

20 December, 2018

Luke Donnellan MP
Minister for Child Protection
Minister for Disability, Ageing and Carers
50 Lonsdale St
MELBOURNE VIC 3000



Dear Minister Donnellan

RE FOSTER CARER ASSOCIATION OF VICTORIA CARER STRATEGY DISCUSSION PAPER

I am writing to provide you with the *Carer Strategy Discussion Paper* (the discussion paper) which has been developed by the Foster Care Association of Victoria (FCAV). The discussion paper identifies systemic carer concerns and issues and has been developed by the FCAV with funding from Minister Mikakos as an input into the DHHS carer strategy which is expected to be progressed in 2019.

Background

By way of back ground, the development of a carer strategy is part of the work program of the *Roadmap for Reform: Strong Families; Safe Children* (the Roadmap). The carer strategy is an innovative Roadmap initiative which will respond to the concerns of the 12,000 volunteer carers who provide home based care services in Victoria by providing strategic program and policy support. The FCAV understands that DHHS will develop a draft strategy over the course of 2019.

One of the aims of the carer strategy is to better support carers by improving their wellbeing and satisfaction. Increased carer satisfaction is in everyone's interests because it increases carer retention, reduces the need for expensive recruitment campaigns and leads to better outcomes because it supports carers to provide the best possible care.

Regrettably, the need for initiatives to improve supports for the home based volunteer carer workforce is urgent as carers have reported that they are frustrated by inefficient administrative arrangements, the financial burden of funding out of pocket costs for everyday living expenses and don't feel respected, valued or understood. As a result, carer drop-out rates are high and there are presently not enough carers to provide places for all children needing home based care.

Discussion paper development

The FCAV undertook an extensive carer and agency consultation process to in order to identify key carer issues and document them in the discussion paper. Please note the issues table in the discussion paper (Attachment A) which thematically categorises and summarises the issues for your convenience. The FCAV has also worked closely with DHHS during the development of the discussion paper and sought DHHS comment and input.

I commend the discussion paper to you as a document that voices the concerns and issues that carers typically experience as part of their everyday lives. By having an understanding of those issues, you are well placed to talk and interact with carers and gain insights into how best to carry forward the reform agenda of the previous Minister.

Proposed FCAV work program in 2019

The FCAV understands that DHHS will consider developing arrangements that respond to many of the issues raised in the discussion paper over the medium to longer term, but that a carer strategy is unlikely to be in place until the end of 2019 at the earliest. Nevertheless, there are a range of potential administrative efficiencies that carers have identified that the FCAV believes could be actioned in 2019 by establishing a work program with DHHS and agencies (see **Attachment** of this letter).

Inefficient administrative arrangements that need to be addressed include the failure to register births or obtain birth certificates, action interstate travel requests in a timely manner and inconsistent approaches to out of pocket expense claims. Carers have told the FCAV that these issues can have a high and negative impact on their daily lives and can affect their capacity to deliver the best possible carer for their children.

The FCAV has had discussions with a number of industry representatives about an administrative efficiencies reform work program which has considerable support across the sector. I would like to discuss some options with you when we next meet for developing and commencing such a work program with both agencies and DHHS in early in 2019.

I believe that efficient administrative practices are in everyone's interests and that a well-crafted and targeted program of work in 2019 will have benefit for agencies, DHHS and carers.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Katie Hooper', with a stylized, cursive script.

Katie Hooper
Chief Executive Officer

Enc: 1

Attachment

1. Out of pocket expenses

Issue	<ul style="list-style-type: none"> carers often fund a range of expensive recreational/educational activities and ancillary health care out of their own pocket which may not be reimbursed or will only be reimbursed after a significant delay many children miss out on beneficial and life enhancing activities or support services because carers are unable to afford to pay for them including; school camps, swimming lessons, occupational therapy, speech therapy
Inefficiency/bottleneck	<ul style="list-style-type: none"> lack of clear guidelines about what the care allowance covers and what expenses carers can seek reimbursement on no clarity about whether agencies or DHHS are responsible for funding out of pocket expenses Process for application for reimbursement is out dated. Carers are required to mail original paper invoices and receipts instead of online credit card or bank statements. The process doesn't take into account that services may be paid for online.
Possible Solutions	<ul style="list-style-type: none"> develop guidelines for carers and agencies which clearly identify what expenses are covered by the care allowance and what circumstances and expenses carers can seek reimbursement on other costs review refund arrangements to ensure that current practices facilitate speedy refunds and recognise service payment processes on credit card statements, internet banking and scanned receipts ensure an adequate reimbursement amount per client is available and that those client expenses funds are devolved to agency for faster distribution rather than at child protection level

2. Birth certificates

Issue	<ul style="list-style-type: none"> some children in care (particularly indigenous children) have not had their births registered access to a birth certificate is a human right under the United Nations Convention on the Rights of the Child birth certificate is essential for enrolling children in school and getting a passport
Inefficiency/bottleneck	<ul style="list-style-type: none"> child protection doesn't appear to have standardised processes for determining if a birth is registered and obtaining a birth certificate when a child first enters care the optimal time to engage with parents about registering a birth is when a child first enters care. If left for several years it can be difficult to engage with parents DHHS is reluctant to register births without parental agreement registering a birth is a resource intensive process for child protection
Possible Solutions	<ul style="list-style-type: none"> require that all children in care must be assessed for a birth certificate when first entering care register births without parental permission in some circumstances and amend later if possible ensure that a birth is registered at the hospital where an infant is placed in care at birth centralise birth registration processes as per passports proposal below

3. Passports

Issue:	<ul style="list-style-type: none"> international travel is cheap and an everyday occurrence for both recreational (family holidays, weddings, birthdays) and educational purposes (school camps) and can occur with little notice in some circumstances
--------	--

	<ul style="list-style-type: none"> process for carers obtaining a passport for their child is very time consuming and can frequently take over 12 months. For the general population it can be as little as one month depending on whether citizenship can be proved. unreasonable to require carers to risk booking flights and accommodation without having the certainty of having a passport
Inefficiency/ bottleneck	<ul style="list-style-type: none"> child protection has to approve and progress special circumstances passport applications which may require a range of forms or documents depending on the circumstances, all with competing demands
Solution:	<ul style="list-style-type: none"> develop high level expertise in passport application processes in identified DHHS staff to assist with finalising applications and case manage those applications once they are lodged centralised service delivery can serve as a point of contact for both agencies and carers wanting to inquire about the progress of applications

4. Interstate travel

Issue	<ul style="list-style-type: none"> getting permission to travel interstate can be a time consuming and frustrating experience for many carers which sometimes takes up to six months carers having to cancel or delay travel plans because of lack of certainty about permission to travel
Inefficiency/ bottleneck	<ul style="list-style-type: none"> child protection have more pressing issues to deal with and as a result interstate travel applications are (understandably) a low priority process for getting permission is time consuming and cumbersome and results in DHHS issuing a written authority/permission to travel which is not utilised by the carer inconsistent practices across divisions
Possible Solutions	<ul style="list-style-type: none"> devolve permission to travel to agencies in some instances (eg children on certain court orders) develop streamlined and standardised travel request process with expected decision making timeframes amend current carer authorisations to allow interstate travel under certain orders

5. Medicare card/number

Issue	<ul style="list-style-type: none"> Accessing universal health care is either prevented or frustrated by difficulties in getting Medicare cards/numbers Carers are often required to use the Medicare number of the child's parent which makes getting refunds more problematic and time consuming Sometimes refunds are accidentally paid to the parent rather than the foster carer
Inefficiency/ bottleneck	<ul style="list-style-type: none"> Only the guardian of a child can apply for a Medicare card DHHS does not apply for a Medicare card for children as a routine part of placing an child in care and generally leaves it to the carer to complain or raise the matter before action is taken
Possible Solutions	<ul style="list-style-type: none"> DHHS should apply for Medicare cards if the child is likely to be in care for an agreed period of time. Agencies should be given the delegation to apply for Medicare cards.

Carer Strategy

Carer Issues Discussion Paper

December 2018



Authored by Rowan Pulford, in consultation with the Foster Care Association of Victoria

Contents

Purpose and scope	3
Background	3
Research method and stakeholder consultation.....	3
Why have a carer strategy?	5
Carer challenges.....	6
Figure 1 - Carer relationship with agencies and services.....	8
Carer strategy solutions	9
The carer journey—understanding carer needs and motivations.....	9
Figure 2 - Statutory Kinship Carer Journey	10
Figure 3 - Foster Carer Journey	11
Carer complaints	13
Carers Supporting Carers	14
Managing systemic issues	14
Figure 4 - Carer Advisory Group Issues Management Architecture/Process	16
Rethinking administrative processes	16
Out of pocket expenses	18
Carer complaints data and understanding DHHS performance	19
Client Incident Management System.....	20
Getting access to information.....	20
Transition to permanent care	21
Information and skills development	22
Attachment A—Carer Systemic Issues Table	24
Attachment B—the Foster Carer Journey.....	29
Attachment C— Carer Advisory Group Divisional and State-wide Communication	30
Acknowledgement	31

Purpose and scope

The purpose of this discussion paper is to raise issues experienced by foster carers and identify solutions for the Department of Health and Human Services (DHHS) for the development of a carer strategy. The discussion paper development process has been informed by consultation with carers, industry and DHHS. While DHHS has provided some comments on this discussion paper, it has been developed by the Foster Care of Victoria and has not been approved or authorised by DHHS.

