

Communities and Justice



NSW Out-of-Home Care Carer Strategy

Consultation Summary

November 2025





Acknowledgement of Country

The NSW Department of Communities and Justice (DCJ) pays respect to the Traditional Custodians throughout NSW. We listen and learn from the knowledge, strength, and resilience of Aboriginal communities. We extend our respects to all Elders past and present, and to Stolen Generation Survivors and their descendants. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW. We recognise the important role that families and communities play in providing children with a sense of safety, belonging and resilience.

We pay our respects and give thanks to the Aboriginal people that were involved in the consultation process. With humility and respect, we commit to walking alongside Aboriginal peoples— supporting their aspirations, amplifying their voices, and building a future grounded in truth, dignity, and hope.

More information

Acknowledgements

We want to acknowledge and thank all the carers, past and present, who contributed their time, thoughts, perspectives and solution focused ideas during these consultations, whether in person, online or via the *Have Your Say* Survey. We hope we have done justice to reporting what you told us. We also want to thank the young people and families with lived experience of the out-of-home care system who contributed to this consultation process.

NSW Out-of-Home Care Carer Strategy – Consultation Summary Report

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Purpose of this report

This Out-of-Home Care Carer Strategy Consultation Summary provides an overview of what we heard across our consultation and outlines proposed Out-of-Home Care carer strategy priority areas and guiding principles, based on the feedback.

In NSW, out-of-home care is provided to children under 18 years of age who cannot live safely with their families. Foster and relative/kin carers are essential to the system, offering home-based care across various placement types. These carers are authorised by either the Department of Communities and Justice (DCJ) or a non-government out-of-home care provider.

Reviews of the out-of-home care system have highlighted persistent challenges, including inconsistent outcomes for children and young people and financial unsustainability. In response, DCJ is implementing a major reform agenda. The out-of-home care [Reform Plan](#) sets out eight key reform directions to build a world-class care system that supports children to thrive in supportive, stable environments and sees recovery and restoration for more children and families.

The **NSW Out-of-Home Care Carer Strategy** is being developed to address Reform Direction Five: *Recognising carers as key partners*. The strategy aims to respond to long-standing issues faced by carers and reinforce DCJ's commitment to stronger partnership. It is grounded in carers' lived experience and shaped by their input through consultation.

Consultation was conducted between 21 July and 30 September 2025, engaging 1,066 carer participants through in-person sessions, Ministerial Roundtables, online forums, and a *Have Your Say* survey.

An additional 12 participants included young people with lived experience of out-of-home care (via [Youth Consult for Change](#) and [The](#)

[CREATE Foundation](#)) and parent advocates (via [Family Inclusion - Strategies in the Hunter and AbSec](#)).

Carers were invited to identify priority areas for improvement, drawing on themes identified through previous carer surveys and advisory groups, and to propose practical solutions.

The following key areas emerged consistently across all consultation activities:

- Support and advocacy for carers.
- Stronger relationships with caseworkers.
- Improved financial assistance.
- Better access to information.
- Feeling valued and heard.
- To be included in decision making.
- More respite options.
- Better complaint handling processes.

Carers highlighted the interconnection between priority areas, noting that improvements in one area would positively influence others.

Two overarching themes emerged:

- Relational practice – focusing on relationships between carers, families, and professionals
- System improvements – addressing structural and operational challenges

These themes will inform eight proposed priority areas for the five-year NSW Out-of-Home-Care Carer Strategy. The Strategy will be guided by principles that shape how we work alongside carers. A corresponding **Carer Support Action Plan** will be developed to support implementation.

Background

What carers have already told us

Feedback from carer surveys, carer advisory groups and consultation forums has continuously highlighted the need for improved casework support, recognition of carers' expertise, streamlined financial processes, timely access to services, flexible respite options and accessible training. Carers have also raised concerns about fear of reprisal when making complaints and lack of support during reportable conduct processes.



The 2022 Carers for Kids NSW (previously My Forever Family) carer survey showed that a third (34%) of respondents (carer households) felt stressed quite often or all the time.

When asked if they would recommend caring to others, 40% of the 1,897 respondents said they were likely to recommend being a carer, while 32% said that they would not recommend caring to others

Relative/Kin Carers

Demographic data outlines key differences between foster and relative/kin carers, with the latter more likely to face socioeconomic disadvantage and complex family dynamics. Many relative/kin carers enter the role unexpectedly and may experience grief, trauma, and limited access to supports. These challenges highlight the need for tailored responsive approaches to better support relative and kin carers within the out-of-home care system.

Aboriginal Carers

Supporting Aboriginal children in out-of-home care requires a strong focus on culturally safe practices, community connections, and inclusive support for carers. Aboriginal carers have identified the need for responsive casework, practical and financial assistance, access to cultural resources, and less agency micromanagement. Insights from the [Family is Culture](#) report and Pathways of Care Longitudinal Study, reinforce the importance of culturally informed and adapted approaches.

The need for reform

Multiple reviews by the NSW Audit Office, Office of the Children's Guardian, NSW Ombudsman, Advocate for Children and Young People, and DCJ, have consistently found that the child protection and out-of-home care system is not delivering positive outcomes for children and young people, and is financially unsustainable. These findings have driven a broad reform agenda to address systemic issues and improve outcomes.

The System review into out-of-home care identified significant challenges, while also recognising the critical role carers play in the wellbeing and stability of children in care. It also acknowledged that carers' voices have not been sufficiently heard or integrated into system design and reform. This insight shaped our consultation approach, ensuring that carers' perspectives were actively sought and incorporated into the development of this strategy.

Out-of-home care strategy

DCJ has set out its reform vision in the Reform plan: transforming the out-of-home care system in NSW. The reform is occurring in three key phases: **stabilising**, **rebuilding**, and **investing**. These phases will be guided by an **out-of-home care strategy** and underpinned by eight key reform directions designed to achieve the intended vision.

