

FOSTER CARE ASSOCIATION OF VICTORIA INC

Strengthening Carers 2011

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The role foster carers play in protecting and advocating for children and young people living in home-based care inspires us constantly, and we applaud the work and commitment carers show day in day out to support children and young people.



DEFINITIONS

- Care Team** The care team exists to strengthen communication and collaboration between carers, Department of Human Services staff, community service organisation staff, other associated professionals, clients and their families, prompting all parties involved to consider the things any good parent would consider when caring for their own children. The care team develops the Care and Placement Plan and contributes to the best interest planning process. The composition of a care team will vary depending on the specific issues and needs of the child and family, however it will always include the child protection practitioner, agency placement worker, the child's case manager, the child's carer and parents (as appropriate).
- Source: The home-based care handbook Revised edition 2007, Department of Human Services, September 2007.
- Community Service Organisation (CSO)** A non-government organisation registered and funded by the Department of Human Services to deliver home-based care services. The CSO has the responsibility for recruiting, assessing, training, supervising and supporting home-based carers.
- Source: The home-based care handbook Revised edition 2007, Department of Human Services, September 2007.
- Home-based care** Home-based care is defined as out-of-home care provided by volunteer carers in their own homes for children and young people where it has been determined by the department that living at home is not consistent with their best interests due to the risk of abuse and neglect.
- Source: Guidelines for responding to quality of care concerns in out-of-home care, Department of Human Services, December 2009.
- The term home-based care in the context of this report includes general, intensive, complex and therapeutic home-based care.
- Looking After Children** Looking After Children provides a framework for identifying the needs of children and young people and developing plans to meet these needs. At a simple level, the Looking After Children framework attempts to strengthen communication and collaboration between carers, departmental staff, CSO staff, other associated professionals, clients and their families. It prompts all parties involved to consider the things any good parent would naturally consider when caring for their own children. It also provides CSOs with a common framework for their client records systems that contains all the information they need to look after a child or young person in the care of their organisation.
- Source: The home-based care handbook Revised edition 2007, Department of Human Services, September 2007.
- Informal Respite Care** Targeted and flexible support packages tailored specifically to the individual needs of a particular placement. This might include, but is not limited to support services such as in-home nanny support, house cleaning, gardening, baby sitting, family and friends support, etc.
- Formal Respite Care** For the purposes of this report, formal respite care is out of home, overnight stays with an approved and accredited respite carer. The respite carer is financially supported during these stays based on a pro rata calculation of the caregiver reimbursement rate.



A Message from Bernie Geary, Child Safety Commissioner

At times, I have said that I am the commissioner for children and not the commissioner for carers, parents or workers. However, I am not under any illusions that the key to children’s safety, happiness and wellbeing is what happens in the ordinariness of the daily life with carers – be they parents or kinship carers, foster carers, adoptive carers or professional residential care workers. In this instance, this publication directs its attention to that wonderful group of community volunteers called foster parents.

While we need state of the art clinical knowledge and close involvement of therapeutic expertise, to understand and treat the significant trauma, harm, and pain suffered by these children in their early journey of life – recovery and normal growth can only really be experienced and practised in the safety of day to day routines provided by informed and well supported carers.

The Professor of Social Work and Social Policy at Trinity College Dublin, Robbie Gilligan who some of you would have heard, while in no way taking away from the vital work of professional roles or therapists, – talks of the critical aspect of these children being able to experience more and more of the normal.

Plainly, carers are fundamental to children experiencing sound, reliable, life-giving relationships, and exposing them to the rich tapestry of wholesome, age-appropriate life experiences. In other words, these children need persistent, repetitive experiences, that despite any scepticism they may have – they begin a new journey of learning to really know that they are lovable and special in the eyes of an adult or adults.

I do not underestimate the significant challenges of carers at times in the face of understandable mistrust on the part of traumatised children – that this person, this carer, will actually “hang in” unconditionally with me - that this person is indeed my champion!

Once good assessment has seriously determined that a child is best cared for by a foster family for a period of time, carers need to have the confidence that episodic or ongoing supports are really and readily available. We know personally and academically that this caring commitment will not always be easy. The best of supportive services need to be there for these community heroes, for the sake of the vulnerable children they so generously care for.

A handwritten signature in black ink, appearing to read 'B. Geary', written over a horizontal line.

EXECUTIVE SUMMARY

The Foster Care Association of Victoria (FCAV) is the peak body providing support to foster carers and those foster carers who have taken on permanent care of children and young people. FCAV aims to advance a compassionate and effective care system that assists in providing a healing environment for children and young people in foster care. This is achieved through FCAV providing accurate information, timely and independent support and ongoing advocacy to carers and the sector.

The Post Placement Support Service (Vic) Inc (PPSS) is an early intervention support and training service which serves anyone who has a personal or professional connection with kinship care, permanent care, adoption and long term foster care.

The FCAV/PPSS Carer Information and Support Service or 'CISS' (previously known as the FCAV/PPSS Carer Help Line) is available to all carers of children and young people living in home-based care in Victoria. In addition, CISS is available to community service organisations (CSOs) and government workers for information on issues impacting carers in Victoria.

In 2010 FCAV and Post Placement Support Service (PPSS) undertook a carer supports needs survey (O'Neill & Laister 2010) with foster, kinship and permanent carers and adoptive parents. In terms of support for carers, the data analysis and subsequent report found in part that:

- Carers found some support offered by their agency worker to be unhelpful;
- Carers had difficulty obtaining mental health supports for either themselves or the children or young people in their care;
- It was difficult for carers to access and attend relevant training;
- Carers' ability to cope with long term placements varies over time;
- Many carers have found their caring role to be an isolating and lonely experience;
- Many carers spoke of the joys that parenting had brought to their lives;
- Many carers identified that the support of friends and family had greatly assisted them in their roles as carers.

When reviewing the data (O'Neill & Laister 2010) it became clear a further intensive look at the support needs specific to foster carers was required, hence FCAV's undertaking of the Strengthening Carers 2011 research report.

It should be noted that while the Carer Support Needs Survey Report 2010 made twelve comprehensive recommendations for change and enhancement across the sector, only five of these recommendations have been acted upon since the release of the report in September 2010. It is hoped this latest report, detailing the support needs of foster carers in Victoria will gain broader attention and engagement across the home-based care sector.

A copy of the key findings, and recommendations detailed in the Carer Support Needs Survey Report 2010 can be found in Appendix A (from page 37) of this report.

Key findings of the Strengthening Carers Research Report 2011

A detailed analysis of the feedback obtained from carers during the interviews has identified many areas where carers felt the delivery of quality key supports were on track and effective to them in their role as carers:

- 82% of carers indicated the children, their development and the opportunity to provide children with a good life are the key components for them feeling valued in their role as carers;
- 75% of carers indicated they found their agency and agency worker to be a key support for them;
- 72% of carers identified caregiver reimbursements and 'any and all payments' as useful supports for them in their role as carers;
- 51% of carers identified family and friends as key supports for them, particularly in the area of baby-sitting;
- 41% of carers found training provided by their agency to be useful;
- 28% of carers identified other carers and carer support networks as valuable key supports for them in their role as carers.

The analysis also highlighted a range of areas requiring improvement or enhancement across the home-based care sector in the areas of support and recognition for carers:

- 58% of carers indicated they want increased inclusion, acknowledgment and consideration within the care team in the areas of decision making and knowledge of the child and the child's progress, and increased respect and recognition for the role carers play in the sector;
- 57% of carers in receipt of the general rate of caregiver reimbursement indicated the payment no longer adequately met the cost of care;
- 23% of carers identified the need for increased availability to formal respite and more effective and targeted informal respite that met the needs of individual placements;
- 22% of carers asked for increased financial assistance to be provided to carers with particular attention in the areas of:
 - Availability of petrol and travel reimbursements, particularly for rural carers;
 - Consistency across all placements/regions in terms of what 'extra' reimbursements and entitlements are made available to carers;
 - Waiving of means testing against carer incomes for eligibility to Commonwealth government entitlements;
 - Access to clothing vouchers/allowances and travel cards for children and young people in care;
 - Agencies and Department of Human Services (DHS) to not make carers feel 'guilty' or 'only focused on the money' when carers are seeking additional financial support;
- 20% of carers identified the need for more effective, streamlined and forthcoming sharing of information by agencies and DHS to enable carers to better understand and care for the children placed with them.

Key Recommendations

- Agencies and DHS to actively recognise and involve carers as valued and contributing members of the care team, and to acknowledge the enormity of the role played by carers in the life of the child or young person through comprehensive implementation of the care team model and Looking After Children frameworks;
- Children's Court and child protection workers, legal representatives and magistrates to be increasingly mindful of the impact their decision making has on the children and young people they represent and to ensure the views of carers are included in this decision making;
- Targeted, effective and individualised formal respite and informal respite including baby-sitting options to be identified that support the needs of the child or young person, while also providing meaningful respite for the carer;
- FCAV to be funded to work in conjunction with local agencies across Victoria to develop and support local carer support groups and networks to provide carers with the opportunity to liaise with and develop support relationships with other carers in their area/community;
- On-call and after hours services to be enhanced to provide greater practical and emotional support for carers with CSO staff development to incorporate learning in areas such as demands of caring for a child or young person with challenging behaviours, and grief, separation and loss for carers and carer families when placements break down or end;
- Affordable, accessible and practical carer training to be provided by agencies and the sector to ensure continued learning and support is available to carers in areas relevant to their needs;
- Therapeutic care model to be adopted as best practice standard for the care of children and young people in home-based care in Victoria by 2014;
- Increased community awareness required in order to more clearly define the role of and need for foster carers in the community;
- Education and awareness work to be introduced for natural parents to help them better understand home-based care, and the ongoing role they can have whilst their child/ren are in care;
- The 'general' level of caregiver reimbursement to be increased in line with current cost of living levels in Victoria;
- Waiving of means testing against carers income levels for the eligibility of Commonwealth financial supports for children living in home-based care;
- New Placement Loading payment allocation processes to be reviewed to better support carers in the initial set up of a placement;
- Clear and accurate guidelines detailing available entitlements to be provided to carers at an agency, State/DHS and Commonwealth level. Processes for accessing additional assistance to be timely and carers to be respected and not made to feel guilty when seeking additional supports;
- CSOs to establish shared *equipment banks* to enable carers to borrow equipment such as electronic games, bikes, toys, etc. for the children and young people in their care;
- Research to be undertaken examining the long term success or otherwise of permanent care placements.

INTRODUCTION

The Australian Institute of Health and Welfare (AIHW 2011) reports there were 5,469 children and young people living in out of home care in Victoria in 2009-10, a 3.5% increase on the previous year. Of these 5,469 children and young people, 2,234 were reported to be residing in foster care.

This report (AIHW 2011) further shows a 7% decrease in the number of children and young people residing in foster care on the previous year, however it should be noted the report also shows an 11% increase in children and young people residing in statutory kinship care in Victoria. The split between foster care and statutory kinship care in Victoria is now almost even. Of the 5,469 children and young people residing in out of home care on 2009-10, 40.8% were residing in foster care and 40.0% were residing in statutory kinship care.