The key focus of the discussion paper is on foster carers, although many of the identified issues and solutions will also apply to kinship and permanent carers. While all carers are in scope for the development of a carer strategy, DHHS is consulting with kinship and permanent carer organisations separately.

Background

The development of a carer strategy is part of the work program of the *Roadmap for Reform: Strong Families; Safe Children* (the Roadmap). The Roadmap is one of Victorian Government's key responses to the *Royal Commission into Family Violence* to improve the lives of vulnerable Victorian infants, children, adolescents¹ and families. One of its key strategic objectives is to strengthen and improve outcomes for children in home based care (often referred to as out of home care).²

The Roadmap is the Victorian Government's reform agenda for transforming the child protection system from a reactive to a proactive system using a range of strategies including early intervention and easier access paths for therapeutic services. The Roadmap has been developed in response to the high and increasing numbers of children coming into care with poor education, health and social outcomes.

The Roadmap is an iterative systems design process based on consultation with key stakeholders including carers. However, one of the challenges for the Roadmap has been to incorporate the perspective of carers who are essential for the operation of the home based care system but who at times struggle to be heard because they don't have any institutional power. The themes which are guiding system design need to continue to look at how or if they apply to carers and whether carer interests are represented and addressed. Understanding the scope and focus of the Roadmap is necessary to guide the carer strategy options development process.

The proposal for a carer strategy was discussed with carers at the joint Carer Advisory Group (CAG) on 23 March 2018. All four divisional CAGs are co-chaired by carers and include kinship and foster carers. Following that meeting the carers approached the then Minister for Families and Children, the Hon Jenny Mikakos, (the Minister) about the potential for a co-design process so that carers could have input into the development of the carer strategy at a formative stage. In response, the Minister proposed to fund a project to facilitate carer input via the Foster Care Association of Victoria (FCAV).

Research method and stakeholder consultation

The discussion paper has been developed for an informed carer, industry and DHHS audience. The reasons for this are several. Carers have been articulating their concerns via the CAGs since their inception in 2016. Further, DHHS has been identifying systemic issues and developing reform proposals under the Roadmap process for several years. As a result, the systemic issues and problems that affect carers are well known and have not been extensively analysed or repeated in this paper. Nevertheless, this paper does provide a thematic analysis of the system-wide challenges

¹ Unless otherwise stated, the term 'children' will be used to include infants, children and adolescents.

² <https://www.strongfamiliesafechildren.vic.gov.au/roadmap-for-reform-strong-families-safe-children>

and opportunities for foster care. This should provide a solid basis for critically assessing, comparing and prioritising potential solutions.

The development of this discussion paper has been informed by a combination of desktop research, an analysis of the Roadmap initiatives and an examination of the issues that have been raised by carers in the CAGs (which are reflected in the CAG action plans). To test many of the themes and propositions in the discussion paper the FCAV sought targeted feedback from key carers and industry providers while developing the discussion paper.

The FCAV has also undertaken a broad ranging consultation process on a draft discussion paper through:

- distribution of the draft discussion paper to all CAG members for comment and feedback
- attendance at all four CAGs in August 2018 for initial thoughts on what should be included in a carer strategy
- attendance at all four CAGs in November 2018 for face to face discussion and feedback on issues raised in the draft discussion paper
- attendance at the CAG co-chair's meeting on 18 September 2018
- consultation and feedback at all CAGs in November 2018
- contact with key industry stakeholders including:
 - Centre for Excellence in Child & Family Welfare Inc. (CEO Deb Tsorbaris)
 - Permanent Care and Adoptive Families (CEO Brenda Carmen)
 - DHHS/Roadmap for Reform
 - A number of agencies including Anglicare, Mackillop Family Services, Upper Murray Family Care and OzChild
- distribution of the discussion paper to FCAV board members for comment and feedback

Carer system wide issues

Following the conclusion of the public consultation process the FCAV finalised an issues table which captures the key carer concern issues raised in discussions. The table categorises the issues under eight high level themes and also notes some potential solutions (Attachment A). These eight thematic concerns and issues raised by carers are outlined below.

Theme	Issue
Understanding	Carers don't feel that their needs and motivations are understood resulting in a lack of programs and policies that address carer needs
Inclusion	Carers aren't included in meetings and not notified of decisions that affect the carer, child or placement
Personal development and support	Carers value support and connection from other carers and need access to flexible training options for skills development
Respect	Carers are not included as part of a team and not seen as a source of knowledge about the needs of the child
Slow decision making	Making decisions about issues that affect carers are not made in a timely fashion
Information provision limited	Carers often don't have the necessary information about child to support the placement
Out of pocket expenses funded by carer	Not clear what costs are covered by carer allowance and what expenses are funded by agencies or DHHS

Permanent care transition process unclear	Disconnect between legal process granting permanent care and funding process to support permanent care placements resulting in a lack of clarity about permanent care entitlements
---	--

Why have a carer strategy?

Volunteer carers are essential for the operation of the child protection system. Without them, children would be cared for in residential homes. Not only is this 10 times more expensive, but it is well researched and reported to be a sub-optimal form of care for vulnerable children. The FCAV estimates that there are currently 8000 kinship carers and 1960 active foster carers assisting 13,000 children in Victoria who cannot live with their parents.³

These volunteer carers provide a range of services to assist vulnerable children including:

- respite care
- emergency care
- short term care
- long term care
- permanent care

Despite their vital importance in the home based care system, carers have historically felt unsupported.⁴ The long standing and persistent complaints about lack of support and exclusion from decision making processes are a consequence of a complex interaction between legislation, policy, administrative practices and contract management arrangements which have led to a sense of disempowerment.⁵ The lack of support is broad ranging and includes:

- not being included in meetings or consulted about key decisions regarding a child,
- failure to provide information or make timely decisions that are necessary to support carers and
- the lack of programs or systems to support carers including facilitating support from other carers.

Research suggests that the key to volunteers feeling more supported, engaged and satisfied involves meeting key psychological needs such as those for inclusion, acknowledgement of their competence and facilitating their autonomy.⁶ Recognising these needs, the development of support strategies to promote volunteer satisfaction, retention and recruitment have been developed by other organisations. For example, the Victorian government has developed the Victorian carer strategy

³ Child Protection Australia 2016-17. Table 2.1. Australian Institute of Health and Welfare.

<https://www.aihw.gov.au/reports-statistics/health-welfare-services/child-protection/data>

⁴ See discussion in Chapter 10 on pages 253-254. <http://childprotectioninquiry.vic.gov.au/report-pvvc-inquiry.html>

See also the Centre for Excellence submission to the *Protecting Victoria's Vulnerable Children Inquiry 2001* at page 37. <http://childprotectioninquiry.vic.gov.au/images/stories/submissions/centre-for-excellence-in-child-and-family-welfare.pdf>

⁵ See pages 30-31 *Foster and Kinship Care Recruitment Campaign Literature Review*. The Centre for Child Development and Education. 2012 <http://ccde.menzies.edu.au/sites/default/files/Final%20Menzies-Review-Paper-3%20%282%29.pdf>

⁶ How do we stop volunteer emergency service workers quitting? The Conversation. April 4 2017 <https://theconversation.com/how-do-we-stop-volunteer-emergency-service-workers-quitting-73836>

See also: *Foster and Kinship Care in South Australia*. KPMG. 2017

<https://www.childprotection.sa.gov.au/sites/g/files/net916/f/kpmg-foster-kinship-care-review.pdf>

2018-22 called *Recognising and supporting Victoria's carers*.⁷ The Victorian strategy identifies five priority areas including health, education, respite and financial stress. In a workforce planning context, the Country Fire Authority has developed the *Volunteerism Strategy 2015-2020*.⁸

However, the development of a carer support strategy for volunteers in any child protection system in Australia is both new and innovative and as such represents a significant opportunity for carers to address many of the issues that concern them.

The Roadmap's objective to develop a support strategy is an implicit recognition that enhancing carer welfare leads to improved outcomes for children in their care. Well supported carers are more likely to deliver the best possible care.⁹ Recognising this in another context, supporting carers is identified as a strategy for delivering on the national standards for out of home care, because safe, secure and stable placements are strong predictors for improved outcomes for children in care.¹⁰

Supporting carers also assists in delivering other key Roadmap objectives. For example, improving the retention of carers is a key objective of the reform because of the rising number of children coming into care. It is well established in research literature that positive word of mouth is not only a very effective carer recruitment tool but also assists in retaining carers.¹¹ In effect, both retention and recruitment are linked.¹² As such, supporting carers reduces the need for expensive generalised recruitment campaigns which have a poor record in converting inquiries into both accreditation and retention.

Shifting patterns of volunteering both across Australia and the western world suggest that roles like carer volunteering are becoming less attractive because people don't want to commit to ongoing volunteer roles.¹³ As a result, developing a carer support strategy that improves carer retention by addressing carer concerns could become a key way of not only maintaining but improving the operation of the home based care system.

