Government of South Australia

human services

Young Carer Support Service

Final Evaluation Report

Evaluation Management Office
Department of Human Services
August 2026

Contents

Contents 2
Acknowledgement of Country 5
Acknowledgement of AI Use 5
Acknowledgements 5
List of Acronyms 6
Executive Summary 7
Evaluation 7
Key Findings and Recommendations 7
Client Voice 7
Integration 7
Reach and Impact 8
Experience 8
Conclusion 9
Program Background & Model 10
Program Outcomes and Theory of Change 10
Evaluation Overview 11
Background 11
Key Evaluation Questions 11
Key Evaluation Criteria 12
Methodology 13
Data collection methods 14
Data analysis 18
Limitations 18
Key Findings 19
Client voice 19
Key Evaluation Questions 19
Findings 19
Overall result: Emerging 19
Recommendations 21

Integration **21**
Key Evaluation Questions 21
Findings 22
Overall result: Emerging 22
Recommendations 24
Reach and Impact **25**
Key Evaluation Questions 25
Findings 25
Overall result: Established 25
Recommendations 30
Experience **31**
Key Evaluation Questions 31
Findings 31
Overall result: Emerging 31
Recommendations 32
Conclusion **33**
References 34
Appendix A: YCSS Participant Level Theory of Change 37
Appendix B: YCSS Case Study Templates for Service Providers 38
Template A: Case study for a client under 18 years old who completed the program ... **38**
Template B: Case study for a client who disengaged with the program (any age) **40**
Appendix C: Evaluation Rubrics 42
Client Voice **42**
Integration **43**
Reach and Impact **44**
Experience **45**
Appendix D: Client Voice Evidence 46
Dimension 1: Accessible Feedback Channels **46**
Dimension 2: Consistent Feedback Capture **48**
Dimension 3: Routine Analysis and Reporting **49**
Dimension 4: Implementing and Closing Feedback Loops **50**
Appendix E: Integration Evidence 52

Dimension 1: Reliable Referral Pathways (internal & external) 52
Dimension 2: Strong Program Visibility & Awareness 56
Dimension 3: Coordinated Identification of & First Response to Young Carers 60
Dimension 4: System Wide Integration (program role in the system) 64
Appendix F: Reach and Impact Evidence 68
Dimension 1: Broad Reach and Equity of participation 68
Dimension 2: Meaningful Outcomes and Impact 70
Dimension 3: Ripple Effects for Support Network 73
Appendix G: Experience Evidence 75
Dimension 1: Equity Across Priority Groups 75
Dimension 2: Responsiveness to Client Needs 77
Dimension 3: Client Agency Shapes Support 79
Appendix H: Survey Question Summaries 80
YCSS Stakeholder Survey 80
Young Carer Participant Survey 89
Young Carer Lived Experience Survey 93

Acknowledgement of Country

We acknowledge and respect Aboriginal people as the state's first people and recognise Aboriginal people as traditional owners and occupants of lands and waters in South Australia. We acknowledge that the spiritual, social, cultural and economic practices of Aboriginal people come from their traditional lands and waters, and that the cultural and heritage beliefs, languages and laws are still of importance today. We are committed to ensuring that the needs and aspirations of Aboriginal people are incorporated in the design, development, monitoring and evaluation of deliverable actions.

Acknowledgement of AI Use

The Evaluation Management Office acknowledges the use and assistance of GenAI (Microsoft Copilot) during the early stages of brainstorming and drafting in the evaluation. All GenAI content has been thoroughly reviewed for accuracy and relevance for DHS.

Acknowledgements

The Evaluation Management Office would like to acknowledge the Young Carer Support Service Evaluation Reference Group, whose members consisted of representatives from the DHS commissioning team and funded service providers. We thank the Reference Group members for their time and contributions to the evaluation activities and outputs. We would also like to thank the young carers and participants, their support networks, frontline staff and internal / external stakeholders who provided their perspectives for the evaluation.

List of Acronyms

AOD	Alcohol and Other Drugs
CARL	Child Abuse Report Line
CCP	Community Connections Program
CFSS	Child and Family Support System
CND	Community and Neighbourhood Development
CSNSA	Carer Support Network South Australia
DHS	Department of Human Services, South Australian Government
DHHS	Department of Health and Human Services, Victorian Government
DV	Domestic Violence
FY	Financial Year
LGBTIQA+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual and other diverse sexual orientations and gender identities
MACA	Multidimensional Assessment of Caring Activities
NDIS	National Disability Insurance Scheme
NGO	Non-Government Organisation
PANOC	Positive and Negative Outcomes of Caring
PWI	Personal Wellbeing Index
R2D2	Results Reporting Data Dock
SFS	Safer Family Services
STAY	Services to Aboriginal Youth
SWI	Structural Wellbeing Index
TAFE	Technical and Further Education
YACSA	Youth Affairs Council of South Australia
YACYAC	Young Carer Action Crew
YCSS	Young Carer Support Service
YSD	Youth Support and Development

Executive Summary

Evaluation

This evaluation assessed the Young Carer Support Service (YCSS), a South Australian program designed to support young carers aged 5–25 through tailored, flexible services that enhance wellbeing, social connection, participation to education/employment and/or access to supports. The evaluation examined program performance across four key criteria: Client Voice, Integration, Reach and Impact, and Experience.

A mixed-methods, participatory approach was used, drawing on focus groups, surveys, program data (R2D2), case studies, and a literature review. A rubric-based framework guided the assessment, enabling structured analysis across key dimensions of practice and transparent judgements against the Key Evaluation Questions. Input from service providers, DHS, stakeholders and participants (including lived experience perspectives) informed the findings.

Key Findings and Recommendations

Client Voice

YCSS demonstrates a strong commitment to hearing and responding to young carers, with a mix of relational and structured feedback mechanisms aligned with good practice. Participants generally feel listened to, and staff tailor approaches to individual needs. However, feedback processes rely heavily on informal methods, and there is limited consistency in how feedback is captured, documented and used at a program-wide level. While feedback informs practice locally, it is not yet systematically embedded across the program to support consistent analysis, reporting and continuous improvement.

Recommendations

1. Develop a method for interpreting and categorising client feedback to use across the program.
2. Establish a regular cycle of analysing program or system level feedback, escalation where necessary and reporting back.

Integration

YCSS has an emerging role within the service system as a youth-specific program for young carers, complementing broader Commonwealth supports. There is evidence of connections across education, health and community sectors, and the program supports navigation of services for participants. However, integration is uneven and largely dependent on local relationships. Referral pathways, program visibility and system-wide understanding remain inconsistent, with stakeholders reporting confusion about the program's role and service

offering. Integration is developing but not yet embedded through formalised pathways or shared system approaches.

Recommendations

3. Strengthen reliable referral pathways into and out of YCSS, with clear follow-up and feedback loops.
4. Improve program visibility and role clarity across key sectors where young carers are identified and supported.
5. Strengthen coordinated identification and first response to young carers across partner services.
6. Clarify and support YCSS's system-navigation role.

Reach and Impact

The program is reaching a diverse cohort of young carers (including Aboriginal and/or Torres Strait Islander and culturally and linguistically diverse carers, carers with a disability and those of diverse gender identities) and demonstrates evidence of positive outcomes, particularly in social connection, wellbeing, confidence and access to supports. Program data and participant feedback indicate meaningful improvements aligned with the Theory of Change. However, reach is uneven across some cohorts, particularly hidden or harder-to-reach young carers, and equity of access is not yet consistently achieved. Evidence of longer-term outcomes and system-wide impact is still developing, and broader ripple effects beyond the individual are not yet systematically measured.

Recommendations

7. Strengthen equitable reach by systematically identifying under-reached groups and testing targeted engagement approaches.
8. Strengthen understanding of program impact by refining outcome measurement to capture non-linear change and broader ripple effects.

Experience

YCSS is highly valued by participants, with strong evidence of flexible, trauma-informed and responsive support. Participants describe positive, respectful relationships and report increased confidence and ability to seek help. However, responsiveness can be constrained by resource and delivery limitations, and there is limited evidence that participant experience and outcomes are consistently equitable across all groups and contexts. While client agency is evident, it is not yet consistently supported through structured shared decision-making across the program.

Recommendations

9. Embed structured shared decision-making to strengthen client agency and ensure support consistently reflects young carers' changing needs.
10. Strengthen equity of experience by explicitly identifying and adapting responses for cohorts whose needs are less well met.

Conclusion

Overall, YCSS is a valued and effective program that is achieving positive outcomes for participating young carers and demonstrating strong foundations in responsive, client-centred service delivery. The program shows clear alignment with good practice, particularly in relational engagement and tailored support.

The maturity assessment summarised in **Table 1** reflects this pattern. Reach and Impact was assessed as Established, indicating evidence of meaningful outcomes and broad reach across participant groups. Client Voice, Integration and Experience were assessed as Emerging, reflecting areas where effective practices are evident but are not yet consistently supported by program-wide systems, processes and shared approaches.

Table 1. Summary of Program Maturity by Criterion

	No evidence	Emerging	Established	Embedding
Client Voice				
Integration				
Reach and Impact				
Experience				

Across all criteria, a consistent pattern highlights opportunities to strengthen and consolidate current practice at a program-wide level. While all providers demonstrated responsive practice within their local contexts, approaches varied across providers and were not consistently supported by program-wide systems and processes. Opportunities exist to strengthen consistency in referral pathways, program promotion, client feedback mechanisms, data use, and approaches to supporting equitable access across participant cohorts.

Addressing these areas would support the program to move from strong localised practice towards a more cohesive, standardised and system-integrated model, enabling existing strengths to be scaled and sustained across the full program. The recommendations outlined in this report are designed to support this progression, focusing on practical actions to strengthen consistency, integration and program-level capability.

Program Background & Model

The YCSS was established by the DHS in 2023 in response to an identified gap in supports for young carers within the Commonwealth-funded Carer Gateway. While Carer Gateway provides support to carers of all ages, there was a need for a dedicated, youth-focused service offering more intensive and flexible support for young carers experiencing complex circumstances.

YCSS supports young carers aged 5 to 25 years, with a particular focus on those aged 5 to 18 years who provide unpaid care to a family member with disability, mental ill-health, chronic illness, substance use issues or age-related frailty. The program is delivered statewide through four DHS-funded providers: Carers SA, Carers and Disability Link, Carer and Community SA and Centacare Catholic Community Services. Together, these providers deliver services across metropolitan and regional South Australia, such as Adelaide Hills, Barossa Light and Lower North, and Yorke Peninsula[1].

YCSS provides flexible and tailored supports including intensive one-to-one case management, advocacy, social and peer support activities, information and education, transport assistance, and connections to community and specialist services. The program complements Commonwealth-funded supports by helping young carers navigate service systems, build social connections, and access opportunities that enhance their wellbeing, participation and future outcomes.

Program Outcomes and Theory of Change

YCSS aims to deliver one or more of the following outcomes for young carers:

- improved wellbeing
- increased education and/or employment participation,
- strengthened connections with communities, support networks and services. For carers 18 and over, this includes connection with the Community Connection Program and other outcomes as appropriate.

See **Appendix A: YCSS Participant Level Theory of Change**.

[1] Department of Human Services, May 2026, “Young carer support”, https://dhs.sa.gov.au/how-we-help/carers/support-for-young-carers

Evaluation Overview

Background

As the first funding cycle of the Young Carer Support Service (YCSS) (2023–2025) comes to an end, the DHS Evaluation Management Office (EMO) was engaged to undertake an evaluation of the program's implementation and early outcomes over this period[2]. The evaluation forms part of DHS's broader commitment to evidence-informed commissioning and continuous service improvement.

YCSS operates within a complex service environment that includes Commonwealth-funded carer supports (such as Carer Gateway), as well as state-funded youth, family and community services. Within this context, the evaluation seeks to understand not only program performance, but also how YCSS is positioned and operating within the wider service system.

The purpose of the evaluation is to inform future program design, delivery and investment decisions, including consideration of how the program could be strengthened, scaled and embedded across South Australia. It also aims to capture key learnings from the implementation and early outcomes of YCSS, to support future program improvement and ensure the service continues to respond effectively to the needs of young carers and the broader service system.

The evaluation involved all funded YCSS providers, the DHS commissioning team (Community Connections), and other relevant DHS stakeholders. A YCSS Evaluation Reference Group was established, comprising representatives from service providers, the Community Connections team and EMO. The Reference Group supported a participatory approach to the evaluation, contributing to the design of the evaluation, providing input on key tools and outputs, and supporting engagement and data collection activities.

Key Evaluation Questions

The evaluation was guided by Key Evaluation Questions as detailed in **Table 2**.

Table 2: Key evaluation questions for the YCSS Evaluation

Criteria	Key Evaluation Questions
Client Voice	• How well is the program capturing client feedback and outcomes? Is the program using the most appropriate data collection methods? • What are the mechanisms, if any, that the program uses to capture client voice and inform service delivery?

[2] This report uses "the program (or service)" to collectively refer to the DHS commissioning team and funded providers involved in the commissioning and delivery of YCSS. Depending on the context, this may be referring to any one individually or collectively and the intended meaning should be clear from the surrounding text.

Criteria	Key Evaluation Questions

Integration	• What role does the program play in the larger service system (incl. Federal)?
	  • How does the program integrate/align with the Commonwealth (including from a broad policy perspective)?
	• How well is the program connected within the service system?
	  • What are the referral pathways into and out of the program?
	  • What strategies could increase visibility of the program (e.g. fostering better engagement from the education sector)?

Reach and Impact	• Who is the program reaching? (e.g. no. of clients, demographics, age groups, priority groups etc.) • How well is the YCSS Program achieving its intended outcomes? • How do the outcomes of YCSS participants impact their broader support network (e.g. parents, families, guardians)?

Experience	• How well does the program design suit the diverse needs of Young Carers (and their broader support circle)?
	  • Is the 12-month service period relevant to the needs of the clients?
	  • Do outcomes and experience differ among participants in different priority groups (e.g. clients who are older, neurodivergent and/or have a disability)?
	  • Do outcomes and experience differ among participants in different service types (individual vs group work)?
	  • What does this mean for program design?

Key Evaluation Criteria

EMO developed four criteria for this evaluation (see

Table *3*) based on consultation with the Reference Group, and literature and document reviews. Each criterion was assessed using a rubric comprising several dimensions of practice and four levels of maturity: No Evidence, Emerging, Established and Embedded. These levels were used to assess the extent to which practices were evident, consistently applied and supported by program-wide systems and processes. An Emerging rating indicates developing practice that is evident but inconsistent, Established indicates practices are generally operating effectively across the program, and Embedded reflects mature, systematic and consistently applied practice. Further details on dimensions and standards for these criteria are offered in **Appendix C: Evaluation Rubrics**.

Table 3: Evaluation criteria, definitions and scope

Criteria	Definition and scope
Client Voice	How feedback is captured, analysed, responded to and reported back, and how it informs service delivery, program design and continuous improvement The focus is not simply on whether individual clients can request changes to their own support, but whether client voices are used to improve the program beyond individual case management.
Integration	How well the program is connected to, recognised by and working within the broader service system. The focus is on whether the program operates as part of a coordinated system, rather than as a standalone service.
Reach and Impact	Who is accessing the program, who may be missing out, and what difference the program is making. The focus is on both access and outcomes.
Experience	How well the program design and delivery meet the needs of young carers. The focus is on how the program is experienced by clients in practice.

Methodology

This evaluation used a mixed-methods, participatory design to assess the YCSS program against the criteria of Client Voice, Integration, Reach and Impact, and Experience to provide well justified answers to the KEQ.

A rubric-based approach guided the assessment, with each criterion evaluated across defined dimensions of practice (see sections **Key Evaluation Criteria** and **Appendix C: Evaluation Rubrics**). This enabled consistent interpretation of evidence and transparent evaluative judgements against the Key Evaluation Questions.

A participatory approach was embedded throughout the evaluation. A reference group was established with representation from service providers, DHS contract managers and EMO. The group contributed to evaluation design, interpretation of findings, and validation of emerging insights, supporting relevance, accuracy and sector ownership.

Data collection methods

Data were collected using qualitative and quantitative methods. An overview of data sources, collection tools, data types and purpose is provided in **Table 4**. In practice, data collection was tailored to each evaluation criterion, with different sources contributing to understanding program delivery, system integration, participant experience and outcomes.

Each source contributed to different aspects of the evaluation (as outlined in **Table 4**). Qualitative data provided depth of understanding around experience, practice and context, while quantitative data enabled analysis of participation patterns and reported outcomes. The use of multiple methods enabled triangulation across data sources, strengthening confidence in the overall findings and supporting a comprehensive assessment of the program.

Qualitative data

Four focus groups were conducted to capture perspectives across key stakeholder groups: frontline service delivery staff (n = 6), program managers n = 6), DHS senior managers and contract managers (n = 8), program participants and/or their parents or extended support networks (n = 4).

The participant focus group was designed to capture lived experience of the program; participants were reimbursed with a $50 gift card in recognition of their time and contribution.

Additional qualitative evidence was drawn from:

- case studies illustrating participant journeys and outcomes (see **Appendix B** to view the templates)
- literature and policy review to identify good practice and system-level context

Quantitative data

Three surveys were administered using SurveyMonkey to capture a range of perspectives:

- a **stakeholder survey** (n = 23), including respondents from education, health and community sectors
- a **participant survey** (n = 7), capturing self-reported outcomes and experiences
- a **lived experience survey** (n = 4), providing additional insight from young people

See **Appendix H: Survey Question Summaries**.

Program reporting data (R2D2) for the 2023/24 and 2024/25 financial years were also analysed, including:

- referral data, to understand program reach and access pathways
- client placement data, to understand length of time in program
- client demographics and characteristics
- client assessment data, including outcome measures related to wellbeing, social connection, engagement with employment and understanding of and ability to access services.

Analysis of client demographics, characteristics and assessment data (including data presented in this report) only included clients who gave consent for their information to be used for evaluation by DHS across the 2023-2025 period.

Table 4: Overview of data sources, methods and purpose

Evaluation Criterion	Source	Data Collection Method	Purpose
Client Voice	Research and literature	Literature review	To identify good practice approaches to client voice
	Policy documents	Document review	To understand policy expectations and frameworks
	Service providers	Focus groups (frontline staff; program managers) (n=12)	To identify current approaches to capturing and using client voice
Integration	Literature and policy	Literature review	To identify system context, gaps and good practice integration models
	Program data (R2D2)	Referral data analysis	To examine referral pathways and access patterns
	Service providers; DHS	Focus groups (program managers; DHS contract managers) (n=12)	To identify system connections, referral pathways and integration challenges
	Key stakeholders (education, health, community)	Survey (SurveyMonkey)	To assess awareness, understanding and visibility of YCSS
Reach and Impact	Program data (R2D2)	Client assessment and outcome data	To assess reach, participant characteristics and outcomes
	Service providers	Focus groups; case studies	To explore participant outcomes and service delivery experience

Evaluation Criterion	Source	Data Collection Method	Purpose
	Program participants and support networks	Focus groups (participants / support network) (n=4)	To understand participant experiences and perceived outcomes
	Program participants	Survey (SurveyMonkey)	To capture self-reported outcomes and experience
Experience	Young carers with lived experience	Survey (SurveyMonkey)	To capture additional lived experience insights
	Service providers	Focus groups (frontline staff; managers)	To explore how service delivery responds to different needs
	Program participants and support networks	Focus groups (participants / support network) (n=4)	To explore participant experience across cohorts and service types

Data analysis

Qualitative data were analysed thematically and quantitative data descriptively. Data from each source were systematically extracted into structured tables and analysed side-by-side, enabling comparison across evidence types (e.g. focus groups, surveys, program data and literature). These tables are included in the Appendices to support transparency and traceability of findings (see **Appendices D to G**).

Findings were then mapped against the rubric dimensions for each criterion, with evidence triangulated across sources to identify patterns, consistencies and gaps. Findings are presented by rubric dimension within each criterion, with an overall synthesis provided to answer the Key Evaluation Questions and inform program-level conclusions.

Limitations

Several limitations should be considered when interpreting the findings. A significant proportion of the data reflects self-reported perspectives from participants, providers and stakeholders, which may introduce response bias. While the evaluation engaged a range of stakeholder groups, direct participation from young carers and support networks was more limited than participation from providers and DHS staff. In particular, the participant focus group included a small number of participants (n=4), and survey response rates from young carers and people with lived experience were low. As a result, findings relating to participant experience should be interpreted as providing valuable insights rather than being representative of all YCSS participants. Variation in data collection practices across providers, including inconsistent use of program monitoring and feedback processes, also limits comparability and the ability to draw firm program-wide conclusions in some areas.

