



# Foster care refresh project

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Consultation with carers to  
inform stronger partnerships  
with foster and family carers  
leading to improved outcomes  
for children in care.



## Messages from Carers

Throughout the consultations, the answer to one question remained constant. We asked carers why they were carers – what drove them to remain carers in the face of the difficulties they reported. The answer was simple and consistent – ‘for the children’.

‘It is such a rewarding and important thing to do and we all have a responsibility to the children of our communities. To play even a small part in helping a child live a successful, happy life, with as many people around them who genuinely care for them is a really special thing and incredibly worthwhile’.



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**I want to acknowledge the extraordinary resilience of carers during the COVID-19 pandemic...**

## Minister's Foreword

There are approximately 2,500 carers in Western Australia (WA) looking after children, made up of family, foster and significant other carers. The care and commitment carers provide to children and young people and the significant role they play in their lives cannot be underestimated.

I announced that the Department of Communities (Communities) would partner with the Foster Care Association of Western Australia (FCAWA) to better understand the lived experience of carers supporting children. To seek the views of carers, face-to-face consultations and online feedback opportunities were offered to Communities and community service organisation (CSO) carers across WA.

I am deeply concerned by the significant over-representation of Aboriginal children in the child protection system. We are taking a whole of Government, community and family approach to do what we can to break this cycle. In 2020-21, the total number of children in care has reduced from 5,498 to 5,344 and the number of Aboriginal children in care reduced by close to one per cent.

The McGowan Government is committed to the work being undertaken by Communities to develop a 10-Year Roadmap to reduce the number of Aboriginal children in care, to provide sustainable long-term solutions focussed on reducing the rate of Aboriginal children and families in contact with the child protection system and to improve their safety and wellbeing outcomes.

I want to acknowledge the extraordinary resilience of carers during the COVID-19 pandemic. Carers do incredible work, day in and day out, but that work became more challenging at the height of the pandemic. In August 2020, I announced the delivery of almost \$3.7 million in one-off COVID-19 support payments to foster carers as part of the WA Recovery Plan. Thousands of carers received one-off payments of \$500 for the first child in their care, and \$250 for each additional child in their care, to help ease financial pressures experienced through the pandemic.

In March 2021, I was pleased that the OurSPACE initiative delivered by the Australian Childhood Foundation to provide statewide therapeutic consultation and support services for carers, was extended and broadened to offer support through the allocation of an additional \$315,000.

I want to thank the carers who participated in this initiative for their valuable contributions. Additionally, I'd like to acknowledge the FCAWA, Child and Family Alliance WA, and the Commissioner for Children and Young People for their involvement in this project. Communities and the FCAWA will continue to work in partnership to progress the implementation of the recommendations outlined in the Report.

### **Simone McGurk MLA**

Minister for Child Protection; Women's Interests; Prevention of Family and Domestic Violence; Community Services



**It is vital for us to hear directly from you, to identify what is working well and to sharpen our focus on areas where we can improve ways of working together.**

## Director General's Foreword

The Department of Communities has a responsibility to make sure that carers feel valued and supported in their role to improve life outcomes for children in their care. Fundamental to supporting carers is listening to the views of carers and responding to the issues and concerns raised.

I would like to thank the carers who have participated in the consultations for their honesty and contribution to this project. It is vital for us to hear directly from you, to identify what is working well and to sharpen our focus on areas where we can improve ways of working together.

I acknowledge the significant investment of Director Fay Alford and her team at the Foster Care Association of Western Australia (FCAWA) in this piece of work. FCAWA members played a fundamental role in this project by gathering information and supporting family and foster carers to speak candidly about their personal experiences in working with Communities.

Further, I acknowledge the Commissioner for Children and Young People WA, Colin Pettit and his role in this project, including leading roundtable discussions of experienced carers and subject matter experts. The Child and Family Alliance WA and the community service organisations who encouraged and supported carers to engage in the feedback sessions and online survey must be acknowledged and thanked.

I also thank Communities staff who work directly with and support carers. It is encouraging to hear that the staff participating in this project agreed with many of the issues raised by carers and spoke

positively about strengthening partnerships with carers.

Communities is committed to the outcomes and targets in the National Agreement on Closing the Gap 2020 including a 45 per cent reduction in the rate of Aboriginal and Torres Strait Islander children in out-of-home care by 2031. Communities is working to develop a 10 year Roadmap which aims to provide a long-term vision and actions to reduce the number of Aboriginal children in care. The development of a Roadmap will bring the Western Australian Aboriginal community and key stakeholders together to guide future efforts to reduce the number of Aboriginal children in care.

