



# NSW CARER SURVEY 2019 REPORT OF FINDINGS



**My Forever  
Family** NSW

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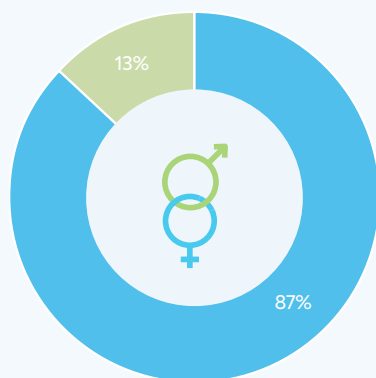
## WHO RESPONDED?

**2087** carers  
17% of NSW carers

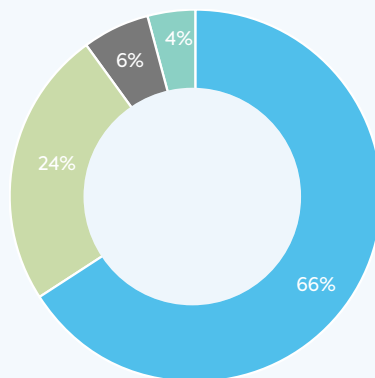


**9%** identified as Aboriginal or Torres Strait Islander

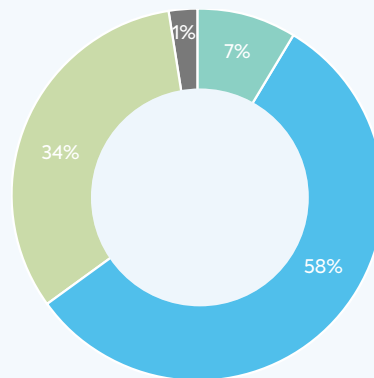
**99%** of respondents spoke English at home



Female Male

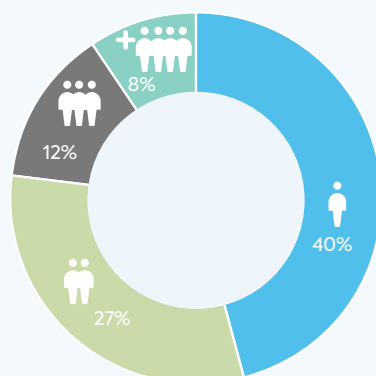


Foster carers Kinship  
Guardians Adoptive



18-35 36-55  
56-75 76+

## NO. OF CHILDREN IN EACH PLACEMENT



## TRAINING SUPPORT MOST ACCESSED



- Challenging behaviour
- Healing from trauma
- First aid
- Therapeutic parenting
- Guardianship and open adoption

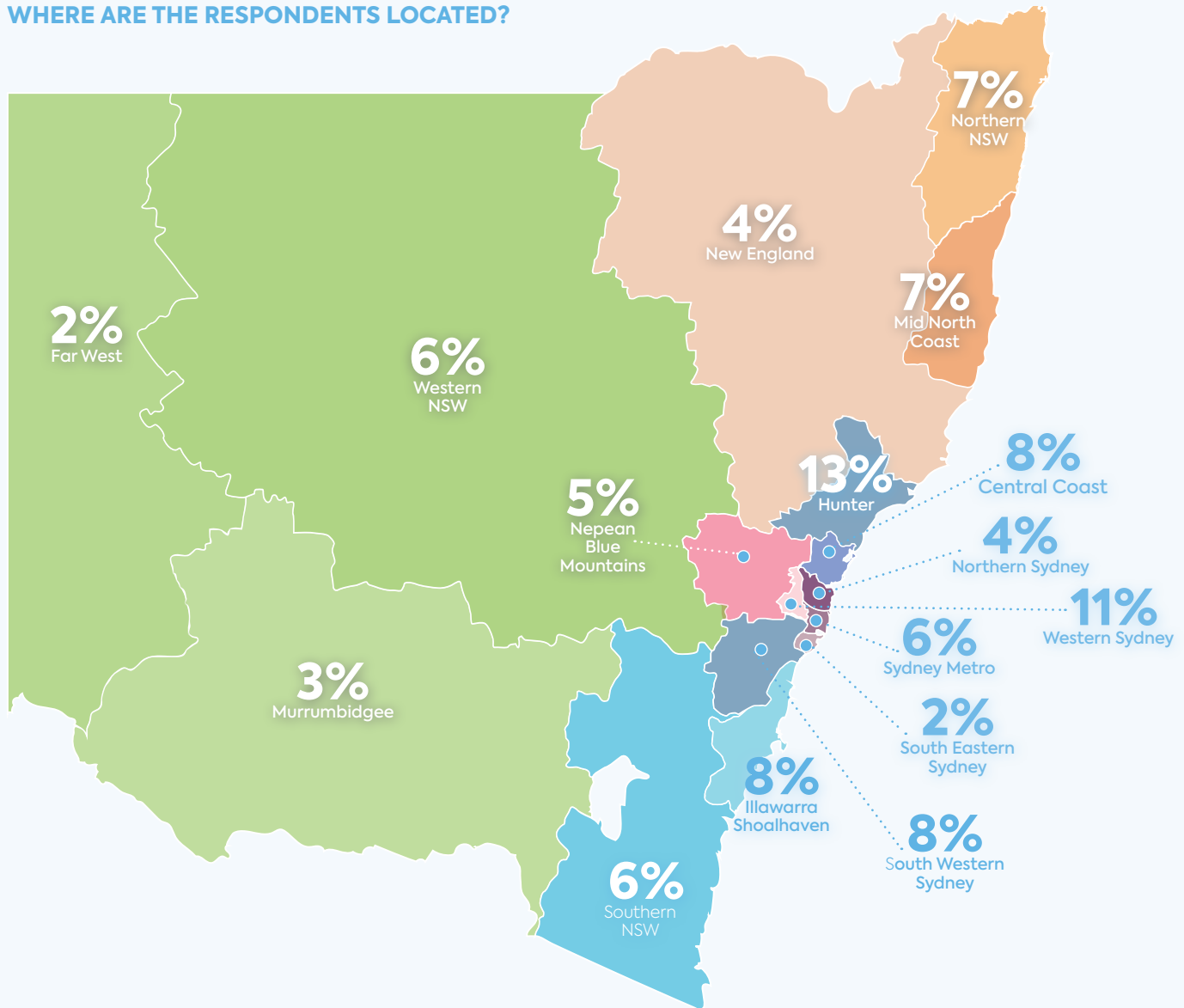
**28%** of carers were authorised in the last 12 months




**62%** of these carers were satisfied or very satisfied with the process



## WHERE ARE THE RESPONDENTS LOCATED?



**12%**   
of carers were not caring for children at the time of the survey

**49%**   
of respondents would not recommend caring to friends, family or the broader community

Approx. **60%**   
of carers would consider either guardianship or open adoption for the child/ren in their care

## WHAT WOULD MAKE CARERS MORE LIKELY TO PROMOTE THE CARING ROLE?

 Less bureaucracy

 Greater agency transparency

 Better caseworker follow up

 More permanency support

 Improved financial support for medical/educational expenses

 Improved support for birth family contact

 More support from caseworkers

# 1. EXECUTIVE SUMMARY

My Forever Family NSW (MFF) is a program that was commissioned in 2018 by the Department of Communities and Justice (DCJ – then Family and Community Services / FACS) to be operated by Adopt Change with key contributors Professor Paul Chandler (Early Start, University of Wollongong) and Continuum Consulting. The program works in collaboration with the sector including peaks and Permanency Support Program providers.

MFF focuses on supplementing and coordinating recruitment, support, training and advocacy for carers in the NSW out-of-home care (OOHC) system.

To support ongoing improvement in policy and practice across the sector, MFF conducted the NSW Carer Survey 2019. The data and analysis will inform ongoing efforts to better support carers and the children they care for. This 2019 survey of carers builds on results from the 2017 DCJ survey of carers. The survey provides an indicative snapshot of carer perceptions of services for the children and young people in their care, their own experiences and their views about possible improvements to practice. It also addresses several areas where data is not currently available from DCJ or the NSW Office of the Children's Guardian (OCG).

The survey follows the implementation of the Permanency Support Program (PSP) introduced in response to the 2015–16 *Independent Review of Out-of-Home Care* (also known as the Tune Report). This review noted that most OOHC services focused on crisis response rather than early intervention and prevention. In 2018/2019 the NSW Government provided further investment in this group of services, including \$1.2 billion to support out-of-home care and permanency support, guardianship and adoption.

The survey used a convenience sampling methodology, explained in Section 3, meaning that the sample is not representative. However, there is strong alignment between the findings and other studies. Further, there was a greater proportion of

respondents from non-government organisations than from DCJ (approximately 2:1). This could be explained by DCJ having a significantly greater proportion of kinship carers who are generally less engaged in the formal support sector and therefore less likely to respond to surveys.

To strengthen the survey's report recommendations (Section 6) the analysis is cross-referenced with robust studies including the *Pathways of Care Longitudinal Study* and *Australian Institute of Family Studies Carer survey: Working together to care for kids* (Section 2).

The survey had **2,087 respondents** (compared to 1,481 respondents in 2017). This represents **16.7% of the 12,469 carer households** registered by the OCG (June quarter 2019). The survey results provide a timely focus on both the carer experience and the system. There was a strong completion rate of 79% where respondents completed the survey to its end. The survey covered the following categories:

- rewards and challenges of caring
- the process of becoming a carer
- the carer experience including support
- training and advocacy
- connecting with other carers
- overall satisfaction with the carer experience
- looking to the future
- improving the carer experience.

Of the people who responded:

- **87% identified as female and 13% male**
- **67% were foster carers, 23% kinship, 6% guardians and 4% adoptive parents**
- **7% were aged 18–35, 58% 36–55, 34% 56–75 and 1% were aged 76+**
- **9% identified as Aboriginal or Torres Strait Islander**
- **99% of respondents spoke English at home.**

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**Twelve percent, or 234 carers, were not caring for children at the time of the survey.**

Notably, respondents were very reluctant to recommend becoming a carer to their family, friends or the broader community. However, almost half of the respondents stated that they always or mostly got the support that they needed from their agency.

Importantly, there were very clear actions identified that, if undertaken, would significantly improve the satisfaction of carers. These were:

- **less bureaucracy and greater agency accountability**
- **caseworkers following through on agreed actions**
- **improved financial support for medical and educational expenses**
- **more support for placements, including support with contact with the birth family**
- **more access to respite.**

These areas were also identified in the DCJ 2017 survey, with more than half the carers surveyed wanting improved caseworker stability, improved advocacy and support and more support with medical and educational costs. At that time, carers also wanted consistent policies and procedures across the sector, with a similar finding in the 2019 results – carers would like consistent and clearly documented guidance on the financial and other supports available to them.

