



NSW CARER SURVEY 2020

REPORT OF FINDINGS

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CONTENTS

Executive summary	2
Recommendations	8
Current context	9
Survey design and methodology	13
Survey results	15
References	42
Appendix – NSW Carer Survey 2020	43

Who responded?

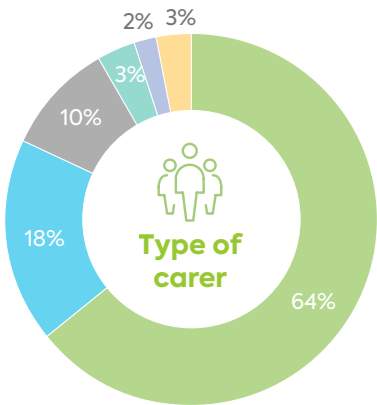
2,365 carers
19% of carer households



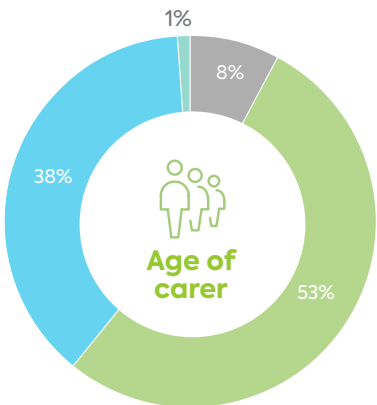
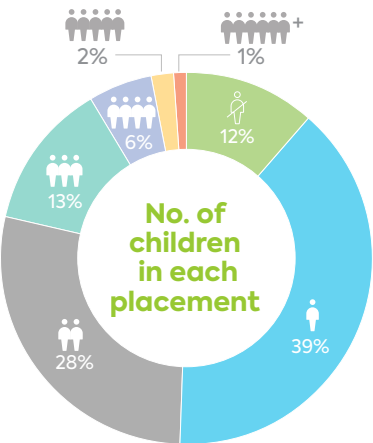
11%
identified as Aboriginal



34%
of respondents
had Aboriginal children
in their care



- 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



- 18-35
- 36-55
- 56-75
- 76+

What would make carers more likely to promote the caring role?



Less bureaucracy



Better caseworker follow up



More agency accountability



Improved financial support for medical/educational expenses

Training topics carers want most



- Challenging behaviour
- Healing from trauma
- Advocating for kids in your care
- Guardianship and open adoption
- First aid

682 

of carers who responded to the survey were authorised in the last **12 months**

61% 

of these carers were satisfied or very satisfied with the process of becoming a carer

40% 

of respondents have an interest in working with birth families and providing restoration care

65%

of carers would consider guardianship, open adoption or both for the child/ren in their care

When carers needed support

75%

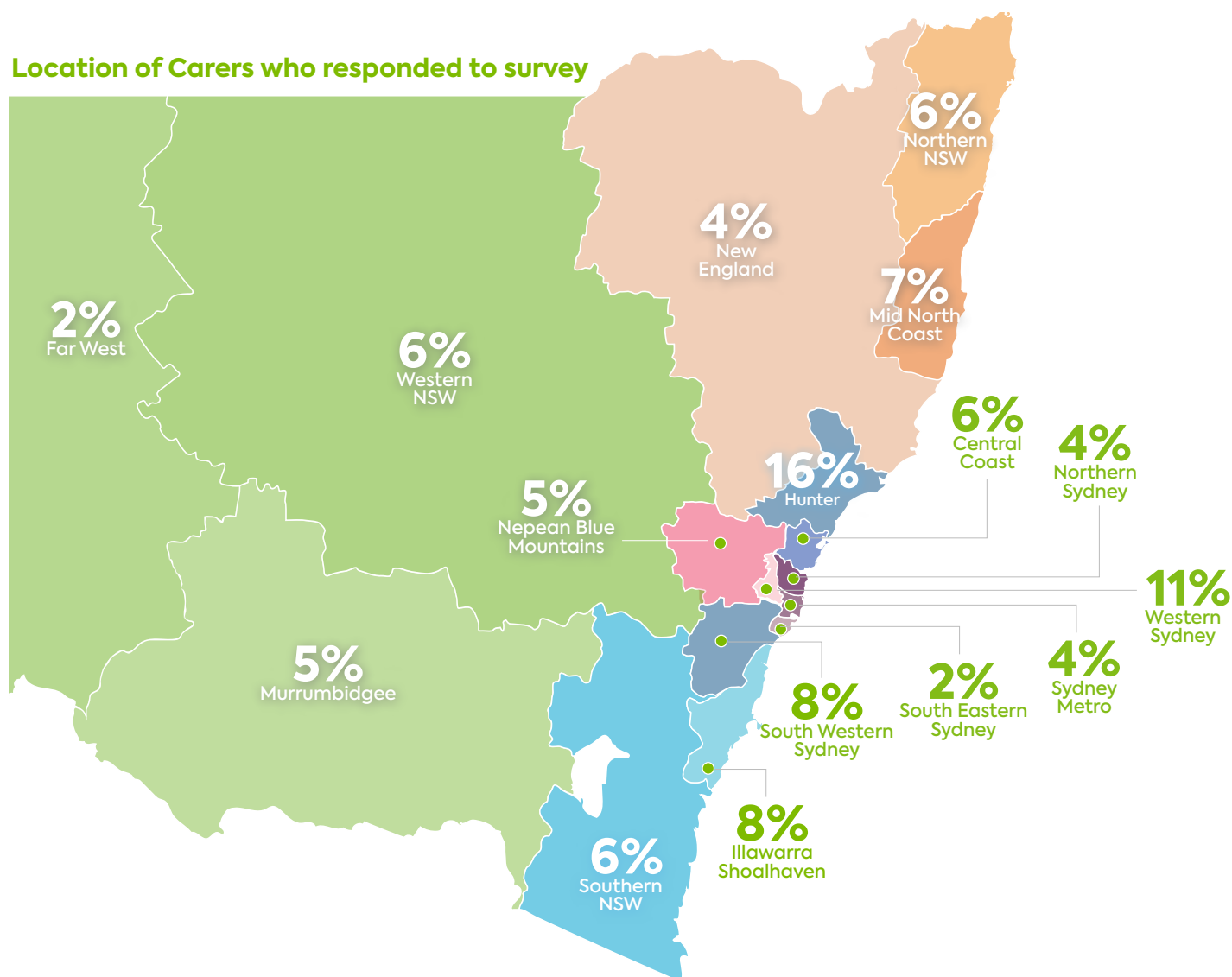
carers went to their agency

56%

carers went to My Forever Family NSW



Location of Carers who responded to survey



Satisfaction with My Forever Family services reported by Carers who responded to the survey was:

72% 

of carers who accessed training were either satisfied or very satisfied

70% 

were satisfied or very satisfied with customer service

67% 

of carers who wanted information about caring for children were either satisfied or very satisfied

60% 

of carers who wanted support to talk through an issue were either satisfied or very satisfied

1. EXECUTIVE SUMMARY

Acknowledgement

The My Forever Family NSW Carer Survey 2020 had 2,365 respondents. Most carers (69%) completed the whole survey of 42 questions, and additionally provided over 12,000 written comments. We acknowledge the contribution of these carers, and the importance of their feedback to improve service delivery and policy. Thank you to the many carers who provided invaluable commentary on their experiences, their needs, and their advice about improvements.

Through a carer's eyes we see the needs of the children in their care, the support required from services, personal fulfillment and pride in their caring role, their frustrations with systems that do not match up and satisfaction when they do. This survey documents a timely snapshot of carer experience of the out-of-home care (OOHC) system in NSW. The feedback is instrumental in working towards positive improvements for the sector, carer families, and the children in their care.

Some key systemic issues were consistently reported by carers, including sector accountability, bureaucracy, financial support, caseworker and case management, coordination, and follow-up. The survey reports some significant service challenges. Better agency coordination through development of a sector-wide consistent approach to expected carer outcomes would see improvements in this area.

Introduction

My Forever Family NSW, established in 2018, is funded by the Department of Communities and Justice (DCJ) and is operated by Adopt Change in conjunction with key contributors Professor Paul Chandler and Continuum Consulting. My Forever Family NSW works in collaboration with the NSW out-of-home care sector including peaks and DCJ permanency support program providers. The My Forever Family NSW role is to focus on supplementing and coordinating recruitment, support, training, and advocacy for carers in the NSW out-of-home care system.

The NSW Carer Survey 2020 builds on the results of the NSW Carer Survey 2019 and is the second survey delivered in the My Forever Family NSW program.

Structure of the report

Recommendations from the survey aim to support ongoing improvements in policy and practice across the OOHC sector.

Recommendations from the report are in Section 2. Section 3 contains a brief outline of key sector challenges and opportunities. Section 4 details the survey methodology, and the survey results are presented in Section 5. The report is followed by a bibliography and an appendix containing the survey questions. The survey builds on data from the key statistics of the NSW Office of the Children's Guardian (OCG), and/or DCJ administrative data.

The survey used a convenience sampling methodology, explained in Section 4. When the data were compared with the Australian Institute of Family Studies (AIFS), and NSW Office of the Children's Guardian (OCG) data, survey results were found to be more representative of the perceptions and experience of respondents who are foster carers managed by NGO. In the My Forever Family NSW survey the sample represents 64% foster carers and 28% relative / kinship carers.¹ OCG data shows that DCJ manages 49% of carer placements and NGO manage 51% of carer placements compared with this survey where 30% of respondents are with DCJ and 64% are with NGO. Notwithstanding these limitations, reference to supplementary robust studies and literature reviews provide confidence that the key conclusions underpinning the report recommendations are valid.

The survey was conducted in September and October 2020 and covered the following categories:

- Carer demographics
- Recruitment
- Carer experience including support
- Overall satisfaction with the carer experience
- Improving the carer experience
- Training and development
- Connecting with other carers
- Experience of and satisfaction with services provided by My Forever Family NSW
- Permanency options

Box 1. Demographic snapshot from this survey²

- The survey had 2,365 respondents, compared to 2,087 respondents in 2019 and 1,481 in 2017. This represents 19% of the 12,175 carer households registered by the OCG (September 2020).
- In this survey there were 64% (1,520) foster carers, 18% (421) grandparent relative / kinship, 10% (228) relative / kinship – other carers, 3% (82) guardians (relative / kinship), 2% (45) non-related guardians and 3% (69) adoptive parents.
- 34% said they had Aboriginal children in their care (734) and 66% (1,444) did not; 187 did not answer this question.
- There were 11% or 240 Aboriginal carers in the sample (of 2,183 responses to this question). OCG key statistics report that 14% of carers identify as Aboriginal or Torres Strait Islander.
- 30% of carers were case managed by DCJ, 64% were with another agency. Six percent had adoption or guardianship orders.
- 39% of respondents (840 carers) care for one child; 28% (604 carers) care for two children; 13% (274 carers) care for three children. 8% of respondents (180) care for four children or more, and of these 1% (22) were caring for 6 or more.
- 87% or 1,942 of survey respondents were female, 13% (291) were male and 0.2% (4) chose other.
- 8% were aged 18–35, 53% were aged 36–55, 38% were aged 56–75 and 1% were aged 76+.
- Languages other than English are spoken at home in 296 of the respondent households. Of these, Aboriginal languages (78 responses) and Vietnamese (76 responses) were mostly spoken. These were followed by Arabic, Italian, Spanish, Tagalog, Turkish, Maori or Te Rao, Cantonese, Mandarin, Russian, Croatian and Swahili.
- 12%, or 247 carers, were not caring for children at the time of the survey.

1. In 2016, the Australian Institute of Family Studies 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 47% were foster carers and 53% were relative and kin carers in NSW. (published 2018)

2. The survey had 2,365 respondents, representing 19% of 12,175 carer households registered by the OCG (September 2020). The survey results assume one carer response per household as there is no mechanism to check this. As there may be two carer respondents in one household the percentage of households represented may therefore be slightly lower.

KEY FINDINGS

Unmet needs of children in care

- **Financial support, specialised carer support services and respite care**³ were the top three areas where carers said that they never received the support they needed for children in their care. Significantly, over 50% of carers who needed these supports reported that they never received them.
- These were followed by psychology/counselling and **behaviour support**.⁴
- When considering the results in 2020 and 2019 service support needs for children remain similar, but carers report that receiving services was harder in 2020 than it was in 2019.⁵

Unmet carer support needs

- In 2019, carers identified their top 3 issues – having the same caseworker, more support with difficult issues and transparency around policies and financial support. In 2020, carers were asked to choose one of these areas and provide an example of how it had affected them.
- 57% or 902 respondents provided an example of where **having the same caseworker** was important.
- 36% or 575 respondents provided an example of wanting **more support with difficult issues**.
- 33% or 532 respondents provided examples of the need for **transparency around financial support**.
- Notably, 37% or 587 nominated another area other than the above and selected responses are highlighted in the Results section of this report.
- **Most carers went to their agency (72%) and/or My Forever Family NSW (56%)** when they needed support to help them look after the child in their care.

Carer suggestions to increase likelihood of promoting caring to others

Of 1,995 respondents, and compared with 2019 results, the results appear similar. On a scale of 10–1 from most to least likely, 25% or 489 carers scored 9 or 10, that they would recommend caring to their friends or community, while 26% scored 1 or 0, that they would be very unlikely to recommend caring.

Of 1,926 responses the most frequent suggestions to make it more likely they might promote caring included:

- 59% or 1,135 who wanted **less bureaucracy**.
- 56% or 1,080 wanted **caseworkers following up on what they say they will do**.
- 50% or 954 wanted **more agency accountability**.⁶
- 48% of 931 wanted **improved financial support for medical and education expenses**.⁷

The AIFS (2018) reported that of the 795 NSW carers that responded to the 2016 national survey, 326 carers encountered barriers to receiving support services. The most common of these barriers were long waiting lists/poor support staff availability (43.6%), no appropriate services (23.6%), and not being aware of what services are available (23.0%). The findings of the NSW Carer Survey 2020 are generally aligned with the AIFS NSW data in this area.

How important is carer connection?

- **Most carers look to their agencies and My Forever Family NSW for support.**
- **Of those carers who connect with other carers for support**, 622 carers report they used informal support from carer groups, and 593 carers attended carer organised events/catch ups.
- Most of those who chose not to connect reported **they did not have enough time**: 38% or 494 (40% in 2019).
- However, a significant percentage of 31% or 400 carers were **not aware how to connect** (35% in 2019); and 23% reported they did not receive information about events.⁸

Carer Recruitment

- Of the 682 carers who were authorised in the past year, 61% (414) were either satisfied or very satisfied with the process of becoming a carer.
- 76 (11%) of the carers authorised in the past year identified as Aboriginal. Some of the unique barriers and motivations for Aboriginal carers becoming more engaged in the NSW OOHC system are noted in Section 3.

Carer training and development

Carers generally find training rewarding and useful:

- **54% of carer respondents attended training** in the last 12 months.
- **Of those attending training, carers variously attended training provided by My Forever Family NSW (50%), their agency (37%), DCJ (11%) and another provider (29%).**
- 51% of respondents want training to **learn about challenging behaviours/behaviour support**. Carers also most want training on healing from trauma (48%) and advocating for the children in their care (32%).
- **Most carers were either satisfied or very satisfied with the availability of training (56%),** 25% were neutral and 19% were either unsatisfied or very unsatisfied. The satisfaction rating has significantly improved from 2019, when 40% were either satisfied or very satisfied, 23% were neutral and 24% were unsatisfied or very unsatisfied.
- **72% who used My Forever Family NSW training were either satisfied or very satisfied with the availability of training.**

How did carers prefer to access training?

