CHILDAND**FAMILY FOCUS**SA

Child and Family Focus SA

Submission

on the

Economic and Finance Committee

Inquiry into Home Care for Children and Young People

April 2024

Acknowledgement

We acknowledge the traditional lands of the Kaurna people and acknowledge the Kaurna people as the custodians of the Adelaide region and the Greater Adelaide Plains. We pay our respects to Kaurna 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.

The role of Child and Family Focus – SA

CAFFSA is the South Australian peak body and industry association for child safety and child protection, representing the needs of South Australian children, young people, families, and the non-government, not-for-profit organizations who support them.

Background to this submission

The Report of the Independent Inquiry into Foster and Kinship Care[1] outlined many of the challenges faced by foster and kinship carers. Since the Inquiry, there have been changes that have better supported foster and kinship carers.

CAFFSA is lodging this submission to highlight additional areas of consideration, factors impeding the implementation of the recommendations of the Report, and to present evidence on best-practice that should be embedded in current service delivery.

The context for this submission

In Australia, the escalating number of children being removed from their families and placed in care is deeply concerning. This experience often leaves lasting trauma, affecting their health and well-being throughout the lifespan and perpetuating across generations.

Particularly for Aboriginal families, the alarming rise in the number of children and young people in care is unacceptable. This crisis is compounded by the historical trauma of forced removals from their communities and culture, highlighting the urgent need for significant reforms in the governance, design, practice, and workforce of early intervention services.

Currently, the situation in South Australia is particularly stark, with one in three children reported to the Department for Child Protection (DCP) by the age of ten. Many of these families face multiple and complex challenges, making it difficult to create safe and nurturing environments for their children. Issues such as domestic violence, substance abuse, untreated mental health conditions, disability, homelessness, financial strain, and long-term unemployment are prevalent, exacerbating the difficulties of parenting.[2]

As outlined in the *Roadmap for Reforming the Child and Family System*:

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[1] Arney, F. (2022). *Report of the Independent Inquiry into Foster and Kinship Care*.
https://www.sa.gov.au/__data/assets/pdf_file/0004/816547/Report-of-the-Independent-Inquiry-into-Foster-and-Kinship-Care.pdf
[2] Department of Human Services. (2021). *Roadmap for reforming the Child and Family Support System 2021-2023 Practitioner Version*.
https://dhs.sa.gov.au/__data/assets/pdf_file/0016/150262/Roadmap-for-Reform-CFSS-Practitioner.pdf

We know that in 2019-20 there were approximately 8,600 families at high risk of continued and escalating contact with the tertiary child protection system. At this stage of the reform, the service system must be strongly focused on these families and be flexible, to enable them to shift between services of varying levels of intensity as their needs change over time. [3]

There is mounting evidence from local, national, and international sources highlighting the effectiveness of intensive family support services in preventing the placement of children in statutory care. Despite this, South Australia's allocation of resources remains heavily invested in removing children and supporting them in placement. South Australia's expenditure on early intervention in 2022-2023 was $46,005,000 compared to $662,204,000 spent on care services, with care services therefore representing 81% of total expenditure. [4] This disproportionate expenditure is incompatible with the either goal of improving outcomes to children and young people and developing a cost-efficient system and requires immediate remediation.

Figure 1

2022-2023 South Australian Real Expenditure on Child Protection Services
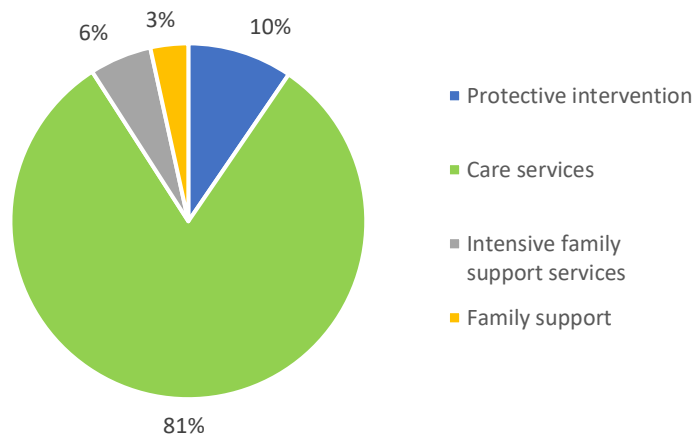
A 2019 report regarding potential savings to Australian state and federal Governments by the Early Intervention Foundation examined the costs of failing to invest in prevention and early intervention. [5] Given our understanding of the pervasive impacts of developmental trauma, the costs of not protecting children expand into multiple systems. The following costs were identified:

- The cost to government of late intervention is $15.2bn each year (in 2019 dollars). This equated to $607 for every Australian or $1,912 per child and young person.

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[3] Ibid
[4] Productivity Commission. (2024). *Report on government services 2024*. Part F section 16, Table 16A.34 and 16A.36. https://www.pc.gov.au/ongoing/report-on-government-services/2024/community-services/child-protection
[5] Teager, W., Fox, S., & Stafford, N. (2019). *How Australia can invest early and return more: A new look at the $15b cost and opportunity.* Early Intervention Foundation, The Front Project and CoLab at the Telethon Kids Institute. https://www.telethonkids.org.au/projects/HPER/how-aus-can-invest-in-children-and-return-more/

- The greatest costs were services for children in out-of-home care (39%); police, court and health costs of youth crime (18%); and welfare payments for unemployed young people (13%).
- Potentially preventable issues were significant ongoing costs with $1bn spent per year on preventable health issues, $1.4bn on youth homelessness, and $1.3bn on youth mental health.

Early intervention has the potential to substantially mitigate these costs. Recent research conducted in Victoria suggests that over a span of ten years, savings can be realized at a system-wide level. By investing approximately $150 million per year over a decade (adjusted for inflation), cumulative net savings totalling $1.6 billion can be achieved. This accounts for program establishment and delivery expenses that will temporarily raise costs. Importantly, this investment reaches breakeven point during the fifth year of implementation, underlining the cost-effectiveness of early intervention strategies.[6] The research concludes:

> We need decisive action and an ongoing commitment to investment now to seed change, start to improve outcomes for children and young people, and deliver long-term, economically sustainable results.

It is against this backdrop that CAFFSA submits the following evidence for consideration. While acknowledging that this inquiry's scope is limited to home care services for children, this narrow focus has consistently been highlighted as problematic to addressing systemic issues. Children, young people, families, and carers must be seen within the full context of service delivery for any change to be effective.

The need for a better resourced and coordinated prevention and early intervention system.

Continuing with the same approach will yield the same results we have now. The persistent focus on OOHC, and the alarming growth in residential care, only deepens the systemic challenges faced by the South Australian child protection system. While media narratives typically state that there is a 'crisis' in child protection, the chronic nature of the difficulties can be better portrayed as a lack of commitment by successive governments to change. We have a crisis that is perpetuated by a short-term focus on OOHC rather than a long-term view on investing in families.

This has been a feature of previous national efforts. The evaluation[7] of the previous National framework for Protecting Australia's Children 2009-2020 revealed a critical impediment in its excessive focus on statutory child protection at the expense of broader family support. Over the framework's implementation period, eight indicators related to child abuse and neglect were tracked, with three worsening and two remaining stagnant. This evaluation suggests that the successor framework must prioritize the full integration of a public health approach, addressing

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[6] SVA consulting. (2019). *The economic case for early intervention in the child protection and out-of-home care system in Victoria. Macquarie Group Foundation*. https://www.berrystreet.org.au/uploads/main/Files/SVA-ResearchPaper-TheEconomicCaseForEarlyIntervention-2019.pdf

[7] PWC. *Evaluation of the National framework for Protecting Australia's Children 2009-2020.* Department of Social Services. https://www.dss.gov.au/sites/default/files/documents/11_2020/evaluation-national-framework-pwc-report-12-july-2020-updated-oct-2020.pdf

prevention and early intervention needs, rather than persisting with adjustments to statutory child protection systems.

