shared STORIES shared LIVES

A course for new and prospective foster carers
Original material written by Paula Hayden, Louise Mulroney and Mhairi Barnes

Revised edition prepared by Louise Mulroney

Developed and produced in partnership by the Association of Childrens Welfare Agencies (ACWA) and Community Services, Department of Family and Community Services.

Originally published September 2000

© ACWA and Community Services, Department of Family and Community Services
## Contents

**Module 1: Foster care in context** ................................................................. 1  
- Why and how children and young people come into foster care  
- The foster carer’s role

**Module 2: Bonding and attachment** .......................................................... 17  
- Understanding bonding and attachment  
- Issues arising from poor attachment  
- Encouraging children and young people's sense of safety and security

**Module 3: Grief and loss** ................................................................. 25  
- Experience of grief and loss for children and young people  
- The experience of Aboriginal family, removal of children and grief and loss  
- Supporting children and young people who have experienced multiple losses

**Module 4: Abuse and trauma** ................................................................. 37  
- Identifying types of abuse  
- Impact of abuse and trauma on children and young people, including their brain development  
- Responding to children and young people who disclose abuse

**Module 5: Identity and birth family contact** ........................................ 55  
- Promoting contact between children or young people and their family  
- Promoting a child or young person’s sense of identity

**Module 6: Responding to challenging behaviors** ........................................ 67  
- Impact of loss and abuse on the behaviour of children and young people  
- Strategies for effectively managing challenging behaviours  
- Preventing abuse in care
Module 7: Team work ................................................................. 77
  • Understanding the range of people and roles in the foster care team
  • Impact of foster care on the foster family and wider networks

Module 8: Maintaining cultural connections ................................. 87
  • The influence of culture
  • Strategies to maintain a child’s culture
  • Assisting a child to deal with prejudice and discrimination

Module 9: The story continues ...................................................... 99
  • Life story work
  • Concluding foster care placements
  • Dealing with the demands of being a foster carer
Foster care in context

Why and how children and young people come into foster care

The foster carer’s role
How this course fits together

This course follows the stories of four sets of foster carers, and the children and young people they care for. Each child or young person who comes into foster care has a unique story. The stories of the children and the young people you follow in this course will not deal with all the situations and experiences people in care face; however, these stories provide examples to help you explore many issues that arise for children and young people and their foster carers.

Some of the children you will meet in this course are Jasna, Ben, Carla and Dylan.

This course is the first step to becoming an effective foster carer. It briefly touches on a number of issues. Many of these issues need to be revisited by carers in order for them to be equipped to do their job well. This will often be through further specialised training after they have been approved as carers.
Jasna’s story: eight months old

Jasna is a beautiful eight-month-old girl. She is not very responsive, rarely smiles, is unsettled and cries a lot. Jasna was born with spina bifida, a physical disability. In Jasna’s situation, it is possible that she may have some difficulty walking.

Her mother Elzina is 25. When Elzina was six, she witnessed the death of her own parents when their town was shelled during fighting in Central Europe. Elzina came to Australia as a refugee with her aunt when she was a child.

Elzina has no contact with Jasna’s father. Elzina has experienced severe depression. Two months ago her aunt, who lived with her and Jasna, died unexpectedly.

Elzina’s aunt had been very supportive, and provided most of the physical and emotional care of Jasna.

Last week, workers from Community Services found Jasna in her cot, very hungry and with a very dirty nappy. Jasna had very severe nappy rash, indicating that she had previously not been changed regularly. She had not been taken for her medical appointments.

Jasna was assessed as a child at significant risk of harm. Elzina is currently undergoing residential treatment. She has asked that Jasna be placed with a foster family for a couple of weeks until she gets out of hospital and is well enough to resume care of her.
Ben's story:
6 years old

Ben is a six-year-old with lots of energy and a cheeky smile. It is hard for him to keep still and quiet, but he is really good at electronic games. He enjoys talking to people but cannot read or write. He is not good at playing co-operatively with other kids and often gets into fights.

When he is in a happy mood, he is very friendly and loves playing boisterously with adults, whether he knows them or not.

Ben's parents, Jay and Lucy, have a long history of alcohol and drug abuse. When he was very young, Ben's grannie cared for him most weekends. However there was a family dispute when Ben was two, and Jay and Lucy cut contact with her. When Ben was three, police were called following a violent fight between his parents. Ben's mother had been pushed downstairs in Ben's presence. Ben was put into foster care for six months while his parents undertook a rehabilitation program. His parents separated, and Ben returned to Lucy's care. Jay and Lucy got back together a few months later. When he was five, Ben's school had concerns that he was being neglected. He was walking to school on his own, came to school hungry and unwashed, and was teased by other children because he smelt. Ben spent a further three months in care before returning to his parents. Almost immediately, there was another violent incident at home when his dad punched his mum. Both his parent were drunk. Ben's mum grabbed him and tried to get away, but he got hurt when she fell getting out of the house.

Since then, the Children's Court has decided Ben's needs would be best met through a long-term placement in a foster care setting until he is 18.
Carla's story:
12 years old

Carla is a very quiet girl who enjoys drawing. She is not very confident and finds it hard to make eye contact with people. Carla's father left the family when Carla was a baby. Carla's mother has always been very critical of Carla and blamed her bad behaviour as a baby for her marriage break-up. Carla's mother remarried when Carla was eight.

Carla's stepfather started sexually assaulting Carla when she was nine. A few months ago, Carla told her teacher about this. Her mother does not want to leave her husband. She is very verbally abusive of Carla, calling her names like “lazy fat slob”. She also says Carla is just trying to get attention.

When Carla is tired or stressed, she sucks her thumb and is often teased by her classmates.

The Children's Court has decided that Carla should be cared for by a foster family until she is 18.
Dylan’s story: 8 years old

Dylan is a wiry eight-year-old. He is an Aboriginal child with dark hair and eyes. He is an athletic boy who enjoys sport. Dylan’s parents, Phil and Ann, have three other children aged seven, five and four. Ann is pregnant. Phil is currently out of contact with his family.

Dylan is regularly left to care for his siblings when Ann is not feeling well. He recently refused to go to the shops for his mother because he wanted to meet his mates. Neighbours saw Ann run after him as he left the house. She whipped him repeatedly with an electric cord as he tried to get out the front gate. His face and arms were covered in bleeding welts. The neighbours called Community Services.

Dylan was given a medical examination that revealed previous fractures and faded bruising. This fitted information from the neighbours that Dylan had been hit by Ann before.

Ann recognises that she needs some help and has started to get involved in a family support service. She is also prepared to seek assistance from her extended family.

Dylan is not sure whether he wants to go back to live with Ann. At times, he says he wants to go home to his brothers and sisters, but at other times, he says he’ll run away if he has to go back. The Children’s Court decides that Dylan should have a 12-month placement with a foster family. The aim is to ensure Ann has made sufficient progress so Dylan can return home safely.
Important concepts in providing foster care

Core principles of out-of-home care underpin Shared Stories, Shared Lives. These principles are also reflected in key documents that guide the operation of foster care in NSW. This includes the NSW Out-of-Home Care Standards and the Children and Young Persons (Care and Protection) Act 1998.

The principles are:

1. **Best interests of the child**
   The needs of children and young people are paramount, and all decisions in foster care should be made on the basis of the best interests of the child. Foster carers should understand the needs of children, including developmental needs, learning needs, identity and self-esteem. Meeting these needs should be the focus of their caring role.

2. **Permanency as early as possible**
   Children and young people need a stable foundation from which their relationships, identity, values and cultural awareness can develop. Usually, this occurs within their family. A stable long-term placement allows children to feel a sense of belonging and stability. This helps them to continue relationships in their family, school and other settings, and promotes attachment to caregivers.

   If children and young people can’t be restored to their family, a decision must be made about an alternative long-term or permanent placement. This decision needs to be reflected in a permanency plan that considers their culture and identity and ongoing relationships with parents and siblings.

3. **Maintaining cultural identity and connections with family/community**
   Children and young people need to know where they belong. Coming into care shouldn’t mean losing important connections with family and community. Carers provide children and young people with a very significant resource by assisting them to maintain a sense of connection with their family and culture.

4. **Participation by children and young people in decision-making**
   Caring that respects the privacy and dignity of children and young people is critical in reaching good outcomes. The views of children and young people should be actively sought and given due weight in decision-making.
5. **Supporting carers to care for children and young people**

Children and young people need a protective environment in which to grow and develop. Many people work together as part of the foster care team. Partnerships that include birth families, foster carers and foster care staff can build strong protective environments. Carers must be recognised as a critical part of this environment and be supported in their role. Support includes relevant training, accessible advice and regular contact with agency staff.

6. **Aboriginal placement principle**

Under NSW legislation, Aboriginal children and young people are only to be cared for by non-Aboriginal carers if no suitable Aboriginal carers are available. Placing Aboriginal children with suitable carers from their own family or community is the top priority.
Needs of children in care

Research by the UK Department of Health Looking after Children Project identified seven areas that must be addressed by carers and caseworkers to meet the needs of children in care.

The seven dimensions of care are:

- health
- emotional and behavioural development
- education
- family and social relationships
- identity
- social presentation
- self-care skills.
Module 1

Question:
What do children and young people in foster care need?

Answer:
The same as all children or young people but sometimes more of it!

What makes a good foster carer?

Good foster carers are:
flexible
resourceful
patient
have a good sense of humour.

Other qualities of good foster carers are:
Care pathway

Report of child or young person at significant risk of harm

Community Services investigates and assesses reports
If Community Services decides that removal from their usual caregiver is necessary to protect the child or young person from unacceptable risk of harm, then the child or young person is placed in emergency short-term care.
Community Services must then make an application to the Children’s Court. The Court decides whether a child or young person will stay in care.

The Courts
The Children’s Court decides whether a child needs to stay in care and for how long. The Children’s Court issues a court order for each child or young person placed in care. This is a care plan that details the type of care to be provided, the level of contact with birth family while the child is in care, any services or activities the child or young person should be provided and any plans to restore the child to their family.

In some situations, a child who has been placed in long-term care by the Children’s Court can be adopted by their carers. This is a decision of the Supreme Court.

The foster care agency
The foster care agency organises the foster care placement and is responsible for supervising the court order.
The agency develops a case plan for each child or young person. The case plan documents the goals of the placement, and records tasks and activities planned to reach those goals.
The case plan guides the activities of the foster carer.
Case plans are reviewed regularly.

Note: Sometimes children and young people are placed with carers under a voluntary care arrangement. These arrangements are not made through the Children’s Court, and birth families have the right to end the arrangement at any time.
Case plans

A case plan is developed by the agency for each child or young person in care. It is a record of action necessary for meeting the child’s identified needs and for achieving their case plan goal. The case plan clearly identifies any important decisions made, each person’s role, agreed tasks, the person responsible for completing each task and how the plan will be monitored. The case plan provides guidance for the foster carer.

Generally, the caseworker gives the foster carer information about the case plan when a child is first placed with them. If it is an emergency placement, the case plan is developed as soon as possible after the placement is made.

Case plans cover such issues as:

- where the child or young person will live
- if there is a realistic possibility of the child or young person being restored to their family
- how the child or young person will maintain identity and connections with extended family, community and culture
- whether the child or young person has medical or developmental issues that require attention
- what educational and health needs the child or young person has
- the religious upbringing of the child or young person.

