



Carer Advocacy Project

Report on advocacy model options

Department for Child Protection

—
August 2017



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The findings in this report are based on a qualitative study and the reported results reflect a perception of stakeholders only to the extent of the sample surveyed, being the approved representative sample of stakeholders.

No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by, stakeholders consulted as part of the process.

KPMG have indicated within this report the sources of the information provided. We have not sought to independently verify those sources unless otherwise noted within the presentation.

This report provides a summary of KPMG's findings during the course of the work undertaken for the Department for Child Protection under the terms of the engagement letter/contract dated 20 February 2017.

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Executive Summary

KPMG was engaged to assist the Department for Child Protection (DCP) to develop a model for the provision of carer advocacy services in response to the 2016 report by the Child Protection Royal Commission in South Australia (SA). To identify suitable options for carer advocacy in SA, KPMG undertook a range of activities, including a literature review, stakeholder consultations, and an online survey of foster and kinship carers.

The recommended carer advocacy model

The recommended model for a future foster and kinship carer advocacy agency is a professional agency model, with individual advocacy services being delivered by a single agency with paid staff. The delivery of the model will include professional staffing with the support of an extended volunteer base. The services will be accessible for carers in statutory care arrangements from all cultural and geographical backgrounds across South Australia.

The paid staff will be responsible for providing advocacy services to carers, while volunteers will cover a general carer support function rather than the advocacy function.

Advocacy concepts

There are two main concepts of advocacy – individual advocacy and systemic advocacy. *Individual advocacy* involves individuals or groups of individuals working to achieve an outcome particular to their specific interest or grievance. *Systemic advocacy* is similar to lobbying as the focus of efforts, whether by an individual or group, is on bringing about changes to a structure, system, policy or legislation.

There are a range of sub-types of advocacy, including self-advocacy, peer advocacy, professional advocacy, group advocacy, citizen advocacy and non-instructed advocacy.

The current state in South Australia

There are two main advocacy bodies providing advocacy services for foster and kinship carers in South Australia – Connecting Foster and Kinship Carers SA (CFC SA) and Grandparents for Grandchildren SA (GFGSA).

CFC SA is the peak body for foster and kinship carer support in SA. The organisation was entirely volunteer based until mid-2016 when the state government provided funding for a CEO as well as administration support (total 1 FTE). CFC SA is focused on children and their carers in the statutory system.

GFGSA is a voluntary not for profit organisation providing support and advocacy for grandparents and other kinship carers who may be struggling with the emotional, financial and legal complexities of caring for their grandchildren.

The reported views of carers

A survey was undertaken to provide foster and kinship carers with an opportunity to share their views on accessing carer advocacy. It was open for a total of two weeks and attracted 187 responses in total, 135 of which came from foster carers and 50 from kinship carers.

Overall, only 14 percent of respondents had accessed carer advocacy services in the past. Of those who had not accessed advocacy services before, the most common reasons given included not knowing about carer advocacy services and not having needed advocacy services in the past. The top three types of services were provision of information, advocacy to government, and support when approaching DCP.

Executive Summary (cont.)

Carer advocacy across Australian jurisdictions

While each jurisdiction has their own approach to foster and kinship carer advocacy, there are some key similarities and differences that should be noted. For instance, all advocacy models investigated operate on professional advocacy models, involving professional staff to varying degrees. All advocacy agencies further operate a telephone support line which carers can call for advice and support.

There are differences in the degree of education and training that is provided by advocacy agencies across Australia. While some agencies (e.g. in Tasmania and Western Australia) do not include any education and training in their service portfolio, other jurisdictions such as New South Wales offer training to carers on topics like self-advocacy.

Key decision points

There were seven decision points applied in developing a carer advocacy model which were critical to consider in determining the key components of a future carer advocacy model:

- *Advocacy type* – there was a decision required around what types of carer advocacy the government wants to support, in particular whether the future advocacy model should include both systemic and individual advocacy or only one of the two.
- *Potential services* that should be covered by a carer advocacy model. There were five potential services that emerged from the research: information provision, advice and support, education and training, and systemic advocacy.
- *Advocacy models* – there were a number of advocacy sub-types that can be grouped within systemic and individual advocacy (e.g. professional advocacy or peer advocacy). A decision was required whether all sub-types should be included in a future carer advocacy model or whether the government should prescribe particular models of advocacy that it will support.

- *Coverage* – the requirements for expanding service coverage to improve statewide access to advocacy services was put up for consideration. Advocacy agencies should provide their service portfolio through multiple channels to maximise access across the state and should also promote their services state-wide to support broader access.
- *Workforce* – the SA carer advocacy model recently moved from being entirely volunteer based to having minimal paid staffing. A decision was required regarding whether or not the workforce of any future carer advocacy agencies should continue to be paid or revert back to a volunteer-based model.
- *Number of agencies* – DCP should consider whether carer advocacy in SA should be provided by one peak body or a single agency, or whether the tasks and responsibilities should be divided up between multiple agencies.

Assessment criteria

Options for carer advocacy models were assessed against six criteria:

1. Ability to deliver priority services
2. Sustainability of service delivery
3. Cost to government
4. Access and coverage
5. Ease of implementation / transition
6. Representative competency

Executive summary (cont.)

Options considered

Option 1: Status Quo – maintaining the existing model of advocacy service provision based on one primary service with minimal staffing and an entirely volunteer based secondary service.

Option 2: A single professional agency model – **RECOMMENDED OPTION** – this model would include professional staffing with the support of an extended volunteer base. This is the recommended option for future advocacy services as an increase in professional staff would result in a larger range of expert services provided, increased capacity to respond to carer inquiries, and improve the organisation's ability to provide service in regional communities.

Option 3: A single volunteer agency model – this model would involve reverting back to the original SA advocacy model of relying solely on volunteer staff for the provision of advocacy services.

Option 4: A multi-agency advocacy model (one professional service) – This model would include a range of advocacy services provided by two or more agencies. Considered an extension to Option 2, this option would provide volunteer agencies with additional funding to improve their range of services. This option would improve the range of service portfolios offered across the diversity of the carer population and would increase access to advocacy services for specific groups of carers and regions.

Option 5: A multi-agency advocacy model (multiple professional services) – this model would see the range of advocacy services be distributed among two or more advocacy agencies. All services would have basic levels of professional staffing and would be supported by volunteers.

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1. Introduction

1. Introduction

The 2016 report by the Child Protection Royal Commission in South Australia made over 260 recommendations to improve the laws, policies, practices and structures currently in place for children at risk of harm. The Commission noted the important role that foster and kinship carers play in supporting vulnerable children in out-of-home care, assisting to lead trouble-free lives, achieve positive outcomes and fulfil their potential.

Advocacy agencies can provide carers with a sense of empowerment, practical help and support, and assist them in developing relationships within the foster and kinship care system. It is important that carers have access to support from an appropriate advocacy body to protect and pursue their rights, advocate on behalf of their interests and, ultimately, improve outcomes for children in out-of-home care. There are two South Australian advocacy agencies offering services within child protection – *Connecting Foster Carers SA* (CFC SA) and *Grandparents for Grandchildren SA* (GFGSA).

Recommendation 116 of the Royal Commission recommended that the Government should fund CFS SA, or an appropriate alternative agency, to deliver an advocacy service with paid staff to support carers to access and exercise their rights.

KPMG was engaged to assist the Department for Child Protection to develop a model for the provision of carer advocacy services. To identify suitable options for carer advocacy in South Australia, KPMG undertook a range of activities, including a literature review, stakeholder consultations, and an online survey of foster and kinship carers. These activities are described in more detail in section 1.0.2.

Objective

The purpose of the report is to:

- present a recommended model for foster and kinship carer advocacy
- present an overview of the current state of carer advocacy in South Australia and across other Australian jurisdictions
- present key themes that have emerged from stakeholder consultations and from the foster and kinship carer survey
- discuss a number of high level options for the provision of carer advocacy in South Australia

Scope

While the project research included consultations with the South Australian carer advocacy agencies, a detailed review of these agencies and their services was not part of the scope.

It should be noted that there was a concern raised by GFGSA that due to the informal nature of many of the grandparent carer arrangements in their client base, they have not been given access to the survey. GFGSA felt that this presented a gap in the research undertaken as part of this project.

1.1 Methodology

The review of foster and kinship carer advocacy in South Australia has been informed by three interrelated research activities.

1.1.1 Literature review

A literature review was conducted to explore and provide a conceptual overview of:

- Relevant advocacy models
- Differing advocacy models (e.g. systemic and individual)
- Examples of advocacy models from other Australian jurisdictions

The findings from the literature provided a basis for stakeholder consultations as well as for the development of high level advocacy model options for testing with DCP and subsequent options assessment.

1.1.2 Carer survey

The objective of the carer survey was to provide an opportunity to elicit broader commentary and perspectives from foster and kinship carers that have or have not used advocacy services in the past. The survey was sent to all registered carers (kinship carers) and foster care agencies (foster carers). The survey was sent to approximately 3,000 carer households; 187 carers responded to the survey.

1.1.3 Stakeholder interviews

Stakeholder interviews were conducted with both SA based stakeholders as well as stakeholders across other Australian jurisdictions.

The SA based interviews included:

- An interview with each of the current South Australian carer advocacy groups (Connecting Foster Carers SA and Grandparents for Grandchildren SA)
- Interviews with the Health and Community Services Complaints Commissioner as well as with the South Australian Guardian for children and young people

Interviews with other Australian jurisdictions included representatives from state governments as well as from carer advocacy services. A total of 11 interviews were conducted. A details list of the organisations and stakeholders consulted can be found in Appendix A.



2. The recommended carer advocacy model

2.1 The recommended carer advocacy model - overview



Number of advocacy providers

- One single professional agency

Rationale

While there would ideally be more than one provider of advocacy services, given the small scale of service provision and limited maturity of the market as well as the need for consistency, a single professional provider is recommended.



Location and coverage

- Single agency in metropolitan Adelaide
- Outreach service to rural and remote regions

Rationale

Carer advocacy services should be available to all foster and kinship carers regardless of their geographical location. An outreach framework for regional carers is therefore required.



Staffing

- Professional/paid staff as well as a broader pool of volunteers
- Up to 4.5 FTE of professional staff
- Volunteers to provide general support function rather than advocacy role (e.g. administrative support as well as providing mentoring, consultation and information services to carers)

Rationale

Engaging professional and volunteering staff with the right levels of expertise will be essential to ensure the delivery of appropriate advocacy services to a the entire diversity of the carer population. The advocacy model includes a small number of professional staff as well as for regional outreach activities to provide state-wide coverage of advocacy services.



Governance

- Skills-based board
- Skills mix of experience from within the child protection system; advocacy experience; foster and/or kinship carer experience; legal experience; financial experience

Rationale

The service should be governed by a board or similar governance arrangement, having appropriate levels of experience relevant to the subject matter.



Services

- Provision of information, advice & support, individual advocacy
- These services will be provided to all foster and kinship carers in statutory care arrangements across SA regardless of their location

Rationale

Carer advocacy should meet the primary service needs of foster and kinship carers in statutory care arrangements by providing individual information, support, advice and advocacy that is independent to DCP as the Guardian for children and young people.



Service level expectation

- High level of cultural competence and ability to address the needs of Aboriginal and CALD communities. Specific services tailored to the needs of Aboriginal carers will be required. The needs of regional and remote carers should be considered.
- Continuous engagement:
 - access to telephone hotline (staffed during business hours, voicemail access after-hours)
 - Quick turnaround of emails during business hours

Rationale

The advocacy agency must be able to address the needs of all foster and kinship carers, regardless of their cultural background.

2.2 The recommended carer advocacy model

Five high level options for future foster and kinship carer advocacy models were initially identified for consideration.

These options included:

1. keeping the status quo
2. implementing a single professional agency model
3. implementing a single volunteer agency model
4. implementing a multi-agency advocacy model with one professional service
5. implementing a multi-agency advocacy model with multiple professional services.

Each option was assessed against six criteria that were considered critical in the development and implementation of advocacy models. These assessment criteria included:

- the ability to deliver priority services
- the sustainability of service delivery
- cost to government
- access and coverage
- ease of implementation / transition
- representative competency.

The recommended identified option for further investigation was Option 2: A single professional agency model. This chapter describes option 2 in more detail and investigates a number of requirements that a potential future carer advocacy service would have to fulfil.

2.2.1 Option 2: A single professional agency model

This option involves a advocacy services being delivered by a single agency with paid staff. The delivery of the model will include professional staffing with the support of an extended volunteer base. While there would ideally be more than one provider of advocacy services, given the small scale of service provision and limited maturity of the market as well as the need for consistency, a single professional provider is recommended.

The core service attributes of this option include:

- provision of individual advocacy.
- advocacy services for both foster carers and kinship carers in statutory care arrangements. While this model acknowledges the importance of providing support for relative carers providing informal care, the core and most immediate need is to service the statutory care population.
- the agency staff portfolio covering a broad range of skills, with particular focus on the ability to deliver culturally appropriate services to all groups of carers.
- paid staff being responsible for providing advocacy services to foster and kinship carers, including advice related to approaching and communicating with key stakeholders in the child protection system
- volunteers covering the support function to carers and advocates, providing administrative support as well as providing mentoring, consultation and information services to carers.

This model is discussed in more detail on the following pages.