There are well known, and internationally supported, concerns for a child protection system weighted towards child removal and placement in OOHC.[8] Some of these factors can be summarised as:

- The current system for handling child protection is growing rapidly and becoming too expensive to sustain. Many children enter care early in life and stay there throughout their childhood.
- There's a problem with how the system responds to people in vulnerable situations. Many reports of abuse or neglect can't be proven, and some aren't even investigated. This can result in cumulative harm to families.
- Most of the activities within the system focus on investigation rather than helping families deal with safety concerns and their children's needs. There's a lack of preventive or treatment-focused interventions, and it's hard for families to access support services because of complicated referral systems.
- There aren't enough programs and systems in place that have been properly evaluated to see if they work.
- Policymaking and practices aren't informed by data about the whole population.
- Children and young people don't always get a chance to participate and voice what they need to feel safe at home.
- Workers' actions are largely guided by the legal framework rather than what might be best for families and children. While legal adherence is used as a proxy for upholding the best interests of children, this is not the outcome in practice.
- Changes to the system usually only happen in reaction to public outcry or media coverage.
- Families often have negative views of the child protection services they might have to deal with. This can result in a fear response that reduces the family's motivation to seek support.
- The system doesn't do enough to address the underlying problems that lead to more children needing protection, like poverty, parents' mental health issues or substance abuse. Cycles of disadvantage perpetuate child removal, leading to the over-representation of Indigenous peoples across the world.
- Workers in the system often feel stressed and overwhelmed, leading to high turnover rates.
- There is often significant placement instability, with an inadequate supply of carers to meet the increasing numbers of children being removed.

The solution to these issues is to fundamentally change the children protection system to an orientation that upholds family support through prevention and early intervention. There is little evidence that contemporary child protection systems substantially improve children's wellbeing.[9] The synthesis of literature clearly shows that adequately resourcing prevention and early

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[8] Higgins, D., Lonne, B., Herrenkohl, T.I., Scott, D. (2019). The Successes and Limitations of Contemporary Approaches to Child Protection. In: Lonne, B., Scott, D., Higgins, D., Herrenkohl, T.I. (eds) *Re-Visioning Public Health Approaches for Protecting Children. Child Maltreatment,* vol 9. Springer, Cham. https://doi.org/10.1007/978-3-030-05858-6_1

[9] Gilbert, R., Fluke, J., O'Donnell, M., Gonzalez-Izquierdo, A., Brownell, M., Gulliver, P., Janson, S., & Sidebotham, P. (2012). Child maltreatment: variation in trends and policies in six developed countries. *Lancet* (London, England), 379(9817), 758–772. https://doi.org/10.1016/S0140-6736(11)61087-8

intervention are both more cost effective and better positioned to improve the outcomes of children and young people.

The South Australian context demonstrates the complexity faced by children and families. The following needs are most apparent:

- Families are experiencing greater levels of complexity and adversity, such as financial hardship, loss of income/employment, mental health, physical health, substance use, domestic and family violence, homelessness. Often multiple complexities are present, which have compounding affects.
- Families are experiencing isolation and have difficulty navigating the multiple complex systems to access needed services. The fragmented and uncoordinated sectors are confusing to families and professionals alike.
- Families are experiencing greater caring responsibilities within their own family unit, often having to support extended family members and/or their wider community.
- Service responses are often incident based and treat symptoms rather than a holistic approach. This incident-based response stems from how services are contracted and funded. This results in families needing to seek multiple services responses from different services providers, all which require multiple appointments across different regions and require the retelling of often traumatic family narratives.

There are services in South Australia designed to offer early support, intensive support, and reunification to families. However, consultation with NGOs has identified the following challenges:

- NewPin, an intensive therapeutic centre for families with young children undergoing reunification, is not receiving adequate referrals. This program is a social impact bond that has already been invested in a pathway designed to reduce OOHC. Without adequate referrals, there will be little return on investment – perhaps leading to incorrect inferences that the program is not economically viable.
- Referrals to other reunification services are often for children who have already self-placed back home. Where the child is not deemed safe, this is not an appropriate reunification referral as it is instead mitigating the risk to DCP rather than targeting families where reunification orders are in place.
- High workloads and insufficient resourcing of DCP staff means they often do not have the time to action referrals, leading to low or inappropriate referrals.
- There is a need for services to address late-stage reunification for self-placed adolescents. Self-placement often occurs due to a lack of permanency in OOHC. A highly successful and innovative program was piloted[10] but not embedded into the system service delivery.

South Australian Evidence

The evidence from the South Australian NGO sector shows that the problem is not a lack of programs or innovation suitable to reduce the out of home care (OOHC) population. Instead, there is a lack of adequate resources leading to overworked staff, fragmentation in service delivery, and confusion surrounding available service delivery and eligibility criteria. Addressing these factors will

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[10] Malvaso, C. G., & Delfabbro, P. H. (2020). Description and evaluation of a trial program aimed at reunifying adolescents in statutory long-term out-of-home care with their birth families: The adolescent reunification program. *Children and Youth Services Review*, 119, 105570.

enhance the return on investment for programs already established, reducing the burden on the OOHC sector and carers.

Figure 2 shows the variability in intensive family support (IFS) compared to OOHC. The graph reflects the percentage change in number of children and expenditure as compared to the previous year. In April 2021, South Australia changed the criteria of IFS, which resulted in additional programs being included that were previously excluded as they were universal to all. During 2021-22 there was a further redesign and expansion in programs and services provided by umbrella agencies resulting in family preservation and protective intervention programs previously categorised as family support services becoming intensive in nature. Therefore, the apparent increase in services is not the result of new programs but rather changing the criteria of data included. In contrast, while the number of children entering OOHC varied over the last 5 years, the expenditure has seen a steady increase at approximately 10% per year. These facts point to the uncertainty and lack of foundational support the prevention and early intervention sectors receive while OOHC continues to grow in cost.

Several prevention and early intervention programs show promising opportunities to effect change. Family Group Conferencing is recognised in the Child and Young People (Safety) Act 2017 to provide families the opportunity to make decisions to enhance the safety of children. An analysis of 264 families who participated in conferences show that **90% were able to maintain safety for children a year later, when provided with ongoing support**.[11] Currently, both the DCP Chief Executive and the court can convene a family group conference, however, there is no requirement that a conference be considered. This results in considerable discretion where child removal may be, and often is, prioritised over family-led decision-making.

The Together4Kids program, facilitated by Relationships Australia, targets the overlap between homelessness and domestic and family violence. Through personalized therapeutic interventions, the service supports children in overcoming trauma, managing emotions, and fostering resilience amid distressing transitions. By addressing these challenges, the program aims to enhance parent-child relationships and promote the emotional well-being of children. This initiative exemplifies South Australia's efforts to mitigate harm experienced by children and provide pre-emptive support to parents before child protection issues escalate. However, a concerning trend emerges: these vital services are funded on a short-term, 12-month basis, a pattern persisting over the past decade. This transient funding structure impedes proactive therapeutic efforts, program expansion, and quality improvement tailored to community needs. Consequently, while funding exists, the current model falls short in adequately resourcing the prevention and early intervention sector to enact sustainable, long-term changes. These pervasive resource challenges have been articulated in CAFFSA's submission to The South Australian Not for Profit Funding Policy Review.[12]
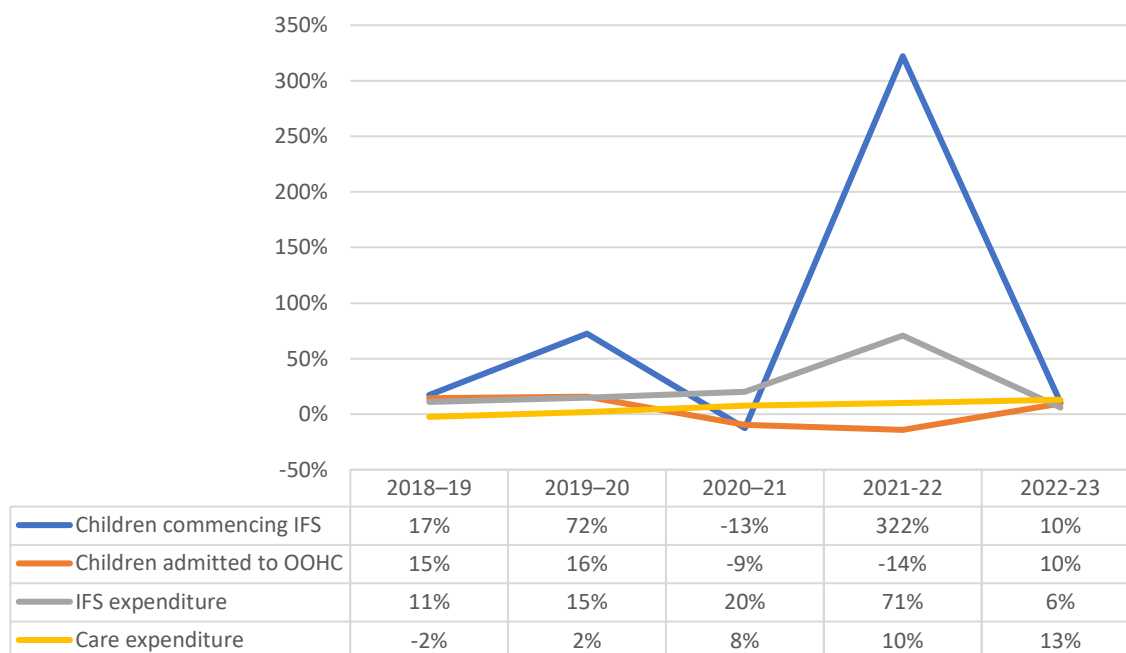
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[11] DCP news. (2024). Family group conferencing showing promising results for children and families. https://www.childprotection.sa.gov.au/news/dcp-news2/family-group-conferencing-showing-outstanding-results-for-children-and-families