Case plans must be monitored regularly, and changes must be made if original aims and goals cannot be achieved.
Jasna’s case plan
As the Court has not yet made a decision about Jasna’s case, her current case plan reflects the possibility of her return to her mother’s care. The case plan also includes Jasna’s medical needs.

Ben’s case plan
Ben’s case plan includes the need to assess Ben’s educational and developmental progress, as there is concern that he is not yet able to recognise letters.

Carla’s case plan
Carla’s case plan sets very clear limits on family contact. There is to be no contact with her stepfather, and very limited and fully supervised contact with her mother. The case plan also provides for ongoing therapy for Carla to deal with the impact of abuse.

Dylan’s case plan
Dylan’s case plan sets out the goal that Dylan return home within 12 months. It includes the need for Dylan’s carers to help him to remain aware and proud of his Aboriginal identity.
Myths of fostering

- Love is enough.
- Children and young people need to forget their past to have a future.
- Foster children and young people become exclusively your children.
- Foster children and young people will change to fit into our family.
- Children and young people will soon recover from the difficult experiences in their past.
- Children and young people will be grateful.
- Children and young people will never go home to their birth families.
- The hardest part is at the beginning, as children get to know their foster family
- Fostering is a failure if the child does not stay long term with the foster family.

Like all myths, these statements have a grain of truth, or some may be true in some situations. However, if they are taken as totally true, they can completely undermine the fostering process.
Realities of fostering

- Fostering is HARD work. It takes more than love.
- Children and young people can only move forward when their past is acknowledged.
- Foster children and young people have their own families, who are important to them.
- Caring for foster children and young people can be quite different from parenting kids from your own family.
- Recovery can be a lifetime process. An important focus of fostering is ensuring no more harm happens to the child or young person.
- Foster children and young people have had difficult experiences that are often expressed through aggression or mixed feelings.
- Children can move back to their birth families or on to other carers for a wide range of reasons.
- Placements can go through lots of ups and downs, and even very settled placements can get very challenging when foster children go through adolescence.
- Foster carers can make a difference when they meet a child or young person’s needs, no matter how long or short a child or young person’s stay with them is.
Thoughts on fostering

“He is someone else’s child and nothing can alter that; but you and he may create together something unique that will stand him in good stead for the rest of his life. Your care may have helped him to cope with separation and return undamaged to his loving parents. Or it may have been that you have given him some sense of security and trust in the adult world that may keep him afloat in a sea of troubles … Of one thing we can be sure; even if he appears to forget you in the top of his mind, he will never forget you within the deeper parts of his mind where his childhood memories are hidden, yet continue to influence our lives. You are there, alive in him forever. This is your responsibility and your reward.”

From Olive Stevenson’s Someone else’s child

“One hundred years from now it will not matter what my bank account was or the sort of house I lived in or the kind of car I drive. But the world may be different because I was important in the life of a child.”

Anonymous
Bonding and attachment

Understanding bonding and attachment

Issues arising from poor attachment

Encouraging children and young people’s sense of safety and security
Bonding and attachment

**Attachment** is a special form of emotional relationship. It involves mutuality, comfort, safety and pleasure for both individuals in the relationship.

**Bonding** is any activity, action or behaviour that helps to establish or maintain a relationship.

Attachment is a two-way relationship between a parent/caregiver and a child. It is developed over time, especially in the child’s early years.

Bonding is the process of forming an attachment.

Children who have their needs appropriately met develop a trust and confidence in their parents/caregivers, and learn to participate in the relationship. The bonding develops into a two-way process in which children receive and trust the love given to them and are then able to love and trust in return.

When children have this level of confidence in their parents/caregivers, they can get on with exploring and learning about the world. They have a secure base from which to do so. Securely attached children can form positive relationships throughout their lives. They can show empathy and have a positive self-image.

The development of positive attachments is vital for a child's wellbeing.

Children who enjoy consistent, responsive and supportive relationships with their parents/caregivers, even at times of stress, are described as securely attached.
Factors that inhibit the development of positive attachments

Parents who are not emotionally available for infants and young children

A child’s infancy and early years are a critical time for the development of a sense of trust and safety. When the parent’s own needs are so overwhelming they cannot identify and respond to the child’s demands for love and attention, the child will begin to display a range of self-protective behaviours. An example of a parent who is not emotionally available for the child is a parent who is a drug user or has a mental health problem.

Children in this situation learn that adults are unpredictable, that they can sometimes meet their needs but cannot be relied on.

Children and young people who have experienced repeated rejections by parents/caregivers

These children and young people may have had a number of failed foster care placements and attempts at family reunification. Repeated rejections teach children and young people that adults are inconsistent and cannot be trusted. As the number of rejections increases, the child or young person’s confidence in adults being able to meet their needs decreases. Children and young people in this situation can give up hope of ever having their needs consistently met by adults.

Children and young people who have experienced repeated rejections may also have serious behavioural issues.

Children and young people who have experienced extreme inconsistencies in the care that has been provided

An example is when a child or young person may have been left with many different people on numerous occasions. These children and young people may have experienced many different expectations from adults. Or they may have experienced severely stressful events, such as loss of a parent. Or they may not have been placed in the care of an adult who is consistent and committed to them in the long term.

These children have little in the way of emotional resources to form positive attachments in the future.

Adapted from Perry et al 1998, Bonding and attachment in maltreated children, Citivas Press.
Common behaviours of children and young people with attachment problems

Comforting behaviours
Children and young people with attachment problems will use immature and bizarre soothing and comforting behaviours. For example, they may bite themselves, head bang, rock, chant, masturbate excessively, or scratch or cut themselves. This behaviour will increase during times of stress.

Inappropriate emotional responses
These children and young people may be withdrawn or anxious. They may respond quickly and aggressively when they are stressed. Children and young people with attachment problems may be over-affectionate, hug complete strangers and risk further abuse.

Odd eating patterns
This is common. Children may hoard food or eat every meal like it is their last.

Aggression
Children and young people with attachment problems have learnt that aggressive behaviour protects them in situations in which they feel vulnerable. Children and young people with attachment problems are often aggressive and can act cruelly. This is linked to their lack of empathy and poor impulse control.

Persistent fear state
Children and young people with attachment problems can display constant anxiety or attention-seeking behaviour.

Disorder of memory
Children and young people with attachment problems may appear to always ‘forget’ basic requirements or requests, or may not seem ‘present’.

Avoidance of intimacy
Children and young people who have been severely abused will avoid emotional closeness because they believe that intimacy leads to vulnerability and must be avoided.

Adapted from Perry et al 1998, Bonding and attachment in maltreated children, Citivas Press
Helping children and young people with attachment problems

Nurture them

In many ways, foster carers are providing replacements of experiences that should have taken place during a child or young person’s infancy. For infants and very young children that may mean they need to be held, touched, rocked and cuddled.

For older children or young people, it is important to develop a trusting relationship and find ways of showing attention without physical contact at the start of a placement.

For young children, this can be achieved in simple ways, such as sitting together on the couch reading a story. For adolescents, it may be sharing an activity you both enjoy that does not involve physical contact.

Be aware that for some children and young people, touch is associated with pain, torture or sexual abuse. Carefully monitor their reactions to touch and adjust your actions accordingly.

Try to understand the behaviours before punishment or consequences

Information about attachment can prevent you from misunderstanding the child or young person’s behaviour, even though it may be very disturbing. For example, when a child hoards food, it should not be viewed as ‘stealing’ but as a possible response to deprivation in the past.

Parent them based on emotional age

These children and young people will often be socially and emotionally delayed. When frustrated or fearful, they may also regress to patterns found in much younger children. At these times carers must interact with them at their emotional level. If they are tearful, frustrated, overwhelmed (emotional age: two years), respond with their emotional needs in mind.

Remain calm and use reassuring language. Only use soothing, non-verbal interventions, such as holding them and rocking them, if you and the child or young person have a strong relationship.
Do not attempt physical contact if the child is an adolescent and is in this distressed state. Listen to them and continue to use a calm, reassuring voice and language. This is not the time to use complex verbal arguments about the consequences of inappropriate behaviour.

**Be consistent, predictable and repetitive**

These children and young people are very sensitive to inconsistencies in responses, changes in schedule, transitions, surprises and chaotic social situations, even if they are pleasant. Any efforts that can be made to be calm, consistent, predictable and repetitive will be very important in making these children and young people feel safe and secure.

**Model and teach appropriate social behaviours**

Many children and young people with poor attachment do not know how to interact with other people. A good way to help them to do this is to model it in your behaviour. Carers should then narrate for the child or young person what they are doing and why; for example, ‘I’m giving the ball to Kathy because it is more fun playing this game if everyone gets a turn.’

One particular area of appropriate social behaviour is appropriate physical contact. Ironically, children with attachment problems will often initiate physical contact with strangers. It is often seen as ‘affectionate’, but in reality, is more an attempt to avoid being hurt. Carers can gently guide the child with simple instructions or gestures. Do not lecture the child on appropriate behaviour or make them feel bad or guilty.

**Listen to and talk with them**

Be quiet and interactive with these children and young people, and they will begin to show you and tell you what is really inside them. Take time to stop and be there just for them.

**Have realistic expectations**

Abused and neglected children and young people have so much to overcome. Their potential may have been diminished by their early experiences, and their progress may be slow.
Be patient with their progress and with yourself

Sometimes it seems that the love, time and effort spent on the child or young person is having no effect. This is not true, but the effect may be difficult to see, particularly in the short term.

Take care of yourself

To supply a child or young person with consistent, predictable, nurturing and enriching care, you will need adequate rest, support and respite care.

Adapted from Perry et al. 1998, Bonding and attachment in maltreated children, CITIVAS Press.
Module 3

Grief and loss

Experience of grief and loss for children and young people

The experience of Aboriginal families, removal of children, and grief and loss

Supporting children and young people who have experienced multiple losses
Dylan’s story:  
eight-and-a-half years old

Dylan is being driven by his caseworker to his new foster carer’s home. He has been in two short-term placements since he left his mum’s care; as they waited for a suitable carer for Dylan (for 12 months). He has refused to go home after his mother physically abused him in front of the neighbours.

His caseworker has told him some details about the foster carer. Her name is June, and she has a son and a daughter, but they are grown up.

As they drive, Dylan thinks: ‘I wonder what she’s like? The caseworker says I’ll have a big bedroom to myself. Better than that last place. Wonder why she wants a foster kid? Better not be because they want someone to do all the work around the house. I’ll be out of there as soon as she starts giving me orders.  

‘It’ll be great not to have other kids always hanging around. I’ll be able to go watch all my shows on the telly. But there won’t be any one to play with.

‘I wonder how the kids are? I hope Mum has remembered to get a cake for Kylie’s birthday. I hope they’re remembering to feed the puppy. Wonder if he’s still pissing all over the place?

‘She better not make a fuss about a bit of piss in the bed. Maybe in a new place, I’ll wake up more and get to the toilet at night. If it does happen, I can’t say it wasn’t me because there isn’t any other kid to blame. I wonder what will happen if her kid wants to come back home and can’t because I’m using the bedroom. I’ll bet he’s feeling mad at someone else muscling into his family.