- A significant percentage of 31% of carers prefer **a combination of training modes, including face-to-face and online options**. Face-to-face delivery is preferred by 36%. Live online is preferred by 14%.
- **Finding it easier to make time for online training and the greater range of training options availability online** were key factors in preferring to access training online.
- The vast majority of those who preferred face-to-face wanted learning and connection opportunities with other carers **and direct interaction with the presenter**.
- **Older carers tended to prefer face-to-face.** Of carers in the 56–75 age group, 46% preferred face-to-face compared to 27% who preferred a combination of modes of delivery, and 46% of the same age group found face-to-face training easier than online delivery. This is important for two reasons. Firstly, because the carer population is comprised of a significant number of older carers, and secondly, because effective carer connection is a concern in the sector.
- Compared to foster carers (35%, 386), **relative / kinship grandparent carers preferred face to face training** (47%, 119)

3. Noting that from respondents 1,760 carers needed service support, they could choose more than one option and 605 carers skipped this question. See results for question 17.

4. (AIFS: 2018) reports that for respondents in NSW, child counselling or psychologist services are the most common support services to have been received by carers in the past (55.2%) and required currently (50.4%).

5. See Section 5 question 17.

6. In relation to agency communication about accountable matters, It was more common for carers to find out about the child's developmental conditions by themselves (35.3%–40.4%), with only 29.3%–34.5% being made aware by a caseworker or other official. (AIFS:2018)

7. The top 4 suggestions are the same between 2020 and 2019, the only difference being the order of 3 and 4, which changes from last year to this year.

8. These percentages are virtually unchanged from the 2017 DCJ survey results where 62% of carers expressed uncertainty about how to connect or lack of information about events. Previously it was thought that not being aware of how to connect or information related to the extent of My Forever Family promotion and awareness of its services more broadly given it is a relatively newly funded service. However, the 2017 DCJ survey findings when the previous carer service had been operating for many years had a similar result suggesting another reason unrelated to service reach.

Roads to placement permanency: restoration, guardianship, and adoption

This year the survey asked a new question about whether carers have an interest in working with birth families and providing restoration care. Of the 1,689 respondents, 40% or 678 said Yes, and 60% or 1,011 said No.

- **Aboriginal carers were more likely to want to provide restoration care** to the child's birth family; 52% compared to 39% non-indigenous carers.
- **Aboriginal carers were more likely to promote caring if there was improved support with the child's birth family** (31%), than non-indigenous (19%)
- **65% of respondents would consider guardianship, open adoption or both options for the child/ren in their care.** 23% are not considering either option. The remaining 12% were already guardians or adoptive parents and did not say if they were considering either option.

COVID-19 and carers

This survey presents some early evidence regarding the impacts of COVID-19. It suggests that even as immediate public health risks decrease, certain areas of carer stress may not. Increased and sudden reliance on technology for services, home schooling, medical appointments, therapies, and social connection may further disadvantage some carers and the children they care for. The additional pressure of uncertain information, unstable finances and changing service landscapes, coupled with the loss of social and recreational supports, places many carers in a more vulnerable position.

The survey asked carers about the biggest issues for them during COVID-19.

- The most important area of concern related to the **child's education**. This included home schooling, educational supports, internet connection, computers and phones, and support from the school.
- These concerns were closely followed by a cluster of issues including **anxiety and stress, contact with birth families, lack of availability for specialist services, respite, support and connection with other carers and financial hardship**.

Further qualitative analysis of 415 responses (see question 20, section 5), showed carers were concerned about:

- **Technology** including children's risky behaviours online, insufficient access, declined requests for computer, financial assistance to buy laptops, rural access challenges, impeding family contact, network speeds, extra costs, no internet.
- **Schooling** including added stress of home schooling, child's unmet learning difficulties, health concerns of returning to school.
- **COVID-specific issues** including lack of understanding of restrictions, interruptions caused by restrictions, decline in mental health due to isolation/restriction measures, lack of access to services during lockdown, not adhering to lockdown rules and caring challenges ensuring safety.

Survey feedback in relation to My Forever Family NSW⁹

- 70% were members of My Forever Family NSW, compared to 45% in 2019.¹⁰
- **Carer satisfaction and engagement with My Forever Family NSW services has improved since 2019.**
In 2020 1,492 respondents answered this question, whereas in 2019 there were 87 responses.
- 72% of those that accessed **training** with My Forever Family NSW were either satisfied or very satisfied, up from 37% in the 2019 survey.
- 70% (389) were satisfied or very satisfied with My Forever Family NSW **customer service**, compared to 50% in 2019.
- 67% (373) of carers who wanted **information about caring for children** were either satisfied or very satisfied, compared to 46% in 2019.
- 60% (294) of carers who wanted **support to talk through an issue** were either satisfied or very satisfied, compared to 38% in 2019.
- 45% (178) who needed **advocacy** on their behalf were either satisfied or very satisfied.
- Qualitative analysis explored 50% (261) of the comments: 50% was appreciative feedback (82/164) and 29% had critical feedback.
- Of 1,482 respondents, 27% or 394 (scale 10) would be extremely likely to recommend My Forever Family NSW; 42% (616) chose scale 9–6; 20% (294) chose scale 5–2, and; 12% (178) chose scale 1 (not at all likely).
- This rating has improved since 2019, when of the 1,496 carers who responded 300 carers (20%) said they would be likely to recommend My Forever Family NSW, and a further 300 said they would consider it; 900 (60%) said they would be unlikely to promote My Forever Family NSW.

9. Comparisons with data from the 2019 carer survey should be treated with caution as the numbers responding to this question from 2019 are very small (87), compared to 1,492 in 2020.

10. 33% of carers heard of My Forever Family NSW from their agency, which is similar to 2019

2. RECOMMENDATIONS

These recommendations are drawn by My Forever Family NSW from the findings of the survey and are relevant for practice improvement, policy settings, service delivery, future carer survey development and further research.

Recommendation 1: Cooperatively develop a sector-wide framework for carer outcomes

The Department lead sector consultation and co-ordination with My Forever Family NSW to develop a framework of carer outcomes in line with the NSW Government Human Services Outcomes Framework.

The Framework would address key areas of carer service and better define measurable whole-of-sector objectives in line with the permanency support program. Implementing the Framework would support improved sector coordination and service delivery. Agencies would measure and evaluate their progress against the framework objectives by tracking agreed outputs and outcomes.

Recommendation 2: Improve reach of services and supports to Aboriginal foster and relative / kinship carers

Improved reach of services and supports to Aboriginal carers will strengthen the stability of placements of Aboriginal children and young people and keeping them connected to Country.

- Services and supports to be adequately funded and made available to Aboriginal foster and relative kinship carers, in addition to general supports.
- Increase communication and reach regarding already available services and supports.
- Increase the number of Aboriginal specific peer support groups, for carer to carer support.

Recommendation 3: Improve resources for relative / kinship carers

- Identify existing range of supports and resources for relative / kinship carers who care for children in the statutory care system and ensure effective communication regarding their availability to improve reach.
- Identify gaps in supports and establish new services including training tailored specifically to this group.
- Identify improved information and access about other federal and state-based supports to informal relative / kinship carers that seek support.

Recommendation 4: Improve the experience for carers and retention levels.

Research confirms that the ability of services to recruit and retain new carers is related to the satisfaction of existing carers and positive word of mouth. As per the framework for carer outcomes in recommendation one and based on carer feedback in this survey and the previous survey, it is apparent that access to support, improved casework practice and clearer communication are of high importance to carers and must be addressed to improve the experience for carers and retention levels. The following areas are relevant:

- Improve carer financial support
- Improve availability of respite care
- Improve access to specialised services for children in care
- Improve sector wide transparency and accountability
- Improve caseworker service, case-management coordination, referral, and follow-up on commitments
- Streamline sector bureaucracy to improve timely delivery of carer support services

Recommendation 5: Sector wide promotion of My Forever Family NSW service available to Carers

DCJ and NGOs to actively promote the availability of My Forever Family NSW services to carers, including kinship and foster carers, guardians and adoptive parents of children from out of home care. My Forever Family NSW provides a range of active and passive supports – from in person events, peer support and training, to online resources, coaching and training and a phone support service – My Forever Family NSW can supplement the efforts of the sector to support and retain carers.

3. CURRENT CONTEXT

This section highlights some of the challenges and opportunities faced by the sector and provides context for the report results and recommendations. It highlights insights gained from analysis, carers' comments, data from key studies and selected literature reviews. In relation to policy, the NSW OOHC sector is coordinated through the Permanency Support Program, which is designed to deliver tailored services to vulnerable children and young people. This program aims to provide greater permanency or stability for children in care, to reduce the length of children's contact with statutory OOHC, and to improve children's successful and independent living as adults.¹¹

Aboriginal Carers

As of 30 June 2017, there were 17,664 Aboriginal and Torres Strait Islander children in OOHC in Australia – a placement rate of 58.7 per 1,000 children. In contrast, the rate for non-Indigenous children was 5.8 per 1,000. In other words, the national rate of Aboriginal and Torres Strait Islander children in out-of-home care was almost 10 times the rate for non-Indigenous children.¹²

With the Aboriginal Child and Young Person Placement Principles which, amongst other things, directs placement of Aboriginal children with Aboriginal carers wherever possible, the recruitment of Aboriginal carers must be disproportionately greater than in the non-Aboriginal community. There is a relatively large percentage of Aboriginal carers in NSW (compared to the general population), and there is a high percentage of Aboriginal children placed in their care. Seventy eight percent of Aboriginal carers in this survey have Aboriginal children in their care compared to 22% of non-indigenous carers.

However, Aboriginal families who do already provide care are often therefore in great demand and many do far more than what might reasonably be expected of them. As POCLS reports, *“one is faced with three overlapping problems: a disproportionate need for Aboriginal carers; an already over-burdened pool of carers; and a gradual loss of existing carers.”* (POCLS: 2018, 27)¹³

With these challenges, and mindful of intergenerational trauma and historical policies of removal, Aboriginal kin, relatives, and the Aboriginal community, will commit to caring for Aboriginal children. This is reinforced in this survey where:

- 32% of Aboriginal carers provide relative / kinship care (either grandparent care or relative / kinship other) compared to 26% of non-indigenous carers.
- Aboriginal carers were more likely to want to provide restoration care to the child's birth family; 52% compared to 39% of non-indigenous carers. As one Aboriginal carer put it: *“I would especially consider it with young parents who have been in care themselves or lived in challenging situations.”* (Aboriginal foster carer, 36–55, DCJ, Far West NSW). This interest was higher for Aboriginal foster carers (61%) compared with non-indigenous foster carers (46%). Aboriginal Relative / kinship grandparents also had an interest to provide restoration care (50%) compared to non-indigenous Relative / kinship grandparents (19%).¹⁴
- Aboriginal carers were more likely to promote caring if there was improved support with the child's birth family – 31% compared to 19% non-indigenous carers.

11. Changes to practices to achieve permanency decision making were introduced by DCJ in 2017 with legislation supporting the program enacted 1 July 2019. The program is currently undergoing an implementation evaluation. In addition to assessing implementation of the PSP from 2019–2021, the evaluation will assist service providers adapt and leverage reforms, and support DCJ and NGOs to access to consistent information, including for training.

12. www.aifs.gov.au/cfca/publications/children-care

13. Other barriers to recruitment of Aboriginal carers include, that standard methods of recruitment lack cultural nuance and local community sensitivity; poorly calibrated assessment tools; and, history of involvement with child protection and/or criminal justice systems. (POCLS: 2018,27)

14. Note that some of the percentages relate to quite small sample sizes for different category responses, given that overall only 11% of respondents to this survey identified as Aboriginal. Carer attitudes and capacity in relation to restoration require further research.

These figures may be underpinned by a strong sense of community responsibility, including grassroots advocacy, such as the Grandmothers Against Removals in NSW, who harness the political will for reform. But other factors, including fear of the system, trauma of the stolen generation, poverty, older age, poor health, poor housing, culturally inappropriate and/or inadequate assessment and support practices, all act as brakes.¹⁵ For example, in this survey, Aboriginal carers find getting some key services for children in their care, including specialist medical care, more difficult than non-indigenous carers. 32% of Aboriginal carers report they can never access speech pathology or counselling/psychology for the child in their care, compared to 23% of non-indigenous carers.

Qualitative data from the survey amplifies understanding of specific barriers faced by Aboriginal carers. For example, there were strong comments from Aboriginal carers who would not consider either guardianship nor open adoption, who require greater financial support, who are older grandparent carers (with specific care needs themselves), and those who strongly advocate for greater attention to culturally specific training and carer support.

For example:

“I attended training for carers of Aboriginal children, but I found the training more suitable for non-Aboriginal carers. I don’t believe there is much support or training for Aboriginal kinship carers especially around the complexity of raising children who are family members.” Relative / kinship carer, 35–55, Hunter.

The factors highlighted in this survey and reinforced by data from reference studies, point to the importance of negotiating the unique set of motivations and barriers the Aboriginal community has for participating in out of home care. A recent literature review commissioned by Adopt Change for the My Forever Family NSW Program¹⁶ confirms the need to:

- Work closely with Aboriginal controlled community organisations delivering OOHC services.
- Ensure services engage with family finding to assist recruitment. Noting that while family matching can be a useful tool for recruitment of Aboriginal carers it may also be a double-edged sword: “One of the most outstanding issues is the impost on kinship carers of using limited financial resources to raise additional children.”¹⁷

- Use community-based recruitment methods such as local radio and events.
- Word of mouth referrals. Noting the demands often placed on elders in Aboriginal communities, at the same time elder carers may be an under-acknowledged recruitment resource in the OOHC sector. Older carers have more experience of raising children, a greater ability to deal with complex behaviour, and a greater level of emotional expressiveness and warmth.¹⁸ Such expertise is an invaluable resource.

‘Cinderella’ Kinship carers

The Australian Institute of Family Studies reports that nationally half of the children in relative / kinship placements are living with their grandparents, and kinship carers represent 53% of the carers in the OOHC sector in Australia.¹⁹ Yet despite its importance this large group of carers is under-consulted, under-researched, and under-conceptualised as a fully connected part of the OOHC system. For these reasons it has been referred to as the ‘Cinderella’ of the sector²⁰:

In this context, the “Cinderella” status of kinship carers in NSW means that kinship carers are the poor relations of foster carers: they are under-represented in this survey with 27% (649) of carers identifying as relative / kinship carers (comprising relative / kinship – grandparent and relative / kinship – other): 64% (1,520) of respondents were foster carers. This compares to the Australian Institute of Family Studies NSW survey data, where out of a total sample of 1,031 there were 438 or 42% relative / kinship carers in NSW. However, the AIFS NSW data from 2016 did not represent guardianship as a category. If relative / kinship guardians were added (4%), they would still be under-represented, totalling 31%. While comparisons are made, they must be viewed cautiously. This is explored further in the survey methodology section.

Relative / kinship carers, whether relative / kinship – grandparent or relative / kinship – other, are relatively under-researched as a category of carer; and, for many reasons, less well connected to OOHC service networks.

*“Whether formalised as statutory care or arranged informally, there is little dispute that to date kinship care has been a cheaper option for the care of vulnerable children than the alternatives of foster care and residential care.”*²¹

Studies note kinship carers may prefer to understand themselves as providing in-home, family care rather than out-of-home care. There is little dispute that kinship carers are relatively disconnected from supports potentially offered to them.²² In this survey:

- Relative / kinship carers were very likely to be grandparents, older than 56 years.²³
- Compared to foster carers relative / kinship grandparent carers more frequently reported that they could never access the support they needed in relation to key services for the children in the care. This included access to additional financial support, respite care and specialist medical care.
- In relation to agency services, 43% (396) of foster carers were either very satisfied or satisfied; relative / kinship carers 38% (64) were either very satisfied or satisfied,
- In relation to agency services, 36% (334) of foster carers were either unsatisfied or very unsatisfied; 33% (56) relative / kinship grandparents were either unsatisfied or very unsatisfied,
- In relation to timely access to training, one relative / kinship carer remarked: *“Training as a kinship carer is needed before children are placed not 6 months after getting the children. Workers talk about trauma for children who have been removed from birth parents but never talk about trauma about being placed and how clinical the process is on family carer or children.”* Relative / kinship grandparent, 36–55, Illawarra / Shoalhaven.