Quantitative outcome data (e.g. pre/post measures) provide useful indications of change, but do not fully capture the complexity or non-linear nature of participant outcomes. These results are best interpreted as associated with program participation rather than demonstrating causal impact, and there is limited evidence on the sustainability of outcomes over time, particularly for participants who disengage or participate intermittently. Evidence relating to system integration and program visibility is also influenced by variable stakeholder awareness and engagement, which may underrepresent perspectives from less-connected parts of the service system.

Despite these limitations, the use of multiple data sources and triangulation provides a reasonable level of confidence in the overall findings.

Key Findings

Client voice

Client voice is critical to ensuring services remain responsive to the needs and experiences of young carers. This criterion examines how feedback and outcomes are captured, analysed, responded to and reported back, and the extent to which client perspectives inform service delivery, program design and continuous improvement.

Key Evaluation Questions

- How well is the program capturing client feedback and outcomes? Is the program using the most appropriate data collection methods?
- What are the mechanisms, if any, that the program uses to capture client voice and inform service delivery?

These questions were assessed using a rubric (see **Appendix C: Evaluation Rubrics**) covering four dimensions: accessible feedback channels, consistent feedback capture, routine analysis and reporting, and implementation of feedback loops. Evidence was drawn from focus groups, case studies and program data, alongside relevant literature.

See **Appendix D: Client Voice Evidence** for the analysis and synthesis of the relevant evidence.

Findings

Overall result: Emerging

Overall, YCSS demonstrates developing practice in capturing and using client voice. Feedback is actively gathered and used in practice, limitations in consistency, documentation, and program-wide analysis mean it is not yet fully embedded or systematic across the program.

Accessible Feedback Channels

Focus groups and case studies indicate that YCSS services broadly align with good practice identified in the literature review[3]. Services use a mix of feedback channels, including ongoing relational engagement (such as case management and informal check-ins) alongside more structured approaches (such as group discussions and surveys). Young carers and families generally reported feeling listened to, and staff demonstrated awareness of the need to tailor approaches to age, preferences and trauma-related needs.

[3] Detailed summaries of the literature review and other evidence sources have been appendicised (Appendices D to G) to enable concise reporting of findings while maintaining transparency regarding the evidence used to inform evaluative judgements.

Feedback processes rely heavily on informal methods, which may limit visibility and consistency across the program. Access appears less consistent for some cohorts, particularly younger children and parents/families, and there is limited evidence that barriers to feedback are systematically identified and addressed.

Overall, while accessible feedback channels are in place and reflect good practice described in the literature, they are not yet fully embedded or consistently applied across the program.

Consistent Feedback Capture

Focus groups and case studies indicate that feedback is captured across YCSS through a mix of informal and formal methods, consistent with approaches identified in the literature. These include conversations, check-ins, case management, group discussions, surveys, and reporting processes.

Feedback capture varies across providers and continues to rely on individual staff, local practices, and verbal processes. Parent and family voice is also less consistently captured.

Issues are identified at provider and DHS levels and there is limited evidence that feedback is consistently documented to support program-wide analysis, traceability or escalation. Overall, consistent feedback capture is developing but not yet established across the program.

Routine Analysis and Reporting

Findings from focus groups and case studies indicate that routine analysis and reporting is occurring to a limited extent across YCSS, consistent with emerging practice identified in the literature. Providers track feedback and outcomes over time in areas such as social connection, service access, goal progress, satisfaction, coping and wellbeing, and emerging issues are raised through provider reporting and contract management processes.

There is limited evidence that feedback and outcome data are routinely aggregated across providers, analysed for program-wide themes, or reported through governance structures. There is also little evidence that this information is used consistently as a source of continuous improvement across the program.

Overall, routine analysis and reporting is developing but is not yet clearly established at a program-wide level.

Implementing and Closing Feedback Loops

Focus groups and case studies indicate that YCSS responds to feedback in practice, consistent with principles identified in the literature. Staff adapt support through case management, and examples were provided where feedback has led to service adjustments, including trauma-informed responses to concerns about questionnaires. Participants valued workers who followed through and tailored support to their needs.

There is limited evidence of a consistent, program-wide approach to closing the feedback loop. It is not clear that feedback is routinely acknowledged, that participants are informed about how their input is used, or that feedback is systematically tracked to action and reporting. DHS staff also noted that workload and system-level issues can limit the ability to close the loop effectively.

Overall, feedback loops are occurring in practice but are not yet consistently formalised or embedded across the program.

Recommendations

1. **Develop a consistent approach to interpreting and categorising client feedback across the program.**
   Establishing a common framework for analysing feedback will strengthen the program's ability to differentiate between issues related to service delivery practices and those arising from broader program or system-level constraints. A consistent categorisation approach will also support shared learning and continuous improvement across services. Suggested implementation strategies include developing a simple set of feedback categories and using existing program-wide or sector meetings to discuss emerging insights from client and provider feedback.

2. **Introduce a regular process for analysing, escalating and reporting on program- and system-level feedback.**
   A structured cycle of reviewing aggregated feedback will improve the program's capacity to demonstrate how client voice informs service and system improvement, particularly where issues extend beyond the influence of individual providers. Suggested implementation strategies include aggregating and analysing feedback across providers through existing reporting cycles and integrating findings into program governance, policy development and decision-making processes.

Integration

Young carers often interact with multiple services and systems, making effective integration important for access, continuity of support and service navigation. This criterion examines how well YCSS is connected to, recognised by and working within the broader service system.

Key Evaluation Questions

- What role does the program play in the larger service system (including Commonwealth services)?
  - How well does the program integrate and align with the broader service system?
- How well is the program connected within the service system?
  - What are the referral pathways into and out of the program?
  - What strategies could strengthen program visibility and engagement across key sectors?

These questions were assessed using a rubric (see **Appendix C: Evaluation Rubrics**) covering four dimensions: reliable referral pathways, program visibility and awareness, coordinated identification and first response, and system-wide integration. Evidence was drawn from the

literature review, focus groups, stakeholder survey and program reporting data (R2D2), enabling assessment of both system connections and program positioning within the broader service landscape.

See **Appendix E: Integration Evidence** for analysis and synthesis of the relevant evidence.

Findings

Overall result: Emerging

Overall, YCSS demonstrates emerging integration within the broader service system. While the program has established connections across key sectors and plays an important role in service navigation for young carers, referral pathways, program visibility and shared approaches to identification remain inconsistent and often dependent on local relationships rather than formalised system-wide processes.

Reliable Referral Pathways (internal & external)

Findings from the literature review, focus groups, stakeholder survey and program reporting (R2D2) indicate that a range of referral pathways into YCSS are present, being Carer Gateway the main referral source for YCSS. Referrals are supported through existing connections with DHS funded programs, Carer Gateway, Carers SA, education and community networks, and local relationships (see **Figure 1**).

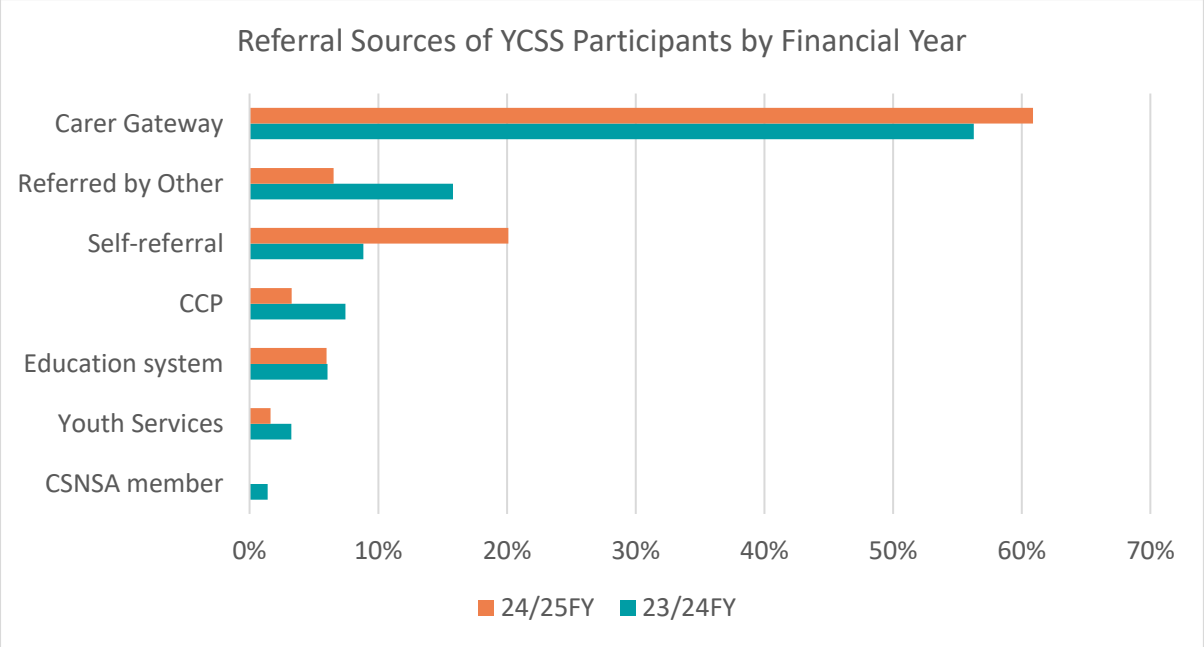


Figure 1: Referral sources of YCSS Participants by financial year[4].

While Carer Gateway provides a well-established and formal referral pathway into YCSS, other referral pathways rely heavily on informal networks, word of mouth and individual knowledge rather than consistent, system-wide mechanisms. Respondents to the

[4] R2D2, 'Referral Source', Pre-Service Practitioner Assessment, 2023/2024 (n = 215) to 2024/2025 (n = 184) financial year.

stakeholder survey reported confusion about referral processes and program scope, and identified gaps across key sectors, including health, mental health, education and regional/remote settings.

Overall, referral pathways demonstrate a mix of established and emerging practice. While Carer Gateway provides a reliable and well-established referral pathway into YCSS, referral pathways across other sectors and services are less consistently embedded across the broader service system.

Strong Program Visibility and Awareness

Across all data sources, YCSS demonstrates emerging visibility within parts of the service system, particularly among stakeholders already connected to carer, education and community networks. Some stakeholders reported a general understanding of the target group.

Awareness beyond Carer Gateway is inconsistent and fragmented and continues to depend on local relationships rather than coordinated communication strategies. Confusion remains about the program's role, service offer and relationship to other supports, particularly Carer Gateway. Awareness gaps are most evident in key identification settings and regional areas.

Overall, while YCSS appears visible within established referral pathways such as Carer Gateway, program visibility across the broader service system is not yet strong, consistent or systemically embedded.

Coordinated Identification and First Response

The evaluation found strong awareness among staff and stakeholders of the challenges associated with identifying young carers and providing an appropriate first response. Participants identified self-identification, stigma, cultural factors and consent requirements as key barriers to recognising young carers, with many young people not recognising their caring role because it is normalised within family life. The literature similarly identifies reliance on self-identification, stigma, and limited identification processes as significant barriers to the timely recognition and support of young carers. There is limited evidence of a consistent, program-wide approach to identification and first response. Entry into YCSS relies largely on external systems (e.g. schools, families, health services) and local practices, and first response processes appear variable across providers.

Overall, identification and first response are developing but are not yet coordinated, standardised or embedded across the program and its referral pathways.

System-wide Integration (program role in the system)

Evidence suggests that YCSS has a role as a youth-specific support for young carers aged 5–25, complementing broader carer supports such as Carer Gateway. The program connects with multiple parts of the service system and supports young carers to navigate services.

This role is not yet consistently understood or formalised across stakeholders. Integration varies by location and relationships, with ongoing challenges including low awareness, unclear roles, fragmented responsibilities and limited coordination. There is also limited evidence of formalised partnerships, shared pathways or data-sharing arrangements.

Overall, YCSS has a clear and developing system role, but integration is not yet consistently embedded at a program-wide level.

Recommendations

3. **Strengthen reliable referral pathways into and out of YCSS, with clear follow-up and feedback loops.**
   The evaluation identified the need for stronger and more transparent referral pathways into and out of YCSS. Improving referral processes would increase confidence among referral partners, strengthen collaboration, and support more seamless access to services for young carers and their families. Establishing clear referral guidance and introducing simple feedback mechanisms would help ensure referrers are informed when referrals are received and whether contact or support has occurred, improving accountability and continuity of care.

4. **Improve program visibility and role clarity across key sectors where young carers are identified and supported.**
   Increasing awareness and understanding of YCSS across sectors that regularly interact with young carers would support earlier identification and referral. Greater program visibility is particularly important for reaching young carers who may not recognise themselves as carers or who are unlikely to self-identify. This could be achieved through the development of a small suite of consistent, youth-friendly promotional resources and by embedding information about YCSS within existing sector infrastructure, such as school intranets, communities of practice and youth-focused online platforms.

5. **Strengthen coordinated identification and first response to young carers across partner services.**
   The evaluation found that identifying young carers remains one of the most significant system-level challenges. Strengthening coordinated approaches to identification and first response would improve the early and equitable recognition of young carers, while reducing reliance on self-disclosure and addressing barriers such as stigma and fear. Suggested strategies include developing shared identification prompts and guidance for use within common intake, assessment and screening processes across partner services, alongside supporting cross-sector learning and communities of practice focused on young carer identification, safe language, consent and effective first-response approaches.

6. **Clarify and support YCSS's system-navigation role.**
   Evidence from the evaluation consistently highlighted YCSS's role in helping young carers and families navigate complex service systems and connect with broader supports. Clarifying and strengthening this function would make a key program strength more visible and better understood by stakeholders. This could be achieved by explicitly describing YCSS's navigation and coordination role within program documentation, service expectations and communications, while clearly articulating how this complements the delivery of direct support to young carers and families.

Reach and Impact

Understanding who the program reaches and the difference it makes is critical to assessing effectiveness and equity. This criterion examines the extent to which YCSS is reaching its intended participants, including priority groups, and whether participation is contributing to meaningful outcomes.

Key Evaluation Questions

- Who is the program reaching, including across priority groups[5]?
- How well is the program achieving its intended outcomes?
- How do outcomes for young carers extend to their broader support networks?

These questions were assessed using a rubric (see **Appendix C: Evaluation Rubrics**) covering three dimensions: broad reach and equity of participation, meaningful outcomes and impact, and ripple effects for support networks. Evidence was drawn from focus groups, the stakeholder survey and program reporting data (R2D2), enabling analysis of both participation patterns and outcome achievement across the program.

See **Appendix F: Reach and Impact Evidence** for the analysis and synthesis of the relevant evidence.

Findings

Overall result: Established

Overall, YCSS demonstrates established performance in relation to reach and impact. The program is reaching a diverse cohort of young carers and there is strong evidence of meaningful outcomes in wellbeing, social connection, confidence and access to supports; however, some groups remain harder to reach, and broader or longer-term impacts are not yet consistently measured.

Client Characteristics

In the 2023/24 financial year, there were 218 unique participants assessed across all four funded providers[6]. In the 2024/25 financial year, 192 unique participants were assessed[7].

Of the 192 participants assessed in the 2024/2025 financial year, a sample of 184 unique participants assessed[8] was used to identify client characteristics and demographics (see **Figure 2**). The sample was predominantly comprised of young carers aged 5 to 11 years

[5] Priority groups include young carers aged 5 to 18 years old (Department of Human services, 2023). Key Evaluation Questions also identified clients who are older (aged 19 to 25 years), neurodivergent and/or have a disability as priority groups. This report also refers to other demographic groups. Demographic data (such as Aboriginal and/or Torres Strait Islander, CALD, Disability and LGBTIQA+ status) are also collected as part of program reporting data, as DHS has a broad interest in these groups.
[6] R2D2, Total unique clients assessed, Pre-Service Practitioner Assessment, 2023/2024 financial year
[7] R2D2, Total unique clients assessed, Pre-Service Practitioner Assessment, 2024/2025 financial year
[8] Program data only includes clients who gave consent for their information to be used for evaluation by DHS.

(40%) and 12 to 18 years (47%), with 13% aged 19 to 25 years. More than half of participants (56%) identified as women or female, and one participant identified as non-binary.

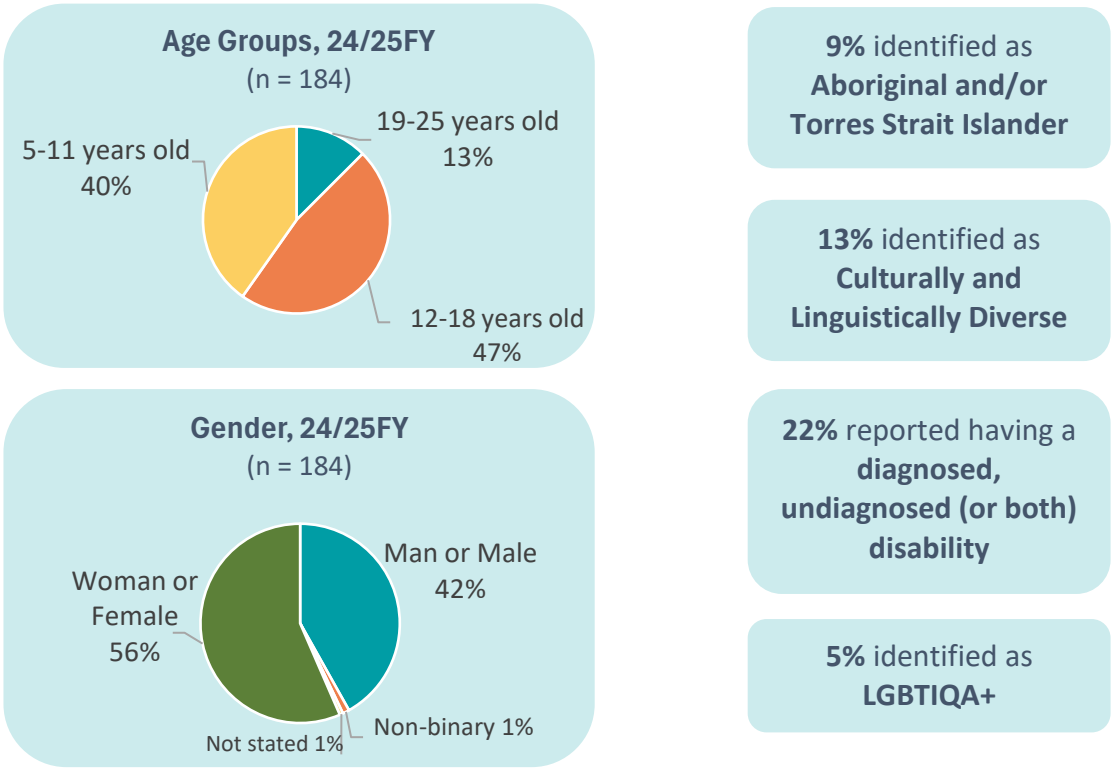


Figure 2: YCSS client demographics, 24/25FY, n = 184[9]

On entry to the program, using the Positive and Negative Outcomes of Caring (PANOC) scores, young carers in the sample reported an average of 14.1 for a Positive Score and an average of 5.6 for a Negative Score[10]. According to the interpretation of PANOC scores, these averages across the program fall outside the PANOC threshold for a potential for concern[11].

Generally, the older the age group, the higher their caring activity. Using the Multi-dimensional Assessment of Caring Activities (MACA), the 19 to 25 year old age group reported an average total of 19.3 (n = 22) while the 5 to 11 year old age group reported an average total of 11.2 (n = 57)[12]. The most commonly reported type of caring activities fell under the Emotional Care and Domestic Activity categories with least reported being Financial and Practical Management activities (see **Figure 3**).

[9] R2D2, Client Demographics and Pre-Service Practitioner Assessment, 2024/2025 financial year, including Not stated/inadequately described responses
[10] R2D2, PANOC, Pre-Service Client Outcomes, 2024/2025 financial year, n = 164, unknown responses removed
[11] Joseph, S., Becker, F. and Becker, S. (2012) Manual for Measures of Caring Activities and Outcomes for Children and Young People (2nd edition), Carers Trust, London.
[12] R2D2, MACA, Pre-Service Client Outcomes, 2024/2025 financial year, n 164, unknown responses removed

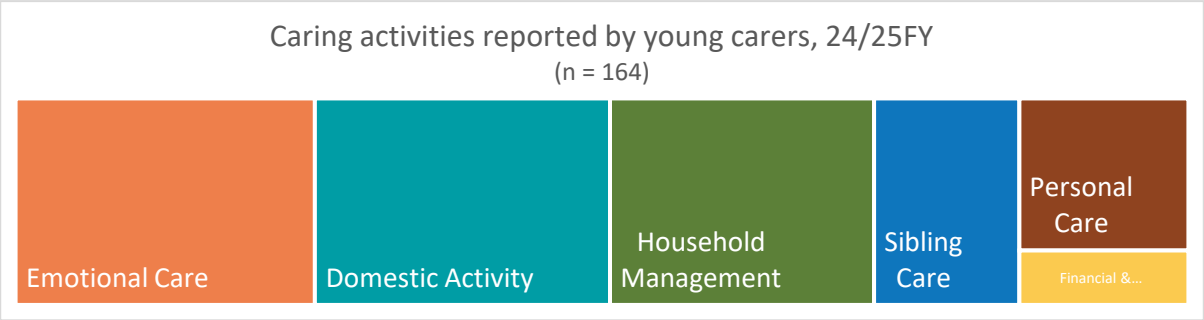


Figure 3: Types and frequency of caring activities reported by young carers, 24/25FY[13]

Across the program in the 2024/25 FY, service providers spent an average of 29 hours working with, or on behalf of, participants across the whole placement in YCSS (see **Table 5**, n = 166). Overall, the range of hours spent with participants varied from 1 hour to 140 hours. On average, the providers spent the highest hours working with the 12 to 18 age group (32 hours).