2.2 The recommended carer advocacy model (cont.)

2.2.2 Staffing

Engaging professional and volunteering staff with the right levels of expertise will be essential to ensure the delivery of appropriate advocacy services to a the entire diversity of the carer population. This should include:

- a varied skill set among agency staff
- staff that is experienced in working in a human services environment
- a level of flexibility among staff members that allows for facilitation of the regional outreach model.

FTE

Under the future carer advocacy model, staffing is expected to increase to up to 4.5 FTE. This increased level of staffing is expected to cover the skill set described above.

These positions are broadly expected to cover:

- overall leadership (chief executive)
- management of volunteers
- provision of advice to carers
- administration support

Volunteers

The paid professional staff will be supported by a base of volunteers as part of the service portfolio offered by the future carer advocacy agency. As mentioned previously, these volunteers will be focused on providing a general support function to foster and kinship carers, rather than providing expert advice on specific issues.

This volunteer support function is expected to incorporate:

- first point of contact for foster and kinship carers
- administrative support as well as processing and collecting of information and investigating matters

- presence at any group sessions or information sessions for foster and kinship carers
- mentoring, consultation services and pastoral care for carers through one-on-one conversations
- volunteers ideally based in metropolitan Adelaide as well as regionally.

2.2.3 Outline of services

The professional advocacy agency will deliver a range of services as part of their portfolio.

Information

Provision of information to foster and kinship carers will be an integral part of the agency's service portfolio. The information carers receive needs to be accurate, particularly in relation to DCP policies and processes and the legislative framework underpinning the South Australian child protection system. DCP is to be the primary source of information for carers, as DCP has a responsibility to ensure that sufficient information is available to support carers to make good decisions.

The future advocacy agency will have a supplementary, contained role to provide information and support to carers where the information provided by DCP is insufficient. It is therefore necessary that advocacy staff have extensive knowledge of the child protection system and the underlying policies and regulations. Information to carers is, where possible, to be provided by professional advocacy staff rather than by volunteers to ensure that an appropriate level of expertise is applied when providing foster and kinship carers with information in relation to their role and the broader child protection system.

2.2 The recommended carer advocacy model (cont.)

Advice & support

The professional advocacy agency will provide carers with advice in relation to a range of different situations that they may encounter in providing care. It is critical the advice is consistent, aligned with DCP policy and the legislative framework and that advice is provided with the professional scope of service.

The skill set of advocacy services staff must match the scope of advice that will be provided by the agency.

Scope of advice will ideally include:

- advice related to approaching and communicating with DCP regarding foster and kinship care arrangements
- advice related to approaching and communicating with foster care agencies regarding foster and kinship care arrangements
- advice related to approaching other stakeholders and agencies in the child protection system.
- advice related to appropriate contact points for queries and issues in general.

The advice given should focus on process-related matters rather than technical advice. Legal advice will not be included in the agency's service portfolio. The provision of advice will be conducted by professional agency staff with deep expertise of the subject matter, rather than by volunteers.

The provision of general support services will have a broader scope and will focus on providing foster and kinship carers with a sense of belonging and pastoral care to some degree. This will include:

- opportunities for carers to get together

- opportunities for carers to have one-on-one conversations with agency staff.

These support services can be provided by skilled and trained volunteers rather than by paid professional staff, as a lower level of expertise is required and the focus should lie on engaging empathic volunteers with excellent communication skills.

Systemic advocacy

Systemic advocacy will be enable the voice of foster and kinship carers to be captured and put forward to inform policy. The provision of systemic advocacy services will not be included in the portfolio of the future carer advocacy agency, however it is acknowledged that the agency's services will form part of the information network on systemic needs and change.

2.2.4 Governance

The future foster and kinship carer advocacy agency will be an independent entity and report to a skills-based board or similar governance arrangement. Board members will ideally represent a broad skill mix and will include:

- experience from within the child protection system
- advocacy experience
- foster and/or kinship carer experience
- legal experience
- financial experience.

Aboriginal representation on the board is strongly recommended.

2.2 The recommended carer advocacy model (cont.)

2.2.5 Level of service expectation

Providing advocacy services with the right level of expertise, taking into consideration the diversity of the entire carer population, will be essential in order to deliver a service that is culturally appropriate for all foster and kinship carers.

Required level of cultural competence

Agency staff will be expected to have a high degree of cultural competence. This should include engaging professionals from a culturally diverse background, enabling the agency to tailor any advocacy services provided to the cultural needs of each carer. This should include, but not be limited to:

- **Ability to respond to the needs of Aboriginal carers** – Aboriginal foster and kinship carers may have specific needs that require a tailored approach to providing carer advocacy. Advocacy agency staff will therefore be required to have deep expertise in engaging with Aboriginal carers. This is particularly important considering the high proportion of Aboriginal foster and kinship carers in South Australia. The agency's service portfolio should further include services that are specifically tailored to Aboriginal carers and their needs. Engaging at least one Aboriginal staff member is highly recommended. While questions that were part of the carer survey did not specifically focus on Aboriginal foster and kinship carers, their views were captured through the general survey questions.
- **Ability to respond to the needs of carers from culturally and linguistically diverse (CALD) communities** – In some cases, carers who come from CALD backgrounds may have difficulty understanding the terminology and language used by DCP, foster care agencies, or the advocacy agency staff. Ensuring access to translators from a variety of common languages (including sign language) will be required. Having skills in working with interpreters will be necessary for agency staff (both in person and over the phone).

Continuous engagement by phone/email

Acknowledging the difficulties that some foster and kinship carers may experience in meeting advocacy staff face to face, the advocacy agency will be required to provide adequate levels of alternative ways to access its services. This should include a telephone hotline that is accessible staffed during business hours, with voicemail access after-hours, as well as a high level of responsiveness to client emails.

Regional and remote carers

The needs of regional and remote carers may differ significantly from those of carers in metropolitan areas. The service portfolio should therefore include a specific focus on ensuring these needs are met (refer section 2.2.6 *Location and coverage* below for more detail).

2.2.6 Location and coverage

The advocacy model makes provisions for a single professional agency to be implemented. Given that most foster and kinship carers live in or near metropolitan areas and that the majority of government and foster care agencies have their main offices in metropolitan Adelaide, the advocacy agency will also be located in the same geographical precinct.

To ensure appropriate levels of access to advocacy services for foster and kinship carers in rural and remote communities, the future carer advocacy agency will be required to implement a regional out-reach service with professional staff and/or volunteers either being permanently based in regional communities or having the opportunity to travel. Partnering with local NGOs to provide general supports and pastoral care in particular will be encouraged.

In order to ensure that all South Australian carers (regardless of their location or cultural background) are aware of the services provided and know how to access the supports, the agency will be required to establish an appropriate marketing approach.

2.3 High level procurement approach

Figure 1 below provides a high level procurement approach for the establishment of a future foster and kinship carer advocacy agency, outlining a number of key actions and considerations that should be taken into account in the development process.

Figure 1: High level procurement approach for the establishment of a future carer advocacy agency

	Market Analysis	Acquisition Strategy	Request for Tender
Purpose	<ul style="list-style-type: none"> To gather detailed information on the foster and kinship carer advocacy market environment in South Australia, in order to inform an evidence-based acquisition strategy for the procurement of a future carer advocacy agency. 	<ul style="list-style-type: none"> To develop a detailed plan that identifies the acquisition approach and key framing assumptions for the procurement of a future carer advocacy agency. 	<ul style="list-style-type: none"> To provide a formal, structured invitation to potential carer advocacy providers to submit a bid for becoming the future funded carer advocacy agency in South Australia.
Actions	<ul style="list-style-type: none"> Establish geographic distribution of demand Establish potential carer advocacy providers and the market capability of providing the services required. 	<ul style="list-style-type: none"> Establish funding envelope available Determine internal and external stakeholders to be taken into account 	<ul style="list-style-type: none"> Establish whether Request for Tender will be submitted to a selection of potential providers or to the general public
Considerations	<p>It is recommended that market capability should be established by conducting small-scale in-house research (e.g. a desktop review of publicly available information), and by using data and information presented in this report.</p>	<p>A number of key factors should be taken into account for the development of the acquisition strategy before the tender is published, including:</p> <ul style="list-style-type: none"> Specifications – what do we need and when do we need it by. The respondents can detail how they will achieve it. Contract framework KPIs the future advocacy agency will be held accountable to Reporting requirements (note that increased reporting requirements will also result in an increased administration cost to the agency) Stakeholder relationships that the agency is expected to build or maintain Approvals management Evaluation criteria Exclusionary criteria 	<p>Given the relatively small market in South Australia, DCP should consider a number of options to maximise potential opportunities for sourcing an ideal candidate, including:</p> <ul style="list-style-type: none"> Potential partnerships of local agencies with interstate providers of carer advocacy services Not-for-profit organisations with a different portfolio that could potentially broaden their services Potential partnerships between a range of local agencies.

2.4 High level implementation plan

Table 1 below outlines a high level implementation plan for the establishment of a future foster and kinship carer advocacy agency, outlining actions required as well as a broad timeline for the implementation.

Table 1: Suggested implementation plan

	Action	Suggested timing
1	Gather relevant information on the foster and kinship carer market environment in South Australia.	By September 2017
2	Develop acquisition strategy to define acquisition approach and key framing assumptions for the procurement of a future carer advocacy.	By September 2017
3	Develop relevant procurement documentation.	By September 2017
4	Publish request for tender inviting potential carer advocacy agencies to submit their bids.	September 2017 to November 2017
5	Assessment of tenders and selection of preferred advocacy provider.	By December 2017
6	Determine wind down arrangements for current advocacy agency if their tender is unsuccessful.	By February 2018
7	Develop reporting requirements for the future foster and kinship carer advocacy agency	By May 2018
8	Establish the preferred future foster and kinship carer advocacy agency.	By June 2018
9	Ongoing reporting and monitoring of KPIs, as defined in the acquisition strategy as well as in the relevant service agreement.	July 2018 – June 2019
10	Evaluation of performance of the carer advocacy agency after 12 months of service provision.	July 2019

Source: KPMG



3. Advocacy concepts from the literature

3. Advocacy concepts from the literature

Before considering the current state of carer advocacy in South Australia and developing options for future advocacy models, it is important to understand the most common concepts of advocacy that are being applied by most advocacy organisations. This section introduces a number of different types of advocacy that are relevant in this context and briefly elaborates on the key benefits and challenges associated with carer advocacy and advocacy in general.

3.0.1 Individual vs systemic advocacy

There are two main concepts of advocacy – individual advocacy and systemic advocacy. Individual advocacy involves individuals or groups of individuals working to achieve an outcome particular to their specific interest or grievance. For example, a disability advocate advocating for a health service consumer with a service provider is an example of individual advocacy.¹

In contrast, systemic advocacy is similar to lobbying as the focus of efforts, whether by an individual or group, is on bringing about changes to a structure, system, policy or legislation. This form of advocacy does not focus on an individual but instead represents the rights and interests of a group with similar concerns and issues. In seeking reform, advocacy focuses on influencing policy and legislation including directly lobbying elected representatives.¹

3.1 Advocacy sub-types

While individual and systemic advocacy are the two broad types of advocacy, there are three sub-types of advocacy used to pursue and achieve outcomes for those being advocated for.

3.1.1 Self-advocacy

Self-advocacy is a form of individual advocacy and refers to the efforts of individuals to represent and speak up for themselves, either individually or with the support of others. This form of advocacy relies on the individual's ability to effectively communicate their interests, desires, needs and rights. The aim of self-advocacy is for people to decide what they want or need, develop plans to achieve this, and carry out plans to get what they want or need. Self-advocacy differs from other forms of advocacy as the individual plays a key role in self-assessing their situation and then exercising their agency to change the situation.

The key features of self-advocacy include:

- securing services and supports for individuals
- a focus on ensuring the person's voice is heard
- emphasis on promoting confidence, skills and knowledge and protection of individual rights.²

3.1.2 Peer advocacy

Peer advocacy is typically a form of individual advocacy and refers to the one-to-one support provided by advocates with a similar background or experience to a person using services. For these reasons, peer advocacy schemes are considered particularly well placed to empathise with the needs and concerns of those requiring advocacy as they are approached as equals with advocates fighting on their behalf. The key aspects of peer advocacy include:

- focusing on common problem solving
- aiming to lessen the imbalance of power between the advocate and their advocacy partner due to their shared experience
- advocating for specific groups (e.g. foster and kinship carers).³

3.1 Advocacy sub-types (cont.)

3.1.3 Professional advocacy

Professional advocacy is a form of individual advocacy that involves paid, independent advocates providing support and representing the views of those requiring advocacy. The advocate provides support, information and representation with the aim to empower their partner and enabling them to express their needs and choice.

Key features of professional advocacy include:

- Separation from other forms of direct service provision e.g. social work. A professional advocacy provider cannot be involved in any direct service provision in order to preserve independence.
- Support often provided on a specialist basis, e.g. treatment for mental health issues, child protection issues or for specific groups, e.g. families and/or carers.⁴

3.1.4 Group advocacy

Group advocacy is similar to self-advocacy in that it involves bringing together people with shared experiences, positions and values to talk, listen to each other and collectively raise their concerns. Group advocacy is a form of systemic advocacy and aims to influence public opinion, policy and service provision.⁵

3.1.5 Citizen advocacy

Citizen advocacy, also known as volunteer citizen advocacy – is a form of individual advocacy that aims to involve people in their local community, typically individuals with an intellectual disability. Citizen Advocacy South Australia Inc. provides citizen advocacy for individuals in such a position.⁶

It aims to empower citizens to 'have a voice' and make decisions about the things that impact on them. Citizen advocacy partnerships are long term, not time-limited and last for as long as the citizen advocate and individual want them to. Citizen advocates are ordinary members of the local community, are unpaid and usually operate with support from a coordinated scheme.