‘Wonder what I’ll be doing tomorrow. I guess they’ll tell me I have to go to school. Hope the uniform is blue – I’ve got my shorts from the old place, so I mightn’t stand out too much. With my luck, they will all be wearing grey shorts. At least it’s almost the holidays, it should be easy enough to take off pretty quickly.’

The caseworker pulls up in front of a house. June has obviously been watching for them. She comes down the front path and greets them at the car. She opens
the door for Dylan and says, ‘It’s great to see you, Dylan. I’ve been looking forward to meeting you. Come inside and I’ll show you around.’

The caseworker and June help Dylan with his luggage. Once inside, June takes Dylan to his bedroom and tells him he can leave his things there. She says she knows it looks very bare at the moment, but he will be able to decorate it the way he wants to with posters. She also shows him the bathroom he will use and says that if the door is shut, to knock before going in.

June checks what Dylan would like to drink and gets out some morning tea. She sees him looking at a soccer ball in the corner of the room and says she has heard he is good at ball games. She says a couple of her grandsons will be home this afternoon and will probably be interested in kicking the ball around the backyard with him.

The caseworker and June then talk about June’s family. June gets a photo of the family from the dresser and points out who is who. She asks Dylan who is in his family. The caseworker reminds Dylan he has a photo of them in his bag, and he brings it out for them to look at. June asks whether he wants to keep the photo in his room or put it on the dresser. Dylan says he’ll keep it himself, and June says she’ll get him some blu-tak so he can put it up if he wants to.

The caseworker asks June what she had planned to do for the rest of the day. June says she has a few ideas, but it depends what Dylan feels like. ‘You might want to veg around the house at first, or go for a walk down to the park or go shopping to get things you may need for your new school. I’ll give you a bit of time to get settled before we choose together what to do.’

The caseworker leaves, and June and Dylan walk her to the car. As they walk back to the house together, June says, ‘I’m very pleased you will be living with us. I’ve been looking forward to you being here, but I guess it can be very confusing for you to come to a new house. Later on tonight we can have some time to talk about different things, like meal times and what I can do to help when there are accidents like breaking things or wetting the bed. But feel free to ask me any questions, and if there are any problems we can sort them out together.’

Questions to consider:

What are some of the losses that may be affecting Dylan?

How may the actions of June, his carer, assist Dylan on his first day of this placement?
Helping a child or young person feel less of a stranger

It is important to recognise that children and young people placed in foster care are likely to be in a state of crisis, feeling afraid and uncertain about their situation. Foster carers will need to support them to settle into their placement.

For a range of reasons, some children have had a number of foster care placements in the time they have been away from their families. Their anxiety will be heightened, but they may not show it.

Introducing a child or young person to your home

It is important to welcome the child or young person into your home and to gently introduce them to the physical surrounds and your family members.

Some simple strategies include:
- giving a guided tour of your home
- showing them where they will sleep
- showing them where the other family members sleep
- showing them the toilet
- showing them a picture of the people (and animals) who live in your house and telling them their names.

Don’t forget to ask the child or young person if there is anything they particularly want

For example, a nightlight, to sleep with the door open or closed, their preference for a shower or a bath, their favourite foods.

Other issues

Other things that are important for the child to know are:
- ways in and out of the house, especially in the event of a fire
- who to ask for things
- the use of and rules around facilities, such as the pool, phone, television, computer
- tea times, bed times, bath times, play times
• how jobs are shared
• who to tell if they feel sick
• what to do when they feel hungry
• who to tell and what happens if they wet the bed
• where the toys are, and what they can and can’t play with
• details of school attendance and transport
• family contact (if known)
• any special rules (for example, for cooking).

Be prepared to repeat information many times.
The experience of grief can feel overwhelming at times, like being a small boat tossed in a stormy sea.
The story of Dylan’s family

Dylan’s great-grandmother, Mary

In the 1930s, Dylan’s great-grandmother, Mary, was removed from her family when she was just four years old. Her parents had tried to hide her, but government officials came to the rural area where they were living and forcibly removed her. It was not because her parents were ill-treating her. It was because the official policy was to enforce assimilation of Aboriginal children into white society. She was sent to an institution with the aim of training Aboriginal girls to be domestic servants.

Mary’s mother tried many times to contact and visit Mary in the institution but was sent away. Mary was not told and felt abandoned and unloved.

When Mary left the institution at 15, she soon became pregnant. She was pressured into giving up her baby at birth. Soon Mary turned to alcohol to cope with her grief and loneliness.

Dylan’s grandmother, Sandra

Mary’s child, Sandra, was adopted by a non-Aboriginal family. They were very strict. They did not acknowledge that Sandra was Aboriginal but said she must have had some ‘foreign blood’ to explain her darker skin. They said many derogatory things about the Aboriginal families in their town. However, when her adoptive mother died, Sandra found documents about her adoption that included a description of her mother as Aboriginal and a photo of Sandra with her mother when Sandra was a newborn.

By this stage, Sandra was in her early twenties. Because of her adoptive parent’s attitudes, she felt ashamed of being an Aboriginal person and did not tell anyone. She was married and had a child, Ann, but the marriage broke down. Sandra wanted to be a good mum but found it difficult to show love and affection.

Dylan’s mother, Ann

Ann was often called names at school because of her dark skin, and started to mix more with some of the Aboriginal students. That was how she met Phil, Dylan’s father.
Phil’s family said Ann looked Aboriginal and asked about her family. Eventually Sandra showed Ann the picture of her grandmother and details from the adoption certificate. An Aboriginal organisation helped Ann to trace her family and put her in touch with them. When she met up with her family, they were able to tell her about Mary and the story of how she was removed, and that she had had a child who had been adopted.

Ann was excited to meet her family, but she also struggled with feelings of rage that she had not been able to enjoy being part of a wider caring family as she was growing up. She also sometimes felt uncomfortable with her newly discovered family because she does not understand some of their way of doing things.

Dylan and Ann’s other children, on the other hand, have really enjoyed their time with the family, and being a part of the celebrations and events within the Aboriginal community whenever they visit relatives. Dylan is quite proud of being Aboriginal, particularly as they are learning about Aboriginal culture in school. He has done a project about his family.

Questions to consider

What losses has Dylan’s family experienced?

What are some factors in Dylan’s family history that may be connected into his coming into care?

Why is it so important that while Dylan is in care, his connections with his wider family and community be maintained?
Needs of grieving children

1. Reality
   • Have access to truth

2. Empathy
   • Be heard with acceptance, affection and patience

3. Permission
   • To express grief in their own way

4. Individuality
   • To be recognised as an important person

5. Time
   • To be alone, have fun, be cared for and accommodate grief for as long as it takes

6. You, a caring adult, who is able to:
   • name and express emotions
   • provide structure, routine and boundaries
   • provide child-centred touch
   • respect the child or young person’s boundaries
   • help them to retain a feeling of connection
   • help them to retain memory
   • give them things to do when they are feeling overwhelmed or disempowered.

Taken from The grief of our children, Dianne McKissock, 1998
Jasna’s story: 14 months old

It has been six months since Jasna came into care.

Hers was originally a short-term arrangement while Jasna mother was in hospital suffering from severe depression. However, her mother has since realised that on her own, she will not be in a position to care for Jasna at home, particularly as Jasna has a significant physical disability.

A court order has been made placing Jasna in care until she is 18. The case plan includes very regular contact with her mother, but her mother is sometimes not well enough to visit Jasna.

In the last six months, Jasna has been cared for by three different families. The first carers were only available for a short-term arrangement, so once long term care was a possibility, the search for permanent carers commenced. The second placement could not continue because one of the carers unexpectedly lost his job and had to relocate to a different state.

Jasna has just been placed with Liz and Rick. They have no children themselves but are experienced carers who want to provide a long-term home for Jasna.

Jasna is quite difficult to settle at times, and needs to be held for long periods at night before she gets to sleep. She rarely smiles and is a very fussy eater.

Questions to consider

What behaviours may indicate Jasna reacting to loss?

What may be some of the losses experienced by Jasna’s mother when she went into care?
Dylan’s story:
eight years and eleven months old

Dylan is halfway through a 12-month placement with June. June is 50, and her own kids are grown up. She now has five grandchildren. One of her sons-in-law, Jeb, is Aboriginal. Through Jeb and his family, June has strong connections with the local Aboriginal community. Jeb and his kids spend time with Dylan most weekends and take him to sports events run through the local Aboriginal community centre.

Dylan seems to have settled in well, although he is always very difficult and moody when he comes back from a visit with his mum.

June is planning a birthday party for Dylan. When she asks him who he would like to invite, and he gets suddenly furious. ‘Not your stupid family,’ he yells. He then starts naming all the people he wants to have at his party. The list includes all his family, including his great-grandmother Mary, who passed away well before Dylan was born. Some of the people he names are old school teachers June has never heard him talk about before. He even names all the pets he has had.

Questions to consider

*What behaviours may indicate Dylan is reacting to loss?*

*What may be some of the losses experienced by Dylan’s family when he went into care?*
Abuse and trauma

Identifying types of abuse

Impact of abuse and trauma on children and young people, including their brain development

Responding to children and young people who disclose abuse
Types of child abuse

**Neglect** occurs when there is a risk of harm, or actual harm, to a child caused by the failure to provide the basic physical and emotional necessities of life. Neglect has been identified in some research as being the most damaging form of abuse, as children who are neglected find it difficult to accept loving care because they have no sense of entitlement.

**Physical abuse** refers to non-accidental injury and/or harm to a child or young person by a parent, caregiver or another person responsible for the child. It includes injuries or harm caused by excessive discipline, severe beatings or shakings, burns, and attempted suffocation or strangulation and death. It includes the abusive administration of drugs or alcohol to a child or a child who was born drug-dependent or with foetal alcohol syndrome. Child abuse may also be a criminal assault.

**Sexual abuse** is any sexual act or sexual threat imposed on a child. It involves physical or psychological coercion, and it exploits the dependency and immaturity of a child. It is different to consensual peer sexual activity. It includes the sexual exploitation of a child or young person via the internet.

**Emotional abuse** includes a range of behaviours that may psychologically harm a child. It is behaviour that can destroy the confidence of a child, resulting in emotional deprivation or trauma.

**Domestic violence** is violence, abuse and intimidatory behaviour perpetrated by one adult against another in a personal, intimate relationship. Domestic violence occurs between two people where one has power over the other, causing fear, physical and/or psychological harm. Some forms of domestic violence are physical assault, sexual assault, psychological abuse, social abuse (being isolated socially or geographically against your will, or not being permitted to have contact with family and friends) and economic abuse (having no access to or control over money and other resources). Exposure to domestic violence between parents can have a profound psychological effect on children and make it difficult for them to trust others. A child can also become a victim of physical violence in this situation.

**Systems abuse** is action that damages a child related to the structure or system in which care is provided. Examples include a child ‘drifting in care’ without a long-term case plan or situations in which a child is interviewed several times in an investigation process and is obliged to relate details of the abuse time and time again. It can also involve unnecessary disconnection of the child and their birth family.
Why does child abuse happen?

