



Supporting the carers of Aboriginal children

A review conducted under section 11 (1)(c)
of the *Community Services (Complaints,
Reviews and Monitoring) Act 1993*

June 2008

Any correspondence relating to this review should be sent to:

NSW Ombudsman
Level 24, 580 George Street
Sydney NSW 2000

General inquiries: 02 9286 1000
Facsimile: 02 9283 2911

Toll free (outside Sydney metro): 1800 451 524
Tel. typewriter (TTY): 02 9264 8050

Web: www.ombo.nsw.gov.au
Email: nswombo@ombo.nsw.gov.au

ISBN 978-1-921132-43-8

© Crown Copyright, NSW Ombudsman, June 2008

This work is copyright, however material from this publication may be copied and published by State or Federal Government Agencies without permission of the Ombudsman on the condition that the meaning of the material is not altered and the NSW Ombudsman is acknowledged as the source of the material. Any other persons or bodies wishing to use material must seek permission.

1. Introduction

In New South Wales, close to 13,000 children and young people¹ live in formally recognised out-of-home care arrangements. Most live with extended family or other individuals who, with the support of the Minister and the Director-General of Community Services (DoCS), take on the responsibility for providing care to some of the most vulnerable children in the state.

This report examines issues affecting carers of Aboriginal children and the adequacy of services and supports in place to help them to provide quality care. As Aboriginal children and young people make up 31% of all children living in out-of-home care,² many of the issues and observations raised in this report will apply to children in out-of-home care generally.³ Hence, many of the measures needed to improve Aboriginal children's access to caseworker support, quality care planning, basic health services, educational opportunities and other essential aspects of care, will apply to all children in out-of-home care.

This report also examines issues which specifically relate to Aboriginal children and the carers who take on responsibility for providing them with a home and healthy upbringing. The needs of Aboriginal children are recognised in the *Children and Young Persons (Care and Protection) Act 1998* which sets out placement principles to guide decisions regarding Aboriginal out-of-home care placements.⁴ It establishes a hierarchy of preferences, requiring Aboriginal children in out-of-home care to be placed with extended family or kin or, if no suitable placement is available, with another carer within their community, with other Aboriginal families close by or, if no other placement can be found, with a non-Aboriginal carer. Central to these placement principles is a legislative requirement that "Aboriginal and Torres Strait Islander families, kinship groups, representative organisations and communities ... be given the opportunity, by means approved by the Minister, to participate in decisions" about the placement and care of their children.

The particular needs of Aboriginal children are also recognised in DoCS' *Aboriginal Strategic Commitment 2006-2011*, which requires DoCS and DoCS-funded services to engage with Aboriginal clients to make their services more responsive to their needs. The five-year plan features 10 'projected results'. Those of particular relevance to carers of Aboriginal children include commitments to:

- "Significantly increase" the capacity of DoCS-funded services to deliver early intervention and prevention services which 'are responsive to the needs of Aboriginal children and young people, families and communities'.
- Deliver a suitable level of cultural support to Aboriginal children and young people in the child protection and out-of-home care systems.
- Ensure the consistent application of Aboriginal Child Placement Principles across all regions.
- Help any DoCS-funded Aboriginal organisations to be fully functional, sustainable and based on good governance.
- Use Aboriginal-specific performance data to gauge the impact, usage and results of DoCS policies and programs.

Aboriginal Strategic Commitment 2006-2011, p2.

¹ DoCS' *2006-07 Annual Report* states that there were 12,712 children in out-of-home care in NSW as at 30 June 2007.

² DoCS *2006-07 Annual Report*.

³ In their response to our draft report, DoCS expressed the view that "caution must be shown in generalising the survey findings from one sample to the overall population of children in out-of-home care".

⁴ See Sections 11-14 for details of the placement principles.

These and other policy commitments have been backed by significant increases in expenditure over the past five years in out-of-home care. Even so, the challenges associated with achieving better outcomes in relation to out-of-home care are immense. There has been a 37% increase in the number of children and young people in out-of-home care from June 2002 until June 2007. Furthermore, the rate of children and young people per 1,000 in out-of-home care in NSW at 30 June was 6.7. At 30 June 2007, this rate increased to 8.1.⁵

The rapidly rising numbers of children entering out-of-home care in NSW and elsewhere coincides with an increased emphasis on achieving 'placement stability' and on 'permanency planning' — factors that compound the pressures on the out-of-home care system as children remain in care longer and decrease the capacity for existing carers to take on new children entering the system.⁶ Another pressure is the high number of children entering out-of-home care who come from backgrounds of abuse and neglect.⁷

In short, DoCS has indicated that it is committed to achieving significant improvements to the quality and availability of out-of-home care services for Aboriginal children and children generally, while trying to accommodate an unprecedented growth in the demand for those services. This report examines DoCS' progress towards achieving this ambitious program of reforms from the perspective of carers' of Aboriginal children, peak bodies and other interested stakeholders.

Major themes

The issues explored through our interviews, consultations and related research are summarised under the following themes:

- caseworker allocations
- information provided to foster carers before a placement is made
- financial entitlements
- caseworker support
- case planning and conferencing
- cultural issues, including compliance with the Aboriginal Child Placement Principles and cultural support planning
- carer support initiatives, including carer support groups and training
- complaints
- health and development issues
- education; and
- critical data.

The focus of this report is on carers who provide care placements for Aboriginal children, and their practical experiences in identifying and obtaining the supports needed to address the specific health, educational, cultural and other needs of children in their care. Carers' comments and experiences — and our findings and observations — about each of the themes listed above are summarised in those sections of the report. However, it is also worth noting the following broad observations arising from carers' feedback and other sources.

⁵ Special Commission of Inquiry into Child Protection Services in New South Wales, *Fact Sheet – Out-of-Home Care*, 29 February 2008.

⁶ AIHW, *Child Protection Australia 2003-2004* (2005), cited in L. Bromfield et al, *Out-of-home Care in Australia: Messages from Research*, Australian Institute of Family Studies, June 2005.

⁷ Victorian Department of Human Services, *Public Parenting: A Review of Home-Based Care in Victoria*, 2003, cited in L. Bromfield et al, *Out-of-home Care in Australia: Messages from Research*, Australian Institute of Family Studies, June 2005.

Firstly, our interviews and surveys of carers and others involved in the provision of out-of-home care established that many authorised carers of Aboriginal children do not feel well-supported. This is especially the case among carers who are related to the child in their care, many of whom take on the task at short notice and with little preparation. Whereas other authorised carers are expected to undergo careful screening and some form of training before taking in a child with complex needs, relative carers are more likely to take on difficult care placements with no specific training or supports, and with little understanding of the services they might need and how they might go about accessing those services.

Secondly, although this review identifies a range of areas where carers and the children in their care would benefit from access to much-needed practical supports, the most significant issues relate to the regularity and quality of carers' communication with caseworkers. We found that carers tend to be realistic about DoCS' ability to assist them in providing quality care. For the most part, carers' primary need was for regular contact with the child's caseworker and for caseworkers to acknowledge and respect carers' efforts to provide a healthy and nurturing home environment. Respect was generally seen as a critical element of carers' relationships with DoCS.

Also, through our review we met a number of carers who indicated that they had regular and supportive contact with caseworkers and, as a result, spoke very positively about the relationship with their caseworker or caseworkers, and with DoCS generally. We found that carers who had a sense that their caseworker understood and appreciated the important role they played tended to feel adequately supported by DoCS generally, even if they had experienced difficulties in identifying and accessing the supports needed to address the sometimes complex needs of children in their care.

Finally, there are critical deficiencies in DoCS' collection and analysis of data and other information on carers and the children in their care. While DoCS can provide figures on the number of Aboriginal children in out-of-home care, it was unable to provide us with reliable data on the profile of authorised carers providing care to Aboriginal children.⁸ On a separate but related note, in response to our draft report DoCS acknowledged the need for clear guidelines about the consultation processes that should occur when out-of-home care placements for Aboriginal children are being considered. However, despite this, DoCS maintains that it has an 85% compliance rate with the Aboriginal Child Placement Principle. For the reasons outlined in this report, we do not believe this figure is sufficiently reliable. Unless essential case information about individuals in out-of-home care is centrally recorded and regularly analysed, DoCS' ability to monitor trends and assess the impact of various programs and initiatives is likely to remain severely limited. Ready access to reliable data and trend information is critical to DoCS' capacity to track changes in caseworker support, case planning, health problems, educational and cultural needs as well as other elements of out-of-home care.

DoCS has embarked on a range of support initiatives aimed at recruiting and retaining Aboriginal carers. The feedback and observations contained throughout this report are aimed at strengthening these initiatives, and improving the quality of care planning and management generally. Providing good support to carers not only encourages retention. Well-supported carers through word-of-mouth become an effective, if not *the* most effective, recruitment tool. By providing good support to carers, placements can be better managed through early identification of problems and specific supports required for the child or carer, making it less likely that a placement will break down. A closer and more supportive relationship between carers and their caseworkers leads to early identification of placements that are either inappropriate or have the potential to cause harm.

⁸ Based on data provided by DoCS, the Australian Institute of Health and Welfare's annual survey, *Child Protection 2006-07*, reported that there were 11,843 children in out-of-home care in NSW as at 30 June 2007 (although we understand there are different counting rules used by AIHW and DoCS). DoCS' *2006-07 Annual Report* put the total number of children in out-of-home care in NSW at that date at 12,712. Data provided by DoCS on 19 February 2008 put the number of children in out-of-home care on that date at 12,403 (not including children living in residential care).

2. Methodology

We relied on a range of sources and research activities for our review, including:

- Surveys of 100 authorised carers of Aboriginal children.⁹
- Analysis of information provided by DoCS in response to formal notices issued by this office as well as informal requests, such as:
 - data relating to Aboriginal children in out-of-home care and the carers of Aboriginal children. (Further details about these requests for information are outlined in Chapter 3 of this report in the 'Critical Data' section.)
 - information relating to DoCS' current practice across a range of areas.
- Meetings and discussions with senior DoCs staff and the Manager of the Aboriginal Support Branch.
- Meetings with the Office of the Children's Guardian in relation to their case file audit program conducted in 2007 and key aspects of our research.
- Consultations with peak bodies including the Aboriginal Child, Family and Community Care Secretariat, the Foster Care Association and the Foster Parents Support Network.
- Consultations with representatives from six Aboriginal out-of-home care service providers and two non-Aboriginal out-of-home care providers, Uniting Care Burnside in Dubbo and Life Without Barriers in the Hunter region.
- Consultations with representatives from the Victorian Department of Human Services and the Victorian Aboriginal Child Care Association.
- Meetings with Dr Shanti Raman (Liverpool Hospital), Dr Dimitra Tzioumi (Randwick Children's Hospital – Child Protection Unit) and Michelle Townsend (Southern Cross University's Centre for Children and Young People).
- Previous reviews conducted by this office in relation to the circumstances of children under five in out-of-home care and DoCS' response to these reports.
- An examination of relevant out-of-home care legislation in NSW and DoCS policies and procedures.
- A review of relevant reports and research from this and other jurisdictions.
- A review of all complaints and inquiries received by our office from carers of Aboriginal children during our review (May 2007 to March 2008).
- DoCS' *2006-07 Annual Report*.
- Publications released by DoCS, namely, *Fostering our Future* and *insideout*.
- Parliamentary Hansard records.

On 17 March 2008 we provided DoCS with our preliminary report and invited them to comment. DoCS responded on 20 May 2008. Where appropriate we have incorporated aspects of their response into this final report. We also provided the Department of Education and NSW Health with the sections of our draft addressing health and education issues respectively. We received responses from these departments on 10 April and 23 April and have incorporated aspects into our final report where appropriate.

Our survey sample

We issued notices to DoCS requiring them to produce the names and contact details for all Aboriginal and non-Aboriginal carers of Aboriginal children in each Community Service Centre (CSC) who are receiving either the statutory care allowance or the supported care allowance.

⁹ Some of the surveys we conducted were with couples. However, where this occurred, we only completed one survey.

We randomly selected a number of Aboriginal and non-Aboriginal carers from each DoCS region. Almost all carers that we contacted agreed to be interviewed. A four person team, including two members of our Aboriginal Unit, the Community and Disability Services Commissioner (Deputy Ombudsman) and the Cross Agency Team Manager conducted in-depth surveys with carers. The survey comprised 66 questions covering a range of areas, including: case management practices, training, education, health, case worker support and cultural planning. Overall, we interviewed 125 carers. A copy of the survey is attached to this report.¹⁰

In the course of our interviews, we became aware that 13 kinship carers were providing 'supported care', in that the Minister or another person did not have parental responsibility following an order made by the Children's Court. Additionally, we interviewed a further 12 carers who had children in statutory care but where the placements were being supervised by an Aboriginal out-of-home care service. The results of interviews involving both 'supported care' arrangements and those placements supervised by Aboriginal out-of-home care service were excluded from our survey analysis.

About the 100 authorised carers' surveys...

- 68 were Aboriginal; 32 non-Aboriginal.
- Of the 68 Aboriginal carers, 55 identified as foster carers and the remaining 13 identified as authorised kinship carers. All 32 non-Aboriginal carers identified as foster carers.¹¹
- 34 of the 100 respondents were *relative carers*, meaning they were related to one or more of the children in their care; 66 were unrelated to any of the children in their care.
- Of the 34 relative carers, almost half (16) were 'aunts/uncles'; the next biggest group was 'grandparents' (6).
- 60% of Aboriginal carers and 33% of non-Aboriginal carers had been performing the role for more than six years.

About the children in their care...

- The 100 carers surveyed had responsibility for 185 children, an average of almost two children per carer placement.
- Of these 185 children:
 - 127 (68.7%) were placed with an Aboriginal carer; the remaining 58 (31.3%) were placed with non-Aboriginal carers.
 - 70 (37.8%) were placed with a relative carer; 115 (62.2%) were not related to their carer.
- As many carers had responsibility for more than one child and often different caseworkers were allocated to each child, it is important to note that each carer responded to each question based distinctly on the circumstances that applied to each of the children in their care. For instance, a carer might report having frequent contact with a caseworker responsible for one child, but rarely see caseworkers responsible for other children in their care. For this reason, a number of survey responses are expressed as a percentage of the 'children included in the sample' rather the number of carers included in the sample.

¹⁰ Carers' responses to a number of questions in our survey were unreliable, for example, whether or not there were 'contact orders' in place for the child. We have not reported on the results from these questions.

¹¹ Some Aboriginal carers were confused as to whether they were 'foster carers' or 'authorised kinship carers'. However, our focus was on whether the children were in statutory care as a result of a parental responsibility order made by the Children's Court. In all cases we included in the survey, we were able to be confident that the relevant child was in statutory care.

Limitations of sample

Due to the limited number of carers we interviewed, a number of the issues and concerns highlighted in this report should be viewed as indicative rather than conclusive. However, many of the issues and concerns raised have a strong probative value because of the consistency of the evidence provided by carers and/or other supporting independent evidence.

The focus of our review is the adequacy of supports provided to carers of Aboriginal children. Therefore, our analysis does not include reviews of individual children's departmental files or interviews with children's case workers/case managers. Our review does not attempt to make findings about the quality of actual care planning or case management provided to the 185 children cared for by our survey participants. However, we are able to report on carers' perceptions of the effectiveness of these processes. Where relevant, we have also included findings from our review of the circumstances of children under five in out-of-home care.

3. Major themes

The issues explored through our interviews, consultations and related research are summarised under the following themes:

- caseworker allocation
- information provided to carers before a placement is made
- financial entitlements
- caseworker support
- case planning and conferencing
- cultural issues, including compliance with the Aboriginal Child Placement Principle and cultural support planning
- carer support initiatives, including carer support groups and training
- complaints
- health and development issues
- education; and
- critical data.

3.1 Caseworker allocations

A number of survey questions examined issues related to caseworker allocation practices, including whether or not a caseworker had been allocated to supervise and monitor the placement in relation to each child in their care, and if not, how long they had been without a caseworker. We were also interested in how many carers had been allocated Aboriginal caseworkers and carer preferences in this regard. The information provided relates to carers' views and perceptions.

Survey responses

According to the carers, 138 of the 185 children (74.6%) had an allocated caseworker to supervise and monitor the placement. The figure was slightly higher for children with Aboriginal carers (76.4%) and slightly lower for children with non-Aboriginal carers (70.7%). However, children placed with relative carers were much less likely to have caseworker support — 60% for relative carers; 83.5% for non-relative carers.

Of the 32 carers who said they had no allocated caseworker for any of the children in their care, 5 said they had been without a caseworker for the child for six months, 5 for 6-12 months, 8 for between 1-2 years and the remaining 14 for more than two years.¹² Three carers said they did not know or were unsure if children in their care had a current caseworker.

Of the 138 children with an allocated caseworker, 43 children (31.2%) had an Aboriginal caseworker. Of the 68 Aboriginal carers, 61.8 % said they would prefer an Aboriginal caseworker; 25% of non-Aboriginal carers said they would prefer an Aboriginal caseworker.

¹² It is difficult to draw conclusions about the carers of 32 children without an allocated caseworker without reviewing individual files in order to determine the length of time that the relevant children have been in care and whether or not they are subject to long or short-term orders.

Current Situation

DoCS' 2006/07 *Annual Report* indicates that 50 Aboriginal casework staff are currently enrolled in the Diploma of Community Services and more than 400 new staff attended the mandatory caseworker development course during the financial year. By the end of 2008, an additional 300 out-of-home care caseworker positions will have been created — approximately 75 caseworkers are expected to be recruited in 2007/08. We understand from DoCS that, at present, approximately 40% of children who are considered to have 'low needs' have an allocated caseworker.

Observations

1. *Relative carers* are much less likely to have a caseworker allocated to the child than non-relative carers. This is consistent with data from our *Under 5's Review*, which found that children who were either restored or the subject of a short-term order were more likely to receive home visits in the first six months following finalisation of care orders, than those children in long-term foster care, and that children placed with relatives were the least likely to be visited.
2. There are no major differences in caseworker allocation practices for Aboriginal and non-Aboriginal carers.
3. Aboriginal carers were much more likely to express a preference for an Aboriginal caseworker. Our interviews with Aboriginal out-of-home care service providers also stressed the valuable role that Aboriginal caseworkers can play for non-Aboriginal carers in helping them support an Aboriginal child in understanding their culture.
4. Carers' comments suggest that while they would prefer to have their own caseworker, they were less likely to be concerned about this if they were given prompt and helpful service when problems arise or when seeking approval for expenditure.
5. Most carers indicated that priority should be given to allocating caseworkers to children in high-risk placements or to children with significant health issues.
6. A number of carers who did not have an allocated caseworker were uncertain about what to expect in terms of frequency of contact from DoCS and reported feeling frustrated about having to repeat their story to different staff from DoCS.
7. A number of carers spoke positively about some caseworkers who would regularly call them (weekly/fortnightly) to check on how the carer and child were going.
8. In general, carers' expectations of contact did not appear to be unrealistic. Most concerns were about the preparedness of caseworkers to help if a need arose.

3.2 Information provided to carers before a placement is made

Carers need to be briefed with all necessary information to assist them in properly meeting the child's needs. Carers should also be given relevant health, medical, behavioural, educational and/or other vital information during the placement as part of the case management planning and review process. They should also be given copies of the approved case plan. As well, it is critical that they are provided with information about support services, including any local carer support groups, and the nature of the contact they will have with their caseworker. Carers who are well-briefed in advance about the child's circumstances are better able to make more informed decisions about how to support the children in their care and to respond to problems when they arise, potentially reducing the likelihood of placement breakdown.

We asked carers a series of questions about whether or not they had been provided with, or made aware of, a range of information.

Survey responses

When the 100 respondents were asked about the 185 children in their care, carers felt well-briefed about the child's circumstances before accepting the placement in relation to 55.7% of the placements. The figure was higher in relation to children with Aboriginal carers — 59.1% compared with 51.7% of the children placed with non-Aboriginal carers. It is not surprising that relative carers were much more likely to feel well-briefed about the child before the placement — the figure was 70% for children with relative carers and 51% for children with non-relative carers.

According to the carers we interviewed, they had been given information about the nature of the contact they would have with the child's caseworker in relation to 31.4% of children included in the sample. Carers had been provided with or given access to a copy of the child's case plan in relation to 30.6% of children included in the sample. The figure was slightly lower for children with Aboriginal carers (24.8%) compared to children with non-Aboriginal carers (34.4%). The figure was somewhat lower for children with relative carers (22.4%) and higher for children with non-relative carers (40%).

Only 53.1% of carers said they had been provided with relevant information about local carer support groups. The figure was lower for Aboriginal carers (45.3%) and much higher for non-Aboriginal carers (69%). The figure was dramatically lower for children with relative carers (17.1%) and much higher for children with non-relative carers (69%).

According to the carers interviewed, they had not been provided with or given access to relevant information about the child's identified needs in relation to 49.7% of the 185 children in their care. The figures were similar for children with Aboriginal carers (49.6%) and those with non-Aboriginal carers (50%), and there was only a small difference between children with relative carers (45.3%) and those with non-relative carers (52.5%).

Figure 1: Percentage of all carers provided with other specific information

Information type	%
Child's medical history records	46.6
About carer role and responsibilities	73
Child's birth certificate	58.8
Child's Medicare card/number	70.8
Updated edition of <i>My Life Story Book</i> ¹³	45.6

Source: Ombudsman survey of authorised carers. n=100

Carers' comments

Carers were realistic about the kind of information they were entitled to access. For example, many said they did not expect to be provided with a detailed account of their child's family history. However, carers told us that it was important before a child was placed with them that they are well-briefed on what supports they need to provide to the child and the types of professional services they might need to access. For instance, some carers expressed concern about being denied access to information about the sexual abuse history of children placed with them, noting that this lack of information could compromise the provision of ongoing support to the child, and potentially place other children in the family at risk. Carers also expressed concern that they were not being given the 'complete picture' because the caseworkers were worried that they may not accept the child.

¹³ *My Life Story Book* is a pre-formatted book or album developed by DoCS to encourage parents and carers to record details of their child's life story. In addition to written entries, the books often include photos, drawings, report cards, awards and certificates, letters from parents and carers, information about places visited, religious and cultural information and other personal details. DoCS has advised that it is currently developing an Aboriginal version of the *My Life Story Book*, with the aim of engaging Aboriginal children in the process of gathering information about their family, community, culture and heritage in a manner which is culturally appropriate.

A number of carers spoke to us about children who were exhibiting signs of sexualised behaviour and 'acting out' with other children. Comments included:

"I would like more information about my child — she's showing signs of sexualised behaviour but DoCS have not told me whether or not she has been abused. If I knew more about what happened to her then maybe I could get her some help. As it is, I am being given so little support that I may have to hand her back, even though I don't want to but it is hard to cope."

"I knew nothing about the sexualised behaviour that our foster son had exhibited before and then one day we had some friends over and we walked into the lounge room and found him naked on the couch with our friend's son. I felt terrible because we had put our friends at risk. I contacted DoCS immediately, and their response was to send him to a psychologist twice a year but for the last 12 months, we have received no support or counselling."

A number of other carers told us they were not given information about significant health issues and records. The comments below illustrate this:

"We agreed to take on an emergency placement. It turned out that he was a four-year-old autistic child. He was dropped off at 6pm on a Friday night — we were just given the paperwork and a school bag. He was in nappies but we were given no extra nappies or information on how to deal with an autistic child. We did not have a visit from a caseworker in 18 months. He was supposed to stay the weekend but he ended up staying for 2½ years. We were about to pull out of the placement but we felt sorry for him because he'd been through so many placements. Now we have an allocated caseworker and things are a lot better. He communicates with us regularly and returns all of our calls and emails. Even when he is busy he will call us and give us a date that he will call again."

"We were asked to take the kids before we even finished the course, our son couldn't speak until he was three years old due to autism — we weren't even told."

"We received none of the documentation that we requested over a 3½ year period. We asked for a Medicare card and were told that: 'we'll get to it, we're real busy'. She gets kidney infections, so I wanted her medical history but it never came."

"I kicked up a big stink about getting a copy of the child's case plan and finally got it — it was the same with his birth certificate. I still don't have his Medicare card — I'm really unhappy about it because I first asked for it about 12 months ago. I've been told twice that it has been sent. I have had to do a lot of my own 'homework'. For instance, I knew he was in hospital with pneumonia and was born premature then I took him to the doctor myself and found out that he has a lung disease."

"We were asked a week before the child was placed whether we would care for an 'abandoned child' and then one hour before the actual placement we were told that he had cerebral palsy. It took one year to get a Medicare card and we have never been offered any training through DoCS on how to care for him. We had to find out our own way."

"I was asked to pick up a 10 month old baby from the local hospital as an emergency care placement. When I arrived at the hospital, I discovered that he was a battered baby. He was paralysed on the left side of his face, had a broken femur, seven fractured ribs and was having seizures. I was not told about any of this and received only two phone calls from DoCS over a six-month period."

Observations

1. Relative and Aboriginal carers generally felt better briefed about the child's circumstances than non-Aboriginal or non-relative carers. This is likely to be due to the general knowledge that relative and many Aboriginal carers will have about the circumstances of the children who are placed with them before the children entered their care. However, some carers spoke about not being given adequate information where the child's history involved sexual abuse. This often involved carers having to deal with difficult 'acting out' behaviour without proper guidance. Other carers told us about children placed with them without knowing the details or extent of a health condition or disability.
2. Only a small number of carers had received information from DoCS about the nature of the contact they would have with their allocated caseworker. Failure to provide this information leaves carers feeling confused about what their expectations should be. It is also difficult when they learn about carers having much more frequent contact, as this can convey the impression that they are somehow less valued or receiving a much lower level of service from DoCS.
3. Only a small number of carers had been given access to the child's case plan. Aboriginal carers were less likely to have a copy of the child's case plan. This is a particular concern given the significant health and educational needs of a number of these children.
4. Most carers had been provided with a child's Medicare card or Medicare number. However, a number spoke of a delay before they could obtain this information.
5. A relatively high number of carers had not received the child's birth certificate, medical history records or an updated edition of *My Life Story Book*. Again, this is critical information that needs to be provided as soon as possible. A number of carers were still without a birth certificate several years after the placement. A number of carers also spoke about the practical implications of not being able to enrol children in sport and recreational activities without a birth certificate.
6. Both our survey and the *Under 5's Review* indicated that Aboriginal carers were less likely to know about local carer support groups.
7. It is important that DoCS aims for full compliance with the statutory requirements relating to the provision of information and documents to carers.

3.3 Financial entitlements

The fortnightly allowance paid to carers is to assist with the daily care of the child or young person in their care. Higher allowances can be paid if the child has special needs that are assessed as requiring additional support.

From time to time, carers may incur exceptional expenses for items that are not considered 'day-to-day expenditure'. It may be appropriate for DoCS to meet some or all of these expenses. The *Foster Carer Resource Guide* advises carers to talk to a caseworker before incurring any such expense so they can assess whether it meets the relevant criteria and the case plan goals. In most cases, this should occur when the case plan is being developed or reviewed.

In 2006, there was an extensive review of the carer payment system. Significantly, kinship carers are now eligible for the same payments as other authorised carers who are paid a statutory care allowance. DoCS has produced and widely distributed a fact sheet on carer allowances and financial support.