Our vision is for a world class out-of-home care system that enables children to thrive in supportive, stable environments, and sees recovery and restoration for more children and families.

The out-of-home care strategy will represent the government's commitment to improving outcomes so that children in out-of-home care can thrive in supportive and stable environments with connections to family and community. It is due to be finalised by the end of 2025.

Out-of-Home-Care Carer Strategy

As part of the broader out-of-home-care reform agenda, particularly key reform direction 5: *recognising carers as key partners*, DCJ is developing a 5-year Out-of-Home Care Carer Strategy. This strategy will sit under the overarching Out-of-Home-Care Strategy and aims to support the role of carers who support children and young people in care.

The Out-of-Home Care Carer Strategy will:

- **establish consistent ways of working** with carers for out-of-home care providers across NSW,
- **enhance support for all carers**, ensuring they feel valued, respected, and included as partners in decision-making,
- **equip carers with the knowledge and skills** they need to help children and young people in their care thrive,
- **improve recruitment and retention** of carers, and
- **strengthen support for relative and kin carers**, who play a critical role in the out-of-home care system.

The strategy will be developed **in consultation with carers**, drawing on their voices, lived experiences, and priorities for change. This collaborative approach will help ensure better outcomes for both carers and the children and young people they care for

Children in care

As at 30 June 2025, there were **13,582 children and young people in out-of-home care** in NSW¹. This includes those cared for by authorised foster and relative/kin carers who provide emergency, short-term, long-term, or respite care. These placements are managed by DCJ as well as non-

¹DCJ Quarterly Statistical Report April-June 2025-

government out-of-home care providers, which include Aboriginal Community Controlled Organisations (ACCOs) and non-government organisations (NGOs).

Out-of-home care carer profile

As at June 2025, there were **15,396 authorised carers** registered with the Office of the Children's Guardian, across **9,922 households**.

Of these:

- 45% were authorised by DCJ.
- 59% were authorised by a non-government out-of-home care provider.
- 62.5% identified as female, 37.4% as male, and 0.1% as Indeterminate/Intersex or Unspecified.
- 16% identified as Aboriginal or Torres Strait Islander.

The number of authorised carers has **decreased by 13.58% since 30 June 2021**, highlighting ongoing carer recruitment and retention challenges.



Consultation Process



Consultations were held between 21 July and 30 September 2025.

Four Ministerial Roundtables were held to enable the Minister for Families, Communities and Disability Inclusion to hear directly from carers. Concurrently, consultations were held in-person, online via Microsoft Teams and through a survey on the NSW Department of Customer Service *Have your Say* platform. The objective of consultation was to determine the key priority areas for improvement to be included in the Out-of-Home Care Carer Strategy and identify practical actions that would positively impact carer experience.

The online and in-person consultations highlighted 13 areas for improvement. Carers were asked to prioritise these in order of importance. The top three areas were then further explored to break down what was working well and what could be done differently.

Areas for improvement



The *Have Your Say* survey focused on these same areas. In addition, survey respondents were invited to share their perspectives on their role in achieving the out-of-home care vision and identify any related training or support they considered necessary to fulfil that role effectively. They were also asked if they would recommend caring to others.

Who we heard from

Carers have given generously of their time through the in-person and online consultations, participation in Ministerial Roundtables and through the *Have Your Say* Survey. We had a total of **1,066** carer participants across these consultation platforms. This represents approximately 10% of all NSW out-of-home care carer households. It is acknowledged that carers attending Roundtable forums, online and in-person sessions, may have also filled out the anonymous *Have Your Say* survey.



Carer consultations included:

- **49** participants across four Ministerial Roundtables (in Lismore, Albury, Bankstown and Broken Hill).
- **50** participants from two in-person workshops (in Nowra and Ashfield).
- **27** participants from online sessions, including for Murrumbidgee, Far West and Western NSW carers and DCJ carers (18 DCJ carers in total).
- **26** participants across five online Carer Advisory Group (CAG) sessions.
- **914** responses from The Department of Customer Service *Have Your Say* survey platform.

The Ministerial Roundtables enabled carers the opportunity to communicate their experiences and concerns directly to the Minister for Families, Communities and Disability Inclusion. These Roundtables had a different structure and format than the other in-person and online sessions. General themes and systemic issues were fed back to the consultation team for consideration in the wider strategy.

Carers across the other in-person and online consultation forums were invited to provide feedback with consideration for the broader carer community. While individual experiences were acknowledged as informative for identifying challenges, these consultations were not intended as a forum for discussing specific personal cases. Consultations were solution and future focused.

In addition to carers, consultations were also held with:

- 7 young people with a lived experience of out-of-home care from Youth Consult for Change (UC Change) and The CREATE Foundation
- 5 parent advocates with lived experience of the child protection and out-of-home care system

These participants were invited to reflect on how carers could be supported to meet children's needs to help them thrive. They were also asked to consider practical ways to strengthen relationships between carers and families.

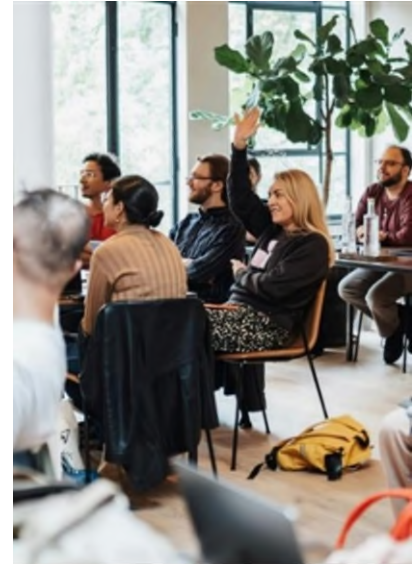
What we heard

During consultation, many carers expressed scepticism about the system's ability to change and whether any new strategy could truly improve their experience and, ultimately, the lives of the children they care for.

