



Family based carer consultation Procedure

1. Purpose

This procedure describes the Department for Child Protection's (DCP) requirements in relation to consultation with family based carers. It aims to:

- support centralised, strategic oversight of consultation with South Australia's carer population about policies, practices, and issues that affect them in their caring roles
- contribute to continuous quality improvement and strengthened mechanisms for safeguarding of carer consultation implementation
- enable DCP to benefit from opportunities for holistic analysis of carer feedback
- promote standards of accountability to carers.

2. Scope

This procedure applies to DCP staff seeking to consult with family based carers about policies, practice, products, and targeted topics affecting the South Australian carer population.

Out of scope:

- carer participation in day-to-day decisions about individual cases
- carer complaints or general carer feedback.

The term family based carers throughout this procedure (also referred to as 'carers') refers to foster, kinship, specific child only, Long-term Guardianship (Specified Person), and respite carers of children or young people under the guardianship or custody of the Chief Executive of DCP.

3. Authority

3.1 Legislative context

Not applicable.

3.2 Whole of Government requirements

Not applicable.

3.3 DCP requirements

- The [Statement of Commitment](#) (SoC) for South Australian foster and kinship carers. The SoC comprises five key principles that ensure carers are informed, supported, consulted, valued and respected. Under the principle of 'consulted', DCP has committed to *"provide carers with the opportunity to give feedback on policies and practices."*
- [An Outline of National Standards for Out of Home Care 2011.](#)



- [DCP Strategic Plan 2022-2026](#). The Strategic Plan is comprised of seven pillars. Under the pillar of 'working alongside carers', it states that *"we respect and value carers as vital partners in keeping children and young people safe and well."*
- [Aboriginal and Torres Strait Islander Child Placement Principle](#)

3.4 Principles

When consulting with carers, DCP will:

- value carers' voices and contributions
- recognise carers' insights and knowledge of the unique strengths and needs of the children and young people in their care
- use strategies and methodologies to promote cultural safety and inclusivity
- respect carers' time
- genuinely consider carers' feedback and how it can be incorporated
- inform carers of consultation outcomes.

In addition to the above, other factors that help to inform the endorsement of carer consultations include:

- the extent to which carers' input can genuinely influence the area of DCP's work that is proposed to be consulted on
- whether the information to be obtained through consultation already exists within DCP or the sector, or is planned to be obtained through other upcoming consultations.

4. Procedure requirements

This section sets out the department's process for consulting with carers, including approvals and post-consultation reporting requirements. The mechanisms currently available for consulting with carers are described in section 4.2.

Note that the requesting business unit is responsible for ensuring that relevant governance obligations are met regarding the project, program, policy, or work that the proposed consultation relates to. Prior or planned governance approvals should be indicated in section 7 of the [Family based carer consultation Proposal form](#) if relevant. This may include approval by the Senior Executive Group (SEG) or a SEG subcommittee, the Policy Governance Committee, or other executive endorsement. For work that requires changes to service specifications and/or service provision requirements published on the [service provider area](#) of DCP's website, additional consultation requirements may apply. Please refer to [the Contractual web content management Framework](#) for more information.

The Out of Home Care Reform Steering Group (OOHCRSG) must approve all feedback that is provided to carers post-consultation, as detailed in section 4.1.4, below.

4.1 Required process for consulting with carers

The process for consulting with carers consists of four steps: planning, approval, consultation, and reporting and feedback. These processes are outlined below.

4.1.1 Plan consultation with carers

Prior to seeking approval to consult with carers, the business unit should take steps to establish a clear rationale for consultation, clarify the scope, methodology (see part 4.2 for information about the key options



available), timeframes for the consultation, and to ensure that consultation plans are inclusive and culturally safe. Guidance is provided below.

1. Consider the rationale for consultation with carers.

The need to consult with family based carers should be determined on a case by case basis. Before submitting a consultation proposal, the business unit should consider:

- the extent to which carers are impacted by the work in question
- DCP's current level of understanding of carers' perspectives on the topic or work in question, including whether relevant data already exists within DCP, the child protection sector, or the broader public domain, noting that reasonable attempts to locate existing relevant information should be made before requesting carers' time to provide feedback can be justified
- the level of influence that carers' feedback could have on the work in question
- how resource intensive consultation is likely to be
- whether there is any political sensitivity regarding the topic
- whether there is reputational risk to DCP if carers are not consulted.

