CARER INFORMATION AND SUPPORT SERVICE (CISS) ANNUAL RESULTS



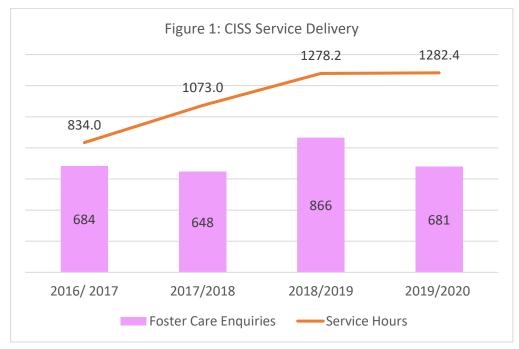
1 July 2019 – 30 June 2020

CISS Service Delivery

This report is unique as we have gathered data about the impact of COVID- 19 on the Out of Home Care sector over the last six months of reporting.

In the 12 month period 1 July 2019 – 30 June 2020 the Carer Information & Support Service (CISS) responded to and closed **681 foster care enquiries, delivering 1282.4 hours of service**.

The FCAV is funded to provide support to 400 foster care enquiries per year. The number of enquiries has exceeded this benchmark on average 80% each year since 2016-17 as shown in Figure 1 below.

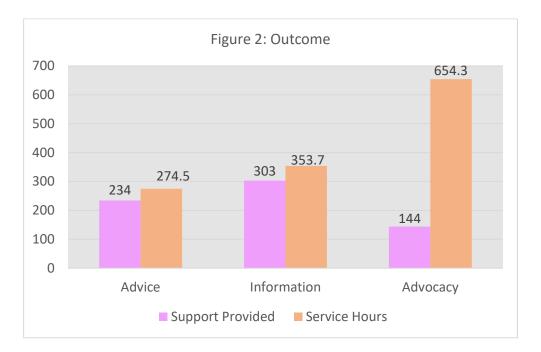


Additional fixed term funding was provided in 2019-20 to support over performance of the CISS team.

* An enquiry can involve multiple calls, emails and meetings to support the carer.

Outcome

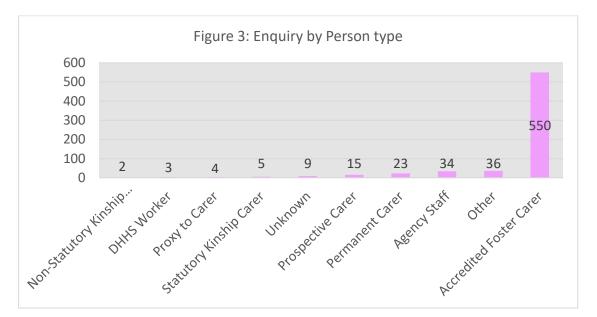
Of the 681 foster care enquiries, the CISS team provided **Advice** to 234 enquiries (274.5 hours), **Information** to 303 enquiries (353.7 hours) and **Advocacy** to 144 enquiries (654.3 hours).



Person Type

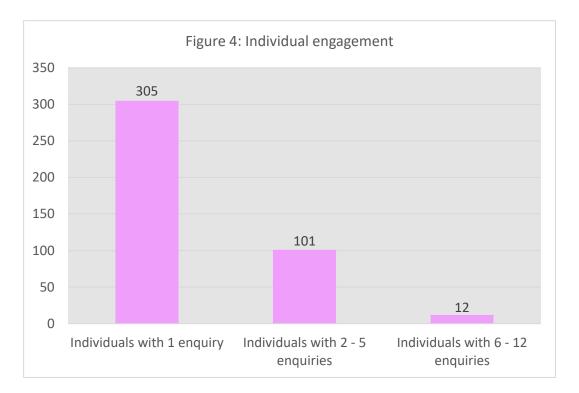
The majority of enquiries are from foster carers but Agency and DHHS workers also contact the service for information and advice, along with Permanent Carers and Kinship carers that could not find the support they required elsewhere.

The CISS team refer Kinship and Permanent Carers to relevant organisations. There are discussions at senior level with the other services in relation to appropriate referral processes to ensure all enquiries are responded to adequately.



