

Submission in response to Discussion Paper: A Future Program for Family Based Care and Out-of-home care Foundations Program



About the Children in Care Collective (the Collective)

The Children in Care Collective is an interagency think-tank formed in 2016 that meets to share experience, discuss best practice informed by research, provide advocacy and learn from policy experts in out-of-home care. The Collective has a strong focus on issues to do with service provision in New South Wales, but also has an interest in issues nationally and in other jurisdictions.

The members of the Collective are service providers working with children with complex needs, academics and practitioners. The member organisations are (in alphabetical order):

- Allambie Care
- Anglicare (NSW South | NSW West | ACT)
- Anglicare (Sydney)
- Australian Catholic University, Institute of Child Protection Studies
- CareSouth
- Key Assets
- Life Without Barriers
- MacKillop Family Services
- Settlement Services International
- Stretch-A-Family.

Our focus is on improving out-of-home care. The Collective's aims are:

- To build the capacity of the agencies involved in the Collective
- To adopt a partnership relationship with funding bodies and regulators, and
- To create a positive voice for the Collective as an advocate for the policy issues that impact young people in out-of-home care with complex needs.

Our policy priorities are:

- Post guardianship and adoption support services
- Strategies to increase the number of Aboriginal children placed with Aboriginal community-controlled organisations
- Children in out-of-home care with harmful sexual behaviours
- Establishing a professional paid out-of-home care workforce.

Some members of the Collective have submitted separate individual responses, which provide detailed input drawing from particular experience. This submission does not replace those individual responses but rather reflects the consensus of the Collective in relation to the Discussion Paper questions.

Response to Discussion Paper questions

Conceptual Framework

1. Does the conceptual framework presented in this paper support a contemporary and effective family based care program in Tasmania?
2. What are additional factors or considerations that need to be taken into account?

The Collective agrees that the conceptual framework presented in the Discussion Paper supports a contemporary and effective family based care program and is supported by research and stakeholder consultation.

There are two factors which the Collective believes also need to be taken into account:

- Family inclusion, and
- Case management and case planning (and the meaningful involvement of family based carers in these processes).

Family inclusion

A UK study that looked at parental perspectives in care proceedings found that services offered to families before they reached court were sometimes inadequate; few parents felt that they had participated in decision making; most felt ill-prepared for court proceedings (and instead felt marginalised, intimidated and confused); and that little support was available following proceedings.¹ Birth parents participating in one UK study of a group of families who had a child adopted after contesting the adoption application reported they felt that a lack of respect by social services destroyed the possibility of them working co-operatively with departments.²

We know from experience that whether contact with birth family is likely to be beneficial to the child³ depends, in part, on the birth family's adjustment to, and acceptance of, the placement of the child in out-of-home care, and in particular their capacity to demonstrate a supportive position towards the child and the carers. The ability of birth family and carers to work collaboratively over birth family contact is a major factor in determining whether or not contact is likely to benefit the child.

The Collective supports family inclusion casework, which is the active and meaningful participation of birth parents and family in the lives of their children. The Collective recognises that there is an ongoing and important role for birth parents and other birth family members when children are in care and afterwards, including when guardianship or adoption orders are made. Meaningful engagement with birth family can assist in promoting the stability of the child's life in family based care and the healthy formation of the child's identity.

The Family Inclusion Strategies in the Hunter area of New South Wales (FISH) which began in 2014 is a useful model. FISH was formed out of a desire for children in the Hunter region of New South Wales in the child protection and out-of-home care systems to have better relationships with their birth families and for their families to be actively and respectfully included in their lives. FISH members have developed a suite of resources on the FISH website.⁴ The Collective notes that Jessica Cooks has published a report about family inclusion initiatives in child welfare which is available on the Life Without Barriers website.⁵ The project revealed a range of practical family inclusion ideas and strategies to be considered for implementation in Australia, which have the potential to bring about significant and long lasting positive change for children and young people.

In terms of locating potential relative and kinship carers, the Collective notes the Family Finding model, developed by Kevin Campbell and colleagues in the United States, a process which seeks to connect children with family and other supportive adults who will love and care for them now and

¹ Ryburn, M (1994), 'Contact after contested adoptions', *Adoption and Fostering* 18(4), 30-37.

² Neil, E, (2004) 'Supporting the relatives of adopted children: a review of the relevant literature', the University of East Anglia.

³ Reference in this submission to 'child' is a reference to any person under the age of 18 years, and so includes reference to a 'young person'.

⁴ <http://www.finclusionh.org>

⁵ <http://www.lwb.org.au/assets/Uploads/Family-Inclusion-in-Child-Welfare-J-Cocks-Final-Churchill-report2.pdf>.

across their lifespan. The Family Finding model seeks to build or maintain the Lifetime Family Support network for all children who are disconnected or at risk of disconnection through placement outside their home and community.⁶

The Collective supports a conceptual framework for family based care that is based on an understanding of the importance of relationships with children, young people and their families, and a family inclusive approach to building strong families and communities.