While the preference will always be for children and young people to reside in a safe and loving home with their family, the reality is this is not always possible. As such, there can be no disputing that available and ongoing foster care placement options remain a fundamental component of the State's ability to adequately house and care for vulnerable children and young people in Victoria.

However, the success and longevity of foster care placements are strongly reliant upon robust and effective support and service structures, as well as a comprehensive understanding and acknowledgement of the enormity and complexity of the role undertaken by foster carers. Underpinning this support must be a strong and mutually committed relationship between the agency and their carer. It is vital this relationship be one of open and supportive communication – one that values and endorses the roles of both the carer and the worker.

Whilst agency targets are set and managed by DHS, it is vital that these agencies advocate strongly for the rights and needs of both their carers and the children and young people placed in their care. Agencies should feel empowered to question case planning decisions they feel are not aligned with the best interests of the child, and they should actively support their carers in instances where the carers views and opinions regarding the child are not being heard by case planning decision makers.

Agencies do a tremendous amount to provide support for carers, however they must not forget to ask their carers what meaningful support looks like for them, and then adapt their practices to deliver that very support. Each carer and each placement comes with its own unique needs and struggles, and it is for this reason that agencies must strive for flexibility and innovative thinking if they are to be able to effectively support the needs of not only their carers, but every placement.

Victoria is quite unique compared to other Australian states and territories in that the majority of care and family support is delivered by the community sector. Whilst this can mean similar services are delivered in a variety of ways, it also provides a relatively small and well-connected sector the opportunity to work collaboratively and to share resources and support elements across agencies if they choose to do so.

Carer support groups, equipment banks (for the lending of electronic games, bikes, toys, etc.) and training opportunities are all examples of placement and carer strengthening supports that could be resourced and shared across a number of agencies to the benefit of their carers, and at a shared or reduced cost to the agencies themselves.

Similarly, increased collaboration in identifying systemic problems would see agencies being able to actively target and resolve elements within the sector/department relationship that are often cause for frustration and delay.

Children and young people now coming into care are doing so having endured increasing levels of trauma and hardship than in previous years. As such, the complexity of current foster placements is significant and the support and service needs now required to sustain these placements cannot be ignored. It is important for the department and the community services sector to re-examine some of the strategies previously adopted and ask whether these now meet the best interest standards expected of the out of home care sector today:

- ? Does current practice address the fundamental rights of children under the *Charter for Children*?
- ? Does each care team adopt and effectively apply the principles laid out in the *Looking After Children* and *care team model* frameworks around case planning and leaving care planning?
- ? Does each care team actively engage with the carer to ensure the rights of carers under the *Victorian charter supporting people in care relationships* are adhered to?

These are all questions that both agencies and the department need to consider in how they interact with and support the carers they work with.

The role of a foster carer is increasingly complex and demanding, falling beyond the role of a traditional volunteer. Carers are to be commended for the determination and drive they display in meeting the needs of the children and young people they so effectively support. As such, the sector must do all it can to actively support and sustain carers if existing foster carers levels are to be retained and new foster carers recruited to the sector.

BACKGROUND AND METHODOLOGY

In setting the parameters for this research project, and in our experience of calls received by CISS, FCAV was confident the findings would uncover a number of shortcomings in the area of carer support and service provision, however we were also very mindful that there would be a range of very effective support systems already in place for carers.

With this in mind, it was decided that rather than sending out a static tick-box survey to carers and hoping they provided us with detailed responses, we would instead develop a questionnaire and source the feedback from carers by means of a structured and consistent 30-40 minute phone interview. It was hoped this connected contact with carers would allow us not only to gain feedback about what was and wasn't working for carers in terms of support and service provision, but also provide us with the context that could then explain why something was or was not working for carers in these areas.

The aims of the carer questionnaire were to:

1. Capture what support means for carers in the following categories:
 - General support
 - Agency support
 - Care team
 - Financial support
2. Document outcomes and make key recommendations in a report to be distributed across community service organisations, the Office of the Child Safety Commissioner (OCSC) and DHS in Victoria.
3. Be a resource for the community sector and DHS to inform carer support protocols and increase retention of carers.

To satisfy the scope of the project, a target was set to interview 61 carers from the FCAV Membership database representing approximately 5% of the current active membership (FCAV Carer Snapshot, 2010). The questionnaire was emailed to participants before they participated in the interview to allow carers time to consider their responses. Carer responses were recorded in note form by the interviewer during the course of the phone interview and later entered on to online survey software, *Survey Monkey* (www.surveymonkey.com) to facilitate analysis of the data.

In instances where issues arose for carers through the interview, a referral was offered to the carer to the FCAV/ PPSS Carer Information and Support Service.

Carer participation in the project was extended to carers through promotion in the FCAV newsletter along with a random sample of carers, with every twentieth carer being selected from the FCAV Membership database. These members were then approached by FCAV staff and asked if they wished to participate. In instances where they did not, further names were sourced from the FCAV Membership database. The final sample group comprised carers from all metropolitan and rural regions.

RESPONSE DEMOGRAPHIC

Response Demographic

The 61 carers interviewed were asked to provide information regarding the type of care they provide, their years of caring, ages and number of children in their care and which region they reside in.

The vast majority of carers offered more than one type of care, with 74% of those questioned advising they provided respite/emergency or short term care, 72% advising they provide long term care and 20% advising they were permanent carers. It is of interest that such a substantial number of carers were in permanent care situations, particularly when we know the supports for carers and children and young people post permanent care can be quite limited. Future research work in to the long term success, or otherwise, of permanent care placements is recommended to further explore this element of the out of home care sector, unique to Victoria.

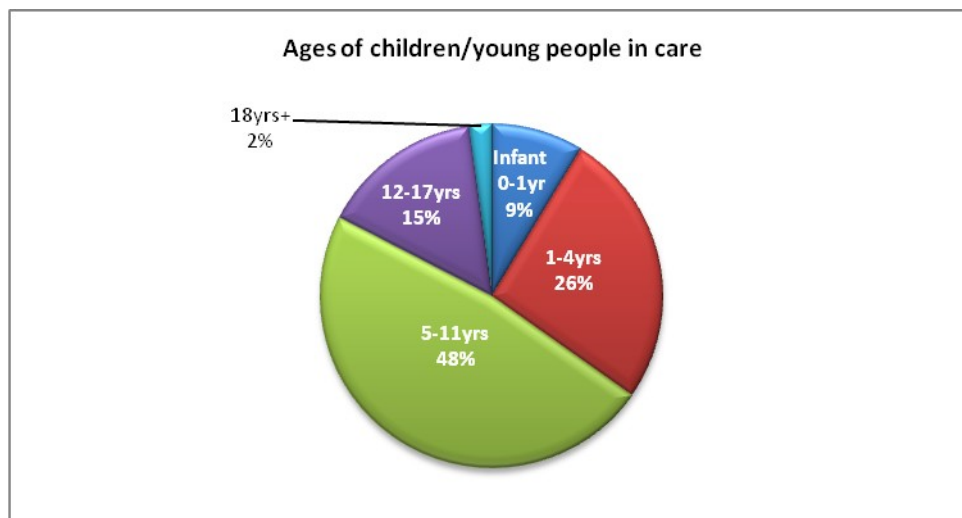
At the time of conducting the interviews, there were 92 children and young people in the care of the 61 carers we spoke to. A breakdown of these children and young people, their care type and ages are:

Table 1: Carer demographic

Respite/Emergency/ Short Term Care	Long Term Care	Permanent Care
❖ 9 carers had 1 child/young person	❖ 23 carers had 1 child/young person	❖ 7 carers had 1 child/young person
❖ 7 carers had 2 children/young people	❖ 6 carers had 2 children/young people	❖ 4 carers had 2 children/young people
❖ 2 carers had 3 children/young people	❖ 1 carer had 3 children/young people	
❖ 1 carer had 4 children/young people	❖ 1 carer had 4 children/young people	(Results based on 61 responses)

Figure 1: Carer demographic

(Results based on 92 children and young people in care)



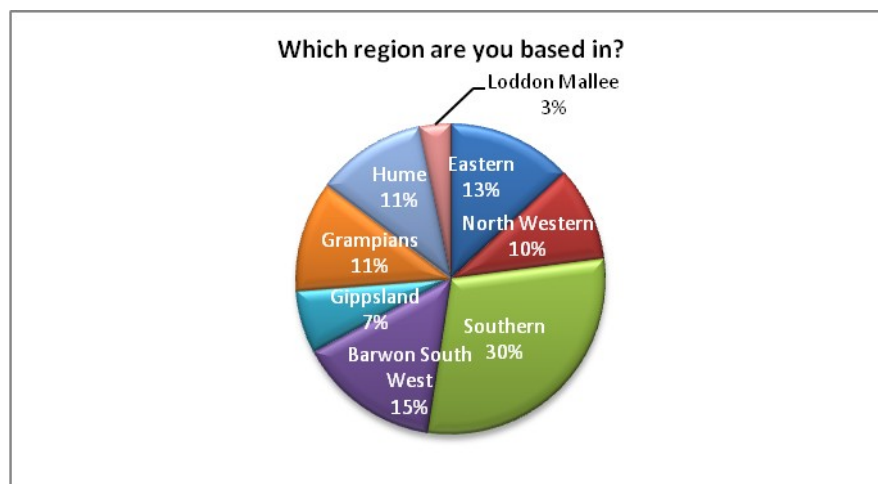
When asked how many years they had been carers, it was established that 80% of the group had been caring for more than 3 years, with 26% of the group having 10 or more years experience as carers:

Figure 2: Carer demographic (Results based on 61 responses)



The geographical split between metropolitan and regionally based carers was fairly even, with 52% of carers interviewed based in metropolitan regions and 48% residing in the various regional areas. A breakdown of regional locations of those interviewed is displayed below:

Figure 3: Carer demographic (Results based on 61 responses)



Please Note:

The carers interviewed as part of this research may have provided more than one idea or piece of information when responding to the interview questions. Also, some carers have more than one child in their care, and receive more than one type of caregiver reimbursement payment. As such, results throughout this report may exceed 100%. Rounding of percentages may also result in figures in excess of 100%.

RESULTS OF DATA COLLECTED AND DISCUSSION

What's working for carers?

Carers were very forthcoming in their acknowledgement and praise for what supports and services are effective and 'working for them' in their role as carers, with 75% of respondents citing the agency and agency worker as a key overall support. This figure dropped to 70% when carers were asked to identify agency-specific supports, but the message remains very clear – carers find their relationship with their agency and their agency worker as a key support and for the most part, this support is highly effective.

"Our foster care worker is great, we have regular contact through phone calls and visits. She is always checking in and asking if there is anything she can do to help."

"I have a great relationship with my worker. If you have a good worker then you have a good team. It means you can make a difference to the children."

Interestingly, 51% of carers cited family and friends as the next most effective key support for them in their role as a carer, with 22% of this group stating it was their family and friends on whom they relied for baby-sitting. Whilst it is certainly gratifying to know that carers do find significant levels of support from within their own circle of friends and family, the sector must remain mindful of the impacts a lack of this type of support can have for some carers.

