



Independent Inquiry into Foster & Kinship Care report Connecting Foster & Kinship Carers SA summary response

The Board subcommittee, led by our newly appointed Chair Holly Veale, together with our CEO Fiona Endacott, have now had the opportunity to review the final report by Dr Arney (**the Arney Report**). We now provide our members with the following:

- CF&KC-SA's initial response to the Arney Report
- A Table summarising Dr Arney's recommendations against the recommendations provided by CF&KC-SA and a response to each

CF&KC-SA Initial Response

As the membership is aware, CF&KC-SA, through substantial consultation with our membership, prepared a submission to the Independent Inquiry which sought to summarise the issues facing family based carers. Many of those issues were matters CF&KC-SA had previously raised with Ministers, Departmental Executives and through formal advocacy for a number of years, but for which there had yet to be substantial change or commitment to change. Along with the organisational submissions, CF&KC-SA assisted multiple individuals to develop and provide their own submissions to the Inquiry.

It was pleasing, in reading the Arney Report, to see many of the issues raised and summaries provided within the report were those which CF&KC-SA raised in their submissions. This demonstrates that Dr Arney has heard what carers have to say, and agrees with the concerns raised by them. In particular, we note the Arney Report provides detailed summaries and makes recommendations on the topics of Kinship Carer support, respite needs, care concern management (and the need for its prescribing in legislation) and the embedding and utilisation of the Statement of Commitment for Foster & Kinship Carers.

It was equally encouraging to see Dr Arney considered matters beyond the strict terms of reference, which term of reference 6 gave her the prerogative to do. Consequently, the report included two additional areas of focus being respite care and the cost of caring and remuneration. The two final chapters of the Arney Report speak in depth of these issues, and mirror a substantial amount of the submissions made on behalf of carers by CF&KC-SA. The related recommendations listed in these chapters (recommendations 21 to 28) were welcomed by CF&KC-SA.

The table within this document summarises the recommendations in the Arney Report, sets out the relevant CF&KC-SA submission and our response to the recommendation.

There are two other matters which warrant highlighting. The first is the fact that there is a direct recommendation that CF&KC-SA's independent peak body status be enshrined in legislation, in contract, or in both. In practical terms, this demonstrates that the Arney Report recognises the important contribution CF&KC-SA make in ensuring carers voices are heard, and in advocating for carers rights. Such a recommendation, if adopted, would solidify funding and further assist CF&KC-SA to provide the vital services it does to carers.

The second is that the Arney Report makes specific reference to Emma Feagan's internship research for CF&KC-SA. Ms Feagan's report was an important piece of work which was produced as a result of CF&KC-SA engaging with Adelaide University, with a view to providing empirical and academic evidence to support the advocacy work being undertaken by CF&KC-SA. Ms Feagan, on a voluntary

basis, worked within CF&KC-SA as part of her studies at Adelaide University, and produced a report on the true cost of caring for family based carers. This research was vital as the previously available research was long out of date. At the end of the internship Emma provided a thorough literature review research piece for CF&KC-SA, and we were delighted to see that research was relied upon by Dr Arney.

As is summarised before, CF&KC-SA is broadly supportive of what we believe to be well reasoned recommendations coming from the Arney Report. Of course, for most carers and for CF&KC-SA, none of what the Arney Report says is a surprise. These are issues which we have discussed and advocated for before the inquiry was announced.

The Arney Reports recommendations, though clearly made on a well-researched and thorough basis, are at a high level. The reality is that there will need to be significant frameworks built by the Department for Child Protection (DCP) and other bodies (including Treasury) to implement these recommendations. Some of the changes may be fairly straight forward legislative change, which, as members are aware, is currently in train through the Legislative Review process, of which CF&KC-SA remain actively involved.

Other recommendations require significant budgetary considerations and others still will require the implementation of policies, procedures, training and, so some extent, cultural change. These are not things which can happen overnight, but that does not diminish the urgency of the need for change.

The DCP's commitment to this change, and most importantly, in consultation with carers, is pleasing. CF&KC-SA has high expectations that the Minister and the Department will work swiftly – particularly where there are no legislative or budgetary impediments. Certainly, it is hopeful that the Arney Report will be the catalyst for the current Government to make substantial changes to address the recommendations, which reflect the issues CF&KC-SA have, through their advocacy as the peak body, raised for multiple years. This report substantiates what carers have been saying, and there is no excuse to delay its implementation.