Case management and case planning

The Collective submits that, perhaps as part of the ongoing support and retention of family based carers, more attention is given to the role that family based carers can play in the case management of children in care, and particularly case planning. This aspect is noted briefly on page 57 of the Discussion Paper ('Carer involvement in care planning and care team meetings'), where it is indicated that a significant percent of carers had never attended a care plan meeting or been involved in care planning for the child in their care.

Each of the Collective member agencies has a suite of case management and case planning policies, procedures and forms relevant to the jurisdiction where out-of-home care services are provided. The Collective recognises that case meetings and other case planning processes include all significant parties (including the child) and their views (including dissenting views) are recorded and considered. As part of the case planning process, carers should expect that:

- their knowledge of the child and understanding of the child's needs will inform the process
- they will be informed in advance that a case planning meeting is being held
- their views will be presented and recorded if they are not able to attend the meeting
- the reasons for being invited to the case planning meeting will be explained to them
- a copy of the approved Case Plan for the child will be given to them, and
- they will be consulted and told about any decision in the Case Plan that has an impact on their care of the child.⁷

The Collective notes that during the consultation process, carers spoke about wanting to contribute their views on the needs of the child in planning processes (page 59, Discussion Paper). The Collective believes that carer participation in case planning and the carer being considered part of the care team that supports a child in care is essential to the stability of placements and the support and retention of family based carers.

Care during assessment phase

3. The Care during an Assessment Phase section discusses the concept of an assessment phase prior to the placement of the child or young person in long term care arrangements with the aim of ensuring an appropriate placement which provides improved stability and support for the child or young person. How can this be best achieved? Provide reasons for your response.

When the demand for foster carers is greater than the supply, finding a good match between a child and a foster carer can be very difficult. The Collective agrees that more work is required, from the beginning of intervention in the life of a child, to be able to locate suitable kinship carers, and where it is practicable and in the child's best interests, to place a child with family members. In this regard, the Collective notes the Family Finding model, as noted above.⁸ The Collective also supports the increased use of family group conferencing, where family is brought together and, through

⁶ <http://www.familyfinding.org/moreaboutfamilyfinding.html>.

⁷ <https://www.caring.childstory.nsw.gov.au/out-of-home-care-in-nsw/case-planning,-management-and-reviews/what-is-a-case-plan-and-how-does-it-work>

⁸ <http://www.cwpracticelive.facs.nsw.gov.au/@family-finding/2016/03/01/37611/the-family-finding-model>

facilitated decision-making, options for placement of the child with a relative or kin can be canvassed.

The Collective does not agree with having a lower standard for carer assessment for kinship carers. In New South Wales, there is a system of provisional authorisation where a designated agency can authorise a person who is a relative or kin of a child on a provisional basis, which usually involves an emergency situation.⁹ A provisional authorisation, however, then triggers a full carer assessment process which should take place within three months. A kinship assessment will require more attention in terms of the relationship between the carer and the birth family, and any risks or issues associated with those relationships, and may place more weight on the benefit of retaining family relationships.

The Collective supports, in principle, the proposal of having an assessment phase to determine the most suitable permanent placement for the child, and having a planned transition to that permanent placement. The Collective notes, however, that this will not always be possible, given time constraints, emergency situations and a shortage of carers. The Collective notes that from the beginning of the Department's or service provider's involvement with a child and his/her family, information should be collected (on standardised forms) about the child's history and care needs. This should not just be done at the point of the child requiring a placement.

The Collective endorses the recommendations made by the Royal Commission into Institutional Responses to Child Sexual Abuse aimed at improving the sharing of information related to the safety and wellbeing of children, including improving the quality and timeliness of essential information about a child being provided to carers (in particular, recommendations 8.7 and 12.12).

While of course it is ideal to limit placement changes for children in care, emergency and crisis family based carers are required when children need to be placed away from their parents or experience placement disruption and while further assessment and placement matching is undertaken so that a suitable short/medium/long-term placement can be located. With suitably trained emergency/crisis carers who are experienced in supporting children (whether of particular age cohorts or with particular needs) the impact of a placement change on a child can be minimised.

The Collective does not agree that residential care should be utilised as a default transitional care arrangement while an assessment is undertaken of a child's needs for placement matching. The Collective is of the view that placing a child in a residential care setting, even on a temporary basis, may cause the child further harm. In the right cases it may be used as a "bridging service" to settle a child before he or she can move into foster care. The Collective notes that in New South Wales, residential care has been replaced with Intensive Therapeutic Care which is in line with the NSW Therapeutic Care Framework¹⁰ and that this category of care may be appropriate for children who have experienced high levels of trauma and disruption in their lives, and who have more complex needs and require a more intensive, holistic care approach including the guidance of therapeutic specialists.