28% of carers stated they found support from other carers as a key support for them, with 30% of carers indicating carer support groups were a useful support provided to them through their agency. This is an interesting result as historically, the feedback FCAV receives from agencies is that carers do not attend support groups, so many agencies have dropped this as part of their service delivery. By comparison, carers have remarked in the past that support groups are often difficult to attend due to where and when they are held, availability of child care and how they are facilitated. For example, carers have felt uneasy de-briefing about frustrations they might have about their agency, if it is their agency running the support group. The report findings in this regard indicate that not only do carers attend carer support groups and find the opportunity to meet with other carers a useful support, but a further 25% of carers cited carer support groups as supports they would find useful (see page 18), but currently have no access to.

41% of carers cited training and conference attendance opportunities offered through their agency as a key agency support for them, with 13% of carers citing training and access to books and reference materials as a general key support. There is no doubt, that despite the pressures of balancing child care and household routines as well as training, carers remain committed to learning and resourcing information to assist them in the care of children. This commitment to learning and self-education must continue to be fostered across the sector, with attention to identifying more flexible and adaptable training opportunities and environments.

"Training – I have done everything I can. I really got a lot out of going to the courts. I would recommend it to all carers".

39% of carers indicated formal respite and informal respite such as child care and playgroup opportunities provided through their agency was a significant support to them, with 13% of carers citing formal respite as a useful key support overall. Unfortunately, what also came through in the research was the inconsistency with which this particular avenue of support was available across the board to carers. Further analysis of this area of support is discussed later in the report (see page 17).

In terms of agency-specific supports, 23% of carers stated they found the agency on call or after hours services to be beneficial and 11% stated they found agency 'equipment banks' for the provision of clothing, toys, car seats, cots and the like to be useful.

The remaining agency supports identified by carers as being useful to them in their role as a carer are:

- assistance with transport;
- financial assistance and reimbursements, including assistance with clothing, nappies, formula, etc.;
- agency newsletters;
- agency acknowledgement of their role;
- counselling to support the placement;
- agency forums/collaboration.

26% of carers identified community, schools and their workplace as key supports for them, demonstrating the widespread nature of the support needs of both carers and the children and young people in their care. Comments such as *"School – when the school gets to know you and the child they are happy to be creative and flexible to support the child"* and *"School was very supportive... they treated her like a human being and with respect – they were very supportive"* give us an insight into the importance of community understanding of the challenges facing some of these children, and the importance of the role schools and the broader community can have in helping these children and young people achieve educational and developmental goals.

20% of carers indicated access to counselling (for children in placement or carers/ carer families), professionals and therapeutic care concepts as key supports for them, again highlighting the diverse needs of current foster care placements, and the commitment carers have to learning about and sourcing the best possible treatments and therapies for the children and young people in their care. In terms of financial support, 58% of carers indicated they found the caregiver reimbursement payment to be a useful financial support, while 16% cited financial support as a key support for them, and as mentioned earlier, 10% stated they found financial assistance with reimbursements as a useful agency support. Again, the concerning element that has come through the research when looking at financial supports, is the inconsistency with which financial supports are available to carers, and the clear divide that exists between those on the 'general' level of reimbursement and those on higher levels of reimbursement.

Again, further analysis and discussion around the areas of carer reimbursement and broader financial support will be covered later in the report (see pages 18, 20, 23), but in the meantime, a list of financial support areas highlighted by carers as being useful to them is recorded on the following page (see page 16).

Useful financial supports:


- Medicare, bulk billing and health care;
- Any and all payments are helpful;
- Education funding/contributions;
- Funding for school holiday programs and day camps;
- Disability package (including formal respite);
- Victorian Carer Card.

The remaining key supports identified as useful by carers were:

- Self-advocacy, self-reliance and personal experience as a carer;
- the care team, including child protection workers and DHS.

The question needs to be asked here - Do carers citing self-advocacy, self-reliance and personal experience as key supports for them, also indicate that they have felt the need to 'go it alone' in terms of advocating for better supports and services for themselves and the children and young people in their care? Or, does this indicate there are carers who have not shied away from seeking better outcomes for the children and young people in their care and have done so alongside and sometimes in place of the more formal support structures around them?

When it came to asking carers what made them feel valued in their role as carers, the message received was very clear, with 82% of carers stating the children, their development and being able to give them a good life for a while was meaningful to them as carers. 20% of carers said that acknowledgment from their agency, DHS and other areas made them feel valued while 6% said they just loved doing what they were doing.



"FCAV are great at recognising carers. The competitions are really helpful – I got a cleaner... it was fantastic!"



"Recognition – it is simple but it makes a difference".

Lastly, it should be noted that in detailing what agency supports were useful to them, 15% of carers responded negatively about their agency or stated the agency offered no supports that they found useful. Similarly, when asked what overall key supports carers found most useful, 11% indicated they found their agency to be unhelpful. Further analysis into this feedback and other areas carers have found of concern will be discussed in the next section of the report.

What additional supports are carers seeking as key supports?

When asked what additional supports they needed from their agency, 19% of carers indicated they required no change or addition to the agency supports available while an overwhelming 81% of carers felt there was scope for additional agency supports and processes. Similarly, when asked what key supports would carers find useful that they do not already receive, 8% of carers stated they required no further support, while 92% of carers felt further support assistance was required.

Of those carers seeking change:

42% called for the introduction of or increase to available and effective formal and informal respite. In particular, these carers asked that agencies hear and respond to their requests for respite. Carers spoke of notifying their agencies of wedding invitations and other engagements weeks in advance, but still no respite option being made available thus resulting in the carer missing the appointment or event. Also, carers spoke of the need for formal and informal respite to suit the placement by meeting the emotional needs of the child or young person, while also being beneficial to the carer. Carers asked that respite be thought of more flexibly, with consideration given to the tailoring of respite to incorporate:

- More consistency in the availability and provision of formal respite for all placements;
- Effectively matched formal and informal respite options for children and young people with disabilities to enable full-time carers to rest and recharge their physical and emotional batteries;
- In-home informal respite that allows carers to do other things while the child is not emotionally impacted by a move to a different environment;
- In-home help such as cleaning, gardening and assistance with access, transports and school pick-ups, thus freeing up carers to spend time on other things;
- Practical and viable formal and informal respite options to be identified and tailored to meet the needs of sibling groups;
- Improved information processes around formal respite entitlements and provision of payments during formal respite to ensure carers are accurately informed as to their entitlements.

42% of carers called for increased communication with the care team, including carer involvement in decision making and recognition of the carer's role. A consistent theme throughout the carer interviews was the request from carers to be heard more and valued for the role they play both in the care team and in the life of the child or young person. Carers spoke strongly of their dismay and disappointment at being ignored and disregarded by agencies and child protection when it came to advising the progress of the child, issues and impacts for the child and decision making about the child.

37% called for the provision of more detailed information about the child coming into their care. Despite best practice standards about the sharing of information between the department, agencies and carers (refer DHS Child Protection Practice Manual Advice No 1403 dated 23 April 2007 – Information sharing in out of home care; Appendix C), carers continue to report that they are told little or nothing about the child coming in to their care. More emphasis on the importance of information sharing is required in the training of agency and DHS staff to ensure this vital element of care team management is adhered to, thus allowing carers the best possible opportunity to effectively care for and nurture the child or young person coming in to their care.

25% of carers called for the establishment of carer support networks. As mentioned earlier in this report, many agencies conduct carer support groups and networks, which carers have clearly stated they find beneficial and supportive to them in their role as carers. However, the carer interviews highlighted that not all agencies conduct these groups, and the findings in this regard are clearly for the establishment of carer support groups and networks. It is important that agencies and the sector support this need not only through the provision of support groups, but also by providing effective child care, problem resolution, follow up and advocacy for carers who raise concerns or additional placement support needs via these groups.

25% of carers called for increases to the financial support packages available to carers. The issues around financial reimbursements will be covered in greater detail in this report (see page 20), however the initial calls from these 25% of carers included:

- Increased rate of reimbursement for those carers receiving a 'general' level of payment;
- Access to additional funding for clothing allowances;
- Access to additional placement support grants (PSG's);
- Petrol reimbursement – especially for carers based in rural areas;
- Increased consistency of available financial supports across all regions;
- Assistance in securing a larger vehicle for those carers taking on sibling groups;
- Waiving of means testing of carers incomes for eligibility to Commonwealth government supports.

Comments such as these seemed to sum up the sentiment of these carers:

"More financial support. We care because we want to make a difference but we should be supported to do this. I shouldn't be assessed on my income in order to access additional supports".

"Access to additional funding. Consistency to be able to receive placement support grants. Clothing allowances for small children".

"We have to pay more money each week for child care than other foster carers we know because of our family income. It is not fair that this money comes out of our pocket—it doesn't leave us anything from the carer payment to support the child. This is costing carers too much for caring to remain a viable option for some families".

The remaining suggestions from carers around key and agency supports required are:

- Increased agency engagement with carers and children and young people in care through increased agency contact (calling when there is not a crisis, instead of only when there is), more effective on-call and after hours supports and more attention to the emotional support needs of carers. Agencies need to be more engaged with the child or young person in care;

- Increased and accessible training opportunities, citing child care, time scheduling and location of training as elements that often prevent them from being able to attend;
- The provision of clearer and more accurate information from agencies and child protection as to what supports and services are available to carers. This type of information should be offered to carers, they should not have to ask for this type of information, nor should they have to research and discover this for themselves;
- There is a need for increased access to therapeutic and professional services, along with counselling services for children and young people in care. In addition the support needs of carers and the carer family children must be acknowledged and provided for;
- Increased support from the sector in understanding and dealing with challenging behaviours impacting the placement;
- Agencies and child protection need to better understand the impacts failed placements or ending placements can have on children and young people, carers and carer families. Greater sensitivity and understanding by case planning decision makers to respect and accommodate the need for carers and carer families to be able to say goodbye to a child or young person who might be leaving their care, and also the need for future follow up and progress updates on how the child is now faring is required across the sector;
- Access to approved baby-sitting services outside carer's 'friends and family' circle of support is needed, particularly for those carers who do not have friends or family on whom they can rely for this type or level of support;
- The Children's Court need to be more aware of the impact their decision making can have for the child, particularly in the areas of access;
- The education and promotion of foster care for parents whose child/ren are in care to ensure a greater understanding of the role carers play during this time, and also the role parents can continue to play whilst their child/ren are in care.

Caregiver Reimbursement Payments

All the carers interviewed acknowledged receipt of the caregiver reimbursement payment, and regarded it as a useful, if not vital support element for them as carers. What was also clear however was the significant gulf between those on the general level of payment and those on higher levels of payment. The following is an analysis of the responses received to questions focusing on caregiver reimbursement payments. It should be noted that some carers were caring for more than one child, and were therefore in receipt of more than one level of reimbursement payment.

Figure 4: What rate of caregiver reimbursement do you currently receive for each of the children/young people currently in your care?

