Barriers Carers and Children in Out of Home Care Experience Accessing Mental Health Services – Survey Snapshot

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With thanks to staff, board and volunteers of A Better Life For Foster Kids, and all participating carers.

Contents

1.0 EXECUTIVE SUMMARY

A Better Life for Foster Kids undertook a survey investigating barriers carers experience getting mental health care for the children in their care and investigating what kinds of mental health care services they would find helpful.

Method

This survey was delivered via SurveyMonkey between 23 February 2021 and 24 March 2021. There were 44 respondents.

The survey was designed with a combination of multiple choice and open-ended questions aimed to gather information to inform an understanding of foster and kinship carers' experiences of accessing mental health services for the children in their care and for themselves, and the system gaps and barriers they encountered.

The survey was put out on several Facebook groups and pages used by carers, including the A Better Life for Foster Kids Facebook page.

Background

Research shows that mental health problems of children in out of home care is between 2-5 times higher than the general population, however few receive professional mental health care.[1] While carers can provide homes for children, they are not professionals trained in the 24-hour psychiatric care some of these children require. [2]

Findings from research by Emerging Minds with carers on the mental health of the children in their care showed very similar results to this survey: the support available to carers was inconsistent, not offered at all, or was only being accessed with great difficulty, and the "mental health needs of children were disregarded by the statutory system."[3] This report suggested greater access to timely and accurate information

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[1] Sawyer, M., Carbone, J., Searle, A., and Robinson, P. 2007. 'The mental health and wellbeing of children and adolescents in home-based foster care.' The Medical journal of Australia 186(4):181-4

[2] Sawyer, M., Carbone, J., Searle, A., and Robinson, P. 2007. 'The mental health and wellbeing of children and adolescents in home-based foster care.' The Medical journal of Australia 186(4):181-4

[3] Fergeus,J. 2018. The importance of supporting foster and kinship carers in promoting children's mental health. Emerging Minds. https://emergingminds.com.au/resources/the-importance-of-supporting-foster-and-kinship-carers-in-promoting-childrens-mental-health/

alongside targeted training and advice, and flexible respite care may help improve mental health outcomes for children.

Note this report uses ‘Department’ to refer to the State Government Department responsible for child protection in each state.

“Australian and international studies show a high prevalence of emotional and behavioural disorders in the fostered population. Developmental delays are also common, including speech and language cognitive development and gross and fine motor skills problems…These can confound both the child’s capacity for communication and the carer’s expectations about and responses to the child. These factors add to the complexity of assessment and intervention. **Children in OOHC warrant special attention and priority access to comprehensive health and developmental assessments and multi-disciplinary mental health care that can address their complex health, psychosocial and developmental needs within the context of their placement and the care system.**” – The Mental Health care Needs of Children in Out of Home Care. 2015. RANZCP. https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/mental-health-needs-children-in-out-of-home-care

Findings

It is clear from the survey responses that a high need for mental health care supports among children in out of home care exists, but that there are significant systemic barriers and few enablers to accessing mental health care support for children and carers.

> *“Out of 70+ children over 10+ years, only 5 had mental health support from professionals psychologist/counsellors”* – Survey Respondent

This section outlines the key findings on the prevalence of need for mental health care supports and barriers to accessing services.

Key findings on accessing mental health care supports

98%

of respondents reported having had to seek mental health support or services for a child in their care.

73%

of participants experienced financial constraints as a barrier to accessing mental health services for a child in care

58%

of participants had difficulty obtaining departmental/agency permission to access mental health supports

Access to appropriately trained professionals was experienced as a key barrier, as was availability and consistency

Transport to appointments was experienced as a barrier to mental health care access by 30% of carers.

Lack of permanency of placement was provided as a reason not to fund a child's mental health care.

The data suggests that for some carers, funding of the payments for mental health care plans would overcome barriers to access. However, it is clear that there are numerous other barriers – including consent of the Department/parent, availability of appointments, availability of suitably qualified professionals – that also need to be addressed to create equitable mental health care access for children in out of home care.

Carers experiences of the systems they interact with in order to seek mental health support for the children in their care were largely negative. They experienced the child protection system as difficult to navigate, difficult to obtain funding from and ill-attuned to the mental health needs of the children in their care.

The carers who participated had concerns that the professionals who fully bulk-bill (preferred by the Department) were not necessarily those who were well-qualified to help children with complex needs and trauma.

For those who could afford it, paying privately for mental health care was seen as the easiest way to get the child's needs met, without waiting until the child was in crisis.

Alternative therapies such as art therapy or equine therapy were seen as a way to provide mental health relief for the child, without having to navigate consent, but again at cost to the carer.

Case Study

"When a child in my care became suicidal, we took her to the emergency department for treatment. She refused follow up treatment appointments with the hospital social workers so we then requested mental health support through our agency. We were told she did not fit the criteria for funding and we would have to wait until she was in a permanent placement. Without professional mental health support her behaviours got worse and we were unable to sustain the placement."

(This case study is a fictionalized representation of the types of stories shared by carers in the survey.)