For example, with individuals with a disability, citizen advocates provide companionship, support and assistance in helping them with their day-to-day experiences and challenges. If needed, citizen advocates may be required to advocate on behalf of their 'client' including for example, addressing accommodation issues, assisting with financial issues, being a spokesperson and even taking up legal guardianship. The key features of citizen advocacy are described below:

- The relationship between the advocate and the individual (the partnership) is viewed as an outcome in and of itself
- The relationship continues regardless of any presenting 'issue'
- Citizen advocates are supported to use their own networks, as well as community organisations to support them to develop their social networks.⁶

3.1 Advocacy sub-types (cont.)

3.1.6 Non-instructed advocacy

Non-instructed advocacy is a form of individual advocacy that is provided in cases where the individual is unable, for reasons of capacity to personally instruct their advocate. This generally results from communication barriers. The capacity to instruct or understand may be diminished as a result of cognitive impairment due to dementia, acquired brain injury (ABI) or other intellectual disability. In these cases, the advocate will observe the client and their situation and gather information from their significant others in order to ensure their rights are upheld.

There are four approaches to non-instructed advocacy. These are:

- Rights-based approach – recognising that we all have certain fundamental human rights that can be defined and measured
- Person-centred approach – based on the development of long-term trusting and mutually respectful relationships between advocates and people
- Watching brief approach – placing the person at the centre of thinking about the best way to support them
- Witness/observer approach – in which the advocate observes or witness the way in which a person leads his or her life.

Non-instructed advocates will draw on all four approaches listed above in support of the individual they are advocating on behalf of.⁷

3.1.7 Summary

The table adjacent provides an overview of the advocacy types discussed in this section.

Table 2: Advocacy models

Type	Sub-type	Description
Individual	Self-advocacy	The efforts of individuals to represent and speak up for themselves, either individually or with the support of others. Self-advocacy differs from other forms of advocacy as the individual plays a key role in self-assessing their situation and then exercising their agency to change the situation. It is common for individual advocacy to inform systemic advocacy efforts.
Individual	Peer advocacy	One-on-one support provided by advocates with a similar background or experience to a person using services. Particularly well placed to empathise with the needs and concerns of those requiring advocacy as they are approached as equals with advocates fighting on their behalf.
Individual / Systemic	Professional advocacy	A form of individual advocacy that involves paid, independent advocates providing support and representing the views of those requiring advocacy.
Systemic	Group advocacy	Involves bringing together people with shared experiences, positions and values to talk, listen to each other and collectively raise their concerns. Aims to influence public opinion, policy and service provision.
Individual / systemic	Citizen advocacy	A form of individual advocacy that aims to involve people in their local community; it typically involves individuals with an intellectual disability.
Individual / systemic	Non-instructed advocacy	A form of individual advocacy that is provided in cases where the individual is unable, for reasons of capacity, to personally instruct their advocate.

Source: *The Social Care Institute for Excellence (UK), KPMG, 2017*

3.2 Common benefits and challenges of advocacy

Advocacy provides a number of benefits. These are summarised in Table 3 below.

Table 3: Advocacy benefits⁹

Benefit	Summary	Individual advocacy	Systemic advocacy
Promoting empowerment	People who have experienced advocacy express a high level of satisfaction with the process. Overall satisfaction relates to the potential that advocacy has to empower people who access support, providing a sense of empowerment which can result in an increase in well-being and improved confidence.	✓	
Practical help and support	People who access support report high levels of satisfaction when they receive help. In particular, the provision of moral support has been highlighted as being important, particularly during formal proceedings.	✓	✓
Development of relationships	The relational aspect of advocacy consistently appears as a key indicator of satisfaction across different types of advocacy provision.	✓	✓

Source: KPMG

To better support foster and kinship carers, a number of common challenges have been reported in the literature that require close attention. Advocacy efforts from foster and kinship care associations present an important support to carers in addressing these issues. This is necessary to support and improve conditions for carers, encourage carers to remain within the system and attract new carers.

The key issues that require close attention include:

- **Provision of ‘wrap-around’ services**- the lack of ‘wrap-around’ services to support children in foster and kinship care is an ongoing challenge that increases frustration and burnout amongst carers.
- **Independent support, mediation and advocacy** – feeling valued is reported to be a key consideration in remaining involved as a foster or kinship carer.
- **Improved financial assistance** – ensuring adequate reimbursement will provide an appropriate incentive for those considering becoming foster or kinship carers and will cover the costs of providing care.
- **Training and professional development** – further up-skilling to provide carers with ongoing training for the challenges of specific children was considered a priority.
- **Respite for carers** – greater support for those caring for children with complex behaviours, is essential in preventing the burnout of carers
- **Greater respect for carers** – with enhanced delegation and authority would allow carers to make day-to-day decisions for the child.⁹



4. The current state in South Australia

4. The current state in South Australia

This chapter investigates the current state of carer advocacy in South Australia, including agencies that are current offering carer advocacy as well as a range of other agencies and organisations that are also involved in providing advice and support for foster and kinship carers.

There are two main advocacy bodies providing advocacy services for foster and kinship carers in South Australia – Connecting Foster and Kinship Carers SA (CFC SA) and Grandparents for Grandchildren SA (GFGSA).

4.0.1 Connecting Foster & Kinship Carers SA

CFC is the peak body for foster and kinship carer support in SA. The organisation was entirely volunteer based until mid-2016 when state government provided funding for a CEO (.8 FTE) as well as administration support (.2 FTE). Total funding for 2017-18 is approximately \$200,000.

CFC provides a peer support and information service to carers and operates a telephone service for carers requiring support and advocacy services during business hours Monday to Friday. The information provided to Carers includes:

- Information materials to assist carers to participate in activities that promote foster care
- Information about training opportunities for carers
- Government policy and services
- Promotion of information networks and mechanisms for the exchange of information on topics relevant to foster and kinship care

The agency works closely with DCP and the broader out of home care sector (including NGOs) to improve, strengthen and promote the role of carers in the SA community.

Systemic advocacy activities include:

- Participation on committees and reference groups
- Formal submissions and responses to key parliamentary and departmental public consultation requests
- Informal consultation on relevant processes
- Publication of media releases and communications on issues, trends and campaigns
- Involvement in DCP policy and procedural development and review
- Research

4.0.2 Grandparents for Grandchildren SA

GFGSA is a voluntary not for profit organisation formed in 2002 as a result of the need for community support and advocacy for grandparents and other kinship carers who may be struggling with the emotional, financial and legal complexities of caring for their grandchildren.

The agency is funded to support:

- Increased access to support, information and advice on a range of issues associated with providing relative care to Children and Young people for Grandparents
- Increased inclusion and participation, focusing on the role of Grandparents in South Australia
- Increased advocacy for Grandparents to the Minister and other alternative care sector service providers

While a small proportion of GFGSA's grandparent clients are providing kinship care for their grandchildren under the guardianship of the minister, the majority of grandparents within GFGSA's client base are looking after their grandchildren in informal care arrangements.

4.1 Carer information and support services across SA

Advice and support in relation to foster and kinship care in South Australia is not limited to CFC SA and GFGSA. South Australian foster and kinship carers in need of information and support can turn to a range of agencies for advice. This section provides an overview of additional organisations and agencies that can support carers to varying extents.

4.1.1 The Department for Child Protection

DCP provides foster and kinship carers with a range of information material surrounding their role, via their website, local DCP offices as well as through each individual social worker.

Many local DCP offices have carer's groups that give foster and kinship carers the opportunity to meet other carers and staff.

4.1.2 Foster Care Agencies

Foster care agencies recruit, assess and train foster carers. Once a foster care household becomes approved, the foster care agency provides support and ongoing training to the carer, and matches the carer with children who need their care. The agencies also work to support, inform and advocate for carers regarding their rights and entitlements. They also have a management system and procedure for providing a 24-hour emergency support to the carers. This service is provided in collaboration with DCP. Once registered with an agency or service provider, foster care agencies will assign a placement support worker to support foster carers in their role. Placement support workers will visit the carer's home at least once every eight weeks for support and general check-ins.

4.1.3 Other NGOs

There are a number of other NGOs in South Australia that are also active in the foster and kinship care advocacy space to some extent. Examples include:

CREATE Foundation connects children and young people in out-of-home care. Their Advocacy service aims at giving a voice to children and young people in out-of-home care. CREATE Policy and Advocacy activities include consultations, focus groups, and surveys as well as reports, submissions and researching articles, and government lobbying.

Carers SA is the statewide 'voice of family carers', consulting with carers and working closely with government and other organisations to improve the lives of caring families throughout SA. The organisation helps family carers find services and supports that will help them manage their role (e.g. respite, counselling, education and training or carer support groups) and advocates their needs to the agencies they interact with.

4.1.4 The Guardian for Children and Young People

The Guardian for Children and Young People can investigate any matter of concern and may produce reports on major issues, make recommendations to the Minister and work directly to address policy and practice issues with government and non-government agencies.

The Guardian is appointed to advocate for and promote the rights and best interests of the children and young people under the guardianship of the Minister for Education and Child Development. The Office responds to concerns raised by children and young people in care themselves or by their advocates. In some cases matters are referred to a more suitable agency, while others are resolved quickly with a brief inquiry or conversation. For more intractable matters, the Office may launch an investigation and actively advocate for the best interests of the child or young person. Where there are shortfalls in the services provided, the Office will work to see them addressed by conducting systemic advocacy.

4.2 Carer information and support services across SA (cont.)

4.1.5 The Health and Community Services Complaints Commissioner

The Health and Community Services Complaints Commissioner (HCSCC) can help with complaints about health or community services provided in South Australia. These may include child protection services including investigations, case management, alternative care arrangements and therapy (however it is not possible to complain about court decisions or notifiers). A service user or their nominated representative such as a family member, carer, guardian or advocate can make a complaint. The Commissioner can also accept a complaint from a service provider or someone else.

HCSCC further provides education and training to improve the resolution of complaints. HCSCC also provides information, education and advice about the HCSCC Charter rights and responsibilities.

The table on the right provides an overview of the advocacy services provided by South Australian agencies that foster and kinship carers may use. While information is provided by all organisations to a certain extent, there are gaps in providing state-wide access to support services for carers as well as in the provision of relevant education and training sessions for foster and kinship carers.

Table 4: Advocacy services provided by SA agencies

Agency	Service description					
	Information	Advice & Support	Education & Training	Individual advocacy	Systemic advocacy	State-wide access
Connecting Foster Carers SA	✓	✓	✗	✓	✓	✓
Grandparents for Grandchildren SA	✓	✓	✗	✓	✓	✓
Department for Child Protection	✓	✓	✓	✗	✗	✓
Foster Care Agencies	✓	✓	✓	✓	✓	✓
Health and Community Services Complaints Commissioner	✓	✓	✓	✗	✗	✓
Office of the Guardian for Children and Young People	✓	✓	✗	✓	✓	✓
Other NGOs (Carers SA, CREATE etc.)	✓	✓	✓	✗	✗	✓

Source: KPMG

✓ Service provided ✗ Service not provided ✓ Service partially provided

4.4 Service gaps reported by SA stakeholders

During interviews, stakeholders reported a range of common gaps which they felt were present in the South Australian carer advocacy environment. The most commonly reported gaps are described below.

A lack of face-to-face services for regional carer communities

SA stakeholders reported difficulties in providing appropriate levels of face-to-face services to their clients and heavily relying on providing support via their telephone hotline. They felt that while this was a problem in general, it was a significant issue in terms of reaching out to rural and remote communities. Regional carers were reported to receive very little in-person advocacy support unless they travel to Adelaide.

Stakeholders felt that there is currently a lack of legal support in the advocacy services being offered. They raised that having funding for a legal professional on their team would position them better in supporting carers who are faced with a court case, for instance.

A lack of legal support

A lack of education and training capacity

A further gap raised by stakeholders was a current lack of capacity and capability to deliver education and training to foster and kinship carers in SA. Agencies felt that with sufficient funding and staff with the right skills sets, they could, for example, offer training to carers on how to self-advocate and educate them on DCP policies and regulations.

It was highlighted that there is currently a general lack of the right advocacy services in South Australia and that the services provided by agencies at the moment are not enough to cover carers' needs. It was suggested that, in order to provide holistic advocacy services, a multi-tier advocacy approach should be implemented. This would see advocacy services be more tailored towards individual needs and activities being offered at more levels, e.g. on an individual level (how to properly fill out forms), on a high level (general systemic advocacy activities), or on a specialist level (tailored advocacy programs for specific needs groups).

Current services do not meet the diversity of needs of the carer community



5. Foster and kinship carer survey

5. Foster and kinship carer survey

This chapter provides an overview of the foster and kinship carer survey results and investigates the advocacy needs and gaps in the current system raised by carers themselves.

The survey was open for a total of two weeks, closing on 17 May 2017. A total of 209 carers accessed the online survey, with 187 of them completing the questionnaire (22 carers did not comprehensively complete the survey). 135 of the 187 respondents were foster carers, as seen in the table below. This equals to 72 percent of respondents. Graphs and diagrams for the results presented in this chapter can be found in Appendix B.

It should be noted that the results presented in this chapter present the views of a relatively small number of carers and may not be representative of the total population of foster and kinship carers.