Survey responses

Carers' responses to our questions on financial entitlements indicated that:

- 67% had never had problems receiving their carer allowance
- 59% had never had problems regarding establishment costs
- 70% had never had problems regarding reimbursement for contingency costs; and
- 85% were receiving the correct allowance; the remaining 15% believed they should be receiving a 'care plus' allowance or were unsure about the correct allowance.

Generally, any discretionary expenditure over and above the normal fortnightly allowance paid to a carer must form part of the agreed case plan. In most cases, carer participation in case conferences and planning is low – see the discussion in the following section. This low participation rate in planning might explain why 30% of carers said that, at some stage, they had experienced problems receiving reimbursements for contingency costs.

A number of carers said that because of difficulty getting a quick response, they go ahead and purchase items or services without approval because the child needs them. Some carers also spoke of the difficulties they experience when delays in reimbursing them compound their already strained financial circumstances. A significant number of carers also said that their regular payments had ceased around the time that an annual review of the placement was due. The explanation provided to carers when this has occurred was that the computer system 'flags' that an annual review is due and the outcome of the review is linked to the carer receiving their ongoing allowance payment. Therefore, if an annual review has not been conducted and/or the computer system has not been 'acquitted' by the caseworker, carer payments will cease, according to the explanation provided by DoCS to these carers. Although most carers said that the problem was usually dealt with quickly, the impact on carers of not having their regular allowance for even a limited period of time can be significant. For some disadvantaged carers, these financial pressures greatly increase the risk of placements breaking down.¹⁴

One carer spoke about her frustration when she sought advice prior to purchasing items:

"I was told that I could apply for financial reimbursements but I can't be bothered any more. It took DoCS three months to pay for a bed after I supplied three quotes. I was also told to get three quotes to spend \$150 of the establishment cost on clothing and linen, which is painful and unrealistic. Instead I was going to buy it myself and put the \$150 towards a guitar, but was told that DoCS doesn't do portion payments. I don't even bother asking for travel costs for contact visits now."

Other comments about payments included:

"It took six months to get \$350 establishment costs per child."

"I don't know what establishment costs are or how to claim contingencies. I have never participated in a case conference."

¹⁴ Higgins, D., Bromfield, L., Higgins, J. and Richardson, N., *Perspectives of professionals from Aboriginal and Torres Strait Islander organisations, non-government agencies and government departments*, Australian Institute of Family Studies, 2007.

Case study – delays in reimbursement

In November 2006, a western region foster carer with three young children in her care applied to DoCS to have an air-conditioning system installed in her house. The need for air-conditioning was linked to the health needs of one of the children. The carer presented three quotes for the cost of the air-conditioning, including installation, and a referral from a doctor who recommended the air-conditioning. The carer was told that the expenditure had been approved and she could go ahead with the installation. Despite repeated efforts, including a conversation with a senior manager, she was not reimbursed for the cost of the installation. She was finally paid eight months after incurring the expense – after complaining to our office and having us raise the matter with DoCS. The carer was told that the person who ‘approved’ the expenditure did not have the authority to do so, and this caused the delay in reimbursement.

Observations

1. The survey respondents were generally positive about the systems in place to pay regular fortnightly allowances. However, it seems that a significant number of carers still experience difficulties in relation to additional expenditure such as establishment costs and reimbursement for travel costs and other contingencies.
2. The findings from our review are similar to our *Under 5's Review*, where most carers reported no problems with receiving their regular allowance but eight carers reported having had problems with establishment costs and 10 experienced problems with reimbursement for contingency payments.
3. Although DoCS has distributed fact sheets and other written materials about allowances, feedback from carers indicated that there was quite a lot of uncertainty about what they could claim. Carers would prefer their caseworkers to explain their financial entitlements, be more forthcoming with information about what they can claim, and provide more help in assessing the types of additional expenses that can be incurred when caring for certain high-needs children.

3.4 Caseworker support

A core responsibility of caseworkers is to provide timely responses to carers' requests for financial and other supports.

Carers' perceptions about caseworker support were closely linked with carers' perceptions about whether they felt supported generally. A strong theme to emerge from this aspect of our interviews was that carers did not have unreasonable or unrealistic expectations about the level of support they required from caseworkers. While most carers showed a strong interest in being more involved in formal case planning for their child, they did not expect to have frequent contact with their caseworker. Instead, they expected to receive practical support and assistance with purchasing items like clothing and furniture, financial assistance for transport and other needs, or help with arranging medical appointments or counselling when requested.

The biggest frustration for carers was that they often did not receive prompt responses to their requests for either information or reimbursement for contingencies. Sometimes there was no response. Although carers raised a range of concerns about the supports they received from DoCS, it was this perceived lack of ‘customer service’ that appeared to have the greatest influence in leaving carers feeling under-valued and less likely to encourage others to become carers.¹⁵

¹⁵ According to DoCS' 2006-07 Annual Report, 'postcard and internet resources' were developed during the year to assist caseworkers to identify critical points at which they need to communicate with carers.

Survey responses

Overall, 52% of carers said they felt adequately supported by DoCS. The figure was slightly lower for Aboriginal carers (49%) and slightly higher for non-Aboriginal carers (56%). The figure was significantly lower for relative carers (35%) and higher for non-relative carers (59%).

When carers were asked about specific types of support:

- 55% felt supported in relation to meeting the child's identified needs
- 46% felt supported in relation to caseworker contact
- 51% felt supported in relation to dealing with problems as they arise
- 67% said that at some stage they had raised concerns with DoCS about a child in their care; of these, 46.3% said that DoCS had addressed them; and
- only 39% of carers knew the name of the local DoCS foster care support worker.

Carer comments

A number of carers spoke very positively about their relationship with their caseworker. When asked to describe why the relationship was good, carers invariably said that it was because the caseworker would check on them regularly to see if they needed any help and/or took a genuine interest in the child's welfare. These carers said that they felt 'appreciated' by DoCS.

A number of carers talked about the difficulties in obtaining timely access to counselling for behavioural problems exhibited by their child. Many said that counselling either did not occur or occurred too late to prevent the placement from breaking down. Placement breakdown was more likely to happen with teenagers, who were said to be far more difficult to guide and keep at home than young children. One carer caring for a particularly disturbed teenage boy, who had been suspended from school and was engaging in aggressive and sexually abusive behaviour, expressed a desperate need for support and guidance. Despite the challenges of the care arrangements, the carer spoke of her commitment to support him. This commitment was also reflected in her decision to enrol herself in a course about dealing with challenging behaviours.

Carers generally said it was important for them to have a good relationship with their child's caseworker, irrespective of how much contact the carer wanted to have with DoCS. Even those carers who wanted to manage most issues themselves said they were very disappointed when occasional requests for assistance were not addressed promptly or if they were not spoken to respectfully. It seemed to be particularly important for Aboriginal carers to have personal contact with their caseworker in order to build a sense of trust. A number of carers who said that they were generally left alone unless they initiated contact expressed concern that DoCS was not monitoring the placement more closely.

These views are consistent with research undertaken by Elarde and Tilbury who examined the support needs of 20 Indigenous kinship carers in Queensland.¹⁶

"Ongoing contact after placement is made should be integral to casework. The mismatch between what carers expect and what they receive may be explained to some extent by the crisis orientation of much child protection work, and the view (on the part of the workers) that if the child has been placed, then s/he is safe. However, this minimises the statutory responsibilities that workers have to promote children's well-being – a duty that can really only be fulfilled if they have a relationship with the child and the child's carer."

¹⁶ Elarde, P. and Tilbury, C., "The experiences of Aboriginal and Torres Strait Islander children in the child protection system". *Children Australia*, Vol. 32, No. 2, 2007.

The following comments illustrate the type of frustrations experienced by carers:

"We asked for counselling for our two children. It was finally organised after six years but by then it was too late and the placement broke down."

"You generally do get what you ask for but the trouble is, if you don't know what to ask for you may not get what you need."

"You are supported but you really need to chase your caseworker up. I would prefer it if my caseworker checked in with me regularly rather than having to chase them whenever there is a problem."

"Our child suffers from cerebral palsy, so we requested a walking frame — it took 18 months to arrive. It took one year to get a Medicare card from DoCS. We requested a bath in late 2005 and were told in early 2007 that we would be given a hob-less shower. 18 months ago we submitted a travel claim because we needed to get him fitted for ankle and boot orthotics but we still haven't received payment."

"I asked DoCS to pay for didgeridoo and painting classes from a young Aboriginal artist, but DoCS wasn't interested. I needed to keep him occupied because he wasn't attending school. He was exhibiting sexualised problems and I was worried about his interactions with other kids. He had even started defecating and urinating around the house. He can't read or write properly — he needs something."

A number of carers told us about caseworkers who would regularly visit the children at home and develop their own bond with the child. They would take a strong interest in the child's medical needs and how they were progressing at school. These caseworkers would also take an active role in education planning and meetings with the school, and assist carers to arrange medical appointments or enrol children in recreational activities. In short, they took a hands-on role in helping carers to navigate their way through the system rather than leaving them to work everything out themselves.

Most of the carers we spoke to acknowledged receiving manuals and other advice from DoCS, but most said they rarely used them to work out how to do their job. They preferred to do this by talking with their caseworker or sometimes seeking help from other carers. It was clearly evident from our interviews that Aboriginal carers were far more likely to need this type of personal contact and support in order to have a good understanding of their role and entitlements. In general, the non-Aboriginal carers we spoke to were able to answer questions with a great deal more specificity than Aboriginal carers. Again, this is consistent with the findings of Tilbury's Queensland research, which noted that:

"Most carers mentioned the 'big folder' of information they had been given when they started as a carer, but few had read it. This does not appear to be an effective means of imparting information about the role of the carer."

Our surveys and interviews established that very few carers had problems receiving their regular allowance from DoCS. However, significant concerns were expressed regarding difficulties in obtaining reimbursement for contingencies and, to a lesser extent, financial assistance to meet the costs associated with establishing the placement. Some carers also told us that their allowances had been cut off inadvertently.

In many responses, carers emphasised the importance of caseworkers and other DoCS staff being respectful when speaking to them. A number of carers commented that they felt guilty asking for help because caseworkers were either too busy or failed to understand the financial impact on carers when reimbursement of costs did not occur promptly.

A number of carers indicated that they want to feel they are working alongside caseworkers, not in isolation. This appears to have been recognised by DoCS. In recent years there has been an increase in the number and range of activities organised by individual CSCs to acknowledge the important role played by carers, including shared social events, awards ceremonies and support for foster carer support groups.

Good practice in caseworker support

There were many examples of good casework practice identified during our interviews with carers. We provided a schedule of positive feedback to DoCS requesting that individual caseworkers be informed of the nature of this feedback. Some of the feedback about individual caseworkers provides a sense of what carers find important:

CSC Southern region

“She is very approachable ... regular contact, visits every fortnight, she is upfront with us and always lets us know what’s happening and gets back to us.”

“Showed genuine care for the child and always followed through on promises.”

“A good caseworker: prompt at returning calls and keeps me well informed. Very supportive.”

“Absolutely brilliant — he gets in and does it.”

CSC Metropolitan region

“Provides tremendous and timely support whenever required; is prepared to listen to carers’ concerns.”

“She has been very helpful and supportive for many years.”

“She calls the children weekly and when she was going on leave she would ring to let me know. She promptly returned calls and would turn around reimbursement claims within two weeks.”

We also identified through our interviews with 12 carers managed by three different out-of-home care services (two Aboriginal and one non-Aboriginal) that there was a much greater level of satisfaction with the level of support provided and responsiveness to concerns raised. This can in part be explained by the generally higher caseloads of DoCS staff compared to non-government services, however, often it is about the different approach taken by caseworkers in relation to personal contact and customer service. This is evident from the positive feedback we received about a range of DoCS staff who have been able to provide a quality service to carers regardless of casework demands. As the above comments demonstrate, often simple gestures can make a real difference to carers’ feelings about support.

Case study – well supported carers

One Aboriginal couple with three children in their care are supported by two different caseworkers. They have regular contact with their caseworkers. If one caseworker takes leave, the other makes sure that they are available if help is needed. There are a range of difficulties associated with the children’s ongoing contact with their birth parents. However, the caseworkers support them through the contact process. Both carers attend case conferences and are informed about decisions regarding the children. Both caseworkers regularly seek input from the carers, particularly in relation to educational needs. Any calls from the carers are promptly returned, and both carers reported that this makes them feel ‘valued’. We were told: *“Our caseworkers are upfront with us and they let us know what is happening. They make us feel comfortable and talk through problems with us. We feel like they are there for us.”*

Observations

1. Despite examples of some very good casework by individual caseworkers, our review revealed a relatively low level of satisfaction with supports provided by DoCS across a range of areas. Relative carers were much less likely to report that they felt adequately supported.
2. Carers across various locations expressed similar frustrations on issues relating to:
 - a. caseworkers failing to return calls
 - b. difficulties associated with obtaining Medicare cards and birth certificates¹⁷
 - c. delays in DoCS acting on requests for counselling and health assessments
 - d. significant delays in reimbursing contingencies and providing establishment fees
 - e. delays in receiving emergency payments; and
 - f. inconsistent decision-making practices about entitlements.
3. Carers across different regions also expressed consistent views on the sorts of services and supports they appreciated, noting the need for brief but regular contact, and timely responses to requests.
4. A number of carers expressed a preference for having one caseworker for all children in their household. However, the above case study also demonstrates that there can sometimes be advantages in a family having access to more than one caseworker, provided the caseworkers involved work as a team in their dealings with the household.
5. It is pleasing to note that carers generally had few problems receiving their regular allowance payment. However, there was a general view that more information about financial entitlements could be provided to carers at an early stage.
6. The carers we interviewed who did not have a caseworker indicated that they did not have any real concerns about having to deal with a 'duty caseworker' as long as that worker responded to their concerns promptly and maintained responsibility for 'following through' on any undertakings made.
7. It is clear from the nature of the positive feedback received about many caseworkers that those who provided good 'customer service' and took an active interest in the welfare of the child were highly regarded by carers.
8. A significant number of carers emphasised the need for caseworkers to take prompt action in relation to requests for assistance in managing a child's behaviour to reduce the risk of placement breakdown.
9. A number of carers indicated the importance of caseworkers providing clear advice and guidance to them about their respective responsibilities in relation to meeting a child's health and education needs, and assisting them to make appointments when necessary.

3.5 Case conferences and planning

Over the past four years, DoCS has put in place a set of comprehensive practice guidelines addressing the requirements in relation to case planning, placement reviews and the transfer of case management responsibility between teams and units.

In summary, the following should take place when children are placed in out-of-home care:

- Case plans for children in out-of-home care should be documented, approved and reviewed.
- Where the review process indicates that a case plan's goals or objectives are not being met and other interventions are required, a new case plan should be developed.
- Where an order for parental responsibility has been made, the child's case plan must reflect set review dates in accordance with the *Children and Young Person's Care and Protection Act 1998* (section 150).
- Decision-making regarding the transfer of case management responsibility between CSCs should involve the relevant CSCs, the child or young person in care, their family and, where appropriate, any other agencies providing services and support as part of the case plan.

¹⁷ While 70.8% of carers said that they had been provided with the child's Medicare card, 50% of carers spoke about the difficulties associated with obtaining Medicare cards promptly.

In this regard, we note the recent case file audit conducted by the Office of the Children's Guardian. We understand that the audit program included non-government and private designated agencies as well as DoCS, and focuses on the extent to which case management practice is compliant with the relevant legislative requirements and focuses on documentation held on case files.

The *Foster Carer Resource Guide* provides the following advice about the case planning process, noting that carers can expect:

- that their knowledge of the child will inform the case planning process
- to be informed well in advance that a case conference is being held
- that, in most cases, they will attend the case conference or, if unable to attend, that their views will be presented and recorded
- that where they are not invited to attend a case conference, the reasons for this will be explained to them
- to receive copies of the approved case plan; and
- to be consulted and receive advice about all decisions in the case plan that have an impact on them and their care of the child or young person.

Survey responses

Carers of 51.9% of children said that they had not been given an opportunity to participate in case conferences for the child. The responses were similar for children with Aboriginal carers (51.2%) and non-Aboriginal carers (53.5%). However, the responses relating to children with relative carers indicate that relative carers are much less likely to have participated in a case conference — 61.4% compared to 46.1% of children with non-relative carers.

In relation to case conference outcomes, 55% of carers said they had been given clear reasons why decisions had been made.

Carers of 54.7% of children who had been in their care for more than 12 months said DoCS had not conducted an annual review of the placement – this analysis excludes six children where the carer was unsure whether there had been an annual review, and 26 children who had been in care for less than 12 months. The figures on placement annual reviews were similar for children with Aboriginal carers (51.9%) and children with non-Aboriginal carers (55.2%). However, relative carers were much more likely to report failure to conduct an annual review (65.2% of children with relative carers) than non-relative carers (47.1%).

Under-5's Review – what we found

It is useful to compare the carers' responses to our survey to the detailed case analysis conducted as part of our review of 49 children in out-of-home care. Our *Under 5's Review* found:

- 26% of all carers reported that they had not been invited to participate in case conferences (for Aboriginal carers the figure was 45%).
- 43% of children did not have a placement review, and these reviews were even less likely to occur for children placed with relatives.
- When reviews did occur, they tended to be superficial and relied heavily on the information provided by the carer.

Observations

1. When considering the results of our survey, we are particularly aware of the need to stress in this area that the results reflect the perceptions of carers. Therefore, results relating to issues such as case conferences and case planning need to be read with caution insofar as their reliability in providing solid data on whether case conferences or case planning took place. On the other hand, low carer awareness of case conferences and planning is in itself significant because it provides an indication of whether carers may feel disconnected from the important processes and/or believe that planning is taking place for the child in their care.¹⁸
2. Both our survey and *Under 5's Review* revealed low carer participation rates in case conferences and a low rate of annual placement reviews. Carers generally reported that their involvement in case planning and conferences was inadequate and, in some cases, non-existent.¹⁹ This lack of input often left carers feeling isolated and treated 'like nothing more than a babysitter'.
3. Both reviews have highlighted that children in the care of relatives are less likely to have an allocated caseworker, have carers involved in case management or be the subject of an annual placement review.
4. The results of recent carer surveys conducted by DoCS' Aboriginal Services Branch concluded that only 33% of carers interviewed had a current case plan. The survey also highlighted that only 50% of carers said that DoCS had conducted an annual review.²⁰ DoCS' survey was conducted as part of a proposal for developing cultural support plans and is discussed in more detail later in this report – see the section on 'Addressing Cultural Issues'.
5. Carers were often unsure about what an annual placement review actually involved and whether or not it had taken place. Most carers believed that DoCS should at least visit the child once a year to check on them, even where there were no reported concerns about the placement or the child was placed with relatives.
6. A number of carers indicated that they did receive a phone call which they believed may have constituted the annual review. The call involved DoCS' caseworkers asking general questions about how the child was going and how the child was performing at school.
7. Carers themselves were surprised that a thorough check on the child's welfare was not undertaken at least annually. Carers noted the importance of this process to ensure that the child is safe and well adjusted in the placement, but also to acknowledge the carer and the role they are performing. Such reviews also provide good opportunities to check on whether carers need any additional support to care for their child.
8. It is a significant concern that so many carers indicated that the placement had not been the subject of an annual review in circumstances where there was also a lack of involvement by the carer in case planning generally. This type of close monitoring is critical to providing support to carers and the children in their care. Monitoring also provides an opportunity to identify any risks or problems with the placement and take action to remedy this.
9. Our survey of carers did not involve inspections of case plans. However, our *Under 5's Review* found that, although all of the 49 children had case plans in place at the time the Children's Court made its final orders, the case plans for 29 of the 49 children had not been reviewed in the previous 12 months. In response to our *Under 5's Report*, DoCS has advised that its Business Help Procedures for placement reviews have been updated and these will be released in conjunction with relevant training. According to the advice provided, the revised procedures "*streamline the process for placement review*".
10. As noted previously, the confusion that a number of carers expressed about their entitlements and reimbursement of contingencies could be linked to the low rates of carer participation in

¹⁸ The results of the case file audit conducted by the Children's Guardian will provide complimentary information in this area.

¹⁹ Questions were asked to elicit the carer's awareness of whether the case plan addressed areas such as family contact, life story work and identity, health and development, support to child, support to carer, support to parents and progress towards restoration. Accurate answers to these questions can really only come from an analysis of the actual case plan and/or care plan. For this reason, we have not reported the results against these questions.

²⁰ The results of this survey were referred to in a concept paper produced by the Aboriginal Services Branch in relation to the development of cultural support plans. The concept paper did not include details about when this survey was conducted or the size of the sample.

conferences and planning given that, ideally, discussion around 'exceptional' expenditure items should occur at the same time case plans are being developed or reviewed.

11. In response to our draft report, DoCS advised that it is undertaking a substantial program of work under the OOHC Major Project to improve the quality of DoCS direct out-of-home care service, including caseworker learning and professional development in relation to working with carers, improved operational consistency and practice guidance.

3.6 Addressing cultural issues

3.6.1 Aboriginal and Torres Strait Islander Child and Young Person Placement Principles

Sections 12 and 13 of the *Children and Young Persons (Care and Protection) Act 1998* (the Act) provide the framework for Aboriginal and Torres Strait Islander participation in decision-making about the placement of Aboriginal and Torres Strait Islander children in need of out-of-home care.

Section 13(1)(a) to (d) outlines the decision-making process for placing Aboriginal children in out-of-home care. The placement principles in the Act stipulate that an Aboriginal child in need of out-of-home care is to be placed with, in descending order of preference:

- (a) *a member of the child's or young person's extended family or kinship group, as recognised by the Aboriginal or Torres Strait Islander community to which the child or young person belongs, or*
- (b) *if it is not practicable for the child or young person to be placed in accordance with paragraph (a) or it would not be in the best interests of the child or young person to be so placed, a member of the Aboriginal or Torres Strait Islander community to which the child or young person belongs, or*
- (c) *if it is not practicable for the child or young person to be placed in accordance with paragraph (a) or (b) or it would not be in the best interests of the child or young person to be so placed, a member of some other Aboriginal or Torres Strait family residing in the vicinity of the child's or young person's usual place of residence, or*
- (d) *if it is not practicable for the child or young person to be placed in accordance with paragraphs (a), (b) or (c) or it would be detrimental to the safety, welfare and well-being of the child or young person to be so placed, a suitable person approved by the Director-General after consultation with:*
 - (i) *members of the child's or young person's extended family or kinship group, as recognised by the Aboriginal or Torres Strait Islander community to which the child or young person belongs, and*
 - (ii) *such Aboriginal or Torres Strait Islander organisations as are appropriate to the child or young person*

A court can override these principles when the best interests of the child would not be served by placement with the child's extended family or kinship group, or with a member of the community to which the child belongs.

Section 13(2) to (6) provides for other relevant factors that need to be considered when placing Aboriginal children in out-of-home care, including the express wishes of the child, the order of placement when a child has parents from different communities and when one of the child's parents is not Aboriginal, as well as the requirements for continued contact with the child's family, community and culture if a child is not placed with a family member or within the child's own community.

Section 13(6) also sets out the principles that should be relied upon to determine the choice of carer if an Aboriginal child is to be placed with a non-Aboriginal carer. Section 13(7) makes it clear that the placement principles do not apply in relation to emergency placements or placements of less than two weeks duration. Section 13(8) states that where emergency placements are made to protect the child from "serious risk of immediate harm", the Director-General must consult with the appropriate Aboriginal community as soon as practicable after the safety of the child has been secured.

Compliance with the principles

According to the DoCS 2006/07 *Annual Report*, the use of kinship care in NSW is the highest of all states and territories and the vast majority of Aboriginal children in NSW are placed with Aboriginal caregivers or with relatives.²¹ The report also indicates that “More than 3000 Aboriginal and Torres Strait Islander children were placed *in accordance with this principle* as at 30 June 2007, or 85 per cent of all Indigenous children in out-of-home care [our emphasis].”²²

An integral part of the principle is that children should only be placed in the order of preference outlined in section 13 as long as the placement is not detrimental to the safety and wellbeing of the child. In accordance with the principles, an Aboriginal child can be placed with a non-Aboriginal carer if a suitable Aboriginal carer cannot be found, provided that consultation in the manner prescribed by section 13(d) has taken place. Therefore, a high level of compliance with the placement principles relates to more than just the rate of Aboriginal children in placements with Aboriginal caregivers.

DoCS current practice and policy

During our review, we asked DoCS whether it had procedures to guide staff through the consultations required as part of the decision-making process. On 16 November 2007, DoCS provided advice that it “has no specific definition for ‘Consultation’” but that:

*“Within DoCS policy and procedures, consultation in relation to working with Aboriginal and Torres Strait Islander people refers to a range of processes which include discussion, participation, agreed understanding and formal responses. This consultation follows the principles identified in sections 11, 12, 13 and 14 of the Act in relation to self-determination, participation in decision-making, placement principles and recording of information. The procedures for Placement of Children and Young Persons are also relevant in this regard. These procedures outline the placement and participation principles under the Act, including the need to ‘consider Chapter 2, Part 2, ss11-12 of the Act and ensure that relevant persons participate in decision-making about the placement.’ Additionally, DoCS practice is to ensure that advice is sought from Aboriginal caseworkers when secondary risk of harm assessments are made in relation to Aboriginal children.”*²³

On the same date, we also received the following advice from DoCS:

*“The Placement Needs Assessment record in KiDS²⁴ entails the identification of the support needs for individual children and young people entering out-of-home care. The assessment addresses issues of identity, community and principles for placement of Aboriginal children. Additional work is required on this record to assist staff in completion and approval processes associated with its use.”*²⁵

The Placement Needs Assessment Record in KiDS contains an ‘Assessment Element’ called *Culture and Identity Issues* and includes nine questions that need to be answered by caseworkers. The following four questions relate specifically to cultural issues:

²¹ 64% of Aboriginal children and young people ‘in care’ were in relative and kinship care as at 30 June 2007, compared with 46% of non-Aboriginal children, Statistics sourced from DoCS’ Economics and Statistics Branch, *What DoCS data tells us about Aboriginal clients* (December 2007). This information was quoted in the Special Commission of Inquiry’s Aboriginal Communities Facts Sheet.

²² DoCS 2006-07 *Annual Report*

²³ Response by DoCS to our request for information dated 26 October 2007. Received on 16 November 2007.

²⁴ DoCS Key Information and Directory System.

²⁵ Response by DoCS to our request for information dated 26 October 2007. Received on 16 November 2007.

1. Does the child/young person usually maintain a strong cultural/religious/community identity?
 2. Is the child/young person Indigenous?
 3. Does the proposed placement (where relevant) comply with the Aboriginal Placement Principles?
- ...
9. Does the child/young person require supports/services to address culture and identity needs?

Although the procedural advice summarised above states that decision-makers need to “consider” certain legislative requirements and “ensure that relevant persons participate in decision-making about the placement”, there is no other guidance provided to caseworkers in the Assessment Record about what ‘compliance’ with the Aboriginal Placement Principles should involve in practice.

Section 12 states:

“Aboriginal and Torres Strait Islander families, kinship groups, representative organisations and communities are to be given the opportunity, by means approved by the Minister, to participate in decisions made concerning the placement of their children and young persons and in other significant decisions made under this Act that concern their children and young persons.”