Table 5: Estimated hours spent working with, or on behalf of, participants across the whole placement in YCSS; 24/25FY[14]

	Sample no.	**Average Estimated Hours**	**Minimum Estimated Hours**	**Maximum Estimated Hours**
5 to 11 age group	*41*	23	5	100
12 to 18 age group	*103*	32	1	140
19 to 25 age group	*22*	23	5	75
Overall program	*166*	29	1	140

Of the sample of 166 participants in the 2024/25 FY, there were 131 that had a recorded closed placement in the program[15]. Based on the 131 closed placements, participants spent an average of 305 days in YCSS, which aligns with the intended 12-month service period of the program (**Table 6**). On average, the 19 to 25 age group spent the longest time in the program (312 days).

Table 6: Estimated length of time of placements in YCSS, 23/24 to 24/25 FY[16]

	Sample no. of closed placements	**Average estimated length of placement** (days)	**Minimum estimated length of placement** (days)	**Maximum estimated length of placement** (days)
5 to 11 age group	*31*	307	96	577
12 to 18 age group	*85*	303	33	709
19 to 25 age group	*15*	312	49	407
Overall program	*131*	305	33	709

[13] R2D2, MACA, Pre-Service Client Outcomes, 2024/2025 financial year, n = 164, unknown responses removed
[14] R2D2, Estimated Hours, Post-Service Practitioner Assessment, 2024/2025 financial year, n = 166
[15] In R2D2, a placement is the period a client spends in the program (i.e. a young carer's period of engagement from entry to exit). Placements are closed in R2D2 when a client has exited the service with completed Pre-Service and Post-Service Assessments. Of the sample of 166 unique participants with a completed Post-Service Assessment, 131 had a recorded closed placement.
[16] R2D2, Estimated Length of Time in YCSS, Placement Data, 2023/2024 - 2024/2025 financial year, n = 131

Broad Reach and Equity of Participation

Findings from focus groups, the stakeholder survey and program reporting (R2D2) indicate that YCSS is reaching a diverse cohort across its priority groups, with participation evident across age, gender and priority populations. Outreach through schools, councils and community networks, alongside case study evidence, demonstrates reach into a range of contexts, including more complex circumstances.

Evidence suggests that reach is uneven. Older young carers, hidden carers[17] and those facing barriers (e.g. transport, cultural factors, school access or service engagement) appear less consistently reached. While there are active efforts to support inclusion, there is limited evidence that equitable access is consistently achieved across all groups. Overall, reach is broad but not yet consistently equitable across the program.

Meaningful Outcomes and Impact

Across all data sources, there is strong evidence that participants experience positive outcomes aligned with the YCSS Theory of Change. Improvements are particularly evident in wellbeing, social connection, confidence, service navigation, and help-seeking. This is supported by focus groups, participant survey results and program data, including positive pre/post changes in PANOC, SWI and PWI scores (see **Table 7** for difference between average pre and post PWI scores).

Table 7: Average pre and post PWI scores of young carers in 24/25FY and their difference, across age groups[18]

	5 to 11 age group			**12 to 18 age group**			**19 to 25 age group**		
	Pre	Post	Difference	Pre	Post	Difference	Pre	Post	Difference
Maximum sample no.	*36*	*23*	-	*87*	*91*	-	*24*	*20*	-
Standard of Living	8.2	8.0	**-0.2**	6.9	7.4	**0.4**	6.1	6.7	**0.6**
Health	7.9	8.2	**0.3**	7.3	7.4	**0.1**	6.1	6.2	**0.1**
Achieving in Life	7.4	8.1	**0.7**	7.0	7.2	**0.2**	6.0	6.5	**0.5**
Personal Relationships	7.3	7.9	**0.7**	6.9	7.3	**0.4**	6.1	6.7	**0.5**
Safety	8.2	8.8	**0.6**	8.1	8.5	**0.4**	7.7	8.4	**0.7**
Community	7.3	8.0	**0.7**	6.3	7.4	**1.1**	5.5	6.4	**0.9**
Future Security	7.5	8.7	**1.2**	7.3	7.8	**0.4**	6.2	6.9	**0.7**

[17] 'Hidden' carers refer to people with caring responsibilities but do not identify as a 'carer' and, as a result, may not be aware of or seek supports such as YCSS.

[18] R2D2, Personal Wellbeing Index, Pre-Service Assessment (n = 147) and Post-Service Assessment (n = 134), 2024/2025 financial year, unknown responses removed.

Outcomes are strongest in social connection (64% reporting moderate or significant change[19]) and access to supports (73%) (see **Figure 4**).

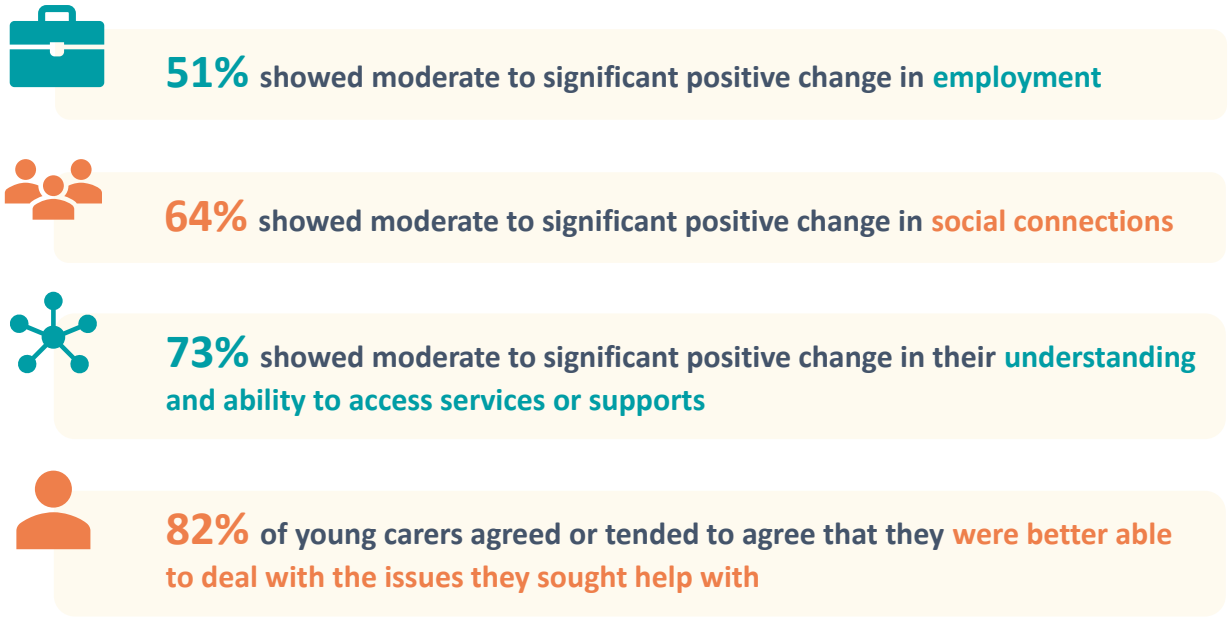


Figure 4: Percentage of young carers who reported positive outcomes in Post-Service Assessments[20]

Majority of participants reported being satisfied with the service they received (see **Figure 5**).



Figure 5: Satisfaction with services received from YCSS (participants who responded 'Agree' or 'Tend to agree'), 24/25FY[21]

[19] Throughout this report, references to "moderate positive change" and "significant positive change" reflect the response options used in the YCSS outcomes reporting tool and should not be interpreted as indicating statistical significance. "Significant positive change" refers to the highest level of positive change selected by practitioners when recording client outcomes in the Post-Service Practitioner Assessment.

[20] R2D2, 'Client Outcomes' & 'Satisfaction', Post-Service Practitioner Assessment, 2024/2025 financial year, n = 166, 'Not applicable' responses removed.

[21] R2D2, 'Satisfaction', Post-Service Practitioner Assessment, 2024/2025 financial year, n = 166, 'Not applicable' responses removed

It should be noted that there are limitations in the evidence base. The sustainability of outcomes over time is unclear, outcomes for those who disengage are less well understood, and current measures may not fully capture complex or non-linear change. Reported improvements should also be interpreted as associated with participation rather than definitive causal impact. Overall, meaningful outcomes are evident, but longer-term and program-wide impact is still developing.

Ripple Effects for Support Networks

Evidence from focus groups, the participant survey and case studies suggests that YCSS generates broader benefits beyond the individual young carer. Reported impacts include reduced family stress, improved peer relationships, increased school understanding, stronger service connections and access to trusted adult support.

These impacts were primarily captured through qualitative evidence rather than systematic measurement. Program data focuses largely on individual outcomes, with limited quantitative evidence demonstrating the scale, consistency or durability of wider network effects. Overall, ripple effects are evident but not yet consistently measured or embedded across the program.

Recommendations

7. **Strengthen equitable reach by systematically identifying under-reached groups and testing targeted engagement approaches.**
   While the evaluation found that YCSS engages a diverse and often complex cohort of young carers, evidence suggests that some groups continue to face barriers to accessing support. Strengthening the program's understanding of who is under-represented and where engagement challenges exist would help improve equity of participation, particularly for older young carers and other harder-to-reach cohorts. This could be achieved by using existing demographic, referral and provider data to identify populations and settings where reach appears lower, and by testing targeted engagement and access strategies to better meet the needs of these groups.

8. **Strengthen understanding of program impact by refining outcome measurement to capture non-linear change and broader ripple effects.**
   The evaluation suggests that the full contribution of YCSS may not always be reflected in existing outcome measures. Many of the program's impacts occur through gradual and non-linear changes, such as improved coping, increased readiness to seek help, strengthened family functioning and enhanced ability to navigate support systems. Refining the way outcomes are captured in the program would provide a more comprehensive understanding of these outcomes and the broader ripple effects of service delivery. This could include reviewing current outcome measures to ensure they capture meaningful change and introducing a small number of additional indicators that better reflect indirect and family-level impacts, such as support provided to family members and improved connections to services and community supports.

Experience

Positive participant experiences are important for engagement, responsiveness and achieving outcomes. This criterion examines how well the design and delivery of YCSS meet the needs of young carers and how support is experienced in practice across different groups and contexts.

Key Evaluation Questions

- How well does the program design meet the diverse needs of young carers and their support networks?
    - Is the 12-month service period appropriate to participant needs?
    - Do experiences and outcomes differ across priority groups or service types (e.g. individual and group supports)?
- What are the implications of participant experience for program design?

These questions were assessed using a rubric (see **Appendix C: Evaluation Rubrics**) covering three dimensions: equity across priority groups, responsiveness to client needs, and the extent to which client agency shapes support. Evidence was drawn from focus groups and the participant survey, with a focus on participant experience, perceptions of support, and variation across cohorts and service contexts.

See **Appendix G: Experience Evidence** for the analysis and synthesis of the relevant evidence.

Findings

Overall result: Emerging

Overall, YCSS demonstrates emerging practice in delivering positive experiences for young carers. Participants consistently report flexible, responsive and supportive relationships with workers, but there is limited evidence that experiences and outcomes are consistently equitable across all cohorts or that shared decision-making is systematically embedded across the program.

Equity Across Priority Groups

Focus groups and the participant survey indicate that YCSS can adapt to diverse and complex circumstances, with participants valuing respectful, non-stigmatising support. There is limited evidence on how experiences differ across priority groups or whether culturally safe and tailored approaches are consistently delivered across cohorts and locations. Practical constraints—such as geography, workforce capacity, language needs and school engagement barriers—may also affect equitable access. Overall, equity is evident in practice but not yet consistently demonstrated across the program.

Responsiveness to Client Needs

There is strong and consistent evidence that YCSS is responsive to client needs. Participants and survey responses highlight flexible, tailored and trauma-aware support, with all

respondents reporting that the program helped them and met their needs. Support is described as respectful, practical and aligned to individual circumstances. Responsiveness can be constrained by staffing, funding, scheduling, and limited capacity for after-hours or intensive one-on-one support, particularly for older or more complex young carers. Overall, responsiveness is a clear program strength, but not yet consistently embedded across all contexts.

Client Agency Shapes Support

Evidence suggests that YCSS supports client agency through individualised support and strong worker relationships, with participants reporting increased confidence to seek help and feeling valued. The evidence is stronger for responsive service delivery than for structured shared decision-making. It is unclear how consistently young carers influence key decisions about their support, such as timing, format, goals or duration. Overall, client agency is present but not yet clearly or consistently embedded across the program.

Recommendations

9. **Embed structured shared decision-making to strengthen client agency and ensure support consistently reflects young carers' changing needs.**
   The evaluation found opportunities to further strengthen client agency through more consistent and structured shared decision-making throughout the service journey. Clear, age-appropriate approaches to shared decision-making would support more equitable and responsive experiences across diverse groups of young carers, while maintaining the program's relational and trauma-informed strengths. Embedding opportunities for workers and young carers to regularly review goals, priorities and support needs would help ensure services remain aligned with changing circumstances and preferences. Suggested strategies include introducing explicit decision points at key stages of the service journey, such as intake and review stages, and providing workers with simple, age-appropriate conversation guides to support meaningful participation in decision-making.

10. **Strengthen equity of experience by explicitly identifying and adapting responses for cohorts whose needs are less well met.**
    The evaluation highlights the importance of focusing not only on equitable access to services, but also on equitable experiences and outcomes. Achieving equity does not require identical service delivery for all clients; rather, it requires deliberate adaptation based on individual needs, circumstances and preferences. A more systematic approach to identifying where experiences differ across cohorts would support continuous improvement and help ensure services are meeting the needs of all young carers effectively. This could be achieved by using existing program data, provider reflections and client feedback to identify groups whose experiences or engagement outcomes may be less well met, and by testing targeted adaptations within current service settings to improve responsiveness and equity.

Conclusion

The evaluation found that the Young Carer Support Service (YCSS) is a valued program that provides important support to young carers across South Australia. Evidence from program data, participant feedback, case studies and stakeholder perspectives indicates that YCSS is contributing to positive outcomes for participating young carers, particularly in relation to wellbeing, social connection, confidence and access to supports. Participants consistently described positive experiences of flexible, responsive and relationship-based support that recognises the complexity of their caring roles.

The evaluation identified varying levels of maturity across the four criteria. Reach and Impact was assessed as **Established**, reflecting evidence that the program is reaching a broad range of young carers and contributing to meaningful outcomes aligned with the Theory of Change. Client Voice, Integration and Experience were assessed as **Emerging**, indicating that while effective practices are evident, they are not yet consistently supported by program-wide systems, processes and shared approaches (see **Table 1. Summary of Program Maturity by Criterion**).

Across all criteria, a consistent theme emerged that the program's strengths are often driven by responsive local practice, strong worker relationships and provider-level innovation. However, these strengths are implemented in different ways across providers and are not always underpinned by consistent approaches to feedback collection and use, referral pathways, program visibility, outcome measurement or shared decision-making. As a result, the program's effectiveness is not always visible, measurable or experienced consistently across all locations and participant cohorts.

The findings suggest that the next stage of program development is less about changing the core service model and more about strengthening the systems that support it. Building greater consistency in areas such as client feedback, referral processes, program promotion, identification of young carers, outcome measurement and equitable access would help consolidate existing strengths and support more cohesive delivery across the program.

Overall, YCSS demonstrates a strong foundation for supporting young carers and addressing an important service gap within South Australia. By strengthening program-wide capability and integration while maintaining the flexibility and responsiveness valued by participants, YCSS will be well positioned to sustain and expand its contribution to the wellbeing and participation of young carers into the future.

References

Australian Human Rights Commission. (2019). National Principles for Child Safe Organisations. Australian Government.

Bibb, J., McMaster, S., & Palmer, V. J. (2024). A narrative review of community wellbeing programmes and the reported outcomes for young carers. *International Journal of Care and Caring*. Advance online publication. https://doi.org/10.1332/23978821Y2024D000000070

Care Act 2014 (c. 23). (2014). Legislation.gov.uk.

Carer Recognition Act 2010 (Cth). (2010). Federal Register of Legislation. https://www.legislation.gov.au/C2010A00123/latest

Carers Australia. (n.d.). Young carers. Retrieved January 12, 2026, from https://www.carersaustralia.com.au/about-carers/young-carers/

Carers NSW. (2020). Young carer research project: Summary of findings. Carers NSW.

Carers NSW. (2024). *2024 National Carer Survey: Young carers* [Infographic]. National Carer Survey. https://nationalcarersurvey.com.au

Carers SA. (2023). Carer workshop 2023: Carer feedback key summary. Carers SA.

Cass, B., Smyth, C., Hill, T., Blaxland, M., & Hamilton, M. (2009). *Young carers in Australia: Understanding the advantages and disadvantages of their care giving* (Social Policy Research Paper No. 38). Australian Government Department of Families, Housing, Community Services and Indigenous Affairs.

Department of Human Services. (2023). Young Carer Support Service: Assessment and Reporting Guidelines. South Australian Department of Human Services.

Department of Social Services. (2024). National Carer Strategy 2024–2034: Improving the lives of Australia's unpaid carers. Australian Government.

Glasgow, R. E., Harden, S. M., Gaglio, B., Rabin, B. A., Smith, M. L., Porter, G. C., Ory, M. G., & Estabrooks, P. A. (2019). RE-AIM Planning and Evaluation Framework: Adapting to New Science and Practice With a 20-Year Review. Frontiers in Public Health, 7, 64. https://doi.org/10.3389/fpubh.2019.00064

Hameed, M., Opie, J., Vuong, A., Marchionda, S., Wallis, L., Khalil, H., Painter, F., Kuntsche, S., Jewell, H., Cuff, R., Davidson, S., Martindale, B., Gor, D., Layley, T., & McIntosh, J. (2023). *Young people with caring responsibilities: Time for action: Summary research findings, policy & practice recommendations*. The Bouverie Centre, La Trobe University.

International Association for Public Participation (IAP2). (2018). IAP2 Spectrum of Public Participation.

Joseph, S., Becker, F. and Becker, S. (2012) Manual for Measures of Caring Activities and Outcomes for Children and Young People (2nd edition), Carers Trust, London.

Katz, I., Hill, T., Bradbury, B., Brosnan, K., Tani, M., Thomson, C., & Adamson, E. (2024, March). *Impact evaluation of the Integrated Carer Support Service (Carer Gateway): Final report*. UNSW Social Policy Research Centre.

Lester, L., Scullin, B., Lester, R., Zou, S., & Flatau, P. (2024). *Evaluation of the Young Carers Program*. Centre for Social Impact, The University of Western Australia. https://doi.org/10.60836/b5r3-pf85

Lundy, L. (2007). 'Voice' is not enough: Conceptualising Article 12 of the United Nations Convention on the Rights of the Child. British Educational Research Journal, 33(6), 927-942. https://doi.org/10.1080/01411920701657033

Masterson-Algar, P., Egan, K., Flynn, G., Hughes, G., Spector, A., Stott, J., & Windle, G. (2023). iSupport for young carers: An adaptation of an e-Health intervention for young dementia carers. International Journal of Environmental Research and Public Health, 20(1), 127. https://doi.org/10.3390/ijerph20010127

McDougall, E., O'Connor, M., & Howell, J. (2018). "Something that happens at home and stays at home": An exploration of the lived experience of young carers in Western Australia. *Health & Social Care in the Community, 26*, 572–580. https://doi.org/10.1111/hsc.12547

NDIS Quality and Safeguards Commission. (2021). NDIS Practice Standards and Quality Indicators (including feedback and complaints management).

Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., & Hensley, M. (2011). Outcomes for implementation research: Conceptual distinctions, measurement challenges, and research agenda. Administration and Policy in Mental Health and Mental Health Services Research, 38(2), 65-76. https://doi.org/10.1007/s10488-010-0319-7

Queensland Government (Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships). (2020). Human Services Quality Framework: Human Service Quality Standards (Standard 5 - Feedback, complaints and appeals).

