Disclaimer

Inherent Limitations

This report has been prepared as outlined in the Scope Section. The services provided in connection with this engagement comprise an advisory engagement, which is not subject to assurance or other standards issued by the Australian Auditing and Assurance Standards Board and, consequently no opinions or conclusions intended to convey assurance have been expressed.

The findings in this report are based on the reported results to the extent of the sample surveyed, being the Department of Child Protection’s approved representative sample of stakeholders. Any projection to the wider stakeholders is subject to the level of bias in the method of sample selection.

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 the Department of Child Protection personnel and 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 report.

KPMG is under no obligation in any circumstance to update this report, in either oral or written form, for events occurring after the report has been issued in final form.

The findings in this report have been formed on the above basis.

Third Party Reliance

This report is solely for the purpose set out in the Introduction Section and for the Department of Child Protection’s information, and is not to be used for any other purpose or distributed to any other party without KPMG’s prior written consent.

This report has been prepared at the request of the Department of Child Protection in accordance with the terms of KPMG’s contract dated 3 November 2016. Other than our responsibility to the Department of Child Protection neither KPMG nor any member or employee of KPMG undertakes responsibility arising in any way from reliance placed by a third party on this report. Any reliance placed is that party’s sole responsibility.
Executive Summary

KPMG was engaged by the Department for Child Protection (DCP) to provide assistance to inform the Government’s strategy for foster and kinship care in South Australia. The purpose of this project was to identify ways to improve support to, and increase the supply of, family based out-of-home care (OOHC) for children. The project was specifically undertaken to:

- better understand the characteristics of foster and kinship carers
- consider what could be done to better support carers
- better understand the reasons why people across all areas of South Australia choose to become foster and kinship carers
- identify the factors that influence how frequently foster and kinship carers provide care, and for how many children
- develop strategies to better attract, retain and support carers.

Out-of-home care in South Australia

OOHC includes a number of types of care for children who are under the guardianship of the Minister because they are unable to live with their parents. This review focused specifically on kinship and foster care.

**Kinship care**

A child in kinship care is placed with a relative or person who has a relationship with the child, known as a kinship carer. A child may also be placed with a specific child only (SCO) carer, who is a person that the child has a significant existing relationship with who is not a relative or kin of the child. At 30 June 2016, there were 597 registered kinship carers in South Australia.

**Foster care**

A foster care placement occurs when a child cannot be placed with a kinship carer and is instead placed with a non-kin adult, otherwise known as a foster carer. Foster carers are required to be registered prior to providing care to a child. As of 30 June 2016, there were 1,513 registered foster carers in South Australia.

In South Australia, most of the functions of foster care are outsourced to 12 non-government agencies. These agencies recruit, assess and provide support to foster carers.

**Nyland Royal Commission**

Led by Hon Margaret Nyland AM, the Child Protection Royal Commission (Nyland Royal Commission) was established in August 2014 to investigate the adequacy of the child protection system in South Australia. The report and the 260 recommendations of the Commission were delivered in August 2016. The Report acknowledges the important role foster carers play in the child protection system.
Profile of foster and kinship carers in SA

Motivations and barrier to caring

The literature and stakeholder consultations highlighted a number of motivators and barriers for people who may be considering becoming a carer. The primary motivating factor behind taking on a caring role (especially foster caring) is related to a desire to help children or to provide a safe environment for a child. For some people who are unable to have children becoming a foster carer can be seen as an avenue to build a family.

Finances and the costs associated with caring for a child, for some, is a significant barrier to becoming a foster carer. The perceived negative image of foster care by the general public was also identified as a deterrent for some people who may otherwise consider this important role. There are specific barriers associated with encouraging Aboriginal people to become carers, particularly in relation to the impacts of the Stolen Generation and other cultural factors.

Foster and kinship carer registrations

At 30 June 2016, there were 952 registrations to provide foster care, for which there were 1,513 carers. The number of foster care registrations has increased by more than 40 percent since 2013. Considering the number of children foster carers are registered to provide care for, the maximum capacity of the foster care system would be 1,899 children.

Numbers of kinship carers are considerably lower. There were 393 kinship registrations (597 carers) and 115 SCO registrations (187 carers) at 30 June 2016. Kinship and SCO carer registrations have also steadily increased since 2013.

During FY2015-16, 216 foster carers cancelled their registration, mostly due to unspecified reasons or due to a change in circumstances. The data showed that most carers who leave the system do so voluntarily. Overall in FY2015-16, 13 percent of foster carers left the system. In FY2015-16, 76 kinship carers ceased providing care, with more than half due to the child turning 18 (the age at which Guardianship of the Minister ceases), which represented 11 percent of kinship carers in that year.

Placements

At 30 June 2016, there were 1,226 foster care placements, 1,246 kinship care placements and 173 SCO care placements. There were many reasons identified for placements ending, the primary reason being for planned placement moves rather than unexpected factors or the placements breakdown. The rate of placement breakdown was low across all types of care.

Recruitment of carers

Recruitment activities are critical to sustaining the foster care system as this is the primary way of attracting new carers into the system. In order to increase the number of carers entering the system, effective recruitment strategies are required.

Recruitment is undertaken by the foster care agencies who each run their own marketing campaigns and information sessions. DCP also runs a state wide advertising campaign. The review found that there are opportunities to strengthen the approach to recruiting carers by
introducing more systematised strategies and initiatives across the state. These opportunities require collaboration between the Department and foster care agencies.

**Word of mouth**

Foster carers are considered to be the best recruiters of other foster carers. Stakeholders identified word of mouth from current carers to be their most effective method of recruiting new foster carers.

The introduction of foster care ambassadors could proactively utilise the most effective recruiters of new carers, foster carers. The role of the ambassador would be to raise the profile of foster care state wide and in communities, sharing their experiences of foster care. Ambassadors would be identified through the agencies.

**Marketing activities**

Marketing and branding are essential parts of any recruitment campaign and are undertaken by individual foster care agencies through a variety of avenues. Most agencies focus their attention on general marketing activities, however, funding spent on general marketing campaigns has been shown to have little effect.

**Targeted recruitment**

Targeted recruitment involves the deliberate attempt to recruit people from a specific target group. Targeted recruitment has been recognised as being more effective than general marketing campaigns.

In order to apply targeted recruitment methods effectively, an ongoing needs assessment and market analysis is needed. As a consequence, agencies can make informed decisions about who to direct recruitment activities to.

A complete profile of current carers is required to undertake the market analysis. At the moment, DCP does not hold sufficient data to create this profile. Improved data sharing between agencies and DCP will enable an accurate profile of carers to be developed.

There is a role for DCP in centrally oversighting and coordinating marketing activities to strengthen the current agency led approach. DCP would be responsible for undertaking state wide market analysis and facilitating information exchange with agencies. It is expected that this information would inform agency marketing plans. This provides a mechanism to identify gaps and avoid duplication among the agencies.

**Registration**

The aim of the registration process is to ensure that potential carers are capable of caring for a child and that the child will be placed in a safe environment away from harm. The registration processes differ for foster care, kinship care and SCO care.

**Foster care**

Once the potential foster carer has decided to become a carer, the assessment process is initiated and basic checks are undertaken. A more rigorous assessment and training program is conducted using the *Step by Step* assessment and *Shared Stories, Shared Lives* training. Once these are completed the agency assessor makes a recommendation to DCP to either approve or not approve the applicant becoming a registered foster carer. DCP reviews the application and makes the final decision to approve the applicant.
**Overarching design**

The registration process was found to be sound, and that the key steps in the process covered off on the safety and quality aspects of a potential carer. While agencies identified duplication in the final approval process, it is appropriate given DCP’s role as guardian that they retain final decision making powers over carer registration.

**Assessment tools**

Foster care assessment uses the *Step by Step* assessment, which consists of six assessments undertaken over six sessions. Stakeholders identified that the tool was a factor in dissatisfaction of the registration process. Issues identified in relation to the tool were that it is lengthy and personal.

The introduction of *Step by Step 2016* was supported by stakeholders. The tool is a shorter, streamlined version of the current assessment tool in use. The 2016 tool consists of five competencies, and guidance from the Association of Children’s Welfare Agencies (the developer) indicates the assessment can be completed in around one month. Further efficiencies are gained through an improved reporting structure and guidance for assessors.

The use of *Step by Step* was seen as culturally inappropriate for Aboriginal carers. Stakeholders reported that the assessment tool does not explore connection to country, community, language and family. The Winangay tool was supported for use with Aboriginal carers. One agency is currently trialling the use of the Winangay tool and the outcomes of the pilot are expected to inform future policy directions for the Department.

A skill gap in assessors undertaking the assessments was an identified issue due to quality concerns with the applications received by DCP, adding delays to the registration process. *Step by Step 2016* requires assessors to undertake an accreditation course to become a registered users. This should go some way to addressing the quality of assessments received by DCP. There are opportunities for the Department to strengthen accountability of agencies in relation to the quality of recommendations delivered to the Department, which could contribute to a reduction in registration timeframes at the back end of the process.

**Initial training**

*Shared Stories, Shared Lives* is the training undertaken by potential foster carers. The objective of this training is to meet the needs of new and prospective foster carers in providing a safe and nurturing environment.

Carers identified that the training was theoretical rather than practical, however no evidence was available to the review to validate this. As a part of the Government’s response to the Nyland Royal Commission a review of initial carer training will be undertaken.

**Processes within the registration process**

Final approval for registration resides with DCP though a multi-level sign-off procedure. While this does not appear to add significant time to the process, it is unlikely that this process improves the quality of the registration decision made.

There is opportunity to improve the final approval process to ensure consistency and quality of the application review process. Quality audits would embed a process of continuous quality review.
Length of time to complete registration

The registration process for foster care on average takes six months, however this varies depending on a range of factors. A long registration process was identified by stakeholders as a reason for carers losing motivation and potentially ceasing their registration.

Step by Step at a minimum takes three months to complete and is a key contributing factor to the length in time of the overall process. The introduction of Step by Step 2016 as recommended would be expected to reduce the assessment time portion of the registration process, however the minimum timeframe of three months would still be required.

A mismatch in applicant and assessor availability can mean that the assessment process may take much longer than three months. Greater flexibility in assessor work practices is required to enable after hours and weekend assessments. In addition, a review of the service agreements with agencies which encourages such practices would be beneficial in supporting agencies to implement flexible assessment practices.

Lack of staff within DCP’s registration team has also led to long registration times. DCP stated that the actual time it takes to review an application from allocation to an Assessment Officer and subsequent review to final sign-off is less than five days. DCP noted that they have recently increased the size of the team to improve turn-around time of application approval.

The Nyland Royal Commission has recommended that a service benchmark be set for assessment and registration decisions of 14 days where the assessment is complete and further information is not required from the assessing agency. This review also supports the need for a performance standard to ensure timely processing of registrations.

Kinship care

The process to become a registered kinship carer is generally initiated as a response to a crisis situation where the child is no longer able to live with their birth family. DCP then works to identify a suitable family member to care for the child. An initial registration (iReg) is completed for the carer and the child is placed in their care. A full assessment then follows.

Overarching design of the registration process

The overarching process was found to be sound with identified concerns related to the assessments themselves.

Assessment tools

The iReg is a basic safety check of the house, background (criminal) and references of the carer to allow a child to be placed quickly with the kinship carer. Concerns were raised around the adequacy of this process, but were acknowledged to be a result of the time constraints and the need to place a child quickly.

The full assessment for kinship carers is inconsistent with that for foster carers. While foster carers are required to demonstrate competency to care, kinship carers are not. Stakeholders questioned the adequacy of the full assessment to ensure that children are placed with the person best capable to provide care.

Based on the evidence available to the review, there is not enough basis to determine if there are significant issues with the current assessment process for kinship carers beyond the need for additional resources to undertake assessments. However, the Nyland Royal Commission has recommended the development or purchase of a comprehensive kinship assessment tool for assessing the safety and appropriateness of kinship placements.
**Initial training**

There is no specified training for kinship carers to complete through the registration process. Stakeholders identified the need for training opportunities to prepare them better for their responsibilities in providing care.

**Length of time to complete registration**

The time taken for kinship care registration varies, however once a carer is provisionally registered through the iReg process the full assessment should be undertaken within three months. In some cases kinship care registration was reported to take one to two years to be finalised due to carers waiting a significant amount of time before commencing the full assessment. This was attributed to lack of staff leading to long waits for full assessments.

Greater resources are needed to process the large volume of assessments in a timely manner in line with the Nyland Royal Commission recommendation.

**Supporting and retaining carers**

The care and support of current foster carers is a crucial strategy to retain foster carers in the system and minimise placement breakdown. While foster carers often leave due to personal circumstances, there is room to improve existing supports in order to retain more carers.

The foster care agency has sole responsibility for providing any non-financial supports to foster carers. The availability and extent of the supports that carers can access depends on the foster care agency. SCO carers in the metropolitan area are similarly supported by one non-government organisation. Kinship carers are supported by DCP kinship support workers. In all cases, DCP retains responsibility for the case management of the child and for financial support to carers.

**Roles and responsibilities**

The approach to supporting a carer and child should involve a care team approach by DCP, the agency support worker and the carer. Despite seemingly defined roles, there is confusion around the roles of each party in providing support. Carers also identified that as there was generally no formal care team approach they were often not involved in decision making regarding the child. Time constraints on DCP case workers can mean that they make decisions quickly as required.

The Children and Young People (Safety) Bill will address a number of issues in relation to decision-making and the roles and responsibilities of each party in supporting children in care.

**Financial compensation**

There are three broad categories of financial support available to carers: carer payment, incidental expenses, and other financial support. The value of financial support provided varies by age and complexity of the child.

Carers receive a basic subsidy amount to cover the day-to-day costs of caring for a child. In addition, carers may also be eligible to receive Commonwealth benefits and a range of other concessions and allowances. Stakeholders identified a need to increase the basic carer payment to align to the costs of care for a child. There are a number of additional considerations in relation to financial compensation above simply increasing the carer payment. The financial compensation for carers needs to be considered in the context of the
needs of the child, the costs of caring, other available financial supports and the purpose of the payment.

Carers are covered for incidental expenses occurred through caring for a child and these are claimed from DCP. The process for claiming incidental expenses was reported to be inconsistent. The review recommends that instead of a reimbursement process carers should be automatically provided with an extra amount on top of their basic payment to cover extra expenses that carers incur in the ordinary course of caring for a child. For larger expenses, a localised approach to the approval of larger claims would significantly speed up and streamline the process. Clear policy and guidelines are needed to support this.

**Training**

Carers are able to attend a variety of training offered by agencies, however carers reported difficulties in accessing this training.

The development of a training framework would provide clarity for carers on the training sessions available, those they should access, as well as enable them to choose training that best suits them and their situation. The framework should allow carers to develop a training plan.

Centralised coordination of the training is required so that all carers, including kinship carers, have equal access to training. The Nyland Royal Commission recommended that the Child and Family Welfare Association (CAFWA) coordinate the provision of training to carers.

To further improve access to training, alternative delivery methods are required such as online training and access to a hotline/online support when needed.

**Respite**

Respite provides carers with a break from care responsibilities. Access to respite was identified as a key issue by all stakeholders due to a lack of respite carers. This was particularly an issue for kinship carers who can only access respite through one agency.

Given the significant shortage of respite care available to kinship carers, there is an opportunity to expand the pool of respite carers available by formally enabling access to respite provided by foster care agencies.

**Peer support**

Peer support is a critical component of supporting and retaining carers. Formal peer support programs were identified as a gap in current supports to carers.

The Mockingbird Family Model is one model that offers formal peer support. In the model a network of families are mentored by an experienced carer, in addition, all the families provide support to each other. The model also has in-built respite which is provided by the experienced carer.

**Other supports**

There are a range of other supports that carers need and can access. These relate to placement supports, supports to maintain carer wellbeing and various other supports.

**Supports for Aboriginal carers and children**

To support Aboriginal carers and children cultural connection to country, community, language and family is important. Time constraints and a shortage of resources has meant
that there have been challenges in placing Aboriginal children in appropriate placements and accessing the right supports for carers of Aboriginal children.

The Nyland Royal Commission has made a number of recommendations to address supports for Aboriginal carers and children, including:

- a review of practice guidance and funding arrangements to ensure that a recognised Aboriginal agency is consulted on all placement decisions involving Aboriginal children
- establishing a dedicated family scoping unit
- developing strategies to improve OOHC options in regional areas including focusing attention on the recruitment of foster carers.

**Increased placements**

A part of this review was to consider the enablers for carers to take on more foster children. Stakeholders identified a number of reasons for a lower number of placements in SA compared to other jurisdictions. The key barrier was that agencies were being wary of overburdening carers and the impact of another child on the current child in care.

Given the limited evidence available to the review, no views can be formed as to how to increase placements to foster carers. However, there is opportunity to explore reasons as to why other jurisdictions have a higher child to carer ratio than SA.

**Recommendations**

The review identified a number of recommendations that relate to recruitment of carers, registration processes, the support and retention of carers and increased placements.

**Recruitment**

- **Recommendation 1:** That the Department and agencies work together to trial a foster care ambassadors program to support the recruitment of new carers and the provision of peer support.

- **Recommendation 2:** That the Department establishes an online carer dataset for agencies to input carer data to provide a state wide profile of carers.

- **Recommendation 3:** That the Department undertake state wide market analysis to support development of targeted marketing strategies, by DCP and agencies, to recruit new foster carers.

- **Recommendation 4:** That agencies establish and implement annual marketing and recruitment plans drawing on the state-wide market analysis outcomes and local knowledge.

- **Recommendation 5:** Enhance the Department’s ability to thoroughly identify the most suitable kinship carer by investing resources to establish ‘kinship placement’ roles charged with identifying and engaging with potential kinship carers when a child comes into care.
Registration

- **Recommendation 6**: That the 2016 Step-by-Step tool be trialled in South Australia and considered for roll out which could reduce the assessment time to three months.

- **Recommendation 7**: That the Department reviews the outcomes of the pilot of the Winangay tool (due to be completed by June 2017) as a basis of informing policy decisions about implementation of the Tool with Aboriginal families.

- **Recommendation 8**: That the Department ensure that performance monitoring of the quality of applications submitted to the Department for review is systematically implemented and that improvement strategies are implemented when performance standards are not met.

- **Recommendation 9**: That a quality audit of DCP assessment reviews be introduced to ensure consistency and quality of the review process.

- **Recommendation 10**: That the Department supports and encourages agencies to implement greater flexibility in assessor work practices to enable after hours and weekend assessment times.

- **Recommendation 11**: That the Department establish a performance standard that:
  - where additional information is required, this is requested within two business days from receipt of the application.
  - where further information is requested, the agency provide this within five business days of the request.
  - once this is received by the Department the application be assessed within 14 days.

Support and retention of carers

- **Recommendation 12**: That the Department allocates a kinship care support worker to all carers.

- **Recommendation 13**: That the roles and responsibilities of DCP, foster care agencies and carers are reviewed and confirmed and are consistent with the revised legislation (Children and Young People (Safety) Bill open for public comment to 27 January 2017).

- **Recommendation 14**: That, consistent with the legislative requirements, and based on the principle of subsidiarity, support and decision making with respect to a child happens as close to the child as possible – in the first instance with the carer, where necessary with support from the foster agency and lastly if required with the child’s social worker.

- **Recommendation 15**: That these roles and responsibilities are documented in an accessible way for all parties and include principles on the way parties will work together as a basis for cultural change.

- **Recommendation 16**: That contracting and commissioning arrangements with agencies are reviewed to ensure they re-enforce agreed roles and responsibilities and ways of working.

- **Recommendation 17**: That existing requirements to develop and review care plans are met as a foundation for a care team approach, and that performance monitored and published.
• **Recommendation 18:** That the Department undertake a comprehensive review of the foster and kinship care financial support to:
  * establish a clear policy position on the purpose of each of the elements of the payment system
  * quantify the cost of caring to inform base rates of payment for carers – ensuring that the direct costs of caring are covered by financial support (including DCP and Commonwealth allowances and payments)
  * determine appropriate levels of compensation aligned to the needs of the child
  * minimise the need for carers to seek reimbursement for other expenses
  * streamline payment and reimbursement processes.
• **Recommendation 19:** That carers are provided clear information on the financial support they can receive from DCP, from agencies, from other state government departments and from the Commonwealth.
• **Recommendation 20:** That the existing and any revised policies are applied consistently across all offices.
• **Recommendation 21:** That the Department develop a common curriculum framework for carer training that:
  * includes a core curriculum for all carers
  * includes specific additional training to support carers which specific needs (behavioural, therapeutic)
  * draws on existing available training
  * can be accessed through multiple channels including online, face-to-face and 1:1 online support where required.
• **Recommendation 22:** That the Department review the supply model for respite services for kinship carers.
• **Recommendation 23:** That the Department explore the inclusion of flexible funding pools in agency contracts to facilitate access to alternative respite arrangements (e.g. child care and family based care) when required.
• **Recommendation 24:** That the registration process be modified to include full assessment of suitability of relatives to provide occasional care to support foster and kinship carers to access respite within their own personal networks.
• **Recommendation 25:** That the Department work with selected agencies to pilot and evaluate the Mockingbird Model of carer support.

**Increased placements**

• **Recommendation 26:** That the Department undertake benchmarking of child placement data with respect to the number of children placed with a carer to explore the factors that lead to increased placements in other jurisdictions.
Immediate strategic priorities

These strategic priorities encompass activities to act on the high priority recommendations:

- **Clearly establishing and communicating the roles and responsibilities of the Department, Agencies and Carers in relation to the care of the child** (Recommendation 13, Recommendation 14, Recommendation 15, and Recommendation 16).

- **Reviewing financial compensation available to carers and ensuring the full spectrum of financial supports is understood by all parties** (Recommendation 18, Recommendation 19 and Recommendation 20).

- **Improving the efficiency of foster care registration processes** (Recommendation 6, Recommendation 8 and Recommendation 9).
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<tbody>
<tr>
<td>ACWA</td>
<td>Association of Children’s Welfare Agencies</td>
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<tr>
<td>AFSS</td>
<td>Aboriginal Family Support Services</td>
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<tr>
<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
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<tr>
<td>CAFWA</td>
<td>Child and Family Welfare Association</td>
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<td>CAT</td>
<td>Complexity Assessment Tool</td>
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<td>DCP</td>
<td>Department of Child Protection</td>
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<td>iReg</td>
<td>Initial registration</td>
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<td>OOHC</td>
<td>Out of home care</td>
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<td>SA</td>
<td>South Australia</td>
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<td>SCO</td>
<td>Specific child only</td>
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## Glossary of terms

<table>
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<th>Term</th>
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<td><strong>Carers</strong></td>
<td>The term ‘carers’ is used to describe both foster and kinship carers. Where findings or information relate to only on type of carer, the directly relevant term is used.</td>
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<tr>
<td><strong>Commercial care</strong></td>
<td>Commercial care is care provided at any suitable commercial premises such as a private rental house or unit, and is staffed by carers who work shifts on a rotating 24 hour, 7 day per week roster.</td>
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<td><strong>Emergency care</strong></td>
<td>Emergency foster care is usually a 24 hour home–based placement that is provided for children who require a placement immediately due to concerns for their safety.</td>
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<tr>
<td><strong>Foster care</strong></td>
<td>Care provided for a child who is unable to live in their usual home by registered foster carer and is placed in that carer’s home. The care may be emergency, respite, short-tem, long-term or may be permanent care.</td>
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<td><strong>Long term care</strong></td>
<td>A long term foster care planned placement to provide stable home-based care in a family environment for children on long term orders</td>
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<td><strong>Long term orders</strong></td>
<td>Long-term orders (until the child turns 18 years of age or for more than 12 months) include custody or guardianship orders and supervision orders.</td>
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<td><strong>Out-of-home care</strong></td>
<td>Overnight care for children aged 0–17, where the jurisdiction usually makes a financial payment to the provider.</td>
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<td><strong>Relative or kinship care</strong></td>
<td>A form of out-of-home care in which the caregiver is a relative other than parents, or someone who has a pre-existing relationship with the child. For Aboriginal and Torres Strait Islander children, a kinship carer may be another Indigenous person who is a member of their community, a compatible community or from the same language group.</td>
</tr>
<tr>
<td><strong>Residential care</strong></td>
<td>Care in a residential building where care staff are paid and which is intended to provide residential placements for children in out-of-home care.</td>
</tr>
<tr>
<td><strong>Respite foster care</strong></td>
<td>A form of out-of-home care used to provide short-term accommodation for children and young people, where the intention is for the child to return to their prior home. In foster and kinship care, this may organised in a planned and regular fashion to give the child’s usual carers, parents or guardians a break.</td>
</tr>
<tr>
<td><strong>Short term care</strong></td>
<td>A short term foster care planned placement to provide a safe, nurturing, home-based placement for children on short term orders. The placement provides children with home-based care until the child can return to their birth family, kinship carer or transition to a permanent placement.</td>
</tr>
<tr>
<td><strong>Short term orders</strong></td>
<td>Short-term orders (up to 12 months) include investigation and assessment orders</td>
</tr>
</tbody>
</table>
Introduction

South Australia’s child protection system has experienced a steady increase in the number of children that are placed in out-of-home care (OOHC). The number of all children who have had at least one OOHC placement in South Australia has increased by 20.7 percent between 2009 and 2015, rising from 2,711 to 3,273 over the period.\(^1\) A rapidly increasing number of children entering OOHC is placing pressure on a child protection system that is seemingly overwhelmed and operating beyond capacity.\(^2\) This has contributed to an increase of children being placed into residential or commercial care in the face of limited suitable alternatives.

In 2009 there were 216 children in residential care, representing 10 percent of all OOHC placements, by 2015 this number had grown to 404 (equating to 14.2 percent of all placements). The 2015 proportion of children in residential care of all OOHC placements was (and continues to be) significantly higher than the national average of 5.5 percent, refer Figure 1 below.\(^3\)

Figure 1: Percentage of children in out-of-home, by placement and state and territories, at 30 June 2015

Residential and commercial care arrangements are the most expensive forms of care relative to home-based care arrangements. As of 30 June 2015, the average cost per child in South Australia was $275,903 for residential care compared to $48,736 in home-based care services such as foster or kinship care. In real terms recurrent expenditure on residential OOHC

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1 Productivity Commission, Report on Government Services 2016 Volume F Chapter 15 dataset
3 Productivity Commission, Report on Government Services 2016 Volume F Chapter 15 dataset
services has increased by over 100 percent from 2009 to 2015, from $55.6 million to $111.5 million respectively.\textsuperscript{4} In 2015, the South Australian Government spent almost $230 million on home-based care, residential care, independent living and commercial care placements.

The recruitment and retention of home-based carers to meet the rising number of children entering OOHC is an important strategy. We know children in stable home based care arrangements have better outcomes while also allowing government to redirect expenditure from more costly care alternatives.

Recognising the pressures on the system and costs associated with residential and commercial care services, the Department for Child Protection (DPC) identified a need for a deeper understanding of the current state of foster and kinship care in South Australia in order to develop a strategy to improve the total supply (attraction, retention and utilisation) of foster and kinship carers.

1.1 Purpose and scope

KPMG was engaged by DCP to provide assistance to inform the government’s strategy for foster and kinship care in South Australia. The purpose of this project was to identify ways to improve support to and increase the supply of family based OOHC for children and was specifically developed to:

- better understand the characteristics of foster and kinship carers
- consider what could be done to better support carers
- better understand the reasons why people across all areas of South Australia choose to become foster and kinship carers
- identify the factors that influence how frequently foster and kinship carers provide care, and for how many children
- develop strategies to better attract, retain and support carers.

1.2 Key activities undertaken

The review of the foster and kinship system in South Australia has been developed through seven interrelated research activities. These activities have been summarised in Table 1.

\textsuperscript{4} Productivity Commission, Report on Government Services 2016 Volume F Chapter 15 dataset
Table 1: Key activities undertaken and approach

<table>
<thead>
<tr>
<th>Activity</th>
<th>Summary</th>
</tr>
</thead>
</table>
| 1. Literature review      | • A literature review was conducted to explore in detail the strategies implemented internationally and across Australia that have proven to be effective in improving the attraction and retention of foster carers.  
• The evidence base for best practice on recruitment and retention is limited, as no programs have been rigorously evaluated in Australia, and few programs have been evaluated internationally.  
• Findings from the literature review are provided throughout the report.  
• The literature review is included in Appendix D. |
| 2. Carer survey           | • The objective of the carer survey was to provide an opportunity to elicit broader commentary and perspectives from carers that could and could not attend a forum in person. The survey was sent to all registered carers though the invitation to attend the forum.  
• In total, 220 responses were received between 17 October 2016 and 30 November 2016.  
• Findings from the carer survey are provided throughout the report and provided in Appendix E. |
| 3. Consultations – Carers | • Consultations were conducted with carers to provide insight into the supports carers require to provide care.  
• A carer forum was held in the metropolitan area and four additional carer forums in regional areas. The five carer forums were attended by 155 carers.  
• Refer to Appendix A for detailed information about the approach and a breakdown of attendees.  
• Themes that emerged from this consultation activity are provided throughout the report. |
| 4. Consultations – Agencies| • Consultations were conducted with both general and specialist agencies to provide KPMG with the agency perception of the gaps, issues and supports required to support carers.  
• 34 agency representatives were consulted through a number of interviews  
• A forum was held with 25 Agency representatives and nine DCP staff to explore ways to address issues identified through the metropolitan carer forum and agency consultation.  
• Refer to Appendix A for detailed information about the approach and the agencies consulted.  
• Themes that emerged from this consultation activity are provided throughout the report. |
| 5. Consultations – Peak bodies | • Consultations were conducted with peak bodies to provide KPMG with the perception of the system from various peak body’s that represent the views of key stakeholder groups.  
• Five consultations with peak bodies including representation from 10 individual stakeholders.  
• Refer to Appendix A for detailed information about the approach and the peak bodies consulted.  
• Themes that emerged from this consultation activity are provided throughout the report. |
6. **Consultations – DCP staff**

- Consultations were conducted with DCP staff to provide insight into the gaps, issues and supports required for carers from DCP’s perspective. In addition, consultations with DCP staff looked to better understand the motivations behind people wanting to become carers.
- Seven consultations with DCP staff who work across foster and/or kinship care services were undertaken. Across the seven consultations, KPMG interviewed 13 departmental staff.
- Three focus groups with the guardianship hubs in the metropolitan area. This was supplemented by a teleconference for regional hubs to provide input. Focus groups were attended by 81 DCP staff while 12 participated in the teleconference.
- Refer to Appendix A for detailed information about the approach and DCP staff consulted.
- Themes that emerged from this consultation activity are provided throughout the report.

7. **Data analysis**

- The objective of this data analysis activity was to identify characteristics that carers share to inform attraction and retention strategies.
- Data analysis of carer registration, carers and placements was undertaken based on data provided to KPMG by DCP from the C3MS database.
- Findings from the data analysis is detailed in Section 3.3 and at Appendix C.

*Source: KPMG*
1.3 Structure of this report

This report provides the project findings and is structured as follows:

- Section 2: Provides an overview of the current state of the foster and kinship care system, including the accreditation process for foster and kinship carers and the roles and responsibilities of the Department and agencies.
- Section 3: Details the profile of current foster and kinship carers and findings from the data analysis.
- Sections 4-7: Provide an overview of the findings from the research, focusing on the recruitment of carers, registration, supporting and retaining carers and increased placements.
- Section 8: Summarises the key findings from the review and key recommendations.
- Section 9: Provides a high level overview of suggested next steps.

A series of appendices is also provided to support the findings within the body of the report.

- The appendices to this report provide supplementary information on the key activities (Appendix A), Foster care agencies in South Australia (Appendix B), Supplementary data analysis (Appendix C), Literature review (Appendix D), Summary data from the Care Survey (Appendix E) and Recommendations from the Nyland Report and the State Government’s response (Appendix F).
2 Out-of-home Care in South Australia

This section provides an overview of OOHC in South Australia including the functions of both care types. It also outlines the relevant recommendations specifically relevant to foster and kinship care from the recent Royal Commission into child protection.

2.1 Legislative and policy context

OOHC is a broad term covering a number of types of care for children who are under the guardianship of the Minister because they are unable to live with their parents. The key enabling legislation is the Children’s Protection Act 1993 (the Act), however, this legislation will be replaced by the Children and Young People (Safety) Bill 2016 in 2017 assuming it is passed in Parliament and receives Royal Assent.

The Act states the importance of providing for the care and protection of children in a manner that maximises their potential to live in a safe and stable environment. The Act emphasises that primary responsibility for a child’s care resides with the family. However in certain circumstances this is not appropriate or safe for the child and under the Act, the Minister may place a child in the care of a guardian or other member of the child’s family, or place the child in the care of an approved foster carer or other suitable person. The powers under the Act must always be exercised in the best interest of the child and provisions for children under guardianship of the Minister should aim to ensure settled and permanent living arrangements.

