



Dr. Fiona Arney

Inquirer

Foster and Kinship Care Inquiry

Carer.submissions@sa.gov.au

**Child and Family Focus SA submission to the
Independent Inquiry into Foster and Kinship Care**

Dear Dr Arney

Child and Family Focus SA (CAFFSA) welcomes the opportunity to provide this submission to the Independent Inquiry into Foster and Kinship Care.

CAFFSA is the South Australian peak body and industry association for child protection and child safety, representing the needs of South Australian children, young people, families, and the nongovernment, not-for-profit organisations who support them. After seeking input from the CAFFSA Board of Directors as well as CAFFSA members represented on our Policy and Advocacy Committee, I enclose our formal submission.

I would be pleased to discuss any aspect of our submission with you further, if required.

Yours faithfully

A handwritten signature in black ink, appearing to read "R Martin".

Dr Robert Martin

Chief Executive Officer

Child and Family Focus SA

Direct Mobile: 0438 821 918 **Email:** rob@childandfamily-sa.org.au



Child and Family Focus SA (CAFFSA) Submission

Independent Inquiry into Foster and Kinship Care

CAFFSA Submission: Independent Inquiry into Foster and Kinship Care

Acknowledgement

We acknowledge the traditional lands of the Kurna people and acknowledge the Kurna people as the custodians of the Adelaide region and the Greater Adelaide Plains. We pay our respects to Kurna Elders past, present and emerging.

We acknowledge the traditional custodians of land beyond Adelaide and the Adelaide Plains, and pay our respects to all Aboriginal Elders past, present and emerging.

We acknowledge and pay our respects to the cultural authority of our Aboriginal and Torres Strait Islander colleagues and are grateful for the cultural expertise that they represent.

Introduction

CAFFSA welcomes the opportunity to make this submission to the Independent Inquiry into Foster and Kinship Care.

Child and Family Focus SA (CAFFSA) is the South Australian peak body representing the needs and interests of children, young people and families connected with or at risk of entering the child protection system, and the not-for-profit, non-government organisations who support them.

Our vision is of an **inclusive community where all children, young people and families are secure, safe and supported.**

This submission was developed in the spirit of this vision and purpose.

In developing this submission, CAFFSA incorporated feedback that was thematic from member agencies, many of whom receive funding from the Department for Child Protection

to support the placement of children and young people in foster and kinship care. This facilitates the vital role of supporting carers to provide the best possible care for the most vulnerable children in our community. It incorporates both supporting carers to make complaints to their own or other organisations, including DCP, as well as ensuring their own agency has a clear, fair and consistent complaints resolution process.

Some of this submission also draws on the response made by our partner organisation, Connecting Foster and Kinship Carers SA Inc (CF&KC SA). As CF&KC SA is the independent, peak representative body for foster and kinship carers across South Australia, CAFFSA values and respects their ability to represent the views, needs and concerns of carers across a range of domains, including those matters canvassed in this Inquiry. Since the inception of the Inquiry, CF&KC SA staff have regularly updated CAFFSA's Policy and Advocacy Committee and the Family Based Care Network on their extensive liaison with carers across the state in relation to information, consultation and support regarding the nature and purpose of the Inquiry and the process of making a submission.

CAFFSA notes that in 2015, the Australian Centre for Child Protection was funded by the Child Protection Systems Royal Commission to conduct a review of the implementation of recommendations made by previous independent child protection inquiries that had been conducted in South Australia. At that time, four independent child protection inquiries had been undertaken in South Australia. These were the Layton Review in 2003, the Mullighan CISC Inquiry in 2008, the APY Lands Inquiry also in 2008 and the Debelle Inquiry in 2013.

A total of 349 recommendations were made across the four inquiries and a report was prepared which, inter alia, provided a brief outline of the implementation status of each recommendation in preparation for the Child Protection Systems Royal Commission (the Nyland Royal Commission.)¹ This comprehensive investigation into the laws, policies, practices and structures in place for children at risk of harm, including those who were under guardianship of the minister, made a further 260 recommendations to improve the child

¹ Stewart Mcdougall, Samantha Parkinson, Kerry Lewig, Fiona Arney, The Implementation Of Recommendations Made By Independent Child Protection Inquiries In South Australia: A Report To The Child Protection Systems Royal Commission, April 2016

protection system.² Reporting in 2016, 59 recommendations were to Out of Home Care, and three priority reforms were progressed in Phase 1 including ‘the development of an Out of Home Care (OOHC) Strategy where all key partners and service providers work together in a coordinated way to provide children in care with safe and stable environments where they can thrive.’

CAFFSA is confident the Inquirer will consider the relevant recommendations from each of these reports, along with the current implementation status. As a result, CAFFSA has not included them in this submission, but has highlighted the important background and context they provide.

CAFFSA's responses to the Terms of Reference are as follows:

1. Term of Reference (a)

Must review existing complaints mechanisms in the Department as they relate to foster care and kinship care, including consideration of—

(i) how such complaints are processed by the Department; and

(ii) the independence of the complaints process; and

(iii) outcomes and actions arising from such complaints; and

(iv) the extent to which outcomes and feedback relating to such complaints are communicated to foster carers and kinship carers.

Comments and complaints provide unique and important information about the needs of the person making the complaint and the quality of service they receive. At a time when the need for South Australia to recruit and retain foster and kinship carers has never been more pressing, having systems that ensures carers concerns are heard and responded to professionally and fairly is crucial. Only a small proportion of people who are dissatisfied will lodge a complaint (less than 4 per cent in the Australian health care industry, for example³), but they will tell their family and friends about their bad experience, with the possible

² <https://www.childprotection.sa.gov.au/department/royal-commissions-and-reviews/child-protection-systems-royal-commission>

³ Complaints Management Handbook for Health Care Services, Australian Council for Safety and Quality in Health Care, 2005, <https://www.safetyandquality.gov.au/sites/default/files/migrated/complntmgmthbk.pdf>

outcome of deterring others from applying to become, or continuing to provide care, as a foster or kinship carer.

A proactive approach to capturing carer feedback is needed if carers are to make a useful contribution to quality improvement, whether it's through complaints, suggestions or comments. Helping the Department of Child Protection and support agencies to understand potential problems is one important way to ensure the best possible care for the most vulnerable children and young people in South Australia. CF&KC SA have submitted an extensive analysis of the core elements of an appropriate complaint handling mechanism and framework and CAFFSA endorses their proposed approach.