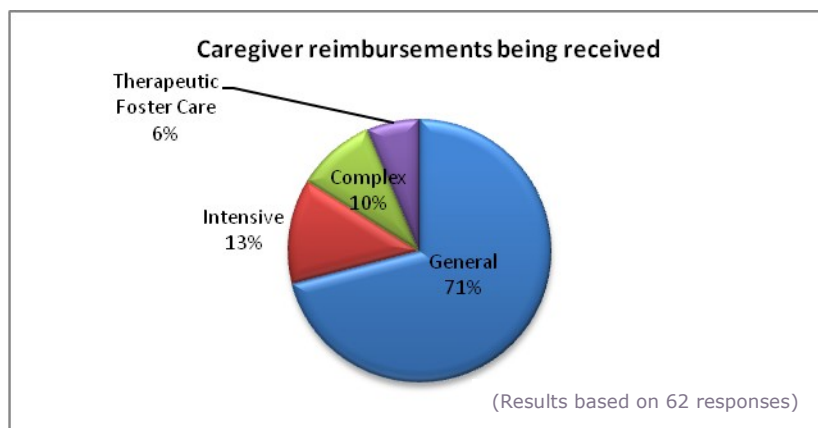
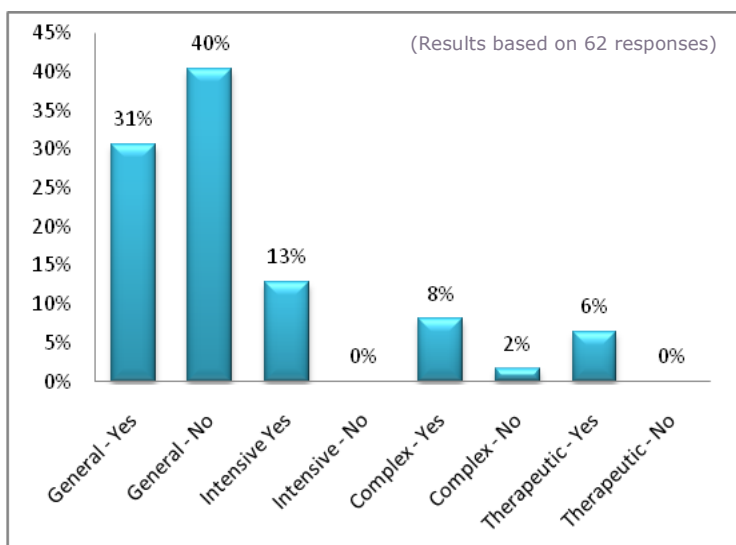


Figure 5: Do you believe the existing caregiver reimbursement rates adequately contribute to the financial needs of the children and young people currently in your care?



Overall, 58% of carers felt the current levels of caregiver reimbursement adequately met the cost of care, while 42% felt the rates did not meet the cost of care.

57% of carers receiving the **general** level of payment felt the payment **did not** adequately meet the cost of care.

100% of carers receiving the **intensive** level of payment felt the payment **adequately met** the cost of care.

83% of carers receiving the **complex** level of payment felt the payment **adequately met** the cost of care.

100% of carers receiving the **therapeutic** level of payment felt the payment **adequately met** the cost of care.

(Results based on 62 responses)

57% of carers receiving general payments, and 40% of the overall response group found the general rate of reimbursement to be inadequate in addressing the costs of caring.

Interestingly, while 43% of carers on general payments indicated the payment did adequately meet the costs of care, their answers were quantified as follows:

- 26% stated they contribute from their own incomes significantly to support the child in care;
- 32% stated the payment does not allow or provide for 'normal life activities' such as sport (including swimming), outings, health or medical costs or clothes.

13% of carers interviewed were in receipt of the intensive level of payment with 100% of this group indicating the reimbursement adequately met the costs of care. Again, however, this group did quantify their responses, as follows:

- 25% indicated the general level of payment was too low;
- 25% indicated that once the intensive payment was spread across education supports, travel (school, access, medical appointments), medical costs and recreational activities such as swimming and sports, there was not enough left, particularly when carers were not being effectively advised of the availability of additional entitlements;
- 13% pointed out the payment did not address the costs of damage caused by children and young people to the home;
- 13% reinforced the importance of the child/placement needs being properly assessed in terms of financial and service support needs.

10% of carers (6 carers) were in receipt of the complex level of payment. Five of these carers indicated the reimbursement adequately met the cost of care with the remaining carer indicating it did not. Even though the majority of this group stated they found this payment to be adequate, all expressed concerns around financial elements such as:

- The demand of a child categorised at this level meant the carer was unable to work outside the home and therefore is prevented from making personal superannuation and mortgage contributions. Carers spoke of the need for a 'wage' to help re-dress issues such as these;
- The costs involved in accommodating short term placements often do not get covered by the complex level of payment as start-up costs often exceed the number of reimbursements received by the carer;
- Carers were concerned about the impact of financial costs and their ability to absorb these once the placement transitioned to permanent care and the reimbursement payment reduced to the general payment level;
- Food and grocery costs associated with adolescent placements meant complex payments were absorbed very quickly;
- It is difficult to manage on less than complex if you are a single carer caring for a difficult child. Accurate assessment of the child and the overall placement need is vital.

The remaining 4 carers interviewed were in receipt of the therapeutic level of payment, all of whom indicated the reimbursement met the cost of care very well. One carer in this group made the comment that the general level of payment did not adequately meet the costs of a placement. A second carer in this group commented that not only was the therapeutic level of payment 'really good', but they were also able to ask for and had received additional funding if and when needed.

A clear theme amongst these responses was the need for carers to be willing and in a position to contribute significantly to the costs of caring for the children and young people placed in their care. 67% of respondents indicated they were making a significant financial contribution to the placement and while some carers' personal income easily accommodated this contribution, other carers found it more difficult to absorb these extra costs into their household budgets.

The observation was made by a number of carers that the eligibility criteria for Commonwealth government assistance such as Family Tax Benefit is unfairly means tested against their income, thus further negatively impacting the placement and carers, and further disadvantaging the children and young people coming into care.

What additional financial supports do carers require?

When asked specifically what additional financial supports were required to assist them in their role, carers responded as follows:

45% of carers asked for access to increased reimbursements to cover petrol, travel and damage to property costs. Carers stated they needed access to these additional reimbursements to be easier, more streamlined and more timely, and most importantly, they needed agency and child protection workers to not make them feel guilty for asking for additional help or support. This last point came through clearly in the research with many carers stating they had often been made to feel 'greedy' or 'too money focused' if they asked for anything in addition to the standard caregiver reimbursement payment.

The issue of damage incurred to properties and costs not being reimbursed is an interesting one. Processes for the recovery of costs for repairs to carers' homes do exist, however carers and agencies do not appear to be well versed in this entitlement or how to access it. DHS holds insurance for carers through the Victorian Managed Insurance Authority (VMIA) Community Service Organisations Program. However, the claims process requires carers to firstly claim through their private home insurance and incur excess payment costs before any claim for out of pocket expenses can be made to VMIA. Unfortunately, the subsequent claim to VMIA may or may not cover the excess costs incurred by the carer, nor does it address or compensate the carer for any increase their private insurer may impose on future premiums.

Ironically, many claims through private home insurance policies are declined on the basis the damage was as a result of a wilful act caused by someone residing in the home, yet the carer is still required to go through their private insurer before being permitted to lodge a claim through VMIA.

16% of carers indicated the provision of regular clothing and school uniform allowances would assist with the costs of clothing the children and young people in their care.

15% of carers asked for the introduction of a carer 'wage' that would enable carers who have had to give up work to support the children and young people in their care to continue to:

- Make contributions to their private superannuation funds;
- Make contributions to mortgage payments, thus negate the need to either re-negotiate their mortgage based on one wage, or incur increased interest costs due to reduction in mortgage re-payment amounts;
- Maintain capacity to obtain banking/finance loan/s for larger cars (to accommodate children in care) and/ or, home extensions or renovations to better accommodate the children in care;

13% of carers asked to be better informed about what financial entitlements are available to carers. These carers also called for greater consistency across agencies/regions/placements in terms of entitlement availability and eligibility.

11% of carers asked for additional assistance to address 'start-up' costs of new placements. It is acknowledged that carers in receipt of the 'general' level of caregiver reimbursement do receive a \$53.01 (at the time of report writing) 'new placement loading' each fortnight for the first six months of a new placement. This additional funding is intended to address the 'start up' costs of the placement. It should be noted however, that whilst this additional payment is certainly required (and welcomed), the provision of this funding can miss the mark. In many instances, the commencement of the caregiver reimbursement payments, including the new placement loading, can take up to 4-6 weeks, if not longer, with the carer incurring many start-up costs during this time. In the event the placement then ceases after two months, the carer will never have the opportunity to recoup their costs as the payments, along with the new placement loading, will cease.

11% of carers called for the waiving of means testing of carer incomes for eligibility to Commonwealth supports for children and young people living in home-based care.

It should be noted that 16% of carers stated they did not require additional financial supports because:

- They receive higher levels of caregiver reimbursement and find this to be adequate in meeting the costs of the placement;
- The children in their care are not yet in school so they are yet to encounter any education-related expenses;
- As respite carers they find the rate of reimbursement adequately meets the needs of the placement.

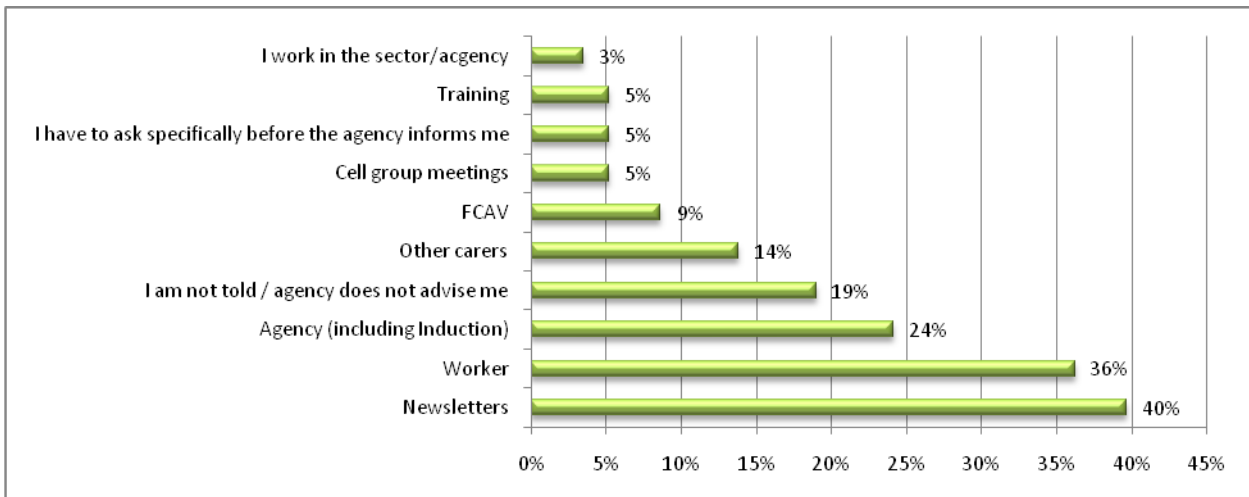
Other supports identified by carers as needed include:

- The establishment of equipment banks to enable carers to hire/borrow items such as laptops, games consoles, bikes, etc. for long or short periods of time;
- The provision of free travel cards for school aged children and young people in care;
- The Victorian Carer Card to be expanded to provide increased discount opportunities in rural areas.