The Specialist Child Protection Unit is leading the development of a child protection reform plan which will identify priorities and sequence reforms in child protection and out-of-home care for the next five years. Implementation of the recommendations and actions from the Foster Care Refresh Report will align closely with the reform plan.

Moving forward, Communities will continue to partner with carers and the community sector to meet our shared responsibility to provide safe, nurturing and competent care and prioritise outcomes for children and their carers.

I am personally committed to strengthening and improving our partnership with family and foster carers throughout Western Australia.

### **Mike Rowe**

Director General  
Department of Communities



# Executive Summary

Providing children with a responsive care system and carers with the support they need is a significant priority for the Department of Communities (Communities). The Foster Care Refresh Project (the Project) was developed to improve outcomes for children in care by working with foster, family and significant other carers (carers) and the community sector to identify how we can work better together.

Listening to the experiences of people caring for children and working with Communities and community service organisations (CSOs) provided valuable insights that will strengthen the supports that are in place. Throughout this three stage consultation process carers identified what is working well, areas for improvement and suggestions for change. Many positive comments were shared about Communities' District office staff and District management were open to receiving feedback to commence improvements. Individual child or case-related issues were not part of the discussions but were fed back to the relevant District when raised.

The purpose of this report is to provide a summary of the carers' voices and translate their ideas into tangible actions to promote positive and respectful collaboration between carers, Communities and the sector. Recommendations were developed in response to the feedback collated and are further explored in the Recommendations and Actions section of this report.

## Recommendations and Actions

Based on the information received from carers, agencies, staff and subject matter experts through face-to-face consultations, online surveys and the outcomes of the Roundtable meeting, as well as the outcomes of the Statutory Review of the *Children and Community Services Act 2004*, the following recommendations and actions were developed.

A detailed implementation plan and specific workplans will be developed to respond to the recommendations and actions outlined in the Report. The implementation plan will include specific timeframes, lead areas and phased actions to be progressed between July 2021 and July 2023.

Recommendations	Actions
<b>1. Develop a Statement of Commitment with clear principles to support respectful and effective partnerships with carers</b>	<ul style="list-style-type: none"> <li>• Develop a Statement of Commitment<sup>1</sup> that recognises carers as an essential and respected part of the care team for children and young people. This will include: <ul style="list-style-type: none"> <li>• guiding principles to support effective partnerships with carers; and</li> <li>• roles and responsibilities of Communities foster and family carers and other key stakeholders in relation to the Statement of Commitment.</li> </ul> </li> <li>• Develop a specific resource<sup>2</sup> for carers to provide clarity on who makes what decisions about children in care.</li> <li>• Review and strengthen existing communication and decision-making protocols between Communities and partner community service organisations to ensure they align with and support the intent of the Statement of Commitment.</li> </ul>
<b>2. Develop a best practice approach to carer support with elements that can be applied flexibly across diverse areas of the state</b>	<p><b>Strong, responsive partnerships</b></p> <ul style="list-style-type: none"> <li>• Develop a best practice approach to carer support that draws on successful initiatives being trialled with carers in Districts and a contemporary evidence base.</li> <li>• Pilot and evaluate the use of a specific duty officer to respond to carers in a timely manner in two Districts (one metropolitan and one regional).</li> <li>• Identify existing forums (e.g. District Leadership Groups) and mechanisms for carers to inform District decision making to support effective ongoing partnerships and strong care teams. This should also include the capacity carers have to inform systemic service improvements in service provision to children in care and those transitioning from care.</li> </ul>

Recommendations	Actions
<p>continued.</p> <p><b>2. Develop a best practice approach to carer support with elements that can be applied flexibly across diverse areas of the state</b></p>	<ul style="list-style-type: none"> <li>Undertake a comparative analysis of carer subsidies across Australian and other relevant jurisdictions and consider the appropriate level of subsidies within the context of a best practice model of carer support, with a focus on carers in remote areas.</li> </ul> <p><b>Building confidence and capacity</b></p> <ul style="list-style-type: none"> <li>Provide cultural competence training for all non-Aboriginal carers. Commence delivery of training package by 1 January 2022 with the aim of training all non-Aboriginal carers by the end of 2022.</li> <li>Trial the Cultural Space<sup>3</sup> model in other Districts to inform the development of ongoing placed based cultural support models.</li> <li>Co-design and publish place-based, culturally appropriate resources for and with Aboriginal family carers.</li> <li>Strengthen existing carer support networks across Districts and support development of new networks prioritising Aboriginal family carers, particularly in regional and remote areas.</li> <li>Scope options and the feasibility of providing professional therapeutic carer training to those carers interested in developing skills in caring for children with complex needs.</li> </ul> <p><b>Individualised and specialist supports</b></p> <ul style="list-style-type: none"> <li>Build on existing District initiatives and grant funded services (including Foster Care Association of WA and Australian Childhood Foundation (OurSPACE)) to co-design, trial and evaluate integrated models of specialised, individualised carer support and therapeutic counselling, including consideration of Special Guardians.</li> <li>Support timely referrals to Communities funded supports and therapeutic counselling services, including OurSPACE and Family Care Support Service.</li> </ul>

<sup>1</sup> Proposed to be based on the South Australian Statement of Commitment launched in the first half of 2021.