CAFFSA supports CF&KC SA's calls on the Inquiry to make recommendations in relation to the first Term of Reference for all DCP complaints handling mechanisms to be measured against the relevant ISO Standard and the Commonwealth Ombudsman Guide and, if necessary, be brought up to the standards they set⁴.

CAFFSA also supports CF&KC SA's call for high quality and transparent complaints management mechanism to be embedded in the contracts between DCP and its agencies with expectations of its agencies is visible to, and able to be accessed by, Carers and others.

5

A number of CAFFSA member agencies raised issues with DCP's internal carer review process, as have a number of carers themselves. Both member agencies and carers experienced decisions they felt were made by DCP without adequate consideration of information they held, and/or with poor communication about how decisions have been made or changed. Both agency staff and carers pointed to detrimental outcomes for the support agency, the carer and/or the child or young person as a result.

⁴ Connecting Foster and Kinship Carers – SA Inc Submission to the Independent Inquiry into Foster and Kinship Care, Submission correspondence dated 9 May 2022, p 7

⁵ Connecting Foster and Kinship Carers – SA Inc Submission to the Independent Inquiry into Foster and Kinship Care, Submission correspondence dated 9 May 2022, p 7-8

CAFFSA recommends that the internal review process always include consultation and clarification with the carer and support agency, with a strengths-based analysis applied during both the determination phase and the documentation of reasons phase.

2. Term of Reference (b)

Must review the adequacy of existing consultation processes between the Department, other persons and bodies involved in foster care or kinship care, and foster carers and kinship carers

Recent UK research⁶ shows that fostering can involve high levels of personal satisfaction, however it has also been shown to be emotionally and psychologically demanding, as it often involves caring for children with complex and challenging needs. The foster-caring role is further complicated as it involves developing relationships with birth families, social workers and a myriad of other professionals. Research consistently shows that collaborative working practice between foster carers and social workers is viewed as a key factor in promoting stability in foster families. Foster parents consistently acknowledged an overwhelmed child welfare system and the impact on child welfare workers and child welfare-involved families. Understanding the perspectives of foster parents can improve relationships between child welfare workers and foster parents, improve recruitment and retention efforts of foster parents, prevent disruption of children from foster homes due to license closure, and improve the overall well-being of child welfare-involved children and families.⁷

When reviewing the literature regarding factors that promote stability in foster families, some important factors emerge:

- foster carers having regular contact with social workers
- foster carers being provided with adequate information about children's history
- foster carers feeling their views are taken seriously

⁶ Lotty, Maria, Teamwork in mind: exploring collaborative practice in foster care as a key component of trauma-informed foster care, *Foster*, Issue 9, 2020, pp 59-69

⁷ Geiger, J. M., Piel, M. H., & Julien-Chinn, F. J. (2017). Improving relationships in child welfare practice: Perspectives of foster care providers. *Child & Adolescent Social Work Journal*, 34(1), 23–33. <https://doi.org/10.1007/s10560-016-0471-3>

As we work together in the interests of protecting vulnerable children and young people, we work within a trauma-infused environment. The well recognised six guiding principles for trauma-informed practice developed by the Substance Abuse and Mental Health Services Administration (SAMSHA) in the USA arguably serve to highlight the importance of functional consultation processes and safe relationships between the Department, other persons and bodies involved in foster care or kinship care, and foster carers and kinship carers.

The guiding principles are as follows:

1. Safety

Throughout any organisation or system of working relationships, the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding how 'safety' is defined by those being served is a high priority.

2. Trustworthiness and transparency

Operations and decisions are carried out in a transparent way, with the goal of building and maintaining trust among everyone involved.

3. Peer support

Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust and enhancing collaboration.

4. Collaboration and mutuality

Importance is placed on partnering and the 'levelling' of power differences, demonstrating that healing happens through relationships and in the meaningful sharing of power and decision-making.

5. Empowerment, voice and choice

For all individuals involved, strengths and experience are recognised and built upon. The organisation understands that the experience of trauma may be a unifying aspect in the lives of everyone involved, including those who run an organisation. As such, development and services are offered to those involved, at all levels.

6. Responsiveness (recognition of cultural, diversity and historical trauma issues)

An organisation actively moves beyond cultural stereotypes and biases and offers services that are responsive to gender difference and identity, traditional cultural connections, historical trauma, and the racial, ethnic and cultural needs of individuals served.⁸

Feedback received from both CAFFSA member agency staff and carers themselves indicate that there is some way to go before communication and consultation processes between themselves and DCP staff fulfil SAMSHA's six guiding principles for trauma-informed practice. Adherence to these principles would also contribute to retention of child protection staff. Recent Australian research confirmed that factors associated with the psychosocial work environment, rather than the psychological and emotional aspects of child protection work per se, exert the biggest influence on practitioner wellbeing.⁹

CAFFSA recommends that consultation processes between the Department, other persons and bodies involved in foster care or kinship care, and foster carers and kinship carers be based on the six guiding principles for trauma-informed practice developed by the Substance Abuse and Mental Health Services Administration

Benefits of Co-design

The use of co-design should be considered as a way to improve consultation processes and outcomes.

Whether it is used for research or service improvement, co-design can have benefits for projects, users and services.¹⁰ Projects may be enhanced by the range of available ideas, a better understanding of user needs, and reduction in development costs and time. Users may

⁸ SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

⁹ Kerry Lewig, Sara McLean, Caring for our frontline child protection workforce, Child Family Community Australia Paper No. 42 – December 2016

<https://aifs.gov.au/cfca/publications/caring-our-frontline-child-protection-workforce>

¹⁰ Hiran Thabrew, Theresa Fleming, Sarah Hetrick and Sally Merry, Co-design of eHealth Interventions with Children and Young People, *Frontiers in Psychiatry*, Volume 9. Oct 2018, page 1.

benefit by receiving a more satisfactory intervention or higher quality of service and becoming educated about future interventions. Services can improve their relationships with users, focus on user needs and can increase the likely support and success of innovations.

Co-design is not new to SA. The DHS website describes a co-design project undertaken a few years ago:

To create meaningful and sustainable change, the new Child and Family Support System (CFSS) has been designed together with the people who need the services and the people who deliver the services.

A comprehensive, statewide co-design process was led by the Early Intervention Research Directorate of DHS in 2019 to inform approaches to and priorities for the reform of the Child and Family Support System. Stakeholders across government, the sector and communities have all agreed on how we will work together to better support our state's families. This authority and the environment of collaboration and mutual respect established in the process continues as we implement changes to the CFSS.¹¹

CAFFSA members have been calling for greater opportunities for collaboration and co-design with DCP for some time.