Refer to [Should I consult family based carers on my work? A guide for DCP staff](#) for more information. If further support is needed to determine whether or not consultation with carers is necessary and appropriate, the business unit should contact SPR at DCPCarerPartnerships@sa.gov.au to discuss this prior to commencing the approvals process.

2. Refer to the [Family based carer inclusive and respectful engagement checklist](#).

DCP recognises that carers represent a diverse cross-section of society. Certain populations may face additional barriers to participation in consultation processes, resulting in the systemic amplification of some voices over others.

DCP staff who are planning to consult with carers should ensure that all items on the [Family based carer inclusive and respectful engagement checklist](#) have been considered during the planning stage in an effort to design consultations that are inclusive, respectful, culturally safe, and conscious of accessibility barriers that have the potential to limit the diversity of participants.

If support is needed to ensure that consultation plans have been designed to be culturally safe and inclusive for Aboriginal and Torres Strait Islander carers (or carers of Aboriginal and or Torres Strait Islander children and young people), the Aboriginal Practice Directorate (APD) can assist with consultation and feedback. Requests for support from APD can be made by email to the APD mailbox – DCPAboriginalPracticeDirectorate@sa.gov.au. It is the responsibility of the business unit to ensure that they have met the Aboriginal Impact Statement (AIS) requirements for the work that their proposed consultation relates to. Refer to the [Aboriginal Impact Statement Procedure](#) for more information.

If support is needed to ensure that consultation plans have been designed to be culturally safe and inclusive for carers who identify as culturally and linguistically diverse (CALD) (or carers of children and young people who identify as CALD), the Multicultural Services Team should be informed, and offered the opportunity to provide input.

Other subject matter experts should be consulted on a case by case basis as necessary.

SPR can support the business unit with the process of identifying, and gaining input from, relevant stakeholders regarding diversity and inclusion considerations. This support can be requested in Section 5 of the [Family based carer consultation proposal form](#).



It is important to be aware that carers may need space to share their personal experiences before focusing on the topic of the consultation. It is recommended that the business unit take this into consideration when planning their methodology.

4.1.2 Seek approval to consult with carers

To seek approval to consult with family based carers, the business unit must:

- complete the [Family based carer consultation proposal form](#)
- seek endorsement from the relevant Executive sponsor
- email the endorsed form to DCPCarerPartnerships@sa.gov.au.

In some cases, SPR may discuss and provide feedback to the requesting business unit to ensure that the proposed consultation is aligned with broader carer engagement strategic priorities. If significant changes are proposed, re-endorsement by the Executive sponsor might be necessary.

SPR will then progress the proposal to the Executive Director, Strategy, Partnerships and Reform (SPR) for endorsement. The requesting business unit will receive a response within 10 business days.

In the rare event that matters within the consultation proposal are not mutually agreed upon by the business unit and SPR, the Executive sponsor and Executive Director SPR will negotiate an outcome.

4.1.3 Undertake consultation with carers

Once endorsed by the Executive Director SPR, the business unit can commence implementation of their consultation plan. The business unit will be responsible for conducting their own consultations. In some cases, SPR can provide some support if this has been requested by the business unit in the [Family based carer consultation proposal form](#) and endorsed by the Executive Director SPR.

The business unit undertaking the consultation is responsible for ensuring that participating carers are adequately compensated for their time where appropriate. The table below provides guidance regarding appropriate compensation and support:

	Compensation recommended	Compensation not required
Description	Carers who are personally asked by DCP to participate in DCP consultation opportunities and are not being paid by another organisation to do so.	<ul style="list-style-type: none"> • Carers who choose to respond to open invitations from DCP or partner agencies to voluntarily participate in consultation opportunities. • Individual carers who are also professional consultants and are paid by their own organisation. • Ad hoc communication and discussions with DCP.
Examples	<ul style="list-style-type: none"> • Individual interviews that DCP has invited specific carers to participate in for the purpose of providing feedback on DCP's policy, strategy or project work. • Focus groups that DCP has invited specific carers to attend for the 	<ul style="list-style-type: none"> • Open forums. • Surveys. • Carers who also work for family based agencies, peak bodies, or government agencies who provide DCP with feedback in their professional capacity.