For caseworkers who are not familiar with this part of the Act, there would be value in including this kind of information in the procedures, and providing advice on how caseworkers could give effect to such requirements. (This is discussed in further detail below).

Consultations with AbSec and Aboriginal out-of-home care service providers

A number of Aboriginal out-of-home care services advised us that they regularly receive calls from DoCs caseworkers about whether they ‘know a particular child and/or their family’. While these agencies emphasised that it was a positive step they were being asked for advice, many were concerned that this phone call may have been the only step taken to ‘consult’, thus enabling the caseworker to ‘tick the box’ for compliance with the Aboriginal Child Placement Principles, without a proper assessment of the child’s family and kinship ties. Staff from one Aboriginal out-of-home care agency in a regional location said they regularly received calls from caseworkers based in Sydney, asking whether the service could help place a child from a metropolitan area even though the child had no ties to the region covered by the service. The service acknowledged that caseworkers were genuinely seeking to apply the Aboriginal Child Placement Principles. However, it was often unclear whether adequate attempts had been made to place the child within their own community in the first instance.

In contrast, we received feedback from the manager of an Aboriginal out-of-home care service in Northern NSW that the local DoCS office arranges conferences with her service to discuss all placement options in the area. In her view, a real ‘partnership’ approach is used. There are also regular informal interactions between her service and the local DoCS office. Another Aboriginal out-of-home care service in the Northern region provided us with a copy of the ‘working agreement’ developed between the service and DoCS. This agreement outlines how each organisation will work together and the process for consultation about placement decisions. Feedback from both parties indicated that this agreement was very effective.

All of the Aboriginal out-of-home care agencies we spoke to emphasised that given their detailed knowledge of local families and support services, they could be a starting point for caseworkers carrying out placement consultations. However, they also stressed that they should not be the only point of contact. Other Aboriginal organisations such as medical services, Link-Up, elders’ groups, men’s and women’s cultural groups, community working parties and family support services are also potential reference points as part of making decisions about placement options and cultural planning

processes. Often, services in regional areas will be better placed to know their local families than services working with urban Aboriginal communities. In our interviews with carers, they also suggested Aboriginal caseworkers employed by DoCS, NSW Police Force Aboriginal Community Liaison Officers, Aboriginal Education Assistants and local Aboriginal land councils as useful contacts.

Both AbSec and the various Aboriginal out-of-home care service providers we consulted also indicated that they could use their broad knowledge of families and community in their area to play a critical role in providing advice to DoCS about any potential safety risks to children in particular placements. In this context, a number of service providers indicated that they had not been asked to provide advice about particular placements that they considered to be a potential risk. There were also situations where their advice was sought but ultimately disregarded, in circumstances where a child was exposed to actual harm in the placement before they were removed by DoCS. A number of these situations involved placements with the child's kin.²⁶ These services also emphasised the importance of consulting certain community elders and other prominent community members, where appropriate, about particular placements because of their detailed knowledge of local families.²⁷

What does effective consultation look like?

From our extensive work in consulting Aboriginal communities we know that deciding 'who' needs to be consulted will differ from one community to the next. In our report to Parliament, *Working with local Aboriginal communities*, we highlighted the challenges for police in ensuring they engage with the right community people and noted:

"In every command we found a core group of Aboriginal leaders and community people who were committed to improving the relationship with police and were particularly concerned about getting better outcomes for their young people. In many communities, elders and working parties, as well as men's and women's groups, are at the forefront of change. But Aboriginal communities are not homogenous entities and often there can be divisions within particular communities.

Because of this, NSW Police must ensure that commanders know who the key leaders are within the various sections of the community, and ideally build and maintain a strong relationship with all of them.

²⁶ The relevant DoCS procedures relating to 'placement options' provide helpful guidance to staff about placing children with relatives and notes that: "*Family dynamics and the impact the placement would have on the child or young person's welfare and well-being and that of the relative carer and carer household must be assessed. Specific consideration must be given to the relative carer's capacity to meet the needs of the child or young person and his or her ability to protect the child or young person from further abuse or neglect from the person causing harm*", DoCS Business Help, Placement of Children and Young Persons.

²⁷ In our *2003-2004 Report on Reviewable Deaths*²⁷, we highlighted the cases of three Aboriginal children who died while in kinship care, and our concern that children were being placed in kinship placements that were not being adequately assessed, monitored and supported. Furthermore, our oversight role in relation to reportable allegations against employees, which includes authorised carers, has also highlighted the risks associated with DOCS staff failing to either obtain full and accurate information from relevant community members or organisations and/or to conduct thorough assessments of the suitability of particular carers. Over the past four years, DoCS has made a number of improvements to the assessment of carers, including relative carers. According to the relevant *Business Help* policy, the authorisation of relative carers must include:

- the Working with Children Check and the NSW Criminal Record Check
- the KiDS record check
- the formal assessment, which includes a Medical Check in circumstances where there are health concerns in relation to the relative carer; and
- approval/authorisation

The policy also includes a set of criteria that could exclude a carer applicant from obtaining authorisation. DoCS has also adapted its step by step assessment process for Aboriginal carers. Additionally, updated training and assessment packages were made available to Aboriginal out-of-home care workers in November 2006.

Occasionally it can be difficult for commanders to successfully engage with local leaders when contact with one group or another is interpreted as picking sides in local disputes. However, it is important for police to consult a broad spectrum of the community, even if this means attending several meetings or having one-on-one discussions with a number of people. Some commanders are successfully traversing these divides, and engage and work well with all sections of the community.

Some of the most respected people in a community may choose not to participate on committees or working groups but this does not mean that they are not interested in what happens within their community or that they have no influence or role to play. Police need to seek these people out and listen to their concerns.”²⁸

If there is a good understanding of the different groups within a community, and knowledge of the respected community leaders and community members, this provides a solid starting point for caseworkers. Once this is understood, the separate issue of who should be consulted in connection with a child’s placement can begin to be explored.

Finally, on this issue of who should be consulted about placement decisions, we note that the issue of identifying appropriate and respected community members is being addressed through the ‘Care Circle’ trial, which will be piloted in Nowra this year. This trial has the potential to provide DoCS with some guidance around about the issue of consultation. It may also highlight some of the challenges associated with consultation. It is also important to recognise that there will need to be different approaches used in different communities to resolve the ‘consultation question’ and for each child involved there will need to be specific consideration given to the particular family and community members who should be consulted.

Observations

1. There are real challenges for DoCS and for communities in determining what constitutes proper consultation in this area. There will continue to be situations where a significant number of emergency placements must be made without any or significant consultation. This is recognised in section 13(8) of the Act. However, the prescribed form of consultation still needs to take place as soon as practicable. Section 12 also makes it clear that the legislators intended that a meaningful process of consultation should be involved as part of this decision-making process by the reference to families, kinship groups, representative organisations and communities having the opportunity to participate through “means approved by the Minister”.
2. It is clear from DoCS’ response to our requests for information about current policy and procedures regarding ‘consultation’ that there is little guidance provided to staff about what consultation in this context should look like in practice. It is important that, as a priority, the issue of what constitutes ‘proper consultation’ is dealt with by DoCS from both a policy and practice perspective. In response to our draft report, DoCS acknowledged the need for clear guidelines about consultation processes that should occur when out-of-home care placements for Aboriginal children are being considered. They have indicated that the strategies already in place in the Metropolitan Central and Northern regions will inform their planned development of a consistent, state-wide approach.
3. While it is acknowledged that a ‘one-size-fits-all’ approach to consultation will not be effective, a solid policy platform is needed to guide CSCs in developing local consultation strategies in partnership with their communities. This process is also inextricably linked to the development of cultural support plans for Aboriginal children in out-of-home care (discussed later in this section).

²⁸ Ombudsman report to Parliament, *Working with local Aboriginal communities*, April 2005.

4. As part of DoCS' policy and practice work in this area, consideration should be given to, including where appropriate, Aboriginal out-of-home care services in the consultation processes for placements of Aboriginal children in the areas in which they have coverage.
5. Finally, against these policy/practice shortcomings, it is difficult to understand how DoCS can confidently make the claim that 85% of all Indigenous children in out-of-home care in NSW were placed in accordance with the Aboriginal Child Placement Principles.²⁹ In their response to our draft report, DoCS reiterated the above statistic but did not explain the process by which it was determined, other than by stating that: "DoCS does not collect data about the number of Aboriginal children placed with Aboriginal carers. However, it does collect information about children and young people placed according to the Aboriginal Child Placement Principle". Additionally, in evidence to the Commission of Special Inquiry into Child Protection Services on 24 April 2008, Ms Linda Mallett of DoCS stated: "We have some difficulty in actually identifying Aboriginal carers in the [KIDS] system and Aboriginal children. What that figure [85%] measures is compliance with a process rather than Aboriginal children in placements with Aboriginal carers, either authorised foster carers or authorised kinship or relative carers. It is acknowledged that our system is not good and the department has a KIDS redesign on the agenda."
6. In addition to developing consistent, state-wide procedures for consultation, DoCS also needs to develop improved procedures to better capture data relating to compliance with the Aboriginal Child Placement Principle. This should include data relating to:
 - the key steps taken by a caseworker to 'consult' to provide greater transparency around decision-making
 - the type of placement made (relative/kinship/foster)
 - whether or not the caregiver is Aboriginal
 - whether the child is in supported or statutory care; and
 - regional trends in relation to the above data.

3.6.2 Cultural support planning

There is growing recognition of the critical importance of 'cultural identity formation' as a factor in all children developing a healthy sense of self:

*"Aboriginal and Torres Strait Islander children in care may face particular challenges in the process of cultural identity formation. Children's lack of understanding of their Aboriginality as a result of being placed in out-of-home care has been linked to poor emotional wellbeing and mental health problems later in life (Cunneen and Libesman 2000). This literature suggests that racial and ethnic identity should be factored into all aspects of permanency planning, necessitating the involvement of family members and Indigenous community child protection agencies in planning. There should be particular caution about making permanent arrangements for Indigenous children with non-Indigenous carers, and such plans must include arrangements for the child to retain or regain their cultural connectedness."*³⁰

The Secretariat of National Aboriginal and Islander Child Care Inc. (SNAICC) in their 2005 paper *Achieving Stable and Culturally Strong Out of Home care for Aboriginal and Torres Strait Islander Children*³¹ puts even stronger emphasis on this:

²⁹ DoCS 2006-07 Annual Report

³⁰ Tilbury, C., and Osmond, J., "Permanency Planning in foster care: A research review and guidelines for practitioners" *Australian Social Work*, Vol.59, No. 3, 2006. pp.265-280.

³¹ SNAICC, *Achieving Stable and Culturally Strong Out of Home care for Aboriginal and Torres Strait Islander Children*, November 2005.

“Principle 5 – Plans for the child’s cultural and spiritual development should be developed and the implementation of these plans must be adequately covered.

Case plans for Aboriginal and Torres Strait Islander children in out-of-home care must include the cultural aspects of what’s going to happen for the child. Children in out-of-home care must have planned opportunities to learn about and experience traditional culture and spirituality. These opportunities must include being involved with their family if possible and with their broader Aboriginal or Torres Strait Islander community. Participation in community and cultural events should be seen as an important part of properly caring for an Aboriginal or Torres Strait Islander child.

Children should be taken to visit their family and country and provided with life storybooks about who they are and where they come from. Regional differences in cultural and spiritual beliefs and practices must be recognised and respected. Special efforts to connect children with their particular cultural and family background need to be made for children living in big cities where people don’t ‘live’ their culture in the same way as in remote communities and where Aboriginal or Torres Strait Islander community may be comprised of people from a range of cultures and language groups.”

The *Foster Carer Resource Guide* provides the following guidance to non-Aboriginal carers of Aboriginal children in relation to ensuring that the child maintains connections with family, community and culture:

- *Gather as much information as possible about the community the child comes from*
- *Assist the child to maintain contact with their family, community and culture by:*
 - *encouraging the child or young person to talk about their family and community*
 - *promoting the child’s involvement in their community — example, at sporting events*
 - *networking with Aboriginal carers, Aboriginal caseworkers at your local DoCS CSC or Aboriginal services in the community*
 - *identifying significant people in the child’s life who can assist them in maintaining links with their community.*

In November 2007, DoCS launched the ‘Our Carers for Our Kids’ program which is aimed at helping recruit and retain Aboriginal carers and the ‘Step by Step Aboriginal Assessment Tool’ to guide caseworkers in their assessment of Aboriginal carers. According to advice provided by DoCS, this package assists applicants to explore the challenges and rewards of fostering and considers ways that carers might support and encourage a child to sustain their Aboriginal culture, identity and heritage. In this regard, we note that both the assessment tool and training guide address the importance of ‘maintaining connections’.

Survey analysis

During our interviews, we asked carers a range of questions about cultural support planning, including whether DoCS had developed a cultural support plan or put in place strategies to address culture and identity needs for the child. We also asked carers to describe the type of activities they have arranged to help maintain a child’s links to their community and culture.

- 55% of the carers expressed some level of awareness of the Aboriginal Child Placement Principles. However, in most cases we needed to explain what the principles involved before carers were able to answer this question. 90% of the carers who said they were aware of the principles were Aboriginal.
- According to the carers we interviewed, DoCS had only provided support to 8% of children in relation to addressing culture and identity needs. Ten of these children were placed with Aboriginal carers and five with non-Aboriginal carers. Four of these children were placed with relatives and 11 were placed with non-relatives.

- 86% of carers said that at some stage they had arranged activities to ensure that the child retained links with their community and culture. However, these activities usually consisted of organising occasional visits to family in other areas and participating in NAIDOC-related activities.

DoCS current practice

We requested advice from DoCS about the nature of any cultural care planning currently undertaken. DoCS' response confirmed that:

"There is no specific policy, procedure or document referred to as a 'cultural care plan' and there is no specific casework practice manual or template which is used to assist cultural planning. Where a care plan allocates some or all aspects of parental responsibility, factors such as identity, culture and religious awareness must be included in it. For Aboriginal and Torres Strait Islander children and young people, the care plan also requires the completion of information on family and social networks, placement arrangements, and details of how DoCS has acted in accordance with the Aboriginal Child Placement principles. The 'objectives' and 'tasks' within the 'plan applet'³² on KiDS also provides for the planning, monitoring and recording of a child or young person's cultural and identity issues."³³

Although DoCS' response indicates that there is no formal cultural support planning process in place, it is clear from the department's 2006-07 Annual Report and newsletters that a range of cultural activities targeting carers of Aboriginal children are organised across the state. The work being carried out by DoCS staff and the Metro West Aboriginal Foster Carers and Kinship Carers Support Group is particularly noteworthy. The Annual Report highlights a camp organised for 26 Aboriginal children and young people in June last year and notes that:

"Two Aboriginal DoCS caseworkers and an Aboriginal foster carer led discussions about culture around the campfire and story-telling to help young people strengthen their connections with Aboriginal culture. The camp also included activities such as canoeing, rock-climbing and boomerang throwing. Each school holiday, carers and their families from the group and DoCS staff join together for a picnic at Nurragingy Reserve with games, rock painting, Aboriginal jewellery making, story-telling and face painting."

We also understand that training sessions have been held for non-Aboriginal carers of Aboriginal children in the Hunter region.³⁴ It was pleasing to see that carers who took part in these types of events spoke positively of DoCS' efforts in this area and were keen to participate in future events. We are also aware that DoCS is currently exploring a cultural support planning model that will be trialled in selected locations this year. This is discussed later in this section.

Carer feedback

The vast majority of carers we interviewed indicated that they had not received support from DoCS in relation to cultural planning. However, most carers said they had attempted to involve their children in cultural activities. The majority of activities mentioned by carers were in connection with annual NAIDOC festivities. A number of carers also spoke about activities arranged through local schools.

Interestingly, the 12 carers we interviewed who were managed by Aboriginal out-of-home care services had a very different view about the level of support provided to them in this area. These

³² A small computer program.

³³ Response by DoCS to our request for information dated 19 October 2007. Response provided on 16 November 2007.

³⁴ *Fostering our Future*, Issue 10, Summer 2007, published by DoCS.

carers spoke about a range of cultural activities organised by the relevant service and the efforts made by staff to involve carers and children in these activities.³⁵

Comments made by carers about the nature of any cultural support provided by DOCS, and the kinds of activities that carers have arranged themselves, included:

“DoCS makes sure that the kids are involved in things like NAIDOC celebrations, rock painting, meetings with elders, cruises on the ‘tribal warrior’ — a whole range of cultural activities are organised because DoCS works closely with the Aboriginal Carer Support Group. Therefore, much of the planning and support occurs through this group.”

“DoCS are quite good with identifying cultural issues and tracing children’s family background and helping us build this into the ‘life story work’. DoCS always involve carers and the kids in NAIDOC celebrations.”

“When she was placed with me, DoCS asked me to take her to ‘Aboriginal events’ — which is difficult because I work, but I will be taking her to a NAIDOC event soon. DoCS also asked me to enrol her in an Aboriginal preschool but I haven’t received any advice about the name of the school.”

“I made an appointment to talk to DoCS about cultural issues because I’m a recognised short term carer for Indigenous children. All I got was a phone number for the place where elders meetings were held and was told that I should contact them but I wasn’t even given a contact name.”

“I’m not aware of any plan developed by DoCS but we have made sure that he is connected to the local community by enrolling him in wood carving and other cultural activities.”

“Most of the cultural planning has been taken care of either by us or the school.”

“DoCS have asked us to outline the children’s tribal links and events that we have taken them to so that they can record it on their files.”

“How do you know what to do to maintain an Aboriginal child’s identity? I’m aware that cultural activities take place in this area but they’re not the kid’s ‘people’, so what do you do?”

“I asked DoCS if they could identify an Aboriginal mentor for my child and I was told that they would ‘look into it’, but nothing has happened.”

Consultations with AbSec and Aboriginal out-of-home care services

From our consultations with AbSec and Aboriginal out-of-home care services, one of the major themes emphasised was the need for cultural planning for Aboriginal children in care. This was a particular concern in relation to Aboriginal children placed with non-Aboriginal caregivers.

All of the Aboriginal out-of-home care services we spoke to indicated that helping children maintain links with their community and culture should be seen as a priority area of casework and that, irrespective of whether or not the service had responsibility for case management, they provided support and guidance to carers in this regard. A number of services we spoke to also indicated that they had developed formal cultural support plans to address children’s cultural needs, and had done so by adapting the cultural support plan template used in Victoria. An Aboriginal out-of-home care service in Northern NSW told us that on several occasions they have been asked by the local CSC to

³⁵ As stated previously, results from interviews with carers managed by non-government agencies were not included in our survey analysis.

help develop a cultural plan for a child. Another service indicated that they have regularly assisted a non-Aboriginal out-of-home care service in the same way.

These services also spoke about other methods used to ensure that children were 'linked-in' with their community, such as registering children with the local Aboriginal Medical Service for all medical checks and making sure that the school is aware that they are Aboriginal so that efforts are made to involve children in cultural activities and connect them with the Aboriginal Education Assistant. Aboriginal out-of-home care services also encourage carers to attend 'community' based activities. According to these services, there is usually a high rate of participation.

Aboriginal out-of-home care services felt that they were better equipped than DoCS to provide this type of planning and support, and that consideration needs to be given to how these services can formalise their role in this area rather than continuing to rely on ad hoc arrangements. However, these services also emphasised the need for this activity to be funded.

During our consultations in Western NSW, we met with a group of Aboriginal carers managed through Uniting Care Burnside in Dubbo, as well as the Out-of-Home Care Coordinator. It was pleasing to see that Uniting Care Burnside had taken steps to address the cultural needs of Aboriginal children placed with them and had identified a group of Aboriginal men, who were also authorised carers, to play a mentoring role with young Aboriginal males in out-of-home care.

During our review we also became aware of the Aboriginal support pilot program undertaken by Life Without Barriers in the Hunter region. The program was trialled over a five month period in 2007. It involved developing cultural support plans for 12 Aboriginal children placed with non-Aboriginal carers. The plans were based on the Victorian cultural support plan model. A key component of the program was the involvement of an Aboriginal cultural support coordinator. The coordinator's role was to trace each child's cultural history and identify ways to build linkages back to the child's family and community. The process for each child is ongoing, and can often be complex depending on the extent of the child's dislocation from family. According to Life Without Barriers, this process has ensured that each child involved in the program has been reconnected with their family, community and culture.

The Victorian model

Aboriginal Child Placement Principle and Guide

In 2002, Victoria's Department of Human Services (DHS) published an Aboriginal Child Placement Principle Guide. The Guide was developed to assist workers to provide a "culturally appropriate and effective response to Aboriginal children and young people placed in out-of-home care". The Principle defines the process for ensuring that Aboriginal community representatives are involved in decision-making about the care-arrangements for Aboriginal children — particularly children removed from their biological family — and supports the increased involvement of Aboriginal people in child welfare and protection matters.

The Guide highlights the steps that should be followed when placing an Aboriginal child in care and seeks to address a range of questions that arose during consultations held about the development of the Guide including:

- *What is the Aboriginal Child Placement Principle?*
- *Why is it necessary?*
- *What is the definition of an Aboriginal child for the purposes of the Principle?*
- *Does the principle take away rights from the parents?*
- *Who should be consulted when placing an Aboriginal child?*
- *Who will measure compliance with the Principle?*

Aboriginal and Torres Strait Islander Cultural Support Plan, Guide and Review template

In 2005, DHS developed an Aboriginal and Torres Strait Islander Cultural Support Plan, as well as a companion Guide and Cultural Support Plan Review template. These documents were prepared in close consultation with Aboriginal agencies that provide home-based care services for Aboriginal children, including the Victorian Aboriginal Child Care Agency (VACCA), which played a lead role. The need for a specific cultural support plan template had been identified through various conferences and forums, and VACCA shared the work they had begun to prepare on a template of this type with the DHS.

The Guide and the Cultural Support Plan Template highlight that in order to connect an Aboriginal child to their culture, more needs to be done than simply placing that child with an Aboriginal family. It recognises the hundreds of different tribal groups in that state alone and the differences between each local community. Both documents outline the type of information needed, how to collect it and why the information is important. The cultural support plan collects personal information about the child and their family for the purposes of providing cultural advice for the child. The plan also provides a contact plan, and questions about how the carer will maintain the child's links to community and culture. The Cultural Support Plan Review template includes questions about the implementation and effectiveness of the child's cultural support plan. It also identifies whether any new information was gathered since the development of the original plan and whether it needs to be altered.

Aboriginal Child Specialist Advice and Support Service

In Victoria, an Aboriginal Child Specialist Advice and Support Service (ACSASS) is provided by two Aboriginal agencies in Victoria: VACCA and the Mildura Aboriginal Corporation (MAC). When children are placed outside the family's kinship network, ACSASS provides advice about the Aboriginal community network and Aboriginal Placement Services options. If a child is to be placed with a non-Aboriginal or non-relative carer, ACSASS must be consulted prior to making this decision. ACSASS participates in the preparation of a cultural support plan until the child can be placed with family or a more culturally appropriate arrangement is identified. Compliance with the standards set out in the Principle is measured by the ACSASS provider and the DHS using their data collection systems.

Our consultations with the Victorian Department of Human Services and the Victorian Aboriginal Child Care Agency (VACCA)

We met representatives from VACCA in November 2007 and convened a telephone conference with representatives from the DHS in December. These discussions focussed on challenges and obstacles both organisations have encountered during their implementation of cultural support plans. We were informed that a review was underway and will consider the following key issues:

- When the cultural support plans were first introduced, the aim was for child protection workers and out-of-home care staff to take responsibility for the individual development of plans. However it transpired that the burden this placed on child protection workers may have been too great. The review will explore which staff are best placed to take responsibility for the development of these plans.
- The current process involves commencing 'cultural planning' as soon as the child enters care but this can often end up being a 'wasted effort' if the child does not remain in long term care. Further consideration will be given to the appropriate timing of the development of these plans.
- VACCA indicated that at one stage it had funding to employ a designated worker whose primary role was to develop cultural support plans. According to VACCA, this worked well but there was no ongoing funding for the position. The review will consider other possible options, such as using Aboriginal staff employed by the DHS and/or Aboriginal out-of-home care agencies to develop cultural support plans.

- The effectiveness of existing meeting structures between the DHS and VACCA at both a corporate and regional level.
- The current cultural support planning process is not linked to the child's 'best interest plan', which is the equivalent of a case plan in NSW. The DHS agreed that it was worthwhile to give consideration to including cultural requirements in the best interest plan. In this way, the case management system would automatically issue alerts to caseworkers in the same way they are prompted to conduct case reviews.

Cultural support case planning in NSW

We understand that AbSec sought permission from VACCA and the DHS in late 2005 to adapt their cultural support planning materials for use in NSW. Both agencies granted permission on the proviso that they were acknowledged in any materials developed. AbSec conducted consultations with DoCS staff, including three metropolitan region foster care support managers, Aboriginal foster care support staff and a representative from the Aboriginal Services Branch (ASB). A draft proposal was prepared and provided to the then CEO of AbSec. After a change in staff in late 2006, AbSec's involvement in the project appears to have ceased. Since then, the ASB has revised the draft proposal after conducting surveys with carers of Aboriginal children and examining existing DoCS' case practices.³⁶

On 4 December 2007, Ombudsman staff met with representatives of DoCS, including the Manager of the ASB, so that DoCS could provide additional details about the ASB's current proposal for developing cultural support case plans. At this meeting, DoCS provided us with a copy of a concept paper and a document which outlined the purpose of a cultural support case plan (CSCP) and how it could be integrated into existing case management practice. DoCS indicated that it planned to trial the proposal in selected regions. We understand that AbSec was informed of DoCS' decision to conduct a 'cultural support plan trial' and indicated that it would be helpful to involve at least two Aboriginal out-of-home care services. In response to our draft report, DoCS advised that the trial will commence later in 2008 in Mt Druitt, Lismore and Dubbo. Pending the outcome of the trial, it will then be implemented state-wide.

The aim is to use cultural support case plans as a way of systematically gathering cultural information for children entering and exiting out-of-home care. The CSCPs will be fully integrated with existing case management practice, particularly aspects such as 'life story work'. The concept paper highlights some of the current obstacles to implementation and lessons learned from the Victorian process.

The following key issues and challenges were highlighted in DoCS' concept paper:

- The results of surveys conducted by the ASB revealed that only 33% of carers interviewed had a current case plan. The survey also highlighted that only 50% of carers stated that DoCS had conducted an annual review. If the CSCP and the review mechanism were to be aligned with the case-planning tool, these two practices would have to improve dramatically.
- There is a need to identify a suitable trigger for developing a plan. The suggested trigger is the extension of an initial interim order, as it is then more likely that the child will remain in long-term care.
- The successful implementation of CSCPs requires 'good practice casework'. The "project undertaken" by the ASB demonstrated that "good casework practice is rare on the ground and until there is a vast improvement in that area the CSCP is possibly another task that will not receive the attention that it requires."
- CSCPs need to be integrated with existing case management practices rather than creating a separate stream of practice.

³⁶ *Cultural Support Case Plans – Concept Paper*. This document does not include information about the size or make up of the survey sample, or when it was conducted. It was provided to Ombudsman staff at a meeting with DoCS representatives on 4 December 2007.