Table 5: Number of survey respondents

Carer type	Number of respondents
Foster carer	135
Kinship carer	50
Former foster or kinship carer	2
Total	187

Source: KPMG

5.1 Survey results

5.1.1 The profile of survey respondents

Across all carer types, the majority of respondents were between 40 and 49 years of age. Respondents who were kinship carers tended to be slightly older than respondents who were foster carers, with 60 percent (30 carers) of kinship carers being older than 50 years of age.

More than half of all respondents (55.6 percent) were located within Adelaide city or nearby suburbs, with 71 foster carers and 33 kinship carers listing Adelaide city and nearby suburb postcodes as their location. There were several postcodes which had a high number of respondents.

The top ten postcodes with multiple respondents were:

- Mt Gambier (n=10)
- Aberfoyle Park (n=8)
- Somerton Park (n=6)
- Morphett Vale (n=6)
- Strathalbyn (n=6)

5.1.2 Carer access to advocacy services

Of the 187 respondents, 86 percent (161 carers) had not accessed advocacy services in the past. Of those who had previously accessed advocacy services, 20 were foster carers and five were kinship carers.

The service that was accessed the most by both foster and kinship carers was Connecting Foster Carers SA. This service was used by a total of 17 of the overall 26 carers who said that they had accessed advocacy services in the past.

Two Foster carers also accessed Anglicare (reported under the category 'Other'), and two of the five kinship carers also used Grandparents for Grandchildren.

5.1.3 Reasons for accessing advocacy services

While kinship carers reported accessing advocacy support services primarily to seek assistance with approaching DCP and to access information, foster carers primarily used these services to access information (n=11) and seek assistance with approaching both their foster care agency (n=7) and DCP (n=6). Other reasons for accessing services included social and networking events, assistance with accessing child care support and seeking opportunities to assist other carers in crisis.

5.1 Survey results (cont.)

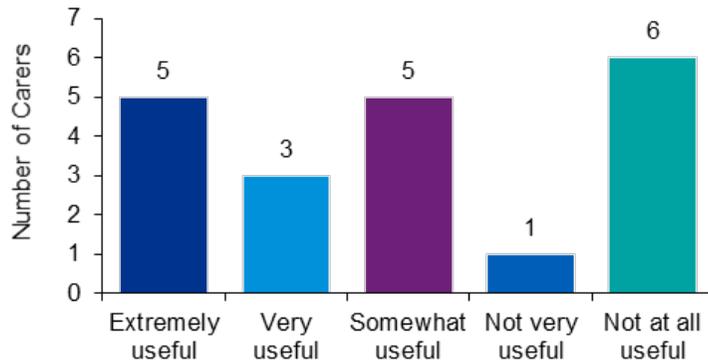
5.1.4 Perceived usefulness of advocacy services

Opinions on the usefulness of advocacy services varied across foster and kinship carers. Kinship carers appeared to be satisfied with the advocacy services they accessed, as four out of five respondents reported finding the services either very useful or extremely useful.

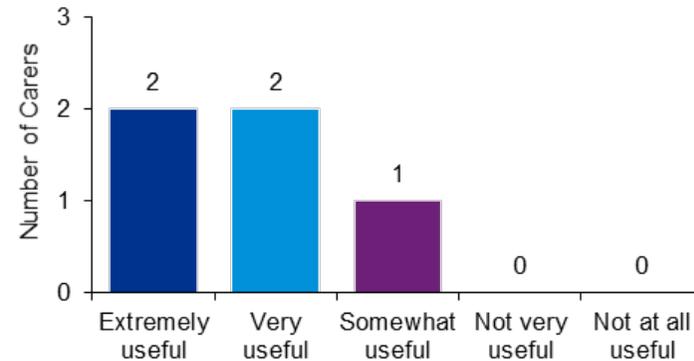
Foster carers, however, painted a slightly different picture. While five and three respondents rated the services as extremely useful and very useful respectively, six foster carers reported finding the services “not at all useful”.

Figure 2: Perceived usefulness of advocacy services, as reported by foster and kinship carers

Foster Carers



Kinship Carers



Source: KPMG

5.1 Survey results (cont.)

5.1.5 Reasons carers had not accessed advocacy services in the past

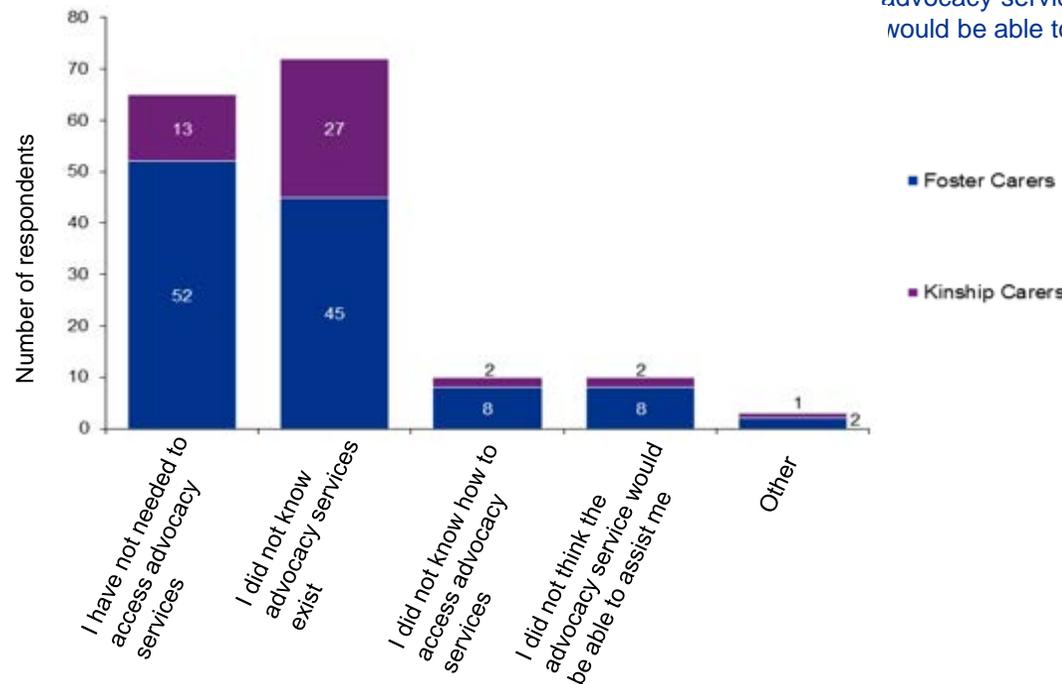
Of the 161 respondents that had not previously accessed advocacy services, the main reasons given were that they did not know these services existed (72 responses) and that they had not previously required these services (65 responses).

45 percent of these foster carers (52 carers) reported that they had not needed to access advocacy services in the past, while 39 percent (45 carers) raised that they did not know that advocacy services for foster and kinship carers exist.

60 percent of these kinship carers (27 carers) reported not knowing that advocacy services exist, and 28 percent (13 carers) raised that they have not needed to access the services.

Ten respondents each said that they did not know how to access advocacy services and that they did not think that the advocacy service would be able to assist them.

Figure 3: Reasons carers had not accessed advocacy services



Source: KPMG



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5.1 Survey results (cont.)

There were a number of qualitative themes that emerged from the question regarding why carers had not accessed advocacy services in the past. These are described in more detail below.

I did not know that advocacy services for foster and kinship carers exist

Carers highlighted that there was a lack of communication and information sharing between carers and agencies such as DCP and foster care agencies. Several carers expressed frustration at the fact that general information was not easily accessible and that agency workers were often unwilling to assist carers with gaining access to information needed, thereby limiting carer empowerment through knowledge. A small number of carers were also unsure of what advocacy services are and how they should go about accessing them.

I have not needed to access advocacy services

Several carers who stated that they had not needed advocacy services also commented that they were new to foster or kinship care, and this is why they have not needed to access the services. A number of carers who indicated that they had not needed the services as yet, also said that they were unaware of their existence which was their reason for not accessing the services.

I did not know how to access advocacy services

Survey respondents felt that DCP currently does not offer sufficient information on the availability of advocacy services and how to access them. They felt that it is necessary to raise awareness around how to access advocacy services in general.

I did not know that advocacy services would be able to assist me

Some survey respondents commented that DCP does not spread enough awareness regarding what types of issues advocacy services can assist carers with. They felt that they were treated poorly by care concern units and that new procedures and processes often take too long to implement and require streamlining.

Some carers commented that past experiences with advocacy services had made them skeptical of any possible benefits.

5.1 Survey results (cont.)

5.1.6 Carer views on importance of service provision

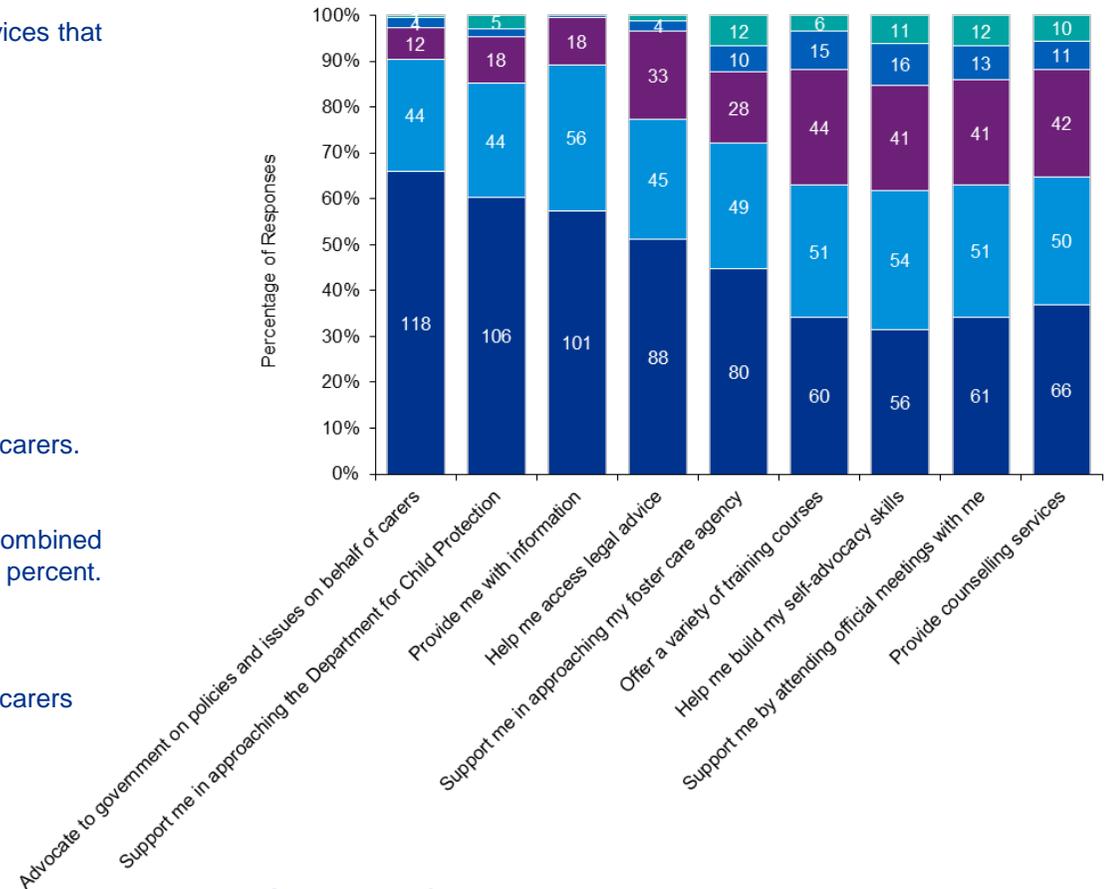
Carers were asked to rank the importance of nine types of services that advocacy agency might deliver. These services were:

- provision of information
- assistance with accessing legal rights
- access to a variety of training
- support when approaching DCP
- support when approaching foster care agencies
- support when attending official meetings
- provision of counselling services
- advocacy to government on policies and issues on behalf of carers.

As illustrated in Figure 3, all of the above services received a combined 'extremely important' and 'very important' rating of at least 70 percent. The top three services rated by importance were:

- provision of information
- advocacy to government on policies and issues on behalf of carers
- support when approaching DCP.

Figure 4: Carer views on importance of service provision



Source: KPMG

■ Extremely important ■ Very important ■ Moderately important ■ Slightly important ■ Not at all important

5.1 Survey results (cont.)

5.1.7 Other attributes that carers would value in an advocacy agency

Carers reported a number of additional attributes that they would value in an advocacy agency. These are listed below.

An advocacy agency should be neutral and independent

Carers felt that advocacy agencies should work as a neutral and independent body to provide advocacy, support and review on various situations and issues. Advocacy services should enable and empower carers to:

- debrief to a neutral person about children leaving their care
- seek support when facing an independent review panel or when other allegations are made against a carer
- request an independent review of key decisions made by foster care agencies and DCP.

Advocacy staff should be consistent, experienced and approachable

Carers raised that advocacy agencies should be staffed by people who have deep insights into the issues that carers are faced with, who are approachable and friendly to ensure that carers feel comfortable in seeking assistance from them. Some carers felt the need for regularity in having contact with advocates to ensure that issues do not go unnoticed or escalate.

Advocacy services should be transparent and honest

Carers emphasised that they value services that operate transparently, honestly and efficiently. They suggested that information regarding the availability of and access to advocacy services should be provided as soon as a person registers to become a foster or kinship carer and that advocacy services should also aim to be transparent about how funding is spent to support carers.