15. Barriers to Aboriginal carers participating in OOHc are numerous. The Family is Culture Review (2019) identifies the most common as: “family members or kin who expressed willingness or interest in caring for Aboriginal children, or family members who were nominated as potential carers, were never subject to a comprehensive carer assessment. This was a feature in 37% of cases in the sample (n=74). For instance, in Case 88, the children’s paternal Aboriginal grandmother was not formally assessed as a carer on the basis of ‘probity checks’ and her failure to fill out the relative or kinship form. The grandmother had been caring for the children since birth and the children were bonded to her.” (2019: 289) The comments raise several issues, notably the opportunity to improve implementation of targeted beneficial policies, evidence-based practices, and better supports for the recruitment and training of kinship carers.

16. Institute of open adoption studies 2019:3.

17. Costs for kinship carers can also easily compound: “Legal issues relating to children’s care arrangements...included the conflict and stress engendered by long, adversarial processes that tended to pit family members against each other. Many examples were given where grandparents found themselves in litigation with their own children over their children’s children.....here also appears to be a tension for many kinship carers between wanting the security of orders that confirm care arrangements and entitle them to support services, but not wanting close supervision and intervention in their family life. There may be a need for additional training for both caseworkers and carers to help resolve these tensions in the interests of children’s wellbeing.” Family is culture review: 2019, 145

18. POCLS: 2017, see Pathways of Care Longitudinal Study Clearinghouse at WWW.community.NSW.gov.au/pathways

19. AIFS: 2019, op. cit.

20. In this context, the “Cinderella” status of kinship carers means that kinship carers are the poor relations of foster carers: they are under-represented in this survey, relatively under-researched and, for many reasons, less well connected to OOHc service networks.

21. “From the responses of over 3,000 survey respondents, this review has identified a number of themes that appear to characterise kinship care in the early 21st century in Australia, New Zealand and the United Kingdom. The findings confirm previous research showing that the benefits of remaining within their extended family often accrue to children at considerable cost to their carers.” (Kiraly, Op.Cit:25)

22. There is evidence from the Family is Culture Review that kinship carers management of children’s contact with their parents is an issue require greater attention from statutory bodies and support services: “Kinship carers are expected to manage parents’ visits independently of authorities more frequently than foster carers. In some circumstances, this may allow for the informal atmosphere of visits generally preferred by family members; however, for many it clearly exacerbates family tension and conflict. Formalised supervision in an institutional setting is not necessarily the answer to difficult situations: family members often find such arrangements oppressive. Individual solutions need to be sought to suit family circumstances.” (2019: 144)

23. POCLS and AIFS find that R/K carers are in poorer health, less well-educated, and less well-off economically than foster carers (AIFS:2019; POCLS: 2017), and noting the greater burden of illness and premature death among Aboriginal people.

It is a moot policy issue whether kinship care could, perhaps, be more productively viewed within the spectrum of out of home care options as a unique form of care rather than a variant of foster care, including new family-inclusive models of kinship care recruitment, training, assessment and support.²⁴ It is an area requiring greater systematic research.²⁵ However, this survey does add point in time data to the story of the Cinderella status of kinship carers in NSW.

The “Cinderella” status of kinship care is confirmed in several ways in this survey and its reference studies:

Relative / kinship carer respondents reported substantial unmet needs for support, especially financial assistance, respite care and support and counselling services were frequently mentioned. Carers also noted children’s needs for counselling in view of their experiences and associated emotional/behavioural issues. One carer remarked:

“Our children have been accepted into NDIS for their high care needs, however we as the unsupported kinship carers are now an employment broker for speech therapy, OT, counselling etc. An additional role & responsibility on top of their high care needs. Many of the brokered services are inappropriate for the children due to their RAD, reactive attachment disorders & other permanent impairments because of their abuse & neglect by parents & state-authorities long term. Access to NDIS has taken us three years to achieve and has cost us so much physically, emotionally, socially, and financially in our senior years. The children & ourselves live on pensions which are below the poverty line.

This poverty status of us as kinship carers impacts on the children’s day to day care needs & their futures goals directly & feels to be, is direct discrimination to us & the children.” Relative / kinship grandparent, 56–75, DCJ, Mid-North Coast

- Compared to foster carers (35%, 386), relative / kinship grandparent carers preferred face to face training (47%, 119). Very often these older carers say they preferred the human contact and support that comes with face-to-face training, illustrating the greater, and arguably, unmet need to more face to face training offered for this group. One carer remarked: *“Most of the carer groups in my area are grandparents, or they are carers caring for Aboriginal children and use me to ask questions about connecting their children in care to culture. I have sought out groups that are specifically for Aboriginal carers but I have been advised by DCJ, AbSec and My Forever Family that they are unaware of any such groups.”* Relative / kinship carer, 36–55, DCJ, Mid-North Coast.
- 29% of 365 relative / kinship carers compared to 13% of 915 foster carers said having a ‘good’ caseworker/case manager was particularly valued. Issues related to caseworkers included: the importance of follow up, of receiving support, being respectfully communicated with, having good quality caseworkers, of caseworkers being helpful and lack of turnover.

The ageing carer population

Despite the dependency of the OOHC sector on an ageing cohort of female carers,²⁶ there is minimal research on the impacts of older carers on the system. This includes information about their carer profile including recruitment, service support needs and challenges, whether they care for multiple family members, their skills and knowledge, wellbeing, experiences and preferences for training topics, mode, and access.

POCLS research finds older carers are vulnerable to the possibility of decreasing availability of informal support from family. This is especially so for many kinship carers who are grandparents and therefore unlikely to have parents able to provide support.²⁷ The My Forever Family NSW survey suggests older carers may have increased needs for respite, however more research is required to understand these connections more fully.

This survey provides some important current information about older carers:

- 39% of respondent carers are over 56 years.
- 37% of carers over 56 were with DCJ and 56% were with NGO. 70% of carers under 56 are with NGO.
- Younger carer respondents (59%) were more likely to have attended training in the last 12 months, compared to 47% of carers aged 56 and above.
- Of 612 carers aged over 56 years, 45% (277) preferred face-to-face training. They enjoyed the social aspects, learning from other carers, and 46% found it easier to access than online training.
- 27% of older carers do not feel comfortable with online learning, and 35% do not access online services.
- Carers responded to a question asking them to think back to when they were new to caring. Older carers were more likely to have said that information on the types of care available and understanding guardianship would have better prepared them for the child/ren in their care, and less likely to think that therapeutic parenting, understanding adoption and planning for family visits would have prepared them for the placement of children in their care.

Quantitative and qualitative survey data suggest that older carers have more difficulty accessing key services for themselves and children in their care.

- *"I have never had respite in four years I want the kids to feel normal so I prefer them to go to family but the organisation has made no effort to get my extended family registered for respite."* Relative / kinship grandparent, 56–75, NGO, Nepean Blue Mountains.
- (I can't get) *"Respite. Medicare card. Birth certificates."* Relative / kinship carer, 56–75, DCJ, Hunter.
- (I don't like) *"Decisions made without my consultation."* Relative / kinship carer, 56–75, NGO, Hunter.
- (It takes so long to) *"Find answers to questions that I simply cannot be the only person to have asked."* Relative / kinship grandparent, 36–55, NGO, SW Sydney.

24. Kiraly, Ibid, and Family is culture review 2019: 130

25. For example, In the AIFS 2016 national carer survey, in NSW 325 of the 438 relative / kinship carers (74.2%) reported being the only relative able to care for the child. Similarly, high proportions were seen for relative / kinship carers in the national population of relative / kinship carers (69.7%).

26. In the AIFS survey data nearly 50% of carers were aged 50–64 years, and substantial proportions were aged 65–69 (12%) or 70 years and older (6%). Over one-tenth of older carers were Aboriginal, a higher percentage than the general population. Relative and kinship carers were also more likely to be older. This can be compared with the NSW OCG data where the mean age of carers was 53 years.

27. Eastman et.al: 2018, 80–1.

Impacts of COVID-19

Online delivery of services has increased under COVID-19 with some carers identifying online delivery can provide more flexibility to access training or connection/support. This trend reaching to new carer cohorts may continue for some time. Further research is needed on carer experiences between geographic locations, online service use and satisfaction, and needs relating to Aboriginality, CaLD carers and older carers.

The survey provides recent point in time data about carer experiences during COVID. The biggest issues during COVID for older carers were home schooling, stress and anxiety and internet/computer, and phone connection. Younger carers listed home schooling, stress or anxiety and birth family contact as the biggest issues during COVID. Carers often commented about the experience of home-schooling during COVID:

“There was a massive gap in learning was discovered. One of my children could only do about 2 percent by them self.” Foster carer, 36–55, NGO, Hunter.

“Each child is different. We had lots of emergency care come through at this time. Some children could not sit down and learn and needed more structure than what was provided at home. They needed routine so they asked to go to school. Kindy children were just not used to learning from home so other strategies had to be put in place with the help of school such as more visual learning via school apps on the iPad.” Foster carer, 56–75, NGO, Western NSW.

Services were more difficult to get, and sadly, so was contact with the child’s family: *“No birth contact; kids are sad. No connection with services.”* Foster carer, 56–75, DCJ, Hunter.

Challenges in communicating information about COVID-19 to CaLD communities are emerging in early COVID-19 research.²⁸ Notably, older CaLD carers are more vulnerable to many of the impacts listed here. These include: the use of mainstream communication strategies in lieu of targeted and more nuanced approaches; low health literacy among some CaLD communities; top-down approach to the management of COVID-19; and, an over reliance by some CaLD communities on social media and other unverified sources of information. These findings have implications for service delivery across the sector.

28. NSW July 2020 CaLD COVID summit report, local government multicultural network, 2020:6.

4. SURVEY DESIGN AND METHODOLOGY

Purpose

In 2020 the My Forever Family NSW Carer Survey 2020 seeks to:

- Provide point-in-time data to give a snapshot of how well carers consider they are supported in the key areas that NGO and DCJ are delivering services under the Permanency Support Program and My Forever Family NSW provide.
- Report how well-placed carers perceive themselves to care for their children and young people.
- Identify areas requiring improvement in the sector to inform priorities.
- Obtain comparison data for My Forever Family NSW in its third year of operation.

Survey design approach

The My Forever Family NSW survey design approach:

- The 2019 survey questions were reviewed to ensure relevance to the current policy environment. New questions were added, for a total of 42 questions to better reflect the following areas for the 2020 survey:
 - Aboriginal children in the carer household;
 - if the carer is interested in working with birth families and providing restoration care;
 - the impact of COVID-19 on the carer, including a question on home schooling;
 - a refined focus on training, including topics, and preferences relating to face-to-face and online delivery;
 - the use of My Forever Family NSW online services and discount program. (**Appendix 1**)
- Additional qualitative data were included compared to 2019, including: carer experience; use of support services; restoration care; issues during COVID; training topics; training availability; resources for new carers; schooling at home; carer activities and connection with other carers. This was intended to provide nuance for recommendations, strengthen confidence in quantitative results, and highlight areas of survey duplication and gaps.
- Qualitative coding for carer responses to Q14 & Q16 was structured using content analysis via the word search function in Excel. For Q19, Q20, Q32 & Q40 the responses were individually coded using filtered columns. The approach to coding differed depending on the scale of the responses. Questions 14 & 16 had a large response rate and it was not feasible to code each response. Question 20 (re COVID) was of particular interest at this point in time so all 415 responses were individually coded. Coding for the questions mentioned above was conducted by the University of Sydney Centre for Child and Family Studies.
- There was additional comparative analysis in 2020 on carer demographics. The aim was to better understand the impact of Aboriginality, carer type and age, on carers' experience and preferences.
- Where possible, results were compared with 2019 carer survey data, selected data, and reference studies, see below.
- My Forever Family NSW secured commitment through consultations with relevant staff in DCJ, services and other stakeholders. My Forever Family NSW distributed the survey through peak organisations including NSW Child, Family and Community Peak Aboriginal Corporation (AbSec), Association of Children's Welfare Agencies (ACWA) and DCJ, PSP agency mailing lists, the My Forever Family NSW mailing list and newsletter database, DCJ Fostering our Future newsletter database, and social media. The Office of the Children's Guardian assisted in promoting the survey. Online Survey Monkey and paper-based surveys were distributed to aid coverage of the carer population and to address preferences.

Survey methodology limitations

The 2020 survey is a mixed-methods study. Survey respondents represent a convenience sample²⁹ of carer perceptions and preferences at a point in time. It is a self-selecting proportion of carers comprising 19% of the total population of 12,175 carer households. Such carer self-selection may impact results in unknown ways. However, this data limitation does not detract from validity of carer's individual responses, and the richness of the data supplied by respondents provides a meaningful point-in-time snapshot of the experiences of carers in NSW in 2020. Reference to supplementary robust studies and literature reviews provide further confidence that the key conclusions underpinning the report recommendations are valid.

The major limitation with the quantitative data set is that as the sample is self-selecting, responses are not evenly representative of all carer types. When compared with OCG 2020 data of carer households, the sample is more representative of foster carers rather than relative / kinship carers and with NGO rather than DCJ. The sample is also slightly more representative of non-indigenous foster carers managed by NGOs.

The major limitation with the qualitative dataset, which comprised largely open-ended responses, was the variation in language where carers used different words to refer to the same thing. This made coding the responses into key themes more difficult.

In this survey Aboriginal carers are represented within foster care, relative / kinship care and guardianship numbers unless otherwise stated.

Additionally, in this survey, wherever relative and kinship carers are mentioned, this includes both relative / kinship – grandparent carers and relative / kinship – other carers, unless otherwise stated.

Key Reference Studies, Reviews and Surveys

1. Australian Institute of Family Studies Carer survey: Working together to care for kids (2018)

This survey was conducted in 2016 and published in 2018. It was a national telephone survey of 2,203 foster and relative and kinship carers and is used in this report as a comparison study. The population for this study was 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 2015.³⁰

These results are valuable as random selection is considered 'gold standard' methodology, and this AIFS survey provides an important cross-reference for the My Forever Family NSW survey.

There are limitations in directly comparing AIFS NSW data (based on 2016 data) with the current out of home care landscape and the NSW Carer Survey 2020 results. There has been a significant transfer of placements from DCJ to NGOs since 2016. In the last two years there has been an increased transfer of both DCJ relative / kinship carers and foster carers of Aboriginal children to placements managed by NGO. In addition, while AIFS data focused on foster and relative / kinship carers, the NSW Carer Survey 2020 identifies additional categories – foster carers, relative / kinship carers – grandparent, relative / kinship carers – other, guardians – relative / kinship and guardians – non-related (permanency legislation enabling guardianship as part of permanency reforms has only progressed since 2016), and adoptive parents from out of home care.

2. The Pathways of Care Longitudinal Study (POCLS)

POCLS is the largest prospective study into OOHC ever conducted in Australia, and it is used in this report as a comparison study.³¹ The study samples a limited population of 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). A total of 4,126 children entered care in the sampling window and 2,828 received final orders and were eligible for inclusion. Carers of 1,285 children agreed to participate in the Wave 1 interview, comprising 895 households.