- A tool needs to be developed along similar lines to the Victorian model and the benefits of the tool need to be promoted to caseworkers. These benefits need to be linked to existing case practice requirements such as care planning, after care and life story work.
- There may need to be significant changes made to the Victorian model in order to adapt it to suit NSW Aboriginal community structures. This could be a potential negative in trialling the Victorian model in selected regions before the ASB has had the opportunity to develop a model that has been the subject of 'proper consultation' (presumably this refers to Aboriginal community stakeholders but this is not clear from the document).
- In addition to the two 'good practice' sites selected (Lismore and Mt Druitt), the plans should also be trialled in an area that has shown 'less enthusiasm' for the implementation of CSCPs. Consideration should be given to trialling the CSCPs with a major non-government organisation.
- A number of current obstacles to implementation are noted, including the need to train caseworkers about cultural practice and research; the resource implications for caseworkers; convincing the organisation of the benefits of CSCPs and potential resistance from the Aboriginal community.

Observations

1. We took a broad view as to what constituted evidence of current cultural support planning for the purposes of our survey. Therefore, if the carer indicated that DoCS had been involved in arranging regular cultural activities, irrespective of whether or not any formal plan was in place, we regarded this as 'cultural support'. Even so, carers indicated that only 8% of children had been provided with some type of 'cultural support' from DoCS.
2. Based on our consultations with carers, there appears to be very little evidence of cultural support planning by DoCS for Aboriginal children and young people in out-of-home care. Rather, the onus seems to be on carers to identify and access relevant supports. This is consistent with the advice provided in the *Foster Carer Resource Guide*. This lack of cultural support planning is a significant concern for children who are placed with non-Aboriginal carers. Having said this, Aboriginal carers also require appropriate supports in this area. Just because they are Aboriginal themselves, it does not follow that they have the knowledge and expertise to teach the children in their care about Aboriginal history (as it may relate to the child), culture and identity, or that their interpretation of maintaining a connection to the child's family and community is consistent with the expectations outlined by the Aboriginal Child Placement Principles. Further, this is a particular concern when carers are not from the same community or tribal area as the child in their care.
3. While most carers appeared to appreciate the importance of cultural support planning for children, they clearly needed guidance in this area from DoCS about what this type of planning should involve and the respective responsibilities of carers and caseworkers. From our interviews with carers managed by Aboriginal out-of-home care services, it would appear that a greater level of support and guidance is provided to them in this area than carers managed by the DoCS.
4. In considering the benefits of adapting the Victorian cultural support plan template and processes in NSW, it is critically important to be mindful that, according to the counting rules used by the Australian Institute of Health and Welfare, the number of Indigenous children in out-of-home care in NSW (3,689) is almost six times greater than in Victoria (626). Additionally, the overall number of children in out-of-home care in Victoria (5,052) is less than half the number in NSW (11,843).³⁷ This is particularly significant given some of the challenges that have already been faced in Victoria in relation to the limited capacity of child protection workers to develop cultural support plans.

³⁷ Australian Institute of Health and Welfare, *Child Protection Australia*, 2006/07.

5. In terms of whether appropriate consultation takes place, it is unclear whether DoCS plans to consult AbSec in relation to developing and implementing a suitable tool and Guide for NSW. As the peak body, AbSec should be consulted as this would no doubt go some way towards reducing 'community resistance' which was identified as a possible risk in the concept paper.
6. The proposal to involve a "major non-government out-of-home care service" in the trial has merit — this might also provide an important practice benchmark. In this regard, we note the Aboriginal support pilot program undertaken by Life Without Barriers in the Hunter region, and that consideration should be given to including this service in the trial.
7. Given the number of Aboriginal children in care in the Western region and that the area does not have an Aboriginal out-of-home care service, consideration should also be given to involving a non-Aboriginal out-of-home care service from this region in the trial. In this regard, a large out-of-home care service provider such as Uniting Care Burnside, which has already demonstrated a commitment to cultural support, should be considered. Additionally, DoCS should consider AbSec's suggestion to involve at least one Aboriginal out-of-home care service in the trial.
8. Given anecdotal advice received from the users of the Victorian model that there have been difficulties integrating CSCPs into case practice, the proposal to build the plans into the existing case management system is worth trialling.
9. As part of any evaluation of the trial, it will be important to also measure the adequacy of compliance with the Aboriginal Child Placement Principle by examining the consultation processes used for making placement decisions in the trial sites and comparing these processes to selected 'non-trial sites'. This will allow DoCS to assess whether the quality of the 'consultation process' has improved as a result of a greater focus on cultural support planning.
10. The need to train caseworkers has been identified. However, there is also a need to train carers in the trial sites about their role and responsibilities to implement these plans.
11. Consideration needs to be given to involving AbSec in connection with the evaluation of the cultural support plan trial and in the development of the final cultural support plan template and related processes prior to any broader rollout of these plans across the state.
12. Consideration needs to be given to the ongoing role that AbSec and Aboriginal out-of-home care services should play in relation to providing input into the development of cultural support plans.

3.7 Carer support initiatives

Over the past five years, DoCS has introduced a range of initiatives to support carers and improve communication with them. These include:

- the launch of the *Partnership Agreement Between DoCS and Carers* in 2007
- the introduction of carer support teams and carer support positions
- the establishment of regional carer advisory groups which link in with local carer support groups
- the delivery of Aboriginal-specific training packages such as 'Our Carers for Our Kids', and the 'Step by Step Aboriginal Assessment Tool'
- mandatory training for all DoCS workers, ('Working with Authorised Carers') which is co-presented by carers
- the creation of the *Fostering our Future* quarterly newsletter; and
- the recent expression of interest in relation to the provision of peer support and network services to DoCS carers.

Other organisations also play an important role in supporting and assisting carers and a number of DoCS's support initiatives involve partnerships with AbSec, the Foster Care Association (FCA), the Association of Children's Welfare Agencies (ACWA) and the Foster Parents Support Network (FPSN). This section highlights a number of existing and planned support initiatives and examines the potentially pivotal role that local carer support groups can play in the overall carer 'support framework'.

The role of peak bodies

Absec

The Aboriginal Child, Family and Community Care State Secretariat (NSW) – better known as AbSec – is primarily funded by DoCS, and is recognised as the peak NSW Aboriginal organisation providing child protection and out-of-home care policy advice on issues affecting Aboriginal children, young people, families and communities. AbSec also auspices the Aboriginal State-wide Foster Care Support Service (ASFCSS), the vehicle for supporting Aboriginal foster carers, children and young people. The ASFCSS was originally established to primarily support Aboriginal foster carers managed through Aboriginal out-of-home care agencies and to help those agencies support their carers. This has since expanded to include Aboriginal carers supervised by non-Aboriginal out-of-home care agencies and Aboriginal carers managed by DoCS. The ASFCSS also auspices the Aboriginal Foster Care Support network. According to AbSec, there are currently 36 constituted Aboriginal Foster Carer Support Groups established throughout the state. An additional six areas are being targeted for establishment.

The groups are based on the locations of DoCS' CSCs and each group has a local representative. AbSec and the ASFCSS also auspice a foster and kinship carer advice and referral 1800 service, which also advocates on behalf of carers at a local and regional level.³⁸

The Foster Care Association

The Foster Care Association (FCA) is the peak body funded to represent foster carers generally in NSW, including registered kinship carers. The Association's main aim is to support and strengthen foster care in NSW and promote the value of fostering, principally through providing advice and support to carers, advocacy for carer needs and rights, input into relevant government policy and running regular training and development seminars.

The Foster Parents Support Network (Inc) NSW

The Foster Parents Support Network (FPSN) was commenced in 1998 by a small group of foster carers who recognised the need to be better informed about a range of issues relating to the children in their care. The FPSN provides telephone support to foster carers and, where possible, provides support to carers at meetings with DoCS and/or relevant agency. The FPSN also organises training and information sessions and conferences about caring for children who enter the out-of-home care system. A number of local support groups have been established by the FPSN around the state. The FPSN has recently been selected to provide significantly expanded carer support services as a result of an expression of interest process to provide peer support and network services.³⁹

³⁸ AbSec told us that it is restricted in how well it can support the rural and remote groups by the amount of funding it receives for the project which does not allow for travel on a regular basis to assist these groups. Some of these groups are struggling to remain in existence because of this inability to provide them with proper support. AbSec indicated that it receives \$158, 000 to fund all of these programs, which includes wages for a Manager and Administration Assistant.

³⁹ www.fosterparentsupportnetwork.org.au

Partnership Agreement Between DoCS and Carers

The aim of the Agreement is to help foster stronger relationships between carers and DoCS staff and better inform carers about what they are entitled to expect from their day-to-day dealings with DoCS. A copy of the Agreement was sent to foster carers in March 2007. It includes a number of broad principles relating to how:

- DoCS and carers should communicate with each other
- DoCS and carers should support placements for children and young people
- DoCS will include carers' views; and
- DoCS' management systems will support carers.

Regional carer advisory groups have responsibility for leading the implementation of the Agreement across the state.⁴⁰ The system is meant to involve carer advisory groups identifying actions for their regions and CSCs to improve relationships between caseworkers and carers. The regional carer advisory groups are expected to provide quarterly progress reports to the Deputy Director-General, Operations. The impact of the Agreement was due to be evaluated in late 2007.⁴¹

Our consultations with peak bodies

Our most recent consultation with AbSec and the FCA in March 2008 revealed that, one year after the launch of the agreement, there was little awareness of the Agreement itself or of the progress made to implement it at local and regional levels. For example, although the Executive Officer of AbSec and the FCA had heard of the Agreement, it was noted that the Agreement was not developed in partnership with either peak body.⁴² The FCA indicated that it believes the Agreement is inconsistent with the position taken by DoCS in relation to carer support at case conferences.

Carer support teams and carer support caseworkers

DoCS provided the following advice about carer support teams:⁴³

“Carer support teams commenced in May 2006 as one of a number of initiatives designed to support foster carers. 50 new OOHHC caseworker positions supplemented an existing 60 Carer Support positions. Carer Support caseworkers perform the following roles in respect of foster carers:

- *local carer recruitment initiatives*
- *assessment of carers*
- *providing ongoing training to carers and, where possible, deliver joint carer/caseworker training*
- *supporting carers through management of a carer development plans, advocacy;*
- *coordination of foster carer support groups*
- *supporting regional foster carer advisory groups, made up of carer representatives, stakeholder groups and senior DoCS staff, [and]*
- *placement matching of children requiring foster placement.*

Some carer support teams in areas of high population are co-located, whereas in rural and remote areas they are based at CSCs. Most teams have identified caseworkers to provide support to Aboriginal carers.”

⁴⁰ DoCS 2006-07 Annual Report

⁴¹ *Fostering our Future*, Issue 07, Autumn 2007, published by DoCS

⁴² The FCA understands that draft versions of the Agreement were discussed at some regional carer advisory group meetings.

⁴³ Response by DoCS to our request for information dated 19 October 2007. Response received on 16 November 2007.

In addition to the above, carer support teams are responsible for providing 'structured support' for new carers and conducting annual reviews.⁴⁴ Carer support caseworkers are not involved in day-to-day casework relating to children. The aim is that they work with new carers for their first 12 months.

Our consultations with peak bodies

Each of the three peak bodies that we consulted agreed that carer support teams and carer support caseworkers are an important initiative. However, we found that there were differing levels of awareness about the role of these teams. There was general uncertainty about:

- the precise location of carer support teams and carer support workers across the state
- the composition of each carer support team, including the number of carer support caseworkers located in each region/CSC
- which teams have 'identified' caseworkers to support Aboriginal carers;⁴⁵ and
- the role played by carer support caseworkers in coordinating carer support groups and supporting the activities of regional advisory groups.

It was suggested that one way of addressing this information 'gap' might be the development of a fact sheet outlining the roles and responsibilities of the various out-of-home care positions and teams, as well as the location of 'specialised' carer support positions/teams. In this regard, it was noted that while DoCS 'does a good job' of developing a range of initiatives, the difficulty often lies with inadequate promotion of these initiatives and their consistent state-wide implementation on the ground. The peak bodies indicated a strong desire to better promote the supports available to carers. In order to do this, DoCS needs to improve its initial 'marketing' to them. As one source noted:

"Not everybody regularly reads newsletters or checks the latest developments on DoCS' website – messages can be delivered more directly to peaks who, in turn, can promote activities through their networks."

From our consultations with peak bodies, another theme to emerge was the greater level of awareness about the activities of carer support teams and/or support groups in metropolitan areas compared to rural areas. The FPSN noted that relationships between carers and caseworkers generally tended to be stronger in metropolitan areas. This was attributed to the stronger support networks in place in metropolitan areas, and carers' easier access to services generally. According to the FPSN, *"There needs to be a greater focus on building networks in rural and regional areas."*

Local carer support groups

Carer support groups provide an opportunity for carers to 'get together' on a regular basis to discuss a range of issues in an informal setting. These groups also offer emotional support and practical advice for carers who may be experiencing difficulties or need help understanding certain administrative processes, and the chance to deliver information about new developments and/or events. Additionally, these groups can give local caseworkers and managers the chance to meet with carers, hear their concerns and resolve them quickly, which should help to reduce the number of formal complaints made by carers. Most importantly, the meetings can potentially help caseworkers to build a rapport with local carers and reinforce the value of their role.

DoCS provide differing levels of involvement and support to each local carer support group – from very little involvement to active involvement. Each group is usually run by local carers in conjunction with the FCA, AbSec, the FPSN or DoCS. Ideally, broader issues of concern raised in local support group meetings should be escalated to the regional carer advisory groups.

⁴⁴ *ibid.*

⁴⁵ It is not clear whether DoCS' reference to 'identified' positions means that these should be Aboriginal staff.

Our survey found that only 53% of carers said that they had been provided with relevant information about local foster carer support groups from DoCS. The figure was lower for Aboriginal carers (45%) and much higher for non-Aboriginal carers (69%). The figure was dramatically lower for relative carers (17%) and much higher for non-relative carers (69%). Only 59% of carers were aware of a carer support group in their area and 48% of these carers said that the group was sponsored by DoCS. The 68% of carers who were aware of a support group also attended meetings. Among the carers who were aware of a carer support group, 89% rated it as effective or very effective. Survey respondents who were not aware of local carer support groups showed a strong interest in finding out more about them.

Feedback from local carer support group participants

Some typical comments from carers about support groups include:

“Just listening to other carers gives you confidence — especially the mentor system.”

“Only other carers know what you go through. It’s good to talk to people who understand.”

“AbSec runs a group which includes non-Aboriginal carers. I learn about cultural issues and dreamtime stories which I try to teach the children.”

“They’re great, especially for new carers.”

“I meet people here. Before I couldn’t make friends because I was always with the kids, but now I have friends in the group.”

“Aboriginal carer support groups are particularly helpful for non-Indigenous carers with Aboriginal children — it helps them to maintain the cultural identity of the children.”

Carer support groups are particularly valuable for first-time carers. Carers we spoke to told us of the benefits of speaking with someone who has experienced similar challenges and is able to provide advice. One carer remarked:

“The first child placed with me was a new-born baby with a substance addiction. Nothing could have prepared me for this, but the group gave me advice and support. The more experienced carers are able to answer questions like: ‘Am I supposed to have a caseworker?’ or ‘How do I go about getting a reimbursement?’”

Another carer commented that:

“Because some of us have been around for a while we are often in a better position to mentor new carers than DoCS’s staff.”

During our consultations we met with Aboriginal carer support groups in Dubbo, Mt Druitt, Emerton and Nowra, and a group in Albury run through the Foster Carer Association which included a number of Aboriginal carers. These groups generally meet monthly and usually focus on an agreed theme. Meetings may also include the delivery of training or presentations from guest speakers from DoCS or other agencies such as health or education. Aboriginal carer support groups in particular provide the opportunity for carers to explore ways of enhancing their child’s link to their Aboriginal culture through discussions with prominent community members. This is particularly valuable for non-Aboriginal carers of Aboriginal children.

Case Study - Emerton group

The first support group in the state was established in 1998 at Emerton in Western Sydney and is run by Aboriginal carers. The group meets monthly and encourages non-Aboriginal carers of Aboriginal children to attend. Over the years, this group has focussed on providing carers with information about important cultural issues to help ensure that a child's cultural identity is maintained throughout their placement in the out-of-home care system. At times, some members have also acted as advocates for other carers who may be less able to understand the out-of-home care system.

One example of a successful support group run by DoCS for Aboriginal and non-Aboriginal carers is a group established by the Mt Druitt CSC. The group has been operating for a number of years and has been a valuable resource for carers in the area. Other well-organised groups where DoCS is an active participant can be found at Dubbo and Nowra. Our consultations revealed that the carers belonging to these groups reported a generally good relationship with staff from their local DoCS office and were well supported when information or assistance from the group was required. All of these groups host functions for carers and children at various times throughout the year, including picnics, NAIDOC activities and Christmas parties. These groups are also a valuable resource for DoCS in relation to identifying 'culturally appropriate' placements and recruiting new carers.

The Albury support group, which is highlighted in the case study below, is a good example of an effective support group that could be strengthened further by regular participation from the local CSC. We were told that when the group was initially established, a DoCS representative was invited to attend certain meetings. This occurred once. According to the group, a decision was made at some point by the then local manager that the group could provide any concerns they had in writing. The group provided feedback to us that they would welcome closer involvement from DoCS.

In contrast, the Aboriginal carer support group in Nowra is run by carers managed through an Aboriginal out-of-home care service. However, there is active participation by senior staff from the local CSC and a close connection between DoCS local managers and the out-of-home care service manager. It is not surprising that we received very positive feedback about the responsiveness by DoCs staff to carer concerns in this area. For similar reasons, a strong relationship continues to exist between the local carer representative for Dubbo and the CSC.

Case Study - Albury group

The Albury group meets monthly at a local club which provides free venue hire and refreshments. The meetings regularly attract around 15-20 carers. The group has mostly non-Aboriginal carers but Aboriginal carers also attend. The group takes a strong interest in a broad range of issues affecting carers. The more experienced carers provide advice and support to newer carers and, as with the Emerton group, some members act as advocates for other carers. Once a year, the group holds an awards ceremony. Each carer is presented with a merit certificate and one carer is nominated carer of the year. This year, 24 carers attended this function. Nine DoCS staff were invited but none were able to attend.

Information from DoCS about its involvement in local carer support groups

On 21 October 2007, we asked DoCS to provide information about general foster carer support groups as well as the areas where it was involved in running Aboriginal foster carer support groups. DoCS provided the following response:⁴⁶

⁴⁶ Ombudsman request for information dated 26 October 2007. DoCS response dated 16 November 2007.

- A) *The areas where DoCS is running Aboriginal foster carer support groups in locations other than Mt Druitt.*

<i>Taree</i>	<i>Run by Aboriginal carers and DoCS attends when invited</i>
<i>Mid North Coast</i>	<i>3 day carers' camp</i>
<i>Clarence Valley</i>	
<i>Armidale</i>	<i>Aboriginal Child, Family and Community Secretariat (AbSec) run carer support group</i>
<i>Tamworth</i>	
<i>Moree</i>	<i>AbSec run carer support group</i>
<i>Mt Druitt</i>	<i>Two groups (one run by DoCS with the other arranged independently)</i>
<i>Broken Hill</i>	<i>Supported by AbSec</i>
<i>Bourke/Brewarrina</i>	<i>Run independently</i>
<i>Central Sydney</i>	<i>Supported by AbSec</i>

- B) *The areas where DoCS is running foster carer support groups⁴⁷*

<i>Port Macquarie</i>	<i>Hawkesbury</i>	<i>Dubbo</i>
<i>Armidale</i>	<i>Parramatta/Auburn</i>	<i>Bathurst (FPSN represented)</i>
<i>Tamworth</i>	<i>Blacktown</i>	<i>Lithgow (FPSN represented)</i>
<i>Narrabri</i>	<i>Fairfield/Liverpool (FPSN represented)</i>	<i>Parkes</i>
<i>Katoomba</i>	<i>Macarthur and Wollondilly</i>	<i>Mudgee</i>
<i>Penrith (Affiliated to FPSN)</i>	<i>Ingleburn</i>	<i>Cooma</i>
<i>St Marys</i>	<i>Bankstown</i>	<i>Goulburn/Yass (FPSN represented)</i>
<i>Mt Druitt</i>	<i>Orange</i>	<i>Bega</i>
<i>Burwood</i>	<i>Sutherland</i>	<i>St George</i>
<i>Northern Beaches</i>	<i>Central Coast</i>	<i>Muswellbrook – run by carer</i>
<i>Coffs Harbour – DoCS and Burnside (includes Aboriginal carers; FPSN represented)</i>	<i>Taree – run by carers but DoCS attends (FPSN represented)</i>	<i>Lismore – (FPSN represented)</i>
<i>Tweed Heads – Foster Parent Support Network (FPSN) operates</i>	<i>Wollongong – run by carers</i>	<i>Nowra – run by carers</i>

Note: Although the FPSN helps to establish support groups and will attend meetings, the groups are still 'owned' by local carers. FPSN is now offering affiliation to make available insurance coverage for these groups for fund raising, as well as mediation and support for the group if needed.

Information from our consultations

During 2005 and 2006 there were regular meetings between senior DoCS staff, representatives from the Foster Carer Association (FCA) and AbSec which provided the opportunity to discuss issues commonly faced by carers identified through local carer support group meetings. Bringing all three organisations together reduced the amount of resources involved in separately addressing common issues. This forum was also a useful way to identify local and broader training needs, develop awareness strategies and promote cultural support. AbSec indicated that a regular forum of this type does not currently exist.

⁴⁷ FPSN provided details relating to foster carer support groups represented by their organisation.

A separate but related issue concerns the need for DoCS to support AbSec in marketing its local carer support groups. AbSec indicated that DoCS needs to explore how it can assist in facilitating a process by which carers' details are provided directly to AbSec (after consent has been given by the carer) in order to establish a reliable contact database. A contact database is essential for ASFCSS's role in establishing carer support groups and promoting awareness of important information and training to carers.

AbSec also publishes a newsletter for carers of Aboriginal children. However, AbSec has to rely on local CSCs to distribute this newsletter to the 80% of carers whose details are not on the AbSec database. This is particularly problematic given that AbSec recently discovered that the majority of CSCs had failed to distribute a newsletter on their behalf.

The FCA has established a number of support groups across the state. According to advice provided by the FCA, each group usually had around 15 to 18 participants. DoCS' involvement in these groups is variable. A number of Aboriginal carers and non-Aboriginal carers of Aboriginal children also participate in these groups. The FCA shared AbSec's concerns about the difficulties associated with having to rely on DoCS to promote their support groups and related events. According to the FCA, the assistance by CSCs in this regard is variable.

Regional carer advisory groups

Regional carer advisory groups include DoCS staff and nominated foster carers and have now been established in each DoCS region. These groups aim to improve service delivery at a regional level by providing forums for carers to have a say in the management of regional or local DoCS foster care programs and to identify solutions to existing problems. These groups have the same terms of reference, are chaired by DoCS Regional Directors and are required to meet at least four times per year.⁴⁸ As indicated earlier, regional carer advisory groups were given responsibility for monitoring the introduction of the *Partnership Agreement Between DoCS and Carers*.

Among the positive initiatives developed by regional advisory groups in some areas are:

- establishing support groups for carers of children with a disability
- establishing a tele-link for carers living in isolated areas
- developing standards for staff returning calls and emails from carers
- local action plans to implement the *Partnership Agreement between DoCS and Carers*; and
- the development of a case planning strategy to improve the quality and amount of information carers receive at the time of placement.

The list of regional carer advisory group representatives posted on DoCS' website indicates that three regions have no Aboriginal carer representative on their advisory group (Western, Southern and Metro South-West). In Northern Region, where there are 'region' groups for each of the three cluster areas, there is no Aboriginal carer representative on two of the cluster advisory groups (Mid North Coast and New England).⁴⁹

Our surveys found that only 25% of carers were aware of regional carer advisory groups. Of those who knew about the groups, 56% knew the name of their representative and 60% said that they received feedback from the meetings. Only 22% of all carers believed their concerns were being heard at a regional or state level.

⁴⁸ DoCS website www.community.nsw.gov.au. Accessed 11 March 2008.

⁴⁹ *ibid.* The website indicated that the lists were last updated on 8 February 2008.

Our consultations with peak bodies

Our consultations with peak bodies highlighted the lack of clarity about processes associated with regional carer advisory groups and what these groups have achieved. For instance, neither AbSec nor the FCA were aware of the regional carer advisory groups' role in monitoring the implementation of the *Partnership Agreement* and had received very little, if any, feedback about the issues being progressed through these forums. There was also general uncertainty about the formation of regional carer advisory groups. The FCA indicated that each region has its own process for selecting participants. The FCA told us they understand that, in some areas, carers are asked by DoCS to become a representative; in others, carers submit an application. However, the FPSN indicated that they arranged their own voting system in order to nominate appropriate carer representatives. AbSec was uncertain about how participants were selected and said they had not been approached to nominate Aboriginal carer representatives.

Additionally, concerns were raised about whether all local carer support groups across the state were 'plugged in' to the regional carer advisory group forum. For example, there is a question as to whether local carer support groups must have close links to their local CSC in order for carers from that group to be considered for selection on the regional group. A number of these local groups have connections with various peak bodies, such as the 36 Aboriginal carer support groups established by AbSec. All of the peak bodies agreed that there needed to be an appropriate level of Aboriginal carer representation on the regional groups.

It was suggested that there needs to be a proper evaluation of the operation of regional carer advisory groups. This could take place as part of the evaluation of the implementation of the *Partnership Agreement* given the regional advisory groups' leading role in this area.

Training

DoCS are responsible for the provision of initial and ongoing training to carers. The type of ongoing training delivered is usually decided at either the CSC and/or region level.

According to the 100 carers of Aboriginal children surveyed for our review, only 38% had received ongoing training from DoCS. Of those carers who had not received ongoing training, 61% said they would like to receive it. Most carers said that any training provided should be tailored to suit the needs of Aboriginal people and that they would like more involvement in determining the type of training delivered. Through our surveys and interviews, carers identified a need to know about:

- dealing with difficult behaviours
- supporting sexually abused children
- caring for babies with drug and alcohol foetal syndrome
- Aboriginal cultural awareness and cultural support planning
- understanding DoCS and carer's rights
- child health and development; and
- conflict resolution techniques.

Peak bodies including AbSec, the FCA and the Association of Children's Welfare Agencies (ACWA) also play a critical role in this area. For example, DoCS recently developed the 'Our Carers for Our Kids' program which is aimed at helping recruit and retain Aboriginal carers and the 'Step by Step Aboriginal Assessment Tool' to guide caseworkers in their assessment of Aboriginal carers. According to advice provided by DoCs, the package assists applicants to explore the challenges and rewards of fostering and considers ways that carers might support and encourage a child sustain

their Aboriginal culture, identity and heritage. These resources were developed in collaboration with DoCS Aboriginal staff, ACWA, AbSec and the DoCS Aboriginal Reference Group. DoCS has also advised that it will begin developing an Aboriginal relative and kinship carer resource guide and training package later in 2008. Additionally, both the FCA and the FPSN facilitate training and information sessions for carers. The outcome of the recent peer support and network services expression of interest has resulted in a significantly enhanced role for the FPSN in relation to training and carer support services more generally — see below.