Saragosa, M., Frew, M., Hahn-Goldberg, S., Orchanian-Cheff, A., Abrams, H., & Okrainec, K. (2022). The young carers' journey: A systematic review and meta ethnography. International Journal of Environmental Research and Public Health, 19, 5826. https://doi.org/10.3390/ijerph19105826

Shier, H. (2001). Pathways to participation: Openings, opportunities and obligations. Children & Society, 15(2), 107-117. https://doi.org/10.1002/chi.617

Sibly, C., & Andersson, C. (2024). *Building the evidence base for the National Carer Strategy: Rapid review of the evidence* (Final report). Australian Institute of Family Studies.

The Children's Society. (2018). *Young carers of Black and Minority Ethnic families* [Fact sheet]. The Children's Society.

UK Department of Health and Social Care. (2023). You're Welcome: Establishing youth-friendly health and care services (quality criteria).

Valentijn, P. P., Angus, L., Boesveld, I., Nurjono, M., Vrijhoef, H. J. M., & Ruwaard, D. (2017). Validating the Rainbow Model of Integrated Care Measurement Tool: Results from three pilot studies in The Netherlands, Singapore and Australia. International Journal of Integrated Care, 17(3). https://doi.org/10.5334/ijic.3203

Valentijn, P. P., Schepman, S. M., Opheij, W., & Bruijnzeels, M. A. (2013). Understanding integrated care: A comprehensive conceptual framework based on the integrative functions of primary care. International Journal of Integrated Care, 13. https://doi.org/10.5334/ijic.886

Valentijn, P. P., Schepman, S. M., Opheij, W., & Bruijnzeels, M. A. (2015). Towards a taxonomy for integrated care: A mixed-methods study. International Journal of Integrated Care, 15.

Victorian Government Department of Health and Human Services (DHHS). (2019). *Client voice framework for community services*. Victorian Government.

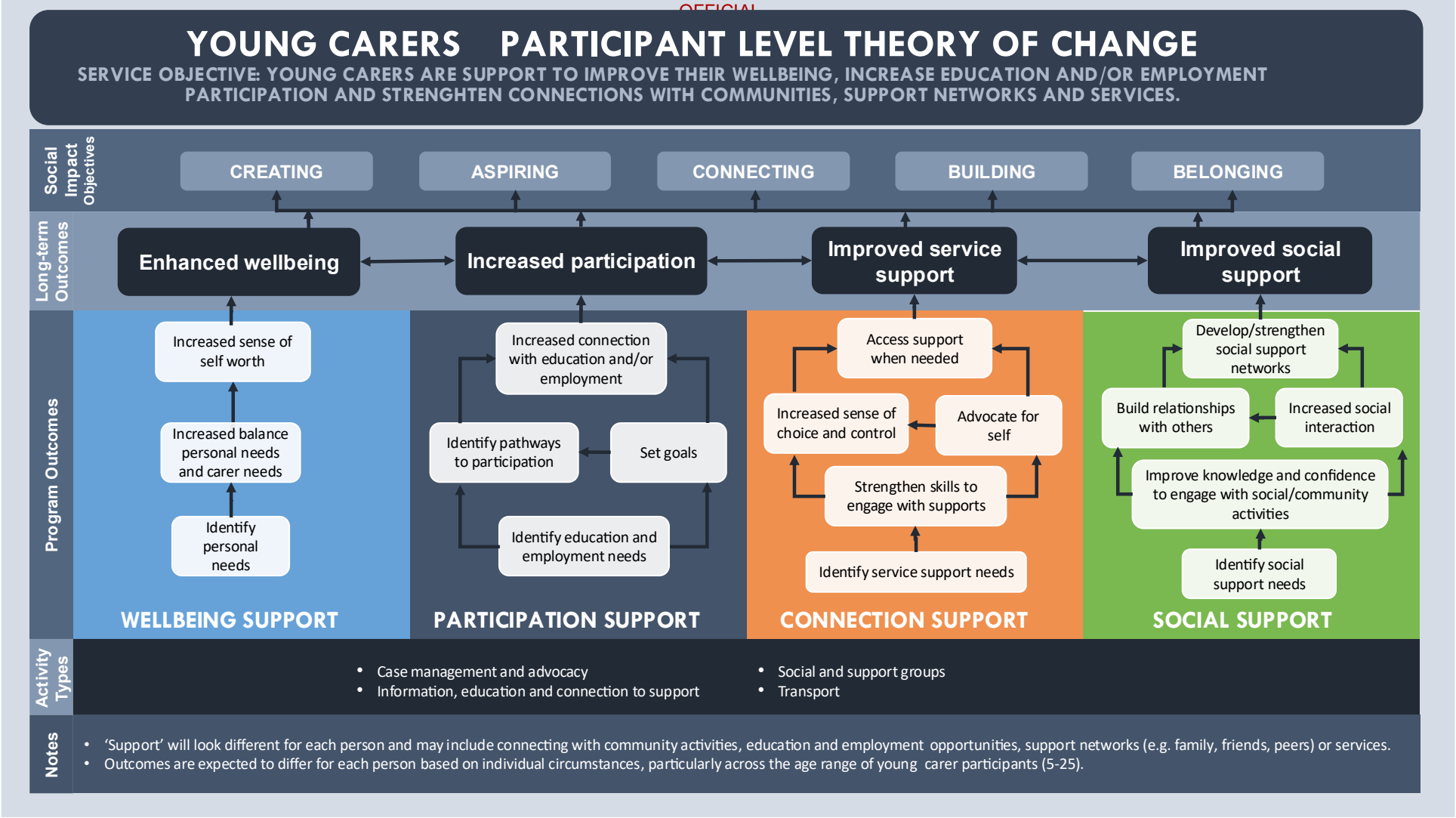
Vuong, A. T., Opie, J. E., Kuntsche, S., Hameed, M., Khalil, H., Pearce, N., Martindale, R., Cuff, R., Marchionda, S., Davidson, S., Gor, D., Layley, T., & McIntosh, J. E. (2026). *Young people with caring responsibilities for persons with mental illness or substance use concerns: A rapid systematic.*

World Health Organization. (2015). Global standards for quality health-care services for adolescents: Standards and criteria.

Appendix A: YCSS Participant Level Theory of Change

Theory of Change: Visual Diagram

OFFICIAL



Theory of Change: Alternative Text

A Theory of Change describes how a program is expected to generate change. From **top to bottom**, the YCSS Theory of Change visual diagram describes the following:

Service Objective

YCSS aims to:

- Support the wellbeing of young carers,
- Increase their participation to education and/or employment, and
- Strengthen their connections with communities, support networks and services.

Long-term Outcomes

YCSS aims to achieve its objective through these long-term outcomes (from left to right):

- Enhanced wellbeing
- Increased participation (to education and/or employment)
- Improved service support
- Improved social support

Program Outcomes

In the medium term, YCSS aims to achieve a range of outcomes depending on the type of support they need.

Activity Types

YCSS aims to achieve these medium and long term outcomes through different activity types:

- Case management and advocacy,
- Information, education and connection to support,
- Social and support groups, and
- Transport assistance.

Notes

- ‘Support’ will look different for each person and may include more than one type of support.
- Outcomes are expected to differ for each person based on individual circumstances.

Appendix B: YCSS Case Study Templates for Service Providers

Template A: Case study for a client under 18 years old who completed the program

Details	
Date	
Region	
Author and Organisation	

Case Study	
De-identified background of the client **Some of the details that you may like to provide include age, cultural background, presenting needs, caring situation, existing supports and other information that illustrates the client's lived experience – if relevant to the case study example.**	
How was the client referred to the program?	
What were the client's needs? What activities from the Theory of Change were delivered? **Provide a brief description of the client's needs and how these fall under (or are outside of) the activity types described in the Theory of Change.**	

What outcomes were achieved? **What desired outcomes were not achieved?** **Provide a brief description of which program or long-term outcomes are relevant from the Young Carers Participant Level Theory of Change, if any.**	
Did you observe any impact on the client's support networks (e.g. family, friends, peers)? **Provide a brief description of how the client's connection to the program impacted their support network, if any.**	
What factors contributed to (or impacted) the outcomes for this case example? **Provide a brief description of any key milestones/challenges that contributed to or impacted the client's experience in the program.**	
What reflections emerge from this case example? **How could reflections support future service delivery, if appropriate?** **Provide a brief description of any lessons learned, achievements or areas for improvement demonstrated from the case example and how these could be applied or addressed for future service delivery.**	
Additional information: **Please use the space below to provide any additional information you feel is relevant and has not been covered elsewhere.**	

Template B: Case study for a client who disengaged with the program (any age)

Details	
Date	
Region	
Author and Organisation	

Case Study	
De-identified background of the client **Some of the details that you may like to provide include age, cultural background, presenting needs, caring situation, existing supports and other information that illustrates the client's lived experience – if relevant to the case study example.**	
How was the client referred to the program?	
What were the client's needs and how did these align with the Theory of Change? **Provide a brief description of the client's needs and how these fall under (or are outside of) the support types described in the Theory of Change.**	
At what point did the client disengage from the program?	

What factors led/contributed to the disengagement? **Provide a brief description of what affected the client's ability to engage with the program.** **This can include:** • **Barriers for the client (such as lack of transport, difficulty with navigating the service system, conflicts with caring responsibilities etc.),** • **Barriers for the program (such as resourcing, lack of local services to refer to etc),** • **Or systemic barriers (such as eligibility criteria, service gaps, long waitlists across the sector, etc.).**	
What reflections emerge from this case example? **How could reflections be used or addressed to support future service delivery, if appropriate?** **Provide a brief description of any lessons learned or areas for improvement demonstrated from the case example and how these could be applied or addressed for future service delivery.**	
Additional information: **Please use the space below to provide any additional information you feel is relevant and has not been covered elsewhere.**	

Appendix C: Evaluation Rubrics

Client Voice

Evidence: Research and literature, policy documents, focus groups (service providers)				
Dimension	**No evidence**	**Emerging**	**Established**	**Embedded**
Accessible feedback channels	There is little or no evidence that accessible feedback channels are in place or used. Young carers and their support networks generally do not know how to give feedback, and staff rely on ad hoc, person-dependent processes. No culturally safe or age-appropriate feedback mechanisms are evident.	There is mixed evidence about the accessibility of feedback channels. Some staff and young carers know how to give feedback, but pathways are limited, informal, or inconsistently used. Some youth-friendly or culturally safe approaches exist, but these are not applied consistently across the program.	Data shows that most young carers and staff understand how to give feedback, and that channels are generally accessible and appropriate. Feedback processes are used across much of the program, though opportunities remain to expand options or strengthen consistency across sites and cohorts.	Consistent data across the program shows that young carers and their support networks can provide feedback easily through multiple youth-friendly and culturally safe channels. These channels are well-understood and routinely used by staff and young carers. Barriers to giving feedback are actively identified and reduced.
Consistent feedback capture	There is little or no evidence that feedback is recorded in a systematic way. Staff rely on memory or informal notes, and no program-wide process exists to capture or retrieve feedback data.	There is mixed evidence of feedback being recorded. Some feedback is captured, but often inconsistently or incompletely, and practices vary across sites. Documentation focuses mainly on incidents or complaints, with limited detail about actions or follow-up.	Data indicates that feedback is usually recorded and retrievable across most of the program. Actions and outcomes are documented in most cases, allowing the program to produce summaries and identify issues, though some inconsistencies remain in completeness or data quality.	Consistent data across the program shows that feedback is recorded reliably and in a way that captures themes, actions, outcomes, and communication preferences. Staff routinely document and update feedback, and data quality is monitored over time to support learning and improvement.
Routine analysis and reporting	There is little or no evidence of systematic analysis or reporting of feedback. No processes exist for reporting and identifying themes, trends, or recurring issues.	There is mixed evidence of thematic analysis occurring. Reflection on feedback happens in some parts of the program but is inconsistent, informal, or reactive. Reporting is limited or irregular, and systemic issues are not always identified	Data indicates that feedback is analysed periodically and reported to governance groups, including key themes, volumes, timeliness, and actions taken. Trend monitoring occurs, though opportunities remain for more regular analysis or stronger links to decision-making.	Consistent data shows that feedback is analysed regularly and used as a key source of information. Reporting is timely, meaningful, and contributes to continuous improvement across the program, with clear visibility of trends, risks, and systemic issues.
Implementing and closing feedback loops	There is little or no evidence that feedback is acknowledged or leads to change. Young carers rarely receive updates or explanations, and protections from negative consequences are unclear. Serious issue pathways are either absent or not functioning in practice.	There is mixed evidence of the program responding to feedback. Some issues are acknowledged or acted on, but links between feedback and change are not always clear. Escalation pathways exist but are not well understood or consistently applied.	Data shows that feedback often leads to changes, and that acknowledgements, updates, and explanations are usually provided. Communication preferences are generally respected, and escalation routes for serious issues are clear and used when required.	Consistent data across the program shows that feedback is acknowledged, acted on, and reported back in a youth-safe and transparent manner. Young carers receive updates and explanations. Serious issues are escalated appropriately and reliably.

Integration

Evidence: Literature review, program data (R2D2), focus groups (service providers and DHS), case studies, surveys (service providers, DHS, stakeholders and lived experience**)**				
Dimension	**No evidence**	**Emerging**	**Established**	**Embedded**
Reliable referral pathways (internal & external)	There is little or no evidence of functioning referral pathways. Referrals rely heavily on individual staff, with no clear processes or visible transition supports.	There is mixed evidence of referral processes. Some parts of the program use shared forms or processes, but referrals often depend on individual relationships and are not applied consistently.	Referral pathways are documented and generally understood, with consistent use across most of the program. Shared forms and processes support referrals, and basic monitoring helps identify where pathways are working well or breaking down.	Consistent data shows clear, reliable referral pathways that operate across regions and remain stable despite staff turnover. Shared tools and agreed processes support referrals, and pathway performance is monitored and improved over time.
Strong program visibility & awareness in the service system	There is little or no evidence that services know what the program does or how to refer. Messaging is inconsistent or absent, and no systematic outreach or monitoring occurs.	There is mixed evidence of awareness. Some materials exist and outreach occurs, but efforts are inconsistent and awareness varies across services.	Consistent messaging and materials help build awareness across major parts of the service system. Referral patterns and partner feedback show reasonable understanding, though some gaps remain.	Program awareness is strong and stable across the service system, supported by a deliberate outreach strategy. Referral patterns show broad understanding of the program, and weaker areas are strengthened through targeted engagement.
Coordinated identification & first response to young carers	There is little or no evidence of a shared approach across the program and the system. Identification is ad hoc, entry points are inconsistent, and there is no structured coordination at first response.	There is mixed evidence of identification or coordinated first response. Some staff recognise young carers and respond well, but practice varies and coordination only occurs in some complex cases.	A shared approach to identification and first response is mostly applied. Responses are generally timely and coordinated, and handovers usually include clear responsibilities and workable consent processes.	Identification and first response are consistent across the program and the system, with shared expectations understood by key entry points. Warm referrals, youth-safe consent, and dependable coordination are routine, even in complex cases.
System-wide integration (program role in the system)	There is little or no evidence the program's role is understood in the system. No functional mechanisms support integration, and transitions or pathways are not actively developed	There is mixed evidence of system understanding. Some services recognise the program's role, and early integration mechanisms exist, but coordination is sporadic and heavily relationship-based.	The program's role is generally understood, and integration is supported by functional processes used across most of the program. Evidence shows coordination at multiple levels and active work on improving system transitions.	Consistent data shows the program's role is well-defined and embedded across the service system. Integration occurs across micro, meso, and macro levels, supported by stable processes and shared expectations, and performance is monitored to improve system pathways.

Reach and Impact

Evidence: Program data (R2D2), focus groups (service providers and participants)**, survey** (participants), case studies				
Dimension	**No evidence**	**Emerging**	**Established**	**Embedded**
Broad reach & equity of program	Data shows the program is not reaching its intended population, with clear access gaps and persistent inequities across priority groups	Evidence indicates partial and inconsistent reach into intended groups, with early but uneven efforts to reduce access barriers for priority cohorts	Program reaches most intended groups, with active strategies improving inclusive and equitable participation	Program achieves strong and sustained reach into all intended groups, including hard-to-reach cohorts. Equity considerations drive outreach and referral pathways, producing consistent and inclusive participation patterns.
Meaningful outcomes & impact	No measurable positive changes. Participants report little or no benefit.	Some participants show early or modest benefits, but outcomes are inconsistent or not well-documented.	Clear evidence that the program improves key outcomes for most participants. Impacts are consistent and aligned with program logic.	Strong and sustained impact across all outcome domains. Benefits are widespread, measurable, and meaningful. Evidence indicates the program is reliably improving participants' lives.
Ripple effects for support network	No evidence of any positive change/benefits in the participant's support network.	Some anecdotal or isolated reports of benefits for family or others, but inconsistent.	Evidence that the program contributes to improved understanding, communication, capacity or wellbeing within the participant's broader support network.	Ripple effects are clear, consistent, and significant. Extended support networks (families, schools, services) report improved understanding, functioning, or capacity due to the participant's involvement. These effects reinforce participant outcomes.

Experience

Evidence: Focus groups (service providers and participants)**, survey** (participants)				
Dimension	**No evidence**	**Emerging**	**Established**	**Embedded**
Equity across priority groups	There is no evidence the service is accessible, appropriate, or effective for diverse groups. Experiences and outcomes differ in ways that indicate inequity or barriers. No adjustments are made to address needs.	There is mixed evidence the service meets the needs of diverse groups. Some barriers are recognised and addressed in individual cases, but this is inconsistent and often relies on worker/site discretion. Experiences appear uneven for priority groups, and the service fit is not consistently demonstrated.	Evidence indicates the service is generally accessible and appropriate across priority groups, with clear examples of adjustments to meet diverse needs. Differences in experience between groups are understood and responded to in practice.	Equity is proactively embedded. Service anticipates priority group needs, eliminates barriers, and ensures consistently positive experience across all groups. Priority groups report strong alignment with their needs.
Responsiveness to client needs	There is no evidence the service adapts to changing client needs or preferences. Clients cannot describe timely adjustments to support, and the suitability of the 12-month model and different service types (group vs individual) is not evidenced through participant experience. Service is rigid and standardised support is provided regardless of participant needs.	There is mixed evidence the service adapts to changing needs. Some participants describe adjustments (mode, pacing, intensity), but responsiveness varies by worker/site and capacity. The fit of the 12-month model is experienced differently across participants, and the choice between group and individual support is not consistently matched to need.	Most evidence suggests the service responds to changing circumstances through common, purposeful adjustments (timing, format, intensity, content). Participants can describe when and how support shifted as needs changed. The 12-month model generally fits participant trajectories, and group vs individual supports are used in ways that usually align with client goals and preference.	Strong, consistent evidence shows responsiveness is appropriate and built into service delivery. Supports are routinely adjusted based on client feedback as needs change. The 12-month model is applied flexibly where needed, and the mix of group vs individual support is consistently tailored to maximise relevance and benefit. Participants experience the service as highly attuned and adaptable.
Client agency shapes support	There is no evidence participants have meaningful choice or influence over what support they receive or how it is delivered. Support appears provider-driven, with limited clarity about options. Participants do not feel heard in decisions.	There is mixed evidence participants have choice and influence. Some evidence of collaborative planning and options, but this is inconsistent and depends on worker/site. Choices may be unclear or limited, and participants' influence over format, pace, and content varies across sites.	Most participants have meaningful choice and influence over their support. Options are explained and participants can shape what happens, when, and in what format, including the balance of group and individual support. Participants report being listened to and having meaningful choices.	Strong evidence shows agency and participation are consistently embedded across the program and equitable across cohorts. Participants routinely experience shared decision-making, clear information about options, and genuine control over timing, format, and focus of support. Choice is built into all aspects of delivery.