The POCLS cohort is followed over five waves, commencing on entry in care between May 2010 and October 2011 with final orders by April 2013. The study follows children regardless of their trajectory, including after they have left care. The POCLS includes children of all eligible age and their carers in all geographic locations in New South Wales (NSW), and all placements with government and NGO.

3. Family is Culture: Independent Review into Aboriginal out-of-home-care in NSW (2019)

This Review provides the first independent review of the experiences of Aboriginal children and young people in the NSW child protection system, led by Aboriginal people. It is used in this report as a specialised reference for the experiences of Aboriginal carers and families with the OOHC system in NSW. It was commissioned in response to the political advocacy of Aboriginal grandmothers in NSW who were concerned about the escalating numbers of Aboriginal children in out-of-home care, the Grandmothers Against Removals (GMAR). The Review examines the high rates of Aboriginal children and young people in OOHC in NSW, and the implementation of the Aboriginal Child Placement Principle.

The research methodology comprised a suite of file reviews for 1,144 children who entered OOHC between 1 July 2015 and 30 June 2016, a random sampling of 200 of these, DCJ (then FACS) administrative and review tool data, POCLS, Seeding Success (linked data), community submissions, a reference group, community consultations and research.

Analytics

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

Reporting

A sector-wide communication package comprises of this report, and a stand-alone executive summary.

29. 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. www.en.wikipedia.org/wiki/Convenience_sampling

30. The AIFS report examines the characteristics of foster and relative / kinship carers and of the children and young people they care for. It looks at how the study children came into the carers' care, experience of service use, and the support and training received in carrying out their caring role. It also examined the rewards and challenges of being a carer and the wellbeing of carers and their family relationships. Nationally, fifty three percent 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%.

31. See Pathways of Care Longitudinal Study Clearinghouse at www.community.NSW.gov.au/pathways

5. SURVEY RESULTS

Overview

This 2020 survey comprises 2,365 respondents and 42 questions.³² It is a snapshot of carer perceptions of services for the children and young people in their care, their own experiences, and their insights into possible improvements to the system. The sample compares to 2,087 respondents in 2019.

Of this My Forever Family NSW survey sample, 30% are carer households with DCJ (30% in 2019), and 64% are with NGO (64% in 2019). However, according to the OCG, DCJ is the case management agency for approximately 49% of carer households in NSW. Comparison with the 2020 NSW OCG data also shows the survey results are more representative of the perceptions and experience of foster carer respondents from NGO.

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, caring challenges as a result of COVID-19 restrictions
- Connecting with other carers
- Connecting with My Forever Family NSW
- Satisfaction with supports
- Looking to the future
- Improving the carer experience.

The survey response completion rate (where respondents completed the survey to the end), was high at 69%. 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 percentage and number of respondents for that question. Foster and relative / kinship carers, guardians and adoptive parents comprised the respondents.

Survey results

Chart 1 shows that when compared to OCG data, which indicates that 14% of carers in NSW are Aboriginal, this survey has slightly more than 11% of respondents who identify as Aboriginal.

Chart 2 indicates that 64% of respondents to this survey are foster carers. However, AIFS:2018 (NSW data from 2016) indicates that 42% were relative and kin carers and 58% were foster carers. This indicates, as reported previously, that the My Forever Family NSW survey sample is more representative of the experience and needs of foster carers.

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

Box 2: Snapshot

- There were 64% (1,520) foster carers, 18% (421) grandparent relative / kinship carers, 10% (228) relative / kinship carers not related, 3% (82) guardians (relative / kinship), 2% (45) non-related guardians and 3% (69) adoptive parents.
- 87% or 1,942 of survey respondents were female, 13% (291) were male and 0.2% (4) were other.
- 38%, or 856 carers are aged 56-75 years (up 4% on 2019) and 8% or 174 are between 18-35 years.
- 30% were case managed by DCJ, 64% were with another agency. Six percent had adoption or guardianship orders.
- There were 11% or 240 (of 2,183 total) Aboriginal carers in the sample.
- Languages other than English are spoken at home in 296 of the respondent households. Of these Aboriginal languages and Vietnamese were spoken in the most households.
- 39% of respondents (840 carers) care for one child; 28% (604 carers) care for two children; 13% (274 carers) care for three children. 7% of respondents (158) care for four or five children, and 1% (22) were caring for 6 or more.
- Of 2,168 responses, 34% said they had Aboriginal children in their care (734) and 66% (1,444) did not.
- 12%, or 247 carers, were not caring for children at the time of the survey.

Box3: Snapshot of selected survey results relating to Aboriginal carers

- 11% of carers responding to the NSW Carer Survey 2020 are Aboriginal. This is 3% less than the OCG data; 14% Aboriginal carers in NSW.
- 59% (138) are managed by NGO.
- Non-indigenous carers are more likely to have only 1 child in their care than Aboriginal carers.
- Aboriginal carers are more likely to have Aboriginal children in their care (77%) compared to non-indigenous carers (28%).
- More Aboriginal carers (32%) provide relative / kinship care, compared to non-indigenous (26%).
- Aboriginal carers find getting key services for children in their care, including specialist medical care, more difficult than non-indigenous carers.

Chart 1: Do you identify as Aboriginal or Torres Strait Islander?

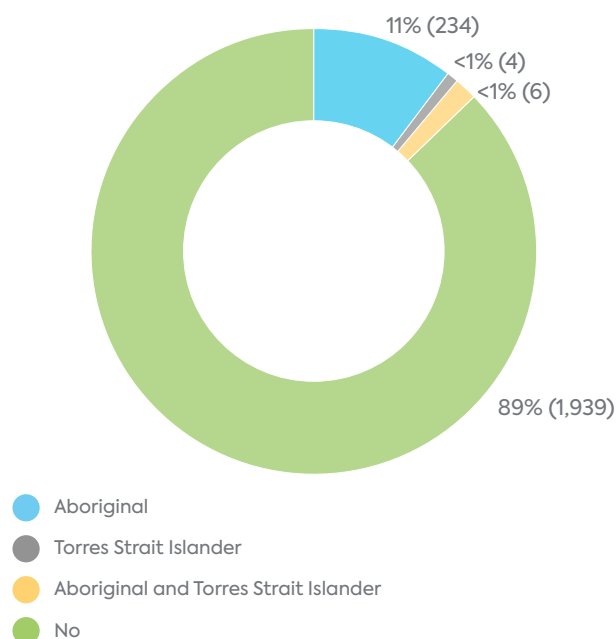
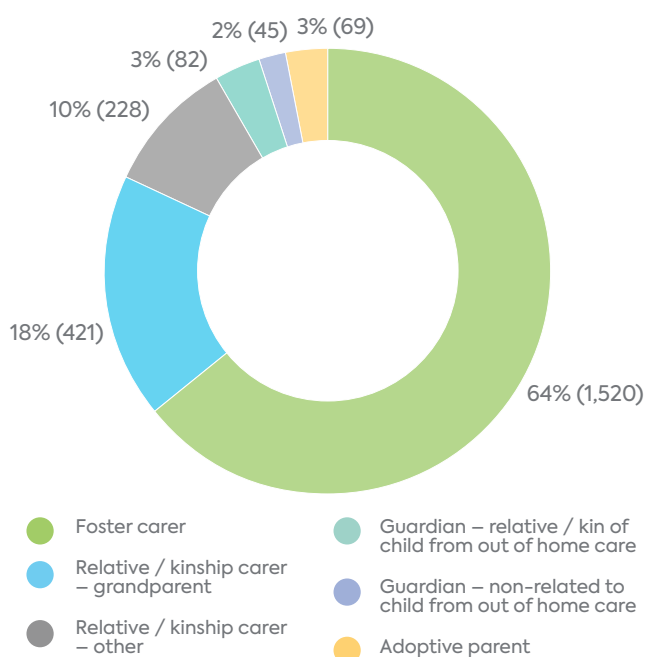


Chart 2: What type of carer are you?



Question 3: Are you with DCJ or another agency?

According to data from the OCG, DCJ manages 49% of carer households in NSW and 51% are managed by NGO.

Chart 3 shows that of the sample in this survey 30% (650) are managed by DCJ and 64% (1,405) respondents are managed by NGO. This has implications for the level of engagement of DCJ in the promotion of the survey and the methodology to inform the next survey – to discuss how DCJ caseworkers can reach out to both foster and relative and kin carers to ensure greater participation.

Questions 4 and 5: Age and Gender

Most respondent carers are female and over 36. These data are consistent with OCG and reference studies.

Type of care provided by respondents

The survey asked respondents what type of care they provided. Respondents could choose more than one option. See **Chart 4**.

- Noting that the data below shows most carers provide long-term care. The relative lack of respite availability (reported by all groups), relates to how many types of care the carers are authorised for. If they are authorised for respite, but also long-term care, and they have a long-term placement, then it may not be feasible to provide respite care.
- 82% (1,194) of foster carers provide long-term care and 34% (493) respite care.
- 93% (555) relative and kinship carers (both relative / kinship – grandparent and relative / kinship – other) provide long-term care and 4% (23) provide respite care.

In relation to relative shortages of types of care:

- Carers report needing more respite care than they can get 51% of carers wanting respite care report they are never able to get it. This is higher for carers older than 56 years, with 55% reporting that they can never get the respite care that they need. Carers who responded to the 2019 My Forever Family NSW survey also needed more respite care than was available.

Box 4: Snapshot comparison of respondent carers with DCJ or NGO

- Most NGO carers are foster carers (84%) compared to 39% with DCJ.
- 38% of DCJ carers have Aboriginal children in their care compared to 33% with NGO.
- DCJ carers are older. 48 % of carers with DCJ are aged 56 and above compared to 33% with NGO.

Box 5: Snapshot of carers 56 years and above compared to those under 56 years

- 37% of carers over 56 were with DCJ and 56% were with NGO. 70% of carers under 56 are with NGO.
- Younger carer respondents (59%) were more likely to have attended training in the last 12 months, compared to 47% of carers aged 56 and above.
- Of 612 carers aged over 56 years, 45% (277) preferred face-to-face training. They enjoyed the social aspects, learning from other carers, and 46% found it easier to access than online training. 30% of carers under 56 years prefer face-to-face training.
- 27% of older carers don't feel comfortable with online training, and 35% don't access online services.
- The biggest issues during COVID for older carers were home schooling, stress and anxiety and internet/computer, and phone connection. Younger carers listed home schooling, stress or anxiety and birth family contact as the biggest issues during COVID.
- Carers responded to a question asking them to think back to when they were new to caring. Older carers were more likely to have said that information on the types of care available and understanding guardianship would have better prepared them for the child/ren in their care, and less likely to think that therapeutic parenting, understanding adoption and planning for family visits would have prepared them for the placement of children in their care.

Chart 3: Are you with DCJ or another agency?

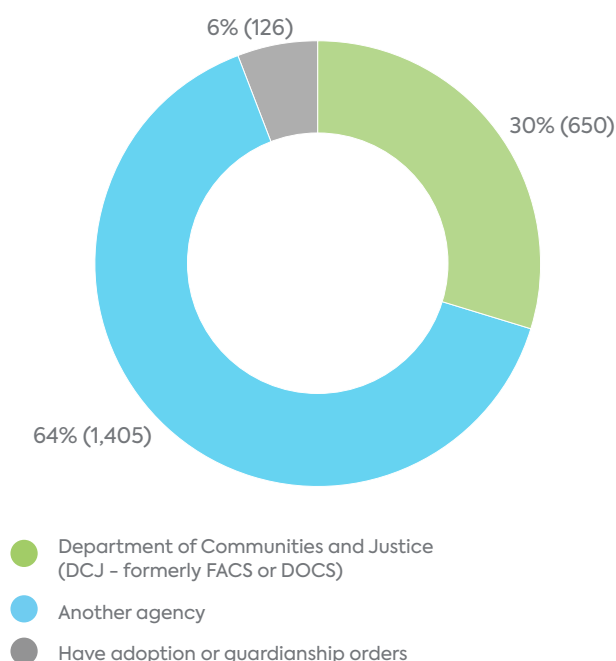
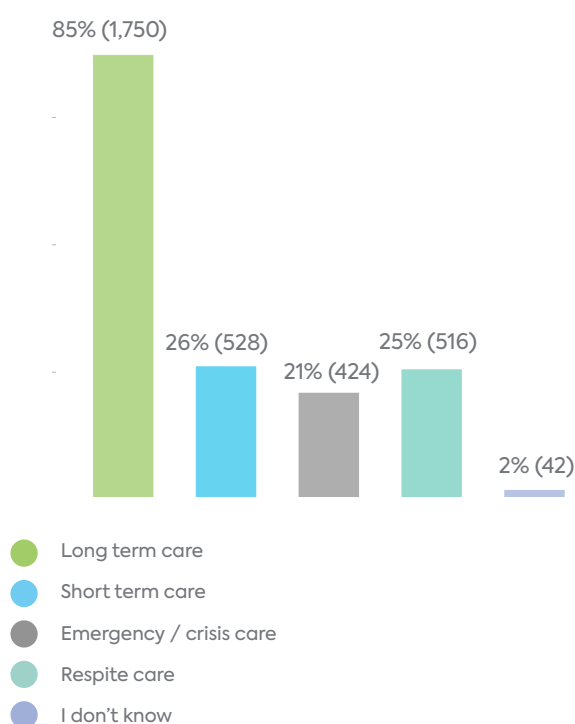


Chart 4: What type of care do you provide?



Questions 1, 2 and 6: Distribution of carers

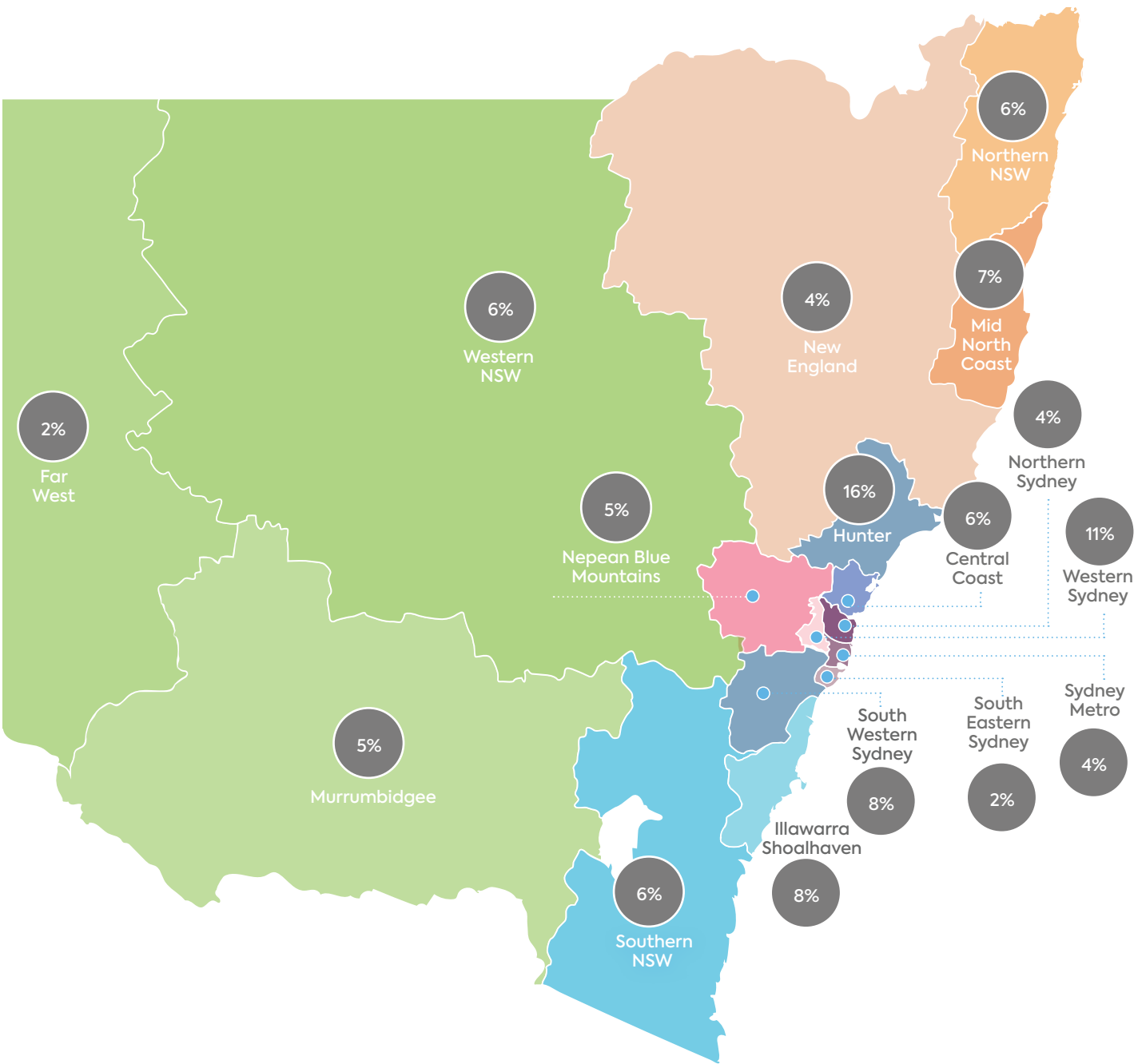
Of 2,183 respondents to this question, as in 2019, most (16% or 355) lived in the Hunter region, followed by 11% who said they lived in Western Sydney. Very few respondents lived in the far west (2%). See **Chart 5**.