Our Consultations with peak bodies

AbSec acknowledged that DoCS has made significant efforts to adapt its training and induction packages for new carers to suit the needs of Aboriginal people. In this regard, Aboriginal carers have provided AbSec with generally positive feedback about initial training programs. Feedback in relation to ongoing training was less positive. AbSec indicated that the quality and type of training delivered varies significantly between regions and CSCs. Although AbSec acknowledged that various regions/CSCs had delivered cultural awareness training programs for non-Aboriginal carers of Aboriginal children, there is also a need to provide training that addresses issues that are more likely to be faced by Aboriginal carers, and for training to be delivered by Aboriginal people. In their response to our draft report, DoCS agreed that there is a need to develop relevant, ongoing training programs for Aboriginal carers.

AbSec is funded to provide training to Aboriginal out-of-home care workers and where that training is relevant to carers, they also try to include them in local training sessions. AbSec is now also providing training to its local carer support group representatives in policy, legislation and entitlements, as well as negotiation skills, so that carers are better equipped to support other carers in their dealings with DoCS.

AbSec, the FCA and the FPSN all indicated that they are keen to play a more active role in promoting training offered by DoCS and facilitating presentations by carers at training sessions. However, this can only be done to a limited extent because none have access to a full list of carer contact details. Peak bodies can provide materials for each region and/or CSC to distribute, but the responsiveness of regions/individual CSCs by distributing and promoting these initiatives is perceived as variable. A further complicating factor is that, according to all three peak bodies, even DoCS has no central contact database for carers. They were of the view that a database of this type is essential and will help track 'inactive' carers. We were also told that it is important to continue to provide regular advice and information to inactive carers, so that they remain engaged with current practice developments even though they do not have children placed with them. It was suggested that a central training coordinator position within DoCS would provide a useful contact point for peak bodies in this regard. Both the FCA and AbSec also indicated that their members would like to provide input into the type of training delivered.

One of the main aims of the peer support and network services expression of interest was to identify provider(s) to play a key role in complementing DoCS' ongoing training program. This would principally involve promoting training to carers through existing carer support links, supporting carers to be able to attend training and facilitating the delivery of training by recognised experts. There is also a specific requirement to target Aboriginal carers and carers from culturally and linguistically diverse backgrounds. In this regard, the FPSN noted that, to date, it has had difficulty attracting Aboriginal carers to training even where Aboriginal presenters have been involved. The FPSN recognised the need to ensure that AbSec is consulted about training content as well as playing a role in promoting training.

Peer support and network services

DoCS called for expressions of interest in August 2007 in relation to the provision of peer support and network services to DoCS carers across NSW. The successful applicants, the FPSN and Karitane, will provide a joint service. At the time of our review, these agencies were still negotiating with DoCS about the precise nature of the services to be delivered as part of their funding agreement. However, the tender document indicates that the successful provider will be expected to liaise closely with carer support teams and to ensure that appropriate linkages exist between the issues/actions identified by carer support teams and the issues explored by regional carer advisory groups. The expected project outcomes are:

- *appropriate support provided to DoCS foster carers through various means including, peer support, home visits, telephone calls and meetings*
- *provision of information to carers, including practical resources*
- *referring carers to existing support networks, the successful provider will build internal and external networks to achieve this*
- *carers will develop new skills by participating in network activities; and*
- *the retention rate of DoCS foster carers (particularly Indigenous and CALD) will increase as a result of the support offered.*⁵⁰

Without further information about the service to be provided, how it might be delivered and how the other peak bodies might be engaged in supporting the project's outcomes, it is difficult to comment on the extent to which this initiative will provide a solid carer support framework, adequately address the support needs of Aboriginal carers and increase Aboriginal carer retention rates.

Other initiatives

Seven carer representatives from regional carer advisory groups were funded to attend the annual National Foster Care Conference in Melbourne last year. These carers were accompanied by two DoCS staff from each region.

During foster carer week (16 to 22 September 2007) DoCS organised a range of activities, including family picnics, camps, Aboriginal cultural events and Foster Carer Awards. This year the number of awards increased to 52. Six were given to Aboriginal carers.

Additionally, the *Fostering Our Future* newsletter is a helpful resource for carers containing tips about what to do with children in the holidays and updates about DoCS' latest initiatives and programs, as well as promoting a range of activities across the state. A survey was recently conducted with 80 carers about whether they found the newsletter useful — 80% reported that, "they read all or most of the newsletter".⁵¹ The newsletter is published quarterly and mailed to foster carers.

In their response to our draft report, DoCS advised that it is in the process of identifying the different support needs of carers who are relatives, compared to the support needs of general foster carers.

Observations

DoCS, AbSec, the FCA and the FPSN are involved in a range of carer support groups around the state. Although the expanded role of the FPSN and Karitane provides the opportunity to establish and strengthen carer support networks, other measures will be needed. DoCS must continue to play a pivotal role in ensuring that the concerns of a wide cross section of carers are addressed. For this reason, we believe there would be merit in DoCS, in partnership with AbSec, the FCA and the FPSN,

⁵⁰ *Expression of Interest Package for the provision of state-wide peer support and network services for NSW DoCS foster carers*, August 2007.

⁵¹ *Fostering our Future*, Issue 9, Spring 2007, published by DoCS.

continually tracking: the location of these groups; the types of groups in place (for example, Aboriginal/non-Aboriginal); the level of DoCS and/or other agency involvement; the number of participants; Aboriginal carer participation numbers; and the nature of the concerns raised and action taken to resolve these concerns. Consistent with this exercise of better coordinating and tracking DoCS' and peaks' carer support group activities, there would also be merit in improved coordination of the identification of carers' training needs and the delivery of training. Regular meetings of this kind would also provide the opportunity to share information about good practice initiatives.

Ideally, most problems raised by carers through local carer support groups should be able to be dealt with by the local CSC. Any broad systemic concerns should be identified as such by either the local carer support groups or local CSCs, and referred to the relevant regional carer advisory groups. In this regard, it is also important that feedback from local carer support groups run by AbSec, the FCA and the FPSN is fed through to the relevant regional carer advisory groups in a consistent manner.

We also make the following observations:

1. Well-run carer support groups can provide DoCS with reliable advice about issues commonly faced by carers. We found that carers from locations with strong support groups, especially groups that had regular contact with DoCS staff, tended to exhibit more positive attitudes towards DoCS and generally felt better-supported.
2. The survey responses indicate that relative carers and Aboriginal carers are the least likely to know about local carer support groups. There also appears to be a relatively low level of awareness of regional carer advisory groups. Few carers knew who their local representative was, and most assumed they were ineffective.
3. The survey also showed that carers who had contact with local carer support groups were very positive about this experience, with 89% of carers who had attended meetings describing the groups as effective or very effective. Even carers who did not know about local carer support groups prior to the survey were keen to know about the availability of these groups. There was strong support for DoCS providing more information to carers about the benefits of joining a carer support group.
4. There seems to be an urgent need for DoCS to provide carers with information about local carer support groups, and about information sessions and other activities organised by these groups. DoCS should also explore ways to help facilitate carer contact with support groups, perhaps by seeking the approval of carers to forward their contact details to local group convenors.
5. AbSec, the FCA, the FPSN and DoCS should explore ways to seek the consent of new and existing carers to create a reliable contact database to enable peak bodies to contact carers about important developments and available supports. Also, DoCS should consider developing its own database that includes the details of 'inactive' carers to help facilitate the efficient distribution of information to carers from DoCS and other bodies about training, support groups and practice developments.
6. DoCS should also consider developing specific strategies to involve Aboriginal carers in local carer support groups. Most Aboriginal carers were positive about the idea of support groups, but most also believed that AbSec — with the active support of DoCS — should establish and maintain such groups.
7. There was wide support from carers for DoCS staff to increase their involvement in carer support groups by regularly attending meetings to answer questions, provide advice, inform carers about recent developments and learn about carers' training needs.

8. Most carers involved in local carer support groups indicated that there is a need for feedback about the types of broader systemic issues which are being addressed outside of their group, including through the regional carer advisory groups.
9. There appears to be a need for greater clarity in terms of how DoCS appoints carers to regional advisory groups and how long they should serve as representatives. There also appears to be a need for DoCS to increase the involvement of Aboriginal carers and AbSec in regional carer advisory groups.
10. There should be a proper evaluation of the effectiveness of regional carer advisory groups, including their linkages with local carer support groups. This could be done in conjunction with the evaluation of the implementation of the *Partnership Agreement*. In this regard, particular consideration should be given to the adequacy of the current level of engagement of Aboriginal carers on regional carer advisory groups. Additionally, the peak bodies' level of understanding of and engagement with the processes associated with regional carer advisory groups should be assessed.
11. The *Partnership Agreement* review should also consider the extent to which the principles underpinning the Agreement are being implemented in practice.
12. The FCA is familiar with the *Partnership Agreement* now that it is in place. However, AbSec only became aware of the Agreement during our recent consultation. The primary concern of peak bodies is that the document is now given effect through action.
13. There is a need for DoCS to continue to involve Aboriginal organisations in the delivery of training programs, and to ensure that AbSec and Aboriginal carer support groups are consulted about carer training needs as part of developing an overall carer training program.

3.8 Complaint handling

From our interviews with carers, three themes emerged which are critical to DoCS building a good relationship with its carers:

- caseworkers providing good customer service when carers ask for assistance
- caseworkers showing a genuine interest in the child; and
- DoCS dealing promptly and effectively with any complaints made.

Earlier in this report we have traversed issues associated with the first two themes. In this section, we briefly discuss complaints.

Survey analysis

We asked carers whether they had ever made a complaint to DoCS and, if so, what the complaint was about. We also asked carers to indicate whether they were satisfied with the complaint handling process.

Forty-two (42%) of carers said they had made a complaint at some stage to DoCS. The figure below provides a breakdown of the complaints made by 'carer type'.

- The 67 issues raised in these 42 complaints can be divided into the following three categories: children's entitlements (27), carer's entitlements (14) and service and support (26).
- Aboriginal and relative carers complained less than non-Aboriginal and/or non-relative carers.
- Overall, only 19% of carers said they were satisfied with how their complaint was handled.
- Of the 42 carers who made complaints, 33 were not satisfied with how their complaint was handled by DoCS.

Figure 4: Complaints made by carer type

Carer type	Complaints made as a % of carer type
Aboriginal	39.7
Non-Aboriginal	46.9
Relative	29.4
Non-relative	48.5

- Within the three complaint categories there were a range of issues that carers raised, including:
 - a. removing children from their care
 - b. reimbursement for contingencies and delays in receiving entitlements
 - c. poor response when requests were made for assistance
 - d. lack of communication/follow-up from DoCS staff about specific inquiries made; and
 - e. poor treatment during an investigation of an allegation made about the carer.

The most common complaint issue type was '(c) poor response when requests were made for assistance' — 17 complaints.

- The most common reasons provided for carer dissatisfaction with the complaint process include:
 - a. a perception that the complaint was not addressed or ignored
 - b. poorly treated by DoCS staff during or after the complaint process
 - c. the complainant did not receive adequate feedback about action taken to remedy the behaviour complained about; and
 - d. the complaint took a long time to be resolved.

The two most common reasons provided for carer dissatisfaction with the complaint process were (a) and (b) — 11 and 8 complaints respectively.

- The most common reasons provided for satisfaction with the complaint process were that the issues of complaint were resolved and/or action was taken to address the behaviour of the staff member the subject of complaint.

Complaints and inquiries received during our review

During our review, our Aboriginal Unit received 44 inquiries/expressions of concern from Aboriginal carers. Only seven of these matters became formal complaints. While a proportion of these inquiries stemmed from carers who had either participated in our consultations or who had heard about our work, the majority of complaints and inquiries were received from carers who were not involved in our interviews and surveys (82%). Additionally, none of the seven matters that were initiated as formal complaints involved carers that we interviewed during our consultations.

Furthermore, the types of complaints and inquiries we received are similar to the complaint issues that emerged during our interviews with carers. The most common type of inquiries received were about carers wanting information about their entitlements, as well as difficulties associated with the reimbursement of contingencies and/or approval for support services relating to their child. The two case studies below illustrate the types of concerns raised.

Case Study – request to be assessed as a kinship carer

In early 2007 an Aboriginal woman made a request to be assessed as a kinship carer for two of her six young nieces and nephews. The woman contacted us in mid-2007 and alleged that she was told that she would not be assessed as a carer as DoCS did not believe that she 'cared enough' about the children, because she had done nothing to report their neglect.

The woman explained that the only time she saw the children was when they were at her mother's house and that during these times they were always clean and tidy. She also said that DoCS had been monitoring the children for approximately eight years. The woman was also concerned that other family members would not be assessed.

The decision by DoCS not to assess the family members appeared to be inconsistent with the Aboriginal Child Placement Principles. We informed her that in these circumstances, she may wish to consider seeking legal advice about becoming a party to proceedings in the Children's Court in order to present her case. The woman took this course of action and in July 2007, the court ordered that an independent assessment of her status as a carer should take place.

Case study – caseworker support

A foster carer in western Sydney had a 10-year-old boy initially placed with her in short-term care. The child has now been in her care for the past two years. During this time, there had been no assessment or review of the adequacy of the placement. The carer indicated that she found the uncertainty of the situation stressful and was concerned that the child could be removed at any time if the status of the placement remained 'short-term'.

The carer complained that she was never informed about the availability of establishment costs and instead shopped at the Salvation Army for clothing and furnishings for the child. The child was diagnosed with both obsessive compulsive and oppositional defiant disorders by a psychiatrist and was prescribed Respadol. Three months after the diagnosis and despite repeated requests from the carer for assistance, DoCS had still not provided the child with the prescribed medication. The carer said that she informed DoCS of the concerns expressed by the school about the child's inability to concentrate and she was worried about his capacity to cope with progressing to the next level at school, and for this reason, wanted him to repeat his school year. The carer also complained that although the child has kin, there was no contact plan in place and up until that time, he had very little contact with his family.

Although the carer was concerned that she might lose the child if she complained, she felt that she had no other option but to seek assistance from our office. A member of our Aboriginal Unit raised the complainant's concerns with DoCS. As a result, DoCS agreed to: develop a case plan for the child, arrange for the placement to be formally reviewed, consider appropriate arrangements for contact with the child's family and explore long-term placement options. The carer was satisfied with the action taken by DoCS.

Consultations with AbSec

AbSec told us that it conducted a survey with Aboriginal carers and made follow up telephone calls to a random sample of complainants in mid-2007. This work revealed that Aboriginal carers were generally satisfied with DoCS' complaint handling procedures. However, complainants expressed concern about the effectiveness of the DoCS complaints line and a reluctance to make complaints to non-Aboriginal staff. Based on its own experiences of helping carers navigate their way through the complaints system, AbSec believes that DoCS' complaint handling procedures for Aboriginal people need to be improved as the current processes do not "lend themselves to prompt and effective resolution of concerns."

AbSec noted that there is a reluctance on the part of many Aboriginal people to complain about DoCS because of their past experiences with 'the Welfare'. Therefore, complaint systems need to be accessible for Aboriginal people. The Aboriginal State-wide Foster Care Support Service (ASFCSS) worker generally encourages carers to use DoCS' complaint resolution services. However, some carers have informed the ASFCSS worker that they have often encountered difficulties with this service, including:

- An electronic voice answers the complaints line and there can be delays before contact is made with an intake officer. Carers are reluctant to leave their details because often they do not have access to their own telephone and feel uncomfortable leaving someone else's details. This can be particularly difficult in rural and remote areas.
- There are currently no Aboriginal identified positions employed at the complaints line. AbSec noted that this is currently being reviewed by DoCS as part of a broader review of service delivery issues relating to Aboriginal people. It was also acknowledged that complaints line staff attempt to address this issue by referring certain matters to the Aboriginal Services Branch (ASB). However, this is not always successful given that the ASB does not perform a complaint handling role. The problems with this approach are demonstrated in the case study below.
- Difficulties can also be encountered when the ASFCSS worker encourages carers to access DoCS' local resolution services, including that:
 - Many Aboriginal carers do not have an Aboriginal caseworker allocated to the child(ren) in their care and most CSCs do not have Aboriginal staff in senior management positions.
 - Carers are fearful that there could be repercussions for complaining.
 - Aboriginal carers are generally reluctant to follow up on unresolved complaints.
 - At times, some CSC staff refuse to deal with the ASFCSS worker usually due to 'privacy concerns' even where carers have given permission to the ASFCSS worker to act on their behalf. However, AbSec noted that these CSCs are in the minority.
 - AbSec was also of the view that culturally appropriate alternative dispute resolution processes should be made available, such as the free Aboriginal mediation service offered by Community Justice Centres.

Case study – AbSec intervention

In July 2006, four Aboriginal siblings under the age of 12 years were removed from their mother and subsequently placed in the temporary care of their maternal aunt, who also had four children of her own. In January 2007, she was assessed as a suitable long-term carer. The children's mother and their aunt lived in different DoCS regions. The aunt told DoCS that she would have difficulties transporting eight children in her small sedan, particularly because two of her children were involved in regional representative sporting teams on weekends. The carer was assured that DoCS would be able to help her get a new van and at one stage, her caseworker took her to a car yard.

The carer had several conversations with DoCS caseworkers and managers about the delay in the process but kept being given different reasons for the delay, including that the region denied ever agreeing to purchase a car for the carer, and that the 'submission' had been lost. By June 2007, the ASFCSS worker referred the carer to AbSec. Once AbSec was confident that the carer had exhausted all avenues to facilitate a resolution directly with the CSC, AbSec agreed to assist her. Numerous messages were left by AbSec over a two week period without contact having been made by DoCS. The carer then contacted the complaints line and gave them the details of what had occurred. In late August, the Aboriginal Services Branch contacted AbSec to ask them if they could assist the carer without knowing that they had initially intervened on her behalf. The client was never informed that this had occurred. AbSec intervened once again on the carer's behalf and successfully resolved her complaint with the Regional Director, who agreed to lease a vehicle for the carer.

Observations

1. What is clear from the nature of the complaints and inquiries received by our office is that most, if not all, were avoidable if the caseworkers had regular contact with the carers, responded promptly to their concerns and provided clear explanations for their decisions.
2. Although Aboriginal people make up a significant part of the 'client base' for a number of lead government agencies, very few Aboriginal people tend to use formal complaint mechanisms. For example, from our policing oversight role we know that Aboriginal people often prefer to use informal methods of resolution and are generally more satisfied when complaints are resolved through personal contact with a senior officer. The need to feel 'listened to' is important for all complainants. However, it is particularly important for Aboriginal people because of the history of their involvement with government agencies, including DoCS and police. For this reason, when complaints are made, it is critical that these complaints are taken seriously and that complainants are treated with respect throughout the complaint process.

3.9 Health and development needs

There is overwhelming evidence that children and young people who have been separated from their birth parents by State intervention are more disadvantaged and vulnerable in general. They are at significantly higher risk of poor educational achievement, homelessness, alcohol and drug addiction and mental illness. Timely provision of government health services — including medical, dental, mental and other health services — is a key to avoiding or ameliorating some of the negative outcomes associated with these issues.⁵²

Children entering out-of-home care have high rates of developmental delay and health problems. It is common for them to have undiagnosed hearing, vision and oral health issues, and problems such as speech delay. Our 2003 report on the circumstances of young children entering care recommended that DoCS should ensure that all children entering out-of-home care have a paediatric, dental and developmental assessment prior to finalisation of their care proceedings, to ensure that the child's needs are addressed in the case planning process.⁵³ These assessments would provide a benchmark for the child's progress in subsequent reviews.

DoCS's current business rule governing the development of care plans states:

"Where possible and appropriate all children who enter into the parental responsibility of the Minister, or have aspects of parental responsibility to the Minister, should undergo a thorough paediatric, dental and developmental assessment as soon as possible after the order has been made. This should be included in the case plan that is presented to the Children's Court as part of the care plan."

This rule is consistent with recommendations made recently by the Royal Australasian College of Physicians about children in out-of-home care.⁵⁴ The Australasian Paediatric Dentistry Board also recommends oral health checks for all children at 12 months of age.⁵⁵

⁵² *Memorandum of Understanding between DoCS and NSW Health on prioritising access to health services for children and young people for whom the Minister for Community Services has the parental responsibility or the Director General of DoCS has parental or care responsibility relating to residence and/or medical issues.* 17 February 2006.

⁵³ *Group review of children who entered care prior to turning five years old*, NSW Ombudsman, 2003.

⁵⁴ *Health of children in 'out of home care'*, Royal Australian College of Physicians, 2006.

⁵⁵ *Standards of Care policy document*, Australasian Academy of Paediatric Dentistry, 2000

However, our *Under 5's Review* identified that insufficient attention continues to be paid to benchmarking young children's health and developmental status when they enter care. At the time that we reviewed the circumstances of these 49 young children:

- 39% of children had not received a paediatric assessment
- 78% had not had a dental assessment; and
- 53% had not received a developmental assessment.

Significantly, the *Under 5's Review* found that those least likely to receive health screening upon entry into care appeared to be children who had a history of neglect prior to their placement in the care of relatives. Most of the Aboriginal children reviewed fell into this category. Additionally, the monitoring of children placed into the long-term care of relatives was often inadequate. For this reason, the findings from the review have particular relevance to this research.

Survey analysis

Analysis of the responses of the 100 authorised carers about the 185 Aboriginal children in their care indicates that:

- carers of 60.7% of children *believed* the child had undergone a paediatric assessment at some time since entering care
- they *believed* that 59.1% of children had undergone a dental assessment since entering care;
- they *believed* that 55.4% of children had undergone a developmental assessment since entering care.

In response to questions about any identified health issues, carers of 39.4% of children said the child had a significant behavioural issue and/or a disability. Of these, 64% of carers said they had been able to access some type of professional support.

Findings from our *Under-5's Review*

Our *Under 5's Review* also explored available information about the health of young children in care and found that:

- 61% had received a paediatric assessment, 22% had received a dental assessment, and 47% had received a developmental assessment. While most of the developmental and paediatric assessments occurred prior to the finalisation of Children's Court care proceedings, dental assessment usually only occurred after care orders were finalised and were generally initiated by carers.
- DoCS failed to obtain health records detailing children's health histories for a significant number of children, particularly for children in the care of relatives. There did not appear to be a consistent understanding about what documentation should be obtained, other than the Blue Book, immunisation records and Medicare card. While most carers said that DoCS had provided these documents, many reported lengthy delays. The failure to supply these documents in a timely way was a common reason for complaint and frustration among carers.
- For children in long-term care, there continues to be a perception that health care is the responsibility of carers, particularly if the carer is a relative. Our review found that a number of children had not received the assessments outlined in their case plans.
- For those children requiring speech pathology, being in statutory care did not ensure priority access to these services. In many cases, the need for timely access to speech therapy required DoCS to purchase these services from private providers.
- Our case reviewers noted particular difficulties in tracking children's health and developmental progress through examining DoCS files. Pertinent information is filed chronologically and critical health and other key information can become 'lost' amid other details in the file, particularly when cases are reallocated as often happens. A number of caseworkers told us that they do not have time to thoroughly review children's files. Caseworkers also frequently demonstrated poor knowledge and understanding of the child's health history.

Observations

1. DoCS' *Foster Carer Resource Guide* informs carers that they are responsible for meeting the day-to-day health and medical needs of any child or young person in their care. Every child or young person should have a case plan that outlines their health and medical needs and how these will be addressed. Carers should also be provided with all of the necessary health and medical information to enable them to adequately meet the child's needs. The Guide notes that carers are responsible for keeping the child's health record up-to-date and that DoCS can help carers obtain a Blue Book.
2. Our research did not include reviewing individual children's case files. However, the responses we received from carers during our interviews revealed that a relatively low level of children in their care had undergone the relevant assessments. As with the responses we received about education needs (see the 'Education' section later in this report), many carers were understandably uncertain about their roles and responsibilities in this area, and were less able to answer questions with certainty about the type of health checks that children had undergone. For instance, there was only a limited grasp of what a developmental assessment was. There was very little mention of children having undergone hearing or speech tests, though a number of carers did raise concerns about the waiting lists for speech therapy. However, one factor relating to carers' actual knowledge of this issue is the fact that our surveys also showed that many carers indicated that they had not had access to or an awareness of their child's health and medical records.
3. Generally, there was confusion among carers about their responsibilities in relation to organising health assessments, the need for different types of assessments and what each assessment might involve. While it is possible that a number of these children may have undergone appropriate health assessments when entering care and prior to being placed with their current carer, the carers' lack of knowledge about the specific health and development needs of their foster children suggests that, at the very least, there is a need to improve the information provided to carers about the child's health history and the ongoing monitoring of the child's health needs.

Programs to address health issues

In this context, it is important to note some of the key initiatives underway to improve outcomes in this area.

▪ *Partnerships with NSW Health*

During the course of our review, we became aware of a number of out-of-home care health screening clinic trials operating across NSW. DoCS' *2006-07 Annual Report* also outlines partnerships it has established with NSW Health through the Sydney West Area Health Service's Redbank House and the Sydney Children's Hospital in Randwick. At Redbank House, the Alternate Care Clinic provides mental health services to high-needs children who are serviced by DoCS' Metro Intensive Support Services or live within DoCS's Metro West Region. Also, KARI Aboriginal Resources Inc. is funded by DoCS to deliver an Aboriginal out-of-home care service across South Western Sydney and coordinate comprehensive health assessments for Aboriginal children entering out-of-home care who are placed with KARI carers. The 'KARI clinic' is a partnership between KARI Resources Inc., South West Sydney Area Health Service and DoCS.

We are also aware that DoCS has entered into a Memorandum of Understanding (MoU) with NSW Health aimed at prioritising access to health services for children and young people in statutory care. A MoU has also been developed with the Department of Ageing, Disability and Home Care (DADHC) with the aim of ensuring better outcomes for children and young people with a disability, largely through the collaborative development of case plans.

As part of exploring the relative merits of some of these health-related practice initiatives, our interviews and consultations included discussions with:

- Dr Dimitra Tzioumi from the Sydney Children's Hospital, following the recent publication of information about the clinic's work in the *Journal of Paediatrics and Child Health*; and
- Staff from KARI Aboriginal Resources Inc. and Dr Shanti Raman from Liverpool Hospital who has been involved in the 'KARI clinic', principally because of the clinic's focus on Aboriginal children in out-of-home care.

The aim of these discussions was to identify good practice, the potential application of these approaches elsewhere and explore with practitioners any obstacles encountered and how best to address them.

▪ ***The KARI Clinic – how it operates***

In 2003 the KARI clinic started conducting comprehensive health and developmental assessments for Aboriginal children entering out-of-home care in the South West Sydney Region who are placed with KARI carers. The aim of the program is to identify the health needs of Aboriginal children in out-of-home care, any barriers to appropriate care, whether health needs are met by available services and the strengths and characteristics possessed by these children to promote resilience.⁵⁶ A monitoring and evaluation framework is built into the clinic's work which includes quarterly stakeholder management meetings. The clinic analysed the records of 100 Aboriginal children and then collected and systematically recorded clinical information against a range of indicators. Reviews were conducted to monitor the progress of recommendations made and whether they had been implemented. A complete set of data was prepared in relation to 87 children. Their ages ranged from two months to 13 years. The ratio of males to females was 54:46.