The survey also provides an indication that carers would like more information on appropriate and available therapists, and education on how to parent trauma-impacted children, but that carer education on its own is not enough without therapy for the child.

When asked what the perfect mental health service would look like, answers were largely focused around earlier access to therapists who were consistently available (in out of school hours), qualified in trauma-based therapies, and without requirements that the child be in a permanent placement to access help. Several carers recommended including mental health needs assessments at the point of placement. It was seen as important that carers be involved and included in mental health treatment.

2.0 What does the survey data say?

About the participants

Respondents who identified their state (n=24) were predominantly from Victoria, with a few respondents from other states (Figure 1).

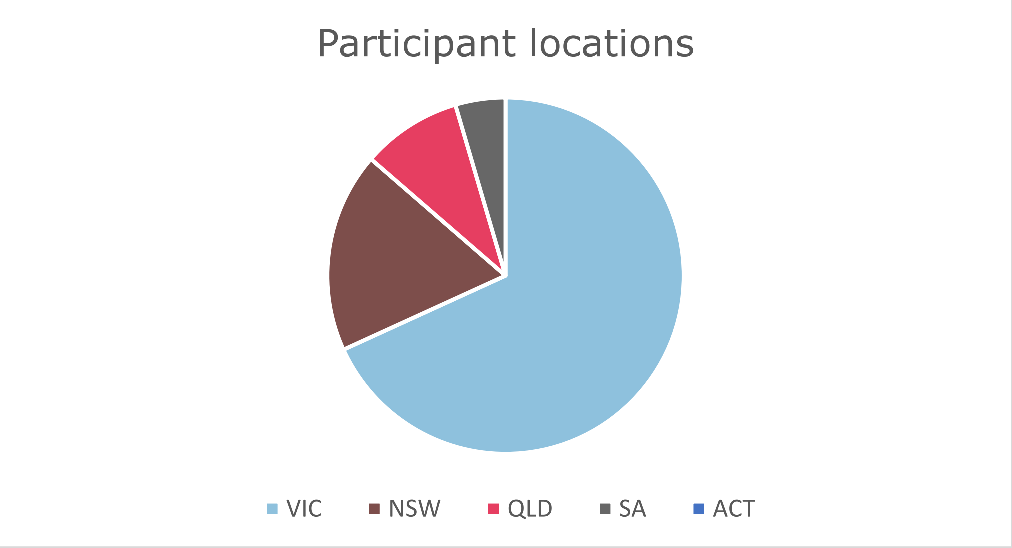

Figure 1 Participant locations

Barriers

40 participants (90%) responded to the question about barriers they experienced accessing mental health care.

The most common barrier to accessing mental health services for a child in care was financial constraints (73% of carers).

Difficulty getting permission from the Department and/or agency to access mental health supports (58% of carers) was a common experience, however getting a mental health plan from a GP was less of a barrier (15% of respondents). That a mental health plan was not experienced as a barrier may also be due to the lack of ability to get permission from the Department, or from uncertainty over how the system works (18%).

There were two options indicating the availability of appropriate professionals and these both scored highly as barriers

Transport to appointments was experienced as a barrier by 30% of respondents. Concerns over a child being removed from the placement if they sought help for mental health was experienced by 25% of carers.

What kinds of supports are beneficial?

We asked what kinds of mental health support might be most useful to the children in their care and them as the carer. Options were: counselling from a psychologist or mental health professional; creative or animal-focused therapies such as art therapy, music therapy or equine therapy; activities such as music, dance or art classes, which aren't therapeutic in nature but can improve a child's social and emotional wellbeing and; counselling from a psychologist or mental health professional to help the carer learn tools and techniques to help support the child they are caring for. All options provided scored highly.

Professional psychologist or mental health professional support was seen as the most beneficial with 84% of respondents stating this would be beneficial to them as the carer, and 84% stating it would be beneficial for the child.

Can you describe any barriers to accessing mental health services for a child in your care which you've experienced?

There were several recurring themes in this section, largely clustered around the Department[4] responsible for out of home care not providing funding; consent to treat or; acknowledgement of the child's mental health care needs. In some cases, the child did not meet the criteria for mental health care. In some cases, respondents were told by the Department worker they spoke to that the child did not need mental health care from a professional, but just to have a loving connection with a carer.

Respondents stated that the Department preferred bulk-billing services, but that this was sometimes an issue as the professionals who provided bulk billing were often not appropriately qualified or experienced in trauma approaches or in working with children to be able to assist.

Lack of permanency in the court order was provided by the Department as a reason not to fund mental health support.Lack of consent from parents was also an issue, particularly when parents could not be found.

The number of Medicare funded appointments (10) provided on a mental health care plan were seen to be inadequate[5]. This aligns with the responses to the final question, asking about what a good mental health care service would look like, which mentioned a frequency of weekly/fortnightly therapy as the ideal.

Wait times to get an appointment with a therapist was mentioned as an issue by several respondents, and in many cases the lack of access to immediate care meant that children's issues worsened to crisis point. For many, access to an appropriately qualified and skilled professional in their area was an issue. This was mentioned as a particular issue in regional areas. Having to drive for a number of hours to access a therapist resulted in time constraint issues. In some cases inability to access the right therapist led to children having negative experiences with the therapists that were available, or who were in-house agency/Department therapists.

