CAFFSA Submission on the

State Strategy for the Safety and Support of Children and Young People.

Child and Family Focus SA

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Acknowledgement

We acknowledge the traditional lands of the Kaurna people and acknowledge the Kaurna people as the custodians of the Adelaide region and the Greater Adelaide Plains. We pay our respects to Kaurna Elders past and present.

We acknowledge the traditional custodians of land beyond Adelaide and the Adelaide Plains and pay our respects to all Aboriginal Elders past and present.

We acknowledge and pay our respects to the cultural authority of our Aboriginal and Torres Strait Islander colleagues and are grateful for the cultural expertise that they represent.

The role of Child and Family Focus SA

Child and Family Focus SA (CAFFSA) is the South Australian peak body representing the needs and interests of children, young people and families, particularly those connected with or at risk of entering the child protection system, and the NGOs and ACCOs that support them.

1.Purpose

This submission responds to the invitation to provide feedback on the draft SA State Strategy for the Safety and Support of Children and Young People (The Strategy.)

2. Background

CAFFSA's member organisations provide crucial services and responses to vulnerable children, young people, families and communities across South Australia. Most members provide this support through a mix of state, national and philanthropic funding programs, often with augmentation through their own fund-raising efforts.

CAFFSA's membership encompasses a range of Aboriginal Community Controlled Organisations (ACCOs) and Non-Government Organisations (NGOs) that work in the child and family sector in South Australia. Members share CAFFSA's commitment to the vision of: *A future where every child thrives, deeply connected to their family, community and culture, and empowered to reach their full potential. They are supported by a resilient and sustainable sector with resources and innovation to drive meaningful change.*

3. Overall position

The Strategy provides an opportunity for South Australia to commit to some of the most vulnerable children, young people and families in our State. Housing instability, poverty, unmet disability-related support needs, domestic and family violence, unmet mental health needs, harmful alcohol and other drug use and other forms of disadvantage are all rightfully acknowledged as risk factors, but overarching commitments to change those conditions are not

adequately included. Families cannot fix the housing system, shorten a wait list, create disability supports that are not available or make different government systems plan and deliver services in a more holistic or integrated manner. A State Strategy should be much clearer about who has the authority to change those conditions and what they will actually be required to do. It should prescribe clear responsibilities, actions and accountability across government, other agencies and communities for addressing the structural and service-system conditions that contribute to family vulnerability.

4. A clear direction forward

4.1: Does the State Strategy provide a clear direction for service providers, community members and those who interact with the child protection and family support system?

The draft Strategy does establish a vision that all children and young people grow up safe, cared for, nurtured by families and supported by community. The draft Strategy rightly acknowledges that the vision cannot be achieved by one agency, and that 'sustained collective effort across government, local government, Aboriginal Community Controlled Organisations, non-governmental organisations, communities, families and service providers' is required.

The Strategy would be strengthened by a clearer articulation about how children, young people, families and communities will experience service provision and responses. Given the legislated focus on a public health approach, this direction would need to be developed in collaboration with key stakeholders that impact on the prevention, family support, and intervention stages. It would also need to be co-designed with key partners, including children and young people, families, relevant NGOs and ACCOs and peak and representative bodies. Engaging, respecting and applying these multiple perspectives provides context-specific, practical and relevant knowledge with flow-on impacts on health equity, citizenship and social justice.[1]

In recognition of this, The *Children and Young People (Safety and Support) Act 2025* requires the Minister to consult with a broad range of stakeholders when preparing the State Strategy, including government agencies, Aboriginal organisations, peak bodies, people with lived experience and children and young people (s.67(2)(a). Through Child and Family Focus SA, the sector was given written undertakings that the department would work with us to ensure the best interests of the child were developed through policy. The State Strategy is clearly one of these key policy mechanisms. The sector recognised this and advocated for peak bodies to be incorporated into the legislation following release of the draft Bill.

[1] Vargas, Carmen & Whelan, Jill & Brimblecombe, Julie & Allender, Steven. (2022). Co-creation, co-design, co-production for public health – a perspective on definitions and distinctions. Public Health Research and Practice. 32. 10.17061/phrp3222211.

Unfortunately, the draft has been developed without the requisite depth of consultation that would be expected for a strategy such as this to drive system transformation. The sector also understands there is a short timeline prior to lodgement with the relevant committee of Cabinet. Although the draft cites a range of sources that have been used to inform the strategy, feedback received through CAFFSA's consultation with members indicates that The Strategy does not adequately incorporate or reflect the spirit of this previous work and should be the subject of much broader and deeper consultation to engage all that will be affected by what aspires to be a transformational plan. Genuine co-design and partnership require sufficient time and resourcing to enable meaningful participation, deliberation and influence over the final product and throughout the implementation process. The current consultation timeframe limits the opportunity for this level of engagement. CAFFSA therefore recommends a broader and more deliberative process involving those who will be responsible for, and affected by, implementation of what is intended to be a transformational Strategy.