**Family factors.** For example:
- poverty
- large number of children
- membership of minority group
- family conflict and violence
- family crisis
- frequent changes in family membership
- isolation

**Parent factors.** For example:
- parent abused or deprived
- unsupported
- psychiatric illness
- alcohol and other drugs
- limited parenting skills
- unrealistic expectations of children
- lack of empathy for children

**Community and cultural factors.** For example:
- social changes
- social disadvantage
- inadequate community support
- social acceptance of violence
- perception of children as property
- undervaluing of mothering
- breakdown of cultural awareness and relationships
- consequences of the “stolen generations”

**Child or young person factors.** For example:
- early separation from parents
- prematurity
- not meeting parents’ expectations
- being difficult to care for due to illness or disability

Note: Factors are often interrelated, that is the presence of one factor is often related to another one.
Abuse, trauma and brain development

In recent years, there has been a great deal of research and work done about the way a child's experience of trauma, such as abuse, can alter the way their brain develops.

Physical development of the brain

We have known for a long time that most of the physical development of the brain occurs in the early years of life. We now understand that a child's experience of trauma can physically change the functioning of their brain.

Physical response to danger

When a child experiences trauma, their brain reacts to try to promote survival. The child's emotions, behaviour and thoughts are programmed to respond to danger. This is very important and very useful when a child is involved in a one-off or very rare event of trauma.

However, if a child is persistently exposed to trauma, the brain can start to operate as if danger is always present. It is as if the child is always in a state of fear. Responses to fear can include a range of responses, including:

- hyper-vigilence (not being able to relax)
- increased muscle tone
- focus on threat-related cues (e.g., always focusing on the possibility of harm)
- anxiety
- impulsive behaviour.

All these responses can be very useful when threatened but can become unhelpful when the immediate danger has passed. The neurological development of a child who has been abused can become significantly altered so that even when they are in a safe place, they operate in a state of fear. They can develop a range of physical signs, including altered heart rates, and show symptoms such as attention, sleep and mood problems that make their lives difficult.
This does not mean all children who have been exposed to persistent trauma, such as abuse, will show the same behaviours. One child may be very quiet and appear self-contained, while another will be loud or unpredictable. One child may aim to be unnoticed, while another will react aggressively in situations where there appears to be little or no provocation.

**Under-developed emotional responses**

Many children who have experienced abuse, including neglect, can have poorly developed neurological responses that affects their ability to relate emotionally. We have known for a long time that children who are not held, touched or stimulated in their early years have difficulty relating to others. It appears that this is because the part of their brain that regulates emotions has not developed. This can lead to such children growing up without being able to easily identify the emotions they or others are feeling. Such children are very unaware of their impact on others and act in ways that seem inconsiderate or even cruel because their brain has not developed to respond differently.

**For more information on this subject**

Dr Bruce Perry has written extensively on this subject. His articles are available at www.traumacentral.net/TC_brucedperry.htm.
Caring for the traumatised child or young person

Nurturing caregivers can make a difference, even in a child who has experienced repeated trauma that has affected their brain development. Within a different environment, it is possible for a child to learn to respond differently to the events around them. However, it is important to recognise that change is likely to be very slow and exposure to stressful situations can impede progress.

Don’t be afraid to talk about the trauma

Children do not benefit from “not thinking about it” or “putting it out of their minds”. If children sense that their caregiver is upset or uncomfortable with the topic, they will not bring it up. In the long run, this only makes the child’s recovery more difficult. Don’t bring it up on your own; but when the child brings it up, don’t avoid discussion. Listen to them, and provide comfort and support. Remember that some children do not tell their story in words but by play or pictures. Providing comfort to the child, rather than avoiding or over-reacting to the subject, will and can have a critical and long-lasting effect.

Provide consistent and predictable caring

Make sure there is structure and patterns in the child’s life. Try to have consistent times for meals, school etc. When the day includes new or different activities, tell the child or young person beforehand and explain why the pattern is different. Don’t underestimate how important it is for children to know that their caregivers are in control. It is frightening for traumatised children to sense that the people caring for them are disorganised, confused and anxious. Adults are not expected to be perfect; caregivers can themselves be at times overwhelmed, irritable or anxious. If you recognise that, simply help the child understand why and explain that it happens from time to time and will pass.

Be nurturing, comforting and affectionate, but be sure it is in an appropriate context

For children traumatised by physical or sexual abuse, touch and intimacy is often associated with confusion, pain, fear and abandonment. Providing hugs, kisses and other physical comfort to younger children is very important. A good working principle is to be physically affectionate when the child seeks it. If the child walks over and touches you, return it in kind.
Discuss your expectations for behaviour and your style of discipline with the child

Make sure both the rules and the consequences for breaking them are clear. Be consistent when applying consequences. Use flexibility in consequences to illustrate reason and understanding. Use positive reinforcement and rewards. Physical discipline is not appropriate, as it reinforces pain and fear responses, rather than helping the brain develop new responses.

Be sensitive but honest

Give the child or young person appropriate information for their age and development. The more they know, the easier it is to make sense of the world. The unknown will make the traumatised child more anxious and fearful. Without factual knowledge, children (and adults) speculate and fill in the empty spaces to make a complete story or explanation. In most cases, the child’s fears and fantasies are much more disturbing than the truth. Tell the child the truth with sensitivity, even when it is emotionally difficult. For example, if a child asks about abuse in their past, be honest if there were times that the child’s parent didn’t provide the care they should have, without going into the specifics of what happened. If the child is seeking specifics, it is appropriate to encourage them to talk with their caseworker about it. If you don’t know the answer yourself, tell the child you don’t know. Honesty and openness will help the child develop trust.

Be tolerant of regressive behaviour

Behavioural changes can ebb and flow. It can be difficult for carers to have seen improvements in a child that disappear suddenly. Sometimes, it is obvious what has triggered difficult behaviour (stress, changes, reminders, anniversaries), but sometimes it is not. Continue to comfort the child and provide consistent care.
Give the child choices and some sense of control

If a child is given some choice or some element of control in an activity or in an interaction with an adult, they will feel safer and more comfortable. Providing a child with choice can defuse situations where a child is not complying with a request because they feel out of control, and therefore, anxious.

Do not get locked into power struggles with the child. Being in control of yourself as a carer is different from being a carer who controls a child.

Adapted from *Trauma and children: an introduction for foster parents*, Fostering Perspectives vol 10, No. 1 November 2005, North Carolina Division of Social Services and the Family and Childrens Resource Program
Carla’s story:
aged 13

Carla has been living with Vallea for the past 12 months. It is a long-term placement, as the Court has decided that she will be in care until she is 18.

Vallea is a single woman aged 47, of Pacific Island background. Vallea has focused on helping Carla feel safe in her new home and is trying to build up her confidence. Carla has experienced psychological abuse since she was a baby, and sexual abuse from the age of seven.

Carla is seeing a counsellor. The counsellor has told Vallea not to push Carla to talk about her past but to be open for opportunities for Carla to talk about it.

Vallea knows Carla likes drawing, so she has encouraged her to draw. Carla is very overweight, but Vallea does not focus on that. Instead she tries to provide her with a healthy diet, although Carla spends most of her pocket money on snacks. She always has something to eat stored in her wardrobe. A few months ago, Vallea tried to get her to save her pocket money to buy some of Carla’s favourite DVDs. Carla did that, but Vallea then realised she was shoplifting chocolate bars and chips.

Carla seems happiest when she is on her own, drawing in small books she keeps close to her or wrapped in a big doona watching TV. She used to move away when Vallea sat next to her on the lounge. However, she has recently come to sit on the lounge to watch TV a couple of times when Vallea was already there.

Generally, Carla is very quiet and it is difficult for Vallea to know what she is thinking or feeling. However, she has started to draw at the kitchen table when Vallea is cooking. Vallea can see that she spends a lot of time drawing detailed pictures of houses and people, which she then slashes through with thick black and red lines.
Carla doesn’t take compliments well, and once when Vallea told her that her hair looked pretty with the sun shining on it, Carla told her to “shut up, shut up, shut up” and ran into her room. When she came out several hours later, she acted as if nothing had happened.

Vallea sometimes gets discouraged that after a year, Carla still doesn’t seem to feel safe with her.

Questions to consider

Given our understanding of brain development and trauma, why may Carla be acting as she does?

What should Vallea do?
Background to child sexual abuse

Child sexual abuse often follows a pattern, with different phases.

Grooming

Child sexual abuse usually involves a planned process where a child or young person is identified and targeted. The child or young person is gradually desensitised so that abuse can be maintained and continued.

Grooming can involve:

- isolating the child or young person from significant supporting adults, including their mother
- pursuing progressively invasive touching and using sexual language
- tricking children into trusting, including using bribes.

At this stage, the adult engages the child in activities. This is done with inducements (eg the activity is presented as a game; or the child or young person is offered rewards and bribes).

The adult is usually very careful and subtle, rather than physically assaulting. However, threats of physical abuse and occasionally actual physical abuse can occur at this stage.

Reinforcement of secrecy

Secrecy is a part of the entire process, which can last months or years. It can be reinforced by threats against the child or young person and their family, or by threats of suicide or of the family breaking up. The perpetrator may reward the child or young person with attention and gifts for keeping the secret. There often appears to be bonds of affection between the perpetrator and the child or young person. The child or young person may have very confusing feelings because they respond to the attention.
Disclosure

Disclosure can be accidental (eg discovery by a third person) or purposeful. Children and young people tell for lots of reasons, including:

- fear of pregnancy or to protect a younger sibling
- advancing maturity
- having more information about the inappropriateness of the situation
- having more access to support.

Suppression

During this phase, a child or young person can change their story because of pressures by the perpetrator or other family members. The child or young person may be fearful, guilty or still under the influence of the perpetrator.
Myths of child sexual abuse

**Myth (mistaken idea)**

*Stranger danger is the main problem.*

**Fact**

Stranger danger is not the main problem. In the majority of cases, the offender is a member of the child or young person’s immediate family or someone the child or young person knows and trusts, such as a parent, relative, older friend or neighbour.

---

**Myth**

*The victim is usually a teenage girl.*

**Fact**

Girls and boys of all ages are sexually abused, and victims are often toddlers, young children and even babies.

---

**Myth**

*Child sexual abuse occurs only in poor or ‘problem’ families.*

**Fact**

Child sexual abuse occurs in all kinds of families – rich and poor, large and small, well-educated and not well-educated.

---

**Myth**

*Children and young people lie about sexual abuse or imagine that it is happening or has happened.*

**Fact**

Children or young people rarely lie about or imagine sexual abuse.
Module 4

Myth
If a child or young person is sexually abused, it usually only happens once.

Fact
Because the offender is often a trusted person who can easily arrange to be alone with the child or young person, it is more common for sexual abuse to be repeated, and in some cases, to go on for years.

Myth
Sexual abuse of children and young people usually involves violence.

Fact
Sexual abuse of children and young people rarely involves violence because offenders known to the child or young person do not need to use force. Instead, they use promises, threats and bribes and take advantage of the fact the child or young person is powerless.
Behavioural signs of child sexual abuse

Signs can include:

- the child or young person telling about the abuse
- persistent and inappropriate sexual activity
- sexual themes and fears in artwork, stories and play
- having a detailed understanding of adult sexual behaviour, which they could only know by experience
- hurting others or themselves
- excessive fear
- inappropriate behaviour at school and recreational activities
- regressive behaviour
- withdrawal and fantasy
- sleep disturbances and nightmares
- changes in appetite
- compliant behavior
- pseudo-mature behavior
- runaway behaviour
- excessively seductive behaviour and/or sexual activity
- drug abuse
- very low self-esteem.