Carer challenges

Carers navigate a complex system

The feedback that the FCAV has received from carers suggests that the focus on delivering a child centred system has tended to relegate the role and the needs of carers because their needs tend to be considered as secondary to those of the children they care for. What research and literature there is available on carers has tended to focus on the role of carers for the development of care models and related recruitment and retention programs. Much less is known about the personal qualities of carers, why they become carers and what this tells us about what they need from the care system to be effective carers.

⁷ <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-carer-strategy-2018-2022>

⁸ https://www.cfa.vic.gov.au/documents/20143/72939/2015_5500-cfa-volunteerism-strategy-web_67147.pdf/9ca4390e-578e-f6dc-c40e-5486850e1263

⁹ Page 7. An Outline of National Standards for Out of Home Care
https://www.dss.gov.au/sites/default/files/documents/pac_national_standard.pdf

¹⁰ See standard 1. Page 8 An Outline of National Standards for Out of Home Care
https://www.dss.gov.au/sites/default/files/documents/pac_national_standard.pdf

¹¹ For example, see Foster carer attraction, recruitment, support and retention. Institute of Child Protection Studies. Australian Catholic University. 2016
http://www.acu.edu.au/__data/assets/pdf_file/0020/1135037/Foster_Carer_Literature_Review_2016.pdf

¹² Ibid page 10

¹³ <https://theconversation.com/why-dont-more-people-volunteer-misconceptions-dont-help-69284>

One of the challenges of being a carer is the need to navigate complex agency relationships in order to support children. In Victoria, the provision of care is characterised by the separation of statutory guardians from care givers. DHHS is the biggest home based case manager in the sector because it directly manages most kinship placements (which are the majority of placements in Victoria). In the case of foster carers (and some kinship carers), the relationship is further complicated by outsourcing the provision of care to contracted agencies.

This means that carers may have a direct relationship with DHHS for some things but have their relationship with DHHS mediated by an agency for other things. For example, all carers have a direct financial relationship with DHHS via the payment of the carer allowance and have the right to make complaints directly to DHHS about any aspect of a placement. And it's not uncommon for DHHS case workers to directly approach a carer to manage certain issues, particularly when time is pressing. However, where carers are case managed and want permission to travel or seek reimbursement of out of pocket expenses, the carers may need to approach DHHS indirectly via their agency.

From the outset, the Roadmap recognised the need for a mandated set of rights and responsibilities for carers to assist them in managing complex agency arrangements. The Carer Charter¹⁴ is intended to establish system wide expectations of carers as well as what carers can expect to be provided from DHHS and agencies. Whilst the Carer Charter sets out broad stipulations for the provision of care and the requirements of support to carers, carer feedback to the FCAV suggests that in the three years since its inception, many of the carer rights are either not being adhered to or are open to interpretation.

As a result, it is not surprising that carers have told the FCAV that one of their biggest challenges is dealing with the expectations and constraints of navigating a complex bureaucratic system.¹⁵

Typical carer comments made to the FCAV about the complexity of agency arrangements

- I have repeatedly requested the refund of out of pocket expenses for occupational therapy for my child and the requests keeps going back and forth between the my agency and the department. It is not clear to me who is responsible for refunding this money. I am owed several thousand dollars.
- My agency is so passive. All important decisions seem to need DHHS approval yet they seem reluctant to escalate my concerns about the ongoing delays. I don't understand why. It makes me feel very frustrated and powerless.
- My agency and DHHS hold 'professionals' meetings which never include me, yet I am the only one that really knows about the needs of the child.
- I have been trying to get an update about the progress of a passport application yet no one can tell me what stage it is at. The application was lodged nearly 12 months ago.
- I always have to prompt my agency and DHHS for updates on the court proceedings that are relevant to my permanent care application. Neither my agency nor DHHS ever provides the information as a matter of course.
- I am very concerned about my safety when managing parental access when I get permanent care of my child because of previous violent episodes. Yet when I ask the agency and DHHS about what arrangements will be put in place after the permanent care transition no one can tell me. I find this very perplexing as it is not an uncommon issue. I would have thought that there would be a fairly standardised set of procedures or arrangements that they could put in place but no one will give me any assurances.

¹⁴ <https://services.dhhs.vic.gov.au/information-foster-carers>

¹⁵ Age 31. *Foster and kinship care recruitment campaign. Literature Review.* The Centre for Child Development and Education.

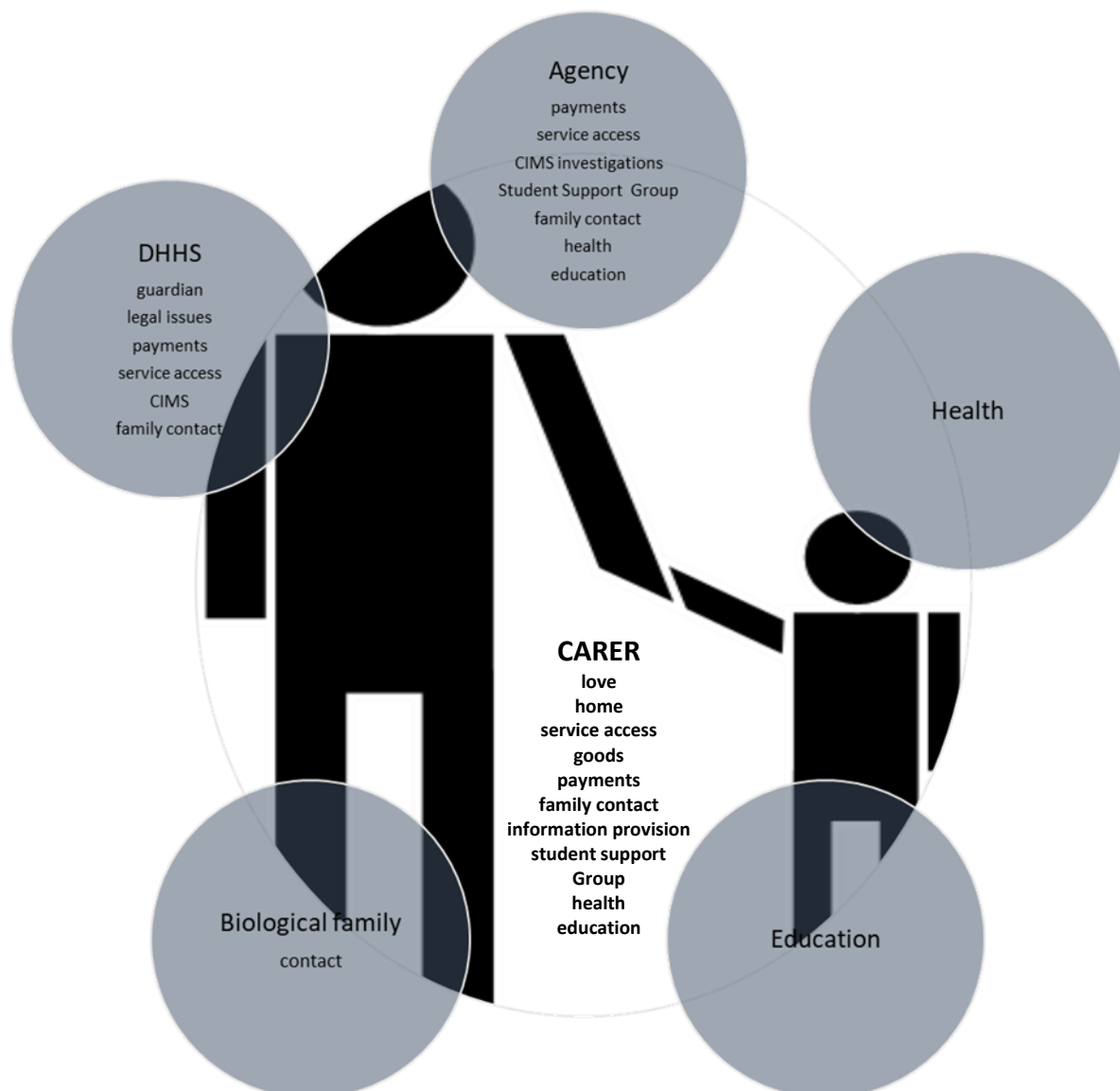
In addition to the provision of a safe and nurturing relationship and environment, carers of children in home-based care are also the linchpin that connects a child with a range of requirements including:

- advocating for their voice within the system,
- accessing funding on their behalf,
- facilitating access to biological family; and
- accessing health and education services.

Carers are also the conduit between the child, child protection and agencies.

Carers have told the FCAV that because they are the essential link between the child, agencies and services such as health and education that they frequently feel like that are being pulled in many different directions. And that juggling all these demands can at times be very stressful. Figure 1 below identifies the range of agencies, services and people that carers typically have to manage.

Figure 1 - Carer relationship with agencies and services



Carers navigate complex relationships

Due to the public nature of providing care, which includes considerable oversight as well as the need to meet legislative and policy requirements, more is often expected from carers than from most families and under much more complex conditions and circumstances. Carers are required to connect with, but not become too attached to children.¹⁶ Carers are tasked with managing and being sensitive to the expectations of the children in their care about their birth parents, their future and their story. Carers are required to provide a family environment but are not considered to be the child's family.¹⁷

The home is often subject to a high level of external scrutiny which may at times make it feel more like a work place. Yet carers are not considered to be part of the workplace and have few, if any, workplace rights.