- More Aboriginal respondent carers live in the far west of NSW (6%) compared to 1% non-indigenous carers, and 22% of Aboriginal carers in the respondent sample lived in the Hunter compared to 15% of non-indigenous respondents.

District	OCG	Carer Survey
Hunter	15%	16%
South Western Sydney	12%	8%
Nepean Blue Mountains	11%	5%
Western Sydney	6%	11%
Illawarra Shoalhaven	8%	8%
Western NSW	6%	6%
Central Coast	6%	6%
Mld North Coast	5%	7%
New England	5%	4%
Northern NSW	5%	6%
Murrumbidgee	5%	5%
Outside NSW	4%	0%
South Eastern Sydney	4%	2%
Northern Sydney	3%	4%
Southern NSW	2%	6%
Sydney	3%	4%
Far West	1%	2%%
Grand Total	100%	100%

Note: The discrepancies between Western Sydney / Nepean Blue Mountains and South West Sydney could be related to differing definitions by the carers.

Chart 5: Where do you live in NSW?



Question 8: What language do you speak at home other than English?³³

This is a new question in the 2020 survey and follows the Australian Bureau of Statistics wording. The intention was to use 'language spoken at home other than English' as a proxy to capture a snapshot of cultural affiliations in carer households. Of the 296 respondents to this question, Aboriginal languages were spoken in 78 carer households and Vietnamese was spoken in 76 households. Arabic households, Italian, Filipino, and Turkish and other cultures also feature. See **Chart 6**.

Questions 9 and 10 ask carers about the children in their care.

In **Question 9** most carers (39%) said they had one child in their care. 12% of carers (247) indicated that they had no children in their care. 28% of carers had two children in their care and just under 13% had three children in their care. See **Chart 7**.

- In relation to non indigenous foster carers, 37% have one child, 29% have 2 children and 14% have no children in their care. 12% have three children, 6% have four children, 2% have five and 1% or 13 carers have six or more children in their care
- In relation to non indigenous relative / kinship carers, 50% have one child, 25% have two children and 5% have no children in their care. 14% have three children, 4% have four children, 1% have 5 and less than 1% has six or more
- In relation to Aboriginal carers (Aboriginal foster and relative / kinship carers), 30% have one child, 31% have two children and 10% have 0 children. 17% have three children, 8% have four children, 2% have five and 2% have 6 or more children in their care.

Question 10 is a new question this year, asking whether there are Aboriginal children in care in the household. Of 2,178 respondents 34% (734) had Aboriginal children in their care, and 66% (1,444) did not. When the answers of Aboriginal and non-indigenous carers were compared:

- Non-indigenous carers are more likely (40%) to have only 1 child in their care than Aboriginal carers (30%)
- Aboriginal foster and relative / kinship carers are more likely to have Aboriginal children in their care (77%) compared to 28% of non-indigenous carers.

Chart 6: Languages spoken at home other than English

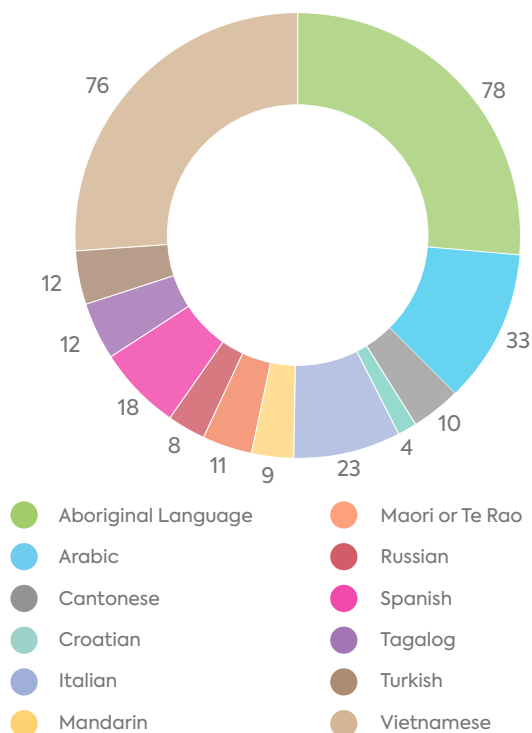
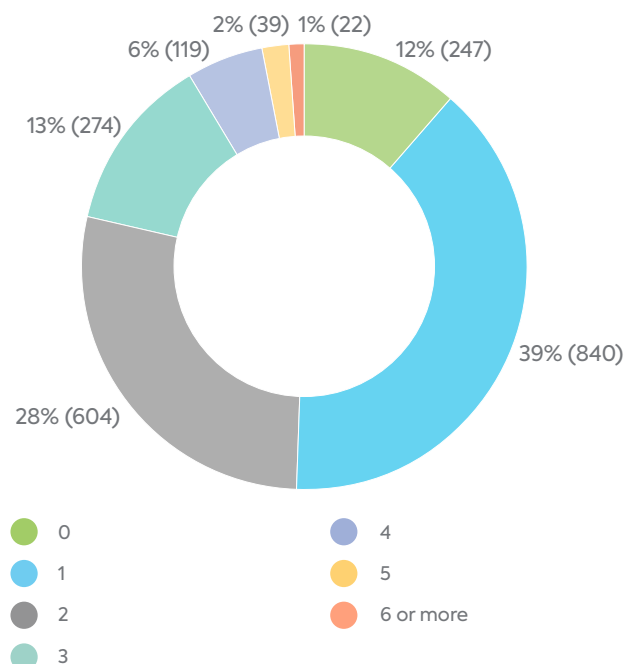


Chart 7: How many children are in your care?



33. In 2019 99% of carers said they spoke English at home.

Questions 11, 12, 13, 14:

These questions explore the process of becoming carers, carer experience and support. In Question 11, carers were asked that if they were authorised in the last 12 months whether they were satisfied with the process.

Of the 682 carers that were authorised in the last 12 months, 61% or 414 carers were satisfied or very satisfied with the process. 55% of carers authorised in the past year by DCJ were either satisfied or very satisfied, whereas 64% of those authorised by an NGO were either satisfied or very satisfied. 22% (44) of carers managed by DCJ were either unsatisfied or very unsatisfied with the process of becoming a carer, compared to 17% (72) carers managed by NGOs.

In question 12 carers were asked whether they would recommend caring to others (1,995). Of these respondents, and compared with 2019 results, the results appear similar: On a scale of 10-1 from most to least likely 25% or 489 carers scored 9 or 10, that they would recommend caring to their friends or community.

Of these responses, when foster carers are compared with relative / kinship carers:

- Foster carers are 19% most likely, and 23% least likely to recommend caring to others. Relative / kinship carers are 23% most likely and 23% least likely.

In addition, when analysed by carer agency, DCJ carers are 24% most likely and 21% least likely, compared to NGOs where 18% of carers are most likely and 22% are least likely to recommend caring to others.

Question 13: Suggestions to make it more likely carers might promote caring

There were 1,926 responses to Question 13. Respondents could nominate more than one suggestion.

- The most frequent selections were: 59% or 1,135 who would be more likely to promote caring if there was **less bureaucracy** (51% in 2019).
- 56% or 1,080 would be more likely to promote caring if **caseworkers followed up on what they said they will do** (50% in 2019).
- 50% or 954 wanted **more agency accountability** (40% in 2019).
- Forty eight percent or 931 wanted **improved financial support** for medical and education expenses (45% in 2019).

In question 14, carers were asked to comment further on their experience in relation to: (a) what they liked, (b) what they didn't like, (c) what took too much time and, (d) what they couldn't get.

In relation to 14 (a), "I like it when...." certain themes were common between foster and kinship carers, however **having a 'good' caseworker/case manager was particularly valued by kinship carers (29% of 365 relative / kinship carers compared to 13% of 915 of foster carers)**. Issues related to caseworkers included: follow up, receiving support, being communicated with, having good quality caseworkers, being helpful and lack of turnover.

Other key themes for both foster and relative / kinship carers included: getting adequate support; receiving the support requested; and, being listened to, heard, and their voice being respected in their role.

'Systems' issues also featured in responses from foster and kinship carers. They included: things going smoothly, being adequately informed, and navigating relationships with the department and with agencies.

In relation to 14 (b), "I don't like it when....", many responses pertained to issues regarding poor communication practices. These included not being informed adequately, not being provided with accurate information and not being involved in decision making.

In relation to 14(c) "It takes so long to....", key issues included approvals, payments and financial support, adoption and/or guardian orders.

In relation to 14(d) "I cannot get....", key issues involved negotiating excessive red tape such as working with Medicare and obtaining documents, financial reimbursement, and respite.

Questions 15 and 16: ask about whether carers receive the support they needed from their caseworkers/case managers

Of the 1,786 responses:

- 46% or 813 (47% in 2019) always or mostly received the support they needed.
- 35% or 625 (33% in 2019) sometimes received the support they needed.
- 11% or 201 (10% in 2019) never received this support.
- 8% or 147 (10% in 2019) either did not need support or considered the question not applicable to them.

When the results were filtered, 11% of foster carers reported they never received the support they needed, compared with 14% of relative / kinship grandparent carers.

In Question 16, carers were presented with the top 3 issues reported by carers in the 2019 survey and asked to provide an example of how it has affected them.³⁴ There were 1,593 responses:

- 57% or 902 provided feedback on having the same caseworker
- 36% or 575 provided feedback on more support with difficult issues
- 33% or 532 provided an example relating to transparency around policies and financial support.

37% or 587 nominated another area and these responses are explored in **Box 7**.

34. In 2019 carers wanted clear communication on agency policies, more support from caseworkers and better respite care: : 30% (525), 25% (443), and 24% (425) respectively.

Box 6: Carer experience

14 (a) I like it when...

"The case manager checks if I need anything or any support." Foster carer, 36–55, NGO, Western Sydney.

"Our current caseworker follows up on everything."
Relative / kinship grandparent, 56–75, DCJ,
Western Sydney.

"The agency is there for us with support and guidance."
Relative / kinship other, 18–35, NGO, Murrumbidgee.

"We are trusted to make the best decisions for our F/s. He is our priority and always comes first, so it feels nice to be acknowledged and trusted." Foster carer 18–35, NGO, Nepean Blue Mountains.

14 (b) I don't like it when...

"Plans are changed and I am not told." Foster carer, 56–75, NGO, Hunter.

"I am ignored or ill-informed." Foster carer, 56–75, DCJ, Mid-North Coast

"Decisions are made without my consultation." Relative / kinship other, 56–75, NGO, Hunter.

"We need respite, there is no consistency. As carers we have to find respite or kinship carers. It should be up to the CW to find respite." Relative / kinship grandparent, 56–75, NGO, New England.

14 (c) It takes so long to...

"Get reimbursed." Relative / kinship other, 36–55, DCJ, Western Sydney.

"Get custody of my grandson 4yrs I've been trying."
Relative / kinship grandparent, 56–75, DCJ, Hunter.

"Find answers to questions that I simply cannot be the only person to have asked." Relative / kinship grandparent, 36–55, NGO, SW Sydney.

14 (d) I cannot get...

"Get things done. E.g., permanency. So long!" Foster carer, 18–35, NGO, Nepean Blue Mountains.

"Respite, Medicare card, birth certificates." Relative / kinship grandparent, 56–75, DCJ, Hunter.

"Any financial support for things that are not every day living expenses." Relative / kinship grandparent, 36–55, NGO, Mid-North Coast.

Box 7: Issues as key themes identified by carers

Key themes in written responses included:

Lack of Support including: financial support, lack of awareness about support, lack of consistency in support, lack of adoption support and lack of support for guardianship. Carers being generally supported including through respite, training, being respected and listened to.

Caseworkers including: not having a caseworker, lack of support from caseworkers, lack of access to caseworkers, being respected by caseworkers. Issues pertaining to caseworker relationships including: insufficiently trained, lack of support, lack of listening.

Guardianship including: slow speed of processing for guardianship, lack of knowledge about guardianship, lack of support for guardianship carers and interest in pursuing guardianship.

Respite including: the necessity of respite and reported not having received respite.

Adoption including: the need for ongoing support for adoptive carers as well as other comments pertaining to the slowness of the process.

A range of other issues including: the need for financial support, issues with communication, need for consistency in service provision, issues with family contact and comments about permanency, and challenges with schooling.

Box 8: Another area important to the carer

"Housing would be my issue. I would like something we can call home as private housing can change any time e.g., the Landlord wants to sell the property, I don't get work on the house dealt with and although my rent is low \$370 weekly it is still too much." Relative / kinship grandparent, 56–75, NGO, Western Sydney.

"Being given support as older retired pensioners caring for grandkids." Relative / kinship grandparent, 56–75, DCJ, SW Sydney.

"The guardianship process taking too long, going on 2 years now." Relative / kinship grandparent, 36–55, DCJ, Illawarra Shoalhaven.

"Permanency." Foster carer, 36–55, DCJ, Northern NSW.

Questions 17 and 18 explore carers' perceptions of the relevance of and their satisfaction with support services for children and young people.

In question 17, 1,760 carers identified the support they required for the children in their care and reported if they received that support. The scale rating was Always, Mostly, Sometimes, Never or Not Relevant. Respondents could nominate more than one option.

Carers' top 4 support needs for children in their care

See Chart 8.³⁵

Counselling/psychologist services, needed by 1,294 respondents (out of 1,760) for children in their care:

- 45% (585) always or mostly got them.
- 55% (709) sometimes or never got them.

Additional financial support, required above their carer allowance. Of the 1,291 respondents who needed this support (out of 1,760):

- 19% (250) always or mostly got it.
- 81% (1,041) sometimes or never got it.

