Connecting Foster & Kinship Carers | SA Inc

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CONSULTATION OUTCOMES – Guiding Principles for implementation of the *Children and Young People (Safety and Support) Act 2025*

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Acknowledgement of Country

Connecting Foster and Kinship Carers South Australia acknowledges this land we meet on is Kaurna land.

We pay respect to Kaurna Elders, past present and emerging.

We honour the role of Aboriginal leaders within our communities, through generously sharing their 65,000+ years of culture, wisdom and knowledge, helping us to learn and participate meaningfully towards reconciliation.



Artwork: "LOVE" by Mali Isabel

Arabana/Kokatha artist from Port Augusta, South Australia

1. Introduction

In preparation for engagement on the Guiding Principles of the new *Children and Young People (Safety and Support) Act 2025*, Connecting Foster and Kinship Carers South Australia (CFKC) developed a discussion paper and two surveys (long and short form) to engage with South Australian carers and provide ongoing opportunities to engage in legislation which will impact them.

Recent consultation, including a survey, had been undertaken by the Carer Council regarding family contact, including with parents and siblings. Some of these data have also been included. CFKC has also engaged with carers over years, and these insights have also been included.

What follows in this document is a summary of the responses received – and insights, experiences and opinions differed. This document consolidates themes to support the implementation design of the new legislation continues, while trying to share this diversity of experiences.

Key themes include:

- **Carers want to be treated as genuine partners in decision-making.**
  Carers emphasised that, because they know the child through daily care, their views should be trusted and included in case planning, family contact, safety assessments, family contact decisions and support planning.
- **Child safety and wellbeing need to be central, but this is not always straightforward.**
  Respondents stressed that decisions should consider both immediate and cumulative harm, including the impacts of trauma, instability, delayed decisions and repeated exposure to unsafe situations.
- **Children and young people need to be genuinely heard.**
  The consultation raised concerns that children's views are often ignored, overridden or not followed through, which can affect their trust, autonomy, sense of safety and wellbeing.
- **Timely access to supports is critical.**
  Carers reported inconsistent access to education, health, disability, therapeutic and cultural supports. Delays, bureaucracy and unclear decision-making were seen as major barriers that can worsen children's needs and contribute to placement instability.
- **Placement stability depends on practical support for carers and children.**
  Key supports include early intervention, respite, financial assistance, access to therapy, clear information, trauma-informed advice, and respectful communication from workers.
- **Family, sibling and cultural connections are valued but need better support.**
  Carers supported maintaining relationships with family, siblings, community and culture where safe and appropriate. However, they reported inconsistent planning, poor coordination, limited funding and insufficient practical support.
- **Good outcomes occur when workers build trust and collaborate.**
  Positive examples were linked to case workers who listen, communicate clearly, advocate for the child, respect carers' knowledge, and work flexibly with families and services.

- **Systemic issues risk undermining implementation.**
  Carers identified DCP's high caseloads, poor communication, inconsistent practice, delays, red tape, and decision-making that can feel adult-focused or procedurally driven rather than child-centred.

It should be noted that due to the complexity of the topic, there were challenges in receiving carer feedback. As such, this should not be considered an entirely representative sample. However, the experiences and insights – and at times differences of opinions - are not inconsistent with CFKC's broader engagement and what is heard through our Carer Advocacy Service.

Throughout the responses, carers have called for clearer guidance, stronger accountability, better communication, earlier support, and meaningful inclusion of carers and children in decisions that affect their lives.

This demonstrates that we all – including CFKC - need to do more in making engagement with carers and our broader community more accessible to ensure the people who are impacted by legislative and policy changes can be engaged.

Next steps:

Across this consultation carers provided both insights and suggestions on how the system could be improved. These insights are constructive and focused on the safety and interests of children and young people in out of home care.

These insights have already been shared and contributed to discussions in a child protection sector context and will continue to be an important artefact in conversations around the implementation of the legislation.

CFKC's next steps are using these insights and thinking about how these can be embedded into the implementation of the new legislation. CFKC will continue to seek assurances around carer-specific consultation.

2. Safety principle

Consultation Outcomes

Can you provide examples of what you would consider an ordinary reaction for a child in care, or any problems you have experienced? You may wish to talk about how different age groups respond, or if the child or young person has a disability.