Individual Engagement

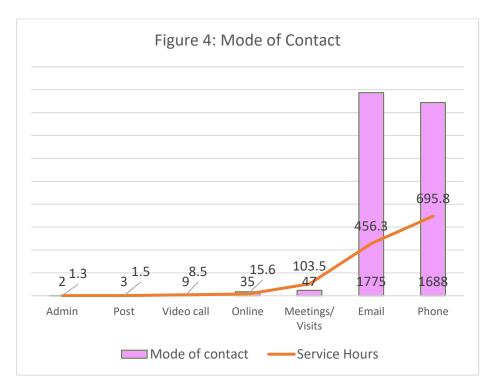
Of the 681 enquiries, 418 individuals contacted the service. 305 individuals had 1 enquiry, 101 individuals had 2-5 enquiries and 12 individuals had between 6-12 separate enquiries in the period. This highlights that in most instances FCAV are able to respond and answer the enquiry adequately.



Mode of Contact

An enquiry can involve multiple calls, emails and meetings to support the carer. Of the 681 enquiries, 3559 separate contacts were made, as shown in Figure 3 below.

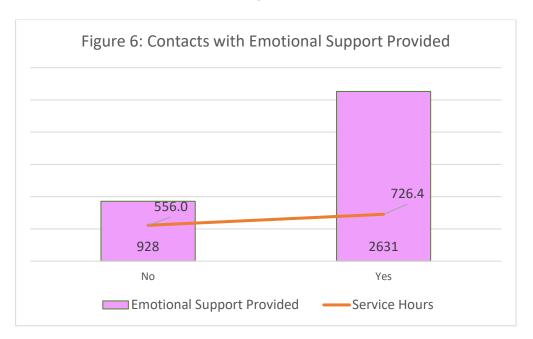
Email and phones continues to be the most popular form of communication, however in the past 6 months online platforms have been used more frequently to support carers. This is often in the formal CIMMS investigations, where FCAV are present for support for the carer.



Emotional Support Provided

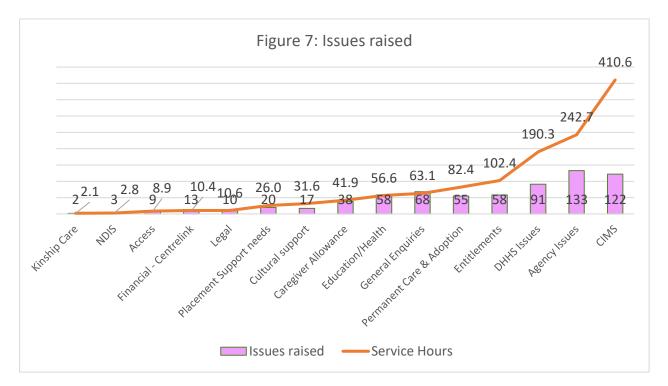
Of the 3559 separate contacts, emotional support was provided to 2631 (726.4 hours). As a result of the COVID-19 pandemic the CISS team have noticed increased time and emotional support required for callers. This is reflected in the data.

This has promoted the development of a Carer Assistance Program, within the support team so that calls can be appropriately addressed. This service will offer a therapeutic model so that carers have the opportunity to address complex issues. This will hopefully assist them to care adequately for the children in their care, and hold them in the Out of Home Care System.



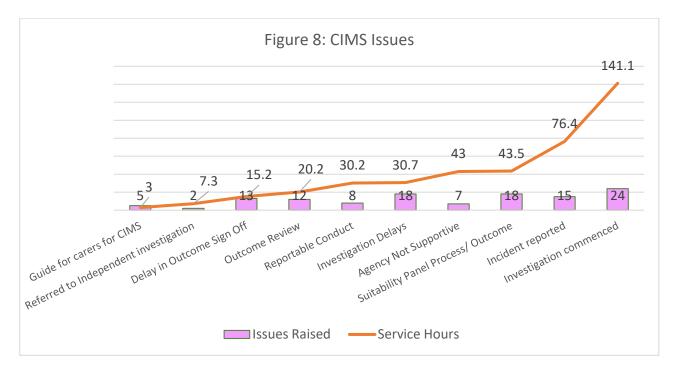
Issues raised

Of the 681 enquiries, 697 issues were raised. The majority of time spent supporting carers was in relation to *Client Incident Management (CIMS) investigations, issues with Agency or DHHS.*



