Carer Exit Survey

Carers play a critical role in providing a safe and nurturing environment for children and young people. We value your commitment and the feedback you provide about your caring experience.

Non-government service providers and the Department for Child Protection have worked together to develop a new Carer Exit Survey. This survey will help us understand what works and what might need to change, so that together, we can continually improve the way we support carers to help children and young people reach their full potential.

The information you provide will be collated by the Department for Child Protection with responses from other foster, kinship and specific child only carers.

This survey should take approximately 20 minutes to complete. If you require assistance with this survey, please contact your service provider or the Department for Child Protection on [DCPCarerExitSurveys@sa.gov.au.](mailto:DCPCarerExitSurveys@sa.gov.au.)

Thank you for taking the time to share your experience. Please send completed surveys via email to [DCPCarerExitSurveys@sa.gov.au](mailto:DCPCarerExitSurveys@sa.gov.au).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Face-to-face |  | Online |  | Over the phone |  |

About you and your family

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Your age range:** |  | **2. Your household:** |  |
| 25 and under |  | Couple without children\* |  |
| 26-30 |  | Couple with children\* |  |
| 31-40 |  | One parent family\* |  |
| 41-50 |  | Single |  |
| 51-60 |  | *\*Note: this refers to your own children outside of your caring role* | |
| 61 and over |  |
| **3. Do you identify as Aboriginal or Torres Strait Islander?** Yes No Prefer not to say | | | |
| **4. Are you from a Culturally and linguistically diverse background?** Yes No Prefer not to say | | | |

About the children last in your care

Please select multiple boxes if you had more than one child in your care.

|  |  |  |  |
| --- | --- | --- | --- |
| **5. How many children did you last have in your care?** 1  2  3  4  5  Over 5 | | | |
| **6. Age of child/children last in your care** | | **7. Gender of the child/children last in your care** | |
| 1 and under |  | Male |  |
| 1-4 |  | Female |  |
| 5-9 |  | Other |  |
| 10-14 |  |
| 15-17 |  |
| 18 and over |  |
| **8. Were any of the children in your care Aboriginal or Torres Strait Islander?** YesNo | | | |
| **9. Were any of the children in your care from a Culturally and Linguistically  Diverse background?** Yes No | | | |

About starting and leaving your caring role

**10. The type of care provided:**

|  |  |  |  |
| --- | --- | --- | --- |
| General foster care |  | Specialist foster care |  |
| Kinship care |  | Specific child only care |  |

**11. Have you provided Respite care?**

|  |  |  |  |
| --- | --- | --- | --- |
| Respite care (DCP) |  | Respite care (NGO) |  |
| Did not provide Respite care |  |  |  |

**12. Your support agency:** Choose an item.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**13. Department for Child Protection office you were most involved with at the time of exiting care:** Choose an item.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any other DCP Office you were involved with** (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**14. What motivated you to become a carer? (Mark all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| Existing relationship with child |  | Extra income |  |
| Wanted to make a difference |  | Desire to parent / build a family |  |
| Former care experience |  | Spiritual or religious calling |  |
| Own children have grown up |  | Sense of obligation / responsibility |  |
| Wanted a sibling for own child |  | Other (please specify) |  |
| Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**15. Length of time caring:**

|  |  |  |  |
| --- | --- | --- | --- |
| Less than a year |  | 6-9 years |  |
| 1-2 years |  | 10 years or more |  |
| 3-5 years |  |  |  |

**16. What were your reasons to cease being a carer? (Mark all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| Financial |  | Retirement / age |  |
| Lack of support from my agency |  | Change in circumstances |  |
| Lack of support from DCP |  | Health issues |  |
| Insufficient training |  | Separation / divorce |  |
| Change in work / study commitments |  | Time constraints |  |
| Impact on other family members |  | Child no longer under care order |  |
| Placement breakdown |  | Other (please specify) |  |
| Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

About your training and support

Please indicate your level of agreement with the statements below.

**17. I felt well prepared to commence my role as a carer.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly agree | Agree | Neutral | Disagree | Strongly disagree |
| Comments: | | | | |

**18. I was provided with information and resources that were relevant and useful to my caring role.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly agree | Agree | Neutral | Disagree | Strongly disagree |
| Comments: | | | | |

**19. I received support during my caring experience which was timely and reflective of my needs.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly agree | Agree | Neutral | Disagree | Strongly disagree |
| Comments: | | | | |

**20. I had access to training which provided me with the knowledge and skills to perform my caring role.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly agree | Agree | Neutral | Disagree | Strongly disagree |
| Comments: | | | | |

**21. The training was sufficient and was delivered at times and locations which were convenient for me.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly agree | Agree | Neutral | Disagree | Strongly disagree |
| Comments: | | | | |

**22. I was provided with adequate culturally specific training and support to meet the cultural needs of the child or young person(s) in my care.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly agree | Agree | Neutral | Disagree | Strongly disagree |
| Comments: | | | | |

About your overall satisfaction

Please indicate your level of agreement with the statements below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **23. My support worker:** | Strongly agree | Agree | Neutral | Disagree | Strongly disagree |
| Valued me as a carer |  |  |  |  |  |
| Acknowledged me as part of the care team |  |  |  |  |  |
| Involved me in decision making |  |  |  |  |  |
| Understood my needs |  |  |  |  |  |
| Supported me to maintain the child’s culture |  |  |  |  |  |
| Visited me with the frequency I required |  |  |  |  |  |
| Responded promptly |  |  |  |  |  |
| Comments: |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **24. The Department for Child Protection:** | Strongly agree | Agree | Neutral | Disagree | Strongly disagree |
| Valued me as a carer |  |  |  |  |  |
| Acknowledged me as part of the care team |  |  |  |  |  |
| Involved me in decision making |  |  |  |  |  |
| Understood my needs |  |  |  |  |  |
| Supported me to maintain the child’s culture |  |  |  |  |  |
| Provided information about the child’s needs |  |  |  |  |  |
| Responded promptly |  |  |  |  |  |
| Comments: |  |  |  |  |  |

About your overall satisfaction

|  |  |  |
| --- | --- | --- |
| **25. Please mark ‘yes’ or ‘no’ to the questions below.** | Yes | No |
| Did your caring experience meet your expectations? |  |  |
| Is there anything that could have been done to change your mind about leaving? |  |  |
| Would you consider caring again in the future? |  |  |
| Would you recommend caring to others? |  |  |

|  |
| --- |
| **26. If you would consider a caring role again, when would you be willing to be contacted about caring into the future?**  6 months  1 year 18 months 2 years |
| Optional information to provide in relation to considering a caring role in the future.  Please provide your name, email address and telephone number.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**27. Please provide any other comments below.**