Some carers shared that these changes may come too late for them to continue in their role. However, they still chose to participate in the consultation, hoping their input would help create a better system for others.

“True support means making sure no one is left behind – not the child, not the family, and not the carer”

Survey respondent.



Key themes from consultation

A recurring theme was the sentiment that “**caring is hard.**” Beyond the challenges of supporting children to heal from trauma and managing trauma-related behaviours, carers often felt the system added to their burden rather than easing it.

Many described their experience as a constant “*battle*” or “*fight*” that left them feeling exhausted. Carers reported facing:

- **systemic barriers** and complex processes
- **inconsistent caseworker support**
- **regional differences** in service delivery
- **lack of recognition and responsiveness** when seeking help

These issues compounded the emotional and practical demands of their role.

Carers consistently called for a **cultural shift across the out-of-home care sector** – one built on:

- strong, trusting relationships
- open sharing of information and decisions
- genuine partnerships based on **respect, transparency, and honesty**

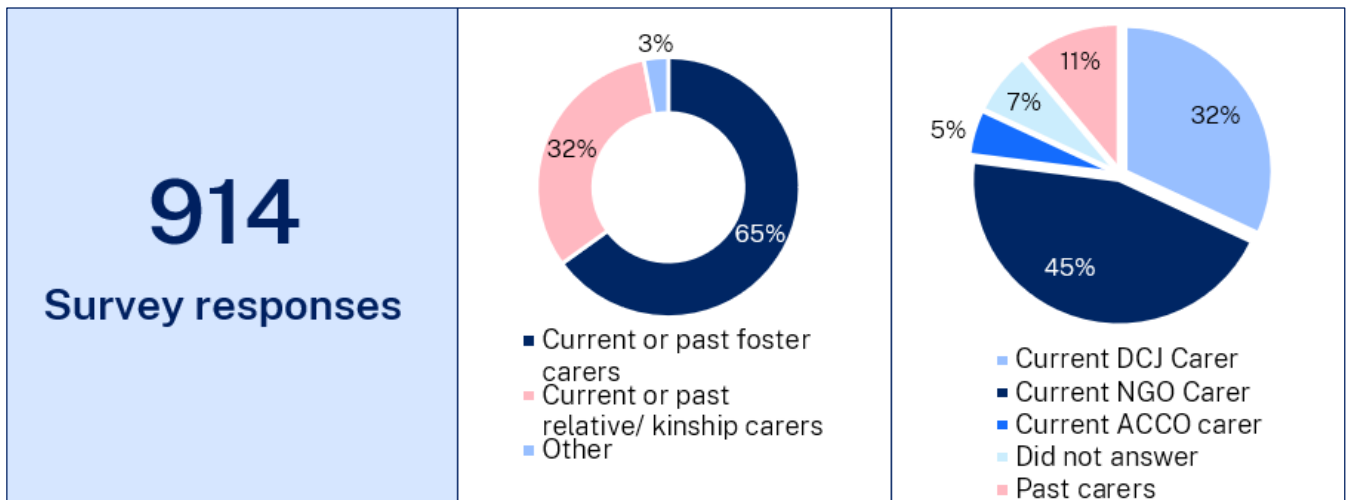
Have your Say Survey Results

The survey results closely aligned with the feedback gathered through both online and in-person consultations. Consistent themes emerged regarding areas for improvement, along with suggested solutions to address these challenges.

Respondent demographics

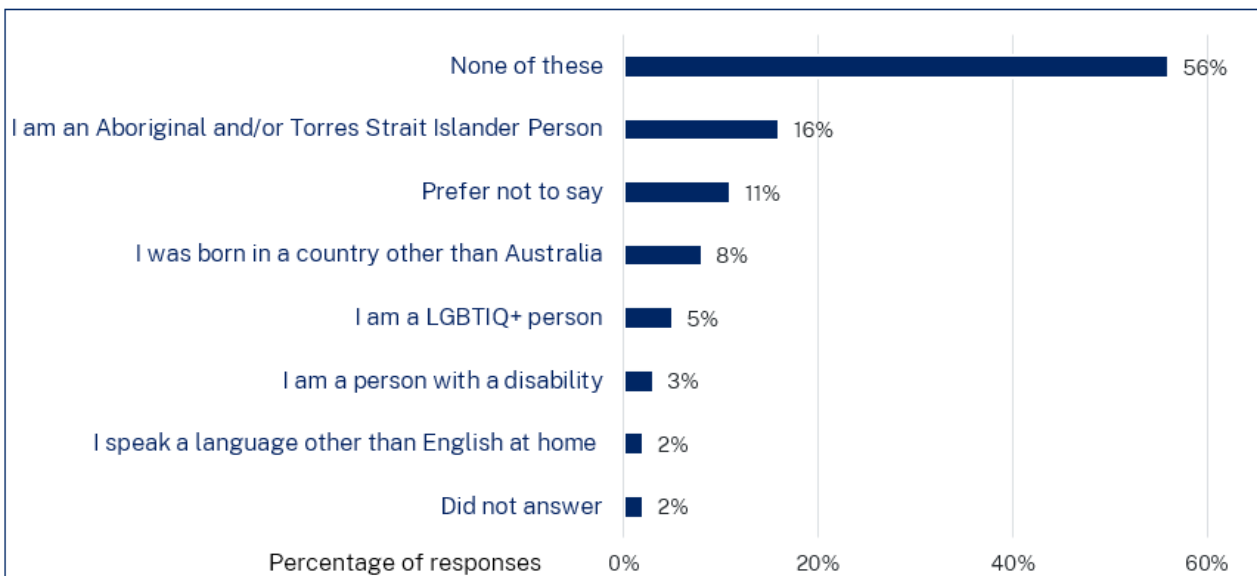
Most respondents indicated that they were current or past foster carers (65%), 32% stated they were current or past relative/kin carers and 3% indicated 'other'. Responses received from current carers showed that 50% of respondents were with a non-government out-of-home care provider (NGOs - 45% and ACCOs - 5%) and 32% with DCJ.