The role of the caseworker is key. Carers need and expect their caseworker to:

- **have knowledge of the children and young people in their care**
- **provide direct support to them**
- **provide case management**
- **refer to specialist services**
- **refer to other agencies where necessary**
- **coordinate those referrals and services.**

There was a significant emphasis on the constant changing of case managers and the impact this has on the child.

Carers identified having the same caseworker (47%, compared with 63% in 2017) as a top need, followed by agency transparency around financial support (34% compared with 52% in 2017) and finally the need for respite (27% compared to 24% in 2017). These comparisons, although based on different percentages of carer type and authorising agency, suggest an overall improvement by agencies and DCJ in agency/caseworker consistency and support to carers, although access to respite continues to be limited.

The survey provides robust point-in-time feedback to MFF. MFF's function is seen as important by carers. They expect MFF to provide a clearly defined and independent advocacy and coordinating role that is independent from DCJ and other agencies. A perceived lack of systems and personal support from MFF is a theme garnered from this survey's qualitative data.

Carers asked for more timely replies to emails and other requests, more focus on placement support and less on recruitment, and better information about who MFF is and what it does. Respondents also mentioned positives: assistance with agencies and caseworkers; supportive, understanding and immediate help; and appreciation of webinars and other training.

In relation to training, most of the carers surveyed (82%) attended training to learn new things, as an opportunity to connect with others and to meet agency requirements. Of these, more than 30% used training to learn more about challenging behaviours, therapeutic parenting and trauma. These training areas were also identified as the preferred topics in the 2017 findings. First aid and learning more about guardianship and open adoption were also popular.

Fifty-four percent of carers attended between one and three training sessions in the previous 12 months while a third did no training. This compares similarly with 51% of carers attending between one and three training sessions in the 2017 survey results and where 26% did no training. Carers communicated a lack of availability of courses in their region or ability to access courses for a range of reasons. Most carers were satisfied with the training that they received, however, 11% were very unsatisfied.

427 carers, or 35% of respondents, were not aware of how to connect with other carers. 305 carers, or 25%, indicated a lack of information about events. These findings are similar to the 2017 DCJ survey results where 62% of carers expressed uncertainty about how to connect with other carers or lack of information about events. This has implications for improved communications in service delivery to grow opportunities for carers to connect should they choose to do so. The establishment and revitalisation of Carer Reference Groups, a volunteer program, peer support groups, and a mentor program will contribute to improvements.

Lack of flexible adoption policy was a recurring theme in responses to this survey. Noting that carers could select more than one option, of the 1,647 respondents, half were considering guardianship (compared to 55% in the 2017 survey responses) and 40% open adoption (compared to 44% in the 2017 responses). Around a quarter, or 24%, were not considering either of these options, compared to 19% in the 2017 responses. Small minorities, 12%, were already a guardian and 7% already an adoptive parent.

Nearly 60% of respondents would consider permanency, through guardianship or open adoption, for the child in their care.

## Recommendations

These recommendations are drawn from the key findings of the survey and are relevant for practice improvement, policy settings, data development and service delivery across the out-of-home care sector. My Forever Family will be further exploring ways to improve the experience for carers in light of the findings and in line with the recommendations.

The recommendations are within four key tenets:

1. Increased support
2. Improved casework
3. Clearer processes and communication
4. Carer satisfaction and recruitment.

These four tenets are outlined below, the first three facilitating a more positive experience for a carer, resulting in better outcomes for children in care. This in turn will increase the likelihood of sustaining the current carer population and recommending the care role to others.

### 1. Increased access to support

The survey clearly indicates key areas carers want further support in. The primary areas are:

- caseworker support
- access to financial, medical and educational support
- access to respite
- access to advocacy.

Carers can access these via the department, agencies and support services such as My Forever Family. In addition, support can be obtained from other carers, peer support groups and links to the local community.

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## 2. Improved casework practice and consistency

Clear feedback from the survey is the need for caseworker consistency. Caseworker turnover contributes negatively to the experience of the carer. Strategies should be explored to improve caseworker retention and improve casework practice to provide proactive, responsive and consistent engagement with carers.

Caseworkers also play a part in Point 3 in regard to focusing on support and communication and minimising a bureaucratic approach.

To further empower carers to plan for the children and young people in their care and to work collaboratively with their current caseworker, MFF will provide guidelines on what casework support to ask for throughout the carer journey.

## 3. Consistency of processes and clearer communication

Increased transparency, agency accountability, clarity around processes (such as in relation to permanency pathways) and less bureaucracy are clearly key issues. Clear communication across the sector is a challenge with multiple stakeholders and variances in the implementation of policies in practice.

Ongoing efforts to streamline approaches across the sector and communicate clearly (including through a central channel such as My Forever Family) can assist with clarity and managing expectations for a more positive experience.

Agencies can provide carers with information about the supplementary services and support My Forever Family can offer, in addition to the existing services and support they receive from their agency.

## 4. Carer satisfaction and recruitment

It is well understood that the best form of recruitment to engage new potential carers is through positive word of mouth. For this to occur, carers need a positive experience of care. If the first three areas are provided, carers are more likely to have a positive experience, provide better care and recommend the care experience to potential carers in their network.

It is still important to continue active recruitment campaigns in addition to word of mouth recruitment. This should be targeted to key gaps within the carer pool along with areas of highest need based on location, care type and so on.

There needs to be a focus on increasing the number of Aboriginal carers and CALD carers. Further, the recruitment of respite carers is essential.

## 2. BACKGROUND AND CURRENT CONTEXT

### 2.1 The Permanency Support Program (PSP)

The PSP is designed to deliver tailored services to vulnerable children and young people. These services aim to provide greater permanency or stability and a greater chance of individuals living successfully and independently as adults. Improved practice to achieve permanency decision making was introduced by DCJ to the sector in 2017 with legislation supporting the program enacted 1 July 2019.

The PSP was developed in response to the 2015–16 *Independent Review of Out-of-Home Care* (also known as the Tune report), which noted that most out-of-home care focused on crisis response rather than early intervention and prevention. Among other findings, the report recommended a commissioning approach to outcomes and accountability, and in 2017–18, DCJ entered into 230 contracts for out-of-home care, of which 49 were for the PSP, representing \$322 million.<sup>1</sup> The 2018/2019 NSW Government budget continues to focus investment on this group of services, including \$1.2 billion to support out-of-home care and permanency support, guardianship and adoption.

In 2018 DCJ conducted maturity reviews to aid program development and to explore programs recently reformed in depth, including the PSP. In addition, an implementation evaluation of the PSP is being conducted by the Centre for Evidence and Implementation from 2019–2021. Through its focus on improving implementation of the PSP, this evaluation is designed to assist service providers adapt and leverage recent reforms.

The evaluation will also support process reviews, DCJ and NGO access to consistent information, the same resources and training, and improvements to feedback loops.

### 2.2 NSW Carer Survey 2019

This survey of carers is part of ongoing improvements across the out-of-home care sector as more robust evaluations are undertaken as outlined above. It aims to add point-in-time indicative data to inform continuous program improvement. The survey was coordinated by My Forever Family NSW and builds on results from the 2017 DCJ-conducted survey of carers in NSW. MFF works to recruit, support, train and advocate for foster carers, kinship carers, guardians and adoptive parents. It also works across the sector to advocate for systemic change in the out-of-home care system in NSW in relation to policy and practice.

### 2.3 Comparison studies

#### 2.3.1 The Pathways of Care Longitudinal Study (POCLS)

POCLS is a large-scale prospective study that follows children and young people age 0–17 years entering out-of-home care for the first time under the *NSW Children and Young Persons (Care and Protection) Act (1988)*. It follows children regardless of their trajectory, including after they have left care. The POCLS includes children of all ages, all geographic locations in New South Wales (NSW), and all placements with government and non-government agencies.<sup>2</sup>

1. NSW Audit Office, 2019:1.

2. New South Wales Department of Family and Community Services, 2015 (Paxman, Tully, Burke, & Watson, 2014).



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### 2.3.2 Australian Institute of Family Studies Carer survey: *Working together to care for kids*

In 2019 the Australian Institute of Family Studies (AIFS) published a national telephone survey of 2,203 foster and relative and kinship carers, nearly half of which were from NSW. This was a collaborative project between the AIFS and the Australian Government Department of Social Services to better understand the characteristics and needs of foster and relative/kinship carers.

The population for this study were registered as formal carers in state and territory departments responsible for child protection across Australia and had at least one child under 18 years of age in out-of-home care who was living with them at 31 December 2015.

The research methodology involved a randomly extracted sample from foster care and relative/kinship households at a ratio of seven in every ten carer households. In New South Wales NGOs drew samples using the same procedure, but with the care type undefined. These results are valuable as random selection is considered 'gold standard' methodology<sup>3</sup>, and the sample is representative of the national carer population. This AIFS survey therefore provides an important cross-reference for the MFF survey, which was a convenience sample<sup>4</sup> of the carer population in NSW.

In the AIFS survey 53% of respondents were relative and kin carers, and 47% foster carers. The mean age of carers (mostly female) was 53 years. Nearly 50% of carers had two or more children in their care. Ten percent were Aboriginal. Culturally and linguistically diverse (CALD) carers were 5% compared to 6% in the 2017 DCJ survey, and 0.68% in this survey.

### 2.3.3 CREATE Foundation 2018 Survey: *Out-of-Home Care in Australia: Children and Young People's Views After 5 Years of National Standards*

This mixed methods research project surveyed 1,275 children and young people in care and represents CREATE's follow-up review of the care system five years after its first survey of 1,069 children in 2013. Data was collected using a variety of approaches including completion of the survey by individuals online, or via telephone and face-to-face interviews. The population was differentiated by jurisdiction, placement type, culture, age and sex. This 2018 study contributes data to inform decisions around improving child safety and wellbeing beyond the National Framework for Protecting Australia's Children after its scheduled conclusion in 2020.