This concern is heightened by the fact that many sector stakeholders have invested significant time in preparing for two workshops held by DCP and CAFFSA in relation to embedding the four Guiding Principles and the ATSICPP into practice. The strong focus on the need to describe, for example, how Active Efforts, Best Interests and the prevention principles of the ATSICPP will be enacted has not translated to the draft of The Strategy. Given the Act requires the Strategy to set out how it will be implemented, its intended outcomes and measures, the roles and responsibilities of prescribed bodies, and how government, local councils and NGOs will collaborate, these core elements should be shaped with the stakeholders responsible for and affected by their implementation, rather than presented as largely settled through a draft consultation process. One 90 minute consultation will not facilitate the transformation The Strategy seeks.

The public health approach also promotes an ethos of support and recovery and a systematic, scientific approach to earlier intervention at every point along the continuum of risk and need.[2] In order to provide a clear direction for providers and the community, a Theory of Change, describing how and why change is expected to happen in the strategy, and the associated action plans would be useful. This would assist in clarifying intentions, uncovering assumptions, and guiding planning, reflection, monitoring and learning.

The Strategy should also be underpinned by an explicit child-rights approach, recognising children and young people as rights holders rather than solely as recipients of care and protection. This should encompass their rights to safety, health, education, development and wellbeing, identity, culture, connection to community and families and meaningful participation in decisions that affect them across the full continuum of support.

[2] Bromfield, L. Cox, S., Perfect, D., Bromley, A., and O'Donnell, M. (2026). The Public Health Approach and Child Protection, Australian Centre for Child Protection, Adelaide University: Adelaide.

4.2: Does it capture what children, young people and families should expect from the system?

More clarity is required about what children and families should expect and, importantly, what they should never have to experience from the system. For Aboriginal children, this includes culture, family, kin, community, Country, identity and belonging being fundamental to safety and wellbeing, alongside freedom from racism, culturally unsafe policies, processes and decisions, biased processes and disadvantage being treated as parental failure.

The Strategy should clearly establish what children and families can expect from the system and what should never be accepted as part of their experience. Vulnerability should trigger support, not simply surveillance and this should be explicit.

The Strategy emphasises hearing the voices of children and young people, which is essential and strongly supported. However, the voices of parents, families and caregivers are comparatively absent.

The Strategy needs to show how it responds to these findings, including what within the existing system must change, rather than simply what will be added to it. We cannot transform a system without telling the truth about how the system itself has contributed to the outcomes it is now seeking to change.

There is limited discussion of:

- Parent advocacy
- Parent peer support
- Family leadership
- Parent participation in governance
- Lived experience parent representation

The consultation process reinforced this concern. Discussion repeatedly referenced children and young people, but parent voices were rarely mentioned.

A genuinely family-centred strategy must create mechanisms for both child and parent participation.

Families should be involved not only in consultation but also in:

- Governance
- Evaluation
- Decision making
- Accountability structures

More explicit referencing of reunification as a key outcome where this is in the child's best interests is essential. A system focused on safety and wellbeing should also clearly describe how families will be supported to address concerns, rebuild capacity, and ensure 'best connection' and relationships with their children.

Rather than listing increasing family-based care as a progress indicator, the Strategy should place stronger emphasis on ensuring there are pathways for children to safely exit the 'In Care' system, through reunification and ensuring children can remain safely connected to family, community and culture.

The Strategy should be more explicit about the experience it seeks to create for children and families. For example, it could clearly state that children, young people and families can expect:

1. to be listened to and have their voices heard
2. to have their culture, identity and lived experience respected
3. to receive support early, before challenges escalate into crisis
4. to have access to safe, timely, coordinated and responsive services
5. to be involved in decisions that affect them, including care and transition planning and understand how and why those decisions are made
6. to receive support that builds on their strengths, capabilities and aspirations
7. to maintain connections with family, community, culture and Country wherever it is safe and in their best interests.
8. to experience safe, stable and nurturing care, with relationships with family, kin, carers and other significant people supported wherever this is safe and in their best interests.
9. for young people leaving care, to transition to adulthood with safe and stable housing and essential supports and service arrangements in place, including health, disability and NDIS supports where relevant, rather than experiencing an abrupt loss of support at 18.