Figure 1 – Respondent demographics



Respondents were able to select multiple responses to the question, 'which of the following describes you?' (see Figure 2). As a result, there is overlap between categories, and the total exceeds 100%. This reflects the varied characteristics of respondents. Aligning with the current percentage of Aboriginal authorised carers, 16% of respondents indicated that they identified as Aboriginal and/or Torres Strait Islander

Figure 2 – Responses to 'Which of the following describes you' by percentage of respondents.



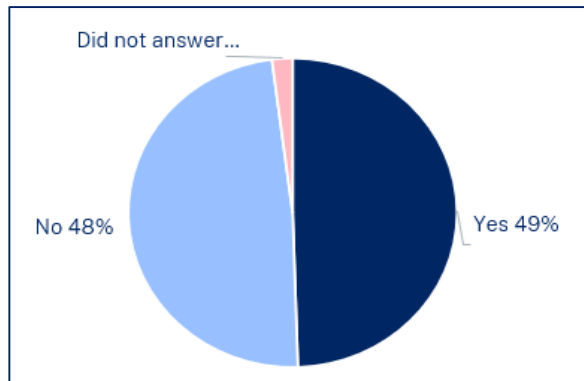
Would you recommend being a carer?

Respondents were evenly split about whether they would recommend being a carer:

- 49% indicated ‘yes’ they would recommend being a carer.
- 48% indicated ‘no’ that they would not.
- 3% did not respond.

Current NGO carers were slightly more likely to recommend being a carer (54%) compared to DCJ (52%) or ACCO carers (44%).

Figure 3 – Responses to ‘Would you recommend being a foster or relative/kin carer’ by percentage of respondents.



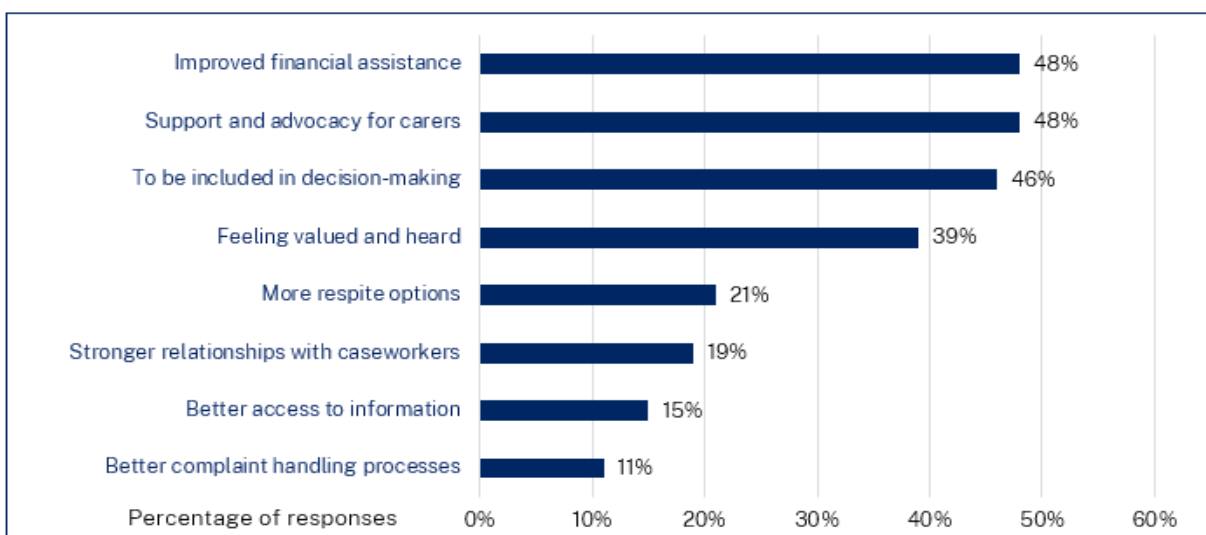
Reasons given for not recommending being a foster or relative/kin carer were centred around deficiencies within the system and not about caring for children in out-of-home care.

If ‘no’ was selected, respondents were asked to explain why they would not recommend becoming a foster or relative/kin carer. Respondents overwhelmingly cited ‘lack of support’ as the key reason for not recommending the caring role. This included a lack of supports for the child in their care, themselves, and their household.

Top areas for service improvement

Respondents prioritised eight areas for service improvement. Respondents identifying as current or previous foster carers chose the same top eight areas for improvement as respondents identifying as current or previous relative/kin carers.

Figure 4 – Top eight responses to ‘What do you think are the top three areas we need to improve?’ by percentage of respondents.



While the same top priority areas were chosen by most carer groups, the number one priority for each differed.

Top priority according to authorising agency of the carer was:

DCJ	NGO	ACCO
Support and advocacy for carers	Improved financial assistance	To be included in decision-making

Top priority chosen by type of carer was:

Foster carers	Relative/Kin carers	Aboriginal carers
To be included in decision-making	Improved financial assistance	Support and advocacy for carers

Respondents who identified as Aboriginal, chose ‘culturally responsive service systems’ as one of the top eight areas over ‘access to information’. The other areas chosen were otherwise the same.

“DCJ staff need a massive shift of perspective to respecting and appreciating carers and recognising that children in care cannot thrive unless the people who care for them 24/7 are supported to thrive”.

DCJ carer survey respondent

What does quality support look like?

Respondents overwhelmingly identified inclusion in decision making (84%) and feeling supported by their caseworker (75%) as the most critical indicators of quality support. The next most cited factor was being reimbursed for out-of-pocket expenses quickly (44%).