CAFFSA recommends ensuring planning mechanisms are in place as a matter of course to bring together carers, CF&KC SA, CREATE, NGOs and DCP officials when changes to policies and systems are being considered or new initiatives are being designed.

CAFFSA recommends that DCP utilise the principles of co-design when planning new services and processes or redesigning existing ones in order to improve both outcomes and partnerships.

¹¹ <https://dhs.sa.gov.au/services/cfss/eird/co-design>

3. Term of Reference (c)

Must review the transparency and availability of documentation and information held by the Department and other persons and bodies involved in foster care or kinship care to foster carers and kinship carers (including care concerns and manuals of practice)

The issue of transparency has been a long running issue in child protection across Australia. Prior to examining the importance of transparency with foster carers and kinship carers, CAFFSA submits there are broader, systemic issues that should also be considered. Research in Victoria¹² concluded:

a policy of transparency can offer disclosure about the operations of an agency. It can promote openness, public trust, social responsibility on the part of the organization, and foster accountability. It can also help respond to the failures in child protection which are by and large characterized by secrecy as a mode of operating. It can help mitigate gossip and scandal which often produce inaccurate information and harm in the form of anxieties, and misinformation within the organization and public mind. Transparency allows citizens to know what is happening, and a precondition for informed deliberation about government programs, policies and practices. As Florini argued transparency is needed because 'Even honest officials make mistakes that need correcting, and transparency is the most effective error-correction system humanity has yet devised' (2004, 18)¹³. Moreover, it acts as an accountability mechanism and enables the community to know whether 'a government's deeds match its words' (ALRC 2009, 46).¹⁴

Transparency provides for a free flow of information which encourages community engagement and informs public deliberation about child protection and a political will which in turn shapes legal and policy reform. Open access to information means lobby groups can

¹² Judith Bessant & Karen Broadley (2015): Transparency and 'uncomfortable knowledge' in child protection, Policy Studies, DOI: 10.1080/01442872.2015.1108401, <http://dx.doi.org/10.1080/01442872.2015.1108401>

¹³ Florini, A. 2004. "Behind Closed Doors Governmental Transparency Gives Way to Secrecy." Harvard International Review Spring: 18–21.

¹⁴ ALRC (Australian Law Reform Commission). 2009. "Secrecy Laws and Open Government in Australia." Report 112. <https://www.alrc.gov.au/wp-content/uploads/2019/08/ALRC112.pdf>

advocate more effectively and researchers are better informed in their analyses. This can improve the capacity of research to inform government programs, policies and laws.

Although specifically referencing Victoria, the article's critique of a lack of freely flowing information from government agencies with responsibility for child protection applies to all Australian States and Territories, including South Australia. The unwillingness to share information between government agencies, the NGO sector and carers can be generally characterised as stemming from fear – fear of potential political backlash and a resulting risk averse culture in government agencies, fear of reprisals and loss of contracts in NGOs and fear that information will be used against them by carers if policies and/or processes are not followed.

CAFFSA recommends that the South Australian Government recognise the damaging consequences that arises from risk averse cultures of governments across Australia and impose an expectation of the development of open and transparent relationships between DCP, the sector, and carers including, as a part of this, sharing of policy and program information.

CAFFSA recommends that meaningful ways to measure and monitor the strength and health of relationships between DCP, NGOs and foster and kinship carers be jointly examined and implemented.

CAFFSA also supports the recommendations CF&KC-SA in section 3 of their report, acknowledging they are drawn from extensive consultation with foster and kinship carers¹⁵.

In relation to care concerns, CAFFSA member agencies have raised concerns regarding the pressures and stress placed on carers during a Care Concerns investigation is extreme. Not being able to communicate with carers about their emotional wellbeing and mental health whilst a care concern investigation is under way, when they are not even aware of the

¹⁵ Connecting Foster and Kinship Carers – SA Inc Submission to the Independent Inquiry into Foster and Kinship Care, Submission correspondence dated 9 May 2022, p 27-34

allegations made, is traumatic for carers and the children in their care. There needs to be more transparency through this process.

Care Concerns

Before exploring concerns and unresolved issues for CAFFSA's member agencies in relation to care concerns, we would like to commend the Department of Child Protection for their work in the last few years in resolving a range of concerns the sector held regarding the process and management of care concerns.

For example, agencies raised that available Documentation and information provided on care concern management was too broad and no guidance was given on expected practice at each stage of a minor, moderate or serious concern. The sector called for process documentation highlighting expected responses and strategies for government and sector, including timeframes, responsibilities and expectations at each stage (DCP, agency, other department), and monitoring and follow-up requirements/responsibilities. This was provided for by DCP.

The sector was unclear on a Person Subject of Concern's (PSOC) (agency staff or carer) rights, both during the care concerns process and following determination as well as how investigation outcomes are defined and allocated. They asked for guidelines for agencies and carers on rights during care concerns, including expected practice, and rights to review or challenge a decision and Information on involvement of different agencies and bodies at each level of concern (eg. SAPOL, Guardian of Children and Young People, CPS) and these were also developed and made easily available.

Guidance and information on agency's role in care concerns at each stage of CCC, including clarification of contact/information-sharing expectations with PSOC and timelines and deadlines for care concern management have also all now been provided to the sector.

All of these initiatives have been gratefully received by the sector. Outstanding issues that still require work appear below and require resolution.

Information management

The lack of templates for recording and monitoring care concerns make it difficult to ensure best practice is followed and all relevant actions are completed. Suggested improvements

include the development of Care Concern Management template documents to be produced in collaboration with sector, for each level of concern. These could include:

- actions and timeframes for addressing issues raised
- carer willingness to address issues/concerns
- training and supports required, and
- monitoring and follow-up processes

Inconsistent information-sharing from DCP means that agencies often lack the information needed to appropriately risk management the placement and plan strategies for addressing care concern. This could be addressed by more consistent transparency and information-sharing from DCP at all stages of the care concern, including outcomes and planned strategies. Greater transparency and information-sharing from DCP at all stages of the care concern, including outcomes and planned strategies has been raised as an issue, along with the problem of little information being received on outcome of investigations, including whether allegations were or were not substantiated and the reasons for the determination. The sector and DCP also need to be prepared to acknowledge the perception that there is a culture of the sector supporting the placement and DCP supporting child/young person and finding a way to balance both concerns is important.

Poor information-sharing and reporting practices with other relevant departments (eg. Health, Education) prohibits a cohesive picture of the case and response and may inadvertently disguise or extend at-risk placements. A whole of sector collaborative response, including training in and enactment of Information Sharing Guidelines across departments may ameliorate this. A strengthening of the policy, legislative and training frameworks for encouraging the sharing of information, such a that in Victoria, could also strengthen responses to many of these concerns.