There are three types of OOHC that a child could be placed into:

- **Kinship care** – where a child is placed with a family member or a person who has a relationship with the child, family or community.
- **Foster care** – where a child is placed with a carer who is not related to the child (a foster carer).
- **Other alternative care placements** (residential care and commercial care) – which are used when foster and kinship care arrangements for children under guardianship are unavailable or inappropriate.

Kinship and foster care are also known as family or home based care. A description of each of these care types is provided in Section 2.2 and 2.3.

2.1.1 The child placement principle

The child placement principle guides the decision about the most desirable OOHC placement for a child. It recognises the importance of relationships between a child and their family. As such, the preferred option for a child is with a suitable relative/kin carer. If there is no appropriate relative, then next consideration should be given to other significant adults in the child’s network. Placement with a foster carer should next be considered. If there is no suitable foster placement available then placement to residential or commercial care is considered. The diagram overleaf illustrates this principle.

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5 Child Protection Act 1993 (SA) s51(1)(2)
6 Child Protection Act 1993 (SA) s38(2a)
The child placement principal is particularly important for Aboriginal children in care, where the Aboriginal Child Placement Principal recognises that connections to family and community are important for the development of identity, and hence children should be placed such that they can maintain these connections to family, community and culture.

2.2 Kinship care

A child in kinship care is placed with a relative or person who has a relationship with the child, known as a kinship carer. A child may also be placed with a specific child only (SCO) carer, who is a person that the child has a significant existing relationship with who is not a relative or kin of the child. As of 30 June 2015, there were 498 registered kinship carers and 1,261 children in kinship care placements in South Australia. As of 30 June 2016, there were 597 registered kinship carers in South Australia. Data on kinship and SCO carers and registrations are further detailed in Section 3.

DCP is responsible for all aspects of kinship care, including the identification and engagement of kinship carers, assessment, registration and kinship carer support.

2.2.1 Becoming a kinship carer

The process to become a registered kinship carer is generally initiated as a response to a crisis situation where the child is no longer able to live with their birth family. Before DCP case workers engage a potential kinship carer, a number of activities are conducted by DCP case workers to identify the most suitable carer for the child. These activities include researching the child’s history, developing genograms and conducting conversations with the child and their family members. Once a kinship carer is identified, they are approached by DCP and are provided with information to help them make an informed decision as to whether they are able/willing to become a kinship carer or not.

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7 Families SA, 2008, *Kinship and Specific Child Only Care – Practice guideline and procedure*, Government of South Australia
Once a person decides to take on the role of kinship care, the child is placed with them, and initial registration (iReg) and safety and police checks are conducted. Following this, the kinship carer undertakes a full assessment by DCP to ensure they are suitable for the role. This assessment considers the carer’s personal history, relationships, wellbeing and parenting experience. Final approval for the person to become the child’s kinship carer is made by DCP. Section 5.3 provides a detailed description of this process.

DCP maintains an ongoing relationship with the kinship carer while they have care of the child through the support provided by a DCP kinship support worker under the Kinship Care Program. The support provided by the kinship support worker includes supervision of the placement and identifying needs of the carer and placement, and works with the child’s case worker to support the placement.

A registered kinship carer is eligible to receive a carer payment from DCP to cover the day-to-day costs of caring for a child. Financial supports from DCP are further detailed in Section 6.2.3.

2.3 Foster care

A foster care placement occurs when a child cannot be placed with a kinship carer and is instead placed with a non-kin adult, otherwise known as a foster carer. As of 30 June 2015, there were 1,419 registered foster carers and 1,158 children in foster care arrangements in South Australia. As of 30 June 2016, there were 1,513 registered foster carers in South Australia. Data on foster carers and registrations are provided in Section 3.

Unlike kinship carers, foster carers are required to be registered (which includes an assessment) prior to providing care to a child. In South Australia, most of the functions of foster care are outsourced to 12 non-government agencies (listed in Appendix B). The outsourced functions are recruitment of carers, the assessment process in line with the practice requirements set by DCP and the provision of support to foster carers once a placement has been made. DCP is responsible for the registration of carers (including approval of agency assessments) and the guardianship of the child.

There are a number of types of foster care that a child may be placed into, depending on need and circumstances. These are:

- Emergency care – usually a 24 hour home-based placement for children in crisis situations requiring OOHC.
- Short term care – planned placement to provide a safe, nurturing, home-based placement for children on short term orders. The placement provides children with home-based care until the child can return to their birth family, kinship carer or transition to a permanent placement.
- Long term care – planned placement to provide stable home-based care in a family environment for children on long term orders.

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8 Short-term orders (up to 12 months) include investigation and assessment orders
9 Long-term orders (until the child turns 18 years of age or for more than 12 months) include custody or guardianship orders and supervision orders of the parenting process
• Respite care – usually a planned temporary placement to support the child’s short or long term placement by providing a break from child caring responsibilities for the foster or kinship carer. This may be provided one-off, or as time limited or regular arrangement.

Foster carers may be registered to provide one or more of the types of care listed above. The process to become a registered foster carer remains the same regardless of the type of care a potential foster carer registers for.

2.3.1 Specialised foster care

Specialised foster care provides an individualised and supportive placement for children with high and complex needs and behaviours. These foster carers are expected to have additional skills and training than that of a general foster carer. This type of care may include therapeutic components that assist the child with the impacts of trauma and abuse. Specialised foster care includes the following specialist types:

• supports and services to prepare for a longer-term placement
• long-term placements for complex needs children
• placements for children with disability
• short-term placements for children on short-term orders that focus on reunification with the birth family.

DCP expects that foster carers providing specialised foster care receive a higher level of support from their agency. The specific expectations are set by each foster care agency. Further information on supports available to foster carers through their agencies is provided in Section 6.

2.3.2 Becoming a foster carer

Generally, potential foster carers advance their interest to become a carer upon attending an information session run by a foster care agency where they are provided with further information to enable them to make an informed decision. Once the potential foster carer has decided to become a carer, the assessment process is initiated by the agency with an initial meeting in the carer’s home. The potential foster carer is at this point required to complete health, safety and house suitability checks.

Following the initial checks, a more rigorous assessment and training program is conducted using the assessment procedure and training package described in Section 5.2.2. First aid, child safety environments and infant care training are also provided by the agency.

Following the completion of training and assessment, the relevant agencies assessor completes the assessment and makes a recommendation to DCP to either approve or not approve the potential foster carer becoming a registered foster carer. The final step in becoming a registered foster carer requires DCP to review the application and to either support the decision of the assessor or not. Section 5.2 provides a detailed description of this process.

Upon the child being placed with a foster carer, the foster care agency is expected to provide ongoing support and training for the carer, and the carer is assigned a support worker. The range and availability of support depends on whether the carer is general or specialised and the resources of the agency. This is detailed in Section 6.1.1.

Foster carers receive a carer payment from DCP to cover the ordinary costs of caring for a child. The basic subsidy ranges from $325 per fortnight (0-4 year olds) to $702.80 per fortnight.
(16-17 year olds). Foster carers providing specialised care receive a higher payment amount because the carer is usually required to be available full time (and not be employed). This is discussed in Section 6.2.3.

### 2.4 Nyland Royal Commission

Led by Hon Margaret Nyland AM, the Child Protection Royal Commission (Nyland Royal Commission, the Royal Commission or the Commission) was established in August 2014 to investigate the adequacy of the child protection system in South Australia. The Nyland Royal Commission was initiated in response to the case against Shannon McCole, however, the Terms of Reference included a broader review of the child protection system including the laws, policies, practices and structures currently in place for children at risk of harm, abuse or neglect including those under the Guardianship of the Minister. The report and recommendations of the Nyland Royal Commission ‘The Life They Deserve’ were delivered in August 2016. This report contains 260 recommendations and ‘recurring themes’.

The Report acknowledges the important role foster carers play in the child protection system. Of particular relevance to foster and kinship care were a number of recurring themes, in particular:

- investing in growing skills and expertise across the child protection workforce, in the department, other government departments and the not-for-profit sector
- investing more in prevention and early intervention for vulnerable families outside the statutory agency, including greater reliance on the not-for-profit sector to deliver and coordinate services
- emphasising stability and certainty for children who come into the statutory system
- investing in the OOHC sector to ensure that children who can no longer live at home are given stable, nurturing placements appropriately matched to their needs, including therapeutic care to heal past trauma
- respecting and valuing foster carers and kinship carers
- improving scrutiny of adults who care for children in OOHC placements, whether as foster carers, kinship carers or employees caring for children in rotational care
- using data to track the quality of care that the state is delivering to children in OOHC
- improving communication between the department and other organisations that provide services to children, and within the department.

Included in Appendix F is a summary of the relevant recommendations for foster and kinship care made by the Nyland Royal Commission and the Government Response to those recommendations. Of the 52 recommendations that relate to foster and kinship care, the Government has accepted all but one either fully or in principle.

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Recommendations cover a broad range of topics including:

- legislative amendments
- funding and administrative arrangements
- case management
- governance structures
- approval and assessment processes
- training
- review of current cases and backlogs to provide further recommendations to improve processes
- ensuring needs of regional carers and children are met, including need for culturally appropriate processes.

The only recommendation which was not accepted relates to the outsourcing of assessment and support of kinship carers similar to those that apply to foster care. Government maintains this was not supported by carers.
3 Profile of Foster and Kinship Carers in SA

This section provides a profile of foster and kinship carers in South Australia based on data held by DCP. In addition it provides observations on why people might or might not choose to become a carer based on the literature review and stakeholder consultations.

3.1 Motivation to become a carer

The decision to become a foster carer is generally not made quickly or taken lightly. The literature highlights that most foster carers contemplate becoming involved for some time, often for several years.\(^{11}\) The motivation behind this decision is often related to a general desire to help children.\(^{12}\) This was consistent with the results from the carer survey undertaken as part of this project which showed that 57 percent of respondents reporting that their main reason for providing care was that they ‘want to help children and make a difference in their life’. Further, 24 percent of respondents said that their main reason for becoming a carer was their ability to ‘provide a safe environment for children’. Stakeholder consultations further supported this, with the majority of participants agreeing that foster carers wanted to make a difference in a child’s life and give back to the community.

A number of current foster carers and agency representatives added that foster care is an option for people who are unable to have children of their own but are intent on building a family, as becoming a foster carer was perceived a much easier process than adopting a child. Stakeholders considered foster carers, in general, to have a number of personal attributes, such as being compassionate, child focused, happy and stable, with a positive attitude to learning and education. They did not view it as necessary for people to already have parenting skills, as long as carers are committed to caring.

Agencies in particular emphasised that very few carers are motivated by the prospect of income provided through foster care and that these carers usually do not pass the assessment stage of the registration process. It was recognised, though, that a small number of carers may be motivated by the additional support that another stream of income provides.

3.2 Barriers to recruitment

Stakeholder consultations revealed a number of barriers to people becoming foster carers. Foster agencies reported that while income is not so much a key motivator for people to

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become involved in foster care, it was perceived as a significant barrier to entering the system. Agencies indicated that generally people were not able to afford an extra person in the household or are dependent on full-time work and do not have the capacity to cut back work hours to dedicate time to the care of a child. A number of stakeholders also raised that the foster care system is designed around a family model with one person always being at home. This family arrangement is much less common with families usually being dependent on more than one income, making it harder to find capacity to care for a child, particularly a child with potentially high needs.

Another barrier to recruiting more foster carers is the perceived negative public image of foster care, with many carers consulted citing negative media coverage of the child protection system. Stakeholders were concerned about the lack of positive messages related to foster care in the media. Peak bodies in particular felt that the media focus on negative stories had led to a tarnished view on foster care by the general population. These images were viewed by stakeholders as creating a negative perception of the Department.

A number of stakeholders further raised that people generally were concerned about the permanency of decisions regarding foster care placements. They felt that any decision regarding the child in care could get overturned at any moment and without notice, even if this does not match the reality of such situations. This was seen as a barrier to people’s commitment to become foster carers as people were seen as generally reluctant to put themselves in a position where they could be emotionally hurt, for example when a child gets taken away from the foster carers on short notice to be reunited with its biological parents.

The literature review as well as stakeholder consultations further revealed a number of barriers specific to the recruitment of Aboriginal foster carers. For instance, there appears to be limited culturally and linguistically appropriate information and training in combination with a perceived lack of government support that could assist Aboriginal people wanting to get involved. 13 A number of stakeholders also highlighted that many people with an Aboriginal background get deterred by the prospect of having to undergo thorough police checks. It was further raised that Aboriginal communities in general tend to gravitate more towards kinship care as Aboriginal family structures are not like a generic nuclear family which means they often have cultural obligations towards extended family members.

3.3 What does the data tell us about foster and kinship carers?

DCP data relating to carers, registrations, and placement of children were made available for the period from July 2012 to June 2016. Only limited analysis was possible given the narrow information available to analyse. The following sections provide a summary of analysis of this data. Further data is contained in Appendix C.

3.3.1 Registrations and registered carers

The Department records the status of carers in one of four ways ‘registered’, ‘cancellation’, ‘on-hold’ or ‘deregistered’. Carers with a ‘registered’ status are available to provide care or are

currently providing care. The registration data showed that carers’ availability statuses often change as a result of their own voluntary decisions or sometimes due to issues with placements and sometimes due to other reasons such as carer sickness.

The number of registrations is important as this represents the capacity of the system. A registration may include one or more carers.

The data showed that as at 30 June 2016, there were 952 registrations for foster care, for which there were 1,513 individual carers. This indicates that many carers provide care as a couple or other multi-person arrangement. On average, there were 1.6 carers per registration. The number of foster care registrations has increased by over 40 percent since 2013. There were fewer kinship and SCO registrations than foster carer at 30 June 2016, with 393 kinship registrations (597 carers) and 115 SCO registrations (187 carers). These have both steadily increased since 2013.

Table 2 below shows the number of registrations and carers of each type. It is important to note that there can be multiple carers under one registration.

Table 2: Number of registration and carers at 30 June 2013 to 2016

<table>
<thead>
<tr>
<th></th>
<th>Registrations</th>
<th>Carers</th>
<th>Carers per registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster On Hold</td>
<td>84</td>
<td>115</td>
<td>268</td>
</tr>
<tr>
<td>Foster Registered</td>
<td>659</td>
<td>996</td>
<td>908</td>
</tr>
<tr>
<td>Kinship On Hold</td>
<td>11</td>
<td>12</td>
<td>22</td>
</tr>
<tr>
<td>Kinship Registered</td>
<td>213</td>
<td>268</td>
<td>331</td>
</tr>
<tr>
<td>SCO On Hold</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>SCO Registered</td>
<td>74</td>
<td>87</td>
<td>107</td>
</tr>
</tbody>
</table>

Source: KPMG analysis of DCP datasets

The following chart shows the trend of ‘registered’ carers across foster care, kinship care and SCO carers from June 2013 to June 2016. As can be seen from the data, the total number of foster carers in the system (available for care) has not changed substantially in the three years prior to 30 June 2016, where there was a large increase in the number of carers. In contrast, while the numbers are substantially lower, the number of relative/kinship carers (available to provide care) almost doubled between 2013 and 2016. The number of SCO carers increased by 77 percent in the same period.
The number of children that can enter foster and kinship care placements is dependent on the number of available carers and the number of children they can provide care for. A lack of registered carers places pressure on the child protection system to place the child in residential or commercial care arrangements and despite a significant increase in foster and kinship carers the rate of residential and commercial arrangements has still increased. While the total number of children in an OOHC placement in FY2014-15 was 2,838, there were only 1,239 foster and kinship registrations during the same year.\textsuperscript{14}

Table 3 below shows the total maximum number of children that foster carers have elected to provide care for under their registration. This represents the ‘capacity’ of the foster care system in South Australia. As at 30 June 2015, if all registered carers provided care to the maximum number of children they were registered for, 1,799 children could be cared for by foster carers. This, compared to the total number of children in foster care placements of 1,158, and the total number of children in foster, residential and independent living arrangements of 1,577\textsuperscript{15}, suggests that there is some latent capacity in the system for additional foster care placements. In South Australia 55 percent of foster carers provide care for one child compared to 48 percent nationally.\textsuperscript{16} This demonstrates that the system is underutilising the capacity of foster carers to care for more children, which has perhaps resulted in the increased use of residential and commercial care arrangements. A number of contributing factors to the predominance of single child placement is discussed in Section 7.

\textbf{Table 3: Total maximum number of children as per foster carer registrations as at 30 June 2016}

<table>
<thead>
<tr>
<th>Registrations</th>
<th>Maximum Children</th>
<th>Average children per reg.</th>
</tr>
</thead>
<tbody>
<tr>
<td>On Hold</td>
<td>84 115 268 237</td>
<td>166 213 549 444</td>
</tr>
</tbody>
</table>

\textsuperscript{14} Australian Institute of Health and Welfare, 2016, Child protection Australia 2014–15. Child welfare series no. 63. Cat. no. CWS 57, Canberra, AIHW
\textsuperscript{15} Australian Institute of Health and Welfare, 2016, Child protection Australia 2014–15. Child welfare series no. 63. Cat. no. CWS 57, Canberra, AIHW
3.3.2 Carer age and gender

The data indicates there were significantly more female than male carers for all care types; 61 percent of foster carers, 64 percent of kinship carers and 61 percent of SCO carers were female at 30 June 2016.

In total, there were 1,083 foster carers aged 50 and under, representing 58 percent of all foster carers in South Australia. This suggests that, to a degree, there is sustainability in the system if the current pool of foster carers continue to provide care. The largest age group of carers was aged between 41-50 years (701 carers, 37 percent).

Kinship carers tend to be older than foster carers. The largest age group of carers was aged between 51-60 years (189 carers, 30 percent). In total, there were 476 kinship carers who were 41 or over, representing over 75 percent of the total number of kinship carers in South Australia. This is understandable given the propensity for grandparents to take on care responsibilities for their grandchildren.
Similarly to foster carers, the 41-50 age band held the greatest proportion of SCO carers at 30 June 2016 (78 carers, 39 percent), however 80 percent of carers were aged 41 years and older.

Detailed tables are provided in Appendix C.

### 3.3.3 Carer cancellation and deregistration

Carers leave the system either voluntarily (cancelling their registration) or are de-registered by DCP as a result of a major concern regarding their capacity to care for children.

Table 4 overleaf shows the number of foster carers that cancelled or were deregistered in each financial year from June 2013 to June 2016. In total, 216 carers cancelled their registration in FY2015-16, mostly due to unspecified reasons or due to a change in circumstances. A small number of carers were also deregistered each year, representing a small proportion of those that leave the system (three percent in FY2015-16). This demonstrates that most carers who leave the system do so voluntarily, and creates the opportunity to do more to reduce this number. Overall in FY2015-16, 13 percent of foster carers left the system.

#### Table 4: Number of foster carers who cancelled or were deregistered, between 30 June 2013 and 30 June 2016

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of Carer</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Approved for Child Who’s Left / Turned 18</td>
<td>1</td>
<td>11</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Care Concern</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Carer Competency Not Met</td>
<td>4</td>
<td>14</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Change in Circumstance</td>
<td>21</td>
<td>159</td>
<td>43</td>
<td>58</td>
</tr>
<tr>
<td>Change in Work / Study Commitments</td>
<td>8</td>
<td>12</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Death in the Household</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Dissatisfaction with Agency / Program</td>
<td>5</td>
<td>4</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Employed by Families SA / Service Provider</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Health Issues of Carer or Relative</td>
<td>2</td>
<td>13</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>Household Relocation in SA</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Household Relocation Interstate</td>
<td>4</td>
<td>8</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>New Partner Not Suitable / Not Willing to Proceed</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>63</td>
<td>14</td>
<td>75</td>
<td>89</td>
</tr>
<tr>
<td>Other Person Guardianship</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Relationship / Marital Issues</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Unable to Locate</td>
<td>4</td>
<td>14</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>123</td>
<td>262</td>
<td>186</td>
<td>212</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessed Safety Risk to Children</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Carer Competency Not Met</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Convicted of Offence</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>6</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Outcome of Care Concern</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Standards of Care Not Met</td>
<td>8</td>
<td>8</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>131</td>
<td>270</td>
<td>187</td>
<td>219</td>
</tr>
</tbody>
</table>

**Source:** KPMG analysis of DCP datasets

Table 5 overleaf presents the same data for kinship carers. The data shows that in FY2015-16, 76 kinship carers ceased providing care, with more than half due to the child turning 18.
This is expected, as when the child turns 18 they no longer require guardianship and hence kinship care arrangements also cease (this does not mean that the child necessarily leaves the care of the relative). Only one kinship carer over the four year period was deregistered by DCP. Overall in FY2015-16, 76 carers ceased caring, which represents 11 percent of kinship carers, a number significantly lower than in FY2014-15 where 26 percent of carers ceased providing care (despite of a similar number of children turning 18).

Table 5: Number of kinship carers who cancelled or were deregistered, between 30 June 2013 and 30 June 2016

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of Carer</td>
<td>14</td>
<td>10</td>
<td>39</td>
<td>40</td>
</tr>
<tr>
<td>Approved for Child Who’s Left / Turned 18</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Care Concern</td>
<td>2</td>
<td>7</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Carer Competency Not Met</td>
<td>12</td>
<td>7</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Change in Circumstance</td>
<td>11</td>
<td>5</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Child Reunited with Birth Family</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Death in the Household</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Dissatisfaction with Agency / Program</td>
<td>1</td>
<td>1</td>
<td>17</td>
<td>20</td>
</tr>
<tr>
<td>Health Issues of Carer or Relative</td>
<td>11</td>
<td>1</td>
<td>26</td>
<td>20</td>
</tr>
<tr>
<td>Household Relocation in SA</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Household Relocation Interstate</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other Person Guardianship</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Relationship / Marital Issues</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>44</td>
<td>54</td>
<td>106</td>
<td>76</td>
</tr>
</tbody>
</table>

Deregistration

<table>
<thead>
<tr>
<th>Outcome of Care Concern</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Total | 44 | 55 | 106 | 76 |

Source: KPMG analysis of DCP datasets

3.3.4 Registration outcomes

The review had intended to undertake regression analysis to consider the relationship between carer characteristics and positive outcomes (such as caring for multiple children, no care concerns). Given the limited data available on carer characteristics, these variables of interest were limited. A description of the technical detail of the analysis is described in Appendix C.

The following table shows the number of carer registrations between July 2012 and June 2016 by the type of registration and their outcomes. Each number in this table represents one registration for one carer only.

Table 6: Number and proportion of carer registrations resulting in neutral and undesirable outcomes, between July 2012 and June 2016

<table>
<thead>
<tr>
<th>Registration type</th>
<th>Neutral</th>
<th>Undesirable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Registrations</td>
<td>Percent</td>
</tr>
<tr>
<td>Foster</td>
<td>2,502</td>
<td>93%</td>
</tr>
<tr>
<td>Kinship</td>
<td>874</td>
<td>95%</td>
</tr>
<tr>
<td>Grant Total</td>
<td>3,376</td>
<td>94%</td>
</tr>
</tbody>
</table>

Source: KPMG analysis of DCP datasets
The characteristics that were studied for their impact on registration outcomes of foster carers were the following:

- number of carers in a registration i.e. whether it is a single carer registration or with other carers
- maximum age of the children a carer is registered to provide care to
- maximum number of children a carer is registered to provide care to
- demographic characteristics i.e. age, sex, Aboriginal or Torres Strait Islander of a carer.

Given the limited analysis that could be undertaken based on the above characteristics, no conclusions can be drawn on the types of carers more likely to have a positive outcome. The outcomes of the analysis is detailed in Appendix C.

### 3.3.5 Placements

A placement is made when a child is placed into the care of a foster, kinship or SCO carer. This section presents an analysis of placement data provided by DCP from 30 June 2012 to 30 June 2016.

The following table, Table 7 shows the number of placements as of 30 June 2016. It shows that there are approximately the same number placements in both foster and kinship arrangements as of 30 June 2016 and are predominantly in long term placements.

#### Table 7: Current placements as at 30 June 2016 by type and arrangement

<table>
<thead>
<tr>
<th></th>
<th>Foster care placements</th>
<th>Kinship care placements</th>
<th>SCO placements</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Long Term</strong></td>
<td>835</td>
<td>958</td>
<td>150</td>
<td>1,943</td>
</tr>
<tr>
<td><strong>Short Term</strong></td>
<td>205</td>
<td>288</td>
<td>21</td>
<td>514</td>
</tr>
<tr>
<td><strong>Specialist</strong></td>
<td>186</td>
<td>0</td>
<td>2</td>
<td>188</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>1,226</strong></td>
<td><strong>1,246</strong></td>
<td><strong>173</strong></td>
<td><strong>2,645</strong></td>
</tr>
</tbody>
</table>

*Source: KPMG analysis of DCP datasets*
Summary of placement duration

Figure 5 below shows the number of placements by duration and type that ended between July 2012 and June 2016. As expected, for all types of long term placements, the majority (61 percent for foster care; 46 percent for kinship care and 43 percent for SCO) of placements have a duration of two years or more. However, across all care types, there is still a proportion (13 percent for foster care; 21 percent for kinship care and 28 percent for SCO) where a long term placement has ended before six months. This suggests a lack of stability in placements for some children requiring long term care.

Equally, while it is not surprising that most short term placements lasted less than three months (64 percent for foster care; 54 percent for kinship care and 67 percent for SCO), there was a significant proportion of short term placements across all care types which lasted longer than three months (36 percent for foster care; 46 percent for kinship care and 33 percent for SCO). While this potentially presents some stability for the child in care, it may also suggest that it is difficult to find suitable long term care arrangements.

Reasons for placements ending

Placements of children end for a variety of reasons, some of which are planned placement moves while others are due to changes in circumstances, breakdown in placements or a variety of other reasons.

Overall, the number of long term foster care placements that end each year has been declining, from 126 in FY2012-13 to 77 in FY2015-16. This in part is contributing to the increasing total number of children in care, as children are staying in care for longer. However,
of those placements that do end, an increasing proportion is ending as a result of placement breakdowns.

The raw numbers of placement breakdowns has not increased over the same period, but as fewer placements are ending, the proportion ending as a result of placement breakdown has increased, from 29.4 percent in FY2012-13 to 41.6 percent in FY2015-16.

As of 30 June 2016, placement breakdown as a proportion of all ongoing placements was most prevalent in long term kinship care placements, representing seven percent of ongoing placements.

Table 8 Placement breakdowns as a percentage of ongoing long term placements as at the end of 30 June 2016

<table>
<thead>
<tr>
<th>Placement breakdowns as at 30 June 2016</th>
<th>Ongoing placements as at 30 June 2016</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long term Foster</td>
<td>32</td>
<td>835</td>
</tr>
<tr>
<td>Long term Kinship</td>
<td>63</td>
<td>958</td>
</tr>
<tr>
<td>Long term SCO</td>
<td>9</td>
<td>150</td>
</tr>
</tbody>
</table>

Source: KPMG analysis of DCP datasets

Reasons for placements ending differ between each foster care type. From FY2013-16, the primary reason that long term foster care placements ended has consistently been due to placement breakdowns. The data indicates that in the same period, reasons for placements ending in short term foster care placements is highly attributable to planned placement moves. In addition, the primary reason for specialist foster care placements ending is due to the placement having a length that was reached.

Due to the nature of short term and specialist foster care placements, it is expected that these placements end due to planned placement moves and having reached a predefined placement length. It is, however, unexpected and undesirable for long term foster care placements to end due to placement breakdowns.

For kinship care placements, reasons for placements ending were mainly attributed to planned placement moves, however this did vary across long term and short term kinship care. The primary reason placements ended in long term kinship care placements was planned placement moves from June 2012 to June 2014, however, this shifted between June 2014 and June 2016 to placement breakdowns. Expectedly, reasons for placements ending in short term kinship placements between FY2013-16 was evenly attributed to planned placement moves or child reunification.

It was no surprise that generally, long term kinship care placements as stated above, ended because of planned placement moves. However, the primary reason for these placements ending between June 2014 and June 2016 was due to placement breakdowns which is an undesirable outcome.

Detailed tables are provided in Appendix C.

3.4 Summary

Identifying what motivates people to care and the barriers which constrain people to become carers provides the foundation for a recruitment and retention strategy. It is vital to tap into people’s motivations and interests to attract them to become carers. Of equal importance is the need to identify the barriers for people to become carers. A number of these barriers, including financial supports and cultural barriers for Aboriginal and Torres Strait Islander carers have been addressed in Section 6.2.10.
Overall, the data analysis conducted as part of this review does not support the type of deeper analysis required to understand the relationships between carer characteristics and caring outcomes that would support more targeted recruitment and retention activity. DCP will need to have a more comprehensive carer database to enable it to fulfil its policy functions and to monitor the performance of OOHC more effectively.
4 Recruitment of Carers

Currently, SA has the highest rate of children in non-home based care arrangements in Australia. These arrangements are more expensive than home based care. At 30 June 2016, there were 952 foster care registrations (1,513 registered carers), 393 kinship care registrations (597 kinship carers) and 115 SCO registrations (187 SCO carers). In the last two years, the number of foster care registrations has dropped from 996 registrations in 2014 (with an overall increase since 2012), while the number of kinship and SCO carers has steadily risen.\(^{18}\)

Clearly there is a need to recruit more foster carers, the system cannot run effectively at full capacity (where most registered carers have a child placed with them) in order to place children with the right carer instead of one of the few carers available. This may explain the significant proportion of short term placements which extend beyond three months, and the rise in the use of residential and commercial care.

Recruitment activities are critical as this is the primary source of attracting new carers into the system by making people aware of the need for foster carers and how they can help. In order to increase the number of carers entering the system effective recruitment strategies are required.

The responsibility for the recruitment of foster carers lies with the foster care agencies who each run their own marketing campaigns and information sessions for people who are interested in becoming involved in foster care. In addition to that, DCP runs state wide advertising campaigns, which is the recently commenced ‘Choose to Care’ campaign.

In this section the recruitment of kinship and SCO carers is discussed separately, because recruitment of these carers follows a different approach where the carers are identified from within a child’s family or network. It is the responsibility of DCP to identify a suitable kinship (or SCO) carer for a child when they go into care.

4.1 Key aspects to recruitment

This section discusses the three important strategies to recruiting new foster carers including what current recruitment strategies look like, any gaps identified and opportunities for improvement.

4.1.1 Word-of-mouth

Foster carers are considered to be the best recruiters of other foster carers.\(^{19}\) Involving current foster carers in the recruitment process is a powerful tool, as first-hand experience is a major influence on people’s decision-making. Word-of-mouth advertising also opens the doors to many different groups of people that may otherwise not have been exposed to foster care before through the various social circles that people engage with. The consensus among

\(^{17}\) Productivity Commission, Report on Government Services 2016 Volume F Chapter 15 dataset

\(^{18}\) See Figure 2, page 22.

stakeholders was that word-of-mouth is their most important and most effective form of advertising for recruiting new foster carers.

Through consultation with carers it was revealed that many carers were introduced to foster care through family and friends who provide foster care. This exposure to foster care encouraged them to consider becoming foster carers themselves. A risk with word-of-mouth is that it relies on foster carers having positive experiences to share. Foster carers with negative experiences can impact on recruitment by turning people away from foster caring. As such, a critical part of recruiting new carers is focusing on addressing the needs of current foster carers. The rationale for this is that addressing foster carers’ needs is likely to contribute to an experience that is generally positive and that carers will share this experience with those in their social and family groups. A discussion about how these needs can be met is provided in Section 6.

There is an opportunity within foster care to approach word-of-mouth recruitment in a more systematic and innovative way in order to tap into the large resource of existing foster carers. For instance, one agency was planning to trial the use of a ‘Tupperware-style party’ to recruit more carers, where an experienced carer invites a group of interested people into their home to share their experience of being a carer. There is benefit in other agencies considering less traditional methods of recruitment that draws on their carer base.

The literature suggested the establishment of foster care ambassadors to utilise the most effective source of recruitment, foster carers. The use of ambassadors showed positive outcomes in increasing the number of foster carers in Essex, UK. The role of the ambassador would be to raise the profile of foster care state wide and in communities. Foster care agencies would be tasked with identifying a suitable carer for the role. These people would be provided with appropriate training and support to undertake this role. Ambassadors should be proactive and paint a positive but realistic view of foster care, and involve sharing stories of their own experience and of success stories of children from foster care (de-identified) to help potential carers make the connection to the impact of foster care on a child. This child focus taps into the motivation in potential carers of their desire to help children and make a difference (discussed in Section 3.1). Additionally, these ambassadors can provide support to new carers through registration and beyond, and so play a critical role in retention of foster carers as well.

**Recommendation 1:** That the Department and agencies work together to trial a foster care ambassadors program to support the recruitment of new carers and the provision of peer support.

### 4.1.2 General marketing activities

Marketing and branding is an essential part of any recruitment campaign. Foster care is marketed by the foster care agencies via a range of avenues, such as through advertisements on TV, in cinemas, as well as on the radio, or by distributing flyers and brochures at community events.
events. Agencies may use some or all of these strategies in their recruitment activities. Further, these advertising campaigns may be wide reaching (e.g. state wide), or smaller scale limited to agencies’ respective region/s. The breadth of marketing is largely dependent on agency resources and their view as to the best approach. In general, agencies do not formally coordinate marketing approaches with each other, although they are aware of the activities that each agency undertakes, particularly where they are on TV or radio.