<sup>2</sup> Proposed to be based on the South Australian resource, Who can say ok? Your quick guide to decision making.

<sup>3</sup> The Cultural Space in the Armadale District is a dedicated program developed by Aboriginal Practice Leaders and a Youth and Family Support Worker to assist carers in obtaining guidance on keeping children connected to family and culture.



Recommendations	Actions
<b>3. Implement targeted place-based carer recruitment and engagement strategies</b>	<ul style="list-style-type: none"> <li>• Build on existing District initiatives to trial and develop place-based recruitment strategy.</li> <li>• Develop a consistent carer assessment framework to be used by Communities and community service organisations.</li> <li>• Implement Recommendation 2<sup>4</sup> of the Statutory Review of the <i>Children and Community Services Act 2004</i> as part of the Child Protection Reform Plan.</li> </ul>
<b>4. Develop a mechanism(s) to capture carer feedback to inform ongoing service and system improvement</b>	<ul style="list-style-type: none"> <li>• Map and review feedback opportunities available to carers.</li> <li>• Develop a consistent and ongoing statewide approach to capture feedback from carers to strengthen service and system supports. This approach will include diverse engagement methods to encourage more carers to be involved.</li> <li>• Trial and refine the proposed approach.</li> </ul>
<b>5. Publicly release a report regarding costs and entitlements for children in care to enhance transparency and promote consistency across Districts</b>	<ul style="list-style-type: none"> <li>• Develop and publish (using a variety of communication platforms) resources to communicate existing information more clearly on the costs for children in care covered by Communities and entitlements of children leaving care, including Special Guardianship Orders.</li> <li>• Review the approval process for case management costs for children in care to be consistently applied across Districts and responsive to children's needs.</li> </ul>

<sup>4</sup> Subject to the findings of the Royal Commission into Institutional Responses to Child Sexual Abuse, the following non-legislative measures for promoting consistently high cross-sector foster carer standards should be pursued before any further consideration is given to establishing in legislation a single decision-maker for the approval and revocation of foster carers: (a) cross-sector development of a carer assessment framework; (b) an accreditation and training requirement for foster carer assessors; (c) a strengthened Foster Carer Directory following a review of its role and operation.

# Consultation Process

The three phases of the Project canvassed the views of Communities and CSO carers to gain an understanding of their experiences of caring for children and working in the foster care system. It also included engagement with designated Communities staff, who provided their feedback on the issues and ideas raised by the carers.

## Phase 1

### Communities family and foster carers

Conducted 20 consultation sessions across all 17 Districts in WA, attended by 210 carers, either face-to-face or by video link. Another 31 carers by email or other contact methods.

- 144 foster carers
- 39 family and significant other carers
- 21 Aboriginal carers (mostly family carers)
- 9 short-break carers
- 120 metropolitan, 90 regional carers

### Roundtable

Roundtable hosted by the Commissioner for Children and Young People, Colin Pettit, and the then Director General of Communities, Michelle Andrews.

- Invited participants included executive staff of Communities, academics with expertise in foster care planning, representatives of community service organisations, representatives of the Aboriginal community of WA, and family and foster carers.
- Considered and discussed the findings from Phase 1 consultations, made observations and recommendations to feed into the final report.

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## Phase 2

### Community service organisation general and specialist foster carers

Consulted via face-to-face and online meetings, partly curtailed by COVID-19.

- 26 at face-to-face meetings
- Four Aboriginal carers face-to-face (facilitated through Yorganop)
- 104 online survey responses (95 per cent non-Aboriginal carers; five per cent Aboriginal carers)

## Phase 3

### Communities carers and staff

#### Online survey responses:

- 229 carers
  - 146 foster carers, 63 family carers
  - 26 Aboriginal and Torres Strait Islander carers<sup>6</sup>
- 44 staff (from Districts and Child and Carer Connection Hub)

