to be unsubstantiated. But with case workers already overloaded, the process can take years.

It is not surprising, therefore, that many carers are put into a traumatic situation with the immediate removal of their foster children and the possibility of losing their income because they are dependent on the police check licence to keep their jobs and careers, and face financial hardship if they try to defend themselves. When friends, family, associates and other carers witness the pain that more and more carers are experiencing through this process, as witnessed by the significant increase in notification numbers, it is no wonder that they refuse to take part in the foster care system and instead walk away.

- *Allegations are so common and so easy to make anyone can do it. Often, they are interpreted wrongly. But I feel like we should be treated that we are innocent until it is proven that we are guilty. And even the allegations that were thoroughly investigated and proven to be untrue are still being used against us 5 years later and the lawyers want us to keep looking after the children but keep us supervised by FACS, so they argued against our guardianship application. Also, the same lawyer that is representing FACS should not be the children's*

lawyer because they get a biased opinion. That is what has happened to us. This lawyer wanted the children to be removed in 2014 after that set of allegations. We took it to court and FACS ended up dropping the proceedings. But we now have the same lawyer blocking our guardianship attempts. What is the point of having this huge investigation in the first place? They absolutely grill you and found it all to be untrue. Well, what is the point of this if it is going to be forever used against you. When you consider that a murderer is not allowed to have previous issues raised against them in a separate case because it might bias the jury. This is outrageous.

- *These girls who were only 8 and 6 had been in the system for many years. They were hardened foster children. It was a very tricky placement. They had been handed around to people for so long that they knew the system very well and for me it was like baptism by fire. They were very difficult. For instance, if they didn't get what they wanted they would bang on the wall till they put a hole in it. They knew all about allegations and how to make them if they didn't get what they wanted.*
- *This case has just torn us in every direction possible. We have now had an allegation against us within the first months of this placement, which has been cleared. The allegation was that our little boy had bruises on his legs and genitalia. I was not told who made the allegation, but I later found out who it was. It was his birth father and his birth grandfather after seeing him on their contact day. We only know this because it is a small community and we know their other family members that we talk to. But the agency in their wisdom thought the best thing was to pull the boy out of bed at midnight, take him to the hospital to be assessed by the paediatrician only to wait 5 hours to be seen at 5 o'clock in the morning. This is an example of the kind of decisions that they are making and basically it does not involve the child's best interests because if the bruises were there at midnight, they would still be there at 7 o'clock in the morning. The hospital found nothing, and we were cleared in 2 days. The paediatrician said to my husband what are we looking at here with an agency case worker there at every step of the way to monitor it. But to be called at 11.30 at night and to be spoken to like we were abusers and to then to have to take him up to emergency was totally not in the best interest of the child. We didn't eat, we couldn't sleep for the whole of the 2 or 3 days. We could never be prepared for anything like this and we didn't have any support from the agency.*
- *Someone made an allegation against us 3 months into the placement. Then FACS took away the kids while they investigated us, which was found to be untrue, so they then returned the kids to us a month later. We only found out what the allegation was because it went to the Reportable Conduct Unit (RCU), but we never found out who made the allegation. They don't tell you that. The allegation was that I hit the little boy with an open hand, so it was physical abuse. Because they were only 2 and 3 and had bruises on their bodies. The case worker wanted to investigate how those bruises got there. The boy has high needs. He has ADHD, OD and he has 10 different official diagnoses. The little girl was born prematurely so she was slow to develop, and she had only started to walk. But children with these conditions are always tripping over and things like that. They are just kids. They play and you can't wrap them up, but we had to explain every little mark and every little bruise. It was horrible and we were interviewed by the police. You are guilty until you prove your innocence. That is so*

wrong. You should be seen as not having done it until you have been proven to have done it. This is not fair.

- *We have had quite a few unsubstantiated allegations. We are currently trying to be in court going for adoption because we have had the kids for 9 years now. Obviously, there is no possibility of restoration because mum has passed away. One dad is unknown, and the other dad has been uncontactable for 5 years. Trouble with FACS is that they can make it very easy and they can make it very hard for the adoption to happen. It was supposed to go to court for final orders on Tuesday just gone and they held it up again. They supported us for section 90 til then but then they decided that they were going to bring up unsubstantiated allegations from the past. They decided that they are going to investigate them now. How can they do that?*
- *I have no idea how long it will take for these allegations to go through. We have had the ones in 2010 and the ones in 2014, and the older sibling who has severe mental health issues made some horrible allegation in 2017 but he goes through a lot of mental health like schizophrenia, but the agency still came and interviewed my kids. They then told me that that was the end of it because it was a silly allegation. This is what the case worker said but it is going to the RCU anyway.*
- *She is 15 so she is at that age where they think they are an adult and they can do what they want. She has gone and said that I had called her a slut and she told me that her nan abused her. I said, "Well, there is nothing you can do about that and you probably deserve it." Nan is 60 and tinier than she is so she has just said that because nan has 50/50 custody with FACS. She has said whatever she could say to get what she wanted. She wanted to live with her father because he promised her all these things. But he had her when she was much younger, and he couldn't look after her then. They told us that all her allegations were found to be untrue. It is just a silly thing and doesn't meet the criteria for that RCU so there will be no more investigation. We get right to the end of our court case and then they say someone in FACS decided to say that they are going to put it through the RCU, and they are going to investigate it again. It would appear that communication between case workers and higher staff I suppose isn't happening. The case worker comes out and tells us it is done, it is over with, we did our investigation and found it not to be true. But then later other people in the chain decide to do the opposite even though it is on our file that we were proven to be innocent. But that doesn't matter and 5 years later someone is overruling the area manager at the time.*
- *Five years ago, we had a lot of allegations from family members because I have no idea why. But the ones in 2014 were made from a neighbour because where we lived was an older lady and having a child with special needs he does have a lot of screaming, he has a lot of meltdowns and things like that, so she didn't quite understand. She kept telling us that she was ringing up FACS until our kids got taken away so that she could have peace and quiet. And that is what she did. She made over 60 allegations. It was over and over the same thing. FACS was constantly at our house at least twice a week. They would say there are more, and I would say well guess I will see you tomorrow. The manager at the time had shut down any further allegations because it was deemed an abuse of the system. It was the same thing over and over. They kept thoroughly investigating and nothing would turn up. The school said the kids were fine and all the doctors said there were no issues, but now we are going for*

section 90 five years later and they have just decided that they are going to investigate the allegations that came in after the manager shut them down. It just doesn't make sense and my poor kids who are almost 11 and 12 know what is going on. It is really heartbreaking and my poor daughter said, "I just wish you were my real mum, so we didn't have to go through this. I just want a normal life, mum." These people they don't listen to what we want. It is supposed to be for the best interests of the child, and I wouldn't have gone for guardianship, but it was my kids who kept saying, "We don't want these case workers here every month. Mum, it makes us so upset when we have the case workers here." They get anxiety, they clam up, their behaviour changes, they can't sleep, and they have that fear that they are going to get taken away. What kind of childhood is that? It is horrible.