CF&KC-SA is aware the implementation of this report, and the enclosed recommendations, will take continued work and advocacy to truly see positive sustainable change for family based carers across South Australia.

CF&KC-SA will continue to work for members, and the broader South Australian community, to ensure the Government moves these recommendations beyond the paper and into reality.

| Dr Arney's recommendations | CF&KC-SA submission recommendations |
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| 1. That internal complaints management processes in the Department are amended to enable complainants to pursue additional channels for making complaints as the first step in the complaints process. | 1.3 That an additional complaints process be established – one that is wholly independent of DCP and the support agencies. |
| CF&KC-SA comments: CF&KC-SA supports Dr Arney's 1 st recommendation, specifically the need for additional complaint channels for Carers. CF&KC-SA does however maintain this process must be fully independent of the DCP and will advocate as such to the Minister for Child Protection. | |
| Dr Arney's recommendations | CF&KC-SA submission recommendations |
| 2. That the Department ensure frontline staff are trained in receiving and responding to complaints in alignment with the principles of the Australian Standards and recommended best practice by the Australian Human Rights Commission, and that all policies, procedures and performance requirements relating to complaints management reflect these principles and best practice. | 1.1 That DCP complaint handling mechanisms be reviewed and updated to ensure they are 'best practice' |
| CF&KC-SA comments: CF&KC-SA is in full support of Dr Arney's 2 nd recommendation, as it further expands upon CF&KC-SA submission recommendation 1.1 | |
| Dr Arney's recommendations | CF&KC-SA submission recommendations |
| 3. That in addition to the existing internal complaints management process, an external Independent Quality Assurance Unit be established in a relevant statutory body to respond to complaints that relate to bullying, discrimination, harassment and other matters currently unable to be reviewed through existing internal and external mechanisms. The Unit should be established in compliance with the principles and requirements in the Australian Standards and best practice advice for complaints management, should be based on restorative justice principles and allow for alternative dispute resolution processes. The Unit should also have the capability to review the Department's policies, practice and reform and implementation against best practice and provide recommendations to the Minister and Chief Executive. | 1.6 That the <i>Children and Young People (Safety) Act 2017</i> be amended to provide clear advice as to what is, and what is not, a reviewable decision |
| CF&KC-SA comments: CF&KC-SA supports Dr Arney's 3 rd recommendation, which partially addresses CF&KC-SA recommendation 1.6. CF&KC-SA will advocate for further clarity of a reviewable decision within the <i>Children and Young People (Safety) Act 2017</i> (CYPS Act), as recommended in the CF&KC-SA submission (recommendation 1.1). CF&KC-SA will continue to lobby for this inclusion as part of the ongoing review of the CYPS Act in 2023. | |
| Dr Arney's recommendations | CF&KC-SA submission recommendations |
| 4. That the risk and harm standards that apply to all children, be applied to children in care and that the "deficit in care" grounds are abolished. | N/A |
| CF&KC-SA comments: CF&KC-SA supports Dr Arney's 4 th recommendation, particularly as it relates to the care concerns process currently impacting Carers. Whilst CF&KC-SA did not specifically call for | |

“deficit in care” to be abolished, the peak body endorses Dr Arney’s recommendation with the natural assurance the safety of children and young people is paramount. CF&KC-SA believes this recommendation is a partial success as the greater issue resides with care concerns not currently prescribed in legislation and included as a reviewable decision. Presently Carers do not have right of reply regarding a care concern outcome nor the ability to have the decision reviewed. CF&KC-SA will continue to lobby for this inclusion as part of the ongoing review of the CYPS Act in 2023.

| Dr Arney’s recommendations | CF&KC-SA submission recommendations |
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| 5. That responding to allegations of abuse in care be incorporated into functions of the Independent Quality Assurance Unit proposed at Recommendation 3 to enable care concern investigations to be undertaken by an independent investigator in accordance with best practice, and to avoid conflicts of interest in the care concern process between the Department, support agencies and carers. | N/A |

CF&KC-SA comments: CF&KC-SA supports Dr Arney’s 5th recommendation, particularly as it reinforces the overall need for an independent investigator within the care concern process.