Children and adolescents report that their relationship with carers is extremely important to their mental and physical wellbeing. Attitudinal data shows that children and adolescents are broadly happy with their placements but are less happy with the number of placements.¹⁸ And research shows that placement success is positively correlated to carer involvement in children's lives.¹⁹

Carer strategy solutions

Based on carer and industry stakeholder feedback the FCAV has identified a range of potential solutions that could be considered when developing a carer strategy. The FCAV acknowledges that some of the proposals may require time and resources in order to be fully developed. The FCAV also acknowledges that DHHS will consider these potential solutions along with other options that other stakeholders may propose.

FCAV has focused on a solutions approach not only because it believes it is consistent with the big systems changes being proposed by the Roadmap, but also because carer feedback indicates that carers want a focus on practical and meaningful change in the carer strategy that will make a difference to their everyday lives .

The carer journey—understanding carer needs and motivations

Carer feedback to the FCAV suggests that at a very basic level that carers don't feel that their agencies or DHHS always understand their needs. And that the failure to understand key personal or practical needs as a home based carer can affect their capacity to deliver optimal child care.

The pool of carers consists of kinship carers and foster carers which are separate groups with separate needs. Even though they frequently face many of the same issues they often have different motivations, intentions and experiences when becoming a volunteer home based carer.

¹⁶ Page 31. *Foster and kinship care recruitment campaign. Literature Review.* The Centre for Child Development and Education.

¹⁷ Page 31. *Foster and kinship care recruitment campaign. Literature Review.* The Centre for Child Development and Education.

¹⁸ Page xvii. *Experiencing Out of Home Care in Australia.* Create Foundation. 2013. <https://create.org.au/wp-content/uploads/2014/12/2013-CRE065-F-CREATE-Report-Card-2013-Web-File-web.pdf>

¹⁹ Page 7. *How are Foster Carers Selected?* Rees Centre. University of Oxford. September 2013. <http://reescentre.education.ox.ac.uk/wordpress/wp-content/uploads/2013/09/Rees-Centre-Review-How-Are-Foster-Carers-Selected-Sep13.pdf>

Approximately 50% of kinship carers are grandparents.²⁰ Demographic research indicates that kinship carers are also more likely to have lower incomes, less formal education, live in rental accommodation and are also more likely than foster carers to experience poor health.²¹ Kinship carers may also have ongoing legal costs and face considerable pressure to keep siblings together.²²

Foster carers are most likely to be between the ages of 35-65, employed and with nearly half having a bachelor degree or post graduate qualifications.²³ Foster carers are all case managed by an agency and have input into key issues which may shape their carer experience including decisions on the type of care they wish to provide and the sex and characteristics of the child they elect to care for.

Kinship placements fall into two categories which are statutory (formal) and non-statutory (informal). Statutory kinship care includes arrangements between relatives without the involvement of the child protection system. Informal kinship placements are not in-scope for the purposes of the carer strategy however it is worth noting that some estimates put it as much as four times the number of statutory kinship placements.²⁴

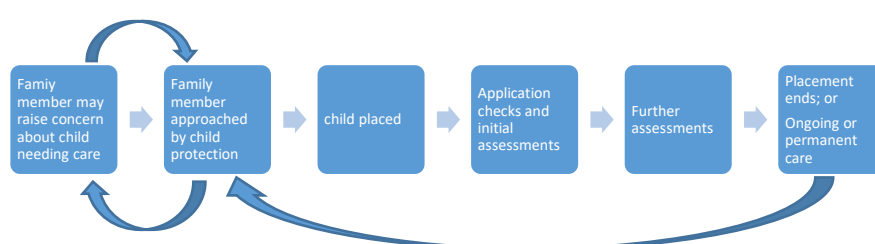
Many of the key differences between kinship and foster carers flow from the initial decision to become a volunteer carer. Kinship carers are typically responding to a family crisis and may not have given any thought to becoming a carer until approached. Often their decision to care is made in a short period time and under stressful circumstances.

Kinship carers typically expect to exit the child protection system either as a permanent carer or once children are reunited with their parents. Foster carers will generally expect to stay within the system and have multiple placements but may also progress to permanent care. The FCAV's Foster Carer Census 2016 found that 56% of carers had five years or less of experience, 26% had over ten years of experience and 15% had one year or less of experience.²⁵

South CAG has developed a diagram depicting the foster carer journey which is provided at **Attachment B**.

The differences in the kinship and foster carer experience are depicted in the following diagram.

Figure 2 - Statutory Kinship Carer Journey



²⁰ Page 19. Investigation into the financial support provided to kinship carers. Victorian Ombudsman. December 2017. <https://www.ombudsman.vic.gov.au/getattachment/e944c115-b5bd-4b55-bcec-5d997bdbb9d7>

²¹ Page 165. Out of Home Care. The Senate Community Affairs References Committee. Parliament of Australia. 2015. https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Out_of_home_care/Report

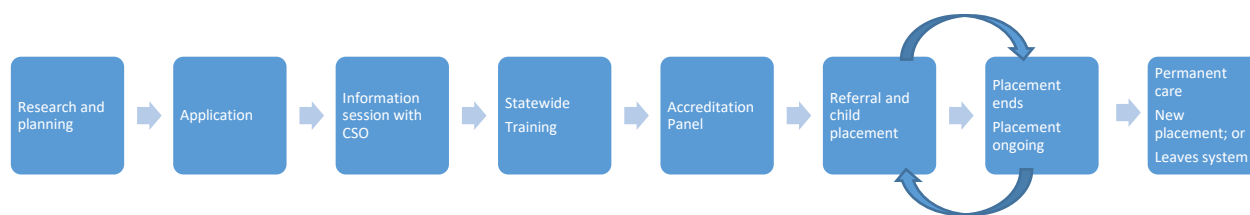
²² Association of Children's Welfare Agencies conference. Sydney 2018. <https://acwa2018.com.au/>

²³ Victorian Foster Carer Census. Foster Care Association of Victoria. 2016 <https://www.fcav.org.au/images/documents/FosterCarerCensus2016.pdf>

²⁴ Association of Children's Welfare Agencies conference. Sydney 2018. <https://acwa2018.com.au/>

²⁵ Foster Carer Census 2016. Foster Care Association of Victoria. <https://www.fcav.org.au/images/documents/FosterCarerCensus2016.pdf>

Figure 3 - Foster Carer Journey



Grandparent story

My daughter and her partner had been drug users for several years and I had been worried about the safety and wellbeing of the baby since it was born. One night I got a call from the police to say that my daughter and her partner were under arrest and could I come and get the baby. That was eight years ago. I was undergoing treatment for cancer at the time....

Carer story

I had been thinking about getting involved in foster care for nearly twelve months on and off. My partner and I didn't have any children of our own but we were quite involved with our nieces and nephews and felt we had the capacity to help. After speaking to the brother of a friend of ours about his foster caring experience we decided to ring a local agency and attend an information session. From there we enrolled in the next training course and were accredited a few months later. We put a lot of thought into doing foster care and made sure we were really ready both financially and in other ways before getting involved.

Carer feedback suggests that understanding the carers is hampered by the lack of both quantitative and qualitative research data on the carer experience. It is worth noting that to rectify this problem carers on the south CAG have included the collection of divisional carer data in their work program.

A key objective of the Roadmap is the development of an evidence based service delivery system yet the absence of high quality quantitative and qualitative data that illuminates the carer experience is striking.²⁶ Data on carer numbers, demographics and location is essential to not only inform policies and programs that meet carer needs but also related activities such as targeted recruitment programs (e.g., geography, type of carer, type of child).²⁷

Despite many agencies (DHHS, FCAV, Centre for Excellence) collecting and reporting carer data, there are significant gaps in the ability of the sector to interrogate carer data and fully understand the carer experience. Most available data is collected using user response surveys or via voluntary agency data requests which may not be responded to by all agencies.

DHHS data sets are limited by the number of carers being paid. Industry data is limited by the willingness of the sector to use various platforms.²⁸ As a result, the sector does not have systematic approach to collecting carer data for planning purposes.

²⁶ Children and Families Research Strategy 2017-2019.

https://www.strongfamiliesafechildren.vic.gov.au/news-feed/news_feed/victorian-government-launches-children-and-families-research-strategy-2017-2019

²⁷ Foster and Kinship Care in South Australia. KPMG. Page 25.

<https://www.childprotection.sa.gov.au/sites/g/files/net916/f/kpmg-foster-kinship-care-review.pdf>

²⁸ For example, industry is not required to use the EDDI platform to record outcomes and other key information used to support the Fostering Connections campaign.