A need for respite and after hours support

Several carers raised concerns that they often do not have a lot of time to access services as they are sole carers (sometimes for multiple children) and work full-time. This means that it is a challenge for them to attend carer events or forums, increasing their feelings of isolation and loneliness. They felt that advocacy services should be available after hours and respite should be made available to carers and other members of the carer families to attend certain events.

5.1.8 Method of accessing services

Carers were asked to rank their preferred method of accessing advocacy services. Of the 166 carers that ranked their preferences from one to four (one being the most preferred), the most popular method of accessing services overall was face to face (31 percent) or by phone (28 percent) and the least preferred method was making use of an agency's website (60 percent).

5.1 Survey results (cont.)

5.1.9 Additional comments from carers

Relationships and communications within the child protection sector should be improved

Survey respondents emphasised that communications need to be improved between carers, the Department and carer agencies. Carers felt that they should be able to offer feedback on the support they receive, thereby allowing the Department and agencies to adapt their service models to provide better and more consistent support to carers.

Some respondents perceived relationships within the sector to be strained due to some services operating in a self-interested manner and supply poor quality services. Respondents believed that more sector-wide meetings and face-to-face contact would allow the child protection sector to be bridge the communication gaps and build stronger relationships based on mutual respect and trust.

Access to information and advocacy services should be made easier

Respondents highlighted that information needs to be supplied to carers in a coherent manner. They felt that information supplied on websites is incomplete and is also the least preferred method of accessing a service as shown through the survey results. Respondents raised that they want an information source that can provide them with information on all available services with details, references and benefits of each individual service. Comments from carers stated that details of where to access these services should be provided to carers as soon as they complete the registration process, ensuring that carers feel supported from the onset.

Advocacy services should be easily accessible

Respondents felt that advocacy services need to be easily accessible, with several carers commenting that rural and country areas lack advocacy and respite services. They raised that consistency in services needs to be fostered through clear leadership from DCP. Respondents felt that in order to ensure carers' needs are met and services offerings are appropriate, current or former carers should be employed to deliver services and follow up contacts should be established to discuss possible unmet needs and action plans.



6. Carer advocacy across Australian jurisdictions

6. Carer advocacy across Australian jurisdictions

As part of the stakeholder consultations, representatives from interstate government departments and advocacy agencies were interviewed to provide an insight into carer advocacy services in other Australian jurisdictions. In addition to stakeholder interview, a desktop review of publically available information was conducted.

This sections provides an overview of the findings from each jurisdiction, noting that these findings are mostly based on the views of a small number of agency representatives.

6.0.1 Key findings

While each jurisdiction has their own approach to foster and kinship carer advocacy, there are some key similarities and differences that should be noted.

Key similarities

All advocacy models investigated operate on an enhanced professional model, involving professional staff to varying degrees. This means that no advocacy agency relies solely on volunteers to provide its services. Some agencies (e.g. Tasmania) operate on minimal levels of paid staff, while others (e.g. Queensland) have relatively extensive paid staffing.

All advocacy agencies operate a telephone support line which carers can call for advice and support, in addition to general information being available on all agencies' websites.

Stakeholders across all jurisdictions highlighted the importance of having staff (paid as well as unpaid) who have a high level of subject matter expertise.

Most jurisdictions appear to consider real-life fostering experience a priority when hiring new advocacy agency staff members.

Key differences

There are differences in the degree of education and training that is provided by advocacy agencies across Australia. While some agencies (e.g. in Tasmania and WA) do not include any education and training in their service portfolio, other jurisdictions such as NSW offer training to carers on topics like self-advocacy.

There is also variation in the level of rural and remote reach that advocacy agencies have. Some jurisdictions investigated have regional coordinators permanently placed in a number of strategic locations around the state, while others reported conducting regular visits to regional communities. All jurisdictions reported that they felt that more funding was required to provide adequate levels of support to carers who live in rural and remote communities.

6.1 Queensland

6.1.1 Carer advocacy provisions in the state

Foster Care Queensland (FCQ) is the peak body that represents foster and kinship carers. As the peak body they provide a range of information, advice and training services (refer to adjacent information).

FCQ operates a Foster Care Advocacy and Support Team (FAST). This includes the provision of a team of trained specialist foster and kinship carers to provide advice, support and advocate on behalf of other foster and kinship carers.

There are a number of other agencies providing support services, e.g. PeakCare and the Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP).

6.1.2 Funding

FCQ receives a total of \$1.2m funding from the Department of Communities, Child Safety and Disability Services (DCCSDS)

They operate under two service agreements:

- One for foster carer recruitment line and exit reporting
- One for general operations and FAST.

6.1.3 Service structure

FCQ has a professional management committee who are all foster and kinship carers. The organisation has basic staffing as well as an extensive volunteer base.

6.1.4 Gaps reported by stakeholders

FCQ stakeholders reported that some rural areas are difficult to reach and that the organisation is financially unable to travel.

6.1.5 Services provided

Information	✓	Information provided online and through other mechanisms about the role of a carer.
Advice and support	✓	Assistance to carers to deal with the Child Safety Services, Queensland Civil and administrative tribunal and other government and non-government agencies in relation to administrative and legal processes associated with young people in their care. Phone conversations are predominant source of access
Education and training	✓	Training to assist carers to undertake their role
State-wide Access	✓	The organisation has 30 active volunteer FAST representatives across the state who are active in their respective carer communities.
Systemic Advocacy	✓	Safeguarding and promoting the rights of foster and kinship carers and the children or young people in their care.

✓ = service partially provided

6.2 Victoria

6.2.1 Carer advocacy provisions in the state

The Foster Carers Association of Victoria (FCAV) provides individual and systemic advocacy, lobbying for substantial reform of foster and kinship care arrangements and supports.

6.2.2 Funding

The organisation is funded for 7 FTE staff.

6.2.3 Service structure

FCAV operates under an enhanced professional model. The staffing model includes a CEO and several skilled staff responsible for areas such as Media & Communications or Carer Information & Support. There are further a number of volunteers as well as a professional board of directors.

6.2.4 Gaps reported by stakeholders

The funding arrangements differ across peak bodies. This means that some agencies have more capacity to engage in advocacy activities than others. The lack of legal advice was seen as a gap, as stakeholder felt that it is difficult for carers to go to court to settle disagreements with the Department if they do not have access to legal support. Providing statewide coverage with face-to-face meetings was regarded as difficult due to limited travel capacities.

6.2.5 Services provided

Information	✓	Information is available online and via consultation
Advice and support	✓	Advice is provided in consultation. FCAV makes referrals to appropriate agencies for specialised and targeted support and assistance. Consultations are conducted via phone conversations and one-on-one as well as occasional attendance at meetings for support.
Education and training	✗	FCAV does not deliver any formal training, however can offer carers information on what training is available to them and where to access it.
State-wide Access	✓	FCAV aims to provide state-wide coverage of its advocacy services, however this is largely based on its telephone services. They facilitate at least one visit across each of the 17 areas of the state per year.
Systemic Advocacy	✓	FCAV conduct systemic advocacy through government working groups and independent review processes.

✓ = service partially provided

6.3 New South Wales

6.3.1 Carer advocacy provisions in the state

In NSW, there are three main foster and kinship care advocacy organisations (Connecting Carers NSW, Foster Parents Support Network, Aboriginal Statewide Foster Carer Support Services). Connecting Carers NSW are the peak state body and provide advocacy, support and assistance to foster and kinship carers within NSW. They operate a support line during business hours, employ 5 Regional Coordinators responsible for providing support, education and coordinating peer support in their region. They have volunteer staff on site that are certified local coordinators. They further provide local peer support and are involved in running training sessions and events.

6.3.2 Funding

Unknown at this point in time.

6.3.3 Service structure

Connecting Carers operates under an enhanced professional model. They have seven regional coordinators across the state, all staff have experience in providing foster care themselves.

6.3.4 Gaps reported by stakeholders

State government stakeholders reported that agencies are currently not working on a contemporary model, using outdated material and technology. They felt that volunteer advocates do not understand the system well enough to provide carers with substantial advice

Connecting Carers stakeholders highlighted that there is a lack of pro bono legal advice to foster and kinship carers

6.3.5 Services provided

Information	✓	Information is available online and via consultation
Advice and support	✓	The organisation mainly supports carers who have allegations made against them. They do not provide legal advice, but advise on issues surrounding the placement of the child.
Education and training	✓	The organisation provides training to foster and kinship carers (including grandparents training). Training is provided in partnership with community services and is coordinated by the regional coordinators.
State-wide Access	✓	Telephone conversations is the main avenue of contact, however the 7 regional coordinators are unlikely to be able to cover the entire state with face-to-face access.
Systemic Advocacy	✓	The organisation does not lobby, however it is included in state advisory groups as well as regional implementation groups.

✓ = service partially provided

6.4 Tasmania

6.4.1 Carer advocacy provisions in the state

In Tasmania, the Foster and Kinship Carers Association of Tasmania (FKCAT) is the peak state-based advocacy body for foster and kinship carers. A key initiative developed by FKCAT has been establishing Foster Care Advocacy and Support (FAST) teams to provide increased support and advocacy for carers. FAST teams are located across Tasmania and provide support in the Northern, North-Western and Southern regions.

FAST is comprised of a team of trained volunteer foster and kinship carers that provide support, advice and advocate on behalf of other foster and kinship carers in either a group or on an individual basis

6.4.2 Funding

Funding is provided for 1 FTE providing advocacy services. The staff is supported by a number of volunteer board members across the state who all engage in systemic and individual advocacy. The organisation engages in both individual and systemic advocacy, however is only funded for systemic advocacy.

6.4.3 Service structure

FKCAT has basic staffing supported by skilled volunteer advocates

6.4.4 Gaps reported by stakeholders

FKCAT reported that approximately 50 percent of its advocacy work in the state is individual advocacy that is not covered by funding, resulting in significant unpaid overtime for agency staff. The agency further reported that training and education should be offered alongside advocacy services.

6.4.5 Services provided

Information	✓	Information is available online, via newsletters and via consultation.
Advice and support	✓	A 24 hour phone line is operated by delegates located in the Southern, Northern and North West Regions.
Education and training	✗	Education and training is currently not included in FKCAT's service portfolio.
State-wide Access	✓	Advocates are based in key locations across all three of the state's regions.
Systemic Advocacy	✓	The organisation provides systemic advocacy services.

✓ = service partially provided

6.5 Western Australia

6.5.1 Carer advocacy provisions in the state

The Foster Care Association of Western Australia (FCA WA) provides both individual and systemic advocacy for foster and kinship carers.

6.5.2 Funding

The organisation is funded by the Department for Child Protection for 7 paid staff (approximately 5 FTE).

6.5.3 Service structure

The organisation operates under an enhanced professional model. They have three staff members who are providing advocacy services, the others are policy advisers, researchers, managers etc.

6.5.4 Gaps reported by stakeholders

If more funding was provided, it would be easier to provide access to services for people in rural and remote communities

6.5.5 Services provided

Information	✓	Information is available online and via consultation. FCA WA also attends information sessions for prospective foster carers to inform them about their options regarding membership with the association.
Advice and support	✓	FCA provides telephone supports and a referral service, as well as support for carers at case conferences and meetings. FCA further provides assistance in accessing appropriate services where required.
Education and training	✗	FCA WA does not provide education and training.
State-wide Access	✓	The FCA WA cover the whole state and visit regional areas regularly. There is a strong focus on providing telephone support for remote carers.
Systemic Advocacy	✓	Liaison with government and private agencies about policy and practice issues.

✓ = service partially provided

6.6 Key attributes of good carer advocacy

Stakeholders interviewed for this review identified a range of components or factors that they considered to be critical in providing good foster and kinship care advocacy. These are described below.

6.6.1 Carer advocacy services must be contemporary

Advocacy agencies should have a strong focus on providing services that are contemporary and include modern approaches in meeting carers' needs. For instance, this should include considering modern family models that may not revolve around a traditional family model with one parent staying at home to look after children. Modern family models may lead to a different variety of carers' needs than traditional ones. Particular attention should also be paid to the development of technology, and social media should be considered in the establishment of approaches to carer advocacy. During consultations, some stakeholders felt that not all agencies focus on contemporary approaches appropriately and stated that "just setting up morning teas and get-togethers" does not reflect modern methods in reaching out to foster and kinship carers.

6.6.2 Professional and volunteer advocacy staff should be highly skilled

Any person working for an advocacy (paid or unpaid) should be highly skilled in the type of work they do and must understand the child protection system extremely well in order to ensure that accurate information and support are provided to carers. Some stakeholders reported that there are a range of volunteer advocates in the system (e.g. in NSW) who they did not perceive to have a good understanding of the system. This was regarded as concerning, as stakeholders felt that there is a risk of providing false or potentially harmful advice to carers.

6.6.3 There are conflicting views regarding hiring staff with actual foster and kinship care experience

There appear to be conflicting views about whether or not to actively involve staff with actual foster or kinship care experience in the provision of carer advocacy services. Stakeholders in favour of care experience felt that only people with lived experience know how to approach a foster or kinship care issue appropriately, while others raised that advocates need to be able to look at an issue objectively without potentially involving their own personal feelings.

6.6.4 Telephone conversations should be the predominant source of access to advocacy services

Telephone conversations are the predominant source of accessing advocacy services. While agencies usually offer information and advice via a number of other mediums (e.g. on their website, via email, or by sending out newsletters), their telephone hotline is the most crucial advocacy tool. Stakeholders felt that providing telephone support was the best way of providing carers with timely advice that is tailored to their individual needs. In addition to that, face-to-face meetings were regarded as effective and were survey respondent's most preferred way of accessing advocacy. However, face-to-face meetings are more difficult to implement.