[12] CAFFSA. (2024). A common goa: The South Australian not for profit funding policy review. https://www.childandfamily-sa.org.au/wp-content/uploads/2024/02/The-South-Australian-Not-for-Profit-Funding-Policy-Review.pdf

Figure 2

Year-on-year percentage change IFS vs OOHC

	2018–19	2019–20	2020–21	2021-22	2022-23
Children commencing IFS	17%	72%	-13%	322%	10%
Children admitted to OOHC	15%	16%	-9%	-14%	10%
IFS expenditure	11%	15%	20%	71%	6%
Care expenditure	-2%	2%	8%	10%	13%

Note. The percentage shown is the proportional growth or decline as compared to the previous year.[13]

There are other programs that can be considered late term prevention as they still attempt to reduce the number of children in foster and residential care. As mentioned earlier, an adolescent reunification program was trialled and found to be highly successful.[14] The program was independently evaluated by respected researchers. It was described as having 'few parallels in the world' and deemed able to meet the needs identified by residential staff where young people consistently self-place at home.

The newly implemented Finding Families program is another important avenue for keeping children connected to family even when their parents are unable to care for them. The focus is on supporting children and young people placed in residential care to more into family-based placements with extended family and kin. Both these programs reduce the burden on the OOHC sector and place children back with family, remedying the lack of prevention and early intervention these families should have received in prior service delivery. While this program is showing some good outcomes, it will be important to ensure it is not functioning in isolation and prioritises KPIs and outcomes that are child-centred, rather than system focused. These programs cannot fully reduce the pressure on the statutory child protection system to provide OOHC placements alone. Each of these programs represents a single pathway on the child protection continuum.

In conclusion, the international, national and South Australian evidence overwhelmingly supports the effectiveness and cost-efficiency of prevention and early intervention approaches in

[13] Productivity Commission. (2024). *Report on government services 2024*. Part F section 16, Table 16A.34 and 16A.36. https://www.pc.gov.au/ongoing/report-on-government-services/2024/community-services/child-protection

[14] Malvaso, C. G., & Delfabbro, P. H. (2020). Description and evaluation of a trial program aimed at reunifying adolescents in statutory long-term out-of-home care with their birth families: The adolescent reunification program. *Children and Youth Services Review*, 119, 105570.

safeguarding the well-being of children and families. There are many promising programs already showing good outcomes for children and families, however they face insufficient and unstable funding models that are not commensurate with the value they provide to the family, community and government. These short-term funding models do not allow for long-term planning in the sector, compromising the safety and wellbeing of children and families. It is imperative that the programs are adequately coordinated, resourced, and supported alongside prevention, early intervention, and reunification initiatives to bring about tangible and lasting improvements. Greater investment is needed in prevention to decrease the number of children and families entering the care system, ensuring that families whose experience of adversity and complexity impacts their capacity to safeguard and meet the needs of their children have the supports required. CAFFSA strongly advocates for redirecting focus and resources towards bolstering the prevention and early intervention sector, rather than continuing to prioritize and expand the out-of-home care sector.

Evidence about the long-term economic and social impact of foster and kinship care, and outcomes for children and young people in foster and kinship care as compared to impact and outcomes for those in non-family based out of home care.

To understand the social and economic impact of OOHC, it is helpful to look a child's journey through the care system and the impacts on their capacity to grow, develop and thrive. A concern is that systemic pathways and processes, rather than a child's best interest, drive their journey and negatively impact a child's healing and development. A child's care experience within a system in crisis that is risk adverse, reactive, and sometimes punitive results in sub-optimal outcomes for children and young people throughout all stages of their life. This trajectory also leads to increased social and economic costs throughout the lifespan of the child and young person.

A focus beyond basic needs being met is required to ensure that all children and young people have:

- the right to be heard and live a full life,
- the right to be involved and contribute to decisions being made about them,
- the right to be immersed in their family, culture and community,
- their traits and milestones are celebrated and shine bright,
- comfort, security, be encouraged and nurtured,
- have dreams and aspirations.

Children and young people placed in OOHC show poorer outcomes compared to children and young people who have not experienced maltreatment significant enough to warrant removal. These impacts are not short term, with poorer mental health and suicide attempts continuing into adulthood,[15] alongside lower educational achievement, challenges maintaining employment, housing instability, greater substance misuse, and more likely involvement in the justice system.[16] These findings are typical of childhood maltreatment regardless of whether children are removed

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[15] Seker, S., Boonmann, C., Gerger, H., Jäggi, L., d'Huart, D., Schmeck, K., & Schmid, M. (2022). Mental disorders among adults formerly in out-of-home care: a systematic review and meta-analysis of longitudinal studies. *European Child & Adolescent Psychiatry*, 31(12), 1963-1982.

[16] Gypen, L., Vanderfaeillie, J., De Maeyer, S., Belenger, L., & Van Holen, F. (2017). Outcomes of children who grew up in foster care: Systematic-review. *Children and Youth Services Review*, 76, 74-83.

from their parents or their long-term placement type.[17] As already identified, these outcomes have considerable ongoing social and financial costs.

There are, however, systemic factors that contribute to these outcomes. Agencies have identified the following factors that impact children and young people upon their initial placement, with ongoing impacts:

- A child's journey through the care system is often determined via court orders rather than the needs of the child and capability of their birth family/kin to provide care. For example, children are removed on an "emergency" basis and therefore the placement option is time limited to the emergency order (1-7 days.) Following this a short-term order is sought and, if the child is unable to remain in the placement, a new short-term placement is sought (28 days – 12 months.) This results in tremendous instability for children early in their care journey, increasing the likelihood of future placement breakdowns.
- These early experiences have a significant impact on the child's sense of safety, security, attachments, predictability, and identity. Even with improved safety, the transition in placement results in disruption to immediate and regular (routine) contact with their birth family, kin, and community.
- Children experience grief and loss through the multiple transitions that occur at the point of removal: loss of family, cultural/rituals, educational facility, comforts/security items such as toys/blankets, pets, siblings, routine, foods, smells, environment, friends, shopping centres and all things that are familiar to them. Complicated grief and loss can lead to lifelong negative impacts in health and wellbeing.
- To ensure the best interests of children, young people, families, and carers is upheld, assessment needs to be timely, and planning should be concurrent rather than a linear process of decision-making based on court-determined processes and timelines.
- If case direction is unknown for extended periods of time, children and young people are left in a place of uncertainty and ambiguity for extended periods of time, with the following effects:
  - Family contact is disrupted or delayed for children and young people;
  - There are disruptions to their connection to culture, land, community, and language;
  - The child's sense of security and predictability (for example it generates questions such as 'How long am I going to be here for? Will I go back to my mum? are my siblings, ok? Can I see my siblings? Will I need to change schools?') is adversely impacted;
  - Longer term planning for education, sports, peers and relationships, holidays, assessment, and referral to services is disrupted or not possible; and
  - Children may struggle to develop a sense of self, personal agency, and identity.

These factors result in dysregulation and impede a child or young person's ability to heal from their trauma experience and associated loss and grief.

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[17] Haslam D, Mathews B, Pacella R, Scott JG, Finkelhor D, Higgins DJ, Meinck F, Erskine HE, Thomas HJ, Lawrence D, Malacova E. (2023). *The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study*: Brief Report. Australian Child Maltreatment Study, Queensland University of Technology.

Children in kinship care show the best outcomes, followed by foster care, with children in residential care showing the poorest outcomes. Despite the clear differentiation, these outcomes are not causative. Rather, there are many factors that may influence children's outcomes. Children placed in care at younger ages show better outcomes, possibly due to having experienced less maltreatment, having more secure relationships with their carers, and experiencing less trauma due to the removal from their parents.[18] In contrast, children in residential care may be placed there due to their already challenging behaviours, be older, and may have experienced several foster or kinship carer placement breakdowns leading to cumulative harm. These features could clearly influence the poorer long-term outcomes of children in residential care, regardless of the quality of care they receive.

Therefore, the focus should not be on the type of care provided but on meeting the needs of children, young people, and their caregivers – whether that be by professionals, family members, or foster carers. Supporting the child within their caregiving context will have cyclical benefits. Caregivers who feel supported are shown to offer better quality care. In turn, the behaviours of children improve, and closer relationships are established. This feels rewarding to caregivers who then become more invested and committed. It is critical to focus intervention at all points (caregiver support, improved caregiver-child relationships, and behaviour management strategies) so that efforts are directed towards establishing these cycles. Based on these points, the following analysis does not indicate advocacy for any particular type of care but rather highlights the factors that are likely associated with improved outcomes.