Summary
Children in care experience typical behaviours, but these are intensified by trauma and repeated adverse experiences

Key quotes:

- *"Children in care experience some of the ordinary reactions as other children, however these are often exacerbated"*
- *"The ordinary 'vicissitudes of life' to a child who has experienced trauma and is in the child protection system are very different and complex when compared to a child who has not experienced trauma or in the child protection system. We need to stop expecting that children in out of home care can respond to 'ordinary vicissitudes of life' like children who are not in out of home care."*

What do you want case workers to think about when making decisions based on the 'safety principle'?

Summary

- Foster and kinship carers' knowledge should be trusted as the experts in the child's life, especially regarding safety risks.
- There needs to be a focus on cumulative harm, not just immediate risk.
- Take carers seriously and respond properly to concerns.
- Safety needs to be considered in the context of best interests of the child is needed.

Key quotes:

- *"[Kinship carers] hold the knowledge, the years of pain that they couldn't imagine. We need mutual trust and respect so that we can work together to keep these kids safe. Even if it means saying no to dangerous family members, regardless of their gender, race, religion, etc- those factors should not make someone more likely to have access to a child- it should be safety alone"*
- *"We need mutual trust and respect so that we can work together to keep these kids safe."*
- *"Take the carer seriously and stop ignoring us that are asking for help for the child in care"*

Do you have any other comments about the safety principle?

Summary

- Decisions must balance safety and best interests, acknowledging potential risks in placements.
- Children should be listened to and feel safe to speak up.
- Greater understanding is needed of how trauma affects behaviour.

Key quotes:

- *"[the safety principle] has to be balanced with best interests…Are the children better off remaining at home with intensive wrap-around supports than being removed and placed at different risks?"*
- *"We need to listen to the child. I know it's not always possible, but if they are brave enough to say that they are uncomfortable with their case worker and they'd like a new one, someone should at least try."*

3. Best interests principle

Consultation Outcomes

How should decision makers best consult with carers and involve carers in case planning, including when considering the above factors?

Summary

Carers emphasise that they know the child best due to their daily involvement and should be treated as equal partners in decision-making and case planning, rather than an afterthought. They want case workers to take on more of a coordinating and supportive role, rather than overriding decisions.

Key improvements identified include:

- Stronger, regular communication (phone, in-person meetings, and follow-up emails)
- Inclusion of carers in all case planning meetings
- Reduced caseloads for workers to allow more meaningful engagement
- Timely decision-making and service access to avoid delays in support

Carers also highlight the need for:

- Direct engagement between professionals and carers, rather than decisions being made without knowing the child
- Greater respect for expert advice from therapists, medical professionals, and carers
- Practical tools (e.g., shared communication platforms) to support collaboration

Key quotes

- *"Social workers have too many children in their load and usually don't stay more than a couple of years at best. Carers have the history of the child and that is vital knowledge in decision making. So I guess carers and the children (where appropriate) should be the main part of decisions/case planning etc and the social workers (if it's all appropriate) should be there to support and implement."*
- *"Regular communication with carers and the rest of the Care Team."*
- *"Pick up the phone and organise to meet with us, have us part of every case planning meeting."*

Child wellbeing and rights

Do you have any examples of how children and young people are advised of their rights?

Summary
Children should be consistently educated about their rights in an age-appropriate, everyday way, with carers playing a key role in normalising this. Resources like the Charter of Rights are helpful, but learning should feel natural and non-confrontational, rather than formal or forced.

However, provision of this information is inconsistent, with some workers minimally engaging and carers often taking primary responsibility. Schools can support this process by reinforcing rights in a neutral and accessible environment.

Key quotes:

- *"Our school goes through the charter of rights with the children. It is also my responsibility as a mum to let my children know their rights in an age/cognitive appropriate way and level."*
- *"It is inconsistent. In my case, our worker has gotten to know us enough that my young person talks to them frequently. With a previous worker, this worker simply handed us a booklet about the Charter of Rights and that was it. My young person's knowledge was provided by me..."*
- *"If someone is worried that a child isn't being informed about their rights and may be at risk, then a gentle conversation should take place and I hope the DCP are trained on how to spot that and how to approach that conversation"*

Can you provide any examples or comments on how carers can be supported with a child or young person's development in line with their age? You may wish to think about any assessments that the children/young people in/have been in your care have undergone.

Summary:
Carers require education and support, particularly to understand differences between chronological and developmental age, so they can better meet children's needs.

Decisions should draw on the knowledge of long-term carers, therapists, and educators, with early financial support and access to services to help children and carers benefit from therapy. Practical, timely support is more effective than generic training, especially during crises.