While most agencies focus their attention on general marketing activities, the literature tells us that funding spent on general marketing campaigns has been shown to have little effect. Some agencies reported that the current government campaign had increased the number of enquiries to the agency, indicating that it had some positive effect on at least increasing the number of people interested. Agencies noted, however, that it had not necessarily meant they had recruited more people as a result. In fact, the literature states that whilst publicity campaigns may generate awareness of foster caring, they may not be so successful in the translation of people becoming registered foster carers.

The nature of the marketing message is decided by agencies/DCP in their campaigns. During consultations, multiple stakeholders commented that they felt that the images that are presented in foster care marketing and recruitment campaigns do not reflect reality, and that in fact foster care can be challenging as the children have experienced some form of trauma. Therefore, people can sign on to be foster carers with expectations that don’t match reality. Unmatched expectations is a contributing factor to people leaving the foster care system.

On the other hand, stakeholders regarded the perceived negative image of foster care within the general public as a major inhibitor to otherwise successful recruitment campaigns. They felt that negative media reports outweigh positive stories and experiences in the public’s view.

While these two views may appear to be contradictory, it highlights the importance of marketing activities that present a realistic image of foster care that are neither too positive nor too negative. Foster care agencies should have an approach to messaging and branding that is positive and honest, and should clearly communicate the agency’s expectations of its foster carers from the outset. The literature recommends that the way the role of a foster carer is described should be based on a deliberate, values-based approach, e.g. referring to foster carers as ‘partners’ in making it clear that foster carers are expected to support reunification efforts.

So, what is needed then to make marketing strategies more effective? Targeted rather than broad based campaigns (discussed in detail in the following section), a realistic balanced view of what foster care entails, and a focus on improving the general public perception of foster care (so that when they do hear about foster care they don’t immediately dismiss it). The trial of a Carer Ambassador program (described above) would play a key role in improving public perception.

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4.1.3 Targeted recruitment

Targeted recruitment involves the deliberate attempt to recruit people from a specific target group, for example based on location, community, profession, age, etc. There is no specific requirement from DCP that agencies undertake targeted recruitment activities.

The literature recommends that the majority of all foster carer recruitment activities should be targeted, as it is more effective than general marketing activities.28 The method of targeting may vary (e.g. by geography, by type of child or young person, by type of carer, or by complexity of a particular case). Consultations have indicated that foster care agencies and Department staff are aware of the benefits of targeting recruitment activities to specific demographics or geographical areas, however they are generally lacking a consistent approach to identifying the most suitable population groups to target.

A number of foster care agencies reported that they have been focusing more on targeted recruitment of late, directing their marketing approaches on particular geographical locations or specific demographics. For instance, in order to spread recruitment activities across the state and to cover regions more evenly, one agency has made a specific effort to focus on suburbs and areas that other agencies were not as active in. Other agencies discussed recent efforts of targeting same-sex couples for fostering by setting up information stalls at events such as FEAST festival, while other agencies have specifically targeted particular demographic groups such as middle-aged professional women or people from a particular professional background such as nurses or teachers. The decision on who to target is generally based on agency perception and views rather than detailed market analysis.

In order to apply targeted recruitment methods effectively, an ongoing needs assessment and market analysis is needed to identify the most suitable demographics or geographical areas where there are people more likely to consider foster care. Demographic and census information should be matched to data of existing foster carers to determine whether any potential target groups have been overlooked in the past.29 As a result, rather than making decisions on who to target based on perception, agencies can make an informed decision about who to direct recruitment activities to and how to more effectively utilise their recruitment spend.

For DCP to support agencies to do this effectively, a complete profile of current carers is required. At the moment, DCP only holds limited information in its database of carers (such as age, gender, Aboriginal and Torres Strait Islander status), which is not sufficient to provide the detailed view of carers in the system that is required to strategically target recruitment. Hence, undertaking analysis of what the gaps may be and groups to target will be challenging. Improved data sharing between agencies (who presumably hold more data on their carers) and DCP will enable a more fulsome profile of foster carers to be developed across the state. Work would be required to identify relevant data items for collection.

There is also a role for DCP in centrally overseeing and coordinating marketing activities to strengthen the current agency led approach. This function would be responsible for undertaking state wide market analysis and sharing this information with agencies. The agencies would be expected to utilise this to inform the development of their annual marketing and recruitment plans. This would provide structure to foster care marketing approaches, so as to identify gaps and avoid duplication among the agencies. This would not only mean that

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foster care messages may reach a greater number of people than otherwise but also that they reach those most likely to consider foster care through use of better targeted approaches.

**Recommendation 2:** That the Department establishes an online carer dataset for agencies to input carer data to provide a state wide profile of carers

**Recommendation 3:** That the Department undertake state wide market analysis to support development of targeted marketing strategies, by DCP and agencies, to recruit new foster carers

**Recommendation 4:** That agencies establish and implement annual marketing and recruitment plans drawing on the state-wide market analysis outcomes and local knowledge

### 4.1.4 Kinship carers

The recruitment of kinship carers follows a different approach, as the carers are identified from within a child’s family. The child placement principle states that the first option to be considered for a child going into care is to be placed with a family member.

Best practice for identifying the most suitable family member to take on that role includes the use of genograms, family-led decision making or family group conferences, as well as the involvement of the child or young person themselves (where appropriate). This aligns with the Department’s policy in the *Kinship and Specific Child Only Care Practice Guideline and Procedure*.  

During consultations, stakeholders reported that following best practice was not always the easiest approach in kinship care. Stakeholders felt that the time constraints and high workloads of case workers often lead to necessary hasty decision-making processes to ensure a child was placed with a family member as quick as possible. As a result children are placed with the first available carer rather than the most suitable carer identified through thorough scoping. The consequence is that children placed with an inappropriate kinship carer may lead to a higher likelihood of placement breakdown. In FY2015-16, seven percent of kinship placements broke down (63 breakdowns out of 958 placements), higher than that for foster care (four percent of placements), and placement breakdown was the main reason for a long term placement ending (42 percent of placements that end).

For Aboriginal children, scoping is critical to ensure children maintain connections to family, culture and community. DCP staff reported using a cultural appropriate identity support tool which mandates that staff sit down with the family, significant others and extended family members to determine alternative care options within the family network. However, DCP staff also reported that this takes time and resources which are strained. Again the result is that children may be placed with inappropriate family members or in a place that is not culturally appropriate.

In order to operate in line with best practice, DCP policy, and with the child placement principle resources are required to undertake the scoping work necessary to place children with the most appropriate carer. Currently the obstruction in the system that prevents this is lack of resources to undertake thorough scoping work.

The establishment of a ‘kinship placement’ role would be tasked with identifying and engaging with potential kinship carers when a child comes into care. The role need not be filled by trained social workers but would require appropriately trained staff to undertake the role effectively. Input from the social worker to help identify the most suitable person should also be a part of this process. To be most effective the kinship placement role should sit within
local DCP offices where the connection and relationship to the child have been established and to draw upon the local community connections to identify relatives of the child.

**Recommendation 5:** Enhance the Department’s ability to thoroughly identify the most suitable kinship carer by investing resources to establish ‘kinship placement’ roles charged with identifying and engaging with potential kinship carers when a child comes into care.
5 Registration

The registration process is a key element of the foster care system. The aim of the process is to ensure that potential carers are capable of caring for children and that children will be placed in a safe environment away from harm. As a result, the process focuses on establishing that the carer/carers have no health or criminal issues, that their house is suitable for a child to live in, and that they are competent and capable of caring for a child, for which they receive training to assist with.

The registration process is critical in establishing good relationships with suitable carers, as this is their first interaction with the system. While maintaining a focus on child safety, the process should also not deter those wanting to become a carer from doing so. No data was available that provides the number of applicants who commence the registration process and then subsequently withdraw. The Nyland Royal Commission has recommended that agencies notify DCP when an applicant withdraws\textsuperscript{31}, which the Government has accepted. This will enable data capture of the rate that applicants commence registration but do not complete.

There are different processes for becoming an accredited foster carer, kinship carer or SCO carer. These are described below.

5.1 Foster carer registration

The process to become an accredited foster carer is rigorous and comprehensive, so as to ensure that not only are carers safe to look after a child but that they are competent to do so, acknowledging that children in care require additional supports. The process map on the next page illustrates the steps involved in becoming a foster carer and a description of the key processes follows.

\textsuperscript{31} Child Protection Systems Royal Commission, 2016, \emph{The life they deserve: Child Protection Systems Royal Commission Report}, Government of South Australia, recommendation 107
Figure 6: Process map to become a registered foster carer

Key Process

- Learn about foster care and being a carer
- Applications and Checks
- Potential Carer Assessments
- Carer Training
- Agency Recommendation
- Approval
- Placement

Process Step

- Attend Information Session
- Make Contact with a Foster Care Agency
- Information exchange session and meeting the household
- Applicant completes criminal record checks, child protection checks, referee checks and medical checks
- Applicant home assessed for safety and suitability
- Agency arrange assessment appointments in applicant’s home
- Corporate sessions, 2 hours each
- Agency recommends or otherwise approval of applicant
- Department to approve / not approve or seek more information
- Agency consider suitable arrangements
- Agency matches foster carer with child

Sub-Process Step

- Aspiring applicant to learn about roles and responsibilities of being a carer
- Agency sends the individual an information pack to help make an informed choice about becoming a foster carer.
- If interested in proceeding, individual meets with Agency to discuss process, answer questions, and meet family / household
- Submit an application to foster care agency to carry out necessary checks on applicant and applicant family
- Applicant to participate in foster carer training to equip them with the skills needed to provide quality care and provide a better understanding of the foster carer role.
- Upon completion of paperwork, checks and training, the foster care agency will discuss the progress of the application.
- Department to approve / not approve the agency’s recommendation of the applicant. The Department may also seek more information.
- When a carer household is approved, the foster care agency lets them know and begins discussions about arranging a suitable placement of a child or children to the home.

Supporting Documents

- Standards of Alternative Care in SA
- Boundary and keeping yourself safe as foster carer
- Initial Placement Checklist
- Initial Placement Checklist
- Child Protection form
- Health check form
- Referee check form
- Home Suitability Assessment Form
- Lifestyle Assessment Forms
- Shared stories, shared lives training package for carers
- Manual for assessors
- Assessment record
- Step By Step – South Australia

Time Taken

- 6 Months

Source: KPMG
### Table 9: Overview of the key processes to becoming a registered foster carer

<table>
<thead>
<tr>
<th>Process</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Learn about foster care and being a carer</strong></td>
<td>In order to become a foster carer, an applicant normally attends an information session run by a foster care agency, after which an information pack outlining what is involved in foster care is provided to the applicant to enable them to make an informed decision.</td>
</tr>
<tr>
<td><strong>Applications and checks</strong></td>
<td>Registration can be done on an individual or couple basis, however, all adults living in the household are expected to be assessed for suitability. Once the applicant/s have decided to become a foster carer an initial meeting in the home is conducted by the agency. The applicant/s then complete health and safety checks and the agency assesses the house for suitability.</td>
</tr>
<tr>
<td><strong>Potential carer assessments</strong></td>
<td>After these initial checks, a detailed assessment and training program commences. The <em>Step by Step</em> assessment consists of an introductory session followed by five key competencies, which are assessed in the applicant/s home over a period of time (usually around two hours per assessment with two weeks between each session, depending on assessor/applicant availability) by an approved assessor of the foster care agency.</td>
</tr>
<tr>
<td><strong>Carer training</strong></td>
<td>Carers are expected to undertake first aid, child safe environments training and infant care (if applicable), as well as <em>Shared Stories, Shared Lives</em> training. The <em>Shared Stories, Shared Lives</em> training consists of nine modules and is delivered by an experienced trainer and an experienced foster carer. Training is usually conducted in groups of potential foster carers of the agency. Training can occur before, after or concurrent with assessment and is usually dependent on the training timetable of the agency in relation to when the applicant/s commence the registration process.</td>
</tr>
<tr>
<td><strong>Agency recommendation</strong></td>
<td>Following the completion of training and assessment the foster care agency assessor completes the assessment paperwork and makes a recommendation to DCP to either approve or not approve the applicant/s to become a foster carer.</td>
</tr>
<tr>
<td><strong>Approval</strong></td>
<td>DCP reviews the application and either supports the decision of the assessor or not. DCP may also choose to ask for further information from the agency about the potential foster carer prior to making a decision. If the applicant is approved, they become a registered foster carer and entered into the system. The registration database includes details of the types of care the carer can provide (e.g. respite, long term) and the age range of the child the carer will provide care for. If a carer wishes to change the type of care they are registered for the agency completes a request form to DCP with a rationale for the change. DCP then approves the request if suitable to do so.</td>
</tr>
<tr>
<td><strong>Placement</strong></td>
<td>As soon as a carer is registered, they will be considered by the agency for placements that match the type of foster care they are registered to provide. When a child is identified as requiring foster care by DCP, a referral is sent to DCP’s Placement Services Unit. The Unit ensures referral details are completed and forwards to an appropriate foster care agency. The foster care agency will then match the child with an available foster carer. If no carer is available, the referral may be sent to another appropriate foster care agency, or be referred to residential or commercial care arrangements.</td>
</tr>
</tbody>
</table>

*Source: KPMG*
On average, the process should take about six months to complete but can vary dependent on a number of factors as discussed in the following section.

5.2 Key aspects of foster carer registration

This section identifies issues and gaps that were raised by stakeholders though the consultations in relation to the processes described above. This section also provides opportunities to improve the foster carer registration processes.

5.2.1 Overarching design of the registration process

The overarching design of the registration process refers to the overall flow and purpose of the elements that make up the registration process. That is, do the checks, assessments and training cover the key quality and safety aspects of being a carer?

The process, once a person decides to become foster carer, consists of the initial safety checks, followed by detailed assessment and training, a recommendation by the agency and finally review of the application by DCP to decide whether to approve an applicant.

Overall, stakeholders expressed that the registration process was sound, and that the key steps in the process covered off on the safety and quality aspects of a potential carer, such as health checks, criminal record check, household safety and competency to care. Each of the safety checks are addressed up front, with the carer requiring to undergo health, police and safety checks. Competency is determined though the detailed assessment process (discussed in the following section, Section 5.2.2).

However, there was general dissatisfaction with the process mostly due to the nature of assessments and time it takes from initial information session to approval. These issues are discussed in more detail in the following sections.

Agencies felt that there is duplication in the assessment process once they complete the assessment of the carer. Currently the agencies’ assessors undertake the assessment. The application then goes to DCP’s registration team where the application is reviewed using a specially designed template that draws out the critical information required to either support the agencies recommendation to register the applicant or not.

While the agencies may feel this is duplication, it is appropriate given DCP’s role as guardian that they retain final decision making powers over carer registration, there are improvements that could be made in the execution of the role. This is discussed in Section 5.2.4.

5.2.2 Assessment tools

Step by Step assessment

The assessment process to become a foster carer involves the use of Step by Step, which consists of six sessions/assessments of around two hours each, with usually about two weeks between assessments. No issues were identified with the capacity of Step by Step to appropriately and reliably assess carer competency.

Agencies and DCP agreed that the use of Step by Step was a factor in dissatisfaction with the registration process. Aside from the issue that at best it takes a considerable amount of time to complete (minimum of 12 weeks if the six sessions are held two weeks apart), stakeholders
also noted that it is rigorous, lengthy and often very personal, which can put off some people from even commencing the process.

Agency and department stakeholders were in favour of a different assessment tool to address the myriad of issues with the current *Step by Step* (length, nature of tool, quality of assessments). The *Step by Step 2016* tool was suggested.

*Step by Step 2016* is a shorter, streamlined version of the current tool used in South Australia. It has been developed by the Association of Children’s Welfare Agencies (ACWA). The new edition is reported to provide reliable assessment tools that are underpinned by clearly articulated benchmarks of competency that enable consistent carer assessment decisions to be made at a number of key points in the process.\(^{32}\) It is currently used in NSW.

The new version consists of five competencies (the first competency being a home and safety check) with an increased focus on understanding the development of trauma, attitudes to birth family, the reality of becoming a foster carer, and extension questions that focus on permanency (adoption or guardianship). Guidance from ACWA suggests that the four competencies can be completed in one month, a significant reduction in time from the current version. In addition, ACWA stated the reporting tool itself contains more structure and guidance for assessors in prompting for information, what sources they should obtain the information from, and guidance in analysing the information and level of evidence required to make a decision. As a result it would be expected that the time taken for an assessor to complete the report and the quality of the report would improve with this guidance.

**Recommendation 6**: That the 2016 Step-by-Step tool be trialled in South Australia and considered for roll out which could reduce the assessment time to three months.

For Aboriginal carers, the use of *Step by Step* was seen as culturally inappropriate by stakeholders. They stated that this assessment tool does not articulate or explore the importance of maintaining an Aboriginal child’s connection to country, community, their language and family.

The assessor manual provides general guidance for use with Aboriginal people such as recommending the use of two assessors of which one should be Aboriginal (although this is not mandated), and language style and context. However, it does not provide specific guidance throughout the assessments that suggests how the assessor should approach each discussion and competency with Aboriginal people. There is a specific Aboriginal applicant booklet for use by Aboriginal applicants though the assessment process.

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The Winangay tool was suggested for use instead of Step by Step for Aboriginal carers. The Winangay tool has been specifically designed to meet the needs of Aboriginal kinship carers and workers. It was developed to work collaboratively with kinship carers and results in a joint action plan to increase outcomes and support for Aboriginal children and kinship carers. One agency received approval from DCP to pilot the tool with Aboriginal carers as described in the box below.

**Winangay pilot in SA – 1 July 2016 to 30 June 2017**

- State wide pilot
- Three day assessor training by Winangay with ongoing refresher training
- Standardised implementation procedures across regions
- Required to continue to use Step by Step for an equal number of applications to enable comparison of tools
- Staff feedback that Winangay works better for both Aboriginal and non-Aboriginal people
- 26 applications in progress and one application submitted to DCP
- As only one application has been submitted there is no evidence to comment on ability of tool to appropriately assess competency required to become a carer.

Agencies and DCP staff overwhelmingly suggested that the Winangay assessment tool be used instead of the Step by Step assessment tool as it is more user friendly, practical, respectful, visually appealing and encourages a conversational approach to the assessment process.

Given that Winangay is currently being trialled, DCP should await the outcome of the pilot before consideration of implementation of the tool with Aboriginal applicants. While feedback from the pilot agency indicates that the tool is preferred to Step by Step for use with Aboriginal carers, DCP needs to be assured that the tool adequately assesses potential carers to the required standards, comparable to that of Step by Step.

This aligns with the recommendation from the Nyland Royal Commission that DCP adopt a culturally appropriate assessment tool, such as Winangay, for the assessment of foster parents and kinship carers in the Aboriginal community. The Nyland Royal Commission recommended to trial a tool first in in remote communities, and more widely if the tool proves promising. The Government accepted this recommendation citing the current trial of Winangay.

**Recommendation 7:** That the Department reviews the outcomes of the pilot of the Winangay tool (due to be completed by June 2017) as a basis of informing policy decisions about implementation of the Tool with Aboriginal families.

**Quality of assessment**

DCP stated that often when registration applications were received from agencies they are incomplete or do not have enough detail to enable DCP to approve the registration. As a result, the application is returned to the assessor requesting further information. DCP estimated that up to 90 percent of applications require some form of further information from the agency assessor. This can add significant delays in completing registration. This highlights a skill gap in the sector in completing assessments using the Step by Step tool. Assessors are only

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required to undergo a two-day familiarisation training which, based on the quality issues of assessments, does not appear to be adequate to enable consistent quality assessment of applicants. DCP have implemented strategies to aid with this by running training sessions for agencies that detail what DCP expect to see in an application.

To use the Step by Step 2016, assessors are required to be a registered user of ACWA, which is obtained through completing an accreditation course and assessment through them. The addition of the assessment associated with the training sets clear expectations of the quality required in an assessment and ensures that assessors are competent in undertaking an assessment to the required standard. This should go some way in addressing the quality of assessments received by DCP and a reduction in registration time through less applications requiring further information from agencies.

Given agencies are funded to undertake the assessment of potential carers, they need to be accountable for the quality of applications, to not only allow for proper assessment of carers but also to reduce the time taken for registration. Therefore, DCP should systematically review the quality of applications received by agencies and implement improvement strategies if standards are not met. Formally recording the number of applications received by an agency that need to be returned along with reasons will enable this this process.

Recommendation 8: That the Department ensure that performance monitoring of the quality of applications submitted to the Department for review is systematically implemented and that improvement strategies are implemented when performance standards are not met.

5.2.3 Initial training

The literature highlights that initial training is particularly important in motivating foster carers and in developing relationships with their foster care agency.35 The initial training for foster carers is Shared Stories, Shared Lives. The objective of this training is to meet the needs of new and prospective foster carers in providing a safe and nurturing environment. The training is intended to aid potential foster carers’ understanding of the reasons and context for children coming into care, bonding and attachment, impact of trauma, grief and loss and importance of maintaining culture and family connections. Training also covers the effects of previous experience on behaviour and on the roles and responsibilities of being a foster carer and the importance of working together with agencies, the department and birth families. Carers complete this training throughout the assessment process in line with the training schedule of the agency.

The main issue identified with the current initial training is that carers often feel that the training is theoretical and not practical. This may partially be attributed to the lag time between training and caring for a child due to the lengthy registration process. No further evidence was available to the review to suggest that the current Shared Stories, Shared Lives training is practical or otherwise beyond the perception of carers at the carer forum.

The Nyland Royal Commission recommends a review of initial training for carers to include training on recognising and managing trauma related behaviours, together with information as to availability of, and access to, therapeutic assistance if required.36 In addition, it recommends

that initial training include DCP staff, children in care and foster/kinship carers. \(^{37}\) The Government has accepted both recommendations and has indicated that it will undertake a review of initial carer training that will include the availability of information about how to access ongoing therapeutic assistance if required.

Agencies schedule training to offer a certain number of courses per year, which means that the timing of training through the assessment process differs depending on when a potential carer begins the registration process. For example, if training is scheduled soon after the initial meeting then a carer may begin training before commencing the *Step by Step* assessment, but if training is not scheduled for a number of months, then the applicant may begin the assessment before completing training. DCP identified that at times a competency is assessed before carers had done the relevant training, making it difficult for carers to demonstrate their competency. This means that an applicant should not be approved as a carer. However, DCP noted that in these instances they ask the assessor for further information and to update the assessment to reflect what the carer can demonstrate since completing the training.

The Department, with agencies, should consider measures that create greater alignment in training and assessment timelines. This may include applicants attending training through another agency or waiting to commence assessment until the applicant has completed the relevant training (noting that carers also want to complete the registration process in a reasonable amount of time).

5.2.4 Processes within the registration process

Final sign-off of registration approval resides with the DCP Assistant Director of Registration and Contracting. The approval decision is based upon the template created by the DCP staff member that reviewed the application and sign-off by the Registration Team Leader. The template guides the reviewer to the key information needed to support a decision for registration, which they include in the template.

Through observations and stakeholder consultation, the multi-level sign-off does not appear to add significant time to the process; it was reported to be signed off within one to three days of the receipt from the registration team member. However, it is unlikely that this process improves the quality of the registration decision and ensures that the correct decision is made to register a carer as the sign-off relies on the quality and accuracy of the completed template rather than a review of the original application. As such, if the team member has overlooked something in the original application that would affect the approval result, this is not likely to be picked up in the subsequent sign-off processes.

There is opportunity to improve the final approval process that sits within DCP to ensure consistency and quality of the application review process. The introduction of quality audits would embed a process of continuous quality control. The audit should be conducted on a stratified sample of applications with a view to determining if the same decision is made regarding registration, and hence provide reliance that the review process is resulting in correct decision making. If a different decision results from the audit, then processes can be put in place to ensure that consistent decisions regarding registration are made. In addition, one level of sign-off could potentially be removed.

**Recommendation 9**: That a quality audit of DCP assessment reviews be introduced to ensure consistency and quality of the review process.

### 5.2.5 Length of time to complete registration

The registration process for foster care on average takes six months. However, stakeholders reported that this time is highly variable, dependent on a range of factors, and could range from four months to eight months or longer. There is no data available that provides information on the length of time registration takes to complete.

*Step by Step* at a minimum takes three months to complete, which is the lengthiest part of the process for a carer. Stakeholders agreed that *Step by Step* is a key contributing factor to the time taken for registration. The introduction of *Step by Step 2016* as recommended above (see Section 5.2.2) would be expected to reduce the assessment time portion of the registration process.

In general, stakeholders concurred that the current registration process takes too long. A long registration process means that potential carers can lose motivation as time passes. Agencies reported that some carers had decided to not continue as a result. No data was available that provides insight to the number of carers that discontinue or do not commence the registration process due to time taken.

Due to applicant and assessor availability, the assessment process may take much longer than three months. The key issue identified by stakeholders is that often potential carers are only available after work and on weekends. This, coupled with assessors’ usually only working normal business hours, means that it is difficult to find a suitable time for assessments to be conducted. DCP service arrangements with agencies have not been designed to fund the overtime of assessors undertaking assessments outside of normal working hours. Assessment time can drag out unnecessarily as a result of the time required to find a time that is mutually suitable for both the applicant(s) and assessor.

Greater flexibility in assessor work practices is required to enable after hours and weekend assessments. For example, agencies may provide time of in lieu or flex time or overtime to recognise assessors working outside of normal business hours. In addition, a review of the service agreements with agencies which encourages such practices would be beneficial in supporting agencies to implement flexible assessment practices.

**Recommendation 10**: That the Department supports and encourages agencies to implement greater flexibility in assessor work practices to enable after hours and weekend assessment times

Lack of staff within DCP’s registration team was also identified as an issue leading to long registration times. According to DCP the actual time it takes to review a completed application from allocation to an Assessment Officer to final sign-off is less than five days. However, lack of staff has meant that once DCP has received applications from agencies it takes some time for them to be allocated and subsequently reviewed. DCP noted that they have recently increased the size of the team with the aim to turn around approval of assessment within four weeks of receipt from the agency (where the application is complete and detailed).

In addition to this, as identified above, the quality issue of assessments received by DCP has added significant delay to the registration process. The registration unit has recently implemented a policy to undertake a review of applications for completeness, as they are submitted by agencies, so that they can request outstanding information from agencies within a short amount of time. However, this does not mitigate against all requests for further information as some requests are related to the quality of the assessment in the application.
The Nyland Royal Commission has recommended that a service benchmark be set for assessment and registration decisions of 14 days where the assessment is complete and further information is not required from the assessing agency. The Government has accepted this recommendation in principle noting that the backlog of kinship care assessments will be prioritised over foster care assessments.

This review has not found evidence to suggest that this recommendation is not reasonable provided there are sufficient resources to review applications given that the review time for an application is considerably less than this timeframe. This review also supports the need for a performance standard.

Recommendation 11: That the Department establish a performance standard that:

- where additional information is required, this is requested within two business days from receipt of the application.
- where further information is requested, the agency provide this within five business days of the request.
- once this is received by the Department the application be assessed within 14 days.

5.3 Kinship carer registration

The process to become a registered kinship carer is guided by the Kinship and Specific Child Only Care Practice Guideline and Procedure. This is depicted in the figure overleaf and is further explained in the following discussion.
Figure 7: Process map of kinship carer registration

### Overview

**Situation/Need for Relative or Kinship Care arises**

- Individual is approached by DCP to consider becoming a carer.
- Individual alerts DCP of the need to over care for a child.
- In cases where DCP must take action to protect a child, a suitable relative or other person may be approached to care for a child.
- Alternatively, an individual may raise the desire to take over caring for a child in need.

### Process Step 1: Potential applicant to learn about becoming a carer

- Potential applicant to learn about roles and responsibilities of being a kinship carer.
- DCP provide applicant with necessary information fact sheets.

### Process Step 2: Application, Checks and Assessments

- Applicant goes through Preliminary Assessment process.
- The preliminary assessment requires criminal and child protection service history checks as well as information about your family and household.

### Process Step 3: Child Situation Assessment & Suitable Kinship Assessment

- Once preliminary assessment complete, applicant is required to go through more detailed assessments.
- A more detailed assessment will also be completed, looking at a range of topics including your personal history, lifestyle, health, wellbeing and relationships as well as your parenting practices and experiences.

### Process Step 4: Decision made regarding suitability of carer

- In some situations there may be a number of relatives who can provide care, or a child may have special needs and require a carer with certain skills or training. Assessments are conducted to identify who will be the most appropriate carer for the child.

### Process Step 5: Approval and placements

- If approved as a relative or kinship carer they will care for a specific child for a set period of time.
- If a child leaves care, the carer will no longer be a relative or kinship carer.

### Documentation

- Initial registration (iReg) details and checklist
- Rights, responsibilities and supports – information sheet
- Family contact fact sheet
- Rewards and challenges – information sheet
- Carer consent form (iReg) registration (iReg) details and checklist
- Other household members consent form
- Family reference request
- Other household members and significant others
- Medical Self-Assessment
- Home Safety Checklist for Kinship Carers
- Child-related Employment Screening Form

### Time Taken

- Applications, Checks and Assessments
- Full Assessment Form

### Source: KPMG
Table 10: Overview of the key processes to becoming a registered kinship carer

<table>
<thead>
<tr>
<th>Situation need for relative or kinship care arises</th>
</tr>
</thead>
<tbody>
<tr>
<td>The initial step in the process involves the identification of a suitable kinship carer to take on the care of the child. This is undertaken by DCP. This should involve conducting genograms and conversations with the child and family to identify the most suitable carer for the child. This is discussed earlier in Section 4.1.4.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Potential kinship carer learns about becoming a kinship carer</th>
</tr>
</thead>
<tbody>
<tr>
<td>The relative is then approached by DCP to take on the care of the child and is provided with information so they can make a decision whether to become a kinship carer or not.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applications, checks and assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upon identification of a suitable kinship carer, an iReg and basic safety and police checks are conducted. At this point the child is usually placed with the identified kinship carer if they are assessed as suitable. Following this, the kinship carer undergoes a full assessment by DCP which covers personal history, relationships, wellbeing and parenting experience.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Approval and placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once the assessment is completed a decision is made regarding the suitability of the person to become a kinship carer and is either approved or not by DCP. If the carer is approved they continue to provide care, if not, then the child is removed and placed with another potential kinship carer or foster carer.</td>
</tr>
</tbody>
</table>

Source: KPMG

The time taken for this process varies at present. The iReg is usually completed relatively quickly to ensure that the child can be placed with the kinship carer, however the time taken to complete the full assessment may take up to one year or more, and is dependent on the available resources within DCP to undertake full assessments. The best interest of the child are served when this process takes the least time possible, to reduce the risk of having to remove a child from a kinship carer that does not get approved after a length of time. The Kinship and Specific Child Only Practice Guide recommends that full assessment be undertaken no more than three months after a carer is provisionally registered through the iReg process.39

5.4 Key aspects to kinship carer registration

This section identifies issues and gaps that were raised by stakeholders through the consultations in the processes described above. This section also provides opportunities to improve the kinship carer registration processes.

5.4.1 Overarching design of the registration process

In general, stakeholders viewed the overarching process as sound, with concerns related to the assessments themselves (discussed in the next section) rather than the overall process.

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39 Families SA, 2008, Kinship and Specific Child Only Care – Practice guideline and procedure, Government of South Australia, p44
5.4.2 Assessment tools

The key assessment processes is iReg, which is a basic safety check of the house, background (criminal) and references of the carer to allow a child to be placed quickly with the kinship carer, and the full assessment. The full assessment explores personal history, relationships, wellbeing and parenting experience. It is not as detailed as Step by Step nor does it assess the competencies of care addressed in Step by Step.

Concerns were raised around the iReg process. In particular, stakeholders noted that sometimes once a full assessment was undertaken it became clear that the current kinship carer will not be approved due to issues that should have been identified in the iReg. DCP attributed this to both the time constraints around finding a child a home quickly and the fact that it is conducted by a time-poor case worker. This raises concern around the placement of the child and the potential need to remove the child in the future, which is exacerbated by the time taken to complete the full assessment (discussed in the following section), meaning that the child may have been with the carer for a significant amount of time at this point. The data does not enable analysis to show how many children are removed from a kinship carer after undergoing full assessment. It is critical that resources are directed to enable thorough iReg assessments and timely completion of full assessments so children are not placed with unsuitable carers for long periods of time.

Stakeholders noted the lack of consistency between assessment for foster and kinship carers. While foster carers are required to demonstrate competency to care, kinship carers are not. This raises concern as to whether kinship carers have the required skills to care for a traumatised child. Placement data demonstrates that kinship care has a higher rate of placement breakdown than foster care (seven percent compared to four percent). This cannot be attributed to any specific reason as there are a number of factors that result in placement breakdown, however, one contributing factor may be that the carer is not sufficiently trained or supported to provide the required care.