No single sign – unless it is overwhelmingly obvious, such as disclosure – is likely to make you absolutely sure a child or young person has experienced sexual abuse. Many of these behaviours can also be found in children who have suffered non-sexual trauma.
Ben’s story: 7 years old

Ben has been living with his carers, Terry and Chris, for 12 months. Ben has experienced a few placements before the permanent placement with Terry and Chris commenced. Ben has not been an easy boy to care for. He is very active and impulsive. He can be very affectionate one minute, and quite rude and aggressive the next. He doesn’t sleep for very long at nights.

School holidays are coming up, and Terry and Chris are explaining what will be happening. Ben suddenly asks, ‘Will I go back to my old school after the holidays and live with Mum and Dad?’

Chris says, ‘The plan is that you will keep living with us. But you can play with them in the park after the holidays. Remember that’s in the plan.’

Ben then said, as if he had just remembered, ‘Oh yeah, I got taken away from Mum and Dad because I drank dad’s booze.’

Chris asks, ‘What do you mean?’

‘Well,’ said Ben, ‘Mum got mad when Dad let me drink his booze. She said they would take me away if they knew. And Dad said he’d kick me up the arse if I told anyone.’ Then he said, looking frightened, ‘I shouldn’t have told you. I shouldn’t tell anyone. Now Dad will be really mad at me. He’ll get me next time I see him.’

Chris said, reassuringly, ‘It’s OK, I’m glad you told me. It’s not your fault that you can’t live with your mum and dad. Adults shouldn’t let little kids drink alcohol, and it’s not your fault you did.

‘We need to talk to Libby, your caseworker, about what happened. She knows it’s not your fault. She has helped other kids feel safe when they have visits with their parents. We will talk to her about how you can feel safe when you see your dad.’

Question to consider

What messages does Chris give to Ben when he discloses more about his abuse situation?
Responding to disclosures

- Listen to the child or young person. Do **not** ask probing questions. Let them tell the story in their own words. This is particularly important if the situation involves sexual abuse or abuse that may involve legal action. In this situation, getting details of the story is the role of legal personnel, not the foster carer (whose role is to care). A disclosure such as this will involve a range of people. It must be reported and the foster carer needs to keep their role clear to the child or young person.

- Use a calm reassuring tone and talk at the child or young person’s level.

- Believe the child or young person.

- Do not make promises you cannot keep.

- Comfort the child or young person.

- Avoid expressing doubt, judgment or shock.

- Discuss the matter with the child or young person’s caseworker. If it is a disclosure of sexual or other serious abuse that was not previously known, report it to the caseworker as soon as possible on the day. If they are not available, speak to another worker at the Agency or, if after hours, contact the on-call service.

- Write down exactly what the child or young person said.

- Take care of yourself. Talk to someone you trust and tell them how you feel. Caseworkers also offer debriefing to foster carers.

Messages to convey to the child or young person

- It’s not your fault.

- It was right to tell.

- Other children and young people have been in these situations – you are not alone.

- It is not okay for adults to hurt children or young people, no matter what.

- Tell the child or young person that you will need to talk to other people whose job it is to keep them safe.
Preparing your own child for a disclosure

Often a child or young person in care will tell another child or young person in the foster family about their experiences. Sometimes a child or young person may disclose abuse to another child or young person before they tell any adults. Your child needs to know what to do if a foster child or young person tells them something disturbing. It is important to prepare your own children for this eventuality.

- Share information about why children and young people come into foster care. This has to be communicated at a level appropriate to your child’s age and development.
- Before a placement begins, tell your child that foster children and young people have sometimes had difficult experiences they don’t often talk about but which can show up in their behaviour.
- Tell your child it is important to let you know if they are confused or upset about something a foster child or young person does or says.
Identity and birth family contact

Promoting contact between children and young people and their family

Promoting a child or young person’s sense of identity
Jasna’s story: three years old

Jasna has made good progress in the care of Liz and Rick. She can walk short distances with help and is generally a happy child. She is comfortable and confident with her carers.

Arrangements for Rick and Liz to adopt Jasna are currently underway. Rick and Liz want to make a lifelong commitment to having Jasna as a part of their family. They are applying for assistance to modify their house to make it suitable for Jasna.

Her mother Elzina continues to struggle with severe depression but has reasonably regular contact with Jasna, who is pleased to see her but leaves her quite happily. Elzina recognises that she will never be able to be the primary caregiver to Jasna. Over time, she has built up a rapport with Rick and Liz and appreciates their love and care for Jasna.

Ben’s story: eight years old

Ben is still a very difficult child to care for. He often gets into trouble at school because of his loud behaviour and lack of obedience. He enjoys sports, but often gets into fights with other children or sulks if he doesn’t win. He loves hiding behind furniture and jumping out on people and scaring them.

He doesn’t seem to understand the impact of his behaviour on others. If he breaks or damages another child’s toy, he doesn’t care but can get very angry if anything of his is broken.

He is very outgoing and will interact with anyone who is willing to talk or play with him.

Ben goes to respite care every second weekend and for a week each school holidays. He does not seem to miss his carers, Terry and Chris, although he is noticeably calmer when he is at home with them on his own and everything is following the usual set routine.
Carla's story: 14 years old

Carla is starting to become more outgoing. She draws less and has made a couple of friends at school. She still occasionally hoards food and sucks her thumb at night. She attends counselling regularly, as stipulated in her care plan.

Vallea has kept a journal in which she notes day-to-day events. When she looks back through this, she is reminded of how much progress Carla has made in the past two years.

Carla is much more relaxed with Vallea but is still very quiet with people she doesn’t know. She does not express any verbal affection or appreciation to Vallea.

Dylan: 10 years old

Dylan has left foster care after 12 months with June. He has been at home for the past year with his mum, Ann, and his brothers and sisters, including his new baby brother. Things seem much more stable at home, and Ann gets support from a couple of community programs. She has arranged for Dylan to join the local football club, and he has been taken under the wing of the coach and his wife who provide transport to training. He was named best and fairest player last season.

Dylan will be spending a few weeks of the Christmas holidays with Ann's extended family. Most school holidays he spends a week of respite care with June, his previous carer. He invited her to his birthday party. He put his photo on the fridge after June told him that she would always have his photo on display in her house.

Both Ann and Dylan still have a quick temper and regularly fight, but Ann has not physically abused him again. Ann and Dylan relate now in a much more positive way.
Common circumstances of parents whose children are in care

Social or external conditions:
- poverty
- unemployment
- large families
- death
- social isolation
- long-term social problems.

Psychological or internal conditions:
- lack of skills, resources and knowledge of how to parent and how to cope with problems
- low self-esteem; low confidence
- dependence on other people, drugs or alcohol
- mental illness
- abused physically, emotionally or sexually themselves
- intellectual disability.

It is often the case that a number of these factors are present. When combined, these factors make it difficult for parents to adequately care for their children.
How a parent can feel when their child is removed and placed with foster carers

When a child or young person is removed from their parent, there can be a wide range of emotions, including:

- emptiness
- shock
- relief
- anger
- shame.

Other emotions might be …
About contact

Children in care may have contact with their parents, brothers and sisters, grandparents, other family members and even close friends. Contact may involve planned face-to-face visits, telephone conversations, email messages, exchanging letters, gifts or photos.

The frequency and length of contact can vary greatly depending on the age of a child and whether a child is likely to return home. However, the safety of the child is also very important, so if there are risks to the child contact may not occur until those risks have been addressed. Information that identifies the foster carers to the birth family is only released with the permission of the foster carers and when the agency is satisfied that providing this information does not put the foster carers or their household at any risk.

Whether it is in the presence of the carers or not, it is important that children and young people in out-of-home care maintain links with their family through regular contact. This helps them to develop their sense of identity and connection. Often children and young people who are not reunited with family will continue their relationship with their extended family for the rest of their lives, and many return to live with family as young adults.

Foster carers and staff play a vital role in supporting a child or young person before, during and after family contact.

(Adapted from the Victorian Department of Human Services 2003 publication, *Home based handbook*)
Importance of contact between a child or young person and their family

For child or young person

- **Identity.** Provides child or young person with a history; lets them know who they ‘belong’ to and that they are a part of a large community.
- **Support.** Provides child or young person with a network that may provide support.
- **Reality.** Helps to calm irrational fears (for example, of parents being ‘dead’ or abandoning them because the child was bad) and prevents unrealistic fantasies developing.
- **Understanding.** Assists a child or young person over time to understand more fully why they came into care.
- **Acknowledgment.** Provides child or young person with opportunity to express their feelings about separation.

For parents

- **Reassurance.** Families can see for themselves that their children are safe and well cared for.
- **Preserves connections and assists grieving.** Parents no longer fear they may never see their children again, and the grieving healing process is allowed to progress.
- **Enables learning and continued contribution.** The family can ‘parent’ in a controlled situation and develop better parenting skills.
- **Assists family reunification.** Makes re-establishing the family easier, if this is appropriate.
For foster carers

- **Child or young person is more realistic.** It is less likely a child or young person will have a fantasy about their family and so unfavorably compare foster carers with their parents.

- **Helps the child or young person to express their feelings.** The child or young person is more likely to adjust to their situation and less likely to show behavioral problems.

- **Better understanding of the child or young person.** Contact can help foster carers to fill in the gaps in their knowledge about a child or young person, which makes their task of caring easier.
How foster carers can help parents

Foster carers can help parents by:

- being warm and accepting of them
- not criticising them
- modelling good management techniques
- encouraging them to use community resources
- being assertive and structuring limits and guidelines
- keeping them informed of what is happening
- helping the child or young person to talk about their parents but not asking probing questions
- accepting the child or young person’s ambivalent feelings towards their parents
- clarifying the real situation as it exists
- discussing problems with the caseworker and expressing feelings openly and honestly.

Practical actions

- Involve parents in decision making about their children, including getting their input on the child or young person’s education, health issues, choice of clothes, and type of hairstyle, especially for young children.
- Encourage children and young people to send birthday, Mothers’ Day, Fathers’ Day and Christmas cards to parents.
- Provide photographs and DVDs/videos for parents. This reassures parents that their child or young person is well cared for and that the foster family wants to have the family included.
- Where appropriate and in consultation with the caseworker, encourage regular telephone contact between the child or young person and their family.
- Respect and value cultural and religious traditions and continue observance of them.
Do's and don'ts of contact with parents

**DO:**

- support contact
- prepare the child or young person in advance
- ensure you know the contact details in advance:
  - location
  - who will be there
  - who will supervise
  - how long
- be aware of transport arrangements there and back
- reassure and support the child or young person
- provide the child or young person with things to take to talk about during visits (eg drawings, school work)
- allow the child or young person to express their feelings before and after access
- understand and accept the child or young person's feelings
- be honest (but not destructive) with the child or young person about any access difficulties
- listen to the child or young person
- express opinions and any concerns to the caseworker
- contact the caseworker's supervisor if problems are not resolved
- seek support from your agency.