There is also frustration that systems can prioritise bureaucratic targets over children's needs, leaving carers feeling unsupported and responsible for filling gaps.

Key quotes:

- *"Education for carers is really important. This can look different for different people, but understanding that age and developmental age can be different, can really help carers to do their best for the child."*

- *"DCP [could] provide financial supports early in the placement for children to access services and the carers caring for them to learn from these therapies (e.g. through a coaching model)."*

Do you have any examples – good, bad or both – where a child or young person has been actively engaged and listened to in determining actions by decision makers?

Summary

Children and young peoples' voices are often not genuinely heard or respected, even when they clearly express discomfort, preferences, or concerns. In some cases, they are ignored, pressured, or overridden, leading to distress, disengagement, and worsening wellbeing.

Decisions are sometimes made contrary to children's wishes, or without follow-through on what has been promised, which undermines trust. There are also examples where systems prioritise policies or identity considerations over individual relationships and stability, resulting in disruption to placements, education, and support networks.

Overall, there is a strong concern that failing to listen to children can damage their sense of autonomy, safety, and trust, and lead to poorer outcomes.

Key quotes:

- *"My child has expressed discomfort with their case worker…They have been in this space for a decade, so it's insulting to presume the child is ignorant. It's also harmful to not acknowledge their voice and essentially punish them by forcing more contact with a person they are uncomfortable with."*
- *"Young person voiced concerns about family contact with an extended family member - now does not have contact and this is reflected in the Case Plan"*
- *"My child was made to 'speak for herself' in front of 8 adults because they wanted to 'hear from her' instead of listening to what I was saying on her behalf. She was not listened to as decisions were made contrary to what she asked for."*
- *"Social workers often say things that they don't follow through on when it comes to placement changes. For example, I had a [child placed with me who I had known] for several years as an emergency placement while they tried to find a long-term placement due to placement breakdown. They found…her requests about an online phone call with her aunty that was occurring every Wednesday and returning to me for respite… neither [of these requests] were actioned. She regressed to bed wetting and soiling which is often part of …Children's voices should carry more weight than they do"*

Connection to family and culture

Do you have any comments on, or examples of, experiences of family contact?

Summary

Family contact should prioritise child safety and wellbeing above all, rather than meeting procedural or cultural "tick-box" requirements. Carers report serious concerns about unsafe decisions, inadequate background checks, and poor respect for both carers' knowledge and parents' boundaries, which can lead to harm.

There are widespread issues with poor communication, lack of collaboration, inconsistency, and a parent-focused approach, often ignoring children's needs and causing anxiety and instability. Carers frequently feel excluded from decision-making and unsupported in managing contact.

However, positive experiences occur when carers are actively involved, trusted, and able to manage or facilitate contact, leading to more natural, stable, and child-focused interactions. Strong outcomes are linked to flexibility, relationship-building, and shared understanding between carers and families.

Key quotes:

- *"I have facilitated family contact for many years. On the whole it has been positive for my young person."*
- *"Children having access to their birth family is important, but it's not more important than the ongoing emotional wellbeing of the child and everyone else in the home."*
- *"Carers should be able to meet with family to share the growth of the child/ren, share milestones/celebrations and plan for future events/contact etc"*
- *"Family contact should not be a given, even if it's a cultural contact. Safety has to come first, not box ticking. Obvious safety risks should not be overlooked and carers shouldn't be threatened for bringing them up."*
- *"Training and courses [are needed] for carers and birth family to understand better the needs of the child."*

Have you experienced any good practice and support in keeping siblings together? You may want to also think about challenges in keeping siblings together in placements.

Summary

Sibling contact is widely seen as important and beneficial, helping maintain relationships and support children's wellbeing. However, it can be difficult to facilitate due to systemic barriers, including poor communication, changing case workers, distance, lack of coordination, and inconsistent or insufficient funding.

Carers frequently report that they must organise and advocate for sibling contact themselves, with limited support from DCP, and that sibling relationships are often deprioritised. Some children have little or no contact with siblings despite requests, while others face challenges such as trauma triggers, age differences, or safety concerns.

Positive outcomes occur when there is strong collaboration between carers, practical support, and flexibility, allowing relationships to develop naturally. Carers also emphasise the need for better planning, early connection, shared information, therapeutic support, and proactive involvement from DCP.