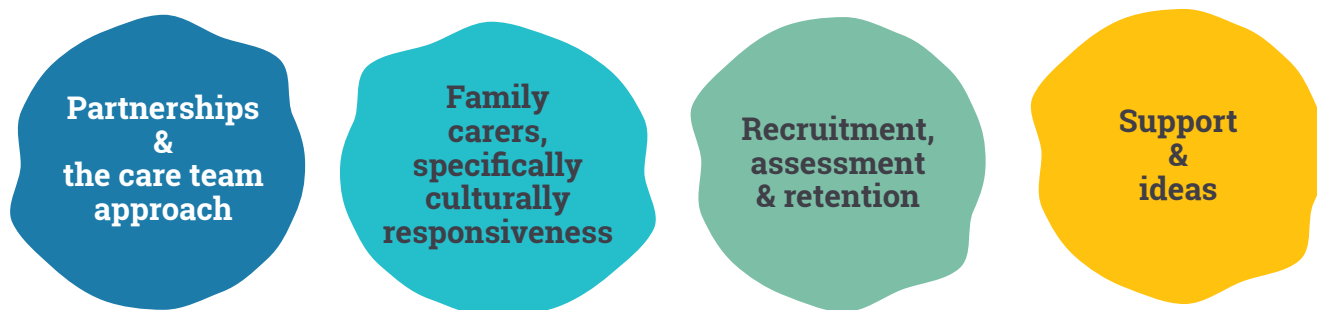
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<sup>5</sup> Total number of carers consulted in the first phase was 241. Some carers identified as more than one type of carer and some did not identify.

<sup>6</sup> Some carers identified in multiple categories.

## Consultation Methods

A standard PowerPoint presentation was developed to guide discussions focusing on four key areas:



Prompt questions were used to guide the conversation, with carers being encouraged to speak openly and freely and without judgement.

In addition to the face-to-face consultation, carers could provide feedback through a dedicated email address, by phone to the FCAWA hotline or directly to a team member. CSO carers were also able to contact the Alliance.

Some planned face-to-face consultations in Phase 2 were unable to go ahead due to COVID-19 restrictions. An online survey for Phases 2 and 3 for carers and Communities staff was developed as an alternative method to capture the views of this group.

## How feedback was collated

The consultation data is collated under three broad focus areas:

### 1. Building effective partnerships

- Communication
- Relationship building
- Planning in partnership

### 2. Strengthening carer capability and confidence

- Capability and capacity in the workforce
- District leadership
- Cultural competency and knowledge

### 3. Responsive and agile system

- Responsive case work practice systems
- Training and resources
- Recruitment and assessment
- Leaving care
- Working in regional and remote communities



# Findings – what carers told us

A summary of the feedback provided by carers across the three phases of consultation is outlined in this section of the report. The information has been grouped to highlight what carers reported is working well, areas of concern and suggested measures to address the areas of concern.

A detailed snapshot of specific feedback received from carers has been prepared as a companion resource to this Report.

## Focus Area 1 Building effective partnerships

### Communication

Carers described communication as the most important factor in developing positive, respectful and child-centred relationships within the partnership. Where communication works well, carers and case workers work together to share information promptly, discuss issues, form plans and explore outcomes. There are regular discussions about the children in care and their needs, and case planning and decisions are informed by these discussions.

Conversely, where communication is not effective, the carers observed that case managers did not know the child and/or were unable to work in their best interests.

Decisions were not linked back to policy and practice and were not seen as consistent. Carers did not feel they were part of the day-to-day decision-making process. Carers were concerned about the timeliness of responses from Communities, particularly in terms of decision making and impact on the child due to the delays.

### Carers suggested the following measures to enhance communication, including:

- Regular case worker 'check-ins' with carers;
- A duty officer role to ensure calls were taken and addressed promptly;
- A policy around responding to carer calls within a mandated timeframe; and
- Regular carer information sessions.

**If you think about the ingredients of a cake, communication is like milk, it is the thing that sticks it all together.**

Family carer





## Focus Area 1

### Building effective partnerships

#### Relationship Building

Carers observed that effective relationship building was characterised by inclusive decision making, with a focus on planning and partnership to develop the best outcomes for the child. Some carers had ongoing relationships with the team, including specialist staff, and felt valued and included. They saw that Communities genuinely cared for the child.

Conversely, where relationship building had broken down, or was not a priority, carers felt excluded from case planning and decision making, with their day-to-day knowledge of the child not being taken into full consideration. They reported experiencing inconsistent responses and low levels of trust and respect.

Carers wanted more opportunities to meet with other carers, District staff and specialist staff to get to know them and form meaningful and respectful relationships. They suggested regular catch ups with case

workers, check ins, morning tea gatherings, cultural events and combined training opportunities to provide ways for everyone to meet, develop and support relationships and maintain effective working partnerships. Carers wanted the opportunity to be part of a care team, know District staff, and know more about Departmental changes and initiatives.