The clinic reported the following key findings:

Figure 2: Identified health problems of Aboriginal children entering care in South West Sydney

Health problems identified	% of children affected
Incomplete immunisation	47
Hearing problems	43 (profound deafness in 1 child, 8 previously identified defects)
Abnormal vision	44 had visual concerns, 17 had decreased vision or squinting
Dental	38 (6 needed urgent dental extraction)
Speech delay	61 and of these, 20 had moderate to severe delay or disorder
Behavioural problems	46 (internalising and externalising)
Educational problems	66 of school age children

Source: Kari Clinic presentation. n = 89

NB: 14% of children were doing well at first visit and 34% showed an improvement with stable care.

Observations made by staff from KARI Aboriginal Resources Inc. and Dr Shanti Raman

It is often difficult for DoCS to obtain relevant information from parents when children enter care. One of the many benefits of having a specialised local clinic screen children is that its practitioners are able to develop a health profile about the child's history, including family history. This health profile makes the task of identifying factors such as a child's possible exposure to substance abuse, domestic violence and mental health issues easier. Even so, collecting and collating this information remains a significant challenge.

⁵⁶ The KARI Clinic presentation was prepared by KARI Resources Inc., Dr Shanti Raman and Dr Anne Piper.

The approach that the clinic took relies on 'foster carers following up on recommendations'. However, the clinic found some foster carers were reluctant to attend the clinic and follow up on recommendations arising from assessments. This problem was exacerbated by the limited resources available to the project to ensure that case tracking takes place.

Both KARI staff and Dr Raman spoke about the direct link between the type of health problems being identified through their assessments, and children's educational difficulties. They were concerned that, although 70% of these children have the potential for normal development, by the time they are ready to enter school, approximately two-thirds of the children have developmental problems that will impact on their education. The point was made to us that if children are struggling when they are under five years of age, this was very likely to get worse if the underlying issues were not addressed by the time they started school.

KARI staff and Dr Raman spoke in positive terms about DoCS' strong commitment to the program. We were told that the Regional Director and CSC Manager have been involved in tracking referrals from the clinic to other doctors. However, in the future this will be the responsibility of carers and caseworkers. The responsibilities of KARI and DoCS staff are also clearly delineated. The staff emphasised that, irrespective of the lines of responsibility in terms of carers and caseworkers, it was essential that caseworkers ensure that appointments are made and children attend. This needs to be reflected through the child's case plan. Dr Raman also raised the issue of the availability of health services and the need for these children to be given priority rather than having to remain on waiting lists for lengthy periods. (This issue is discussed in more detail later in this section.) In this regard, Dr Raman noted that, generally, community paediatric clinics give parents and carers good advice about the best way to negotiate the health system, and that Aboriginal medical services could play a greater role in helping to ensure Aboriginal children in care receive good medical support and follow up. It was suggested that issues pertaining to the best way of tapping into services in the health system need to be emphasised in training for carers, DoCS caseworkers and out-of-home care service providers.

We were advised by KARI staff and Dr Raman that an independent evaluation found the KARI clinic is a potential model for all children in out-of-home care.⁵⁷

- ***The Child Protection Unit, Sydney Children's Hospital***

The Child Protection Unit of Sydney Children's Hospital has been running a health screening clinic for children living in out-of-home care since February 2005. The clinic is a joint initiative with the local DoCS office. The clinic offers comprehensive health assessments to children under the age of 12 years, with priority given to children under five. Referrals come from the local DoCS office and the child's carer is expected to attend appointments.

For those children who enter out-of-home care and are referred to the clinic, DoCS staff will initially obtain information about their birth parents and the clinic will obtain and examine hospital birth records as part of the initial assessment. On occasion, the birth parent attends the assessment with the child and caseworker. The information from this initial assessment is important because it can provide details that may not have otherwise been available, for example, aspects of the birth parents' history that may not have been detected during pregnancy and therefore not be included in a child's Blue Book.

After the health questionnaires are completed, a multidisciplinary assessment is performed by a paediatrician and a social worker or psychologist. A comprehensive report is generally available within two weeks of the appointment and sent to the DoCS caseworker. If further appointments need to be made, these are generally done by the clinic to increase the likelihood of follow-up occurring.

⁵⁷ The presentation prepared by KARI Resources Inc., Dr Shanti Raman and Dr Anne Piper about the outcomes from the KARI clinic outlines some of the findings of the independent evaluation.

The assessment process takes three to four hours per child. This includes time taken to gather information, write reports and referral letters, and make appointments. These are activities in addition to the assessment itself.

The clinic's review reported assessing 122 children. Of these children:

- 77% had been in care for less than six months
- 51% were under the age of five years; and
- 50% had already been in more than one placement, and a number had had multiple placements.

The clinic published details about its work in an article in the *Journal of Paediatrics and Child Health*. Its review noted the following:⁵⁸

Figure 3: Identified health problems of 122 children assessed at Sydney Children's Hospital

Health problems identified	% of children affected
No health problems	3
Incomplete immunisation	24
Abnormal vision screen	30
Abnormal hearing test	28
Dental problems	30
Failed Australian Developmental Screening Test	60
Speech delay	33
Speech delay in children under 5 years	45
Abnormal growth	14
Infections	12
Behavioural/emotional health problems	54

Source: 'Health needs of Australian children living in out-of-home care', Nathanson, D. and Tzioumi, D. *Journal of Paediatrics and Child Health*. n = 122

This research identified that there is 'clear inequality' between children in out-of-home care and the general population of children. The Royal Australasian College of Physicians recommends comprehensive health screening within 30 days of entering care, which includes general health, development and mental health screening. The authors of this article note that:

*"Currently the medical evaluation of children in the out-of-home care system is performed on an as-needs and ad hoc basis and performed by a range of health professionals including paediatricians, general practitioners, emergency departments and nurses. Assessment tends to be in response to an acute problem rather than for a health screen or preventative health care. Recognising the need for medical attention falls to the caseworker or carer. There is evidence that this practice leads to underreporting of health problems. Our data highlight the level of poor health experienced by children living in care in New South Wales and give evidence to support the recommendation for comprehensive health assessments for all children in the care system."*⁵⁹

There are important differences in the testing methods used by the KARI clinic and the Sydney Children's Hospital. For example, the KARI Clinic conducts more comprehensive speech examinations whereas Sydney uses a screening method. Although both studies identified some similar problem areas in terms of the health needs of children they assessed, the KARI clinic study showed that Aboriginal children performed significantly worse against immunisation, hearing and speech health indicators.

⁵⁸ Nathanson, D. and Tzioumi, D., "Health needs of Australian children living in out-of-home care", *Journal of Paediatrics and Child Health*, Vol. 43, 2007. pp. 695-699.

⁵⁹ *ibid.*

Key findings

The Sydney Children's Hospital found that:

- comprehensive health screens for children in out-of-home care can improve the detection of physical, developmental, behavioural and emotional health problems
- the majority of health recommendations were followed through by caseworkers and carers
- the research acted as a prompt to follow-up, suggesting that normal rates of compliance might be much lower without such monitoring
- the study highlighted communication and systems barriers in interagency projects
- in order to improve health outcomes for children in out-of-home care, health screening clinics should incorporate regular follow-up measures and interagency meetings; and
- the research component of the program itself helped pilot potential ways to improve the effectiveness of clinic and interagency collaboration.⁶⁰

Availability of health services⁶¹

In our consultations with medical practitioners involved in both the Sydney Children's Hospital clinic and the KARI clinic, concerns were raised about the availability of health services for children in out-of-home care and about carers' general lack of understanding about how to navigate their way around the health system. It was noted that carers of many children in out-of-home care often do not access Medicare funded entitlements through not being told of their existence.

For example, patients who have a chronic condition and complex needs that are being managed by their general practitioner (GP) under the Enhanced Primary Care (EPC) item on Medicare may be eligible for 'allied health' services. Patients have complex care needs if they need ongoing care from a multidisciplinary team consisting of their GP and at least two other health care providers. Eligible patients are entitled to a maximum of five services per calendar year.⁶²

Specialist medical and allied health services — including speech pathology, occupational therapy and physiotherapy — are usually needed to provide early diagnosis and to provide treatment for any difficulties identified. Although these services can be accessed through NSW Health or DADHC, the waiting lists in some locations can be lengthy and services may need to be purchased from private practitioners.⁶³ Dr Tzioumi and Dr Raman both indicated that delays in this area can be detrimental for children's development.⁶⁴

Dr Tzioumi said that for some children, Medicare funding for 'five sessions through allied health services' helped provide more timely access to services such as speech therapy. However, awareness of this option is limited amongst GPs. This is consistent with the findings from a review we conducted in 2006 in relation to the key issues facing people with disabilities in care and disability service providers in their dealings with the health system. Our report noted that:

"Consultation participants indicated that EPC is not commonly known or used by GPs or disability services. Some services commented that for allied health providers there is poor compensation and significant paperwork, resulting in some providers not accepting EPC vouchers".⁶⁵

⁶⁰ Sydney Children's Hospital presentation on research findings to stakeholders.

⁶¹ Interviews with Dr Dimitra Tzioumi and Dr Shanti Raman.

⁶² *Allied Health Services under Medicare Fact Sheet*, November 2007, Commonwealth of Australia.

⁶³ DOCS told us in their response to our *Under 5's Review* that its Wraparound Service Policy acknowledges that when health services and services from DADHC are not available in a reasonable timeframe, departmental staff should consider the option of purchasing the service on a fee-for-service basis. See also *Out-of-home care wraparound services for children and young people*, April 2007 (paper developed by DoCS in consultation with the non government sector).

⁶⁴ Interviews with Dr Dimitra Tzioumi and Dr Raman.

⁶⁵ *Report of Reviewable Deaths in 2005, Volume 1: Deaths of people with disabilities in care*, NSW Ombudsman, November 2006.

A structural difficulty with the provision of allied health services is that general practitioners can refer children for Medicare funded speech therapy, but many children in out-of-home care are seen by paediatricians who under the current system must write to a GP recommending that a referral be made for the service to be subsidised. This process can delay access to services. For example, we were told of one child who presented with 'major neglect issues' and urgently needed a full developmental assessment. It took seven months for this assessment to be undertaken.

According to both medical practitioners, one of the advantages of health services being provided by staff from a public hospital with a focus on children in out-of-home care, is that strong partnerships can be built between DoCS, out-of-home care service providers and those delivering health services. For example, as part of the Sydney Children's Hospital program, priority access to the hospital's services is given to children in out-of-home care. All of these children received an audiology examination, and two to four appointments are set aside each week to conduct hearing tests. Additionally, the hospital's out-patient services give the children immunisations. With all of these services, there can be lengthy waiting times in private practice.

Dr Raman noted that research from the United Kingdom and the United States indicates carers are generally quite good at detecting basic health issues of children in their care. However, they are not well-placed to identify difficulties early in a child's life with speech, vision and hearing. In order for these problems to be detected, there needs to be a 'systematic system'.⁶⁶

Extending the clinics' models to other areas

The Sydney Children's Hospital health screening clinic for children living in out-of-home care was modelled on the KARI Clinic. The medical practitioners we interviewed indicated that, while neither model is entirely transferable to other locations because of the different nature of health services across the state, there are many aspects and principles of each model that can be applied elsewhere. For example, in country areas, local general practitioners, hospitals and Aboriginal medical services could be used rather than one public hospital facility.

The Sydney Children's Hospital model was specifically funded through its Foundation to provide its out-of-home care assessment service. We understand that the hospital submitted an expression of interest for wraparound services (see below) to provide standardised assessments of all behavioural and emotional issues.

Dr Tzioumi noted that, ideally, a state-wide system should be developed to provide all children in out-of-home care with a comprehensive health screen. However, under any systems developed, Dr Tzioumi indicated that children under five years of age are given priority, followed by children between the ages of six and 12.⁶⁷ In highlighting the wider benefits of health screening for children in out-of-home care, Dr Tzioumi gave an example of a child who was returned to her birth mother. The birth mother has continued to come back to the clinic and is working with a Physical Abuse and Neglect of Children (PANOC) Counsellor.

"Providing this type of service is essential for these children. Offering something like this means that even if they return to their birth parents, it will help them significantly. These assessments and the connection to the clinic give parents who need support a better chance to care for their children."⁶⁸

It was also encouraging to be told that staff from both the Sydney Children's Hospital and the KARI clinic enjoyed positive working relationships with local DoCS caseworkers.

⁶⁶ Interview with Dr Shanti Raman.

⁶⁷ In responding to our draft report, NSW Health emphasised the importance of all children entering into care receiving appropriate assessment and early intervention, regardless of their age at the time of entry.

⁶⁸ Interview with Dr Dimitra Tzioumi.

Other initiatives

In considering current efforts to improve health outcomes for children in out-of-home care, several other important developments should be noted:

- ***MoU between DoCS and NSW Health on prioritising access to health services***

The Memorandum of Understanding (MoU) between DoCS and NSW Health on access to health services for children and young people in statutory care aims to give these children priority access to health services — this means that a ‘genuine effort’ should be made to respond to referrals. The MoU enables local/regional protocols to be developed between Area Health Services Directors and DoCS Regional Directors. According to the MoU, the protocols should identify multiple referral points and the processes to receive referrals. A range of health services are referred to in the MoU, including specialist psychiatric assessments, PANOC services, and specialist sexual assault services for victims and their immediate families.⁶⁹ However, according to the MoU, general health screening services, such as developmental, hearing, vision and immunisation, should be provided by general practitioners (who fall outside the domain of NSW Health). General practitioners are also the ‘gateway’ to medical specialists such as paediatricians.

The MoU also refers to regional senior officer groups meeting twice a year to review the data on the operation of regional protocols — the results of these reviews are provided to CEOs.

- ***Blue Book health records***

DoCS advised us that it is developing a training session to familiarise caseworkers with the new contents of the so-called ‘Blue Book.’ DoCS advised that it is also committed to promoting the effective implementation of *My First Health Record* by staff working with families. According to DoCS, the screening process outlined in *My First Health Record* will facilitate early identification of health and developmental concerns.⁷⁰

- ***Expression of interest***

DoCS advised that it has developed a proposal to commission assessments of health, dental, developmental and social/behavioural adjustment difficulties for all children and young people who enter and remain in out-of-home care services for at least 60 days. This is part of the out-of-home care expression of interest which was finalised in December 2007. DoCS also advised that if the service resulting from the expression of interest process proves to provide “inadequate access to services, service delivery will be negotiated directly with NSW Health.”⁷¹ The recently published results from the EOI note that Catholic Health Care has been selected to provide health assessments for children in out-of-home care in each region. In their response to our draft report, DoCS advised that the details of how this service will be delivered are yet to be determined.

- ***Wraparound Services Policy***

DoCS also told us that its Wraparound Services Policy acknowledges that when timely access to health services and services from DADHC are not readily available, DoCS staff should consider the option of purchasing the service on a fee-for-service basis.⁷² However, we are not well placed to comment on how this option is being applied in practice and we are unaware of any assessments undertaken by DoCS of the impact of this policy.

⁶⁹ In responding to our draft report, NSW Health advised that an addendum to the MoU to specifically address the mental health needs of children in out-of-home care and their families and carers is currently being developed.

⁷⁰ DoCS’ response to the draft version of our *Under 5’s Report*.

⁷¹ *ibid.*

⁷² *ibid.*

- *Children's Guardian case file audit*

We understand from our discussions with the Office of the Children's Guardian (OoCCG) that their recently completed case file audit included an examination of the adequacy of record keeping in relation to children's health records, and that as a result of this audit, the OoCCG will revise the relevant statutory guidelines as they relate to immunisation and health requirements. The OoCCG also plans to conduct a targeted audit in 2008/09 to examine practice relating to meeting the health needs of children in out-of-home care.

Observations

While DoCS has entered into arrangements with NSW Health to help facilitate better access to services, there is currently no guarantee that children in out-of-home care are receiving health assessments they require, or that there will be a thorough evaluation of these arrangements.

While the MoU between DoCS and NSW Health is a potentially important initiative, in the absence of an evaluation establishing how well it operates in practice, particularly in connection with the operation of local/regional protocols and twice yearly reviews, we are not well placed to assess whether it is leading to improvements in service provision. Clearly, there is the need to not only ensure that this initiative is evaluated as planned, but that the results of any evaluation(s) are made public and result in appropriate action. In responding to our draft report, NSW Health indicated their support for ongoing evaluation and monitoring of service provision under the terms of the MoU.

Our consultations have revealed the significant benefits of the partnerships that DoCS has formed with KARI Resources Inc./South West Sydney Area Health Service and with the Sydney Children's Hospital, mostly because both approaches involve centralised coordination and delivery of health services through the public health system in connection with a monitoring process to ensure compliance with recommendations and referrals. In this regard, we note the recent successful tender by Catholic Health Care. We have been advised that Catholic Health Care will only be providing a service to children who are placed by DoCS. We also understand that in addition to arranging health assessments that Catholic Health Care will be involved in ensuring some level of 'follow up'.

However, without knowledge of the full extent of the services that Catholic Health Care will provide under this arrangement, it is unclear whether or not the proposed services will compare favourably with the current public health models provided by the KARI clinic and the Sydney Children's Hospital. In response to our draft report, DoCS indicated that although the details of how this service will be delivered are yet to be determined, it anticipates that once operational, the concerns we have raised about the lack of health assessments and poorly coordinated or non-existent follow up services will start to be alleviated. In any case, the services delivered by the two above initiatives provide a potentially useful benchmark against which the proposed service by Catholic Health Care can be measured.⁷³ In their response to our draft report, NSW Health agreed, indicating that it would welcome an approach from DoCS to be involved in the development of any evaluation of the service provided by Catholic Health Care.

On a separate note, it is important to bear in mind that affording priority to children in out-of-home care may lead to displacement in other high-needs areas, such as people with disabilities. From our extensive work in the disability area, we are acutely aware of the challenges in ensuring people with a disability receive adequate support through the health system, including access to allied health services. Therefore, it is critical that in addressing this complex capacity and service delivery issue for children in out of home care, other priority groups are not pushed further down the 'waiting list'.

⁷³ In acknowledging the value and effectiveness of the care model utilised by Sydney Children's Hospital and the KARI Clinic, NSW Health has also noted that the model's appropriateness for rural and remote communities needs to be more fully considered.

Leaving aside the broader question of the provision of health assessments and support to children in out-of-home care, there are a number of practical issues which need to be addressed as a matter of priority, including:

- children and young people having prompt access to a Medicare card upon entering out-of-home care
- ensuring that information is provided to carers about children's health needs at the earliest opportunity
- ensuring that children's health records are kept up-to-date and that where a NSW Health Personal Health Record or 'Blue Book' is lost, requests for a new book are made promptly through relevant local child and family health services
- ensuring that carers understand their role in maintaining health records and in facilitating their child's access to services
- ensuring that carers are made aware of the most efficient and effective ways to access particular types of health services, including Medicare-funded allied health services when appropriate; and
- making clear the role of caseworkers in relation to monitoring health checks and referrals, especially in connection with children with particular health problems which are identified through screenings.

DoCS has indicated that caseworker and carer training programs are the most appropriate avenues by which to address these issues.

3.10 Education

Meeting the learning needs of children and young people in out-of-home care is a vital step in providing them with a brighter future. Parliament recognises the right to a good education in Section 4 of the *Education Act 1990*:

- (a) every child has the right to receive an education,*
- (b) the education of a child is primarily the responsibility of the child's parents,*
- (c) it is the duty of the State to ensure that every child receives an education of the highest quality,*
- (d) the principal responsibility of the State in the education of children is the provision of public education.*

In addition, Section 6(1) of the Act provides that:

...the education for children of school age in NSW is to have regard (as far as is practicable or appropriate) to the following objects:

- (e) mitigating educational disadvantages arising from the child's gender or from geographical, economic, social, cultural, lingual or other causes,*
- (f) provision of an education for Aboriginal children that has regard to their special needs.*

Although everyone needs an education, the value of learning is greater for children who start life at a disadvantage and must rely on the opportunities that education can present if they are to thrive.

Learning outcomes can be hampered by poor health and well-being, undiagnosed sight, hearing and other impairments, behavioural problems, lack of resources, frequent absences from school and other issues that commonly affect children in out-of-home care. The traumatic circumstances associated with many children coming into care and, in some cases, the ongoing impacts of placement instability while in care, can also impact on outcomes. Yet any failure to overcome these impediments can compromise their studies and entrench their disadvantage for the rest of their lives. Positive learning experiences can make a significant difference to any student's well-being and sense of belonging and connectedness. Thus, in circumstances where the lives of children in out-of-home

care can be prone to difficulty and disruption, school has the potential to assist in providing stability and direction. But school can also be a negative experience for many, especially if attendance is disrupted by frequent absences due to ill-health or suspension, or by students having to change schools to accommodate changes in placement arrangements.

Carers, caseworkers and schools must work in partnership to address any learning impediments or schooling problems, and ensure that the broader educational needs of children in their care are met. The education and community services departments' responsibility to make this happen is reflected in a Memorandum of Understanding, which commits both agencies to "work together, making all reasonable effort to achieve the best outcomes for children and young people in out-of-home care".⁷⁴

Our review

In addition to surveying 100 carers for their views on educational supports for the 185 Aboriginal children in their care, we also reviewed the limited literature currently available on this issue, and sought expert advice from researcher Michelle Townsend, who has been commissioned by DoCS to review the education requirements of children in out-of-home care.

A critical limitation to our ability to assess current work in this area is the paucity of available data on issues associated with educating students who live in out-of-home care. For instance, it became apparent through our interviews of carers that a number of children appeared to be either on suspension or attending school for as little as two hours a day. Yet there is no way to accurately ascertain how many children in out-of-home care are attending school full-time or for limited hours, or who are absent for significant periods and the reasons for those absences. Unless a student, parent or carer has disclosed it to the school, the Department of Education and Training (DET) may not even be aware of the out-of-home care status of a child or young person. In this regard, we note the recent steps taken by DoCS to start collecting information about the status of out-of-home care students in the education system. It should be a priority for DoCS and DET to report on key educational-related performance indicators for all children in out-of-home care.

It is also important to note that DoCS and other service providers are starting to recognise the critical importance of improving outcomes in this area. The 2005 MoU between DoCS and DET is a critical step in clarifying their respective responsibilities for addressing the often complex needs of students who live in out-of-home care. The MoU aims to improve cooperation and the sharing of relevant and necessary information between DoCS to assist such students to achieve optimal educational outcomes. Another positive development is DoCS' commissioning of researcher Michelle Townsend to investigate the adequacy of underlying systems and supports needed to ensure that children in out-of-home care are able to do their best at school. Her study will seek to identify and reduce barriers to children and young people's positive educational engagement and outcomes.

In their response to our draft report, DoCS advised that a new policy relating to the provision of educational assessments for children in care has been recently approved. According to DoCS, "the policy acknowledges the responsibility of DoCS to ensure early and appropriate assessment of children and young people in care in order to better inform remedial educational interventions prior to commencement of school, and improved advocacy and support to them throughout their schooling." The policy is a welcome initiative. However, we do not have enough information to comment on how DoCS intends to implement it. In this regard, it is likely that Townsend's research will yield important information that should be considered by DoCS.

⁷⁴ *Memorandum of Understanding between NSW Department of Education and Training and NSW Department of Community Services in relation to educational services for children and young people in Out-of-Home Care*, December 2005.

Survey analysis

Our survey sought carers' views on whether the education needs of children in their care were being met, any special education needs, whether living in out-of-home care put children at an educational disadvantage, and the adequacy of current supports.

Carers' responses to our survey indicated that:

- 76.5% of the 185 children in their care were old enough to attend school and carers for 80.1% of these children felt that the child's educational needs were being met.
- Carers for 53.5% of school age children said the child had special educational needs and 76% of these carers felt these special educational needs were being met.
- Only 19.2% of carers felt the child was educationally disadvantaged in some way because they were in the out-of-home care system.

Carers' comments

A number of carers spoke very positively about the attempts made by schools and caseworkers to deal with the 'special needs' of their child. In a number of cases, schools had provided intensive support. It was also evident from our discussions with carers that teachers and Aboriginal Education Assistants often play a critical role in ensuring that children are involved in cultural activities and programs.

"The school is trying to do their best. They have a mentor for the kids and they also arranged a tutor."

"The caseworkers always attend meetings with the school principal and the school provides work for the kids at home when they are suspended."

However, a number of carers had very modest expectations of the kinds of educational supports that should be provided. School attendance, rather than levels of attainment, appeared to be a key determinant in whether carers of children with difficult or challenging behaviours were satisfied that their child's educational needs were being met. That is, provided that the child continued to attend school, even for just two or three hours a day, most carers were satisfied.

As schools are the main education service provider, few carers considered how caseworkers could assist in accessing educational opportunities. Most carers thought that it was up to schools and/or carers to deal with any school-related problems. Few understood or had any practical experience of caseworkers, schools and carers working in partnership to meet the learning needs of children in out-of-home care.

On the other hand, carers did see that DoCS had a role in responding to crises that could lead to educational placement breakdowns. Most expected that caseworkers would attend meetings arranged by the school if a child in their care experienced specific problems at school or was threatened with suspension or expulsion.

Carers generally had little understanding of education placement planning — if it happens, it doesn't involve them. Few carers had regular or active discussions with caseworkers about their children's progress at school, school reports, managing homework, learning difficulties or emerging behavioural concerns. Few carers considered the need to include learning goals or outcomes in their children's case management plans.

Other feedback from our surveys and interviews of carers noted:

- Most carers did not think their child's education was disadvantaged because they were in out-of-home care, yet they did see value in educating teachers about the stigmatisation, bullying and other difficulties students labelled as 'foster kids' can face.

- There was praise for the work done by Aboriginal Education Assistants in supporting children, but uncertainty about whether they could have a formal role in helping to develop education plans. Children's involvement in 'cultural activities' was often cited as a type of support that schools provided. This was particularly evident in our consultations in Northern NSW where several carers spoke about children in their care being part of 'mentoring' programs.
- Few carers knew about potential entitlements such as tutoring assistance. Where they did know of support services such as counselling to help manage difficult behaviours, many carers noted their difficulties in being able to readily access these services (see earlier discussion on this issue under 'Caseworker Support').
- A number of carers described the enormous pressures that changes in a child's care placement could have on their schooling and the need for schools to consider providing specific supports, especially if:
 - the change in care placement necessitates a change of school
 - difficulties in adjusting to new care arrangements trigger behavioural issues that have the potential to lead to suspension from school; or
 - the change in care placement was linked to the child's behavioural issues.⁷⁵
- A number of children were suspended or were only attending school for two to three hours a day.⁷⁶ Most carers in this situation said they had difficulty in keeping children occupied for the extra hours at home. Few knew of any strategies that can be determined by schools to support students who are suspended or whose school attendance is limited.⁷⁷
- Suspension from school puts a considerable strain on the relationship between carers and children, with many carers in this situation unsure of what to do. A strategy used by some carers to reduce the chances of educational placement breakdowns was to 'hand pick' schools and/or principals perceived to be more tolerant of difficult behaviours or more flexible in how they implemented their suspension policy.⁷⁸

While our survey did not include specific questions about suspension from school or the supports in place for children who are excluded for certain periods, our interviews and discussions with carers quickly established that significant numbers of children had been suspended or were attending school for as little as two hours a day.⁷⁹ As neither DoCS nor DET has data to quantify how many children in out-of-home care are suspended or attend for limited hours, future data collection and reviews should pay close attention to this issue.

