

During November and December 2021, we asked South Australian foster and kinship carers (Carers) to provide us with frank and fulsome feedback regarding their caring experience. The survey brought to light various challenges, barriers, successes, and rewards associated with Carers who provide family-based care to children and young people who were, at the time of the survey, under the Guardianship of the Chief Executive and unable to live with their biological family (bio-family).

The survey was online; Carers were given 32 days to complete it during the period of 10 November 2021 and 12 December 2021; the link to the survey was posted on CF&KC-SA's website for easy access to Carers, and the survey was mostly promoted to Carers via email. The survey comprised of 84 questions that were a blend of open, closed, and multiple choice in order to encourage detailed responses. There were **131 respondents** overall.

Below is a summary of key data from the survey's results. The first part outlines demographic details about Carers (age, employment, gender etc.) The second part outlines data related to Carers' experiences. The aim of the survey is to highlight what is working for Carers, which areas associated with caring need to be addressed and/or better advocated for, and to communicate these findings not only to our Carers, but also to key stakeholders, and policy makers who can help facilitate change in the sector.

We sincerely thank all Carers who took the time to participate in our annual survey.

Summary of the 2021 Survey's Findings

The survey found a number of issues that need to be addressed:

1. Carers want the relationship between their support agency, the Department for Child Protection (DCP), their child or young person and themselves to be more trusting and transparent.
2. Carers are afraid to ask for support out of fear of having a care concern made against them or having their child or young person removed from their care.
3. Carers want carer payments to be increased and superannuation compensated for.
4. Carers are fed up with the high turnover of case workers and want systems in place that encourage longer-lasting case workers.
5. Carers want better training to manage trauma and challenging behaviours in children and young people placed in their care.
6. Carers need better systems in place for, and accessibility to, respite care, and respite care that is familiar to the family and/or works for the Carer and their children.
7. Carers want repercussions for case workers who make serious mistakes, as well as complaints processes they can trust.
8. Carers want to be heard and seen as experts in their lives so they are included in decisions that affect them and their child or young person.
9. Carers want DCP to respect their family dynamics by allowing more autonomy and to understand the cultural differences that exist within the confines of Carers' homes.

About Carers and their families

Carers who are CF&KC-SA members	88.3% yes
	11.7% no
Gender	88.6% are female
	7.6% are male
Age Group	76% are aged between 35 and 64
Current relationship status	34.3% are sole Carers
	60.3% of Carers are either partnered or married
Is your partner a registered Carer?	61.1% are also registered Carers
Residential Area	57.3% live in metropolitan Adelaide
	5.3 % live in the Adelaide Hills
	27.7% live in rural or remote SA
Employment Status	21.4% work full time
	27.5% work either part time or casually
	21.3% are not employed/not looking for work
	13% are retired
	10.8% are unable to work
Aboriginal and/or Torres Strait Islander Status	13% identify as Aboriginal
	0.8% identify as Torres Strait Islander
Which country Carers were born	81.6% were born in Australia
	Approximately 18% were born overseas
Health Status	23.7% of Carers manage a chronic health condition
Number of Carers identified with a disability	13.2% manage a disability in addition to their caring role
Carers who currently study a qualification in addition to their caring role	16.9% are studying in addition to their caring role

Type of care provided

What type of care is provided	34.7% provide kinship care
	60.5% provide foster care
	21.8% provide respite care
How long Carers have been approved to care	11.3% of Carers have cared for 1 year or less
	58.1% have cared for 2 to 9 years
	16% have cared for 10-14 years
	8.9% have cared for 15-20 years
	4.9% have cared for more than 21 years
The number of foster/kinship children and young people who Carers have cared for over their caring journey	Between 124 Carers, approximately 1,070 children/young people were cared for during their time as Carers. 1 Carer noted having cared for possibly more than 150 children/young people.
However many years Carers intend to continue as an approved Carer	32.3% intend to care for 11-18 years
	25.9% for 22 years or more
	17% between 6-10 years

	22.6% intend to care for 5 years or less
Do you plan to seek support to continue to care for a young person to remain with your family beyond age 18 and to age 21	63.9% said yes
	15.7% said no
	20.4% said maybe
Would you recommend becoming a Carer to a close friend or family member	33.9% would not recommend a friend or family member to become a Carer
	27.4% would recommend it
	38.7% said they might recommend it