6.6.5 Developing professional relationships is key

Strong professional relationships are crucial in conducting advocacy work, particularly when engaging in systemic advocacy. Strong relationships with government and NGO stakeholders makes it easier for advocates to engage in conversations and put forward their issues. Agencies can build these relationships by sitting on working groups and by actively participating in consultations. During consultations some stakeholders felt that carer advocates sometimes just try 'hitting the system on the head' rather than focus on building productive relationships with government to be influential.

6.7 Key challenges in providing carer advocacy

There are a number of key challenges related to providing good carer advocacy that have been identified during this project. These are described in this section.

6.7.1 The effectiveness of advocacy services is difficult to measure

The level of effectiveness of advocacy services is difficult to measure as every case is different and there are no standard KPIs (particularly not for volunteer advocates). The most common tool for measuring the extent to which an agency's clients' needs are met are carer surveys. A number of stakeholders reported that they send out annual carer surveys to determine how satisfied clients are with the advocacy services provided. In some cases survey results were used for developing training and education plans for the following year.

6.7.2 It is difficult to provide advocacy to carers in regional and remote communities

Most advocacy services are located in metropolitan areas. Engaging with foster and kinship carers who live in rural and remote communities can be difficult for advocacy agencies, particularly if they do not have resources to travel or place permanent staff in regional areas. This issue was particularly raised by South Australian agencies who reported that a larger amount of funding would enable them to expand their service coverage significantly.

6.7.3 It is difficult to provide both individual and systemic advocacy

Providing both individual and systemic advocacy within one agency can lead to conflicts regarding allocating sufficient time and resources for both activities. A number of stakeholders raised that they provide both individual and systemic advocacy but only receive funding for one of them. Others reported that their individual advocacy work is so time consuming that there is no time left to engage in systemic advocacy.

They felt that if more funding was provided they would be able to focus on both types of advocacy appropriately.

6.7.3 It is challenging to establish productive relationships between advocacy agencies and the government

Government support is important for advocacy agencies in raising awareness for their services among carers and in building relationships across the child protection system. It was raised by some agency stakeholders that they did not feel adequately supported by their respective government departments. For instance, it was reported that an interstate government department does not inform new foster and kinship carers about carer associations and peak bodies and the services they offer. Stakeholders felt that the government should promote these options more transparently.

6.7.4 Attracting the right staff can be challenging

The cases that are covered in carer advocacy are becoming more and more complex, and carer advocacy can be a challenging sector to recruit for. A number of stakeholders felt that it is particularly difficult to attract the right people who have appropriate levels of expertise and a high level of flexibility to meet the needs of each particular region.



7. Key decision points

7. Key decision points

There are seven decision points in developing a carer advocacy model which will result in determining the key components of the carer advocacy model.

A diagram providing an overview of these decision points can be found on page 43, however a more detailed description is provided below.

7.0.1 Advocacy type

There is a decision required around what types of carer advocacy the government wants to support, in particular whether the future advocacy model should include both systemic and individual advocacy or only one of the two. The recommended option is to include both types of advocacy in a future carer advocacy model as addressing carer concerns on both an individual and systemic level would create a holistic approach to carer advocacy and would increase the continuity of cases that may move from being an individual advocacy case to being dealt with on a systemic level.

7.0.2 Potential services

There is a decision required around what types of services should be covered by a carer advocacy model. There are four potential services that have emerged from the research. These should be taken into account in the development of a new foster and kinship carer advocacy model.

This research has revealed the following services that should be provided by an advocacy service for foster and kinship carers. These potential services are discussed in this sections. They include:

- information
- advice and support
- education and training

- systemic advocacy

These are described in more detail in the following sections.

Information

Advocacy services have a key role in providing information to carers. The information carers receive needs to be accurate, particularly in relation to DCP policies and processes and the legislative framework underpinning the South Australian child protection system. There are significant risks to carers and the child protection system if advocacy services provide misinformation to carers.

DCP should have a responsibility to ensure sufficient information is available to support carers to make good decisions. Advocacy agencies should have a supplementary role to provide information and support to carers where the information provided by DCP is insufficient. Therefore, while advocacy agencies should have a role in the provision of information to carers, the scope of this role should be contained.

In this context, it is essential that advocacy staff have extensive knowledge of the child protection service and the underlying policies and regulations.

Advice and support

Advocacy services need to be able to provide carers with advice in relation to a range of different situations that they may encounter in providing care. It is critical that the advice is consistent, aligned with DCP policy and the legislative framework and that advice is provided with the professional scope of the service.

The skill set of advocacy services staff should match the scope of advice that may be provided. Legal advice should not be given by advocacy agencies as legal support is a potential risk of turning an advocacy relationship into an adversarial case.

7. Key decision points (cont.)

The role of the advocate should be to support both the carer and DCP (or others) to overcome any perceived power imbalances between the two parties. This formal role should not fall under the realm of foster care agencies, as carers may be in conflict with their agency. Stakeholders emphasised the importance of having high quality professional advocates that are capable of facilitating well prepared meetings with the ombudsman or commissioner in a well articulated manner. Carer advocates must recognise the importance of promoting two-way conversations that support open communication from both the carer's and the department's perspective.

Support provision may or may not include the provision of advice and may include a listening ear or attendance during key meetings with the Department (or others) to provide emotional support. Carer support is often done well within the foster care agencies, and only if a carer needs perspective or a voice should it be escalated to an advocate. Lived experience as a foster or kinship carer is not necessarily required while a sense of compassion and communication skills are essential in providing carer support as an advocate.

Education and training

A need for centralised and consistent training provision was identified as part of the 2016 Foster and Kinship Care Review. The provision of education and training by advocacy services occurs in other states (e.g. Queensland) and offers benefits in relation to consistency of information and advice to carers.

The provision of education and training was not deemed a priority service to be included in future carer advocacy models in SA. There is a clear role for both DCP and foster care agencies to provide training and education to carers, however this should ideally not occur in the advocacy space. While advocates are often seen as educators they should not necessarily provide education and training as part of their

service model. In this context it is important to set clear boundaries between what constitutes the provision of general information and what constitutes training and education, as information provision does fall under the realm of advocacy agencies.

Systemic advocacy

Systemic advocacy is important in enabling the voice of carers to be captured and put forward to inform policy. To enable this function, advocacy services must have the capacity to capture and analyse information about carer experiences, needs and concerns (often gained through the provision of information, advice and support services) and need to be able to work in a collaborative way with government and other services to inform policy.

This is particularly important in the SA context of a reforming child protection system. The definition of scope of systemic advocacy is necessary. Stakeholders raised the importance of recognising that there may be different levels of systemic advocacy, i.e. advocating to the minister and advocating to DCP on a broader level.

7.0.3 Advocacy models

As highlighted in section 2, there are a number of advocacy sub-types that can be grouped within systemic and individual advocacy. DCP should consider whether all sub-types should be included in a future SA carer advocacy model or whether the government should prescribe particular models of advocacy that it will support.

There is a strong preference for providing funding in professional and group advocacy, as they would be conducive to implementing a holistic approach to improving the SA child protection system. Peer advocacy or self-advocacy are not considered favourable options as the likelihood of these types of advocacy to result in better outcomes for all SA foster and kinship carers is lower as it is for professional or group advocacy.

7. Key decision points (cont.)

7.0.4 Coverage

The geographical coverage and regional reach of advocacy services should be taken into account in the development of a future advocacy model. The requirements for expanding service coverage to improve statewide access to advocacy services should be considered. Services must be accessible across the State. While both SA based advocacy services provide telephone support and advice and information on the internet, anecdotal evidence suggests that the majority of carers accessing both advocacy services are based in metropolitan Adelaide.

Advocacy agencies must provide their service portfolio through multiple channels to maximise access across the state and must also promote their services state-wide to support broader access. Alternative technologies should be investigated as a means to providing access to regional carers. Particular focus should be placed on raising awareness of the availability of advocacy services in rural and remote carer communities. In order to ensure state-wide access to advocacy services, the advocacy agency needs relevant expertise and content knowledge of regional issues to provide appropriate and targeted services that meet local needs.

It is suggested to particularly focus on building relationships with other agencies that are already located in rural and remote communities and potentially considering building partnerships with NGOs as a tool to create better access to advocacy services for regional carers.

Carers stated a strong preference for increased face-to-face meetings with advocates, however while this is the preference of carers this is unlikely to be a cost effective option for all services. While face-to-face meetings are considered important, state-wide coverage is an opportunity to explore alternative technology options or partnerships with rural NGOs to improve access to advocacy.

7.0.5 Workforce

The SA carer advocacy model recently moved from being entirely volunteer based to having minimal paid staffing. A decision is required regarding whether or not the workforce of any future carer advocacy agencies should continue to be paid or revert back to a volunteer-based model. Keeping a paid advocacy workforce in the future is the recommended approach for SA carer advocacy. The extent to which the current paid workforce should be maintained or expanded should be explored further.

7.0.6 Number of agencies

DCP should consider whether carer advocacy in SA should be provided by one peak body or a single agency, or whether the tasks and responsibilities should be divided up between multiple agencies. A single agency model would support a clearer and more streamlined approach to marketing. It would also provide a single point of access for carers and be a 'one-stop-shop' for either getting the support and information needed or being pointed into the right direction of where to find it otherwise. This approach would also eliminate the cost inefficiencies of providing funding for the same activities or services provided by multiple agencies, thereby creating unnecessary double-ups. A multi-agency model, on the other hand, would facilitate broader consumer choice and could provide agencies the opportunity to specialise in providing services for specific carer cohorts or regions, thereby potentially increasing access to advocacy services overall.

The capacity of a range of South Australian agencies should be considered as future carer advocacy bodies, rather than solely considering the two organisations that currently provide carer advocacy services in SA.

7. Key decision points (cont.)

This decision point should further involve a discussion with regard to whether individual and systemic advocacy should be provided by the same agency, or whether specific carer groups (e.g. rural carers or Aboriginal carer arrangements) should have their own advocacy agency to refer to.

The recommended option is a single agency model with consolidated services for all types of advocacy directed at the diversity of carers.

7.0.7 Type of carer

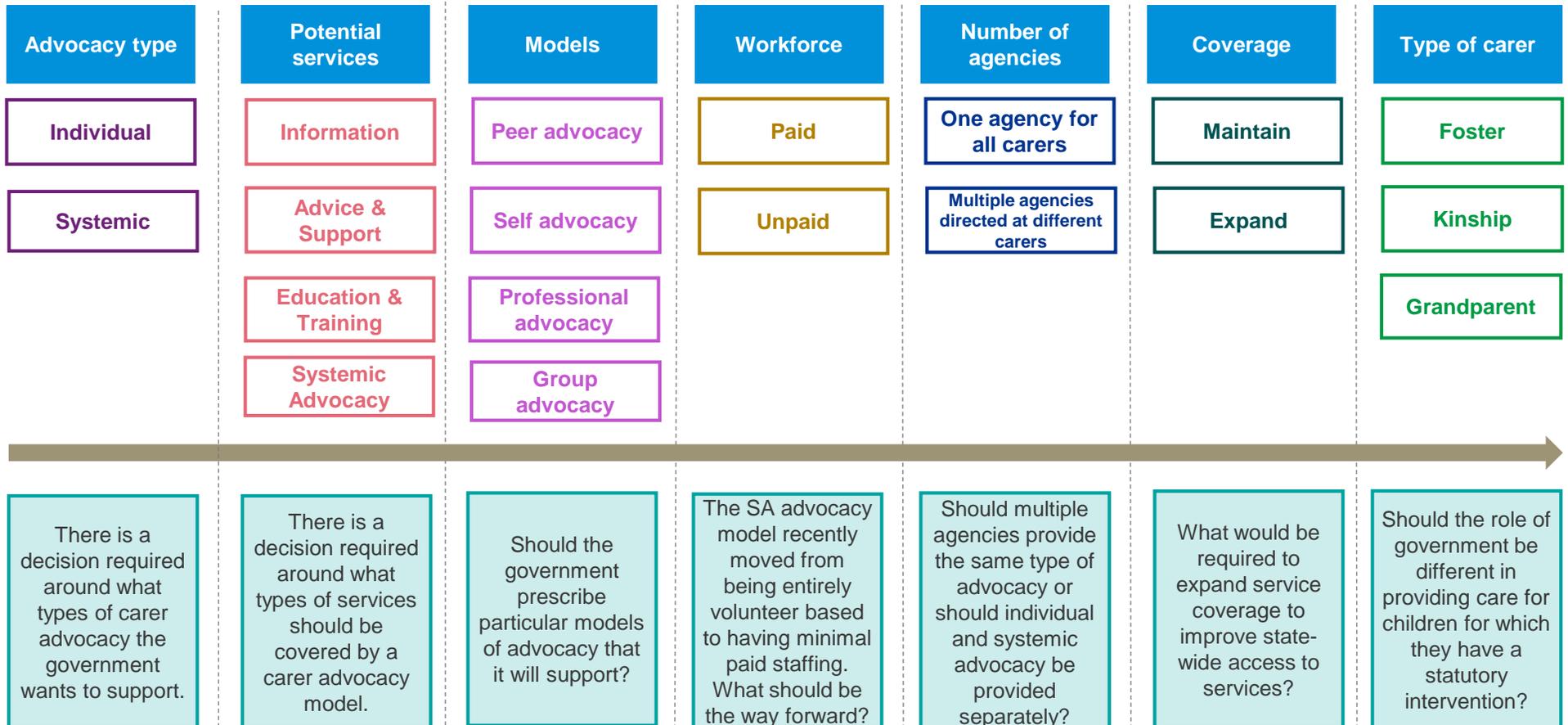
DCP currently almost exclusively funds advocacy services for foster and kinship carers looking after children and young people in the statutory system. These services are provided by CFC SA. While DCP provides a small amount of funding for GFGSA, this funding is only aimed at those grandparents who care for children in the statutory child protection system. There is a decision required around whether the role of government should be different in providing care for children for which they have a statutory intervention, as opposed to children in informal care arrangements.