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3. See [www.arp.nsw.gov.au/sites/default/files/NSW%20Government%20Program%20Evaluation%20Guideline%20January%202016\\_1.pdf](http://www.arp.nsw.gov.au/sites/default/files/NSW%20Government%20Program%20Evaluation%20Guideline%20January%202016_1.pdf)

4. A convenience sample is a type of non-probability sampling method where the sample is taken from a group of people easy to contact or to reach. In addition, this type of sampling method does not require that a simple random sample is generated, since the only criteria is whether the participants agree to participate. ([https://en.wikipedia.org/wiki/Convenience\\_sampling](https://en.wikipedia.org/wiki/Convenience_sampling))

## 3. SURVEY DESIGN AND METHODOLOGY

### 3.1 Purpose

This survey aligns with the 2017 DCJ survey of foster, relative and kin carers, guardians, adoptive parents and other carers. It sought to:

- provide point-in-time data to give a snapshot of how well carers consider they are supported in the key areas that both PSP agencies and MFF provide and, conversely, how well-placed carers perceive themselves to care for their children and young people. This includes areas of carer recruitment, overall experience, support, training, advocacy, availability of, and access to, carer networks and considerations when making permanency decisions
- obtain baseline data for MFF in its first year of operation, noting that many carers may not have heard of MFF
- identify areas requiring improvement in the sector and inform MFF's priorities.

### 3.2 Survey design approach

Surveys from other jurisdictions including the Commonwealth, Queensland, Victoria and Western Australia were compared to inform methodology, risks and scope, and where possible align with the NSW research. The MFF survey design approach:

- reviewed the DCJ 2017 survey to streamline the number of questions and to ensure relevance to the current policy environment
- aligned MFF contract requirements to the 2017 survey questions
- consulted key statistics from the OCG NSW Carers Register

- secured stakeholder commitment through consultations with relevant staff in DCJ, peak bodies, NGOs and other relevant stakeholders to ascertain expectations in relation to survey design, content, modes of delivery, expected response rate, methodology, analysis, outcomes and communication of results across the sector
- distributed the survey through peak organisations including NSW Child, Family and Community Peak Aboriginal Corporation (AbSec), Association of Childrens Welfare Agencies (ACWA) and DCJ.

### 3.3 Survey methodology

- The 2019 survey represents carer perceptions and preferences at a point in time. It is a self-selecting proportion of carers comprising 16.7% of the total population of 12,469 carer households.
- A disadvantage of the approach is lack of control over the representativeness of the sample. This caused a potentially biased sample and results. When compared with OCG June 2019 data of carer households, the survey sample was found to be biased towards respondents from NGOs. When compared with AIFS 2019 data the survey sample was found to be biased towards responses from foster carers
- Carer self-selection may also create bias and impact results in unknown ways
- To enhance understanding of the quantitative data, to aid contextualization and to strengthen the report's recommendations, the survey analysis of results was compared with selected data and studies:

- NSW OCG administrative data from the June quarter 2019
- two studies specific to the carer and out-of-home care populations, employing gold standard methodologies (AIFS: 2019 and Eastman et.al.: 2018)
- one mixed methods survey study of the national population of children and young people in OOHHC (CREATE Foundation: 2018)
- one national prospective baseline study of the economic impacts of an ageing Australian population (Productivity Commission: 2005).

Therefore, results from the present survey, with comparison to complementary studies, provide data to inform ongoing service delivery. The results also provide a springboard to better target further research, including future surveys.

### 3.3.1 Research questions

Thirty-five questions incorporating single answer, multiple options and narrative responses were included to ensure coverage across key areas of carer demographics, training and development, support and advocacy. The survey design was quality-checked by DCJ Analysis & Research (Appendix 1 – NSW Carer Survey 2019).

### 3.3.2 Survey distribution

Distribution included:

- DCJ and MFF carer support websites, ACWA and AbSec PSP agency mailing lists, MFF NSW mailing list, MFF NSW newsletter database, DCJ Fostering our Future newsletter database
- social media
- online Survey Monkey and paper-based surveys to aid coverage of the carer population and to address preferences.

### 3.3.3 Analytics

- Survey Monkey analytics were used to represent results including:
  - summary data for each question, and graphics and tables for selected questions
  - filtering of carer type, and differences in levels of carer support between DCJ districts, and between NGO and DCJ carer experience.
- Narrative responses were coded and used to enhance understanding of the quantitative data.

### 3.4 Reporting

A sector-wide communication package comprises of this report, a stand-alone executive summary and a PowerPoint presentation focusing on the key results.

## 4. SURVEY RESULTS

### 4.1 Overview

This 2019 survey of 2,087 respondents provides an indicative snapshot of carer perceptions of services for the children and young people in their care, and their own experiences and opinions about possible improvements to the system and casework practice.<sup>5</sup>

DCJ is the case management agency for approximately 50% of carer households (OCG, 2019 key statistics). Of this MFF survey sample, 30% are with DCJ and 64% are with another agency (see **Graphic 1**). This comparison with the 2019 NSW OCG data suggests that the current MFF survey results are biased towards the perceptions and experience of respondents from NGO agencies.

This survey covered the following areas:

- rewards and challenges of being a carer
- the process of becoming a carer
- the carer experience, including support, training, and advocacy
- connecting with other carers
- connecting with MFF
- satisfaction with supports
- looking to the future
- improving the carer experience.

See **Box 1** for a snapshot of this survey's carer demographics.

#### Box 1

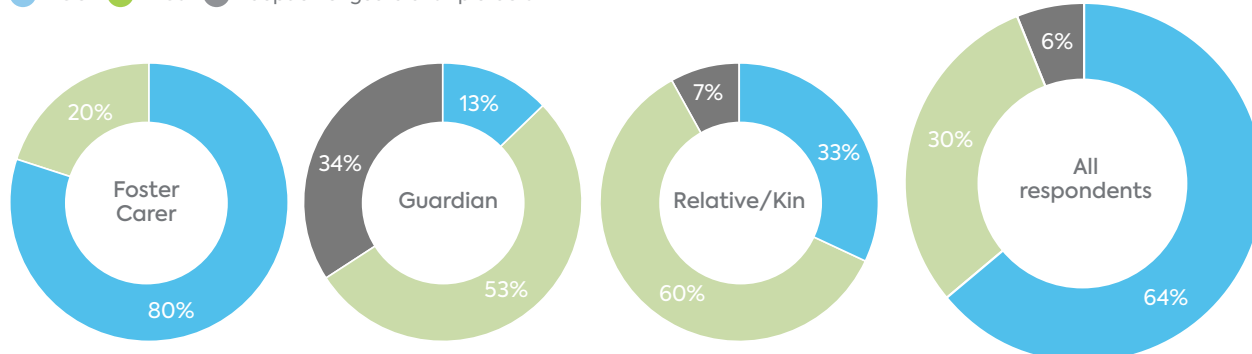
##### Questions 1, 3, 4, 5, 7, 8, 9: Demographic snapshot from this survey

- There were 67% (1,396) foster carers, 15% (304) relative/kin grandparents, 9% (186) relative/kin carers not related, 4% (81) guardians (relative/kin), 2% (37) non-related guardians and 4% (84) adoptive parents
- 87% or 1,766 of survey respondents were female
- 34%, or 702 carers are aged 56–75 years and 7% or 154 are between 18–35 years
- 13 carers are 76 years or more
- 30% were case managed by DCJ, and 64% were with another agency
- There were 9% or 183 Aboriginal carers in the sample, compared with 13% in the overall carer population
- English is spoken at home in 99% of the surveyed households with other languages, for example, Arabic, Turkish and Spanish also represented
- 40% of respondents (763 carers) care for one child; 27% (505 carers) care for two children; 12% (235 carers) care for three children. 8% of respondents care for four children or more
- 12%, or 234 carers, were not caring for children at the time of the survey.

Note: some questions allowed for more than one response or not all respondents answered all questions so the percentages may not add up to 100%

### Graphic 1 Question 3: Authorising agency | Total respondents 1,968

● NGO ● FACS ● Adoption or guardianship orders



5. The response completion rate (where respondents complete the survey to the end), was good at 79%. Respondents were able to skip questions that were not applicable, or they chose not to answer. For some survey questions respondents could choose multiple options. Analysis of results for each question identifies the number of respondents for that question.

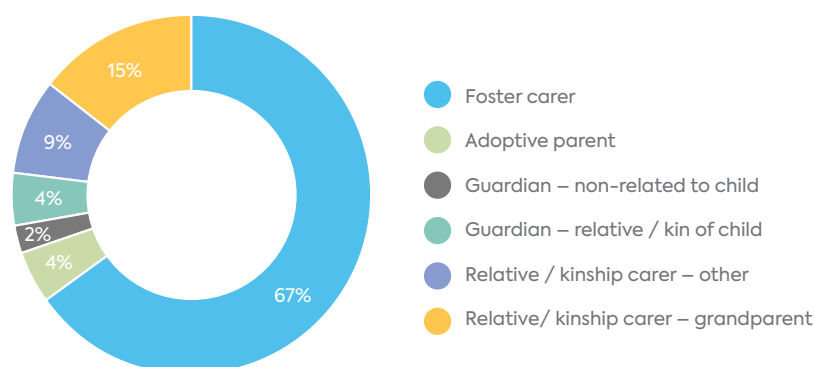


Foster and relative/kin carers, guardians and adoptive parents comprised the 2,087 respondents. In 2019 the Australian Institute of Family Studies (AIFS) completed a national telephone survey of 2,203 foster and relative and kinship carers. These results are valuable as this was a random sample with a valid response rate representative of the national carer population. In the AIFS survey sample 53% were relative and kin carers and 47% were foster carers. Comparison with the AIFS data suggests that the current MFF survey results (see **Graphic 2**) are biased towards the perceptions and experience of respondents who are foster carers (67%).

## 4.2 Questions 1, 2 and 6: Distribution of carers and types of care offered

Of 1,857 respondents to this question, foster carers were distributed somewhat evenly across DCJ geographic regions, as outlined in **Chart 1**. In relation to the sample, New England and the Mid-North Coast of NSW had relatively small percentages of guardian carers, and New England had a relatively small percentage of relative and kin carers.