	Compensation recommended	Compensation not required
	purpose of providing feedback on DCP's policy, strategy or project work. <ul style="list-style-type: none"> Written correspondence providing significant input on a piece of work when requested by DCP of specific carers. 	<ul style="list-style-type: none"> Carers who choose to contact DCP with feedback on the department's work.
Compensation for time	<ul style="list-style-type: none"> ½ day or less: Gift card* to the value of \$50.00. Full day: Gift card* to the value of \$100.00. 	N/A
Compensation for expenses	DCP will endeavour to meet all reasonable costs associated with participation in DCP consultations in cases where carers are personally asked by DCP to take part. Such expenses may include travel, transport, accommodation, meals, and childcare. All expenses must be agreed upon with DCP in advance.	N/A

*Note that vouchers can sometimes be negatively perceived by some Aboriginal and Torres Strait Islander carers due to past practices of government rations distributions. It is recommended to provide either a generic EFTPOS gift card or a supermarket gift card.

The business unit is responsible for considering all feedback obtained from the consultation and incorporating it within their work, if appropriate to do so. All feedback should be anonymised unless explicit consent has been provided by carers to identify them.

4.1.4 Reporting and feedback

The business unit is required to complete two reports summarising the outcomes of their consultation.

1. Feedback to carers

As part of DCP's commitment to keep carers informed of consultation outcomes, it is a requirement that the responsible business unit identifies relevant themes as related to their consultation topic and provides a summary of the outcomes to carers. A [Family based carer consultation feedback template](#) is available on the DCP Intranet and is the preferred format for providing a summary for carers. If a different format is deemed necessary by the Executive sponsor, they should raise this with the Executive Director SPR.

The summary report must be approved by OOHCRSG before it can be disseminated to carers. It is the responsibility of the business unit to obtain this approval. It is recommended that the business unit seek input from SPR on the draft summary report prior to submitting to OOHCRSG by emailing it to DCPCarerPartnerships@sa.gov.au.



Once approved by OOHCRSG, the business unit must send the final report to DCPCarerPartnerships@sa.gov.au. SPR will arrange for the report to be posted on Carers Voice (see section 4.2.2 below), providing transparency to carers on how DCP has integrated their feedback.

Any other communication with carers regarding the outcomes of the consultation or the work that the consultation has helped to inform are the responsibility of the business unit.

The approach for handling out of scope feedback will vary depending on its nature. Advice should be sought from the relevant Executive sponsor.

2. Internal reporting for continuous improvement

Information collected from and about South Australia's carer population can provide invaluable data to support continuous improvement to DCP's work. The business unit must complete a [Family based carer consultation report template](#) and submit it to DCPCarerPartnerships@sa.gov.au after consultation has occurred. SPR will maintain a central record of relevant consultation outcomes.

4.2 Carer participation

This section outlines the core mechanisms available to DCP staff to obtain feedback from carers, and the range of methods that can be employed to engage carer participation.

It is recommended that multiple mechanisms and modalities are employed for all carer consultations in order to reach a diverse pool of respondents.

4.2.1 Consultation mechanisms

The primary mechanisms available for DCP staff to consult with carers are described below.

Surveys

Topic-specific surveys are appropriate for collecting quantitative and/or qualitative data from large numbers of carers. They can be provided to carers online or in hard copy format. Having both options available is generally recommended in order to reach the broadest range of carers.

Online surveys are hosted on the Carers Voice section of the DCP website (see section 4.2.2 below) and will be built by SPR based on requesting business unit's questions provided. Note that building surveys can be time intensive, depending on the complexity required. If use of this mechanism is indicated on the [Family based carer consultation proposal form](#), SPR will follow up with the business unit to discuss requirements and timeframes.

Surveys should be left open for carers to respond to for a minimum of two weeks.

Focus groups, yarning circles, and individual interviews

- Focus groups or forums. Defined as small meetings or group discussions with target audiences to share ideas and opinions regarding a relevant topic. Suitable for facilitating open discussion and obtaining collective sentiment.
- Yarning circles. Defined as a culturally safe Aboriginal and Torres Strait Islander method of communicating ideas, building respect and sharing knowledge. Here, decisions are made in a collaborative and inclusive setting.



- Individual interviews. Defined as structured or semi-structured conversations with individual people held either face-to-face, over the telephone or via online video call. Best suited to collecting individual opinions and thoughts on a particular topic or issue.