Carer data sets

Carer type	Data source	Limitations/issues
Foster	DHHS register	DHHS to provide comments
	DHHS payments	Limits data to payment of care allowance made in the previous 60 days. Does not account for available carers without a placement in that time period.
	FCAV membership	<ul style="list-style-type: none"> Does not automatically include all accredited foster carers. Counts members who may be inactive or have exited care.
	Carer Snapshot www.fcav.org.au/advocating-change/publications	Self-reported CSO current carers data reliant on the veracity of a CSO worker's data at a single date in time
	Centre for Excellence/industry EDDI data	EDDI collects carer data as part of the Fostering Connections advertising/recruitment process. Industry data provision is voluntary and not all industry providers provide data.
Kinship (statutory)	DHHS payments	
	Kinship Care Victoria membership	Low membership as a proportion of all (statutory and non-statutory) kinship carers

In order to effectively respond to carer needs and to measure the effectiveness of the Roadmap agenda in improving the child protection system from a carer perspective, carers have indicated that it would be useful to have data that can accurately measure key metrics including:

- Number of foster carers
- Number of foster carer households
- Number of kinship carers
- Number of kinship carer households
- Types of care provided
- Total number of accredited carers
- Average length of caring
- Number of carers that have left the system
- Reasons why carers have left the system
- Reasons for placement breakdown or disruption
- Number of carers that have been recruited
- Percentage conversion (from initial enquiry to accreditation)
- Reasons for not proceeding to accreditation
- Time taken to get carers on board
- Location of carers
- Key demographic information including age, education and location

- Carer attitudes including satisfaction, inclusions, motivation etc.
- The total number of inquiries from kinship and foster carers
- A breakdown of inquiries by issue
- The total number of complaints from kinship and foster carers about child protection services
- A breakdown of complaints by issue
- The total number of investigations into child protection services
- A breakdown of investigations by issue
- A breakdown of investigations by outcome

In addition to the need to agree on a data set that can support carers and industry, consideration also needs to be given to how the data might be collected. One option is to build on what is already collected and work with industry to fill in identified gaps. Another option could be to take a census approach and engage a data collection and research house to undertake a sampling approach in agreed timeframes.

Carer complaints

A consistent complaint by carers is that they feel unsupported when they have a concern or complaint. Carers report that they are often reluctant to complain because it may affect their relationship with their agency or because they might be seen as trouble makers. Furthermore, complaint systems are often adversarial in nature and the pursuit of a complaint can often significantly affect the carer's ongoing relationship with an agency.

Barriers to effective complaint or issues resolution include that the DHHS complaints process is convoluted and often results in the complaint being handled by the person who is responsible for managing the issue that is being complained about.²⁹ Also, agencies may be reluctant to pass on complaints and issues to DHHS because it has the potential to affect the agency/DHHS relationship which may be seen as more critical than the agency/carers relationship.

Carer story

- I lodged a formal complaint through the DHHS complaints process about the 12 month delay in getting a birth certificate for my child. I was annoyed with my agency as I felt this was something that they should do. It was really awkward because it just ended up getting handed to the person who was responsible for the delay to provide a response. But I felt I had no choice as it seemed like the only way to get some attention and get the matter sorted out.
- I lodged a formal complaint about my DHHS case officer because after 8 months of being responsible for our case we had never met her. It wasn't a great way to start our relationship but my agency wouldn't take the matter up for me.

There are a range of options for improving carer advocacy and support services that include the use of non-adversarial models. For example, carers have identified the *Foster care Advocacy and Support Team* (FAST) program as one option. FAST uses a bank of mentor carers as a source of support for other carers when they are in need of advocacy support. Foster Care Queensland receives funding to provide advocacy and support to foster and kinship carers under the FAST program.

²⁹ For example, under current DHHS complaint handling arrangements the complaint response is typically developed by the carer's DHHS case officer.

FAST representatives are trained specialist local foster and kinship carers who volunteer to provide advice, support and advocate on behalf of other foster and kinship carers. FAST representatives are located across Queensland with their contact details available on the internet.³⁰

Carers Supporting Carers

Carers have also indicated that they would like to see more widespread use of buddy systems and respite care. Many carers have indicated that isolation from other carers is a key issue and that they need assistance to build a network of buddy carers who will support them in times of need. This could also include groups or pools of carers offering regular respite to each other.

Some agencies have buddy systems that link carers which could be more widely deployed in the sector. Literature suggests that carers generally view peer support as important in assisting them to provide care and that carer's value the opportunity to connect with other carers.³¹ Carers often find it hard to connect with other carers either in the same agency or the same geographic area. A buddy system could help break down some of these barriers and assist carers to support each other.

Managing systemic issues

In order to improve carer inclusion and get a better understanding of carer issues DHHS have established divisional carer advisory groups (CAGs). Each division of DHHS (North, South, East, and West) has a CAG whose goals include:

- development of a shared understanding of common issues facing carers and to prioritise such issues and develop, action and monitor progress to resolve issues where appropriate;
- improvement of communication between various parties involved in the care of children by providing a forum for a structured dialogue for carers to offer feedback and raise issues on policies, protocols and practice;
- providing a collaborative setting to strengthen home based care with a focus on carer support, training and retention;
- providing a localised setting to work together to identify issues and opportunities to achieve better outcomes for children in care and for continual improvement in the delivery of out-of-home care in Victoria; and
- providing advice to inform the out-of-home care reform agenda.

The current structure lends itself to an asymmetric information flow from DHHS to an agency or carer, but carer led issues identification and discussion has been less frequent (further information about the CAG issues management structure is provided at **Attachment C**). Another difficulty with the current CAG structure is that they only deal with local issues but many of the issues that concern carers are systemic in nature.

These issues have a high impact on the day to day lives of carers and children and include (but are not limited to):

- inconsistent carer authorisations
- delays in getting permission to travel interstate
- lack of documentation and information necessary for functional placements including:
 - birth certificates,
 - Medicare numbers

³⁰ <http://fcq.com.au/fast>

³¹ Foster and Kinship Care in South Australia. KPMG. Page 56.

<https://www.childprotection.sa.gov.au/sites/g/files/net916/f/kpmg-foster-kinship-care-review.pdf>

- Centrelink numbers
- information about health issues
- failure to assist carers to get passports
- permission to engage allied health
- the need for timely care team meetings
- inconsistent approaches to the reimbursement of out of pocket expenses
- low level of the carer allowance
- exclusion of carers at key decision making points
- day to day communication (e.g. timely notification of changes to access arrangements)

Carer CAG member

- The CAGs are a great idea and have provided a useful forum to talk to the department about Roadmap proposals and to get information on various issues and forums. But not all issues are local and more could be achieved in addressing the systemic issues that affect all carers.
- I welcome the chance to discuss my concerns with DHHS in the CAGs forum. But we have been highlighting many of the issues for several years and its time that DHHS started to convert some of that discussion into concrete plans for system wide change. Otherwise the CAGs will be end up being all sizzle and no sausage.

Under the current arrangements, systemic issues are identified via an issues register and managed by DHHS Central office. The CAG co-chairs meeting also provides a forum to raise systemic issues and agree on work priorities.

Nevertheless, this approach is problematic for a range of reasons including the lack of transparency about how and when the issues are being addressed and also because the relevant line areas don't appear to be resourced to consider and reform what are often complex systems issues.

For example, recent system wide changes to the operation of carer authorisations was made through this process which took nearly two years after carers first proposed the changes. This reflects both the complexity of the legal and policy changes required as well as the need for industry implementation. However, from a carer perspective the pace of change for what was a relatively straightforward policy reform was slow.

In order to respond to systemic issues identified by carers in a more timely way, changes to the current CAG architecture may be required. One of the key evolutions of the CAG arrangements was the decision to hold a joint CAG in March 2018. The idea behind the forum was to allow carers to speak to DHHS with one voice and to directly engage with DHHS on key issues involved with the Roadmap for Reform agenda. Carers have reported that they thought the joint CAG was a very successful initiative because it provided them with the opportunity to engage directly with senior DHHS staff about their concerns.

A key opportunity is how the current CAG structure can evolve from purely local forums that manage local issues to forums that can tackle systemic issues and encourage greater carer participation. One option may be to build on the joint forum initiative by including provisions for the development of an agreed systemic issues work program. This would not only allow carers to have some input into what systemic issues they want addressed and prioritised, but it would also provide

an accountability mechanism for the delivery of changes. However, in order for such an option to work it would need to be adequately resourced.

Figure 4 - Carer Advisory Group Issues Management Architecture/Process



Rethinking administrative processes

Timely decision making by the child protection system has been problematic because of high caseloads, increased numbers of children entering care and the increasing complexity of cases.³² Nevertheless, feedback from carers suggests that many of the delays in getting decisions made appear to be a result of poor or antiquated administrative processes.

The development of a carer strategy may provide the opportunity to rethink how some administrative tasks are currently handled and whether they could be dealt with in a different and more efficient way. More efficient and consistent administrative arrangements have the potential to not only increase carer satisfaction but allow child protection workers to focus on their primary responsibility which is to protect vulnerable children.

The need for better administrative decision making has been recognised by the CAGs and was the driver for a standardised care team agenda which was developed and trialled by the west CAG. However, it has been difficult to get visibility on how the standardised agenda is being used by each agency as its use is not mandatory.

Under current arrangements, most administrative tasks are allocated to the relevant child protection case officer. This includes issues such as:

- registration of births
- applications for birth certificates
- applications for passports

³² Association of Children's Welfare Agencies conference. Sydney 2018. <https://acwa2018.com.au/> ACWA Conference advised that children in OOHC has doubled in the last 10 years (now 48,000 Australia wide)

- permission to travel interstate
- applications for Medicare cards/numbers

Passports are complicated application processes with stringent documentation requirements and it is unsurprising that child protection workers struggle to complete and lodge them in a timely fashion. DHHS have worked closely with the Passports Office to clarify and improve the current application process. Nevertheless, carers have reported that it typically takes 12 months and up to several years for applications to be finalised and that a key bottleneck is getting child protection workers to provide the relevant information. And because of the delays, some of the documentation had to be resigned or re-lodged because it is out of date, further adding to delays in the process.