It appears the issue of suspensions and limited attendance will be explored in research commissioned by DoCS. The study, entitled *Are we making the grade?*, will focus on factors that facilitate and impede educational engagement and achievement by children and young people in out-of-home care. It is being conducted by Michelle Townsend, a former national co-ordinator of the CREATE Foundation⁸⁰ and now at Southern Cross University's Centre for Children and Young People.

⁷⁵ The MoU between DoCS and DET commits them to make reasonable efforts to maintain enrolment at the school where the student has established relationships, if it is in the child's interest, should a change in care placement be necessary. It also commits them to make reasonable efforts to ensure continuation of the care placement, if it is in the interests of the child, if a change in school placement is necessary.

⁷⁶ DET has advised that a number of school regions are currently implementing strategies to reduce the number and length of long suspensions of Aboriginal students.

⁷⁷ In responding to our draft report, DET advised that the school at which a student is enrolled has responsibility to provide educational support during a period of long suspension, which may take "a range of forms as determined by the principle". Whilst this may be the case, the question is how adequately are schools providing supports in these circumstances.

⁷⁸ In their response to our draft report, DET stated that "neither the Suspension and Expulsion of School Students – Procedures nor the Student Discipline in NSW Government Schools policies and procedures allow principles to be 'tolerant of difficult behaviour' or to be 'more flexible'. The behaviours that must be responded to with discipline consequences or by suspension are clearly outlined in the policies and procedures." DET acknowledged that "schools must always be flexible in considering the individual needs of a student when making decisions about suspension".

⁷⁹ The MoU between the DET and DoCS commits the former to "implement and document a range of student welfare and discipline strategies before a suspension is imposed, unless circumstances warrant immediate suspension".

⁸⁰ The CREATE Foundation is the national advocacy network for children and young people in out-of-home care – see www.create.org.au

While even carers of children with complex needs or difficult behavioural issues who only attend school for just a few hours a day generally tended to be satisfied that their children's educational needs were being met, there was little consistency in carers' views regarding:

- what constituted good educational outcomes
- what kinds of supports were needed; or
- what else could be done to help children in their care to enhance their education and achieve their potential.

Identifying and tracking data on educational outcomes

The Australian Institute of Health and Welfare (AIHW) is attempting to address the dearth of reliable information in this area. It recently piloted a study to try to gauge the academic performance of children on guardianship or custody orders, examining the academic achievements of 895 children who sat the Year 3, 5 or 7 reading and/or numeracy tests in government schools in August 2003. Despite significant gaps in the data, including no data at all about children in NSW, Western Australia and the Northern Territory, the first phase of this pilot study, *Educational outcomes of children on guardianship or custody orders*,⁸¹ established that:

- children on guardianship or custody orders across all year levels had poorer academic results than other children their age
- they were "considerably less likely" to achieve the national benchmarks for reading and numeracy across almost all year levels than other children
- Indigenous children on orders "have much lower reading and numeracy scores than other children on orders"
- there was evidence of a "substantial decline" in the proportion of children on orders achieving national benchmarks as they progress through their schooling, meaning that Year 5 and Year 7 students were less likely to achieve the benchmarks than those in Year 3; and
- there were no consistent findings regarding the effects of living arrangements, gender or length of time in care and protection orders on academic performance.

The AIHW plans to refine its approach and include all Australian jurisdictions in a follow-up study next year. Over time, it hopes to track changes in the academic achievements of children and young people in care.

In her analysis of the pilot study, Townsend praised the AIHW's report as a critical step in identifying the factors that influence educational outcomes, and urged education and community services departments to commit to the ongoing funding and development of this work.⁸² She also noted some of the limitations of the study sample, including the failure or inability to include certain types of students such as those on permanent care orders, children on orders who attend non-government schools, and those who were absent on the day of testing or exempted from testing. With respect to the latter, Queensland estimates that 14% to 18% of children in care are exempted from the tests.

Townsend acknowledged positive developments such as the development of partnership agreements, memoranda of understanding and the implementation of individual education plans for many children in out-of-home care. However, she pointed out that information on children not included in the first phase of the study, expanding the data set to include NSW, Western Australia and the Northern Territory, and tracking performance over time, is needed to provide much more reliable indicators of effective strategies to enhance learning outcomes. Even so, the pilot report still highlights the educational disadvantages faced by children in care and, Townsend argues, provides pointers for immediate actions in relation to:

⁸¹ Australian Institute of Health and Welfare, June 2007.

⁸² Townsend M., "Report review – Educational outcomes of children on guardianship or custody orders: A pilot study", *Children Australia* Vol. 32, No. 3, 2007.

- Indigenous children in care, as most require significant additional educational input
- a greater focus on numeracy for all children in care
- literacy remains a significant issue; and
- actions must be early and/or immediate and of sufficient intensity to prevent these students falling behind their peers.⁸³

One of the few studies to consider the education needs of children in out-of-home care is the CREATE Foundation's *Report Card on Education 2006*, which notes that:

*"A history of disrupted school attendance due to relocation and exclusion, in addition to disabilities, learning difficulties, and emotional and behavioural problems, can mean that the education needs of children and young people in the care of the state are not met."*⁸⁴

CREATE's Report Card notes that the Memorandum of Understanding between DoCS and DET commits both agencies to working together to support the development of education planning for individual students in out-of-home care in NSW. For Aboriginal students in out-of-home care, this includes "appropriate support and services that assist in meeting their needs".⁸⁵

The CREATE report also notes the initiative mentioned earlier in this section concerning DoCS' development of a capacity for monitoring, reviewing and evaluating educational objectives through a 'minimum data set' which captures incidents of suspension and expulsion, educational attainment and retention rates for children and young people in out-of-home care. However, in their response to our draft report, DoCS advised:

"The minimum data set (MDS) referred to in the CREATE report card does not capture incidents of suspension, expulsion or exclusion during a placement period. MDS also captures enrolment in an educational institution, but does not collect data on educational attainment. It should be noted that the MDS only collects the above data relating to education for NGO placements. The collection on this same data from DoCS placements is scoped for phase 2 of the MDS, but is currently not available".

This most recent advice from DoCS illustrates the need for clarity about the type of data currently being captured and what will be captured in the future.

CREATE also notes plans to evaluate the effectiveness of the MoU on an ongoing basis every two years.⁸⁶ The DoCS *2006-07 Annual Report* notes that an independent consultant will evaluate the implementation of the current memorandum in 2007/08. CREATE's Report Card sought further information about aspects of the memorandum that could be included as issues for review, including:

- Whether the memorandum applies to students attending non-government schools and, if not, how this might be done.
- Whether all children and young people in care will, over time, be given individual education plans or just those students who are identified as being 'in need' of additional assistance. CREATE's view was that individual education planning should apply to all children and young people in care to maximise their educational participation and performance.
- The mechanisms for collecting and reporting on the number and proportion of students who have this kind of individual education plan.

⁸³ Townsend M., "Report review – Educational outcomes of children on guardianship or custody orders: A pilot study", *Children Australia* Vol. 32, No. 3, 2007. p 5.

⁸⁴ Harvey, J. and Testro P., (CREATE Foundation), *Report Card On Education 2006*,

⁸⁵ 'Guiding Principles', *Memorandum of Understanding between NSW Department of Education and Training and NSW Department of Community Services in relation to educational services for children and young people in Out-of-Home Care*, October 2005. p 4.

⁸⁶ Harvey, J. and Testro, P., (CREATE Foundation), *Report Card On Education 2006*,

- The mechanisms for reporting on education participation and performance of children in out-of-home care generally. CREATE noted that although DoCS said it had the 'capacity' to monitor, review and evaluate educational objectives in the memorandum, it was not clear whether and how data would be collected and analysed. Nor was it clear how this would be linked to DET's participation and performance measures.

The role of carers

There is little available information about the kinds of individuals or couples who care for Aboriginal children in out-of-home care. What little we know tends to focus on kinship carers generally – including the many non-Aboriginal kinship carers responsible for non-Aboriginal children. However, it appears that kinship carers generally have less formal education.⁸⁷ A study by Ehrle and Geen in 2002 found that “approximately a third of children in kinship care had carers with less than high school education compared with 9% in foster care” generally.⁸⁸

DoCS' *Foster Carer Resource Guide* advises carers of the importance of working with caseworkers to help develop strategies that meet the educational needs of children in out-of-home care:

“Education is a vital part of a child or young person’s life. For many children and young people in out-of-home care, their education has been disrupted. Caseworkers and carers need to give attention to educational needs to ensure that the child or young person remains engaged with school, has a positive educational experience and that barriers to learning are addressed...Education should be one of the key issues addressed in developing and reviewing case plans.”

As the earlier section on carers' comments notes, few carers consider that caseworkers have an active interest in meeting the educational needs of children in care, except to assist in responding to particular incidents or crises that threaten the viability of the educational placement. It is possible that many caseworkers could actually have frequent contact with schools and include information from schools in educational case planning of individual students in care. Yet, even if this was the case, it is clear that there are presently obstacles to caseworkers, schools and carers working in partnership to meet the learning needs of children in out-of-home care.

There is also a question as to whether carers' apparently modest expectations of educational attainment of the children in their care are influenced by their own learning experiences, especially among older Aboriginal kinship carers, many of whom may have had few opportunities to progress at school. However, the opposite could also be true, as those who had limited educational opportunities in their youth may be acutely aware of the opportunities afforded by a quality education. In any case, it is clear that there is ample scope for caseworkers to be much more active in engaging carers and schools in the development of individual educational plans and not waiting for requests for assistance.

Suspensions from school and restrictions on attendance

It is important that carers understand that the purpose of suspensions from school of periods up to and including 20 school days or restrictions on hours of attendance should not be to punish the student, but to provide time for all parties – caseworkers, teachers, principals, health professionals and carers – to work together to address any disruptive behaviour or other issues. The aim is to ensure that students on suspension are better-equipped to actively learn when they re-enter school, and to help those on limited attendance increase their hours. This type of coordinated response is

⁸⁷ Paxman, M. *Outcomes for children and young people in kinship care: An issues paper*, Centre for Parenting & Research, Research, Funding & Business Analysis Division, Department of Community Services, December 2006.

⁸⁸ Ehrle, J. and Geen, R., “Kin and non-kin foster care – Findings from a national survey”, *Children and Youth Services Review*, Vol. 24, No. 1-2, Jan-Feb 2002. Cited in Paxman, M., *Outcomes for children and young people in care – An issues paper*, NSW Department of Community Services, December 2006.

critical. Teachers cannot solve the underlying issues without the active support of others involved in caring for and providing services to the student on suspension.

DoCS' 2006-07 Annual Report acknowledges that:

"Children and young people in care, particularly those with complex needs, are at significantly higher risk of poor educational achievement. Research shows this is linked to higher rates of unemployment, homelessness, substance abuse and mental health problems.

To help achieve the best possible educational outcomes for all children and young people in out-of-home care, DoCS works with services and other government departments under a number of Memoranda of Understanding (MoU)."

Incidents and interventions leading to a student's suspension from school should alert all parties to the need for better educational case planning and review, starting with a detailed assessment of the child's educational skills and how levels of educational attainment compare with his or her peers. This assessment should provide the information needed to determine what additional supports might be needed to remedy any problems. The MoU between DoCS and DET includes a number of strategies aimed at improving access to a range of educational support services for children in out-of-home care.

DET has prioritised the development of educational plans for all Aboriginal children.⁸⁹ To date, over 9,500 such plans have been developed and implemented. DET aims to increase this number to 10,000 by the end of 2008. Through other investigative work conducted by our office, we are also aware that education staff often acknowledge the goodwill shown by local community services staff in building relationships with schools in their area. However, they do have concerns that caseworkers are often unable to prioritise attending education conferences for students in out-of-home care due to their heavy workload.

In relation to engagement at school, we are currently examining the implementation of the requirements of DET's long suspensions procedures. A long suspension can be for up to 20 school days, a considerable period for a student to be out of school. It is not uncommon for students with particularly challenging behaviour to be given more than one long suspension in a school year, returning to school for a period but then behaving in a way which leads to a further period of long suspension.

One of the issues we have looked at is the availability of support and assistance to maintain students with difficult behaviour in school. We have expressed our concern to DET that the nature of the information it collects about suspended students and the lack of analysis of long suspension data appears to mean it has limited knowledge about the needs of students who are being suspended. In order to better ensure the needs of students are being met, we have suggested the department review the adequacy of support available to students identified as having behavioural and emotional problems and/or disorders. Our views have been well received by DET and we expect to report on this investigation shortly.

Out-of-home care support teachers

There are 23.6 equivalent full-time out-of-home care support positions across NSW. These positions are responsible for coordinating supplementary educational support for children and young people in out-of-home care. The types of support that the out-of-home care program can provide to schools includes helping students cope with changing schools, managing school work, behavioural problems, suspension and learning difficulties. The out-of-home care teacher may work

⁸⁹ *Out-of-home care wraparound support services for children and young people*, April 2007. Paper prepared by DoCS in consultation with non government sector.

collaboratively with school learning support staff, carers and DoCS or other agencies to assist students enrolling or transferring from a current school and/or carer setting.

However, with so few out-of-home care teachers responsible for assisting thousands of children and young people in out-of-home care in schools across the state, there is a question as to whether there is a sufficient level of this type of support in place. Although they have the potential to make positive changes for a number of children, many children and young people who would benefit greatly from this kind of service may not get the help they need, especially in country regions with numerous schools and long distances between schools. We understand that this is one of the issues being explored by Michelle Townsend's current research.

Observations

Despite high levels of carer satisfaction with important aspects of ensuring that children in out-of-home care can access basic educational opportunities, the limited available data indicating comparatively poor educational outcomes highlights the need for more effective strategies in this area. Urgent consideration should be given to:

- Promptly finalising a project plan for the collecting, analysing and reporting on comprehensive information about the education participation and performance of *all* children in out-of-home care, and tracking performance over time to provide much more reliable indicators of effective strategies to enhance learning outcomes. Comprehensive education and community services data should be published regularly, and linked to enable the more effective monitoring of each agency's performance in this area.
- Ensuring that there is ongoing evaluation of the practical impact of recently developed systemic supports, such as memoranda of understanding and the implementation of individual education planning for children in out-of-home care.
- Developing strategies that give effect to the principle that carers, caseworkers and schools should work in partnership to address any learning impediments or schooling problems, and ensure that the broader educational needs of children in their care are met.
- While acknowledging the importance of data collection, DET has expressed the view that their capacity to collect reliable data is compromised because schools may be unaware of the out-of-home care status of a student in the absence of a disclosure of that status by the student, their parent or carer. It appears there is no direct exchange of information between DoCS and DET that would alert the latter to students' out-of-home care status, and no central departmental tracking of this status by DET itself. In relation to suspension and expulsion of students in out-of-home care, DET has suggested that in the current environment, DoCS would have greater capacity to collect this type of data. However, it is our view that this would not necessarily be the case if DET was to collect and track information about the out-of-home care status of students in the future.
- In our view, there is a need for the MoU between DoCS and DET to be strengthened in respect of the collection and exchange of information relating to children and young people in out-of-home care, both to facilitate enhanced learning outcomes and improve monitoring of those outcomes. DoCS has already acknowledged that in order to capture useful data about educational outcomes, there is a need to determine and define reporting requirements consistent with its recently approved policy relating to educational assessment of children in out-of-home care.⁹⁰ Clearly, this should be done in consultation with DET with appropriate consideration of broader shared information needs.

⁹⁰ DoCS response to draft report.

3.11 Critical data

Placement data initially sought from DoCS

On 23 April 2007, we issued a notice to DoCS requiring them to produce the following information:

- from each Community Service Centre in the regions specified,⁹¹ the names and contact details for all Aboriginal and non-Aboriginal carers with Aboriginal children in their care in each DoCS region who are receiving either the statutory care allowance or the supported care allowance
- advice as to whether carers identified above are regarded by DoCS as foster or relative/kinship carers; and
- a list of the non-government organisations in each region that provide an out-of-home care service to Aboriginal and/or Torres Strait Islander children.

DoCS provided its response on 14 May 2007. The response reflected each region's interpretation of what was required by our notice and as a result, the level of detail that was provided is inconsistent across the regions and, in some cases, incomplete. Accordingly, in the summary provided below, there are some differences in the information that we provide for each region.

On 26 October 2007 we also asked DoCS to provide details in relation to the number of Aboriginal children supported by each Aboriginal out-of-home care service. However, we only received details in relation to the 'current placement capacity' of these services.⁹² According to the advice provided, there are currently 199 funded places. This information relating to current placement capacity is also contained in the summary below.

Hunter and Central Coast

DoCS advised us that there were 427 Aboriginal children in care in this region (excluding residential care). DoCS provided details for 81 carers in this region. Thirty (37%) were identified as Aboriginal carers — all kinship carers. The details for a further 51 non-Aboriginal foster carers were supplied. Therefore, 63% of the carers of Aboriginal children in this region about whom DoCS provided advice appear to be non-Aboriginal.

There are six non-government organisations in this region that provide an out-of-home care service to Aboriginal children. One of these is an Aboriginal-run service, the Hunter Aboriginal Children's Services (HACS). DoCS indicated that the HACS currently has "capacity for 30 placements".

Metropolitan West

DoCS advised us that there were 441 Aboriginal children in care in this region (excluding residential care). DoCS provided details for 140 carers in this region. The response provided by this region did not identify whether carers were Aboriginal or whether they were kin or foster carers. DoCS advised that a new Aboriginal out-of-home care service, Link Up (NSW), is being established through the capacity building initiative. There was no indication provided about the planned capacity of this service.

⁹¹ DoCS response dated 14 May 2007 (provided details in relation to Metropolitan West, Metropolitan South West, Metropolitan Central, Western, Southern and Northern regions).

⁹² DoCS response dated 16 November 2007.

Metropolitan South West

DoCS advised us that there were 300 Aboriginal children in care in this region (excluding residential care). DoCS provided details for 34 carers in this region. Based on the information provided in the schedule, 11 carers appeared to be non-Indigenous foster carers — the remaining 23 appear to be Aboriginal carers. Two of the 11 carers were recorded as kinship carers. Therefore, 32% of the carers of Aboriginal children in this region about whom DoCS has provided advice appear to be non-Aboriginal.

There are two non-government organisations in this region that provide an out-of-home care service to Aboriginal children. One is an Aboriginal-run service, KARI Aboriginal Resources Inc. DoCS indicated that KARI currently has “capacity for 60 placements”.⁹³

Metropolitan Central

DoCS advised us that there were 301 Aboriginal children in care in this region (excluding residential care). DoCS did not provide an overall figure for carers in this region. A number of separate schedules were provided by individual CSCs with different types of information. The first list includes the details for 46 carers and an additional page lists five carers under the heading of ‘non-Indigenous’. Another list includes the details for 18 carers and six of these carers are identified as ‘non-Indigenous’. The final list provides the details for ‘relative/kin’ carers and includes the details for 42 carers; four of these carers have been identified as non-Indigenous. Based on the information provided, of the 111 carers of Aboriginal children in this region about whom DoCS provided advice, 15 (13.5%) are non-Aboriginal.

The region identified five non-government organisations that provide an out-of-home care service to Aboriginal children.

Western

DoCS advised us that there were 888 Aboriginal children in care in this region (excluding residential care). DoCS provided details for 159 carers in this region. Ninety-four were recorded as Aboriginal carers. We did not receive any information in relation to which carers were kin or foster carers. Based on the details provided, 41% of carers in this region about whom DoCS has provided advice appear to be non-Aboriginal.

DoCS identified four non-government organisations in this region that provide an out-of-home care service to Aboriginal children. However, the only Aboriginal service listed is the former Aboriginal Children’s Service. Therefore, the information provided indicates that there are no Aboriginal out-of-home care services in the Western region.

Northern

DoCS advised us that there were 969 Aboriginal children in care in this region (excluding residential care). DoCS indicated that there are 66 carers in this region. However, we received contact details in relation to 85 carers (we have based our calculations on the higher figure). Forty-seven carers were recorded as Aboriginal. We did not receive any information in relation to which of these carers were kin or foster carers. Therefore, 45% of the carers of Aboriginal children in this region about whom DoCS has provided advice are non-Aboriginal.

⁹³ We understand that KARI’s actual current placement capacity is 30.

There are six non-government organisations in this region that provide an out-of-home care service to Aboriginal children. Three of these organisations are Aboriginal-run services: Burren Dalai Out-of-Home Care Service, Great Lakes and Manning Aboriginal Children's Service, and Ngunya Jarjum. DoCS indicated that Burren Dalai Out-of-Home Care Service currently has "capacity for 30 placements", Ngunya Jarjum 27 placements, and Great Lakes and Manning Aboriginal Children's Service 30 placements.

Southern

DoCS advised us that there were 399 Aboriginal children in care in this region (excluding residential care). DoCS provided details for 71 carers in this region. Thirty-one carers were recorded as non-Indigenous (but this was not specified). The remaining 40 carers appear to be Aboriginal. We did not receive any information in relation to which of these carers were kin or foster carers. Based on the details provided, 43.6% of the carers of Aboriginal children in this region are non-Aboriginal.

There are seven non-government organisations in this region that provide an out-of-home care service to Aboriginal children. One of these organisations is an Aboriginal-run service, South Coast Medical Service Aboriginal Corporation. DoCS indicated that South Coast Medical Service Aboriginal Corporation currently has capacity for 22 placements.

Additional information relating to data

DoCS data

On 26 October 2007, we asked DoCS to provide us with the following additional placement data relating to Aboriginal children in out-of-home care and their carers:

- The total number of children in out-of-home care and the number of these children in each DoCS region (excluding residential care).
- The total number of Aboriginal children in out-of-home care and the number of Aboriginal children in out-of-home care in each DoCS region (excluding residential care).
- The total number of Aboriginal foster carers and the number of Aboriginal foster carers in each DoCS region.
- The total number of Aboriginal kinship carers and the number of Aboriginal kinship carers in each DoCS region.
- The total number of Aboriginal children placed with Aboriginal foster carers and the number of these children placed with Aboriginal foster carers in each DoCS region.
- The total number of Aboriginal children placed with Aboriginal kinship carers and the number of these children placed with Aboriginal kinship carers in each DoCS region.
- The total number of Aboriginal children placed with non-Aboriginal foster carers and the number of these children placed with non-Aboriginal foster carers in each DoCS region.⁹⁴

On 21 February 2008, we received advice from DoCS that its Statistical Information Service could only provide us with data in relation to points one and two above. This data is summarised in the table below.

⁹⁴ At a meeting with DoCS staff on 19 October 2007 we made it clear that we were only seeking details in relation to 'authorised' kinship carers.

**Figure 5: Number of Children/Young Persons (aged 0-17yrs) in Out-Of-Home Care⁹⁵
(excluding Residential Care) by Region and Aboriginal Status, as at 30th June 2007**

Region	Aboriginal	Non-Aboriginal	Not Entered	% of Aboriginal children	Total children in care	Total no. carers of Aboriginal children ⁹⁶	% non-Aboriginal carers with Aboriginal children
Hunter & Central Coast	427	1,835	2	19	2,264	81	63
Metro Central	301	944	1	24	1,246	111	13.5
Metro South West	300	1,058	1	22	1,359	34	32
Metro West	441	1,340	0	25	1,781	140	Unknown
NGO	85	171	16	31	272	-	-
Northern	969	1,330	0	42	2,299	85	45
Southern	399	1,051	1	27	1,451	71	44
State-wide Services	2	18	0	10	20	-	-
Western	888	820	3	52	1,711	159	41
Total	3,812	8,567	24	31	12,403	596	-

In response to our draft report, DoCS provided further advice about why it was unable to provide the additional data we requested in October 2007, indicating that: "DoCS does not have agreed counting rules on foster carers, kinship or relative carers" and that they are currently drafting such rules in recognition of the importance of collecting this data. However, we note that prior to responding to our draft report, DoCS provided the Special Commission of Inquiry into Children's Services with the following data relating to the placement arrangements for Aboriginal children in out-of-home care:

Of the 3,865 Aboriginal children in out-of-home care at 30 June 2007:

- a. 2,212, or 57.2 per cent of all 3,865 Aboriginal children and young people in out of home care, were placed with Aboriginal relative/kin
- b. 390 or 10.1 per cent were placed with non-Aboriginal relative/kin
- c. 670 or 17.3 per cent were placed with other Aboriginal caregivers
- d. 12 or 0.3 per cent were living in Aboriginal residential care
- e. 500 or 12.9 per cent were placed with other non-Aboriginal caregivers
- f. 52 or 1.4 per cent were living in non-Aboriginal residential care
- g. 29 or 0.8 per cent were living independently

Consultations with AbSec

In the course of our review we consulted regularly with the Aboriginal Child, Family and Community State Secretariat (AbSec), who recently provided advice to us that the current number of Aboriginal children placed with Aboriginal out-of-home care agencies affiliated with AbSec is around 170. This estimate does not include KARI Resources Inc. Additionally, these figures do not include the number of Aboriginal children placed with non-Aboriginal out-of-home care services. AbSec indicated that it currently has no information about the number of Aboriginal children placed by other non-government services. However, based on AbSec's advice it would appear that only 5% of Aboriginal children are supported by Aboriginal out-of-home care services.

⁹⁵ Table provided by DoCS on 19 February 2008 (request made for these statistics not to be released publicly). Information about total number of carers of Aboriginal children and Aboriginal status provided by DoCS on 14 May 2007 and 19 October 2007 in response to request from Ombudsman.

⁹⁶ Information about total number of carers of Aboriginal children and Aboriginal status provided by DoCS on 14 May 2007 and 19 October 2007 in response to request from Ombudsman.

According to AbSec, there is a need to expand the number of Aboriginal out-of-home care service providers across the state. We are aware that DoCS has plans to expand the capacity of Aboriginal services to the point of providing for around 10% of all Aboriginal children in care. It is well understood by AbSec and others, that increasing capacity in this area is also dependent on increasing the number of Aboriginal carers. We understand that there have been discussions between DoCS and AbSec about this critical issue. In their response to our draft report, DoCS also advised that they have developed a foster carer recruitment strategy to increase the number of new Aboriginal carers. The strategy will use a range of approaches to provide advice and information to people who show an interest in fostering at both a state-wide and local level.

During our interviews with carers, they consistently made the point that 'word of mouth' was the most effective type of recruitment strategy. Aboriginal out-of-home care services affiliated with AbSec also confirmed that this strategy generally worked best for them. For this reason, it is critically important for DoCS to ensure that it builds good relationships with its Aboriginal carers so that the 'grapevine' carries positive messages about what it means to be a DoCS carer.

In the Special Commission of Inquiry into Child Protection Services' recent Aboriginal Communities forum, Burnside UnitingCare manager, Mr Reg Humphreys, commented on the benefits of 'word of mouth' in attracting interest from potential carers:

"Over the last 10 years we [Burnside] have been involved in a journey by developing relationships of mutual respect and trust with significant groups of individuals in our immediate vicinity, to the extent that, today, out of 44 permanent staff, 22 are Aboriginal people, and out of 49 carers, 29 are Aboriginal people, and a couple of things have become obvious along the way. One is the business of 'vouching'... they don't want to come and work for us unless they have had people recommend us."⁹⁷

We were also advised that recruitment strategies that tap into the fabric of Aboriginal community life, including cultural events such as NAIDOC, 'community and family gatherings' and sporting events, are also potential opportunities to spread the word about fostering.⁹⁸

Additionally, AbSec has noted that it is difficult for it to properly perform its role without having access to both the high level data of the kind we have sought as a part of our review, as well as more specific data about Aboriginal carers. As our research has shown, DoCS appears to have difficulty in extracting this kind of information. As to the issue of carer details, earlier in this report we discussed how privacy issues could be addressed in order to make this information more readily available to AbSec.