These qualitative mechanisms are appropriate for gaining nuanced perspectives on complex topics, particularly in situations where it is helpful to be able to ask follow-up questions.

Modalities

The above mechanisms can be offered face-to-face, online, or by telephone, and through hard copy, electronic, video and/or audio formats. It is recommended to provide carers with options of multiple modalities and formats.

4.2.2 Engagement of carers

Carers can be engaged to participate in consultation opportunities through broad open invitation, or by directly approaching specific individual carers. In some cases, carers' perspectives can be sought at the aggregate level via agencies and programs that work directly with carers. The channels available for reaching carers are detailed in this section.

Note that when individual carers are personally asked by DCP to participate (including if the request comes via a partner agency), the provision of compensation is recommended, as described in section 4.1.3 above.

Carers Voice

[Carers Voice](#) is a section of the DCP website that houses carer consultation opportunities and outcomes. It hosts links to active online surveys, information on upcoming in-person or online events, and reports from past consultations. Carers Voice serves as both a platform for consultation, as well as a tool for communicating information about consultations to carers.

Carers Voice is overseen and administered by SPR. The business unit should complete a [Carers Voice consultation listing template](#) to provide SPR with the necessary information to list their consultation opportunity on Carers Voice. Completed forms must be endorsed by the Executive sponsor and sent to DCPCarerPartnerships@sa.gov.au.

Other DCP communication channels

In addition to Carers Voice, other channels available for making the carer population aware of consultation opportunities include posting to DCP's [social media](#) page/s and listing in the [Caring Together](#) newsletter for family based carers. The DCP Communications, Media and Engagement team should be contacted regarding these channels.

Note that DCP conducts mailouts (by email or Australia Post) to carers under exceptional circumstances only.

DCP Kinship Care Program

The DCP Kinship Care Program primarily provides support to non-Aboriginal and Torres Strait Islander kinship carers (in most cases, Aboriginal and Torres Strait Islander carers are supported by an Aboriginal Community Controlled Organisation (ACCO)).



Requests can be made to the Kinship Care Program to provide a general sense of kinship carers' views about a topic in the aggregate. To reduce issues related to kinship carer burdens and consultation fatigue, this is the preferred channel for obtaining kinship carer views in the first instance, before requesting access to individual kinship carers.

Where direct feedback from kinship carers is necessary, the Kinship Care Program can assist with identifying preferred mechanisms and the dissemination of information about consultation opportunities to kinship carers. Examples include informing kinship carers of active online surveys, distributing hard copy surveys, and notifying carers of upcoming forums or events.

SPR can help to facilitate requests for the Kinship Care Program to support consultations.

DCP Multicultural Services

The Multicultural Services Team provides support across the department to ensure culturally responsive practices and adequate cultural maintenance for children, young people, families and carers from CALD backgrounds and/or New and Emerging Communities.

Requests can be made to the Multicultural Services Team to provide a general sense of the views of carers from a CALD background on a topic in the aggregate. To reduce issues related to time demands and consultation fatigue for carers from a CALD background, this is the preferred channel for obtaining the views of carers from a CALD background in the first instance, before requesting access to individual carers.

Multicultural Services can also provide expert advice about policy review and development to ensure they have been considered with a cultural lens.

SPR can help facilitate requests to DCP Multicultural Services to support consultations.

Other DCP staff with carer interface roles

Relevant carers can be identified by DCP staff who interface directly with carers, including DCP case workers, Principal Aboriginal Consultants, and Disability and Development Program staff. SPR can support the business unit with making requests of relevant teams if needed.

SPR can also provide support by identifying lists of carers according to specific criteria reported in the Data and Analytics Hub.

Family based agencies

DCP works in partnership with the non-government sector who provide support to family based carers. This includes foster carers supported by agencies, and kinship carers supported by the Aboriginal Kinship Care Support Program operated by ACCOs.

DCP can request the support of agencies to provide a general sense of carers' views on a topic in the aggregate, and/or carer engagement in consultations by promoting opportunities through their own communication channels and events. In some cases, agencies might be able to assist by identifying relevant individual carers for targeted consultations.

