ACWA Association of Children's Welfare Agencies

CCWT Centre for Community Welfare Training

NSW GOVERNMENT | Communities & Justice

CARER UTILISATION REPORT

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This report was prepared by the Association of Children's Welfare Agencies and the NSW Department of Communities and Justice.

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Acronyms

ACA	Alternative Care Arrangement
ACCO	Aboriginal Community Controlled Organisation
ACS	Additional Carer Support
ACWA	Association of Children's Welfare Agencies
CALD	Culturally and Linguistically Diverse
CAT	Child Assessment Tool
CFDU	Child and Family District Unit
CIF	Client Information Form
CSC	Community Services Centre
DCJ `	NSW Department of Communities and Justice
EAP	Employee Assistance Program
HCEA	High Cost Emergency Arrangement
ICM	Interim Care Model
IPA	Individual Placement Agreement
IPART	Independent Pricing and Regulatory Tribunal
MFF	My Forever Family
NGO	Non-Government Organisation
OCG	Office of the Children's Guardian
OOHC	Out of Home Care
PO	Principal Officer
PSP	Permanency Support Program
STEP	Short-Term Emergency Placement
THBC	Therapeutic Home Based Care

Summary

This report presents findings from an analysis of the availability and utilisation of foster and relative/kinship carers authorised by non-government organisations in NSW. The project was implemented as a partnership between the NSW Department of Communities and Justice (DCJ) and the Association of Children's Welfare Agencies (ACWA). The Department conducted data analysis by matching its ChildStory placement data with that from the Office of the Children's Guardian's (OCG) Carers Register. This was provided to agencies for review and remediation. The updated data was then used to support semi-structured interviews with all non-government (NGO) foster care providers to understand how many carers were actually available to take placements, and the barriers and facilitators of carer utilisation.

Data analysis

The initial data matching identified 1,850 carer households authorised by non-government agencies not matched to a current placement, out of a total of 4,776 carer households across all 27 non-Aboriginal NGOs. At the conclusion of the project there were 149 of these carer households that were available for a placement in NSW (of which 31 were in the process of being matched with a child). This represents 3.1% of all NGO authorised carer households who participated in the project. Of those available carers, the majority had authorisation restrictions or preferences in place that limited their ability to be matched to a placement. These included child-related factors such as only wanting children with no behavioural concerns or diagnoses, or carer household considerations such as work and family commitments.

Key themes from NGO insights

Through interviews, agencies provided a factual account of their systems and processes, as well as their insights and experiences of carer utilisation barriers and strategies. While there were a range of differences described by agencies, there were some common themes. This report recounts the responses heard from agencies through interviews.

NGOs described considerable effort regarding carer flexibility

NGOs described their ongoing efforts to encourage carers to be flexible in their placement preferences. They also described creative strategies to support existing carers, both to minimise placement breakdown and to retain carers. All agencies reported that the increasing cost of living and the need for two incomes have led to fewer applications for new carers, contributed to carers no longer being available or having restrictions on level of availability, and challenges engaging time-poor carers.

Systemic challenges

Agencies suggested that a lack of flexibility in the implementation of the Permanency Support Program (PSP), coupled with inefficiencies in the system, hindered their ability to respond to the unique needs of each child and carer. They also stated that restrictive eligibility criteria and delays in approvals for some packages reportedly risk placement breakdown that agencies are attempting to avoid in the first place.

Collaboration

NGOs described strong collaborative relationships with DCJ at a local level, supporting the process of placing children with carers. Telephone calls and meetings were considered more effective in placing children than the ChildStory broadcast system which is NGOs described as time consuming, highly administrative, duplicative and lacking in user friendliness and often lacking important child information. Agencies suggested that information about children in referrals can be incomplete or inaccurate, leading to increased or unexpected carer challenges dissatisfaction and placements not being able to meet the needs of children.

Moving from HCEAs

NGOs reported that moving children out of high cost emergency arrangements (HCEA) requires sufficient time and planning to avoid subsequent placement breakdown. Agencies described providing intensive support to children, carers and families to facilitate the process, often finding creative workarounds within the eligibility criteria of PSP funding packages. Some agencies suggested that there is a need for more specialised or professional foster care options to support children with complex needs. Some emphasised the importance of focusing on finding and engaging family at all stages of the child's journey in out-of-home care (OOHC).

Systems work needed for ChildStory and Carers Register

Agencies have developed and implemented a range of systems to monitor carer availability and update the Carers Register. The review team identified some confusion about an agencies' role in updating ChildStory, with concerns raised that NGOs need to enter the same data into both systems was duplicative and inefficient. There may be future opportunities to conduct regular data matching and improve carer closures on ChildStory and the Carers Register.

1 Introduction

1.1 Background

On 2 May 2024, the NSW Government announced an OOHC system review. This review will include relevant findings and recommendations regarding the effectiveness of foster and relative/kinship carer utilisation by OOHC providers in meeting placement demand. To provide input into this review, DCJ and ACWA partnered to better understand carer[1] utilisation in NGOs. During July and August 2024, DCJ and ACWA held recorded interviews with NGOs to better understand their carer data, reconcile information against placement data, hear about their systems regarding carers, as well as any barriers to efficient carer utilisation.

1.2 Methodology

The carer utilisation project sought to collect, validate and analyse carer utilisation data from all twenty-seven non-Aboriginal NGOs to form an accurate picture of carer utilisation rates and barriers. The terms of reference for this project are at Appendix A, along with the initial email introducing the project to agencies. A further 2 professional care NGOs participated in the qualitative discussion, though their data was not analysed. Data from Aboriginal Community Controlled Organisations (ACCOs) is not included in this report as this was out of scope for this project.

The project team gathered and analysed both quantitative data and qualitative feedback to explore carer utilisation. To facilitate the quantitative data analysis the project team used two main data sources: the OCG Carers Register, and ChildStory. The OCG has commenced sharing data reports from the Carers Register with DCJ and NGOs on a quarterly basis. For this project, DCJ matched the OCG Carers Register data, effective as at 31 March 2024, with ChildStory placement data to provide a snapshot of which authorised carers are currently without a placement. Further detail on the approach applied to quantitative data collection and analysis is included in Section 2.

The preliminary set of matched data was used to support semi-structured interviews which were conducted with representatives of all NGO foster care providers to better understand carer utilisation. A list of those NGOs is at Appendix B. These interviews were also used to identify where there may be challenges that could be collectively resolved, or NGO insights on systemic issues that could be highlighted.

Interviews focused on the following areas:

- NGOs' internal processes for monitoring the availability of carers
- the current placement process followed by DCJ and NGOs
- the process by which carers are authorised and deauthorised in NSW
- effective strategies for moving children out of HCEA
- discussion about the carer data including some individual carer households as required.

[1] The word carer is used throughout this report to refer to both foster and relative/kinship carers, unless otherwise specified.

A copy of the conversation guide is at Appendix C. The project team recognises that every organisation uses their own and different systems to manage carer data, and worked with each of the NGOs to identify the best way to validate and discuss the organisation's matched data.

A thematic analysis of the qualitative feedback from the agency meetings was conducted, identifying recurring themes. Those themes are presented in this report along with the findings of the quantitative data analysis process.

Following the interviews jointly conducted by ACWA and DCJ with each of the twenty-seven NGOs (plus 2 professional care NGOs), a summary of the key issues each NGO raised and their finalised validated data were provided back to the NGOs for their review to ensure that their inputs and perspectives had been recorded accurately.

2 Data analysis and findings

2.1 Background

It is well recognised that children and young people fare best when raised in safe, supportive and stable home-like environments. Over recent years the number of children and young people in High Cost Emergency Arrangements (HCEA) has increased, with 506 children and young people in these arrangements at its highest in November 2023[2]. This is in part due to the shortfall in available home-based placement options. The effective identification and use of available relative/kinship and foster care placements by DCJ and NGOs is critical to address this issue. Over the last three years (from 1 October 2020 to 30 September 2023), there has been a 28% year-on-year decline in home-based placements for children entering OOHC[3].

In early 2024, a ChildStory extract of open carer households identified approximately 11,000 current NGO/ACCO authorised carer households with approximately 5,000 of those carer households having a child in placement. In the context of increasing use of HCEAs, this raised concerns about the potential and significant under use of carers authorised by NGOs/ACCOs.

By contrast, the OCG Carers Register counted 5,839 NGO/ACCO carer households authorised as at 31 March 2024[4]. This was a significant discrepancy from the 11,000 (approximate) open NGO carer households on ChildStory. While the date of the ChildStory report was different from the OCG Carers Register, carers do not exit and enter at such significant rates that this would account for such a large discrepancy.

It was hypothesised that the OCG Carers Register was more likely to reflect an accurate picture of NGO and ACCO authorised carer households in NSW due to the following key factors:

1. NGO Principal Officers (PO) have a compliance requirement to maintain the OCG Carers Register as part of their accreditation. There are no similar accreditation implications if carers are not ended on ChildStory, so this may be less likely to occur.
2. Approaches to the timely recording of carer exits on ChildStory vary across DCJ and NGOs. Consequently, the number of open NGO carer households has increased on ChildStory each year since its inception in 2017.

In May 2024, ACWA convened a meeting of 11 NGO providers, the OCG and DCJ to test this hypothesis. This resulted in strong and resounding feedback from these 11 providers, and the OCG from its accreditation processes, that the OCG Carers Register more accurately reflects current NGO carer households than ChildStory. However, the Carers Register does not capture and report on the number of authorised carers who are *actually* available to meet placement demand of children and young people at a point in time.