| Dr Arney’s recommendations | CF&KC-SA submission recommendations |
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| 6. That the Children and Young People (Safety) Act 2017 be amended to prescribe the care concern investigation process, including to: <ul style="list-style-type: none"> • establish a clear and reasonable threshold for what is a care concern • embed principles of natural justice and procedural fairness into the care concern investigation process • prescribe the process by which care concerns are investigated, and the duties owed to Carers during investigations • ensure that unsubstantiated care concerns are not recorded on carer files, and • enable a review or appeals process for care concern outcomes. | 3.7 That the <i>Children and Young People (Safety) Act 2017</i> be amended to outline the powers and responsibilities of the Care Concerns Investigation Unit (CCIU) and prescribe the care concern investigation process. |

CF&KC-SA comments: CF&KC-SA fully supports Dr Arney’s 6th recommendation. CF&KC-SA is pleased the recommendation mirrors that of the organisational submission and will lobby for the inclusion as part of the ongoing review of the CYPS Act in 2023.

| Dr Arney’s recommendations | CF&KC-SA submission recommendations |
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| 7. That a formal body, such as a Carer Council, be created and suitably resourced to provide advice directly to the South Australian Government through the Minister for Child Protection. In addition to providing advice, the body should have the functions of contributing to design of policy, practice and legislative reform in relation to kinship and foster care and the preparation of Carer Impact Statements. The body should include both foster and kinship carers, include Aboriginal carers, have clear and transparent Terms of Reference, | 2.1 That consultation between DCP, support agencies and Carers be improved 2.2 That collaboration with the peak body by DCP, agencies and government be strengthened 4.1 That the South Australian government adopt a whole of government approach to provide children under guardianship (and |

| clear consultative mechanisms and public reporting requirements. | their Carers) with improved and priority access to services 4.2 That the support provided to Kinship Carers be increased |
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| CF&KC-SA comments: CF&KC-SA supports Dr Arney's 7 th recommendation, as it addresses CF&KC-SA recommendations 2.1, 2.2, 4.1 and 4.2. As the peak body for Carers, CF&KC-SA is committed to ensuring the carer membership voice is heard as part of the proposed Carer Council framework and will discuss mechanisms to this effect with the Minister as part of the Inquiry consultation process. | |
| Dr Arney's recommendations | CF&KC-SA submission recommendations |
| 8. That implementation of the Statement of Commitment, including requirements for consultation and participation, be adequately resourced and undertaken as an active process, including increasing awareness of the Statement in the Department and support agencies, providing widespread training and supervision across the organisation in relation to the Statement, and develop key performance measures in relation to the Statement that are monitored and reported on. One such indicator should include carer consultation in relation to children and young people's Annual Reviews. | 1.12 That before during and after a SACAT external review, that DCP (and its legal representatives) act in a way that is consistent with the Statement of Commitment for South Australian Foster & Kinship Carers and meets its obligations to be a model litigant 3.5 That DCP ensure that all DCP staff, agency support workers and kinship workers know about, understand, and uphold the Statement of Commitment for South Australian Foster & Kinship Carers |
| CF&KC-SA comments: Dr Arney's 8 th recommendation partially addresses CF&KC-SA recommendations 1.12 and 3.5. CF&KC-SA are committed to ensuring the Statement of Commitment is enshrined in legislation and given the same status and recognition as the Charter of the Rights of Children and Young People (CF&KC-SA recommendation 3.4) and amend legislation to include a partnership approach between DCP, its agencies and family based Carers (CF&KC-SA recommendation 3.6). | |
| Dr Arney's recommendations | CF&KC-SA submission recommendations |
| 9. That resourcing for be invested in expanding the number of PACS, expansion of the ACCO led FGC program and for additional RATSIOs to support Family-led Decision making and the 75 participation of Aboriginal families and communities in fulfilment of the responsibilities for consultation and in support of the implementation of the Aboriginal and Torres Strait Islander Child Placement Principle. | 4.5 That better support be provided for Aboriginal and Torres Strait Islander Carers of Aboriginal and Torres Strait Islander children and young people 4.6 That better support be provided for non-Aboriginal Carers of Aboriginal & Torres Strait Islander children and young people |
| CF&KC-SA comments: CF&KC-SA supports Dr Arney's 9 th recommendation as it addresses CF&KC-SA recommendations 4.5 and 4.6. | |
| Dr Arney's recommendations | CF&KC-SA submission recommendations |
| 10. That the Department and other persons or bodies involved in foster care or kinship care commit to train and supervise staff in their obligations under legislation regarding the creation, sharing, accessibility | 3.2 That DCP staff, agency support workers and kinship workers receive consistent, compulsory, trauma informed, up to date and |