4. Are there other options or issues related to care during an assessment phase not detailed in this paper? Provide details.

In New South Wales, the Department of Family and Community Services has in place an online system to strengthen transparency, reliability and responsiveness for placement referrals to NGO designated agencies (Partner Community for the Permanency Support Program). This online system allows the Department and designated NGO agencies to view real-time client information, request updates to child and parent information, receive and action placement requests, change a placement, request a transfer or close of placement, and provide updated case plans. This online

⁹ *Children and Young Persons (Care and Protection) Regulation 2012* (NSW), clause 31.

¹⁰ <https://www.facs.nsw.gov.au/about/reforms/NSWPF/nsw-therapeutic-care/chapters/publications>

system does not replace or seek to act as an online case management system – agencies still have their own case management systems.

An online system, which allows for better communication flow between the Department and service providers, particularly in relation to placement requests, may be an option to consider.

In relation to unplanned placement changes and placement breakdowns, the Collective supports an end of placement review taking place before other children are placed with the carer. This allows an opportunity for the carer and the agency to reflect on why the placement ended, and whether there is an opportunity for further carer training, support or assessment/review at this point.

Continuity of care

5. A Continuity of Care Approach to family based care section discusses the importance of continuity of care approach to family based care and the need for clearly articulated roles and responsibilities for carers. Do you believe that this would improve outcomes for children and young people in out-of-home care? Provide reasons for your response.

The Collective agrees that a continuity of care approach for family based care would improve outcomes for children in out-of-home care. Placement instability and disruption is linked with poor psycho/social and developmental outcomes for children. The Collective is committed to enhancing stability for children in care, and avoiding the risks associated with placement breakdown and disruption.

If a carer's role is to be flexible enough to shift in accordance with the phase of care and permanency goal for the child, then adequate training and support will be required for carers. They will need to learn about their carer role in supporting the child's best interests and how to deal with the grief/loss that is associated with transitioning a child out of their care. Carers would need to be consulted and kept regularly updated/informed by the agency about case planning for the child. This avoids false expectations and assists the carer in being able to make their own future plans. Such an approach would require close collaboration between the carer and the agency. The Collective is aware that a common complaint of carers is that they are 'left in the dark' when it comes to the case plans for the child, particularly decisions made during court processes, which have a significant impact on them.

6. Are there other continuity of care options or issues not considered in this paper? Provide details.

The Collective notes that another continuity of care option is dual authorisation, where carers are authorised/approved as both foster carers and prospective adoptive parents. This is only possible where the service provider is accredited to provide both out-of-home care and adoption services. The benefit of dual-authorisation is that it enables children for whom adoption is likely to be appropriate to be placed with carers who have indicated that they would like to adopt and whose capacity to be adoptive parents has been assessed. Where such a match can be facilitated, the process of achieving adoption for the child is streamlined due to adoption being established as a case plan goal from the outset. While restoration and other permanency options are actively pursued, if these are not viable, and adoption can proceed, placement disruption to the child may be avoided.

Family based care and intensive family based care

7. The Family Based care and Intensive Family based Care section details a number of different approaches that can be used to broaden the scope of family based care. Which of the listed approaches would provide better outcomes for children and young people? Provide reasons for your response.

8. Are there other options or issues related to providing better support to children and young people with highly complex needs and behaviours that have not been discussed in this paper? Provide details.

The Collective supports the further training of family based carers to equip them with knowledge and skills to provide trauma informed and reparative care. The Collective endorses the implementation of the recommendation of the Royal Commission into Institutional Responses to Child Sexual Abuse for the provision of training for carers that includes an understanding of trauma and abuse, the impact on children and the principles of trauma-informed care (recommendation 12.11).

The Collective also supports the proposal to implement a therapeutic practice framework to work with carers in family based care. The Collective notes that the NSW government has in place a Therapeutic Care Framework¹¹ which provides guidance on supporting children, with a central focus on trauma-informed care. The Framework consists of a set of 16 core principles for providing Therapeutic Care to children. The Framework was developed in consultation with the Department of Family and Community Services, Association of Children's Welfare Agencies (ACWA), AbSec, out-of-home care sector representatives and academics in the field of child protection.

Life Without Barriers (LWB), in its separate submission in response to the Discussion Paper outlines its ongoing training approach which is based on the Children and Residential Experiences (CARE) model, an evidence-based, trauma-informed approach to providing out-of-home care. While designed primarily for residential care, LWB – in partnership with the model's architects at Cornell University – has used the CARE model to inform its entire child, youth and family service delivery, and is guided by CARE's six core principles drawn from research into childhood development.