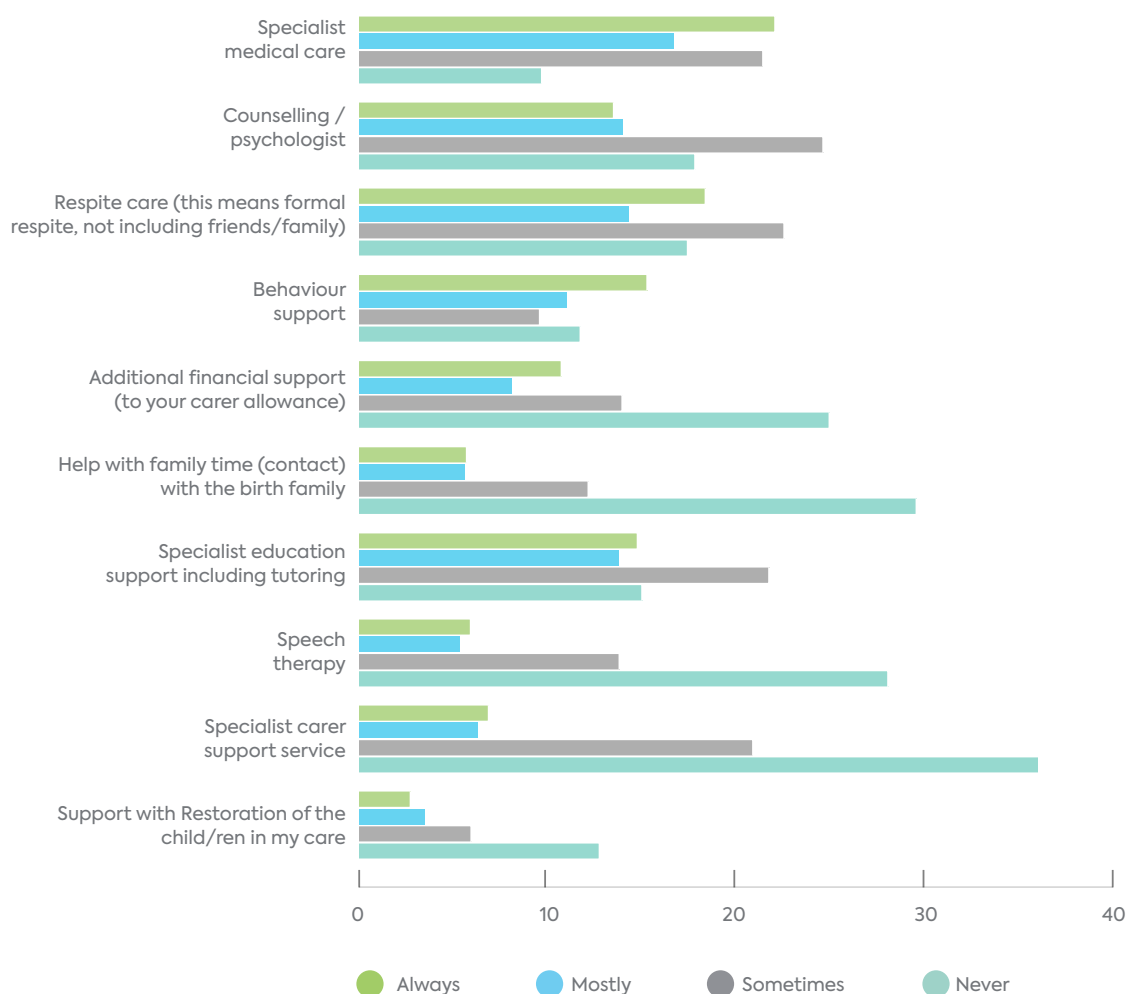
Specialist medical services, needed by 1,250 respondents (out of 1,760) for the children in their care:

- 55% (690) always or mostly got them.
- 45% (560) sometimes or never got them.

Behaviour support, needed by 1,241 respondents (out of 1,760) for children in their care:

- 40% (494) always or mostly got it.
- 60% (747) sometimes or never got it.

Chart 8: did you need support for the children in your care? Did you get that support? (%)



Further in relation to **question 17**: “Over the last 12 months did you need support for the child/ren and young people in your care? Did you get that support? Choose the ones you needed.”

The table below selects the top service needs and compares the percentages of foster and relative / kinship grandparent carers who reported ‘Never’ getting the required service. Relative / kinship grandparent carers had more difficulty getting these key services than foster carers. See **Table 1**.

Table 1

Service	Foster carers (1,175)	Relative / kinship grandparent carers (471)
Additional financial support	50%	59%
Counselling/ Psychologist	22%	28%
Behaviour support	23%	33%
Specialist medical care	13%	22%
Respite care	44%	68%

35. The data in chart 8 compares to 2019 where 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; and, 28% sometimes or never received speech therapy services when required.

Box 9: Question 17 Carer support

Common Theme: Caseworkers/Case Management

“Our children have been accepted into NDIS for their high care needs, however we as the unsupported kinship carers are now an employment broker for speech therapy, OT, counselling etc. An additional role & responsibility on top of their high care needs. Many of the brokered services are inappropriate for the children due to their RAD, reactive attachment disorders & other permanent impairments as a result of their abuse & neglect by parents & state authorities long term. Access to NDIS has taken us three years to achieve and has cost us so much physically, emotionally, socially and financially in our senior years. The children & ourselves live on pensions which are below the poverty line. This poverty status of us as kinship carers impacts on the children’s day to day care needs & their futures goals directly & feels to be, is direct discrimination to us & the children.” Relative / kinship grandparent, 56-75, DCJ, Mid-North Coast.

“Asking for support is sometimes interpreted as you are not coping. Sick of trying to prove that we are coping. External supports would be better. Reluctant to ask for counselling/ psychologist because it will likely lead to a false allegation, which is way more stressful to the family and children than the original reason for a counsellor.” Foster carer, 36-55, NGO, Western Sydney.

“I have never had respite in four years I want the kids to feel normal so I prefer them to go to family but the organisation has made no effort to get my extended family registered for respite.” Relative / kinship grandparent, 56-75, NGO, Nepean Blue Mountains.

“As I have full kinship I find it hard to get help when I ask. My doctor is helping me to receive the help the girls are needing.” Relative / kinship, 36-55, NGO, Western NSW.

“The babies in my care get all the support they need as I organise it if anything is necessary.” Foster carer, 36-55, DCJ, Mid-North Coast.

Question 18 asks whether carers used nominated support services to help look after the children in their care, and how satisfied they were with them. See **Table 2**.

- Most respondents (1,254) who needed support services used their agency. Of those, 523 or 42% were either satisfied or very satisfied, 287 or 23% were neutral and 444 or 35% were either unsatisfied or very unsatisfied.
- My Forever Family NSW support services were used by 967 respondents. Of those, 538 or 56% were either satisfied or very satisfied, 283 or 29% were neutral, and 145 or 15% were either unsatisfied or very unsatisfied
- Informal support from a carer group were used for support by 622 respondents. Of those, 402 or 65% were either satisfied or very satisfied, 157 or 25% were neutral, and 63 or 10% were either unsatisfied or very unsatisfied.

Table 2: Which support services did you use? Were you satisfied with them?

In the last twelve months have you used any support from the services below to help you look after the child in your care? Choose the ones you used and use the scale to indicate how satisfied you were with the support.

	Very satisfied	Satisfied	Neutral	Unsatisfied	Very unsatisfied	Total
From your agency	216	307	287	204	240	1,254
Carer support service – My Forever Family NSW	233	305	283	71	75	967
Informal support from a carer group	176	226	157	28	35	622
Carer Reference Group	67	133	193	53	59	505
After hours crisis support	52	100	123	72	123	470
Lifeline, Kids helpline, Parent line or similar	31	52	104	25	24	236

Responses of Aboriginal carers were also analysed, and selective results provided below:

Of 178 responses, most Aboriginal carers used their agencies for support services. Of those, 50 or 40% were satisfied or very satisfied, 28 or 22% were neutral and 48 or 38% were either unsatisfied or very unsatisfied.

My Forever Family NSW support services were used by 101 respondents. Of those, 55 or 54% were either satisfied or very satisfied, 28 or 28% were neutral, and 18 or 18% were either unsatisfied or very unsatisfied

Informal support from a carer group were used for support by 58 respondents. Of those, 35 or 60% were either satisfied or very satisfied, 14 or 24% were neutral, and 9 or 16% were either unsatisfied or very unsatisfied.

Question 19 is a new question in 2020 and asks if carers would be interested in working with birth families to provide restoration care.

- Of the 1,689 respondents, 40% or 678 said Yes, and 60% or 1,011 said No.
- There were 357 (21%) who commented on this question. A sample is explored in **Box 10**.

Box 10: Would you be interested in providing restoration care?

Yes

- *“Especially with young parents who have been in care themselves or lived in challenging situations.”* Aboriginal foster carer, 36–55, DCJ, Far West NSW
- *“I have always been a short-term carer with the object to restoration.”* Foster carer, 36–55, NGO, Hunter
- *“We have been involved with multiple restorations and as long as it’s best for the child then we are happy to support that.”* Foster carer, 36–55, NGO, Northern NSW
- *“I think it is good in some circumstances to work with the birth families and provide restoration care. I contact the mother of my first foster child to help guide her with reconnecting with her child. It is going well. I know though in some circumstances it doesn’t work and sometimes contact with birth families is more toxic for the child. It’s a tough one at times to make the right decision when it comes to birth families. I could talk about this forever...”* Foster carer, 36–55, NGO, SW Sydney

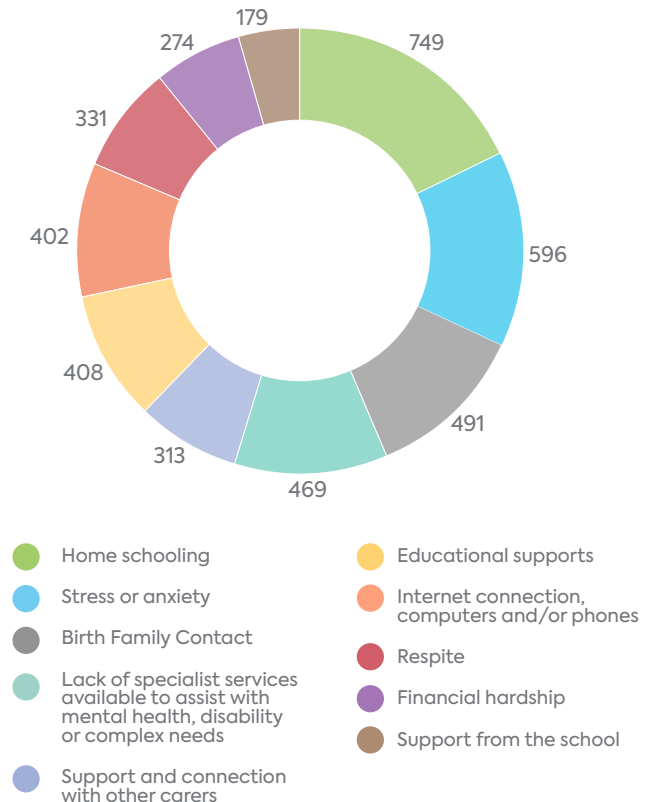
No

- *“Like a bad employer who churns through staff, I don’t feel much has improved in the agencies. There once was a time I would love to take on more kids but not now and not what I hear from others.”* Foster carer, 56–75, NGO, SE Sydney
- *“We have done this previously. FACS told us conflicting information. The cost of the restoration was about 9 k per week and it was never going to be viable. The twins in our care were high needs. I gave up my 80 k a year job (and super) as it was apparent they needed additional support and specialist services. The emotional upheaval was immense with FACS asking us to submit court documents to be full time carers when restoration failed and asking us to apply for guardianship. None of this was presented to court and they assessed an aunt/uncle over a 45 min phone call. Two years on there are issues in the placement.”* Foster carer, 36–55, NGO, Western NSW
- *“It creates tremendous anxiety for the kids leading up to family contact and difficult behaviour afterwards.”* Foster carer, 36–55, DCJ, Western NSW

Question 20 is a new question in 2020 and asks what the biggest issues were for carers during COVID. See chart 9 and Box 11.

- Of 1,499 responses, by far the biggest area of concern was home schooling, with 50% or 749 respondents selecting this option.
- This was closely followed by anxiety and stress (40% or 596)
- Contact with birth families (33% or 491)
- Lack of specialist services available to assist with mental health, disability, or complex support needs (31% or 469)
- Education supports was nominated by 27% of respondents.
- Internet connection, computers and/or phones was selected by 27% of respondents
- 22% (331) nominated respite
- 21% said support and connection with other carers (313)
- 18% (274) said financial hardship was an issue
- 12% (179) needed school support.
- 48% (720) left comments. The main themes are explored in **Box 11**.

Chart 9: What have been the biggest issues for you and your caring role during COVID-19.



Box 11: What were the biggest issues for you during COVID-19?

Technology

- “The expense of the extra use of the internet in the house.” Foster carer, 56–75, DCJ, Hunter.
- “Not having enough devices and being rural internet being slow with multiple people online and me working from home. Covid was a nightmare and no one cared.” Foster carer, 36–55, NGO, Mid-North Coast.
- “My internet bill was a lot bigger as everyone was using WiFi to do school work.” Foster carer, 36–55, NGO, Central Coast.

Schooling

- “During home schooling we had both children on remote learning. One child’s school (yr8) created virtual classrooms with Teachers leading every session replicating face-to-face and used really engaging material, it was brilliant and very successful. Our other child’s school (yr5) employed a very complex mainly self-directed model with almost no Teacher involvement beyond instructions on what was expected at the beginning and end of the day. The younger child has learning difficulties and it was a disaster and has set him back a long way. The complexity for yr. 5 was absurd and suited to techno-nerds, one of us had to basically supervise and monitor constantly which impacted adversely on the

whole household and caused a lot of stress and anxiety, the school was uninterested in hearing any view that did not pat them on the back (much like our Agency’s usual approach!). We are not IT experts and the whole exercise was a challenge. It was also more difficult to maintain the networking we enjoy with other Carers and it was difficult to keep the groups together so the sharing of stories, hints etc was made harder but we’ve worked through it and are gradually re-establishing. In the meanwhile, the Agency has destroyed the internal Carer reference group that had been running very successfully for two years by sacking the Carer representatives on the pretext of “refreshing” the group but they are eliminating its advocacy role and flooding it with managers and Caseworkers to stifle any criticism of the Agency.” Aboriginal foster carer, 36–55, NGO, Murrumbidgee.

COVID-19

- “No birth contact, kids are sad No connection with services.” Foster carer, 56–75, DCJ, Hunter.
- “Minimal clear directions from agency about managing contact.” Foster carer, 36–55, NGO, Western Sydney.
- “I ended up using all my work leave and then took leave without pay to care for the children, ensure they could school at home and manage challenging behaviours.” Foster carer, 56–75, NGO, Western Sydney.

Questions 21–29 relate to training and development. The questions in this area related to training the carer attended.

- Of 1,669 responses 54% or 905 attended training in the last 12 months.
- 50% (566) attended training organised by My Forever Family NSW; 37% (420) used an agency; 11% (124) used DCJ, and 29% (329) attended training from another provider.
- Of 1,531 respondents 31% (479) did no training (same in 2019); 18% (276) did one topic (21% in 2019); 31% (478) did 2–3 topics (33% in 2019); 12% (191) did 4–6 topics (10% in 2019)

Question 24 asked what topics carers wanted (1,528). See **Table 3**.³⁶

Question 25 asked if carers were satisfied with the availability of training. Of 1,397 respondents 56% were either satisfied or very satisfied with the availability of training (779); an improvement from 40% in 2019. 25% were neutral (356); and 19% were either unsatisfied or very unsatisfied (262), an improvement from 24% in 2019. See **Box 12** for additional comments.

Question 26 asked how carers preferred to access training. See **Chart 10**.