Kinship care

Within the context of OOHC, kinship care yields the greatest overall benefits for children. While children in foster care (as opposed to residential care) experience better behavioural development, mental health functioning, have better access to educational opportunities and support, and greater placement stability that fosters close relationships with caregivers, positively impacting children's emotional and social development,[19] kinship carers are also able to keep children connected to their culture and instil a sense of belonging that may buffer children against factors affecting their mental health.[20] Children unable to remain with family and placed in either residential care or foster care are more likely to receive a mental health diagnosis and have police contact.[21]

There are differences between foster and kinship carers that require additional consideration. While kinship carers typically report higher levels of satisfaction with their caregiving role, they often have poorer measures of stress and mental health.[22] There are also complicated relationships and family dynamics to consider. Conflicts within the extended family can impact the placement. Family dynamics, unresolved issues, differing opinions on caregiving approaches, or disagreements on the

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[18] Chartier, S., & Blavier, A. (2023). Are children in foster care in better psychological health than children in institutions? What factors influence the outcome? *Child & Family Social Work*, 28(1), 25–36. https://doi.org/10.1111/cfs.12938

[19] Winokur, M., Holtan, A., & Batchelder, K. E. (2014). Kinship care for the safety, Permanency, and Well-being of children removed from the home for maltreatment: a systematic review. *Campbell Systematic Reviews*, 10(1), 1-292.

[20] Shlonsky, A., Kertesz, M., Macvean, M., Petrovic, Z., Devine, B., Falkiner, J., D'Esposito, F., & Mildon, R. (2013). Evidence review: Analysis of the evidence for out-of-home care. *Parenting Research Centre*.

[21] O'Hare, K., Tzoumakis, S., Watkeys, O., Katz, I., Laurens, K. R., Butler, M., ... & Green, M. J. (2023). Out-of-home care characteristics associated with childhood educational underachievement, mental disorder, and police contacts in an Australian population sample. *Child Abuse & Neglect*, 139, 106120.

[22] Harding, L., Murray, K., Shakespeare-Finch, J., & Frey, R. (2020). The wellbeing of foster and kin carers: A comparative study. *Children and Youth Services Review*, 108, 104566.

child's upbringing can all strain the placement. These conflicts may not only affect the relationship between the carer and the child but also create an atmosphere of stress and instability within the extended family, further jeopardizing the placement's success. Kinship carers may also face challenges in restructuring their family relationships, putting in boundaries with family members, some of which may trigger violent responses in children.[23]

Kinship placements are often negotiated during times of crisis, resulting in kinship carers receiving little to no training or preparation for the specific needs of the child entering their care. This lack of preparation, resources, and support can leave kinship carers feeling unprepared, under-resourced, and unsupported in their caregiving role, contributing to increased stress and challenges in providing care.[24] Disparities in funding and support between kinship carers and foster carers can further exacerbate financial strain for kinship carers, who may receive less financial assistance and support despite similar caregiving responsibilities.[25] These cumulative stressors may negatively affect children's wellbeing. Further, retention is conceptually different for kinship carers as compared to foster carers. Kinship carers should be supported to retain care of the child/ren placed with them until those children can live independently or return to the care of their parents.[26]

Agencies note that, over the last 18 months, there have been an increasing number of enquiries from kinship carers regarding transfer to specialist care. These enquiries have been based on carers having difficulty meeting the high and complex needs of children, having low levels of support and reimbursement from DCP, and a desire to access greater training.

Foster care

There is mixed evidence on the effectiveness of foster care. Some children in foster care show improved outcomes, some remain constant, and some deteriorate during their time in foster care.[27] Over time, most children show reduced functioning, indicating that foster care alone is not enough of an intervention. This is important as it shows that addressing the lack of carers in SA will not be sufficient to effect change for children and young people. Instead, improvements need to be made to the quality of care being offered to children and young people, addressing their developmental trauma. When conducting an analysis of foster families where children showed improved outcomes versus those who did not, the primary difference was the use of supportive and nurturing parenting practices.[28] This indicates that warm, nurturing, and relationship focused parenting is crucial to children's wellbeing.

This relational focus needs to be held central in all considerations of service delivery and systemic reform.

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[23] Breman, R., MacRae, A., & Vicary, D. (2018). Child-perpetrated family violence in kinship care in Victoria. *Children Australia*, 43(3), 192-197. https://doi.org/10.1017/cha.2018.28

[24] Ibid

[25] Winokur, M., Holtan, A., & Batchelder, K. E. (2014). Kinship care for the safety, Permanency, and Well-being of children removed from the home for maltreatment: a systematic review. *Campbell Systematic* Reviews, 10(1), 1-292.

[26] Thomson, L., Watt, E., & McArthur, M. (2016). *Literature review: Foster carer attraction, recruitment, support and retention*. Canberra. Institute of Child Protection Studies, Australian Catholic University.

[27] Goemans, A., van Geel, M., & Vedder, P. (2015). Over three decades of longitudinal research on the development of foster children: A meta-analysis. *Child Abuse & Neglect*, 42, 121-134.

[28] Vanderfaeillie, J., Van Holen, F., Vanschoonlandt, F., Robberechts, M., & Stroobants, T. (2013). Children placed in long-term family foster care: A longitudinal study into the development of problem behaviour and associated factors. *Children and Youth Services Review*, 35(4), 587-593.

The most critical factor affecting children in foster care is that of placement instability. Placement breakdowns are more likely to occur in a foster placement than in kinship placements, and cumulative placement breakdowns may be a pathway to residential care. Some studies show 50% of children in OOHC in Australia having more than three placements and 6.4% experiencing seven or more placement changes.[29] This high rate of placement changes suggests instability in the children's care arrangements, which can have negative consequences for foster carers. Children who have experienced disruptions in their care often present with more emotional and behavioural problems, leading to increased stress for carers. This again creates a cycle whereby children with a placement breakdown are more likely to show challenging behaviours, in turn leading to greater risk of future placement breakdowns. The impact of recurrent placement instability is that children and young people experience multiple transitions (in every element of their lives), loss of family connection, loss of culture, and a loss of identity. Their capacity to build and maintain primary attachments and all facets of their development are impacted, particularly their capacity to build and maintain relationships. Many young people leaving care, who have experience multiple placements, and been unable to maintain their connections with both carers and their family, report that the only people in their lives who celebrate their milestones are professionals. These young people have limited (deep) connections with family, kin, and community, reducing their sense of identity and self-worth.

The quality of the relationship between carers and children can be significantly influenced by how carers cope with challenging behaviours and reduce placement breakdown. Effective coping strategies can strengthen the bond between carers and children, promoting trust, security, and positive outcomes. However, when carers are experiencing very challenging behaviours from children, their own resilience is not sufficient to cope.[30] This indicates the need for external support for all carers, regardless of their apparent resilience or level of coping strategies.

Residential care

Children placed in residential care consistently show the poorest outcomes, although the most recent studies show that this gap is decreasing. A meta-analysis conducted on international literature showed that children in residential care report worse experiences and more problems across three outcome indicators: perceptions of care, internalizing problems, and externalizing problems, as compared to children in foster care.[31]

South Australian evidence presented from NGOs in the sector show that many young people leaving OOHC, particularly residential care, still require therapeutic and case management services. This indicates that residential care as it is currently resourced and delivered is not enough of a therapeutic environment to facilitate healing, does not teach adequate life skills and that young people are not smoothly transitioning to independent living.

NGO consultations further identified that:

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[29] Harding, L., Murray, K., Shakespeare-Finch, J., & Frey, R. (2018). High stress experienced in the foster and kin carer role: Understanding the complexities of the carer and child in context. *Children and Youth Services* Review, 95, 316-326.

[30] Adams, E., Hassett, A. R., & Lumsden, V. (2018). What do we know about the impact of stress on foster carers and contributing factors? *Adoption & Fostering*, 42(4), 338-353.

[31] Li, D., Chng, G. S., & Chu, C. M. (2019). Comparing long-term placement outcomes of residential and family foster care: A meta-analysis. *Trauma, Violence, & Abuse*, 20(5), 653-664.

- Many young people leaving care need intensive trauma recovery support, help with life skills and relationship skills. It is recommended that Post Care Support Services are initiated earlier, prior to young people turning 15 years of age.
- Many young people leave care without qualifications, SACE completion or any career goals. Most Registered Training Organisations are not funded sufficiently to be able to provide tailored trauma-informed adult education to support care leavers to gain confidence in completing later study. Establishing qualifications delivered in a trauma-informed manner is costly, but there are examples, such as the Australian Institute of Social Relations, where flexible and experience-informed delivery methods support education.
- There is a significant nexus of support, with families experiencing homelessness and domestic and family violence (DFV) associated with increased statutory child protection contact. Young people leaving care are at high risk for homelessness and DFV, highlighting the need for cross sector approaches to support beyond the provision of foster care.