In its separate submission, Key Assets has outlined its approach to training in partnership with the Parenting Research Centre.

If the Department is looking to implement a therapeutic practice framework for out-of-home care in Tasmania, then the Collective suggests that sector wide consultation may ensure that it is a framework under which all service providers can deliver best practice in trauma-informed casework and care.

The Collective supports broadening the scope of family based care to support children with complex needs and behaviours. The Collectives notes that a number of jurisdictions, including New South Wales, have recently committed to investing in the Treatment Foster Care Oregon program delivered by OzChild.¹² This program is targeted at children who are experiencing multiple placement breakdowns in foster care, and who are not able to be moved into foster care from residential care because of their behavioural and emotional issues.

In relation to the Discussion Paper's comments (page 23) that residential care will remain the most appropriate option for a cohort of children, the Collectives notes that the NSW Government is replacing the State's residential care system with an Intensive Therapeutic Care service system.¹³ The Collective would support a move to improve the provision of residential care services by focusing on therapeutic care and trauma informed practice. This would be consistent with the recommendation of the Royal Commission into Institutional Responses to Child Sexual Abuse that residential care should be based on an intensive therapeutic model of care framework designed to meet the complex needs of children with histories of abuse and trauma (recommendation 12.18).

Recruitment

¹¹ <https://www.facs.nsw.gov.au/about/reforms/NSWPF/nsw-therapeutic-care>

¹² <https://www.ozchild.org.au/improving-outcomes-tfco-program/>

¹³ <https://www.facs.nsw.gov.au/families/permanency-support-program/intensive-therapeutic-care-system>

9. The Recruitment and Registration of Carers section discusses a number of changes to current carer recruitment practices with the aim of building on and strengthening our current approach to recruitment. Which of these ideas do you believe will be more effective? Provide reasons for your response.
10. Are there other carer recruitment improvement options or issues that have not been discussed in this paper? Provide details.

The Collective supports all suggestions for a carer recruitment strategy in the Discussion Paper. The Collective notes that LWB, one of the largest providers of out-of-home care services in Australia, has tried some innovative ways of recruiting foster carers, including:

- creating and funding Carer Ambassadors selected from existing experienced and high-quality carers who share their experiences and connect with the community to help raise awareness about fostering
- piloting a Central Carer Enquiry Team to respond to initial enquiries and streamline the recruitment process
- launching a new website with contains appealing, easy to use and relevant/targeted information for prospective carers (and noting that often the first point of contact that a prospective carer will have with an agency is online)

Other innovative recruitment strategies that members of the Collective have utilised include:

- Key Assets' social experiment 'Would you walk past' which generated millions of on-line views and a large increase in enquiries¹⁴
- Key Assets' use of digital re-targeting and social media in a digital ecosystem
- LWB's partnership with Ashgrove Cheese, a Tasmanian based dairy farm, to run the 'Join the Moo-vement' campaign during Foster Carers week. This involved 10,000 Ashgrove milk bottles with "LWB Become a Foster Carer" neck ties distributed in major shops state-wide. Joining the Moo-vement in 2018 were 20 cafes across the state using LWB 'Become a Foster Carer' coffee cups and displaying carer recruitment flyers and posters. This campaign aimed to raise awareness in the community of the need for foster carers

The Collective notes that government and service providers can make the most of events like Foster and Kinship Care Week, where the community and media can be engaged to promote awareness of fostering and praise carers for their critical contribution to the community.

Apart from actively promoting interest in fostering, the Collective agrees that any recruitment strategy should have a responsive and seamless process which guides a carer applicant from initial enquiry through to approval, preferably with a single point of contact. A personalised approach, particularly at the information session/initial enquiry stages also assists with filtering/screening persons who are not likely to become carers.

Pre-service training

11. The Pre-Service Training section identifies a number of potential methods for building on and strengthening the current approach to training carers. Which of these methods do you believe would be effective? Provide reasons for your response.
12. Are there other options or issues related to strengthening carer training that have not been explored in this paper? Provide details.

¹⁴ Available online at: <https://www.keyassets.com.au/key-assets-social-experiment-highlights-need-foster-carers/>

The Collective agrees with the proposal in the Discussion Paper that the Department develops and administers, in collaboration with service providers, an integrated training framework for pre-service and ongoing training for family based carers.

In terms of the approach to pre-service and ongoing training, the Collective endorses the comments made by LWB in its individual submission, which are drawn from LWB's research and practice experience.

The Collective notes that apart from formal training, carer training should be incorporated along the continuum of engagement with carers –from the outset (using the enquiry/information session and initial carer assessment process as an opportunity for carer training); as casework is conducted (using home visits and any clinical sessions with carers to incorporate carer training as required); and during further assessment and review processes (using the carer review as an opportunity for carer training and to assess whether further carer training is required).