This matter is highly linked to the issues raised in Section 4.1.4 whereby children are often placed with the first kinship carer available rather than taking the time to identify the most suitable carer.

Based on the evidence presented above, there is not enough basis to determine if there are significant issues with the current assessment process for kinship carers beyond the need for additional resources to undertake iReg assessments more thoroughly to minimise the need for children to be removed from carers who subsequently do not get approved through the full assessment process. Only anecdotal evidence was available that indicates that some kinship carers may not have the required competency to care for the child, which would otherwise be identified through a strengthened assessment procedure.

The Nyland Royal Commission has recommended the development or purchase of a comprehensive kinship assessment tool for assessing the safety and appropriateness of kinship placements. The Government accepted this recommendation and identified in the response that DCP is currently reviewing kinship care assessment processes and tools, which will be used to identify an appropriate tool for use or inform the decision to develop a comprehensive tool.

5.4.3 Initial training

There is no specified training for kinship carers to complete through the registration process. They have access to the training offered on an ordinary basis through DCP’s Kinship Care Program once they are provisionally registered through the iReg process.
A number of stakeholders raised their concern around the lack of training that kinship carers appear to receive due to a lack of training requirements for kinship carers.

Stakeholders requested that training opportunities and requirements for kinship carers should be improved to prepare them better for their responsibilities in providing care.

The Nyland Royal Commission’s recommendation in relation to initial training programs for carers does not distinguish between foster and kinship carers. As such, the review of initial training should include the consideration of training for kinship carers.

5.4.4 Processes within the registration process

No issues were identified with specific processes within the kinship carer registration process.

5.4.5 Length of time to complete registration

The time taken for kinship care registration varies, however, once a carer is provisionally registered through the iReg process the full assessment should be undertaken within three months as per the Kinship and Specific Child Only Care Practice Guideline and Procedure.40

Kinship care registration was reported to in some cases to take one to two years to be finalised due to carers waiting a significant amount of time before commencing the full assessment. Data provided to the Nyland Royal Commission shows that almost 90 percent of children placed with a kinship carer have been placed for more than three months with only an iReg assessment, and 40 percent of children placed in kinship care have been with the carer for more than one year with completion of iReg only.41

DCP acknowledged that lack of staff was the main reason for the length of time taken, leading to long waits for full assessment to be undertaken. This impacts on child safety and wellbeing where children may be placed with carers who are subsequently deemed not suitable following a full assessment. It is imperative that full assessments are undertaken in a shorter timeframe so that children are not placed with unsuitable kinship carers for lengthy time periods.

Simply, greater resources are needed to process the large volume of assessments in a timely manner. The Nyland Royal Commission has recommended that more resources be directed to address the backlog of kinship care assessments whose assessment is limited to an iReg assessment where the child has been living in the placement for more than three months.42 This recommendation has been accepted by the Government and they have committed to the establishment of a team for up to two and half years to address the backlog. In addition, the Nyland Royal Commission has recommended that responsibility for kinship care registration sit with the Carer Assessment and Registration Unit.43

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40 Families SA, 2008, Kinship and Specific Child Only Care – Practice guideline and procedure, Government of South Australia
5.5 Specific child only carer registration

The process to become an accredited SCO carer is a combination of the processes described above. As per kinship care, a carer is identified by DCP and approached to become a carer. Following this, an iReg is completed and the child is placed with the carer.

From this point, the process follows that to become a registered foster carer, that is, an assessment is completed via the Step by Step process. The discussion in relation to foster care registration should be referred to Section 5.2.
The care and support of current foster carers is the most effective strategy to retain foster carers in the system. In order to strengthen the supply of foster and kinship carers in South Australia, it is not only necessary to investigate recruitment strategies to increase the number of newly registered foster carers, but also to focus on retaining existing foster carers in the system. Further, as discussed in Section 4.1.1, current foster carers are the best recruiters of new carers, therefore ensuring that current carers are satisfied with the supports they receive is imperative. Supports to carers are also important to reduce the risk of placement breakdown.

However, occasionally foster carers do drop out of the foster care system. DCP data showed that in FY2015-16, 212 carers cancelled their registration, that is, they chose to discontinue being a foster carer. A further seven foster carers were deregistered in FY2015-16. In total, 219 carers left the foster care system in FY2015-16, which represents 13 percent of carers who were registered at some point during the year.

Consultations with foster care agencies and existing foster carers highlighted that foster carers generally do not tend to leave the system. The survey responses supported this view with majority of respondents (84 percent) to the carer survey stating that they intended to remain a foster carer in the next three to four years, however a still sizable proportion of carers are intending to leave (16 percent, slightly lower than the proportion who left in FY2015-16). In addition, 47 percent of carers also thought there were issues with the system that prevented them being more involved, or continuing their involvement. It was raised that if carers do decide to leave, it is perceived as being related to personal reasons rather than because of the foster care system itself. Stakeholders felt that these personal reasons often involved carers becoming too old to continue providing optimal care or carers moving interstate, in which case it was reported that many decide to re-register with interstate foster care agencies following their move. The data shows that in FY2015-16 most carers who left the system did so due to unspecified reasons or due to a change in circumstance.

### 6.1 Who supports carers?

The support provided to carers is intended to support the placement, that is, enable carers to care for the child and reduce the possibility of placement breakdown.

Support to carers is provided by DCP for kinship carers and the foster care agency for foster carers. Carers are assigned a support worker who monitors and supervises the placement, and provides or connects carers to supports they need to maintain the placement. The following sections outline the arrangements for supports for foster, kinship carers and SCO


45 Refer Section 3.3.3 for complete data
carers. Subsequent sections of this chapter then provide more detail around the individual supports.

6.1.1 Supports for foster carers

The figure below outlines the role of DCP and agencies in supporting foster carers and children. The foster care agency has sole responsibility for providing any non-financial supports to carers. The availability and extent of these supports that carers can access depends on the foster care agency. Agencies reported that they provided some or all of the supports listed below. The level of support provided for a foster carer in a specialised foster care program is greater than for a foster carer providing general foster care. DCP is responsible for payment (discussed in Section 6.2.3) and the case management of the child under guardianship.

*Figure 8: Overview of supports available to foster carers from DCP and foster care agencies*

As per DCP guidance, each carer (or household of carers) should be allocated a placement support worker that visits the carer’s home at least once every eight weeks with at least one telephone conversation in between visits. Specialist foster agencies stated that their placement support worker usually visited the carer’s home every two weeks. The role of the support worker is to:

- discuss the child’s behaviour, health and development with the carer
- discuss education needs
- discuss any supports required and adequacy of current supports
- reflect on critical incidents
- discuss the relationship with DCP and other services.

The intent of these supports is to ensure that carers receive the assistance they require to keep caring for the child and minimise the risk of placement breakdown. Placement data tells us that placement breakdown is the most common reason for a general long term placement ending (42 percent of placements that ended did so due to placement breakdown), although the proportion of placement breakdown is low relative to ongoing placements (four percent). For specialist foster care a much lower proportion of long-term placements end due to
placement breakdown (17 percent). There is no direct evidence to suggest that the lower placement breakdown is due to the additional supports provided to specialist foster carers than to general foster carers. However, based on anecdotal evidence through stakeholder consultations, the level of support provided to specialist foster carers was seen as one of the key factors in placement stability.

6.1.2 Supports for kinship carers

DCP provides all supports to kinship carers. The DCP kinship support worker should provide practical support, information, training, referral to other services and undertake the annual review. Case management of the child is provided by a DCP case worker (who sit in a different team). Carers also receive financial support from DCP.

Placement data demonstrates that the proportion of long-term placements that breakdown relative to ongoing placements is seven percent (this is higher than that for foster carers). Further, placement breakdown is the most common reason for long term placements ending (42 percent of placements), the rate of which has been steadily increasing over the last few years.

Kinship carers stated that they had received limited support since becoming a carer, with many not having a support worker or the knowledge that they could access a support worker if they wanted. This may be a factor in the higher level of placement breakdown seen compared to foster care (noting that there are many contributing factors to placement breakdown). Given that the support provided to a carer is critical to placement stability and retention of carers, focus should be placed on ensuring that all kinship carers are allocated a support worker.

**Recommendation 12:** That the Department allocates a kinship care support worker to all carers

6.1.3 Supports for specific child only carers

Support to SCO carers is provided by one agency in metropolitan Adelaide, with no support agency for carers in regional SA. This presents a significant gap in providing support for SCO carers outside of Adelaide. The support agency should support carers as described for foster carers, that is, they provide placement support that includes a support worker, training, information and other supports.

A quarter of placements that ended in FY2015-16 did so due to placement breakdown, noting that this represents only nine breakdowns from 35 placements that ended. Given the small number of SCO carers, it is difficult to draw any conclusions from the data.

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46 See Table 9, page 27  
47 See Table 27, page 102
6.2 Key aspects to supporting and retaining carers

This section of the report highlights the importance of providing foster carers with adequate levels of a variety of supports to enable them to fulfil their caring role better. This is ultimately conducive to retaining carers in the system.

6.2.1 Roles and responsibilities

The literature highlights the importance of making current foster carers feel that their efforts are appreciated.\(^{48}\) The results of the foster carer survey shows that more than 60 percent of respondents indicated that the relationship with DCP was very important to them, and 96 percent of respondents said that it was important, fairly important or very important. A perceived lack of respect from departmental staff is one of the key reasons for carers to drop out of the system that was identified in the literature review\(^{49}\), and being viewed as a member of the child’s care team is important to retaining carers.\(^{50}\)

While in theory, according to DCP practice guidelines, there should be a care team approach, all stakeholders acknowledged that there was room for improvement as the current practice is not working optimally for a range of reasons. As presented in the previous section DCP, foster care agencies and carers play different roles in the care of a child under guardianship. Despite these seemingly defined roles stakeholders reported confusion around the roles of each and a lack of information around supports carers can access and from whom. For example, carers were confused as to whether to go to DCP or their support worker for access to various supports. Further, stakeholders reported that in general there were no formal or informal agreements in place that clearly outlined the roles and responsibilities of each party, which has contributed to a reported lack of consistency regarding information provided across different DCP offices or even between social workers.

Carer consultations highlighted that carers do not feel appreciated by DCP for the work they do. They believe that DCP workers do not place trust in the work they do as foster carers as they are not involved in decision making processes. Carers felt that they are well placed to make decisions due to the significant level of insight they have into the life of child. Often communication between all three parties was minimal meaning that when decisions are made carers or support workers may not understand the reasons behind them.

However, DCP case workers are under pressure and time poor dealing with large numbers of children in care and with crises situations, which may mean that a carer with a child in a stable placement may have minimal contact with DCP. Time constraints on DCP case workers means that they make decisions when needed but then quickly move on to other cases, and so may not communicate clearly their position.


In order to increase the foster carers’ feeling of value and respect, carers should be seen as important members of the care team in caring for vulnerable children.\(^{51}\) Caseworkers and carers should work together to build up strong relationships to manage children in care as a team.\(^{52}\)

As such, there is need for greater clarity around the role of each party in caring for the child. To do this, current roles and responsibilities should be reviewed to ensure they are in the best interest of the child. The roles and responsibilities need to acknowledge the statutory responsibilities of DCP, the role of foster care agencies in supporting carers and the role of the carer, this should include where decision making responsibilities should rest.

Through the approach to commissioning foster care agencies, there is opportunity to confirm and strengthen the role and responsibility of the agency. This ensures that agencies are clear on their responsibilities and creates a mechanism to hold them to account. The Nyland Royal Commission has recommended the development of a clear document that outlines the role of support workers in supporting carers.\(^{53}\) Addressing this recommendation provides opportunity to confirm the specific role of those supporting carers, and include this explicitly in funding agreements with agencies.

An increased focus on improving communication between DCP, the agencies and the carer is needed to ensure that parties are clear on the ongoing role of each party. In other words, that the care team approach is practiced and based on key principles. Each party should be held to account for their role in the provision of care to the child. Any agreement around the care team approach should be flexible to meet the needs of carers, DCP case worker and the support worker. This means that for some carers infrequent meetings may be sufficient but other carers may require more regular contact. It is also crucial that these arrangements are reviewed regularly to ensure that they still work for all parties involved and that carers have an adequate level of support surrounding them.

As a part of the review of roles and responsibilities there is scope to consider who is responsible for decision-making. Given that DCP case workers are time poor and carers have significant insight into what is in the best interest of the child as they are closest to the child, it makes sense that, except for statutory responsibilities, decision making rests with carers, in line with the principle of subsidiarity. The Nyland Royal Commission has also identified the need to amend legislation to allow carers delegation to make decisions on behalf of the child, as well to provide rights for carers to contribute to the child’s annual review.\(^{54}\) To address this and a range of other matters identified through the Nyland Royal Commission, the Government intends introduce new legislation, the Children and Young People (Safety) Bill, which is open for public comment to 27 January 2017.

**Recommendation 13:** That the roles and responsibilities of DCP, foster care agencies and carers are reviewed and confirmed and are consistent with the revised legislation (Children and Young People (Safety) Bill open for public comment to 27 January 2017)

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**Recommendation 14:** That, consistent with the legislative requirements, and based on the principle of subsidiarity, support and decision making with respect to a child happens as close to the child as possible – in the first instance with the carer, where necessary with support from the foster agency and lastly if required with the child’s social worker.

**Recommendation 15:** That these roles and responsibilities are documented in an accessible way for all parties and include principles on the way parties will work together as a basis for cultural change.

**Recommendation 16:** That contracting and commissioning arrangements with agencies are reviewed to ensure they re-enforce agreed roles and responsibilities and ways of working.

**Recommendation 17:** That existing requirements to develop and review care plans are met as a foundation for a care team approach, and that performance monitored and published.

### 6.2.2 Information

Closely linked to and impacted by the roles and responsibilities is access and availability of information. The information provided to a carer impacts on their ability to provide appropriate care to the child. The literature identified that lack of information on the child is a contributing factor to placement breakdown and carers leaving the system.\(^5\) Information was consistently raised by all stakeholder groups as critical to carers being able to provide care and support to the child, to prevent unnecessary stress for carers, as well as for agencies to be able to identify the support that carers are likely to need.

Carers consulted said that when a child was placed into their care, they were often provided with minimal information about the child beyond their name and age. This made it difficult for carers to prepare for the child or know how best to support the child in their care. Carers and agencies felt strongly that carers need more information on the child to be in the best interest of the child, particularly for those children who have experienced trauma or have complex needs that require significant support. Carers and agencies reported that they were particularly concerned about triggering a difficult behaviour response in a child due to lack of awareness by the carer, or to administer medication or access medical support if required.

In addition, agencies reported that the little information they received made the matching process of a child to a carer challenging. DCP stakeholders also identified that lack of information was an issue, however, stated that at times they also did not know this information about the child, particularly for a child going to an emergency placement.

As a result, it is critical that agencies and carers are provided with sufficient information to allow all parties to support the child in the way that best suits that child. Suggested information includes child name, age, shoe and clothing size, food/eating habits, sleeping pattern, attendance at school, medications, conditions, fears, challenging behaviours, and medical contact details. This information could be provided in simple standardised form that the DCP case workers fills out prior to the child being placed. If this information is not known (especially in emergency placements) then this should communicated to agencies and carers to provide transparency, and reduce feelings of distrust.

In line with findings of this review, the Nyland Royal Commission has also acknowledged the importance of the information provided to a carer to enable the carer to provide care to the

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\(^5\) Centre for Excellence in Child and Family Welfare (2007), Strengthening the Recruitment and Retention of Foster Carers in Victoria

child. As such it has recommended legislative change to enable the provision of the information required to carers.\textsuperscript{56} The Government has accepted this recommendation and will provided through the Child and Young Person (Safety) Bill. Given this, the review does not provide a recommendation on this issue.

6.2.3 Financial compensation

There are three broad categories of financial support available to carers: carer payment; incidental expenses; other financial support. The value of financial support provided varies by age and complexity of the child. These financial supports are not considered income and therefore carers do not pay tax on these amounts.

Basic carer payments and other financial support

The carer payment includes an upfront placement start-up amount to cover immediate costs of taking in a child, and is usually paid within 48 hours. The current placement start-up amount ranges from $97 (0-4 year olds) to $190 (16-17 year olds).\textsuperscript{57} Carers also receive a basic subsidy amount to cover the day-to-day costs of caring for a child. Extra payment is made to carers living in remote or very remote areas of South Australia and a loading to those caring for children assessed at level two or greater as calculated using the special needs loading sheet by the DCP case worker, which recognises the additional care and complexity of the child. The basic subsidy ranges from $325 per fortnight (0-4 year olds) to $702.80 per fortnight (16-17 year olds).\textsuperscript{58} A higher nightly fee is paid directly to the carer by DCP, except for specialist foster carers who are paid by their agency (through the funding they receive from DCP). The rate of pay to specialist foster carers is significantly higher than that of general foster carers (approximately $800 per week according to agencies consulted).

Specialist foster care agencies reported that their higher level of compensation recognised that carers were performing a full time role in providing care and are not in the paid workforce (many carers give up work to provide this level of care) and operate on a quasi-professional basis. Specialist carers are held to higher expectations regarding their skills and training and are compensated differently, and in addition are provided with significant supports from the agency. Agencies currently with a higher payment level saw the link between the higher payment and the calibre of carers they had, and the level of care they provided.

Carers are also provided an education grant to cover the costs of school fees and related expenses (not covered by the School Card). Child care fees are also reimbursed to carers, however, this was seen by stakeholders as a complex procedure, with carers waiting for months to receive reimbursement. In addition, carers receive an activity grant to use to attend an event/activity of their choice, such as the Royal Adelaide Show or other recreational activities.

In addition to these direct financial supports by DCP and/or the agency carers may also be eligible to receive Commonwealth benefits such as Family Tax Benefit, Parenting Payment, Child Care Rebate, Carer Payments and a range of other concessions and allowances. Carers also receive non-direct financial support through the health and education systems.

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Agencies and carers consulted generally felt that the carer payment to general foster carers did not adequately cover the costs of caring for a child. Many foster carers reported feeling financially worse off. This issue was exacerbated for many carers who reported needing to reduce their working hours to care for the child, and so had a reduced income and superannuation as a result.

Agencies felt that while financial compensation was not generally carers’ number one concern, it acted as a barrier for potential carers entering the system. The carer survey supported this view with financial compensation having the least number of carers who felt this was either very important or fairly important to them (45 percent of respondents).

Stakeholders agreed, however, that there was a need to increase the basic carer subsidy for general foster carers and kinship carers to adequately cover the expense of caring for a child. Many stakeholders also believed that an increase to the current carer subsidy would go a long way in overcoming the barrier of finance for those wanting to become carers. Note that carers also access financial support through the Commonwealth as well health and education supports through a Health Care Card and School Card. All of these avenues should be considered in the level of financial support that carers do receive. Clear information on these other supports should be provided to carers so they can understand the actual level of financial support they receive.

The Nyland Royal Commission has recommended that a review of payment is undertaken for general foster carers that receive complexity loadings to reflect the rates paid to specialist foster carers. The Government has accepted this recommendation to review payment rates.

**Other expenses in caring for a child**

Carers are covered for the other incidental expenses occurred through caring for a child. Costs for incidental expenses can be claimed from DCP as required, through the carer’s local DCP office. According to stakeholders this process varies depending on the DCP office. For example, some carers receive payment in advance of expenses incurred, while at another DCP office a carer may be required to supply receipts and wait for reimbursement. Variation was also reported in the types of items that carers are able to claim for. This variation was seen to occur not only between offices but between DCP case workers. Carers expressed a desire for clear guidelines as to what they can claim.

For larger expenses, the case worker needs to seek approval from a central DCP panel based on their assessment of need for the child and carer. DCP staff (case workers) described the process as extremely time consuming.

Stakeholders agreed that the processes were not working well, with many recounting stories of significant delays to payments, many months after carers have incurred these costs. There was consensus that the current system did not work in the best interest of the carer or child.

To address inconsistency, clear guidelines are required which outline what carers can claim for and when. This limits the dependency of success of a claim on the individual case worker. The guidelines should also detail the manner in which carers receive money for expenses, i.e. in advance or as a reimbursement. From a carer perspective, being paid in advance is beneficial, especially for carers that may not otherwise be able to afford the expense.

The review has considered that instead of a reimbursement process carers could be automatically provided with an extra amount on top of their basic payment to cover extra...
expenses that carers incur in the ordinary course of caring for a child. This minimises the need for carers to claim reimbursement for expenses. This should be a clear itemised amount that carers are aware they are receiving and what this money is for. The use of a statement that outlines to carers the funding amounts they receive and what they are for would avoid carer confusion and promote transparency.

For larger expenses, a localised approach to the approval of larger claims would significantly speed up and streamline the process. Clear policy and guidelines are needed to support this. Case workers would still need to provide justification for the expense, however, this should be brief with approval residing with the supervisor or manager of the DCP office.

**Recommendation 18:** That the Department undertake a comprehensive review of the foster and kinship care financial support to:

- Establish a clear policy position on the purpose of each of the elements of the payment system
- Quantify the cost of caring to inform base rates of payment for carers – ensuring that the direct costs of caring are covered by financial support (including DCP and Commonwealth allowances and payments)
- Determine appropriate levels of compensation aligned to the needs of the child
- Minimise the need for carers to seek reimbursement for other expenses
- Streamline payment and reimbursement processes

**Recommendation 19:** That carers are provided clear information on the financial support they can receive from DCP, from agencies, from other state government departments and from the Commonwealth

**Recommendation 20:** That the existing and any revised policies are applied consistently across all offices.

**Professional models of foster care**

Professional foster care does not form part of the foster care system in South Australia or elsewhere in Australia, however some states are beginning to consider the value of this in the system.

The literature identified a number of professional models that exist internationally. There has been little exploration of professional foster care models in Australia. Internationally, professional programs work quite differently, for example, some are targeted to children with complex and high needs only (UK and USA) while others are broader across the foster care system (British Columbia, Canada, France). In general though, tied to these models is a high expectation around training, support and skill development by the carer, with some programs requiring at least one carer to hold a relevant qualification. The diagram below outlines two different models of professional foster care.

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There were mixed views by stakeholders for the introduction of a more professionalised model of foster care. It was accepted by stakeholders, however, that this should be explored by agencies for children with complex and high care needs, particularly for children who may otherwise enter non-family based care arrangements. This could build upon the model of payment used for specialist foster carers where they are recognised as working a full time role in caring for a child.

The complexity of a professional model of foster care is tied into Commonwealth taxation and industrial legislation, and as such, to be implemented would need to involve the Commonwealth to resolve issues such as taxation, superannuation, annual and sick leave. Practical consideration of what this means for the model is equally important, for example, where the child stays when the carer takes sick leave or annual leave.

Further, there was no evidence available to the review that considers the impact of a professional model on the outcomes for a child in care. This should be the ultimate consideration in whether to pursue a professional model.

Given the limited evidence available to the review, no recommendation can be formed to either support or otherwise the introduction of a professional model of foster care. The Nyland Royal Commission was also not able to come to a definitive view on the introduction of professional foster care and hence recommends to monitor the development of professional foster care in other states and introduce if it is proven to work. The government has accepted this recommendation and has stated its intention to work with other jurisdictions with a view to assess the viability of a pilot.

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6.2.4 Training

The literature review identified that training was a key issue for carers, with inconvenient training or inadequate training identified as an issue in retention of carers. The carer survey showed that just over half of carers (55 percent) thought training was either very important or fairly important to them.

Beyond the initial training that carers receive during the registration process, agencies offer a variety of training opportunities each year for foster carers. The timing and topics of training is decided by the agencies, usually aligning with the needs of their foster carers. Some agencies reported that they were not able to offer training as regularly as they would like due to resourcing constraints. Many general foster cares agencies noted that training was generally not well attended but also acknowledged that training was often difficult for carers to attend due to carers needing to take time off from work to attend or travel significant distance to the agency’s location (an issue for both metropolitan as well as regional carers). Carers reported that they had difficulty accessing training, with many kinship carers reporting that they had not undertaken any training at all. Carers in regional locations expressed similar experiences. Specialised foster care agencies usually offered more frequent training and expected that foster carers would attend as a part of the higher expectations placed on a specialist foster carer.

Carers consulted felt that often the training that they did access was not practical enough to help them provide care to the child. Carers wanted training to be practical, focused on the skills they would need to care for the child. Agencies thought that training should be more child development focused with the aim of providing strategies and skills to carers to deal with challenging behaviours. DCP case workers identified trauma, attachment, therapeutic and basic parenting skills as training that carers should undertake. Agencies and carers alike thought that training should be available at the time the child is placed with the carer.

There was broad stakeholder support for a core curriculum of training across different care types for both foster and kinship carers from initial training through to ongoing training, of which some training should be mandatory with a range of elective training available.

A framework of training would provide clarity for carers on the training available, those they should access, as well as enable them to choose training that suits them and their situation. The training framework should be developed from the existing training that agencies and DCP deliver to carers, this requires central coordination to bring together the suite of programs. From this, a set of mandatory training sessions should be identified that addresses the minimum knowledge and skills required of all carers. The training framework could also consider other training that is available in other states. In addition, the framework should allow carers to develop a training plan, preferably on registration, that identifies the skills they wish to develop and the training they will complete to develop these. In a similar vein, the Nyland Royal Commission has recommended a training package for carers that links to a skills-based loading payment.

To address access issues, centralised coordination of the training identified in the framework is required so that all carers, including kinship carers, have equal access to training. This may mean that carers accessing training that is delivered by other agencies. To enable this, a central
body needs to take responsibility for coordinating of the training that agencies are offering to carers. The Nyland Royal Commission recommends that the Child and Family Welfare Association (CAFWA) coordinate the provision of training to carers.\(^65\) The Government has accepted this recommendation. The review does not have sufficient evidence to suggest that there is another suitable agency to undertake the coordination role, however DCP could consider the coordination role to ensure the needs of kinship carers are met. In any coordination of training, provision for training to carers in regional areas needs to be taken into consideration.

The use of online training resources was backed by all stakeholders so that carers could access them in their own time and when they needed to. The Quality Parenting Initiative in the USA provides online training, webinars on demand and a video library for foster carers. They include training on topics requested by foster parents, and explanations of policy changes so that foster parents understand how they are affected by policy changes. This has been found to be effective in training carers.\(^66\)

As such, focus should be placed on the development of online training, or purchase of existing online courses. The use of webinars to deliver current training programs may present an initial, simple opportunity to explore the use and uptake of such an approach before other more time intensive and costly online training options are implemented.

While training is an important support for carers, it does not provide the immediate skills and knowledge required when faced with a challenging situation. Carers reported that in a challenging moment it can be difficult to think and apply what you have learnt in training, and that is if it has even been covered in training. To address this, in-home training sessions that are tailored and specific to the carer and child could be introduced and available to carers as needed. However, this is a resource intensive support that perhaps should be undertaken by the support worker during their regular visits. The introduction of a hotline/online chat that carers can contact when they need advice immediately, is less resource intensive and means that carers can get the support at the time it is needed.

In its response to the recommendations described above the Government has committed to a comprehensive review of the training available to foster carers. In addition, this review has identified the opportunity to develop a comprehensive training framework to promote access to training for carers.

**Recommendation 21:** That the Department develop a common curriculum framework for carer training that:

- includes a core curriculum for all carers
- includes specific additional training to support carers which specific needs (behavioural, therapeutic)
- draws on existing available training
- can be accessed through multiple channels including online, face-to-face and 1:1 online support where required

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6.2.5 Respite

Respite provides carers with a break from care responsibilities. Usually, respite is planned in advance, and can be regular and ongoing, or a one-off occasion. Respite is performed by foster carers who are registered to provide respite with the agency. Kinship carers can access respite care through one agency funded to provide this service (note, this agency does not provide foster care respite). The respite carer usually takes the child into their home, often overnight. Some agencies have specific programs for children to attend, which in turn provides respite to carers during these times.

As at 30 June 2016 there were 656 foster care registrations to provide respite, 69 registrations for kinship care respite and 40 registrations for SCO respite. These numbers represent the maximum number of respite placements available to carers within each type of care.

For foster carers, however, many carers are registered for more than one type of placement, meaning carers are registered for respite and at least one other placement type. Hence, if these carers have a child placed with them already, they are not available to provide respite.

Issues in accessing respite were raised by all stakeholders. Carers consulted identified that respite was an ongoing need but that they had difficulty accessing when required. Agencies agreed that access to respite was an issue due to not having enough respite carers to be able to provide adequate respite to their foster carers. As shown in the data, most respite carers are registered to provide another type of placement, and there are only 128 carers registered to respite only. This lack of respite carers has meant that on occasion a child could be placed with a respite carer, only for another child to be placed with the foster carer of the first child as another respite placement. In these instances one needs to consider whether respite is actually achieved.

Access to respite for kinship carers is especially difficult, as respite is only provided by one agency. There are only 69 registrations for respite care for 1,211 kinship placements. Stakeholders reported that some foster care agencies were providing some respite care for kinship carers despite them not being contractually obliged to.

Given the significant shortage of respite care available to kinship carers, there is an opportunity to expand the pool of respite carers available by formally enabling access to respite provided by foster care agencies.

**Recommendation 22:** That the Department review the supply model for respite services for kinship carers

Evidently, in order to improve access to respite, more respite carers are needed. Agencies acknowledged that they needed to improve their recruitment of respite carers and needed to undertake recruitment activities specific to respite care. However, agencies thought that the long and time consuming registration process for potential respite carers deterred people from taking on this role if they were not committed to providing other types of foster care. As a result, they suggested a shortened registration process for people only registering for respite. However, any changes to the registration process for respite carers would need to balance the proper assessment of safety and capability of carers with the need for a shorter process in order to attract more people to become involved. This would require further investigation beyond the scope of this review.

A number of agencies also supported the idea of a central pool of respite carers that all agencies could access. This would mean that an agency be designated as the ‘respite agency’ as per kinship care. This agency would undertake the recruitment and registration of respite carers, as well as the arrangements for respite. The Nyland Royal Commission has also
recommended coordination of respite to carers undertaken by CAFWA. The Government accepted this recommendation and has identified that it will work with CAFWA to design a collaborative approach to respite, including transition of individual agency respite coordination to single agency coordination. However, given the general low numbers of respite carers across the system, this is unlikely to result in significant gains as evidenced by the lack of carers available to kinship care, without a focused recruitment drive for respite carers. Given the Government’s response to the Nyland Royal Commission’s recommendation and a lack of evidence to suggest that central coordination of respite would make a significant difference to the availability of respite care, the review does not provide any further recommendations in this regard.

Given these issues, there a number of recommendations that seek to address access to respite that do not rely on the recruitment of more respite carers.

The funding agencies receive to offer respite services is not flexible and so agencies reported that they were restricted to the type of respite they could offer to their carers and when they could offer respite (based on respite carer availability). For example, respite funding could be used to access respite alternatives such as, in-home respite rather than the child staying elsewhere, or could be used to fund child care or family-based care. Introducing flexible funding arrangements to agencies would enhance their ability to explore alternative options in times of pressure on the respite system.

**Recommendation 23:** That the Department explore the inclusion of flexible funding pools in agency contracts to facilitate access to alternative respite arrangements (e.g. child care and family based care) when required.

The use of family and friends of the carer to provide respite should be greater supported. The use of family and friends of the carer not only reduces reliance on formal respite but also means that the child is cared for by a person they have an existing relationship with. Practically, this would work the same as if these family members were babysitting the foster carer or kinship carer’s biological children, and would essentially create a ‘pool’ of respite carers for that carer to access. There are additional processes associated with enabling relatives and friends to provide care for children in the care of foster carers which can constrain their ability to access their personal networks to provide respite. Including a more detailed assessment process of relatives and friends who might provide care to a child as part of the initial registration process could expedite carer’s ability to use these networks. Related to this the Nyland Royal Commission has recommended that carers provide preliminary information about themselves and other adults for comprehensive checks prior to assessment.

**Recommendation 24:** That the registration process be modified to include full assessment of suitability of relatives to provide occasional care to support foster and kinship carers to access respite within their own personal networks

### 6.2.6 Peer Support

The literature review identified that peer support was viewed by carers as an important and positive support to them in providing care. Agencies are not specifically required to provide peer support programs, although some agencies have established programs/events for carers...
to encourage them to establish networks with other carers. Some of these programs involve the whole family, including biological children of the carer.

Peer support was consistently recognised as a current gap in supports provided to foster carers by stakeholders consulted. Carers reported that they valued opportunities to connect with other carers to share information and experiences, however, they thought that they lacked the avenues to do so.

Agencies also identified peer support as an important mechanism for carers to receive support. No agencies reported formalised peer support programs such as described in the literature. The peer support offered by agencies operates to provide networking opportunities for carers to build their own support networks.

In addition to the networking events held by individual agencies, consideration should be given to holding regular events for all carers to attend. Feedback received from carers following the forum that was a key input to this review, demonstrated that carers valued the opportunity to meet other carers beyond their existing networks. Such events could be leveraged by DCP to speak to carers and share the outcomes of this review and progress on key recommendations from the Nyland Royal Commission.