It is further identified that post-care support becomes prevention for the next generation of children. Supporting young people leaving care to thrive in the community, build healthy support networks, and access education and employment opportunities significantly improves the likelihood of them being able to successfully parent. This intergenerational view of intervention highlights that resource allocation is not a matter of 'and/or' but rather all intervention exists on a continuum of interconnected support. As identified previously, the cross-sector nexus of homelessness, alcohol and other drug use, DFV, and mental health represent the best junction for targeting support. Analysis of the cost savings from post care support show that for every $1 spent $2 was saved for the SA community. [32] This again reinforces the need to consider all intervention through the lens of prevention.

Factors negatively affecting the retention, wellbeing, and capacity of carers.

Foster and kinship carers are not formally recognised within our systems and legislation - they are not employees, they are much more than volunteers, yet they receive no entitlements or benefits. The carer payment is effectively a reimbursement mechanism that is substantially less that the out-of-pocket expenses of providing care. Foster and kinship carers are families within community who are motivated to help children in need through the provision of care. Carers are an unpaid and unrecognised workforce that is providing care to the states most vulnerable children – they are literally raising our future.

Retention refers to systemically maintaining a pool of carers suitable to meeting a range of children's needs so that proper placement matching can occur and carers are not overburdened by too many children.[33] Inherent in this definition is the need to support carers to be able to offer quality care, with the assumption that carers with more experience will have greater skills to support children.

Managing complex behaviours

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

[33] Thomson, L., Watt, E., & McArthur, M. (2016). Literature review: *Foster carer attraction, recruitment, support and retention.* Canberra. Institute of Child Protection Studies, Australian Catholic University.

Foster and kinship carers provide support to children and young people who present with highly complex needs. They often manage high levels of stress, with some estimates that about 20% of carers have clinically rated parenting stress.[34] Straddling personal experiences and professional engagement, carers face multiple challenges. Most literature identifies that the challenges in managing children's behaviours is the primary concern of foster carers and associated with their decision to leave their foster care role.[35]

One of the ways to improve the sustainability of foster care placements is through placement matching. This involves identifying carers that have the skills, temperaments, interests, and resources to meet the needs of a child or young person. However, the current crisis in foster care means that carers and NGOs are under pressure to accept any child. Evidence presented from South Australian NGOs shows that some carers are approached directly by statutory child protection to provide a placement, rather than going through an NGO where consideration would be given to placement matching as well as a process for agreeing to conditions of acceptance, such as required reimbursement. The unrelenting pressure to find a child any placement therefore results in actions taken to address short term crises at the expense of the longer-term wellbeing of both children and carers. **This shortsighted focus remains a significant feature of underfunded and poorly resourced family support and statutory child protection systems that can never address the long-standing systemic issues generating the symptoms that are often highlighted in Royal Commissions and child death reviews within current resourcing models.**

Another important support is that of respite, which allows carers a reprieve from managing challenging behaviours and time for self-care. Traditionally respite care has been viewed, and funded, as an overnight stay within another foster or kinship carer's home. This model of respite does not meet the need of all children and young people and/or their carers. The introduction of flexible respite has been welcomed by the carer community; however, the resources are limited. Additionally, many carers who are approved to provide respite care are also approved for emergency and short-term care, and the need for emergency and short-term care is greater. This means many respite carers are unable to continue with respite care when they agree to take on an emergency placement. This break in relationships negatively impacts children who can then internalise a perceived rejection each time a placement is ended.

Alongside these challenges, foster carers often report a lack of recognition from agencies.[36] As already identified, being a carer requires high levels of skills, with carers having to provide therapeutic parenting and engage with a range of professionals to support a child's case plan. The emotional labour involved in care, including managing the complex needs and behaviours of children who have experienced trauma, is often underestimated. Carers may feel that their emotional efforts and sacrifices go unrecognized, contributing to feelings of burnout and emotional exhaustion. In some instances, carers may be penalised for their reduced emotional wellbeing. Carers experience vicarious trauma and often this is met with judgement (or perceived judgment) of not coping or not able to meet the needs of children. In consultations with carers in regional area over the three days

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[34] Adams, E., Hassett, A. R., & Lumsden, V. (2018). What do we know about the impact of stress on foster carers and contributing factors? *Adoption & Fostering*, 42(4), 338-353.

[35] Harding, L., Murray, K., Shakespeare-Finch, J., & Frey, R. (2018). High stress experienced in the foster and kin carer role: Understanding the complexities of the carer and child in context. *Children and Youth Services Review*, 95, 316-326.

[36] Randle, M., Ernst, D., Leisch, F., & Dolnicar, S. (2017). What makes foster carers think about quitting? Recommendations for improved retention of foster carers. *Child & Family Social Work*, 22(3), 1175-1186.

prior to lodgement of this submission, carers and support agencies repeatedly told us that foster and kinship carers are loathe to reach out to the department for support when feeling overwhelmed or ill-equipped to handle issues with those for whom they provide care because of the realistic fear that a Care Concern will be raised against them. Carers see the impact of trauma through the behaviours and response of children in their care; this is painful, distressing and can create a sense of helplessness when faced with the distress of someone you love. These carers need to be met with empathy, compassion, and an understanding that trauma often generates parallel processes through relationships, where carers experience similar distress to that felt by children.

Accessing supports for children and young people

DCP states that the therapeutic, educational, and health needs of children will be met through government resources, however waitlists and availability may require accessing the private system. Carers may need to cover expenses related to medical care, therapy, educational support, and other specialized services, which can place a significant financial strain on them. In addition, the demands of foster care, including attending appointments, meetings, and contact arrangements, can make it difficult for carers to maintain full-time employment. This loss of income can exacerbate financial strain and limit carers' ability to meet their own financial needs. Agencies report the following challenges for carers:

- Foster carers of young children aged 0-6 years are finding that there are long waiting lists and resistance to assessments that would help to identify developmental delays and access early support.
- By way of example, the lengthy waiting list for paediatric reviews in the public system, with few mechanisms to ensure that assessments are prioritized for children under guardianship. means many carers are turning to the private health sector for assessments, despite the significant cost involved. However, even in the private sector, waiting times can be extensive. One example provided was for twins that were placed in care since birth. Having already experienced three placement changes, they are now showing signs of developmental delay. A full paediatric assessment has been requested and a referral provided but the earliest appointment is a 2 month wait. Given the age of the twins, timely supports/assessments are vital to be able to put in place strategies that prevent further delays and support them meeting their developmental milestones.
- In consultations with foster carers in several regional areas in the three days prior to lodgement of this submission, CAFFSA heard concerns from them of several occasions where the carer had been very concerned about the behaviour of the child they were caring for and were told by DCP staff the behaviour was 'within the normal range of age-appropriate behaviour.' After waiting for long periods of time for the assessment, the children were assessed and diagnosed with autism spectrum disorder and the carers and children were finally able to access supports. What was disturbing about these conversations was that the carers had been told anecdotally by DCP staff that they were advised to find cost-saving measures within the department, including by delaying assessments.
- Without the required assessments, carers are often left in a state of uncertainty about what action to take, leading to feelings of frustration given the presence of indicators/early signs of disability requiring intervention. It is difficult to secure early intervention funding through the NDIS without these assessments and often the impact of trauma is insufficient to secure

early intervention services. Carers must therefore use 'trial and error' in their parenting approach, trying to meet the presenting needs of children through multiple strategies whilst not knowing if they are helpful or worsening children's distress and behaviours. This can result in greater levels of dysregulation and leaves carers feeling that they are failing or unable to meet the needs of the child. The state, as the legal guardian of the child, can do better than this.

Financial reimbursement

Carers consistently report confusion about the system and the role that they have regarding funding, reimbursements, responsibilities, and decision-making authority. The current SA documentation for carers is ambiguous. For example, the 'Who pays for what'[37] document provided by DCP lists several situations that are discretionary, where DCP *may* cover the cost of expenses. Anecdotal evidence gathered from carers indicates that this leads to inconsistencies in reimbursement. Carers talk to each other, resulting in comparisons of reimbursement that can create dissent amongst them. At times, decisions are not consistent with the documentation, with carers reporting instances of reimbursement for cultural connection activities being refused. Carers may face significant financial strain due to the out-of-pocket expenses associated with fostering, such as purchasing necessities for the children in their care.[38] This financial burden, coupled with role ambiguity, can add to increased stress faced by carers and is one of the most reported reasons for leaving their role as foster carers.