Seeking additional agency assistance and support

It is concerning that when asked how they are informed about available supports, 24% of carers stated their agency either didn't advise them of available entitlements, or the agency only advised them when carers specifically asked for the information.

Figure 6: How are you informed of support available to you?



Note: Some carers have identified more than one information stream for learning of supports, hence the figures above exceeding 100%. (Figure 6 results based on 58 responses)

While agency or agency-related contact features strongly as the top three sources of information for carers, the individual statistic for each category is quite low, indicating there is a lot more agencies and agency workers can do to enhance this element of carer support delivery.

When asked whether carers felt they could ask for additional support, only 32.5% of carers stated they felt they could ask their agency for additional support. Of the 67.5% of carers who provided a negative response to this question:

- 37% stated 'I ask, but I am either told no, or I find the wait lists and processing times are too long;
- 30% indicated they felt 'bad' or 'guilty' if they asked for support, with some indicating the worker made them feel guilty for asking;
- 19% indicated they sometimes received support; didn't know who to ask; had not needed to ask or didn't hear from their worker in order to ask;
- 7% indicated what was offered was inconsistent;
- 7% indicated they knew agency finances were tight, so didn't like to ask.

"I asked for extra help with a child's behaviour as he was crying all the time and hitting his head. I tried for 12 months but didn't receive any support so had to end the placement. It is the worst thing – I didn't know how to help him. I would have taken anything instead I was told these things take time".

Seeking additional financial assistance and support

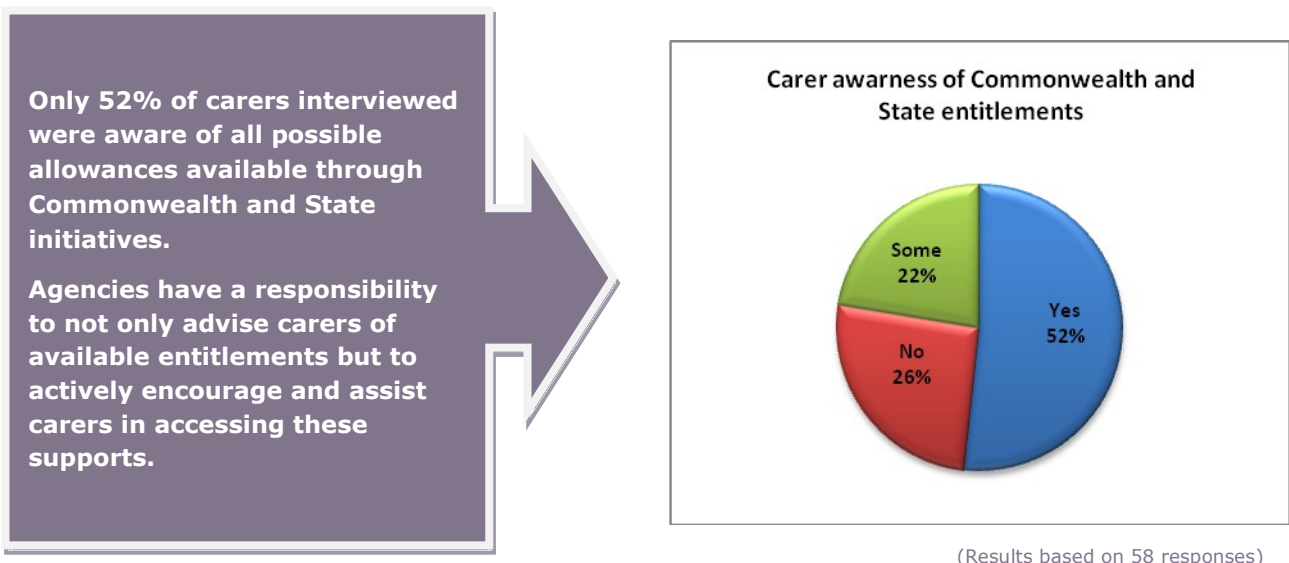
Carers were asked whether they were aware of additional financial supports available through both Commonwealth and State government sources. In responding:

- 24% of carers indicated they were accessing disability support and other payments for children in their care but they had researched and identified these supports on their own;
- 19% of carers had identified Commonwealth supports, but the means testing of these supports against their income had meant they were ineligible to receive these benefits;
- 19% of carers were unsure of the available entitlements at either a Commonwealth or State level, and were also unaware of the processes for applying for these entitlements;
- 10% of carers advised they were in receipt of educational funding assistance but they were unsure what the payment was;
- 10% of carers indicated they received an 'automatic' payment, but again, were unsure what this was;
- 10% of carers indicated they were ineligible for additional supports as they only offered respite or short term care;
- 5% of carers advised they have learned of additional financial supports through other carers.

The answers provided by the 22 carers who responded to this question indicate there is minimal understanding by carers of the entitlements and allowances available to them, particularly via the Commonwealth government and Centrelink. References to 'automatic' payments are further evidence of the lack of clarity for carers around what financial supports they are currently in receipt of and the role or purpose of these supports, such as the Education/Medical allowances made available by DHS.

The findings of this report clearly indicate further work is needed to promote and educate carers as to the range of financial entitlements available, and the eligibility criteria for these entitlements.

Figure 7: Carer awareness of entitlements



Applying for additional financial assistance or expense reimbursement

73% of all carers interviewed indicated they were aware of the process for seeking additional funds for expenses through their agency, with the remaining 27% of carers indicating they were not aware of the process for seeking reimbursement of costs.

64% of the overall response group offered further commentary on this question with the results being:

- 30% of this group of carers advised they had been successful in gaining reimbursements for various costs such as child care, clothing, and camp costs;
- 22% of this group of carers advised they were unaware of any process, and this was not something they have had to do;
- 14% of this group stated their agency actively promoted what entitlements were available to them;
- 14% of this group indicated they have to self-advocate and 'push' for support;
- 11% of this group advised their agency does not openly advise carers of available entitlements;
- 5% of this group stated they had been advised by their agency that they were ineligible for additional assistance because they were in receipt of higher payments;

Further feedback received in response to this question included carers reporting that their worker often made them feel guilty if they asked for additional support. In addition, carers found the processes for applying for additional assistance cumbersome, and the availability of entitlements inconsistent across different placements/carers/regions, while some advised they had been well informed by DHS as to available entitlements.

Carer participation in Care Teams

Four key questions were asked of the carer group in order to look at the effectiveness of care teams and the level of carer inclusion in care teams:

- ? Do care team meetings occur for the children and young people in your care?
- ? Are records kept of the actions to be followed up and do you receive a copy?
- ? Are actions followed up in a responsive manner?
- ? What could strengthen the care team?

Disappointingly, despite the push for carer-inclusive care team models and widespread implementation of the Looking After Children framework, the response rates to the 'Yes', 'No' or 'Sometimes' questions received from carers, along with the expanded explanations provided, highlight how little carers continue to be invited, involved and included in the care teams of the children and young people in their care. The results to these key questions are analysed below:

Figure 8: Care teams



(Results based on 51 responses)

- ❖ 43% of carers indicated the timeframes for care team meetings were erratic, but they occurred;
- ❖ 43% of carers advised they were not regularly invited to attend care team meetings;
- ❖ 25% of carers reported positive care team experiences;
- ❖ 7% of carers advised they chose not to attend care team meetings;
- ❖ 4% of carers stated that care team meetings were scheduled with little or no notice thus preventing the carer from being able to attend;
- ❖ 4% of carers were unaware of whether care team meetings occurred.

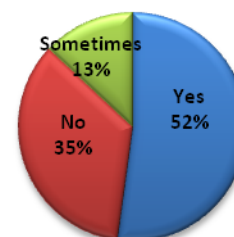
(Results based on 36 responses)

Figure 9: Care team records

- ❖ 60% of carers stated they do not receive a copy of the care team meeting minutes/action plan, with some carers advising they had been told they were not entitled to a copy;
- ❖ 30% of carers stated their agency or DHS provides them with a copy of the care team minutes/action plan;
- ❖ 10% of carers advised they make and keep their own notes;

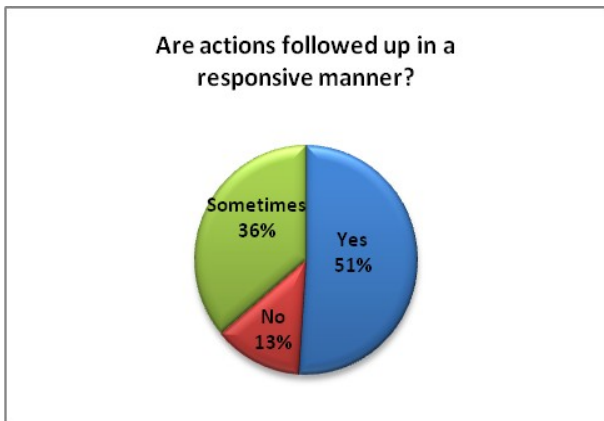
(Results based on 10 responses)

Are records kept of the actions to be followed up, and do you receive a copy?



(Results based on 46 responses)

Figure 10: Care team responsiveness



(Results based on 47 responses)

❖ 15 carers stated actions were not followed up, or that they had to chase up members of the care team for action to be achieved;

❖ 7 carers advised actions were followed up;

❖ 1 carer indicated they were unaware if actions were ever followed up;

❖ 1 carer indicated accusations* were not handled well (*accusations against whom not defined);

(Results based on 24 responses)

Forty carers responded to the question, "What could be done to strengthen the care team?". Many of the answers provided are in line with the theories and process standards outlined in the carer-inclusive care team model and Looking After Children frameworks:

- 53% of carers called for increased carer-input to decision making, and for the role of carers to be more valued by the care team;
- 25% of carers felt clearer and improved communication processes and effective sharing of information across all members of the care team was required;
- 15% of carers called for child protection workers to be more careful and considered in their decision making, and more aware of the impacts this decision making can have for children and young people in care and their carers;
- 13% of carers indicated they found the care team to be an effective process for them;

Further feedback received:

- The Children's Court to invite the views and opinions of carers as part of the court's decision making process;
- Carers to be consulted about meeting times that suit them to ensure they have an opportunity to attend and participate in care team meetings.

"It would be good for the agency, child protection and I to sit down in a room together. I get cut out of the loop. This is frustrating – I am not getting the information on the child that I need".

Value and recognition of carers

The findings of this report are clear in terms of why carers do the work they do. The motivation for carers is very clearly focussed on caring for and nurturing children, and has nothing to do with monetary gain or formal recognition. Carers find value and personal recognition in the work they do through watching the children and young people they care for cautiously reach out and experience positive life experiences.

When responding to a 'Yes', 'No', 'Sometimes' question asking if carers felt valued by their agency, the 60 carer responses indicated 75% of carers felt valued by their agency, a further 18% sometimes felt valued by their agency and the remaining 7% did not feel valued by their agency.

48 carers expanded on their response:

- 31 carers confirmed they felt valued by their agency;
- 14 carers advised they receive some recognition, but that this was not always consistent across the agency;
- 9 carers indicated they do not feel valued by their agency;
- 2 carers indicated they do not do this work for any recognition.

When responding to a 'Yes', 'No', 'Sometimes' question asking if carers felt valued by child protection the 60 carer responses indicated 42% of carers felt valued by child protection, 32% of carers sometimes felt valued by child protection and 27% of carers did not feel valued by child protection.