Formal mentoring/buddy type peer support programs were viewed positively by stakeholders. These programs are of particular value to those who are providing care to children with complex and high needs. In such an arrangement an experienced carer would be matched to a new carer from the start of the registration process. The mentor carer would then guide and assist the new carer through the registration process and in providing care to the child. The Mockingbird Family Model identified through the literature is one proposed model that should be considered. This is described in the box overleaf.

To be implemented, the Mockingbird Family Model would need to be adapted to the local context. This would include consideration of the financial supports provided to the Home Hub provider, however adoption of the model would negate the need to pay for other respite carers for families within the network. The access to respite is key benefit of the model given the difficulties experienced by carers to access respite. In addition, the model has shown a high level of placement stability for children, improved retention of carers, and is successful in recruiting new carers.

**Recommendation 25:** That the Department work with selected agencies to pilot and evaluate the Mockingbird Model of carer support

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Mockingbird Family Model

- Established in 2004 as pilot in Washington state and has since been expanded to other locations in the US
- Based on the assumption that “families with ready access to resources and support are best equipped to provide a stable, loving and culturally supportive environment for children and adolescents in their care.”
- Goals are to promote placement stability, prioritise sibling connections, increase permanency and improve foster parent retention
- Consists of six to ten foster/kinship families that live within a geographic radius of the hub home, these families make up a Constellation.

Key components

- ‘Hub Home provider’ - an experienced foster carer working with children 0-18 years
- Hub Home providers offers the following supports:
  - Planned and emergency respite 24/7
  - Monthly social events for families
  - Unlimited access to peer support and mentoring to carers
  - Assistance navigating the system
  - Neutral environment if required for social worker visits and meetings
  - Support to case workers by increasing safety, wellbeing and permanency
- Foster care agency - identifies Hub Home provider and other families that make up the Constellation
- Mockingbird Society - ensures model is implemented faithfully, provides technical support to the agency and training on request
- Fee for Hub Home provider - US$30,000 to $50,000 per year to cover a retainer for maintaining two open respite beds, support to Constellation families, resources such as food and activities related to the Constellation.
- Funded through savings from other areas such as transporting children, supervision visits and respite

Lessons

- The ‘Hub Home provider’ plays a key role in recruitment and retention. New carers are drawn to the supportive structure and stay due to the support they receive
- The Hub Home provider is key to the success, so it is important to identify a suitable individual
- For adoption in other jurisdictions requires clarity around funding of the Hub Home provider

Outcomes

- Numerous evaluations have been undertaken demonstrating positive outcomes
- 83 percent of children experienced no placement changes unrelated to their goals/plan
- There were no referrals to child protection services for carers in constellations
- Carer attrition of 12 percent compared to state average of 31 percent.
6.2.7 Placement supports

Prior to placement, carers and agencies should be provided with sufficient information to allow carers to prepare to receive the child and provide the right care once the child has been placed. This is discussed in section 6.2.2. Carers reported receiving minimal support at the time of placement beyond basic information and a start-up payment.

Upon a child being placed in the care of carer, the carer needs basic items to provide day-to-day care and access supports such as medical appointments. These include their birth certificate, their school support needs, health check, Medicare card, current health care card, and list of key contacts. Carers reported that often they had difficulty obtaining these items. This would facilitate carers being able to access everyday supports that the child requires such as medical appointments and education.

Therefore, a carer should receive a standard package on placement that includes the items above and other essential items identified as required to provide care for the child. This means that carers will be able to take the child to medical appointments, ensure the child has the supports at school and do other every day activities that are involved in raising a child. This should be considered in relation to the clarification of roles and responsibilities and decision making decisions proposed in Recommendation 13 to Recommendation 15.

Training at the time of placement, in particular on basic parenting, and training specific to the child they are going to provide care for was identified as a need for carers. It is recommended that this be included as a part of the framework discussed in section 6.2.4.

6.2.8 Other carer supports

The literature and peak agencies identified that carers often reported that caring for a child had significant impact on their wellbeing, and as such carers may require supports to address this. Stress, health concerns and burn-out were identified by as significant contributing factors to placement breakdowns and carer retention in the literature.73

Beyond the supports described above, agencies provide various other supports to their carers. For example, one agency has an agreement with a psychologist that enables their foster carers to access two counselling sessions per year on an issue relating to a child in their care. Other agencies run programs that provide support to the biological children of a foster carer.

Agencies and carers identified practical day-to-day supports as a current gap. Currently carers have little support in this area, such as help getting children ready for school on occasion, or support to attend medical appointments. Carers and peak bodies stated that often even if supports are available carers feel there is fear factor around asking for additional supports, as they do not want to be seen as not being able to cope.

The increased availability of these practical day-to-day supports is one strategy to prevent carer burnout. These supports might include occasional help with housework, preparing for school in the morning, assistance for when a child has not slept through the night, or assistance for

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the carer to attend a medical appointment. In addition, some carers may require regular or one-off counselling services to talk through concerns and improve wellbeing.

The provision of such supports may also reduce reliance on respite as a way of carers coping with the demands of caring. Carers whose wellbeing is a priority and supported are likely to feel like they are more capable of caring for the child. Given the scarce availability of respite carers, more proactive supports to address carer wellbeing is worthy of consideration. Flexible funding arrangements for alternatives to respite (Recommendation 23) is a strategy to provide such support.

The literature review and peak agencies identified contact with birth families as an area where carers require more support and training, as often carers struggled to understand why the child wanted to have a connection to their family (when they had been removed). For many carers, the interaction of the child with their birth family is a common occurrence. Currently, the level of support to carers to cope with this varies. Support could be provided by the agency support worker or the DCP case worker for the child depending on circumstances. The experiences of carers in this regard varied to extremes, with some stating that they received minimal support while others reported that they received a lot of support, even when it was not required.

An essential part of the specialist reunification foster care program is the support available to the carer before and when a placement ends but this is not widely available to all carers. Carers and peak agencies consulted saw the need for counselling and support to help them cope with the grief and loss they experienced when a placement ends.

There is an opportunity to include training on interacting with birth families, the importance of family connections and in preparation for a placement ending for carers. Consideration should be given as to whether this training is mandatory for those carers to whom this is applicable (i.e. those carers where there is contact with the birth family and those where there is a planned placement end). Inclusion of such training should form part of the training framework available to carers (discussed in section 6.2.4).

6.2.9 Additional supports for carers of complex or hard-to-place children

The Centre for Excellence in Child and Family Welfare identified that the hardest group to place in care were males aged six to 13 years. Other children difficult to place include those with sexualised or difficult behaviours, older children (particularly males), those who are aggressive, or are in a sibling group.

The Complexity Assessment Tool (CAT) is a screening instrument used by DCP that measures the behavioural and special needs of children. Specialist foster care placements are used for children assessed at level 3 or 4 (assessed as having significant or extreme problems). For the carers of these children, as described earlier, they receive a greater financial payment and considerable support from the agency to help them to provide care. These extra supports may include access to therapists employed by the agency that work directly with the carer and

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support worker to assist in the care of the child, increased training and more frequent home visits. The supports provided to specialist carers are generally formalised at the commencement of the placement, with clear expectations around roles, responsibilities and supports.

Not all children with complex behaviours may be in a specialist foster care program and are instead placed with a general foster carer. Depending on the complexity of the child, the foster carer may be eligible for a complexity loading to their regular carer payment to cover the additional costs of caring for a child with high needs.

Access to specialised respite was also a key issue identified by agencies and carers. Difficulties in accessing respite generally is discussed and addressed in section 6.2.5. The Nyland Royal Commission has recommended that therapeutic support is provided to placements that are identified as being at risk or under stress.76

There is insufficient evidence available to the review to make specific recommendations for complex children beyond the recommendation of the Nyland Royal Commission and the recommendations discussed above to strengthen the supports provided to all carers, in particular increased access to training, respite and peer support.

6.2.10 Supports for Aboriginal carers and children

It is well known that to support Aboriginal carers and children cultural connection to country, community, language and family is very important. All placements of Aboriginal children should allow the child the opportunity to be in a culturally safe placement whether the carer is Aboriginal or non-Aboriginal. The Aboriginal Child Placement Principle guides the decision of placement for a child that requires care. As a first option, appropriate consideration must be given to members of the child’s family. Secondly, members of the child’s community who have a relationship of responsibility for the child are considered and thirdly, members of the child’s community as determined by reference to Aboriginal traditional practice or custom. Following these options, placements with a person of the same Aboriginal cultural background as the child are considered. The final option of the Principle considers non-Aboriginal persons who can ensure the child’s connection to family, community and culture. As such, the majority of Aboriginal children should be placed in kinship care arrangements.

Non-Aboriginal carers who wish to provide care for Aboriginal children must establish competence to do so through the Step by Step assessment. This portion of the assessment is only undertaken for carers that identify that they are equipped to care for Aboriginal children.

Time constraints and a shortage of resources has meant that there have been challenges in placing Aboriginal children in appropriate placements. Further, due to the lack of carers in communities, children requiring care are being placed in other communities where the child has no family or relationships. It is difficult to support the ‘healing process’ and trauma if Aboriginal children are not able to connect back to their country, community and family. Non-Aboriginal carers who have Aboriginal children placements are sometimes overwhelmed by some of the trauma and cultural issues that children are experiencing. This is compounded as carers are not always supported to deal with this. In these instances carers need significant support and training to enable them to cope.

The Nyland Royal Commission has a number of recommendations to address these issues. They are to:

- Review practice guidance, funding arrangements and the range of declared agencies to ensure that a recognised Aboriginal agency is consulted on all placement decisions involving Aboriginal children. 77
- Establish a dedicated family scoping unit. 78
- Develop strategies to improve out-of-home care options in regional areas including focusing attention on the recruitment of foster parents, particularly in areas of need. 79

The Government has accepted each of these recommendations. It has committed funds for four full time equivalent positions to be created within a family scoping unit so that potential kinship placements for children can be sourced quickly to make sure children are in stable, supportive placements. DCP is also in talks with the responsible agencies to support recruitment strategies in regional and remote areas.

Carers of children in remote areas are expected to be provided the same supports as carers in other locations, however, this is not usually the case. Stakeholders stated that Aboriginal and non-Aboriginal carers in more remote communities did not have access to training and when carers were offered training sessions, they were held in the metropolitan Adelaide area. An agency operating in remote areas stated that they do offer training sessions but due to limited resourcing, are only able to facilitate training sessions once or twice a year. They expressed a desire to conduct and facilitate more training sessions in remote communities.

Again, the Nyland Royal Commission has already made a recommendation in relation to this. It recommends that carers in remote communities receive the same level of support as carers elsewhere, recognising the challenges faced by carers in remote areas. The evidence available to this review supports this recommendation that carers need the supports they are entitled to but that they generally have not been able to access. In addition, these supports should facilitate the opportunity for Aboriginal children to connect to culture, community and country and provide training and support for non-Aboriginal carers of Aboriginal children.

Given that the Nyland Royal Commission has made a number of recommendations to support children and carers of Aboriginal children, this review makes no further recommendations.

6.2.11 Enabling agencies to fulfil their support role

Agencies require a range of supports to effectively fulfil their support role to carers. Supports required include information on the child in care, flexibility in funding and support to undertake strategic and targeted marketing. Supports and recommendations have been identified in previous sections of this report that will enable agencies to more effectively fulfil their role to support carers. These are not repeated in this section.

In order for agencies to support carers and enable appropriate matching of child and carers’ need for more information about the child, the Nyland Royal Commission recommended that carers be provided with the information required to care for the child. By extension appropriate staff of the agency should also be provided with this information to enable the provision of appropriate support. It is anticipated that only staff tasked with matching children and carers and the support worker of the child have access to this information. The confirmation of roles and responsibilities of the three parties should provide consideration of the provision of information for these purposes.
Increased placements

A part of this review was to consider the enablers for carers to take on more foster children. The need for current foster carers to take on more placements is an important consideration to reducing the number of children in non-family based care arrangements which are substantially more expensive than placing a child with a family.

Data shows that South Australia has proportionally more foster carers with a single child placement compared to the national average; 55 percent of carers in South Australia have one child compared to 48 percent nationally. Of the carers responding to the carer survey, 44 percent cared for one child and a further 32 percent cared for two children.

Stakeholders identified a number of reasons for a lower number of placements such as restrictions on the number of children placed with a carer, size of house and car, and agencies being wary of overburdening carers with too many children. Further, some stakeholders also noted that placing multiple children in a household may not be in the best interest of the children as it disrupts the care of each child and is more likely to lead to placement breakdown.

Carers were mostly in favour of being supported to take on more children, with many carers stating that they would be willing to take in more children than they currently had. Carers stated that they needed support such as a bigger car, a larger house (which was perceived by carers to cost less than residential or commercial care) or help with the housework. In addition, agencies suggested that with better access to respite carers could also enable foster carers take on more placements. Agencies also thought that retirees might be good targets for more children given they were no longer working and so had more time to care for additional children.

Given the limited evidence available to the review, no views can be formed as to how to increase placements to foster carers. However, if DCP wishes to pursue strategies to increase placements it should first consider the potential impacts on the children in care as well as carers. It would also be expected that carers would require additional supports to take on more children.

In order to explore strategies in this regard, DCP should benchmark placement data against other jurisdictions to monitor the performance of SA and to explore the reasons for increased placements in these other jurisdictions.

**Recommendation 26:** That the Department undertake benchmarking of child placement data with respect to the number of children placed with a carer to explore the factors that lead to increased placements in other jurisdictions.

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8 Summary of recommendations

This section provides a summary of the recommendations and opportunities for improvement identified through this project. It details recommendations as they relate to:

- Recruitment of carers
- Registration processes
- Support and retention of carers
- Increased placements.

8.1 Recruitment of carers

Word of mouth is recognised as one of the key ways people become involved in foster caring. Evidence also indicates that formalised peer to peer recruitment is an effective way of building the pool of foster carers.

Recommendation 1: That the Department and agencies work together to trial a foster care ambassadors program to support the recruitment of new carers and the provision of peer support

Current recruitment and marketing strategies are led at the agency level. While there are some efforts between agencies to coordinate activities there is no system wide coordinated approach to marketing and recruitment, nor is there a system wide detailed understanding of the current carer profile. Opportunities exist to strengthen marketing and recruitment activities by the Department taking a greater strategic role to inform and support local strategies.

Recommendation 2: That the Department establishes an online carer dataset for agencies to input carer data to provide a state wide profile of carers

Recommendation 3: That the Department undertake state wide market analysis to support development of targeted marketing strategies, by DCP and agencies, to recruit new foster carers

Recommendation 4: That agencies establish and implement annual marketing and recruitment plans drawing on the state-wide market analysis outcomes and local knowledge

In line with the child placement principle, where appropriate, the preferred option for placement of a child is with a kinship carer. Considerable time and resources are required to identify the most suitable kinship carer for a child. Currently it would appear that there are opportunities to strengthen the approach to exploring all options with respect to kinship care for children.

Recommendation 5: Enhance the Department’s ability to thoroughly identify the most suitable kinship carer by investing resources to establish ‘kinship placement’ roles charged with identifying and engaging with potential kinship carers when a child comes into care.
8.2 Registration

The registration process is generally sound, however there are opportunities to create efficiencies that could result in better and timelier assessments of potential carers.

There is broad enthusiasm among Departmental staff and agencies for the adoption of the 2016 Step-by-Step tool. Reports suggest that the tool is more user-friendly for both assessors and applicants, and, if implemented efficiently, could substantially reduce assessment timeframes. There is merit in the Department exploring the adoption of this tool.

**Recommendation 6:** That the 2016 Step-by-Step tool be trialled in South Australia and considered for roll out which could reduce the assessment time to three months.

Aboriginal Family Support Services (AFSS) are currently trialling the Winangay tool. Early reports by AFSS suggest that the tool is appropriate for use with potential Aboriginal carers and is supporting positive relationships between applicants and the agency. The pilot will be completed in June 2017. The outcomes of the pilot will be useful in informing policy decisions regarding culturally appropriate assessment processes for potential Aboriginal carers.

**Recommendation 7:** That the Department reviews the outcomes of the pilot of the Winangay tool (due to be completed by June 2017) as a basis of informing policy decisions about implementation of the Tool with Aboriginal families.

It has been raised that there is varying quality and completeness of applications received by the Department from agencies. The quality of the applications has implications for the Department’s assessment timeframes. Data is currently not available on application quality (e.g. incomplete applications, number of requests for additional data, number of recommendations not accepted by the Department).

**Recommendation 8:** That the Department ensure that performance monitoring of the quality of applications submitted to the Department for review is systematically implemented and that improvement strategies are implemented when performance standards are not met.

The review has found limited evidence to suggest that the current approval processes of applications within the Department, beyond the initial detailed assessment by the registration team, have an impact on the quality of assessment outcomes. There is an opportunity to introduce continuous improvement approaches by establishing regular quality audits of assessments. This could enable the removal of one of the layers of approval in the process and create additional efficiencies as well as enhanced quality.

**Recommendation 9:** That a quality audit of DCP assessment reviews be introduced to ensure consistency and quality of the review process.

A key contributor to lengthy timeframes in assessing potential foster carers is the mismatch between carer and assessor availability. Generally, assessors’ employment conditions mean that they are available to undertake assessments between 9am and 5pm weekdays, which is often not compatible with the availability of some working carers. Enabling assessors to work more flexibly would substantially address this issue.

**Recommendation 10:** That the Department supports and encourages agencies to implement greater flexibility in assessor work practices to enable after hours and weekend assessment times.
The Royal Commission has recommended that the Department assess applications received within 14 days, where no additional information is requested. To support this, timely requests for additional information are required. Establishing and monitoring performance standards on application assessments would support the overall achievement of target timeframes.

- **Recommendation 11**: That the Department establish a performance standard that:
  - where additional information is required, this is requested within 2 business days from receipt of the application
  - where further information is requested, the agency provide this within 5 business days of the request.
  - once this is received by the Department the application be assessed within 14 days

### 8.3 Supporting and retaining carers

Support is a critical component of enabling carers to continue to undertake their important roles. This project has made a number of recommendations about improving the support available to carers in relation to:

- supporting kinship carers
- clarity of roles and responsibilities of all parties
- financial compensation available to carers
- training
- respite
- peer support.

A summary of these recommendations are provided below.

#### 8.3.1 Support for kinship carers

Unlike foster carers, the Department provides the official support role to kinship carers. Carers highlighted that they are often unclear about what to expect from this support and who to expect it from. Some explained that they did not feel adequately supported by the Department as kinship carers.

**Recommendation 12**: That the Department allocates a kinship care support worker to all carers.

#### 8.3.2 Roles and responsibilities

Despite existing defined roles and responsibilities, evidence from the review suggests that these roles and responsibilities are not clear or consistently understood by all parties. There are roles and functions that must be undertaken by the state and cannot be delegated to other parties. Aside from statutory functions, decision making should occur as close to the child as possible. For this to occur a more prominent role for carers and agencies is required. It is critical that the roles and responsibilities of all parties must be clearly articulated and understood with suitable mechanisms in place to enable them to occur.
**Recommendation 13:** That the roles and responsibilities of DCP, foster care agencies and carers are reviewed and confirmed and are consistent with the revised legislation (Children and Young People (Safety) Bill open for public comment to 27 January 2017)

**Recommendation 14:** That, consistent with the legislative requirements, and based on the principle of subsidiarity, support and decision making with respect to a child happens as close to the child as possible – in the first instance with the carer, where necessary with support from the foster agency and lastly if required with the child’s social worker.

**Recommendation 15:** That these roles and responsibilities are documented in an accessible way for all parties and include principles on the way parties will work together as a basis for cultural change

**Recommendation 16:** That contracting and commissioning arrangements with agencies are reviewed to ensure they re-enforce agreed roles and responsibilities and ways of working

**Recommendation 17:** That existing requirements to develop and review care plans are met as a foundation for a care team approach, and that performance monitored and published

### 8.3.3 Financial compensation

Financial compensation for carers needs to be considered in the context of the needs of the child, the costs of caring and other available financial supports.

There are a range of different approaches that can be taken to financial compensation, but in broad terms the components of financial compensation to carers should comprise:

1. A core payment which should reflect the average direct costs of care to the carer, taking into account financial support available for the costs of the child from other sources

2. A supplementary payment to reflect the complexity of caring for some children which reflects both increased costs and caring challenges associated with providing stable care for children with complex needs

3. Access to ad hoc financial support to manage significant and unusual expenses not adequately provided for in the core payment.

This payment approach is based on a policy objective of compensation of carers for costs without reference to the influence that payments for carers could have on the supply of carers.

An alternate policy approach would be to consider what rate of financial compensation would be required to have the desired impact on supply of carers. This would require market analysis and financial modelling to inform optimum rates of financial compensation to match the demand for carers with the number of carers available.

In order to inform the best approach to reflect the needs of the child, the support required by carers and the associated costs of care, further work is required to:

- understand the direct costs of care to carers
- understand the behavioural impact of changes to financial compensation for carers regarding carer supply.

Both of these pieces of analysis should be considered to determine rates of financial compensation for carers.

**Recommendation 18:** That the Department undertake a comprehensive review of the foster and kinship care financial support to:
- Establish a clear policy position on the purpose of each of the elements of the payment system
- Quantify the cost of caring to inform base rates of payment for carers – ensuring that the direct costs of caring are covered by financial support (including DCP and Commonwealth allowances and payments)
- Determine appropriate levels of compensation aligned to complexity
- Minimise the need for carers to seek reimbursement for other expenses
- Streamline payment and reimbursement processes

There is inconsistency in carers understanding about their entitlements to financial support associated with children in their care. What is more, there appears to be limited acknowledgement of the wider range of financial supports (beyond that provided by the Department of Child Protection) that are intended to contribute to the care of a child (e.g. Family Tax Benefits).

**Recommendation 19:** That carers are provided clear information on the financial support they can receive from DCP, from agencies, from other state government departments and from the Commonwealth

There are clear variations in the policies and processes applied to providing financial compensation to carers for costs that are over and above the base level financial compensation provided by carers and other Government departments.

**Recommendation 20:** That the existing and any revised policies are applied consistently across all offices.
8.3.4 Training

There are issues associated with training and the attainment of core competencies as part of the assessment process. In some instances, agencies training schedules do not enable a potential foster carer to complete required training modules at a pace that is commensurate with their assessment timelines. In addition, the review identified that there is inconsistency among carers as to what training, beyond that provided as part of the assessment process, to support them in their caring role. Kinship carers in particular expressed a need for greater transparency as to what training was available to them.

**Recommendation 21:** That the Department develop a common curriculum framework for carer training that:

- includes a core curriculum for all carers
- includes specific additional training to support carers which specific needs (behavioural, therapeutic)
- draws on existing available training
- can be accessed through multiple channels including online, face-to-face and 1:1 online support where required

8.3.5 Respite

Currently only one agency provides respite services for kinship carers. This substantially constrains the pool of respite care available to these carers. There are opportunities to expand the pool of available carers by considering formally enabling kinship carers to access respite care services provided by foster care agencies.

**Recommendation 22:** That the Department review the supply model for respite services for kinship carers

There is currently no mechanism to enable agencies to access alternative respite options for carers. Introducing flexible funding arrangements to agencies would enhance their ability to explore alternative options in times of pressure on the respite system.

**Recommendation 23:** That the Department explore the inclusion of flexible funding pools in agency contracts to facilitate access to alternative respite arrangements (e.g. child care and family based care) when required.

There are additional processes associated with enabling relatives and friends providing care for children in the care of foster carers, which can constrain carers’ ability to access their personal networks to provide respite. Including a more detailed assessment process of relatives and friends who might provide care to a child as part of the initial registration process, could expedite carers’ ability to use these networks and could relieve pressures on the pool of respite carers.

**Recommendation 24:** That the registration process be modified to include full assessment of suitability of relatives to provide occasional care to support foster and kinship carers to access respite within their own personal networks

8.3.6 Peer support

Peer support is widely recognised in the evidence as critical in providing support to carers, above and beyond that provided by agencies. The ability to talk through issues and experiences
with someone who can understand from their own direct experience is highly valuable. The Mockingbird model, which creates local networks of carers and their families, has been shown to provide an effective mechanism through which carers can access personal and respite support.

**Recommendation 25:** That the Department work with selected agencies to pilot and evaluate the Mockingbird Model of carer support

### 8.4 Increased placements

Given that SA sits below than national average with respect to the ratio of children per carer there is opportunity for DCP to benchmark placement data against other jurisdictions to monitor the performance of SA and to explore the reasons for increased placements in these other jurisdictions.

**Recommendation 26:** That the Department undertake benchmarking of child placement data with respect to the number of children placed with a carer to explore the factors that lead to increased placements in other jurisdictions.
9 Where to from here?

In the context of the Nyland Royal Commission and the government’s response, there is an unprecedented scope and scale of change underway in the Child Protection system in South Australia. The changes include legislative reform and policy change and revisions to on the ground process and practice change. The recommendations from this project overlap with some of the recommendations from the Royal Commission and the approach to implementation must be undertaken in the context of wider reform activity.

This section presents a high level overview of suggested implementation timeframes for the recommendations of this report and sets out our relevant considerations as they relate to the Royal Commission’s recommendations and implementation more broadly.

9.1 Setting priorities for action

The recommendations contained in this report span both system level initiatives that focus on policy and structural change as well as operational and process oriented improvements, and make small adjustments offering relatively large gains.

This report has made 26 recommendations to improve the recruitment, registration and retention of carers in the system. There is a set of strategic activities within these recommendations that are high priorities and should be acted on as immediate priorities. These priorities relate to:

- **Clearly establishing and communicating the roles and responsibilities of the Department, Agencies and Carers in relation to the care of the child** (Recommendation 13, Recommendation 14, Recommendation 15 and Recommendation 16) The review has highlighted that there is a need to improve the communication and relationships between the Department, Agencies and Carers. Many of the relationship issues appear to stem from variable understanding about the expected role each party plays in the care of a child and the associated behaviours that follow. Working to clarify the roles and responsibilities within the system, with a focus on principles of subsidiarity (focusing on decision making as close to the child as possible), could substantially improve carers experience of the system and ultimately outcomes for children.

- **Reviewing financial compensation available to carers and ensuring the full spectrum of financial supports is understood by all parties** (Recommendation 18, Recommendation 19 and Recommendation 20). Both this review and the Nyland Commission identified the importance of financial supports enabling carers to undertake their role. It is important that:
  - financial compensation is commensurate with the costs of caring for a child and the relative levels of complexity associated with that care
  - carers understand the full spectrum of payments made to them to support their care of a child including those made by the Department and other Commonwealth subsidies
  - that the processes associated with accessing financial supports provided by DCP (both base payments and reimbursements) are efficient and minimise burden.
The review of financial compensation available to carers offers not only an opportunity to ensure payment structures and processes are efficient and effective but will provide the Department with insights into the relationship between financial compensation and recruitment of carers.

- **Improving the efficiency of foster care registration processes (Recommendation 6, Recommendation 8, Recommendation 9).** Addressing issues associated with the registration process would:
  - improve the registration experience for new foster carers
  - expedite the process, enabling new foster carers to be available to provide care sooner than is currently the case
  - minimise time and resources associated with requests for additional information by the Department.
Appendices
A Key activities in undertaking this review

Further to Section 1.2 of the main report, the following section covers additional detail on key activities in the undertaking of this review.

Preliminary research

The literature review was aimed at reviewing national and international literature on foster care arrangements in other states in Australia and overseas focused on strategies implemented to improve the supply of foster carers. The literature review specifically focused on what strategies implemented have proven to be effective in improving the attraction and retention of foster carers.

Stakeholder consultations

To support the review and validate the information gathered from the literature review, KPMG undertook a comprehensive consultation process with agencies, peak bodies, departmental staff and carers to better understand the motivations for becoming a foster or kinship carer and what departmental or system support carers required to continue being carers.

Consultations with agencies, peak bodies and DCP staff were conducted through a mix of telephone interviews and face-to-face interviews, with preference provided to the stakeholder. Consultations with carers were conducted through face-to-face workshops. KPMG undertook 34 consultation activities with four stakeholder groups to inform the review of the foster and kinship care system.
Interviews with foster care agencies

KPMG conducted 13 interviews with representatives from both general and specialist foster care agencies. Across the 13 interviews, KPMG interviewed 34 agency representatives. Representatives comprised a mix of Managers, Senior managers and Directors. Agencies and representatives invited to participate in this process were provided to KPMG by the Department. This invite was extended to other senior staff members within the agencies. Agencies that KPMG consulted are listed in the table below.

Table 11: Interviews with agency representatives

<table>
<thead>
<tr>
<th>Agency</th>
<th>Date interviewed</th>
<th>Number of representatives consulted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Without Barriers</td>
<td>2 November 2016</td>
<td>1</td>
</tr>
<tr>
<td>ac.care</td>
<td>3 November 2016</td>
<td>1</td>
</tr>
<tr>
<td>Uniting Communities</td>
<td>7 November 2016</td>
<td>2</td>
</tr>
<tr>
<td>Aboriginal Family Support Services – Coober Pedy</td>
<td>8 November 2016</td>
<td>1</td>
</tr>
<tr>
<td>Aboriginal Family Support Services - Ceduna</td>
<td>8 November 2016</td>
<td>1</td>
</tr>
<tr>
<td>Aboriginal Family Support Services - Metro</td>
<td>9 November 2016</td>
<td>1</td>
</tr>
<tr>
<td>Centacare Catholic Family Services Country SA</td>
<td>11 November 2016</td>
<td>8</td>
</tr>
<tr>
<td>Uniting Care Wesley Country SA</td>
<td>11 November 2016</td>
<td>8</td>
</tr>
<tr>
<td>Centacare Catholic Family Services</td>
<td>14 November 2016</td>
<td>3</td>
</tr>
<tr>
<td>Anglicare SA Inc</td>
<td>15 November 2016</td>
<td>2</td>
</tr>
<tr>
<td>Lutheran Community Care SA</td>
<td>15 November 2016</td>
<td>3</td>
</tr>
<tr>
<td>Aboriginal Family Support Services – Port Lincoln</td>
<td>17 November 2016</td>
<td>1</td>
</tr>
<tr>
<td>Key Assets SA Limited</td>
<td>25 November 2016</td>
<td>1</td>
</tr>
<tr>
<td>Aboriginal Family Support Services – Port Augusta</td>
<td>1 December 2016</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>34</td>
</tr>
</tbody>
</table>

Source: KPMG
Interviews with peak bodies

KPMG conducted five interviews with representatives from peak bodies that comprised a mix of board members, State Coordinators and Chief Executive Officers. Across the five interviews, KPMG interviewed 10 peak body representatives. Peak bodies invited to participate in this process were provided to KPMG by the Department. This invite was extended to other senior staff members within the peak bodies. Peak bodies that KPMG consulted are listed in the table below.

Table 12: Interviews with peak body representatives

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Date interviewed</th>
<th>Number of representatives consulted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grandparents for grandchildren</td>
<td>31 October 2016</td>
<td>5</td>
</tr>
<tr>
<td>Connecting Foster Carers</td>
<td>11 November 2016</td>
<td>2</td>
</tr>
<tr>
<td>Guardian for Children</td>
<td>14 November 2016</td>
<td>1</td>
</tr>
<tr>
<td>Time for Kids</td>
<td>22 November 2016</td>
<td>1</td>
</tr>
<tr>
<td>CREATE foundation</td>
<td>24 November 2016</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

Source: KPMG

Interviews with DCP staff

Consultations with DCP staff were undertaken to gain front-line insights and perspectives into factors that influence people’s decisions to provide foster care and to continue providing care, as well as system issues that are barriers to recruitment or retention.

KPMG conducted six interviews with DCP staff that worked across foster and/or kinship care. Across the seven interviews, KPMG interviewed 13 departmental staff. These staff comprised a mix of Team Leaders, Assistant Directors, Managers, Consultants, Principal Social Workers and Program Officers. Departmental units that KPMG consulted with are listed in the table below.

Table 13: Interviews with departmental staff

<table>
<thead>
<tr>
<th>Department unit</th>
<th>Date interviewed</th>
<th>Number of representatives consulted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care Services, Policy and Reporting</td>
<td>25 November 2016</td>
<td>1</td>
</tr>
<tr>
<td>Registration and Contract Services, Policy and Reporting</td>
<td>29 November 2016</td>
<td>4</td>
</tr>
<tr>
<td>Aboriginal Consultants</td>
<td>1 December 2016</td>
<td>2</td>
</tr>
</tbody>
</table>
In addition, KPMG conducted three focus groups with the Northern, Central and Southern Guardianship hubs and one teleconference with regional hubs. In total, 69 DCP staff attended a focus group while 12 participated in the teleconference. Table 15: Number of individuals who attended a focus group or a teleconference below provides a breakdown of the attendance from each hub and teleconference.