While carers are provided with some reimbursement, there are expectations that they will cover the costs of providing daily care to the children placed with them. However, carers consistently report that the children they care for have complex needs that are not adequately covered.[39] It can be difficult to prepare for these costs due to the nature of trauma. The Royal Commission into Institutional Response into Child Sexual Abuse identified the following:

> *Very often, the costs of these children don't present themselves until quite some years down the track where they start to have serious dental problems or even mental health problems, and no money is made available, because the arrangements have been made, all the funding has been settled, so there is an expectation that his arrangement is done and dusted and it's just going to take care of itself.[40]*

South Australian agencies have identified the following impacts on carers:

- Payments do not recognise the abilities, sacrifices or life changes that carers make to provide care for a child.
- The expectation and responsibilities placed on carers, including meeting and maintaining mandatory requirements such as ensuring they are available to complete and update

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[37] Department for Child Protection. *Carer Reference One: Carer support payments Who pays for what*? https://www.childprotection.sa.gov.au/__data/assets/pdf_file/0013/107041/carer-reference-one-who-pays-what.pdf
[38] Randle, M., Ernst, D., Leisch, F., & Dolnicar, S. (2017). What makes foster carers think about quitting? Recommendations for improved retention of foster carers. *Child & Family Social Work*, 22(3), 1175-1186.
[39] Briggs, F., & Hunt, S. (2015). Foster care from a historical perspective. *Children Australia*, 40(4), 316-326.
[40] Australia. Royal Commission into Institutional Response into Child Sexual Abuse & Royal Commission into Institutional Response into Child Sexual Abuse. (2012). *Royal Commission into Institutional Response into Child Sexual Abuse*.

trainings, being available for regular home visiting, appointments, care team meetings, adjusting schedules around access and family contact, transport to and from appointments, family contact, school and respite. Often families must adjust their own schedules to suit staff availability, and appointments can be changed with minimal notice. To meet these requirements carers must often take leave from employment or make other decisions that impact them financially.

- Many carers cannot maintain employment and complete their caregiving role. This results in carers being out of the workforce for significant periods and unable to progress their skills, knowledge, and ability in their chosen profession. It often results in a lower income for the family unit. Further, carers do not receive superannuation whilst outside of the workforce and they are not eligible for any benefits that come with employment (such as annual and personal leave, long service leave, redundancy, salary packaging, access to EAP services, Workcover, and insurances). This has significant repercussions for carers once they cease providing care or when they reach retirement.

- There are additional costs associated with caring for a large family unit. This includes purchasing of specialised equipment, house modifications, larger vehicles, purchasing of items for infant care, food and essential items, cleaning and home maintenance, damage to property etc. With large sibling groups often coming into care, carers may be forced to either make these adjustments or to accept only some siblings resulting in a loss of connection. It was disturbing to hear from carers the variability in decision-making to support some of the above items, where they expressed bewilderment about why one carer could successfully apply for reimbursement when another's identical application was refused.

- There can be additional costs arising or the carers biological children that are also not covered. One particularly heart-breaking story CAFFSA was alerted to in recent days was that of a carer's biological child who was sexually abused by the foster child in their care. Funding for the provision of counselling for the child that was abused was denied as they were not 'in care.' The carers were forced to not only endure the trauma of the abuse of their own child – they were also expected to pay for the support required because of a situation that came about as a direct result of their fostering. It is difficult to see how the system can expect carers to remain engaged and committed in the face of responses that lack common compassion such as these.

Often carers who offer the greatest placement stability are the most significantly disadvantaged. For example, within the Stability in Family Based Care program, continuation of reimbursement is dependent on criteria not met by all young people. Within the past 12 months 96% of young people have remained with their foster carers post 18 years of age. This is a positive outcome for young people remaining within their family and support network whilst they navigate independence. However, it is also a time where there are increase demands on young people and their carers, which must be navigated without financial or case management support.

CAFFSA understands that the SA Housing Authority may be raising rents to market value for those on a specialised lease for youth housing. These legacy agreements were one of the last ways the government could ensure that young people leaving care, or those still in care but living in specifically designed programs, would not be priced out of the market entirely. It is difficult to understand where these young people will be housed, how the NGO housing and support programs

will be left financially sustainable enough to prevent closure and by what measure the decision can be viewed as consistent with a social justice framework. At a time when the average age of leaving home for biological children is nearing 30 years of age because of rising cost of living pressures, including rent and mortgage pressures, the State, when it assumes the role as the legal 'parent' of these young people, needs to urgently adjust its own policy settings in this area, or it will be choosing to disadvantage South Australia's most vulnerable young people.

Engaging with systems

To identify the changes that Australian research has identified are required within systems, structures, and processes that historically and currently disadvantage, disrespect, disempower, raise dissatisfaction, and contribute to the poor treatment of carers, it is important to consider the reoccurring themes raised through complaints by carers.

Most carers report that working with statutory systems is more stressful than their role of caregiving, identifying role ambiguity, negative relationships with child protection staff, a perceived lack of support, and difficulties managing challenging child behaviours.[41] Carers typically perceive the system through the lens of relationships, focusing on their connections and support to caseworkers and other significant professionals. However, fractures in these relationships are common, with up to 20% of carers having a disagreement with a caseworker at some point during their involvement.[42] Carers are frequently left out of decision-making or feel that their inputs are not as valued as those of the professionals.[43] Some carers even report being ridiculed or blamed for the complex behaviours of children.

Despite the changes implemented since the Inquiry, agencies identify the following themes for carers:

- Inconsistent expectations and requirements of carers
- An absence of seeking and listening to the voice of carers as an expert in the child's life and the care environment.
- Inconsistent processes and practice approaches across the system.
- Assessments undertaken in isolation without the involvement or assessment of the carers.
- Administratively burdensome processes and practices that result in lengthy delays and unreasonable timeframes.
- An absence of procedure fairness in process, procedures and decision making.
- An absence of seeking and listening to the voice of children and young people as the expert in their life and the care environment.
- Inconsistent implementation of the Standards of Care, The Statement of Commitment for South Australian Foster and Kinship Carers, and the Charter of Rights for Children and Young People.
- Inconsistent consultation with carers regarding policy and systemic change management and the development of policy, process and practice.

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[41] Blythe, S., Wilkes, L., & Halcomb, E. (2014). The foster carer's experience: An integrative review. *Collegian*. http://dx.doi.org/10.1016/J.colegn.2012.12.001
[42] Ibid
[43] Briggs, F., & Hunt, S. (2015). Foster care from a historical perspective. *Children Australia*, 40(4), 316-326.

- A risk adverse culture that is incident based rather than a culture that encourages collaboration, partnership, collective decision making on the needs of the child and family unit.

The accumulation of these factors and the associated stress places strain on the relationships between carers and staff. Given the high staff turnover in the system, some carers may not be able to establish a relationship with any professional and instead view the system as 'faceless bureaucracy'. Carers in these settings lose confidence in child protection professionals as there is a loss of communication and carers may have to repeat their story and that of the children in their care before being able to access support.[44] Further, these new professionals may be inexperienced and managing high workloads, placing additional strain on carers to cope without adequate support.

Foster carers who report wanting to leave their role as carers often identify feeling unsupported.[45] This includes not being offered suitable training, feeling that their caseworkers did not offer quality support and visited infrequently, and did not believe their agency cared about them. This sense of not having a voice was linked to carers deciding to end their role as foster carers. Carers also describe the foster system as "complex", stating that they do not understand their rights as foster carers and are not satisfied with their level of responsibilities. CAFFSA's consultation with members and carers supports this literature.

Both member agencies and carers have 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. There are also rigid processes that are not person-centred in design, creating challenges for carers. By way of example, two siblings wanted to provide shared care to their nieces and nephews, however the system required one of them to be designated the primary carer and the other a respite carer. Further, there are limits on how much respite care can be accessed, meaning that the care could not be fully shared. The result was that the siblings could not offer care to the children, meaning that the children were placed in foster care. These children lost an opportunity to be raised by family due to systemic processes rather than motivation, commitment, love, or safety.

Consultations with NGOs in South Australia report that several carers have expressed that they are disinclined to promote foster care in their networks or encourage anyone that has expressed an interest. This is not a reflection of their role in caring for children, but a reflection of the ongoing difficulties they face with DCP. Some of the examples they gave are:

- Only one face to face visit from DCP workers within 16 months to 'update paperwork'. There was no allocated worker to the child.
- Carers not receiving a copy of the child's care plan.
- One child did not see a paediatrician for 14 months, with DCP advising this was the responsibility of the carer to organise rather than a matter of case management.