- *We went to our solicitor and he advised us not to go to court. We didn't listen because the children wanted to stay together. So, after 27 years as carers and 22 years without allegations, the last 5 years have been nothing but allegations. Mum and nan in Queensland never gave up about our contact with the children and we continue to face allegations. Things like sexual assault by my husband, I was a paedophile, strangling allegations, not feeding properly, preferential treatment to other children even though there were 10 of them. Every time we would be cleared from one allegation another would be made by the family so we are unable to get any more placements because the courts won't touch you if there are allegations against you even though we have been carers with unblemished records for 22 years and all the allegations against us have been found to be unsubstantiated. It just doesn't make sense when it is so obviously wrong.*
- *Some people have lost everything because of allegations. We have a lot of teachers, preschool teachers, high school teachers, all who need the working with children check and even before anything is proven they take your children check away. Kids lie – that is the real world. They are just not listening to the people that know. The bureaucrats know absolutely nothing compared to what carers can tell you. They need to be listening to carers.*
- *The placement broke down with the sister in early November 2018. She had made false allegations before and had said that my husband had physically hurt her. She wanted to sit in a chair in class and that was only OK if the child had a sore knee or something like that. So, she told the teacher that my husband had hurt her, and she had all these bruises so the teacher had to make a mandatory report, which is fine. We were told and the teacher said there are no bruises and we know she is not telling the truth, but we have to make a mandatory report. Child protection didn't even look at the teacher's report. They said, "The girl has done this before. Don't worry about it." Nothing ever happened till now. No one even talked to us. Even when she first came to us the case worker had told us that she had made allegations against other carers with things like she had been pushed into doors, pulled her hair and nothing happened with that either. This is a child that has a history of making allegations against carers, but the current case worker hasn't even considered checking with us; she just moved this as high as she could.*
- *No one has actually told us what the repercussions are. No one has told us, "If you have been found to be guilty, these are the outcomes." I have had a police check and it allows me to work with kids. We both need that for our jobs and if these allegations get approved is this going to go on our records? Are we going to lose our jobs? This has really heightened how*

serious this is for us, but we have not been told anything about the consequences. Are they going to come and take him from us? It's been really hard and because all of this has happened there has been no progression on his case. We are going ahead doing the proposal to get funding for his school because it is a private school, but there is no support for us and we are worried about what these allegations are going to do to our jobs and are we going to lose him? We are just in limbo, which is very stressful, but we do feel that this is all in retaliation of our placement breakdown with his sister. There was no attempt to talk to us about the allegation. It just feels like all this was meant to hurt us.

- *We found out through court proceedings that the allegation of sexual abuse was made by the birth family. We were deemed to be guilty and the 3 children were immediately removed after 8 years together in a loving, stable home. Because it was a sexual abuse allegation, the police were notified, even though there was no evidence to substantiate the allegation. Since the children were now considered to have been removed from danger and there appeared to be no likelihood of further danger, the case remained open by the police who concentrated on higher priority cases. For 6 months we lived in an anxiety-filled limbo waiting for the allegation to be cleared. The police didn't get to their case and after 6 months the case was just closed.*

Despite the police case being closed and no charges laid, FACS deemed us not to be clear of the allegation because we could not prove our innocence even though there was no evidence to say we were guilty. This is a lose/lose situation for us. We took the matter to court and it was only then that the court-appointed expert found catastrophic errors in the FACS investigation. In light of this opinion, FACS changed their position, and supported the return of the youngest child, albeit extremely traumatised from her forced and wrongful removal. In the proceedings we only asked for one child to be returned since the middle child was now too traumatised and the eldest, who was 12-year-old, chose to stay with relatives. After court, we requested FACS undertake a formal review of our Person of Interest (POI) status. The response was that since an allegation was made, and we cannot prove our innocence, although you would think that it was obvious given that there is no evidence, our record would remain "red flagged".

But although we were cleared of the allegations by the court there are serious repercussions. When we attempted to renew our working with children check we were refused on the grounds that there were POI reports on our record. We are carers that were very active in our community, coaching sports teams and taking part in school activities, such as working in the school canteen. Without the check we are now excluded from these activities. In addition, because the one allegation was sexual in nature, this is still listed against us even though we have been cleared of all charges, and precludes us from fostering in the future.

Our biological children were also impacted. Firstly, three of what they considered to be their brother and sisters were suddenly removed from their home, which was difficult for them to understand and cope with, creating uncertainty and anxiety. The sudden removal of the foster children has impacted badly on their psychological wellbeing. Because the allegations were made against their parents, they were interviewed at school by FACS, which was even more difficult and embarrassing for them. Finally, because there was now a stain on the reputation of the family, best friends that were previously able to visit their home and occasionally have sleepovers were now forbidden to do so. They were now also stigmatised with the allegation. In addition, because there is still a record against the family my husband

lives in fear of another allegation and he leaves the house whenever our daughters bring home friends that are of course female. This is a loving caring father that is too afraid to stay in his own home because although he has been cleared of all allegations, FACS refuses to change his status, keeping him forever in limbo. Also, the costs that are associated with going to court have left us in the distressing position of having to sell our home.

These are major repercussions and they continue to impact on a community focused family whose altruistic motivations to help society by being part of the NSW foster care system has badly backfired on them. Sadly, this is not an isolated case. At least this family managed to stay together but for many others their marriages have broken down and their families have been torn apart under the emotional and financial pressure. Is there really any surprise that other potential carers are not willing to put themselves through the same experience?

WHO JUDGES THE BEST INTERESTS OF THE CHILD? IS RESTORATION THE ONLY SOLUTION?

“Recognition of the need to protect children from abuse at the hands of their parents or caregivers seems to have first emerged around the 1870s in the USA during what is now described as the ‘first wave’ of the child rescue movement. The catalyst appears to have been a widely reported case in the 1870s, in which the American Society for Prevention of Cruelty to Animals took a case of physical abuse of a child – Mary Ellen McCormack – by her adoptive mother, to court. In the absence of any laws preventing cruelty to children, it was argued that she was a ‘human animal’ in need of protection” (Silink, 2017, s9.11).

Considerable publicity of the case led to the establishment of other societies for the prevention of cruelty to children in the USA and then in the UK, Europe and much of the western world, including Australia. Lobbying by these organisations was successful in passing legislation that provided penalties for a caregiver who mistreated a child within certain terms of neglect and abuse. The legislation also empowered the state to intervene to protect children from such treatment by caregivers. Further work by Dr Henry Kempe, a paediatrician in the USA, in the 1960s, who published a much-publicised paper on *the battered child syndrome* significantly contributed to a greater public awareness of, and interest in, child abuse and neglect as social problems.

Later, changes to social policy in the 1970s, such as no-fault divorce and welfare benefits for single parents, added to the complexity of providing child protection services. “The United Nations Convention on the Rights of the Child (1989) provided a new platform to promote children’s rights, including rights against abuse and neglect. Business models were then developed to manage the delivery of child protection services. Competitive tendering processes were introduced, so that the non-government sector competed for contracts, such as out-of-home care and support services, on behalf of governments spawning a child protection industry. With “expanding definitions of abuse and neglect, lower thresholds for what is considered to be abuse and greater public awareness and preparedness to report abuse and neglect” (Bromfield, 2011, p. 153), the complexity of the system and the demands on its services has expanded exponentially. It is perhaps better to say not that the system is broken, as many especially in this study have said, but that it is a juggernaut that has expanded out of control and the ability of state governments to monitor and control its myriad of segments is increasingly, if not impossibly, difficult.