CIMS Issues

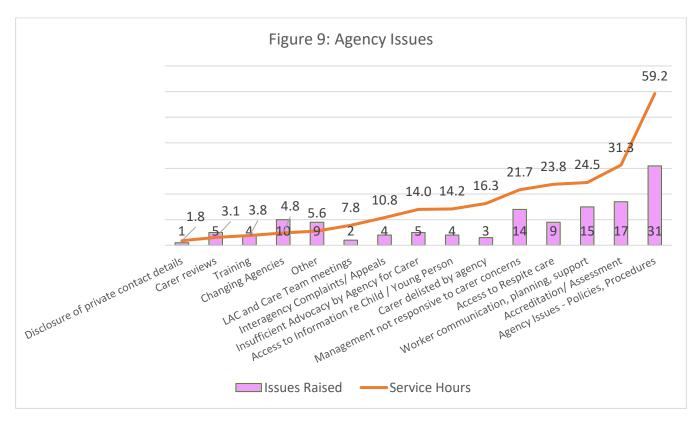
The CISS team provided support to 122 CIMS enquiries, delivering 410.6 hours of service. CIMS continues to require significant time and it is often from when the investigation commences, which means as a service we offer support throughout the whole process for carers.



Agency Issues

The CISS Team provided support to 133 enquiries (242.7 hours) relating to Agencies. The most time was spent providing support around Agency Policies and Procedures, Accreditation/ Assessment, worker communication, planning and support.

Due to the pandemic there has been a reduced capacity to connect with agencies and take up issues due to the challenges of working offline. The CISS team have attended appropriate online forums and meetings with agencies and the Centre to best meet the needs of carers. There have been fortnightly meetings in relation to COVID specific DHHS directives.

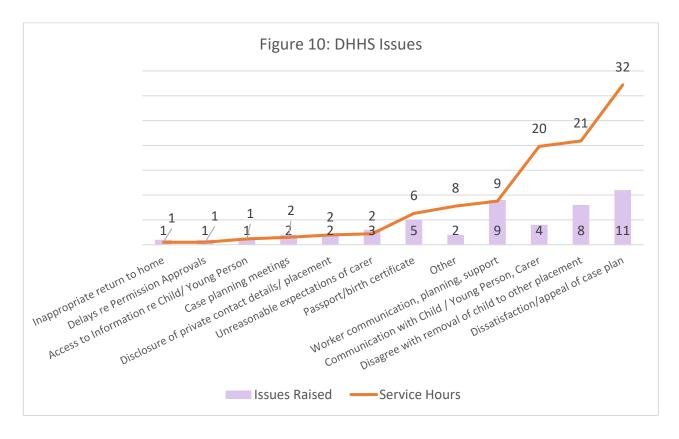


DHHS Issues

The CISS Team responded to 91 enquiries (190.3 hours) relating to DHHS. The most time was spent providing support relating to case plans, carers disagreeing with the removal of the child to another placement and communication with the child or young person.

This continues to be a challenging space and as a result we are offering a webinar to try and inform carers in relation to their rights and responsibilities.

In addition, there were many calls in relation to interruptions to implementing Case Plans, as well as reviews of Case Plans. For example, carers have reported that due to COVID-19 there have been reunification plans that have been either accelerated or placed on hold. This has increased stress for carers.



COVID-19 Enquiries

The CISS Team responded to 47 enquiries (44.7 hours) relating to COVID-19.

The most time was spent responding to *General Enquiries re COVD-19, Access - Impact on Child & Access - Carer expectations re travel*, as shown in Figure 1 below.

During Covid – 19 an emerging trend seemed to be related to the length of calls; that is, they have been longer and more complex as carers have attempted to navigate and understand the new world. The carer survey conducted by The FCAV highlighted that 70 per cent of carers have struggled more since the beginning of COVID – 19.

Carers have indicated they have been anxious about their own health risks and vulnerabilities, as well as the children in their care. Comments have been made in relation to the uncertainty for their future and the responsibility of caring in this time.