Appendix D: Client Voice Evidence

Dimension 1: Accessible Feedback Channels

No evidence	Emerging	**Established**	Embedded

Literature Review	*Focus Groups & Case Studies*
• Voice mechanisms are strongest when they are ongoing, accessible, & built into regular service interactions (Victorian Government DHHS, 2019; SA Health, 2021). • Non-tokenistic participation includes youth/client seats in advisory or leadership structures (Minialoff & Duguay, 2021; Mind, 2021; Queensland Family and Child Commission, 2022). • More formal collective mechanisms can help ensure youth perspectives reach decision-makers (Mind, 2021; Queensland Family and Child Commission, 2022; Victorian Government DHHS, 2019). • Participation should be structured in ways that allow young people's views to be faithfully represented and considered equally (Queensland Family and Child Commission, 2022; Mulvale et al., 2024; Minialoff & Duguay, 2021). • Youth-friendly feedback should be offered through multiple low-burden channels, including anonymous, online, and creative options (Queensland Family and Child Commission, 2022; Minialoff & Duguay, 2021; Vuong et al., 2026). • Methods should be matched to age, maturity, culture, disability, lived experience, and preference (Queensland Family and Child Commission, 2022; Minialoff & Duguay, 2021; Victorian Government DHHS, 2019). • Flexible timing, clear expectations, and trauma-informed support can help make participation more accessible (Queensland Family and Child Commission, 2022; National Mental Health Commission, 2021; Orygen, 2019). • Deliberate inclusion is needed to ensure harder-to-reach cohorts' perspectives are captured (Victorian Government DHHS, 2019; Mulvale et al., 2024; Queensland Family and Child Commission, 2022). • Practical barriers such as time, access, safety, transport, staff capacity, and repeated storytelling can limit participation in feedback and voice processes	• Voice was described as continuous and embedded in day-to-day relationships, rather than a one-off formal process. • Focus group evidence shows multiple touchpoints for hearing voice, including case management interactions, assessments, family conversations, verbal check-ins, group settings, reflective activities, post-event surveys, and feedback from young carers, parents/carers, and partner services. • YCSS program users valued being listened to, understood, and responded to, however did not mention formal feedback mechanisms. • Staff and managers described group settings as spaces where young carers share more openly, build off each other's input, and important for check-ins and regular input • More formal collective mechanisms, such as the Young Carer Collective and Young Carer Action Crew, were identified as examples of structured ways for young carers to share views, contribute ideas, and potentially influence program activities. • Staff reported that different cohorts respond to different feedback methods, rather than one standard approach working for everyone. • Managers explicitly noted that voice capture depends on age and preferred format. • Younger cohorts were described as harder to reach for feedback. • Written methods were identified as less effective or burdensome for some young people, with staff noting that some clients do not want to write extra comments, feel constrained by written responses, or find some questionnaires confronting.

(Victorian Government DHHS, 2019; SA Health, 2021; Queensland Family and Child Commission, 2022). • Structural power imbalances can sideline youth expertise unless participation is actively supported and resourced (Falicov et al., 2021; Mulvale et al., 2024; Orygen, 2019). • In young carer contexts, family/carer expertise may also be discounted, affecting how young people's perspectives are understood (Victorian Government DHHS, 2019; National Mental Health Commission, 2021). • Programs should define who they need to hear from, including under-represented groups (Queensland Family and Child Commission, 2022; Victorian Government DHHS, 2019). • Meaningful participation depends on cultural humility, trust-building, and safer engagement spaces (Mulvale et al., 2024; National Mental Health Commission, 2021; Mind, 2021). • Feedback methods should reduce barriers and feel accessible, safe, and trauma-informed (SA Health, 2021; Queensland Family and Child Commission, 2022; National Mental Health Commission, 2021). • Safety and privacy concerns can disproportionately affect marginalised young carers and need to be addressed proactively (Queensland Family and Child Commission, 2022; Mulvale et al., 2024; Minialoff & Duguay, 2021). • Trust can be undermined by distrust from past experiences, unclear use of input, or unrealistic expectations (Victorian Government DHHS, 2019). • Co-design is described as something that should occur across design, implementation, monitoring, and evaluation, rather than at one point in time (Horvat, 2019; Orygen, 2019; Mind, 2021).	• Frontline staff reported additional barriers to capturing parent/family feedback, including limited contact time, low response rates, and practical constraints. • Frontline staff expressed interest in stronger parent involvement and more opportunities for parents to connect with each other. • Participant experience was strongly shaped by whether workers felt warm, attentive, understanding, and personally responsive. • Less positive experiences were linked to workers not listening, being overly clinical, or not taking time to understand the person and their needs. • One case study suggests client voice may also be reflected in how flexibly services respond to young carers' preferences and changing circumstances, including through different support formats, communication styles, and low-pressure engagement approaches. • Case studies suggest that safe, supportive, and patient engagement can help young carers feel more confident to share their story, advocate for themselves, and gradually express their experiences more confidently.

Gaps/What's Missing?
• Feedback pathways appear to rely heavily on informal, relational, and worker-dependent processes rather than consistently visible program-wide channels. • Younger cohorts were described as harder to reach for feedback, suggesting some age-appropriate mechanisms may need strengthening. • Written feedback may not work well for some young people, as staff noted that young carers may avoid written comments or feel constrained by written formats. • Parent/carer feedback appears less consistently captured, with barriers including limited contact time, low response rates, and practical constraints. • Accessibility may vary depending on worker style and fit; participants described fewer positive experiences where workers did not listen, were overly clinical, or did not take time to understand the person. • There is limited evidence of consistently applied culturally safe, anonymous, online, or creative feedback channels across the program. • The evidence does not clearly show that barriers to giving feedback are being systematically identified and reduced across all sites and cohorts.

Dimension 2: Consistent Feedback Capture

No evidence	**Emerging**	Established	Embedded

Literature Review	Focus Groups (Service Providers, DHS, Participants)
• Client voice should be embedded as a routine part of service quality and safety infrastructure, not treated as occasional consultation (Victorian Government DHHS, 2019; SA Health, 2021). • Feedback and complaints should be captured in a way that allows issues to be identified beyond individual cases (SA Health, 2021; Ombudsman SA, 2016; NDIS Quality and Safeguards Commission, 2021). • Feedback, and its influence should be documented clearly so it is visible and traceable (Victorian Government DHHS, 2019; Queensland Family and Child Commission, 2022; Department for Education, 2024).	• Feedback was described as being gathered through both informal relational practice and some formal mechanisms, including conversations, check-ins, texts, calls, case management, group discussions, assessments, CRM outcome tracking, pre/post questionnaires, post-event surveys, and qualitative feedback. • Participants emphasised the importance of being listened to, understood, and responded to, but did not mention formal feedback systems. • Across the evidence, there was stronger evidence of practice-level responsiveness and provider-level feedback capture than of a clearly visible, consistent program-wide feedback system. • The evidence suggests client voice capture varies across providers, with some formal mechanisms in place, but continued reliance on individual workers, local approaches, and relational practice. • Some voices may be captured less consistently than others, including parent/family perspectives and experiences where worker fit is poorer. • Emerging issues from provider reporting and meetings appear to be heard by DHS, and some providers use formal capture mechanisms, but there is less evidence of consistent, formalised feedback capture process across the program. • Focus group conversations suggested there may be value in formalising recurring provider feedback and escalating it more clearly, including to policy teams where appropriate.

Gaps/What's Missing?
• There is limited evidence that client voice is embedded as a routine, program-wide feedback infrastructure, or consistently documented in a structured way. • The evidence suggests feedback capture may rely heavily on individual workers, relationships, and local practice, which may create inconsistency across the program. • Parent/family voice appears less consistently captured. • Participants did not describe formal feedback systems, which may suggest these systems are not highly visible to program users. • Feedback appears to be heard at both provider and DHS levels, including through reporting and meetings, but there is limited evidence that it is consistently documented in a way that supports program-wide theme identification beyond individual cases or local knowledge. • There is limited evidence that feedback influence is documented clearly enough to show how client/provider input shaped decisions, changes, or escalation. • There may be a gap in formal escalation pathways for recurring feedback themes, particularly where issues sit outside providers or commissioning and require policy or cross-system action.

Dimension 3: Routine Analysis and Reporting

No evidence	**Emerging**	Established	Embedded

Literature Review	Focus Groups (Service Providers, DHS)
• Captured feedback should be recorded consistently, analysed for themes, reported through governance, and used for continuous improvement (SA Health, 2021; NDIS Quality and Safeguards Commission, 2021; Ombudsman SA, 2016). • Feedback and complaints should be reviewed as a source of quality and safety intelligence, not only resolved case by case (Victorian Government DHHS, 2019; SA Health, 2021; Ombudsman SA, 2016). • Documented feedback influence should be able to be reviewed and reported to show how input shaped decisions over time (Victorian Government DHHS, 2019; Queensland Family and Child Commission, 2022; Department for Education, 2024). • Literature points to a need for standardised data capture, thematic analysis, and reporting, alongside relational practice (Victorian Government DHHS, 2019; SA Health, 2021; Duncan & Sparks, 2017; Bovendeerd et al., 2022).	• Emerging issues and outcome data from provider reporting appear to be heard by DHS through submissions and contract management meetings, with some providers measuring outcomes across areas such as social connection, service navigation, goal progress, satisfaction, coping, and wellbeing. • Focus group conversations suggested there may be value in formalising recurring provider feedback and escalating it more clearly, including to policy teams where appropriate. • However, there is limited direct evidence that feedback and outcome data are routinely aggregated across providers, analysed for program-wide themes, or reported through governance structures. • Some provider evidence indicates outcome tracking is used to demonstrate change over time, including across social connection, service navigation, goal progress, satisfaction, coping, wellbeing, and social connection.

Gaps/What's Missing?
• While some providers appear to track outcomes and feedback over time, there is limited direct evidence that this is routinely aggregated across the program to identify common themes, trends, risks, or systemic issues. • Emerging issues appear to be heard by DHS through provider submissions and contract management meetings, but the evidence does not clearly show a formal, routine process for analysing these issues over time. • There is limited evidence that feedback is reported through governance structures in a timely or consistent way. • There is limited evidence that feedback is used for systematic continuous improvement intelligence across the program. • Evidence suggests recurring provider feedback may need clearer escalation pathways, especially where issues sit with policy or broader systems rather than commissioning. • There is limited evidence that feedback influence is reviewed or reported in a way that shows how input shaped decisions or program improvements over time.

Dimension 4: Implementing and Closing Feedback Loops

No evidence	**Emerging**	Established	Embedded

Literature Review	Focus Groups
• Visible action is critical: weak "close-the-loop" practices can reduce trust and future participation (Victorian Government DHHS, 2019; Minialoff & Duguay, 2021; Queensland Family and Child Commission, 2022) (SA Health, 2021; Department for Education, 2024; Ombudsman SA, 2016). • Good practice includes acknowledging feedback, explaining next steps, outlining actions taken, and reporting back (SA Health, 2021; Department for Education, 2024; Ombudsman SA, 2016). • Participation is more meaningful when young people can see their input has led to tangible change (Minialoff & Duguay, 2021; Mind, 2021; Queensland Family and Child Commission, 2022). • Programs should build explicit pathways for feedback to shape design and improvement cycles (Victorian Government DHHS, 2019; Horvat, 2019; Orygen, 2019).	• Managers and provider evidence gave examples of feedback leading to practical service adaptations, including adjusting program timing to improve engagement and adapting practice where questionnaires were experienced as confronting or overly burdensome. • Staff described case management as a space where support is adapted based on what is or is not working, with provider evidence also showing responsiveness to young carers' changing needs, preferences, and engagement capacity. • Participants valued workers who followed through, responded to stated needs, and tailored support accordingly. • The evidence suggests client voice is most meaningful when it leads to visible changes, tailored support, or adaptations in how feedback and engagement processes are delivered. • DHS staff recognised that providers are more likely to see feedback processes as useful when DHS clearly explains what action can be taken, what is outside DHS's direct control, and how feedback is being considered or escalated. • Staff workloads were identified as one reason it can be difficult to close the loop consistently. • Trust, reliability, and follow-through were highly valued by participants. • Provider evidence indicates that feedback about questionnaires being confronting or overly burdensome prompted trauma-informed practice responses.

Gaps/What's Missing?
• There is limited evidence of a consistent, program-wide "close the loop" process for acknowledging feedback, explaining what happened next, and reporting outcomes back to young carers and families. • Feedback appears to lead to practical changes and adaptations in some cases, but it is less clear whether this happens consistently across providers, sites, cohorts, or types of feedback. • The evidence is stronger for practice-level responsiveness, such as tailored case management and worker follow-through, than for a formalised system for tracking and communicating how feedback has been acted on.

- There is limited evidence that young carers and families routinely receive updates or explanations about how their feedback has influenced decisions or service changes.
- DHS staff acknowledged the importance of transparency and responsiveness, but also noted that workload pressures can make it difficult to close the loop consistently.
- Where feedback relates to broader system issues outside the direct control of providers or commissioning, escalation and communication pathways appear less clear.
- There is limited evidence of explicit pathways for feedback to shape broader program design and improvement cycles over time.

Appendix E: Integration Evidence

Dimension 1: Reliable Referral Pathways (internal & external)

No evidence	**Emerging**	Established	Embedded

Literature Review
• Self-referral is commonly reported as a referral route for young carer supports (Vuong et al., 2026; Hameed et al., 2023). • Other common referral routes for young carers include helplines, Google/internet search, word of mouth, brochures, GPs, mental health care plans, schools and treating teams (Hameed et al., 2023; Carers NSW, 2020; Vuong et al., 2026). • Email and online contact may be preferred by some young people because it can offer privacy, flexibility, timing control and anonymity (Cass et al., 2009; Vuong et al., 2026). • Online supports can reduce geographic barriers, particularly where local services are limited (Masterson-Algar et al., 2023; Katz et al., 2024; Vuong et al., 2026). • Reliance on self-referral can shift responsibility onto young people and families (Vuong et al., 2026; Hameed et al., 2023). • Self-referral pathways may miss young carers who do not self-identify or are not proactive in seeking support (Hameed et al., 2023; Carers SA, 2023; Cass et al., 2009). • Knowledge of referral options and referral processes can be inadequate, even where young carers are identified (Hameed et al., 2023; Carers NSW, 2020). • Protocols for transitions and handovers are often weak (Hameed et al., 2023; Vuong et al., 2026). • Funding and program rules, including differences between Carer Gateway and NDIS, can complicate pathways and create service-navigation burden (Katz et al., 2024). • Eligibility rules, age limits, definitions of who “counts” as a carer, and consent requirements can restrict access or lead to inconsistent decisions (Cass et al., 2009; Carers NSW, 2020; Vuong et al., 2026). • Adult-oriented Commonwealth registration and assessment processes can create barriers for young carers (Katz et al., 2024). • Carer Gateway uses the Carers Star Assessment, but literature reports inconsistency and concerns about its suitability for young carers (Katz et al., 2024). • Increased awareness and referrals may create pressure on service capacity, including risks of waitlists or services needing to turn people away (Cass et al., 2009; Lester et al., 2024).

Focus Groups: YCSS Providers, DHS	Focus Groups: Participants/support network
• Education was identified as one of the strongest potential referral pathways. • Schools are well placed to identify young carers, but need the right information and awareness to refer. • Potential referral/awareness routes included STAY, YSD, SFS, community centres, local government networks, wellbeing leaders and health services. • DHS policy staff suggested YSD/STAY workers could start conversations about young carers at intake. • Pamphlets, information packs and take-home resources were suggested to support referrals. • Staff noted services need to know what regions/services offer YCSS and where it operates geographically/organisationally. • Health was identified as a useful connection point due to existing family touchpoints. • Commissioning staff were unsure whether Carer Gateway refers to YCSS through the system or through cold/warm referrals. This may contribute to higher numbers of self-referrals being recorded. • The use of the external referral function on R2D2 has been limited due to staff turnover and/or awareness of the function. • Family referrals, such as a family member being referred to CCP, are not easily captured. • Commissioning staff would ideally like other DHS-funded services included in the referral system. • Referrals usually come through self-referral, word of mouth, families talking to each other, schools, Carer Gateway, Carers SA, and some health/mental health services. • Schools are both a key pathway and a barrier, depending on awareness, access and willingness to engage. • Health was identified as an underdeveloped pathway, especially hospitals, mental health, discharge planning and family touchpoints. • Some clients exit and are later referred back in, possibly contributing to “other” referral categories in the data. • Staff/managers suggested improving referral-out data capture, including non-DHS referrals, emergency relief, housing, “pre-NDIS”, and family-level referrals. • There was support for embedding referrals-out into post-service processes, but time burden was noted as a barrier.	• Participants described pathways into YCSS through schools, school social workers, Carers SA, Young Carers SA and Carer Gateway. • Some families were unclear how they were first connected to YCSS. • One parent described confusion between carer organisations, where “one organisation said something could not be done and another said it could.” • Word of mouth was identified as useful but inconsistent. • YCSS helped link families to other services and supports, including counselling, Sonder, tutoring, Aboriginal worker support and practical household assistance. • Positive coordination between Nunkuwarrin Yunti and YCSS was noted as supporting the whole family. • Evidence suggests YCSS acts as both a direct support and a system-navigation point.

Stakeholder Survey, Lived Experience Survey (see Appendix H)	R2D2 Referral Data
Stakeholder Survey (n=23): • Referral experience appears mixed and limited: only 23.81% of respondents said they or their team had referred to YCSS in the last 12 months, while 47.62% had not and 28.57% were unsure. • Referral experiences were mixed, with no single part of the process consistently identified as working well. Respondents pointed to particular gaps in referral follow-up, confirmation, and the user-friendliness of referral forms. • 36.36% selected "none of the above" when asked which positive referral-process statements applied, suggesting referral experience is not consistently strong among those who had referred or tried to refer. • Open-text responses highlighted issues with unanswered emails, lack of updates after referral, and uncertainty about whether/how the referred young person was supported. • One response suggested the referral system/gateway itself "is good" and "makes sense", but that the pathway can break down after referral due to limited outreach or follow-up. • Key referral breakdown points identified were young person engagement/retention (45.45%), feedback and follow-up after referral (36.36%), identification (27.27%), and service capacity/wait times (27.27%). • Only 9.09% of respondents reported receiving referrals from YCSS into their own service in the last 12 months, while 54.55% had not and 36.36% were unsure/not applicable. • Respondents identified improvements such as clearer step-by-step referral processes, better confirmation/follow-up, stronger co-working with school wellbeing teams, more regional support, and clearer referral outcomes. Lived Experience Survey (n=4): • Lived-experience survey responses reinforced schools/TAFE/university as key places young carers find out about support, with some also identifying online channels, disability/NDIS providers, mental health services and family/friends.	• The majority of referrals coming into the YCSS are coming from Carer Gateway (over 60% in the last two FYs [23-24 & 24-25]) • Referrals from "Other" reduced from approx. 16% to 7% in the last two FYs. • Self referrals increased from approx. 9% to 20% in the last two FYs. • Referrals from CCP, Education, Youth Services, and CSNSA Members were all under 10% in both FYs. • A majority of referrals made (outside DHS) were to Social Support (more than 80% in the 24-25 FY) • Carer gateway and "other" were second, however with only approx. 10% combined. • Referrals to educational, financial, mental health, employment, health, non-ndis and DV were all under 10%. • The large majority of referrals both received and sent within DHS Funded Programs were between YCSS providers • Provider submissions suggest partnership activity is most commonly linked to service delivery, particularly through social/community support and education partnerships.

Gaps/What's Missing?
• Referral pathways exist but are not consistently embedded across the system. Pathways include Carer Gateway, self-referral, schools, word of mouth and some health/community services, but they appear uneven and partly relationship dependent. • YCSS appears heavily reliant on Carer Gateway and self-referral, which may limit reach to young carers who do not self-identify or know support exists. • Education is a key pathway, but not yet fully operationalised. Schools are repeatedly identified as central to referral, but education referrals remain comparatively low, and school awareness, access and willingness to engage appear inconsistent. • Health and mental health services are recognised as important referral opportunities, but pathways through hospitals, discharge planning, mental health services and other family-facing health touchpoints appear underdeveloped, despite being identified as strong opportunities. • Stakeholders reported mixed referral experiences, including gaps in confirmation, communication, follow-up and clarity about referral outcomes. • Referral pathways can break down after referral through limited outreach, young person disengagement, capacity constraints, regional access issues and inconsistent feedback to referrers. • YCSS's referral-out and system-navigation role is not fully captured in current data, particularly referrals to non-DHS supports, wider family supports, emergency relief, housing, pre-NDIS supports and other practical assistance. • Other DHS-funded services are not yet fully integrated into the referral system. • Regional/local variation may affect referral reliability, particularly where there is limited outreach, staff turnover or fewer local service connections. • Evidence points to a need for simple guidance showing who can refer, how to refer, what happens after referral.

