

Response to Jennifer Lehmann's Reflections on Out-of-Home Care

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Jennifer Lehmann, in her reflections on out-of-home care (OOHC) in the preceding paper, offers an important contribution to this special issue of *Children Australia* (Lehmann, 2015). We are honoured to be involved and to provide this response.

Jennifer highlights the importance of listening to children and young people. It is important that all assessments, decisions, and plans be informed by children's own explanations, perspectives, and wishes. This is good for their development. It increases their self-esteem and strengthens their communications skills. It shows children they can have influence and power over their own circumstances (Mudaly & Goddard, 2006).

Children and young people's needs and wishes are not always straightforward, nor universally experienced. For example, many Australian children in OOHC tell us that contact with birth parents, especially mothers, is needed and important (CREATE Foundation, 2014; O'Neill, 2004). Many would like to see their birth parents more often (CREATE Foundation, 2013). However, children also often describe relationships with birth parents as complicated and disappointing. Indeed, some children say they would prefer not to have contact with their birth parents, and dislike being forced to do so (Bessell, 2011; CREATE Foundation, 2009, 2014; Kiraly, 2011; Kiraly & Humphreys, 2011, 2013; O'Neill, 2004).

In her reflections, Jennifer describes the efforts she and her colleagues put into ensuring siblings remained together, even if it meant a mattress on the floor. Staff, at times, needed to work against the bureaucracy. Not everyone understood the role of siblings in assisting a child's sense of identity, belonging, and emotional wellbeing.

Current research suggests that many children in OOHC continue to be separated from siblings and that sibling relationships are not supported as they should be. For example, the recent *Stability Planning and Permanent Care Project 2013–2014* found that of the 1332 sample, 240 children had no siblings, 441 children were placed with all their siblings, 325 children were placed with some of their siblings, and 272 children were not placed with any of their siblings (De-

partment of Health and Human Services, 2014, p. 41). The report also found that where siblings:

... are placed separately, contact arrangements are often insufficient to maintain long-term relationships between siblings. This is a significant loss for a child in out-of-home care or alternate permanent care as siblings can provide the most enduring relationships throughout a person's life (Department of Health and Human Services, 2014, p. 4).

Jennifer reflects on a number of other challenges that are still with us: a foster system under stress, difficulties recruiting and retaining foster care givers, children enduring multiple placements, and the challenges associated with supporting young people to succeed in education.

The *Stability Planning and Permanent Care Project 2013–2014* also found that a barrier to achieving permanency and stability for children was related to a lack of suitable placements and suitable foster and permanent care givers (Department of Health and Human Services, 2014). Children with disabilities and challenging behaviours are over-represented in the OOHC system (Mendes, Snow, & Broadley, 2013). The *Stability Planning and Permanent Care Project 2013–2014* found that in the sample of 1332 children,

- 232 (17.4%) children were assessed as having a developmental delay or an intellectual disability,
- 144 (10.8%) children had complex medical needs,
- 168 (12.6%) children had mental health issues,
- 355 (26.7%) children had significant behavioural issues, and
- 128 (9.6%) children had school performance or attendance issues.

A number of children had more than one of these issues (Department of Health and Human Services, 2014, p. 30).

The difficulties in recruiting and retaining suitable care givers for this cohort of children is not surprising. The logical and tragic outcome for these children is greater placement instability, which impacts negatively on their physical, social, emotional, and educational wellbeing, which in turn

increases the challenges of caring for these children. And so the downward spiral continues.

Jennifer highlights the problem of too many children removed too late from parents who find the responsibilities of parenting beyond their capacities. She says that this was an unpopular view at the time, and it remains so today. Parents who do not have the external resources or internal capacities to care for their children and keep them safe are “set up to fail”. We wait for them to fail and then we intervene. In the meantime children experience further trauma, become more difficult to place, and parents feel blamed.

We agree with Jennifer when she suggests the constant references to dependency as a negative condition is unhelpful. We must re-introduce the value of long-term work with families into policy and practice. The “all or nothing” approach, either removing children from struggling parents, or doing a few months of “support” then closing the case must change. Children and families end up on the merry-go-round of misery. They move in through statutory child protection, out to family services and their case is closed. The cycle gets repeated (Cummins, Scott, & Scales, 2012). Multiple notifications, multiple substantiations, multiple hours spent on meaningless bureaucratic administration. Endless case notes include detailed descriptions and assessments of risks and needs, with little done to improve the situation. Tilbury (2003, p. 6) agrees that “data paint a picture of families being reported again and again to child protection agencies because they do not receive the help they need to maintain adequate care for their children”. Tanner and Turney (2003) suggest there must be a re-thinking of the concept of dependency, particularly in cases of child neglect. The authors recommend that a long-term continuous relationship with a caseworker can offer some parents an alternative model of relating and connecting, enabling them to embrace new beliefs about themselves and their world, improving their parenting capacity.

Timely and tough decision making in relation to permanent placement of infants and very young children is also important, particularly in cases involving sexual assault or violence, or where parents are completely uncooperative. The first three years of a child's life is a period of significant growth and development. At this young age, safety and stability is imperative. Infants and very young children need to develop and maintain a secure attachment to their primary care giver if they are to live healthy and productive lives. The decision to permanently remove a child from parental care can be tough to make, because we know that many parents are also victims, have backgrounds of child abuse, trauma and adversity, and have faced multiple and ongoing struggles in their lives.