**Graphic 2** Question 1: Carer type | Total respondents 2,087



**Chart 1:** Distribution of carers in NSW DCJ regions

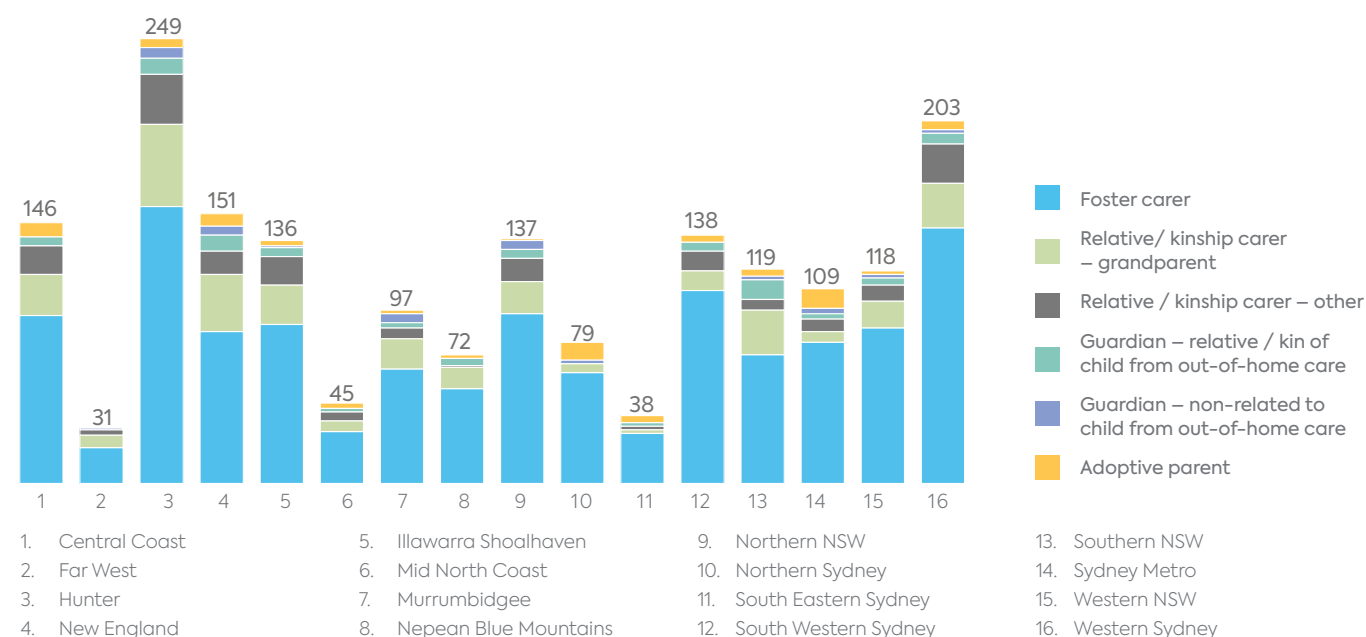


Chart 2 shows the distribution of types of care offered in NSW in DCJ regions by 1,678 survey respondents.

- 1,415 offered long-term care with the highest number of these carers located in the Hunter region
- Of the shorter care options, 472 carers offered short-term care, 369 offered emergency care, and 487 offered respite care.

Note that respondents could select more than one type of care.

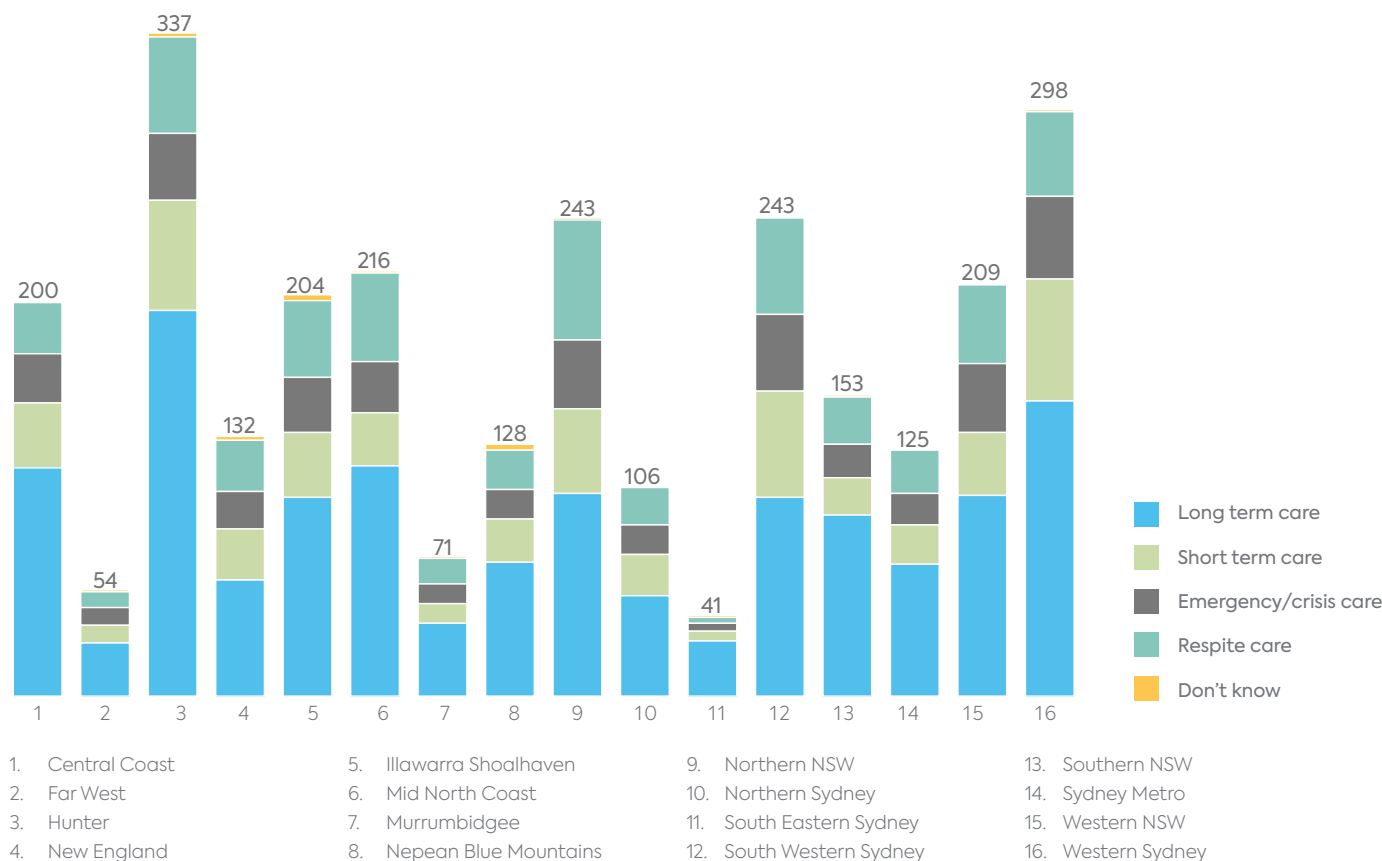
4.3 Questions 10 and 11: Rewards and challenges of caring

Carers were asked to comment about the good things in their role. There were 1,831 responses including those in Box 2.

Box 2  
What are some of the good things about your role?

- “Seeing the children thrive and feel safe”
- “Being a parent to two beautiful children is very rewarding”
- “I am very proud to have a gifted beautiful angel given to us to love, care, security”
- “Teaching and raising five kids to become strong, independent young adults. Love having these kids around”
- “Being able to be a stable support, influence, role model. Seeing the growth and life changing. Being able to uplift and put my arms around my girls when needed and their acceptances”

Chart 2: Types of care in DCJ regions by survey respondents



Carers also commented on the challenges to their caring role, including samples in **Box 3**.

### Box 3

#### What are some of the challenging things about your role?

- *“Sometimes I feel I am too old for kids so young”*
- *“No agency support and I really mean none. Unanswered emails or phone calls to agency. Agency not being transparent in the funding the child is allocated so therefore carers do not know what budget they can work within. Carers needing to fight for absolutely anything the child may need because they are so tight with the finances. I could go on and on”*
- *“Lack of necessary supports when the children’s diagnosis deemed it necessary for the child’s wellbeing”*
- *“I can’t just be nanna”*
- *“Watching the disappointments/emotional ups and downs that our girls continually go through”*

## 4.4 Questions 12, 13 and 14: The process of becoming a carer and carer support

Of the 1,773 responses to Question 12, 68% did not become authorised as carers in the last 12 months. Of the 32%, or 583 respondents, that did become carers in the last twelve months:

- 62% were satisfied or very satisfied with the process
- 18% were neutral
- 21% were unsatisfied or very unsatisfied with the process.

The NSW OCG recorded the authorisation of 2,893 new carers residing in 1,846 households in its data for the year to June 2019. 583 respondents represent 20% of the carers authorised in that year.

## 4.5 Question 13: Recommending caring to others

In Question 13, carers were asked how likely it was that they would recommend becoming a carer, guardian or adoptive parent to family, the broader community, or to a friend or colleague. Of the 1,848 respondents, 456 carers indicated that they would recommend becoming a carer and a further 400 carers indicated that they might consider it. Over 900 carers indicated that they would be unlikely at the present time to recommend caring to others.

## 4.6 Question 14: Suggestions to make it more likely carers might promote caring

There were 1,822 responses to Question 14 asking for carers’ top three suggestions to make it more likely they might promote caring to friends, family and the broader community. 402 carers, or 22%, left a comment to this question including those in **Box 4**. Respondents could nominate more than one suggestion.

### Box 4

#### Suggestions to increase likelihood of carers promoting caring

- *“Less interagency fighting AKA FACS vs NGO it’s been unprofessional and unproductive”*
- *“The children are always reminded they are in care. FACS home visits, being read or provided with charter of rights often”*
- *“Some respect and acknowledgement. Despite professional background, suggestions/ observations etc. seem to be ignored. Extensive amount of contacts and appointments that are too intrusive on family life and impact other things like trying to plan holidays etc”*
- *“Better accountability of birth family”*
- *“Clearer permanency guidelines and deadlines for biological parents. More consistency regarding the child in care, less concerns regarding the parent’s feelings”*

The most frequent suggestions were:

- 51%, or 937 carers wanted less bureaucracy, and 50%, or 916 carers wanted caseworkers to better follow up on agreed actions
- 45%, or 826 carers suggested improved financial support for medical and educational expenses would persuade them to recommend caring
- 40%, or 723 carers suggested that agencies should be more accountable
- 34%, or 617 carers wanted more support from caseworkers
- 29% wanted more permanency support to improve the stability of the placement, and 27% wanted more access to respite
- 18% suggested improved support with contact with the child's family of origin.

#### 4.7 Questions 15 and 16: Carer support from caseworkers/case managers

Carers were asked if they received the support they needed from their caseworker or case manager to care for their children and young people. In Question 15, of the 1,809 responses:

- 47% always or mostly received the support they needed
- 33% sometimes received the support they needed
- 10% never received this support
- 10% either did not need support or considered the question irrelevant to them.

In Question 16, carers were asked to nominate the top three areas that could be improved to better support them.

- Having the same caseworker – 47% of respondents, or 836 carers

- More support with difficult issues – 39% or 700 carers
- Transparency around financial support – 34% or 611 carers
- Clear communication on agency policies, more support from caseworkers and respite care were also significant in responses (achieving 30% (525), 25% (443), and 24% (425) respectively).

#### 4.8 Question 17: Carer support for children and young people in their care

Of the 1,751 responses to Question 17, carers identified the support they required for the children in their care and if they received that support with the scale rating Always, Mostly, Sometimes, Never or Not Relevant.