Carer assessment

13. The Carer Assessment section identifies a number of potential methods for building on and strengthening our current approach to carer assessment. Which of these methods do you believe would be effective? Provide reasons for your response.
14. Are there other options or issues related to strengthening carer assessment processes that have not been discussed in this paper? Provide details.

The Collective notes that making good, evidenced based decisions about carer applicants' suitability and conducting rigorous assessments using consistent and high-quality assessment tools is critical to providing a high standard of out-of-home care. The benefits of using common carer assessment and training materials are that it achieves consistency in approach to the assessment and training of applicant carers, improves outcomes for children in care, increases the professionalism of the carer role, and assists with the portability/transfer of carer registration approvals.

The Collective endorses the use of the *Step by Step 2016* resources, developed by ACWA to assess potential foster and kinship carers and to conduct carer reviews of authorised carers. Intrinsic to *Step by Step* both at carer assessment and carer review stage is an assessment of five core competencies: attitude and connections, personal resilience, teamwork/working with others, child focused care and provide a safe environment/safety. The Collective also notes that an evaluation of the *Step by Step* resources would ensure they are maintaining pace with contemporary practice.

The Collective notes that ACWA has developed a range of assessment tools, including assessments for relative and kinship carer assessments. The Collective also supports the use of the Winangay tool for kinship carer assessment, particularly with Aboriginal families. This would be consistent with the use of assessment models appropriately tailored for kinship/relative carers as recommended by the Royal Commission into Institutional Responses to Child Abuse (recommendation 12.8).

A high-quality assessment tool is ineffective if experienced and competent assessors are not engaged to conduct carer assessments. The Collective notes that it is preferable and more cost-effective for agencies to have their own internal assessors, who are familiar with the agency's policies and procedures. This also builds internal assessment expertise. However, there are times when independent/external assessors are required (usually from an approved panel which consists of suitable qualified assessors with relevant experience in out-of-home care). Any assessors who utilise the *Step by Step* resources should, at a minimum, receive training as to how to use the assessment tools and resources. The Collective would support the establishment of standard accreditation requirements for assessors to assist with quality assurance.

The Collective believes that, to conduct a rigorous assessment, assessors require access to all relevant information in relation to the carer applicant. Only relying on the self-report of the carer

applicant and a few referees of their choosing can be problematic. The Royal Commission into Institutional Responses to Child Sexual Abuse recommended extensive checks and the development of risk management plans to address any risks identified during the authorisation process (recommendation 12.6). This approach is endorsed by the Collective. The Collective is of the view that detailed information and outcomes of National Police Checks and Working With Vulnerable People Checks should be made available to assessors if requested. There may be relevant information contained in these records, which are not apparent in an outcome, which need to be tested by the assessor with the carer applicant.

Some assessment may be required of any adult household members in the carer applicant's household, and discussion should also take place with the carer applicant's other family members to ensure that they are and will be supportive of the carer applicant undertaking the carer role and will not pose a risk to the safety, welfare or wellbeing of any children placed with the carer applicant.

As noted above, the Collective does not agree with having a lower standard (or 'shorter process' for assessment, page 35, Discussion Paper) for carer assessment for kinship carers. The Collective is of the view that kinship carers should be assessed as comprehensively as foster carers, with a focus on the carer's capacity to meet the child's needs and provide a safe, nurturing, stable and secure environment. Children placed with kinship carers should be entitled to the same standard and quality of care as children placed with foster carers.

Approval of carers

15. The Approval of Carers section presents methods to build on and improve the current approval processes. Which of these methods do you believe would be effective? Provide reasons for your response.
16. Are there other options or issues related to improving carer approval processes that have not been explored in this paper? Provide details.

The Collective supports a panel approach for carer registration approvals and renewals (and decisions in relation to cancelling carer registration approvals). A carer approval panel is particularly beneficial in circumstances where the assessor and delegate with decision-making authority disagree about whether a carer applicant should be approved. There may be issues of concern or gaps in the assessment process which may be identified by a panel member. These issues can then be discussed and debated in group/panel setting where there is a wider range of experience/expertise. Rather than involving external representatives (from other agencies and a carer representative), the Collective members usually hold carer approval panels convened with approved internal staff. For particularly complex and controversial cases, it may be appropriate to invite external representatives to ensure that decisions are objective.

The Collective is also of the view that there should be a consistent level of delegation in the Department and amongst service providers in terms of who has the authority to approve carer registration.