Key Quotes

- *"I had to fight for my daughters sister to come to our family, the departments reasons for this not happening on the day of removal were built on lazy, unprofessional practice and did not follow the aboriginal placement principles."*
- *"We facilitated sibling contact, largely without any support from the department. One sibling was not under guardianship initially, another was an adult. It was not always smooth or easy but all the siblings have a relationship now and support each other as best they can which is a good outcome."*
- *"Too much trauma bought up when seeing siblings, due to such a range of ages unable to find suitable activities that suit all developmental stages"*
- *"Making sure carers have each other's contact details and are encouraged to start communicating and sharing information – this often doesn't happen and leaves sibling contact as an afterthought."*
- *"Definitely agree with it when possible. In our case, it wasn't due to a number of reasons. It has been a challenge to maintain this due to distance (opposite ends of town), frequently changing case workers in the siblings office, and other DCP office not communicating well."*

Have you experienced any good practices or support in engaging children and young people with their culture? This could include Aboriginal children and young people's connection to culture, or religious affiliation or ethnicity.

Summary

Cultural connection is valued by carers but is often under-supported by DCP, with delays in funding, cost-sharing requirements, and slow reimbursements discouraging access. As a result, carers frequently take responsibility themselves to maintain children's cultural connections.

There are concerns about limited effort toward diverse cultures and a lack of consistent support from the system. Carers emphasise that cultural connection should be natural, meaningful, and engaging, involving family, community, and everyday experiences rather than tokenistic activities.

There is also a need for approaches that are inclusive and accessible, particularly for children with additional needs.

Key quotes:

- *"My partner and I keep our child connected. When asked for assistance with return to country we've either been met with "the budget only allows us to do 50/50 on costs with the carer" once it took 11 months to be reimbursed fuel costs and another time, 2.5 months. So we stopped asking for assistance because it was too hard. His connection is a priority for us, we make it happen."*
- *"Make it fun not forced. Don't just make it the normal stuff like colour in a flag or go to march make it fun"*
- *"Engaging with family members in as natural way as possible. Not just parents but extended family that are safe. Having family photos and things important to the children in their room and participating in community events that connect with their culture"*

Placement stability and child supports

What are the key things that help maintain placement stability?

Summary
Placement stability relies on strong, practical support for carers and children, including timely access to diagnoses, therapies, and interventions. Carers need financial assistance and flexibility to manage the demands of placements, particularly early on, such as time off work, transport support, and access to respite.

Effective support also includes clear information, psychological support for attachment and transitions, and access to services for kinship carers, alongside listening to and valuing carers' input.

While carers remain committed regardless of 'the system', DCP practices can impact trust - particularly when carers feel the child's best interests are not prioritised.

Key quotes:

- *"Proper support for carers, children, households. Getting kids the diagnosis, therapies and interventions that they need."*
- *"Financial supports to allow the carer to: - take time off at the beginning of placement (many workplaces do not offer leave and those that do are only a few weeks) - to cut down working days to facilitate meetings and appointments"*
- *"[Carers need to be] provided with information and documents straight away - Medicare cards, Health Care cards, behaviour info"*
- *"Respite - formal or informal."*

What are some of the main challenges in maintaining placement stability? You may also want to think about the best ways of addressing these challenges.

Summary
Placement stability is challenged by lack of support, trust, communication, and timely action, with carers often feeling unheard and unsupported. In some cases, raising concerns leads to carers being seen as unable to cope, risking placement disruption.

Key issues include:
- Insufficient early support, respite, and time for attachment
- Delays in therapy and medical support
- Poor communication and collaboration
- Systems prioritising parent needs or bureaucracy over children's needs
- Challenging behaviours impacting carers and households

Suggested improvements include:
- Listening to and trusting carers' input in decision-making
- Earlier access to therapeutic supports (e.g. OT, psychology)
- Proactive and timely responses from DCP
- Better training and preparation for carers
- Reduced DCP caseloads and a team-based approach to support children and families

Key quotes:

- *“Lack of support, trust, active listening and action. If we tell you what we need, work with us, don't threaten us with placement breakdown because you think we can't cope.”*
- *“Carers not receiving enough support. And sometimes when they ask, DCP thinks the carer is not coping and move the child. Having to return to work too soon - more time is needed for attachment. Lack of respite. Family contact - difficult to fit in around work and meetings and therapies, plus the behaviours before and after”*
- *“Better supports earlier on. Children who come into care should have access to OT and/or psychology automatically and at an early age. Social workers or a separate therapeutic support team should be accessible on a more regular basis to flag concerns early.”*
- *"Lack of Communication from department…Not addressing medical and therapy needs in a timely manner."*

Are the children or young people in your care, or who have been in your care, supported to access education, health, disability supports and other services?