The NSW Auditor General's recent report acknowledging that FACS cannot guarantee the homelessness and child protection programs run by non-government operators are "safe and quality services" is, therefore, not surprising. Despite spending hundreds of millions of dollars each year funding the programs, the report found that although NGOs were required to self-report on some performance measures, the data they provided was of "variable quality and completeness." "This makes it difficult to determine how well services providers are performing and makes it difficult for FACS to demonstrate that it is efficiently managing the delivery of human services."

But efficient program delivery is critical to the sustainability of the system. The underlying ultimate goal that drives the importance of sustaining the system is still the same as it was in 1870 when Mary Ellen McCormack had to be defined as a 'human animal' to receive protection from abusive carers. The system exists for the provision of making decisions that will be in the best interests of the child. The challenges of addressing abuse and neglect pose significant and complex challenges for the providers in this enormous and complex Australian child protection system, including:

1. *Prevention* – how to prevent children from being abused or neglected in the first place
2. *Identification* - how to identify both the risk and incidence of abuse and neglect of a child at an early stage to protect the child and enable the provision of appropriate and timely assistance to the child, the parents and family
3. *Threshold* – how to determine the threshold for when governments should intervene in relation to the maltreatment of a child – where, on a spectrum of relatively minor harm at one end of the scale through to significant harm on the other, the state should intervene; and
4. *Appropriate response* – what type of intervention is in the best interests of the child when abuse or neglect has been substantiated? (Silink, 2017)

It is this fourth point that has created the major concern for participant carers in this study. The study proposes that the inability of FACS to efficiently monitor the program delivery of its agents has led to some incredibly inappropriate decisions made not always for the best reasons, under the guise of "the best interests of the child".

How can a recently graduated case worker threaten a woman who has been a carer for 15 years with the removal of the foster child if the carer does not agree to undertake parenting skill training that the young case worker deems as necessary. The carer refuses to respond to the threats of the case worker and the child is removed. How can this be in the best interests of a child that had a home for life but is now back in the system, especially when so many other avenues could have been negotiated that would have been acceptable to both parties?

How can it be in the best interests of the child to force a child into a car when he is screaming and struggling for an hour because he does not want to be removed from a home where he has developed bonds and could stay to adulthood because the case worker has made that decision?

How can it be in the best interests of the little 2-year-old to be torn away from the only mother she has known since birth, crying "Mama, help me!" as she is handed over to the biological parents for an unsupervised visit?

These are scenes from a Dickensian era and surely in the 21st century they should not be happening. Surely, they are totally not in the best interests of the child. Yet time and again carers have related

similar stories, some of which are presented here as samples of the discussion. The following quotes are only a selection from 17 pages of quotes that are available to anyone with the interest to read them for additional information. They have been included to provide some exposure of decisions that have been made and continue to be made but could not, under any level of consideration, be in any way contributing to the best interests of the child. It can be argued that these decisions and the people who are making them without any scrutiny have added to the abuse that the child was supposed to be protected from and, as such, are contributing to the problem they have been contracted to solve.

- *We did get some information from where he came but we don't know it all. We know that he was locked in a cupboard. We know he was locked in his room. There was some sort of physical abuse. The agency still makes him see his mother even though he screams and won't get out of the car at her place. They won't take any of that into consideration, which then can make it harder for me. They just say that this is the parent's right. Yeah, well, what about his right? This is just reinforcing the trauma that he got in the first place. He is now 4 and when he goes to contact they load him up on sugar that his system can't tolerate, and he comes back screaming and fighting his demons for days afterwards, but the agency still makes him go.*
- *The word to use for the case workers that are not child focused is negligent and I am often on the verge of taking this to Human Rights because they do not consider her needs and her rights in any shape or form. There's obviously trauma in that house for the little one to be screaming in fear of males. We just can't understand why the agency continues to insist that she go there. We told this to FACS because we were trying to get to the bottom of it because something must have obviously happened since the uncle has been living there, but nothing happens, and they continue to force her to go.*
- *Their history was in the court papers. That's how we know that the mother had 3 children of her own and they did not go to school. One of them was 15, one was 13 and the other one would have been about 8 and the papers said that they didn't go to school, which is illegal. How could they not go to school? There was nothing done about it. The older one is now out of school and pregnant and I'm like what! How is this person suitable to bring up two other little kids, two little babies? It just defies belief, and this is what's wrong with the system. Everyone says to me you've got to understand that they have gone back to family! Yes, if they had gone back to someone who was suitable and decent it would have been hard, but I wouldn't be living in fear that something is going to happen to them and that's the thing.... Every day we think, "I hope they're OK." They were part of our family and had been for years and that's why they are not a package. You invest so much emotion and care into these foster children and I don't think that's understood even remotely by the agency. We treated them better than our own kids! They had everything. They would have gone to a good school. They would have had holidays. But it is not the material things. They had a family and could have grown up to be productive members of society rather than going back into the vicious circle. Their aunt's brother had a child who was in foster care and she applied to get that child, but she was rejected. So how did she get these two? I just don't understand if she was rejected once already for being an inappropriate person to be a kinship carer, how could she be approved for these children? The agency just handed over these two little babies to her. Because they have too much else to worry about. It's like, "Well, that one's sorted. That case is closed. We'll move on to the next one."*

- *I still see the kids once a month and I can see that they are deteriorating. I complained to the case worker about this and she tells me that the mother died a month ago. The mother died in front of the children and they witnessed her death in the kitchen of their home. I was shocked that it was a month ago and I only am told now. I said, "I want these children brought here now." The case worker said that she couldn't do that because the father wasn't coping, and they didn't want to add to his stress by starting the removal of the children. I said, "Who are you worried about? Him or the children?" "Him for the moment", was the reply. I feel sorry for him but this is about what is best for the children, but the manager told me the same thing when I rang her. She told me not to be so horrible, he has just lost his partner and we can't make him lose his children as well, yet the children are deteriorating monthly and that doesn't seem to be an important consideration.*
- *I think they completely disregard the children's safety. The mother of my little boy self-disclosed that she had physically and sexually abused his brother who had disabilities when he was 2. I sat in on the interview and they were very explicit about what she did to this child. So, when they are talking about reintroducing him to the mother, I am just horrified but they insisted that he go for overnight unsupervised stays. He came home after an overnight contact and said that the mother had been there and that she had slept in the bed with him. I nearly went into meltdown.*
- *Before the new case worker came, the last case worker wouldn't even sign a form to let her go to a psychiatric school where I had a placement for her. Although it would cost them nothing, she wouldn't even sign the form. This new case worker signed the form on the same day and this child got into the psychiatric school and she is now the super star of the class and we have discovered that she is quite exceptional. She has an ADHD disability, but she is also gifted and I wonder how many others are in the same position.*
- *This particular agency wanted it to be an open placement. We had no say in it. Her parents would know her address, know where she lived. Her mother had held a knife to her throat at an unsupervised visit. The mother held a knife to her 5-year-old daughter's throat because of whatever she was on, but the agency wanted an open placement. We fought that because it is not just about us; it is about our foster daughter. But nobody from the agency wanted to hear any of that.*
- *The girls didn't want to leave but FACS made the decision that they should go with extended family and they were really upset about that. When they were with us, they got to go to school, they got a bed. So it was very hard for them. The case worker was bawling her eyes out. She said this does not feel right. She said I am a mother and I can't deal with this. She sat in the car for 45 minutes after the girls got picked up in our driveway and just cried. After that she just quit and it's understandable that there is a high turnover with staff, especially when there are things that they have to enforce that are so not in the best interests of the children.*
- *Whatever was the best interests of the child and the best interest being to keep the child safe and protected whatever that might be because every child is different. In our foster child's particular case all the laws seem to have gone out the window. The case manager is saying the best thing is that the more contact she can have with her birth family the better. But she, the case manager, is making that decision, not in consultation with the foster family. I keep*