Carer story

My passport application has been held up for nearly 12 months because of the need for the parent's birth certificate which has not been forthcoming. I have repeatedly advised my agency and my DHHS case worker that there is an alternative process for proving citizenship when you can't get a parental birth certificate but it was only recently that they took any notice of me. However, by the time my concerns about the process were acted upon, I had cancelled the trip because I didn't feel confident about booking airfares and accommodation without the passport.

A high percentage of children entering care haven't had their births registered or don't have birth certificates. This is a problem that particularly affects indigenous children.³³ Even though access to a birth certificate is a human right under Article 7 of the United Nations Convention on the Rights of the Child,³⁴ it is not unusual for birth registrations to take several years.

Carer story

The first thing I did when my child came into my care was ask for her birth certificate. I needed the birth certificate to enrol her at school. She had been in foster care for over five years (since she was three months old). Six months after my initial request DHHS finally advised me that her birth had never been registered. It took another two years to finally get the birth certificate which required constant requests and complaints. Because of the length of time that the child had been in care the parents had become disengaged and were difficult to contact. I just assumed that checking for a birth certificate was one of the basic requirements when a child entered care. I don't understand how the department and my agency didn't know the birth wasn't registered.

It is unsurprising that completion of many of these administrative tasks takes extended periods of time when child protection workers are often dealing with life or death situations. However, carers report that the failure to complete applications, or make timely decisions, is a source of considerable frustration for them. It has a big impact on both carers and children because it makes planning for beneficial household activities like travel more difficult.

There are a myriad of options DHHS might adopt to better organise its administration. One option that was canvassed by carers is whether DHHS might consider centralising the handling of some administrative tasks. Under this proposal a team or person within a division would be responsible for progressing an application. This might not only enable them to build up a level of expertise but also operate as a liaison point for carers about the progress of an application.

³³ <https://sydney.edu.au/news-opinion/news/2016/07/04/no-identity--one-in-five-aboriginal-births-unregistered-in-wa.html>

³⁴ <https://www.humanrights.gov.au/convention-rights-child>

Carers also suggested that another option might be that some decisions are devolved to agencies. For example, devolving the power to grant some permissions to an agency level such as interstate travel might be more efficient.

Out of pocket expenses

Carers refer to expenses which are not wholly covered by the care allowance, but which they may be required to pay in order to promote the welfare and wellbeing of a child, as *out of pocket expenses*. These expenses refer to a broad range of costs incurred and include direct costs for high medical/medication needs, allied health services, as well as costs for extra-curricular activities like art, music and sport. It can also include the indirect expenses incurred when accessing services or undertaking activities, such as transport costs (this is particularly an issue for regional carers).

Carers receive a number of allowances to support the child in their care including a care allowance (at various levels depending on the needs of the child) which includes education and new placement loadings. In addition, carers may be able to access additional financial support through the Client Support Funding framework (client expenses and placement support funding) to help cover costs for one-off expenses or those which are not fully covered by existing programs.

The issue of out of pocket expense reimbursements is closely linked to the intended scope of the care allowance. DHHS website notes that the care allowance contributes to costs incurred by a carer in the course of providing home-based care for children, including (but not limited to):

- accommodation, clothing, food, utilities, telephone and internet
- basic personal items for the child such as toiletries and toothbrush
- transport required as part of a regular routine, including to and from school, professional appointments and access where appropriate
- entertainment, social activities and other things – pocket money, hobbies and club memberships, outings, toys, photos, gifts, treats.³⁵

Carers have identified inconsistent assessment and reimbursement of out of pocket expense claims as an important systemic issue that requires urgent review. There appears to be some ambiguity in current guidelines about what expenses are covered by the care allowance and what expenses can be reimbursed.

For example, every child will incur school fees yet it is not clear whether these are covered by the care allowance, which provides a payment for educational expenses, but which is not enough to cover all the costs incurred in attending school. The ambiguity seems to promote uneven practices across the sector. As a result, carers are often perplexed about why some expenses are reimbursed while similar claims are refused.

Carer story

- My agency recently told me that they will not fund school holiday programs and that I will have to pay for that myself. I work full time. It's not reasonable to expect carers to have to take time off work or pay for that kind of service.
- A carer I know got funding for her child's dancing lessons yet when I asked for funding for music lessons my request was refused on the basis that music is an educational expense which is covered by the care allowance.
- Transport costs are a big issue for regional carers. I take my child to swimming squad twice a week which is a four hour round trip and the petrol costs really add up over time. It took me a

³⁵ See Care Allowances-information for carers factsheet. <https://services.dhhs.vic.gov.au/support-home-based-carers-victoria>

while to get agreement for reimbursement of this expense as it's not clear if these types of transport costs are covered by the care allowance.

- It's not clear under the current guidelines whether the carer or DHHS is meant to pay for school fees, uniforms etc. While carers get a school attendance allowance as part of the care allowance it's not enough to cover all the costs incurred in attending school.
- I get a higher care allowance because of the higher needs for my child. But it has never been clear to me whether this is meant to cover all the costs of allied health services that we use which are just over \$350 per week. It is unclear to me what I am entitled to seek reimbursement for and what I am expected to pay myself.
- The camps, sports and excursions fund is not enough to cover all the school activities which children are expected to participate in.
- My child required occupational therapy to improve his hand writing yet when I asked for funding to see a therapist DHHS informed me that I should be able to access the service through a universal service provider which was difficult to access because I am working and it's over an hour to get to.
- My child is autistic and couldn't cope with group based swimming lessons. When I asked for assistance with the financial cost of one on one swimming lessons my request was refused on the basis that it was covered under the care allowance.
- My child is very active and likes to play a range of sports throughout the year. But the care allowance isn't enough to cover football, soccer, basketball and swimming programs which he wants to do.
- Under current arrangements I am not eligible for family payment or Medicare dental because of my income. I don't understand why I am means tested on my income when I have a foster child. This means I end up funding a lot of activities myself.

There are no publicly available policies and procedures that explain in detail the expenses that can be claimed. The problem is further amplified by the fact that the majority of Victorian carers are on level one care allowance which is one of the lowest care allowances in Australia.³⁶ This makes the financial burden of many Victorian carers more acute compared to interstate carers and claims for out of pocket expenses a more significant issue.

Further, carers have reported that money may be available at some times of the year and not others suggesting that how DHHS manages its funds over the course of the financial year could be a factor when seeking to fund services.

Carer complaints data and understanding DHHS performance

The collection of data is an integral part of a number of industry sectors because it is used to better understand industry performance and respond to client needs.³⁷ DHHS does not currently have a systematic approach to the collection and reporting of carer complaints data. Also, the Victorian Ombudsman does not report specifically on carer complaints.

Consequently, there is no available complaints data to provide transparency about the quality of either departmental or sector decision making or performance from a carer perspective.

³⁶ Victorian carers are paid one of the lowest care allowance amounts in Australia. Each state uses different categories and age brackets to determine payment levels. Nevertheless, by way of example, a carer with a seven year old child in NSW is paid a minimum of \$546 per fortnight while in Victoria the payment would be \$366 per fortnight—a difference of \$180 per fortnight.

³⁷ For example, see telecommunications industry performance data at <https://www.tio.com.au/publications>

Complaints data about the child protection system would be useful to get a better understanding of the quality of DHHS decision making processes. However, DHHS advises that it is currently unable to interrogate its complaints handling system to extract data on a range of issues including the following:

- how many complaints have been made
- who has made the complaints
- the location of the complainant
- whether the complainant was being case managed by an community service organisation
- the nature of the complaint
- the outcome of any complaint handling process
- whether a decision in regard to a complaint was appealed

One of the key aims of the Roadmap is to develop a system that learns and changes in light of experience. The development of a complaints handling system that can record and interrogate data to better understand carer issues and sector performance is consistent with that objective.

Client Incident Management System

DHHS developed a new client incident management system (CIMS) that focuses on the safety and wellbeing of clients that was implemented for department-funded organisations and Victorian-registered NDIS providers of disability and psychosocial supports on 15 January 2018.

CIMS has been operating at the foster care agency level since mid-January of this year. Carers have indicated that its operation is of considerable interest to them because it is such a significant policy shift in how investigations are conducted and because of the high impact that quality of care complaints and investigations have on carers. Agencies have also expressed significant concerns about the investigation process and the impact that it is having on carers, particularly the length of time that investigations are taking.

One option to address carer and sector concerns about the introduction of the CIMS is to establish an open and transparent review process. This could include working with the sector to agree on the terms of reference for a review including both its scope and timing. As part of this process, CAGs could assist DHHS by providing some issues and examples to guide the establishment of the review.

Getting access to information

Getting access to key information in a timely way has been a consistent carer complaint because lack of information related to the child can adversely impact on a carer's capacity to provide the best possible care because it inhibits access to services or supports. For example, Centrelink and Medicare numbers are necessary to access childcare, medical services and allowances. A birth certificate is required to enrol a child in school.