Summary

Access to services is inconsistent and often requires significant advocacy from carers and agencies, even for basic supports. Outcomes can depend on persistence, external support (e.g. cultural services), and formal documentation from professionals.

Carers highlighted the positive impact of accessible education and community supports, such as sports programs and early childhood initiatives, which help build children’s confidence, social skills, and participation.

While some areas (such as disability and education supports) can be accessed, this often relies heavily on the carer’s knowledge, effort, and ability to navigate the system, rather than being easily provided.

Stronger trauma-informed practice in schools, with better understanding of the needs of children in care and more effective implementation of trauma-responsive approaches.

Key quotes:

- *“The PAC and [our] agencies[‘] Cultural support have had success in pushing things for us from a closing the gap lens, but it still takes a push, which it shouldn't.”*
- *“Yes…but this required a significant amount of advocating on my part. Also, I may not have been successful without written documentation from therapists or others… I have experience in [education] so this has been reasonably successful. The CESA scholarship program has been great for us - a great initiative.”*
- *“[We are] very thankful for the flying start program and support to attend childcare/kindy - we could not afford to enrol her for the level of care she attends, thus making our involvement untenable.”*
- *“[There is a need for a better] understanding of trauma and more flexibility with rules and policies, a different agreement with DCP and DfE for children in care and how they will work together to support narrowing the poor educational outcomes for children in care “*

- *“When provided with a choice of providers, some of these therapies are working very well”.*

Are there any barriers to children and young people receiving support? You may want to think not only about support services, but also if there are any challenging behaviours that are a barrier to accessing support.

Summary

Access to services is hindered by bureaucracy, delays, a lack of understanding of the needs of children and young people in care by non-DCP agencies, and inconsistent decision-making. Carers noted case workers and consultants sometimes overriding specialist advice without knowing the child.

System barriers include strict policies, long wait times for assessments, and administrative delays, which prevent children from receiving timely support. Carers also report challenges such as red tape, limited suitable services, and practical access issues, alongside children becoming disengaged from therapy.

Overall, delays in accessing support and failure to act early can lead to issues worsening and contribute to placement instability.

Key quotes:

- *"The red tape that you have up jump through to get support. Inconsistency between offices and teams. Finding the right support that will work for your child. Appointment times and often location. Having to wait too long to prove the child needs it because that is crucial time wasted on evidence when the issue is then more of an embedded problem that if supports were put in place earlier might not be as big an issue. Placements break down because supports aren't actioned early enough."*
- *“Case workers personal [opinions] and believing they trump specialist or psychiatrist recommendations.”*
- *“Policies that make the case worker wait until they get a recommendation from a Paed to access private allied health services (even when recommended by an allied health provider in the public system when the child needs more intensive support). The recommendation from an allied health worker is currently not enough.”*
- *“DCP said that my child would have to wait for her Medicare card to come through before she got her 4 month immunisations instead of paying for them”*
- *"Child becomes burnt out from therapy or refuses to attend. Lack of therapists who fully understand what the child is experiencing."*
- *“Some children just can’t manage mainstream school, there needs to be more alternative options, especially for primary school. Exclusion should not be seen as an answer as it doesn’t serve our children, they have a right to an education that meets their needs.“*

Other relevant considerations

Do you have any examples or comments on how cumulative harm has been considered when making decisions about a child or young person's placement?

Summary
Cumulative harm can occur when children and carers are not listened to and decisions are delayed, leading to negative outcomes such as burnout, disrupted placements, and missed opportunities (e.g. sibling placement or school changes).

Carers felt minor concerns could be addressed through routine casework discussions, rather than being formally recorded on file.

Unsubstantiated concerns can remain on file, including matters found to be unsubstantiated because the events described could not have occurred or because the concerns related to a different carer.

Delays in decision-making can leave children in uncertainty and instability, resulting in repeated moves, broken attachments, and increased trauma. Early, timely decisions and placement planning are critical to prevent harm and provide stability.