Carers felt that some of the best ways to promote relationship building would be to have regular events where staff and carers could meet and engage with each other to build effective networks. It was suggested that case workers and team leaders should meet regularly with children and their carers to provide information, share ideas and build working relationships. Where there were changes in the team, carers wanted to be alerted, and if possible, introduced to the new workers as soon as practical and for the new worker to have an up to date summary of relevant child history and case information.



**Help carers network with each other more efficiently**  
Agency carer



## Planning in Partnership

Carers felt that effective planning would be highlighted by a solution-focused model developed jointly through case workers, carers and other professionals involved in a child's life. This should include the child where they were able to participate. Annual care plans should be the product of multiple sources of input, all of which was valued and appreciated. Good planning had 'everyone on the same page'.

Most carers were aware of the Care Team Approach and the importance of those people in the child's network working together to support the child to grow safe and strong, so they can achieve and succeed in life. However, in some Districts carers felt it was not working. Consultation feedback indicated family and foster carers often asked for more supports (practical, financial and other resources) than they were receiving.

Where planning in partnership was not working well, only a few people in the support network were included in discussions and planning, meaning that carers did not receive appropriate or useful supports in addressing behaviours or needs of the child. Some carers suggested that children in care were not fully informed or did not understand their rights and entitlements. There was a perception that case workers could act

as gatekeepers of information. In these situations, carers felt undervalued and not respected, some feeling that they were little different to babysitters.

Some carers felt that even where planning meetings were held, the decisions had already been made and their input was merely to 'tick a box' to show they had attended. They reported that actions agreed at the care plan meeting were not reflected in the final care plan document. Carers also referred to the lack of timeframes and clear responsibilities for actions in some care plans, which resulted in actions not being addressed, and then confusion for those concerned.

Carers suggested that meeting regularly with the case worker would help address the issues involved and improve the relationship, especially where planning was involved. Carers felt that listening to them about the child's needs and behaviours was one of the most powerful tools for good planning and keeping them informed about the direction of the case and their role in this. Carers expressed that if they were not able to be part of planning, there should be an opportunity to discuss the plan with the team and have decisions explained to them.

**When the team works well together,  
everyone, including the child, benefits.**  
Agency carer



## Focus Area 2

### Strengthening carer capability and confidence

Carers observed that the hallmarks of a capable workforce included well trained and supported staff who were confident in their abilities, responsive and empathetic. Everyone in the team understood their roles and did what they said they would do, and

carers knew what supports were available to them. Although case workers inevitably changed, where the workforce functioned well effective handovers were built into normal practice.

### Capability and capacity in the workforce

Carers described communication as the most important factor in developing positive, respectful and child-centred relationships within the partnership. Carers acknowledged the significant workload of case workers and the resulting impact on case workers' availability. Carers suggested that this resulted in a lack of opportunity to meet with case workers and be involved in decision making, as case workers were under pressure 'trying to be everything to everybody'. Concerns for case workers' stress levels and high turnover of staff was a consistent theme across most Districts. Carers reported worrying about under-resourcing and understaffing resulting in caseworkers burning out and moving on and contributing to instability and inconsistency for children in care.

Concerns about a lack of capability in the workforce included defensive reactions to feedback by staff and Districts; a lack of access to appropriate support services; case workers being busy with administrative tasks rather than the core business of child protection and managing children in

care and a high turnover of staff with no handovers or continuity of care. Carers felt that in circumstances like this, they needed to address issues themselves as they were unable to get support from the District, and they were concerned about consequences if they spoke out.

Carers wanted more timely responses from Communities for call-backs and requests for appointments, and a stronger focus on a customer service model. There were strong views on the need to reinstate the Placement Teams, which previously had the dedicated responsibility for providing carer support. Carers hoped for a shift from administrative tasks to the core business of child protection. Most often, they wanted consistency of teams and workers and timely responses to requests and concerns.

Some carers suggested that workers seemed to, in some cases, elevate theory above experience in parenting the child and should give more weight to the carers' experience and views as the person most 'in-tune' with the child's needs.

**Case managers have the hardest job to do – giving them more time/respect/support would have a great ripple effect to the carers and most importantly to the child!**

Foster carer





## District Leadership

Carers saw good leadership as being accessible, transparent, inclusive and consistent. Carers spoke about some highly skilled and personable District Directors, and the cascading benefits to staff and to them. Carers recognised when Districts had a stable workforce, where staff were supported and where positive attitudes were role modelled. Good leadership maximised the opportunity for staff to be focussed on the wellbeing of the children, rather than on compliance and administrative tasks. Carers spoke positively about situations where both staff and carers were engaged in the care team, and where everyone felt engaged, respected and supported.