Dimension 2: Strong Program Visibility & Awareness

No evidence	**Emerging**	Established	Embedded

Literature Review	R2D2 Submission Data
• Providers often need to invest time building networks and educating schools, health, youth and community organisations to increase identification and referrals (Cass et al., 2009). • Schools are often disconnected from young carer services, despite being important settings for visibility and referral (Hameed et al., 2023; Cass et al., 2009; Sibly & Andersson, 2024). • Community-wide awareness initiatives are identified as a gap in the broader service landscape (Hameed et al., 2023; Cass et al., 2009). • Multiple Commonwealth, state and NGO supports operate in South Australia's broader carer/young person support landscape, with some overlap in carer and young person supports (Katz et al., 2024; Carers Australia, n.d.; Carers SA, 2023). • Literature suggests youth-specific young carer supports are important because young carers often experience low awareness, fragmented pathways, and barriers within broader carer service systems (Katz et al., 2024; Carers SA, 2023; Hameed et al., 2023). • Young carer supports sit within a broader carer and youth service landscape, which means visibility depends not only on promotion of young carer programs, but on whether other services understand their specific role (Katz et al., 2024; Hameed et al., 2023). • Mental health services are a major entry point for identification and support, but young carers and families often report dissatisfaction with suitability and access (Vuong et al., 2026; Hameed et al., 2023; Carers NSW, 2020). • Lack of mutual understanding between sectors can reduce visibility of young carers and young carer-specific supports (Vuong et al., 2026; Hameed et al., 2023). • Awareness of referral options can be inadequate even when young carers are recognised (Hameed et al., 2023; Carers NSW, 2020).	• Provider submissions indicate some capacity building/knowledge exchange activity aimed at strengthening workforce/service-system capability, referral pathways, awareness, and identification/support responses for young carers; however, this activity appears uneven across providers and reporting periods.

Focus Groups: YCSS Providers, DHS	Participant Focus Groups
• DHS policy staff agreed education-sector visibility is difficult, but important. • Getting into schools was described as challenging due to school variable school engagement, administrative burden and some schools not wanting external workers onsite.	• Participants strongly suggested there is not enough advertising, awareness or knowledge about young carers or YCSS.

• Wellbeing leaders at schools were identified as a possible visibility channel. • DHS policy staff suggested focusing on service touchpoints already connected to families. • SFS, YSD, STAY, community centres, health services and local government networks were identified as possible visibility channels. • Staff suggested promotion should include language around self-identification, not only formal “young carer” definitions. • Staff queried cultural appropriateness and visibility for regional and remote communities, including Yalata and Coober Pedy. • DHS had a stall at a Department for Education wellbeing leaders conference. Commissioning staff would like to build on this and possibly present in future. • DHS also presented through an online Department for Education series, though attendance was low. This online presentation was uploaded to the education intranet. • Commissioning staff noted Australian Capital Territory appears more developed in young carer professional development, learning options and representation. • Department for Education has an online pilot tool/checklist that asked about young carers, though it is unclear whether DHS input was actioned. • Carers SA may have a role as peak body in promoting services and using different levers/data. • Visibility was identified as a major issue, particularly in education and health. • Some schools know YCSS well, while others have low awareness or limited understanding of young carers • Some schools may restrict access or make engagement difficult. • Managers argued young carer recognition should be embedded in education processes rather than treated as optional. • Managers suggested visibility should be embedded through school intranets, induction, brochures and standard processes. • Managers suggested roadshows, strategic partnerships and stronger departmental collaboration with DHS and education. • Other government systems and departments may lack awareness of YCSS. • DCP and CARL were specifically mentioned as areas where greater awareness may be needed.	• Schools were repeatedly identified as important places for visibility and connection. • Universities, posters, assemblies and visible local promotion were suggested strategies. • Word of mouth was helpful but limited and inconsistent. • One parent noted peer groups and activities were available in some areas but not in theirs, suggesting local variation in visibility/access. • Participants’ evidence suggests visibility affects both access to YCSS and broader recognition of young carers.

Stakeholder Survey, Lived Experience Survey (see Appendix H)
Stakeholder Survey (n=23): • Overall familiarity with YCSS was moderate: 50% were somewhat familiar and 22.73% very familiar, but 27.27% were either not aware of YCSS or had only heard of it. • Awareness appears to rely heavily on informal or relationship-based channels: 40.91% heard about YCSS through a colleague/word of mouth, compared with 0% through referral directories, other websites/social media, or sector newsletters. • Respondents generally had a clearer understanding of who YCSS is for than how to refer into the program, with referral/contact information appearing to be the least clear aspect. • The most common visibility barriers were staff not aware YCSS exists and unsure what YCSS offers. • 40.91% identified confusion with other programs, such as Carer Gateway or other youth supports, as a visibility barrier. • Other visibility barriers included uncertainty about eligibility and how to refer, sporadic communication/follow-up, limited outreach/capacity, and workforce turnover in some areas. • The most supported visibility improvement was presentations at existing forums/communities of practice (63.64%). Other supported options were joint outreach in schools/health settings (45.45%), a single landing page/referral guide (36.36%), referral directory listings (36.36%) and a communications toolkit (36.36%). • Open-text responses suggested practical visibility improvements including health service presentations, education sessions, school leadership support, uniform collateral, clearer flowcharts, key contact people, and better knowledge of partner organisations. Lived Experience Survey (n=4): • Lived-experience survey responses reinforced the need for more youth-friendly promotion of young carer supports, including through education settings, social media, community advertising and peer ambassadors.

Gaps/What's Missing?
• Program visibility remains uneven across the service system, particularly in education, health, mental health and other government/community service settings. • Awareness appears to rely heavily on word of mouth, local relationships and individual networks rather than consistent system-wide communication channels. • There is not yet a clear or consistently used visibility pathway through referral directories, newsletters, social media, websites or centralised service information. • Stakeholders may have a general understanding of who YCSS is for, but less clarity about what YCSS offers, how to refer, and how YCSS relates to other carer/youth supports. • Confusion with other programs, including Carer Gateway and broader youth/carer supports, may reduce understanding of YCSS's specific role as the only young-carer-specific program in SA. • Schools are consistently identified as critical for visibility, but school engagement appears inconsistent due to variable awareness, administrative burden, access barriers and differing willingness to engage with external services. • Visibility within education does not appear to be embedded through standard processes such as induction, intranet content, school wellbeing systems, referral guides or professional development.

- Health and mental health services are recognised as important visibility points, but there is limited evidence that YCSS awareness is consistently embedded in these sectors.
- Visibility in other systems, including DCP, CARL, SFS, YSD, STAY, community centres, local government and regional/remote communities, appears underdeveloped.
- Current promotion may not reach young people directly or use language that supports self-identification, particularly for young people/families who do not relate to the term “young carer”.
- Regional and local variation may affect visibility, with some participants noting peer groups or activities are available in some areas but not others.
- Evidence points to a need for practical, consistent and youth-friendly visibility tools, such as a single landing page, referral guide, clear flowchart, key contact information, consistent promotional materials, school/TAFE/university promotion, social media, peer ambassadors, and presentations through existing forums/communities of practice.

Dimension 3: Coordinated Identification of & First Response to Young Carers

No evidence	**Emerging**	Established	Embedded

Literature Review

- Literature repeatedly identifies young carer identification as a key system challenge (Hameed et al., 2023; Vuong et al., 2026; Warren & Edwards, 2025).
- Reliance on self-referral is problematic because many young carers do not self-identify (Vuong et al., 2026; Hameed et al., 2023; Cass et al., 2009).
- Australia recognises carers through legislation such as the Carer Recognition Act, but evidence suggests there are fewer mandated protective practices for young carers (Carer Recognition Act 2010; McDougall et al., 2018).
- There is no equivalent national statutory entitlement for young carer assessment/support in Australia compared with the UK post-2014 model (McDougall et al., 2018; The Children's Society, 2018; Care Act 2014).
- Limited routine collection of family composition, needs and strengths reduces opportunities to identify children and young people in caring roles (Hameed et al., 2023).
- There are few structures to identify children and parents across adult services (Hameed et al., 2023; Vuong et al., 2026).
- Ambiguity in agency responsibilities and lack of structured assessment protocols reduce continuity and preventative support (Vuong et al., 2026).
- Adult services may miss children and young people in caring roles if they focus only on the adult client/patient (Hameed et al., 2023; Cass et al., 2009; Bibb et al., 2024; Saragosa et al., 2022).
- Fear of child protection scrutiny and stigma can make routine identification feel risky for families, reducing disclosure (Hameed et al., 2023; Cass et al., 2009; Carers NSW, 2020).
- Eligibility rules, age limits, definitions of caring and consent requirements can affect whether young carers are identified and supported consistently (Cass et al., 2009; Carers NSW, 2020; Vuong et al., 2026).
- Mental health services are a major potential identification point, but suitability, access and carer-awareness can be inconsistent (Vuong et al., 2026; Hameed et al., 2023; Carers NSW, 2020).
- Culturally safe identification and support remains a gap, especially for First Nations and CALD young carers (Hameed et al., 2023; Department of Social Services, 2024; Carers NSW, 2020; Carers NSW, 2024).
- Age-appropriate identification and support for 18–25-year-olds is identified as a gap (Carers NSW, 2020; Vuong et al., 2026).
- Regional and remote availability can affect whether young carers are identified and connected to supports (Department of Social Services, 2024; Katz et al., 2024; Cass et al., 2009).

Focus Groups: YCSS Providers, DHS
• Education was identified as best placed for identification. • DHS policy staff suggested YSD/STAY workers could ask participants about young carers at intake. • YCSS staff suggested information should be framed in ways that support self-identification without relying only on “young carer” terminology. • Community centres were identified as possible identification points, noting some engage better with young people than others. • YACSA newsletter/survey and local government networks were identified as possible channels. • Legislative changes may help embed carer awareness into policies, procedures and data collection. • Changes to the Carers Recognition Act may provide a baseline level of awareness. • Cultural appropriateness for regional and remote communities was raised as an identification/access issue. • Opportunities were identified for shared communities of practice for staff working in the young carer space. • Child protection, mental health and AOD were identified as important intersecting areas. • Where mental health or AOD factors are present, there may be higher risk of child protection involvement. • SFS was identified as a possible bridge to DCP. • Stigma and fear of judgement may affect self-referrals, especially where families fear child protection involvement. • Building connection with CFSS may help spread awareness and destigmatise support. CFSS may have useful language around these issues. • Potential connection sessions with CCP/CND were suggested. • YSD and STAY were identified as services to integrate with. • Australian Capital Territory’s student voice committee was noted as an example of asking young people how to communicate messages about identification and visibility. • Staff/managers strongly emphasised that young carers often do not self-identify because caring is normalised within family life. • Identification depends heavily on adults in the young person’s support network recognising caring roles. • Parent awareness was identified as important. • YCSS staff noted there is no consistent flagging or screening process for young carers in education. • Staff suggested a young carer professional development requirement in education. • Language was a key issue: “young carer” may not resonate with older teenagers or some children. • One younger group of carers renamed themselves “little carers” because it resonated more. • Managers raised stigma as a barrier, especially for older young carers who may want to blend in. • Managers noted common assumptions that a young carer must be a “full-time” carer, despite caring roles being diverse, fluctuating and episodic. • Cultural factors may affect whether families seek support, especially where caring is seen as a normal family responsibility. • Consent and age requirements were raised as grey areas, particularly where a parent is unwell or unavailable.

Focus Groups: Participants/support network	R2D2 Submission Data
• One young carer had not heard the term “young carer” before engaging with the program. • Participants identified schools as important settings for earlier identification. • One parent suggested more school-based connection points could help identify young carers earlier. • One school was described as responsive to young carers, while another setting appeared less able to identify them due to competing demands and complexity. • A teacher reportedly behaved rudely towards a young carer, until informed of the caring context, suggesting young carers may be misunderstood when their role is not recognised. • One participant felt “young carer” was acceptable, but less fitting as they became older and identified more simply as a “carer”. • Participant evidence suggests identification affects both referral access and how young carers are treated in other systems.	• Provider submissions suggest some capacity building/knowledge exchange activity is being used to improve identification and support responses for young carers across services, though this appears uneven across providers and periods.

Stakeholder Survey, Lived Experience Survey (see Appendix H)
Stakeholder Survey (n=23): • Respondents reported reasonably high personal confidence identifying young carers, but this does not appear to translate into consistent organisational processes. • 31.58% of services who responded routinely ask about caring responsibilities at intake/assessment; 52.63% ask sometimes, 10.53% rarely, and 5.26% never. • Identification tools vary across settings: 36.84% use psychosocial assessment, 31.58% use school wellbeing screening, 21.05% use family/carer assessment, and 15.79% use intake form questions. • 21.05% said they do not currently use prompts/tools, and 15.79% rely on clinician judgement only, suggesting identification is not consistently systematised. • The strongest identification barrier was that young people do not self-identify as carers (84.21%). • Other major barriers were stigma/fear of consequences including child protection concerns (57.89%), staff knowledge/training gaps (36.84%), no standard prompts in systems (36.84%), not being funded for this purpose (31.58%), cultural/language barriers (26.32%), privacy/parental consent uncertainty (21.05%) and time/competing priorities (21.05%). • When young carers are identified, responses vary: 57.89% provide information to the young carer, 47.37% provide information to an adult connected to the young carer, 47.37% refer to school wellbeing supports, 42.11% refer to Carer Gateway/other carer supports, and only 21.05% refer to YCSS. • 42.11% reported no standard response, meaning the response varies by worker. This is important evidence that identification and first response are not yet consistently coordinated. • Respondents identified young carer identification/training (45%) and embedding identification prompts into common intake/assessment processes (40%) as key improvements for integration over the next 12 months.

- In system-gap responses, 84.21% identified early identification/recognition as a system gap impacting young carers' wellbeing and participation, making this the strongest system gap reported in the survey.

Lived Experience Survey (n=4):

- Lived-experience survey responses reinforced that schools and professionals are not always seen as likely to notice or support young carers, and that teachers/professionals need clearer understanding of what a young carer is, what supports are available, and how to respond safely and respectfully.

Gaps/What's Missing?

- Young carer identification remains a major system gap, with young people often not self-identifying because caring is normalised within family life.
- Identification still depends heavily on adults, services or individual workers recognising the caring role, rather than consistent system-level processes.
- Routine identification is not yet consistently built into intake, assessment, screening or flagging processes across education, health, adult services and community settings.
- First response is not consistently coordinated once a young carer is identified, with responses varying by worker/service and referrals going to different supports.
- There is no consistently shared understanding of what counts as a young caring role, including fluctuating, episodic or less visible caring responsibilities.
- The term "young carer" does not always resonate with children, older teenagers, families or culturally diverse communities, which may reduce self-identification and disclosure.
- Stigma, fear of judgement and child protection concerns can reduce disclosure, particularly where mental health, AOD, disability or family complexity are involved.
- Education is seen as central to identification, but school-based identification appears inconsistent and not yet supported by standard prompts, screening or professional development.
- Lived-experience responses suggest young carers may not be confident that teachers or school staff will notice and support them.
- Adult-facing services may miss young carers where they do not routinely ask about children, family composition or caring responsibilities.
- Consent, privacy and age-related requirements remain unclear to stakeholders, especially where a parent is unwell, unavailable, or where older adolescents may be able to consent themselves.
- Identification and first response may not be culturally or geographically consistent, particularly for First Nations, CALD, regional and remote communities.
- Evidence points to a need for shared identification guidance, practical prompts, staff training, communities of practice, and clear advice on how to recognise young carers and respond safely, respectfully and consistently.

Dimension 4: System Wide Integration (program role in the system)

No evidence	**Emerging**	Established	Embedded

Literature Review

- South Australia has both the Commonwealth Carer Gateway, including young carer services, and the state youth-specific YCSS for young people aged 5–25 (Katz et al., 2024; Carers Australia, n.d.).
- YCSS addresses a gap by providing support specifically tailored to young carers, where Carer Gateway is broader and more adult/carer-system oriented (Katz et al., 2024).
- Multiple services operate in South Australia, with some overlap in carer, child, youth and family supports (Katz et al., 2024; Carers Australia, n.d.; Carers SA, 2023).
- Evidence repeatedly describes siloed service delivery and limited cross-sector coordination (Hameed et al., 2023; Vuong et al., 2026).
- Schools are often disconnected from young carer services, despite being central to young carer identification and referral (Hameed et al., 2023; Cass et al., 2009; Lester et al., 2024).
- National system issues are reported between Carer Gateway and NDIS, including different rules and limited policy-level engagement (Katz et al., 2024).
- Funding and program rules across systems can create navigation burden for young carers and families (Katz et al., 2024; McDougall et al., 2018).
- Ambiguity in agency responsibilities can reduce continuity and preventative support (Vuong et al., 2026).
- Limited data on how systems intersect reduces understanding of pathways, gaps and overlaps (Vuong et al., 2026).
- Practical support gaps can persist beyond time-limited programs, including respite, domestic help, tutoring and transport (Cass et al., 2009; Warren & Edwards, 2025).
- Culturally safe supports, regional/remote availability, age-appropriate support for 18–25-year-olds, and community-wide awareness are identified as system-level gaps (Hameed et al., 2023; Department of Social Services, 2024; Carers NSW, 2020; Cass et al., 2009).
- Increased awareness/referrals without matching service capacity could create waitlists or unmet demand (Cass et al., 2009; Lester et al., 2024).
- The UK model provides an example of stronger system-level integration through statutory duties for identification, assessment and transition planning (The Children's Society, 2018; Care Act 2014).
- Australian policy recognition of carers provides a foundation, but appears less operationalised for young carers than the UK model (Carer Recognition Act 2010; McDougall et al., 2018; The Children's Society, 2018).

Focus Groups: YCSS Providers, DHS
• DHS policy staff discussed the need for more formalised connections between departments. • They suggested two-way conversations with YSD stakeholders about how services can support each other. • DHS Policy staff suggested asking other departments who would like to be involved. • Potential formalised connections could include senior offices or ministers. • Lack of buy-in from some agencies was identified as a barrier. • Carers may not be a priority area for education. • Changes to the Carers Recognition Act and alignment with the Commonwealth definition of carer may provide a stronger system-level foundation. • Commissioning staff identified possible integration opportunities through Carer Gateway, Carers SA, Department for Education, other DHS-funded services, CCP, CND, CFSS, SFS, YSD and STAY. • They suggested asking Department for Education to share data with DHS. • They identified possible broader feedback mechanisms beyond YCSS across carers in SA. • Evidence suggests there is active exploration of system links, but not yet a fully embedded or consistently operationalised system role. • YCSS appears connected to several systems, including schools, Carer Gateway, Carers SA, mental health, health, Headspace and brain injury rehabilitation. • Integration appears uneven and partly dependent on existing relationships or local awareness. • YCSS Managers identified the need for stronger departmental collaboration, especially with education and health. • YCSS Managers suggested roadshows or strategic partnerships with DHS and education. • Referral-out and family-level data gaps suggest YCSS's broader system-navigation role may not be fully captured. • YCSS Managers noted current systems do not adequately capture referrals made for the wider family, even where these are central to the young carer's goals and outcomes.

Participant Focus Groups	R2D2 Submission Data
• Participants described YCSS as helping them navigate and connect with broader supports. • Supports linked through YCSS included counselling, Sonder, tutoring, Aboriginal worker support and practical household assistance. • Positive coordination between Nunkuwarrin Yunti and YCSS supported the whole family. • Participants expressed some confusion about pathways, suggesting the broader carer/support system is not always clear or easy to navigate. • Evidence suggests YCSS has value as a coordination and navigation point, not only a direct service.	• Provider submissions show YCSS partnerships span social/community support, education, mental health, disability and other service domains, suggesting a broad service network; however, partnerships appear mostly downstream and service-delivery focused, with less evidence of upstream/system-level integration

Stakeholder Survey, Lived Experience Survey (see Appendix H)
Stakeholder Survey (n=23): • Respondents gave only moderate agreement that young carers in SA experience a clear, coordinated pathway to the right supports, with a weighted average of 3.15/5. • Agreement that YCSS is well integrated with respondents' own organisation/service was lower (2.9/5) • Agreement that YCSS aligns and coordinates well with relevant Commonwealth supports, such as Carer Gateway, was somewhat stronger, with a weighted average of 3.65/5, though 20% selected not sure/not applicable. • The biggest reported barrier to organisational integration with YCSS was low awareness of YCSS (55%). • Other integration barriers included information sharing/privacy/consent (25%), unclear roles between programs/services (20%), limited YCSS capacity/waitlists (20%), cultural safety/trust issues (20%), and integration relying on personal relationships rather than systemised processes (20%). • Suggested improvements included young carer identification/training (45%), embedding identification prompts in common intake/assessment processes (40%), better feedback loops after referral (40%), active outreach (35%), agreed identify-and-refer guidance (25%) and a single entry/no-wrong-door referral approach (25%). • System coordination was identified as a wellbeing/participation gap by 42.11%, including fragmented responsibilities and difficulty navigating health, education, disability and social services. • Respondents also identified broader system gaps around mental health and wellbeing (63.16%), access to support services (52.63%), culturally sensitive/age-appropriate/whole-of-family supports (36.84%), financial/practical support (36.84%) and education support (31.58%). • Open-text responses called for stronger collaboration between YCSS and community-based youth services, clearer partnerships, referral pathways and collaborative supports, recognising that services cannot work in isolation. • The stakeholders most commonly identified as important to a coordinated integration effort were schools/education (89.47%), youth mental health services such as Headspace/CAMHS (73.68%), primary care/GPs (57.89%), child and family services (42.11%), and Aboriginal community-controlled services (42.11%). Lived Experience Survey (n=4): • Lived-experience survey responses reinforced that young carers' needs cut across multiple systems, particularly education, mental health, social connection, age-appropriate support and culturally/identity-safe services.