This stronger focus on information sharing was canvassed earlier in this submission, and issues canvassed as part of the care concerns process could and should be incorporated into any broader proposed solutions as much as possible.

The sometimes devastating impact of the care concern process has been well elucidated by the CF&KC SA submission. CAFFSA would add that while it supports the care concern process as a vital mechanism for ensuring the protection of vulnerable children and young people, it

is often punitive, and the process and closure does not often promote a learning and restorative approach. A *perceived* presumption of guilt leads to a punitive lens applied to case and a perceived adversarial attitude from DCP to carers with carers feeling highly scrutinised and often disrespected, a lack of consideration for carer responsibilities and commitments during the process and a punitive stance/attitude consistent across all levels of care concerns (where there should be an incremental from minor to serious matters)

Some agencies still report a poor partnership approach with DCP and their agency, particularly when dealing with minor and moderate care concerns – there can be lengthy delays in contact, and little communication of DCP actions and current process.

It should be noted that agency reliance on DCP funding for placements may exacerbate feelings of perceived injustice in carers, with a perception that agencies have vested interest in supporting DCP decisions and outcomes so they fear the process may not be impartial.

Care concern process can be detrimental to carer families and children/young people involved:

- investigations often occur at school, which disrupts child and may bring unwanted attention
- there can be a detrimental impact on mental health of PSOC and partner
- strained family dynamics can develop, including with other CYP in placement
- carers feel highly scrutinised and excluded from process and view it as having no transparency, and
- there is a strongly perceived lack of external emotional support during investigation processes

No independent support is provided to the child during investigations processes and the requirement for an independent child advocate during investigations where the child or young person is given the choice of having a trusted independent adult included should also be considered.

Timelines for Care Concern management

The length of time to process and finalise care concerns is often too long, which exacerbates distress for the PSOC. Cases are often left open for extensive amounts of time (sometimes

upwards of a year), which can affect staff and carer retention and can lead to outdated follow up by District Officers. The time taken to resolve investigations is extensive and can have significant financial and psychological ramifications on staff and carers, which in turn can significantly reduce retention. There can also be substantial delays in care concerns being provided to agency, as well as delays in communicating when a carer's registration status is placed on hold.

There is clearly a need for process timelines and deadlines that are communicated to the sector with a reasonable expectation of compliance at the local DCP office level.

Consistency across DCP operations and local offices

Agencies report sometimes receiving differing information from the DCP stakeholders involved, including DCP offices, CARU, and Contracts staff. There can be a lack of consistency across DCP offices in care concern management, including practices and procedures, language used and follow-up actions and this variation is particularly evident between rural and metropolitan offices. Agencies report inconsistencies in practices across DCP regarding the communication of care concerns, the level of involvement of the agency in care concern management, and interaction with carers. There is also no consistency in who within the agency receives notification of care concerns, and which staff DCP liaise with, nor in the level at which the agency is involved. Some DCP offices deal directly with carers without involvement of agency; others expect the agency to lead and facilitate management of the process.

Poor Data management in C3MS

The current status of PSOC is often not reflected in C3MS, affecting WWCC and carer utilisation (and increasing complexity for agencies as they try to determine status) and Incorrect or inaccurate types of abuse recorded by CARL team could not be changed by the Care Concern Management Unit so is listed against the PSOC and can have significant implications if CC inaccurately recorded as sexual. There has also been instances of inaccurate recording of the status of past concerns such as having them listed as open when they were closed. There have also been instances of poor case notes regarding concerns, including a lack of agency input/responses recorded on file.

Issues with case closure

Agencies reported examples of a significant lack of information on the outcome of a care concern on the CCS and the lack of information when care concerns are closed off, including the reason for closure, lack of response or follow-up to agency input, and no information on why a concern remains open. Final documentation can be incomplete, making clarity about the actual outcome and any follow up required hard to decipher.

Specific issues in kinship care

Agencies report that some DCP staff demonstrate poor cultural competency and practice when dealing with an Aboriginal agency, PSOC, or child/young person. It is felt that the difficult relationship between PACs and the South Australian Aboriginal sector and community exacerbates this issue. Kinship carers report a significant lack of information and support from DCP and it was suggested that outsourcing elements of kinship care support to the sector and/or a collaborative approach with sector to improve training and address issues amongst kinship carer PSOCs should be explored. Greater utilisation of advocacy bodies such as CFKC SA and Grandparents for Grandchildren to provide support and information to kinship carers was also flagged.

It is recommended that:

The improvements to the care concerns processes that have been realised through joint work between DCP and the sector in the past two years be acknowledged, affirmed and extended by a continued focus on identified care concerns issues not yet addressed.

The process used to remediate the outstanding issues with the care concern process be a co-designed initiative between CAFFSA, CFKC SA and DCP, ensuring the solutions focus on the needs of carers, the NGO sector and DCP.

4. Term of Reference (d)

Must consider the adequacy of internal procedures and arrangements within the Department and other persons and bodies involved in foster care or kinship care in ensuring that—

(i) there is a sound partnership between the Department, those persons and bodies and foster carers and kinship carers; and

(ii) the rights of children in foster care and kinship care (including their rights relating to safety, cultural identity, access to services and opportunities, autonomy and decision-making) are respected, addressed and realised

At the outset, CAFFSA asserts that there is already an endorsed arrangement between the Department, other bodies and kinship carers that is the focus of this Term of Reference. That arrangement is the Statement of Commitment with South Australian Foster and Kinship Carers.¹⁶ The Statement of Commitment was launched in June 2020 by Connecting Foster & Kinship Carers SA Inc, Child and Family Focus SA and the Department for Child Protection. It recognises that the family-based care system must work in partnership with and value carers as an essential and respected part of the care team for children and young people. The Statement of Commitment is comprised of five key principles: informed, supported, consulted, valued and respected. The document is well-researched, evidence-based and comprehensive and provides an excellent platform to build, maintain and evaluate partnership approaches across all elements of our joint efforts.

CAFFSA recommends that mechanisms to embed the systemic utilisation into practice the principles in the Statement of Commitment with South Australian Foster and Kinship Carers be explored and implemented, with an accompanying measurement and evaluation process.