The Carer Recruitment and Retention Taskforce (CRRT) includes representatives from all family based agencies that are contracted by DCP, and is the most efficient and preferred channel for requesting



aggregate level feedback from the agencies and/or their support with disseminating consultation opportunities directly to carers. The CRRT meets every eight weeks and is co-chaired by SPR and Out of Home Care. SPR can facilitate requests to be included on the CRRT agenda. This should be indicated on the Family based carer consultation proposal form.

ACCOs

The ACCOs contracted by DCP to provide support to family based carers are the most appropriate channels for engaging Aboriginal and Torres Strait Islander carers.

Requests can be made to ACCOs to provide a general sense of Aboriginal and Torres Strait Islander carers' views on a topic in the aggregate. To reduce issues related to burdens and consultation fatigue affecting Aboriginal and Torres Strait Islander carers, this is the preferred method for obtaining their views in the first instance, before requesting access to individual Aboriginal and Torres Strait Islander carers.

Where direct feedback from Aboriginal and Torres Strait Islander carers is necessary, ACCOs can assist with identifying preferred mechanisms and the dissemination of information on consultation opportunities to carers. Examples include informing Aboriginal and Torres Strait Islander carers of active online surveys, distributing hard copy surveys, and notifying carers of upcoming forums or events.

SPR can help to facilitate requests for ACCOs to support consultations, including via the CRRT.

Peak body

Connecting Foster and Kinship Carers SA (CF&KC-SA) is the peak representative body for foster and kinship carers across South Australia. Carer feedback and input can be requested from CF&KC-SA's membership, which SPR can facilitate. CF&KC-SA staff may be able to provide a general sense of carers' views about a topic in the aggregate and/or assist with identifying relevant individual carers for targeted consultations.

CF&KC-SA is able to broadly promote DCP consultation opportunities to their membership via their member newsletters and social media accounts, and facilitate DCP staff access to CF&KC-SA events in order to reach carers. An eight week lead time is required by CF&KC-SA to utilise their channels.

Direct channels for carers to provide feedback to the Minister for Child Protection

The Foster and Kinship Carer Council of South Australia (Carer Council) includes proportionate representation of foster and kinship carers, Aboriginal carers, and those located in both metropolitan and regional areas. The Carer Council meets three to four times annually.

This mechanism is reserved for high level topics that relate to the broader child protection system, such as significant legislative, policy, practice, or structural reform.

The Minister for Child Protection also holds periodic round table forums across the state which are open to all carers. This mechanism is appropriate for consulting with carers on topics that have significant impact on carer populations, including geographically localised issues.

5. Compliance, monitoring and evaluation

Compliance with this procedure is the responsibility of all DCP staff who engage in consultation with carers. SPR is responsible for the monitoring and evaluation of this procedure. A copy of every approved/endorsed



Family based carer consultation proposal form and every Family based carer consultation report form is kept on file and recorded on a log of consultations maintained by the SPR Directorate. SPR regularly reviews the carer consultation process to ensure that it aligns with DCP policy and practice.

6. Related documents

Related documents, forms and templates
Family based carer consultation proposal form
Family based carer consultation Report template
Family based carer consultation inclusion and respectful engagement checklist
Should I consult family based carers on my work? A guide for DCP staff
Family based carer consultation carer feedback template
Carers Voice listings Template

7. Glossary

Term	Meaning
ACCO	Aboriginal Community Controlled Organisation.
AIS	Aboriginal Impact Statement. This is a tool to strengthen culturally inclusive policies, practices, programs, contracts, reforms and initiatives. An Aboriginal Impact Statement must accompany all policies, practices, programs, contracts, reforms and initiatives that require executive approval.
APD	The Aboriginal Practice Directorate.
CALD	Culturally and linguistically diverse.
CRRT	Carer Recruitment and Retention Taskforce
CF&KC-SA	Connecting Foster and Kinship Carers South Australia, the peak independent representative body for South Australian carers.
OOHCRSG	The Out of Home Care Reform Steering Group (OOHCRSG) oversees Every Effort for Every Child: South Australia's strategy for children and young people in care 2020-2023, and the program of work to implement the strategy.
SEG	The Senior Executive Group.
SoC	The Statement of Commitment for South Australian Foster and Kinship Carers. The SoC was produced by DCP, CF&KC-SA, and Child and Family Focus SA. The Statement recognises that we must work in partnership and value carers as an essential and respected part of the care team for children and young people.
SPR	The Strategy, Partnerships and Reform Directorate.



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