Carer story

- I accidentally found my child's Centrelink and Medicare numbers on a small scrap of paper in amongst a messy folder of documents which was given to me several weeks after the child came into my care. The note was written by the previous carer. My agency didn't have those numbers on file. The provision of information to me as part of the placement was very disorganised and resulted in some delay in registering for services.
- I had to take a child to the doctors soon after the commencement of a placement and payed the full cost of the consultation myself because their Medicare number wasn't on file. Getting a refund from my agency took several months.

Carers report that following up with State, Commonwealth and DHHS/agencies to obtain key information (Centrelink number, Medicare number, birth certificate, court order and medication information) can be extremely time consuming and frustrating. Carers have also indicated that the core information requirements to support a placement noted above are often not provided to a carer without a specific request and where it is provided it's sometimes as an afterthought.

One of the problems appears to be that there is no systematic process to provide the core information requirements that are needed to support a placement and that agencies and DHHS don't automatically undertake to obtain it. Another key problem is that information is not stored electronically in one easily accessible place. As a result, the chances that information will get lost or misplaced when a child comes into care (or is transitioned from one placement to another) is high.

As part of any assessment of the options for how best to efficiently provide carers with the information and documents they require, the use of new systems and technologies to both store and facilitate ready access to information should be considered. By way of example, an innovative approach using new technologies has been developed by the Queensland government to solve this problem. The Carer Connect app was developed after consultation with carers about what they most wanted to provide carers with improved and secure access to information and support.³⁸

Key information that may be available on the app includes:

- placement agreement and Authority to Care
- medical information, e.g. serious health condition alert, health passport and immunisations
- child Safety contact information, including after-hours phone number
- type of child protection order and expiry date
- cultural information
- current education information.

The adoption of some new information technologies and platforms may assist in more timely information provision and the development of more efficient administrative processes. It is also likely that the use of these new technologies and access platforms could promote greater carer satisfaction, inclusion and empowerment. In addition, the use of new information technology platforms could assist in improving recruitment efforts by attracting younger carers to the system who are more likely to expect that these kinds of information access systems are available.

Transition to permanent care

Many foster carers make the decision to become permanent carers for children currently in their care. Permanent care placements are made under legal orders by the Children's Court where children are no longer able to live with their birth families.³⁹

The transition from foster care to permanent care can be both a lengthy and complicated process for foster carers requiring the negotiation of a range of factors including parental access arrangements and funding packages. Carers have reported that they struggle to find sources of independent advice and support during the process.

To assist with the additional needs of a child in permanent care, carers negotiate a funding package with DHHS for an initial transition period which can cover a range of needs including health, education and cultural connection. To access funding after the transition period carers must apply for subsequent funding through Permanent Care and Adoptive Families (PCAF). This is intended to allow flexibility in funding arrangements over the permanent care period in order to respond to the

³⁸ <https://www.qld.gov.au/community/caring-child/carers-connect>

³⁹ <https://services.dhhs.vic.gov.au/permanent-care>

changing needs of the child. Permanent carers continue to receive a care allowance to assist with covering the costs of care, including the education and medical allowance. However, the care allowance automatically falls back to the level one with the transition to permanent care (unless otherwise agreed).

However, there are a number of problems with this process. The difficulty for foster carers is that the legal process for granting permanent care and the negotiation and agreement of funding to transition to permanent care are separate. As a result, permanent care orders can be granted without the permanent care funding arrangements being finalised. This can lead to considerable anxiety and financial stress.

Carers have reported that in some instances the transition to permanent care has been chaotic with the funding process often only discussed shortly before the granting of the permanent care order. Further, there does not appear to be a standardised process for documenting and agreeing on the funding arrangements. Carers have reported a number of examples of disputes between carers and DHHS after the legal arrangements for permanent care have been finalised because discussions were not fully documented.

Carer story

- The transition to permanent care in our case was very disorganised. Despite the permanent care assessment process taking over three years we only got to sit down with DHHS to discuss funding for the transition period six days before the proposed court hearing. This was despite me requesting a meeting to discuss funding many times. When we said that we weren't ready to go to court yet and wanted a few days to think about our funding needs and wanted what we had discussed properly documented DHHS told us they would go to court and get the permanent court order issued regardless of whether a funding agreement was in place.
- In an effort to have funding flexibility DHHS seems to have thrown any sense of structure out the window. While we got some help from our agency, it was mostly up to us as carers to think about all our funding requirements. There didn't seem to be a standardised set of funding arrangements which could then be built on and tailored to our needs. For example, every carer will need to pay school fees but I only thought asking for that at the last minute. And DHHS didn't seem to have any idea about how the money should be managed.
- DHHS has assured us that they will be there with us every step of the way. Even after permanent care. But what I don't understand is how future funding is meant to operate. For example, if we apply to Permanent Care and Adoptive Families (PCAF) for funding, but they have run out of money, what happens then? As I understand it, PCAF only gets funded on an annual basis so a future funding shortfall is possible. DHHS seemed a bit thrown by my question and didn't have an answer. It doesn't exactly inspire confidence.

Carers have also reported that they have felt pressured to agree to the proposed funding arrangements in order to finalise the permanent care process. And in many instances, carers are not aware that they can get independent advice from organisations like PCAF about what they should be considering as part of the negotiation process.

Information and skills development

Training—Carer KaFÉ

Launched on 21 April 2017, Carer KaFÉ (Kinship and Foster Care Education) provides learning and development opportunities for carers throughout Victoria. Carer KaFÉ provides a range of face to face and online training programs that are tailored to meet carer needs. Face to face training is delivered across a wide range of geographic locations.

Carer KaFÉ is hosted by the Foster Care Association of Victoria and supported by a governing reference group. Organisations represented on the Governing Reference Group are the:

- Department of Health and Human Services (DHHS)
- Foster Care Association of Victoria (FCAV)
- Kinship Carers Victoria (KCV)
- Centre for Excellence in Child and Family Welfare
- Victorian Aboriginal Child Care Agency (VACCA)
- Victorian Aboriginal Children and Young People's Alliance

Attachment A—Carer Systemic Issues Table

Theme	Issue	Solution
Category 1 issues: Institutional culture which responds to the carer as a service user rather than a member of the team		
1. Understanding Needs of carers are not understood Motivations of carers are not understood	<ul style="list-style-type: none"> Lack of sector information on carers including location, demographics, needs and motivations to inform program and policy development Sector needs a better understanding of the carer journey and the different starting points and motivations between kinship and foster carers to inform program and policy development Need for ongoing satisfaction surveys to obtain trend data Ascertaining the most effective method of carer data collection: <ul style="list-style-type: none"> census (snapshot in time using a sampling approach) collecting both qualitative (attitudes) and quantitative (numbers) data industry data collection and reporting 	<ul style="list-style-type: none"> identify and agree on data set based on sector needs Identify most cost effective data collection vehicle: <ul style="list-style-type: none"> Census is flexible and can be tailored to meet information needs at the time. Industry data collection is fixed with potentially high regulatory burden. May result in large amounts of information collected that isn't used. Satisfaction monitoring Conduct data collection in Nov 19
2. Inclusion Carers are not included as part of the team providing for the needs of the child in their home	<ul style="list-style-type: none"> Care team meetings are either not held, infrequent or ineffective Carers not included in care team meetings 72 hour care team meetings not being held Carers are not given adequate referral information to make initial decision about a care arrangement Carers not given information or process insight into setting the care allowance rate Carers not given adequate contact details (i.e. CP worker, transport worker) to manage the care arrangement Carers are not involved in contact arrangement planning for the child in their care, not consulted for mutually agreed times with the birth family Failure to notify carers of key decisions: 	<ul style="list-style-type: none"> Undertake a systems audit to determine if sector meeting performance standards for holding care team meetings Clarify sector roles and responsibilities for holding care team meetings Consider holding one joint CAG per year to develop systemic issues work program Identify priority carer issues for including and addressing in Roadmap agenda

Theme	Issue	Solution
	<ul style="list-style-type: none"> ○ changes in case plans ○ court dates/ court outcomes ○ changes in access arrangements including cancellation and rescheduling • Carer Advisory Group (CAG) consultation mechanism can only consider local issues. No place for systemic issues • Disconnect between carers and Roadmap reform agenda 	
3. Support and development Carers not equipped or resourced for their role at different points in the carer journey Carers not supported to take care of themselves resulting in high burn out rates and poor retention	<ul style="list-style-type: none"> • Out of date pre accreditation training and assessment framework • Assessment module re permanent care when a foster carer maintains relationship is not clear • Lack of therapeutic support for carers at critical times to prevent placement breakdown: <ul style="list-style-type: none"> ○ psychological counselling during times of stress ○ advocacy (especially during client incident management system (CIMS) investigations) ○ early intervention when placement is under stress ○ respite care • Lack of support to access therapists and other services for the child as required • No mechanism for facilitated connection with other carers • No acknowledgement of relationship that carers have developed with a child or facilitation of possible continuing relationship with a child who has left their care • No independent advocacy service to support carers during a CIMS quality of care investigation • Lack of accessible cultural training 	<ul style="list-style-type: none"> • Care KaFÉ training that meets a variety of carer needs and expertise • Review of Shared Stories, Shared Lives and Step-by-Step recruitment programs to ensure they are relevant and delivered in a way that meets future carers needs • Buddy systems • Carer supported advocacy (FAST system from QLD) • Develop Carer Assistance Programs • Universal access to respite care • Where assessed to be in the interest of the child, facilitate connection with children who have left a carer to go to another placement or return to family.
4. Respect Carers not valued for their skills or expertise	<ul style="list-style-type: none"> • Carers are not included in care team meetings. 	<ul style="list-style-type: none"> • CEO carer for a day exercise • Hold regular care team meetings (see above)