Out-of-home care reform vision

Respondents were asked what they saw as their role in supporting the out-of-home care reform vision, outlined below².

Our vision is for a world class out-of-home care system that enables children to thrive in supportive, stable environments, and recognises carers as key partners in creating safety and rebuilding family connections.

Of the 91% of respondents who answered this question there was a consensus that their role in achieving the vision would focus on:

- Creating stable, loving environments where children can heal, grow, and thrive.

² This vision statement was slightly amended from the original Out-of-Home Care Reform Plan to ensure clarity for respondents in identifying their role in the version for the Have your say platform.

- Advocating for children and ensuring children’s voices are heard in decision-making and promoting trauma-informed and child-focused practices.
- Fostering and maintaining connections to family and culture and actively supporting safe, meaningful relationships with birth families, including extended family and siblings. Respondents emphasised that all contact with family must prioritise the child’s safety, wellbeing, and preferences.
- Recognising the importance of and being actively involved in building relationships between carers and families, carers and caseworkers, caseworkers and families and carers, caseworkers and families collectively.

Respondents highlighted the importance of authentic relationships with families, while noting that the responsibility for fostering these connections should be shared with members of the child’s care team and not the sole responsibility of carers.

Supports to achieve the vision

Respondents identified several areas where additional support and training would be needed to effectively support the vision. Respondents noted that training and support should be flexible, practical and ongoing. Of the respondents who answered this question, **44% identified training in trauma-informed care and supporting children to heal from trauma** as the highest additional need. The other support and training identified as being beneficial included:

- Support to facilitate family time (29%).
- Support with establishing or developing good relationships with parents (27%).
- Support in helping children maintain their connections to culture (24%).
- Support to help children and families through restoration (18%).
- Training on helping children maintain their connections to culture (16%).
- Training on facilitating family time (16%).
- Training on supporting children and families through restoration (14%).

A total of 32% of respondents selected that they needed additional support or training in “all of the above”.

What else should we know?

Survey respondents who provided further comments (39%) highlighted three recurring themes:

- Communication
- Consistency
- Support

Carers expressed frustration with poor communication and delays from DCJ and non-government out-of-home care provider caseworkers, which impacted their ability to advocate for children in their care. They called for transparent, respectful relationships and greater support including financial assistance, mental health services, and access to comprehensive child information. Respondents raised concerns about inconsistent practices across agencies, especially with support for relative and kin carers. Carers urged for more equitable, policy-driven decision-making and stronger collaboration between DCJ and non-government out-of-home care providers to ensure consistent and child-centred care.

Online and in-person sessions

Carers participating in both in-person and online consultations reported challenges in identifying three distinct priority areas for improvement. They emphasised that many issues are interconnected, and that changes in one area are likely to influence others. Carers consistently highlighted that strengthening relationships with caseworkers would have a positive impact across multiple aspects of their caring role.

Participants were asked to identify and prioritise their top three areas for improvement. Given the intersection of themes, we have compiled the top 5 across the 23 groups. These were:

1. Better access to information (83%).
2. Stronger relationships with caseworkers (69%).
3. Support and advocacy for carers (69%).
4. Feeling valued and heard (61%) and
5. To be included in decision making (56%).

Themes not identified originally, but raised across multiple sessions, were those of carer wellbeing, agency accountability, transparency and the need for greater consistency.

What is working well?

We asked participants to identify, for the areas for improvement they chose, what is working well or has worked well. They provided the following information that we have summarised under corresponding headings.

Identified Area	What is working well?
Support and advocacy	Support varies, but carers value: <ul style="list-style-type: none"> • advocacy from Carers for Kids NSW (though experiences differ) • supported family time and transport • return of carer support caseworkers in some districts • peer-led support groups and social activities • Carer Advisory Groups • access to trauma healing services like OurSpace and LINKs
Relationships	Carers outlined that, in their experience relationships are strengthened through: <ul style="list-style-type: none"> • carer and child connection activities (for example camps or peer networks) • consistent, supportive caseworkers and dedicated carer support workers • genuine partnerships between carers and caseworkers • regular check-ins and collaborative scheduling • well-managed caseworker handovers and practical support in case plans • caseworker accountability and follow-through

<p>Financial assistance</p>	<p>Carers can rely on:</p> <ul style="list-style-type: none"> • predictable fortnightly care allowances • carer support packages (for non-government provider carers) • a range of financial supports (though eligibility is not always clear)
<p>Access to information</p>	<p>Carers benefit from:</p> <ul style="list-style-type: none"> • resources like the <u>Caring for Kids guide</u> and newsletters • informed and proactive casework • case planning meetings that bring everyone together • transparency around funding and access to case plans • when <i>My Life Story</i> work and other information is shared • support services like Services Australia <u>Grandparent, Foster and Kinship Carer Advisers line</u>
<p>Inclusion in decision making</p>	<p>Carers feel more included when:</p> <ul style="list-style-type: none"> • trust and strong relationships lead to transparent communication • their input is sought and valued in decision-making processes • there are more opportunities for consultation
<p>Respite</p>	<p>Carers noted:</p> <ul style="list-style-type: none"> • funding exists for respite, but awareness and access varies • family and peer networks can support informal respite • in-home respite options are appreciated
<p>Training</p>	<p>Carers highlighted the value of:</p> <ul style="list-style-type: none"> • <i>Carers for Kids NSW</i> training and presentations • carer conferences • access to trauma-informed training through DCJ, Carers for Kids NSW, and external sources like podcasts and Blue Knot Foundation
<p>Systems/ Programs</p>	<ul style="list-style-type: none"> • DCJ Carer Code of Conduct is seen as fair

Other Consultation feedback

Young people with lived experience of out-of-home care – UC Change and CREATE consultants



UC Change and CREATE foundation youth consultants are young people with a lived experience of out-of-home care. These consultants emphasised the importance of carers being well-informed,

supported, and equipped to meet each child’s individual needs. They highlighted the need for carers to actively listen to children, access timely support, and receive training in trauma, child behaviour, diversity needs, and working with families.