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| and accuracy of information and documentation and in the importance of records created and kept to meeting the current and long-term information needs of children in care. | regular in-service training – including in the role of Carers and their biological children |
| CF&KC-SA comments: CF&KC-SA supports Dr Arney's 10 th recommendation as it addresses more broadly CF&KC-SA recommendation 3.2. It must be noted that CF&KC-SA will continue to lobby for the Statement of Commitment for SA Foster & Kinship Carers to be included in the CYPs Act, providing a robust foundation for Dr Arney's 10 th recommendation. | |
| Dr Arney's recommendations | CF&KC-SA submission recommendations |
| 11. That policy information or guidance impacting foster and kinship care should be publicly available, ensuring that all carers and children and young people in care can access the information that impacts them. | 3.1 That all DCP policies and procedures be made publicly available |
| CF&KC-SA comments: CF&KC-SA fully supports Dr Arney's 11 th recommendation, as demonstrated in CF&KC-SA recommendation 3.1. CF&KC-SA has historically advocated for DCP policies and procedures to be outward facing and will continue to monitor this progress. | |
| Dr Arney's recommendations | CF&KC-SA submission recommendations |
| 12. That an independent audit is conducted relating to the existing records about foster and kinship carers held by the Department and other bodies involved in foster care or kinship care, including records relating to unsubstantiated care concerns, to ensure these records are accurate, reliable and current staff practices of records creation are compliant with legislation and policy. The results of the audit to then be used to implement a dedicated process by which foster and kinship carers and the children currently or formerly in their care be supported to apply to amend incomplete, incorrect, misleading or out of date information, in accordance with the FOI Act. | N/A |
| CF&KC-SA comments: CF&KC-SA supports Dr Arney's 12 th recommendation. | |
| Dr Arney's recommendations | CF&KC-SA submission recommendations |
| 13. That the CYPs Act be amended to ensure foster carers are included in the partnership approach set out in Section 14 (1) (a). | 3.5 That the <i>Children and Young People (Safety) Act 2017</i> be amended to embed a partnership approach between DCP, its agencies and Carers in legislation |
| CF&KC-SA comments: CF&KC-SA fully supports Dr Arney's 13 th recommendation, as demonstrated in CF&KC-SA recommendation 3.5. | |
| Dr Arney's recommendations | CF&KC-SA submission recommendations |
| 14. That there is a review of the contractual arrangements and agreements between the Department, support agencies and carers to ensure that services agreements and carer agreements are transparent in the obligations of all parties, including joint responsibilities for children and young people in care, | 1.4 That the contractual relationship between DCP and its agencies transparently addresses service and conduct issues. |

| <p>and that they transparently address service and conduct issues.</p> <p>The review should also:</p> <ul style="list-style-type: none"> • Ensure that agreements outline the obligations of support agencies to provide support to carers and the methods by which any potential conflicts of interest will be dealt with to ensure carers remain supported in their roles • Include any Departmental policy or practice guidance (e.g., Who Pays for What) in which parties' obligations to children in care are ambiguous | <p>3.8 That Carers right to move from one NGO agency to another be widely understood and easily accessed</p> |
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| <p>CF&KC-SA comments: CF&KC-SA supports Dr Arney's 14th recommendation as it takes into consideration CF&KC-SA recommendation 1.4. CF&KC-SA will continue to lobby this recommendation 14 is inclusive of our additional recommendation (3.8) relating to Carers rights to move agencies.</p> | |
| <p>Dr Arney's recommendations</p> | <p>CF&KC-SA submission recommendations</p> |
| <p>15. That the independent status of the peak body, Connecting Foster and Kinship Carers South Australia, be enshrined in legislation, or in their contact of service, or both.</p> | <p>2.6 That the independent status of the peak body, CF&KC-SA, be formally guaranteed</p> |
| <p>CF&KC-SA comments: CF&KC-SA fully supports Dr Arney's 15th recommendation to enshrine CF&KC-SA in legislation.</p> | |
| <p>Dr Arney's recommendations</p> | <p>CF&KC-SA submission recommendations</p> |
| <p>16. That carers and their families can access the Department's or support agencies' employee assistance programs. Where such arrangements already exist, that carers are made aware of their entitlements in this regard.</p> | <p>2.3 That Carers be provided with consistent access to mental health support that is comprehensive, Carer friendly, trauma informed, easy to access and confidential</p> |
| <p>CF&KC-SA comments: CF&KC-SA supports Dr Arney's 16th recommendation as it partially addresses CF&KC-SA recommendation 2.3. CF&KC-SA maintains this recommendation must be elevated to provide subsidised, confidential mental health support to family based Carers from appropriate mental health support clinicians to proactively address, support and preserve the wellbeing of Carers.</p> | |
| <p>Dr Arney's recommendations</p> | <p>CF&KC-SA submission recommendations</p> |
| <p>17. That an interactive foster and kinship care portal be created that enables foster and kinship carers to perform the following functions:</p> <ul style="list-style-type: none"> • Find and store the contact details of key personnel including the child's care team members, Departmental and support staff supervisors and managers, educators and healthcare providers • Schedule meetings with Departmental staff and support agencies • Access and share details of key appointments, assessments and other information relating to the child or young person with the care team • View and contribute to care plans and care agreements | <p>3.3 That Carers be provided responsive and targeted training that is consistent across the sector</p> |