Carers understanding of the Child Protection System (CPS)

Do you feel you have a good enough understanding of the CPS?	55% feel they have a good enough understanding
	41.8% consider themselves as having only a partial understanding of the CPS
	2.4% do not have a good understanding
Are you aware of the Statement of Commitment for SA Foster and Kinship Carers?	79.8% yes
	20.2% no
Do you know your rights and responsibilities under the Children and Young People (Safety) Act 2017?	52.1% yes
	1.7% no
	46.3% in part

Most Carers access information from either CF&KC-SA, their child's DCP Case Worker, or DCP communications regarding the Child Protection System.

Less than half of the respondents access information from either their foster care agency Support Worker, their agency's communications, or DCP kinship care Case Worker. Some Carers self-source their information by pursuing independent research

Carer motives and future plans

Motives to Care

Carers were asked about their motives to care and future plans for their child or young person. As expected, 96.4% of Carers who responded shared that their motives to care were driven by love and connection, making a difference in their child or young person's life, and watching them grow and overcome barriers and trauma. Below are only but a few quotes that articulate these motives:

"Love and wanting to make a difference for these kids is what keeps me going."

"Providing help to those in need. [To] be their voice for young people who haven't been heard in the past."

"Kids that are in the system through no fault of their own need families to be willing and able to step in and love and care for them. We can so we do."

"We love her as our own daughter and wouldn't have it any other way."

“So that children in our care can have the best life that they can [and] have a loving, safe and supportive environment and that they are family.”

“Seeing the success we have achieved [by] helping families reunite.”

Caring for children and young people beyond 18

63.9% of Carers plan to seek support to continue caring for their young person to remain with their family beyond age 18 to 21. The majority of reasons provided by Carers who were unsure or did not wish to continue care were related to reduced support, and funding. Still, many believed it was the necessary path to take in order to best support their young person.

Pursing Long Term Guardianship (LTG) or Adoption

34.9% of Carers were either pursuing, or had been granted LTG; 23.6% would not consider it; 41.5% noted that they might. Reasons for pursuing LTG were not shared by Carers, but reasons against it were. First, barriers against successful LTG applications were often due to caring for First Nations children and young people. Second, Carers worried about reduced financial support. Third, Carers were concerned about losing existing supports in place which help only registered foster and kinship Carers.

An even smaller number of Carers were either granted or pursuing adoption (8.4%), and similarly to pursuing LTG, 39.3% might consider it, but 27.1% would not. Reasons against it were much the same to pursuing LTG. However, Carers wrote that they would “love” to pursue adoption if they had enough support and financial security in place.

Navigating the child protection system

Becoming a Carer

Most Carers felt they were given sufficient information about the assessment, approval and registration, and the orientation and induction process. Carers felt equally satisfied and dissatisfied about how to meet the needs of vulnerable children and or young people placed in their care. However, most Carers felt they were not given sufficient information about each child or young person's history, trauma and how to access therapeutic support, Carer reimbursement and financial support, where to go for help, and how to make a complaint. According to the survey:

- approximately one third of Carers felt informed and up to date about their entitlements, Carer payments and allowances;
- most Carers understood their rights and responsibilities under the Children and Young People (Safety) Act;
- most Carers accessed information about the child protection system through their DCP workers, DCP communications, CF&KC-SA membership emails, foster care agency support worker, DCP Kinship Care workers, foster care agency communications, and many self-sourced information.

Education and Training

Study

At the time of the survey, 16.9% of Carers were studying a qualification in addition to their caring role. An overwhelming majority of those Carers (88.2%) were studying courses that will, in some way, assist with their role as Carer. These qualifications include the Certificate in Community Services, Diploma of Community Services, Cert IV in Disability, Bachelor of Adult Education, Certificate IV in Child Family Intervention, Certificate III in Early Childhood Education and Care, Nursing, Bachelor of Teaching, Diploma of Therapeutic Parenting, and a Graduate Diploma of Family Court Mediation. This shows not only a widespread interest in careers that help others, but also a commitment and desire to do the best one can in their role as Carer.