saying to the case worker that the girl comes back from seeing her birth father and she is in bed with us for the next 6 weeks. She is 13 years of age and she is still sleeping with us because he terrifies her. It really scars her psychologically and emotionally. But the case manager decides well, that is because she should see more of him and it doesn't need to be supervised. She told us we just need to make the girl more resilient. She says our job is to make her grow and become more mature and resilient, but this is not the way to do it. When I asked, "Well, isn't that why we have court orders where the judge has said daddy is only allowed to see her 6 times a year for 2 hours at a time with a trained and qualified supervisor?" But we have a case manager that says, "Well, that is just what the judge said." She has a real power problem and she wields that with us.

- *There is this working with children check. I think it is a great idea but don't threaten me with taking my child away because my working with children licence has expired by a day and I haven't renewed it because I have been busy with work. All they want is the number to fill in on a form. They ring and say if you don't have this done by 3.00pm tomorrow we have someone booked to take her away. I asked why you feel you need to do this and she said that we can't have children with carers who are unauthorised. We have been looking after this child for 8 years and my partner's license is valid, but they are going to take her away because one of us is under pressure from work to get a renewal. How does taking the child away after 8 years help the child?*

FOSTER KIDS BECOME PARENTS OF FOSTER KIDS

A CREATE Foundation 2018 report into youth justice for young people having gone through the OOHC system proposed that one reason for young people's involvement with the police was due to them being reported missing by their carers. Interviews with these young people, however, revealed that they were missing because they had run away from their placement due to not feeling safe or feeling maltreated. Others reported they had committed a crime, usually one of violence against another person, because they were going through a rough time and didn't know how to handle it and how to control their behaviour.

The Youth Justice Report provides valuable information not only for the Justice System but more specifically all organisations and people working in and with the foster care system. The title of the national framework, endorsed by the Council of Australian Governments (COAG) in 2009, is insightful. It is called *Protecting Children is Everyone's Responsibility: The National Framework for Protecting Australia's Children 2009–2020*. But everyone involved with the foster care system makes up an incredibly complex picture that is incredibly difficult to manage or fix if it is considered to be broken, as many carers and researchers keep saying.

Allison Silink (2017, Ch. 9) provides a comprehensive picture of the complexity and diversity of Australian child protection services. She says there is no national law for child protection in Australia: each state and territory has its own statutory child protection system. Differences between these systems add to the complexity of the overall picture. State and territory governments fund government agencies (in NSW, Family and Community Services) to provide services for child protection and out-of-home care, as well as early intervention services for vulnerable families. Many services are, in fact, provided by NGOs working with the relevant government agencies under

contractual arrangements. The Australian Government also plays an important role. It funds universal services for families and children, and targeted services for at-risk families. It also provides for the national coordination of child protection strategy and other services, such as monetary allowance schemes through the Department of Social Services, as well as funding the family law system. Many other areas of government, the private sector and charitable and religious organisations are also involved in preventing and responding to child maltreatment. Examples include education and child care services; health service (including mental health) providing assessment and therapeutic treatment; police services; courts making decisions with respect to parental responsibility and other orders with respect to investigation or placement of children in out-of-home-care and NGOs that provide out-of-home-care, as well as family support services. In addition, a wide range of relevant professional persons have mandatory reporting obligations in respect of children at risk of abuse and neglect.

This is an incredibly complex system, but its efficiency and successful outcomes must be very much in the interests of every government level given that in 2014–15 the government spent around \$4.34 billion (Productivity Commission, *Report on Government Services 2016*, Commonwealth of Australia, 15.7) on supporting its services, and the amount has been increasing year by year.

Therefore, to put the CREATE Foundation 2018 Report into the above context, improving the treatment of young people within the OOHC system by the justice system is only dealing with a very small section of the whole system and perhaps, as suggested by one of the participants in this study, only a NSW Royal Commission into the whole system, as undertaken in South Australia in 2014, has any chance to overhaul the culture of a system that, by all accounts, is not performing at its most efficient level.

The urgency to provide some overall review of the foster care system is becoming critical because it is a compounding problem demonstrated by the generations of children in care who become the parents of children in care. Furthermore, when these traumatised children do not receive appropriate care and protection, violence is their only protection. It is what they know, and they become violent adults responsible for terrible crimes. It is of no value to just move them out of the OOHC system once they are 18, leaving it to the criminal justice system to take over the problem. When these children and young people do not receive the appropriate treatment, it is not FACS or the Justice Department that is worse off; the whole society suffers. The evidence for the deterioration of the system is provided by the statistics, which clearly demonstrate an upward trend in the number of children going into care and a corresponding downward trend in the number of carers willing to volunteer their hearts and homes in an effort to heal traumatised children and break the vicious generational cycle.

Participants in this study have provided some insights into where the system appears to contribute to the process of foster children becoming the parents of foster children.

- *Carers who do not go to training are not educated about the kids in their care and the children's issues, which leads to endless drama like placement breakdown because of carers not knowing how to deal with the trauma behaviour. My foster daughter comes from a massive sibling group and as the decade has gone by I have watched all the older kids except 2 go from placement to placement and leave home at 13/14 as soon as they are able to and then education stops, drug use begins, pregnancies start with a second generation entering foster care because these carers don't go to training. The agencies say that training is mandatory, but they don't enforce it. And then there are some carers that have five children*

and consider themselves too busy to come to training without realising that they could be much more effective if they did get some education about the care they are providing. And the training could also provide education about how to deal with birth parents as well.

