



AJ's story

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Nothing in this story constitutes a finding of fact by the Commission of Inquiry. Instead, these stories have been published to show how people are experiencing the current child safety system in Queensland. Any views expressed are those of the person who shared their experience, not of the Commission of Inquiry.

Content warning: Some material may be distressing. These statements may include references to violence, abuse, neglect, exploitation, suicide, or self-harming behaviours, and may contain strong or confronting language. Some narratives may be about First Nations people who have passed away. Readers are encouraged to engage with this material in a way that supports their wellbeing.

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Background

AJ is a 20-year-old man who entered the care of the state on the day of his birth. Whilst there has been disruption within his placements, he remained in the care of one family for his entire childhood. Currently in custody, AJ hopes sharing his story will help others. AJ has big goals for his future, and the unwavering support of his foster family who know he will achieve them all.

Newborn removal and early life

AJ was removed from his biological mother at birth and has been in care since then. He is Aboriginal. Carers Jim & Dolly who were of South Sea Islander and Aboriginal descent, cared for AJ from the time he was 6 hours old. With AJ, Jim & Dolly moved almost 1,000 kilometres across Queensland to be closer to AJ's biological family, because they knew how important familial connections were for him. The family had a very strong connection to culture and took pride in making sure AJ was immersed in both Indigenous and South Sea cultures.

When AJ was 4 years old, Dolly became extremely ill. John & Dot, Jim & Dolly's son and daughter in law, moved to Queensland to care for AJ. This plan was written into Dolly's Will and communicated to child safety (who remained AJ's legal guardian).

Treatment of foster carers

John & Dot had a close bond with AJ from the time he came into Jim & Dolly's care. They left behind their home and established careers, to travel interstate and make sure that AJ could continue to stay with his foster family who loved him dearly. John & Dot had a relationship with AJ's biological family and understood the importance of him remaining connected to both his foster and biological families. Dolly remained in a critical condition in hospital for 11 weeks, during which John & Dot arranged for a therapist to support AJ with the trauma of what he



was experiencing with his foster mum. John & Dot also completed their foster and kinship carer training, while caring for AJ and supporting Jim, while Dolly was in an induced coma.

After Dolly's passing, John & Dot endured a 2-year long battle over the care arrangements for AJ. Child safety would collect AJ from his home to see his siblings, unaccompanied by John and Dot. This caused a huge amount of stress and anxiety for AJ (who was only 4 at the time), often resulting in him wetting himself and vomiting. AJ's therapist wrote to child safety recommending against AJ being unaccompanied by John or Dot as support. Child safety ignored this and noted Dot's concerns with AJ being unsupported by his carers as "concerning", taking the view that she was impeding the relationship between AJ and his siblings rather than having justified concerns about AJ's wellbeing.

The day after Dolly passed away, child safety told John & Dot that AJ would be moved to his siblings' placement (which had over 10 children). Child safety presumed that John & Dot sought care of AJ for personal reasons, rather than it being in the best interests of AJ to continue a longstanding familial relationship. This 2-year long battle resulted in John & Dot engaging specialists to prove the devastating impact a change in placement would have for AJ and his ability to form secure attachments into the future. John & Dot engaged lawyers to try and prevent AJ's removal from their care. Throughout this, John & Dot were re-establishing their life and careers in Queensland, becoming full time carers of John, and caring for AJ, who was deeply affected by the death of his foster mum. Child safety's observations that AJ seemed fine did not reflect what John & Dot were seeing.

Seeking kinship care

Child safety determined AJ was better placed with his siblings, despite previously being the only child in John & Dot's care. Kinship options had previously been exhausted, however child safety re-commenced kin searches and applied a narrow view of the Aboriginal and Torres Strait Islander Child Placement Principle. This disregarded the primary principle to do what is in the best interests of the child – AJ's safety and wellbeing. Child safety did not account for AJ's grief after being separated from his birth mother and his foster mum's death.

While child safety sought to remove AJ, AJ'S siblings' foster carers refused to meet with John & Dot to facilitate contact – instead, all sibling contact became supervised by child safety and was often at a contact centre.

18 months after Dolly's death, and after John & Dot filed proceedings with the children's court, child safety finally agreed that it was in AJ's best interest to remain in John & Dot's care.

Permanency



John & Dot wanted to adopt AJ but felt they wouldn't be able to because he was Aboriginal. Less than a year after attempting to remove AJ from their care, child safety pursued guardianship of AJ to John & Dot, with AJ's biological mother's support. When AJ was 6, the court granted guardianship of AJ to John & Dot.

Lack of information and support

During AJ's early years, John & Dot noticed he was behind developmentally. They requested information several times, including by Right to Information applications, about why he was brought into child safety's care. Dot started taking AJ to various allied health professionals to provide additional support to him. They led and funded this themselves without any support from child safety. They knew it wouldn't happen unless they did it themselves.