Respondents could nominate more than one option. The top supports for children and young people needed by carers were:

- 59% needed additional financial support but never or only sometimes received it
- 46% sometimes or never received behavioural support for children when they needed it
- 40% sometimes or never received counselling/psychological services support for children when they needed it
- 34% needed specialist carer support services but never received these
- 32% sometimes or never received specialist medical care for children when they needed it
- 31% sometimes or never received respite care when they needed it
- 30% who needed specialist educational services never received them
- 28% sometimes or never received speech therapy services when required.



## 4.9 Questions 18–22: Training

The questions in this area related to all training that the carer attended (MFF and NGO) and included:

- what motivates you to attend training?
- how many training topics did you complete last year?
- which topics did you train on?
- how satisfied were you with the availability of training?
- If you did not attend training why not?

Respondents could choose multiple options.

- Of 1,592 respondents, 82% of carers used training to learn new things, 50% used it to connect with other carers and 15% used it to meet agency requirements
- Of 1,743 respondents 31% did no training; 21% did one topic; 33% did 2–3 topics; 10% did 4–6 topics
- Of 1,651 respondents 34% used training to learn more about challenging behaviours, and healing from trauma. Approximately 20% of carers trained in first aid, therapeutic parenting or learning more about guardianship or open adoption.
- Of 1,692 carers 40% were very satisfied or satisfied with the training they received; 23% were neutral; 24% were unsatisfied or very unsatisfied.
- The 1,155 carers who indicated they did not access training were asked to identify up to three reasons for not attending training. The key reasons identified were that training was not available in the area; not available the day or time wanted; too busy caring for kids. 22% indicated nothing was offered by the agency.

## 4.10 Question 23 and 24: Use of, and satisfaction with, advocacy support services

In Question 23 carers were asked to identify whether they had accessed support from their agency, a carer reference group, AbSec support service,

MFF support service, After Hours Crisis Support, Lifeline or Kids Helpline or informal support from a carer group to help look after the child in their care. They were then asked whether, if they had accessed advocacy support, they were satisfied.

Of 1,588 respondents to Question 23 most carers did not seek advocacy/support. Of those that did, the majority used their agency, followed by informal support from a carer group, or the My Forever Family carer support service. Carers were asked to expand by commenting in Question 24 if there was support they wanted but couldn't access. Of the 1,090 carers who commented, 400 responded 'No' – that there was no additional support that they wanted. Of the remaining 690, examples of their responses are included in **Box 5**.

### Box 5

#### Is there additional support you want but cannot get?

- “Yes, I would like someone to advocate for us on the way we are being treated as carers”
- “Help with schoolwork as when they’ve missed so much it’s hard for them to catch up and I can’t afford tutoring”
- “I am trying to get support from the Aboriginal clinic because the children are Aboriginal”
- “Have wanted respite and had to go elsewhere to get it”
- “I had an allegation made against me which was later found to be untrue, but the stress and emotional toll was enormous. No support at all for the carer which I think is wrong”
- “Better mental health care for the child’s mother (our daughter)”
- “It would be helpful to access some occasional care or respite for example to attend appointments together”
- “Yes, a behaviour management plan, it has taken us one year and 5 months to get them to help us”

#### 4.11 Question 25: Who would you go to for advocacy support?

Carers were asked to select who they would go to if they did need advocacy support and could choose more than one option. Of the 1,691 respondents to Question 25:

- 48% (or over 800 carers) would go to their case manager, 30% would go to DCJ or another carer, 23% would go to MFF and 17% or 294 carers indicated they would go to the NSW Ombudsman.
- a significant minority of 18% or 315 carers, indicated they would not know where to go for advocacy/ support.
- services referenced less in the responses gathered were the carer reference groups, Law Access, AbSec and phone services such as Lifeline.

#### 4.12 Question 26: Connecting with other carers

Question 26 presented a range of activities such as Foster Care Week, agency organised events and training. The question asked carers which events they attended, so they could choose more than one activity, and whether they were satisfied with the connection with other carers that these activities offered.

There were 1,569 carers who attended organised activities:

- approximately 20% of respondents who attended Foster Care Week or agency/carers organised events were either satisfied or very satisfied. Approximately 10% were neutral and 10% were unsatisfied or very unsatisfied.
- the majority of respondents indicated N/A against each of the activities
- 38% of 1,487 respondents connected with other carers through training.

#### 4.13 Question 27: What are your reasons for not connecting with other carers?

The reasons for not connecting with other carers (1,201 carers) included: 40% or 483 carers found it hard to find the time to connect; 35% or 427 carers

were not aware how to connect. Others advised they connected with other carers through school, family friends, or were busy working, connect via Facebook or enjoy just raising the child in their care on their own.

#### 4.14 Question 27: Connecting with My Forever Family

In Question 27, carers were asked if they had heard of MFF prior to completing the survey. There were 1,685 respondents.

- 76%, or 1,277 carers, had heard of MFF before completing the survey.

#### 4.15 Question 28: How did you hear of My Forever Family?

In Question 28, carers who answered Yes to Question 27 were asked how they had heard of MFF. They could nominate more than one option. Of the 1,181 respondents:

- The largest percentage – 36% or 426 carers – heard about MFF through social media, while 30% or 353 carers had heard through their agency, 21% through DCJ and 18% through Fostering our Future newsletter.

#### 4.16 Question 29 and 30: Are you a member of My Forever Family? Did you contact My Forever Family about becoming a carer?

Of 1,691 respondents to Question 30 about membership of MFF, 45% or 756 carers were members of MFF, but 22% or 363 carers were not sure.

#### 4.17 Question 31: Were you satisfied if you contacted My Forever Family in the last 12 months?

This question presented the range of services offered by MFF and respondents could nominate a number of services and identify their satisfaction level with that individual service.

Of the 87 respondents who answered:

- 50% were either satisfied or very satisfied with MFF customer service

- 46% were either satisfied or very satisfied with the information MFF provided
- 45% were neutral about MFF training events
- 47% were neutral about support to talk through an issue
- 49% were neutral about MFF advocacy on their behalf
- Between 12% and 18% were unsatisfied or very unsatisfied across all MFF services.

#### 4.18 Question 32: What could My Forever Family do to support you more?

650 carers provided additional comments about MFF. A prominent response was that there was concern that MFF is not independent of DCJ. Other selected responses are included in **Box 6**.

##### Box 6

##### What could My Forever Family do to support you more?

- *"I only know about the Facebook page and relevant carer articles (which I read and also share with other carers), but I don't know what else they do"*
- *"I used them as an advocacy service last year"*
- *"To be honest I get lots of emails from My Forever Family, but most don't seem relevant. I've tried to access to "free" training a couple of times, but it was always limited in number and not successful. I'm confused if this is a money-making service rather than support service"*
- *"How do we get access to this service please?"*
- *"I only just applied to become a member. Not sure what to expect"*

#### 4.19 Question 33: How likely is it you would recommend My Forever Family?

Question 33 asked carers if they would recommend MFF to their family, broader community or to a friend or colleague. 300 carers indicated they would be likely to recommend MFF, and a further 300 indicated that they would consider it. Of the 1,496 carers who responded, 900 carers would be currently unlikely to promote MFF. This low result is perhaps not surprising given many carers are unfamiliar with the MFF service and its scope of services.<sup>6</sup>

#### 4.20 Question 34: Would you consider permanency options?

In Question 34 carers were asked whether they would consider the options of guardianship or open adoption for the children and/or young people in their care. They could choose more than one option. The scale included Guardianship, Open Adoption, I am already a guardian, I am already an adoptive parent, none of the above. Of the 1,647 respondents:

- 51% would consider guardianship
- 39% would consider open adoption
- 12% were already a guardian and 7% were already an adoptive parent
- a significant minority of 24% were not considering any of these options.

This data suggests that approximately 60% of carers would consider either guardianship or open adoption for the child in their care.

6. See Section 5.3 for further analysis.

## 5. ANALYSIS AND KEY THEMES

### 5.1 Top unmet needs of children in care

- More financial support for specialist medical<sup>7</sup> and educational<sup>8</sup> services
- Behavioural support and counselling or psychological services for children and young people
- Greater consistency of caseworker contact.

These areas were also identified in the DCJ 2017 survey with more than half the carers surveyed at that time wanting improved caseworker stability, improved advocacy and support and more support with medical and educational costs. At that time, carers also wanted consistent policies and procedures across the sector, with a similar finding in the 2019 results where carers would like consistent and clearly documented guidance on the financial and other supports available to them.

All the above indicate that the role of the caseworker is key. Carers need and expect their caseworker to provide direct support to them and the children and young people in their care, to provide case management, refer to specialist services, refer to other agencies where necessary and to coordinate those referrals and services. However, CREATE's 2019 independent national survey of 1,200 children and young people with an out-of-home care experience, *Out-of-Home Care in Australia: Children and Young People's Views After 5 Years of National Standards* found that "Most children and young people will have three to six caseworkers and that [foster] carers are their greatest support...Carers were significantly more involved than were caseworkers in helping children and young people maintain family contact, and in their education needs".<sup>9</sup>

Research indicates that improved training and increased support for foster and kinship carers in understanding and coping with children's needs should be given higher priority. Yet without adequate provision

and coordination of essential services, carer support in these areas will, inevitably, fall short: "The ultimate responsibility for addressing children's health needs appears to lie with a small group of professionals: the child's caseworker, the child's general practitioner and the various health services working with carers. The limited evidence appears to indicate that these partnerships/relationships have not been particularly successful in achieving the desired outcomes for children regarding health. An under-resourced universal health service system, with long waiting lists for specialist services and therapies, may also contribute to the delay for children in care receiving the services they require."<sup>10</sup>

Outcomes research cited by Eastman et.al., shows that difficulty in accessing services early in the placement has been found to be highly detrimental to children in the longer term. It not only delays effective intervention but can also affect placement stability.<sup>11</sup> These factors are reinforced when taken in conjunction with findings that long waiting lists was the most commonly reported issue by carers, with kinship carers reported more often that they do not know how to access services.<sup>12</sup> *The Pathways of Care Longitudinal Study (POCLS)* also found that: "Carers who cared for children with higher levels of needs/issues also had lower satisfaction with the communication, relationship and assistance from caseworkers and associated agencies".<sup>13</sup>

### 5.2 Top carer support needs

As discussed in Section 3, this survey sample is biased towards respondents who are foster carers and the results may be more representative of foster carers than relative and kinship carers. For example, Eastman et. al. finds that: "relative/kinship carers had lower average satisfaction with the communication, relationship and assistance from caseworkers and associated agencies compared to foster carers".<sup>14</sup> See a comparison of carer type and service use across this survey, the AIFS survey and POCLS in **Table 2**.