Gaps/What's Missing?
• YCSS appears to have a distinct and important role as the only young-carer-specific program in South Australia, but this role is not yet consistently understood or operationalised across the broader service system. • YCSS is connected to multiple systems, including Carer Gateway, Carers SA, education, health, mental health, child and family services, and other DHS-funded programs, but these links appear uneven and partly relationship-dependent. • The broader young carer support landscape is complex, with overlap between Commonwealth, state, NGO, carer, youth, health, disability and family supports, creating a need for clearer role definition and pathway mapping.

- Young carers and families may still experience the system as difficult to navigate, with participant evidence suggesting confusion about pathways and differences between carer/support organisations.
- System-wide integration is limited by siloed service delivery, fragmented responsibilities and gaps in mutual understanding between sectors.
- Stronger formal connections are needed between YCSS and key sectors, particularly education, health, youth mental health, primary care, child and family services, Aboriginal community-controlled services and other DHS-funded programs.
- Education is consistently identified as a critical system partner, but buy-in, prioritisation and integration with education processes appear inconsistent.
- YCSS's broader navigation and coordination role is not fully captured in current systems, particularly where support involves referrals for the wider family or connection to practical/community supports.
- Information sharing, privacy and consent issues remain barriers to stronger system-wide integration.
- Integration appears to rely partly on personal relationships and local awareness rather than formalised, system-level processes such as shared guidance, partnership agreements, data sharing or routine cross-sector referral pathways.
- Capacity and service availability may constrain integration, particularly if increased awareness leads to more referrals without matching service capacity.
- Evidence points to broader system gaps in culturally safe, identity-safe, age-appropriate, regional/remote and whole-of-family supports, with lived-experience responses also reinforcing needs across education, mental health and social connection.
- Evidence points to a need for stronger cross-sector coordination, clearer partnerships, shared identification/referral processes, active outreach, feedback loops and a more explicit "no wrong door" approach across education, health/mental health, carer, youth and family supports.

Appendix F: Reach and Impact Evidence

Dimension 1: Broad Reach and Equity of participation

No evidence	Emerging	**Established**	Embedded

Focus Groups: YCSS Providers, DHS	Focus Groups: Participant/support network, Participant Survey (n=7; see Appendix H), Case Studies
• Reach appears constrained by identification, engagement and access barriers, with providers believing a larger cohort of young carers exists than is currently engaged. • Older young carers appear to be a key under-reached group, with referral pathways and service models seeming stronger for younger children and 12–18 year olds. • Providers are making active outreach efforts through schools, councils, youth networks and community engagement, but information does not always reach families or translate into participation. • Key access barriers include transport, distance, affordability, cost of living pressures, family engagement, reluctance to engage with services, service overwhelm, privacy/pride, cultural factors and the voluntary nature of the program. • School access and timing flexibility affect reach, with exclusion from school settings, after-school commitments and limited after-hours delivery creating barriers for some young carers. • Gender patterns appear mixed and provider-specific, suggesting engagement may vary by region, cohort and activity format rather than showing one consistent pattern.	• Participant evidence suggests 1:1 support can be particularly important for young carers whose home environment provides limited individual time, space or attention due to caring pressures. • In-school visits appeared to support access for at least one young carer (who participated in a focus group), providing a safer and more supportive space away from home and reducing reliance on family-led access. • Social connection emerged as an access and participation issue, with caring responsibilities, university demands and family pressures limiting young carers' ability to connect with peers and communities. • Participant survey responses suggested improvements in more group and/or fun and social activities, while 2 respondents selected "no changes needed." • Case studies show YCSS reaching young carers with complex and diverse circumstances, including young carers with disability/neurodiversity, significant caring responsibilities, mental health impacts, cultural/language barriers, and regional/outer-metro access challenges.

R2D2 Data
• Demographic data shows YCSS reached young carers across all age groups, though participation was concentrated among 12–18 year olds (47%) and 5–11 year olds (40%), with a smaller proportion of 19–25 year olds (13%). • The smaller proportion of 19–25 year olds is consistent with the program's stronger focus on young carers aged 5–18, but also aligns with other evidence suggesting older young carers may be harder to identify, engage or retain. • Gender data shows participation was relatively mixed, with 56% female, 42% male, and 1% non-binary participants. • 22% were recorded as having diagnosed, undiagnosed, or both diagnosed and undiagnosed disability. • CALD participants made up 13% of recorded participants. • Aboriginal and/or Torres Strait Islander participants made up approximately 9% of recorded participants • LGBTIQA+ participants made up 5% of recorded participants. • Overall, demographic data shows YCSS is reaching a diverse participant cohort across age, gender, disability, CALD, Aboriginal and Torres Strait Islander, and LGBTIQA+ groups, with strongest reach among the program's stated priority age range of 5–18 years. • However, demographic data should be interpreted cautiously, as it does not show whether participation is equitable without comparison to population need, referral demand, local demographics, or young carers who are not currently engaged.

Gaps/What's Missing?
• Evidence suggests YCSS is reaching a diverse cohort, but it is unclear whether reach is equitable or proportionate to need across age, location, culture, disability, gender identity, caring intensity or family circumstances. • Some under-reached groups are identified through provider reflections, but unmet need is not systematically measured or quantified. • While providers are undertaking outreach, there is limited evidence on which outreach strategies are most effective in converting awareness or referrals into actual engagement. • Access barriers are clearly identified, but there is less evidence that barriers such as transport, timing, cost, family capacity and school access are being addressed consistently across providers or regions. • Evidence suggests flexible delivery, 1:1 support and in-school visits can support access, but it is unclear whether these options are available consistently or equitably across all providers. • Older young carers appear to face specific engagement barriers, but the evidence does not clearly show whether tailored strategies are in place to reach and retain this group.

Dimension 2: Meaningful Outcomes and Impact

No evidence	Emerging	**Established**	Embedded

Focus Groups: YCSS Providers, DHS
• Providers described increasing complexity among older young carers, young people with their own diagnosis or neuro-related needs, and families needing support beyond the standard 12-month model. • Older young carers were perceived as less satisfied in some areas, particularly personal relationships and connection to community, which staff linked to their life stage, complexity and competing demands. • Service duration appears highly variable and shaped by family context, with some circumstances extending beyond the standard 12-month model. • DHS/provider reflections suggest current outcome or engagement questions may not fully capture change, indicating a need to refine impact measurement without increasing provider burden.

Focus Groups: Participant/support network, Participant Survey (n=7; see Appendix H), Case Studies
• Participants described YCSS as helpful overall, using very positive language about both the service and workers. • Practical impacts included support with paperwork, service navigation, cleaning services, counselling, financial services, tutoring, laptops, work-related issues, university study and volunteering. • Emotional and wellbeing benefits included feeling less stressed, less alone, more supported, reassured, and more confident to seek help. • YCSS appeared to improve young carers' confidence in speaking about their own needs, seeking support, and managing complex or chaotic circumstances. • School-related support was important, including advocacy where lateness was connected to caring responsibilities and support for emotional/social wellbeing at school. • Social connection was a strong theme, with YCSS helping connect young carers to peer groups, mentoring, communities and YACYAC. • Evidence suggests YCSS can improve practical functioning and confidence even where caring pressures remain significant. • All survey respondents reported that YCSS helped them in some way, gave them the help they needed, and made a positive overall difference. • All survey respondents said YCSS helped them feel like they matter, not just as a carer, and feel less stressed or overwhelmed. • YCSS appeared to support help-seeking and service navigation, with all survey respondents saying it helped them know where to go for support and feel more confident asking for help. • School-related impact was evident, with 5 of 7 respondents saying YCSS helped with school and learning. • All respondents said they met people through YCSS who understood their caring role, and all said YCSS helped them feel less alone and more connected, either "definitely" or "a little bit". • Overall experience was very positive, with all respondents rating their experience with YCSS as "Good" (scale: not good/okay/good).

- Case studies describe positive impacts on confidence, self-expression, emotional awareness, coping skills, social connection, and reduced isolation.
- Case studies suggest several young carers benefited from practical supports including school liaison, tutoring, counselling/mental health referrals, allied health referrals, financial/service navigation, career-related support, and access to group activities.
- Peer connection and group activities were described in case studies as important for reducing isolation and helping young carers feel understood by others in similar circumstances.
- Some case studies show that outcomes can be non-linear, especially where young carers face trauma, mental health challenges, high caring loads or changing family circumstances.

R2D2 Data

- Average program-level PWI data shows small positive increases across all wellbeing domains from pre-service to post-service, suggesting overall improvements in participants' personal wellbeing.
- The largest PWI increase, based on overall program averages, was in Community (+0.9), followed by Future Security (+0.6), Personal Relationships (+0.5) and Safety (+0.5), suggesting stronger improvements in connection, perceived stability and relational/social wellbeing.
- SWI data shows an overall positive change of +0.5, with improvements across all reported domains.
- The strongest SWI improvements were in Social and Cultural Connection (+1.1) and Emotional Wellbeing (+0.9), aligning with other evidence that YCSS may support connection, confidence and wellbeing.
- PWI and SWI results both show positive pre- to post-service changes, but these should be interpreted as associations rather than causal impacts, as other factors may also have contributed to participants' improved scores.
- PANOC results show a positive shift overall, with the average positive score increasing from 14.2 to 15.0 (+0.8), while the average negative score decreased from 5.6 to 5.0 (-0.6). This suggests participants reported slightly improved emotional wellbeing over the service period, though the data does not by itself establish that YCSS caused the change.
- MACA total scores remained unchanged at the program average level, with a pre-service and post-service average of 13.8, suggesting no overall change in reported caring activity/load across the program.
- Most participants reported improved ability to deal with the issues they sought help with, with 82% agreeing or tending to agree and only 1% tending to disagree.
- Social connection data shows strong positive movement, with 64% recording moderate or significant positive change. This supports other evidence that YCSS contributes to reduced isolation and improved connection.
- 14% of participants who reported limited change to social connection, also reported strong engagement.
- Understanding and ability to access services/supports also showed positive change, with 73% recording moderate or significant positive change. This suggests YCSS may be improving participants' service navigation and help-seeking capacity.
- Employment participation showed some positive change, though this appears less broadly applicable than other outcomes (53% reported this was not applicable). Where it was applicable, 51% recording moderate or significant positive change and 13% showing limited change with strong engagement

- Overall, the data suggests YCSS is associated with improvements in wellbeing, positive affect, issue management, social connection, service navigation and help-seeking, with strongest evidence around connection and access to supports, while caring responsibilities appear to remain relatively stable.

Gaps/What's Missing?

- Evidence shows positive participant outcomes, but it is difficult to determine the extent to which changes were caused by YCSS, as other family, school, service or life factors may also have contributed.
- Outcome data shows positive pre/post change in several areas, but the evidence does not clearly show whether improvements were sustained over time after participants exited or reduced engagement with the program.
- Current outcome measures may not fully capture more complex or non-linear changes, such as improved readiness to seek help, trust in services, re-engagement after withdrawal, or progress made while caring pressures remain high.
- Evidence demonstrates positive change for participants who engage, but less is known about outcomes for young carers who disengage, participate intermittently, or need support beyond the standard service period.

Dimension 3: Ripple Effects for Support Network

No evidence	**Emerging**	Established	Embedded

Focus Groups: YCSS Providers, DHS	R2D2 Data
• Evidence suggests some indirect “ripple effects” where support for the cared-for person or family can benefit the young carer, but these effects are not yet consistently captured or measured. • Family engagement appears central to both reach and impact, but can also be a barrier where families are overwhelmed, reluctant, private, or difficult to engage. • Transport, family circumstances and changes in support arrangements can affect continued participation, suggesting support networks strongly influence whether young carers can access and benefit from YCSS. • Evidence of ripple effects is present, but appears mostly indirect or anecdotal rather than consistently captured across participants and families.	• The assessment data provides limited direct evidence of ripple effects for support networks, as the measures mostly focus on participant-level wellbeing, affect, social connection and caring activity.

Focus Groups: Participant/support network, Participant Survey (n=7; see Appendix H), Case Studies
• Participant and parent evidence suggests YCSS benefits can extend beyond the individual young carer to the wider family system. • Support for the young carer appeared to reduce stress and overwhelm within the family context, particularly where caring responsibilities affected the young person’s emotional space and sense of support. • Parent comments suggest YCSS can complement family support by giving young carers a trusted person outside the family to talk to, vent to, and receive individual attention from. • Some impacts appear to extend beyond immediate support into identity, community participation, future confidence and family functioning. • All survey respondents said YCSS made a positive difference for people around them, such as family, friends or the person they care for, however the small sample size is not strong program-wide evidence. • Case studies provide clear evidence of benefits extending beyond the individual young carer, including improved family functioning, parent capacity, school understanding, peer relationships, and connection to culturally responsive supports. • In one case, mindfulness and coping strategies learned through YCSS were shared with siblings and parents, suggesting direct flow-on benefits within the home. • YCSS helped some families connect with broader supports, including Japanese-speaking social work, school wellbeing staff, Kids Hub, Headspace, Uniting Communities, Carer Gateway and allied health services.

- Several examples show that family circumstances strongly shape outcomes: young carers may benefit from YCSS, but ongoing caring intensity, transport limits, parental capacity and sibling needs can continue to restrict sustained participation.

Gaps/What's Missing?

- Ripple effects are evident in participant, parent and case study examples, but they are not consistently or systematically measured across the program.
- Most R2D2/assessment data focuses on the individual young carer, so there is limited quantitative evidence of changes in family functioning, school understanding, peer support, or service responsiveness.
- The evidence shows that YCSS can benefit families, schools, peers and service connections, but there is limited detail on the scale, consistency or durability of these wider benefits.
- Family and support network circumstances are clearly important to outcomes, but there is limited evidence on how consistently YCSS works with or influences those networks across providers.
- Some examples show improved connections with schools, family supports and external services, but it is unclear whether this reflects consistent program practice or individual case-by-case responses.
- Transport, family capacity, sibling needs and changes in support arrangements continue to affect participation, suggesting support networks can both enable and limit impact.

Appendix G: Experience Evidence

Dimension 1: Equity Across Priority Groups

No evidence	**Emerging**	Established	Embedded

Focus Groups: YCSS Providers, DHS	Focus Groups: Participant/support network	Participant Survey (n=7, see Appendix H)
• Evidence indicates YCSS can adapt to complex young carer circumstances, including mental health, housing instability, child protection involvement and broader family needs. • Evidence described one provider model as inclusive and culturally safe, but there is limited detail about how this is experienced across priority groups. • Older young carers were described as harder to schedule due to school, after-school activities, and other competing commitments. • Staff suggested older young carers may have more complex goals, including employment-related goals. • Evidence suggests young carers with higher or more complex needs may require more one-on-one support, intensive advocacy, coordination, or flexible service duration. • Evidence identified practical and system constraints that can limit responsiveness, including limited one-on-one and after-hours capacity, staff capacity pressures, school engagement barriers, language needs, consent delays and reduced referral activity across the sector.	• Participants valued not being reduced to a category, which lightly supports the importance of dignity and non-stigmatising practice across diverse circumstances. • Participants noted geography and local availability of activities shaped how fully participants could engage with the program. Some participants noted that some activities and supports were not available near them, limiting involvement beyond school-based support.	• Survey responses were positive overall, but the small sample size (n=7) limits the ability to assess whether experience differs across priority groups.

Gaps/What's Missing?
• There is limited evidence showing whether experience differs across specific priority groups, such as older young carers, neurodivergent young carers, young carers with disability, regional participants, culturally diverse families, or young carers with higher complexity. • Survey responses were positive overall, but the very small sample size limits the ability to compare experience across age, location, service type, disability/neurodivergence, culture, or other priority groups. • Older young carers may face additional barriers to fit and access, including competing school, work, social, and after-school commitments, but the evidence does not clearly show how consistently the program adapts for this cohort. • Young carers with higher or more complex needs may require more one-on-one support, intensive advocacy, coordination, or flexible service duration, but limited capacity may affect whether this is consistently available. • Geography and local availability appear to affect how fully some participants can engage with YCSS, particularly where activities or supports are not available nearby. • While one provider model was described as inclusive and culturally safe, there is limited detail about how culturally safe or inclusive practice is experienced by young carers and families across different priority groups. • Practical and system constraints, including limited one-on-one and after-hours capacity, staff capacity pressures, school engagement barriers, language needs, consent delays, and reduced referral activity, may limit equitable experience across cohorts and locations. • There is limited evidence about whether dignity and non-stigmatising practice are experienced consistently across diverse young carers and family contexts.

Dimension 2: Responsiveness to Client Needs

No evidence	Emerging	**Established**	Embedded

Focus Groups: YCSS Providers, DHS
• Staff and managers consistently described flexibility and tailoring as core strengths of YCSS. • Support was described as tailored to individual young carers, rather than only adjusted by age group. • Managers noted flexibility in where support is delivered, including home visits or alternative locations where needed. • Support was described as most effective when it combined emotional support with practical action. • Evidence demonstrated provider models as flexible, trauma-aware and individualised, with support adapting to complex young carer circumstances including mental health, housing instability, child protection involvement and broader family needs. • Evidence reinforced the importance of relational and trauma-informed practice, with provider models described as supporting safety, wellbeing, creativity, peer connection and inclusive engagement. • Staff suggested lower satisfaction among older young carers may partly reflect more complex goals, such as employment-related goals • Managers noted that group work appears to work well for younger cohorts, particularly ages 8–14. • Age differences sometimes require splitting groups, but this is difficult to sustain with current resources. • Evidence suggests group work can support safety and normalisation, but young carers with higher or more complex needs may require more one-on-one support, intensive advocacy, coordination, or flexible service duration during periods of escalating need. • Managers noted that funding and staffing constraints can limit the ability to add extra timeslots or split groups by age. • Practical constraints mean the program's flexibility is a strength, but not always enough to meet all cohorts' needs equally. • Evidence identified limited one-on-one and after-hours capacity, staff capacity pressures, school engagement barriers, language needs, consent delays and reduced sector referral activity as constraints on responsiveness.

Focus Groups: Participant/support network	Participant Survey (n=7, see Appendix H)
• Participants valued support that responded to what they and their family actually needed, rather than feeling generic or judgemental. • Flexibility and practical helpfulness appeared central to positive participant experiences. • Participants described positive workers as warm, kind, respectful, understanding, and personally engaged.	• 100% of respondents said YCSS helped them, gave them the help they needed, helped them feel less stressed or overwhelmed, and helped them know where to go for support. • 5 respondents said the time in YCSS felt about right, though reported involvement ranged from around 10 months to multiple years. 1 respondent selected that their time was "too short, and 1 selected "not sure".

• Trust, dignity, and emotional safety were central to positive experiences of YCSS. • One parent described young carer workers as “guardian angels,” while one young carer described a strong worker relationship as feeling “like my best friend.” • Participants valued not being judged, dismissed, or reduced to a category. • Less positive experiences were linked to support feeling overly clinical, not person-centred, or not responsive to the young person’s needs. • Participants expressed different views about support frequency and duration; one parent wanted more frequent support, while one young carer felt support could have ended earlier after circumstances changed. • Scheduling affected the frequency and consistency of support for some participants.	• Survey comments emphasised feeling listened to, cared about, supported, safe, encouraged, and able to speak openly. • This supports a finding that survey respondents generally experienced YCSS as helpful, responsive and relevant to their needs. • More group and/or fun and social activities were selected as the top thing YCSS could improve (3 selections for each), while there was one selection for both more flexible times and more one-on-one support. Two respondents selected “no changes needed”. • Survey evidence did not strongly identify practical barriers, but this should be interpreted cautiously due to the small sample size.

Gaps/What’s Missing?
• While flexibility and tailoring are clear strengths, the evidence suggests responsiveness may be constrained by staffing, funding, scheduling, and service capacity. • There is limited evidence that YCSS can consistently provide more intensive or alternative support options, such as additional timeslots, after-hours delivery, one-on-one support, or age-specific groups, where these are needed. • Older young carers may require different approaches due to more complex goals, competing commitments, and transition-related needs, but it is unclear whether the current model consistently adapts to these needs. • Group work appears effective for some younger cohorts, but may not be sufficient for young carers with higher or more complex needs who may require individualised support, advocacy, coordination, or flexible service duration. • Experience may vary depending on worker fit and relational style, with less positive experiences linked to support feeling overly clinical, impersonal, or not responsive to the young person’s needs.