Carer training

Most Carers would prefer to access their training services online (80.9%), followed by attending in person forums and workshops (59.6%), and reading Carer guides available to them (53.9%). The survey provided 30 different topics to learn more about over the next 12 months; below is a list of the top 10 topics Carers showed an interest in:

1. Behavioural management (65.9%)
2. Helping young people to reach their full potential (48.4%)
3. Dealing with the impact of trauma (46.2%)
4. Future-proofing – who will care if I can't? (42.9%)
5. Encouraging protective behaviours (41.8%)
6. Adoption (39.6%)
7. Long Term Guardianship (39.6%)
8. NDIS (38.5%)
9. Understanding the child protection system (38.5%)
10. Life story work (35.1%)

Carer opinions on improving support systems for Carers

Carers shared several ideas on how the system could make their caring role easier. The following list includes recurrent ideas mentioned by multiple Carers:

1. Better and more frequent access to respite, and respite that is with a consistent respite Carer to maintain a personal relationship with the family
2. Planned day and night time care both inside and outside the home
3. Help with domestic labour such as cleaning, chores, and gardening
4. Better training to help Carers manage challenging behaviour
5. Improved relationship with DCP workers and less turnover of case managers
6. Increased remuneration for Carers
7. Extra mentoring for their child or young person
8. Better assistance from DCP to take their child or young person on family holidays

Carer experiences with Connecting Foster and Kinship Carers SA

Carers indicated what parts of our agency they find the most useful in terms of advocacy, support, connection, and keeping Carers informed. They also shared ideas on how our agency could improve. Below is a list of the most useful services (above 50%) that CF&KC-SA offer:

Advocacy:

- Systemic advocacy (90%)
- Individual advocacy (84%)

Support:

- Dealing with DCP (78.8%)
- Providing information about access to DCP and Internal Review (70.4%)
- Awareness and referral to other services for Carers (68.7%)
- Information and access to the ombudsman (61.2%)
- Dealing with the kinship care team and foster care agencies (59.2%)
- Information about and access to the Office of the Guardian (51.5%)

Connection:

- Being part of the CFKC-SA membership (56.1%)

Inform:

- Updates advising Carers about changes and new initiatives (74.8%)
- Emails and social media posts providing access to resources, contacts and services (61.6%)
- Carer Guides (54.6%)

Carers rated our quality of service. More than half (56.76%) of Carers rated CF&KC-SA with 5/5 stars, and 60 percent of Carers would recommend CF&KC-SA to a friend or colleague. They also shared the following comments:

"I think Carers [would] be alone and unsupported without CF&KC-SA."

"You've made the difference between sticking this out and leaving."

"I think they do an amazing job for us as Carers."

"You are all doing a wonderful job."

To improve our service, many Carers provided us with feedback. First, Carers felt like CF&KC-SA was not independent enough of DCP, causing a "conflict of interest" due to being funded by the department. Sourcing funding elsewhere was seen as optimal for improved advocacy. Second, Carers thought that having "more staff" would speed up waiting periods with some expressing that a service more like a crisis line where they were guaranteed "instant assistance" would be most helpful. Third, having more of a "presence at the training to become a foster Carer" at support agencies would better promote our agency. Fourth, being included in training, even when intended for employees such as "the recent legal rights workshop" would be beneficial for Carers. Fifth, better communication on what CF&KC-SA is working on regarding advocacy for "top issues and how [we] have arrived at these issues" would improve the service

dramatically. Lastly, improving our advocacy strategies was mentioned more than once, with one Carer having wrote that Carers “continue to have the same problems”, showing that, according to this respondent, our service does not fully meet Carers’ priorities.

Carer mental health and wellbeing

To maintain positive mental health and wellbeing, most Carers pursued exercise, various relaxation activities like meditation and massage therapy, and many spend time with friends and family. Only two Carers noted having sought support from a professional counsellor or psychologist. Yet, several Carers highlighted that they were either too time poor, could not get away from their caring responsibilities, or financially afford to pursue professional support when they needed it. One Carer even wrote they were worried about receiving a care concern if they were to speak to a professional.

Carers who did not pursue such activities were asked what kind of aid would encourage them to access mental health support. 64.8% said that a provider who is aware of the child protection system would be most encouraging. This was followed by 55.2% who believed that financially subsidised or cost-free psychological support would encourage them to access mental health support, too. Support that is either online or in person, was equally encouraging and accepted by Carers.