**DON'T:**

- ever have unsupervised meetings unless approved by case conference or part of the approved case plan
- vent your anger, anxiety or bitterness on the child or young person
- put down, blame or criticise the child’s family
• expect the child or young person to be perfectly behaved before, during or after a visit
• place yourself in a position you are concerned about or are not happy with
• prompt or pressure the child or young person for information
• come with expectations of what a family is like (keep an open mind)
• make promises you can’t keep.
Ben’s story: 
nine years old

Ben was six when he went into care with Terry and Chris.

After three years, he is making small but significant progress. He is still very active but less aggressive with other children.

Ben’s dad and mum no longer live together, and Ben has no contact with Jay, his dad. He sees his mum, Lucy, every couple of months. Ben gets very wound up before each visit and is often very difficult to handle for a week or so after. He sometimes talks as if he is going back to live with Lucy very soon and says that it will be great. However, he is also aware that at times Lucy does not do what she says she will. For example, one Christmas she promised Ben that they would go on holidays to a theme park, but that didn’t happen.

After one visit, Terry and Chris were shocked when Ben came back with a pierced ear. He was also wearing very different clothes. When Chris asked what happened to the shirt and pants she had just bought him, Ben said that Lucy had accidentally left them in the op shop where he had got his new clothes.

Questions to consider

What might the foster carers, Terry and Chris, be feeling in this situation?

How could Terry and Chris respond in a way that expresses understanding of the relationship between Lucy and Ben and not anger or blame?
Responding to challenging behaviour

Impact of loss and abuse on the behaviour of children and young people

Strategies for effectively managing challenging behaviour

Preventing abuse in care
Behaviour of children in care

A child or young person who has experienced abuse may be difficult to care for. They may:

- withdraw or cry easily
- be easily exhausted or very excitable
- try to control people
- cling to everyone and anyone
- be destructive or aggressive
- be self-destructive
- be a loner
- feel powerless or worthless
- resent all rules
- be generally argumentative
- be scared of authority
- be unwilling to share
- insist that everything be perfect
- be very afraid of failure
- distort reality
- take or hoard food even when there's plenty available
- find it difficult to admit a wrongdoing
- find it difficult to get close to anyone
- have problems relating to children their own age.

These behaviours can be difficult to deal with and can lead people to reject the child or young person or to re-abuse them until they understand the issues the child or young person is dealing with.
This diagram shows that there are links between situations, feelings and behaviour.

This diagram shows that a stressful situation or incident can lead to a child or young person feeling strong emotions. They may then express these emotions in actions, which may include challenging behaviours.

To effectively deal with challenging behaviour, we must be able to see and help the child or young person to deal with the emotions that lie beneath the behaviour. We also need to be alert for trigger events, such as stressful situations that may set off a reaction that results in challenging behaviour.
Ben’s story:  
11 years old

Ben is starting to truant. When Terry and Chris were first informed by the school that Ben was missing school, they arranged for him to be driven to school. They have just found out that he took the first opportunity he could to jump the school fence. He has been picked up by the police for shoplifting and vandalism. After the police leave, having issued him with a caution, Terry and Chris try to talk to him. Ben swears and screams at them to go away. ‘You all think you can boss me around?’ he yells. ‘I can take care of myself. You’ve got no right to tell me what to do.’ He grabs Terry’s mobile phone and throws it, breaking a window.

Lottie’s story:  
13 years old

In the last three months, June has taken on the care of Lottie aged 13. (Until a few months ago, June was caring for Dylan, who is now back with his mother.)

Lottie has been in care since she was seven. She has been placed in care till she is 18. Her last placement broke down, as her carers found it difficult to meet Lottie’s needs and her behaviour was disrupting their own children, one of whom was sitting for their final school exams.

Lottie originally came into care when she was found in her mother and her boyfriend’s home when it was raided because they were manufacturing
illegal drugs. Lottie was placed with family members, but that placement was terminated because Lottie was exposed to pornographic material.

Initially, June finds caring for Lottie was relatively easy. She is responding well to June’s attention and seemed to enjoy June’s company as they shopped and went out together. Lottie is very out-going, though she has very strong and childish reactions (persistent sulking and whingeing) when she is unable to do something she wants.

However, Lottie is recently spending long periods of time interacting with friends on the computer. Lottie is starting to go out at night, and comes home smelling of alcohol and cigarettes. She dresses very provocatively. Her marks at school are dropping.

June has just got her credit card statement and can’t account for some of the purchases. It appears that Lottie has used it without June’s permission.

**Activity**

*Look at Ben and Lottie’s stories on p. 70 and find one example of challenging behaviour shown by them. Then fill out the table below, with:*

- the example of the behaviour of the child or young person
- possible feelings of the child or young person
- possible needs of the child or young person
- strategies the foster carer may use to deal with the behaviour.*
<table>
<thead>
<tr>
<th></th>
<th>Ben</th>
<th>Lottie</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviour of child or young person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Possible feelings of child or young person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Possible needs of child or young person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategies the foster carer may use to deal with the behaviour</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Ways to help children and young people to change their behaviour

- Listen to the child or young person.
- Be consistent.
- Praise more than criticise.
- Use time-outs for younger children.
- Have realistic, age-appropriate goals and expectations.
- Help older children and young people to articulate what they want and how it can be achieved.
- Walk away from situations that are escalating.
- Don’t get locked into a power struggle.
- Do not try to discuss situations in the middle of a crisis.

Some other options:

The foster carers of a ‘difficult to manage’ child or young person need to be able to give them consistent guidelines while remaining sensitive to their feelings and need for self-esteem.

If in doubt, talk to someone else on the foster care team to get their ideas.
Managing challenging behaviours

Remember, our first reaction is frequently not our best reaction. Take time and THINK before you RESPOND.

The big don'ts of managing behaviour

When managing behaviour, don't:

- use physical punishment. This teaches the child or young person to control through force and to deal with their anger by resorting to hitting others
- make derogatory remarks about the child or young person, their parents, relatives and cultural heritage or religion
- make threats about the security or length of placement
- withhold food or meals
- deny visits to parents, siblings and relatives
- be verbally abusive
- use public humiliation
- participate in activities designed to humiliate a child or young person, to place them in an unsafe environment or to produce terror or fear
- lock the child or young person in their room
- use force or threats to elicit 'good' behaviour.
Allegations of abuse

Some children and young people are abused in foster care, and careful and swift action needs to be taken to ensure the abuse doesn’t happen again. This is why all allegations of abuse are investigated.

Allegations that are not substantiated

There can also be false allegations of abuse. This can be very devastating to foster families.

There are several reasons for an allegation of abuse that is not substantiated after investigation:

- misinterpreting an innocent action (e.g., a child or young person who was regularly abused in bed following a goodnight kiss may believe that a goodnight kiss is the start of the abuse happening again)
- as a way of drawing attention to previous abuse for the first time, because the foster carer is trusted
- as a way of deflecting feelings of anger
- as a way of exercising some sort of control over life or other people
- to try and end the foster placement without losing face.

Investigation of allegations

Under NSW law, any allegation of abuse by a foster carer must be investigated by the agency that has placed that child with that carer. The results of that investigation must be reported to the NSW Ombudsman. The Ombudsman provides clear guidelines for the way in which an agency is to conduct its investigation.

When any allegation of abuse in care is made, foster carers can expect:

- the allegation to be taken seriously and investigated
- to be treated fairly while allegations are investigated
- to be allowed to have a support person with them in any conversations with the agency about the allegation.
Preventing allegations of abuse

Foster carers need to be realistic and know that allegations of abuse can happen. This means thinking about practical ways of keeping fostering safe for everyone. One way is to have a clear set of house rules that identify behaviour that is risky, so you can avoid situations that increase risk to children and young people and to your own family.

Help children and young people to learn to say no if they don’t want to be touched.

Some safe house rules

- When saying goodnight to a child or young person, make sure the bedroom door remains open. Do not get in bed with a child or young person, and avoid drawn-out bedtime rituals.
- Children who are old enough should bath and wash themselves.
- Adults should not walk about without clothes.
- Avoid wrestling or tickling games with foster children or young people. Find other ways of working off energy, such as dancing, push-ups or exercise that can be done together but does not involve touching.
- Do not encourage playing in bedrooms.

Adapted from Caring for children and young people, Workbook 8, by the National Extension College Trust Association, Cambridge.
Team work

Understanding the range of people and roles in the foster care team

Impact of foster care on the foster family and their wider networks
The foster care jigsaw

Key agency staff
Birth parents
Foster carers
Family & friends of foster carer
Roles within the foster care team

Shared roles and responsibilities

The following are joint or shared roles and responsibilities of foster carers and staff:

- Ensure the placement provides the child or young person with safety, wellbeing and stability.
- Respond to the needs of the child or young person.
- Support the child or young person’s relationship with their family, as appropriate.
- Ensure communication is maintained so that all relevant parties are kept up-to-date with important information.
- Work in a collaborative manner and contribute towards the development and implementation of the child or young person’s case plan.
- Maintain confidentiality and privacy and do not disclose personal and confidential information that is not relevant for providing good care for the child or young person.

Specific tasks, such as providing transport for children or young people to contact visits with family or to specialist medical, educational or therapeutic services, and supervising contact visits should, wherever possible and appropriate, be discussed and allocated as a part of on-going case planning.
<table>
<thead>
<tr>
<th>Foster carers</th>
<th>Community Services</th>
<th>Agency staff</th>
<th>Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide day-to-day care of the child or young person.</td>
<td>• Initiate proceedings in the Children’s Court, which may lead to the Court making the decision to place a child in foster care.</td>
<td>• Assess the suitability of the care to undertake the placement.</td>
<td>• Make some decisions about the child or young person’s wellbeing if this is in the care plan approved by the Children’s Court.</td>
</tr>
<tr>
<td>• Provide a stable, safe and nurturing home environment for children and young people.</td>
<td></td>
<td>• Work with the child or young person to ensure they understand their situation and that their needs are being met in the placement.</td>
<td>• Participate in contact visits arrangements as set out in the case plan.</td>
</tr>
<tr>
<td>• Contribute to the development and fulfillment of the child or young person’s case plan.</td>
<td></td>
<td>• Ensure the implementation and review of the child or young person’s case plan.</td>
<td>• (if applicable) Work on any areas in the care plan approved by the Court that must be addressed by parents prior to restitution of their child to their care.</td>
</tr>
<tr>
<td>• Advocate on behalf of the child or young person when required.</td>
<td></td>
<td>• Provide foster carers with relevant information about the child or young person as it becomes available.</td>
<td>• Assist in preparing the child or young person for family reunification or adjustment to permanent care.</td>
</tr>
<tr>
<td>• Within the guidelines of the caseplan, promote the child’s contact with their family.</td>
<td></td>
<td>• Listen to foster carers’ views about the child or young person and act on this information appropriately.</td>
<td></td>
</tr>
<tr>
<td>Foster carers</td>
<td>Community Services</td>
<td>Agency staff</td>
<td>Parents</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------</td>
<td>--------------</td>
<td>---------</td>
</tr>
</tbody>
</table>
| • Ensure that all other members of the foster care team are informed of the child or young person's progress. In particular, concerns about ongoing placement stability must be communicated as soon as they arise.  
• Be prepared to attend ongoing training.  
• Be available for supervision and support. | • Work directly with the child or young person, the foster carers and the child or young person's family as appropriate.  
• Provide support, supervision, information and training to foster carers so that they can meet their roles and responsibilities.  
• Provide written reports and assessments as required.  
• Arrange for appropriate financial reimbursements and supports to be given to foster carers. | • Discuss the child or young person's needs and progress with community service organisation or the department after visits. |
Carla’s story: 16 years old

Vallea has been caring for Carla since she was 12.