7. "Of children and young people in care [there are] 39% with a socio-emotional development issues; 44% with cognitive development issues and 16% with carer-reported long-term psychological conditions; 40% with a carer-reported physical health condition. Eastman et al.: 2018, 12.

8. "Similar to health plans, the implementation of education plans requires partnerships/relationships between children, carers, caseworkers and teachers." Ibid: 29.

9. CREATE Foundation: Media release, March 20, 2019.

10. Eastman et.al: 19.

11. Eastman et.al: 22.

12. Ibid: 86.

13. Ibid: 88.

14. Ibid: 77.



**Table 2: Comparison of carer types and service use**

	MFF survey (2,087 all carer types)	AIFS survey (2,203 F/R&K only)	POCLS Waves 1 and 2 (F/R&K only)
Foster	67%	47%	661 (W1); 533 (W2)
R/K grandparent	15%	–	–
R/K non-related	9%	–	–
R/K	–	53%	598 (W1); 487 (W2)
Guardians	4%	–	–
Non-related guardians	2%	–	–
Adoptive parents	4%	–	–
<b>Service use general</b>	<p>The top unmet needs for support for carers were respite care, additional financial support and to assist with problems with agencies and/or caseworkers. Of this sample of 1,822 with respondents choosing multiple options:</p> <ul style="list-style-type: none"> <li>• 59% required financial support but never or sometimes received it</li> <li>• 32% sometimes or never received specialised medical care for children when required</li> <li>• 46% either sometimes or never got behavioural support when children required it</li> <li>• 40% either sometimes or never got counselling/psychological services when required</li> <li>• 30% required specialist educational services but never received them</li> </ul>	<p>“Overall, for most types of services, foster carers were more likely than relative/kinship carers to report having received support. Eight in ten foster carers had received at least one type of service support in the past six months. In contrast, less than six in ten relative/kinship carers had received at least one type of service, meaning that four in ten relative/kinship carers had not received services in the past six months at the time of their interview. Two thirds of carers had one service need that was not met.”</p> <p>“Counselling/psychologist services were the most commonly nominated by carers as being currently needed, followed by carer support staff from a government child protection department, respite care services and carer support teams from non-government organisations and agencies.”</p>	<p>Relatively few carers reported their child needed a service but could not access it. This is somewhat confounding when compared to the stated needs of children, viz: “of children and young people in care there are 39% with a socio-emotional development issue; 44% with cognitive development issues and 16% with carer-reported long-term psychological conditions; 40% with a carer-reported physical health condition. Half of the children aged 9–35 months (48%) and 31% of children aged 3–5 years had a physical development issue.”</p> <ul style="list-style-type: none"> <li>• The most common reported barrier to service access was long waiting lists.</li> <li>• No additional analysis was undertaken due to very small sample sizes amongst those reporting that the children experienced a barrier.</li> </ul>

Notwithstanding the potential bias in this survey to the perceptions and experience of foster carers, it provides testimony from carers of all types about areas where they need more support. Below is a selection of comments illustrating their concerns:

- **Changing caseworkers and more face to face support (50%)**

Just under 50% of carers identified that the same caseworker was important for their ongoing support (compared with 63% in the DCJ 2017 survey), and for the caseworker to understand the needs of the children and young people in their care. Eastman et.al. provide further information on this issue: *“Most carers had face-to-face contact less than monthly, with foster carers reporting higher frequency of contact compared to relative/kinship carers. Over three quarters (78%) of kinship carers reported contact less than monthly or never compared to 58% for foster carers.”*<sup>15</sup>

More face to face contact is a recurring theme in both the qualitative and quantitative data in this survey. Carers want more face to face contact, more consistency and better communication with agencies, their caseworkers and with trainers. About 25% of all respondents agreed that caseworker support, clear communication from the agency, more connection with other carers and face to face training were important.

The ageing demographic of carers responding to this survey (34%, or 702 carers are aged 56–75 years) indicates the possible need of greater face to face support, especially from caseworkers.

**Survey respondent:** *“I need to be able to attend meetings with FACS in person and get support not just listen on the phone.”* Foster carer, western Sydney

- **Agency accountability around casework practice or financial commitments (34%)**

This survey did not ask respondents about patterns of spending and the financial needs of children and young people in their care.<sup>16</sup> However respondents did comment about the need for more financial transparency and agency accountability. 34% of carers in this survey wanted improved agency transparency around financial support (compared with 52% in the 2017 survey). These comparisons, although based on different percentages of carer type and authorising agency might suggest an overall improvement by agencies and DCJ in agency/caseworker consistency and support to carers, however, there is still a long way to go.

POCLS also refers to financial needs: *“The most common overall needed service or support across both carer groups was contingency money (for example, additional money to set up the placement to cover furniture, clothes and other items), which was reported as being needed but not received by 46% of foster carers and 52% of relative/kinship carers. Kinship carers were more likely to report not receiving carer allowance payment, time and advice from caseworkers and access to a carer support group compared to foster carers.”*<sup>17</sup>

15. Ibid: 78.

16. Key findings from the AIFS 2019 national survey of carers reported: “Most carers under 65 years of age were not in paid employment. Nearly one-half of carers had two or more children in out-of-home care at the time of the survey, with one-fifth having three or more children in their care. The majority of carers had an annual gross household income of less than \$60,000, while one-fifth of carers were relying on less than \$30,000. Carers had lower levels of annual gross household income when compared to general Australian households. In addition, a greater proportion of carers lived in public housing compared to the general population, according to HILDA. While these data suggest that carers were financially not as well-off as the general Australian household, most carers reported that they were “reasonably comfortable” (AIFS: 2019).

17. Ibid: 88.

**Survey respondent:** *“Having a caseworker would be handy. Sick of changing case workers most of the time I haven’t had a caseworker and I still don’t. Also sick of the agency taking money from FACS for these two children and not putting that into each child. They use it to prop up other programs in their agency. The agencies need to be more accountable to the OCG regarding each child’s financials. Foster carers don’t ever get a pay rise but the cost of living goes up. I have lost days off work due to one of my children being suspended. I had to take it as unpaid. I don’t get funded from the agency for doing this.”*

*“Advocate for more financial support for carers – government has high expectations of what we should be financially accountable for.”*

- **No respite (27%)**

In this survey, respite care was a priority for about 27% of all carers. In the 2017 DCJ survey 24% of carers wanted more access to respite. Eastman et al found the most common services accessed by carers were respite care and carer support organisations.<sup>18</sup>

**Survey respondent:** *“When I called for advice on support I could expect from FACS when going into hospital I was advised by the service to not ask for respite for a long time because the placement would be ended. I was very distressed by this advice.” Foster carer*

### 5.3 Survey feedback in relation to My Forever Family

The survey provided early point-in-time feedback on MFF. The following are some key themes and perspectives from individual carers across NSW.

- MFF’s function is seen as important by carers. They expect MFF to provide a clearly defined and independent (from DCJ and other agencies) coordinating role. Respondents also mentioned positives: assistance with agencies and caseworkers; supportive, understanding and immediate help; and appreciation of webinars and other training.

- A perceived lack of systems and personal support from MFF is an emerging theme from this survey’s qualitative data. Carers asked for more timely replies to emails and other requests, more focus on placement support and less on recruitment, and better information about what MFF is and what it does.

**Other comments included: MFF have room to improve:** *“I think your organisation has massive shoes to fill. I’m a carer of 20+ years. Losing Connecting Carers is a massive loss to us in northern NSW. We feel we have no assistance, no face to face training. Basically, I think the caring community have suffered a massive loss and we are on our own; very, very sad as we need help with these children. I also believe the way the NGOs work/treat their carers, the whole system is failing our children in care. Shame shame.” Foster carer, northern NSW*

**Carers do not trust MFF as they are not independent from DCJ:** *“I used them as an advocacy service last year. Very supportive of me, but I find it concerning that they can’t be impartial when they are so heavily funded by FACS. We need a truly independent service with legal support that can help carers navigate the minefields and the lack of legal rights we have as carers. We are often the most important and consistent person in a young person’s life” Foster carer, south western Sydney*

**More support around allegations:** *“I am aware of a case where a carer had an allegation made against them in their role as a foster carer. Police sat on it for 6 months because there was no evidence (false allegation), but then decided because they couldn’t work it out, they would just charge the person anyway. At this point all support from FACS and My Forever Family stops. This should not be the case when our training tells us that we are likely to be subject to allegations.” Foster carer, western NSW*

18. Ibid: 83.

**Too much focus on recruitment:** *“Your focus is on recruiting carers rather than retaining carers. We now receive less support than ever before. Your follow up is abysmal and putting carers at risk.” Foster carer, western NSW*

**Carers have vacancies and no placements:** *“Seem to be actively looking for new carers but what about the already approved ones not placed?”*

*“Waiting for placements 0–2 years for 5 years now. Yet you keep recruiting new carers when we have beds and approval.”*

#### 5.4 Would carers recommend caring?

456 carers identified they would recommend becoming a carer; 401 carers might consider it in the future; and 991 carers indicated that they would be unlikely to recommend caring to others.

**Box 7** below highlights key things carers want to change.

##### Box 7

##### Carers want changes to the system

To increase the likelihood that carers would recommend caring to friends, family and the broader community they particularly wanted changes to the system, including:

- less bureaucracy
- caseworkers to better follow up on agreed actions
- improved financial support for medical and educational expenses
- agencies being more accountable
- more support for placements including support with contact with the birth family
- more access to respite.

#### 5.5 Carer development

In relation to training, 82% of carers used training to learn new things, as an opportunity to connect with others or to meet agency requirements. More than 30% used training to learn more about challenging behaviours, therapeutic parenting and trauma. This aligns with the 2017 DCJ Survey results as top carer preferences for training. 54% of carers attended between one and three training sessions in the previous 12 months, while a third did no training. This compares similarly with 51% of carers attending between one and three training sessions in the 2017 survey results and where 25% did no training. Carers identified a lack of availability of courses in their region or ability to access courses for a range of reasons. 33% of carers indicated they were just too busy to attend training. Most carers were satisfied with the training that they received, however, a minority of 11% were very unsatisfied.