In some Districts carers felt they had strong relationships with the District Director, Assistant District Director and placement service staff and felt they were supportive, responsive and valued as carers doing important work. Many carers spoke positively about the role of Placement Teams prior to

the restructure of team functions in 2017, as they provided a conduit between leadership and case management decision making.

Carers raised concerns that if leadership was not working well, the impacts included high staff turnover and not knowing who their case workers were, inconsistent practice across the District, and an emphasis on compliance and budget focus. Carers saw that without leadership investment in the partnership with carers, there was limited access to the District Director and Assistant District Director which made carers feel isolated and at risk of being seen as 'the problem'. In these situations, carers felt they could not raise concerns effectively.

Planned activities with carers were valued, particularly opportunities to meet and engage with staff and leadership. Carers felt there should be more emphasis on consistent practice across Districts, so they were confident in their decision making and in working with Communities.



**Keep staff, look after them, support them and give them training.**

Foster carer

## Cultural competency and knowledge

Non-Aboriginal carers wanted more cultural information, training, and access to cultural awareness activities for the Aboriginal children in their care. Carers recognised the importance for children to be supported to maintain connection to family, culture and country. Carers reported that where cultural competency was well established and strong in an organisation, staff would be sensitive to the needs of Aboriginal children and families and would be able to be sensitive to historical and current trauma. Children's links to family would be encouraged and fostered, genograms readily available and maintained, and they would have current cultural plans.

The Cultural Space in the Armadale District was mentioned positively by a number of carers. The Cultural Space is a dedicated program developed by the Aboriginal Practice Leaders and a Youth and Family Support Worker to assist carers in obtaining guidance on keeping children connected to family and culture. The program provides cultural information for carers, supports them in looking after Aboriginal children, and links them and the children in their care to Aboriginal Community Controlled Organisations, to help those families build relationships with the Aboriginal community. The Cultural Space is open to carers from any District and from both Communities and agencies.

Carers reflected on its positive role in promoting and facilitating cultural connections for Aboriginal children in care and providing carers with relevant and practical cultural information and advice to

assist them in supporting Aboriginal children in their care to develop strong, positive and stable connections to their culture.

Where cultural competency and security was not working well, families were reluctant to engage, or avoided engaging with staff altogether. There were concerns expressed that decision making for children and their cultural needs was not informed by robust and individualised cultural planning but based on generic cultural planning, without proper reference to a child's cultural identity and connection to country. Information about children's connection to family and community was out-of-date or limited in scope. Children were isolated from cultural connections and were not given the best opportunity to gain their own cultural knowledge and participate in cultural life.

Carers wanted to have more cultural knowledge and more access to cultural information to support the children in their care. They wanted to know more about cultural norms to help them look after the child appropriately. They wanted District staff to help coordinate their access to cultural activities and events. Carers also wanted connections back to families to facilitate children gaining cultural knowledge from the best source possible.

Carers suggested regular catch-up meetings, playgroups, grandparent's groups, cultural activities and combined cultural training as a way to connect with staff, other carers, both Aboriginal and non-Aboriginal and to establish connections. In regional and

**The Cultural Space that is run by the Armadale Aboriginal Practice Leaders...is fantastic.**

Foster carer







remote Districts there was a strong sense of Aboriginal children staying on country and if that was not possible, then regular return to country trips were vitally important in the child retaining cultural connection to family, culture and country.

However, some carers were concerned that the emphasis on cultural connection was prioritised over a child's wellbeing and

mental health, demonstrated by instances of enforced family contact with little or no consideration to the impacts on the child.

## **Focus Area 3**

### **Responsive and agile system**

#### **Responsive case work practice systems**

Carers recognised the workload of Districts and acknowledged case workers were in most instances doing the best they could. Overall feedback suggested some Districts were doing well, the District Director and team being engaged with and responsive to carers. Some Districts are in the process of implementing change to provide a more responsive system.

Carers felt that a responsive case practice system was consistent but at the same time empathetic, acknowledging the individual needs of a child within the parameters of appropriate case practice and working towards a child's best interests. In a system that worked well, carers should be assisted to navigate contact with other agencies, such as Centrelink and the National Disability Insurance Scheme (NDIS) process. Carers felt that case practice was working well when children in care received general medical and specialist medical interventions and support in a timely manner and with support from Communities.

Where the case practice system was not working well, carers saw long waits for health interventions, which risked exacerbating health conditions or missing vital intervention and developmental opportunities. Carers talked about decision making being inconsistent, and communication confused and sometimes contradictory. The basis for decision making was financial, rather than needs based. The workforce was inconsistent and changed frequently with no knowledge of or connection to previous discussions with the family.

Carers felt that focus groups in each district could provide useful feedback to districts and help build relationships. Additionally, they talked about better relationships between carers, and fostering buddy systems and models such as the Mockingbird program<sup>7</sup> to promote engagement with other carers and development of natural networks.