In relation to the suggestion in the Discussion Paper (page 40) that there be a review process in the event of an adverse finding for prospective carers, the Collective notes that in New South Wales, there are no rights of internal or external review at law for a decision by the relevant decision-maker to decline to assess or to not approve an application for carer authorisation.¹⁵ Similarly there are no external review rights (only internal review rights) in New South Wales for a decision about whether an applicant is suitable to adopt a child. The range of decisions in respect of authorised carers or persons seeking to be assessed as authorised carers that can be administratively reviewed was

¹⁵ *Children and Young Persons (Care and Protection) Act 1998* (NSW), s 245.

amended in New South Wales in 2015. In the second reading speech to the Bill introducing the legislative amendments, the reasons for removing this right of external review were noted:

The industrial relations system already recognises that failure to appoint a person to a position is not generally a matter capable of review. To bring the child protection system in line with the industrial relations system, changes will be made in relation to the NSW Civil and Administrative Tribunal review rights. Consequently, a refusal to authorise an applicant as an authorised carer would no longer be reviewable by the Tribunal. Current review arrangements will still be maintained in relation to existing rights at law if there are grounds for discrimination. Applicants will also be able to make a complaint about carer authorisation decisions to the New South Wales Ombudsman through its community services complaints jurisdiction.¹⁶

Registration of carers

17. The Registration of Carers section discusses how a central carer register (accessible by the department and service providers) could provide a more consistent approach to carer registration and provide additional safeguards for children and young people. What issues should be considered as part of the implementation of a central carer register?
18. Are there other options or issues related to improving information sharing for carer approval and registration that have not been explored in this paper? Provide details.

In line with the recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse (recommendations 18.17 – 8.23) the Collective is fully supportive of the Department introducing a central carer register, accessible by both the Department and service providers, and modelled on the NSW Carers Register.

The NSW Office of the Children’s Guardian introduced the NSW Carers Register in 2015, and there is a suite of resources, facts sheets and guidance in relation to the Carers Register on the OCG website.¹⁷ There are also NSW legislative provisions in relation to the mandatory information that is required for recording on the Carers Register.¹⁸ One of the key features of the Carers Register is that, if data is entered accurately and in a timely fashion, it enables information sharing between agencies to help prevent unsuitable carers moving from one agency to the other in New South Wales. The Collective is of the view that it is important that information about adult household members in carer households (i.e. probity information, etc.) is also recorded.

When considering the introduction of a central carer register, the Department will need to take into account the operational capacity required to not only establish but maintain an online register. In New South Wales, the OCG established and maintains the Carers Register, while it is the designated agency’s role to enter information on the Carers Register about carer applicants, approved authorised carers and persons residing on the same property as authorised carers (adult household members).

Placement

19. The Placement section discusses the importance of placement matching processes to improve placement stability and details a number of factors that could form part of a coordinated placement matching process. What factors do you think should be taken into account as part of the implementation of a placement matching process? Provide reasons for your response.

¹⁶ https://www.parliament.nsw.gov.au/bill/files/3180/2R%20Child%20Protection_1.pdf

¹⁷ <https://www.kidsguardian.nsw.gov.au/statutory-out-of-home-care-and-adoption/nsw-carers-register>

¹⁸ *Children and Young Persons (Care and Protection) Regulation 2012* (NSW), Part 6, Division 6.

20. Are there other placement matching options or issues that have not been explored in this paper? Provide details.

The Collective supports the proposals in the Discussion Paper to implement a coordinated placement matching process. The Collective endorses the recommendation made by the Royal Commission into Institutional Responses to Child Sexual Abuse that out-of-home care service providers should develop strategies that increase the likelihood of safe and stable placements for children in care (recommendation 12.16).

The Collective notes, in particular, the risks to placement stability in placing unrelated children with a carer ('unrelated placements')¹⁹. The Collective recommends that the following in respect of the placement of unrelated children with the same carer:

- the placement only be approved where it is demonstrated that it is in the best interests of all the children involved (child/ren being placed, biological child/ren and other child/ren placed with carer), a thorough risk assessment has been conducted and after all other options (including restoration, kinship care) have been adequately explored
- carer approval for multiple unrelated placements is rigorous and consistent
- for an unrelated placement, the frequency of carer reviews and carer monitoring and support be increased in order to better manage the quality of care
- active contingency planning should take place in order to enable sustainable transitions (and avoid sudden placement changes) should the placement break down (e.g. shared care with a family member; reviewing contact plans to increase the number of birth family members who can provide unsupervised, extended contact; strategic use of respite placements to start to build relationships with potential alternative long term carers).

Ongoing training

21. The Ongoing Training section proposes methods to build on and strengthen the delivery of ongoing training to carers. What parts of this framework do you believe would be effective? Provide reasons for your response.