Vallea and the rest of the foster care team are pleased with Carla’s progress. She had been very shy and overweight when she came into care. Her social skills have slowly developed, although she has always been relatively immature for her age. Carla had relaxed with Vallea, and was chatting quite openly with her about her activities and thoughts.

Carla has recently gotten involved in a new friendship group. Vallea was initially pleased when she started making some new friends, but she is now quite concerned about their influence over Carla. Carla is making changes to her clothing and eating habits. She is listening to heavy metal music, dressing in black and losing weight. She is talking about leaving school but has no clear plans about what she will then do. She doesn’t want to attend counselling any more. Vallea is worried about the influence of Carla’s friends and that Carla is very vulnerable to abuse.
Ben’s story:
10 years old

Ben has been in care with Terry and Chris for four years. A little while ago, Terry and Chris considered adopting Ben. They did not go ahead with it because Lucy, Ben’s mother, was strongly opposed to it and discussion about it was very unsettling and confusing for Ben.

The last time the case plan was reviewed, supervised contact with Lucy was set at four times a year. Ben was involved and happy with that decision. All significant decisions about Ben (residence, education, medical, etc) remain with the agency.

Ben has been assessed as having considerable developmental delays in both his language and cognitive development (his understanding). Terry has heard of a program that assists kids like Ben and would like to get him into it. Terry and Chris do not have the money to pay for the program.

**Question to consider**

What is the role of the foster care team in these situations?
Confidentiality

It is essential that everyone involved with a child or young person in foster care uses personal information about them only to ensure the child or young person is properly cared and planned for. The child or young person’s privacy needs to be protected.

Information about a child or young person should be treated in a way that shows respect for the child or young person. Following are some basic principles of confidentiality.

Provide information to others on a ‘need to know’ basis

- Why does this person need to know this information?
- In what way will it help the child or young person if this person knows the information?
- Would it make things worse for the child or young person if this person didn’t know?

Ensure you have the child or young person’s permission before sharing information

- Work out in advance what information the child or young person wants to share with others.
- Help a child or young person to prepare a ‘cover story’ to ensure they are not in a difficult situation (e.g., a child who is scarred as a result of maltreatment may prefer classmates at a new school to be told he was involved in an accident when he was young but can’t remember much about it).
- Don’t speak on behalf of a child or young person if they can communicate themselves.
- Remember that the confidentiality of information on the internet cannot be guaranteed. It is important to be cautious in accessing or sharing information about children and their families on the internet.

Respect the child or young person’s right to privacy

- Don’t pressure or force a child or young person to provide information or tell their story.
- Don’t go through a child or young person’s personal belongings without their permission.
Know that some secrets cannot be kept

- If a child or young person says they want to tell you something but only if you promise never to tell anyone else, tell them that you will not keep a secret if it means they will not get help to deal with a problem.
- Always let a child or young person know who you plan to tell and why.

Lottie’s story:
14 years old

Lottie has been in care since she was seven. She has been placed in care till she is 18. Lottie originally came into care when she was found in the home of her mother and her boyfriend when it was raided because they were manufacturing illegal drugs. Lottie was placed with family members, but that placement was terminated because Lottie was exposed to pornographic material.

Lottie is very bright and likes to be the centre of attention. She is uninhibited and is very aware of her developing body. She tells June she would like to sunbake in the nude in her backyard so she has no costume marks. Her current goals in life are to be a model, get a tattoo and own a horse.

She is in contact with her mother via email, and sees her a few times a year.

Questions to consider

What information about Lottie that June might share with the following people?

- June’s next door neighbour
- Lottie’s school principal
How I spend my time

Module 7

Shared Stories Shared Lives
Participant Workbook
Maintaining culture

The influence of culture

Strategies to maintain a child’s culture

Assisting a child to deal with prejudice and discrimination
Features of culture: the iceberg metaphor

Only about one-eighth of an iceberg is visible above the water. The rest is below. Culture is very similar to an iceberg. It has some aspects that are visible ie can be seen, heard, touched and felt, and many others that can only be suspected, guessed or learned as understanding of the culture grows. Like an iceberg, the visible part of culture is only a small part of a much larger whole.

About culture

- Everybody has a culture.
- Culture is not always visible to us or others.
- Culture affects our behaviour and the way we see and understand the world.
- Culture is complex.
- If we are part of the dominant or mainstream culture, our culture and its impact can sometimes be masked or invisible to us.
- Carers need to understand both the obvious and not-so obvious aspects of a child’s culture.
Henry and Min's story:
(part 1)

Henry, aged nine, and Min, aged three, have been placed in June's care. (June was Lottie's foster carer, but Lottie left care to live with her mother.)

This is a short-term placement and it is hoped that the children will return to their mother's care. Henry and Min's parents are migrants from China. Their mother has recently been diagnosed with a serious illness requiring regular hospitalisation. The children's father returned to Asia a year ago to sort out family affairs after his father's death. However, it appears he may have left his family permanently, as he has not made contact with his wife for several months.

The children can speak English, and Min is at pre-school. Their mother has very limited English.

When June accepted the placement, she did some background reading about the area of China where Henry and Min's parents come from. She also goes with an agency worker and a translator to visit the children's mother. She asks her about the food they eat, what name she would like the children to call her, their usual routine and if there are any special religious or other activities she wants them to do.

June looks out for any resources and activities, such as books, pictures and festivals, that reflect Henry and Min's family origins. She gets the children to teach her words for some everyday objects and tries to use them regularly. June realises that she cannot reproduce the same parenting experience they would have received if their mother was not unwell, but she does all she can to make sure the children are conscious of and feel proud of their cultural heritage.

Questions to consider

What did June do that indicated that she was concerned to maintain cultural identity for Henry and Min?

If June had not done these things, what impact could that have long-term on Henry and Min?
Maintaining culture

Carers involved in a cross-cultural placement are not expected to know everything about a child’s culture. However, the following strategies provide ways of supporting children in such placements.

**Establish regular contact with people of other cultural backgrounds and encourage contact for the child:**
exposure to people from their cultural background will provide cultural expertise and support the carers’ other strategies.

**Learn about the child/young person’s cultural, linguistic, religious background and cultural community:**
carers have an opportunity to learn about other cultures, which aids them to support the child’s cultural maintenance. It can also be enriching.

**Talk with and discuss information about the child/young person’s family history, and cultural and religious heritage:**
this is very important for children in care who, through going into care, lose the ‘sources’ of their cultural identity ie parents, extended family, cultural communities.

**Place the child in schools with diverse students / teacher:**
this can assist the child to not feel like the ‘odd one out’, gives them access to role models from their cultural background and affirms our multicultural society.

**Purchase books, toys and other entertainment material:**
provides a source of cultural information and role models.

**Include traditions and celebrations in your lives:**
keeps the child connected to their cultural community and gives a sense of belonging.

**Opportunities for the child to learn their birth language (and the carers family):**
language strongly informs cultural identity and also enables the child or young people to communicate and stay connected to the cultural community and birth family. Community language classes are just one way of doing this.

**Seek services and supports in the community:**
there may be ethnic specific services that can provide specialised care or service providers that specialise in migrant and refugee issues.
Involve religious leaders in the life of the child:
Where the carers’ family is not familiar with the child religion, it will be important to involve people who can provide guidance. Make contact with the relevant church, temple or mosque in your area.

Recognise and support the role of birth parents and families:
while birth families may not be able to provide an ongoing safe environment for the child at the moment, there is still a significant role they may be able to play in cultural maintenance, whether it be direct contact with the child or indirectly through consultation with the carer or caseworker.
Jasna’s story:  
15 years old

When Jasna was younger, she really enjoyed finding out about her birth mother’s country of birth and where other family members still live. She did a project about it at primary school that her carers, Liz and Rick, helped her research. She also spent time a lot of time with her birth mother, Elzina, gathering information. She was very proud of the finished project and displayed it on her bookshelf with a flag and other objects from that country.

As a child, she always enjoyed barracking for her birth families’ nation when it was involved in sporting events. She sang to their national anthem in medal presentations in the Olympics.

Recently, however, Jasna has shown much less enthusiasm about being identified with her birth mother’s country. Rick and Liz were able to get tickets to a tennis tournament featuring a team from that country, but Jasna did not want to go. She particularly focused on the fact that the event would be televised and she may be shown in a crowd scene that could be seen by her people from her school. Jasna was really angry that they had bought the tickets without asking her, and said, ‘You can’t make me go, people might think I’m a not an Aussie. You don’t know what they call kids who come from other countries.’

Liz and Rick told Jasna she didn’t have to go and they could give the tickets away. The next morning, as Liz was emptying the rubbish bin, she found Jasna’s old school project and other objects given to her by Elzina from her home country, including two beautiful dolls dressed in national costume.

Questions to consider:

*What could some of the reasons be for Jasna throwing away momentos from her birth mother’s country?*

*What could Liz and Rick do to respect Jasna’s choices but not cut off the possibilities of Jasna connecting to her cultural heritage?*
Resistance to connecting to cultural heritage

What may be some of the reasons for a child to resist connecting?

- Wanting to belong and not stand out as different.
- Wanting to please carers.
- Not wanting to cause a fuss for carers.
- Ashamed of their cultural background.
- Feeling like they want to start a new life and have a break from the past.
- Have not had a positive experience of their culture.
- Angry at birth parents and can’t separate them from culture.

How can carers respond?

- Listen to them and explore why they feel that way.
- Keep the ‘door open’ for them in case they change their mind.
- Provide them with opportunities for positive experience of their culture and other cultures.
- Seek out positive role models from the child or young person’s cultural background.
Responding to prejudice

☑ Acknowledge the existence of prejudice, racism and discrimination:
One of the most important responses to people who have experienced discrimination or racism is for their support people to validate and acknowledge their experience. This involves acknowledging that discrimination or racism does occur, acknowledging the child’s experience of it and the effects that it is having on them. Responses that negate the experience are not helpful, eg ‘I think you may be imagining it’/’I can’t imagine X saying that.’

☑ Understand the impact of discrimination: discrimination occurs because people have generalised a negative belief to a group of people and then act out of that belief in a way that discriminates. If a child or young person is experiencing discrimination they may start to take on the negative beliefs that others hold and this will negatively impact their self esteem and identity development.

☑ Help the child deal with it through open discussion: be willing to talk to the child or young person about race, discrimination and racism. Discuss the issue generally with the child or young person (in an age-appropriate way), and be willing to talk with the child as particular issues or incidences occur. Let the child know it is not about them but the ignorance of the person who is doing the discriminating. Speak with the child about possible ways of responding.