#### 5.6 Age and gender

An ageing population of female carers is a clear trend in statistics from the OCG, in data from other jurisdictions and in this survey. In this survey 34% of carers are aged between 56–75.<sup>19</sup> In the AIFS study nearly one-half of carers were aged between 50 and 64 years, and substantial proportions were aged 65–69 years (12%) or 70 years and older (6%). Over one-tenth of carers were Indigenous, a higher percentage than the general population. Relative/kinship carers were more likely to be older, to report lower educational attainments, and to be from an Aboriginal or Torres Strait Islander background. They were also less likely to live with a partner. In addition, relative/kinship carers were not as well-off as foster carers. Male carers were more likely to be older than female carers and were more likely to report higher educational attainment, to be in paid employment, and to live with a partner.



The potential impacts of this ageing population in the OOH sector are complex, including:

- unknown effects on children and families
- the health needs and sustainability of ageing carers
- potential demand for more support from caseworkers, including respite care to have time out or attend medical appointments.

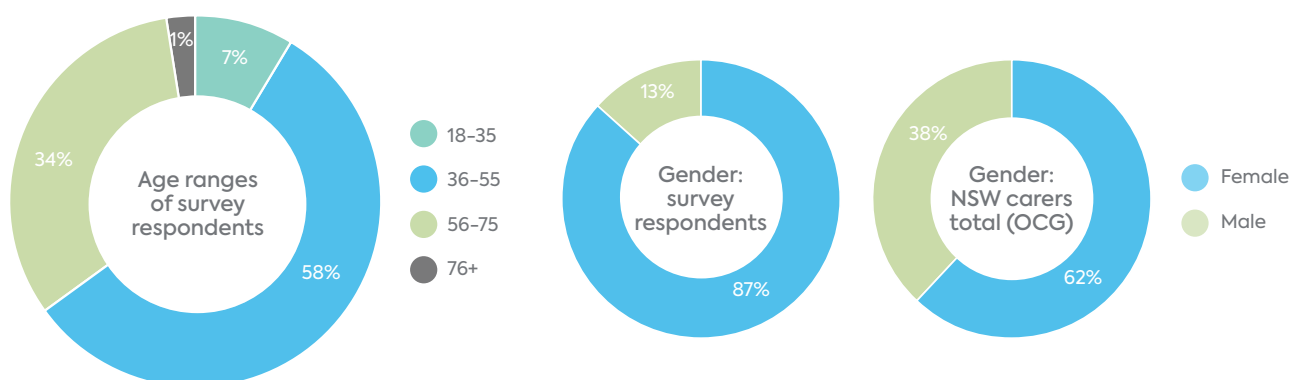
### Some implications of an ageing population of female carers

- **Children's wellbeing:** Increasing numbers of children and young people are being raised by an ageing population of female carers. There may be benefit from further longitudinal research on this subject, for example in the POCLS funded by DCJ.
- **Carers' wellbeing:** Ageing presents increasing health needs and risks for carers, including ageing in place with supports, juggling between the demands and priorities of raising a family versus having 'time out', attending their own or partner's medical appointments and attending to their own

medical needs. This was evident in some of the comments about the challenges of caring.

- **The possibility of decreasing availability of informal support from family:** For example, Eastman et.al. found an average of 84% of all carers report that they often or always get support from other family members. They write: *"The largest difference between placement types was for friends and carer's own parents, with foster carers reporting a higher frequency of support from these groups. The finding is likely to reflect the relative ages of foster and kinship carers; many kinship carers are grandparents and therefore unlikely to have parents able to provide support."*<sup>20</sup>
- **Policy settings:** increasing provision of respite may have implications for outreach and emergency care in policy settings.
- **Guardianship to relative/kin carers:** Consideration of Guardianship orders to grandparents may be quite challenging depending on their age and capacity to care for younger children.

**Graphic 3 Age and Gender | Total respondents 2,042**



19. This can be compared to the 2019 OCG data where the mean age of carers was 53 years. The most recent national survey of foster relative and kin carers (AIFS: 2019), found that relative/kinship carers were more likely to be older, to report lower educational attainments, and to be from an Aboriginal or Torres Strait Islander background.

The key baseline reference for contextualising ageing in the workforce is the Productivity Commission's 2005 research report for COAG, Economic Implications of an Ageing Australia, a prospective study modelling to 2044-45. It examines the likely impact of an ageing population on Australia's overall productivity and trends, including labour supply, and for work such as caring and volunteering.

20. Ibid: 80-1

- **Service delivery:** Effects are not clear without further dedicated research. For example, is locally accessible face to face training more important for older carers or improved online delivery more appropriate and responsive to older carer needs?
- **Recruitment campaigns:** To focus on increasing the numbers of younger carers and male carers.

## 5.7 Aboriginality and diversity

Aboriginal carers comprised 9% of the survey respondents, compared with 13% in the overall carer population (OCG), and 0.05% Torres Strait Islanders in the sample. English is spoken at home in 99% of carer households. Other language groups comprised 0.68% of survey respondents.

A higher representation of carer households with culturally and linguistically diverse backgrounds would have made the survey more representative. Improving reach requires more targeted and dedicated strategies working with non-government organisations and DCJ to ensure these carers are engaging with support services and the sector more broadly. Importantly, MFF should aim for increased representation of this diversity in future survey results to inform both MFF program design and delivery of services within the sector.

The relationship between language and culture is not clear. 'Language spoken at home' does not reveal the cultural parameters of the household and whether this is appropriately matched with the cultural background of the child in the placement. This may have implications for service delivery, placement options and placement stability, recruitment and training.

## 5.8 How important is carer connection?

Carers should have the opportunity to connect with their community, including other carers, to share ideas and advice, learn about changes in policy or services and to build and grow their own support network for their family.

Over 400 carers (35%) were not aware of how to connect and 305 (25%) indicated a lack of information about events. This is unchanged from the 2017 DCJ survey results where 62% of carers

expressed uncertainty about how to connect or lack of information about events. This is a large number of carers extrapolated across the carer household population. This has implications for improved communications in service delivery to grow opportunities for carers to connect should they choose to do so.

In its second year of operation, MFF is seeking to improve its own communication strategies, to grow its carer data base, and to ensure it offers a statewide service that complements and extends agency capacity. The establishment and revitalisation of Carer Reference Groups, a volunteer program, peer support groups, and a mentor program will help cement this improvement.

## 5.9 Guardianship and adoption

Lack of flexible guardianship and adoption policy was a recurring theme in written responses to this survey. Noting that carers could select more than one option, of the 1,647 respondents, half were considering guardianship (compared to 55% in the 2017 survey responses) and 40% open adoption (compared to 44% in the 2017 responses). Around a quarter or 24% were not considering any of these options. Small minorities, 12%, were already a guardian and 7% already an adoptive parent.

**Survey respondents:** *"Apart from free training I'm not seeing any benefit to me or my partner as carers but want to adopt nor any benefit to the child in our care who we consider our son & wants to be adopted."*

*"Adoption in NSW needs to be made easier, quicker and adoption assessors need to be neutral and not show bias to birth parents."*

*"I would like to adopt my foster son, but it's not even worth pursuing at the moment due to outdated policies and birth family preferences."*

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## 6. RECOMMENDATIONS

Recommendations have been drawn from the key findings of the survey and are relevant for practice improvement, policy settings, data development and service delivery across the out-of-home care sector.

My Forever Family will be further exploring ways to improve the experience for carers in light of the findings and in line with the recommendations.

The recommendations have been outlined in the Executive Summary at the beginning of this report.

Ongoing work should be conducted to ensure carer experience is measured and improved through further future surveys.

## 7. REFERENCES

The following sources were used in preparing this report.

NSW Child, Family and Community Peak Aboriginal Corporation (Absec)

Association of Childrens Welfare Agencies (ACWA)  
[www.acwa.asn.au/](http://www.acwa.asn.au/)

Office of the NSW Children's Guardian  
[www.kidsguardian.nsw.gov.au/](http://www.kidsguardian.nsw.gov.au/)

NSW Department of Family and Community Services (now Communities and Justice)  
[www.facs.nsw.gov.au/](http://www.facs.nsw.gov.au/)

NSW My Forever Family Service  
[www.myforeverfamily.org.au/](http://www.myforeverfamily.org.au/)

NSW Government Premier's Priorities Statement  
[www.nsw.gov.au/improving-nsw/premiers-priorities/increasing-permanency-for-children-in-out-of-home-care/](http://www.nsw.gov.au/improving-nsw/premiers-priorities/increasing-permanency-for-children-in-out-of-home-care/)

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Audit Office of NSW, 'Progress and measurement of the Premier's Priorities' (2018)

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NSW Government, Family and Community Services, Results from FACS survey of guardians, adoptive parents and other carers (2017)

NSW Government, Family and Community Services and 2nd Road, 'Carer recruitment and retention – foster carer experience map and insights' (2016)

NSW Government, Office of the Children's Guardian, Annual Report 2018.

# APPENDIX 1 | NSW Carer Survey 2019



## NSW CARER SURVEY 2019

Thank you for agreeing to take part in the **2019 NSW Carer Survey**. The survey will take approximately 15 minutes to complete. It is completely anonymous for you and, where relevant, your agency. Because it is anonymous your privacy is protected and no-one is identified. It is also voluntary and that means you can choose not to complete it.

**My Forever Family NSW** wants to help improve the lives of carers through advice, advocacy and training. To do this we need to hear from current foster carers, relative and kinship carers with a non-government agency or FACS, guardians and adoptive parents. The results will help us understand your experience, the support you currently receive and how the sector can support you better.

**My Forever Family NSW** will report back to FACS and non-government agencies on the survey results so that they can also work on improvements to the system.