[2] NSW Department of Communities and Justice HCEA - Monthly Breakdown (Data up to end August 2024)
[3] NSW Department of Communities and Justice FACSIAR Data
[4] NSW Office of the Children's Guardian Previous Statistics, https://ocg.nsw.gov.au/statutory-out-home-care-and-adoption/carers-register/key-statistics-nsw-carers-register#section-target-2

So, while the Carers Register suggested there may be close to 6,000 NGO/ACCO carer households authorised in NSW, it was not possible to know how many carers did not have a current placement because, for example, they:

- may be on-hold[5] or unavailable
- are only authorised for respite care
- are only authorised for specific children such as family members
- have probity or compliance issues currently preventing care arrangements, such as WWCC non-compliance.

The process to understand *actual* carer availability required matching the OCG Carers Register data, as at 31 March 2024, with ChildStory child placement data, as at 12 July 2024. This matching process enabled the project team to remove those carers who had a placement (that is, were being utilised), and to focus on carers that did **not** have a placement on ChildStory (potential carer capacity). Table 1 presents the original data that was matched from the OCG Carers Register and ChildStory.

Table 1: Data matched from the OCG Carers Register and ChildStory

	OCG Carers Register authorised NGO/ACCO carer households as at 31 March 2024	**OCG Carers Register authorised NGO carer households that did not have a placement on ChildStory as at 12 July 2024[6]**
NGO and ACCO	5,839	Out of scope
NGOs participating in this project[7]	4,776	1,850
Professional care[8]	61	36

Following this data matching process, there was an initial intention to also identify those carer households with one or more placements who may be able to accept additional placements. After considerable discussion among the project team, this line of inquiry was discontinued. The rationale was the range of factors and interdependencies that require professional judgement on carer capacity and capability, and the needs of existing children already in placement, to make decisions about subsequent placements of sometimes unrelated children and young people.

As such, the focus of the project team was to understand the context of the 1,850 NGO carer households that were not initially matched to a placement in ChildStory, and the capacity of those households to be matched to or take placements.

[5] On hold carers are generally those that opt to temporarily cease caring, but have not relinquished their authorisation, and may include reasons such as travel, illness, having family stay etc.

[6] As will be explained later, there were various reasons for households not having a placement.

[7] NGOs represent 27 non-ACCO PSP foster care providers, see Appendix B.

[8] Professional care represents 2 non-ACCO providers.

A few points to note

a) The data being used is for carer **households** – there are more carers than carer households.
b) The term 'carer households' refers to all carers encompassing those authorised as foster carers and those authorised as relative/kinship carers, including some who were authorised as both. The reasons for entering a caring role are significantly different for relative/kinship carers and foster carers and can involve different recruitment processes.
c) The time periods for each of the source data did not strictly align. However the differences in the time periods did not materially impact the quantitative and qualitative results as this was intended as a point-in-time, highly indicative snapshot. The time periods were as follows:
    - OCG Carers Register authorised carers as at 31 March 2024
    - ChildStory placement records at 12 July 2024
    - agency interviews about actual and current carer availability conducted between 29 July – 22 August 2024.
d) From this point forward in the report when the term NGO is used it refers **only** to 27 non-ACCO PSP foster and relative/kin care providers, plus 2 non-ACCO professional care providers.

The raw data collected to inform the analysis in this report is at Appendix D.

2.2 Process

To understand the 1,850 NGO carer households that were not initially matched to a placement in ChildStory, the project team provided each NGO its data with clear definitional instructions[9], requesting the status of the carers' availability. This data was returned to the project team prior to each interview so that it could be analysed and cross referenced in ChildStory with placement records as needed.

Data about specific carers was then discussed in each interview to further clarify carer context as needed, timeframes to become available if not available (if known), criteria for placement etc. NGOs were also interviewed and responses recorded about systems issues per the conversation guide at Appendix C.

On completion of each interview, the project team provided NGOs with their updated data set and notes from the interview asking the NGOs to make further amendments or comments as relevant. All NGOs participated in this interview and amendment process.

[9] See Appendix D for instructions and data definitions.

2.3 Data analysis

As at 31 March 2024, there were:
4,776 authorised NGO carer households on the OCG Carers Register.
149 households (3.1% of all carer households) were *actually* available to take a placement of which 31 households were in a placement matching/transition process.
118 carer households (2.5% of all NGO carer households) remained, where placement matching restrictions or considerations existed for 43 households, such as specific cultural requirements or very young-aged children.

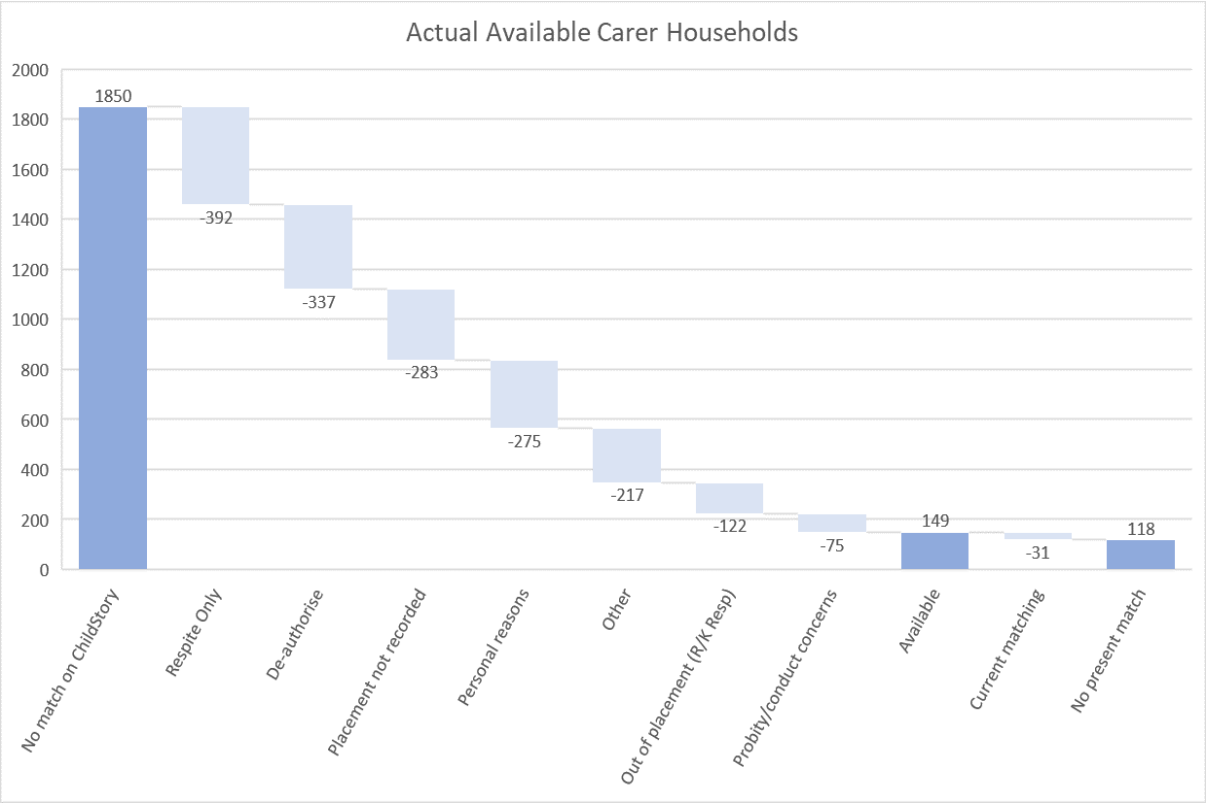
2.3.1 Carer pool overview

- Agencies' carer pools ranged in size from 18 carer households to 564 carer households (which is 11.8% of all NGO carer households, n=4,776).
- The agencies with the three largest carer pools accounted for 31% of all authorised NGO carer households (n=4,776).
- By size of NGO:
    - eight agencies had over 200 carer households (1017 total carer households, with 8.5% available)
    - eight agencies had 100-200 carer households (539 total carer households, with 5.9% available)
    - eleven agencies had less than 100 carer households (294 total carer households, with 10.5% available).

2.3.2 Carer households not initially matched to a placement in ChildStory

ChildStory and OCG Carers Register data identified 1,850 carer households that were not initially matched to a placement in ChildStory. As outlined below, once various reasons for unavailability were accounted for, this project found that 149 carer households were *actually* available and 118 were available for placement and not in the process of being matched to a placement (see Figure 1).

Figure 1: Actual available carer households



The project found that most of the 1,850 carer households that were not initially matched to a placement in ChildStory were authorised as respite carers only. For relative and kinship carer households, the most common reason for not showing as having a placement was that the placement was not recorded on ChildStory. Table 2 presents data on the reasons provided for unavailability.

Table 2: Reasons for carer household unavailability

Number of carer households	Reason for unavailability
392	authorised as respite only carers
337	had been or were being deauthorised
283	had a placement that was not recorded on ChildStory
275	not available for personal reasons
217	other reasons[10]
122	child was temporarily out of placement
75	probity or reportable conduct considerations
31	child being matched to a householder

[10] Other reasons for carer households having no placement include: carer households choosing to provide respite only (73), agency decision (eg recent placement breakdown) (36), carer was being re-engaged after a break (33), Case Management Transfer to another agency (21), authorised GFC but working in residential care setting (20), authorisation being reviewed (14), no information (9), consider caring post permanency orders (5), no additional children to be placed (2), child specific (2), not authorised with the NGO (1), carer disability (1).

2.3.3 Carer households by authorisation type

NGOs were asked if carer households with no apparent placements were authorised as foster carers or relative/kinship carers. They were not asked to provide this data for all carer households in their carer pool due (4,776 carer households) to the size of the request. Of the 1,850 carer households without a placement on ChildStory:

- 1,443 (78%) were authorised foster carer households
- 389 (21%) were authorised relative/kinship carer households
- 18 (1%) were dual authorised carer households.