Carer experiences with the National Insurance Disability Scheme (NDIS)

At the time of the survey, 39.8% of children or young people had an NDIS plan, but 69.3% of Carers do not believe they were given sufficient information about the NDIS program. Comments such as those below, mark the frustrations that many Carers endure:

“[It] took a lot of pushing to get the required information.”

“Absolutely no.”

“[We] need [a] basic handbook for Carers when NDIS is approved.”

“The Worker provides a contact and does little to advocate for the child's needs.”

“We are not asked what are the child's needs.”

72.6% shared that DCP did not provide them with the information they needed to navigate the NDIS system, and 70.8% felt their DCP worker was not able to support them through the NDIS process. Specific issues mentioned included a lack of NDIS funding, poor communication, not meeting their child or young person's needs, feeling excluded from the planning process, and the waiting period taking too long to finalise.

Feedback

Some Carers feel that excluding DCP or reducing DCP involvement would make the process easier. Carers also felt that simply being provided with more information, being included in the NDIS planning process, having more support from case workers, increasing the funding available to them, and lessening the waiting period, would all contribute to a more effective experience with NDIS.

Although Carers shared many negative experiences with NDIS, they also shared some positive ones:

“(We) finally have some good providers that have clear objectives and timeframes.”

“Great to have a care support coordinator to assist us with working between support agencies and to make sure funding is going where it needs to go.”

“Speech and Occupational Therapy sessions have commenced.”

“I like that we are trusted to make decisions about our children's NDIS and support plans.”

“We have a fantastic plan manager and our kids are having their needs met.”

Experiences with the Child Protection System, employees, and case management

Carers indicated they faced many challenges within the child protection system. Often, when a new child was placed in their care, 28.8% of Carers felt as though they were not provided with the necessary information about the child prior to them moving in. 38% also felt dissatisfied with the level of transparency from the DCP case worker.

21.1% of Carers had a care concern in the moderate/minor category compared to 7.3% in the serious category. Carers involved in a care concern felt almost bullied by the DCP and felt staff had zero repercussions for it:

“(We) had a care concern placed against us by the DCP worker because we challenged her decisions and she and [the] senior prac retaliated by bullying us with [a] care concern...later investigations after taking it further saw it dismissed. There were still no repercussions to staff for treating Carers so poorly and with such disrespect and humiliation. It was appalling.”

Often, when placed with a child who presented with challenging behaviours, Carers felt as though they did not get adequate support to combat the challenging behaviours with the child or young person:

“I needed support to manage challenging and escalating behaviours. I didn't get that support and instead relinquished care of that child.”

Relations with the child or young person's bio family was difficult for Carers. 19.8% felt dissatisfied with the bio-family for a variety of reasons that included verbal abuse towards Carers, or not showing up for access visits. One Carer even stated that they were the ones (not DCP) who initiated connection to the bio families:

“We have made connection to all birth families. Maintaining them has its challenges. This has not been initiated by the DCP.”

Connecting with a DCP worker was difficult for Carers and the child or young person they were caring for due to the high turnover of DCP workers:

“DCP case worker changed 3 times in 12 months”

Carers felt that DCP workers were unable to make a positive impact on the child or young person due to lack of effort or constant turn-over of workers:

“when the child can see the effort isn't being put in and the child is second best, it's hard to promote a positive relationship with the DCP.”

Carers often felt ignored by their DCP worker, with 34.4% having felt they were not a valuable member of the care team. For instance, one Carer said they had trouble asking for help:

“[You're in the] trenches 24/7, but according to DCP I don't know as much as they do about what is best for my child. There is no team, it's DCP calling the shots and we had better toe the line or there will be consequences and if you do not ask anything in regards to health, safety, Centrelink or Medicare, nobody tells you anything.”

Carer challenges

Carers shared a significant number of challenges: managing behaviour and trauma, as well as relationships with DCP workers, appear to be the most significant to Carers. Lack of funding and support tailored to their needs, high case manager turn over, as well as poor sleep, were all listed as challenges by several Carers. Barriers to caring was another area looked at with many noting the following:

- DCP lacked understanding and did not allow for autonomy, nor accept their family dynamic.
- Carers did not have enough funding to meet their needs.
- The child protection system abused their powers.