<sup>7</sup> <https://www.mockingbirdsociety.org/family-model>



**Practical strategies around behaviours,  
particularly for children with special needs.**

Foster carer

## **Training and resources**

Carers wanted to access regular training on a variety of topics related to caring and to bringing up children. Most carers discussed the need for ongoing training and supports especially with identifying and managing trauma behaviours and improving cultural competence. Some carers asked for joint training with staff, including case workers and others, to help develop relationships in the care team.

Various training mechanisms were identified; some carers asked for more face-to-face training and less online training, while others asked for more availability of online training to better fit in with their family lives. While there was divergence of opinion on how training should be offered, the clear message was that carers wanted choices in accessing training.

Carers said they wanted more training on areas such as behavioural issues and how to deal with trauma, given the prevalence of these in the population of children in care. Once again carers wanted to develop stronger networks with other carers and staff and looked for opportunities for this. Training was also seen as an opportunity for carers to build their networks with other carers; the advantage for carers was that they could discuss common issues or problems with others who would understand the complexities of the issues.

Some carers saw a need for specialist training and support with engaging with Centrelink, NDIS and other services. Carers also asked for better access to therapeutic supports and services as soon as possible after children came into care and suggested that this should be a rule rather than the exception, given the high incidence of issues of children requiring therapeutic support. Some carers asked for phone support beyond what is currently provided through Crisis Care, seeking a service that could support them through, for example, a child acting out through trauma, and provide immediate strategies to address this behaviour.

There was some sentiment among both Communities and agency carers for increased subsidies to support children, although in many cases the focus was more on specific payments for activities or medical needs. Carers also looked for consistency in payments, citing examples where different carers had received different levels of reimbursement for items such as school shoes. Overall, carers wanted consistent and timely access to resources and reimbursements, to best meet the needs of the children in their care.



**If you look after your carers the child will go well, carers need to be in a strong position to care for children well.**

Agency carer

## **Recruitment and assessment**

Feedback on the assessment process was variable with some carers indicating that the process was too long and others suggesting that a thorough, robust process was needed to ensure child safety and applicant suitability.

Agency carers varied in their reasons for caring through an agency – some had been approached directly by an agency, some were known to agency carers and had been recommended, others found information on the agency when looking for information about caring. Some chose to become an agency carer to put a buffer between themselves and Communities.

The best form of recruitment, according to carers, was word-of-mouth; carers spoke of referring people they felt would be suitable candidates. However, the opposite was also true, with some carers stating they would actively warn people away from caring due to their experiences as carers.

Carers suggested that people could start as short-break carers to get the experience of caring without a long-term commitment or engagement as a carer. It was also strongly suggested that new carers be buddied up with experienced carers, or be included in a network of carers, to give informal support and advice during the early stages of caring, and later to become part of a natural network of practice. Identifying natural networks and how to use them as part of the care experience should be a feature of training for new carers.

Training and information sessions should also include access to knowledgeable carers to talk about their lived experience as carers and provide advice and support. It was suggested that family carers having the same access to information and supports as other carers would be valuable.

## Leaving care

Carers specifically discussed the lack of meaningful child centred leaving care planning that included supports, services and planning to prepare the young person to live independently as an adult. They talked about rushed care planning which can increase the risk of the care leaver going into unstable, short-term arrangements, which were particularly difficult for children with trauma-related behavioural issues or with an intellectual disability. Most importantly, where leaving care arrangements were not planned, carers felt children were denied choice and autonomy, and were not able to exercise their independence or make their own decisions.

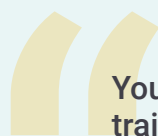
Carers with older children in care were often concerned about the future of those children, and the planning for their leaving care. There was a strong sentiment that planning did not start when it was supposed to, at age 15, but often was left until very shortly before the child left care.

Carers feared that a child leaving care would be cut off from supports from Communities and from the carers themselves as soon as they turned 18. Under the *Children and Community Services Act 2004* support is available to a child leaving care until they turn 25, and some carers were unaware of this.

Carers wanted children leaving formal care to have independent living skills such as budgeting, cooking and meal planning, home maintenance and cleaning, and transportation. Carers also wanted children to have strong connections to supports and services, and to know what they were entitled to and how they could access those services. If leaving care planning commenced as early as possible, it maximised the opportunities for a child in care to learn these skills and develop and strengthen useful connections.

Carers felt that if leaving care planning was left until shortly before the child left care, there would be little opportunity to connect with services or build skills. So the child was at risk of having no strong connections to provide support, few skills, and no place to call home.