22. Are there other carer training options or issues that have not been considered in this paper? Provide details.

The Collective is of the view that carer training should be a condition of carer registration and all family based carers (including kinship carers) should be required to undergo a certain amount of training on an annual basis. The members of the Collective have found that it is often the carers who avoid or refuse to attend carer training, that develop issues/deficits in carer competencies. Regular training also provides the Department/agency with the opportunity to ensure that carers are receiving correct and current messages about the provision of out-of-home care and are up to date with policies and procedures/practices.

For example, the Collective endorses the implementation of the recommendation made by the Royal Commission into Institutional Responses to Child Sexual Abuse relating to the development of a child sexual abuse education strategy for children in care as well as home based carers and residential care staff (recommendation 12.9).

The Collective supports a mix of training (one to one, small groups, large groups, online) being offered to family based carers, recognising that, given the practical nature of care giving and the

¹⁹ Rock, S et al (2015), 'Understanding Foster Placement Instability for Looked After Children: A Systematic Review and Narrative Synthesis of Quantitative and Qualitative Evidence, *The British Journal of Social Work*, 45(1), 177–203

benefits of connecting with the agency and other carers in the community, it is problematic if carers only attend online training. Therefore, some face to face training should be required as part of any mandatory carer training.

Ongoing support and retention

23. The Ongoing Support and Retention section proposes a number of actions that aim to build on and enhance support for carers. Which of these do you believe would be effective in providing enhanced support to carers? Provide reasons for your response.
24. Are there any other options or issues related to enhancing support for carers that have not been discussed in this paper? Provide details.

The Collectives notes that most of the placement support research focuses on carers as the primary support to the child in the placement. A 2012 UK study notes that when asked what would have prevented the last unplanned placement move, UK social workers identified 'support to foster carer' as the number one strategy available to them.²⁰ The Collective recognises the need for ongoing support for family based carers and agrees with all the suggestions canvassed in the Discussion Paper. The Collective is of the view that priority should be placed on carer support, which can be multi-faceted in nature.

The comments above in relation to case planning and case management involving carers are applicable to this section. Further, the Collective notes that in New South Wales there are legislative requirements²¹ and regulatory guidance²² for the timing and conduct of placement reviews which assists in supporting placements on an ongoing basis as well as after a placement commences and after unplanned events.

The Collective supports the implementation of an agreed standard for home visits to family based carers. Most of the Collective members have internal policy/procedure which provides for monthly home visits to Home Based Carers. There is flexibility around this in terms of periods when increased home visiting is required.

The Collective supports family based carers having access, if required, to therapeutic supports. Some of the Collective members have internal Clinicians who are available for clinical support to placements, which, depending on the specific need, can include:

- development and monitoring of intervention plans and strategies for managing challenging behaviours in children
- review of skills development for children
- training and support for home based carers in a number of areas, including reparative parenting, attachment, incident prevention and response planning
- developing and preparing psychological intervention plans for carers, children in care and family using endorsed evidence based psychological intervention techniques
- supporting children in care during times of transition, or major life changes
- providing information and training to both carers and children as well as birth families
- liaising with other health professionals, government departments, and service providers in order to ensure appropriate support is being provided to the placement
- conducting clinical assessments and observations of children in care for various psychological requirements or identifying potential risks to safety or wellbeing for the child.

²⁰ Norgate, R, et al (2012), 'Social Worker's Perspectives on the Placement Instability of Looked after Children, *Adoption & Fostering*, 36(2): 4-18.

²¹ *Children and Young Persons (Care and Protection) Act 1998* (NSW), s 150.

²²

https://www.kidsguardian.nsw.gov.au/ArticleDocuments/452/Guidelines_Review_of_Placementsv3.0_180611.pdf.aspx?Embed=Y

The Collective agrees that family based carers need access to advocacy and support in circumstances when they may be in dispute with the Department or service provider. In New South Wales, the government has commissioned Adopt Change to operate the My Forever Family NSW program, which commenced in July 2018. This program provides recruitment, training, support and advocacy to a range of carers for children in out-of-home care in New South Wales.²³

The Collective is supportive of family based carers having access to a 24-hour telephone advice line for emergency situations. Some Collective members have in place an 'on call' number which is available to carers who experience incidents out of business hours and if required, after-hours workers are able to attend the home or provide advice/support over the phone. The matter is then followed up the next day by the allocated worker.

Further, the Collective agrees that an online portal would assist carers in having direct access to information, resources and policies/procedures. In New South Wales, the government has developed the ChildStory website, which has resources for children (15 to 25 years olds who are currently in or have left out-of-home care), carers,²⁴ reporters, caseworkers, and partner agencies.

Respite Care

25. The Respite Care section details a number of methods that could maximise the benefit of respite care to both carers and children or young people. Which of these methods do you believe would be most effective? Provide reasons for your response.
26. Are there any other respite care options or issues that have not been considered in this paper? Provide details.