- *We were just trying to get his medication under control and a new FACS worker came in without realising that he was telling them a whole lot of lies and she believed them all. She told him that he could leave home if he wanted to and he ended up on the streets. It was heartbreaking. The case worker said this is normal teenage behaviour and I said my husband and I have 50 years' experience between us working with children and teenagers and I can assure you that this not normal teenage behaviour. He has got some serious mental health issues. He is suicidal. He threatened to kill us. He threatened to kill his brother and then the next day he would be lovely. He just has these episodes. But she continued to facilitate his departure. He ended up in a homeless shelter but got kicked out of the refuge because he got into a fight. They put him into another home where he was renting but he didn't pay any of his bills. He didn't know how. He had wild parties because FACS gave him all of his allowance and extra money, so he blew it all on alcohol. He became a drug runner for a local dealer and through all that time he ended up coming backwards and forwards seeing us. He knows that we love him, but he also knows that because of the way he behaves we can't have him around the younger one. He is still drug and alcohol dependant and now has a baby of his own, which is 12 months old, so the cycle is starting all over again.*
- *The whole family is on benefits and she is allowed to have them in her care. As carers we are trying to make this society better not to create another generation of children in care.*
- *I want to get it out there that the system needs to be turned on its head because it can work, but at the moment, under the current system, it can't. If these kids had stayed in the area FACS had sent them to, they would have just been at the beginning of the next perpetuating cycle and it was already happening. Somehow these kids just sniff each other out. The worst and most traumatised child within my school became the boyfriend of my suicidal foster daughter that had been removed from us and placed here. They are magnets. We just had to get them out of there regardless of what FACS said.*
- *I asked what are the guidelines for the response to emails. I got no response. It will come up at the next meeting. Look, it is a joke. I find that the people who are doing the job have such a huge responsibility – when you think about it, these are children's lives that they are dealing with. We want to break the cycle. I don't want these children to be a burden on the state welfare system when they are in their teens. They are bright kids. Imagine what benefit there is for society if these kids do well. The oldest one wants to go to university, and I will do my utmost to make sure he gets there. I want to send him to boarding school and I suggested that to FACS and they said, "Well, we will have to approve it and we are not contributing to the cost." But I have heard that that is not the case. They go to a Catholic school now, but I pay all their school fees.*
- *The agency put her out in a placement in another little country town, but she ran away to her sister's. But her sister and her sister's husband grow marijuana on their own property. So now that girl is in an unauthorised placement with her sister, and the agency is not doing anything about it because she will be 15 this month. They are just leaving her there. This sister is very broken. And you know what, she will get pregnant and her child will go into*

foster care. She wanted so bad to be pregnant to the boy that she was making off with, and I said, "Darlin', you need to understand that because you're in care, when you have a baby, they will take your baby." She said, "But why can't you look after that baby like you looked after me?" She wanted to stay living here, but she just wanted to keep doing the drugs. We had a spot for her in rehab but because it took too long to come up she got sick of waiting and that's why she ran away to the sister.

- *We had another girl here and we had her from birth. She was 16 when she wanted to leave home. Every time she had a boyfriend then our family would be second to her. The boyfriend's family would always come first and fair enough we got used to it. She started work at 15 at McDonald's. She met this guy and they started going out, which was fair enough. She said, "Mum, you got to trust me. Can this boy come and sleep here?" We talked to our NGO and they said, "Why not? You have a spare bedroom." So we said, "OK." He came and had dinner and he seemed like a nice guy and we had met him a few times before. Then I got up early one morning and found his bedroom door open. I go to close the door so as not to wake him up and the bed hasn't been slept in. I walk into my daughter's room and he is in bed with her. I told him to get dressed and get out and he could not stay here again. I rang his mother to let her know. I ring her and she says, "Oh, that's alright. We allow it here." She said, "We allow them to sleep together and shower together and everything." I rang up and told the NGO that I found them in bed together and caught her in the shower talking to him face to face taking photos of herself. Well, the NGO didn't do anything, and they let her go there. In fact, my husband and I got into trouble because we had looked at her phone to find the video to show them. They got a child protection officer to come out here and get us to sign a privacy document to say that we would not look into her phone. She was only 15 and a pregnancy in the waiting, but we were the ones in trouble. Unbelievable.*
- *There is just no support from the foster care system. The NGOs are shocking. We have only got a case plan review in the last month for the child in our care. He had his first case plan when he first came into care as a 10-month-old baby and no one has done one since. Because there is no support for carers, the carers are struggling with the children that they have, and we are getting respite children from carers who are obviously overworked and unsupported, but the kids are suffering because of that. You have kids that you have to essentially sedate because that is the only way they can be controlled, and they can stay in the system. That is the only way some carers can look after them. It is absolutely appalling because they are crying, "Please, don't give me my tablets." It is so hard because paediatricians see them as broken. They don't want a wholistic approach. They don't want to give that child what that child needs, such as having a tutor at school, getting the child into sport to give them confidence and some peer support and extra respite for carers and it is just easier to give the kids meds. Then the kid turns 12 and says, "I am not taking them." And all of a sudden, before you know it, they are in the juvenile criminal justice system. The agencies are not addressing the issue. They are putting medicine on top of it. So, you have an angry, sedated child. And I think, "If there was support for carers that would happen less." These children become parents whose children go into foster care. The child grows up in foster care in an unstable environment. They do not learn any living skills because they don't experience love, so they don't know how to recognise it or to give it. They have a baby at 16 and they don't know how to care for it because they have never been cared for. Their child ends up in care and all of a sudden you have 6 generations in foster care. The statistics are clearly demonstrating the situation.*

- *And you don't get any support. They are staying with us but there is no follow-on support once they turn 18. They literally get a letter in the mail saying, "Congratulations. See you later." And that, of course, is why the vicious circle is never ending because without support and if they had to leave the home, they would, like our boy, end up on the street, have babies and it starts all over again.*

CARER TRAUMA

The *Collins Dictionary* defines trauma as a very severe shock or very upsetting experience that may cause psychological damage. It is a psychological and emotional response to an event or an experience that is deeply disturbing or distressing. The foster care system discusses at length the trauma experienced by children removed from their biological families and so it should. But what is missing from the discussion is the trauma experienced by carers whose only ambition is to help traumatised children have a better life. Difficulties in recruiting and retaining quality foster carers have resulted in the beginnings of research into foster carers and their experiences in recent years. McKeogh et al. (2017), for instance, conducted a quantitative study into foster carer stress and satisfaction and found an abundance of role-specific challenges that foster carers experience on top of traditional parenting stressors. They found that system-related challenges, such as carers having to interact with birth families and maintaining working relationships with members of the foster care agency as outlined above, can be seen as truly unique to the foster care role. They note that while non-foster children may exhibit challenging and sexualised behaviours, the frequency and intensity with which these behaviours present in foster children provides a uniquely significant stress-inducing trauma for foster carers. The unique levels of stress experienced by foster carers impacts on their health and wellbeing and provides a hotbed for trauma-creating conditions.

There is now a host of research demonstrating that healthy attachment to a foster parent can facilitate healing, provide a sense of belonging and promote resilience for this vulnerable group of children (Riggs et al., 2009a; Schofield, 2002; Schofield & Beek, 2005a, 2005b). Furthermore Blythe et al. (2013) identified that women providing long-term foster care characterise themselves as mothers but they struggled to reconcile their significant maternal responsibilities with their limited authority. If a damaged child has been cared for and nurtured, building a healthy attachment between themselves and the carer over an 8-year period, is it really difficult to imagine the separation anxiety, the grief, the guilt that is experienced when a 24-year-old case worker decides she doesn't like your parenting skills and within hours the boy is removed never to be seen again. Surely a system that supports such trauma-inducing behaviour is not only broken but is in danger of being guilty of human rights abuse. The rights and the best interests of the child are important issues and, in this example, they were clearly misguided, but where also was the consideration of the rights and interests of the carer? Unlike other custodial mothers, foster carer participants' parental authority is restricted because legal authority, over and for the children, remains with the system. The extent of this restriction has been very difficult for participants (Blythe et al., 2013), adding anxiety and stress to an already difficult situation.