Carers wanted a strong focus on building independent living skills as part of long-term, planned responses to leaving care. Carers wanted to be part of the decision-making process and to continue to be part of a child's support network.



**Young people leaving care should have life skills training and supports for budgeting, be job ready etc.**

Foster carer



## Working in regional and remote communities

Carers consulted in this project who were caring for Aboriginal children expressed the need for more help to develop support networks of carers both Aboriginal and non-Aboriginal. All were seeking more training and cultural awareness to better support children in care to maintain healthy connections to family culture and community.

Carers saw that good practice in working with regional and remote communities involved building relationships and engagement in community. The role of the Aboriginal Practice Leader was identified as critical in facilitating this relationship building process, supporting the carer in making connections to community and establishing the relationship.

Much of what was discussed in relation to regional and remote communities was directly related to cultural awareness and information, given the majority of the children in care are Aboriginal children.

Isolation and access to supports and services was a factor for family carers caring for a child in care and indeed other children not in care living in the home. These included the greater distances involved for travel, lack of ready access to medical professionals, particularly specialists, and educational/behavioural specialist advice, and the challenges of participating in care planning remotely.

For carers in some regional and remote regions the costs of meeting the day-to-day needs of children were higher than those living in metropolitan areas or close to larger towns. Accessing fresh food is more costly and geographic location means access to transport to travel long distances to obtain specialist services or supports strains the budget of many carers.

Carers suggested consideration of increased subsidy for people caring in regional and remote areas to cover some of the higher living costs.

**Better when Aboriginal staff are involved – (they are) able to communicate (with family) but be firm.**  
Aboriginal family carer





## Communities staff feedback

A summary of Phase 1 and 2 of the project was presented to all Communities Districts for comment by selected staff roles – District Director, Assistant District Director, Senior Practice Development Officer, Team Leader (Children in Care teams), Senior Child Protection Worker Placement Services (Placement Officers), Aboriginal Practice Leaders. Feedback was also gathered from Communities staff from the Child and Carer Connection Hub, Learning and Development and the then Professional Practice Unit.

Forty-four responses were received from Communities staff members. Responses from staff concurred with much of the feedback received from carers. Staff acknowledged the difficulties that carers faced in their role and were supportive of changes to improve the experience of carers and the lives of children in care. Staff were grateful that many carers acknowledged the complexities and pressures of their work.

Staff felt the priority was often crisis management over long-term case management and that an increase in the complexity of cases and case management compliance requirements reduced time for direct contact with carers and children.

Staff also recognised the impact of the shift in role for the Placement Officers and placement teams, with some suggesting that the change from a role focussing on carer support to a more general role has significantly impacted the ability of Placement Officers to build and maintain

relationships with carers. This change has meant that Placement Officers are more likely to be drawn into supporting case management and dealing with crisis events, rather than consistent support and management of carers.

In Districts where Placement Officer roles were relatively clearly defined to have a primary focus on carer support, relationships with carers appeared better and carers spoke positively about feeling supported and part of a team.

Many District offices reported pursuing measures to develop and maintain relationships with carers. Some referred to introducing or reviving carer morning teas and gatherings to help build stronger relationships between staff and carers. Although for most of 2020 these gatherings were curtailed by restrictions around COVID-19, over time this is seen as a productive and constructive approach.

In terms of the important next steps for each District and for Communities overall, many staff members felt the highest priority should be the recruitment and assessment of potential foster carers. Addressing the length of time taken for assessments would also increase the likelihood of prospective carers being attracted to Communities rather than to community service organisations.

Some staff were concerned that Communities senior management did not wholly understand the issues involved in

managing and supporting family and foster carers, and in navigating the ongoing changes to practice driven from above.

There was a desire for policies and practice decisions to continue to be developed in collaboration between service delivery, policy and practice experts and senior management, to ensure that decisions addressed both the operational and strategic direction of Communities. It was seen as imperative that staff had confidence in their practice decisions being supported at all levels of the organisation.

Fundamentally, staff sent a clear and strong message that they are dedicated to doing the best work they can to address the needs of children in care and the carers looking after them.



**Implementing and maintaining strategies to keep carer support and validation at the forefront. In the business of the work, this sometimes slips and we know that we need to do this better.**

Communities staff member





## **Department of Communities**

5 Newman Court, Fremantle WA 6160

Postal address: Locked Bag 5000, Fremantle WA 6959

Telephone: 08 6217 6888

Country callers: 1800 176 888

Email: [enquiries@communities.wa.gov.au](mailto:enquiries@communities.wa.gov.au)

Website: [www.communities.wa.gov.au](http://www.communities.wa.gov.au)

Translating and Interpreting Service (TIS) – Telephone: 13 14 50

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