Obvious tensions exist between family preservation ideology and child safety. Whilst it is necessary to give parents “the widest possible . . . assistance” and support to change (Victorian Government, 2005, p. 21), it is also important to know whether the assistance we give them is effective or not. Early intervention and prevention programs are in-

tegral to public health practice. High-quality and reliable surveillance data systems are also integral to public health practice. It is important to have good data to provide information about the magnitude of the child abuse and neglect problem, to identify risk and protective factors, to identify “at risk” populations, and enable evaluation of intervention activities. This will inform the public health community about “what works”. Unfortunately, in Australia, we do not have high-quality and reliable child protection surveillance data (Broadley, Goddard, & Tucci, 2014). This must change.

Jennifer highlights the importance of providing children with mutually respectful, meaningful, and ongoing relationships with adults who truly care. The role and importance of committed staff in the lives of children and young people in care cannot be overstated.

Relationships that reflect genuine care, warmth, a sense of community, and that go beyond the role of paid professional are in some situations beneficial to children and young people in care. Jennifer spoke of staff who came into the Allambie Unit in an unpaid capacity to visit a child because of a birthday or to celebrate Christmas, and colleagues who kept in touch with, and supported ex-care people into parenthood and adulthood.

Of course there have been, and will always be, adults who have dark and criminal motives for working with and showing children extra attention. The way to protect children, however, is not by denying them the love, care, and appropriate physical affection they desperately need. The way to deal with this problem is by improving methods of identifying and prosecuting these individuals.

Psychiatrist Bruce Perry tells the story of his own boundary dilemma as it related to a seven-year old client Tina, her siblings, and mother (Perry & Szalavitz, 2006). One dark, snowy evening as Perry left work, he noticed the family waiting for the bus go home. He says:

It was 6:45. Icy cold. They would not be home for another hour at least. I pulled my car over, out of sight, and watched them, hoping the bus would come quickly. I felt guilty watching them from my warm car. I thought I should give them a ride. But the field of psychiatry is very attentive to boundaries. There are supposed to be unbreachable walls between patient and doctor, strict borderlines that clearly define the relationship in lives that often otherwise lack such structure. The rule usually made sense to me, but like many therapeutic notions that had been developed in work with neurotic middle-class adults, it didn't seem to fit here. Finally, the bus came. I felt relieved. (Perry & Szalavitz, 2006, p. 15)

Perry goes on to describe his own thought processes over the following week, as he tried to decide what to do, should he see the family again. He says “I went back and forth, but my heart kept coming down on the side of kindness. A sincere, kind act, it seemed to me, could have more therapeutic impact than any artificial, emotionally regulated stance that so often characterizes ‘therapy’” (Perry & Szalavitz, 2006, p. 15).

So one night, some weeks later, he offered the family a lift home. He also took them to the grocery store, minding the children in the car whilst the mother went into the store, and later helped by carrying the groceries into the home.

Perry says that afterwards he felt afraid to tell anyone about what he had done, despite knowing he had done the right thing. Two weeks later, when he met with his supervisor, Perry nervously told him. His supervisor, according to Perry, encouraged exploration, curiosity and reflection, also gave him the courage to challenge existing beliefs. Needless to say, he reacted positively to Perry's "transgression".

We need similar supervisors today.

Of course, it is better to place children with foster care givers, permanent care givers, even adoptive parents to provide them with unconditional love and care. But for some children, for a time at least, this may not be possible. Older children and adolescents with challenging behaviours may not suit foster care. They may only have relationships with adults who are "paid to care". Staff members who step over professional boundaries must not do this in secret. They must be supported by their supervisors to examine their own motives, emotions, and capacities, and to be truly guided by the best interests of each particular child.

Jennifer's reference to the head of the Family Welfare Division wanting numbers reduced because of media reporting, and this causing further "displacement" and trauma to children, is an all too familiar story. Child and family welfare policy continues to be affected by media reporting and changing political winds. Governments of all persuasions seek to protect themselves from criticism and present themselves in a favourable light. It is not always easy for those working in the child and family welfare system to prioritise the best interests of children over the best interests of government. Disobedience is sometimes morally and ethically necessary – but again, not in secret.

This is not easy for most of us, as we have been taught and socialised to obey rules. Modern bureaucracies emphasise rules and incentives. However, rules and regulations are poor substitutes for what Aristotle called "practical wisdom" (Schwartz & Sharpe, 2010). Rules can never be detailed or nuanced enough to account for every child's unique history, characteristics, needs, and situation. An over reliance on rules can erode practical wisdom (Schwartz & Sharpe, 2010).

Practitioners who exercise practical wisdom focus on meeting the "proper aims or goals of a particular activity" (Schwartz & Sharpe, 2010, p. 7). They know the "right way to do the right thing in a particular circumstance, with a particular person, at a particular time" (Schwartz & Sharpe, 2010, p. 5). They exercise professional judgment, and they know when rules need to be followed, when they need to be bent, changed, or even broken. They also exercise a degree of detachment, by "stepping back" and assessing their own capacities, emotions, and motives (Bessant & Broadley, 2014). They are continuously mindful of the best interests of the child.

Schwartz and Sharpe (2010, p. 10) applaud these practitioners and refer to them as "canny outlaws". Canny outlaws must sometimes defy the rule dominated culture of bureaucracy, to exercise "practical wisdom".

Rules and incentives may improve the behaviour of those who don't care, though they won't make them wiser. But in focusing on the people who don't care – the targets of our rules and incentives – we miss those who do care. We miss those who want to do the right things but lack the practical wisdom to do them well. Rules and incentives won't teach these people the moral skill and will they need. Even worse, rules can kill skill and incentives can kill will (Schwartz & Sharpe, 2010, p. 12).

One of the most important messages from Jennifer's reflections is that she and her colleagues truly cared about the children and young people in their care. They cared enough to risk censure. In Jennifer's words they were sometimes disobedient – in Schwartz and Sharpe's words they were sometimes "canny outlaws" – wise practitioners who sometimes became rule breakers in order to achieve excellence.

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