One of the strongest ways to facilitate a partnership approach across systems and ensure children in foster and kinship care have access to appropriate services is to develop and operate a framework that clearly lays out the values and expectations of each member of the system. Victoria has recently introduced reforms that aim to establish a system-wide

¹⁶ <https://www.childprotection.sa.gov.au/documents/strategy/Supporting-document-to-the-Statement-of-Commitment.pdf>

approach and shared responsibility for family violence risk assessment and management.¹⁷ This initiative is included in this submission as an example of government taking leadership in driving reform in ensuring all agencies they fund directly or through outsourcing take responsibility and play their part to the maximum degree possible in responding to family violence in a coordinated, joined-up, 'partnership' approach.

The Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) was developed in response to recommendations 1-3 of the Royal Commission into Family Violence.

The MARAM Framework is embedded in law and policy, establishing the system architecture and accountability mechanisms required for a system-wide approach to and shared responsibility for family violence risk.

The MARAM Framework is structured through four 'pillars' These include:

- Shared understanding of family violence.
- Consistent and collaborative practice.
- Responsibilities for risk assessment and management.
- Systems, outcomes and continuous improvement.

A set of practice guides and supporting resources have been developed alongside the MARAM Framework to better support professionals.

CAFFSA recommends that initiatives such as the MARAM Framework be investigated in terms of how policy and legal frameworks can be leveraged to ensure greater sharing of information and responsibility in responding to the needs of vulnerable children and young people across the sector and community.

Recent Australian research¹⁸ demonstrates that although our frontline child protection workforce is fundamental to keeping the most vulnerable children in our society safe from harm, our system, as well as those internationally, are in continuing crisis. They struggle to

¹⁷ <https://www.vic.gov.au/about-information-sharing-schemes-and-risk-management-framework>

¹⁸ Lewig, K., & McLean, S. (2016). *Caring for our frontline child protection workforce* (CFCA Paper No. 42). Melbourne: Child Family Community Australia information exchange, Australian Institute of Family Studies.

retain a stable and healthy workforce in the face of large numbers of notifications, inadequate organisational resourcing and the increasingly complex issues facing at-risk children and their families.

At the micro-level, positive relationships between foster parents and service providers contribute to overall foster parent satisfaction and placement success. In reviewing research in the United States¹⁹, it was found that tangible resources and emotional support have been identified as protective factors, especially when dealing with challenging behaviours exhibited by children and young people with a history of maltreatment.²⁰

Systems of care can be difficult to navigate and a lack of funding can limit services and availability of practical support from service providers and caseworkers. Acquiring and maintaining services impacts foster families' ability to adequately meet the behavioural and medical needs of the children in their care, and ultimately impacts their satisfaction with fostering. Previous research has also identified that respect and validation from child welfare workers and agencies contributes to placement success. Foster parents feel supported when they are considered part of the interdisciplinary team which values their input and when they have some control and support in decision-making.²¹

The quality of relationships with service providers affects the satisfaction, success of placements, and the desire to continue fostering. Positive relationships with service providers have open communication, and both the physical and emotional availability of child welfare workers. Foster parents have expressed a desire to openly discuss their stresses and challenges with service providers without fear of repercussions or being viewed as unable to cope. Relationships are negatively impacted when accurate and complete information regarding the foster child is not provided, when the foster parents' attachment and grief is

¹⁹ Piel, M. H., Geiger, J. M., Julien-Chinn, F. J. and Lietz, C.A. (2017) 'An ecological systems approach to understanding social support in foster family resilience', *Child & Family Social Work*, 22, pp 1034-1043.

²⁰ Cooley, M. E., Farineau, H. M., & Mullis, A. K. (2015). Child behavior as a moderator: Examining the relationship between foster parent supports, satisfaction, and intent to continue fostering. *Child Abuse & Neglect*, 45, 46-56. <https://psycnet.apa.org/record/2018-20007-001>

²¹ Piel, M. H., Geiger, J. M., Julien-Chinn, F. J. and Lietz, C.A. (2017) 'An ecological systems approach to understanding social support in foster family resilience', *Child & Family Social Work*, 22, pp 1034-1043.

not acknowledged, when there is a perceived lack of trust from the child welfare worker, and when foster parents do not feel respected. For foster parents, feeling respected involves inclusion in decision-making, regular communication, and feeling acknowledged and appreciated for their role.²²

In an older review of eight Australian studies published between 2001 and 2005 in relation to the support, satisfaction and retention of foster carers,²³ it was found that foster carers are often dissatisfied, as they do not feel adequately supported by the relevant government department, that the standard carer subsidy to meet the basic costs of care is inadequate, as children in care tend to have more complex needs than children who have never lived in care and that carers are highly vulnerable to false and malicious allegations that they have abused children in their care. Carers and their families are also vulnerable to intimidation, threats, violence and damage to property by foster children.

Carers could be better supported through improved reimbursement packages, increased recognition and involvement (e.g., input into decisions regarding foster children), better information about the child, and increased levels of support (e.g., access to support services and respite). What is particularly concerning is that these concerns remain current twenty years later.

CAFFSA asserts that the ability to ensure the rights of children in foster care and kinship care (including their rights relating to safety, cultural identity, access to services and opportunities, autonomy and decision-making) are respected, addressed and realised is significantly impaired given the long list of impediments still facing foster and kinship carers in Australia twenty years on, including in South Australia.

²² Ibid, page 5

²³ Alexandra Osborn, Stacey Panozzo, Nick Richardson and Leah Bromfield, Foster families, NCPC Brief, Australian Institute of Family Studies, October 2007.

A true partnership model would address these by reviewing the carers ability to meet the needs of children and young people in their care and ensuring their rights are upheld by examining the level of support that is made available to carers through providing for the financial, educational and social and emotional wellbeing needs that arise.

It is recommended that the Inquiry consider the inclusion of a comprehensive scoping study that determines the financial, educational and social and emotional wellbeing needs that arise for foster and kinship carers in the course of the caring responsibilities and fully cost the responses required to adequately meet those needs.

Increased access to government services

Foster carers and agency staff report difficulty accessing a range of important services that assist children and young people across a broad range of needs. This can be because of long waiting lists for public health and welfare services, a refusal by DCP to fund private services required or a lack of understanding by government services about their roles in the provision of services to some of the most vulnerable children and young people in the state. Research²⁴ suggests child protection system inquiries in Australia and internationally have repeatedly highlighted strained relationships and poor coordination between child protection and child and family welfare services. There are both system-level barriers (e.g. inadequate resources) and practitioner-level barriers (e.g. mutual lack of understanding) to collaboration. Practitioners in the child protection and child and family welfare sectors can strengthen collaborations by adopting strategies to develop their collaborative competence. Collaborative competence depends on communicating effectively with other practitioners and family members.

