

Exhibit 127 A

Exhibit 127 A was ordered to be de-identified and is published
under

Exhibit 127 B

QCPCI Reference: [REDACTED]

QCPCI

Date: 29-11-2012

Exhibit number: 127 B



QUEENSLAND CHILD PROTECTION
COMMISSION OF INQUIRY

Statement of Witness

Name of Witness	[REDACTED]
Date of Birth	
Address and contact details	[REDACTED]
Occupation	
Officer taking statement	Jason Schubert
Date taken	

I, [REDACTED] state;

1. My husband [REDACTED] and I have been foster carers for the past 7 years. We have 4 biological children and 3 children in our care. One of the children has been with us since he was 2 and is on a Long Term Guardianship order and the other 2 children are twins of 13 months and have been with us for 7 months and are on a 1 year order.
2. We decided to become foster carers as we wanted to give back to the community and felt that we could make a difference in the lives of children coming into care. I am a [REDACTED] and [REDACTED] is a [REDACTED]. I think being involved in the medical profession has given us more insight into the complexities surrounding the children that come into care. [REDACTED]
[REDACTED]
3. I would like to draw attention to the follow issues:
 - The factors contributing to a positive outcome with children in care: 2 examples of positive outcomes.
 - The factors contributing to a negative or non-favourable outcome with children placed in care, giving 1 example of a non-favourable outcome.
 - How the foster care system can harm children.
 - Adoption for children placed on Long Term Guardianship orders.

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- A new approach - The new profile of a Carer, The new departmental worker, the new parent.

The factors contributing to a positive outcome with children in care: 2 examples of positive outcomes

4. Five years ago a Vietnamese baby of 4 months was placed in our care after being hospitalised for brain trauma. The parents were alleged to have shaken the baby causing the trauma. The referral of the baby included that he could be blind and have cerebral palsy. He remained on an interim order for nearly 2 years and in our care until he was reunified with his parents. He is now a healthy 5 year old attending school. We have been fortunate to still have contact with him having formed a good relationship with his parents.
5. My second example of a positive outcome concerns 2 sisters of 1 and 3 years of age placed in our care 3 years ago. After 2 years we unfortunately had to end the placement due to family pressures and they moved to stay with their grandmother, however they continued to stay with us one week a month until being reunified with their parents in December 2011. Their parents were married in September, with the girls and their 2 siblings are living as a family unit with their emotional and physical needs being met. We continue to see the girls as we had a very good relationship with the parents.
6. I would like to discuss the factors which led to these success stories focusing on the carer, the department and the parent. [REDACTED] and I have a strong philosophy that "it takes a Village to raise a child" and we are very fortunate to have a strong support network of friends that are committed to helping us both on a practical and emotional level in raising the children in our care. We have no biological family in Australia. This support is imperative as being a carer is very demanding both physically and emotionally and the department does not have the capacity or resources to support carers.
7. Agencies are supposed to give support however personally I feel that many agency workers do not have adequate training to give support with the types of behavioural and emotional issues that many of the children present with. My [REDACTED] background played a big role in the positive outcome of the baby as I was able to provide him with the

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necessary therapy needed to help heal physically.

8. The department worked tirelessly with both sets of parents providing them with the resources they needed to give them a better understanding of the changes they needed to make, and the skills they needed to learn to be reunified with their children. The parents were committed to doing what was necessary to be reunified. The parents also had a very good relationship with [REDACTED] and I and it was very much a team approach.
9. There were times I had to be very assertive in standing up for the rights of the children and for what was in their best interest, such as when the siblings were to be placed with another carer and I fought for them to go to their grandmother. On 2 occasions I was not happy with the standard of care given by the proposed new carers.
10. What makes it so positive is that the emotional trauma (understanding attachment theory) suffered when having to leave us (first example) and their grandmother (second example) was minimal, due to the continuation of contact with their carers.

The factors contributing to a negative or non-favourable outcome with children placed in care: example of a non-favourable outcome

11. Sadly there are many examples of non-favourable outcomes with children placed in care. 5 years ago a 2 year old Vietnamese boy was placed in our care. He had been living in a car for a number of months with his drug addicted mother.
12. He came into our care being very traumatised from a traumatic removal where his mother was screaming and the police were involved. He spoke no English, had no normal routines of a 2 year old, drank only soft drink and had completely rotten teeth. He was one of the most challenging little children we have had in our care. After 2 months, however, he was developing normal sleep and eating patterns and had formed a very close attachment to myself and my then 6 year old foster son.
13. Unfortunately the department deemed it necessary to move him to his [REDACTED] year old Auntie who lived behind a shop she ran in Fortitude Valley. (In accordance with the Child Protection Act where children are, if at all possible, to be placed with kin and same culture). It was obvious (so I thought) that this was not going to work and was definitely

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not in his best interests. It was very distressing leaving him there as he was inconsolable. I did contact the Department as the living conditions were unsafe and not child friendly (being very small, dark and dingy).

