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Submission No. 788

(Inq into better support for carers)

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Gail Furness
Counsel Assisting
Special Commission of Inquiry into
Child Protection Services in New South Wales
PO Box K1026 Haymarket NSW 1240

Subject:

Request for information re foster care support

Dear Gail

ACWA requested that we supply information as part of their further submission into foster care support. We were asked to comment regarding our opinions on how the system could better support Aboriginal foster/kinship carers and all carers in general. Unfortunately computer problems on Friday 4 July precluded us from sending this to ACWA for inclusion in their submission prior to the cut off date.

I attach some dot points of what we consider to be the main issues effecting carers and some possible solutions.

If you require and further information please do not hesitate to contact me.

Yours in Unity Bill Pritchard Executive Officer 7/7/08

AbSec Submission 7/7/08

Problems identified and areas that need to be addressed to better support Aboriginal foster and kinship carers.. (includes generic problems associated with all caring).

This information is based on issues raised by carers with the Aboriginal Statewide Foster Care Support Service (auspiced by AbSec)

- Carers need allowances to raise at the rate of inflation not \$1.50 a day The allowance
 does not properly cover the cost of clothes, medicines formula, nappies and sports or
 other activities. Carers are having to dip into their pensions (which are inadequate as it is)
 to ensure the children in their care receive the best quality of care possible.
- There needs to be consistency by CSC's in relation to things such as pre-school fees. Some pay some won't, even when it is in the case plan.
- There needs to be consistency and effort made in assessing Care + allowances. Carers are often waiting months to be assessed. This is also the case with Kinship carer assessments.
- Consistency by CSC's in relation to the establishment costs for children entering care. Some children enter care with what they have on and nothing else. Carers are told they have to take it out of the allowance they receive which is paid in arrears. This is contrary to the DoCS Financial Management Guide?
- Carers need to be supplied with Placement Letters, Medicare Cards etc. There are instances of carers waiting for more than 12 months.
- Carers need to be told of visits in advance, not when the child is picked up and they also need to be informed that a visit is cancelled in advance (some carers have received calls from pre schools to say that the child is still waiting to be picked up and when the CSC is called, they are told the visit is cancelled).
- Caseworkers need to ensure that when a child comes into care they access the Immunisation database as carers need this information to ensure the children are up to date with vaccinations. Carers are constantly requesting this information and being told it's coming for months on end.
- Carers need to be involved in Case Planning meetings and Case plans need to be supplied to carers. Family conferencing should be used in all case planning for Aboriginal children where appropriate
- More support for carers who take difficult/behavioural issues children, as the issues associated with these children impact greatly on family lives and can result in eventual placement breakdown as carers just give up and refuse to take children over 6. This also applies to carers that take more than one child.
- Carers of children with behavioural/disabillity issues find that they are very difficult to place at schools. More consultation between DoCS and special schools where children are constantly being suspended for reasons the carers don't understand. Constant suspensions means the children can spend 9 months of the year at home waiting for a new school to accept them. There are not enough special schools to cater for the growing number of children with extreme issues.
- These same carers can experience extreme social acting out behaviour by these children and this can be quite stressful. Early Counseling intervention should be a solution not a last option.

- Recruitment of specialist respite carers for these children would greatly assist these carers. Family and extended family gatherings can become quite stressful for carers of these children. There is no way a babysitter could cope with the behaviour. These same children are excluded from normal activities such as camps or YMCA activities because of their extreme behaviour. Specialist respite should be readily available
- Insurance should be provided for carers' houses. Some children act out in destructive ways eg: the eight year old girl who informed the carer that she had just kicked holes in the bedroom wall and that the carer could not do anything about it. The baby who enters care with severe reflux and ruins the carers carpet beyond repair. The child who destroys walls, doors, damaging cars, computers, mobile phones, clothing chairs and other household items as well as toys. Carers are told that part of the job and that they just have to accept it. Some caseworkers reply with "did they" and the carers have to struggle to be reimbursed.
- Some form of superannuation or long service for carers after 5 years. Some carers have dedicated their whole lives to caring for children placed with them and when they are finally ready to stop, they have nothing to retire on. Some carers have 25 years or more and will soon be too old to continue to take children or are just worn out by taking in the hard kids for many many years. This could act as an incentive for carers to stay on.
- DoCS' Carer Allowances increased in line with those of private agencies such as Barnardos, Burnside, Life Without Barriers etc.
- Aboriginal carers are best supported by an Aboriginal Carers Support Groups and funding needs to be made available to AbSec to fully support the groups.
- Kinship carers should have more supports put in place to ensure children remain in the placement.
- CSC's and individual caseworkers should not interpret the ACT or the Financial Guidelines to suit their budget.