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[44] Blythe, S., Wilkes, L., & Halcomb, E. (2014). The foster carer's experience: An integrative review. *Collegian*. http://dx.doi.org/10.1016/J.colegn.2012.12.001
[45] Randle, M., Ernst, D., Leisch, F., & Dolnicar, S. (2017). What makes foster carers think about quitting? Recommendations for improved retention of foster carers. *Child & Family Social Work*, 22(3), 1175-1186.

- DCP denying funding for swimming lessons, despite it being considered as an essential life skill for children.
- DCP staff not responding to or incorrectly reading emails, resulting in multiple staff members, including NGO support workers, being included in all communication.
- One carer had delayed reimbursement from DCP accumulating to $1000 in travel costs. The carer eventually refused to continue transport to appointments to prompt the DCP worker to action reimbursements.
- In one situation, children were placed into the carer household without DCP disclosing that both children were suffering with ringworm, despite one of the two siblings receiving ongoing treatment for this in the previous placement.
- One carer described a time when her very first foster child transitioned to a kinship placement in Queensland. The child was transported to the airport by the DCP worker who did not provide any update to the carer about how the child was when she got on the plane etc. Carer expressed that she feels DCP workers do not understand the connection carers build with children and the need for support and care during transitions.

The above examples highlight the role of the allocated DCP worker in supporting carer retention. All the situations described could be resolved by an empathic, skilled, and well-supported DCP worker who had the time to spend nurturing foster families. **Yet the recruitment and retention of DCP staff itself is a systemic issue.** CAFFSA is keen to point out that agencies find the majority of DCP staff caring, committed and professional, but many appear overburdened, overwhelmed and under-resourced.

DCP is currently consulting regarding a workforce strategy across the child protection and family support sectors.[46] Some estimates show that staff are typically under the age of 30, with staff turnover rates as high as 40%.[47] The currently DCP workforce strategy identifies an average tenure of 1.5 years employment for entry level staff. The instability of this workforce affects all levels of service delivery across the child protection sector.[48] **CAFFSA has undertaken significant work and is currently proposing to Ministers of relevant portfolios that we are well placed to deliver a holistic cross-sector strategy to address these workforce issues and retain expertise in child protection.**

Even outside of systemic difficulties, social factors are affecting carers. Anecdotal evidence shows an emerging trend for foster care applicants where many withdraw from the assessment process due to a change in their family circumstance. This can include the needs of their biological children and/or extended family, loss of income/employment, change in housing (families in rental accommodation), cost of living (particularly childcare), change of employment, and change in health or physical status. Over the past 12 months agencies report multiple applications to foster withdrawn from the process for these reasons.

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[46] Department for Child Protection. (2024). Workforce strategy for the child protection

[47] Russ, E., Morley, L., Driver, M., Lonne, B., Harries M., & Higgins, D. (2022). *Trends and needs in the Australian child welfare workforce: An exploratory study*. Institute of Child Protection Studies. https://acuresearchbank.acu.edu.au/item/8x396/trends-and-needs-in-the-australian-child-welfare-workforce-an-exploratory-study

[48] ?? Workforce report.

The evidence presented in this section highlights key challenges in the current system that need to be addressed to improve carer recruitment and retention. Based on these challenges the following recommendations are made:

1. Addressing under-staffing in statutory child protection and reduce staff turnover in the sector to increase relationship-based practice.
2. Enhance the professionalisation of foster care to recognise the skill and financial contribution of carers.
3. Build in models of enhanced social support for carers.

Options for achieving these recommendations will be presented in the section on best practice to retain foster and kinship carers and support them to offer quality care to children and young people.

The needs of Aboriginal children, young people, families, and carers

It is important to consider the additional and needs of Aboriginal children, young people, families, and carers. CAFFSA acknowledges it is not best placed to provide recommendations, and that Aboriginal Community Controlled Organisations (ACCOs), Recognised Aboriginal or Torres Strait Islander Organisations (RATSIO) and Aboriginal led advocacy initiatives hold cultural authority and expertise. Within this caveat, the following points, gathered from Aboriginal-led research and advocacy, are highlighted.

First, it is critical to recognise the factors contributing to the overrepresentation of Aboriginal children in OOHC:

- Past policies resulting in the Stolen Generations: Historical government practices forcibly removed Aboriginal and Torres Strait Islander children from their families, aiming at forced assimilation. This traumatic legacy resulted in transgenerational child removal and trauma, disrupting parenting skills and perpetuating cycles of removal.
- Intergenerational poverty and disadvantage: Aboriginal and Torres Strait Islander peoples face persistent poverty and disadvantage, inherited across generations, contributing to ongoing challenges and inequalities.
- Distrust of early intervention services: Historical distrust, stemming from colonial policies, often leads to reluctance in engaging with early intervention services. This can exacerbate family crises as supports are not put in place early.
- Lack of sufficiently resourced ACCOs: Insufficient investment in ACCOs limits access to culturally appropriate support services, contributing to the disproportionate rate of child removal.
- Impact on acculturation: Placement of Aboriginal children with non-Indigenous families disrupts the transmission of cultural knowledge and practices, hindering the preservation of Aboriginal culture and identity across generations.[49]

In South Australia, Aboriginal children may become disconnected from their culture due to placements that do not adhere to the Aboriginal Placement Principle. Commissioner Lawrie is investigating the placement of Aboriginal children, with initial recommendations outlined in the

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[49] Gilroy, J., & Pinckham, S. (2018). *The needs of carers of Aboriginal and Torres Strait Islander children and young people in foster care in Australia: A systematic literature review*. Macquarie University and University of Sydney.

Preliminary Report of the Inquiry into the Removal and Placement of Aboriginal children in South Australia.[50] There has been a significant decline in the rates of reunification of Aboriginal children, with a nearly 22% decrease over seven years. Particularly alarming is the escalating proportion of Aboriginal infants placed on Guardianship orders until age 18, with significant increases observed, especially at young ages. For instance, in 2019, one in 14 Aboriginal infants were placed on long-term orders by age one, starkly contrasting with the ratio of one in 40 a decade earlier.

The report further highlights that there are significant shortcomings in family scoping and its delayed use, advocating for its early integration alongside the investigation and assessment phase. Moreover, concerns were raised regarding non-compliance and inconsistency in applying the placement hierarchy, neglecting the child's right to voice and participate in decision-making processes. Together these factors result in an increased likelihood of children being placed with non-Aboriginal carers who, despite training, cannot hold the cultural expertise required to keep children fully connected to culture in the same way that Aboriginal carers could.

CAFFSA supports the recommendations made in the report, which considerably uphold Aboriginal sovereignty and decision-making. These broader structural changes are required to start the process of supporting ACCOS and RATSIOs to address the overrepresentation of Aboriginal children in OOHC.

The most fundamental change initiative needs to be prevention and early intervention, identified as the first building block for Aboriginal families by SNAICC.[51] The ongoing data paints a stark picture: governments overseeing child protection systems are failing to adequately address the increasing number of Aboriginal and Torres Strait Islander children placed in out-of-home care (OOHC). It's evident that mere incremental changes won't suffice and instead a profound transformation of child protection systems and practices are required to alter this trajectory for Aboriginal children and young people.

Best practice to retain foster and kinship carers and support them to offer quality care to children and young people.

The scope of the inquiry was to gather 'innovative' approaches to the recruitment and retention of carers. However, the evidence presented shows that foster and kinship carers do not need innovative models. There are no quick fixes to address the systemically entrenched barriers to the recruitment and retention of carers and the long-term outcomes of children. Instead, the core components of trauma-informed and relationship-based practice need to be properly embedded in current practice. This requires addressing long-term causal issues, such as reducing turnover in the child protection sector workforce, increasing investment in prevention and early intervention, and reducing the administrative burden on child protection practitioners so that they can spend more time focused on relationship-building. Therefore, rather than presenting innovative approaches, this section highlights the core components of best-practice, representing the gold-standard of services children, young people, families, and carers should receive.

Training

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[50] Lawrie, A. (2023). *Inquiry into the removal and placement of Aboriginal children in South Australia*. https://cacyp.com.au/wp-content/uploads/2023/10/CACYP_Preliminary-Report-2023.pdf
[51] SNAICC. (2023). *Family Matters Report 2023*. Family Matters. https://www.snaicc.org.au/wp-content/uploads/2023/11/Family-Matters-Report-2023.pdf

The strongest predictors of reduced stress in carers comes from a combination of training, parenting self-efficacy, and the relationship between carers and children.[52] Access to training and support services that specifically address managing challenging behaviours can enhance carers' coping strategies and resilience. Providing carers with the necessary skills and resources to understand and respond to these behaviours effectively is crucial for their wellbeing and the stability of placements. Carers who received little or no training often report that training would support them.[53] This training should focus on managing carer's own emotions, managing their expectations, hearing from other carers, and understanding the system. Currently, Shared Lives training is provided to applicants at the start of the caregiving journey. Further training, such as attachment, cultural awareness, and understanding trauma are also delivered. However, anecdotal evidence shows that these trainings are often not absorbed by carers at the time of their approval and do not result in behavioural changes. It is instead recommended that carers participate in ongoing training that coaches them to apply skills in their parenting and builds their support network. Therapeutic Parenting with PACE is a group program that supports carers to implement attachment and trauma-informed strategies into their caregiving.[54] This program strongly addresses the training needs identified by the literature as most likely to generate therapeutic parenting and reduce placement breakdown. Presented in a group setting, this cost-effective program therefore demonstrates considerable value.