☑ Help the child understand it is not their fault: explain that prejudice is based on people making negative judgements about a group of people based on limited experience and ignorance. Affirm the child and explain that the prejudiced person is not seeing them as an individual and does not know them.

☑ Validate their feelings: it is important that the child or young person is not made to feel bad about any feelings of anger, sadness etc. These are normal responses to prejudice. Encourage the child to talk about their feelings.

☑ Don’t tolerate prejudiced remarks about any group or people: A child or young person will observe how you respond to these remarks, and if they see you respond and challenge the remark, they will be confident of your support if they are ever discriminated against.
Be aware of the attitudes of friends and extended family members: challenge negative attitudes and behaviours, and educate family and friends. Take steps to protect the child or young person from exposure to negative attitudes from friends and family. Most people will respond to a request to do what is best for the child – so a useful approach can be: ‘You know that when you say X, it is hurtful to Y don’t you? I don’t want you to do it again please.’

Teach the child strategies for dealing with discrimination: talk with child about the different ways of responding to discrimination. Different responses will be needed, ie sometimes it may be safer to ignore and walk away, and other times it may be an opportunity to respond and educate. A simple technique is to brainstorm with the child or young person what would be effective responses in certain scenarios. For example, if you are questioned about why you are living with a family that is different to you, how might we respond?

Seek guidance from others who have a personal understanding of discrimination, particularly people from the child’s cultural community: carers cannot be expected to have all the answers. Sometimes the child will need guidance from others who have experienced similar discrimination. This is where contacts with individuals, groups or organisations from the child’s cultural background come in handy.

Obtain support: eg if the discrimination is occurring at school, speak with the teachers, principals, counsellors etc.

Encourage and help the child to develop pride in their appearance and culture: be open to the child’s culture and encourage them to take pride in it. Also providing positive role models and diverse experiences of school, community and home environment can build pride in their appearance, culture, heritage, languages and background. This is where strategies for cultural connections are so important to build a child’s resilience to prejudice and racism.
Henry (part 2)

One day Henry, nine, tells his carer that some of the kids in the playground have been laughing at him for being Chinese. He said he doesn’t want to go back to school because they make fun of the way he looks and leave him out of games.

June, Henry’s carer, talks to him about what happened and how he feels.

Henry says that they make faces by pulling their eyes up to look ‘Chinese’. One of his classmates hid a kite Henry had brought in for a school project about games and said he should have brought in a football instead. Henry says it made him feel sad and his tummy hurt.

June says sometimes kids do mean things because they don’t understand how hurtful it can be. She adds that the boy who hid his kite may not understand the sorts of games Chinese people play with kites.

June assures Henry that people should not be laughed at because they look different or like different things. She says she likes Henry very much just the way he is and that other people should do too.

June goes with Henry to a meeting with his teacher to discuss some ideas about how to stop the behaviour that is hurtful to Henry.

**Question to consider:**

*What are the things June has done to respond to the prejudice Henry has experienced?*
Support and information for carers in cross-cultural placements

**The child or young person:**
they are well placed to advise on their needs and also what support or services they may already be accessing.

**Child’s caseworker and your carer support caseworker:**
caseworkers have access to information about services available in the area and may also be able to assist by accessing financial support for fulfilling cultural maintenance strategies. Their role in case management also means they well placed to understand the child’s needs.

**Birth parents and families:**
they can assist you to identify and meet the child’s cultural needs. They are a critical link between the child and their heritage.

**Migrant welfare services and ethnic community associations and clubs:**
these can be used to link the child to cultural activities and groups and the child’s community. They also provide formal services that may be culturally appropriate.

**Religious organisations eg churches, mosques, temples:**
these can be used to link the child to religious guidance and activities. They can also guide the carer on aspects of the child’s faith.

**Services for children with refugee needs:**
children from a refugee background have specific needs related to their torture and trauma experiences. Services such as STARTTS can provide group work and counselling.

**Interpreters:**
this is important when there is a language difference.

**Libraries and the internet:**
these can be used for finding cultural information.
The story continues

Life story work

Concluding foster care placements

Dealing with the demands of being a foster carer
Life story work

Keeping information safe

It is important that all adults involved in caring for children and young people in foster care take responsibility to gather, share, and keep safe information and memorabilia that belongs to the child or young person to have as they grow and develop. This information may be factual, such as birth certificates and family trees, or may be recordings of experiences, such as keeping a journal of a child in care or taking photos.

What does life story work look like?

Life story work can take many different forms: scrapbooking, memory boxes, photo albums with lots of captions, folders, bulletin boards, printed stories etc. The web is a great source of ideas for doing life story work. This includes the Community Services website, www.community.nsw.gov.au (look under Fostering & adoption > foster care > foster care resources > life story work).

Types of things that are recorded in life stories can include:

- fun events
- houses they have lived in
- favourite toys and food
- school records (eg photos, teachers’ names, awards)
- child’s drawings
- baby memories (first words, funny things they said or did)
- health issues and milestones
- information about their cultural background.
Why do life story work?

1. Builds child’s identity and connections
Children and young people learn the connections between their life in the past and their present situation. They learn more about who they are.

2. Provides carer opportunities to understand
A child’s history can help explain their behaviour, eg sensitivity around ‘anniversary times’, reactions to separation or stressful experiences, or grief responses.
Life stories can help carers to be aware of cultural issues that are important to the child and their birth family.

Life story and birth families
Life story work provides opportunity to build as positive a relationship as possible with a child or young person’s family, extended family and community of origin as you encourage the child in your care to gather and record memories and information.

The style of the life story doesn’t matter. What matters is that the child or young person is helped to explore their story.
Ben’s story:  
12 years old

Ben’s placement with Terry and Chris is ending. Ben’s behaviour has become more difficult to manage in a family setting. A mental health assessment suggests that his impulse control capacities are very low. There have been times when both Terry and Chris have felt unsafe with Ben.

After a great deal of discussion with Ben and the whole foster care team, a place for Ben has been found in a small residential setting, where staff provide care.

This has been a very hard decision for Terry and Chris, as they had always thought Ben would be in their care until he was 18.

They have talked about their decision with Ben, and how hard it has been to make. They assure him that they will be in regular contact with him and have him for short stays if possible. After checking that it is OK with the unit Ben is going to, they offer him the chance to take any of his bedroom furniture or any mementos he wants with him. They work out a date for their first visit to him.

After Ben leaves, Terry and Chris feel very flat. They feel some relief but also incredible sadness. They are approached to take another foster child, but they decide to take a break before they consider the possibilities. They plan a holiday away.

Questions to consider

What did Terry and Chris do to make moving as positive as it could be for Ben?

How did they take care of themselves at this time?
Jasna: 25 years old

Jasna was adopted by Liz and Rick when she was three to provide permanency of care for her. At that time, they got financial assistance to modify their home so it would be suitable for Jasna long term. Liz and Rick unexpectedly got pregnant and had a baby when Jasna was eight. She is very proud of her little brother. By 12, Jasna was using a wheelchair but was able to attend her local school. At 18, she left school and got a part-time job in a call centre. However, her real passion is being part of the Special Olympics program. She is competing and has a voluntary administration role in the program.

There is a possibility that in the future she will compete in Europe and is very keen to visit the country where her mother was born.

She still lives with Rick and Liz but is considering living in supported accommodation. Rick and Liz have helped her to learn skills, such as meal preparation, shopping and budgeting, so she can live as independently as possible.

Ben: 25 years old

Ben was in care with Terry and Chris between the ages of six and 12. They stayed in touch with Ben through his very difficult adolescent years. He spent time in youth refuges and juvenile detention centres, and sometimes lived with his mother, Lucy. He has turned up on Terry and Chris’s doorstep a couple of times and they did what they could to assist him. However, he was using drugs heavily. There was later a break-in at their place that they are reasonably certain was done by Ben.

By the time Ben was 25, he had spent three out of the past five years in jail. His mother died when he was 20, and Terry and Chris went to the funeral. Last
Christmas, he phoned them and said he has decided to do a residential drug rehabilitation program. He has asked Terry and Chris if he can put them down as his next of kin on his application.

**Carla: 25 years old**

Carla was cared for by Vallea after years of psychological and sexual abuse. As a teenager, she went through a short extreme heavy metal stage. Through her friends, she got really interested in music and got involved in a local band. With Vallea’s encouragement, she completed Year 12.

When Carla was 17, Vallea started a relationship with Pieter. Before Pieter moved in with Vallea, he had to undergo an assessment for his suitability to be a carer for Carla. Vallea was concerned that Pieter would be put off by this process, but once he understood the importance of ensuring Carla remains safe in her placement, he participated willingly.

At 25, Carla is working as a childcare worker and lives with her boyfriend. She sees Vallea and Pieter most weekends. She still lacks confidence at times and is very hesitant to try anything new without a great deal of support, but she has made great progress.

**Dylan: 25 years old**

Dylan has been living with his family since he left June’s care when he was nine. June provided respite care for him for a couple of years, and then did the same for his little sister when his mum, Ann, went through a rough patch. June sends Dylan a card each birthday and stayed in contact with his family. Dylan and his partner, Mandy, have two little girls named Annie and Mary and are expecting another. Dylan says that if it is another girl, her name will be Juno, in honour of June.
Henry and Min:
31 and 25 years old

Henry and Min were in June’s care for four months, then returned to their mother. She recovered physically from her illness but was emotionally unable to provide adequately for the children. They returned to care and were ultimately adopted. Henry and Min have done well at school. At 31, Henry is working in an accountancy firm. Min at 25 is starting work as a dentist. Min has very few memories of being in care as a young child with June, although she has photos and other information that June collected for her. Henry remembers more and recalls June as a person who made him feel special and safe, even though he really missed his mum.

Lottie:
25 years old

When Lottie was 15, she ran away from June’s home and went back to live with her mother for a short time. She got pregnant but had a miscarriage. She went back to June for a short time again but then returned to her mother. She then lived in refuges but stayed in regular contact with June. Through the Leaving Care program, she got access to supported accommodation and was encouraged to get her school certificate through TAFE. Lottie is working as a beautician. With June’s encouragement and practical assistance, she has learnt to dress appropriately for different situations. She still parties hard but is able to hold down a permanent job.
### Practical tasks of caring

<table>
<thead>
<tr>
<th>Dimension of care</th>
<th>Example of carer who was involved in this dimension of care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td><em>Liz and Rick attended to Jasna’s medical appointments</em></td>
</tr>
<tr>
<td>Emotional and behavioural development</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Family and social relationships</td>
<td></td>
</tr>
<tr>
<td>Identity</td>
<td></td>
</tr>
<tr>
<td>Social presentation</td>
<td></td>
</tr>
<tr>
<td>Self care skills</td>
<td></td>
</tr>
</tbody>
</table>
What foster carers say

‘I have made a difference in a child’s life.’

‘It’s great to know they can go to bed and know they will be safe.’

‘It gave me a real buzz when he put his hand in mine; I knew he was beginning to trust me.’

‘I never knew I could love so much.’

‘It’s given me a whole new perspective on life.’

‘I now know what’s important in life.’

‘We’re giving kids back their birthright.’

‘I’m a different person now and I’m a better person.’

‘These kids need us.’

‘Every child has a right to a home and to be loved.’

‘It fulfils me.’