“It is always going to be an individual approach”.

UC Change consultant

They told us that carers should be supported through restoration processes and in building respectful, child-centred relationships with families, when safe to do so. Consultants also stressed the importance of cultural understanding, appropriate placement matching, and equitable access to services, particularly in regional areas, through improved financial support for transport, internet access, and flexible service delivery.

Parents with lived experience of the Child Protection and out-of-home care system

We consulted with parents involved with Family Inclusion Strategies in the Hunter (FISH) and NSW Child, Family and Community Peak Aboriginal Corporation (AbSec). FISH is a parent-led organisation based in the Hunter Valley and Central Coast of NSW. FISH supports families with children in the child protection and out-of-home care systems by promoting family inclusion, peer advocacy, and genuine partnership. AbSec is an Aboriginal organisation that supports Aboriginal children, young people, families and communities.

“Parents evolve over time, but the system doesn’t evolve with them [or see the evolution]”.

FISH parent advocate

Parent advocates emphasised the importance of carers understanding their role in supporting restoration and maintaining respectful, child-centred relationships with families. Recommendations from the parent advocates included improving communication between carers and parents, involving families in decision-making, providing joint training, and facilitating shared celebrations and activities. Advocates also called for consistent cultural planning for Aboriginal children and highlighted the need for the system to recognise and respond to positive changes in parents over time.

Considering diverse perspectives

Everyone who participated in consultation brought a perspective shaped by their own lived experience. While there were areas of shared understanding, some views were markedly divergent and further highlighted the complexity of interpersonal dynamics and relationships within the out-of-home care system.

Many participants described feeling powerless. Carers and parents said they were often afraid to raise concerns or make complaints due to fear of negative consequences, such as children being removed or not returned to their care. They reported a lack of transparency in decision-making and a perceived power imbalance between themselves, caseworkers, and the system.

Young people also shared that they sometimes feel excluded from decisions that affect them and uncertain about who to turn to when issues arise. Carers acknowledged the pressures faced by caseworkers, including high workloads and frequent staff changes, but pointed out that it is then difficult to build trust.

The system was described as rigid and risk-averse, with policies that don't always reflect individual circumstances, leading to inconsistent and inflexible responses.

Family time was a central theme across consultations. While many carers actively supported children's connections with family and kin, others described family time as emotionally complex, sometimes marked by stress, grief, or trauma. Parents shared concerns about cancelled or withheld contact, while carers noted the impact of missed visits on children. Young people highlighted that some children can feel pressured to maintain contact with certain family members. Relative/kin placements were recognised as requiring tailored support due to their unique family dynamics.

How do we improve carer experience?

Eight key areas for improvement were consistently chosen across all consultation activities:

1. Support and advocacy for carers.
2. Stronger relationships with caseworkers.
3. Improved financial assistance.
4. Better access to information.
5. Feeling valued and heard.
6. To be included in decision making.
7. More respite options.
8. Better complaint handling processes.

We asked carers to share their perspectives on what changes would make the greatest difference to their experience. The table below summarises their suggestions across the identified key areas. Similar suggestions raised in multiple categories have been consolidated and presented once.

Area for improvement	Key Issues	What could be done differently?
<p>Support and advocacy for carers</p>	<p>Carers feel judged or unsupported when seeking assistance.</p> <p>Support options are neither timely nor flexible.</p>	<ul style="list-style-type: none"> • Increase respite options and flexibility. • Provide therapeutic and mental health support for carers. • Offer carer support funding as part of carer support plans. • Improve service access for children, including health and early intervention. • Independent carer advocacy with clarity on independence and role, for example during reportable conduct investigations. • Allow for independent support during investigations and/or complaint handling processes. • Co-design a carer-caseworker code of conduct or partnership agreement. • Create an after-hours support and advice line for carers. • Support peer groups and carer connection activities. • Improve carer recruitment and training with realistic expectations.

		<ul style="list-style-type: none"> • Recognise the impact on the whole household, not just the primary carer. • Introduce carer coaching and mentoring. • Provide bespoke training aligned with the child’s needs.
<p>Stronger relationships with caseworkers</p>	<p>Relationships with caseworkers vary greatly; some carers feel unsupported or dismissed.</p> <p>Carers experienced frequent caseworker changes, poor handovers, and lack of collaboration.</p>	<ul style="list-style-type: none"> • Promote a genuine partnership approach between carers and caseworkers. • Make home visits more flexible and purposeful, with clear agendas and follow-up. • Encourage rapport-building activities to understand carer circumstances. • Implement a clear handover process when caseworkers change. • Introduce carer support caseworkers with expertise and manageable caseloads. • Facilitate safe connections between carers and children’s families. • Caseworkers need real life experience - not just a university degree. • Host forums for carers and workers to learn from each other. • Minimise caseworker changes to support consistency and avoid disruption to the child and carer. Where a caseworker does change, ensure the new caseworker understands the case prior to any meeting or visit. • Caseworkers follow through with agreed actions.
<p>Improved financial assistance</p>	<p>Carers experienced inadequate and inconsistent financial support.</p>	<ul style="list-style-type: none"> • Increase allowances, especially for high-needs children. • Change the payment system for carers to be paid as professionals and/or receive superannuation top ups for loss of earnings. • Streamline processes to allow for timely reimbursement or allow direct payment to providers. • Ensure extra funding for specialist costs. • Publish clear, consistent guidelines on entitlements and allowance eligibility across all agencies.