The Strategy needs to show how it responds to these findings, including what within the existing system must change, rather than simply what will be added to it. We cannot transform a system without telling the truth about how the system itself has contributed to the outcomes it is now seeking to change.

On a practical level, The Strategy should incorporate more explicitly the:

- Statement of Commitment to Foster and Kinship Carers
- Statement of Commitment to Children and Young People in Contact with Child Protection and Family Support System
- Statement of Commitment to Parents and Families

Foster and kinship carers should also be more clearly recognised throughout the Strategy as key partners in the care team and broader child and family support system. Supporting carers to provide safe, stable and nurturing care is integral to improving outcomes and stability for children and young people in care.

4.3: What is missing or what would you change?

The Strategy is clearer about what will be added than what within the existing system needs to change or be rescinded or retired. Its own informing documents identify racism,

oversurveillance, biased decision-making, structural disadvantage and Western understandings of family and wellbeing as contributing to current outcomes.

The Strategy needs to show how it responds to these findings, including what within the existing system must change, not simply what will be added to it. We cannot transform a system without telling the truth about how the system itself has contributed and continues to contribute to the outcomes it is now seeking to change.

If The Strategy is to make any real change, it must strengthen commitments to prevention and early intervention by outlining how investment and effort will progressively shift responses and delivery towards family support and prevention approaches. For children who do enter care, there should be a clear direction towards strengthening family-based care and reducing reliance on residential care, while ensuring that family-based placements are adequately supported to meet children and young people's needs.

The Strategy should acknowledge that establishing a sustainable public health approach is itself a significant system reform task, requiring staged implementation, service redesign, workforce development, enabling infrastructure and deliberate investment across government and the community sector.

Rebalancing investment will also require transitional investment to build prevention and early support capacity while maintaining essential statutory and crisis responses during the reform period.

Given the centrality of trauma and intergenerational trauma in preventing and responding to child abuse and neglect, it is surprising that trauma is only mentioned twice in the document.

Service design, delivery and evaluation across all responsible agencies should be trauma-informed and specifically respond to trauma for different population groups and individuals across the spectrum of interventions a public health approach would seek to provide.

As per 4.1, a Theory of Change, or at the very least the commitment to develop one as a first action under the State Strategy and the Agency Plans, is missing. Without this, services and interventions may lack coherence and remain fragmented and be less likely to work together to bring about meaningful change.

The key agencies of South Australian Police, the South Australian Housing Trust and relevant parts of the court and justice system would also be required to prepare Agency Plans, despite their absence from the list of prescribed bodies. If The Strategy truly represents a public health approach, it needs to reflect the key roles of each of these agencies in the safety and wellbeing of children, young people and families and the overrepresentation within their client groups of children and families who are vulnerable to, or already involved with, the child protection system.

Many of the current indicators of progress are not measurable at present and will require planning for the delivery. An example of this approach is the New Zealand Better Public Service reforms.

The draft Strategy outlines system priorities and responsibilities, but it does not clearly state what children, young people and families should expect when they seek support. Including a clear "What children and families can expect" statement would make the Strategy more accessible, person-centred and accountable, while reinforcing that the child protection and family support system exists to serve children, young people and families, not organisational structures.

A stronger commitment to lived experience and co-design is required. While lived experience is referenced in the draft Strategy, the commitment could be more explicit. The Strategy should clearly describe how children, young people, parents, carers and families will influence decision-making, how lived experience will be embedded in governance and oversight arrangements, and how feedback will drive ongoing service improvement.

Achieving the Strategy's objectives across all agencies will depend on a skilled and capable workforce across all agencies. This in turn requires a greater emphasis on workforce capability. The Strategy should more clearly identify key workforce priorities, including trauma-informed practice, cultural capability, child development expertise, family-centred approaches, and workforce attraction and retention, particularly in regional and remote communities.
The Strategy identifies desired outcomes but lacks specific targets, timeframes and accountability measures. It would be strengthened by including baseline data, measurable five-year targets, clearly assigned responsibilities and public reporting against outcomes.

Some priorities should be reframed to focus more explicitly on the outcomes and experiences of children and families. For example, "Transformative, enabling systems" could be expressed as "Connected services that work for children and families" that clearly indicate the desired future state and can be understood by all audiences.

Greater emphasis should also be incorporated on key transition points where children and families can be most vulnerable, including pregnancy and early parenthood, starting school, adolescence, transitions between services, and the transition from care to adulthood.

5. A policy foundation for the new legislation

5.1: Does the State Strategy clarify state authority roles and outline how government, NGOs and councils will collaborate?