Informal support

Although it is difficult to ensure all carers have access to informal support through family and friends, structured approaches have shown beneficial effects. Even small informal events, such as coffee mornings, have been found to increase retention rates.[55] Agencies may need to consider broader types of support to carers, such as using online platforms.[56] In particular, carers report wanting to connect with other carers, who are best suited to providing them with emotional support and practical guidance. The Mockingbird Family™ brings together foster and kinship carers into a local community. This ensures that experienced carers are available to provide support and guidance to other newer carers. Further, the model supports children who can build friends within a network already approved as being able to parent in a trauma-informed manner.[57] Recognising the importance of ongoing relationships to the lifetime health and wellbeing of children, it is vital to look at how we can create community around children and young people that will remain a part of their lives regardless of their placement.

One of the challenges in promoting informal support networks is the lack of funding. To ensure adequate support, agencies and carers often self-fund events, recognising their value. However, this practice comes with its own set of challenges. For instance, insurance coverage may be limited to

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[52] Adams, E., Hassett, A. R., & Lumsden, V. (2018). What do we know about the impact of stress on foster carers and contributing factors? *Adoption & Fostering*, 42(4), 338-353.

[53] Randle, M., Ernst, D., Leisch, F., & Dolnicar, S. (2017). What makes foster carers think about quitting? Recommendations for improved retention of foster carers. *Child & Family Social Work*, 22(3), 1175-1186.

[54] Page, D., & Swann, R. (2021). Therapeutic parenting with PACE: An attachment and trauma informed group programme and resource. ISBN: 9781912755547

[55] Adams, E., Hassett, A. R., & Lumsden, V. (2018). What do we know about the impact of stress on foster carers and contributing factors? *Adoption & Fostering*, 42(4), 338-353.

[56] Randle, M., Ernst, D., Leisch, F., & Dolnicar, S. (2017). What makes foster carers think about quitting? Recommendations for improved retention of foster carers. *Child & Family Social Work*, 22(3), 1175-1186.

[57] McLaren, H., Patmisari, E., Jones, M., Skinner, C., & Mather, S. (2024). Piloting the Mockingbird Family™ in Australia: Experiences of foster carers and agency workers. *Child & Family Social Work*, 29(2), 411–421. https://doi.org/10.1111/cfs.13095

activities explicitly outlined in the agency's contract. These systemic constraints hinder agencies' capacity to implement strategies known to bolster the recruitment and retention of carers. Funding and contracts should recognise the benefits of activities that promote networking for foster carers and ensure these are supported.

For many carers, practical supports within the home can support the stability of a placement and allow addition time for the carers with children. Such supports can include gardening, cleaning, home maintenance, in-home care (baby-sitting), mentoring, family fun outings/activities (i.e. a zoo pass for the year), meal vouchers, ready-made meals, or meal kits. These factors need to be recognised as vital to sustained caregiving rather than a luxury.

The professionalisation of foster care

Addressing the financial strain faced by foster carers is essential to ensure their financial stability, reduce stress, and support their ability to provide a nurturing and stable environment for the children in their care. Adequate financial support, reimbursement rates that reflect the true cost of care, and access to resources to meet the needs of children can help alleviate the financial challenges experienced by foster carers.[58]

Although there are government-funded supports for children and young people, there are often waitlists to receiving these services. Delays in assessing and treating children's needs worsen the financial burden of caregiving and some carers may turn to costly private treatment options. The delays also prevent access to early intervention supports and payments for the child's care, health, and therapy. To adequately care for children, many carers do not work fulltime, reducing their income and creating further financial strain.

Whilst the reimbursement for Specialist Care is higher, based on the consideration that carers are not able to work full time when caring for children with higher and more complex needs, there are still ongoing financial impacts. The reimbursement does not cover the costs of lost superannuation, formal leave entitlements and potential raises in income through employment related promotion. This is a notable factor in carers deciding whether to continue working and thus reduces their capacity to provide care. Additionally, once children are no longer placed with the carer, they lose any reimbursements while not having built superannuation or other financial supports. While residential care is not generally preferable for children, the staff providing care in residential settings are afforded with the full set of entitlements that come with being a recognised professional.

Based on this evidence, CAFFSA understands that some foster carers, especially specialist foster carers, feel that their role should be professionalised rather than seen as voluntary. Research tells us that carers want accreditation for the training they receive and recognition of the specialist skills they develop to be successful carers.[59] Many foster carers express a desire for professionalization through financial compensation, employment entitlements, training, and recognition as part of the caregiving team. Carers seek to be taken seriously and involved in the planning process for the children in their care, indicating a shift towards a more professional identity. The lack of recognition for the professionalism and dedication they bring to their caregiving can be disheartening and

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[58] Arney, F. (2022). Report of the independent inquiry into foster and kinship care.
[59] Randle, M., Ernst, D., Leisch, F., & Dolnicar, S. (2017). What makes foster carers think about quitting? Recommendations for improved retention of foster carers. *Child & Family Social Work*, 22(3), 1175-1186.

demotivating. There is also some evidence that foster carers viewing themselves as professionals may increase their focus on adhering to training and case plan goals, as the expectations on their performance is higher if they are not in a voluntary role.[60]

The professionalisation of foster care is not intended to diminish the importance of carers viewing themselves as significant adults in the lives of children independent of financial reimbursement. Most carers strongly advise that they see their carer role as valuable, rewarding, and giving purpose to their lives. However, professionalisation may enhance the recognition of carers as skilled individuals holding expertise and delivering a community service that currently receives little compensation. Providing status and financial support commensurate with the services provided will allow carers to better focus on meeting the needs of children and young people rather than feeling overwhelmed by the cumulative financial stressors.

Reducing staff turnover

As consistently highlighted throughout this submission, relationships must be central to all systemic changes. Allowing carers and children to build relationships with case managers and social workers is crucial to ensuring their needs are met and that they feel supported and heard. Our current system is not meeting the needs of staff, resulting in high levels of turnover.[61] CAFFSA is well placed to address many of these needs, being deeply involved in the sector and attuned to the needs of frontline practice as well as broader systemic considerations. CAFFSA's initial recommendations are outlined in the Final Report on the Out of Home Care Workforce Mapping Project.[62]

Concluding thoughts

In conclusion, the evidence presented highlights several critical challenges facing the child protection system in Australia. From inadequate funding and unstable financial models hindering the effectiveness of prevention and early intervention programs to delays in assessing and treating children's needs, the system grapples with systemic limitations that compromise the safety and well-being of vulnerable children and families. Moreover, the lack of coordination, resources, and support for informal support networks exacerbates the strain on carers and impedes recruitment and retention efforts. The current residential care system, while representing the single most significant (and escalating) cost, is still underfunded, and the constant focus on improving it has not addressed failed implementation in the past.

To address these pressing issues, concerted efforts are needed to reallocate resources, prioritize prevention and early intervention, and streamline processes to ensure timely access to essential services and supports for children, young people, carers, and families. All systemic changes must hold relationships at the centre and prioritise the allocation of resources to uphold relationship-based practice. This starts with addressing the workforce and those who care, ensuring that staff and carers are retained in the sector with sufficient time to build relationships and develop their

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[60] De Wilde, L., Devlieghere, J., Vandenbroeck, M., & Vanobbergen, B. (2019). Foster parents between voluntarism and professionalisation: Unpacking the backpack. Children and Youth Services Review, 98, 290-296.
[61] Bromley, A. (2022). *Creating Meaningful Change: A Critical Realist Study of the Relationship Between Psychological Empowerment and Systemic Reform in the Australian Child Protection System* (Doctoral dissertation, Flinders University, College of Education, Psychology and Social Work.).
[62] CAFFSA. (2024). *Final Report on the Out of Home Care Workforce Mapping Project*.

expertise. It is time that we stop the priority focus of investing in often limited term and under-resourced programs and invest in people.

Thank you for the opportunity to provide a submission to this inquiry. CAFFSA advises it is comfortable with our submission being public facing upon receipt.

SUBMISSION ENDS.