| <ul style="list-style-type: none"> • Contribute to the child or young person’s annual review • Plan, seek and book respite arrangements • Identify and book training and professional development events • Access Departmental policies and procedures • Submit requests for reimbursement, keep track of progress and be advised of payments • Submit requests for assessments for children and young people • Access and complete regularly used forms (for example, Centrelink forms, NDIS applications, school enrolment) • Submit feedback, including reflective questionnaires and complaints | |
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| <p>CF&KC-SA comments: CF&KC-SA supports Dr Arney’s 17th recommendation as it partially addresses CF&KC-SA recommendation 3.3. CF&KC-SA fully supports the need for an interactive carer portal that is not simply a series of “static” web pages.</p> | |
| <p>Dr Arney’s recommendations</p> | <p>CF&KC-SA submission recommendations</p> |
| <p>18. That legislation be amended to recognise and enforce the rights of children and young people in care, including their rights to services and supports that uphold these rights.</p> | <p>1.11 That the <i>Children and Young People (Safety) Act 2017</i> be amended to ensure that children who are the subject of SACAT applications be separately represented so that their voice is heard.</p> |
| <p>CF&KC-SA comments: We are expectant Dr Arney’s 18th recommendation is inclusive of the CF&KC-SA recommendation 1.11 and will pursue accordingly.</p> | |
| <p>Dr Arney’s recommendations</p> | <p>CF&KC-SA submission recommendations</p> |
| <p>19. That Departmental policy, practice guidance, training and performance management be strengthened in relation to these rights for children and young people in care.</p> | <p>N/A</p> |
| <p>CF&KC-SA comments: CF&KC-SA supports Dr Arney’s 19th recommendation as the rights of children and young people under guardianship of the Chief Executive are paramount.</p> | |
| <p>Dr Arney’s recommendations</p> | <p>CF&KC-SA submission recommendations</p> |
| <p>20. That priority reforms be co-designed with foster and kinship carers and other stakeholders, around the following:</p> <ul style="list-style-type: none"> • Supporting access to health and therapeutic care for children and young people in care • Improving the assessments, treatments and support for children with suspected or diagnosed FASD • Addressing the frequency of and approach towards transitions in placements for children and young people in care | <p>4.3 That better support be provided for Carers of children & young people with Foetal Alcohol Spectrum Disorder (FASD)</p> <p>4.4 That dedicated support systems be provided for Carers after a child or young person is removed from or leaves their care</p> <p>4.5 That better support be provided for Aboriginal and Torres Strait</p> |