Of the 149 carer households identified as available (of which 31 were in a placement matching process), 148 were authorised for foster care and 1 was authorised for relative/kinship care.

2.3.4 Available carer households with no present match

There were 118 carer households across NSW with no present placement or current placement matching. Of these available households:

- One agency had 16 carer households available (representing 2.9% of that NGO's total carer pool).
- Twelve NGOs had no available households or only 1 available.
- Fifty-seven carer households were authorised for 1 child[11] only, 44 for 2 children, and 12 for 3 to 4 children (5 carer households did not have this information available).
- Most carer households were authorised for younger children only, though some NGOs stated they were authorising for 0-18 years as a matter of course.
- The majority of carer households had specific placement matching requirements that included (in order of most frequently reported):
    - low needs only child with no diagnosis or challenging behaviour
    - needs around their own work commitments
    - pre-standing commitments and/or own grand/children
    - long term care only after final orders
    - placement only with the view to adoption (dually authorised as adoptive carers)
    - short term or emergency care only for limited time periods e.g. overnight only
    - child gender and age
    - specific child culture and/or religion
    - bedroom sharing considerations.

[11] For ease of reference the words 'child' and 'children' are used in this report to refer to children and young people from the age of 0 to 18 .

- Frequently, carers had multiple criteria, such as the following three examples:
    - male only non-Aboriginal child aged 5 to 7 years on long term orders that can be adopted
    - newborns only for 48 hours
    - child aged 0 to 3 years, long term, low needs, no behaviours or additional needs of any kind. No Culturally and Linguistically Diverse (CALD) placements, will not take a child to church, not willing to make dietary changes for cultural/religious reasons, will not accept temporary care status or a short term or respite placement.
- A number of carers had been offered multiple placement options and declined all offers. On the other hand, a number of carers had accepted placements only for that child to be placed elsewhere (sometimes this has occurred to the same carer household on more than one occasion).

While discussing individual carer households, all NGOs demonstrated ongoing discussions with carers about being flexible in their placement criteria, creative thinking to manage full time carer and work commitments, and other strategies to support placements being made. Some NGOs noted that, while some carers were authorised for specific criteria, others needed a formal review to redefine this based on past experiences of placements. See 3.1.4 Carer preferences for more detail on agency strategies to address carer preferences.

Some NGOs reported routinely providing their carer availability to their DCJ Child and Family District Unit (CFDU) and/or Commissioning and Planning, and/or the HCEA team. This was easier for those NGOs that operate in only one or a few districts. All NGOs expressed a willingness to proactively provide placement availability information. See Keeping DCJ updated with available carers for more information about NGOs updating DCJ on carer availability.

> *If we have available carers we want to make placements for children – we do not want carers or children waiting.*

2.4 Key findings on carer utilisation

2.4.1 Carer utilisation across NGOs

As described in Section 2.3, there were 118 carer households across NSW with no present placement and not currently being matched to a placement, almost all of which have specific authorisations and/or placement requirements.

2.4.2 Respite carers provide important capacity in carer pools

The number of respite carers with each agency varied, however they accounted for over 20% of the 1850 carer households without placements across NGOs. Agencies noted their regular engagement with these carers to determine their willingness to consider longer-term placements. However, they also noted the importance of available respite care to support stability for long-term placements, including utilising these carers in an emergency.

Strategies to maintain a pool of respite carers included newly registered carers being utilised for respite to build capability ahead of considering longer-term placements and encouraging carers whose long-term placements may have concluded or are very stable to provide respite. Some smaller agencies noted the challenge in maintaining a pool of respite carers, and the pressure this put on the small number of respite carers who were available. There may be opportunities in future to explore optimal respite carer pool sizes and the capacity for NGOs to facilitate easier cross-agency respite, to support placement stability.

2.4.3 Data accuracy could be improved

System improvements

While data systems varied across agencies, most organisations used an internal spreadsheet system to track and share their carer availability internally. It was usually the responsibility of carer recruitment or other carer team members to maintain this. Agencies described clear processes and timeframes within their organisation for updating and advising relevant teams of any changes to carer availability. The data captures carers' authorisation criteria and preferences. Most agencies reported that they can run these reports from their client management system but find that the spreadsheet is better for quick access to all staff needing it. Several agencies referred to planned improvements to these systems and approaches to improve carer data management.

Updating ChildStory

While agencies outlined regular processes for updating the OCG Carers Register, there was some confusion about the correct process for updating ChildStory. Several agencies were unaware that, in addition to updating the OCG Carers Register of an authorisation or de authorisation, there is also a form to complete and submit to the local CFDU. Two NGOs asked for the business rule about this process, querying the relevance of advising DCJ in addition to the OCG. Clearer business rules and communication about requirements for ChildStory amendments would improve carer data accuracy.

Agencies agreed that the requirement to enter the same data into both the OCG and DCJ information systems creates duplicate work. It also increases the risk that inaccurate data could be held in either or both places. In the longer term, some NGOs suggested data sharing between the OCG and DCJ could avoid the need to report closure of carers twice and reduce administrative burden.

Data sharing opportunities

Approximately 15% of the 1,850 carers initially mapped as without a placement were found to have a placement during the data validation process. There may be opportunities to improve the accuracy of this matched data by establishing common identifying data points between the OCG Carers Register and ChildStory data.

3 NGO insights

Through interviews, agencies provided a factual account of their systems and processes, as well as their insights and experiences of carer utilisation barriers and strategies. While there were a range of differences described by agencies, there were some common themes. This section seeks to recount the responses heard from agencies through interviews.

3.1 Changing context for foster care

Agencies reported that changes to Australian society such as two-income households and the higher cost of living have led to fewer foster carers, particularly those able to provide full-time care. It was suggested that the care allowance is insufficient to cover caring expenses. Foster carers also tend to have preferences for certain characteristics of children that could be placed in their care, further limiting their availability. Engaging time-poor carers in training is also challenging. Agencies described a variety of innovative strategies to address these challenges (Section 3.2).

3.1.1 Societal changes

Every agency described how the changing nature of Australian households is impacting foster care, reporting that there simply are not enough people with sufficient time and resources available to care for children needing a placement.

Agencies observed that the current foster care model was developed during a time when most households had at least one stay-at-home parent, which is rarely the case today. The number of individuals and households willing and able to care for children with increasingly complex needs is decreasing.

These challenges are supported by recent data analysis conducted by The Demographics Group which found that the increase in women's workforce participation, cost of living and housing pressures are contributing to a shrinking pool of people with the capacity to become foster carers[12] (see Appendix E).

[12] Association of Children's Welfare Agencies & The Demographics Group. NSW Foster Carer Demographic Outlook: Impacts on the availability of foster carers (2024).

3.1.2 Cost of living

Seventeen agencies reported that cost of living pressures are preventing people from applying to be carers or pushing existing carers to take on full-time work. Agencies reported:

- many carers and applicants must work full time
- others work in casual jobs, and if they turn down a shift to take a placement they do not get paid
- it is no longer realistic to expect people to have a spare bedroom or large house
- extended families may be sharing a house where there would previously have been one family or bedroom availability
- some carers are unable to meet financial requirements such as mortgages
- carers do not receive superannuation for their years of caring.

> *Since interest rates went up [we've seen] a downturn in enquiries and authorisations. Some carers are leaving because of costs because they simply can't afford it. We need to increase carer pay for a more cost-effective system.*

These concerns are echoed in the recent Interim Report on the cost of OOHC prepared by the Independent Pricing and Regulatory Tribunal (IPART). Carers who made submissions to IPART reported that they are caring for children with higher needs, in some cases leading carers into debt or leaving work. Any additional funding available was not enough to cover the cost of caring for a child with disability and/or high needs.[13]

3.1.3 Adequacy of the carer allowance

While the foster care allowance is intended to meet the expense of raising a child, some agencies suggested that the allowance does not cover basic expenses such as health care, extracurricular activities and even the cost of food for the child.

The Demographics Group found that foster carers are overrepresented in lower to middle income brackets making these households more sensitive to the need to work and cost of living changes[14]. IPART considered that the care allowance requires fundamental review and made a preliminary finding that 'The care allowance is out of date and requires review. The indexation that has been applied to it over the past two decades is unlikely to have adequately captured changes in the cost of caring for children.'[15]

> *We need to help people to be able to afford [being carers] and have the time that children and young people really need.*

[13] Independent Pricing and Regulatory Tribunal NSW, *Out-of-home care costs and pricing: Interim Report*, September 2024, p 9.

[14] Association of Children's Welfare Agencies & The Demographics Group. NSW Foster Carer Demographic Outlook: Impacts on the availability of foster carers (2024).

[15] Independent Pricing and Regulatory Tribunal NSW, *Out-of-home care costs and pricing: Interim Report*, September 2024, p 106.

One agency reported that people respond to their advertising campaigns looking for paid work, similar to disability carers, and are unwilling to care for children and only receive an allowance.

3.1.4 Carer preferences

In addition to the shrinking pool of carers, carer households are often authorised for a specific number of children that can be placed in their care, or preferences for certain characteristics. These include preferences for:

- specific age ranges
- specific gender
- children classified as 'low needs' or with no behavioural considerations
- specific cultures or religions
- short term or emergency care
- respite only
- long term only with the view to adoption
- specific children only e.g. a child known to the household.