Telling participants they are volunteers, as they choose to do this, betrays a serious misunderstanding of the issue. Somewhere there has to be consideration that these volunteers are like no other. They are human beings managing extraordinarily difficult situations with extraordinarily difficult children

and they are doing it 24/7 for 365 days in the year, often with no respite to ease the stress. They are doing it for 5, 10 and even 20 years and all they are asking is for some emotional support. Someone to just hear their pain to lower the stress level.

A myriad of self-help programs provide advice on sharing stress, so how hard is it to understand that living with a child who is throwing furniture around the room, screaming at you, scratching and kicking you is a level of stress that needs some attention? It is little wonder that carer support groups have been springing up through social media and elsewhere. But the system does not support such connections. The carers are told that if they discuss their issues they are breaching the child's privacy. Confidentiality is demanded when carers clearly understand that sharing information is critical to the child's wellbeing and the process of sharing is also a critical element in stress reduction. Carer trauma plays a significant part in the exodus of carers leaving the system and the decreasing numbers of volunteers willing to take on the foster care role, as demonstrated by the quotes below.

- *Most people seem to think that you get paid so this is your job, but it is so beyond that. These are little people's lives and I don't know any child in care who has turned out to be typical. I don't know any that don't have their own separate baggage and need extra support. This is all foster children, but the extra stuff that the system puts on them and puts on the people who are caring for them and loving them is really difficult. It is very stressful as a child to know that any moment you can be moved. It is very stressful on the person that you think is your sibling is going to move, which was our case and it is very stressful on the people caring for them. For years we struggled with that and after 2 years we left the agency. We just couldn't bear it any longer.*
- *All we ask for is 1 respite a month. Now, nearly 3 years later, we are still fighting for it. Every morning and every night is just a battlefield. She will turn around and tell us that she can do what she wants, and we can't touch her. They get removed if they get verbally abused but we get abused every single day. We get shouted at every single day.*
- *Things can get really bad especially during school holidays and I am on the phone in tears, just someone to talk to, someone to support you or someone to check to see how things are going. All I am asking is emotional support, but the case workers are getting younger and younger and have never been parents, so they just don't know.*
- *We are human beings with feelings, not just a number. They say, "Don't get attached" but don't call me a carer if you don't want me to care for 24/7. I get to the stage that I don't say anything because they don't care what we do for the kids.*
- *It got so that I couldn't leave the little one watching TV while I had a shower because the big one would belt into her, and slammed her head against the wall. The little one was scared to sleep in her own house. I put bells on her bedroom door in case of a night attack and we lived on eggshells till the agency finally agreed to find another home for the older sister. It was so extreme it took me and the little one a long time to get over it.*
- *I just left the meeting. I was absolutely gut wrenchingly gobsmacked. I couldn't even verbalise what I was feeling because it was so surreal and out of nowhere. It was just like, "Are you purposely trying to sabotage the success we have achieved with this family? Are you trying to make sure that this is not going to work?" It wasn't easy. This was a mum that had*

never properly parented before and we were speaking with her 4 or 5 times a day, popping down to see if she needed us and, suddenly, immediately with no warning, it was over. We were not allowed to call her. We were not allowed to speak to the children who we had parented for over 2 years and the baby still called us mum and dad.

- *We were emotionally, financially and physically wiped out. I didn't even get to say goodbye to those babies and those kids. We couldn't say, "We are not doing this. We are not abandoning you. This is not our decision. We didn't get to say anything." How can anybody with any understanding of psychology or trauma say that that was the right thing to do that day, and FACS are supposed to be the experts. I can show you the emails that said no contact effective immediately and if you do it will potentially jeopardise any contact in the future. We were decimated.*
- *So not only did they rip them out of my home and not let me speak to them, they then put the foster family within eyesight and where I could hear them from my workplace, but I wasn't allowed to talk to them. I wasn't allowed to know they were there. I wasn't allowed near them, but the worst part was that it is the drug capital of the area and I knew this area and I knew how horrendous this was and I knew they should not have put the mother who was fresh out of 2 years in rehab into this area. So here I am hearing my kids and then because the area is so under-resourced and impoverished all the kids just roam the streets. I would have after-school activity at my school and my kids would be turning up and I wouldn't be allowed to see them, or they would be playing with kids from my school and it literally ripped our hearts out. It was hell. Why would the agency do that?*
- *They then had the hide to say to us don't ever speak to that carer about him again. That is his privacy and you have breached it. I said are you going to stop me talking to the only person who has knowledge of this situation, that is a support to me for his privacy but then you put him around the corner from my house so I have to see him every day and he has to see the other children in my care and why we needed him to leave in the first place. What are they thinking? They are floundering in a broken system, but we have to live with the stress of it.*
- *I have been to court and the tribunal with carers and the carers had to get a solicitor because they didn't understand the court system. They needed help with what they needed to do and what they needed to say, but it cost them money to try and protect their foster children. One carer spent \$50,000. She took out a second mortgage on her home and she is now struggling, but she still lost her 3 children. Being a foster carer has devastated her life.*
- *FACS suggested that we apply for a passport when we told them we were going on an overseas holiday. I thought, "Fantastic. Let's do it." My agency ran around and did all the applications. FACS took it to mum and dad, but mum chucked a tantrum and said, "No way." So FACS then overruled their own decision and there was no passport to be applied for. I had no choice but to book the child into respite. Two weeks with her in respite was just crazy. I had a terrible time away and she did not cope very well. Being 9 months that is a very influential age for a baby; they know their surroundings. It is hard enough with me handing her over for contact. She looks at me and puts her arms out and I just have to say, "Sorry, baby. I can't do anything about this." This is the heartbreaking part, and this is happening on a daily basis.*

- *She is so disabled that she can't even roll over. She has a loving home with us, but they wanted to put her into an institution. They don't care about how much you love the children. They don't seem to understand that this is a little human being that when you care for it, you develop a bond with it.*
- *I just cannot believe how they cannot have compassion for these children or any empathy for the carers. They ask us to love these children and we do and then they just turn around and rip them out from underneath us. They did the same to 2 little girls that I had had from birth. One was 2 and a half and the other one was newborn. They were sisters. We were told that we would have them till they were 18. I brought them up like my own and we had them for 3 and a half years. And then, all of a sudden, the grandmother, who FACS had told me would never get them back because she had bashed them, said she wanted her grandchildren and they just handed them over. We were considered to be irrelevant to the decision and no one asked us what we thought although it broke our hearts.*
- *I reported that the case worker had threatened to take the children to her manager and the manager said that she had no right to say that. But she did say it. I didn't sleep that night and then I said to the case worker, "Please let me know when you are removing them because I will get every media outlet known to man at the front door. I love these children and there is no doubt about it, and I would do anything for them but, come on, give me some support. I have enough on my hands without you adding to my sleepless nights."*
- *Just to give you an example, my wife has recently left me, and I will not say that my marriage was without its problems but certainly the larger issue was with my foster daughter and the lack of resources and services that were available to us. We were married for 25 years and effectively it ended because of foster carer related issues.*
- *We carers are just too good for our own good and we get treated like shit for it. When we try to contribute to the decisions it is like, "Well, what would you know?" Excuse me but I live here with this child 24/7. You try and give them information that you have experienced, and they just don't want to hear it. It is very stressful.*
- *We wanted him to come home despite his behaviours because he was our child. This was a child that we had raised for over 8 years. It was heartbreaking, but at the family conference the bio family, who had had minimum contact with him since he was 4 years old, were making all the decisions about what would happen next. Decisions were made about contact, photos, catch up with carers but absolutely no results have eventuated from those agreements. All decisions have been made negotiable for the bio family but nothing for the carers with the agency totally ignoring the anguish of the carers.*
- *Now we have no case manager because FACS doesn't have to give any reports to the court, so we are just on the list and don't have anybody. They were no help before anyway, so in some ways it is better but although we have PR for everything – his physical health, his mental health, his education and everything – we can't say, "No, he shouldn't have overnights" or "No, we don't think dad should be doing all the things he is doing." It's like what we do means nothing, but we are responsible for everything. The pressure is unrelenting.*