Table 14: Number of individuals who attended a focus group or a teleconference

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date of focus group</th>
<th>Number of attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teleconference</td>
<td>5 December 2016</td>
<td>12</td>
</tr>
<tr>
<td>Central Guardianship hub</td>
<td>7 December 2016</td>
<td>40</td>
</tr>
<tr>
<td>Northern Guardianship hub</td>
<td>9 December 2016</td>
<td>23</td>
</tr>
<tr>
<td>Southern Guardianship hub</td>
<td>15 December 2016</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>81</strong></td>
</tr>
</tbody>
</table>

Source: KPMG
Carer and agency forums

KPMG managed and facilitated one carer forum in the metropolitan area and four regional carer forums. These carer forums were held throughout November 2016 and were attended by 155 carers.

In addition, KPMG managed and facilitated one agency forum in the metropolitan area. This was held in November 2016 and attended by 25 agency representatives and nine DCP staff.

Table 15: Number of individuals that attended a carer or agency forum

<table>
<thead>
<tr>
<th>Location</th>
<th>Venue</th>
<th>Date of forum</th>
<th>Number of attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carer forum – Metropolitan</td>
<td>Adelaide Oval</td>
<td>10 November 2016</td>
<td>121</td>
</tr>
<tr>
<td>Adelaide</td>
<td>KPMG Office</td>
<td>23 November 2016</td>
<td>34</td>
</tr>
<tr>
<td>Carer forum - Riverland</td>
<td>DCP Riverland office</td>
<td>28 November 2016</td>
<td>1</td>
</tr>
<tr>
<td>Carer forum – Mount Gambier</td>
<td>DCP Limestone Coast office</td>
<td>30 November 2016</td>
<td>9</td>
</tr>
<tr>
<td>Carer forum – Whyalla</td>
<td>DCP Whyalla office</td>
<td>6 December 2016</td>
<td>9</td>
</tr>
<tr>
<td>Carer forum – Mount Barker</td>
<td>DCSI office</td>
<td>7 December 2016</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>189</strong></td>
</tr>
</tbody>
</table>

Source: KPMG

Carer survey

The distribution of the carer survey formed part of the carer forum registration process and was hosted on the Qualtrics online survey platform. The carer survey captured the carer’s current role in the foster or kinship care system, the number of children they provided care for, the reason they chose to provide care, intentions on remaining a carer, issues with that current system that prevent their long-term involvement and the importance of a number of issues.

The carer survey was open between the 17 October 2016 and 30 November 2016 and was initially distributed to carers by the Department by physical mail and email by agencies.

In total, there were 220 responses from carers. Findings from the carer survey are provided throughout the report, with the survey results further detailed in Appendix E.
# Foster care agencies

Foster care agencies may provide services for general foster care and/or specialised foster care. This is stated in their service agreements with DCP. The table below details the foster care agencies and the type of foster care program they provide.

<table>
<thead>
<tr>
<th>Foster care agency</th>
<th>Program/Type</th>
<th>Program information</th>
<th>Focus group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal Family Support Services</td>
<td>• General foster care</td>
<td>General foster care as described above.</td>
<td>• Aboriginal and Torres Strait Islander children</td>
</tr>
<tr>
<td></td>
<td>• Respite care</td>
<td></td>
<td>• 0-17 years</td>
</tr>
<tr>
<td>AC Care</td>
<td>• General foster care</td>
<td>General foster care as described above.</td>
<td>• Non-Aboriginal</td>
</tr>
<tr>
<td></td>
<td>• Respite care</td>
<td></td>
<td>• Aboriginal and Torres Strait Islander children</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• 0-17 years</td>
</tr>
<tr>
<td>Anglicare SA</td>
<td>• General foster care</td>
<td>General foster care as described above.</td>
<td>• Non-Aboriginal</td>
</tr>
<tr>
<td></td>
<td>• Respite care</td>
<td></td>
<td>• 0-17 years</td>
</tr>
<tr>
<td>Anglicare SA</td>
<td>• Fresh Start</td>
<td>Specialist foster care for children who have experienced abuse and trauma, with challenging behaviour and complex needs, a history of placement instability and require a therapeutic environment. Child assessed at level 3 or 4 of the CAT.</td>
<td>• Non-Aboriginal</td>
</tr>
<tr>
<td></td>
<td>(Specialised foster care)</td>
<td></td>
<td>• Aboriginal and Torres Strait Islander children</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• 0-17 years</td>
</tr>
<tr>
<td>Centacare Catholic Family Services</td>
<td>• Specialised foster care – family preservation</td>
<td>Reunification program for children placed on short-term orders.</td>
<td>• Non-Aboriginal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Aboriginal and Torres Strait Islander children</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• 1-12 years</td>
</tr>
<tr>
<td>Foster care agency</td>
<td>Program/Type</td>
<td>Program information</td>
<td>Focus group</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Centacare Catholic Family Services –</td>
<td>General foster care</td>
<td>General foster care as described above.</td>
<td>Non-Aboriginal 0-17 years</td>
</tr>
<tr>
<td>Country SA</td>
<td>Respite care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Key Assets SA</td>
<td>Specialised foster care</td>
<td>Specialist foster care for children who have experienced abuse and trauma with high and complex needs; assessed at level 3 or 4.</td>
<td>Non-Aboriginal 2-17 years</td>
</tr>
<tr>
<td>Life Without Barriers</td>
<td>Specialised foster care</td>
<td>Specialist foster care for children with significant or extreme care needs assessed at level 3 or 4.</td>
<td>Non-Aboriginal Aboriginal and Torres Strait Islander children 0-17 years</td>
</tr>
<tr>
<td>Lutheran Community Care</td>
<td>General foster care</td>
<td>General foster care as described above.</td>
<td>Non-Aboriginal 0-17 years</td>
</tr>
<tr>
<td></td>
<td>Respite care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time for Kids</td>
<td>Respite care for kinship carers</td>
<td>General foster care as described above.</td>
<td>Non-Aboriginal Aboriginal and Torres Strait Islander children 0-17 years</td>
</tr>
<tr>
<td>Uniting Care Wesley Country SA</td>
<td>General foster care</td>
<td>General foster care as described above.</td>
<td>Non-Aboriginal 0-17 years</td>
</tr>
<tr>
<td></td>
<td>Respite care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uniting Communities</td>
<td>Homelink for Children</td>
<td>Specialist foster care for children with significant or extreme care needs (physical or intellectual disability) assessed at level 3 or 4.</td>
<td>Non-Aboriginal Aboriginal and Torres Strait Islander children 5-17 years with an intellectual disability</td>
</tr>
</tbody>
</table>

Source: Department for Education and Child Development 2015, Families SA Service Provider Handbook 2015, Government of South Australia
C Data Appendix

This section provides further data and technical detail on the analyses detailed in Section 3.3.

Data preparation

Before any data analysis was conducted, initial data preparation was carried out. Accordingly the following counting rules were developed and used in the analysis.

Carer statistics

For the descriptive statistics on carers (Section 3.3.1 to 3.3.3), carers’ registration status as at 30 June of the year were used. Since some carers had multiple status updates at different times in a year, a carer’s last availability status before 30th June was taken to be the carer’s current registration status as at the end of any given year. If a carer’s registration was cancelled in a year and then re-registered under a different registration, the carer was only counted once.

For the Outcomes analysis (Section 3.3.4), a carer was counted twice under two different registrations, if they cancelled and re-registered, given the need to consider the distinct outcomes of both registrations. Multiple carers under a registration are counted for their own distinct outcomes, e.g. two carers in one registration have been referred to as two carer registration outcomes.

To count registered placement types, a carer was counted under each placement type that he/she was registered for. As most carers were registered for more than one placement type, carers were counted more than once.

Where a carer’s age and/or gender were unknown, they have been excluded from the counts provided in Table 20 to Table 22 below.

Placements

In the placements dataset, the following details were available:

- placement start dates
- planned placement end date and actual placement end date
- reason for placements ending
- date of birth and Indigenous status of the child.

A placement was considered to have ended if the actual end date was between 1 July, 2012 and 30 June, 2016. All other placements were considered to be ongoing current placements as at 30 June 2016.

The starting year of a placement was the financial year of the placement start date.

In addition, data was joined from the individual data sets. As a result of this and the counting rules outlined, above data in this report may differ from the data reported by DCP.
Registered carers

Table 18 below is a count of total number of carers of each type with their registration status. It shows that the proportion of carers available as at the end of each financial year (i.e. have a ‘registered’ status at 30 June as a proportion of all ‘on hold’ and ‘registered’ carers) has dropped considerably among foster carers. As of 30 June 2013, 90 percent of total foster carers were registered and available to provide care compared to 81 percent at 30 June 2016. Whereas, this availability ratio changed only marginally among kin or SCO carers.

Table 17: Number and proportion of carers registered and on hold at 30 June 2013 to 30 June 2016

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOSTER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On Hold</td>
<td>106 10%</td>
<td>152 9%</td>
<td>415 23%</td>
<td>362 19%</td>
</tr>
<tr>
<td>Registered</td>
<td>958 90%</td>
<td>1,562 91%</td>
<td>1,419 77%</td>
<td>1,513 81%</td>
</tr>
<tr>
<td>Total</td>
<td>1,064 100%</td>
<td>1,714 100%</td>
<td>1,834 100%</td>
<td>1,875 100%</td>
</tr>
<tr>
<td>KINSHIP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On Hold</td>
<td>14 4%</td>
<td>16 4%</td>
<td>31 6%</td>
<td>38 6%</td>
</tr>
<tr>
<td>Registered</td>
<td>301 96%</td>
<td>387 96%</td>
<td>498 94%</td>
<td>597 94%</td>
</tr>
<tr>
<td>Total</td>
<td>315 100%</td>
<td>403 100%</td>
<td>529 100%</td>
<td>635 100%</td>
</tr>
<tr>
<td>SCO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On Hold</td>
<td>5 5%</td>
<td>6 4%</td>
<td>7 4%</td>
<td>15 7%</td>
</tr>
<tr>
<td>Registered</td>
<td>106 95%</td>
<td>131 96%</td>
<td>170 96%</td>
<td>187 93%</td>
</tr>
<tr>
<td>Total</td>
<td>111 100%</td>
<td>137 100%</td>
<td>177 100%</td>
<td>202 100%</td>
</tr>
</tbody>
</table>

Source: KPMG analysis of DCP datasets

The population of carers by preferred placement types as at 30 June 2016 is shown in Table 19 below. Respite is the most registered care type for foster carers with 69 percent of all registered foster carers registered to provide this type of care. A slightly smaller proportion of carers (64 percent) were registered to provide long term foster care. Long term care is the most common care type among kinship and SCO carers at 88 and 75 percent respectively, which is expected based on the nature of kinship and SCO care.
Table 18: Number and proportion of carers for each care type and availability status by preferred placement types, as of 30 June 2016

<table>
<thead>
<tr>
<th></th>
<th>Foster</th>
<th>Kinship</th>
<th>SCO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>On Hold</td>
<td>Registered</td>
<td>On Hold</td>
</tr>
<tr>
<td>Emergency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of carers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Total carers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long Term</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of carers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Total carers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respite</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of carers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Total carers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short Term</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of carers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Total carers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of carers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Total carers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist emergency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of carers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Total carers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist respite</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of carers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Total carers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of carers</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: KPMG analysis of DCP datasets

Carer age and gender

Table 20–Table 22 below show the number of carers by age and gender for foster, kinship and SCO care. The data in this table includes both ‘registered’ and ‘on hold’ foster carers. Overall, there were significantly more female carers than male carers and kinship and SCO carers tended to be older than foster carers.

Table 19: Number of foster carers by age and gender, registered and on hold at 30 June 2016

<table>
<thead>
<tr>
<th>Age (group)</th>
<th>2016</th>
<th></th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Carers</td>
<td>% of Total Carers</td>
<td>Number of Carers</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>21-30</td>
<td>44</td>
<td>14</td>
<td>2%</td>
</tr>
<tr>
<td>31-40</td>
<td>209</td>
<td>115</td>
<td>11%</td>
</tr>
<tr>
<td>41-50</td>
<td>439</td>
<td>262</td>
<td>23%</td>
</tr>
<tr>
<td>51-60</td>
<td>285</td>
<td>201</td>
<td>15%</td>
</tr>
<tr>
<td>61-70</td>
<td>139</td>
<td>99</td>
<td>7%</td>
</tr>
<tr>
<td>71-80</td>
<td>33</td>
<td>27</td>
<td>2%</td>
</tr>
<tr>
<td>81-90</td>
<td>1</td>
<td>2</td>
<td>0%</td>
</tr>
</tbody>
</table>
### Table 20: Number of kinship carers by age and gender, registered and on hold at 30 June 2016

<table>
<thead>
<tr>
<th>Age (group)</th>
<th>Female</th>
<th>Male</th>
<th>% of Total Carers</th>
<th>Number of Carers</th>
<th>% of Total Carers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand Total</td>
<td>1,150</td>
<td>720</td>
<td>61%</td>
<td>61%</td>
<td>39%</td>
</tr>
</tbody>
</table>

*Excludes carers with unknown/indeterminable age or gender.
Source: KPMG analysis of DCP datasets

### Table 21: Number of SCO carers by age and gender, registered and on hold at 30 June 2016

<table>
<thead>
<tr>
<th>Age (group)</th>
<th>Female</th>
<th>Male</th>
<th>% of Total Carers</th>
<th>Number of Carers</th>
<th>% of Total Carers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand Total</td>
<td>405</td>
<td>225</td>
<td>64%</td>
<td>64%</td>
<td>36%</td>
</tr>
</tbody>
</table>

*Excludes carers with unknown/indeterminable age or gender.
Source: KPMG analysis of DCP datasets
Placements

Table 23 below shows that a placement breakdown is the primary reason for a long term foster care placement ending. Over the period FY2013-14 and FY2015-16, a placement ending has increasingly been attributed to a placement breakdown.

Table 22: Reasons for long term foster care placements ending between 30 June 2013 and 30 June 2016

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Placement breakdown</td>
<td>37</td>
<td>34</td>
<td>41</td>
<td>32</td>
</tr>
<tr>
<td>Planned plcmt move</td>
<td>29.4%</td>
<td>34.0%</td>
<td>34.2%</td>
<td>41.6%</td>
</tr>
<tr>
<td>Placement Ended</td>
<td>65</td>
<td>28</td>
<td>23</td>
<td>14</td>
</tr>
<tr>
<td>Special circumstances</td>
<td>11.1%</td>
<td>20.0%</td>
<td>10.8%</td>
<td>15.6%</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>1</td>
<td>11.7%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Care concern</td>
<td>0.8%</td>
<td>1.0%</td>
<td>6.7%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Child reunified</td>
<td>32%</td>
<td>8.0%</td>
<td>3.3%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Child missing</td>
<td>2.4%</td>
<td>7.0%</td>
<td>4.2%</td>
<td>1</td>
</tr>
<tr>
<td>Living Independently</td>
<td>4</td>
<td>1</td>
<td>3.3%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Shared Care</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Child missing</td>
<td>0.8%</td>
<td>1.0%</td>
<td>0.8%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Carer illness</td>
<td>1</td>
<td>1</td>
<td>0.8%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Interstate Transfer</td>
<td>4</td>
<td>1</td>
<td>0.8%</td>
<td>2</td>
</tr>
<tr>
<td>Carer on holiday</td>
<td>1</td>
<td>1</td>
<td>1.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>126</td>
<td>100</td>
<td>120</td>
<td>77</td>
</tr>
</tbody>
</table>

Source: KPMG analysis of DCP datasets
Table 24 below shows the reasons for short term foster care placements ending over period FY2013-16. The data indicates that placements ending is highly attributable to planned placement moves.

Table 23: Reasons for short term foster care placements ending between 30 June 2013 and 30 June 2016

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned placement move</td>
<td>153</td>
<td>114</td>
<td>156</td>
<td>186</td>
</tr>
<tr>
<td>Child reunified</td>
<td>38</td>
<td>28</td>
<td>28</td>
<td>41</td>
</tr>
<tr>
<td>Placement breakdown</td>
<td>30</td>
<td>35</td>
<td>29</td>
<td>33</td>
</tr>
<tr>
<td>Placement ended</td>
<td>34</td>
<td>10</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>Special circumstances</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Carer Illness</td>
<td>0.4%</td>
<td>0.5%</td>
<td>2.0%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Care concern</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Shared Care</td>
<td>0.4%</td>
<td>1.6%</td>
<td>0.4%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Unknown</td>
<td>0.4%</td>
<td>1.0%</td>
<td>2</td>
<td>0.6%</td>
</tr>
<tr>
<td>Interstate Transfer</td>
<td></td>
<td></td>
<td>2</td>
<td>0.8%</td>
</tr>
<tr>
<td>Carer on holiday</td>
<td></td>
<td></td>
<td>1</td>
<td>0.3%</td>
</tr>
<tr>
<td>Child/young person in hospital</td>
<td></td>
<td></td>
<td>1</td>
<td>0.4%</td>
</tr>
<tr>
<td>Death of carer</td>
<td></td>
<td></td>
<td>1</td>
<td>0.3%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>258</td>
<td>193</td>
<td>248</td>
<td>332</td>
</tr>
</tbody>
</table>

Source: KPMG analysis of DCP datasets
Table 25 below shows the reasons for specialist foster care placements ending over the period FY2013-16. The primary reason for these placements ending is the placement having a predefined length that was reached. In FY2012-13, there was a significantly larger number of specialist foster carers compared to other years. As a result, there were a larger proportion of placements that ended in FY2012-13.

*Table 24: Reasons for specialist foster care placements ending, between 30 June 2013 and 30 June 2016*

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Placement Ended</td>
<td>540</td>
<td>65</td>
<td>79</td>
<td>64</td>
</tr>
<tr>
<td>Planned plcmnt move</td>
<td>42</td>
<td>32</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>Placement breakdown</td>
<td>14</td>
<td>10</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Child reunified</td>
<td>1</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Care concern</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Special circumstances</td>
<td>0.5%</td>
<td>1.6%</td>
<td>1.7%</td>
<td></td>
</tr>
<tr>
<td>Carer on holiday</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child missing</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Training Centre</td>
<td>1</td>
<td>1</td>
<td>0.2%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Living independently</td>
<td></td>
<td>1</td>
<td>0.8%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Death of carer</td>
<td>1</td>
<td></td>
<td>0.8%</td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>610</td>
<td>110</td>
<td>125</td>
<td>115</td>
</tr>
</tbody>
</table>

*Source: KPMG analysis of DCP datasets*
Table 26 below indicates the reasons for long term kinship care placements ending over the period 2013-2016. Between FY2012-13 and FY2013-14, the primary reason for a placement ending was a planned placement move. In FY2014-15 and FY2015-16, the primary reason had shifted to a placement breakdown (42 percent in FY2015-16). This was primarily a result of a rapidly increasing number of placement breakdowns in the same period. The ratio of placement breakdowns in FY2015-16 over all ongoing long term kinship placements as at the end of FY2015-16 was almost 7 percent.

Table 25: Reasons for long term kinship care placements ending, between 30 June 2013 and 30 June 2016

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned placement move</td>
<td>69</td>
<td>77</td>
<td>31</td>
<td>22</td>
</tr>
<tr>
<td>Placement breakdown</td>
<td>33</td>
<td>49</td>
<td>39</td>
<td>63</td>
</tr>
<tr>
<td>Placement Ended</td>
<td>23</td>
<td>14</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Child reunified</td>
<td>7</td>
<td>15</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Special circumstances</td>
<td>24</td>
<td>16</td>
<td>16.0%</td>
<td>10.7%</td>
</tr>
<tr>
<td>Unknown</td>
<td>5</td>
<td>4</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Care concern</td>
<td>2</td>
<td>7</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Carer illness</td>
<td>15</td>
<td>4.0%</td>
<td>4.0%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Child missing</td>
<td>7</td>
<td>9</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Interstate Transfer</td>
<td>4.3%</td>
<td>5.1%</td>
<td>1.3%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Living independently</td>
<td>2</td>
<td>1.3%</td>
<td>1.3%</td>
<td>2</td>
</tr>
<tr>
<td>Child Training Centre</td>
<td>1</td>
<td>1.0%</td>
<td>1.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Shared Care</td>
<td>0.6%</td>
<td>0.6%</td>
<td>0.7%</td>
<td>3</td>
</tr>
<tr>
<td>Child/young person in hospital</td>
<td>2</td>
<td>2.0%</td>
<td>1.0%</td>
<td>1</td>
</tr>
<tr>
<td>Death of child/young person</td>
<td>1</td>
<td>0.7%</td>
<td>0.7%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>162</td>
<td>176</td>
<td>150</td>
<td>150</td>
</tr>
</tbody>
</table>

Source: KPMG analysis of DCP datasets
The following table, Table 27 indicates the reasons for short term kinship placements ending over the period FY2013-16. Over this period the primary reason for a placement ending was evenly attributed to a planned placement move or child reunification. This was primarily as a result of an increasing number of placements breaking down from FY2013-16.

Table 26: Reasons for short term kinship care placements ending, between 30 June 2013 and 30 June 2016

<table>
<thead>
<tr>
<th>Short Term Kinship</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned placement move</td>
<td>61</td>
<td>73</td>
<td>79</td>
<td>65</td>
</tr>
<tr>
<td>Child reunified</td>
<td>44</td>
<td>49</td>
<td>54</td>
<td>68</td>
</tr>
<tr>
<td>Placement breakdown</td>
<td>13</td>
<td>19</td>
<td>30</td>
<td>48</td>
</tr>
<tr>
<td>Placement Ended</td>
<td>29</td>
<td>21</td>
<td>29</td>
<td>24</td>
</tr>
<tr>
<td>Special circumstances</td>
<td>21</td>
<td>44</td>
<td>9.2%</td>
<td>16.9%</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Shared Care</td>
<td>0.6%</td>
<td>1.7%</td>
<td>2.6%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Care concern</td>
<td>0.6%</td>
<td>1.7%</td>
<td>2.6%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Child missing</td>
<td>0.6%</td>
<td>1.7%</td>
<td>2.6%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Career Illness</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Child Training Centre</td>
<td>3.2%</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Death of carer</td>
<td>1.3%</td>
<td>1.3%</td>
<td>1.3%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Living independently</td>
<td>155</td>
<td>172</td>
<td>229</td>
<td>276</td>
</tr>
</tbody>
</table>

Source: KPMG analysis of DCP datasets
Table 28 below shows the reasons for long term SCO care placements ending over the FY2013-16 period. The ratio of placement breakdowns in FY2015-16 over all ongoing long term SCO placements as at the end of FY2015-16 was six percent, even though this represented a quarter of all long term SCO placements coming to an end in FY2015-16.

**Table 27: Reasons for long term SCO care placements ending, between 30 June 2013 and 30 June 2016**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned plcmt move</td>
<td>27</td>
<td>19</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Placement breakdown</td>
<td>55.1%</td>
<td>43.2%</td>
<td>19.2%</td>
<td>11.4%</td>
</tr>
<tr>
<td>Placement Ended</td>
<td>19</td>
<td>14</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Placement</td>
<td>38.9%</td>
<td>37.8%</td>
<td>26.9%</td>
<td>25.7%</td>
</tr>
<tr>
<td>Special circumstances</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Care concern</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Child re-unified</td>
<td>5.7%</td>
<td>8.1%</td>
<td>5.7%</td>
<td>2</td>
</tr>
<tr>
<td>Carer illness</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Death of carer</td>
<td>7.7%</td>
<td>2</td>
<td>5.7%</td>
<td>1</td>
</tr>
<tr>
<td>Shared Care</td>
<td>7.7%</td>
<td>2</td>
<td>5.7%</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>1</td>
<td>2.9%</td>
<td>1</td>
</tr>
<tr>
<td>Child missing</td>
<td>1</td>
<td>1</td>
<td>2.9%</td>
<td>1</td>
</tr>
<tr>
<td>Interstate Transfer</td>
<td>3.8%</td>
<td>3.8%</td>
<td>2.9%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Living Independently</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Grand Total</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

*Source: KPMG analysis of DCP datasets*
The following table, Table 29 shows the reasons for short term SCO placements ending over the period FY2013-16. It shows that over the period, the reason for placements ending has varied. The key reasons have been due to a planned placement move, child reunification and placement ending. In FY2015-16, a quarter of placements ended due to child reunification, 25 percent, an increase on previous years.

**Table 28: Reasons for short term SCO care placements ending, between 30 June 2013 and 30 June 2016**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned plcnt move</td>
<td>19 (48.7%)</td>
<td>12 (28.6%)</td>
<td>7 (43.8%)</td>
<td>9 (32.1%)</td>
</tr>
<tr>
<td>Placement Ended</td>
<td>13 (33.3%)</td>
<td>18 (42.9%)</td>
<td>5 (14.3%)</td>
<td>4 (14.3%)</td>
</tr>
<tr>
<td>Child reunified</td>
<td>5 (2.6%)</td>
<td>7 (11.9%)</td>
<td>1 (6.3%)</td>
<td>7 (25.0%)</td>
</tr>
<tr>
<td>Placement breakdown</td>
<td>1 (2.6%)</td>
<td>5 (11.9%)</td>
<td>1 (6.3%)</td>
<td>3 (10.7%)</td>
</tr>
<tr>
<td>Special circumstances</td>
<td>2 (6.3%)</td>
<td>3 (11.9%)</td>
<td>2 (12.5%)</td>
<td>7 (25.0%)</td>
</tr>
<tr>
<td>Shared Care</td>
<td>1 (2.6%)</td>
<td>1 (2.6%)</td>
<td>1 (6.3%)</td>
<td>1 (3.4%)</td>
</tr>
<tr>
<td>Care concern</td>
<td>1 (2.6%)</td>
<td>1 (2.6%)</td>
<td>1 (6.3%)</td>
<td>2 (6.3%)</td>
</tr>
<tr>
<td>Grand Total</td>
<td>39 (100.0%)</td>
<td>42 (100.0%)</td>
<td>16 (100.0%)</td>
<td>28 (100.0%)</td>
</tr>
</tbody>
</table>

Source: KPMG analysis of DCP datasets

The following table, Table 30 indicates the reasons for specialist SCO care placements ending in the three years spanning FY2013-15. Given the small data set it is unreasonable to draw any hard conclusions.

**Table 29: Reasons for specialist SCO care placements ending, between 30 June 2013 and 30 June 2015**

<table>
<thead>
<tr>
<th>Reason</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned plcnt move</td>
<td>9 (100.0%)</td>
<td>1 (50.0%)</td>
<td>1 (50.0%)</td>
</tr>
<tr>
<td>Carer on holiday</td>
<td>1 (100.0%)</td>
<td>1 (100.0%)</td>
<td>1 (50.0%)</td>
</tr>
<tr>
<td>Living Independently</td>
<td>1 (100.0%)</td>
<td>1 (100.0%)</td>
<td>1 (50.0%)</td>
</tr>
<tr>
<td>Placement Ended</td>
<td>9 (100.0%)</td>
<td>2 (100.0%)</td>
<td>2 (100.0%)</td>
</tr>
<tr>
<td>Grand Total</td>
<td>9 (100.0%)</td>
<td>2 (100.0%)</td>
<td>2 (100.0%)</td>
</tr>
</tbody>
</table>

Source: KPMG analysis of DCP datasets
Logistic regression

The first part of the analysis in this section focuses on summarising outcomes of carer registrations and then aims to statistically validate the results. For this purpose, the carer characteristics were linked to their preferences and registration status. When a carer is registered, data is collected for their preferences as to what age of the child they wish to care for, how many children they would be willing to provide care to, along with their own personal details. This information is then reviewed periodically and the carer’s availability status may change depending on their circumstances and a registration may also even get cancelled or deregistered for a number of reasons analysed in Section 3.3.3.

Carer details and their preferences were then analysed to see what impact these characteristics had on registration outcomes. The final outcomes of registrations were classified into either neutral or undesirable outcomes and the affects were analysed for their statistical significance using regression models. The following table outlines possible registration outcomes in the sample dataset.

Table 30: Classification of carer outcomes to neutral or undesired

<table>
<thead>
<tr>
<th>Neutral outcomes</th>
<th>Undesired outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Currently registered</td>
<td>• Cancelled, Deregistered or put On-hold due to any of the following reasons:</td>
</tr>
<tr>
<td>• Cancelled or put On-hold due to any of the following reasons:</td>
<td>• assessed safety risk to children</td>
</tr>
<tr>
<td>• age of carer</td>
<td>• care concern</td>
</tr>
<tr>
<td>• approved for child who left/turned 18</td>
<td>• carer competency not met</td>
</tr>
<tr>
<td>• break from fostering</td>
<td>• convicted of offence</td>
</tr>
<tr>
<td>• change in circumstances</td>
<td>• new partner not suitable/not willing to proceed</td>
</tr>
<tr>
<td>• change in work/study commitments</td>
<td>• relationship/marital issues</td>
</tr>
<tr>
<td>• child reunited with birth family</td>
<td>• safety risk to children in care</td>
</tr>
<tr>
<td>• death in household</td>
<td>• standards of care not met</td>
</tr>
<tr>
<td>• employed by Families SA/service provider</td>
<td></td>
</tr>
<tr>
<td>• health issues of carer or relative</td>
<td></td>
</tr>
<tr>
<td>• household relocation/renovation</td>
<td></td>
</tr>
<tr>
<td>• new partner being assessed</td>
<td></td>
</tr>
<tr>
<td>• other</td>
<td></td>
</tr>
<tr>
<td>• other person guardianship</td>
<td></td>
</tr>
<tr>
<td>• outstanding carer competency</td>
<td></td>
</tr>
<tr>
<td>• outstanding carer review</td>
<td></td>
</tr>
<tr>
<td>• training requirements not met</td>
<td></td>
</tr>
</tbody>
</table>

Source: KPMG
This analysis was undertaken for foster carers only as the sample size for kinship and SCO carers was too small.

The characteristics that were studied for their impact on registration outcomes of foster carers were the following:

- number of carers in a registration i.e. whether it is a single carer registration or with other carers
- maximum age of the children a carer is registered to provide care to
- maximum number of children a carer is registered to provide care to
- demographic characteristics i.e. age, sex, Aboriginal or Torres Strait Islander of a carer.

The different impacts these factors have on registration outcomes are shown in Table 32 - Table 37 below.

The following table shows that the proportion of carers that have had undesirable outcomes was almost twice as great when they were sole carers under a registration compared to those when they were registered with other carers.

*Table 31: Number and proportion of carer registrations for single or multiple carer registrations resulting in neutral and undesirable outcomes, between June 2012 and June 2016*

<table>
<thead>
<tr>
<th></th>
<th>Neutral</th>
<th>Unneutral</th>
<th>Undesirable</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registrations</td>
<td>Registrations</td>
<td>Registrations</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Single carer</td>
<td>856</td>
<td>91%</td>
<td>84</td>
<td>9%</td>
</tr>
<tr>
<td>Two or more carers</td>
<td>1,646</td>
<td>95%</td>
<td>93</td>
<td>5%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>2,502</td>
<td>93%</td>
<td>177</td>
<td>7%</td>
</tr>
</tbody>
</table>

*Source: KPMG analysis of DCP datasets*

The odds of a single carer registration resulting in an undesirable outcome was 61 percent higher than that of carers providing care with other co-carers involved and this was also found to be statistically significant.

The proportion of carers with undesirable outcomes for carers who have chosen to provide care to older children between the ages of 10 and 18 was twice that of carers who have preferred not to provide care to older children.

*Table 32: Number and proportion of carer registrations resulting in neutral and undesirable outcomes by age of children registered to care for, between June 2012 and June 2016*

<table>
<thead>
<tr>
<th>Age</th>
<th>Neutral</th>
<th>Percent</th>
<th>Undesirable</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registrations</td>
<td>Registrations</td>
<td>Registration</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Age 1 to 9</td>
<td>761</td>
<td>96%</td>
<td>32</td>
<td>4%</td>
</tr>
<tr>
<td>Age 10-18</td>
<td>1,741</td>
<td>92%</td>
<td>145</td>
<td>8%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>2,502</td>
<td>93%</td>
<td>177</td>
<td>7%</td>
</tr>
</tbody>
</table>

*Source: KPMG analysis of DCP datasets*
This difference in rates of undesirable outcomes for age of children was also found to be statistically significant. It was found that a carer that was willing to provide care to children of an older age (between 10-18 years) was 76 percent more likely to have an undesirable outcome than carers who were not willing to take older children on. Although this is statistically significant, it is difficult to draw a correlation between the characteristics of the carer or the older child to an undesirable outcome.

The proportion of carers that are open to providing care to multiple children ending with undesirable outcomes, was higher than that of carers who were only open to providing care to one child at a time. This difference was not found to be statistically significant.

Table 33: Number and proportion of carer registrations resulting in neutral and undesirable outcomes by number of children registered to care for, between June 2012 and June 2016

<table>
<thead>
<tr>
<th></th>
<th>Neutral Registrations</th>
<th>Neutral Percentage</th>
<th>Undesirable Registrations</th>
<th>Undesirable Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Child only</td>
<td>920</td>
<td>95%</td>
<td>52</td>
<td>5%</td>
</tr>
<tr>
<td>2 or more children</td>
<td>1,582</td>
<td>93%</td>
<td>125</td>
<td>7%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>2,502</td>
<td>93%</td>
<td>177</td>
<td>7%</td>
</tr>
</tbody>
</table>

Source: KPMG analysis of DCP datasets

There was no difference in the proportion of registrations with an undesirable outcome of male and female carers.