NGO strategies for expanding carer preferences

The majority of agencies (23) reported that they encourage new carers to be more flexible in their authorisation conditions and are in constant conversation with existing carers to expand their preferences using techniques such as coaching, support and training. Examples of strategies that work included:

- authorising a household that does not have a spare bedroom for daytime respite
- providing carers with the profile of a child that may not necessarily meet all their preferences but could still be a good match
- discussing whether additional supports would enable a carer to expand their preferences
- offering respite carers additional coaching and debriefing after a placement to support them to move to full-time placements
- respectfully questioning and challenging carers to expand their considerations, such as taking older children
- offering coaching and debriefing after respite care to encourage carers to take on full-time caring.

Two agencies advised that they did not have a regularly scheduled process for reviewing carer preferences but were intending to do so. Seven agencies are working on moving away from restrictive authorisations with new carers although they are reluctant to turn people away who may wish to be prescriptive in their preferences.

Agencies were clear that carers are volunteers and ultimately can choose to accept or decline a placement.

> *The system forgets that carers are volunteers and they can say no. We can ask and offer all the support in the world and they can still say no they don't want that placement.*

3.2 Foster carer intake and support

Agencies were not asked specifically about the recruitment and retention of foster carers. Nevertheless, some raised the challenges involved in recruiting new carers. They also described supporting existing carers who are ageing yet are required to care for children with challenging behaviours within an increasingly complex and demanding system. Agencies have found creative solutions to these challenges, investing time and resources in supporting carers to improve retention and reduce placement breakdowns. NGOs asserted however that PSP packages do not always cover the financial extent of their recruitment and support efforts.

3.2.1 Recruiting foster carers

While not directly asked about recruitment, six agencies reported challenges in recruiting foster carers. This included:

- investing in advertising campaigns with little response; one agency reported that it costs approximately $8,000 per application in advertising and onboarding
- receiving large numbers of enquiries with a low conversion rate due to applicants not meeting basic requirements
- most enquiries being for respite or emergency care only
- the low carer allowance being a disincentive for people to continue in their application process
- migrant carers declining as they increasingly need to support family members in overseas conflict areas
- acknowledgement that there is a limited number of community members that may be interested in caring, and all agencies are competing for these same applicants.

> *How do we attract foster carers? Everyone's fishing out of the same pool.*

Four agencies were concerned that NGOs are competing against each other for carers. One agency suggested that NGOs could pool their advertising resources in a 'joined up' campaign as had been the case previously in some areas. Another suggested that recruitment be centralised.

Six agencies suggested that the current My Forever Family (MFF) model is not effective for carer recruitment and support. Their feedback included:

- some regions have no MFF presence
- some agencies do not feel connected to MFF
- only 1% of one agency's enquiries come from MFF
- MFF's role in supporting carers has diminished over recent years
- some agencies are not receiving emails, referrals or reports from MFF any more
- Shared Stories Shared Lives training through MFF online is very expensive
- the previous Connecting Carers structure was a good support model that included face-to-face regional training, individual carers support and advocacy.

NGO strategies for recruiting carers

Agencies described a range of strategies they currently employ to make recruitment of carers as effective as possible. They included:

- larger organisations running centralised campaigns as well as regional or community-based recruitment drives
- targeted recruitment for specific children, particularly for those in HCEAs
- approaching their own or related agency staff either to become carers themselves or to explore their own networks for potential carers
- developing case studies of children needing care for a more appealing, personal approach
- Catholic agencies advertising in parish newsletters and utilising Catholic education networks
- educating local communities about the need for foster care
- meeting with specific communities such as Maori
- going to where the community gathers, such as in church, and running a stall.

Three agencies reported that word of mouth from other carers is most effective in recruiting carers. The strategy adopted by some agencies of targeting specific groups for recruitment, such as people with a religious belief, is supported by the findings of The Demographic Group[16].

3.2.2 Engaging applicants and carers in training

Changes to households and lifestyle were reported as impacting agencies' abilities to provide carers with the training. This is critical to carers understanding of parenting children who have experienced trauma, as well as increasing carer knowledge, skills and confidence to accept and sustain placements. Carer skills level does impact on utilising carers for particular children. Thirteen agencies described the challenges involved in engaging carers in training:

- applicants and carers failing to attend training, which also extends the authorisation timeframe for those in an application process
- previously running training monthly, but increasingly needing to cancel due to lack of attendance
- some relative/kinship carers being less likely to engage in training - they 'just want to care for their family'
- CALD carers experience grief and shame in kinship care because it alerts the whole community to the allegations against their family members - this can impact on their willingness to participate in training.

> *Uptake of training is poor, not because they don't want to but because they don't have time. Even when offered out of business hours, whether online or in-person.*

[16] Association of Children's Welfare Agencies & The Demographics Group. NSW Foster Carer Demographic Outlook: Impacts on the availability of foster carers (2024).

NGO strategies for improving training attendance

Agencies described the solutions that they are employing to improve training attendance, reporting that while these work to some extent, engagement remains a challenge:

- running training for individuals due to low numbers
- partnering with other NGOs to deliver training where the timeframe allows
- providing weekend and evening training to accommodate carers' work commitments
- offering access to tools and training that support carers outside working hours.
- providing online training
- combining training for carers in both NSW and Victoria
- in-home training delivered as part of home visiting.

> *Engagement is pretty poor with training - we go to lots of effort to have 2-4 people show up. Getting carers to training especially kinship - we often do one-on-one.*

3.2.3 Authorising carers

Agencies reported that the authorisation process from application to decision can take between 3 to12 months. On average, the process was reported to take between 4 to 8 months. Longer timeframes were reportedly due to:

- carer applicants taking time to complete their actions; agencies reported maintaining engagement with those applicants throughout the process to avoid them dropping out
- probity checks, particularly the National Police Check and Community Services Check (CS Check by DCJ); five agencies reported delays in these responses being returned, with two noting the CS Check could take between 4-6 weeks.

Some agencies noted that the amount of staff time required in the probity and training stage is intensive and does not always result in an assessment proceeding or an authorisation being made.

Many agencies described robust authorisation decision making processes, with 16 agencies advising they use an authorisation panel for foster care and relative/kinship carer applicants. The authorisation panel includes the caseworker and assessor as well as therapeutic clinicians and senior management. The PO is sometimes directly involved in these panels, and if not present the outcome is sent to them as a recommendation for final decision making. Agencies have set schedules for these meetings usually fortnightly or monthly, but will also schedule them as required if volume to consider carer assessments is high. Some agencies also advised that they use mid-assessment feedback or reports so that they can address any issues during the assessment process rather than waiting until it is finalised.

Not all agencies were asked for their data in interview, however 9 reported that their most recent carer authorisations occurred within 1 week to 2 months of the interview. Most agencies had completed at least 1 if not more carer authorisations within that time, with 5

being within the week prior to their interview. The authorisation varied from provisional authorisation of a person/s known to a child, to full authorisation following training and assessment.

Some agencies discussed their assessment models, with 4 reporting they use Step By Step. One agency described using Winangay rather than Step by Step to assess their carers (not just Aboriginal carers) and have had good feedback as a result. They found that Winangay resources are more conversational and provide a better experience for applicants. They found this model to be more comprehensive, tapping into applicants' community networks and identifying their own strengths and areas for development and support.

3.2.4 Monitoring carer availability

Agencies reported a range of systems in place to monitor carer availability and update the OCG Carers Register as required. These varied according to the size and geography of the NGO, with smaller agencies reporting that their small carer pool does not necessitate a database.

All agencies reported having positions and/or teams that are dedicated to different aspects of foster care, such as intake, placements, recruitment, support and retention. Fourteen agencies described using a database or client management system to track carers' availability, authorisation restrictions and preferences. Twelve use a spreadsheet instead or as a supplement. Twelve agencies set a timeframe for contacting carers who are on hold or undergoing probity reviews, with some of those incorporating a reminder alert into their database system.

3.2.5 Carer reviews

Agencies discussed their systems to review current authorisation criteria, including having conversations with carers to encourage their thinking on their own household capacity to accept placements that may be somewhat different from the carers preferences. Some agencies conduct carer reviews every 6 months or quarterly. Carer reviews are conducted within agencies' designated carer team, by the allocated caseworker, or a combination of both. Complex reviews are typically conducted by a carer team member or referred externally to protect the relationship between the caseworker and carer.

3.2.6 Carers on hold

Most agencies had several carers on hold (275 carer households across 26 NGOs). Carers were on hold primarily for personal reasons, for example illness/surgery, renovating their house, travelling, addressing the needs of their own family, etc. In some instances, carers were on hold following a difficult placement or breakdown. Agencies reported that these carers express needing a break to recover before providing placements again. Some agencies conduct a carer review with these carers before they return to caring.

When carers need to be placed on hold for personal reasons, agencies described a variety of systems for checking in with those carers, to maximise carer utilisation. These ranged from using the client management system to assign tasks and timeframes to tracking in their database, and in team discussions generally. All agencies noted the importance of

respecting the carer's need for time away from caring and discussed the balance between checking in and giving the carer appropriate time and space. Some agencies addressed this by setting agreed timeframes for the on-hold period and agreed frequency of contact from the agency.

3.2.7 Reportable conduct

Agencies acknowledged that reportable conduct investigations can be a distressing experience for carers. Some agencies assign carers a team member to support them through the process, and/or ensure that carers have access to their Employee Assistance Program (EAP).

The data identified that some carers were in a process of being deauthorised following these investigations. This was a combination of either voluntarily surrendering their authorisation, or as a result of the outcome of the investigation. Of the 1,850 total carer households that were not initially matched to a placement in ChildStory, 50 were identified as vacant due to reportable conduct or other carer review. Of these, 3 were likely to withdraw following completion of the process and a further 3 will be closed because of the investigation outcome (1 of these was already identified as closure in the data).