Tracking data on carer availability

When the 2003 study on the *Availability of Foster Carers in NSW* (McHugh et al, 2004) was conducted, it was apparent in the three DoCS offices visited by the researchers that records were not kept of the number of potential carer inquiries, the number of people assessed as not suitable, and potential carers who withdrew from initial training. The study also found that there was no carer database of when carers commence or leave fostering or the reasons why they cease to foster or are deemed 'inactive' by the workers themselves. Additionally, there were no exit interviews conducted with carers when they left fostering.⁹⁹

⁹⁷ Transcript, Aboriginal Communities forum, 24 April 2008, pp.17-18.

⁹⁸ We note that DoCS launched a recruitment campaign in August 2006 to attract more foster carers — 2000 people expressed an interest. However, it is unclear how many of these people were Aboriginal or whether or not Aboriginality was identified through the campaign. This campaign was linked to the launch of the centralised Foster Carer Recruitment Line in August 2006. After the initial inquiry is made, a caseworker makes contact with the potential carer and provides more detailed advice about relevant authorisation, training and assessment processes. The second phase of the program involves a long-term approach targeting potential Aboriginal and multicultural carers.

⁹⁹ McHugh, M., McNab., Smyth., C, Chalmers, J., Siminski, P. and Saunders, P., *The Availability of Foster Carers: a Report prepared for DoCS*, Social Policy Research Centre, University of NSW, Sydney, 2004.

From the review of the available literature, it appears that most jurisdictions tend to collect little data about foster carers in general, particularly in relation to why carers commence or leave fostering. In this regard, there would appear to be merit in systemically collecting this type of information.

The kind of data that may be useful to collect in relation to Aboriginal carers includes:

- Indigenous status
- age
- carer type – foster, authorised kinship
- date of commencement
- date of exit
- the reasons why person became a carer
- the reasons why person ceased care-giving role (exit interviews)
- the number of potential carer inquiries (the carer hotline records this to a limited extent)
- the number of people assessed as unsuitable
- the number of people who withdrew from initial training, and
- the method by which carer was introduced to fostering/kinship care

Data about children in care

Earlier in this chapter, we outlined the need for DoCS to capture data in relation to a range of areas relevant to the progress of children in out-of-home care, including health and educational outcomes. We understand that DoCS is currently trialling the collection of a 'minimum out-of-home care data set' to measure key outcomes across a range of areas such as health outcomes, school outcomes (including suspensions) and the reasons for children entering care.

Additional observations

1. According to the information supplied to us by DoCS, the total number of Aboriginal children in out-of-home care, as at 30 June 2007, excluding residential care, was 3,812. However, this figure is different to the figure provided in the Australian Institute of Health and Welfare's (AIHW) statistical report, *Child Protection 2006-07*,¹⁰⁰ which identifies a figure of 3,689 as at the same date, and we note that the AIHW's figure includes residential care. However, we understand that the AIHW uses different 'counting rules' in order to meet their national reporting guidelines. For example, unlike DoCS' counting rules, the AIHW's counting rules usually exclude placements in disability services, medical or psychiatric services, juvenile justice facilities, supported community housing and placements with one parent or both parents. The AIHW also excludes placements which do not have an allowance payment or contingency payment. We have also noted that while DoCS' *2006-07 Annual Report* provides a figure for the number of Aboriginal children placed in accordance with the Aboriginal Child Placement Principles, it does not provide an exact figure for the number of Aboriginal children in out-of-home care.¹⁰¹ It is therefore difficult to obtain an accurate picture of the precise number of Aboriginal children in out-of-home care and a breakdown of the placement type from publically available information.
2. Although DoCS informed us in their response to our draft report that "DoCS does not collect data about the number of children placed with Aboriginal carers, nor does it have agreed counting rules on foster carers, kinship or relative carers", it was able to provide the Special Commission of Inquiry into Child Protection Services with data relating to the total number of

¹⁰⁰ Australian Institute of Health and Welfare's statistical report, *Child Protection 2006-07*.

¹⁰¹ According to DoCS, the publication of the 2006/07 statistical report has been delayed due to the necessary diversion of resources to meet the requirements of the current Special Commission of Inquiry into Child Protection Services in NSW. We have reviewed the Child Protection Quarterly Data report for April 2006 to June 2007, Out-of-Home-Care data, provided for March 2006 to March 2007.

Aboriginal children in out-of-home care and their placement arrangements. This data was included in the Special Commission's *Facts Sheet on Aboriginal communities*.¹⁰² It is unclear what data DoCS relied on to provide this information to the Commission. The data provided to the Commission (outlined on page 72) indicates that there were 500 Aboriginal children placed with non-Aboriginal caregivers (12.9%) and a further 390 children placed with non-Aboriginal relatives/kin (10.1%) at 30 June 2007. Certain information that DoCS provided to us does not appear to sit comfortably with the data that DoCS provided to the Commission. For example, those DoCS regions that were able to provide to us an Aboriginal/non-Aboriginal breakdown of its carers of Aboriginal children indicated that, on average, 39% were non-Aboriginal.¹⁰³ In the Hunter-Central Coast region, DoCS identified only 81 carers who were caring for a total of 427 Aboriginal children (only 30 of these carers were identified as Aboriginal). While we appreciate that the information that DoCS provided to us may not necessarily be inconsistent with the information provided to the Commission, we do believe that it illustrates the need for DoCS to outline its current and proposed data collection and reporting rules in this area.

3. Given the lack of clarity in the public reporting of the numbers of Aboriginal children in out-of-home care, their placement arrangements and the counting rules for the collection of this type of data, there is also an urgent need to ensure that this kind of information about a group of children who make up more than 30% of the out-of-home care population is accurate, readily available and easily understood. Furthermore, it is important that public reporting not only includes information in relation to the overall number of Aboriginal children in care but also information relating to the placement arrangements for Aboriginal children. This information also needs to be reported by region and against care categories (statutory or supported).
4. The number and proportion of Aboriginal children placed with Aboriginal out-of-home care agencies is relatively low — currently around 5% — and there would appear to be a need to expand the number of Aboriginal out-of-home care service providers across the state. Should DoCS reach its goal of '10% coverage', it is likely that the proportion of Aboriginal children supported by Aboriginal out-of-home care services will still only be around the proportion that existed prior to the demise of the Aboriginal Children's Service. There are also a number of challenges for DoCS in even meeting this target of 10% coverage. For example, the outcomes from the recent out-of-home care expression of interest process did not result in an Aboriginal agency from the Western region being selected nor did the process identify any new agencies. We understand that in addition to the existing Aboriginal out-of-home care services, a number of other Aboriginal organisations submitted applications. However, their applications were unsuccessful. Therefore, there are still no Aboriginal out-of-home care services in the New England area, Western and Metro Central regions.¹⁰⁴
5. Another challenge relates to the need to ensure that any capacity in the number of placements of Aboriginal children in out-of-home care services is coupled with high quality service delivery.
6. It is difficult for AbSec to perform its role when it does not have critical information about Aboriginal children in care and the carers of these children. For this reason, sharing relevant data with AbSec needs to occur as part of building a more meaningful partnership and seeking to assist AbSec in strengthening its strategic focus.

¹⁰² The figure provided for Aboriginal children in out-of-home care is 3,865 and includes residential care.

¹⁰³ One region (Metro West) – with 140 carers – failed to provide details of the Aboriginal status of its carers.

¹⁰⁴ We understand that DoCS will consider undertaking 'direct negotiations' as part of the broader out-of-home care funding reforms, in recognition of the desirability of identifying a suitable Aboriginal organisation to provide culturally responsive services to children in this area.

7. Both DoCS and out-of-home care agencies will need to attract greater numbers of Aboriginal carers to meet the increased demand for suitable placements. DoCS and out-of-home care agencies will each be targeting the same potential pool of people in each region. For this reason, recruitment strategies need to be complementary and reflect a genuine partnership between DoCS, AbSec and out-of-home care service providers. Furthermore, consideration should be given to supporting arrangements in which non-Aboriginal out-of-home care providers form partnerships with Aboriginal representatives, to explore ways of expanding the capacity of the Aboriginal out-of-home care services over time.

4. Concluding recommendation

In November 2007, the Special Commission of Inquiry into Child Protection Services in NSW was announced. The Commission is examining a number of the issues that have been canvassed in this report. Throughout this report, we have made detailed observations and suggestions for improvement. We have also provided a copy of this report to the Commission for its consideration.

Against this background, we recommend that within two months of the Commission reporting its findings, DoCS provide this office with its response to this report. In particular, we seek DoCS' advice regarding how it intends to address the following:

1. Supports for carers

- Ensuring appropriate regular and ongoing communication between caseworkers and carers in order to better support carers and facilitate a cooperative approach to achieving case plan objectives.
- Strengthening and monitoring carer support initiatives, such as carer support groups.
- Improving coordination of the identification of carers' training needs and the delivery of training.
- Promoting carers' awareness of and participation in support and training initiatives.
- Ensuring a prompt and appropriate response to complaints raised by carers.

2. Consultation processes

- Developing, implementing and monitoring clear and consistent guidelines for departmental consultation with communities in relation to placement decisions for Aboriginal children, to ensure meaningful compliance with the Aboriginal Child Placement Principles.

3. Data collection

- Addressing deficiencies in its collection of data about Aboriginal children in out-of-home care and their carers.

4. Cultural support planning

- Developing, implementing and monitoring appropriate and consistent cultural support planning processes to foster cultural identity and connectiveness for Aboriginal children in out-of-home care.

5. Health

- Responding to the observations made in the 'Health and Development Needs' section of this report, including but not limited to:
 - NSW Health's offer to be involved in the development of any evaluation of the service provided by Catholic Health Care; and
 - the 'number of practical issues which need to be addressed as a matter of priority' (identified at pages 59-60 of this report).

6. Education

- Ensuring the collection, analysis, reporting and tracking of comprehensive information about the education performance of all children in out-of-home care.
- Ensuring ongoing evaluation of recently developed initiatives to improve the educational supports for children in out-of-home care, including the MoU between DoCS and DET and the implementation of individual education plans.

- Developing strategies for improving carer, caseworker and school partnerships to address learning impediments or schooling problems of children in out-of-home care.

.....
Steve Kinmond
**Deputy Ombudsman and
Community and Disability Services Commissioner**

Annexure – Survey questions

- Case study? Possible file review?

Adequacy of supports for Aboriginal foster carers

Foster carer and kinship questionnaire

Review Officer's Name:.....

[Optional introduction]

My name is [insert interviewer's name]. Thank you for agreeing to do this questionnaire today. We are asking people like you questions to better understand the support that is given to foster carers of Aboriginal children. If you need a break or do not understand a question please tell me and we can stop. The questionnaire should take about an hour. Is that okay with you? [If it is ok, proceed with the interview]

Demographics

1. Carer's Name:.....

Address:
.....
.....

Phone:

2. Care Agency DoCS NGO

3. Organisation Location.....

4. Aboriginal Foster Carer Authorised Kinship Carer

 Kinship Carer Non-Indigenous Carer

5(a) How many Aboriginal children, if any, do you have in your care?

5(b)(i) Name:.....Age:..... Time in your care:.....

5(b)(ii) Name:.....Age:..... Time in your care:.....

5(b)(iii) Name:.....Age:..... Time in your care:.....

5(b)(iv) Name:.....Age:..... Time in your care:.....

5(b)(v) Name:.....Age:..... Time in your care:.....

5(b)(vi) Name:.....Age:..... Time in your care:.....

5(c) Are you related to any Aboriginal child/children in your care?

- Yes No [Go to Q.6]

5(d) What relationship do you have with the Aboriginal child/children in your care?

.....

6. How long have you been a carer?

Case Management Practice DoCS / NGO's

[Please record as Y = Yes; N = No; ? = Not sure; N/A= Not applicable]

Name of Aboriginal child	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6

7. Is there an allocated caseworker supervising and monitoring the [name of Aboriginal child]'s placement?	(a)	(b)	(c)	(d)	(e)	(f)
	[If Yes go to Q.9]	[If Yes go to Q.9]	[If Yes go to Q.9]	[If Yes go to Q.9]	[If Yes go to Q.9]	[If Yes go to Q.9]
8. [Ask if No to Q.7] How long has [name of Aboriginal child] been without a caseworker?	(a)	(b)	(c)	(d)	(e)	(f)
9. Do you know the name of your current caseworker?	(a)	(b)	(c)	(d)	(e)	(f)
10. [Blank-not an error]						
11. Is the caseworker Aboriginal?	(a)	(b)	(c)	(d)	(e)	(f)

12(a) Would you prefer an Aboriginal caseworker?

Yes

No

12(b) Comment:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Have you been provided with or given access to the following information about the [name of Aboriginal child] in your care:

[Please record as Y = Yes; N = No; ? = Not sure; N/A= Not applicable] [If there are any comments record at Q.19(b)]

Name of Aboriginal child	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6

13. Information about what contact you would have with the caseworker	(a)	(b)	(c)	(d)	(e)	(f)
14. A copy of the child's case plan	(a)	(b)	(c)	(d)	(e)	(f)
15. If applicable a copy of the restoration plan	(a)	(b)	(c)	(d)	(e)	(f)
16. A copy of the child's birth certificate	(a)	(b)	(c)	(d)	(e)	(f)
17. The child's Medicare Card	(a)	(b)	(c)	(d)	(e)	(f)
18. Relevant information on the child's identified needs	(a)	(b)	(c)	(d)	(e)	(f)

19(a) Overall do you feel that you were well briefed about the Aboriginal child's circumstances and needs before accepting the placement?

Name of Aboriginal child	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6

	(i)	(ii)	(iii)	(iv)	(v)	(vi)

19(b) **Comments** [Please record any relevant comments from the interviewee for Q.13-24]

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

[[Q.20 and 21 will only apply if the child has had a previous placement]

Have you been provided with or given access to the following information about the [name of Aboriginal child] in your care:

[Please record as Y = Yes; N = No; ? = Not sure; N/A= Not applicable] [If there are any comments record at Q.25]

Name of Aboriginal child	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
.....
20. Record of Medical History [Blue Book]	(a)	(b)	(c)	(d)	(e)	(f)
21. An updated edition of <i>My Life Story Book</i>	(a)	(b)	(c)	(d)	(e)	(f)
22. Information on your role and responsibilities	(a)	(b)	(c)	(d)	(e)	(f)
23. Information about local foster care support groups	(a)	(b)	(c)	(d)	(e)	(f)
24. A placement agreement (if DoCS carer)	(a)	(b)	(c)	(d)	(e)	(f)
	[If no more children go to Q.25]	[If no more children go to Q.25]	[If no more children go to Q.25]	[If no more children go to Q.25]	[If no more children go to Q.25]	[If no more children go to Q.25]

25. Comments [Please record any relevant comments from the interviewee for Q.20(a)-24(d)]

.....

.....

.....

.....

.....

.....

26. Do you feel supported in relation to the following?

- (a) Meeting Aboriginal child's identified needs Yes No
- (b) Caseworker contact Yes No
- (c) Dealing with problems as they arise Yes No

26(d) (Comments)

.....

.....

.....

.....

.....

.....

.....

27. Have you ever made a complaint to DoCS / NGO? [Circle appropriate organisation]

Yes No [Go to Q.30(a)]

28. What was the complaint about?

Children's Rights Carer Rights Service / Support

29(a) Were you satisfied with how the complaint was handled?

Yes No

29(b) (Comment)

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

30. Have you had any problems in receiving financial support from DoCS / NGO regarding?

[Circle appropriate organisation]

(a) Carer allowance Yes No

(b) Establishment costs Yes No

(c) Reimbursement of contingencies Yes No

30(d) Are you receiving the correct allowance? Yes No Don't know

31(a) Have you been given the opportunity to participate in case conferences for [name of Aboriginal child]?

Name of Aboriginal child	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6

	(i)	(ii)	(iii)	(iv)	(v)	(vi)

31(b) Have you been given the opportunity to participate in case planning for the [name of Aboriginal child]?

Name of Aboriginal child	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6

	(i)	(ii)	(iii)	(iv)	(v)	(vi)

31(c)(Comment)

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

32(a) Have you been given clear reasons why decisions are made?

Yes [Go to Q.33]

No [Go to Q.32(b)]

32(b) Specify concerns:

.....

33(a) Have you ever raised concerns with DoCS / NGO about the Aboriginal child/children's needs or behaviour? [Circle appropriate organisation]

Yes [Go to Q.33(b)]

No [Go to Q.34(a)]

33(b) Did DoCS / NGO address your concerns? [Circle appropriate organisation]

Yes

No

33(c) Please specify:

.....

34(a) Has DoCS / NGO conducted an annual placement review for [name of Aboriginal child]?

[Circle appropriate organisation- NB that carer might call the annual placement review- case plan review, care plan review or placement review]

Name of Aboriginal child	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6

	(i)	(ii)	(iii)	(iv)	(v)	(vi)

34(b) Comment:

.....

Contact Arrangements

35(a) Is there a contact order relating to [name of Aboriginal child]?

Name of Aboriginal child	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6

	(i)	(ii)	(iii)	(iv)	(v)	(vi)

35(b) Are you aware of any contact arrangements for [name of Aboriginal child]?

Name of Aboriginal child	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
	(i)	(ii)	(iii)	(iv)	(v)	(vi)
	[If No go to Q.35(f) for this child]	[If No go to Q.35(f) for this child]	[If No go to Q.35(f) for this child]	[If No go to Q.35(f) for this child]	[If No go to Q.35(f) for this child]	[If No go to Q.35(f) for this child]

35(c) Are contact arrangements outlined in the case plan for [name of Aboriginal child]?

Name of Aboriginal child	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
	(i)	(ii)	(iii)	(iv)	(v)	(vi)

35(d) Is there a detailed contact plan for [name of Aboriginal child]?

Name of Aboriginal child	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
	(i)	(ii)	(iii)	(iv)	(v)	(vi)

35(e) Is contact occurring in accordance with the plan for [name of Aboriginal child]:

Name of Aboriginal child	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
	(i)	(ii)	(iii)	(iv)	(v)	(vi)
<input type="checkbox"/> As planned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35(f) Comment on contact:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Case Planning

[Please record as Y = Yes, N = No; ? = Not sure; N/A = Not applicable]

Name of Aboriginal child	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6

36. Is there a case plan for [name of Aboriginal child]:	(a)	(b)	(c)	(d)	(e)	(f)
	[If N, ? or N/A go to Q.47(a)]					

[Go to next page]

Does the case plan for the child [name of Aboriginal child] address:

[Please record as Y = Yes, N = No; ? = Not sure; N/A = Not applicable]

Name of Aboriginal child	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6

37. Identified needs	(a)	(b)	(c)	(d)	(e)	(f)
38. Placement progress/ issues	(a)	(b)	(c)	(d)	(e)	(f)
39. Family contact	(a)	(b)	(c)	(d)	(e)	(f)
40. Life Story work and identity	(a)	(b)	(c)	(d)	(e)	(f)
41. Health and development	(a)	(b)	(c)	(d)	(e)	(f)
42. Support to child	(a)	(b)	(c)	(d)	(e)	(f)
43. Support to carer	(a)	(b)	(c)	(d)	(e)	(f)
44. Support to parent/s	(a)	(b)	(c)	(d)	(e)	(f)
45. Progress towards restoration	(a)	(b)	(c)	(d)	(e)	(f)
	[If no more children go to Q.46]	[If no more children go to Q.46]	[If no more children go to Q.46]	[If no more children go to Q.46]	[If no more children go to Q.46]	[If no more children go to Q.46]

46. Comment [Please record any relevant comments from the interviewee for Q.37-45]:

.....

47(a) If restoration is part of the care plan, do you know if the birth parent/s have received adequate caseworker support?

[Please record as Y = Yes, N = No; ? = Not sure; N/A = Not applicable]

Name of Aboriginal child	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
	(i)	(ii)	(iii)	(iv)	(v)	(vi)
[Yes Go to Q.48 No Go to Q.47(b) Not sure Go to Q.47(b) Not applicable Go to Q.48]						

47(b) If no or not sure, specify issues of concern:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Has [name of Aboriginal child] undergone the following since entering care?

[Please record as Y = Yes, N = No, ? = Not sure, N/A= Not applicable]

Name of Aboriginal child	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
48. A paediatric assessment	(a)	(b)	(c)	(d)	(e)	(f)
49. A dental assessment	(a)	(b)	(c)	(d)	(e)	(f)
50. A psychological assessment (developmental assessment) [Record N/A if carer has not identified behavioural problems]	(a)	(b)	(c)	(d)	(e)	(f)
	[If Yes for all go to Q.52(a)]	[If Yes for all go to Q.52(a)]	[If Yes for all go to Q.52(a)]	[If Yes for all go to Q.52(a)]	[If Yes for all go to Q.52(a)]	[If Yes for all go to Q.52(a)]

51. If no for Q48-50 how long has the [name of Aboriginal child] been in care?

Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
(a)	(b)	(c)	(d)	(e)	(f)

52(a) If [name of Aboriginal child] has behavioural issues or a disability, have you been able to access professional support?

Name of Aboriginal child	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6

	(i)	(ii)	(iii)	(iv)	(v)	(vi)
	[If Not applicable go to Q.53(a)]	[If Not applicable go to Q.53(a)]	[If Not applicable go to Q.53(a)]	[If Not applicable go to Q.53(a)]	[If Not applicable go to Q.53(a)]	[If Not applicable go to Q.53(a)]

52(b) Comment:

.....

.....

.....

.....

.....

.....

.....

.....

53(a) Has [name of Aboriginal child]-undergone assessment for a care plus (+1, +2) allowance?

Name of Aboriginal child	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6

	(i)	(ii)	(iii)	(iv)	(v)	(vi)
	[If Not applicable go to Q.54(a)]	[If Not applicable go to Q.54(a)]	[If Not applicable go to Q.54(a)]	[If Not applicable go to Q.54(a)]	[If Not applicable go to Q.54(a)]	[If Not applicable go to Q.54(a)]

53(b) Are you satisfied with the result?

Name of Aboriginal child	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6

	(i)	(ii)	(iii)	(iv)	(v)	(vi)

53(c) Comment:

.....

.....

.....

.....

.....

.....

.....

.....

Cultural Support Planning

54(a) Has DoCS/NGO developed a cultural support plan or put strategies in place to address culture/identity needs for [name of Aboriginal child]?

Name of Aboriginal child	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6

[If No for all questions go to 54(c)]	(i)	(ii)	(iii)	(iv)	(v)	(vi)

[Even though a child may be placed with an Aboriginal carer, the child's tribal links could be from another area with different cultural practices and values, it may also be the area where their extended family live.]

54(b) What type of strategies/activities have been arranged to ensure that the child/ children retain/s their links/identity with their Aboriginal community and culture?

.....
.....
.....
.....
.....
.....

54(c) Have you ever arranged any activities to ensure the Aboriginal child/children retain their links with their Aboriginal community and culture?

Yes No [Go to Q.55(a)]

54(d) What were these activities?

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Aboriginal Placement Principle

[The principle requires consultation with the child's extended family or kinship group, and, then such Aboriginal welfare organisations as are appropriate to the child or young person.]

55(a) Are you aware of the Aboriginal Placement Principle?

Yes No [Go to Q.56]

55(b) Do you believe that DoCS is following this principle?

Yes No Not sure

56. Who do you think would be the best choice for consultation within the community? And why?

.....
.....
.....
.....
.....
.....
.....
.....
.....

Foster Carer Training, Assessment and Recruitment

57(a) Did you receive the Step-by-Step Assessment prior to placement of a child/children with you?

[This assessment process was introduced in 2002. If the person has been a carer for more than five years, step-by-step is not applicable]

Yes [Go to Q.57(c)] No [Go to Q.57(b)] Not applicable [Go to Q.57(b)]

57(b) What sort of assessment process did you have before a child/children were placed with you?

.....
.....
.....
.....
.....

57(c) Have you received the Shared Stories Shared Lives training?

Yes No Not sure

57(d) An assessment and training model has been specifically developed for Aboriginal carers, have you heard of this?

Yes No

57(e) Have you received ongoing training from DoCS/NGO?

Yes [Go to Q.57(g)] No

57(f) Would you like ongoing training?

Yes No [Go to Q.58]

57(g) What type of training would you like?

.....
.....
.....
.....
.....
.....
.....
.....

Carer Support Group

58(a) Are you aware of a Carer Support Group in your area?

Yes No [Go to Q.59]

58(b) Is the group sponsored by DoCS?

Yes No

58(c) Is the group sponsored by another organisation? (e.g. Absec)

Yes No [Go to Q.58(e)]

58(d) Name of organisation

58(e) Do you attend meetings?

Yes No

58(f) How would you rate the group's effectiveness? Do you think the group is very effective [1], effective [2], neither effective nor ineffective [3], ineffective [4] or very ineffective [5]?
..... [Use numbers 1-5]

58(g) Comments:

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

59. Do you know the name of the local DoCS foster care support worker?
 Yes No

.....

60. What sort of support structure for carers would you like to see in place? (i.e. local/regional/state)

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Regional Foster Care Advisory Groups

61(a) Are you aware of the Regional Foster Care Advisory Group?
 Yes No [Go to Q.62(a)]

61(b) Do you know the name of your representative?
 Yes No
.....

61(c) Do you receive feedback from the meetings?
 Yes No [Go to Q.61(e)]

61(d) How do you receive feedback from the meetings?
.....
.....
.....
.....
.....

61(e) Can you bring issues to the group? Yes No Not sure

62(a) Do you think your concerns are being heard at a regional and state level?

Yes No

62(b) Comment:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Education

63(a) Is [name of Aboriginal child] old enough to attend school?

Name of Aboriginal child	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6

[If No for a particular child go to Q.65(a)]	(i)	(ii)	(iii)	(iv)	(v)	(vi)

63(b) Do you feel [name of Aboriginal child] education needs are being met?

Name of Aboriginal child	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6

	(i)	(ii)	(iii)	(iv)	(v)	(vi)

63(c) Does [name of Aboriginal child] have special educational needs?

Name of Aboriginal child	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6

[If No go to Q.63(e)]	(i)	(ii)	(iii)	(iv)	(v)	(vi)

63(d) Do you think these special needs are being met by the school system?

Name of Aboriginal child	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6

	(i)	(ii)	(iii)	(iv)	(v)	(vi)

63(e) Do you feel the Aboriginal child/children is educationally disadvantaged in any way because he/she is in the OoHC system? Yes No

63(f) Comment [record any comments Q.63(a)-63(d)]

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

NSW Ombudsman
Level 24, 580 George Street
Sydney NSW 2000

General inquiries: 02 9286 1000
Facsimile: 02 9283 2911

Toll free (outside Sydney metro): 1800 451 524
Tel. typewriter (TTY): 02 9264 8050

Web: www.ombo.nsw.gov.au