<p>Better access to information</p>	<p>Carers often feel left out of important information about the child and the system.</p> <p>Information is scattered across multiple platforms and not consistently shared.</p>	<ul style="list-style-type: none"> • Consolidate all information for carers into a centralised ‘one-stop shop’ online. • Ensure transparent and consistent sharing of entitlements, policies, and procedures. • Provide carers with copies of case plans, including financial details. • Share standardised child information (such as routines, allergies, triggers) with carers, including respite carers, and improve information sharing during the initial months of placement and post placement. • Offer honest and accurate information before placements to support better matching. • Develop checklists for entitlements for new carers, and for placement matching.
<p>Feeling valued and heard</p>	<p>Carers feel their knowledge and contributions are overlooked.</p>	<ul style="list-style-type: none"> • Improve casework consistency and accountability. • Acknowledge carers’ expertise and insights into the child’s needs. • Recognise carers through local appreciation initiatives. • Embed carer recognition into everyday practice. • Provide training for caseworkers on working respectfully with carers and acknowledging their expertise. • Strengthen support given by agencies and caseworkers when advocating for children’s needs. • Create formal, ongoing engagement mechanisms (such as advisory groups, surveys, annual reviews) to regularly gather feedback and improve services. • Host quarterly local conferences or meetings with diverse representation (carers, DCJ and agency staff) to foster connection, provide training, and support collaboration through question-and-answer panels and team-building activities.
<p>To be included in decision making</p>	<p>Carers feel excluded from decisions that affect them, their family and the child/ren they care for.</p>	<ul style="list-style-type: none"> • Consult carers genuinely, respectfully and proactively on decisions, recognising them as key stakeholders. • Improve the power balance between carers, birth parents and agencies. • Effectively communicate with carers about decisions being made and changes occurring so the carer can support the child adequately. • Ensure transparency in decision-making across agencies. • Offer training for carers on their rights and role in decision-making. • Improve caseworker retention to support consistent inclusion.

		<ul style="list-style-type: none"> • Create an accountability process for carer involvement in decisions. • Minimise bureaucracy of decision-making.
More respite options	Respite is limited and inflexible.	<ul style="list-style-type: none"> • Recruit and train more respite carers, including for high-needs children. • Offer flexible respite options (such as friends, day care or respite houses). • Guarantee funded respite days and follow through on commitments. • Create a respite carer pool across agencies. • Have a dedicated respite coordinator.
Better complaint handling processes	Lack of transparency, fear of retaliation, and slow resolution.	<ul style="list-style-type: none"> • Establish an independent complaints team with clear processes. • Ensure transparency and regular updates during investigations. • Provide dedicated support for carers navigating complaints. • Carers provided with information around their rights when they first become carers.

Other actions we heard would have an impact not specific to, but related to the above areas include:

- A central authorisation/registration for carers that goes with the carer – to allow for easy transition across agencies if needed, rather than carers having to complete a new authorisation for a new agency. It will also support the use of cross-agency respite carers.
- DCJ to mandate the use of a single carer code of conduct for carers across all agencies.
- Training that is flexible, across multiple modes of delivery – in person, online, after hours, in school hours and/or on weekends and that covers a range of topics.

Priority areas for improvement

Consultation identified **two (2) overarching themes**; those centred on relational practice (**relationships**) and those focused on system issues (**systems**).

Within these themes we have identified **eight (8) priority areas**. These eight (8) areas will form the priority areas for improvement in the five-year Out-of-Home Care Carer Strategy. Once listed in the strategy, each priority area will include clear objectives to enable direction and focus as well as outcomes to ensure accountability across out-of-home care providers.

Although not an identified top theme through the consultation, our conversations with carers and findings from reports, including Family is Culture, highlighted a consistent need for a culturally responsive out-of-home care program. This program must be capable of meeting not only the diverse needs of Aboriginal people but also the cultural needs of all children, carers, and families. This will be embedded across the eight (8) priority areas.

Relationships

Relationships should be at the heart of all good practice. Every consultation with carers, young people and parents with lived experience of out-of-home care highlighted the importance of relationships. Carers believe a cultural shift is needed across the out-of-home care sector, built on strong relationships, sharing of information and decisions, and focused on genuine partnerships, respect, transparency and honesty. Carer support and wellbeing need to be increased across the sector to ensure placement stability, strong connections and support for children in out-of-home care.

Relationships

Embedding relational approaches



Carers told us that they want to be recognised and respected as part of the child's support network.

Parents, young people and many carers emphasised the importance of fostering positive relationships across families, carers and caseworkers and the benefits of these connections for children.

Carers highlighted wanting genuine, supportive and responsive relationships with caseworkers built on trust, transparency, and accountability.

Elevating carer voice through genuine partnerships



Carers want to be recognised as partners in a child's support network, with their insights and lived experience shaping decisions, including both day-to-day decisions and the opportunity to shape broader strategies and policies that impact them.

Strengthening communication, transparency and accountability with carers.

Carers are calling for a more transparent, informed, and connected experience. They want communication that is clear, timely, consistent, respectful and responsive.



Carers want access to critical information that they need to best care for children, including child specific information, as well as their rights, entitlements, supports available and clarity on how to navigate both the NSW and Commonwealth systems that impact them.

Carers also want more support, advocacy and guidance to navigate complaint systems and reportable conduct processes.

Enhancing carer satisfaction, support and wellbeing.



Carers require a more responsive support system that acknowledges the complexity of their role, and their wellbeing needs to ensure they can provide safe, nurturing environments for children. They are seeking timely, tailored and proactive support.

Systems

Systems should be responsive to the individual needs of service users. Systems should be consistent, flexible and easy to navigate. The systems issues carers highlighted include training, respite, financial assistance and reimbursement, and understanding the 'system' itself.

Systems



Creating an agile recruitment and retention system

We need to attract and retain a diverse pool of carers capable of meeting the varied needs of children in OOHC, including respite, restoration, and emergency care. Recruitment must be innovative, culturally responsive, and streamlined to attract the carers we need, with training and onboarding experiences that equips carers with the knowledge, skills and preparedness to provide care.