Of 1,608 respondents:

- face-to-face delivery was preferred by 36% (573)
- live online was the choice of 14% (222)
- pre-recorded online was preferred by 20% (315)
- 31% preferred a combination of the above delivery modes (498)

Of those who selected online training as their preference (1,100):

- 57% said they find it easier to make time for online training (632)
- 42% (466) said they can access a greater range of training options online than what is offered in their area
- 35% said online training takes up less time (385)
- 24% found it easier to access due to their geographic location (263)
- 21% (233) preferred the online style of learning than face-to-face.

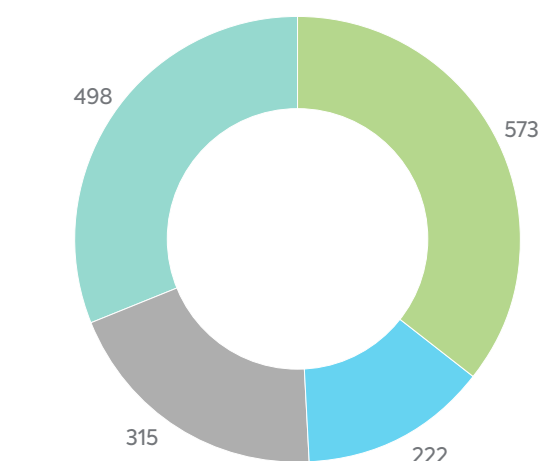
Table 3: What topics would you like training on?

	Responses	
Challenging behaviours / behaviour support	774	51%
Healing from trauma	740	48%
	494	32%
Guardianship or Open Adoption	473	31%
First aid	453	30%
Building resilience	437	29%
Self-care for carers	432	28%
Helping teenagers	427	28%
Therapeutic parenting	407	27%
Online safety and bullying	327	21%
Caring for a child with disability	298	20%
How to work effectively with your agency	261	17%
Caring for an Aboriginal child	255	17%
Children in care with sexualised behaviours	251	16%
Achieving better health and education outcomes	245	16%
Leaving care and after care	225	15%
Cultural connection / competency	224	15%
Contact, family time and building positive regard	204	13%
Understanding allegations	182	12%
Other topic (please specify)	176	11%
Reportable conduct	150	10%
Responding to disclosures	149	10%
General parenting	136	9%
Parenting birth and foster children	128	8%
Shared lives	95	6%
Total	1,528	100%

Of those who preferred face-to-face training (1049):

- 65% (681) liked learning from other carers
- 63% (666) liked meeting and socialising with other carers in person
- 56% (590) enjoyed interacting with the presenter
- 40% (423) find training easier face to face than online
- 29% (299) said there were more opportunities to practice skills in face-to-face training
- 16% (173) said that they were not comfortable with online learning.

Chart 10: How do you prefer to access training?.



- Face to face
- Live online
- Pre-recorded webinar to access in my own time
- A combination of all the above

Box 12: Availability of training

Common themes (30 responses)

Compliments

"My Forever Family NSW has been awesome. I've never been in a position to attend so many courses but being able to do them online has been super convenient and less intimidating." Relative kinship grandparent, 56-75, DCJ, Hunter.

"The online courses have been great, but often grandparents or older carers still prefer the face to face courses, where you can network and build relationships with carers in similar circumstances. Often older carers do not have the technological know-how or confidence to do online courses. They see a face to face course, where they are given morning tea or lunch as a treat and a way of someone saying thank you for being a carer. Thank you is often few and far between." Relative / kinship grandparent, 56-75, NGO, Mid-North Coast.

More specialised training needed

"I attended training for carers of Aboriginal children but I found the training more suitable for non-Aboriginal carers. I don't believe there is much support or training for Aboriginal kinship carers especially around the complexity of raising children who are family members." Relative / kinship carer, 35-55, DCJ, Hunter.

36. In 2019: 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.

Question 29 is a new question in 2020. It asked carers to think back to when they were new to caring, and to nominate training or information that could have assisted them to prepare for the placement of their children and young people.

See **Table 4** for responses and **Box 13** for a selection of comments. Notably in **Table 4**, mostly carers wanted more information about the child coming into their care. Talking with another carer, self-care, therapeutic parenting, and planning for family visits also rated highly.

Table 4: What information could have better prepared you when you were new to caring?

	Responses	
More information about the child	844	56%
Talking with another carer	584	39%
Self care for carers	527	35%
Therapeutic parenting	450	30%
Planning for family visits	442	29%
Understanding guardianship	394	26%
Information on the types of care available	334	22%
Planning for placement change	309	20%
Other (please specify)	270	18%
Understanding adoption	181	12%
Total	1,513	100%

Box 13: What training or information could have assisted or prepared you for the placement of the children and young people in your care? ³⁷

Main Themes **Trauma**

“Training as a kinship carer needed to be done before children placed not 6 months after getting children. Workers talk about trauma for children who have been removed from birth parents but never talk about trauma about being placed and how clinical the process is on family carer or children.” Relative / kinship grandparent, 36–55, DCJ, Illawarra/Shoalhaven.

“Understanding the effects of trauma – you get told that foster children are not the same as birth children but without understanding the effects of trauma, you don’t understand why.” Foster carer, 36–55, NGO, Mid-North Coast.

The OOHC system

“Understanding Care Orders. Understanding Case Plans. Understanding my Carer Role. What I can and can’t do.” Foster carer, 36–55, NGO, Nepean Blue Mountains.

“There is no planning for placement change! Unnecessarily abrupt and brutal for all involved.” Foster carer, 56–75, NGO, Hunter.

Question 30 asked carers about the My Forever Family NSW online services they have used.

Of 1,384 respondents:

- 29% (399) do not access online services
- 28% attended webinars or other live online training (384)
- 22% accessed pre-recorded webinars in their own time (300)
- 14% (198) used the Online Lounge Room for support and connection
- 5% (75) used online face-to-face coaching services.

A significant percentage of 24% (338) did not know about My Forever Family NSW online services

Question 31 was detected as an error in the survey (a duplication of Question 25). Please refer to question 25 responses.

37. Noting that AIFS (2018) reports that in NSW Aboriginal carer respondents were also more likely to want training on caring for children with sexualised behaviours (26%) compared to 16% non-indigenous, and cultural connection/competency, 24% compared to 14%.

Question 32 asked carers about what best described their situation in helping school-aged children learn at home during COVID-19.

Table 5 indicates 31% (493) of carers were able to home school to an adequate standard, whereas 28% were unable to home school to an adequate standard, or at all, due to the nature of their family or the children they cared for. For a significant percentage of respondents, the question was not relevant. **Box 14** is a selection of their 268 written responses.

Table 5: Helping school aged children learn from home during COVID-19.

	Responses	
I was able to home school to an adequate standard	493	31%
I was able to home school a little, but not to an adequate standard, due to the nature of my family/children I care for	351	22%
I was able to home school a little, but not to an adequate standard, due to my work commitments	155	10%
I was able to home school a little, but not to an adequate standard, due to issues related to technology	144	9%
I was unable to home school at all, due to the nature of my family/children I care for	104	7%
I was unable to home school at all, due to my work commitments	99	6%
I was unable to home school at all, due to issues related to technology	64	4%
Total	1,616	100%

Box 14 Schooling at home during COVID-19 (from 41 responses)

"Each child is different. We had lots of emergency care come through at this time. Some children could not sit down and learn and needed more structure than what was provided at home. They needed routine so they asked to go to school. Kindy children were just not used to learning from home so other strategies had to be put in place with the help of school such as more visual learning via school apps on the iPad." Foster carer, 56-75, NGO, Western NSW.

"Massive gap in learning was discovered. One of my children could only do about 2 percent by them self." Foster carer, 36-55, NGO, Hunter.

"Too old for this teaching lark. Different altogether from 1960s." Foster carer, 36-55, DCJ, Hunter.

"We found home schooling really enjoyable and effective and would like to see home schooling become an option for OOHK kids who are assessed to benefit from it. However, our home schooling was completed with exceptional support services from their schools who designed lessons using interactive educational websites, class zoom sessions where the kids met up for chats and 'news', and ongoing support for parents. I don't believe home schooling would have been so effective if we did real home schooling where we had to design the lessons etc. Our kids were even able to go on excursions through the live demonstrations held by many organisations, for example they got to 'meet the penguins' at Sydney Sea Life Aquarium. Since both our boys engage more effectively in a 1:1 situation, they continued to learn and develop their educational awareness without the hysteria which usually accompanies the daily going to school deal." Foster carer, 56-75, NGO, Central Coast.

Questions 33 asked carers about the carer activities they attended.

Chart 11 provides a snapshot of carer responses in relation to their satisfaction with carer activities.³⁸

Box 15 gives a sample of the 219 comments by carers on this question.

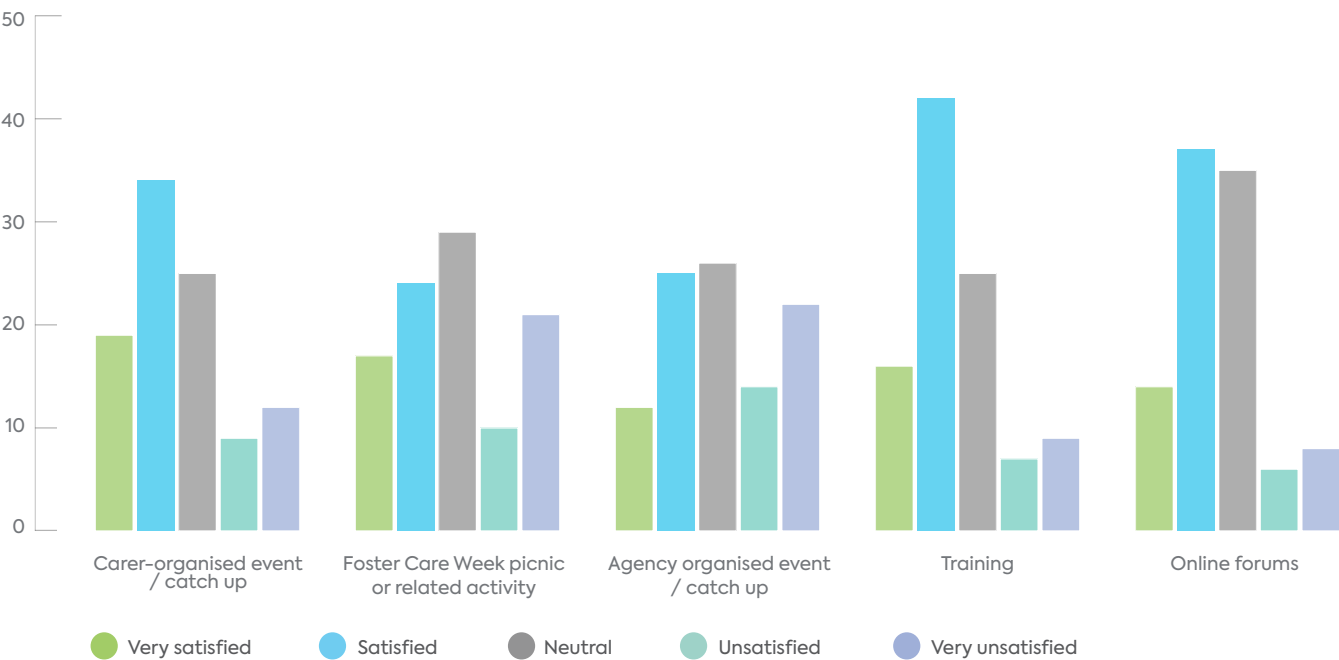
Box 15: Carer satisfaction with organised carer activities

A common theme from 219 responses was that nothing was offered, however, this is perhaps not surprising because of COVID-19 restrictions.

“The training I have attended online it was really excellent, I am eager to try to complete more. The picnic in 2019 made me emotional I was so touched by this lovely event and my child had an absolute blast.” Relative / kinship, 18-35, NGO, Western Sydney.

“Agency Xmas party at Jamberoo is a great ‘thank you’ for carers.” Foster carer, 36-55, NGO, Illawarra/Shoalhaven.

Chart 11: Over the last year, how satisfied were you with the carer activities you attended? (%)



38. In 2019 – 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 for each of the activities; and, 38% of 1,487 respondents connected with other carers through training.

Question 34 asked, if carers are not connected to other carers, what are the reasons.

The reasons for not connecting with other carers for 1,285 respondents included:

- 38% or 494 said it is hard to find the time (40% in 2019)
- 31% or 400 carers were not aware how to connect (35% in 2019)
- 23% (294) did not receive information about events
- 14% (177) do not want to connect with other carers.

A significant percentage (27% or 343) left comments on this question. See **Box 16** for a sampling of these comments.

Box 16: Reasons for not connecting to other carers

Common themes

Confidentiality

"We were encouraged by the Agency not to talk to others." Foster carer, 36–55, NGO, Illawarra/Shoalhaven

"I am new to My Forever Family NSW and my agency discouraged contact between carers. They say it's a breach of confidentiality to speak to them or offer support." Foster carer, 36–55, NGO, Hunter

"I only connect with a couple of carers that you can trust because of confidentiality." Relative / kinship carer, 56–75, DCJ, Hunter

Remote location

"Carers in Far West don't gather together." Foster carer, 56–75, DCJ, Far Western NSW.

Relevance

"Picnics are not relevant for older children." Foster carer, 18–35, NGO, South Western Sydney.

Questions 35,36,37,38,39 and 40 relate to carer's interactions with My Forever Family NSW.

Of 1,636 carers who answered a question about whether they had heard of My Forever Family NSW:

- 89% or 1,456 said they had heard of My Forever Family NSW. This is up 14% on 2019.
- 10% or 157 said they had not.
- 33% or 496 heard of My Forever Family NSW from their agency (30% in 2019)
- 29% or 423 heard via social media (36% in 2019)
- 22% or 328 heard via DCJ (21% in 2019)
- 16% or 243 heard from another carer
- 18% or 264 heard in another way.

Of 1,617 respondents to question 37 about membership:

- 70% or 1,139 were members of My Forever Family NSW, which is up 25% from 2019
- 13% or 215 were not
- 16% or 263 did not know.

Question 38 asked if they used the My Forever Family NSW discount program:

- 84% or 1,333 said No
- 5% or 86 said Yes.

Question 39 presented a range of services offered by My Forever Family NSW and respondents could nominate services and identify their satisfaction level.³⁹

See **Chart 12**

- 70% (389) of those who contacted My Forever Family NSW regarding customer service were either satisfied or very satisfied.
- 67% (373) of those who contacted My Forever Family NSW for information about caring for children were either satisfied or very satisfied.
- 72% of those who contacted My Forever Family NSW regarding training events were either satisfied or very satisfied. Less than 11% were either unsatisfied or very unsatisfied.
- 60% of those who needed support to talk through an issue were either satisfied or very satisfied.
- 45% of those who needed advocacy on their behalf were either satisfied or very satisfied with My Forever Family NSW services.

