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RE: Submission to the Joint Mental Health and Suicide Prevention Plan (Metro South Australia)

ABOUT US

Connecting Foster & Kinship Carers - SA Inc. (CF&KC-SA) is the peak body for all approved foster and kinship carers in South Australia under the *Children and Young People (Safety) Act 2017* (*SA)* (herein referred to as family-based carers, or carers).

ABOUT FAMILY-BASED CARERS

There are more than 3500 approved foster and kinship carer households in South Australia. Kinship households account for the majority and most reside in metropolitan Adelaide with a minority in regional South Australia.[1] According to our 2024-25 annual foster and kinship carer survey:

- The majority of primary carers were female.
- The modal age of a carer was between 50 and 59.
- More than half of carers were married or de facto.
- Nearly a third of carers were unable to work.
- The average annual carer household income was between $63,933 and $75786.
- The modal annual carer household income was between $18201 and $30,000.[2]

ABOUT THIS SUBMISSION

In preparation of the upcoming March 2026 South Australian state election, CF&KC-SA is seeking commitment from politicians and parties on 6 key reforms. One of which includes free statewide mental health and wellbeing support for foster and kinship carers (Commitment 4). CF&KC-SA welcome the State and Federal governments' Mental Health and Suicide Prevention Plan and view this consultation request as an opportunity to continue communicating to government the unmet mental health needs of family-based carers in South Australia by way of this submission. While this submission does directly address the questions posed in the YourSAy survey, we trust its contents are of relevance and will be carefully considered.

This submission addresses three key areas:

1. The mental health needs of South Australia's family-based carers.
2. The issue of low family-based carer retention and recruitment.
3. Recommendations: paving the way to a sustainable family-based carer community.

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[1] Department for Child Protection, Data, 2025.
[2] Connecting Foster & Kinship Carers – SA Inc., *Annual Foster & Kinship Carer Survey 2024-25*, 2025, p.8-9.

INTRODUCTION

It is an unfortunate fact that there will always be children who cannot be raised by their birth family due to serious safety concerns. In South Australia, when the Department for Child Protection remove a child for these reasons, the State Government become the child's legal guardian. In order to care for them though, the Government, for the most part, rely on a family-based carer to take on that responsibility through kinship or fostering. This means that when a family-based carer is caregiving for a child that the State is legally responsible for, the carer is providing an essential public service on behalf of the South Australian Government and broader community. That is to say that the hardships our family-based carers endure to meet a foster or kinship child's needs, whether financial or mental (as described in more detail below) should not be treated or dismissed as equivalent to the hardships experienced by birth and privately adoptive parents.

In contrast to most parents, a foster or kinship child's legal guardianship sits with the Department for Child Protection so family-based carers must provide care within a bureaucratic system, limiting their agency as a caregiver. To keep children in care safe, a family-based carer's caregiving provisions are closely monitored by public servants and non-government workers through regular house visits, meetings, and required trainings. Family-based carers are expected to meet a standard of care much higher than for children not in care, so are subject to the Department for Child Protection's own care concern process in addition to the general mandatory reporting response applicable to all parents and alike. Lastly, family-based carers often care for children overcoming significant childhood adversities, in particular trauma and disabilities that require significant care and attention that sometimes cannot be met without forgoing or reducing their own employment.

Since the Department for Child Protection's responsibility is to keep children safe, it is no wonder the checks and balances are arduous. Although, while understandable, it can come at a cost. For family-based carers, complying to these checks and balances is not just time consuming, it is stress inducing, and can take a toll on their mental health and wellbeing.

1. The mental health needs of family-based carers in South Australia

It is true that there are structures in place to help support family-based carers. However, many have described these supports as inadequate, leaving them under-resourced for the role. In 2023-24 and 2024-25, we asked carers through our annual foster and kinship carer survey if they wanted mental health support for matters related to their carer role. In both years, more than a third said yes, and more than half of those who wanted this support did not receive any.

In our most recent *Annual Foster & Kinship Carer Survey Summary 2024-25* (N=175; 95% CI ±0.075; RSE = 7.57):

1. 41% of carers wanted professional mental health support to help with carer-related issues in the past 12 months.
2. 71% of carers who wanted mental health support in the past 12 months did not receive any.

We also asked carers why they did not access mental health supports. Their reasons remain the same as the previous year:

1. Carers fear that the act of asking for mental health support will call into question their capacity to be a carer and their foster/kinship children and young people will be removed.
2. Carers cannot afford mental health support in a clinical setting, even with government subsidies.
3. Carers find wait times are too long due to the national mismatch between supply and demand for clinical services and simply cannot access support when they tried.
4. Carers have trouble finding a therapist sufficiently informed about foster and kinship care; the demand for mental health needs are often tied to their caregiving role and session time can be spent educating the therapist before their needs are addressed.

2. The issue of low family-based carer retention and recruitment

Family-based carers are resigning from their caregiving role, and recruitment is not keeping pace with the number of children entering care. This is a nation-wide issue. While the exact drivers are difficult to measure, and data that does exist is not publicly available, research on workforce retention and recruitment consistently tell us that poor work conditions undermine satisfaction and the desire to continue working in the role. Common causes of dissatisfaction relate to wages, workload, employment benefits, and work health and safety.

In the case of family-based carers, according to our 2024-25 annual foster and kinship carer survey, 53 percent of carers were unsatisfied with the overall child protection system, carers wanted carer payments that covered the full cost of caregiving, improved access to both mental health and respite care to catch a break from the role, held concerns about their superannuation due to reducing and forgoing paid employment, and 72 percent would not recommend becoming a carer to a friend or family member (N=166; 95% CI ±0.075; RSE = 7.57-7.68).[3] From the peak's perspective, the conditions of family-based carers are poor, and must have contribute to poor carer retention and influence low recruitment.