53 carers expanded on their response:

- 29 carers confirmed they do not feel valued by child protection;
- 21 carers confirmed they feel valued by child protection either some or all of the time;
- 12 carers confirmed they have little to no contact with child protection.

When responding to a 'Yes', 'No', 'Sometimes' question asking if carers felt valued by the wider community the 59 carer responses indicated 78% of carers felt valued by the wider community, 15% of carers sometimes felt valued by the wider community and only 7% of carers did not feel valued by the wider community.

54 carers expanded on their response:

- 43 carers confirmed their community is very supportive;
- 9 carers advised the wider community is either unsupportive, or wrongly/unfairly judgmental of the children and young people in care;
- 7 carers felt increased community awareness of foster care was required;
- 4 carers advised they do not promote the fact they are carers in order to protect and normalise life for the children and young people in care;
- 1 carer advised they were aware that in small towns families with issues feel threatened by carers.

If this information tells us nothing else, it confirms that local communities are more effective at making carers feel valued for the work they do than the very sector the carers support and work for. Some headway has been made in ensuring carers feel valued and acknowledged for the work they do. Agency initiatives such as carer dinners and camps, the Victorian Carer Card and competitions and carer celebration initiatives run by FCAV all contribute to letting carers know that they are recognised and acknowledged for what they do.

Carers were asked if they felt their role as the primary carer was valued by the care team. 51 carers responded to the question with 57% saying 'Yes', 12% saying 'No' and 31% saying 'Maybe', indicating there work is needed to achieve improvement in this area.

To ensure we didn't miss the mark when recommending change for carers, we asked them directly:

"What would make you feel more valued in your role as a carer?"

Carers didn't say they wanted thank yous and awards, they didn't say they wanted more money and they didn't say they wanted more control.

What carers did say was:

- 'please respect the role I have and the experience I can bring to the table about the child or young person in my care';
- 'please understand that at times I might need additional assistance – please don't make me feel guilty for asking for this assistance';
- 'please understand that I am human, and sometimes I will need a break – it doesn't mean I am giving up, it simply means I need timeout'.

The following detailed responses were received from 50 carers:

- 58% of carers called for greater acknowledgment and respect from agency and DHS in the areas of carer inclusion in decision making and knowledge of the child or young person. Carers asked for faster processing times;
- 16% of carers indicated they did not require anything further;

Further responses received to this question were:

- Carers asked for increased, and more importantly, guilt free financial support;
- Carers stated the recognition they received from the children and young people in their care was enough for them;
- Carers asked for increased access to meaningful formal and informal respite;
- Carers asked for the recruitment of more carers and for a greater understanding in the community of what foster carers do;
- Carers asked for increased access to training, particularly in the areas of understanding and managing difficult behaviours, and in understanding and coping with grief and loss.

RECOMMENDATIONS

As presented in this report, the analysis of the feedback obtained from carers during this research report is clear. Whilst carers feel supported to a point, there is more that needs to be done to ensure carers and placements are robustly supported and encouraged.

The final recommendations based on this analysis is presented below:

Recommendation 1:

Agencies and DHS through implementation of the care team model and Looking After Children frameworks to actively recognise and involve carers as valued and contributing members of the care team. Agencies and DHS to invite, and consider the opinions and feedback provided by carers in decision making related to the child or young person, and in the reporting of progress and placement impacts for the child or young person in care. Consideration to be given to carer availability, child care, etc. when scheduling care team meetings to afford carers the best possible opportunity to attend. DHS to be more forthcoming with carers regarding information pertaining to the child or young person to enable the carer to better support and care for the child or young person (see Appendix C, page 44).

Recommendation 2:

Children's Court magistrates and legal representatives and child protection workers to be increasingly mindful of the impacts their decision making has on children and young people. The Court to invite and consider the opinions of carers as people with a detailed knowledge of the child or young person when making decisions affecting the child or young person before them.

Recommendation 3:

Agencies to provide targeted, effective and individualised formal respite and informal respite options (including baby-sitting) for carers through the provision of flexible and 'placement matched' informal respite (in-home or out of home), that meets the emotional needs of the child or young person while providing a meaningful break for the carer. Agencies to broaden the search for possible ongoing respite carers by identifying extended carer-family and/ or child-family options for formal respite care where possible. Expanded in-home support options to be considered as a way of providing informal respite if it suits the carer. For example: baby-sitting, house cleaning, gardening, etc.

Recommendation 4:

FCAV to work in conjunction with local agencies across Victoria to develop and support local carer support groups and networks to provide carers with the opportunity to liaise with and develop support relationships with other carers in their area/community. These groups are to provide effective child care, problem resolution and follow up, and advocacy for carers raising concerns or additional placement support needs via these groups.

Recommendation 5:

Agency on-call and after hours services to be enhanced to provide more effective, practical and emotional support for carers. These enhanced practices to include agency-wide staff development training that focuses on the demands of challenging behaviour for carers and placements, and the need for stronger agency engagement. This training is to also focus on the impacts of grief, separation and loss for carers and carer families when placements break down or end and the inclusion of carer and carer-family counselling as part of the agency-provided supports.

Recommendation 6:

Affordable, accessible and topical carer training to be provided by agencies and the sector to ensure continued learning and support is available to carers in areas practical and relevant to their needs. Expansion into alternative training mediums such as CD's, DVD's, podcasts, video-casts, 'live streamed' specialist facilitators, webinars and other technologies to be identified to ensure all carers can participate in and benefit from training.

Recommendation 7:

State Government and DHS to commence work on expanding therapeutic support and service structures to allow for the transition to a therapeutic care model for all home-based care across Victoria by 2014, thus setting the Australian benchmark and best practice model for meeting the needs of children and young people in care.

Recommendation 8:

A community awareness campaign to be commissioned for not only the purposes of recruitment of new carers, but also to better inform the broader community about the role of carers and the challenges and needs facing children and young people living in home-based care.

Recommendation 9:

Education and awareness work to undertaken with natural parents to help them better understand the role carers play in the lives of children and young people while they are living in care, and the ongoing role parents and extended families can have during these times.

Recommendation 10:

A review of the general level of caregiver reimbursement to be undertaken with a view to the reimbursement being increased to better reflect the current cost of living levels in Victoria. This increase in the regular reimbursement can then attempt to address the growing need for petrol and travel reimbursements, clothing and uniform allowances and the recreational costs incurred by carers.

Recommendation 11:

The means testing of carers incomes to be waived when determining eligibility for entitlements such as Family Tax Benefit and Child Care Benefit for children living in home-based care, thus making caring a more affordable and supported option for carers in the community. This will in turn help to drive recruitment and increased retention of carers. In addition, Centrelink's introduction of a Foster Care Liaison Officer similar to 'Grandparent Advisors' would assist carers in navigating the range of entitlements available.

Recommendation 12

The 'New Placement Loading' payment process to be reviewed with consideration given to some or all of this \$636.12 total allocation (\$53.01 per fortnight for the first six months, at the time of report writing) being provided via cheque or relevant gift card to the carer on the day the child or young person is placed in care. This will ensure carers are not out of pocket for any start up costs while waiting for regular caregiver reimbursements to commence. The expectation around this amended scheme being that should the placement cease within six months, the outstanding balance of the full allocation would be returned to DHS and all items purchased within this time would follow the child or young person to the next placement or to home as the case may be.

Recommendation 13:

All carers to be provided with clear, comprehensive and accurate information regarding all available agency, State/DHS or Commonwealth financial entitlements and the eligibility criteria for these entitlements. The processes and processing times for access to entitlements (whether financial or service entitlements) to be reviewed to ensure quicker turn-around times for carers. Agencies and DHS to develop processes that ensure carers are not made to feel guilty or 'money-focused' when seeking additional assistance.

Recommendation 14:

CSOs to establish shared *equipment banks* to enable carers to borrow equipment such as electronic games, bikes, toys, etc. for the children and young people in their care.

Recommendation 15:

Research to be undertaken in to the long term success or otherwise of permanent care placements with a view to strengthening the post placement supports required by this cohort of carers.

CONCLUSION

Historically in Victoria, government, statutory authorities and community service organisations have worked to provide financial and non-financial support structures to assist volunteer foster carers to care for and support children and young people living in home-based care. Over time, and despite best efforts, the feedback from carers has been, *'we need more support'*. The next obvious question has then been, *'what do carers mean when they ask for more support—what is support?'*

This research has endeavoured to answer this very question, and while the carer sample is relatively small, the themes raised have been remarkably consistent across the group. It is important that this report and the findings and recommendations therein be examined and considered by the Victorian home-based care sector if we are to attract new foster carers, increase retention of existing carers and more importantly achieve better outcomes for children and young people in care.

A change in culture is required across the sector. Thinking must shift from a bureaucratic process adherence approach, to one of collaboration and *'working together'*, which will see cohesive care teams working with the sole focus being on best outcomes for children and young people.

Increased respect and understanding for the role carers play in the lives of children and young people in care must be recognised if we are going to continue to ask volunteers to step up to these roles.

CSOs must advocate and champion for the rights of their carers—they must empower carers through knowledge and information, and unwavering support. This can be achieved easily with rewards significant for all parties.

Finally, the sector must remain ever-focused on the needs and well being of the children and young people in our care. We must never forget the significant responsibility we have in assuming the care of these precious young people, and we must continue to do all we can to provide them with positive and fulfilling experiences during the time they are with us. Carers actively commit to this ethos everyday and as such, the sector must ensure carers are provided with a robust and responsive support service to help them achieve success and stability for the children and young people in their care.

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APPENDIX

APPENDIX A

Carer Support Needs Survey Report 2010—Key findings and final recommendations

Key findings from the Home-Based Care Support Needs Questionnaire for Carers, Parents & Professionals are:

- The high response rate from local and inter-country adoptive parents may be an indication of their need for ongoing support and advocacy in a sector that is largely quiet on issues pertaining to their needs.
- The low response rate amongst kinship carers may indicate both a lack of formal support options within the sector along with a lack of connection to kinship and/or informal care networks;
- Some carers/parents reported they found the support offered by their agency worker to be unhelpful;
- Carers/parents have found it extremely difficult to identify, access and afford effective mental health services for either themselves or the child/young person in their care;
- Carers/parents have found it difficult to attend training or information opportunities due to the demands of their caring role, leaving many at a loss to understand or work with the challenging behaviours being displayed by the child/young person in their care;
- Many carers/parents have found their ability to cope has varied throughout the time the child/young person has been in their care, with many reporting that adolescence triggered difficulties within the home that had not previously existed;
- Many carers/parents have found their caring role to be an isolating and lonely experience;
- Many carers/parents spoke of the joys that parenting had brought to their lives;
- Many carers/parents identified that the support of friends and family had greatly assisted them in their roles as carers/parents.