It is recommended that the provision of responses to children and young people in care be made an urgent priority, with mechanisms for ensuring priority access is clearly understood by government agencies, NGOs and foster and kinship carers.

²⁴ Rhys Price-Robertson, Deborah Kirkwood, Adam Dean, Teresa Hall, Nicole Paterson and Karen Broadley, Working together to keep children and families safe Strategies for developing collaborative competence CFCA PAPER 53 Child Family Community Australia, 2020

It is recommended that processes for stronger collaboration between relevant government departments and services, between government and NGO agencies, and between all agencies and carers be identified, codified , monitored and evaluated.

Kinship care

In relation to the specific issue of the rights of children in kinship care, The Family Matters Report 2020 shows that South Australia, in comparison with other states and territories, has:

- the second highest Aboriginal entry to out-of-home care rate
- the second lowest proportion of expenditure on family support services (8.7%)
- placement of Aboriginal children with Aboriginal carers below the national average (38.9%)
- low reunification of Aboriginal children (11.1%)
- no dedicated Aboriginal and Torres Strait Islander peak body for children and families
- a target to increase ACCO expenditure to 7% by 2022, with community voices noting positive recent work to develop Aboriginal co-design criteria and trauma responsive early intervention consulting with ACCOs.

On another positive note, South Australia has a Commissioner for Aboriginal Children and Young People, but there are concerns that the role and powers of the Aboriginal Children's Commissioner are not equivalent to the principal children's commissioner in the state.²⁵

In 2020, it was noted that the SA Child Protection system reform is having difficulty demonstrating that the reform across the spectrum of services – spanning early intervention to statutory care – is meeting the cultural needs of Aboriginal children, young people and

²⁵ The Family Matters Report 2020: Measuring Trends to Turn the Tide on the Over-Representation of Aboriginal And Torres Strait Islander Children in Out-Of-Home Care in Australia, 2020. Page 9

families. Evidence shows that despite best intentions, the current child protection system reform is still struggling to change the trajectory of our most vulnerable children and their families, and is slow to improve sustained, long-term outcomes for our children. It has also been noted that the current reform process has not addressed the need to arrest the devastating cycles and intergenerational impacts resulting from the forcible removal of Aboriginal children from their family, community and culture in the present day.²⁶

Family Matters: Strong Communities. Strong Culture. Stronger Children is Australia's national campaign to ensure Aboriginal and Torres Strait Islander children and young people grow up safe and cared for in family, community and culture. Family Matters aims to eliminate the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 2040. This Family Matters Roadmap presents an evidence-based vision and clear strategies for fundamental change to policy and practice. It calls on governments and non-government organisations to respond to the pressing call to work with Aboriginal and Torres Strait Islander communities to arrest these negative trajectories and eliminate over-representation in out-of-home care within a generation (by 2040).

Each area identified under the Building Blocks requires change across multiple domains of legislation, policy, practice and attitude. Family Matters partners have developed significant evidence, models and solutions to drive these changes and are committed to collaborating with governments to develop and implement effective strategies to progress towards the Family Matters goal. The building blocks value the knowledge and expertise of Aboriginal and Torres Strait Islander people as central to drive solutions and invite all stakeholders to partner in actions to secure the future wellbeing of children.²⁷

CAFFSA recommends that South Australia government, NGO and community services maintain a strong commitment to the Family Matters National Campaign and align strategies in local child protection with the four-pillar approach.

²⁶ Ibid, page 26

²⁷ The Family Matters Roadmap, 2017, page 3, <https://www.familymatters.org.au/wp-content/uploads/2016/11/TheFamilyMattersRoadmap.pdf>

Family Group Conferencing

At a sector forum held on 6 May 2022 to establish CAFFSA's priority calls for action over the next four years, it was determined that we need a radical change in decision-making in South Australia to reduce the number of Aboriginal children in care. It was argued that decision-making needs to be returned to families, children and community. One mechanism for doing this is ensuring Family Group Conferencing occurs at every level of the child protection system. The forum overwhelmingly endorsed the expansion of this model.

Relationships Australia SA have been leaders in this important work in South Australia.

Since January 2020, Relationships Australia SA (RASA) has provided Family Group Conferencing as a service for families where concerns for the wellbeing and safety of a child or young person have been raised.

Participating in a Family Group Conference is voluntary. All referrals to Ngartuitya Family Group Conference service will come from the Department of Child Protection.

Ngartuitya Family Group Conference Service allocates a Coordinator to each referred family who has a focus on empowering families and community members to identify strategies to keep their own children and young people safe within family and kin.

The Coordinator does this using strengths-based and inclusive approach, assisting families to work together to develop an agreement between all participating family members that describes how they can provide safe, permanent and stable care arrangements for their child or young person.

Family Group Conferencing provides an opportunity for a child or young person and their family to make informed decisions about their own arrangements for the care and protection of the child or young person, and to make voluntary arrangements for their care that are consistent with the priorities outlined in Chapter 2 of the Children and Young Person (Safety) Act 2017 (CYPS Act). Family Group Conferencing can also be convened to review arrangements and decisions made at a previous conference.²⁸

²⁸ <https://www.rasa.org.au/services/couples-families/nfgc/>

Family Group Conferencing creates transparency. Transparency means people are accountable at every level. The family is accountable. The services are accountable and the department is accountable. The child or young person is also accountable, where appropriate.

The forum agreed that Family Group Conferencing is needed when children are entering and exiting care too. We need to bring together the family, the foster carers, and the services to work out our which wrap-around services are required and who is responsible for them when the child leaves care so the child is fully supported.

CAFFSA recommends that resourcing be made available and practice changes be brought into effect so that Family Group Conferencing are held routinely across spectrum of child protection intervention in South Australia.

Kinship care

A range of CAFFSA members raised the issue of kinship carers, with a particular emphasis on the higher level of need many kinship carers have because of their own health and welfare needs. Many kinship carers have particular health and/or disability conditions and are often drawn from a low socioeconomic demographic. Members advised that kinship carers need much more clarity up front about what to expect, as well as much greater levels of support and assistance, particularly early in the placement.