Key quotes:

- *"DCP are causing cumulative harm by not listening to myself or my child. They also caused cumulative harm by not placing my daughter's sister with us at the time of her removal"*
- *"My young person is now in burnout from the cumulative harm of going to a school that doesn't adequately support her. I asked DCP to allow her to change schools last year and was denied."*
- *" Moving children from carers when strong attachments have been made should be reduced. Scoping and moving children to kinship needs to occur quickly. Caring for a baby at 9 months old who had four placements already is heartbreaking. Watching children cry during the night through transitions from your care to someone else that was with a carer from 2 days to 15 months and being told ongoing respite would occur because of the strong attachment and watching the child go through the change is honestly heart wrenching. Decisions need to happen quicker because no child should have to go through that we are supposed to be protecting them not traumatising them."*

Is there anything else that should be considered related to the implementation of the best interests of the child principle?

Summary
Key priorities include putting safety first, working in collaboration with carers, and building relationships based on respect, transparency, and trust. Carers want to lead decision-making as primary caregivers, with full access to information to make informed choices, and for the department to work alongside them rather than against them.

Key quotes:

- *"Safety first; collaboration with carers; respect, transparency and trust"*

- *“Be directed by the main caregiver and give us all the information needed to make informed decisions”*
- *"The department really needs to learn to work with and not against carers"*

4. Principle of active efforts and standard of active efforts

Consultation Outcomes:

Can you share experiences where a case worker or agency worker has done everything practical to support the child and young person in (or previously in) your care?

Summary
Experiences are generally positive when workers actively support the child's voice, build trust, and treat carers with respect as equal partners. Strong relationships and advocacy from workers can make a meaningful difference for families. However, experiences are not consistent.

Key quotes:

- *"Our agency worker has gone to great lengths to support our child's voice, their needs and even wants. They treat my partner and I as equals, not lower or incompetent. Being an advocate for our family has made a difference to our lives"*
- *"Responses are 'reactive not proactive' and interventions come at a time of crisis, not early when carers are first identifying issues and asking for support."*
- *"We have had 6 case workers and have had good experiences with all but one. They have made an effort to get to know us, have developed trust in me (that I have my young person's best interests at heart) and treat me respectfully."*
- *"Never"*

Can you share any challenges in accessing supports for the child or young person in your care (or previously in your care)?

Summary
There are concerns about poor communication and lack of transparency, with case workers sometimes refusing requests without explanation. Overly controlling or micromanaging practices can exclude carers and delay support, resulting in children missing timely access to services.

Key quotes:

- *"DCP case workers saying no without explanation"*
- *"DCP micromanaging - one case worker insisting on doing everything and not communicating with me. When I would bring things up, she'd remind me that it was her job not mine. This resulted in my young person missing out on therapy for over 6 months."*
- *"Getting [the child in care] test[ed]"*

5. Principle of effective intervention

Consultation Question:

Do you have any comments about the principle of effective intervention?

Summary
Early and ongoing involvement of birth families is really important, with stronger support needed both before and after removal. This includes better resourcing for services and organisations that help families stay connected.

There is a need for earlier intervention, faster processes, and wraparound supports for birth, foster, and kinship families, so children are not disadvantaged by delays or administrative barriers.

Key quotes:

- "*Birth family need to be involved:*
    - *before removal - do more to help the families beforehand. NGOs and other services should be resourced appropriately. DHS Safer Families needs more funding.*
    - *after removal - fund the Reily Foundation more to help families engage better with contact and facilitate stronger relationships.*
    - *Effective intervention -needs to be earlier, children shouldn't be disadvantaged by needing to wait longer because we have to wait on DCP paperwork, wrap around supports for birth families and foster and kinship families"*

Do you have any concerns or comments about what happens If all of the principles discussion in this paper are used? (For example, if some principles do not appear consistent how would they be implemented)

Summary
The current framework is seen as too vague and lacking meaningful change, despite previous reviews and reforms. There is a strong call to include carers in decision-making processes, as they bring valuable expertise (including legal knowledge) and practical insight.

Key quotes

- *"It is still way too vague. A working group - including a couple of carers - need to be part of this. Some carers have legal backgrounds and would be excellent additions to the team."*
- *"As someone who made a submission to the Child Protection Royal Commission and saw The Act updated as a result, it's disappointing to see that not much has changed as a result. "*

Support is available

Note that some of the questions and responses in this survey may bring up issues and cause distress. Support is available. If distressed, you may want to contact Lifeline on 13 11 14. Further information about support services is available on the CFKC website: *https://cfc-sa.org.au/contact/helplines-services/*.

Our carer advocacy team is here to connect, inform, support, and advocate for carers. To speak with our advocates, phone 1800 732 272 (free call) or email: support@cfc-sa.org.au