Final Recommendations:

- There is a need for a peak representative for kinship carers to be established to enable advocacy and intensive support issues to be effectively followed up. While the response rate from kinship carers to the questionnaire was low, the increased reliance on kinship care within Victoria for the placement of vulnerable children and young people makes the development of such a peak body a matter of significant urgency. Without effective representation within the sector and with government, kinship carers run the risk of being forgotten. **(Recommendation has been acted upon—January 2011)**
- PPSS has been funded to set up a Post Placement Support Centre from 2011. This will provide support, advocacy and training to home-based carers and parents. **(PPSS Centre now open)**
- Urgent work is needed to fully understand the true number of formal and informal kinship placements, including the long term viability of these placements across Victoria, so that work can begin on informing and representing this ever-growing carer group. This work will need to incorporate the identification of kinship-specific services and support needs, including family dispute resolution, respite and support care, and carer information and training into trauma and its effects for children and young people.

- Work is required within the inter-country adoption sector to improve not only the timeframes involved in assessment of adoptive parents but also to further educate workers on the importance of effective support and education of parents throughout the process. Integration of prospective parents into already established support networks prior to the placement of a child will lend strength to the supports around parents during the assessment and 'waiting' phases of inter-country adoption, and should enhance their understanding of the complexities involved in parenting inter-country adopted children.
- While it is recognised that family and friends provide significant support for carers and parents, this cannot and should not be seen as 'enough'. PPSS and FCAV remain committed to ensuring that comprehensive, useful and targeted training and information sharing opportunities are delivered to carers and parents through workshops, seminars, network groups and forums. In addition, FCAV will seek additional funding through DHS to enable the continued production of high quality, informative and relevant newsletters for carers in a full colour format. **(Recommendation acted upon.)**
- Carers/parents stated clearly that they saw their agency worker as a valuable support. However the message was also clear that workers were often too busy to act in a 'support role'. Agency worker ratios need to be reviewed to ensure workers can increase this support role for carers.
- It was clear in the data collected from these carers and parents that they do not see the CREATE Foundation as an effective support for themselves or for the children and young people in their care. Further work is needed to ensure that CREATE Foundation is engaging with families and promoting to them, the services and supports available to carers, parents, children and young people. This engagement is particularly important if the statistics around leaving care and the readiness of young people to transition to independent living is to improve. **(FCAV currently working with CREATE Foundation to increase CREATE Foundation profile with FCAV carer membership base.)**
- Significant work is needed to improve mental health and counselling services and supports for home-based care and adoptive families. Accessible and affordable services need to be identified (or developed where they do not already exist) with availability of services then effectively promoted to carers and parents.
- Continued and coordinated carer/parent training and information sharing opportunities need to be identified and delivered in formats suited to carers and parents and their needs. Increased initiative is required in terms of identifying alternative ways of imparting information to people, rather than requiring them to attend sessions. Carers and parents are saying very clearly that it is difficult to get out of the house to attend training, so why can the training not be delivered to them via books, CDs, DVDs, podcasts, video-casts, 'live-streamed' specialists/training, webinars and other web information portals, etc? In a time when technology can streamline so much of what we do, work needs to be done to identify how we can work in different ways to educate, inform and support carers and parents across the sector. **(UnitingCare Gippsland is currently exploring online training options for carers. FCAV continues to deliver carer-targeted training across all regions, while providing further learning opportunities through the FCAV Newsletter.)**

- The Centre for Excellence in Child and Family Welfare (CWAV 2007) have done significant work in recruiting carers, and as a result, recruitment is currently faring well in the sector. Agencies now need to focus on retention of carers through effective support, training recognition and respect for the significant role carers/parents play in the home-based care sector.
- Agency and DHS workers alike need to be more aware of 'the system', their roles within in it and the interactions and best practices required when working with carers, parents and families. While those professionals surveyed do not feel system orientation is needed in the sector, the carer feedback indicates very clearly that it is.
- The development of permanent care support networks both for permanent care parents and 'transitioned' permanent care parents (from foster care) is required to ensure effective post placement support is available for this cohort of parents.
- The State has a collective role in supporting statutory placements. This extends beyond DHS and child protection, to health, education and community services.

APPENDIX B

Strengthening Carers 2011—Carer Questionnaire

Introduction

Since the introduction of the Carer Information and Support Service, consistent themes around carer support and retention issues have emerged. The feedback from carers has detailed gaps in support that have in turn, affected their capacity or the ease with which they can carry out their role as carers to children and young people in home-based care.

The purpose of the Strengthening Carers 2011 questionnaire and subsequent report is to provide analytical data to the home-based care sector on what support and processes are working well for carers and what they would ideally like to see in addition to enable them to best meet the needs of children in their care.

Your name, the children in your care and your agency **will not be identified** in the report.

Do you give **permission to quote** your interview in the report? **Yes** **No**

Are you happy to be **paraphrased**? **Yes** **No**

Do you give permission to be **recorded**? **Yes** **No**

This interview will be conducted by Clare Griffin and will take approximately **30 minutes**. It will cover six areas including details of your care situation, general support, agency, care team, financial and recognition. Each section will take up to 5 minutes.

If this questionnaire interview should raise any specific areas of concern for you, or if you wish to speak with the **Carer Information and Support Service** about issues affecting you as a carer, please let the interviewer know and we will arrange for someone to call you back from the Support Service.

If you have any concerns around how this interview has been conducted, please contact Katie Hooper, FCAV Executive Officer on 9489 9770.

Section One—Care Demographic

What type of care do you currently provide?

- Respite/emergency/short term care
- Long term foster care
- Permanent care

How many foster care children or young people do you currently have in your care?

Number of children in respite/emergency/short term care _____

Number of children in long term foster care _____

Number of children in permanent care _____

What are the ages of the children/young people currently in your care?

- Infant (up to 1 yr old)
- 1-4 years
- 5-11 years
- 12-17 yrs
- 18yrs+

How long have you been a carer?

- 0-3 years
- 3-5 years
- 5-10 years
- 10 years and over

Which region are you based in?

- Eastern
- North West
- Southern
- Barwon South West
- Gippsland
- Grampians
- Hume
- Loddon Mallee
- Or, please provide your postcode: _____

Section Two—Key supports and processes

These questions address what are the most valuable supports and processes that assist you as a carer. It can be from any form of support such as your agency, family, financial, etc.

- 2.1 What are the **key supports** for you as a carer that you find **most useful**?
- 2.2 What supports would you find useful as a carer that **you don't currently receive**?

Section Three—Agency support and processes

The following questions aim to explore the supports you currently obtain through your agency and what other supports would be useful.

- 3.1 What supports and processes do you find most useful from your agency?
- 3.2 How are you informed of support available to you?
- 3.3 Do you feel you can ask for additional support from your agency?
 Yes
 No
 Sometimes
Please explain why:
- 3.4 What **additional** supports and processes would you like from your agency that **you do not currently receive**?

Section Four—Care Team

A care team consists of key people involved in the decision making that parents usually make about the care and wellbeing of a child. The carer is a highly valued member and participant of the care team. The following questions aim to explore your level of participation and sense of value as part of this team.

- 4.1 Do care team meetings occur for the children/young people in your care?
 Yes
 No
 Sometimes How frequently? _____
- 4.2 Typically, who attends the care team meetings?
 Child protection representative/s
 Agency representative/s
 Carer/s
 Parent/s
 Child / young person (if age appropriate)
 Therapeutic representative/s
 Others
- 4.3 Are records kept of the actions to be followed up and do you receive them?
 Yes
 No
 Sometimes

4.4 Are actions followed up in a responsive manner?

- Yes
- No
- Sometimes

4.5 Do you feel your role as primary care giver is valued in the care team?

- Yes
- No
- Sometimes

4.6 What could strengthen the care team?

Section Five-Financial entitlements and support

The following questions aim to identify what financial entitlements and supports you currently access and what other supports would be useful for you.

5.1 What rate of caregiver reimbursement do you currently receive for each of the children/young person currently in your care?

- General
- Intensive
- Complex
- Therapeutic Foster Care
- Unsure - I receive approximately \$_____per fortnight

5.2 Do you believe the existing caregiver reimbursement rates adequately contribute to the financial needs of the children and young/people currently in your care?

- Yes
- No

5.3 Are you aware of the process for seeking additional funds for extra expenses through your agency?

- Yes
- No

5.4 Are you aware of additional financial supports from State and Federal Governments? (such as Ed and Med allowance, Education Tax Refund, Baby Bonus, Education Assistance Initiative , School Start Bonus, bulk billing for medical expenses and community dental services)

- Yes
- No
- Some of them

5.5 What financial support do you currently find most useful?

5.6 What **other financial supports** do you require to assist you in your role as a carer?

Section Six-Carer Recognition

These final questions aim to identify what makes you feel valued in your role as a carer and what else could support this.

6.1 Do you feel valued in your role as a carer by your agency?

- Yes
- No
- Sometimes

6.2 Do you feel valued in your role as a carer by child protection?

- Yes
- No
- Sometimes

6.3 Do you feel valued in your role as a carer by the wider community?

- Yes
- No
- Sometimes

6.4 What makes you feel valued in your role as a carer?

6.5 What would make you feel more valued in your role as a carer?

Please feel free to add any additional comments about your support needs as a carer:

Thank you for participating.

Results of the study will be published in April 2011 and copies will be available on the FCAV website at www.fcav.org.au or from the office by calling 9489 9770.

Did you know that FCAV has a support line if you need assistance or advocacy? Call 9489 9770 if you require support.

APPENDIX C:

DHS Child Protection Practice Manual Advice No 1403 dated 23 April 2007 Information sharing in out of home care

This Advice is current only if the date of Advice in this document matches the date of Advice in the online version. Check the date of Advice on line before relying on this printed copy.

This Advice is endorsed by: Director, Child Protection and Family Services Branch.

Introduction and purpose

This Advice provides Child Protection practitioners with an overview of confidentiality and information exchange where a child is placed in out of home care.

It is essential that members of a care team, responsible for caring for a child in out of home care, use and disclose personal information about the child in a way that ensures that they are properly cared for, that ensures good quality care is provided and at the same time, the privacy of the child is protected. The composition of a care team will vary depending on the specific issues and needs of the child and family, however it will always include the Child Protection practitioner, agency placement worker, the child's case manager, the child's carer and parents (as appropriate). The care team prompts all parties involved to consider the things any good parent would naturally consider when caring for their own child.

The looking after children (LAC) practice framework for children in residential and home-based care (excluding kinship care and permanent care) facilitates the sharing of essential information amongst the child's care team.

(1) Legislation (Note: Use the Legislation link on toolbar to access full text versions of the legislation.)

Any sections of an Act noted in this Advice are partial references only and should not be relied on. Practitioners should refer to the Act for full details.

Where a child is placed in out of home care as part of a child care agreement, Part 3.5 of the Children Youth and Families Act 2005 (CYFA), under a short term agreement there is no effect on guardianship and custody and under a long term agreement there is ongoing involvement by the parent with the child. Therefore the parent of the child of a child care agreement is entitled to information about the child.

In most instances, a child in out of home care will be subject to a protection order, or an interim accommodation order (IAO) and current court proceedings. The sections of this Advice regarding sharing information contained in reports to the Children's Court and about a child subject to a protection order should be referred to when determining how information can be shared.