As part of a Respite Care Project (reported on separately in section 5), Kiraly²⁹ reported on their research that all the (kinship carer) surveys pointed overwhelmingly to huge unmet needs for support to kinship care families. Foremost among these were financial assistance, including assistance with legal fees. The need for respite care was also very evident. Given

²⁹ [Meredith Kiraly](http://apo.org.au/system/files/53590/apo-nid53590-32131.pdf). March 2015. **A review of kinship carer surveys: the "Cinderella" of the care system?** Australian Institute of Family Studies Child Family Community Australia. <http://apo.org.au/system/files/53590/apo-nid53590-32131.pdf>.

evidence about the straitened circumstances of many kinship carers, and their considerable physical and mental health issues, this was indeed a cri de coeur (a passionate appeal).³⁰

As a matter of urgency funding and support should be allocated equitably across Kinship and Foster care and Specific Child Only placements. Carers and children should be given clarity at the outset as to what funding is available and explore options as to how it could best be used to provide the best support for the placement.

5. Term of Reference (e)

May make such recommendations for changes to matters affecting foster care or kinship care that the inquiry considers necessary or appropriate to improve outcomes for children and young people in foster care or kinship care, as well as foster carers and kinship carers (including, for example, the need for an independent, legislatively protected complaints system, changes to compliance procedures within the Department and any legislative changes needed to enable the recommendations to be implemented)

Complexity Assessment Tool (CAT)

The Complexity Assessment Tool (CAT) score affects the payments, level of support and resources allocated to the carer and the child or young person. A number of agencies have raised issues with the CAT, asserting that results are very subjective and can be influenced by the relationship between the DCP worker and the carer. As such, it may not always make accurate determinations of whether a therapeutic placement is required, leaving some carers and children under or over-serviced.

³⁰ Susan Lane, Reconceptualising respite: Building life-long relationships for children and young people in care, in the context of their carer families, and for families in the context of community, Report on CAFFSA Respite Care Project 2018, Executive Summary, October 2018, page 10

CAFFSA recommends a review of the Complexity Assessment Tool (CAT) and associated policies and processes with a view to establishing a fairer, more evidence-based and transparent approach.

Issues in respite care

The provision of high-quality respite care can enrich the life of a child or young person and dramatically improve placement stability. The issue of respite care was covered in some detail in *The Life They Deserve* (the Nyland report to the SA Child Protection Systems Royal Commission)

In 2017, the SA Government Department for Child Protection commissioned and funded CAFFSA to undertake a Respite Care Project in response to Recommendation 126 of the Nyland report, which was to “Engage and support CAFWA to improve the coordination of respite provision to foster, kinship and relative carers.”

A broad range of people were consulted individually and in groups as part of the project, including children and young people, kinship and foster carers; the CAFFSA Board and team, non-government out of home care service providers’ leadership and staff, DCP executive, managers and staff members, advocates and peak bodies including CREATE SA, Connecting Foster and Kinship Carers SA, Grandparents For Grandchildren SA, SACOSS, Family Matters SA, ACWA and AFCA, the SA Guardian for Children and Young People, the SA Children’s Commissioner; and researchers and practitioners.

A report was prepared, examining a range of issues in the area of respite care and making a series of recommendations. Many of these issues are still current in the system today. The report was not released, so the findings of this 18-month project cannot be reproduced here. CAFFSA members advise that the following current issues are pressing and require urgent resolution.

CAFFSA recommends that DCP and CAFFSA co-convene a taskforce to examine the range of current issues in the operation of the respite care system care including, but not limited to:

- **the shortage of respite carers, particularly for kinship carers**
- **provisions for respite care in all phases of care planning**
- **incorporating those who provide respite care, including family members in all aspects of case planning**
- **adequate and equitable funding for respite care**
- **more flexible models for the utilisation of respite care, with a focus on increasing consumer choice**
- **the introduction of meaningful measurement, evaluation and research**

Support for young people leaving care

Across jurisdictions in Australia, there is a growing awareness of the need for the continuation of support for young people under Guardianship as they make the transition to living independently from the out of home care system they have grown up in. This has resulted in changes to legislation and governments across Australia making various commitments to formalising the continuation of support to young people until the age of 21.

Co-design of a new service that is available to young people until the age of 21 to address the systemic barriers so often experienced by young people transitioning out of the care system was identified at a CAFFSA forum on 6 May 2022 as one of the top priorities for the sector.

The South Australian context of young people leaving care

In South Australia, transition plans currently begin at the chronological age of 15 with 'exit' from formal statutory care at the age of 18. In many instances, foster parents and kinship carers continue to provide material, financial and emotional support to young people when they begin to live independently.

Many young people in care, however, face a termination date, with the system around them doing its best to prepare them for the reality of living independently.³¹ Whilst post-care services are provided in the state of South Australia, it is at the discretion of the individual young person to seek out and initiate the support, rather than a structured program providing ongoing support and stability for the young person as they transition from care and into adulthood.

Leaving care is a major life transition for children and young people under Guardianship, and it is a time when young people move from dependence on the state to a position of being self-sufficient. It is recognised that there are a range of pathways for young people that exit care. Some remain in foster or kinship care and others may return to family, but for many there is a move into independent living, often beginning with the transition planning process at the age of 15.³² Unfortunately for many children and young people with a lived experience of care, there is an increased propensity for poor life outcomes when compared to their non-care peers.

These young people are also overrepresented in the youth justice system. No single factor contributes to or accounts for this. The compounding effect of multiple vulnerabilities, including unresolved complex trauma, substance abuse, and difficulties with emotional regulation and behavioural problems often stemming from attachment disorders often leave these young people marginalised, socially excluded and isolated them from mainstream services that could assist in diversion from the justice system.

In addition to this, instability is known to be a significant contributing factor, with frequent placement changes, lack of predictability with workers and schools, and a lack of resources

³¹ Kim Snow, Varda Mann-Feder, Peer-centered practice: a theoretical framework for intervention with young people in and from care, *Child Welfare*, 2013;92(4):75-93.

³² Mendes, P., Saunders, B., & Baidawi, S. (2016). Indigenous Young People Transitioning from Out-of-Home Care (OOHC) in Victoria, Australia: The Perspectives of Workers in Indigenous-Specific and Non-Indigenous Non-Government Services. *International Indigenous Policy Journal*, 7(3). <https://doi.org/10.18584/iipj.2016.7.3.2>

and ongoing supports being the main systemic contributing factors to offending behaviours and contact with the justice system for care leavers.³³

The costs and benefits of ongoing support until the age of 21

A report published by Deloitte Access Economics³⁴ in 2018 documented a federal and state cost benefit analysis of extending the leaving care age to 21 years. It found that the benefit to cost ratio was 2.0, indicating that every \$1 spent on the program of supporting young people between the ages of 18 to 21 years would generate a return of \$2.

The savings were projected over a 40-year period (between the ages of 18 and 57 years) for each care leaver who opted to remain supported 'in-care' until the age of 21 years. The total net **benefit** per care leaver (total benefits over 40 years minus total costs over the three years between 18 and 21) was \$109, 296³⁵.