3.2.8 Retaining carers

Ten agencies reported that carers risk, or are, becoming exhausted and burning out. They described an ageing carer pool, and/or carers juggling family and work commitments in an increasingly complex and demanding system:

- the emotional toll of a child changing placement or being restored is significant - some carers are not able to recover and return to caring
- existing carers are ageing yet having to manage challenging behaviours
- some carers are authorised for more children than they actually want to take
- expectations are higher than they used to be and are more emotionally costly, for example asking carers to manage a demanding relationship with the child's family with a restoration goal
- more incentives would help to retain carers.

> *The demands placed on carers is significant - they have to work with the child's family, attend training, come to meetings and so on. We're burning people out. We need to compensate them. We exhaust our carers, even with support.*

> *[Carers tell us that] before the PSP they were more involved - now they feel that their opinions don't matter - it's about what's going to cost less that's guiding decisions. Carers feel that they're not heard, not*

NGO strategies for retaining carers

Fifteen agencies described creative strategies to support carers, both to minimise placement breakdown and to retain carers. Some of those strategies focused on therapeutic or case management support, such as:

- monthly psychologist-run sessions in the evening
- implementing a period of intensive support for new carers during the first few weeks of their first placement, so that carers receive holistic, wrap-around support
- opening the EAP to carers
- providing a 24-hour support service for carers
- using respite care extensively
- running a school holiday program and homework club to take the pressure off carers
- extra support such as transport, accompanying carers to appointments - especially where language is a barrier.

One agency was trialling a 12-week support plan for new carers that involved the carer recruitment team, clinical team and case management team having regular contact. The aim was to better support both carers and children in a new placement.

> *We put an ecosystem of support around carers with four psychologists, the carer support team, caseworkers, Life Story work.*

Other strategies focused on peer support, connection and recognition, such as:

- linking carers with each other for peer support
- quarterly face-to-face catch-ups
- monthly catch-ups with the director
- activities to recognise carers such as Appreciation Day activities, vouchers, Carer of the Month
- regional carer Facebook groups
- carer learning circle.

3.2.9 Regional, rural and remote communities

Six agencies that work with regional, rural and remote communities described some unique challenges:

- fewer accommodation options exist
- fewer potential carers due to it being a small community
- when a specialist report is needed for carer assessment it can cause delays
- carer peer support and learning is more challenging in regional areas.

These agencies employed solutions such as running online or one-on-one training and bringing NSW and Victorian carers together for training.

3.3 Impact of media

Five agencies raised concerns that the current public commentary about the OOHC system appears negative. Agencies were concerned this was impacting existing carers and making it more challenging to recruit new carers. Their feedback included that:

- the commentary can be scathing of the sector- it is important to change how people perceive foster carers
- carers see media reports of how much is being spent on HCEAs and they resent being paid an allowance that does not meet their expenses
- recruitment is largely driven by word of mouth but when the media are talking about a broken system it discourages people from applying.

3.4 Models of care and contracts

Most agencies were concerned about the extent to which a perceived lack of flexibility and inefficiencies in the system hinder their ability to respond to the needs of children and carers. This was also the case in relation to moving children out of HCEAs (see Moving children out of HCEAs). Concerns included restrictive eligibility criteria for some packages and delays in approvals.

> *We need to be allowed more flexibility regarding work, housing and so on to make placements possible, for example we could pay a rental subsidy or lease for a carer to allow them to take a placement.*

Fourteen agencies reported that, in their view, the way in which the PSP packaging is organised prevents them being able to meet children's needs and can lead to placement breakdown. Examples raised included:

- rigid eligibility criteria for the Additional Carer Support (ACS) package
- delays waiting for the ACS package to attempt to prevent placement breakdown
- carers reluctant to take on a child with additional needs when the agency cannot access an ACS, or time limited ACS arrangements
- applications for additional support needing to be approved at so many levels within DCJ, particularly Complex Needs packages
- occasions when a child is receiving therapeutic support but the carer is not eligible for additional support
- delays in reimbursement seeing NGOs supporting placements with paid respite.

> *We've worked very hard over recent years to minimise accessing Complex Needs and ACAs as much as possible – if we reach out it's because we really need to.*

Two agencies were concerned that the system of approving packages for 12 months only creates uncertainty for carers and is not conducive to establishing sustainable, stable placements. Three agencies reported absorbing unfunded costs rather than disrupting a relationship with a child or carer.

IPART similarly found that the allocation of PSP funding packages can delay service delivery and create administrative burdens both for NGOs and DCJ. The Interim Report calls for greater flexibility to allow for packages to be stepped up and down according to a child's changing circumstances.

Ten agencies reported that the PSP does not adequately fund or reimburse some aspects of their work, such as:

- upfront costs before a child is placed that may not be reimbursed if the package is not approved
- expending their funding on Family Finding and child-related therapies, leaving little for supporting placements and/or carers
- the commissioning model not adequately resourcing carer recruitment and assessment
- exhausting restoration funding and needing to continue the work unfunded
- significant or extraordinary contingency items such as travel with relative carers overseas to visit family, or major dental work
- court ordered contact arrangements or assessment that are significant or excessive
- the need to gain legal approvals via CFDU creates delays in being able to submit applications and ongoing legal work in a timely manner and can result in PSP goal packages being exhausted prior to the goal being achieved
- additional requirements to facilitate a potential transition to an ACCO, such as the NGO paying for assessments or recruiting carers to have them transition.

> *We can't be having year by year approval…we're seeing that with the ACS now - carers will commit to caring for a child for 5 years but [we can only get] twelve-month funding. In the long run if it means children will stay in a stable placement it's a better outcome for the child, makes more financial sense.*

There were also concerns that an individual child may have multiple requirements across a range of aspects of their life that are unfunded or where submissions for funding are declined.

> *Often our ideas sit there awaiting approval, you have to wait for the system to work. For example, time and funding to achieve restoration have run out due to systems issues but we'll continue on with the restoration unfunded.*

Under current PSP home based care contracting, agencies are required to accept case management at the time of placement. This could result in situations where emergency or short-term care placements are not offered. One agency discussed a local arrangement with their Commissioning and Planning team where they were providing placement only under fee for service instead of the PSP. This was not identified as more common place with other

agencies and nor were agencies asked to comment on separation of case management from placement. There may be limited opportunities however for an agency to provide a short-term placement but be unable to facilitate the case management tasks or only have an emergency/short term placement option available.

3.4.1 Inadequacies of current models

Thirteen agencies reported that current contracting arrangements and models of care create challenges for them in meeting the needs of children. Their feedback included:

- previously agencies were able to negotiate, for example, having a staff member become a foster carer to support a transition; now, while a district may support this proposal, it may be declined at a different level of approval
- some carers do not meet the eligibility criteria for therapeutic home-based care (THBC)
- negotiating with DCJ for a creative solution can take many meetings, discussions and applications - if it sits 'outside the box' there may not be a package, and the negotiation timeframe can be considerable sometime for no funding and/or placement outcome
- the process of recovering funding can be too slow, with some expenditure not recovered
- some funded models do not suit some children.

Examples included:

- Complex Needs applications are not approved or are not approved at a senior level in line with the direction of the Court on case management actions
- where a child did not want to change school the agency arranged to transport them to their old school each day which exhausted the allocated ACS package funds
- difficulty obtaining ACS and Complex Needs packages, with some staff reporting that they have given up seeking ACS funding which can impact on being able to make a placement.

> *Sometimes what is best for the child gets subjugated to what is possible - it can be about risk appetite of the District.*

> *We do proactive wrap-around supports even without approval from DCJ when we don't have time to wait for the application process. Sometimes it's a risk and we've invested heavily and haven't been reimbursed but we've avoided HCEAs.*

Four agencies pointed out that children under 12 can have very few options open to them, for example children under 12 years generally do not enter Intensive Therapeutic Care residential models or if they do, require considerable special approval.

> *Something needs to be done about the younger cohort of kids. The eligibility criteria are too rigid, there's not enough flexibility. CFDUs don't have the authority to put solutions in place for kids.*

3.4.2 Alternatives to general foster care

Children displaying challenging behaviours need highly skilled carers to support them in a new placement. Seven agencies reported that it is difficult to find carers with the requisite skill level who are willing to care for children with challenging behaviours, or carers who would be willing to acquire those skills. As mentioned above, training can be intended to upskill carers to facilitate better utilisation across children's needs, though training take up is often poor. Comments included:

- it is difficult to find carers willing to take adolescents
- there is a high need for experienced carers, most of whom already have a placement
- there is a lack of carers with suitable qualifications
- while carers may be willing and happy to learn, they may ultimately decide it is too difficult
- carers need time as well as skills – children with complex needs may be suspended from school and need to be taken to multiple daytime appointments; the need for these carers to be present for these support needs are not considered in current placement and funding models
- children's needs associated with trauma and disability are not comprehensively captured within the CAT or information provided to carers.

> *There needs to be a clear understanding of the difference between resource-driven HCEAs and complexity-driven HCEAs - kids that can't be placed because of a lack of foster carers are not the same as kids with multiple diagnoses and many years of trauma in family and in care who require professional intensive care to keep them safe.*

Specialised/professionalised foster care

Thirteen agencies called for specialised or professional foster care approaches that provide wrap-around support to children and carers. This terminology was used to describe two different approaches:

- professionalised care, in which a carer is an employee working under industrial instruments and drawing a salary, superannuation and leave provisions
- specialised care, in which carers remain volunteers but attract a tax-free allowance that is greater than the standard allowance and sufficient to attract carers out of the workforce or to subsidise part time work arrangements.