While informal care arrangements are an issue that requires further thought and investigation, DCP should initially continue funding only those carers who care for children in the statutory child protection system.

7. Key decision points (cont.)

The range of key decision points is summarised in the diagram below.

Figure 5: Key decision points for the development of a carer advocacy model



Source: KPMG



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8. Options considered

8. Options considered

Following the literature review and stakeholder consultations that have been undertaken as part of the research, there are a small range of options for future foster and kinship carer advocacy models that can be taken into consideration.

This chapter describes three high level options for consideration. These options include:

1. keeping the status quo
2. implementing a single professional agency model
3. implementing a single volunteer agency model
4. implementing a multi-agency advocacy model with one professional service
5. implementing a multi-agency advocacy model with multiple professional services.

Each option has been assessed against six criteria that are considered critical in the development and implementation of advocacy models.

These assessment criteria include:

- the ability to deliver priority services
- the sustainability of service delivery
- cost to government
- access and coverage
- ease of implementation / transition
- representative competency.

8.1 Assessment Criteria

Options for carer advocacy models have been assessed against six criteria. These are listed below.

Table 6: Assessment criteria for advocacy model options

Criteria	Rationale	Ratings		
		Meets	Partially meets	Does not meet
Ability to deliver priority services	The services listed in section 7.0.2 comprise the ideal suite of services for an advocacy service. It is important that the advocacy model has the ability to deliver all or most of these services to the required standard to provide the Department with immediate or future opportunities to contact these services for delivery.	Model can deliver all service to a high standard	Model can deliver some but not all services	Model can deliver two or fewer services
Sustainability of service delivery	It is important that the model does not include components that threaten the sustainability of consistent service delivery. Note that this criteria does not include ongoing funding as a criteria for sustainability.	Staffing models & other features can be sustained	There are some turnover risks in the staffing and other structures of the model	There are risks in sustaining the structures of the model
Access and coverage	It is important that advocacy services are available to all foster and kinship carers, regardless of where they live or what cultural background they come from.	Model can deliver services to all carers and communities in the state	Some carers may experience difficulties in accessing advocacy services	A significant number of carers is unable to access services
Ease of implementation/ transition	There is a need to consider the degree of change required to establish/enhance existing advocacy services, the timeframes required and the value of the changes implemented.	No change required	Some change required	Substantial change required
Representative competency	It is important that the model takes consideration of the diversity of needs that carers may have, can advocate on behalf of the diversity of the carer population, and delivers a service that is culturally appropriate for all carers.	Model can reach all carers regardless of their needs and cultural background	Model can reach most carers, but may need to draw on external expertise in some cases	The model cannot advocate on behalf of the diversity of the carer population
Delivery within existing funding envelope*	DCP currently provides funding for minimal staffing at CFC SA and for a small amount of general overhead costs at GFGSA. There is a need to consider whether it will be possible to deliver a new carer advocacy model within the existing funding envelope or whether additional funding will be required.	Model can be delivered within existing funding envelope.	Some additional funding may be required. Based on interstate advocacy models, this could include funding for up to 3 FTE plus overheads	Substantial additional funding may be required. Based on interstate advocacy models, this could include funding for 4+ FTE plus overheads.

8.2 Option 1: Status Quo

This option would maintain the existing model of advocacy service provision based on two services as follows:

Primary service:

- A minimal staffing model (1.0 FTE)
- Volunteer skills based board
- Providing information and support services
- Some systemic advocacy.

Secondary service:

- Entirely volunteer based staff and board
- Providing support services and some information services.

7.2.1 Ability to deliver priority services

Service	Discussion
Information	Is provided and can continue to be provided under the model
Advice & support	Is provided and can continue to be provided under the model
Systemic advocacy	Some systemic advocacy provided but opportunities are not maximised

7.2.2 Indicative assessment

Criteria	Assessment
Ability to deliver core services	Some services can be provided but not to optimum levels.
Sustainability of service delivery	Professional staffing model of primary service does not create high risks of substantial turnover and the model enables transfer of corporate knowledge. Secondary service entirely run by volunteers presents higher risks of turnover.
Access and coverage	Accessing in-person support services could be difficult particularly for rural and remote carers.
Ease of implementation / transition	No changes are required and the model can be implemented immediately.
Representative competency	This model would likely not address all needs of the diversity of carers.
Delivery within existing funding envelope	This model would not require additional investment by Government.

8.3 Option 3: A single volunteer agency model

Option 3 would involve reverting back to the original South Australian advocacy model of relying solely on volunteer staff for the provision of advocacy services.

This option would likely see a reduction in services overall, as the capacity of volunteers and the ability to attract suitable volunteers are likely to be limited.

7.3.1 Ability to deliver core services

Service	Discussion
Information	Is provided and can continue to be provided under the model.
Advice & support	Is provided and can continue to be provided under the model, however advice is likely to be less based on advocate expertise and more focused on the provision of emotional support.
Systemic advocacy	Systemic advocacy to be part of service portfolio, however likely to play a minor role as majority of capacity is likely to be spent on individual advocacy.

7.3.2 Indicative assessment

Criteria	Assessment
Ability to deliver core services	Core services will only be able to be delivered to a limited extent as the ability to attract volunteers with expert knowledge will be limited.
Sustainability of service delivery	Relying on volunteer staff only may result in a high risk of staff turnover. The sustainability of consistent high quality service delivery is low.
Access and coverage	Access to face-to-face services will likely be limited to metropolitan areas only, however there may be an opportunity to engage rural volunteers or partner with rural NGOs to provide support services.
Ease of implementation/ transition	Few changes would be required to implement this model.
Representative competency	Finding volunteer staff with a high level of expertise to represent the diversity of the entire carer community is likely to be extremely challenging.
Delivery within existing funding envelope	This model would not require additional funding. Funding would mainly be used to pay for overhead costs.



9. Options assessment

9. Options assessment

Each of the options presented in chapter 8 were assessed against seven criteria. The table below provides an overview of these assessments of each individual advocacy model option.

Table 6: Summary of options assessment

	Criteria					
	Ability to provide priority services	Sustainability of service delivery	Access and coverage	Ease of implementation / transition	Representative Competency	Delivery within existing funding envelope
Option 1: Status Quo	Yellow	Yellow	Yellow	Green	Yellow	Green
Option 2: A single professional agency model	Green	Green	Green	Yellow	Green	Red
Option 3: A single volunteer agency model	Yellow	Red	Yellow	Green	Red	Green
Option 4: A multi-agency advocacy model (one professional service)	Green	Yellow	Green	Green	Yellow	Yellow
Option 5: A multi-agency advocacy model (multiple professional services)	Green	Green	Yellow	Yellow	Green	Red

Source: KPMG

9.1 Preferred Options

The table below outlines the conclusion drawn from the assessment of each advocacy model option and identifies a recommended option to take into consideration.

Table 8: Recommendations for preferred advocacy model options

	Option	Recommendation
1	Status Quo	The current carer advocacy model is not considered a preferred option to move forward. While the services have improved significantly since the introduction of a basic professional model at CFCSA, there are still significant gaps in the range and the reach of services provided.
2	A single professional agency model	RECOMMENDED OPTION A single professional agency model is considered a preferred option for future advocacy services. An increase in professional staff would result in a larger range of expert services provided, increased capacity to respond to carer inquiries, and improve the organisation's ability to provide services in regional communities. The main focus of this model should lie on providing advocacy services for carers looking after children in the statutory child protection system.
3	A single volunteer agency model	A single volunteer agency model is not considered a favourable option, particularly considering that the SA peak body just recently moved away from this model.
4	A multi-agency advocacy model (one professional service)	This option is considered an extension to Option 2, providing volunteer agencies with additional funding to improve their range of services. This option would likely improve the range of services offered across the entire diversity of the carer population and would increase access to advocacy services for specific carer cohorts or regions. The main focus of this model should lie on providing advocacy services for carers looking after children in the statutory child protection system.
5	A multi-agency advocacy model (multiple professional services)	While this service model would provide access to advocacy services for a large range of carers, it is not considered the most efficient or effective solution. Multiple professional agencies would likely lead to a double up in a number of services offered while other aspects (e.g. regional reach) would likely be more difficult to provide than under a model focusing on a single professional agency.

Source: KPMG



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Appendix A – Consultation stats

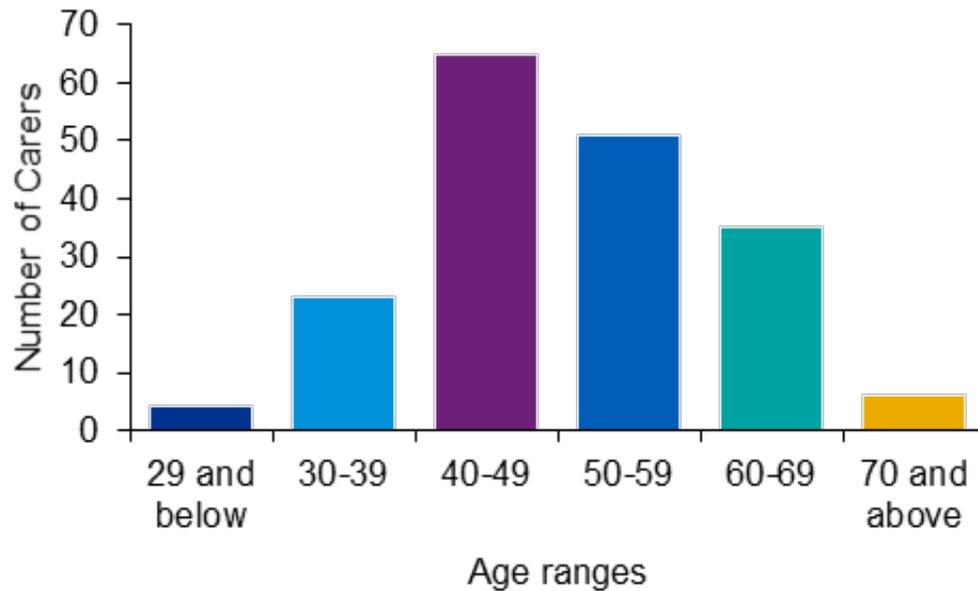
Table 9: Consultation stats

Stakeholder Group	Organisation	Status
SA Advocacy Agencies	Connecting Foster Carers	✓ Completed
	Grandparents for Grandchildren	✓ Completed
SA Government	Office of the Guardian for Children and Young People	✓ Completed
	Health and Community Services Complaints Commissioner	✓ Completed
Interstate Advocacy Agencies	Foster Care Association of Victoria	✓ Completed
	Connecting Carers NSW	✓ Completed
	Foster Care Queensland Inc	✓ Completed
	Foster Care Association of Western Australia Inc	✓ Completed
	The Foster Carers' Association of Tasmania	✓ Completed
	Australian Foster & Kinship Carer Partnership	✓ Alternative stakeholder identified - completed
Interstate Government Departments	NSW Department of Family and Community Services	✓ Completed
	VIC Department of Health & Human Services	✓ Completed
	QLD Child Family & Community Services Commissioning	✗ Unable to get in touch

Source: KPMG

Appendix B - Carer survey results

Figure 6: Age of carers



Source: KPMG

Foster Carer	
Age Cohorts	Number of Carers
29 and below	4
30-39	17
40-49	51
50-59	38
60-69	19
70 and above	3
Grand Total	132

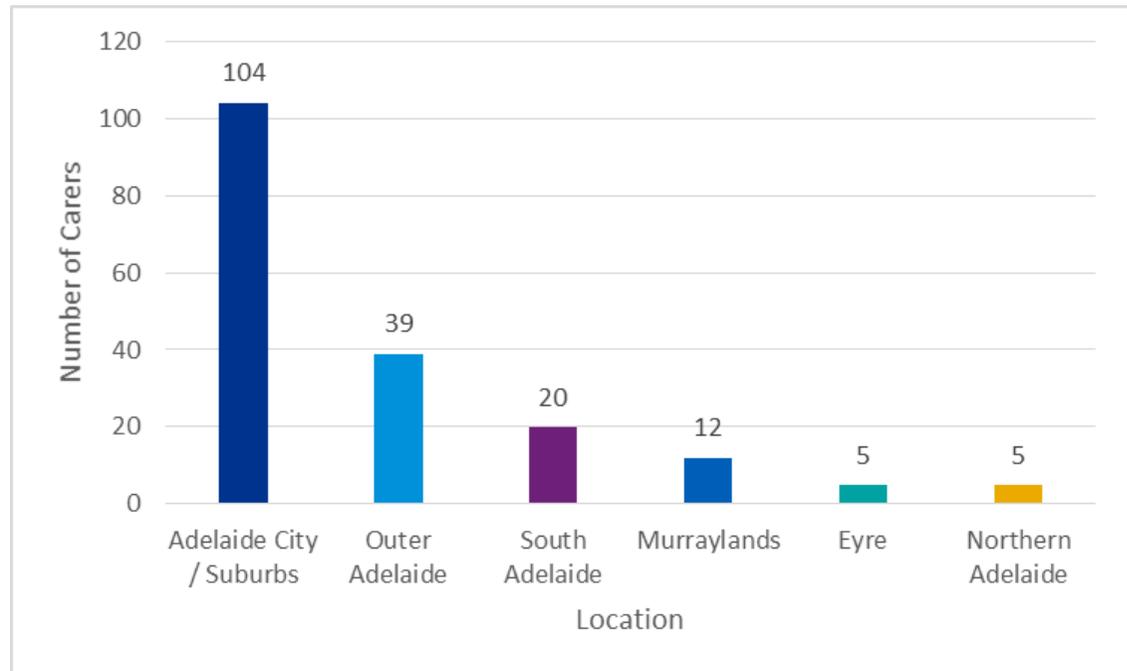
Kinship Carer	
Age Cohorts	Number of Carers
29 and below	0
30-39	6
40-49	14
50-59	12
60-69	15
70 and above	3
Grand Total	50

Appendix B - Carer survey results (cont.)