| <ul style="list-style-type: none"> Addressing concerns about safety in residential care settings and in rushed reunification without adequate assessment or transition planning for children and young people in care Enhancing sibling connectedness and reducing traumatic access experiences Improving cultural case planning and connection to family and culture for Aboriginal children and young people in care | <p>Islander Carers of Aboriginal and Torres Strait Islander children and young people</p> <p>4.6 That better support be provided for non-Aboriginal Carers of Aboriginal & Torres Strait Islander children and young people</p> |
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| <p>CF&KC-SA comments: CF&KC-SA supports Dr Arney's 20th recommendation, which reflects the CF&KC-SA recommendations 4.3, 4.4, 4.5 and 4.6. CF&KC-SA will pursue confirmation on how the priority reforms may occur, the estimated timeframes and ensure consultation with Carers occurs.</p> | |
| <p>Dr Arney's recommendations</p> | <p>CF&KC-SA submission recommendations</p> |
| <p>21. That the Department fast tracks the project to examine supports for carers that provide a "respite like effect" and that foster and kinship carers are offered flexible funding packages that can be used to pay for respite care placements and/or other arrangements that support the placement.</p> | <p>5.7 Ensure Carer families have access to respite that is regular, flexible, innovative and appropriate.</p> |
| <p>CF&KC-SA comments: CF&KC-SA supports Dr Arney's 21st recommendation, which reflects the CF&KC-SA recommendation 5.7.</p> | |
| <p>Dr Arney's recommendations</p> | <p>CF&KC-SA submission recommendations</p> |
| <p>22. That in the short term, contract review and performance management is undertaken to ensure that respite is available to carers through support agencies, reflects the 2020 principles and is not limited to respite provided by their own agency, and that carers who have been unable to utilise respite options for some time are considered a priority for accessing these supports.</p> | <p>5.7 Ensure Carer families have access to respite that is regular, flexible, innovative and appropriate.</p> |
| <p>CF&KC-SA comments: CF&KC-SA supports Dr Arney's 22nd recommendation, which reflects the CF&KC-SA recommendation 5.7.</p> | |
| <p>Dr Arney's recommendations</p> | <p>CF&KC-SA submission recommendations</p> |
| <p>23. That the NDIS eligibility for children who are not currently receiving NDIS supports, including respite care, be immediately determined through appropriate diagnostic assessments, to enable this support to be provided.</p> | <p>5.3 That Carers of children and young people with disabilities be more involved in NDIS assessments and arrangements</p> |
| <p>CF&KC-SA comments: CF&KC-SA supports Dr Arney's 23rd recommendation and will seek clarification it is inclusive of CF&KC-SA recommendation 5.3.</p> | |
| <p>Dr Arney's recommendations</p> | <p>CF&KC-SA submission recommendations</p> |
| <p>24. That a skilled, multidisciplinary backlog team of paediatric specialists is established in the short term so that children who have had delayed or denied assessments and treatments, for health, medical, developmental, disability and therapeutic needs, including for suspected or diagnosed FASD, can</p> | <p>5.4 That medical treatment and support, and educational support, for children and young people be determined on the basis of expert advice only</p> |

| urgently have their needs met. That there is a process for supporting the carers of children and young people who receive a relevant diagnosis through such a process to access all payments, loadings and supports to which the children and young people are entitled. | |
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| CF&KC-SA comments: CF&KC-SA is supportive of Dr Arney's 24 th recommendation. | |
| Dr Arney's recommendations | CF&KC-SA submission recommendations |
| 25. That the South Australian Government pay the costs of private health insurance, and any related gaps in payment, for children and young people in care. | N/A |
| CF&KC-SA comments: CF&KC-SA supports Dr Arney's 25 th recommendation and welcomes the initiative for the SA government to pay the cost of private health insurance and any related gaps in payment for children and young people in care. | |
| Dr Arney's recommendations | CF&KC-SA submission recommendations |
| 26. That identified costs and planned reimbursements are included in the child's case plan, that this is regularly reviewed, and any such costs are processed without delay. | 5.1 That the state government ensure Carer payments adequately provide for the full financial needs for raising children and young people |
| CF&KC-SA comments: CF&KC-SA supports Dr Arney's 26 th recommendation as it relates to CF&KC-SA recommendation 5.1. | |
| 27. That a scheme is created to enable carers to have superannuation contributions made by the South Australian Government while they provide care for children and young people | 5.6 That government address the issue of superannuation entitlements for Carers |
| CF&KC-SA comments: CF&KC-SA fully supports Dr Arney's 27 th recommendation as it directly relates to CF&KC-SA recommendation 5.6. This is in addition to the overall national advocacy CF&KC-SA participates in with the National Foster & Kinship Care Collective, consisting of each peak body across Australia. | |
| 28. That the Department implement a new system of carer payments and reimbursements that reflects the true costs of caring, provides consistency and equity | 5.1 That the state government ensure Carer payments adequately provide for the full financial needs for raising children and young people 5.2 That the government commission research into the true cost of caring |
| CF&KC-SA comments: CF&KC-SA supports Dr Arney's 28 th recommendation and is expectant it is inclusive of CF&KC-SA recommendations 5.1 and 5.2, and will pursue accordingly. | |

NB: In Dr Arney's report recommendation 28 states "That carers can access the Department's or support agencies' employee assistance program. Where such an arrangement already exists, that carers are made aware of such arrangements" - this recommendation is a duplication of recommendation 16 as acknowledged by the Minister at time of handing CF&KC-SA the report