Agencies suggested the following:

- professional or specialised care models to enable people to leave their jobs and become carers
- models that provide carers with more flexibility to work and care
- using carer-led ICM to support transition to home based care
- recruit HCEA staff as an ongoing casework or in-home support for the child at the point of transition out of an HCEA
- Supported Independent Living models with specialised carers.

> *HCEAs are far more expensive than professional/ specialised care but we can't get any agreement to the latter.*

3.4.3 Keeping children with family

Given the lack of available carers across the state and difficulties in recruiting, eight agencies suggested that there needs to be more effort and resources focused on keeping or returning children to family. Suggestions included:

- divert resources to prevention and early intervention to avoid removals in the first place
- divert HCEA funding to bring parents and children together in a therapeutic setting
- DCJ should focus on prevention and frontline child protection while NGOs and ACCOs manage OOHC placements
- resource families with an allowance to help them keep their children at home or achieve restoration, in the same way that we resource carers
- increase efforts on finding community and family
- support carers to manage restoration and continue that support post-restoration
- invest more in family finding and engagement.

Challenges included the resource intensiveness required to find family or significant others, and at times travel involved in finding family, which can cross state boundaries.

> *There is an appetite for restoration work, but the expertise is lacking – there is an opportunity with how all agencies deliver on that to make sure it's a priority.*

A third of agencies described their focus on finding and engaging family at all stages of the child's journey in OOHC, including:

- supporting children to stay in their community
- facilitating Family Group Conferencing
- supporting carers with family time
- working with ACCOs, Link Up and land councils to find family
- focusing on engaging family during the first 12 months of care.

3.5 Challenges with the placement process

Most agencies raised concerns about the broadcast system that DCJ uses to seek placement referrals directly hampers effective utilisation of carers, with many reporting that phone calls and meetings were more effective in placing children. Agencies have strong collaborative relationships with their local DCJ partners, and many inform DCJ as soon as they have a carer available. Incomplete or inaccurate information about children was raised as a barrier to initial placement matching, cause of placement breakdown and carer dissatisfaction.

> *We get broadcasts and multiple emails from CFDUs and Community Service Centres (CSCs) and if we don't respond within a few hours the name and shame emails go out from CFDUs. Telephone calls come at the same time. Multiple requests from multiple places feels like a bombardment.*

3.5.1 The ChildStory broadcast system

Smaller agencies reported that their managers receive referrals directly from CFDUs. Twelve agencies have their carer team or a specified intake team/worker (9 agencies) managing referrals and placement matching. Placement matching can include the use of placement matching tools or having specific placement matching meetings with relevant team members.

Fifteen agencies were asked when they last accepted a placement from a referral. Responses varied from accepting a placement within the last 2 weeks to more than 6 months ago. One agency said they would accept approximately 20 new placements per year.

Twenty agencies raised concerns about the referral process, describing it as time-consuming, duplicative, resource intensive, administratively burdensome and often containing inaccurate information, with limited placement outcomes. Most agencies receive repeat broadcasts about the same child, as well as receiving emails and telephone calls about the same child, that triplicate referrals. Examples provided include:

- needing to allocate resources to respond to broadcasts though there is such limited carer capacity
- broadcast information is not easily accessible – it requires some drilling into records and agencies often cannot locate required Client Information Forms (CIF) and Child Assessment Tool (CAT) information which necessitates follow-up
- receiving multiple broadcasts about the same child
- receiving referrals multiple times through different avenues (broadcasts, emails, phone calls) all of which need responses
- reviewing broadcasts takes considerable time, with many of them relevant to a different geographic area
- a lack of consistency with referrals coming in from different email addresses with different headings

- details not being updated in ChildStory leading to referrals being broadcast for children who have already been placed
- incorrect information causing confusion, for example the first and last name of a child switched around, or not identifying it's a sibling group referral.

> *The broadcast is a big fail - it doesn't work for us, we find that the volume is unmanageable, there are duplicates every day, the same children being referred for all around the state - need to have a dedicated worker to sift through the volume which is not worth it when you have a small number of vacancies - it's not financially sustainable.*

Beyond the administrative burden, agencies raised concerns about the impact of the current system on children and carers. For example, out-of-date broadcasts can lead agencies to hold conversations with potential carers which then need to be discontinued due to incorrect information (e.g. age of child, sibling group, culture, behaviours, still showing as a placement is required when the child has been placed). This was reported as damaging the trust that carers have in the agency. Carers then also talk to each other about these negative experiences with the system.

> *We spend time calling around to find a willing and suitable carer and confirm a placement, only to find that the placement has already been made via another NGO - often with no response or reply. This wastes a lot of time and damages trust with the carers, who sometimes experience this over and over.*

Thirteen agencies expressed a preference for emails, telephone calls or meetings, which tend to be less generic, and more personalised to the child or young person being referred. Feedback included:

- agencies had greater success matching carers with children by email and meetings, accepting most placements through emails rather than the broadcast
- some districts provide a weekly or monthly email summary of children requiring a placement which can be helpful with the right information provided
- email is easier to access than logging in to ChildStory
- providing a brief child profile which helps with thinking about potential matches; it includes information such as the child's likes and interests, family contact, school attendance and so on
- some CFDUs appear to be using the broadcast system less.

> *What works best for us is relationships, phoning up and talking about kids, much more personalised.*

Six agencies reported that Community Service Centres (CSCs) or CFDUs sometimes contact the agency's carers directly in relation to a possible placement, without contacting the NGO to canvas the prospect of a placement. Agencies reported this causes a range of issues:

- fractures in the NGO's relationships with carers

- problems with key people being left out of relevant correspondence
- carers may accept a placement when the agency had good reasons for not approaching them or would not support another placement
- only being aware of the placement after the placement is made with no preparation, planning or support to the carer.

When these situations occur, agencies escalate to senior DCJ staff which can then be time consuming to resolve.

NGO and DCJ strategies for supporting placement matching

Choice of carers

Five agencies highlighted the importance of careful, considered matching, while noting that this is not always possible with a small pool of carers. They noted that:

- placement matching tools work well, if agencies have sufficient and current information on the child
- it is important to get to know carers well so that children will be a good fit, with consideration of the supports they may need to increase the likelihood of a sustained placement
- involving carers in the matching process leads to better outcomes.

Collaborative relationships

Seventeen agencies reported that building and maintaining a strong relationship with CFDUs and/or HCEA teams was critical to successful placement matching and supporting placements for children. Some examples of successful relationship building activities included:

- a representative from the CFDU sitting in the agency's office once a month
- local referral meetings
- regular, informal contact with CSCs and Managers Casework
- DCJ Permanency Coordinators being available.

> *The best placement process is having personal relationships between agency and DCJ… better at telling the story of the child and providing useful information.*

Keeping DCJ updated with available carers

Thirteen agencies reported that they proactively let DCJ know of any carers with availability, whilst also looking at broadcasts. A few agencies reported that they use their carer capacity to support internal placement changes required at that time, or to assume placement breakdowns, while others actively take referrals. Examples included:

- informing CFDUs when an availability arises, with details of the carer's authorisation and preferences
- discussing availabilities at contracting meetings
- providing a spreadsheet of available carers to the CFDU and/or HCEA team
- contacting CFDUs each time a new carer is authorised

- providing visibility of carers in the pipeline with fast tracking assessment options if a likely match to a child
- looking on ChildStory for children needing placements.

During the interviews, agencies that did not regularly provide DCJ with details of carer availability agreed they would or could do so.

> *We don't have a culture of keeping carers in reserve in case of internal placement breakdown - if there is an available carer we actively look on ChildStory for a match with a child or young person needing immediate placement.*

Carer and child profiles

Eleven agencies described the value of developing child or carer profiles. Examples of these profiles and how they are used include:

- developing carer profiles and sharing them with CFDUs and/or HCEA teams when the carer is available
- creating child profiles to share with carers, which can help to establish expectations
- sharing child profiles with respite carers to encourage them to think about full time caring
- creating deidentified child profiles to take to community engagement meetings when recruiting carers
- bringing child profiles to meetings with DCJ to keep the child front of mind.

> *CFDUs are very aware of what carers we've got at any point in time - even if we're in the process of assessing we let them know, we can prioritise and fast track if DCJ needs it.*

3.5.2 Impact of incomplete information about the child

Up-to-date information about children is critical if they are to be matched with a suitable carer and for that placement to be sustainable.

Seventeen agencies reported that the placement referral information about children can be inaccurate, insufficient, out-of-date, of poor quality or absent. Agencies understood that this can be the case when a child needs an emergency placement and that there are time constraints for DCJ, but some reported a lack of information when a child was known to DCJ for some time.

Examples of out-of-date information included:

- agencies have made a match based on the care level indicated, only to find that the information is 12 months old - new information then impacts the placement decision
- CATs and CIFs can be old and agencies may not realise straight away, only discovering it later

- the situation in an Alternate Care Arrangement (ACA) can change rapidly, and transitioning out of an ACA can be difficult for children; up-to-date information and direct conversations with ACA providers is critical
- placement history information can be old and not include recent placements and HCEA arrangements.

Examples of missing or inaccurate information included:

- missing CIFs or CATs
- CIFs can lack any information about the child's cultural background, often stating Aboriginality but not culture, faith or ethnicity
- variable quality of information, with some carers providing feedback that more information was needed about the children coming into their care
- lack of information about the child's wishes and preferences (no child voice)
- inaccurate or unclear information about current behaviours which directly impacts on the carer's experience with the child
- Behaviour Support Plans, diagnoses or clinical assessment information can be absent though necessary for placement decisions
- disability related issues.