The Collective considers community-based models for respite care (such as Mockingbird Family™) to be the best approach to providing respite care, and assisting the development of long-term relationships amongst carers.

The Collective notes that respite does not have to be conceptualised simply as a child spending time away from their primary carer with a respite carer. Respite can include a range of activities that provide the primary carer with a break from their carer role. This can include the child being engaged in extracurricular activities, contact with birth family, holiday/vacation/sport camps, time with youth workers/mentors, etc.

The Collective agrees that recruiting respite carers (and emergency and crisis carers) as a specific cohort may assist in increasing the number of respite carers available, however the Collective does not endorse a lower standard for assessment/approval. The Collective is of the view that respite carers should be competent in all the same carer competencies as short, medium and long-term carers. The Collective also notes that respite care periods can sometimes turn into longer than expected periods of time due to a shortage of alternative placement options.

Collective members have had cases where respite care provided in the home by other family members or respite care provided by family/friends has been difficult to regulate/monitor. There is also a risk of family/friend respite carers not reporting incidents or concerns to the agency due to the relationship with the primary carer. Proper case management in these cases can overcome these issues, as can the introduction of some external respite options.

The Collective is of the view that clear guidelines and policies are required in relation to the use of respite care and that family based carers need to be clear about when respite is appropriate. The

²³ <http://www.myforeverfamily.org.au/>

²⁴ <https://www.caring.childstory.nsw.gov.au/>

Collective agrees that respite should meet the needs of the child, and be child-focused rather than carer-focused or seen as a carer 'entitlement'.

Respite care should also not undermine a child's need for permanency and security. For example, respite care should never be used by the carer as a threat or punishment for a child's poor behaviour. Sending one child from a sibling group/group of children to respite care, when the rest remain with the primary carer, can have a negative impact on the placement as a whole. Respite care may not be appropriate in the beginning stage of a placement when the child and carer are developing their relationship. Respite carers should also adopt the same behavioural management strategies as the primary carer to avoid inconsistency in behavioural management, which can be detrimental to the primary placement.

Oversight and Monitoring

27. The Oversight and Monitoring section details a number of methods that could improve the oversight and monitoring of carers. Which of these methods do you believe would be effective? Provide reasons for your response.
28. Are there any other options or issues related to improving carer oversight and monitoring that have not been explored in this paper? Provide details.

The Collective supports the proposals in the Discussion Paper to improve monitoring and oversight of family based carers, namely the development of a Carer Home Visit Policy, a carer ongoing approval/renewal process and a process for reviews initiated by carer concern/quality of care issues.

In relation to carer reviews, the Collective is of the view that carer reviews should be a condition of carer registration approval, and be conducted on an annual basis. This is consistent with the recommendation of the Royal Commission into Institutional Responses to Child Sexual Abuse, which includes that all children in the placement with the carer under review should be interviewed in the absence of the carer (recommendation 12.7).

The Collective is of the view that there should be minimum standards for home visiting, The Collective notes that there are *Step by Step 2016* assessment tools and resources for carer reviews which could be utilised by the Department and service providers. The Collective is of the view that carer reviews should include:

- obtaining details of members of the household and children placed with the carer in the past year or since last carer review (and ensuring that probity checks have been conducted in relation to any new members of the household)
- home inspection (to ensure the that the home environment still meets all safety requirements)
- an assessment of each of the carer competencies (strengths and weaknesses/vulnerabilities)
- identification of any elements of carer competencies where improvements are required
- obtaining details of any quality of care/carers concerns/complaints in the past year or since last carer review and the outcome of these
- carer feedback
- consultation with children in the placement, in the absence of the carer under review
- identifying training that the carer has attended in the past year or since last carer review, and any current training needs
- identifying any actions/follow up required as a result of the carer review.

Given the existing working relationship between the carer and the Departmental or service provider staff member supporting the carer or other members of the care team, it may be more appropriate for other staff in the agency to conduct the carer review. If there are issues in the working relationship between the carer and the Department/service provider or otherwise workload issues

preventing a carer review being conducted in accordance with minimum timeframes, it may be appropriate for an external assessor to conduct the carer review.

Conclusion

The Children in Care Collective acknowledges the thoughtful research and stakeholder engagement that is reflected in the Discussion Paper and agrees with many of the conclusions set out in the paper. This submission refers to several recommendations made by the Royal Commission into Institutional Responses to Child Sexual Abuse noting the Collective's endorsement of those recommendations and their relevance to topics under discussion. Most of those recommendations have been accepted, in principle at least, by the Tasmanian Government.

The Children in Care Collective is grateful for the opportunity to contribute to the discussion about the future of family based care in Tasmania and would be pleased to continue to assist the Tasmanian Government with its aim of improving outcomes for children and young people in care.