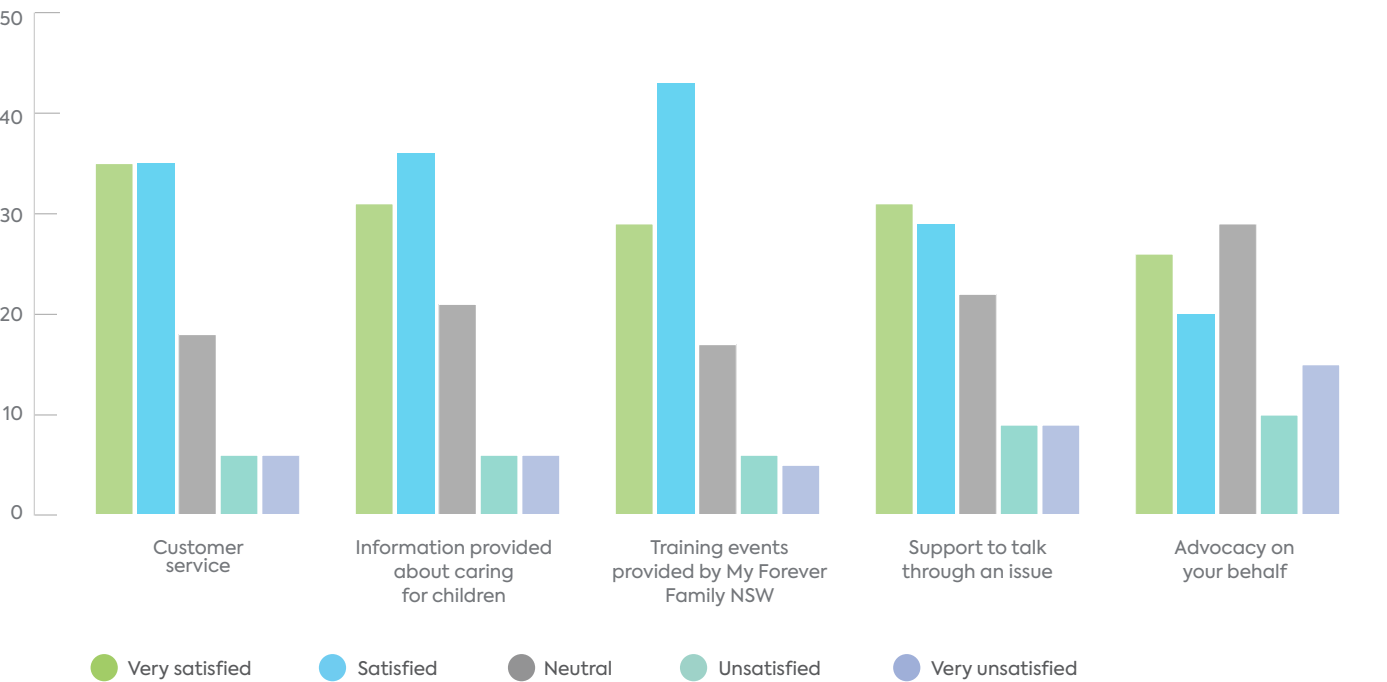
- In 2019 only 87 carers answered this question, compared to 863 in 2020, so comparisons with such small numbers must be treated with caution. However, the data in 2019 shows that customer satisfaction has increased since 2019. In 2019 50% were satisfied with customer service, 46% were either satisfied or very satisfied with information provided, and 12% and 18% were either unsatisfied or very unsatisfied across all My Forever Family NSW services.

Question 40 asked carers if they had any other comments about My Forever Family NSW. A selection of comments is included in **Box 17**.

Question 41 asked carers on a scale of 1-10 if they would recommend My Forever Family NSW to their family and broader community, or to a friend or colleague (1,473 responses)

- 27% or 394 (scale 10) would be extremely likely to recommend My Forever Family NSW
- 42% or 616 chose scale 6-9
- Qualitative analysis explored a range of comments: 50% was appreciative feedback (82/164) and 29% had critical feedback. A significant minority of 11% do not know about My Forever Family NSW (see **Box 17**)
- 32% or 472 chose scale 1-5.⁴⁰

Chart 12: Were you satisfied with My Forever Family NSW services?



Question 42, the final survey question, asked carers if 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.

- 65% would consider guardianship, open adoption or both options for the child/ren in their care
- 12% are guardians/adoptive parents who did not say if they would consider guardianship or adoption
- 23% are not considering these options (24% in 2019).

Box 17: My Forever Family NSW feedback

Appreciative feedback

- *“They are great, very friendly, approachable and always helpful.”* Foster carer, 36–55, DCJ, SW Sydney
- *“Very helpful with the court case that we were joined to, offered advice and listened when I cried and had had enough.”* Foster carer, 36–55, NGO, Mid-North Coast
- *“A lady contacted me to answer an inquiry and walked me through what I was entitled to regarding support for a child I have with high needs.”* Foster carer, 56–75, NGO, Nepean Blue Mountains

Critical feedback

- *“I would like follow up when a course is booked out to enable attendance at the next available repeat.”* Foster carer, 18–35, NGO, Northern NSW
- *“I have not been supported at all due to my inability to “call” when I requested help.”* Foster carer, 56–75, NGO, Central Coast

Don’t know about My Forever Family NSW

- *“I live in far western NSW therefore I am never contacted about anything. It’s always the excuse from all of my location. Now I know about My Forever Family NSW I am going to make contact over some issues and hope My Forever Family NSW actually take time to help and just not ignore my plight.”* Foster carer, 36–55, NGO, Western NSW

39. Comparisons to 2019 data are not very useful for this question as the number who answered was so small (87).

40. This result is an improvement on 2019 when 300 carers indicated they would be likely to recommend My Forever Family NSW. Of the 1,496 carers who responded in 2019, 900 carers said they would be unlikely to promote My Forever Family NSW. As My Forever Family NSW was not well known at that time, being in the first year of operations, this 2019 result is perhaps unsurprising.

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APPENDIX 1 | NSW Carer Survey 2020



NSW CARER SURVEY 2020

Thank you for agreeing to take part in the NSW Carer Survey 2020. The survey will take approximately 20 minutes to finish. 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. Questions marked with an asterisk (*) are required. If you prefer not to respond to a question, you can skip to the next question.

My Forever Family NSW aims to help improve the lives of carers through information, support and training. To do this we need to hear from current foster carers, relative and kinship carers with a non-government agency or the Department of Communities and Justice (DCJ), 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 carers, DCJ 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 DCJ or another agency? *

- ☐ Department of Communities and Justice (DCJ – formerly FACS or DOCS)
- ☐ Another agency
- ☐ Have adoption or guardianship orders
- ☐ Prefer not to say

4. What is your gender?

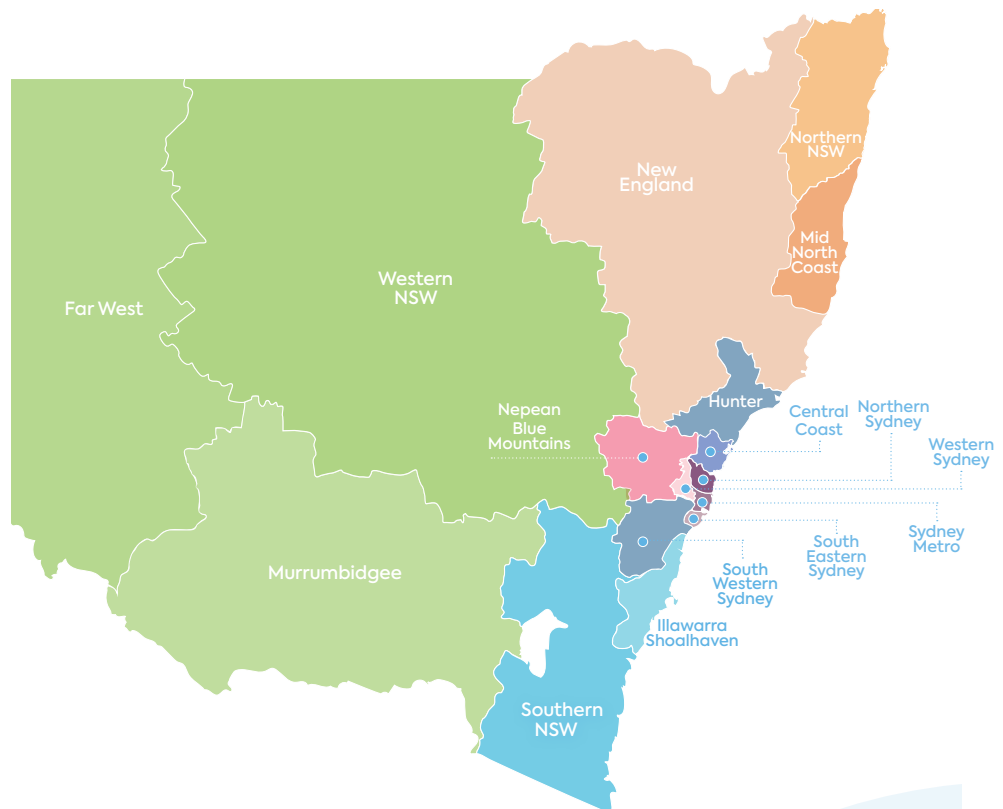
- ☐ Female
- ☐ Male
- ☐ Other

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. Which language/s do you speak at home other than English?

- ☐ Aboriginal language ☐ Maori or Te Rao ☐ Arabic ☐ Tagalog ☐ Turkish
☐ Swahili ☐ Spanish ☐ Italian ☐ Mandarin ☐ Croatian ☐ Russian
☐ Cantonese ☐ Vietnamese ☐ 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. Are there Aboriginal or Torres Strait Islander children in your care?

- ☐ Yes
☐ No

RECRUITMENT / BECOMING A CARER

11. 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

12. 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?

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

13. What would make you more likely to promote caring to friends, family and the broader community? You can choose more than one.

- ☐ More agency accountability
☐ Caseworkers following up on what they say they will do
☐ Improved support with contact with birth family
☐ Improved financial support for medical and education expenses
☐ Less bureaucracy
☐ Permanency support
☐ Improved access to respite
☐ More support from caseworkers



14. To help us further understand your experience, complete the sentence that is relevant for you.

I like it when

I don't like it when

It takes so long to

I cannot get

SUPPORT FOR YOU

Support to voice concerns, access information, defend your rights and explore choices and options.

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. In 2019, carers identified their top 3 issues – having the same caseworker, more support with difficult issues and transparency around policies and financial support. Choose one and provide an example of how it has affected you.

Having the same caseworker

More support with difficult issues

Transparency around policies and financial support

Another area important to you



17. Over the last 12 months did you need support for the child/ren and young people in your care? Did you get that support? Choose the ones you needed.

	Always	Mostly	Sometimes	Never	Not needed
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"/>
Support with Restoration of the child/ren in my care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. In the last twelve months have you used any support from the services below to help you look after the child in your care? Choose the ones you used and use the scale to indicate how satisfied you were with this support?

	Very satisfied	Satisfied	Neutral	Unsatisfied	Very unsatisfied	N/A
From your agency	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Carer support service – AbSec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carer support service – My Forever Family NSW	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>
Informal support from a carer group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



19. Do you have an interest to work with birth families and provide restoration care (short term care).

- ☐ Yes
☐ No

Other comments?

20. What have been the biggest issues for you and your caring role during COVID-19. You can choose more than one.

- ☐ Educational supports
☐ Home schooling
☐ Respite
☐ Birth Family Contact
☐ Financial hardship
☐ Lack of specialist services available to assist with mental health, disability or complex support needs
☐ Support and connection with other carers
☐ Stress or anxiety
☐ Support from the school
☐ Internet connection, computers and/or phones

Can you provide an example?

TRAINING AND DEVELOPMENT

21. In the last 12 months, have you attended any training?

- ☐ Yes
☐ No
☐ Not sure

22. If you attended training, who organised it? You can select more than one.

- ☐ Your agency
☐ My Forever Family NSW
☐ Department of Communities and Justice
☐ Other provider



23. 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"/>

24. What topics would you like training on? You can choose more than one.

- ☐ General parenting
- ☐ Therapeutic parenting
- ☐ Shared lives
- ☐ Challenging behaviours / behaviour support
- ☐ Healing from trauma
- ☐ Building resilience
- ☐ Helping teenagers
- ☐ Online safety and bullying
- ☐ Guardianship or Open Adoption
- ☐ Cultural connection / competency
- ☐ Caring for an Aboriginal child
- ☐ Children in care with sexualised behaviours
- ☐ Caring for a child with disability
- ☐ Advocating for kids in your care
- ☐ Achieving better health and education outcomes
- ☐ Understanding allegations
- ☐ Contact, family time and building positive regard
- ☐ Parenting birth and foster children
- ☐ Self-care for carers
- ☐ First aid
- ☐ Leaving care and after care
- ☐ How to work effectively with your agency
- ☐ Reportable conduct
- ☐ Responding to disclosures
- ☐ Other (please specify)

25. 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?



26. How do you prefer to access training?

- ☐ Face to face
- ☐ Live online
- ☐ Pre-recorded webinar to access in my own time
- ☐ A combination of all the above

27. If you selected online, what is the reason? You can choose more than one.

- ☐ I find it hard to access face to face training due to my geographic location
- ☐ I find it easier to make time for online training
- ☐ Online training takes up less time
- ☐ I can access a greater range of training options online than what is offered in my area
- ☐ I prefer this style of learning to face to face

28. If you selected face-to-face, what is the reason? You can choose more than one.

- ☐ I like interacting with the presenter
- ☐ I like meeting/socialising with other carers in person
- ☐ I like learning from other carers
- ☐ There are more opportunities to practice skills
- ☐ I find it easier face to face than online
- ☐ I am not comfortable with online learning

29. Thinking about when you were new to caring, is there training or information that could have assisted you/prepared you for the placement of the child/ren in your care? You can choose more than one.

- ☐ Information on the types of care available
- ☐ Understanding guardianship
- ☐ Understanding adoption
- ☐ Therapeutic parenting
- ☐ Planning for family visits
- ☐ Planning for placement change
- ☐ More information about the child
- ☐ Talking with another carer
- ☐ Self care for carers
- ☐ Other (please specify)



More services have been delivered online because of the COVID-19 pandemic and My Forever Family NSW has met some new carers during this period.

30. Which online services provided by My Forever Family NSW have you accessed? You can select more than one.

- ☐ Online Lounge Rooms for connection and support
- ☐ Webinar or other live online training
- ☐ Pre-recorded webinar to access in own time
- ☐ Face to face online coaching
- ☐ I don't access online services
- ☐ I did not know about MFF online services

31. 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"/>

32. In response to COVID-19, all parents and carers were asked to help their school-aged children learn from home. Please choose one statement below that best describes your situation.

- ☐ I was unable to home school at all, due to the nature of my family/children I care for
- ☐ I was unable to home school at all, due to my work commitments
- ☐ I was unable to home school at all, due to issues related to technology
- ☐ I was able to home school a little, but not to an adequate standard, due to the nature of my family/children I care for
- ☐ I was able to home school a little, but not to an adequate standard, due to my work commitments
- ☐ I was able to home school a little, but not to an adequate standard, due to issues related to technology
- ☐ I was able to home school to an adequate standard
- ☐ Not relevant

Any comment



CONNECTION

33. Over the last year, how satisfied were you with the carer activities you attended?
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"/>

34. 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

35. Had you heard of My Forever Family NSW before completing this survey?

- ☐ Yes
- ☐ No
- ☐ Don't know

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

- ☐ Through another carer
- ☐ Through my agency
- ☐ Through the Department of Communities and Justice (DCJ)
- ☐ Through social media (Facebook, etc)
- ☐ Other (please specify)



37. Are you a member of My Forever Family NSW? (Being a member of My Forever Family NSW means you are an authorised carer, guardian or adoptive parent and you have registered your details with My Forever Family NSW to receive information, support, training and resources to assist you in your valued caring role.)

- ☐ Yes
☐ No
☐ Don't know

38. Do you access the My Forever Family NSW member discount program? If you do, tell us about its value to you – the benefits or savings you have enjoyed.

- ☐ Yes
☐ No

Other (please specify)

39. If you contacted My Forever Family NSW 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 NSW	<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"/>

40. Any other comments about My Forever Family NSW



CARING FOR THOSE WHO CARE FOR KIDS

My Forever Family NSW delivers a 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 NSW** program call the **Support Line** email enquiries@myforeverfamily.org.au or visit our website on www.myforeverfamily.org.au

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

CARER 
SUPPORT LINE
1300 782 975

Monday to Friday | 9am – 5pm

CARER
SUPPORT 
enquiries@myforeverfamily.org.au



**My Forever
Family** NSW