> *The CAT and CIF didn't reflect that a child was regularly hypoxic - we did a massive amount of work, making introductions and so on and it all comes to nothing - it's awful for the child and can impact our relationship with carers.*

> *The biggest barrier [to carer retention] is lack of information about the child's behaviours – we've had good people burn out badly from children we were told were low needs – carers were not prepared for high needs due to the lack of information.*

Agencies reported that the need to go back to DCJ to request information delays placement matching for children as this process can take hours, or days. Agencies also noted the frustration that carers express when information is inaccurate, incomplete or provided 'in dribs and drabs'.

> *If a child needs an ACA we have to provide a massive amount of information, yet when we're asked to place a child we get almost no information - we're expected to match based on almost nothing even when DCJ has been working with the family for years it's a struggle to get that information.*

3.5.3 Inconsistent and duplicative processes

Six agencies reported experiencing inconsistencies in processes and decision-making across districts, which particularly impacted those that work with 2 or more districts. Comments included:

- lack of consistency across districts in relation to decision-making and approvals
- lack of consistency between CFDUs, with some failing to contact an agency to advise that a placement match has been made elsewhere
- different relationships with CFDUs depending on the district, often relying on specific individuals
- adapting practice to differences in each CFDU, resulting in feedback from the OCG about the agency being inconsistent.

> *Differing practices have a flow-on effect to how carers are feeling and how children and young people's outcomes are being met.*

3.6 Moving children out of high cost emergency arrangements

No provider wants children to remain in an HCEA. Agencies reported that the PSP packaging does not enable flexible, child-centred strategies to move children out of HCEAs. Some were concerned that the pressure to move children quickly may lead to poor decisions and outcomes for children. Others pointed out that general foster carers may not have the skills and time required to support children with complex needs, calling for more specialised or professional foster care options. Agencies described how they need to focus on well-planned, timely transitions out of an HCEA to achieve sustainable placements.

While most agencies discussed their current HCEA placements, though not all were directly asked for this information. Some agencies do not have any children in a HCEA and for those that did, the HCEAs collectively amounted to 25 children in either an ACA, Individual Placement Arrangements (IPA), Short Term Emergency Placement (STEP) or Interim Care Model (ICM).

Six agencies said that when a child or young person exits an HCEA they can be moved to a lower funding package, which may not support transition to, and stabilisation within, that new placement.

3.6.1 Pressure to move children

Nine agencies expressed concern that the current pressure to move children out of HCEAs is leading to some decisions that are not in children's best interests and do or could result in further placement breakdowns. Concerns included:

- the focus on exiting children from HCEAs needs to be balanced with an appropriate consideration of the children's needs and/or timeframes
- children exiting HCEAs are not given enough information before being transitioned to a new arrangement
- carers are not sufficiently prepared or supported.

> *The voice of the child is often ignored. It's administrative, not about the child - it's about exiting HCEA regardless of the child's needs. Doing repair work for the child to preserve a placement is often not supported.*

3.6.2 The HCEA process

Three agencies reported concerns about the HCEA process:

- there are too many people on panels who are not necessary to the process
- panel timeframes do not do justice to discussing children with high needs
- one agency reduced the number of its staff on panels
- there is a lack of communication while waiting for an HCEA exit.

> *When we slip into a financial imperative we start to do stupid things like placing kids in care arrangements where they're set up to fail but it gets them off the HCEA list. It oversimplifies what is a very complex problem that needs a well-resourced solution.*

NGO strategies for transitioning children out of HCEAs

Focus on the transition process

Agencies suggested that when transitions are well planned, children and carers know what is going to happen and can begin to develop relationships. Ten agencies emphasised that transitioning children out of HCEAs and into a sustainable placement takes time, intensive support, effort and creativity. Some agencies suggested that it is particularly important to provide wrap-around support during the transition period, such as:

- bring carers into the HCEA house to build rapport with the child
- a slow transition for a more sustainable placement providing children with as much information as possible about their next placement
- getting the right people and resources involved to support a child's needs for a successful transition including flexible funding for step down support that may begin with daily and after hours support then slowly reduce
- development of a current behaviour support plan and training for carers in implementing the plan prior to placement with carer

- starting at a higher CAT level at point of exit and then re-CAT down, to address the settlement needs in initial transition
- more flexibility in the business rules, for example THBC could be a good model for some younger children or those that are not high need.

4 Next steps

Informing the OOHC System Review

This report will be provided to the OOHC System Review. The analysis and insights contained in this report will inform the OOHC System Review due to report in October 2024.

Exploring further opportunities

Given the insights provided through this initial review, there may be further opportunities to conduct data matching when quarterly OCG Carers Register data is next available. Potential opportunities could include:

- regular data matching to confirm the number of *actual* vacancies
- communication of business rules relating to NGOs' updating ChildStory with carer deauthorisations
- improving accuracy of ChildStory data, including opportunities to better match to the OCG Carers Register, and improving carer closures on ChildStory
- improved understanding of the breakdown between general foster care households and relative/kinship carer households for all households on the OCG Carers Register
- data capture that aids an understanding of carers' approval type eg respite only, status e.g. currently on hold, specific children or general foster care
- while out of scope for this project, engaging with ACCOs around their experience of carer utilisation may prove beneficial given the criticality of placing Aboriginal children with culturally appropriate carers.

Appendix A: NGO Communication and Carer Utilisation Review Terms of Reference

Email communication to all NGO foster care providers, 11 July 2024

Dear colleagues,

Thank you for your ongoing participation in discussions with ACWA and DCJ around carer utilisation and placement. As you are aware, an OOHC system review was announced on 2 May 2024 by the NSW Government, which will include relevant findings and recommendations regarding the effectiveness of foster carer utilisation by OOHC providers in meeting placement demand.

To provide input to the review, DCJ and ACWA are partnering to better understand carer utilisation in NGO organisations. A number of NGOs have already been involved in more detailed discussions. However over the next few weeks, we would like to work with you to better understand your carer data, reconcile information against placement data, hear about your systems regarding carers, as well as any barriers to efficient carer utilisation.

As you will be aware, the OCG Carer Register is sharing your data with you on a quarterly basis. On 24 May, the OCG provided your NGO data to your Primary Administrator effective as at 30 March. It's been great to hear from some of you that this data is highly accurate against your agency records. We will be in touch with specifics about further information we would appreciate receiving from you regarding your Carer Register data and systems.

Concurrently, DCJ is working to match your OCG carer register data to ChildStory placement data to provide a snapshot of which carers are currently without a placement. We recognise that, as a point in time, this data is constantly changing so may not be completely accurate or up to date. We also recognise that carers are volunteers! However, we would like to get a clearer picture of those carers without placements and some of the underlying reasons. There may be challenges we can collectively resolve, or systemic issues we can highlight to the system review.

Over the coming weeks we will be in contact to discuss the most appropriate means to look at the data which identifies carers who appear not to have placements, after which we will arrange a time to meet with you to work through this process. We recognise that every organisation has their own approach to managing carer data, so we will work with each of you to identify the best way to validate and discuss your organisation's matched data. We also wish to make the process as least onerous as possible.

Depending on what we discover in these processes, we may organise some group discussion about some of the challenges and your suggested solutions around carer utilisation, to help inform system improvements. We will also share insights from this process with you as we go.

We look forward to working with you over the next few weeks and have attached the Terms of Reference for this project. If you have any questions, please feel free to reach out to Susan Priivald Project Lead at susan@acwa.asn.au or 0412 006 778, or Sarah Barrett-Reid, Director OOHC Programs at sarah.barrett-reid@dcj.nsw.gov.au or 0411 772 938.

Kind regards

Stuart Malcher
Executive Director, Child & Family

Maree Walk
Chief Executive Officer

Project Terms of Reference

1. Purpose

1.1. The carer utilisation review will collect, validate and analyse carer utilisation data for OOHC providers to form an accurate picture of carer utilisation rates and barriers.

1.2. This review will be led in partnership between DCJ and ACWA.

1.3. Analysis and insights from this review will be developed by 30 September 2024. This will inform the OOHC system review, announced on 2 May 2024 by the NSW Government, which will include relevant findings and recommendations regarding the effectiveness of foster carer utilisation by OOHC providers in meeting placement demand.

1.4. Insights will also be shared with OOHC providers to identify further opportunities to partner to improve placement processes and carer utilisation.

2. Scope

2.1. Validation of DCJ-held and OCG-held carer authorisation and placement data to identify carers currently without placements.

2.2. Collection and analysis of data relating to carers without placements, including close engagement between ACWA, DCJ and OOHC providers to understand and capture the various reasons for lack of placement.

2.3. Correction and/or updating system data where necessary to improve accuracy of DCJ-held and OCG-held data.

2.4. Collection and analysis of feedback from OOHC providers on carer utilisation and placement processes, including:

2.4.1. Barriers to efficient carer utilisation

2.4.2. Enablers of efficient carer utilisation

2.4.3. Innovative opportunities for improvement

Out of scope

2.5. In recognition of the different operating context for Aboriginal community-controlled organisations (ACCOs), a separate review of these organisations will be conducted.

3. Deliverables

3.1. A final report outlining key analysis and insights from the review will be completed by 30 September 2024. This report will be made available to OOHC providers.