Children, Youth and Families Act

Specific requirements in the CYFA:

- s. 179 Responsibility of Secretary or out of home care service to provide information to carers:
 - s. 179(1) If Child Protection intends to place a child in the care of a person other than the parent of the child; Child Protection must provide the carer with all information that is reasonably necessary to assist the carer to make an informed decision as to whether or not to accept the care of the child. (A similar requirement is placed on an out of home care service where placing a child as part of a Part 3.5 child care agreement.)
 - s. 179(2) If Child Protection has placed a child in the care of a person other than the parent of the child; Child Protection must provide the carer with any information regarding the medical status of the child to enable the carer to provide appropriate care for the child. (A similar requirement is placed on an out of home care service where placing a child as part of a Part 3.5 child care agreement.)

- s. 180 Confidentiality

A person who is given information about a child under s. 179 must not disclose that information to any other person except for the purpose of providing appropriate care for the child (for example, disclosure to a doctor).

- s. 265 Parent entitled to know child's whereabouts

A parent is entitled to be given details of the child's whereabouts under an interim accommodation order unless the Court or Bail Justice making the order directs that those details be withheld from the parent. The court or a bail justice may only give such a direction if of the opinion that the direction is in the best interests of the child.

The legislative context for information management in out of home care is provided by the following Acts:

Health Act

Health Act 1958

Health Records Act

Health Records Act 2001

Information Privacy Act

Information Privacy Act 2000

(2) Standards and procedures

Responsibilities to children

All children depend on their parents or guardians for care and protection, to a varying degree according to their age. When children are placed in out of home care, the parenting responsibilities are usually shared by a number of different people including Child Protection practitioners, CSO staff, residential care workers, home based carers, parents and significant others. These people make up the care team for a child in out of home care (see Advice number 1044, 'Duty of care' – refer section (5) for a link).

The protection of a child's privacy is one element of the care team's responsibility. It must be balanced with and informed by other elements of the overall caring responsibilities in the same way that there is a duty of care to allow a child to take normal developmental risks and yet to protect them from abnormal risks. Where appropriate, care teams must involve children in decision making about matters affecting their lives and help them to protect the privacy of their personal information in that process. (See Advice number 1090, 'Information sharing in Child Protection practice' – refer section (5) for a link).

Use and disclosure of information in the child's best interests

Child Protection practitioners must use and disclose personal information in the best interests of the child in a way that ensures good quality care is provided and ensures their safety, stability and development, and at the same time, protects their privacy.

The use and disclosure of information in the child's best interests can be tested by consideration of the following issues:

- Is it illegal for this person to be told this information? For example, it is illegal to disclose the identity of a person who makes a Child Protection report. Child Protection can disclose the identity of a reporter to Child FIRST and likewise Child FIRST to Child Protection (s. 41, CYFA).
- Does the person need to know this information in relation their role or responsibility to ensure the safety and wellbeing of the child?
- Is the person authorised to receive or disclose information? By what section of the CYFA or other legislation?
- Does the person need to know this information in relation to their role in assisting the child to avoid knowingly or unknowingly causing harm to other persons?
- What level of detail of information does this person need to know to provide for the good care of this child? The extent of information that is necessary to ensure the safety and wellbeing of the child and avoid them causing harm to others will necessarily vary on a case by case basis.
- Is there a risk that the disclosure of this information to this person might have unacceptable negative consequences for another person such as their parent or another family member?
- The wishes of a child are not a sufficient reason for non-disclosure, but they should always be taken into account. Any concerns parents may have about disclosure of information should be evaluated in the best interests of their child.

Although the need to know particular personal information can only be determined on a case by case basis, it must again be emphasised that those who have a direct involvement in the provision of out of home care will generally need to collect and use all relevant personal information in order to provide good care. This includes home-based carers who have 24 hour direct care of a child.

Disclosing personal information

In order to provide good care for a child, the care team needs to possess a significant amount of personal information about them. If you consider how much information a parent knows about their own child and how important this information is in influencing the way they care for their child, the need for a detailed level of knowledge becomes apparent.

The principle, which Child Protection practitioners, CSO staff, and home-based carers should operate under, is that the information necessary for the good care of the child needs to be disclosed within the care team in order to provide that good care. However, it is absolutely vital that this information is protected and not disclosed outside the team unless absolutely necessary.

Privacy legislation

The Information Privacy Act and the Health Records Act govern the collection and handling of personal information and health information. One of the key functions of both Acts is to protect personal and health information from being used or disclosed for purposes other than the primary purpose(s), or related secondary purpose(s) (directly related for sensitive personal and health information), for which it was collected, or in circumstances other than those prescribed in the legislation.

In the context of Child Protection, the primary purpose for which we collect information about children is to protect them from harm and promote their development, in accordance with the CYFA. When children are placed in out of home care, there is a clear expectation that they will receive good care including assisting them to avoid knowingly or unknowingly causing harm to others.

The care team is not prevented by the privacy legislation from disclosing personal and health information about a child so long as it is being disclosed for the primary purpose for which it was collected, that is to protect for the child from harm or to promote their development.

It is essential that personal and health information held by members of the child's care team is both used in the best interests of the child, in accordance with the CYFA, and protected in accordance with the privacy legislation. In the context of out of home care, this means that the information necessary to provide for the good care of the child can be disclosed within the care team, but only further disclosed where that is absolutely necessary for the child's protection and development. In the event there is a perceived conflict between privacy concerns and the best interests of a child, a

consultation with Legal Services Branch should be undertaken.

By way of example, at a practical level, it would be inappropriate for a Child Protection practitioner not to advise a home-based carer about a child's history of sexual offending behaviour due to fears of breaching privacy. This sort of information is clearly relevant to the way in which the direct carer will look after the child and will impact on issues such as the level of supervision they provide within the placement. However, it is information that must be treated extremely sensitively.

Similarly, privacy legislation does not prohibit a carer from advising CSO staff or the Child Protection practitioner of information disclosed to them by the child about details of previous abuse or harm sustained by them. This information could relate to the ongoing safety and wellbeing of the child and such information should be disclosed in the best interests of the child in relation to the duty of care owed to them and in accordance with the CYFA.

Particular sensitivity of some personal information

Examples of sensitive information include placement address where a placement is undisclosed by the court, HIV/AIDS status and information about the (alleged or proven) committal of sexual and other serious criminal offences.

Even where it is permissible to disclose, some information needs to be treated with caution and sensitivity due to the risk of negative consequences it carries for either the individual child or another person, if that sensitive information were to be further disclosed or fail to be disclosed.

For example where a child has HIV/ AIDS status the decision to disclose the information should be based on whether it is in the child's best interests that the proposed recipient knows this information.

Section 128 of the Health Act states that 'a person who, in the course of providing a service, acquires, information that a person has been or is requires to be tested for HIV or is infected with HIV, must take all reasonable steps to develop and implement systems to protect the privacy of that person'.

STANDARD

In accordance with the CYFA - If the Secretary or an out of home care service has placed a child in the care of a person other than the parent of the child, the Secretary or out of home care service must provide the carer with any information known to the Secretary or the service regarding the medical status of the child to enable the carer to provide appropriate care for the child.

s. 179(2), CYFA

There are two main considerations in relation to managing this type of personal information:

First, there is a heavy obligation to ensure that information is only disclosed to those who need to know. It may be that fewer people need to know particular information than other more general personal information. Second, additional care is needed to ensure that those to whom information has been disclosed keep it confidential and avoid subsequent disclosure to those who do not need to know. This includes taking additional care to ensure the security of all records containing this type of personal information.

Sensitive information should not be recorded on paper files that cannot be secured. Within the LAC section of the client information system there is a facility to record sensitive information, which can only be accessed by the practitioner or team leader. Similarly it means that particular care must be taken to ensure information of this nature is not shared outside of the care team, for example with fellow practitioners who do not have a direct role with the child. Only those with a genuine need to know should receive such information.

Managing information securely

Those who are privy to personal information about a child in out of home care carry a significant responsibility to maintain that child's privacy. CSO's have a particular responsibility to support out of home care staff and carers to manage the privacy of all personal and health information about the children in their care. In addition, CSO's and the Department of Human Services are required by privacy legislation to hold personal and health information in a secure manner.

LAC provides a consistent approach to the recording and sharing of information about children in out of home care. The LAC essential information record (EIR) will comprise the substantive components of the CSO's client file for a child in care. As part of the collaborative process of LAC, CSO's will provide copies of relevant LAC records to those who helped to complete them, including the Child Protection practitioner, the child's home-based carer or key residential care worker, the child themselves and their parents, where appropriate.

If a child moves to a placement managed by a different CSO, the CSO where the child was previously placed is expected to provide copies of the current, relevant LAC records to the new CSO. It is expected that carers will provide a child with a secure place to store copies of their own LAC records.

When a child leaves a placement, all those involved in that placement who held copies of that child's records, other than Child Protection practitioner, the child and their family, are required to return these to the CSO for destruction.

Only the original records should be kept on the CSO client file. Similarly, when records are updated or amended, the out of date copies, apart from the originals, are to be returned and destroyed by the CSO who placed the child. These procedures comply with privacy legislation.

It may be appropriate to record particular information on only one original record and to then conceal this section when making copies. Alternatively, particular information may be recorded separately. (See Advice number 1091, 'Security of information in Child Protection practice' – refer section (5) for a link.)

Appropriate indications should remain that enable the links to personal, health or sensitive information to be subsequently accessed when needed for future reference. For example, where it is necessary to protect a child or other party from harm by providing an undisclosed placement, the placement address on most of the individual's client records would be the office address of the placement agency.

(3) Considerations for good practice

(Note: Use the Practice Research link on the toolbar to access further Practice Guidance and Research.)

Information to care team

Child Protection practitioners should know the other members of a child's care team and provide them with relevant information about a child in a confidential and timely manner to ensure that children are properly cared for.

Advice for carers

Information must be disclosed to carers to enable the provision of appropriate care for the child. Carers should be advised that wherever possible they should always take practical steps towards good health practices such as putting on rubber gloves before attending to blood or body fluids. Good health and safety practices should be instituted and maintained by all carers for all children.

(4) Contact for further procedural advice

- Team leader/supervisor
- Manager, Placement Coordination Unit
- Placement and Support - Program and Services Adviser (PASA)
- Community service organisation (CSO) staff

(5) Related policy documents and procedures

Note: Advice, Protocols and Policy Documents directly related to this Advice are listed below. To access the full range of Protocols and Policy documents use the Protocol and Policy links on the Home Page.

Related Practice Advice:

- Advice no. 1044 - Duty of care
- Advice no. 1090 – Information sharing in Child Protection practice
- Advice no. 1091 - Security of information in Child Protection practice

Related Protocols:

- For this Advice, there are no specific related protocols.

Other related procedural documents:

- For this Advice, there are no specific related procedural documents.

Related policy documents:

- For this Advice, there are no specific related policy documents.

(6) Checklist of required standards

Note: A checklist of the required standards follows. It can be utilised as a reference point for practitioners and supervisors or printed and utilised in supervision to assist in ensuring required tasks are undertaken.

No	Standard	Completion Due
	<p>In accordance with the CYFA - If the Secretary or an out of home care service has placed a child in the care of a person other than the parent of the child, the Secretary or out of home care service must provide the carer with any information known to the Secretary or the service regarding the medical status of the child to enable the carer to provide appropriate care for the child.</p> <p>s. 179(2), CYFA</p>	

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