Below is a list of comments about these issues:

“Labels: the term “Carer” – we are mum and dad – we are family. Workers may come and go...but when you come into our beautiful family, remember we are just like you. We aren't a concept or an idea – we are home for these children.”

“Finances have been difficult, as I resigned from my full time position, so I could care for the boys. As the main earner of our family, this made it difficult for us.”

“[I'm] being treated as an old lady that probably always wore [an] apron and was in the kitchen all my life. I would like to be treated as an intelligent person that has done ongoing training throughout my life as a Carer with tertiary or higher qualifications. I'd like to be treated as an equal/peer by case workers.”

“Inadequate funding, lack of advocacy and voice of Carer[s], bullying and intimidation, NGO staff requesting things that are just not a requirement [which is] clearly intimidation or an abuse of their power. DCP [is] not held

accountable for the behaviour... [There is] no complaints process which can hold staff accountable and prevent repercussions for us speaking up."

Carer Worries

Carers shared worries they had about their role as Carer. Most Carers worried about their young person being removed from their care. This feeling was followed by a fear of speaking up and asking for support in case they received a care concern, and many worried about whether they, as a Carer, were doing a good enough job.

Carer experiences of having a child or young person leave their care

Of the Carers who had a child or young person removed, they were asked 9 questions about that experience

1. 31.9% said they were made aware of the plan from the outset
2. 53.5% said they were informed prior to their leaving
3. 34.1% were involved in the transition from their care
4. 60% were given the opportunity to say goodbye
5. 29.5% were in contact since they transitioned out of their care
6. 50% were able to acknowledge and celebrate their time with their family
7. 19.6% were subject to a care concern
8. 74.2% were given the reasons for their removal from care
9. 15.9% were offered grief and loss services

Foster and kinship care in the public eye

Towards the end of the survey, Carers were asked how they felt foster and kinship care was viewed by the public. They believed it was viewed as positive as it was negative (both 24.2%), with most having thought the public did not think much about it at all (51.7%).

Carer successes and rewards

Carers were provided the opportunity to share with us what is going well in their caring journey. Aspects of what are going well include a strong connection with the Carer community, and immediate family, watching their child and/or young person grow and, although many Carers mentioned challenges relationships with their DCP and/or agency workers, some Carers wrote that their relationship with their support and case workers was what was going well:

"We have a very supportive family and friend network and great Carer friends."

"Having a great "tribe" of fellow Carers in our local vicinity. People that "get it" and ready to help at a moment's notice."

"It has its ups and downs but quality family time is important to us."

"The support from the association (CF&KC-SA) has really helped and made [them] more confident in dealing with DCP."

"Have a wonderful worker and kinship worker who both support and advocate for us. This makes a huge amount of difference in enabling us to do the very best for our children."

"To see the achievement the children have got. How far they have come."

"Watching the growth and maturing of the child in our care."

Nonetheless, it is important to share that some Carers wrote that limiting their involvement with DCP is what makes their caring experience work well for their family. Below is only a few of the many comments that shared this opinion:

"To be honest, having as little to do with the department works for us. I only contact the social worker if I have to."

What gives Carers confidence?

Carers gained confidence from watching their child or young person grow up, receiving support from CF&KC-SA, support agencies, other Carers, and bio families, as well as being given positive feedback:

"Knowing that what I do for my children is helping them to achieve in life and grown in a positive manner."

"Watching my grandchild thrive."

"CF&KC-SA are the only agency that give me confidence. [T]hey have helped me keep DCP honest and also given AFSS a shake up!"

"My relationship with [my] foster child and her family."

"[Receiving] positive feedback from support agency and friends."

What Carers find most important

Above all else, the most important thing to Carers, was the safety, wellbeing, connection, and voice of their young person. Maintaining affective relationships and transparency with DCP and agency workers, as well as being respected, appreciated and seen as experts by those who working in the system, were of high importance.

"That the children I care for feel loved and part of a family."

"To see the children [grow] up in a loving, stable family home."

"His happiness."

Thank you to all Carers who took the time to share their views in this survey. CF&KC-SA will utilise your feedback as the basis for our strategic planning over the next 12 months, and guide the training and support we provide. This feedback is crucial for us as the independent peak body, to understand the needs of the SA Carer community and advocate for lasting systemic change.

Best wishes to you and your families,

Fiona Endacott

CF&KC-SA Chief Executive Officer