There are dedicated sections on roles and responsibilities and collaboration, identifying key stakeholders, their respective contributions, and the principles intended to guide joint action across the system. However, these sections appear to have been developed without meaningful co-design with many of the partners whose roles are being defined. While The Strategy describes who should be involved, it provides limited detail on how collaboration will operate in practice,

including where authority, governance, decision-making and accountability arrangements sits. While The Strategy promotes collaboration, it does not clearly differentiate the roles and responsibilities of statutory authorities and non-statutory service providers. This distinction is important because each part of the system has different powers, accountabilities and relationships with families. Clearer role definition would help support more consistent collaboration across the system.

Members of CAFFSA's Aboriginal Leadership Network also advised that there is an inherent tension between Aboriginal self-determination and the continued practice of the State determining who participates, who is funded, whose authority is recognised and who ultimately makes decisions. The Strategy needs to address this tension if self-determination is to mean more than participation within a State-determined system.

5.2: How well does it articulate shared responsibility for protecting and supporting children?

Whilst the State Strategy appropriately recognises that keeping children safe involves all of us, it does not recognise that we don't all hold the same responsibility or the same authority. Government, funded services, communities and families cannot just sit together under one broad idea of shared responsibility when some parts of the system control the resourcing, policy, commissioning and access to services and others do not. The fact that some Government agencies, such as SAHT, SAPOL and relevant parts of the courts can 'opt' out of an agency plan because they are not named in the legislation also undermines meaningful 'shared responsibility.'

Shared responsibility is clearer in the draft Strategy than shared accountability. While the document clearly explains that everyone has a role, it does not clearly identify who is accountable for outcomes, who leads system-wide coordination, how ineffective collaboration will be addressed, or how organisations will be assessed against their responsibilities. It is difficult to understand how organisations and communities can be expected to assume responsibility, or be held accountable for The Strategy if they have had limited involvement in shaping something that defines their roles. Furthermore, it clearly explains that everyone has a role, yet there are government agencies reportedly not participating.

The role of communities remains largely aspirational. The Strategy encourages community participation but provides limited guidance on what this looks like in practice, how communities will contribute to decision-making, or how they will be empowered, enabled and supported to fulfil this role. Shared responsibility is clearly established, but there is less clarity about accountability when multiple agencies and providers are involved. It should be made and remain clear who is accountable when children and families do not receive the support they need. Shared responsibility should broaden responsibility for action, not dilute accountability.

The Strategy clearly commits to collective responsibility and cross-sector collaboration but currently lacks practical detail.

Key questions remain:

- What does collective responsibility look like in practice?
- How will agencies work differently from current arrangements?
- Who is responsible for delivering particular outcomes?
- How will government, NGOs, councils and communities coordinate effort?
- How will collaboration be measured?

The strategy should move beyond describing shared responsibility and clearly identify the responsibility of all relevant agencies, the respective sectors and the community across each outcome.

5.3: Does the policy framework set out in the State Strategy encourage the application of the guiding principles of safety, best interests, active efforts and effective intervention for the safety and support of children and young people?

The Strategy acknowledges the four guiding principles as the foundation and priorities are broadly aligned with them, but some are reflected more strongly than others. It is noted that the principle of safety is *embedded* throughout the draft Strategy while a best interests approach is *promoted* (by placing children's wellbeing, safety, development and long-term outcomes at the centre of its vision, priorities and outcomes.) However, the principle is mostly implicit outside the Guiding Principles section. It would be strengthened by more explicitly linking priorities and actions back to children's best interests.

Similarly, The Strategy identifies Active Efforts as a guiding principle but does not sufficiently operationalise the concept. The principle of Active Efforts is reflected through commitments and that strong emphasis of prevention, family strengthening and collaboration, but there are important differences between:

- Making referrals and applying Active Efforts;
- Cultural planning and child-experienced cultural connection;
- Consultation and self-determination; and
- Participation and genuine decision-making.

These need to be more clearly articulated.

Key gaps in relation to Active Efforts include:

- No clear definition
- No minimum expectations
- No measurement framework
- No accountability mechanism

The final strategy should clarify:

- What constitutes sufficient Active Efforts
- How they are evidenced
- Who assesses whether Active Efforts have occurred
- What happens when Active Efforts have not been demonstrated

The Strategy should also articulate how Active Efforts and changes to mandatory reporting requirements will support a broader 'support, not just report' approach across the service system, so that family vulnerability prompts practical assistance, relational engagement and earlier support rather than notification being the default response. Indeed, this is one of the most important mechanisms for enacting the Guiding Principles of Best Interests, Active Efforts and Effective Intervention.