Juggling appointments with school was also an issue.

The system of consents, funding and knowing about what level of professional intervention was needed was seen as confusing and difficult to navigate.

Please describe the circumstances around the number one biggest barrier you face?

Respondents frequently saw the Department's "refusal to seek support and refusal to pay" as a key barrier. Carers felt the Department did not listen to concerns about escalating behaviours. Carers had to spend a lot of time advocating to the Department in order to gain consent and then funding for mental health support. In some cases the Courts, Department

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[4] Carers are likely referring to the standard number of sessions available on a mental health care plan, or may be unaware that until June 2022 there are 20 funded appointments on a mental health care plan as a result of COVID-19

of Education and others in contact with the child had recommended psychological treatment, however the Department did not provide funding. Some stated that they felt the Department blamed foster parents for the children's behaviors, rather than agreeing that the child needed help. In cases where funding was provided, some carers were not paid until months after the appointment had taken place, resulting in out of pocket expenses.

Another primary issue emerging from responses was the difficulty in accessing suitably qualified therapists and the lack of available appointments. Some therapists declined to work with children and others did not wish to work with children in out of home care (who often have complex needs). There were long wait lists for appointments and many carers mentioned the lack of trauma-informed practitioners.

The limited number of Medicare funded appointments was raised as an issue in this section also.

In some cases the carer could not access the child's Medicare card, so was out of pocket with no way to claim.

Can you tell us about a time you've sought mental health services for a child in your care?

Experiences carers wrote about in response to this question were largely negative, reflecting on a lack of consistency of therapists, lack of adequately qualified therapists, long wait lists, a lack of support or consent from biological parents and/or the Department even when the child was in crisis, lack of consent from agency despite medical advice to proceed with therapy, placement breakdowns due to lack of support even when behaviours were extreme.

One carer was told that they were not entitled to funds for mental health needs. In most cases carers' responses reflected that funding for and access to mental health care was insufficient to meet the child's complex needs, or non-existent. For many, the only way they could proceed with any kind of therapy was to pay out of their own pocket, and oftentimes to research and find mental health/ pediatric professionals on their own.

There were a few positive experiences mentioned: one carer had a supportive agency that covers any cost the NDIS doesn't. One had a child who was seeing a psychologist weekly and had also found psychologist services for themselves as carers.

A recurrent theme in this section was that carer education on how to parent traumatized children was helpful, but on its own was not enough without therapy for the child.

<u>If you could design the perfect mental health service for the children in your care, what would that look like? (Think about who would be involved, where would it happen, how frequent it would be, when it would happen e.g. upon placement or later, what would it cost).</u>

Answers in this section were largely focused around earlier access to therapists who were consistently available (in out of school hours), qualified in trauma-based therapies, and without requirements that the child be in a permanent placement to access help. Several carers recommended including mental health needs assessments at the point of placement. Importantly, carers mentioned the need for them to be involved in sessions with the child.

A number mentioned active (walking, shopping, outing) therapy to build rapport, creative and animal therapy, occupational therapy to teach basic life skills, and at-home based mental health care. The regularity of mental health care sessions was important, with weekly and fortnightly visits being suggested.

A number of carers suggested the service would need to be free or low cost.

A one stop shop for all professionals with speech and occupational therapists and psychologists with experience and knowledge in foster care and trauma was seen as the ideal. This spoke to the barriers carers face with managing time and transport to fit in all required appointments.

Supports for carers such as a mental health planning strategy to help carers with their child's mental health, carer visits to mental health professionals, education on navigating the system and a list of trauma-informed therapists were also mentioned.

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Conclusions

Seeking mental health care for a child in foster or kinship care comes with additional challenges and paperwork. Knowing which steps to take in what order to get the needed care for kids can be difficult, and the process is not well documented or easy to navigate on government websites. Carers may face multiple different barriers at different points in the system, and while they do so are juggling the time constraints of work, school and family visits, all while they carry the responsibility for the fact that the child in their care is continuing to suffer.

Responses in this survey show that the systems of permissions and funding criteria of the Departments responsible for child protection, as well as the lack of trauma-trained child specialists in mental health had created systemic barriers for the participants who had sought mental health services for the children in their care.

The survey also identified the cost of accessing appropriate mental health care was an issue for a majority of carers. This aligns with the Foster

Care Association of Victoria's 2018 findings that more than one in three foster carers in Victoria experienced financial hardship, and the Victorian carers allowance falls short by around $70 per week per placement of the true costs of care ($3,640 per child per year not including any loss of income due to caring responsibilities)[6].

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[6] Foster Care Association of Victoria (2018). The Foster Care Association of Victoria Claims for Improvement, accessed at https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwj7qYfj_rjxAhUzzDgGHRAeBNIQFnoECAUQAw&url=https%3A%2F%2Fwww.fcav.org.au%2Fimages%2Fmedia%2FCare_allowance_talk_sheet.pdf&usg=AOvVaw2LRW4SdbXmhJBbsrkKYA_Y