14. As predicted, the aunt contacted me a few weeks after he had been placed with her and her boyfriend, saying that she was finding it very difficult looking after him. I offered to help out and he came to stay with us a few times for 2 -3 days at a time. I then lost contact as the shop closed.
15. Out of the blue last year his mother (with whom I had also had a good relationship) contacted me to ask if I could look after him for a weekend as she needed a break. He had apparently been reunited a few months after the shop closing and being with his Aunt. After clearing it with the department he did spend the odd weekend with us last year.
16. This is a clear example where this little boy was retraumatised and harmed by the departments actions. It was also very traumatic for me see the harm being done and feeling powerless in the situation. To have resulted in a positive outcome he should have stayed in our stable placement where he was thriving, until such stage as he could be reunified with his mother.
17. Another good option would have been to set up a close collaboration between Mum, our family and department where we acted as a support family for an extended period of time. This is ultimately what happened last year when she contacted us needing our support. This way he would not have had to endure the harm and trauma through a system that failed to see him as a person but just a number. He would sleep with the photo album I always give to children on leaving our care his Aunt once told me!!

How the foster care system can harm children

18. I have touched on how the department may harm and traumatise children through the example above. Unfortunately many times in our experience and with talking to carers, a policy or legislation does not "protect" the child. Another example is a situation we faced 3 weeks ago where the twins placed in our care were supposed to spend a weekend away with us in [REDACTED]. The Case worker had said it would not be a problem to change their contact from the Saturday to the Friday (as contact had recently been changed to the

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weekend after being on a Friday for the past 6 months).

19. We were all set to leave, when we received a phone call on the Thursday night to say that the children were unable to come away with us "as the parents would not consent to the change of contact".
20. I understand that change of contact has to be agreed upon by parents and is a reviewable decision however when parents are being unreasonable (and nasty as in this case) the manager should be able to have the power to make a decision based on the best interests of the children. It became a very stressful situation as I was not prepared to just leave the babies with an unknown person (we do not do that with our own children) so at the last minute a friend of mine whom they know stepped in to look after the babies for the weekend, so that they could attend their contact on the Saturday!
21. In my experience departmental workers need to understand that moving children around willy-nilly is very detrimental to their long term emotional well being. They need a better understanding of attachment and brain science as ultimately this is what we are dealing with in these very vulnerable children. Foster care is more than a bed and food, and case workers, team leaders, managers need to ensure that children are staying in stable placements where they have the time to heal.

Adoption for children placed on Long Term Guardianship orders

22. Adoption for children on Long Term Guardianship orders is very close to our hearts, having a son in this situation. He has been with us since he came into our care at the age of [REDACTED] and is now nearly [REDACTED]. All he wants to be is a [REDACTED]. He does use our surname at school but obviously his passport etc is still under his other name. He has not had contact with his biological parents for 3 years.
23. One of the biggest issues causing behavioural or long term emotional problems with children in care is around their sense of identity and belonging. Every human wants to belong, and making adoption an option for these children would give them the chance to feel like they really belong to a family.

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A new approach- The new profile of a Carer, The new departmental worker, the new parent

24. Support carer or carer family:

- a. Suitable for the position (going through a rigorous assessment process);
- b. Suitably trained for the very demanding role before being approved! (training in attachment theory, brain development, challenging behaviours);
- c. Supported by a nominated respite carer and another person providing practical support at approval, therefore making it more of a Community approach to the care of the child;
- d. Paid a wage as a professional, and therefore accountable, and respected as a professional;
- e. Trained and supported by a professional body (along the lines of other professions); and
- f. Having access to counselling services that have an understanding of the child protection system and the vicarious trauma that carers endure through their role.

25. The profile of the future departmental worker :

- a. Having in-depth knowledge of the psychological and emotional development of children and behaviours in children;
- b. To at all times be making decisions according to what is best for children (having the above knowledge);
- c. To be working as a team very closely with the support carer and the parents and sticking to very specific goals and timeframes.

26. The profile of the parent:

- a. Where possible to be working very closely with the departmental worker and support carer or carer family in a team approach understanding what is needed to achieve set goals and timeframes;
- b. Having access to counselling and programmes which teach them skills or help change behavioural patterns. Every parent with a child in care should go through a counselling programme.

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27. I trust some of these ideas and experiences assist in formulating a more effective and caring model for future children in care.

Declaration

This written statement by me dated 22/11/12 and contained in the pages numbered 1 to 7 is true and correct to the best of my knowledge and belief.

Signed at [REDACTED] BRISBANE Signature this 22 day of NOVEMBER 20 12

Witnessed:

Name JASON SCHUBERT Signature [Signature] Rank [REDACTED] Reg. No. [REDACTED]
PT MAG CT
67291

Witness signature: [REDACTED]

Officer signature: [Signature]