Effective Intervention

Effective Intervention is also repeatedly referenced but not clearly defined.
The strategy should identify:

- Evidence-based interventions that will underpin implementation
- Interventions that will receive investment priority
- Outcome measures used to determine effectiveness
- Reporting mechanisms for monitoring progress

The public health approach described in the draft Strategy is fundamentally built around effective intervention across the continuum. The Strategy could more explicitly demonstrate how each priority, outcome and measure relates to the four Principles.

The four Guiding Principles are set out at a high level. It is less clear how the Principles will be experienced and evidenced and how accountability will be embedded in practice.

Implementation should also be supported by accessible guidance for children, families, carers and the sector about what the guiding principles, including Active Efforts and the Aboriginal and Torres Strait Islander Child Placement Principle, mean in practice.

5.4: What else would you like to see included?

The Strategy should demonstrate how the guiding principles will translate from stated intentions into the actual experience of children, families and communities, along with the intended service outputs and outcomes. This needs to incorporate workforce planning to ensure staff have the capacity and capability to carry this out.

6. Improving outcomes for Aboriginal children and families

6.1 How well does the State Strategy address outcomes for Aboriginal children, young people and families?

Members of CAFFSA's Aboriginal Leadership Group raised that the strategy tells us Aboriginal children and families are significantly over-represented, and that there is good language about culture, Country, kin, self-determination and Aboriginal-led services. However, racism is not named. The Strategy needs to genuinely address why Aboriginal children continue to be reported and removed at the current rates and explicitly address racism and systemic bias.

It was also suggested that while there are strong commitments, including self-determination, Aboriginal-led decision-making, ACCO leadership and application of the ATSICPP, improved outcomes for Aboriginal children within an existing system should not automatically be understood as self-determination. The Strategy needs greater clarity about the relationship between Aboriginal outcomes, Aboriginal authority and the continuing decision-making authority of the State.

6.2 What are the best ways to ensure Aboriginal children, young people and families are prioritised in strategic planning and service delivery?

Aboriginal Leadership Group members felt that prioritisation needs to incorporate more than Aboriginal-specific measures or the inclusion of Aboriginal people within mainstream planning processes. Self-determination requires Aboriginal people to have meaningful influence over the decisions and systems affecting Aboriginal children and families. The Strategy needs to demonstrate how Aboriginal self-determination and authority will influence strategic planning, implementation and evaluation.

Aboriginal members also asked that the term "culturally safe " be examined carefully. For example, a service should not be able to describe itself as culturally safe and have that treated as evidence. Evidence would be obtained by asking about what Aboriginal children and families actually experienced. Did they feel listened to? Did they trust the service enough to say when something wasn't right? What happened when they did? Did anything change because of what they said?

The Strategy talks about proportionate investment in Aboriginal-led and community controlled services, which is supported, but questions remain in relation to this section. They include whether investment is proportionate to population, level of need, over representation, the number of Aboriginal children entering care, or other factors. There should also be commitment to demonstrating what investment is being shifted, where it is going and whether that investment is actually reaching Aboriginal children and families earlier.

7. Delivering tangible action

7.1 What would you expect to see reflected in agency plans developed under the Children and Young People (Safety and Support) Act 2025?

Agency plans should explicitly reflect their role in ensuring the Guiding Principles of the CYPSS Legislation (see appendix A) are enacted. Accountability measures that relate directly to these Guiding Principles should be incorporated.

Agency Plans will be critical in determining whether the Strategy results in measurable change rather than further activity. They should make clear what will be different for children and families as a result of each agency's commitments, rather than simply describing actions or initiatives. Agency Plans need to show what will change, who is accountable and how progress will be measured.

Another set of actions and measures that tell us 'progress has been made' will not address the unacceptably high levels of children and young people in care. The Agency Plans must be clear about what each agency commits to changing, what actually changed, what didn't, why it didn't, who is responsible for that and what happens next. If something isn't working, mechanisms for identifying and reporting on that also need to be embedded. Agency Plans need to identify where the financial responsibility sits for the delivery of outcomes that have been committed to. This includes requisite sector funding, to ensure those agencies do not have to self-fund their responsibility under Agency Plans.

Agency Plans have the potential to become a critical accountability mechanism. However, the strategy should provide greater clarity regarding:

- How plans will be monitored;
- Whether plans will be independently reviewed;
- How progress will be publicly reported; and
- Consequences when commitments are not met.

The Strategy would be strengthened by providing greater clarity about the expectations for Agency Plans.