The benefits comprise savings to governments from lower utilisation of Commonwealth and state government services by care leavers over a 40-year period. The financial impact on the Commonwealth government includes housing and homelessness costs, hospitalisations, non-hospital health costs, costs of drug and alcohol dependency, welfare payments and services associated unemployment, welfare payments to teenage parents, as well as forgone tax revenue. Many of these costs are shared with the state governments, with the average annual cost over ten years to the state governments, per care leaver, being \$8,533.

The intangible benefits of increasing the care-leaving age to 21 years include improved wellbeing and prevention of hospitalisation, alcohol and other drug use and mental illness,

³³ Mendes, P., Baidawi, S., & Snow, P. (2014). Young People Transitioning from Out-of-home Care in Victoria: Strengthening Support Services for Dual Clients of Child Protection and Youth Justice. *Australian Social Work*, 67(1), 6–23. <https://doi.org/10.1080/0312407X.2013.853197>

³⁴ Deloitte Access Economics. (2018). 'A federal and state cost benefit analysis: Extending care to 21 years', Home Stretch Campaign, Anglicare Victoria

³⁵ (18/19 present value)

improved physical health outcomes, better outcomes for the children of care leavers and higher levels of social connectedness.

What does the legislation say?

Fortunately, the relevant South Australian legislation (Children and Young People (Safety) Act (2017), provides a pathway to continued support for young people until the age of 25. The legislation states the following:

The Minister must cause such assistance as the Minister thinks appropriate to be offered to each eligible care leaver for the purposes of making their transition from care as easy as is reasonably practicable. Without limiting the kinds of assistance that may be offered to an eligible care leaver, such assistance may include 1 or more of the following:

- (a) the provision of information about Government and other resources and services available to the eligible care leaver;*
- (b) the provision of education and training services;*
- (c) assistance in finding accommodation;*
- (d) assistance in finding employment;*
- (e) assistance in accessing legal advice and health services;*
- (f) counselling and support services.*

If an eligible care leaver accepts an offer of assistance, the Minister must take reasonable steps to provide such assistance, or cause such assistance to be provided, to the eligible care leaver.

What is currently available that supports young people until the age of 21:

- The Stability in Family-Based Care (SFBC) program helps support young people to achieve their potential with the opportunity to remain in their family-based care placement until they turn 21. The program provides primary family-based carers who continue to care for a young person after their 18th birthday with extended carer

payments until the young person turns 21 ***This does not extend to continuation of support from their supporting agency.***

- Transition to Independent Living Allowance is a one off payment of up to **\$1,500** from the Australian Government to help people transition to independence. The payment helps eligible young people cover some basic costs as they leave out-of-home care.
- Post Care Support Services – services for young people and adults who are 16.5 years and over include case management, counselling, information and advocacy to support young people and adults who have lived in care and/or were placed under the Guardianship of the Chief Executive of the Department for Child as a child for more than six months.

<https://elmplice.org.au/our-services/post-care-support-services>

- Dame Roma Mitchell Trust Fund grants – an unspecified amount that care leavers can apply for to achieve personal goals, contribute to health and wellbeing, and provide developmental opportunities. <https://www.sa.gov.au/topics/education-and-learning/financial-help-scholarships-and-grants/dame-roma-mitchell-grants>

What needs to happen until the young person turns 21 to ensure the benefits outlined above can be realised.

A structured, flexible and person-centred set of services and tangible supports that addresses the systemic issues young people leaving care experience will enable both the support specified in the current legislation and the realisation of substantial benefits to the young person, the community and the state.

It is CAFFSA's position that designing a person-centred service that facilitates agency and choice for young people leaving care is essential. It will provide young people with a stable foundation as they move into adulthood and give them their best chance at living independently successfully. Consultations with young care-leavers conducted by the CREATE

Foundation reported that young people want support when they need it, and that it should be made available in the same way for every care leaver.

A person-centred system: a possible way forward.

It is recognised that there is a difference between chronological age and developmental age, and that young people with a history of trauma or neglect, a major change in family structure, or the death or loss of a primary caregiver are likely to be impacted developmentally. As such, specialist services oriented to meet the needs of children and young people in care who have varied experiences, needs and capacities should not cease once a young person turns 18. A person-centred approach would respond to this by providing responsive and ongoing support to young people that is based on their developmental needs.

Person-centred systems recognise that each individual has their own specific needs. In a study that examined the experiences of young people who exited care with an intellectual disability, it was found that 59% of them experienced homelessness within two years, and 42% had a child, with a 96% statutory child protection intervention rate in relation to this child. The study also found that they were highly likely to be victims of crime. Although a relatively small sample of young people were involved in the study (n=43), the findings were consistent with the reported post care experiences of young people, as well as their heightened vulnerabilities and poor life outcomes.³⁶

Characteristics of support services continued to the age of 21 in SA could include:

- Person-centred brokerage systems, with young people having agency and choice in how they spend the funds and are actively involved in decision making about which services they will access
- Peer mentoring and peer support on an as-required basis

³⁶ Macdonald, S. (2010). Journeys of Exclusion: The Experiences of Young People with an Intellectual Disability Exiting Care. *Parity*, 23(5), 25–26.

- Continuity of care from the support agency with whom they have an established relationship, where a significant history of trust is a factor
- Formalising continued support until the age of 21 as young people transition with increasing independence into adulthood
- A focus on stabilised housing, health, education and employment in the support that is continued until the age of 21

CAFFSA recommends that the Inquiry recommend that the Government of South Australia commit to formally extending the care leaving age to 21 and fully fund a flexible person-centred service, co-designed with young people, that can be accessed by all young people with a care experience. We also recommend a commitment from government that no child in the care system exit into homelessness.

It is noted that the Malinauskas Government's 2022 Election Policy committed to *invest in the CREATE Foundation to work with children and young people in care to identify and develop future housing, work and study pathways*. This is strongly supported by CAFFSA.

The Next Steps Pilot Service, has also been developed and funded by DCP, and run by Centacare in partnership with Aboriginal Sobriety Group, Housing Choices SA and DCP. It seeks to reduce the poor outcomes that many young people experience when they leave residential care and is expected to run until June 2025, supporting a minimum of 20 young people aged 17½ years of age and above.

The service is designed to work alongside participants to help them develop and achieve their goals, which might include:

- finding and moving into new accommodation
- building life skills such as budgeting, paying bills and looking after their accommodation
- finding and using services they need