- *Now we spend all our time being apprehensive about going to contact because even though FACS is supposed to be in charge of contact, we do everything. We organise everything, we take him to contact, we pick him up from contact, any changes are made by us not by FACS. It pulls my heart apart lots of times.*
- *It is quite disheartening to think that we go above and beyond the call of duty for these children and when we ask for information about this child – is she in your care or has she been restored? – they turn around and say they are not at liberty to tell you anything. It really puts me in a spin to think how can you say that to someone that loves this little girl and only wants the best for her. Their attitude is that we don't count and that is so upsetting. It is just so wrong.*
- *I even spoke to my husband last night and said, "I just can't do this anymore. This is really taking a toll on me as a person." I am not this heartless. I can't cope with this but I still do this because I still want the best for the little girl and maybe one day there will be no restoration and maybe one day she can stay with us long term, which we have opened our hearts to. But I am scared with each day wondering if they are going to ring me and say she is leaving tomorrow because that is how it works.*
- *I actually asked if I could be a party to the proceedings, which I believe we can. The agency told me no. But I should be able to attend court. I should be invited to attend everything that affects this baby girl because she is part of my family. They even said that they don't like you to be a party to the proceedings. But I know that I can go to court myself and I can register myself, but to be blatantly honest with you I am scared. I am scared of the system. They have told me no and told me that even the NGO can't get invited in the court days, which they obviously should because they see me and the little girl every month. They don't invite anyone else to go to these proceedings, but mum and dad can be there. But what about me? I am her foster mother and I have had this little girl longer than her biological parents have had her. I just can't understand how they can cut us out of anything that has to do with this little baby or any child in the system. It is just that we don't count, and they make you feel worthless. I would say that this is why foster carers put their hands in the air and say, "Too hard basket, too emotional, too upsetting. I don't want to do this anymore."*
- *I love my 2 kids. I knew their mum would not have them back. I knew this was for the long haul. But that is not even the issue. There are plenty of young people out there who have a young family. And you enjoy it. For me having a family is the best thing. But as foster parents, we live under a microscope, wondering at each step what FACS will say. Oh no, he has fallen off his bike. What if someone sees that and says something bad. That is what we live with every day and what has made our life so horrible.*
- *We met with their CEO on multiple occasions and everything was meant to be documented and everything promised but nothing ever got done. Our privacy was breached so many times. The whole experience almost annihilated our lives.*
- *It is quite ridiculous, and I don't think the system is for the children anymore. That is why I have left because I can't keep knocking my head against a brick wall in a system that doesn't respect the carers in any way. We are just seen as volunteers even though it is 60–80 hours of very hard but important volunteer work a week. Nothing we say matters. I am a social*

worker. That is my background. I am also a nurse, so I have the skills. But a young case worker is telling me that I need to do a parenting course. They know my background, but it didn't matter. They questioned me and questioned me and told me I could only have the boys back if I continued to see the psychologist every week for an hour. I am sorry, but that is emotional blackmail and you are not going to treat me like that. And if I took them back but missed an appointment the boys would still have been removed. They set that out very clearly for me and they were the guidelines. My heart still breaks, and I am still grieving over losing my boys because I planned a life with them. It also grieves me to know that these boys had a home forever and now they are back in the system because of a very misguided decision that I have no way of challenging.

WHO IS LIKELY TO RECOMMEND A FOSTER CARING ROLE?

Marilyn McHugh (2004), reporting on a study conducted by researchers at the SPRC for the NSW Department of Community Services (DoCS), noted that the majority of carers surveyed in 2003 (55%), would recommend caring to others. While many of the reasons for carers exiting the foster care system in 2019 remain the same, the intensity of the problems has significantly increased and only 3 out of the 70 participants in this survey would recommend the carer's role to others.

Recruitment by carers of family and friends is the most powerful source of recruitment strategy. With the ever-increasing number of carers leaving the system the problem of recruitment of carers has a compounding effect. But, given the discussion above, it is no wonder that recommending the role by carers to new recruits is nowhere near what it was 15 years ago.

- *When I get my little one out of the system, whether it is by adoption or guardianship, there will be no more placements for me. I know a lot of other carers in my community that feel the same way,*
- *We find it difficult to be positive about fostering because they are so desperately needed, but it has been so hard for us. It shouldn't be like that.*
- *I used to be an advocate for foster carers. I got a lot of our friends and a lot of other people becoming foster carers. But now there is no way that I would recommend anyone to become a foster carer. And all I hear from our case workers saying that they have been so busy because there are so many placement breakdowns. I ask, "Don't you realise that there is something wrong here?" It's not about kids anymore. If you go back 10–15 years ago it was all about the kids, but now it is all about funding and politics.*
- *We have a child with mental disabilities, and we have 3 girls permanently that have been with us since birth who are 11, 13 and 15 and we have a little boy that is short term at the moment. This boy is our 107th child. But the last 6 years with the NGO have been hell. We are actually thinking about giving it up. We love it and this has been our life but the way you get treated these days and the way you have to fight for everything makes us ready to say, "No more."*