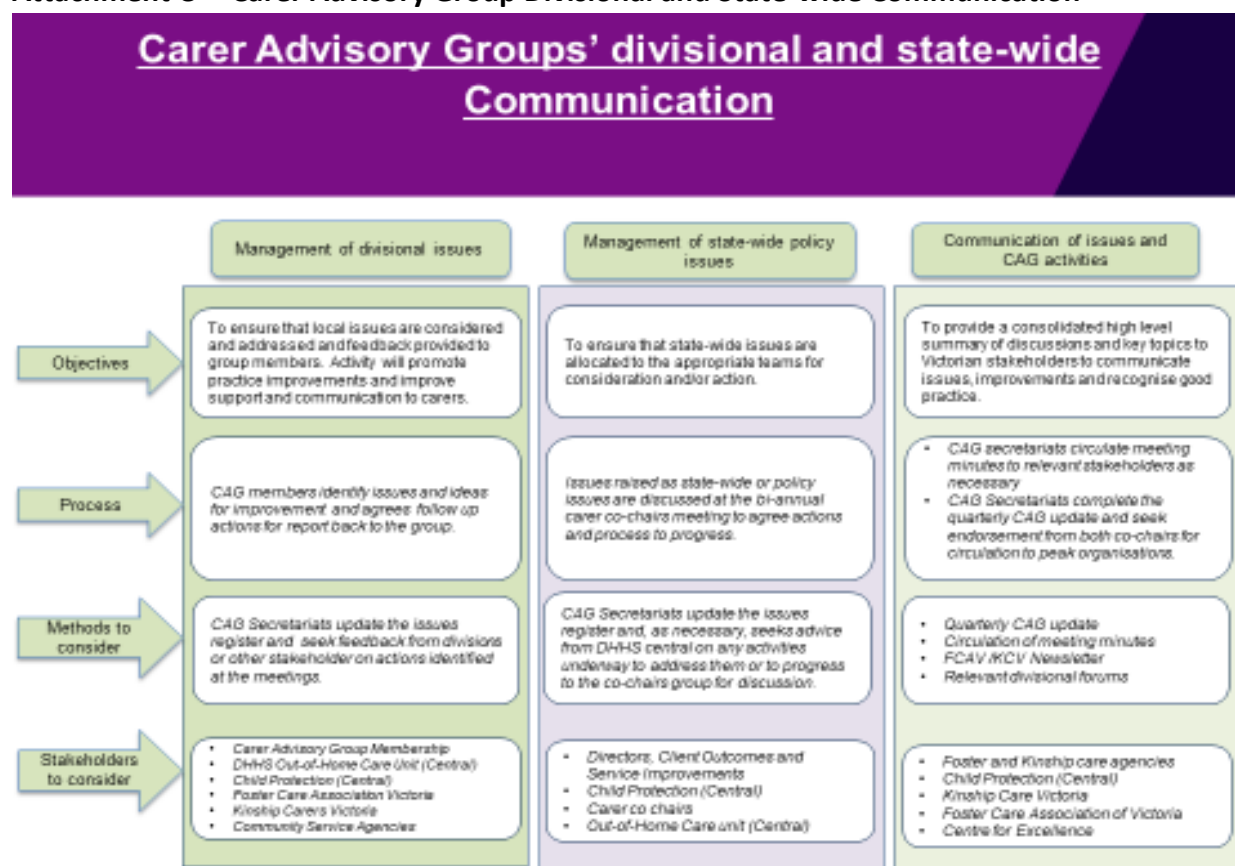
Theme	Issue	Solution
	<ul style="list-style-type: none"> Carers are not notified about key decisions that affect a care arrangement. Carers not given the tools they need to do their job including key documents, medical and educational information Carers expertise regarding the child often not sought or disregarded when making a decision Carers are not asked to share significant information they may have on the child, family and extended family Carer calls returned Carers not treated as part of a team 	<ul style="list-style-type: none"> Identify tools that will assist carers to do their job including: <ul style="list-style-type: none"> Information technologies or apps, information, review of policy and system arrangements about care team meeting to ensure they occur and that carers are included
Category 2 issues: Process and administration issues within the sector which inhibit carer's ability to deliver the best possible care		
5. Decision making Decisions about issues that affect carers are delayed, inconsistent and/or require extensive carer follow up	<ul style="list-style-type: none"> Lack of timely decision making or action by child protection: <ul style="list-style-type: none"> Births not registered Birth certificates not obtained Passport applications not finalised within a reasonable time Expenditure reimbursement delayed Unclear responsibilities and roles between DHHS and agencies Lack of decision making consistency across DHHS areas especially re: funding and service provision Systemic issues highlighted by CAGs unable to be dealt with easily within current DHHS and CAG architecture Referral for children leaving care to Better Futures is too late Significant delays in making quality of care investigations decisions in the CIMS (Client Incident Management System) process. 	<p>Develop and efficiency agenda to:</p> <ul style="list-style-type: none"> identify decision making bottlenecks (e.g. interstate travel and expenditure reimbursement) develop options for streamlining decision making processes like centralising some functions (passports, birth registration) develop process for considering and responding to systemic issues raised by CAGs
6. Information service provision Carers often don't have the necessary information about child to support the placement	<ul style="list-style-type: none"> Failure to provide carers with information about the child including: <ul style="list-style-type: none"> health status family information birth certificates Centrelink number 	<ul style="list-style-type: none"> Stipulate strict information requirements at the establishment of a placement Consider new technologies to decentralise information access and provision (e.g.

Theme	Issue	Solution
	<ul style="list-style-type: none"> ○ Medicare number • Transport system difficult for carers to access to confirm transport arrangements resulting in children not being picked up, arriving late or being taken to the wrong address • Failure to provide carers with the tools they need to access information like apps, information hotlines • Failure to provide DHHS referral document to carers (which documents known family and health information about the child for carers) • Failure to provide sector insurance policy information to carers to allow them to claims for damage to property • Emergency carers not provided with health information about the child (medication instructions, allergies) 	<ul style="list-style-type: none"> Carer connect app in QLD provides carers with access to range of documents online) • Publicise Centrelink carer hotline for grandparents and other carers • Identify reasons why DHHS placement referral document it is not being provided to carers • Publicise sector liability insurance arrangements
7. Expenses Evaluation of requests for reimbursement for out of pocket expenses and carer allowance levels is inconsistent and/or slow, resulting in carers being left out of pocket or precluded from accessing services for the children in their care	<ul style="list-style-type: none"> • Lack of clear guidelines about what living costs the carer allowance covers and what costs can be reimbursed by DHHS and/or agencies • Lack of clear guidelines and transparency about assessment process for different levels of care allowance funding • Carers forced to fund access to many services without certainty about whether expenses will be reimbursed including: <ul style="list-style-type: none"> ○ occupational therapy ○ speech therapy ○ paediatrician ○ psychologist ○ psychiatrist ○ medication ○ dental ○ sports clubs ○ camps and school trips ○ petrol (issue for rural) ○ childcare/holiday care/after school care • Not clear whether agency or DHHS is responsibility for funding allied 	<ul style="list-style-type: none"> • Develop clear guidelines about what is covered by carer allowance and what expenses can be reimbursed • Clarify what additional funding can be applied for and in what circumstances • Clarify agency funding responsibilities

Theme	Issue	Solution
	health services or social/sporting activities	
Category 3 issues: Long term placement stability planning		
8. Permanent care Disconnect between legal process and funding process during transition period to permanent care.	<ul style="list-style-type: none"> • Carers are entering permanent care without having a finalised funding agreement with DHHS to support them • Promises made about funding for permanent care not documented resulting in disagreements between carers and DHHS post permanent care placement • Reversion to level one care allowance funding is a barrier to permanent care transition • Long term funding uncertainty. Care allowance automatically drops to level one but funding only agreed on an annual basis. • Leaving care; connection with Better Futures program not occurring or occurring too late (after 15 years and 9 months) 	<ul style="list-style-type: none"> • DHHS needs to develop policy guidelines that require funding arrangements to be agreed before permanent care orders are issued by courts.

[illegible]

Attachment C— Carer Advisory Group Divisional and State-wide Communication



Contact Us

Foster Care Association of Victoria

Level 1, 398 Smith Street

Collingwood Vic 3066

Telephone: (03) 9416 4292

Email: admin@fcav.org.au

Skype: Foster Care Association of Victoria

Website: www.fcav.org.au

Acknowledgement



We respectfully acknowledge that we work on the traditional land of the Kulin Nation and we acknowledge the Wurundjeri people who are the traditional custodians of this land. We pay respects to community members and elders past and present.



FCAV is funded through the **State Government of Victoria** and through the support of agency subscribers, foundation grants, fundraising campaigns and generous donations.