Resource constraints will always limit the quality of conditions within a workforce and the expectations placed upon the workforce will not always reflect these limitations. When this occurs, unsatisfied workforces are known to band together and collectively bargain for better conditions through enterprise negotiations and strikes. While this kind of industrial action can gain results, for family-based carers, there are few, if any, levers they can pull to pressure government to improve their situation. In fact, any industrial action taken would likely be at the expense of the wellbeing of a child in or entering care, and no carer or representative body would consider such a step. This means that in the end, carers are left in private to decide what they will do. While most will persist—some will resign.

According to the Productivity Commission Report on Government Services, 14.4% of children in care between the 2023-24 financial year were in residential placements. This figure has grown since 2016 as carer recruitment struggles to keep up.[4] It is well-established that care- leavers raised in family homes report better quality of life outcomes than their residential care-raised peers. Therefore, any potential avenue that will help sustain family-based carer participation should receive the State Government's full attention and consideration. One such avenue includes investing in meeting the unmet mental health needs of family-based carers.

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[3] Connecting Foster & Kinship Carers – SA Inc., *Annual Foster & Kinship Carer Survey 2024-25,* 2025, p.12-18.
[4] Productivity Commission Report on Government Services, *rogs-2025-partf-section16-child-protection-data-tables*, 2024, 16A.21. 16A.37.

3. Recommendations: paving the way to a sustainable family-based carer community

When the family-based carer role takes a toll on a carer's mental health and wellbeing, we know that access to mental health support would help them feel understood and supported to sustain their participation and keep children with families. For your consideration, below are recommendations that respond to each barrier to accessing mental health support that our family-based carers face.

1. *Carers fear that the act of asking for mental health support will call into question their capacity to be a carer and their foster/kinship children and young people will be removed*.

CF&KC-SA has advocated to administer an in-house counselling program tailored specifically to the needs of approved foster and kinship carers in South Australia since 2023. Due to limited resources though, the peak has been unable to bring such a programme to fruition. The programme would establish a position for a counselling professional with specialised knowledge of foster and kinship care and the child protection system and provide free individual counselling sessions either online or in person with referrals to external services when necessary.

Support agencies and the Department for Child Protection must ensure family-based carers meet the standards of out of home care so that foster and kinship children are safe. This means both parties regularly assess and monitor carers, often looking for potential signs of harm the child's wellbeing. Carers are afraid that asking their support agency and the Department for Child Protection for help will cause concerns that their mental health is affecting their foster or kinship child's wellbeing and destabilise the placement. Considerable work is required for child protection workers to build trusting relationships with carers to alleviate their fears around asking them for help. This means CF&KC-SA is best placed to administer the programme.

> Recommendation: Invest in Connecting Foster & Kinship Carers – SA to administer a family-based carer counselling programme.

2. *Carers cannot afford mental health support in a clinical setting, even with government subsidies*.

The modal annual carer household income was between $18201 and $30,000. The average annual carer household income was between $63,933 and $75786. That is between 75 and 85 percent less than the Australian average household. Nearly 1 out of 3 carers are unable to work with most attributing this to caregiving for foster and kinship children with high needs. And 81 percent of carers had either reduced or ended their employment at some stage to meet the needs of their foster and kinship child. It is unsurprising that 82 percent of carers were also concerned about the financial security and living standards of their future retirements due to reduce superannuation earnings.[5]

> Recommendation: Provide free access to clinical mental health supports for all approved foster and kinship carers.

3. *Carers find wait times are too long due to the national mismatch between supply and demand for clinical services and simply cannot access support when they tried*.

The State Government (and children entering care) rely heavily on the goodwill of Australians to provide family homes to children under the State's guardianship through kinship and foster placements. This means that unlike parents and privately adoptive parents, the impact of their caregiving labour extends

[5] Connecting Foster & Kinship Carers – SA Inc., *Annual Foster & Kinship Carer Survey 2024-25*, 2025, pp.8-14.

to the public sphere. By keeping children out of residential care, the annual aggregate saving their caregiving labour represents in South Australia saved the State an estimated 1.9 billion dollars in the 2023-24 financial year.[6] Meanwhile, carers provide an unpaid but essential public service to the community, and often at the cost of their own financial and psychological wellbeing.

> Recommendation: Prioritise family-based carers on waiting lists for mental health services to sustain carer participation and child placements with families.

4. *Carers have trouble finding a therapist sufficiently informed about foster and kinship care; the demand for mental health needs are often tied to their caregiving role and session time can be spent educating the therapist before their needs are addressed.*

Foster and kinship carers hold an exceptional role in society that comes with immense responsibility, expectations, and unique experiences. Whether it be social isolation, grief and loss, or feelings of depression or anxiety, these experiences cannot be properly understood and addressed by a mental health counsellor or psychologist without sufficient knowledge in the foster and kinship care space. As carers are time poor and most come from low-income households, it is unfair for carers to educate their therapists on the topic during session time and to bear the financial cost of doing so.

> Recommendation: Work with the child protection sector to educate professional associations in the mental health sector about the child protection system and the foster and kinship carers perspective.

We hope this submission provides an informative perspective from the family-based carer community and thank you for your consideration.

Sincerely,





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[6] Productivity Commission Report on Government Services, *rogs-2025-partf-section16-child-protection-data-tables*, 2024.