### 1. What type of carer are you? \*

- ☐ Foster carer
- ☐ Relative / kinship carer – grandparent
- ☐ Relative / kinship carer – other
- ☐ Guardian – relative / kin of child from out of home care
- ☐ Guardian – non-related to child from out of home care
- ☐ Adoptive parent

### 2. If you are a foster carer or relative/kin carer, what type of care do you provide? You can choose more than one.

- ☐ Long term care
- ☐ Short term care
- ☐ Emergency / crisis care
- ☐ Respite care
- ☐ I don't know

### 3. Are you with FACS or another agency? \*

- ☐ Family and Community Services (FACS)
- ☐ Another agency
- ☐ Have adoption or guardianship orders
- ☐ Prefer not to say

### 4. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Other

### 5. What is your age?

- ☐ 18-35
- ☐ 36-55
- ☐ 56-75
- ☐ 76+

### 6. What part of NSW are you located in? If not sure, select the district closest to your location.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Central Coast   | <input type="checkbox"/> Far West              | <input type="checkbox"/> Hunter               |
| <input type="checkbox"/> New England     | <input type="checkbox"/> Illawarra Shoalhaven  | <input type="checkbox"/> Mid North Coast      |
| <input type="checkbox"/> Murrumbidgee    | <input type="checkbox"/> Nepean Blue Mountains | <input type="checkbox"/> Northern NSW         |
| <input type="checkbox"/> Northern Sydney | <input type="checkbox"/> South Eastern Sydney  | <input type="checkbox"/> South Western Sydney |
| <input type="checkbox"/> Sydney Metro    | <input type="checkbox"/> Western Sydney        | <input type="checkbox"/> Southern NSW         |
| <input type="checkbox"/> Western NSW     |  |   |



### 7. Do you identify as Aboriginal or Torres Strait Islander?

- ☐ Aboriginal  
☐ Torres Strait Islander  
☐ Aboriginal and Torres Strait Islander  
☐ No

### 8. What language do you mainly speak at home?

- |                                     |  |  |                                  |
|-------------------------------------|--|--|----------------------------------|
| <input type="checkbox"/> English    | <input type="checkbox"/> Aboriginal language             | <input type="checkbox"/> Maori or Te Rao | <input type="checkbox"/> Arabic  |
| <input type="checkbox"/> Tagalog    | <input type="checkbox"/> Turkish                         | <input type="checkbox"/> Swahili         | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Italian    | <input type="checkbox"/> Chinese                         | <input type="checkbox"/> Croatian        | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other language (please specify) |  |                                  |

### 9. How many children are currently in your care? Please exclude children in your care that are biological and / or step children.

0	1	2	3	4	5	6 or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 10. What are the good things about your role?

### 11. What are the not so good things about your role?

## RECRUITMENT / BECOMING A CARER

### 12. If you were authorised in the past year, were you satisfied with the process of becoming a carer?

Very satisfied	Satisfied	Neutral	Unsatisfied	Very unsatisfied	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## YOUR EXPERIENCE

### 13. How likely is it that you would recommend becoming a carer, guardian or adoptive parent to your family and the broader community, or to a friend or colleague?

Least likely 1	2	3	4	5	6	7	8	9	Most likely 10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





#### 14. What would make you more likely to promote caring to friends, family and the broader community. Identify your top three issues.

- |  |  |
|--|--|
| <input type="checkbox"/> More agency accountability                                    | <input type="checkbox"/> Less bureaucracy              |
| <input type="checkbox"/> Improved recruitment process                                  | <input type="checkbox"/> More professional sector      |
| <input type="checkbox"/> Better accountability of birth family                         | <input type="checkbox"/> Permanency support            |
| <input type="checkbox"/> Caseworkers following up on what they say they will do        | <input type="checkbox"/> Improved access to respite    |
| <input type="checkbox"/> Improved support with contact with birth family               | <input type="checkbox"/> More support from caseworkers |
| <input type="checkbox"/> Improved financial support for medical and education expenses | <input type="checkbox"/> Training                      |
| <input type="checkbox"/> Other (comment)   |  |

#### SUPPORT FOR YOU

#### 15. Do you receive the support you need from your case worker / case manager to care for the child/ren and/or young people in your care?

Always	Mostly	Sometimes	Never	I don't need support	Not relevant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 16. What are the top three areas that could be improved to better support you?

Choose up to three areas

- ☐ More support from my caseworker or case manager
- ☐ Having the same caseworker
- ☐ Clear communication on agency policies or rules
- ☐ Transparency around financial support
- ☐ Greater connection or activities with other carers
- ☐ Having another carer to talk issues through
- ☐ Face to face training in my area
- ☐ Online training
- ☐ Respite care (formal respite, not including friends or family)
- ☐ More support with difficult issues
- ☐ More support with birth family contact
- ☐ Another area important to you



17. What support have you required over the last 12 months for the child/ren and young people in your care? Choose the ones you needed. Did you get that support?

	Always	Mostly	Sometimes	Never	Not relevant
Specialist medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling /psychologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist education support including tutoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist carer support service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with family time (contact) with the birth family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite care (this means formal respite, not including friends / family)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional financial support (to your carer allowance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any further comments?

## DEVELOPMENT

18. What motivates you to attend training? You can select more than one.

- ☐ To learn new information that will help me as a carer
- ☐ To connect with other carers
- ☐ To meet the requirements of my agency
- ☐ To retain my approval as a carer
- ☐ To complete the requirements of my development plan with the agency

19. How many training topics did you complete last year?

0	1	2-3	4-6	7 or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## 20. Which topics did you train on? You can choose more than one.

- |   |  |
|---|--|
| <input type="checkbox"/> General parenting                          | <input type="checkbox"/> Caring for a child with disability                |
| <input type="checkbox"/> Therapeutic parenting                      | <input type="checkbox"/> Advocating for kids in your care                  |
| <input type="checkbox"/> Shared stories shared lives                | <input type="checkbox"/> Achieving better health and education outcomes    |
| <input type="checkbox"/> Challenging behaviours / behaviour support | <input type="checkbox"/> Understanding allegations                         |
| <input type="checkbox"/> Healing from trauma                        | <input type="checkbox"/> Contact, family time and building positive regard |
| <input type="checkbox"/> Building resilience                        | <input type="checkbox"/> Parenting birth and foster children               |
| <input type="checkbox"/> Helping teenagers                          | <input type="checkbox"/> Self care for carers                              |
| <input type="checkbox"/> Online safety and bullying                 | <input type="checkbox"/> First aid   |
| <input type="checkbox"/> Guardianship or Open Adoption              | <input type="checkbox"/> Leaving and after care                            |
| <input type="checkbox"/> Cultural connection / competency           | <input type="checkbox"/> Reportable conduct                                |
| <input type="checkbox"/> Caring for an Aboriginal child             |  |
| <input type="checkbox"/> Other (please specify)                     |  |

## 21. Generally, how satisfied were you with the availability of training?

Very satisfied	Satisfied	Neutral	Unsatisfied	Very unsatisfied	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other comments about availability of courses?

## 22. If you did not access training, why not? Select up to 3 reasons.

- ☐ Nothing offered by agency
- ☐ Unaware of how to access training
- ☐ Not available in my district
- ☐ Not available face to face
- ☐ Not available online
- ☐ Not available on the day / time I wanted
- ☐ No topics of interest
- ☐ Too busy caring for kids
- ☐ Something else came up
- ☐ I don't want any training
- ☐ Other (please specify)



## ADVOCACY SUPPORT

Advocacy support helps you to voice concerns, access information, defend your rights and explore choices and options.

23. In the last twelve months have you used any advocacy support from the services below to help you look after the child in your care? Choose the ones you used. Were you satisfied with that support?

	Always	Mostly	Sometimes	Never	N/A
From your agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carer Reference Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carer support service – AbSec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carer support service – My Forever Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After hours crisis support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifeline, Kids helpline, Parent line or similar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informal support from a carer group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Is there support you want but cannot get?

25. If you needed advocacy support, who would you go to? You can choose more than one.

- ☐ Another carer
- ☐ Carer Reference Group
- ☐ Caseworker or manager in your agency
- ☐ My Forever Family service
- ☐ AbSec
- ☐ Family and Community Services (FACS)
- ☐ FACS Complaint Line
- ☐ Law Access
- ☐ NSW Ombudsman
- ☐ Do not know
- ☐ Other (please specify)



## CONNECTION

26. Over the last year, how satisfied were you with the activities you attended that were organised for carers? You can choose more than one.

	Very satisfied	Satisfied	Neutral	Unsatisfied	Very unsatisfied	N/A
Carer-organised event / catch up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster Care Week picnic or related activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency organised event / catch up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online forums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other comment (please specify)

27. If you are not connected to other carers, what are the reasons? You can choose more than one.

- ☐ Not aware of how to connect
- ☐ I don't receive information about events
- ☐ It is hard to find the time
- ☐ I don't want to connect with other carers
- ☐ Other (please specify)

## MY FOREVER FAMILY NSW

28. Have you heard of My Forever Family NSW prior to completing this survey?

- ☐ Yes
- ☐ No
- ☐ Don't know

29. If yes, how did you hear of My Forever Family NSW? You can choose more than one.

- ☐ Through another carer
- ☐ Through my agency
- ☐ Through FACS
- ☐ Fostering our Future newsletter
- ☐ Through social media (Facebook, etc)
- ☐ Other





### 30. Are you a member of My Forever Family NSW?

☐ Yes ☐ No ☐ Don't know

### 31. Did you contact My Forever Family about becoming a carer?

☐ Yes ☐ No ☐ Don't know

### 32. If you have contacted My Forever Family in the last 12 months were you satisfied regarding:

	Very satisfied	Satisfied	Neutral	Unsatisfied	Very unsatisfied	N/A
Customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information provided about caring for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training events provided by My Forever Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support to talk through an issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy on your behalf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 33. Any other comments about My Forever Family NSW

### 34. How likely is it that you would recommend My Forever Family NSW to your family and broader community, or to a friend or colleague?

Not at all likely 1   2   3   4   5   6   7   8   9   Extremely likely 10

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

## PERMANENCY

### 35. Would you consider the following options for children and young people in your care? You can choose more than one.

- ☐ Guardianship  
☐ Open adoption  
☐ I am already a guardian  
☐ I am already an adoptive parent  
☐ None of the above

Any other comment

### Thank you for completing this survey.

If you are not yet a **My Forever Family** member, sign up after completing this survey to get access to newsletters, free training and member benefits. Submit your survey and it will take you to the **My Forever Family** website where you can sign up. You will also receive a copy of the NSW Carer Survey 2019 report.

You can ring **My Forever Family** on **1300 782 975** if you have any questions about caring, training or support.

[www.myforeverfamily.org.au](http://www.myforeverfamily.org.au)



# CARING FOR THOSE WHO CARE FOR KIDS

The **My Forever Family NSW** program delivers a seamless and quality service that creates awareness of the need for carers in NSW, as well as supporting and providing training for them throughout the carer journey.

We seek to improve the experience of carers, so that together we can achieve better outcomes for children.

For more information on the **My Forever Family** program call the Support Line or email [enquiries@myforeverfamily.org.au](mailto:enquiries@myforeverfamily.org.au)

Visit [www.myforeverfamily.org.au](http://www.myforeverfamily.org.au) to see:

- Our training calendar which outlines the courses available
- Access to Caring for Kids: A guide to foster, relative, and kinship carers
- Write to us with your questions on becoming a guardian, foster carer or adoptive parent.

**My Forever Family NSW** recognises the need for safety, nurture and stability for all children.



**My Forever  
Family** NSW

**CARER**   
SUPPORT LINE  
**1300 782 975**

Monday to Friday | 9am - 5pm

**CARER**   
SUPPORT  
[enquiries@myforeverfamily.org.au](mailto:enquiries@myforeverfamily.org.au)