- *I believe allegations are the biggest deterrent for new carers. Carers are kind enough to open their homes, but some lose everything. Their relationships break down, they lose their homes, their jobs, everything. I would never recommend it.*
- *Carers are dropping out at the rate they are because they are terrified. I was always worried that when I was making all those complaints the next thing I would get is an allegation. That's all they can come back with and I thought that would be their next step. I was terrified. During all that time there were always a lot of times when I just wanted to drop the children back at the agency office and say, "See you later."*
- *I had one friend asking me if I would recommend foster care and I said, "No way. I would never do that because I feel that it has ruined my life." I haven't had a life. And that is not because of my kids, it is because we constantly are having to be worried if FACS is going to approve this. I can't go on a holiday because I have to ask FACS' permission. I can't do all sorts of things because I have to ask FACS and it depends on if they like you what they will say. But they keep changing all the time. You take your kids to school and they watch you because they know these are not your children. They report everything back to FACS. This child had this for lunch today. I feel like my life has revolved around FACS and I am living under a microscope and I feel it has ruined our life as a family. We can't enjoy the good times because our bad times always outweigh our good times over and over again. We always have something negative coming from them.*
- *So now we basically have 3 foster daughters, and because our marriage broke up I am basically single parenting the older one and my ex-wife and I share the caring for the twins. Regardless of my personal issues, through my experience with foster care I wouldn't be recommending it to anyone. We have had the girls since they were born or 1 year old. They are my daughters and I will raise them, but I will certainly not be continuing with foster care just because of the ramifications on your life.*
- *Others have said to me that they have always wanted to be carers themselves but after seeing what we went through they wouldn't do it. Our treatment was unacceptable. My mum has actually been in tears at the way we have been treated. Most carers are doing it to help the kids in the best way that they can. They are not a bunch of whingers. We are just trying to help these kids. But we would not recommend foster caring to anyone because of the way we have been treated.*
- *My work mates are amazed when I tell them how many children are in care and we need more carers, but we need to fix the system. It is killing us the ones that have to walk away but it is killing us to stay as well. We can't win. We want to help these kids but there is no one willing to listen and help us do it.*
- *The agency has kind of been chasing us. They are desperate for carers but there are just so many ridiculous rules and if we weren't so invested in our daughter, because she has been with us long term, she is our daughter. But to tell the truth if we were not so invested in her and she was just a placement that came and went I don't think we would do it again. They make it too difficult.*
- *I have been a carer for 27 years. I have just finished my last placement and she lives in between here and her friend's place. And would I do it again? No way.*

- *I would say that this is why foster carers put their hands in the air and say, "Too hard basket, too emotional, too upsetting. Why am I doing this?" The number of people who have said they just couldn't do this explains why the numbers are dropping so much. They don't want to expose themselves to such an awful experience and the system is just in protection mode and we don't want to be part of it anymore.*
- *Well, my sister did the training to be a carer. But then she refused to take in any kids because she said, "I'm not going through what you go through." She said, "They're treating you like shit and no way am I going to be part of that."*
- *I love fostering but when those kids leave, a little part of me leaves with them and I do get emotionally attached to them because once they come through my door they become part of my family. I am their advocate and I fight for them in any way that I can. But, as of last week, I have left the fostering system.*
- *I thought, "I just can't keep doing this and I have to move on." That was hard because I want to help, and I want to be part of fostering. As a carer we can't keep doing this and getting no results from this agency. They are just not helping.*
- *We would have fostered for many more years if we hadn't been treated so badly. We are young and my husband is younger than me, but this will be our last placement.*
- *It is no wonder that so many carers are dropping out of the system. If I wasn't so attached to this child, I would say, "Here he is back – I am done." Our mental health from the stress of this situation – part of me says, "Yes, that would be so much easier" but we have a bond with this child, but it is really difficult to know where you draw the line between your mental health and the boy. But if anyone asks we would tell them not to do fostering. It is too heartbreaking.*
- *The agencies couldn't keep up with the changes, hiring people who had nothing to do with home care and nothing to do with children, but they are case workers now and they treat foster carers like rubbish. They tell you what they say are the rules. Once we would have confronted them, but now the carers don't have that ability any more and not knowing about allegations – who makes them and why they have been made even though they are just not true. The first thing that happens it is reported, and you are guilty and it can take years to get to that allegation being unsubstantiated. I have seen marriages split up. I have seen carers commit suicide. I have seen kids dragged away forever. There was always support for carers in the past and they were valued, but not now I just wouldn't do it. There is no surprise in the decreasing rate of carers.*

A carer who responded to the request for participants to the study said she wanted to participate because of her positive experience as a carer. She has been doing respite and short-term care for 18 months, a period of time that long-time carers call the 'honeymoon period'. Also, respite and short-term care have been reported as having the least emotional impact, with carers seldom suffering from attachment and separation anxiety because of its short-term nature. Her comment was that she does not involve herself with the Facebook and other support groups because they are so negative. "If it is so bad", she said "then they should just leave." The point is that carers *are* leaving the system. They are leaving in droves. Others, seeing the trauma inflicted on their friends and family through contact

with the system, are turning their backs on that system, whereas in the past they would be encouraged to also join up. And, instead of advocating and recruiting for the system, carers who have left the system discourage many possible new recruits. The statistics clearly demonstrate this exodus. The problem is, of course, that if the numbers continue to drop then eventually there will no carers and **without carers there is no foster care system.**

CONCLUSION

There is no doubt that the foster carer role is an extremely difficult one and it is carried out 24/7 for 365 days in the year. Carers are volunteers like no other and the benefit they give to society through their efforts is beyond measure. The personal satisfaction of nurturing a traumatised child to healthy adulthood is a strong motivating factor for most carers. There are examples where the process has been very successful and a winner for all parties. Dr Kerry Phelps, former Federal Member for the seat of Wentworth, is one such high-profile example of a successful foster care story. This study has not focused on the success stories. The research question was interested in asking, "If there is such satisfaction in the foster care process, what are the reasons for increasing numbers of carers leaving the NSW foster care system?"

The study has identified that carer value is very often unrecognised by many who are in charge of the system and the carers suffer, often severely for the children they try to care for. They suffer emotionally, financially and mentally through the traumatic situations they are placed in by the system and those who are managing it.

The distressing thing is that many of these problems have been known for at least 15 years. As the gap between the children taken into care and the available carers to care for them continues to widen, there has been growing interest in researching the reasons for carers' exodus from the system. Most of the reasons outlined in this study have been researched under various titles during this period but perhaps, although stress has been identified as a factor, trauma-inducing stress levels have not been appreciated and they are a major contributing factor to the ever-increasing gap between demand and supply of carers in the 21st century.

Partly this can be explained by the massive complexity of the system, which could now be said to have grown into an ever-expanding industry. Therefore, mending one part of the system can sometimes, as in contracting out the delivery of services, create a bigger problem rather than fix the one on hand. The COAG National Framework is attempting to do this, but it is a very slow-moving beast and statistics would indicate that this is an urgent problem requiring immediate action.

RECOMMENDATIONS

- The system is such a complex combination of professions, organisations and services that a Royal Commission is required to review the whole system.
- Study stakeholders agree with other studies that unless there are changes in the attitudes of case workers and local office managers, especially in relation to information sharing and working as partners with carers, it will be difficult for fostering to survive as a feasible option. FCA therefore recommends case worker qualifications be reviewed to incorporate additional mental health training and a strong emphasis on the value of foster carers.

- FCA recommends the following in regard to training:
 - an immediate focus on the carers of the NSW system, with particular attention to the carers' educational needs
 - an immediate extension of this survey so specific mental health training needs are identified and appropriate programs developed
 - training be provided through and for the FCA carer community with information and methods that have already been piloted and confirmed to be efficient and valuable.
- The power structure between case workers and carers needs immediate review. Horrendous decisions are being made by case workers without consequences. The carer has no right of reply. The situation is critical and a key reason why carers are leaving the system at an increasing rate.
- Minister Goward, when in office, committed to make adoption easier, but this is not the experience of many carers and the situation needs immediate investigation.
- There needs to be a time limit on allegations being brought up in court against carers seeking adoption or guardianship. It is not acceptable that unsubstantiated allegations that have already been investigated and found to be untrue can be brought up again 5 years later.
- Person of Interest notification needs immediate review. Carers who have not been charged need to have their POI cleared so they can continue to participate in community activities

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