- Agency Plans should translate the State Strategy from a high-level framework into specific agency commitments, actions, targets and accountability mechanisms, while showing what children, young people and families can expect to experience as a result.
- Agency plans should incorporate, in no particular order:
  - Clear contribution to the State Strategy outcomes
  - Practical actions and initiatives
  - Evidence of the four guiding principles in practice

- A public health approach
- Statement about what children, young people and families will experience differently as a result of the agency's actions
- Specific Aboriginal outcomes co-designed with Aboriginal families
- Collaboration commitments, including partner agencies and lived experience
- Performance measures and reporting

A key recommendation arising from consultation undertaken by The Reily Foundation is that:

Agency Plans should not be developed solely within government.

Agency Plans should:

- Be co-designed with NGOs, ACCOs and those with lived experience
- Be open to community feedback
- Include transparent reporting after implementation
- Demonstrate how community input has influenced final plans
- Be publicly reported and widely available

This would strengthen transparency, accountability and shared ownership.

Family Preservation and Reunification

Family preservation is strongly promoted throughout the strategy but lacks operational detail.

Explicit outcomes should measure that children are supported to remain safely with or return safely as soon as practicable to their families.

Reunification Measures

The strategy should include:

- Reunification as a core outcome
- Ongoing reunification viability assessments
- Regular review of reunification opportunities
- Family preservation measures
- Reunification indicators and targets
- Support for parents addressing reunification barriers

Reunification should remain an active permanency objective throughout a child's time in care.

Kinship and informal care arrangements

The Strategy should recognise children and young people living with grandparents, kin or other family members outside formal out-of-home care arrangements, including where arrangements have arisen through Safety Plans, Voluntary Custody Agreements or Family Group Conferencing. These children and families should not become invisible to the service system because statutory involvement has ended or was avoided through these processes.

Appropriate arrangements are needed to ensure carers can access the legal authority, financial and practical support, information and service pathways required to meet children's needs, while children and parents continue to have access to appropriate family preservation and reunification support where this is safe and in the child's best interests.

Implementation and reporting should also ensure that children living in these arrangements are visible in planning, data and measures of need and outcomes.

Practical Supports Families Need

Families repeatedly tell The Reily Foundation that they do not need another referral. They need practical help.

Accordingly, priority investments within The Strategy and Agency Plans should include:

Housing Stability

- Family-focused crisis accommodation
- Priority social/community/emergency housing access
- Emergency rental assistance and bond support
- Flexible funds to prevent eviction

Immediate Practical Assistance

- Food vouchers
- Utility support
- School uniforms and supplies
- Childcare assistance
- Transport assistance
- Essential household items

Small practical interventions frequently prevent much larger crises.

Peer and Advocacy Support

- Parent peer workers
- Family mentors

- Independent parent advocates
- Lived experience family support roles in key agencies

Lived experience should be embedded in system design as well as service delivery.

Mental Health and Family Therapy

Families require:

- Trauma-informed services
- Free or low-cost/means-tested counselling
- Family therapy
- Accessible services with minimal wait times

Domestic and Family Violence Responses

- Safe housing pathways
- Trauma recovery support
- Perpetrator accountability
- Approaches that keep non-offending parents and children safely together wherever possible

Disability and Neurodiversity Supports

The strategy should address:

- Support during NDIS waiting periods and transitions arising from changes to NDIS eligibility
- clear pathways to appropriate early intervention supports, including through Thriving Kids where relevant
- Crisis support for families before breakdown occurs
- Assistance for families and carers supporting children with complex behaviours

Given the current reform context across a range of portfolios, The Strategy should support efforts to reduce the complexity experienced by children and families navigating multiple systems, including federal systems such as Medicare and the NDIS. The interface between the child protection, family support, and mental health systems, the NDIS and Thriving Kids should be clearly addressed through Agency Plans to minimise gaps in support for children and families.

Family-Led Decision Making

Members made explicit recommendations for the need to expand the following:

- Family Group Conferencing
- Parent advocacy
- Family participation before removal decisions
- Aboriginal-led decision making processes

Care Leavers

As the corporate parent, DCP should have a continuing responsibility to ensure young people leave care with the foundations for a safe and supported transition to adulthood, rather than transferring unresolved housing, health, disability or other support needs to the young person at 18.

Additional attention is required for young people transitioning from care including both practical supports and the relationships and connections that sustain them into adulthood. Safe and stable housing is fundamental to safety and wellbeing, and The Strategy should be absolutely clear that young people should not transition from care into homelessness or unsafe or unsustainable housing.

The strategy should include clear commitments regarding:

- Housing supports
- Health, mental health, disability and NDIS supports where relevant
- Education pathways
- Employment supports
- Parenting supports
- Coordinated transition planning across child protection, housing, health, education and other relevant services to provide navigation and continuity of support into adulthood services and systems
- Support to develop and maintain enduring relationships and connections with family, kin, carers, community and other significant people

Importantly, being a care leaver should not automatically increase the likelihood of future child protection intervention.