Table 34: Number and proportion of carer registrations resulting in neutral and undesirable outcomes by gender of carer between June 2012 and June 2016

<table>
<thead>
<tr>
<th>Carer’s gender</th>
<th>Neutral Registrations</th>
<th>Neutral Percentage</th>
<th>Undesirable Registrations</th>
<th>Undesirable Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td>1</td>
<td>100%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Female</td>
<td>1,641</td>
<td>93%</td>
<td>117</td>
<td>7%</td>
</tr>
<tr>
<td>Male</td>
<td>860</td>
<td>93%</td>
<td>60</td>
<td>7%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>2,502</td>
<td>93%</td>
<td>177</td>
<td>7%</td>
</tr>
</tbody>
</table>

Source: KPMG analysis of DCP datasets

There were a large number of carers who’s Australian and Torres Strait Islander status was unknown. For those whose Aboriginal and Torres Strait Islander status could be determined, the proportion of carers with undesirable outcomes was higher among the carers of Aboriginal and Torres Strait Islander background. However, the number of Aboriginal and Torres Strait Islander registrations with undesirable outcomes was not particularly large.
Table 35: Number and proportion of carer registrations resulting in neutral and undesirable outcomes by Aboriginal and Torres Strait Islander background of carer, between June 2012 and June 2016

<table>
<thead>
<tr>
<th>Aboriginal and Torres Islander status</th>
<th>Neutral</th>
<th>Undesirable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Registrations</td>
<td>Percentage</td>
</tr>
<tr>
<td>Unknown</td>
<td>769</td>
<td>93%</td>
</tr>
<tr>
<td>Aboriginal and Torres Strait Islander</td>
<td>86</td>
<td>85%</td>
</tr>
<tr>
<td>Non-Aboriginal and Torres Strait Islander</td>
<td>1,647</td>
<td>94%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>2,502</td>
<td>93%</td>
</tr>
</tbody>
</table>

Source: KPMG analysis of DCP datasets

As discussed in this report, there are a number of complex circumstances and challenges that uniquely affect children and carers from Aboriginal and Torres Strait Islander backgrounds. As such, it is not possible to draw a correlation from this analysis about the drivers of neutral and undesirable outcomes.

The impact of Aboriginal and Torres Strait Islander background status on undesirable outcomes was found to be statistically significant as well as material. The odds of a carer of Aboriginal and Torres Strait Islander background ending in an undesirable outcome was 131 percent higher than odds of others (Non Aboriginal and Torres Strait Islander or those whose Aboriginal and Torres Strait Islander status was not known).

The proportion of carers with an undesirable outcome was higher for carers after the age of 70. Only the 81-90 age group was statistically significant, however given the small sample size it is difficult to draw any conclusions.

Table 36: Number and proportion of carer registrations resulting in neutral and undesirable outcomes by age of carer, between June 2012 and June 2016

<table>
<thead>
<tr>
<th>Carer’s age</th>
<th>Neutral</th>
<th>Undesirable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Registrations</td>
<td>Percentage</td>
</tr>
<tr>
<td>Unknown</td>
<td>5</td>
<td>83%</td>
</tr>
<tr>
<td>Up to 20</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>21-30</td>
<td>143</td>
<td>95%</td>
</tr>
<tr>
<td>31-40</td>
<td>523</td>
<td>95%</td>
</tr>
<tr>
<td>41-50</td>
<td>931</td>
<td>94%</td>
</tr>
<tr>
<td>51-60</td>
<td>577</td>
<td>92%</td>
</tr>
<tr>
<td>61-70</td>
<td>276</td>
<td>92%</td>
</tr>
<tr>
<td>71-80</td>
<td>43</td>
<td>90%</td>
</tr>
<tr>
<td>81-90</td>
<td>2</td>
<td>67%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>2,502</td>
<td>93%</td>
</tr>
</tbody>
</table>

Source: KPMG analysis of DCP datasets

To test the statistical impact and significance of carer characteristics and choices on odds of a possible outcome of a registration, a Logistic model was tested using ‘Outcome’ as a dichotomous variable with two possible values (‘Neutral’, ‘Undesirable’) being dependent on
the carer characteristics. Since, age and gender of a carer was not found to be statistically significant, it was not used as a predictor variable in the model. Although, the proportion with an undesirable outcome was very high for carers older than 81-90, the number of registrations were very small.

\[
O = \text{Intercept} + \beta_1 \text{Number of carers} + \beta_2 \text{Max age of children} + \beta_3 \text{ATSI status}
\]

The results of the above logistic model are shown in the table below:

|                                | Coefficient estimate | Std. error | Z value | Pr(>|z|) |
|--------------------------------|----------------------|------------|---------|----------|
| Intercept                      | -3.3221              | 0.1882     | -17.651 | <2e-16   |
| Single carer registrations     | 0.4770               | 0.1589     | 3.002   | 0.00268  |
| Registrations with carers open to providing care to children aged 10-18 years | 0.5633               | 0.2030     | 2.775   | 0.00552  |
| Aboriginal and Torres Strait Islander carer registrations compared to other registrations | 0.8369               | 0.2941     | 2.846   | 0.00443  |

The following table shows the odds ratio of the above logistic regression.

<table>
<thead>
<tr>
<th></th>
<th>Single carer registrations</th>
<th>Registrations with carers open to providing care to children aged 10-18 years</th>
<th>Aboriginal and Torres Strait Islander carer registrations compared to other registrations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Odds rate</td>
<td>1.61120171</td>
<td>1.75644591</td>
<td>2.30921209</td>
</tr>
</tbody>
</table>

The above statistical results are statistically significant and show that odds of registrations with a sole carer registration ending in an undesirable outcome as compared to those where more than one carer was involved were 1.61 with high statistical significance i.e. 61 percent higher chance.

The odds of a carer registration ending with an undesirable outcome for carers that chose to provide care to older children (10-18 years) were 1.76 as opposed to those carers that have chosen to provide care to younger children only (0-9 years).

Similarly, the odds of registrations of carers with Aboriginal and Torres Strait Islander background to end in an undesirable outcome as compared to those of other registrations (where the carer was either of non-Aboriginal and Torres Strait Islander background or their Aboriginal and Torres Strait Islander status was unknown) were 2.31 i.e. 131 percent higher chance.
D Literature review

The evidence base for best practice on recruitment and retention is limited, as no programs have been rigorously evaluated in Australia, and few programs have been evaluated internationally. However, a range of surveys, workshops and focus groups have been held across Australia and internationally, with consistent findings.

Recruitment

• Recruitment activities should be preceded by a needs analysis and market analysis, identifying the types of children and young people entering care (particularly the cohorts of children and young people who have been difficult to place), as well as the profile(s) of potential foster carers.

• Most recruitment activity should be targeted. The method of targeting may vary (e.g. by geography, by type of child or young person, by type of carer, by complexity); however, this is likely to be more effective than general marketing. In general, funding spent on general marketing campaigns has been shown to have little effect.

• The recruitment process is critical to engaging potential foster carers. Best practice includes a rapid in-person follow-up of any inquiries; a prompt response to questions; a friendly manner; and minimised time from enquiry to assessment and acceptance.

• Current foster carers are held to be one of the most effective sources of recruitment. Better practice models have included current foster carers in the recruitment process as ambassadors or peer support workers.

• The literature on the effectiveness of social media in recruiting is limited, but this is likely to be a major, relatively cost-effective source of finding foster carers.

• Foster and adoption recruitment should be merged, as individuals seeking to adopt may not consider being a foster carer or vice versa.

• Where enquirers are not found to be suitable carers, the agency should consider ways to continue to involve the enquirer (e.g. as a respite carer, someone who can transport children, someone who can help by doing the shopping, etc.)

• More emphasis and structure should be placed on the recruitment of kinship carers. Best practice includes the use of genograms, family- led decision making or family group conferences, and involvement of the child or young person (where appropriate) in identifying potential kinship carers.

• Agencies should have a deliberate, values-based approach to the way they describe and market the role of foster carer. For example, this may involve referring to foster carers as “partners” in making it clear that foster carers are expected to support reunification efforts.

• There are additional barriers to recruiting Aboriginal and Torres Strait Islander carers and carers from culturally and linguistically diverse backgrounds.
Retention

- As noted above, current foster carers are considered to be one of the most effective sources of recruitment through “word-of-mouth”. It is thus critical that recruitment and retention funding is focused on better addressing the needs of current foster carers.

- Carers cite bureaucratic processes and unhelpful workers as one of the most significant barriers to continuing on with foster care or recommending foster care to others. Recruitment and retention funding should focus on addressing these challenges and on ensuring that agencies and Departmental workers work with carers as equal partners in caring for vulnerable children. Carers also seek recognition for their work from agencies.

- Some carers struggle to manage complex behaviours, particularly for teenagers; additional trauma-informed training and support would assist to manage these behaviours.

- Peer support models have been shown to be effective in the US and UK.

- Some carers seek additional financial supports or changes to the foster care model (e.g. the move to a professional foster care model).

Findings from international jurisdictions

United States

Casey Family Programs (2014), Effective Practices in Foster Parent Recruitment, Infrastructure and Retention

Methodology: Literature review

Effective practices for engaging, developing and supporting foster parents

- **Messaging and branding** should be positive but honest, and should clearly communicate the agency’s expectations of its foster parents from the outset
  
  - E.g. Florida Community Based Centre – refers to its foster parents as “partner families” to reinforce that the focus is on permanency
  
  - E.g. Anu Family Services – refers to its foster parents as “healing parents”, as a healing mindset supports their Model of Wellbeing

- **Targeted recruitment** can be more effective (e.g. targeting based on religion, profession, ethnic groups)
  
  - E.g. Anu Family Services – targets “healers”, and so recruits at yoga studios, massage therapy centres etc
  
  - E.g. Iowa – uses performance-based contracting to place children within 20 miles of their home

- **Child-specific recruitment** is used for kinship care placements
  
  - E.g. Extreme Recruitment – works with the young person and their therapist to explore past and current connections through a family tree, eco-map, drawing etc, and locating at least 40 relatives for each youth, as well as working with the young person to

---

81 Casey Family Programs (2014), ‘Effective Practices in Foster Parent Recruitment, Infrastructure and Retention’

explore their understanding of permanency. An evaluation of this program identified positive outcomes.

- **Foster parents as recruiters** are considered to be the most effective recruiters

**Key areas of focus to recruit foster carers:**

- **Encouraging and welcoming prospective parents**
  - E.g. Florida – some agencies immediately follow up intake calls with a home visit, to answer any questions and determine whether the structure of the home will need any modifications
- **Timely response/decreasing response time**
  - E.g. QPI Partnership – caseworkers commit to promptly calling foster parents back within 24 hours and to making monthly visits
- **Addressing barriers** to facilitate licensing and other requirements
  - E.g. Philadelphia – review of policy and practice
- **Streamline processes** and reduce paperwork
- **Develop performance indicators** to measure success
  - E.g. Iowa Department of Human Services

**Key areas of focus to retain foster carers:**

- **Being available and responsive**
  - E.g. Annie E. Casey Foundation recommends having dedicated foster parent resource workers whose role is specifically to provide support to foster parents, outside of visits to the child
- **Organised peer support**
  - E.g. Mockingbird Family Model – an experienced foster parent, known as the Hub Home provider, is available to support six to 10 other foster families with a range of issues, including system navigation, transportation for children and monthly social gatherings. The families in the ‘constellation’ also support each other.
  - E.g. Anu Family Services – monthly education and support meetings that combine peer support and training
  - E.g. Florida QPI – Foster parent peer mentors
- **Respite care that is easily accessible**
  - E.g. Mockingbird Family Model – Hub Home provider (experienced foster parent) maintains two open beds 365 days a year so that they can take a child from any of the other foster homes in their ‘constellation’. Families in this program had a 12 percent chance of leaving foster care, against a State average of 31 percent
  - E.g. Anu Family Services – opportunities for regular respite, resulting in placement stability rate of 97 percent
- **Training for foster carers**
  - E.g. Keeping Foster and Kin Parents Supported and Trained (KEEP) model – uses a group format to provide caregivers with effective, evidence-based tools and strategies for managing the behaviour of 4-12 year olds
• E.g. QPI – online training, webinars on demand, and a video library to foster carers in three states. This includes trainings on topics requested by foster parents, and explanations of policy changes so that foster parents understand how they are affected by policy changes

• **Tokens of appreciation**
  
  • E.g. Mockingbird Family Model – developing relationships with local businesses and asking them to ‘adopt’ a ‘constellation’ of foster families at holidays
  
  • E.g. Anu Family Services – handwritten notes, calls from leadership (particularly after difficult situations) and small gifts that are donated from local businesses

• Ensuring that foster parents are engaged, developed and supported by the agency

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**Annie E. Casey Foundation, ‘Recruitment, training and support: The essential tools of foster care’ (2001)**

**Methodology**: Results from set of tools develop to support a program funded across five states and six counties to develop “family-centred, neighbourhood-based family foster care systems”

**Pre-fostering experience**

• Potential foster parents need to feel “welcome, respected, accepted and needed” from the first phone call they make to enquire about becoming a foster parent. This requires extensive personal contact from the start

**Pre-service training**

• Pre-service training is important, as foster families feel motivated and excited, and foster families develop a good working relationship with their agency

**Foster carers are the best recruiters of other foster and adoptive parents**

• When foster parents have a positive experience with an agency, they are likely to share excitement with other families and help recruit others

**Reasons that potential foster carers drop out:**

• The primary reason foster carers drop out is “lack of responsiveness, communication and support from the foster care system”

• Case workers frequently treat foster families as a source of problems and complaints - foster parents should be respected as partners with the agency and members of the service team

• Unmatched expectations - foster families should be “recruited and trained to know that they will be asked to strengthen and maintain the bond between the child and their birth parents… until all efforts towards reunification fail”. It is important to recognise the pain of separation for both birth families and foster families

• Difficulties in obtaining basic background information on foster children are a frustration to foster parents

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82 Annie E. Casey Foundation (2001), ‘Recruitment, Training and Support: The Essential Tools of Foster Care’

• Difficulties in obtaining help for foster children, particularly after hours (due to serious resourcing constraints, presumably)
• Training may be inadequate or inconvenient

**Characteristics of effective recruitment:**

• Staff members know the profile of all children coming into the system – this enables them to target recruitment
• Recruitment allows all respondents and volunteer parents to be welcomed and be felt to be useful – even if they are not future foster carers, they can help with respite, babysitting, shopping etc
• Foster and adoption campaigns/recruiting are conducted together
• Agencies treat foster families as full partners (and that foster families treat birth families as full partners) – agencies should tailor recruitment and training to emphasise this
• Recruitment, training and support are closely linked – the recruitment part of an agency should work closely with the rest of the agency
• Recruiters are honest with themselves and with potential foster parents about the challenges associated with individual children
• Recruitment efforts do not need to make a distinction between foster parents and potential adoptive parents. Combined recruitment brings foster parents into the system and gives them the flexibility of deciding later whether it will be temporary or permanent

**Cohorts that recruitment could be focused on include:**

• Its own agency workers
• Semi-retired adults
• Those receiving disability assistance who can be specially trained to do foster care
• People with education and experience related to special-needs children but who prefer to stay at home

**There are three kinds of recruitment:**

• **General:** Reaching mass audiences through media and public outreach programs
  • Unsuitable candidates often respond to these, or respondents may not be willing to take the particular kinds of children who need families
  • Campaigns that appeal to white middle-class communities may not appeal to other communities
  • The most effective messages (help rescue an abused child) conflicts with the philosophy of working in partnership with birth families
  • It is recommended to spend approximately 15 percent of the advertising budget on this

• **Child-specific:** Finding relatives or a close friend who will provide a foster home to a child or teen they already know
  • For children with specific medical needs, it could be worth reaching out to support groups or associations for that medical condition
• Individualised planning is required for children with medical conditions – expensive, but worth it

• It is recommended to spend approximately 25 percent of the advertising budget on this

• Targeted: Considering the needs of children (age, sex, sibling group, situation, ethnicity, physical/social/cognitive/emotional needs)
  • Conduct an ongoing needs assessment/‘market’ analysis
  • If certain areas have higher rates of kids going into care, develop an outreach effort in those areas
  • If medically fragile children are common, work with associations, clinics and agencies
  • It is recommended to spend approximately 60 percent of the advertising budget on this

**Other steps in recruiting**

• Assess the community – do some market analysis of the community and its potential to provide foster/adoptive families

• Use demographic and census information

• Match demographic and census information to recruitment data to see if there are overlooked groups (e.g. single parents, those with lower incomes, older adults, extended families, or share houses)

• Identify families that the agencies have worked with in the past

• Try to match generalisations/groups to appropriate methods

• Talk to teenagers in the system about recruiting, and identify what worked for them (or didn’t work)

• Think about the values of each target group

• Be culturally sensitive
United Kingdom

Department for Education, Supporting Foster Services to Retain and Recruit Foster Carers: A directory of case study resources (2015)

Methodology: Report on 2013 trial for three consortia to improve foster recruitment and retention

Needs analysis

- Consortia were required to conduct a needs assessment to provide statistical information on existing gaps in the foster carer market. Consortia noted the usefulness of planning the needs assessment.

Recruitment campaigns:

- General recruitment
  - Ensure that services are streamlined, so that the enquiry to approval process is customer friendly, timely, efficient and effective
  - Create a dedicated enquiry service
  - Allocate an officer to track and have oversight of all enquiries and assessments
  - Consider marketing platforms to ensure that a potential enquirer is about to talk to someone directly
  - Ensure social media enquiries include basic information on fostering - social media creates many ‘click’ enquiries, but phone enquiries are usually more considered
  - Trial collaborative partnerships between agencies in small geographical regions before expanding out
- Targeted recruitment:
  - Target and tailor training to those with potential to care for teenagers
  - Emphasise the support and services available to carers of teenagers
  - Use varied delivery models to fully engage attendees, including guest speakers
  - Use exercises to break the ice at the start of information sessions – designed to help attendees think about their own experience as teenagers

Peer support

- Existing foster carers are recruited as “ambassadors” supporting enquiries and assessment for new foster carers – qualitatively positive outcomes
- Implementation of the Mockingbird Family Model (see US Casey Program description)
- Family Mentoring Service: Involving registered foster carers to work with children and their family in early intervention activities

Workforce support

- Encourage local employers to support foster carers

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Findings from Australian jurisdictions

South Australia

Delfabbro et al (2008), The effectiveness of public foster carer recruitment campaigns: the South Australian experience

Methodology: Survey of 347 individuals who had enquired about becoming a carer; focus groups with stakeholders; lit. review

Motivations for becoming a carer

• Most people wanted to become carers because of their desire to help children, and had been contemplating a desire to work with foster children for some time

Recruitment

• Promotional visits and newspaper articles had been the most common way that people had learnt about the service. No aspect of the campaign was singled out as having been particularly memorable or noteworthy.

• Most respondents were impressed with the quality of the promotional material, the courtesy and competence of the staff, and the usefulness of the follow-up calls and information sessions.

• Most knew relatively little of foster care prior to making contact with the service. Very few applicants had a previous history of involvement with fertility programs, adoptions services, or State care.

• Most applicants were interested in providing emergency, short-term, or temporary care.

• Most had recommended foster care to others and would contemplate becoming carers again in the future.

Barriers to becoming a carer

• The principal barriers to becoming a foster care were personal in nature rather than being related to fears about abuse allegations against carers, negative publicity surrounding child protection, or the nature of the screening process.

### National studies

#### Richardson et al. (2006), The recruitment, retention and support of Aboriginal and Torres Strait Islander foster carers

**Methodology:** Literature review

**Barriers to recruiting Aboriginal carers (Kerr et al. 2001):**

- Racism and feeling of exclusion from recognition for efforts;
- Lack of information about volunteer supports or opportunities;
- Lack of culturally/linguistically appropriate information and training;
- Financial costs (for example, reimbursement of expenses; assistance with training costs);
- Lack of support from government departments and other organisations that could assist respondents (for example, the nature of police checks; lack of culturally sensitive policies within organisations);
- The personal impact of the Stolen Generation can act as an inhibitor for Aboriginal people;
- Some Aboriginal people feel distrustful of the welfare system and so may avoid seeking support outside their community.

**Motivating factors for Aboriginal people to foster**

- In addition to motivating factors for the general population, some (not all) Aboriginal people are motivated by wanting to provide a more positive foster experience than they themselves received.

**Applicability of general foster recruitment research**

- General recruitment strategies are unlikely to apply to the Aboriginal population.

#### McHugh and Pell (2013), Reforming the Foster Care System in Australia

**Methodology:** Literature review, survey, summary of past research

**Proposed components of a new model:**

- Foster parent recruitment, training and assessment:
- Face-to-face and web-based online training
- Pre-service training and assessment
- Core modules and elective modules
- Supervision, access to professional literature and workshops
- Research and best practice reports
- Placement support:

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• Assessment on Entry to Care by clinician
• Therapeutic intervention, support and consultation
• Education support
• Connection to community/culture/key attachments
• Foster Parent Network Support
• Localised peer support
• Web-based peer support
• Carer advocacy
• Sons and daughters peer support and training
• Early Learning for Children Groups
• Financial resources:
  • Fostering Allowance
  • Foster Parent Fee
  • Payment to CSOs for operational costs

• **Ambivalence in the literature on paid foster care:**
  • In a survey of 450 Australian foster carers:
    • 57 percent saw their current role as semi-professional
    • 16 percent saw their current role as professional
    • 27 percent saw their current role as voluntary
  • In this cohort:
    • 54 percent considered that their role should be semi-professional
    • 32 percent considered that their role should be professional
    • 13 percent considered that their role should be voluntary

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**ACIL Allen – Professionalising foster care**

**Methodology:** Literature review

**Existing models of professional foster care**

• Across the UK, US, Finland, France, Canada, Sweden and Denmark, common features of professionalised foster care models includes:
  • Remuneration which splits the cost of caring and a fee for the carer
  • Access to pre-placement training
  • Access to support services
  • Areas of contention include:

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• Employment status and taxation arrangements
• Level and intensity of qualification requirements and training arrangements
• Mechanisms to calculate remuneration and level of remuneration
• Respite and leave arrangements

Methodology: Literature review

Who needs to be targeted and recruited?

Carer’s perspective

• The quality of the relationship between carer and child is important, rather than particular family structures or the sexual orientation of parents (Brown, Sebba, & Luke, 2015)

• Berrick et al. (2011) identified the following relevant behaviours as indicating quality care: loving and nurturing the healthy development of a child; accepting the child as a full member of the family; advocating for the needs of the child; strengthening the child’s connections to his/her birth family; valuing the role of team member; and knowing when to ask for help’ (Berrick et al., 2011, p. 277)

Child’s perspective

• Randle (2013) identified characteristics of good foster carers as: motivations to help and to treat children and young people as full family members; people who enjoyed being around children; show the love; provide care, do extra things that they would do for their own children, to have had previous experience with caring; to be good listeners; and show understanding for what the child has been through.

Motivations to become foster carers

• Knowing or meeting foster carers, or perhaps having had a relative who was a foster carer, is the most effective means of attraction, as well as education of foster carers.

• Motivators to seek more information about permanency options were largely altruistic: a desire to help, the love of children and wanting to put something back into society

• Family–related motivations including extending the size of the family, seeing fostering as a step towards adoption, and providing a sibling for a lone child. Community related motivations included giving something back, and being aware of the needs in the community.

• While financial reward was not cited as an initial motivator, the evidence suggests that financial rewards can enable families to foster. Money may also play a part in whether or not to proceed further in the application process (McGuinness & Arney, 2012; Sebba, 2012)

Motivations to become kinship carers

• Kinship carers may be motivated by the particular needs of a specific child whom they know. Kinship carers do not make a decision to be a foster carer, but rather they make a
decision to care for a child with whom they have a pre-existing relationship and sense of duty towards (McGuinness & Arney, 2012).

Motivations for Aboriginal and Torres Strait Islander people to become carers

- The history of the Stolen Generation for Australian Aboriginal kin, may act as both an incentive (wanting to keep children within the family and the culture) and a disincentive (wanting to avoid involvement with statutory services) (McGuinness & Arney, 2012; Richardson et al., 2005).

- A lack of culturally sensitive and respectful supports. Adequate funding arrangements for Aboriginal and Torres Strait Islander controlled organisations to develop culturally sensitive supports to Aboriginal carers and the caring process for Aboriginal and Torres Strait Islander children is identified as key (D. Higgins et al., 2005; Verso Consulting Pty Ltd, 2012).

Barriers to recruitment

- Although, enquirers cease the registration process due to personal reasons, a number of enquirers cease as no one follows up their enquiry (Sebba, 2012). Other reasons for not proceeding included that they felt inadequate; had concerns about fostering, in particular unfounded allegations of abuse; and strict assessment and bureaucratic requirements (Delfabbro et al., 2008; Sebba, 2012).

Screening and assessment


- E.g. Aboriginal and Torres Strait Islander services in Australia have recognised the importance of culturally sensitive and safe assessment tools and processes to the recruitment and retention of Aboriginal and Torres Strait Islander carers (McGuinness & Arney, 2012; Winangay Resources Inc., 2012).

Strategies to attract and recruit general carers

- Publicity and media campaigns targeted to the general population are less useful than word-of-mouth (McGuinness & Arney, 2012; Sebba, 2012)

- Word-of-mouth, meeting or knowing someone who fostered, or having been fostered or part of a fostering family are the most effective ways of initially attracting people to fostering (McDermid et al., 2012; McGuinness & Arney, 2012; Richardson et al., 2005; Sebba, 2012; Verso Consulting Pty Ltd, 2012)

- This highlights the importance of including current foster carers in recruitment campaigns and information sessions. Satisfied and supported foster carers who talk with others about their satisfaction are more likely to be effective recruiters.

- Casey Family Programs had recruitment success by following up enquirers and offering individual one-on-one sessions to enquirers who did not attend planned information sessions.

- Foster carers may spend several years considering foster caring before enquiring, so that ongoing publicity may be needed to keep the possibility of fostering in the minds of those who may be considering it (McGuinness & Arney, 2012)

- Whilst publicity campaigns may generate awareness of foster caring, they may not be so successful in the translation of people becoming registered foster carers
• A substantial proportion of people were not interested in fostering because they had not been asked or did not know about foster care.

• Randle et al (2012) suggest that campaigns are targeted to particular groups (Randle et al., 2012)

• Marketing messages should paint a ‘realistic picture of the complexities associated with foster caring

**Strategies to attract and recruit Aboriginal and Torres Strait Islander carers**

• The involvement of extended family in as early as possible when it seems children may need care has been noted as a possible way of supporting children in their community whilst providing safety (Martin, 2015).

• Potential Aboriginal and Torres Strait Islander kinship and foster carers find mainstreamed assessment and approval processes alienating (Libesman, 2011; McGuinness & Arney, 2012)

• The literature supports low-key localised, Aboriginal and Torres Strait Islander community-led efforts to recruit Aboriginal and Torres Strait Islander foster and kin carers (Libesman, 2011; McGuinness & Arney, 2012).

• Word-of-mouth as an effective recruitment strategy.
  - E.g. **Yorganop Association Incorporated** - They have not had to advertise, because current carers refer new carers or carers refer themselves as a result of hearing from others about foster caring with Yorganop, which concentrates on creating a community of Yorganop carers who feel valued (J. Higgins & Butler, 2007)

**Retention**

• The impacts on biological children of the fostering experience, including the potential attachment and loss issues, can be profound and can have an effect on both retention and placement success (Thompson et al., 2016; Thomson & McArthur, 2009; Thomson et al., 2007).

• Responsive and skilled social casework in emergency and crisis scenarios may make a difference to the well-being of caring families and to retention (Sinclair et al., 2004). These scenarios include:
  - The loss and grief associated with a child leaving a placement, whether planned or unplanned
  - Allegations of abuse
  - Very difficult behavioural issues of children
  - Complexities in relationships with birth families

• It is difficult for social workers/case workers to provide individualised respectful relationships, which is vital for support for, and retention of, caring families (Thompson & McArthur, 2009).

• Financial strain, including late reimbursement for expenses, in the context of the contemporary needs of the dual income family or the single earner can be part of the strain that causes carers to leave (Thomson et al., 2007).

• Effective communication between carers and social workers enables information sharing, conveys mutual respect and encourages foster carer input into decision making. When
good relationships are experienced, foster carers feel valued, involved and encouraged to continue providing foster care.’ (Blythe et al., 2014, p. 28)

- Mathiesen, Jarnon and Clarke (2001) found that fostered teenagers in the US identified this support and respect to foster carers as critical to retention, therefore to recruitment of foster carers and to placement stability

- Sinclair et al. (2004) suggests that:
  - The levels of satisfaction with fostering reflect the strains arising from fostering and the support both informal and formal that is available
  - The levels of satisfaction, family circumstances and the extent to which a carer received a ‘professional package’ involving training, support from other carers and enhanced finance all have an influence on whether a carer thinks of leaving
  - Whether a carer leaves partly depends on their views of fostering (their satisfaction with fostering), partly on the circumstances of fostering, and in particular, on whether or not a placement breaks down and there is not another child in care at the time.

- Blythe et al. (2014) also suggests the following unmet needs as influential on whether a carer thinks of leaving:
  - Specific services or forms of support that are either unavailable, difficult to access or in short supply
  - Acknowledgement and respect, recognising the important role of foster carers
  - ‘Preventative practices’, which relates to policy, practices and support for children that affect improvement in children’s well-being and felt security, and thus reduce foster carers’ need for support.

**The importance of retaining carers**

- Maintaining a pool of suitable carers so that children’s needs can be properly matched with carers’ situations and capacities, and so that carers are not overburdened by too many children
- Placement stability is vital in achieving positive outcomes for children
- The longer carers are retained, the more experience of caring they have and the more likelihood they can provide high quality care
- Reduces the costs associated with recruitment drives and processes, including training and supporting new and continuing carers.

**Models of support for foster carers**

- Early Intervention foster care for younger children, based on *Multi-Dimensional Treatment Foster Care* (Kinsey & Schlosser, 2005) had fewer failed placements. It involves pre-placement and post-placement training for foster carers, in addition to 24-hour support and daily visits.
- *Multidimensional Treatment Foster Care*, which is now called *Treatment Foster Care Oregon – Adolescence*. It includes a number of elements, including, for foster carers, daily contact with social workers over 6-9 months and access to expert medical and other support when needed. It may involve professional carers, and certainly does involve specialised foster carers.

**Models of support for kinship carers**
• Strozier’s study (2012) showed that carers experienced an increase in the sense of being supported through participating in peer support groups with other kin carers, and carers also showed an increase in their use of formal supports.

• The kinship liaison approach (Denby, 2011) involves a paid liaison worker (a current or previous kinship carer) paired with a new relative carer.

• Lin (2014) found evidence of the effectiveness of support groups for grandparents for children with developmental delays in reducing depression in the caregivers, and increasing a sense of caregiving mastery (McCallion, Janicki, & Kolomer, 2004).

• Kinsey and Schlosser’s review (2012) identified *Kinship Care Connection*, involving group training, and individualised support and advocacy specifically for kinship carers, as demonstrating effectiveness, particularly in the caregivers’ sense of increased support.

• Community-based kinship centres.
  • E.g. *Gran Care Centre* in New York
  • E.g. *Warmline*, a free consulting service for kinship carers in Florida
Victoria

1,477 children and young people were in foster care in Victoria in 2015, representing 17.2 percent of all children in OOHC in Victoria.89 887 foster carers were actively caring for children and young people in the same year.90

Timeline

**2006: Foster Care Communication and Recruitment Strategy**

Original a 3-5 year strategy, this strategy was in place until 2012, and included:

- Provision of a state-wide data management and referral system
- A telephone hotline
- A suite of promotional material
- The Foster A Brighter Future website

**2016: Foster care recruitment funding**

$1.7 million provided to improve support for foster carers

$1.5 million provided to:

- Centralised approaches to the attraction, recruitment and retention of foster carers across all 26 foster care agencies
- New foster care hotline and enquiry call centre
- Funding for Foster Care Association of Victoria and Centre for Excellence in Child and Family Welfare to:
  - Develop a new foster carers’ manual
  - Deliver enhanced training and support for carers
  - Focus on challenging behaviours in children
  - Establish divisional carer advisory groups to improve communication between everyone involved in a child’s care
  - Prepare a revised carer engagement strategy
  - Establish a new standardised feedback and complaints mechanism to coordinate the fragmented complaints system

Studies

Verso Consulting (2012), Foster Care in Context: An evaluation of the Foster Care Communication and Recruitment Strategy91

Methodology: Survey of 30 foster care agencies; three ‘snapshot’ consultations with foster care enquirers

- **Marketing:** The main sources of enquiries in 2011 were:
  - Social media 59.6%
  - Word-of-mouth 17.3%
  - Newspaper ad/article 4.9%
  - Referrals through the foster carer hotline decreased from 319 in 2009 to 139 in 2011. The reason for this is unclear.