Improved financial assistance

Carers told us that they need timely and transparent financial support, with clarity on their entitlements, both state and commonwealth, support to navigate systems, and timely reimbursement and coverage for out-of-pocket expenses.



Building carer capability through accessible and responsive training.

Training was identified as a key enabler for improving carer recruitment, onboarding, and preparedness, while also strengthening carers' skills, confidence, and capability on an ongoing basis.

Carers emphasised the need for flexible, specialised training that is available from the beginning of the caring journey and continues throughout, evolving with carers and children's changing needs.



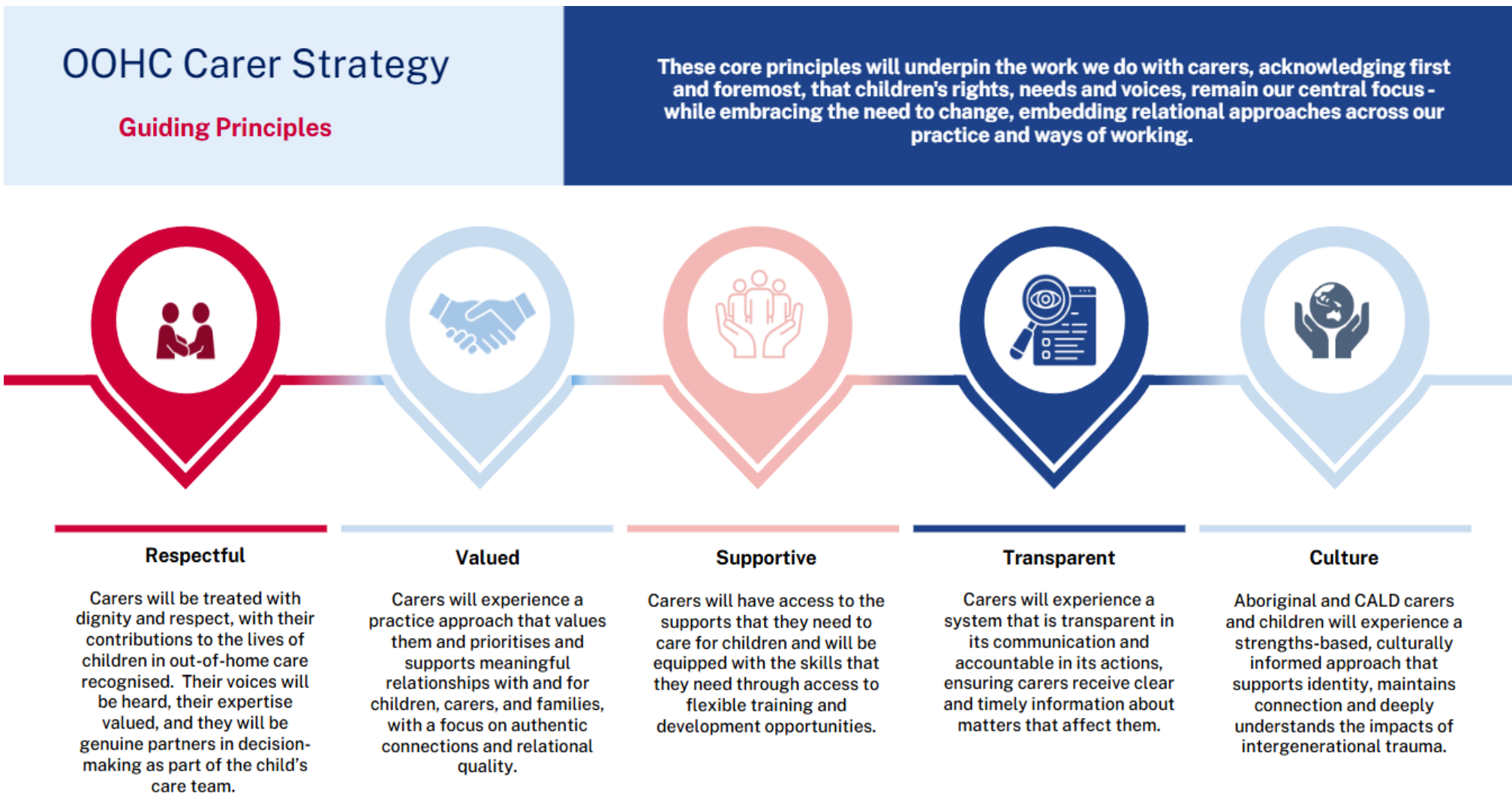
Flexible and accessible respite options.

Carers need flexible respite solutions that reflect the unique needs of both children and caregiving households. This includes both the need for diverse and accessible models of respite and integrating respite as a normal part of case planning, as well as, improving the respite capacity across the sector to meet the need.

Guiding Principles

Listening to carers and considering insights from past reports and reviews, we have proposed the following **guiding principles** for the Out-of-Home Care Carer Strategy. These principles will serve as the foundation for all our work with carers

Figure 5 Guiding Principles



Next Steps

The findings from the consultation have been shared with the broader sector, highlighting the priority areas for improvement and sharing the five guiding principles that will shape how we work alongside carers.

Between late October and mid-November 2025, we returned to share our findings with carers. This provided an opportunity for those involved in the consultation to let us know if we heard them correctly and got it right.

The team have continued to develop the Out-of-Home Care Carer Strategy, incorporating information received from the carer feedback sessions.

The team have concurrently commenced development of the DCJ Carer Support Action Plan, which outlines how we plan to implement the broader Strategy and clearly outline how we will support DCJ carers via relevant actions and initiatives.

The Out-of-Home Care Carer Strategy is expected to be finalised by December 2025 and officially launched in early 2026, alongside a DCJ Carer Support Action Plan, which will outline the first two years of implementation. At the same time, we'll be engaging with the sector about the importance of developing their own plans and how progress will be monitored.

Figure 6 – Timeline for what is next.



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