Appendix B: List of participating NGOs

NGOs that provided data and participated in interviews:

Allambi Care Ltd
Anglicare Sydney
Anglicare West, Central West & ACT
Barnardos
CareSouth
CASPA Services Ltd
Catholic Family Welfare Service
CatholicCare Hunter-Manning
Centacare Broken Bay
Challenge Community Services
Creating Links
Family Spirit Ltd
Key Assets
Life Without Barriers
Lifestyle Solutions
Mackillop Family Services
Mallee Family Care
Marymead Child and Family
Pathfinders
Samaritans
Settlement Services International Inc
The Benevolent Society
The Burdekin Association
Uniting Care
Veritas House
Wesley Community Services
William Campbell Foundation

NGOs that participated in interviews only:

OzChild
Professional Individualised Care

Appendix C: Conversation guide

Introduction

- Introductions including role in the carer utilisation project.
- Thank you for your participation in this project, your insights are critical to developing a shared understanding of carer utilisation in NSW. Thank you in particular for reviewing and updating your carer-related data, we appreciate the time and effort involved.
- Today's meeting will focus on hearing about carers who do not have placements, systems and any facilitators and barriers to efficient carer utilisation. There are no right or wrong answers, we are interested in your experiences.
- In relation to the data, we will provide information back to you for checking.
- We will collate your input along with that of all other participating NGOs, drawing out the key themes. We will not identify your responses however may use some de-identified examples or case studies from what you have provided.
- Once collated we will share our findings with the DCJ OOHC Review Team and will share a copy of the report with you as well.
- Do you have any questions?
- RECORDING CONSENT

Carer capacity

We'd like to learn about how your organisation updates and monitors the availability of each of your carers.

1. What process does your organisation use to know and communicate carer availability in NSW?
2. When was your last authorisation finalised? Was it Rel/Kin or Foster Care? How long does it take to get through the process?
3. Please describe the system that you use to record the key characteristics and availability of your carers (e.g. authorisation ages, gender; location; and any limitations on placements).
4. If a carer is on-hold or subject to probity or compliance requirements, how is this managed and what system is engaged to maintain contact with the carer?
5. What are the strengths of the system? What works well and why?
6. What would you like to see changed/improved in this system and why?

Placement processes

We'd like to hear your thoughts on the process of placing a child with a carer.

7. What steps do you take when you know that a carer has availability to take a placement?
8. Do you usually contact your local CFDU or the HCEA team when a place becomes available?
9. How do DCJ let you know when a placement is requested? For example placement broadcast, email or phone call, or a combination of these?
10. When was the last time you accepted a placement from a broadcast, or directly through CFDU/HCEA?

11. Please describe the process that you follow when you hear from DCJ that a child needs a placement. Please let us know the process step-by-step.
12. What works well in this process?
13. What would you like to see changed/improved in this process and why?

Carer authorisation review

We'd like to hear about review the carers authorisation.

14. Please describe the system that your organisation uses to update the NSW carers register including de-authorisation?
15. What system is used to canvas caring options with a carer, eg increasing the number of children in placement or their preferred age range?
16. What are the strengths of the system? What works well and why?
17. What would you like to see changed/improved in this system and why?

HCEA exit strategies

We're keen to learn about any successful strategies you have used to exit children and young people from high-cost emergency arrangements.

18. Do you have any current HCEA's? Have you been able to do any internal matching/ excluding?
19. Please describe what you have found effective in moving children out of HCEAs.
20. What are the main barriers to moving children out of HCEAs?
21. If you could suggest one solution to the HCEA challenge, what would it be?

Barriers and improvements

22. Finally, are there other challenges in utilising your foster carer pool that you haven't already mentioned?
23. Do you have any other ideas for improving the foster care system in NSW?

Thank you so much for your time.

Appendix D: Carer utilisation data analysis source

Definitions

- Agency capacity - Your agency may not have the Casework capacity to accept further placements.
- Agency decision - Your agency has decided not to match these carers for placement. Further work is needed with the carers before a new placement can be made. Examples may include a recent placement breakdown and carer requires support.
- Auth Respite only.
- Available no present match.
- Carer unavailable (personal) - The carer has asked to be on hold. Examples include: medical diagnosis for carer, child in household completing HSC etc.
- CMT to DCJ (guard/adopt/other).
- CMT to other NGO.
- Currently matching.
- New placement commenced - Placement has commenced after the 30 July 2024 data extraction.
- Other (describe) - Please describe in NGO Comments.
- Probity restriction - Examples include: a WWCC bar or issues with renewal, pool compliance concerns. Please add information to NGO Comments so we can discuss timeframes for future placements.
- Re-engage Carer - Your agency has not had contact with the carer for a while and need to re-connect with them. Please add information to NGO Comments so we can explore timeframes for possible future placements.
- Reportable conduct/review - Reportable conduct or safety in care assessment to be completed. This may also include a Complex Carer Review.
- Surrender/Cancel - Carer Organisation de-authorisation forms have been, or need to be, submitted to Carer Register and/or CFDU.

Auth Rel/Kin only - Options only available for Relative/Kinship carers

- Child temp out of placement - Child or Young Person has temporarily left the placement however further casework is required to inform future permanency options and decision making.
- Carer to be Surrendered/Cancelled - Child or Young Person has left the placement and carer is to be surrendered/cancelled.
- Auth to be reviewed to GFC - Child or Young Person has left the placement and carer is to be assessed as a GFC.

Raw data collected to inform the analysis in this report

Agency Name	Total Carer HH	No placement	Foster Carer	Rel/Kin Carer	Dual Auth	Actual Available Carers		Surrender/Cancel		Had a Placement		Respite Only	Carer unavailable (personal)	Other										TOTAL BY AGENCY
						Available no present match	Currently matching	Surrender/ Cancel (Foster Care)	Surrender/ Cancel (Rel/Kin	New placement commenced	Current placement	Auth Respite Only	Carer unavailable (personal)	Agency Capacity	Agency Decision	Other (describe)	Probity restriction	Re-engage carer	Reportable conduct/ review	CMT to DCJ	CMT to other NGO	Auth to be reviewed to GFC	Child temp out of placement	
Agency 1	564	208	135	71	2	15	5	42	4	1	32	21	26	1	0	13	5	20	1	2	0	8	12	**208**
Agency 2	547	195	159	35	1	16	2	32	6	11	23	39	18	0	23	0	3	7	6	1	4	1	3	**195**
Agency 3	372	148	131	13	3	10	8	30	0	0	40	34	26	0	0	0	0	0	0	0	0	0	0	**148**
Agency 4	392	140	109	31	0	8	2	10	7	0	9	60	17	0	0	3	2	0	3	0	1	0	18	**140**
Agency 5	167	102	85	15	2	8	1	13	2	1	3	25	15	0	0	21	3	0	0	0	1	0	9	**102**
Agency 6	236	91	79	12	0	1	0	8	4	3	7	32	16	0	0	0	1	2	7	0	4	1	5	**91**
Agency 7	229	90	74	16	0	0	1	28	0	1	6	26	13	0	1	0	2	0	2	0	2	0	8	**90**
Agency 8	163	83	77	6	0	0	2	5	1	2	3	0	10	0	1	52	0	0	1	0	0	0	6	**83**
Agency 9	228	78	64	13	1	3	0	4	7	6	8	18	12	0	3	5	1	0	4	0	2	0	5	**78**
Agency 10	178	71	33	34	4	1	0	17	1	3	15	3	7	0	0	2	1	0	8	0	0	0	13	**71**
Agency 11	171	70	68	2	0	6	2	3	0	5	1	18	28	0	4	1	2	0	0	0	0	0	0	**70**
Agency 12	205	67	53	14	0	14	1	8	0	0	14	8	14	0	0	1	1	0	1	0	0	0	5	**67**
Agency 13	159	64	54	9	1	1	1	9	0	1	12	27	9	0	0	2	0	1	0	0	0	0	1	**64**
Agency 14	170	60	36	23	1	5	1	17	0	3	11	2	10	0	0	1	0	1	4	0	0	0	5	**60**
Agency 15	125	47	35	12	0	3	0	9	2	0	7	14	2	0	0	0	0	0	4	0	0	2	4	**47**
Agency 16	99	46	31	15	0	12	0	3	1	2	4	10	5	0	0	0	0	0	2	0	0	0	7	**46**
Agency 17	92	44	34	8	2	5	0	3	0	9	3	5	6	0	1	7	1	2	1	0	0	0	1	**44**
Agency 18	138	42	37	5	0	1	0	9	0	0	7	14	8	0	0	0	0	0	0	1	0	0	2	**42**
Agency 19	81	32	28	4	0	0	0	9	3	0	2	6	4	0	0	2	2	0	3	0	0	0	1	**32**
Agency 20	87	31	25	5	1	1	2	6	0	0	4	5	11	0	0	0	0	0	0	1	0	0	1	**31**
Agency 21	59	27	24	3	0	0	2	3	0	4	0	7	6	0	0	2	0	0	0	0	0	0	3	**27**
Agency 22	84	25	14	11	0	1	0	6	0	0	5	2	3	0	2	0	0	0	1	0	0	0	5	**25**
Agency 23	71	24	15	9	0	1	0	2	1	1	3	7	5	0	0	0	0	0	0	0	1	2	1	**24**
Agency 24	85	23	10	13	0	2	1	1	4	0	2	5	0	0	0	0	0	0	2	0	0	0	6	**23**
Agency 25	33	17	12	5	0	2	0	7	0	0	2	3	1	0	0	1	0	0	0	0	0	0	1	**17**
Agency 26	18	14	13	1	0	2	0	3	0	6	0	1	2	0	0	0	0	0	0	0	0	0	0	**14**
Agency 27	23	11	8	3	0	0	0	5	2	1	0	0	1	0	0	1	1	0	0	0	0	0	0	**11**
TOTAL	**4776**	**1850**	**1443**	**388**	**18**	**118**	**31**	**292**	**45**	**60**	**223**	**392**	**275**	**1**	**35**	**114**	**25**	**33**	**50**	**5**	**15**	**14**	**122**	**1850**

Appendix E: NSW Foster Carer Demographic Outlook, 2024

https://acwa.asn.au/wp-content/uploads/2024/09/ACWA-NSW-Foster-Carer-Demographic-Outlook.pdf