Measuring Success

The strategy should include measurable public targets such as:

- Increased family preservation
- Reduced entries into care
- Reduced removals

- Reduced emergency removals
- Increased reunification
- Reduced repeat notifications
- Improved housing stability for families and young people exiting care
- Increased access to early intervention services

Without measurable targets it will be difficult to determine whether reform is succeeding.

7.2 Are there particular actions, deliverables or measures that should be included?

For a Strategy supporting legislation that promotes system transformation, the indicators need to demonstrate that the system is becoming more preventative, coordinated, child-centred, culturally safe and accountable.

While population-level child and family outcomes are critical, they should be complemented by measures that assess the system. An Outcomes Framework within the Strategy would provide a clear and consistent basis for measuring progress and supporting shared accountability.

South Australia should also make greater use of existing linked data and research infrastructure, including BetterStart's Better Evidence Better Outcomes Linked Data (BEBOLD) platform, to establish baselines, monitor longitudinal outcomes, evaluate reform and support evidence-informed investment and continuous improvement.

An Outcomes Framework could include outcomes at multiple levels including:

- children and young people outcomes
- family outcomes
- community outcomes
- practice and service delivery outcomes?
- system transformation outcomes.

Potential measures of system transformation could include:

Prevention and early intervention

- Proportion of investment directed to prevention and early intervention services compared with tertiary and statutory responses
- Number and proportion of families receiving support before statutory child protection involvement.
- Time between identification of concerns and access to support services

Service integration and coordination

- Percentage of children and families with coordinated cross-agency support plans
- Family-reported experience of service coordination
- Number of joint initiatives, shared protocols and integrated service responses across agencies.

Child and family experience

- Percentage of children, young people and families who report they were listened to and involved in decisions affecting them
- Family satisfaction with service responses.

Measures of trust and confidence in the child protection and family support system

- Including Aboriginal self-determination and cultural safety – determined by ACCOs, Wakwakurna Kanyini, Aboriginal staff, families and communities.

Workforce capability

- Stability and retention rates
- Staff confidence and capability measures
- Workforce participation in trauma-informed, culturally responsive and child-centred practice training and reflective supervision
- Evidence that supervisors and managers are equipped and accountable to provide appropriate practice leadership, reflective supervision, workload oversight and support for staff wellbeing and safe practice

Practice and service delivery

Evidence that:

➢ children, young people and families receive timely practical support before concerns escalate to statutory intervention

➢ Best Interests, Active Efforts and Effective Intervention are understood, applied and demonstrated in practice, rather than being limited to referral or procedural compliance

➢ children, young people and families who report being listened to, involved in decision-making and treated with respect

➢ services are trauma-responsive, culturally safe and family-centred, including measures based on the experiences of children and families

➢ children and families experiencing coordinated support across services, including effective referral, information sharing and continuity of support

➢ family preservation, reunification and family-led decision-making remain active practice objectives where safe and in the best interests of the child or young person

➢ young people leaving care have coordinated transition arrangements in place, including safe housing and necessary health, disability/NDIS, education or employment supports

Shared accountability **and continuous improvement**

- Percentage of agencies reporting common outcomes and measures
- Public reporting against Strategy outcomes and Agency Plans.
- Evidence that data is being used to drive service improvement and resource allocation decisions.

Conclusion

Thank you for considering the feedback CAFFSA members have provided to the current draft of The Strategy. CAFFSA looks forward to further consultation on this fundamental platform for the change we aspire to for South Australian vulnerable children, young people and families.

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Attachment: Appendix A: Guiding Principles of the CYPSS Act

Appendix 1

Extract from the Children and Young People (Safety and Support) Act 2025, p 21 – 24

Division 3—Guiding principles

10—Safety principle

It is a principle of this Act (the safety principle) that children and young people are to be kept safe and protected from harm (and, despite any other provision of this Act, the safety of the child or young person must always be the priority in determining whether or not to remove a child or young person under section 87(1)).

11—Best interests principle

(1) It is a principle of this Act (the best interests principle) that the best interests of each child and young person are to be upheld and effected in all decision making under this Act (and a reference in this Act to a particular decision being in the best interests of a child or young person will be taken to be a reference to the decision being made in accordance with the best interests principle).

(2) In determining whether a decision or action is in the best interests of a child or young person, the need to keep them safe from harm and the risk of harm, to protect their rights and to promote their development (taking into account their age and stage of development) must always be considered.