Figure 7: Location of carers

Foster Carer	
Age Cohorts	Number of Carers
Adelaide City / Suburbs	71
Outer Adelaide	28
South	17
Murraylands	8
Eyre	5
Northern	5
Grand Total	134

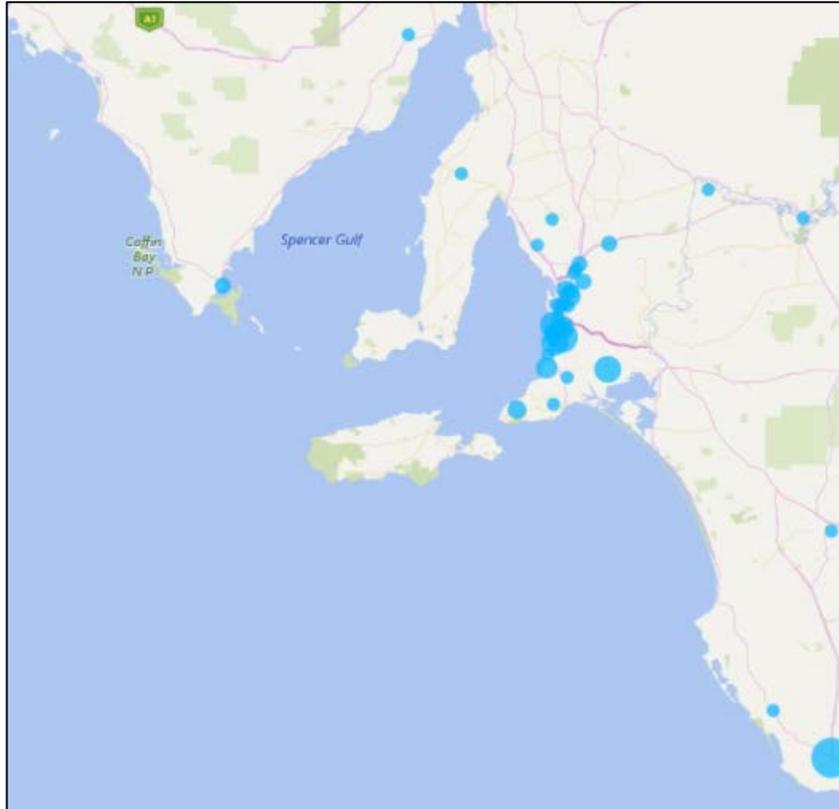
Kinship Carer	
Age Cohorts	Number of Carers
Adelaide City / Suburbs	33
Outer Adelaide	10
Murraylands	3
South	3
Grand Total	49



Source: KPMG

Appendix B – Carer survey results (cont.)

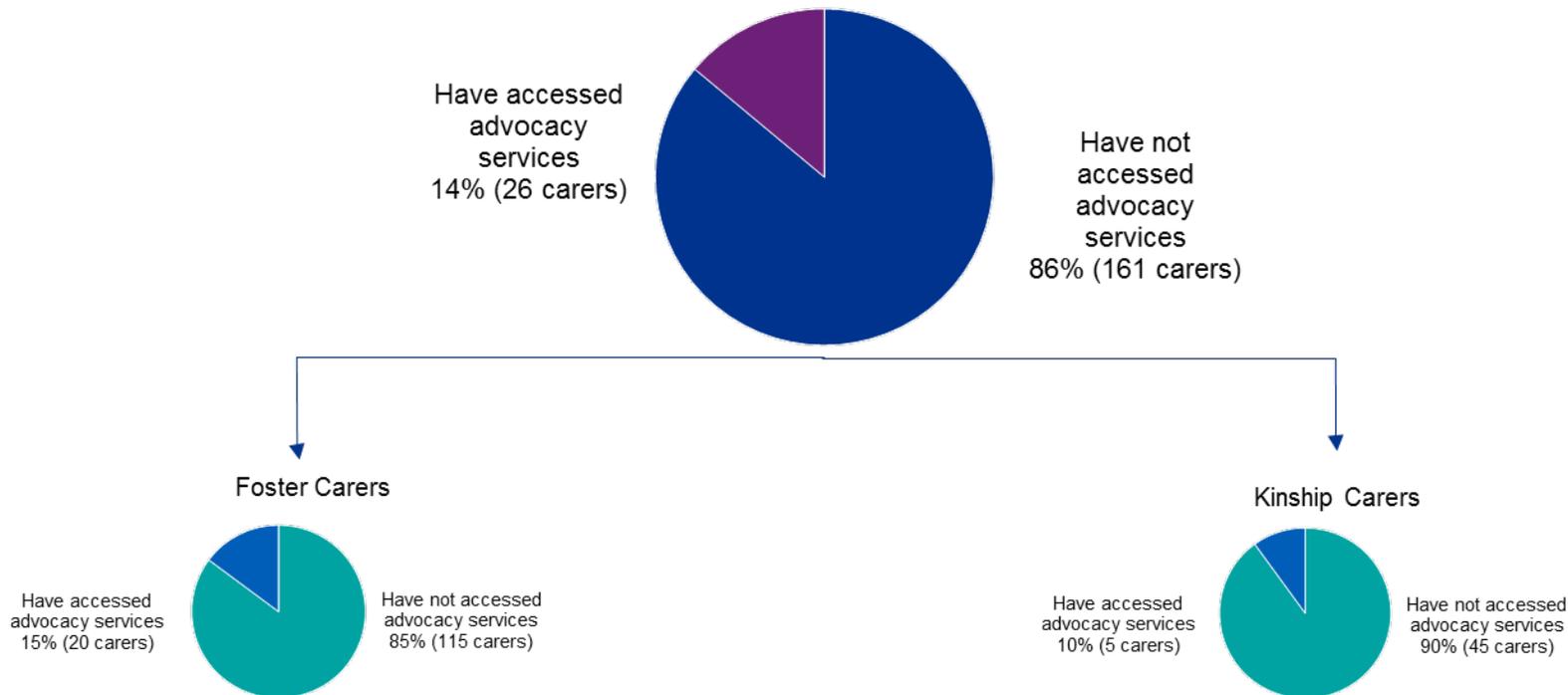
Figure 8: Density of survey respondents



Source: KPMG

Appendix B - Carer survey results (cont.)

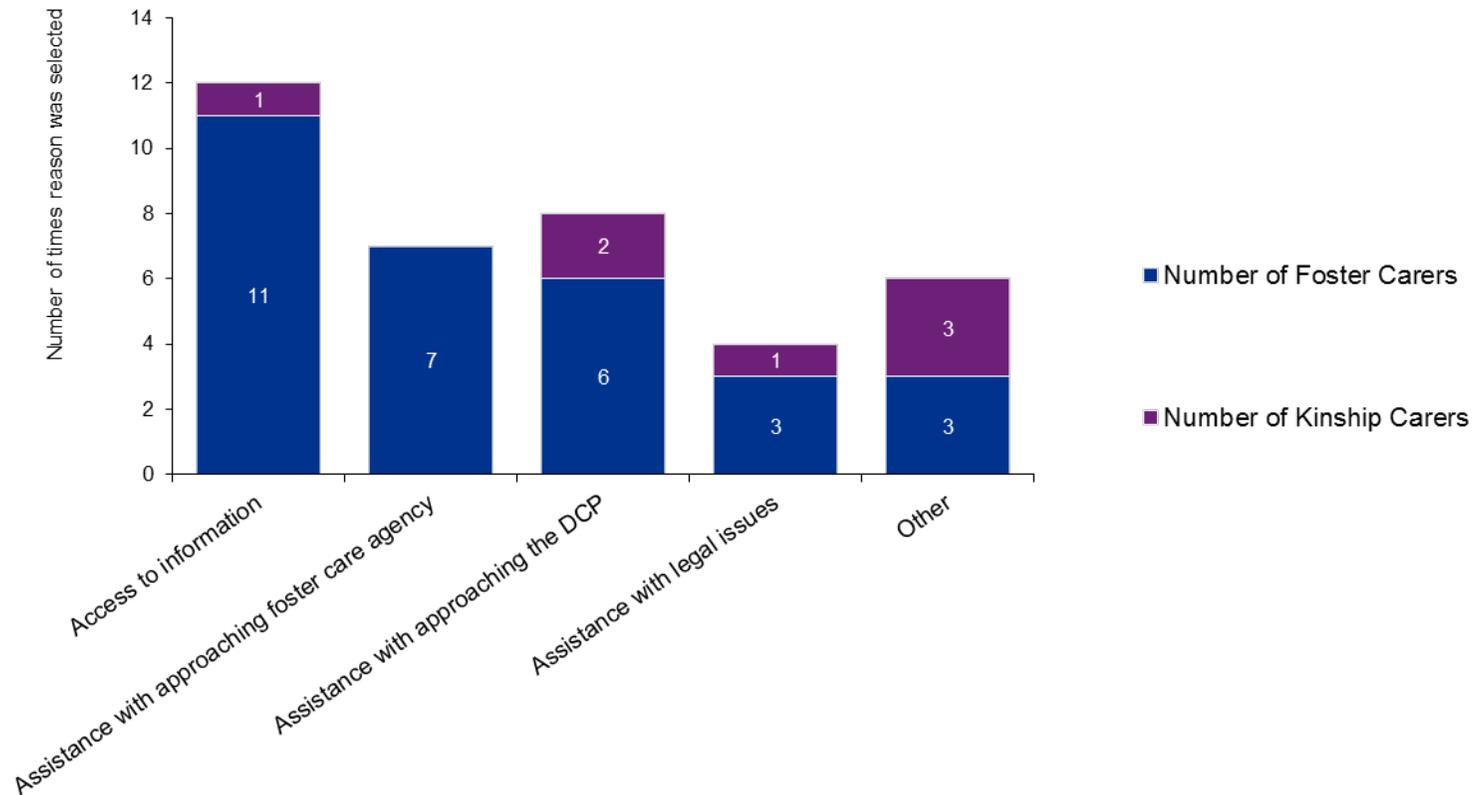
Figure 9: Access to advocacy services



Source: KPMG

Appendix B - Carer survey results (cont.)

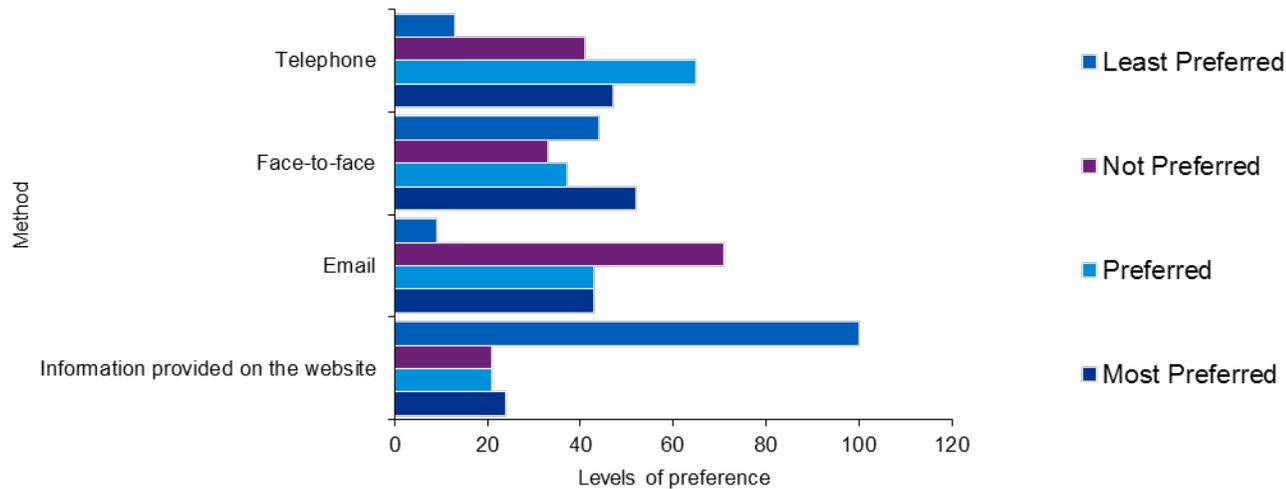
Figure 10: Reasons for accessing advocacy services



Source: KPMG

Appendix B - Carer survey results (cont.)

Figure 11: Method of accessing services



Source: KPMG



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