Another main stressor identified, has been the issue of respite. Again, this was evident from feedback obtained from the carer survey. Historically, carers rely on respite for an opportunity to recharge and have a break. During the pandemic, there has been reluctance at many levels for continued respite, resulting in limited respite opportunities. For example, carers have not wanted children to go to other homes as the risks of infection are increased. Carers may have ceased childcare, playgroups and other social contacts with children to further reduce the risk of infection. This has obviously impacted on the children and carers, disrupting routines and placing more pressure on families.

It also appeared that respite options generally reduced within the sector, as respite carers themselves often chose to not offer their services to maintain social distance etc.

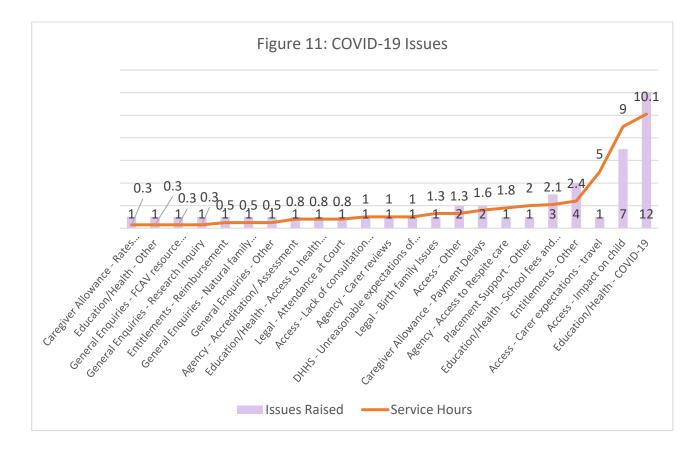
Carers have also required support to navigate new access and contact arrangements with birth families. Issues related largely to remote access/contact and how to make it meaningful and age appropriate for children, whilst protecting carers privacy and confidentiality, particularly where there have been issues of violence and trauma. Interestingly, birth families have also called the service, which has not happened in the past, to discuss access and the desire to see children face to face. Much of the work has required the team to navigate carers back to agencies and The DHHS to have conversations in relation to child and family safety in this unprecedented time. Alternatively our staff have advocated on their behalf.

There have also been calls in relation to financial pressures. Like so many, there have been jobs lost and the pressure of families at home all the time using many utilities and requiring activities such as art and craft or play equipment to keep children healthy, active and content. FCAV received a number of calls in relation to the financial support provided by the one off \$600 payment to foster carers.

As illustrated through the carer survey over sixty per cent of carers also experienced challenges with remote learning. Carers were often trying to navigate the online home school learning, while trying to continue with their employment. There was also financial pressures with added costs of being at home. Other carers had limited access to workbooks or laptops and the family often had to share equipment thus adding to their overall stress.

As well as the CISS phone support, The FCAV also offered online support to address the COVID specific issues like disrupted routines. Again the report highlighted seventy per cent of carers felt disrupted routines was challenging for them leaving them with little time to attend to their own self-care. Unfortunately, the online support like the Chat Group we trialled had limited numbers attend, which primarily was a result of caring for children and other priorities. If The FCAV decides to offer online training and live support opportunities again we would want to investigate the need and commitment first. Training is often not prioritized with competing demands, this was evident with the Carer Kafe program during this period.

In addition to the Chat Group we have begun our Carer Listening Circle group with approximately 12 attending each month and each carer is finding it an opportunity to debrief and gain support from each other. The group is run by experienced carers and Alison from National Association of Therapeutic Parenting is the super mentor and also a care.



Summary

From all the information reported it is evident that FCAV continues to provide a quality service to carers. It will be an exciting time as we launch the new Carer Assistance Program and will need to be clear in relation to which assistance individuals carers require. We believe carers may need to assess both services alongside each other in some matters.

NDIS is another space we would like to explore so that we are well placed to inform and support carers in a complex area. FCAV have been flexible during COVID-19 in offering online training opportunities to meet the needs of carers.



We acknowledge the traditional custodians of the land on which we work and live. We recognise their continuing connection to land, water and community. We pay respect to Elders past, present and emerging.