In AJ's early teens, his behaviours became challenging and at times emotionally dysregulated and aggressive. Around this time, he was diagnosed with Attention Deficit and Hyperactivity Disorder (ADHD). However child safety had still not provided John & Dot with any health-related information about AJ so they could have assessments completed to understand how best to support him.

Although child safety had custody of AJ from birth and subsequently guardianship until he was 5, they never took steps to register his birth. This created significant barriers, including not being able to play football (which he loved and was really good at) and travelling overseas. It took over 2 years for John & Dot to track down information relating to AJ's birth so his birth could finally be registered. This process could not be undertaken until AJ's carers were granted long term guardianship.

Transition to adulthood

At the time guardianship was granted to John & Dot, the obligation to provide transition support remained with child safety (this changed in 2017). Child safety would visit the family once a year to review the case plan, and on occasion (where staff working with long term guardians were limited), the case plan review would take place over the phone. As AJ got older, he experienced a number of health-related challenges (which was determined to be associated with his early trauma of the loss of his birth mother and foster mum) which required medical intervention, at significant cost to his carers. John & Dot sought the assistance of child safety in meeting these costs, as well as support in dealing with AJ's challenging behaviours, all of which were denied. John & Dot were advised that they were expected to manage on their own.



John & Dot didn't receive any training on how to best support AJ while he grew up knowing he had been removed from his biological family and the reasons for removal. Understanding the challenges this would present for him in later years. They would have benefitted from training and support in the form of an independent person who was able to provide culturally and developmentally safe information to AJ about his biological family so that he could maintain positive relationships with his family in a way that kept him safe. AJ didn't have the right information about his biological family which made him more vulnerable when he stayed with them.

Training for carers shouldn't happen only once, it should continue with each age and stage of a child's development and be a safe space to talk about parenting and the complexities of parenting and supporting children who have been removed from their biological families.

Not unlike any other teenager, AJ struggled with rules within the household and school environment. AJ increased contact with his biological family, which naturally created a significant interruption to his home-life, schooling, part-time job and apprenticeship. During this time, AJ began engaging in anti-social behaviour which resulted in him being suspended from school and facing expulsion. John & Dot put forward a substantial case to the Department of Education, advocating that AJ remain enrolled at school.

It was suspected that AJ might have Foetal Alcohol Spectrum Disorder (FASD). Due to "privacy reasons", child safety was unable to provide any information to John & Dot which would have best supported AJ. When they were finally able to access birth related medical documents, the information about AJ's removal was vague and unhelpful.

Turning 18

AJ had just turned 18 when John & Dot made the very difficult decision to ask him to leave the family home. This was following the combined stresses of AJ's continued engagement in unsafe behaviours, the flooding of the family home, looking after a toddler, and caring for Jim full-time. As a result, AJ felt abandoned and became, understandably, very angry towards John & Dot. AJ lived with his biological family for a period of time and later became homeless. Over this time, AJ became known to the police. Dot tried to find help for AJ and learned there was support available for adults leaving care until the age of 25 to help them with independent living. AJ needed a lot of support that John & Dot weren't able to manage themselves. AJ became involved in crime whilst fending for himself. He wasn't set up with Centrelink and didn't have the resources or the means to do this himself.



Dot sought help from multiple child safety service centres for AJ, however none were aware of any funding available, nor could they assist. They told John & Dot that AJ would need to go to a homeless shelter, however none of these shelters had any capacity for AJ.

In her search for answers and support, Dot sought information from AJ's family to confirm her suspicions of AJ's possible FASD. Many of the symptoms are identifiable, however a diagnosis is not possible due to his incarceration. Dot has since learnt that FASD should be diagnosed by age 7 however the lack of health information meant this wasn't possible. This has meant that John & Dot's parenting style and supports had not been tailored to meet his needs.

With the benefit of undertaking courses, training, being mentored and reconnecting with John & Dot and his foster family and his old support network, AJ is now motivated to make positive changes in his life and is still very much a loved part of his family having regular contact whilst incarcerated. AJ sharing his story is testament to the person he is and to the changes he wishes to bring about from his life experiences.

John & Dot did the best they could to help AJ get help as he was growing up, however without accurate information about his development and the past trauma he had experienced, the support provided was not right for him and the underlying causes of his behaviour remain unaddressed into his adulthood. They will continue help him because they love him dearly, and he is their family. This is something that the corporate parent does not have the ability to do. Children need real people in their lives, not tick box forms dictating decisions. AJ has lost so many people in his life so far. To overcome and heal from this is a part of his transition process and is something the current system is not equipped for. AJ's experience is unique to him, but in many ways common with other children who have been in care.

AJ is a wonderful young man, who is well loved and has so much potential for the rest of his life. He brings joy to his family and has learnt from his mistakes. AJ wanted to share his story in the hopes that it can help others in similar circumstances and that with systemic change, others can get more appropriate help, so they don't make the same mistakes.