(3) In addition to subsections (1) and (2), in determining what decision to make or action to take in the best interests of a child or young person, consideration must be given to the following, where they are relevant to the decision or action:

(a) the need to support the child or young person's family to ensure the child or young person's safety and wellbeing within their family and community;

(b) the desirability of the child or young person's family having primary responsibility for the child or young person's upbringing, protection and development;

(c) the emotional, social and psychological needs of the child or young person, including—
(i) the need to be heard and have their views considered; and

(ii) the need for love and attachment; and

(iii) the need for the child or young person to be given the opportunity to achieve their full potential;

(d) the need to strengthen, preserve and promote positive relationships between the child or young person and their parents, family members and other persons significant to them;

(e) if the child or young person is able to form their own views on a matter concerning their care—the need to support them to express those views freely in accordance with the developmental capacity of the child or young person and the circumstances, and for those views to be given due weight;

(f) the effects of cumulative harm on the child or young person's safety and development;

(g) the desirability of continuity and permanency in the child or young person's care;

(h) the desirability of making decisions as expeditiously as possible and the possible harmful effect of delay in making a decision or taking an action;
(i) a child or young person is only to be removed from the care of their parents in accordance with section 87 or an order of the Court;

(j) if the child or young person is removed from the care of a person—the need to place the child or young person in a safe, nurturing, stable and secure environment;

(k) the desirability, when a child or young person is removed from the care of their parent, to assess the reunification of the child or young person with their parent;
(l) contact arrangements between the child or young person and their parents, siblings, family members and other persons significant to them;

(m) in respect of case planning for the child or young person—

(i) the desirability of placing, so far as may be appropriate, the child or young person with the following persons in the following order:

(A) a person who is a member of the child or young person's family (including the child or young person's siblings);

(B) a person with whom the child or young person has an existing relationship;

(C) a person who is willing and able to encourage and support the child or young person to develop and maintain contact with the child or young person's parents, siblings and other family members, and with other people who are significant to the child or young person (subject to any decisions made under this Act in relation to such contact); and

(ii) the desirability of siblings being placed together when they are placed in care; and

(iii) the desirability of connection between the child or young person and their family being maintained;

(n) if the child or young person has been removed from their parents or family—the need to ensure that they have the ability to know, explore and maintain their identity and values, including those relating to their culture, language or religion;

(o) if the child or young person has a disability—the need to ensure that the child or young person is treated in a way that preserves their identity and respects their developing capacity;

(p) if a child or young person with a particular cultural identity is placed in care with a person who is not a member of that cultural community—the desirability of the child or young person retaining a connection with their culture;

(q) the desirability of using family group conferences to make informed decisions

as to the arrangements for the care of the child or young person;

(r) the desirability of a child or young person being supported to gain access to appropriate educational services, health services and accommodation and to participate in appropriate social opportunities;

(s) the desirability of allowing the education, training or employment of the child or young person to continue without interruption or disturbance;

(t) any other relevant consideration.

(4) In considering what is in the best interests of a particular Aboriginal or Torres Strait Islander child or young person, regard should also be given to the matters set out in section 52.

12—Principle of active efforts and standard of active efforts

(1) Each person or body involved in the operation and administration of this Act must act in accordance with the principle of active efforts in performing functions under this Act.

(2) For the purposes of this Act, the principle set out in this section constitutes the principle of active efforts (and a reference to a person or body making active efforts will be taken to be a reference to the person or body acting in accordance with that principle).

(3) Under the principle of active efforts, active efforts must—

(a) be timely; and

(b) be practicable, thorough and purposeful; and

(c) address the grounds on which a child or young person is considered to be at risk of harm; and

(d) conducted, to the greatest extent possible, in partnership with the child or

young person and the family, kin and community of the child or young person; and

(e) be culturally appropriate; and

(f) comply with any other requirements prescribed by the regulations.

(4) Without limiting a preceding subsection, active efforts include—

(a) assisting with access to support services and other resources; and

(b) if appropriate services or resources do not exist or are not available—considering alternative ways of addressing the relevant needs of the child or young person and their family, kin or community; and

(c) activities directed at finding and contacting the family, kin and community of the child or young person.

(5) The requirements under this section do not limit any other ways in which active efforts can be made when making a decision under this Act.

(6) For the purposes of this Act, a reference to something being done to the standard of active efforts will be taken to be a reference to it being done in a way that accords with the principle of active efforts.

13—Principle of effective intervention

It is a principle of this Act (the principle of effective intervention) that decisions made, actions taken and support offered under this Act relating to a particular child or young person should be timely, direct and fit for purpose given the circumstances of the child or young person.