- **Conversion of enquiries:** Recruitment through the Foster a Brighter Future website had a higher conversion rate than direct marketing activities by individual CSOs, but it is unclear why this is the case. Further analysis is required to understand why more foster carer enquiries are not converted.

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Enquirer cohorts: This study identified three cohorts of interested foster carers:

- Group 1 is interested only in providing respite foster care
- Group 2 is ready to start ‘tomorrow’
- Group 3 may come back to apply to be a foster care a year or more later

A range of household compositions were seen in the enquirer group, with the most common compositions in 2011 including couples with children at home (36.2 percent of all enquiries), single women (31.9 percent), and couple without children (15.8 percent).

Centre for Excellence in Child and Family Welfare (2007), “By Next Tuesday…” Best Practice Engagement Project, Foster Care Recruitment and Retention

Methodology: Description of case studies from the Best Practice Engagement Project (BPEP) - $500,000 in funding was distributed to agencies for small-scale, innovative programs to improve foster care recruitment and retention that they could rapidly trial and scale up if successful

Success of BPEP

- Successful changes from this program resulted from agencies re-defining their organisational structure; few trials involved innovative programs that had not been tried before

Outcomes of BPEP programs

- Most organisations were not able to conduct sophisticated program evaluations or assess outcomes stemming from their trials. Programs that were reported qualitatively to have had a positive impact upon carer recruitment and/or retention include:
  - New Carer Review
  - Exit Interview
  - Training Calendars
  - Integrated Regional Model for training
  - Small-scale services that helped carers to stay socially connected (e.g. footy tipping, newsletters with profiles of new carers, Caregivers Survival Box, ‘pamper days’ for carers)

Other impacts of BPEP:

- Agencies reported positive, albeit unintended impacts from BPEP, including:
  - Value of BPEP regional forums – provided a platform upon which regional strategies can be developed
  - Increase in collaboration between CSOs and DHHS

Raising and resolving issues on an organisational level (e.g. service restructures)

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Areas not working well for carers:

- Lack of information that comes with the child
- Nature of the child
- Interference with personal life
- Lack of continuity in workers
- Lack of respite care
- Financial drain
- Lack of community support and acknowledgement

Differing expectations pre- and- post- care experience

- More stress and difficulty than expected
- Not being prepared for the difficulties of the first six months
- Having to meet with birth parents
- Having subtle pressure exerted to take more longer term placements
- Having more impact on personal state of mind than expected
- Training was not down to earth and practical
- Support was not what had been expected.

Areas working well for carers:

- The relationships that carers have with the children they care for
- Support received from family and friends
- A supportive case worker

Proposed changes to the foster care system

- Carers emphasised the need to change:
  - Many of the processes associated with becoming a carer
  - The support provided to carers

Difficulties in placing children and young people in care:

- 32 percent of children in care were considered ‘difficult to place’, with the hardest group to place being males aged 6-13 years
- Of the 32 percent, 66 percent were in the ‘general’ category, 18 percent in the ‘intensive’ category, and 16 percent in the ‘complex’ category

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Centre for Excellence in Child and Family Welfare (2007), Strengthening the Recruitment and Retention of Foster Carers in Victoria

Methodology: Survey of 37 foster carers; interviews and focus groups with 53 current carers and 20 retired carers; interviews with CSO and DHHS managers

• Of the 32 percent children were classified as ‘difficult to place’ due to sexualised behaviours (17 percent of all reasons given), difficult behaviours (15 percent), being older children (11 percent), aggression (10 percent), being older males (nine percent) and being in a sibling group (nine percent)

• More children in the ‘difficult to place’ category resided in metropolitan regions than rural regions

**Recruitment messaging**

• Carers suggested that:
  - Recruitment should be honest and emphasise that carers are supported
  - The image of foster care should be strengthened when recruiting for new carers

**Other recommendations**

• Word-of-mouth is a major source of advertising and recruitment for foster care, particularly in regional and rural areas. Conversely, negative experiences with the foster care system often translates to negative advertising

• Agencies should identify why carers retire

• Assessment requirements can make carers “feel... like criminals” rather than valued volunteers. Carers need to be treated as part of a professional team, with involvement in decision-making and case management

• The care and retention of current foster carers is the most effective carer strategy. Agencies should also consider taking a marketing approach to the recruitment of carers

• Support and legal assistance in cases where there were allegations of abuse were seen to be critical supports to carers

Peer support is an important support for carers
New South Wales

In NSW, 7,927 children and young people were in foster care at 30 June 2015, representing 47.1 percent of all children in OOHC. These children and young people were cared for by approximately 4,285 foster carers. The NSW system has moved towards adoption as a form of permanency, but continues to fund foster care recruitment.

Timeline

Ongoing campaign in NSW to recruit and retain foster carers, with three focuses:
- Fostering NSW public awareness campaign
- Statewide information and enquiry service (including Fostering NSW website and 1800 2 FOSTER number)
- Sector development to support agency recruitment and retention practices

$560 million in funding for foster care reform
- Increased funding of $6.4 million in 2016-17 ($11.8 million over four years) for resources and initiatives to improve the rate of adoptions.

Studies

McHugh (2005), Current and future availability of foster carers

Methodology: Survey with 450 responses; focus groups with carers and workers; interviews with stakeholders; ABS data

Reasons for fostering

- Majority of respondents had “always planned to foster”
- Recruitment by another carer accounted for 30 percent of recruitment
- Reasons for ceasing to foster: Burn out; lack of support; effects of fostering on carer families; children being too difficult to care for; changes in personal circumstances (e.g. poor health)

Importance of support and training for carers

- A lack of regular casework and regular visits to carers is strongly associated with placement breakdown
- Caseworkers and carers should work together to build up strong relationships to manage children in care as a team – over a fifth of carers with a case worker described their relationship with their case worker as poor
- Supports such as mentors or peer supports are seen as positive

Positive aspects of fostering:

- Development or improvement in a child
- Enhancement of family life for foster carer families

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• Personal fulfilment for a carer

**Negative aspects of fostering**

• A lack of support from the Department (unanswered phone calls and queries, not being given honest information about the child, and a lack of respect from Departmental officers)

• The potential for an allegation of abuse

• Contact with birth parents

• Stress and workload

• The challenging behaviours of fostered children
Queensland

As at June 30 2015, 4,165 children and young people were in foster care in Queensland, representing 49.3 percent of all children and young people in OOHC.97 2,567 foster carers were actively caring for children and young people in the same year.98

| 2008-2012: Foster care recruitment campaigns | $15 million allocated over five years to recruit, train and support extra carers, with an extra $29.8 million provided in 2011-12 (increased to $35.8 million in 2012-13). |
| 2013: Taking Responsibility: A Roadmap for Queensland Child Protection | This inquiry identified barriers to recruiting both kinship and foster carers, as well as Aboriginal and Torres Strait Islander kinship carers, and suggested: • Transferring recruitment to the non-government sector • Mandating the use of genograms and eco-mapping to identify kinship carers • Encouraging case workers to treat foster carers as partners in caring for a child |
| 2016: Supporting Families, Changing Futures | Following on from the 2013 Taking Responsibility report, the 2016 reforms include: • $4.25 million in funding to non-government organisations to recruit and support foster and kinship carers (outsourced by the Department) • Transfer of foster and kinship care services to the non-government sector |
| 2016: Foster care and blue card review | Following the death of Tiahleigh Palmer, a review into foster care and the ‘blue card’ accreditation system by an external panel working with the Queensland Family and Child Commission was announced in September 2016. |

No studies are available on foster carer recruitment in Queensland; however, a Carers Support Practice Paper was released by the Department of Communities, Child Safety and Disability Services.

Western Australia

As at June 30 2015, 1,633 children and young people were in foster care in WA, representing 41.3 percent of all children in foster care.99 809 foster carers were actively caring for children and young people in the same year.100

No studies are available on foster care recruitment in Western Australia


100 Ibid, p 107.
Carer survey results

This section provides the responses to questions from the carer survey as presented in Data was extracted for analysis on the 7 December 2016. KPMG received 220 completed surveys.

Location of residence

When asked to state their post code of residence, the majority of carers resided in the metropolitan area. Approximately 64 percent of carers resided in the metropolitan area whilst 35 percent of carers resided in a regional area.

Table 37: Responses to “Please state your post code of residence?”

<table>
<thead>
<tr>
<th>Remoteness</th>
<th>%</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metro</td>
<td>64</td>
<td>141</td>
</tr>
<tr>
<td>Regional</td>
<td>35</td>
<td>77</td>
</tr>
<tr>
<td>Not SA</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>220</td>
</tr>
</tbody>
</table>

Source: Foster and Kinship Carers Survey

Profile of respondent carers

Carers were asked to select an option which best described their current role in the foster or kinship care system. The majority of carers who responded were current foster carers. Approximately 67 percent of carers were foster carers whilst approximately 26 percent of carers reported that they were current kinship carers.

Table 38: Responses to “Which of the following best describes your current role in the South Australian foster or kinship care system?”

<table>
<thead>
<tr>
<th>Response</th>
<th>%</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am a current foster carer</td>
<td>67</td>
<td>140</td>
</tr>
<tr>
<td>I am a current kinship carer</td>
<td>26</td>
<td>55</td>
</tr>
<tr>
<td>I am a former foster or kinship carer</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>I am an accredited foster or kinship carer but I am not currently providing care</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>210</td>
</tr>
</tbody>
</table>

Source: Foster and Kinship Carers Survey
Carers were asked to select a statement which best describes the main reason they chose to provide foster or kinship care. Whilst approximately 57 percent of carers stated that they wanted to help children and make a difference in their life, 24 percent of carers stated that their ability to provide a safe environment for the child was the main reason they provided care.

Table 39: Responses to “Which of the following best describes the main reason you provide/have provided foster or kinship care?”

<table>
<thead>
<tr>
<th>Response</th>
<th>%</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>I want to help children and make a difference in their life</td>
<td>57</td>
<td>124</td>
</tr>
<tr>
<td>I can provide a safe environment for children</td>
<td>24</td>
<td>51</td>
</tr>
<tr>
<td>I am related to the child(ren) and feel responsible</td>
<td>9</td>
<td>20</td>
</tr>
<tr>
<td>I want to expand my family</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>217</strong></td>
</tr>
</tbody>
</table>

Source: Foster and Kinship Carers Survey

When asked about the number of children that they currently provide care for, approximately 44 percent of carers reported that they were currently only providing care for one child. Approximately 24 percent of carers reported that they were currently providing care for three or more children.

Table 40: Responses to “How many children do you currently provide care for?”

<table>
<thead>
<tr>
<th>Number of children</th>
<th>%</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>44</td>
<td>86</td>
</tr>
<tr>
<td>2</td>
<td>32</td>
<td>63</td>
</tr>
<tr>
<td>3</td>
<td>11</td>
<td>21</td>
</tr>
<tr>
<td>4 or more</td>
<td>13</td>
<td>25</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>195</strong></td>
</tr>
</tbody>
</table>

Source: Foster and Kinship Carers Survey

Carers were asked about their intention to remain a foster/kinship carer for the next three to five years. The majority of carers who responded reported that they were intending to remain a foster/kinship carer for the next three to five years. Approximately, 85 percent of carers responded favourably to this question. Approximately 15 percent of carers reported that they did not intend or were unsure about remain a carer for the next three to five years.
### Table 41: Responses to “Are you intending to remain a foster carer/kinship carer for the next three to five years?”

<table>
<thead>
<tr>
<th>Response</th>
<th>%</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>85</td>
<td>182</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Unsure</td>
<td>10</td>
<td>22</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>215</strong></td>
</tr>
</tbody>
</table>

*Source: Foster and Kinship Carers Survey*

### Issues with the system

When asked whether carers thought there were issues with the current foster and kinship care system that prevented them from being more involved or likely to prevent them from being more involved, approximately 47 percent of carers who responded reported there being issues with the current system.

### Table 42: Responses to “Are there issues with the current foster and kinship care system that prevent you from being more involved or is likely to prevent you continuing your involvement in the long term?”

<table>
<thead>
<tr>
<th>Response</th>
<th>%</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>47</td>
<td>101</td>
</tr>
<tr>
<td>No</td>
<td>23</td>
<td>48</td>
</tr>
<tr>
<td>Unsure</td>
<td>30</td>
<td>65</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>214</strong></td>
</tr>
</tbody>
</table>

*Source: Foster and Kinship Carers Survey*
Importance of key issues

Carers were asked how important financial compensation, non-financial supports, training, their relationship with the department/staff, their relationship with their foster care agency, extra supports for hard-to-place children and cultural safety for Aboriginal carers/children was to them.

- The majority (96 percent) of carers who responded, stated that their relationship with the department/staff was either important, fairly important or very important to them.
- The majority (93 percent) of carers who responded, stated that non-financial supports was either important, fairly important or very important to them.
- The majority (87 percent) of carers who responded, stated that their relationship with your foster care agency was either important, fairly important or very important to them. Although this question is not directly applicable to kinship carers, they were still offered an opportunity to provide an objective response.
- The majority (87 percent) of carers who responded, stated that cultural safety for Aboriginal carers/children was either important, fairly important or very important to them.
- The majority (79 percent) of carers who responded, stated that training was either important, fairly important or very important to them.
- The majority (75 percent) of carers who responded, stated that financial compensation was either important, fairly important or very important to them.
Table 43: Responses to “When providing care, how important to you is”

<table>
<thead>
<tr>
<th>Response</th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Important</th>
<th>Fairly important</th>
<th>Very important</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>Count</td>
<td>%</td>
<td>Count</td>
<td>%</td>
</tr>
<tr>
<td>Financial compensation</td>
<td>10</td>
<td>21</td>
<td>14</td>
<td>32</td>
<td>30</td>
</tr>
<tr>
<td>Non-financial supports (such as access to counselling, peer support, respite, information, access to resources, etc.)</td>
<td>2</td>
<td>5</td>
<td>5</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>Training</td>
<td>6</td>
<td>13</td>
<td>14</td>
<td>30</td>
<td>24</td>
</tr>
<tr>
<td>Your relationship with the department/staff</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>19</td>
</tr>
<tr>
<td>Your relationship with your foster care agency</td>
<td>8</td>
<td>18</td>
<td>4</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td>Extra supports for hard-to-place children (such as those with problem or sexualised behaviours)</td>
<td>5</td>
<td>10</td>
<td>4</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Cultural safety for Aboriginal carers/children</td>
<td>4</td>
<td>10</td>
<td>8</td>
<td>18</td>
<td>22</td>
</tr>
</tbody>
</table>

Note: Percentages may not equal 100% due to rounding errors
Source: Foster and Kinship Carers Survey
Support carers identified to continue to provide care

Carers were asked to describe a single thing that would encourage/support them to continue to provide care. This question provided carers with an opportunity to provide text responses.

Generally, the consistent themes that emerged related to the lack of respect from Departmental staff towards carers, the need for financial support and the need to improve the relationship between carers, agencies and Departmental staff. Carers reported that general support was required from the Department when complications arise during placements, more autonomy for carers to make day-to-day decisions on behalf of the child and the need for additional respite for both foster and kinship carers. A number of carers also reported that the option for long-term carers to become guardians or adopt the child would encourage them to continue to provide care.
### Recommendations from the Nyland Report and the State Government’s response

**Table 44: Recommendations from the Nyland Royal Commission relating to foster and kinship care, and the Government of South Australia’s response and timeline**

<table>
<thead>
<tr>
<th>No.</th>
<th>Recommendation</th>
<th>Government response and timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Support and promote for action, recommendation 5(a) of the Family Law Council interim report (June 2015), which advocates for the development of a national database of child protection and Family Court orders.</td>
<td>Accepted – Phase 1</td>
</tr>
</tbody>
</table>
| 67  | Amend the Children’s Protection Act 1993 with respect to the procedures relating to family care meetings (FCMs) as follows:  
• amend section 27(1) to provide that the agency should consider causing an FCM to be convened whenever it is of the opinion that a child is at risk but the risk appears capable of being addressed at an FCM  
• repeal section 27(2)  
• amends 36(6) to provide that an FCM decision would not be valid without the agreement of the relevant members of the family and the agency  
• require the agency to give effect to FCM decisions, unless they are impracticable or inconsistent with the principles of the legislation, in which case the FCM should be reconvened or proceedings commenced in Court  
• require FCM decisions to be reviewed after 3 months, but provide that any party to the decision may request an earlier and/or subsequent review, if required. | Accepted – Phase 1 |
<p>| 68  | Review procedures and funding arrangements for the Youth Court Conferencing Unit: | Accepted – Phase 1 |</p>
<table>
<thead>
<tr>
<th>No.</th>
<th>Recommendation</th>
<th>Government response and timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td>Amendments to the Child Protection Act 1993 as follows:</td>
<td>Accepted in principle – Phase 1</td>
</tr>
<tr>
<td></td>
<td>a) repeal section 38(1)(a) which concerns the making of orders for supervision and undertakings and section 38(2)(a)</td>
<td>• Parts B and G of this recommendation are supported and implemented in the Children and Young People (Safety) Bill 2016.</td>
</tr>
<tr>
<td></td>
<td>b) include as an object in the Act the importance of timely decision making to promote stability and maintenance for a child</td>
<td>• The South Australian Government does not support part A at this time</td>
</tr>
<tr>
<td></td>
<td>c) at the time of the commencement of care and protection proceedings the agency should assess whether there is a realistic possibility of reunification:</td>
<td>• Parts C, D, E and F are not supported by the Government</td>
</tr>
<tr>
<td></td>
<td>i) within 6 months for a child under 2 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ii) within 12 months for a child over 2 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d) if there is a realistic possibility of reunification within the timeframe specified in recommendation 70(c), the agency should seek an order placing the child under the guardianship of the minister for a period of either 6 or 12 months (depending on the age of the child), and file a permanency plan setting out the proposals for reunification</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e) if at the commencement of care and protection proceedings, or at any time thereafter, there does not appear to be any realistic possibility of reunification within the timeframe specified in recommendation 70(c), the agency should immediately apply for an order placing the child under the guardianship of the minister until the age of 18 years and file a permanency plan setting out the proposals for the long-term placement of the child</td>
<td></td>
</tr>
<tr>
<td></td>
<td>f) if at any time special circumstances arise (particularly with respect to an older child) which make it necessary to extend the timeframes set out in recommendation 70(c) hereof the Court shall have the discretion to extend the</td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Recommendation</td>
<td>Government response and timeline</td>
</tr>
<tr>
<td>-----</td>
<td>----------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td></td>
<td>timeframe for a period no longer than 6 months. In any such case the onus will be on the parties to demonstrate the need for such extension having regard to the child’s best interest and the potential risk to the child’s need for stability and permanence. g) amend section 39(a) to delete the requirement to commence a hearing within 10 weeks, but provide that all proceedings be heard and determined expeditiously and that once the hearing commences, without special reasons, it should continue until the conclusion of evidence with the judgment delivered as soon as practicable thereafter.</td>
<td></td>
</tr>
</tbody>
</table>

78  | Assess all children who are currently receiving a differential response for eligibility for Other Person Guardianship | Accepted in principle – Phase 2  
• Children receiving a differential response and receiving a less intensive level of service from their care worker may be more likely to be eligible for other person guardianship (OPG) than other children in care. It is therefore agreed that many children receiving a differential response should be assessed for OPG eligibility where they are in a stable long-term foster or kinship care placement and the carer(s) wish to obtain OPG.  
• Timeframes are dependent upon implementation of further recommendations. |

79  | Assess whether allocation of a primary and secondary worker to deliver guardianship case management would improve the continuity of relationships with children. | Accepted – Phase 2 |
<table>
<thead>
<tr>
<th>No.</th>
<th>Recommendation</th>
<th>Government response and timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>83</td>
<td>Review all placement breakdowns to determine and correct identified system deficits.</td>
<td>Accepted in principle – Phase 2</td>
</tr>
<tr>
<td></td>
<td>• Reviewing all placement breakdowns is not considered the most cost effective way to identify system deficits. Instead, an ongoing process will be developed that requires the auditing of a minimum number of placement breakdowns per year. This will include a documented process for identifying, reviewing and addressing both issues with the OOHC placement support system and the individual issues affecting specific children.</td>
<td></td>
</tr>
<tr>
<td>84</td>
<td>Provide therapeutic support to placements that are identified as being at risk or under stress.</td>
<td>Accepted – Phase 1</td>
</tr>
<tr>
<td>97</td>
<td>Amend the Family and Community Services Act 1972 to include relative carers within the regulatory provisions of Part 4, Subdivision 3 and section 80. The definition of relative carers should include the categories of relatives who are currently excluded from the definition of foster parent in section 4 (step-parent, brother, sister, uncle, aunt, grandfather or grandmother), who care for children in the custody of, or under the guardianship of, the minister.</td>
<td>Accepted – Phase 1</td>
</tr>
<tr>
<td>98</td>
<td>Amend the Family and Community Services Act 1972 to provide approved carers with a right to information for the purposes of caring for children in the same terms as in sections 143–145 of the Children and Young Persons (Care and Protection) Act 1998 (NSW).</td>
<td>Accepted – Phase 1</td>
</tr>
<tr>
<td>99</td>
<td>Amend the Family and Community Services Act 1972 to provide for approved carers to be involved in decision making concerning a child in their care,</td>
<td>Accepted – Phase 1</td>
</tr>
<tr>
<td>No.</td>
<td>Recommendation</td>
<td>Government response and timeline</td>
</tr>
<tr>
<td>-----</td>
<td>----------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td></td>
<td>in the same terms as in section 146 of the Children and Young Persons (Care and Protection) Act 1998 (NSW).</td>
<td></td>
</tr>
<tr>
<td>100</td>
<td>Amend the Family and Community Services Act 1972 to provide a specific right to approved carers to contribute to a child’s annual review pursuant to section 52 of the Children’s Protection Act 1993.</td>
<td>Accepted – Phase 1</td>
</tr>
<tr>
<td>101</td>
<td>Amend section 80 of the Family and Community Services Act 1972 to repeal the current requirement that foster parents care for a child for 3 years or more before delegations of powers can be made, and instead prescribe a minimum period of 12 months.</td>
<td>Accepted – Phase 1</td>
</tr>
<tr>
<td>102</td>
<td>Outsource assessment and support of kinship carers to appropriately qualified non-government organisations in accordance with the service models which currently apply to foster care.</td>
<td>Not accepted</td>
</tr>
<tr>
<td>103</td>
<td>Develop or purchase a comprehensive kinship assessment tool for assessing the safety and appropriateness of kinship placements.</td>
<td>Accepted – Phase 1</td>
</tr>
</tbody>
</table>
| 104 | Invest resources in the Department’s Carer Assessment and Registration Unit to expand services to include consideration of applications for registration by kinship carers. These registrations would be in accordance with an appropriate assessment tool, and would authorise the carer to provide care to a specific child or children only. | Accepted in principle – Phase 2  
• Implementation of this recommendation is subject to the outcomes of the Department for Child Protection’s review, discussed in the response to recommendation 103. |
| 105 | Establish a Families SA Carer Assessment and Registration Unit service benchmark for assessment and registration decisions of 14 days where the assessment is complete and further information is not required from the assessing agency. | Accepted in principle – Phase 2  
• The establishment of service benchmarks will occur following the establishment of a project team to address the existing backlog in assessments of kinship carers (recommendation 109). |
<table>
<thead>
<tr>
<th>No.</th>
<th>Recommendation</th>
<th>Government response and timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>In addition, review of kinship care assessment processes and tools discussed at recommendation 103 will identify a suite of improvements, process changes and new tools. Once implemented these improvements will contribute to the achievement of the benchmark for assessment and registration decisions of 14 days after receipt where no further information is required.</td>
</tr>
</tbody>
</table>
| 106 | Develop a process for carers seeking approval (foster parents and kinship carers) to provide preliminary information about themselves and other adults who frequent their home to enable comprehensive C3MS checks to be done before a full Step by Step or other appropriate assessment is completed. | Accepted in principle – Phase 2  
- The Department for Child Protection will undertake a comprehensive review of the assessment and training of foster carers. Following this review, recommendation 106 will be considered in light of its findings. |
<p>| 107 | Include in the service agreement with all registered agencies the requirement that Families SA Carer Assessment and Registration Unit be notified of any person who begins an assessment process for carer registration (by Step by Step or another appropriate process) who is screened out, or, for whatever reason, subsequently withdraws from the assessment. | Accepted – Phase 2 |
| 108 | Develop an approved panel of practitioners authorised to provide priority assessments of specific child only carers on behalf of registered agencies. | Accepted in principle – Completed |
| 109 | Create a project team to address the backlog in assessments of kinship carers and comprehensively review carers whose assessment | Accepted – Phase 1 |</p>
<table>
<thead>
<tr>
<th>No.</th>
<th>Recommendation</th>
<th>Government response and timeline</th>
</tr>
</thead>
</table>
| 110 | Cease reliance on medical self-assessment forms and response priority assessments for kinship carers. | Accepted in principle – Phase 2  
- The review of kinship care assessment processes and tools discussed at recommendation 103 will consider how the Department for Child Protection obtains medical information about kinship carers, including a review of how to obtain information directly from a general practitioner. The department will work together with SA Health as appropriate to identify and implement potential solutions. |
<p>| 111 | Enter an administrative arrangement with the Department for Communities and Social Inclusion to provide priority screening clearances for carers where a child has been placed pursuant to an iReg process. | Accepted – Phase 1                                                                                                  |
| 112 | Review initial orientation training for carers seeking approval to include training on recognising and managing trauma related behaviours, together with information as to availability of, and access to, therapeutic assistance if required. | Accepted – Phase 1                                                                                                  |
| 113 | Include agency staff, children in care and existing foster parents and kinship carers in the delivery of preliminary information and training for new and prospective approved carers. | Accepted – Phase 2                                                                                                  |
| 114 | Develop a practice guide identifying the circumstances in which delegations pursuant to the amended section 80 of the Family and Community Services Act 1972 should be made. | Accepted – Phase 2                                                                                                  |</p>
<table>
<thead>
<tr>
<th>No.</th>
<th>Recommendation</th>
<th>Government response and timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>115</td>
<td>Develop a written document which sets out the role and duties of the supporter of carers (SOC), including their role if care concerns arise, and to whom various duties are owed. This document should be freely available to home-based carers.</td>
<td>Accepted – Phase 1</td>
</tr>
<tr>
<td>116</td>
<td>Fund Connecting Foster Carers, or an appropriate alternative agency, to deliver an advocacy service with paid staff to support carers to access and exercise their rights.</td>
<td>Accepted – Phase 1</td>
</tr>
<tr>
<td>117</td>
<td>Fund the advocacy service to develop educational material which clearly describes foster parents’ rights to contribute to decision making and their rights of review regarding decisions which affect them</td>
<td>Accepted – Phase 2</td>
</tr>
<tr>
<td>118</td>
<td>Create an expert panel within the agency to consider the removal of children from long-term home-based placements</td>
<td>Accepted in principle – Phase 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The Department for Child Protection will work to deliver an enhanced model of decision making for removals of children from long-term placements. This work will further consider the engagement of an expert panel to consider or oversee those decisions.</td>
</tr>
<tr>
<td>119</td>
<td>Review reimbursement rates to bring general foster rates with loadings for children with complex needs closer to rates payable to therapeutic carers.</td>
<td>Accepted – Phase 2</td>
</tr>
<tr>
<td>120</td>
<td>Develop a specific package of training for general foster parents which can lead to payment of additional skills based loadings.</td>
<td>Accepted in principle – Phase 2</td>
</tr>
<tr>
<td>121</td>
<td>Support carers who are registered to general agencies to transfer to therapeutic agencies where the needs of children in their care require it.</td>
<td>Accepted – Completed</td>
</tr>
<tr>
<td>No.</td>
<td>Recommendation</td>
<td>Government response and timeline</td>
</tr>
<tr>
<td>-----</td>
<td>----------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>122</td>
<td>Conduct a review of contractual conditions and payments to registered agencies to promote greater consistency of payments to agencies which support foster parents.</td>
<td>Accepted – Phase 1</td>
</tr>
<tr>
<td>123</td>
<td>Update the Alternative Care Support Payments: Manual of Practice and make it available to all approved foster parents and kinship or relative carers.</td>
<td>Accepted – Completed</td>
</tr>
<tr>
<td>124</td>
<td>Monitor developments in professional models of foster care in other states with a view to adopting or adapting a proven model</td>
<td>Accepted – Phase 1</td>
</tr>
</tbody>
</table>
| 125 | Engage and support the Child and Family Welfare Association to develop more coordinated provision of training to carers | Accepted in principle – Phase 1  
- The Department for Child Protection will comprehensively review the assessment and training of foster carers. |
<p>| 126 | Engage and support the Child and Family Welfare Association (CAFWA) to improve the coordination of respite provision to carers. | Accepted – Phase 1 |
| 127 | Develop a centralised system for receiving and resolving complaints from carers, including informal mediation or escalation to executive staff where appropriate. Timely written responses should be made to complaints. | Accepted – Phase 1 |
| 153 | Amend the Children’s Protection Act 1993 to enable carers to apply to be appointed an 'other person guardian' where children who are subject to long term orders have been in their care for a minimum period of 2 years, or such lesser period as the court in its absolute discretion determines is appropriate in the circumstances. | Accepted – Phase 1 |
| 154 | Amend the Children’s Protection Act 1993 to provide that biological parents who oppose an application for the appointment of an 'other person guardian' bear the onus of proving to the court on the balance of probabilities why the order should not be made. | Accepted – Phase 1 |</p>
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| 155 | Establish and internal assessment panel to consider applications for other person guardianship, in accordance with the following procedures:  
• the application to be made by a foster parent in person or by a caseworker or foster care support worker on behalf of the carer  
• an initial review be carried out by the assessment panel to determine the utility of referring the application for a full assessment  
• the application to be referred to the caseworker or such other appropriate person as is available to carry out the assessment and prepare the case plan in a timely manner  
• when the assessment has been completed and case plan prepared, the application to be referred back to the assessment panel for final determination  
• all decisions of the assessment panel are to be final. | Accepted – Phase 1 |
<p>| 156 | Promote the use of section 80 of the Family and Community Services Act 1972 for the delegation of decision making to support potential applications for other person guardianship. | Accepted – Phase 1 |
| 157 | Consider the question of adoption where that is in the best interest of the child and another person guardianship order would not be appropriate. | Accepted – Phase 3 |
| 161 | Continue to make modified payments to foster and kinship carers where the care leaver is engaged in tertiary education, apprenticeship, or any post-high school training, and where their best interest would be served by remaining in foster or kinship care until the qualification is completed. | Accepted – Phase 1 |
| 172 | Provide specialist training and documented guidance to staff within the agency, as well as home-based carers and carers engaged through commercial agencies, as to their roles and responsibilities with respect to identifying and reporting conduct that may amount to a care concern, and the processes that follow such a report. | Accepted – Phase 1 |</p>
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| 197 | Adopt a culturally appropriate assessment tool, such as Winangay, for the assessment of foster parents and kinship carers in the Aboriginal community, initially in remote communities, and more widely if the tool proves promising. | Accepted in principle – Phase 1  
The Department for Child Protection will consider a trial of the Winangay Tool on the APY lands and other remote and rural communities within South Australia. A decision will be made about whether it will be adopted based on the outcomes of this trial. |
| 205 | Commission not-for-profit agencies to provide alternative care in areas close to the APY Lands, such as Alice Springs and Coober Pedy. Alternative care could include a mixture of foster care and residential care. | Accepted in principle – Phase 3  
Implementing this recommendation will rely on government partnering with the non-government sector to build capacity and develop innovative service models across the child protection system. Any tender for such services will need to ensure that the successful organisation is culturally appropriate and/or trained. |
| 206 | Require that full carer assessments be completed in a timely manner in remote communities.                                                                                                                   | Accepted – Phase 2                                                                                                                                                                                                           |
| 207 | Ensure that approved carers in remote communities receive the same level of support as carers elsewhere in the state, recognising the particular challenges faced by carers in these remote areas                                           | Accepted – Phase 1                                                                                                                                                                                                           |
| 217 | Develop strategies to improve OOHC options in regional areas including:  
a) Focusing attention on the recruitment of foster parents, particularly in the areas of need  
b) Identifying those areas where there is demand for residential care placements and develop. | Accepted – Phase 1                                                                                                                                                                                                           |
<p>| 225 | Determine and fund demand for specialist disability foster care placements in accordance                                                                                                                      | Accepted – Phase 2                                                                                                                                                                                                           |</p>
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<td>with the available data about children in care who are eligible for NDIS.</td>
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<td>229</td>
<td>Develop clear guidelines on the role of home-based carers in planning and decision making in NDIS for children in their care.</td>
<td>Accepted - Completed</td>
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Source: Attorney-General’s Department, The life they deserve, 2016
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