Dimension 3: Client Agency Shapes Support

No evidence	**Emerging**	Established	Embedded

Provider Focus Groups	Participant Focus Groups	Participant Survey (n=7, see Appendix H)
• Staff and managers described support as tailored to individual young carers, suggesting the program is not delivered as a fixed or one-size-fits-all model. • Support was described as responsive to individual circumstances rather than only adjusted by broad age group. • Staff recognised that young carers' needs differ individually, including by age, goals, complexity, family context, and preferred support format. • Evidence suggests YCSS can adapt support where needs escalate, including through one-on-one support, advocacy, coordination, or flexible service duration.	• Participants valued support that responded to their actual family circumstances, rather than feeling generic, judgemental, or category-based. • Participants described positive experiences where workers listened, understood their needs, and responded in practical ways. • Participants expressed different views about support frequency and duration, suggesting the right level of support is individual and may need to be shaped around personal circumstances. • One parent wanted more frequent support for their child, while one young carer felt support could have ended earlier after circumstances changed. • Positive worker relationships appeared to help young carers feel safe enough to express needs and preferences.	• 100% of survey responses said YCSS helped them feel more confident to ask for help and helped them feel like they matter, not just as a carer. • Survey responses showed some preferences for more group activities, more one-on-one support, or more social activities.

Gaps/What's Missing?
• There is evidence that support is tailored to individual circumstances (responsiveness), but less evidence that young carers are involved in shaping decisions about the timing, format, content, or goals of their support. • There is limited evidence of structured processes for young carers to make choices, set direction, or review the type and intensity of support they receive. • It is unclear how consistently young carers and families are involved in decisions about frequency, duration, group versus one-on-one support, or exit timing.

Appendix H: Survey Question Summaries

YCSS Stakeholder Survey

Q1. Which organisation/sector best describes you?

Answer Choices	Responses	
Aboriginal Community-Controlled Organisation (ACCO/ACCHO)	0.00%	0
CALD/settlement/multicultural service	8.70%	2
Carer Gateway	8.70%	2
Commissioner/oversight body	0.00%	0
DHS (commissioning/contract management)	13.04%	3
DHS (policy/carers portfolio)	0.00%	0
DHS other business unit (e.g. SFS/MAYFS)	4.35%	1
Education (school/sector office)	26.09%	6
LGBTIQA+ service	0.00%	0
Mental health service (adult)	0.00%	0
Mental health service (youth)	8.70%	2
NDIS interface (e.g. LAC/ECEI/community engagement)	0.00%	0
Peak body/advocacy	0.00%	0
Primary care/GP practice	0.00%	0
SA Health (incl. LHN/community health)	13.04%	3
Youth hub/centre	4.35%	1
Other (please specify)	13.04%	3

- Local Government
- Local government
- Community Service

Q2. If you selected "DHS other business unit", please specify which business unit:

- ENU

Q3. Which best describes your role?

Answer Choices	Responses	
Advocacy/peak body/oversight	0.00%	0
Case management/care coordination	17.39%	4
Commissioning/contract management	8.70%	2
Program management/operations	21.74%	5
Frontline/service delivery	34.78%	8
Intake/triage/referrals	0.00%	0
Policy/strategy	8.70%	2
Other (please specify)	8.70%	2

- Research student about experiences of young carers
- education

Q4. Which region do you primarily work in?

Answer Choices	Responses	
Metro (Greater Adelaide/major city area)	43.48%	10
Regional (towns/areas outside Greater Adelaide)	26.09%	6
Remote (remote or very remote areas with lower access to services)	4.35%	1
Statewide	26.09%	6
Unsure (please specify postcode)	0.00%	0

Q5. Before this survey, how familiar were you with the YCSS program?

Answer Choices	Responses	
Not aware	9.09%	2
Heard of it	18.18%	4
Somewhat familiar	50.00%	11
Very familiar	22.73%	5

Q6. Where did you hear about YCSS? (select all that apply)

Answer Choices	Responses	
A client/family	4.55%	1
Colleague/word of mouth	40.91%	9
Health network	4.55%	1
Referral directory (e.g. intranet, HealthPathways)	0.00%	0
School network	18.18%	4
Training/professional development	9.09%	2
DHS Website	4.55%	1
Other Website/Social Media	0.00%	0
Sector specific newsletter	0.00%	0
Community of Practice	4.55%	1
Other (please specify)	22.73%	5

- Funded agency delivering YCSS
- City of Marion Southern CALD Network
- Friend who works at DHS
- Local government youth development network
- I used to work in YCSS

Q7. How clear is it to you what YCSS does, who it is for, and how to refer?

	1 (strongly disagree)	2	3	4	5 (strongly agree)	Not sure/not applicable	Total
It is clear to me what YCSS does (its role and services)	4.55% 1	13.64% 3	22.73% 5	27.27% 6	31.82% 7	0.00% 0	22
It is clear to me who YCSS is for (eligibility/target group).	0.00% 0	13.64% 3	13.64% 3	31.82% 7	40.91% 9	0.00% 0	22
It is easy to find the right contact/referral information for YCSS when needed	4.55% 1	22.73% 5	27.27% 6	22.73% 5	13.64% 3	9.09% 2	22

Q8. In your view, what most limits YCSS visibility in your sector? (select up to 3)

Answer Choices	Responses	
Staff are not aware YCSS exists	50.00%	11
Unsure what YCSS offers	50.00%	11
Unsure who is eligible	27.27%	6
Unsure how to refer	27.27%	6
Competing priorities/time	18.18%	4
High turnover/training gaps	4.55%	1
No central directory/landing page	4.55%	1
Confusion with other programs (e.g. Carer Gateway/other youth supports)	40.91%	9
Other (please specify)	18.18%	4

- Sporadic communication and follow up from YCSS worker
- My workplace services adults 18+. Young people are not consumers (but some of our consumers would have young carers)
- In the southern fleurieu high turnover has been a large issue. Additionally, the staff that do hold the young carers sa positions don't usually have the skills to raise the awareness and drum up referrals, they seem to be good at the one on one case management but they always struggle to actually increase the awareness of the service which means people don't use them, they feel unused, they become dissatisfied and then they move on. And the cycle continues.
- Limited outreach / capacity of service

Q9. Which channels would best increase visibility of YCSS in your sector? (select up to 3)

Answer Choices	Responses	
Single landing page + referral guide	36.36%	8
Referral directory listing (e.g. school intranet/HealthPathways)	36.36%	8
Short 1-2 page 'how to identify + refer' guide	22.73%	5
Brief e-learning module for staff	4.55%	1
Presentations at existing forums/communities of practice	63.64%	14
Social media/communications toolkit	36.36%	8
Joint outreach in schools/health settings	45.45%	10
Other (please specify)	9.09%	2

- Education session for workplace
- Locally, the young carers worker comes along to the regional youth network which is good. But there needs to be an assertive outreach function to young carers to increase engagement. It is also a service that needs to be co-located with Tailored Learning Programs and other youth services where there is a high prevalence of young carers. I think assertive outreach is the key thing missed. From my perspective there is a gap between the referral entering the gateway and assertive contact actually being made with the client. I understand that young carers is not a compulsory service, but assertive outreach style and strategies can still be used.

Q10. What would make it easier for your organisation to recognise and connect young carers to YCSS?

- Presentation / outreach to health services/professionals.
- I have been proactive in engaging YCSS and referring students
- We work closely with Carers SA, but it would be good to know more about the other program partners.
- Seamless engagement within schools driven from leadership at DECD, uniform collateral
- It would need to be deemed a part of our core business and form part of our service delivery model in community centres. This is not how our service delivery model is currently structured.
- Understand what it can offer for young carers
- As local government I don't really need a connection, but have taken notice of the service gaps in the region.

- Knowledge about the service
- Unfortunately I think the biggest barrier is time and all the demands in hospital meaning families and indeed young carers can fall through the gaps. I think the teams within a hospital would need time and advocacy to learn and receive training about the program with the blessing of their managers with such natural time restraints here.
- As above a clearer flowchart.
- Personally knowing a key contact person
- Assessing the needs of the families within the intake process to work out who may be a Young Carer. Spending more time with individuals on CCP to identify their Young Carers would also be helpful
- Presentation at a staff meeting.

Q11. In the last 12 months, how often have you worked with young people who may have caring responsibilities?

Answer Choices	Responses	
Never	13.64%	3
Rarely	9.09%	2
Sometimes	36.36%	8
Often	4.55%	1
Very often	27.27%	6
Unsure	9.09%	2

Q12. In the last 12 months, how often have you worked with someone being cared for by a young person?

Answer Choices	Responses	
Never	15.79%	3
Rarely	15.79%	3
Sometimes	26.32%	5
Often	10.53%	2
Very Often	10.53%	2
Unsure	21.05%	4

Q13. In the last 12 months, how often have you worked with someone being cared for by a young person?

Answer Choices	Responses	
Never	66.67%	2
Rarely	0.00%	0
Sometimes	33.33%	1
Often	0.00%	0
Very Often	0.00%	0
Unsure	0.00%	0

Q14. How confident are you in identifying a young person who is a carer/has caring responsibilities?

	1 (not confident)		2		3		4		5 (very confident)		Not applicable		Total
Rating	5.26%	1	0.00%	0	26.32%	5	21.05%	4	42.11%	8	5.26%	1	19

Q15. Does your service routinely ask about caring responsibilities (e.g. at intake/assessment) for young clients or families?

Answer Choices	Responses	
Yes, routinely	31.58%	6
Sometimes	52.63%	10

Rarely	10.53%	2
Never	5.26%	1
Not sure/Not applicable	0.00%	0

Q16. Which prompts/tools are used in your setting to help identify young carers? (select all that apply)

Answer Choices	Responses	
Intake form questions	15.79%	3
Psychosocial assessment	36.84%	7
Family/carer assessment	21.05%	4
School wellbeing screening	31.58%	6
Clinican judgement only (no standard prompts)	15.79%	3
We don't currently use prompts/tools	21.05%	4
Other (please specify)	5.26%	1

- I'm not sure

Q17. What are the biggest barriers to identify young carers in your setting? (select up to 5)

Answer Choices	Responses	
Young people don't self-identify as a 'carer'	84.21%	16
Stigma/fear of consequences (incl. child protection concerns)	57.89%	11
Time/competing priorities	21.05%	4
Not funded for this purpose	31.58%	6
Staff lack knowledge/training	36.84%	7
No standard prompts in systems	36.84%	7
Privacy/parental consent uncertainty	21.05%	4
Cultural language/barriers	26.32%	5
Other (please specify)	15.79%	3

- Orgs /schools do not actively refer
- This level of support is not offered as part of our core business
- We work with consumers 18+

Q18. When a young carer is identified (or suspected), what usually happens in your setting?

Answer Choices	Responses	
Provide information/education to the young carer	57.89%	11
Provide information/education to an adult who is connected to the young carer	47.37%	9
Offer brief support in-house	0.00%	0
Refer to YCSS	21.05%	4
Refer to Carer Gateway/other carer supports	42.11%	8
Refer to mental health supports	21.05%	4
Refer to school wellbeing supports	47.37%	9
Refer to another NGO/youth service	10.53%	2
No standard response (i.e. varies by worker)	42.11%	8
No response	0.00%	0
Other (please specify)	10.53%	2

- I'm not sure
- Referral made to our carer consultant.

Q19. How confident are you that your organisation knows what to do when a young carer is identified (including where to refer)?

	1 Not at all confident	2	3	4	5 Very confident	Not sure/not applicable	Total
Rating	0.00 % 0	10.53 % 2	36.84 % 7	26.32 % 5	26.32 % 5	0.00 % 0	19

Q20. Have you (or your team) referred to YCSS in the last 12 months?

Answer Choices	Responses	
Yes	23.81%	5
No	47.62%	10
Unsure	28.57%	6

Q21. Reflecting on the last time you referred someone to YCSS, which of the following statements do you agree with (select all that apply):

Answer Choices	Responses	
It was easy to find out about the program and who to refer to	9.09%	1
Completing the referral form was easy and simple to understand (cold referral)	9.09%	1
Contacting the organisation to refer the young carer was an easy process (warm referral - facilitating connection of client to provider)	18.18%	2
The referral process was easy to navigate	18.18%	2
I understood clearly how to make a referral	9.09%	1
I was able to find the information I needed to complete the referral	18.18%	2
The referral form was straightforward and user-friendly	0.00%	0
I received timely confirmation that the referral had been received	0.00%	0
All of the above	9.09%	1
None of the above	36.36%	4

Q22. If you have referred to YCSS (or tried to), how could the referral process be improved for you/your service?

- Better communication from the YCSS worker - often my emails were unanswered and I had to follow up multiple times, I did not receive updates about if or how the service was supporting the vulnerable student I referred.
- N/A
- Like previously stated, the referral system in itself is good. The gateway is easy and makes sense. Locally, where it falls apart is the outreach of the young carers worker post referral. From what I have seen this is usually where a young person doesn't actually get contacted, or they get contacted once and then it falls away.
- have more support in regional towns

Q23. Which parts of the referral pathway most need improvement to prevent referrals/support from breaking down? (Select all that apply)

Answer Choices	Responses	
Identification (young carer not recognised)	27.27%	3
Consent/privacy (complexities)	9.09%	1
Eligibility and thresholds (unclear)	0.00%	0
Referral navigation (unsure where/how to refer, finding the right contact/service)	9.09%	1
Service capacity and wait times (limited capacity/delays)	27.27%	3
Family readiness and willingness (reluctance/fear)	18.18%	2
Young person engagement and retention (disengagement)	45.45%	5
Feedback and follow-up after referral ("closing the loop"/outcome unknown)	36.36%	4
Not sure/not applicable	36.36%	4
Other (please specify)	0.00%	0

Q24. Have you received referrals from YCSS into your service (in the last 12 months)?

Answer Choices	Responses	
Yes	9.09%	1
No	54.55%	6
Unsure/not applicable	36.36%	4

Q25. To what extent do you agree with the following statements:

	1 (strongly disagree)	2	3	4	5 (strongly agree)	Not sure/not applicable	Total	
Young carers in SA experience a clear, coordinated pathway to the right supports (including YCSS & Carer Gateway)	5.00% 1	30.00% 6	35.00% 7	15.00% 3	5.00% 1	10.00% 2	20	
YCSS is well integrated with your organisation/service overall (including all programs delivered by your organisation/service)	10.00% 2	45.00% 9	20.00% 4	5.00% 1	10.00% 2	10.00% 2	20	
YCSS aligns and coordinates well with relevant Commonwealth supports (e.g., Carer Gateway).	0.00% 0	25.00% 5	30.00% 6	20.00% 4	5.00% 1	20.00% 4	20	

Q26. What are the biggest barriers to your organisation integrating with YCSS? (select up to 5)

Answer Choices	Responses	
Low awareness of YCSS	55.00%	11
Unclear roles between programs/services	20.00%	4
Unclear eligibility criteria	5.00%	1
Too many pathways/'wrong door' referrals	5.00%	1
Limited capacity of YCSS/long waitlists	20.00%	4
Information sharing/privacy barriers/consent	25.00%	5
Workforce turnover/training gaps	10.00%	2

Geographic access barriers/location (i.e. no YCSS provider in my area)	10.00%	2
Cultural safety/trust issues	20.00%	4
Limited youth-friendly engagement options	10.00%	2
Integration relies on personal relationships (not systemised)	20.00%	4
Funding	15.00%	3
Other (please specify)	15.00%	3

- NA
- That level of support is not delivered as part of our core business.
- Focus is on adult consumers.

Q27. What would improve integration between YCSS and your organisation/service most over the next 12 months? (select your top 3)

Answer Choices	Responses	
Agreed 'identify + refer' guidance (1-2 pages) and clear eligibility/thresholds	25.00%	5
Embed Young Carer identification prompts into common intake/assessment processes (education/health/community)	40.00%	8
Single entry point/'no wrong door' referral approach	25.00%	5
Better feedback loops after referral ('you referred - here's what happened')	40.00%	8
Formal partnership agreements/MOUs and clearer information sharing processes	10.00%	2
Service directory + pathway map (incl. how YCSS relates to Carer Gateway and other supports)	10.00%	2
Active outreach	35.00%	7
Young Carer identification/training	45.00%	9
Other (please specify)	15.00%	3

- Not sure as we do not refer our participants to any services. We would pass on information about YCSS if appropriate to do so.
- Co location. Young carers is the perfect service to be co located with a public school or tailored learning program.
- options for regional areas

Q28. Which system gaps most impact young carers' well-being and participation? (select all that apply)

Answer Choices	Responses	
Identification/recognition; Young carers not being identified early; professionals not recognising caring roles	84.21%	16
Access to support services; Limited availability of respite, counselling, case management, or practical help; long waitlists; gaps in regional areas.	52.63%	10
Appropriate Services; Limited availability of culturally sensitive, age appropriate, whole-of-family approach supports	36.84%	7
Education support; Lack of flexible school policies; limited teacher understanding; insufficient support to stay engaged in school, training or further education.	31.58%	6
Financial and practical support; Costs related to caring—transport, technology, tutoring; limited access to income or financial assistance.	36.84%	7

Mental health and well-being; Stress, isolation, burnout; difficulties accessing age-appropriate mental health support; lack of information about the person they care for.	63.16%	12
System coordination; Different services not working together well; fragmented responsibilities; difficulty navigating health, education, disability, and social services.	42.11%	8
Other (please specify)	0.00%	0

Q29. If you could change ONE thing to improve outcomes for young carers system-wide, what would it be?

- Improved communication and follow up to the referrer and better co-working with the school wellbeing team to overcome client/student related barriers.
- Clear step by step process of how to refer a young person and the outcome after referral.
- Education on identifying young carers and young carers feeling like they can let people know they are young carers (often don't tell adults)
- Referral by education
- That Community Centres would have a Social Prescribing program in place to support community members to have somewhere to reach out when they are in need of support and referral to relevant services, but are unsure where to go and how to do that.
- Understanding that they are not alone and support is out there - media campaign in schools?
- co location.
- I think the fear that can come for young people being scared of being removed from family and also the mental health impacts of caring while training to establish their own day-to-day life and personal emerging identity.
- Availability and who is eligible
- Better tools for identification
- Stronger collaboration between YCSS and community based youth services to provide strong holistic and wrap around supports to address the various challenges that Young Carers face (recognising that services cannot work in isolation) and clear partnerships, referral pathways and collaborative supports will help improve service accessibility and supports.
- Long term support for Young Carers. YCSS only offers up to 12 months. In my experience Young Carers need ongoing support and long term peer support opportunities.
- Awareness of program for sectors working with young people.
- Awareness through the school system.

Q30. Which stakeholders are most important to bring into a coordinated integration effort? (select up to 5)

Answer Choices	Responses	
Schools/education	89.47%	17
Adult mental health	15.79%	3
Youth mental health (e.g. Headspace, CAMHS)	73.68%	14
Primary care/GPs	57.89%	11
Child & family services	42.11%	8
Carer Gateway/other carer supports	26.32%	5
Aboriginal community-controlled services	42.11%	8
Settlement/multicultural services	26.32%	5
NGOs	15.79%	3
Other youth services	5.26%	1
Other (please specify)	5.26%	1

- Aboriginal community-controlled services and Settlement/Multicultural services, NGO's and other Youth Services. All important to bring into a coordinated integration effort.

Young Carer Participant Survey

Q1. Thinking about YCSS overall, how much do you agree with the following statements:

	Yes, definitely		A little bit		No, not really		Not sure		Total
YCSS helped me in some way, big or small.	85.71%	6	14.29%	1	0.00%	0	0.00%	0	7
YCSS gave me the help I needed.	85.71%	6	14.29%	1	0.00%	0	0.00%	0	7
YCSS made a positive difference for the people around me (like my family, friends or the person I care for).	85.71%	6	14.29%	1	0.00%	0	0.00%	0	7

What made YCSS helpful or not helpful for you?

- Helped me find a mentor, boost my confidence and provided me many resources
- Reaching out to different organisations for me.
- It was helpful because it gave me a place to have a break and some fun
- Just being there and feeling supported

Q2. Thinking about how YCSS has helped with your wellbeing, how much do you agree with the following statements:

	Yes, definitely		A little bit		No, not really		Not sure		Not applicable - I didn't need help with this		Total
YCSS helped me have the time and space to do things for me.	85.71%	6	14.29%	1	0.00%	0	0.00%	0	0.00%	0	7
YCSS helped me feel like I matter – not just as a carer.	100.00%	7	0.00%	0	0.00%	0	0.00%	0	0.00%	0	7
YCSS helped me feel less stressed or overwhelmed.	100.00%	7	0.00%	0	0.00%	0	0.00%	0	0.00%	0	7

If YCSS helped you with your wellbeing, what activities or things you did in the program made the biggest difference for you?

- Seeing my friends and the fun activities
- Social events as we don't have much time for these at home. Talking with other carers is nice.
- Sammy D program and Thrive Physio programs
- Spending time with me & helping through my feelings and emotions.
- Mindfulness and breathing games and relaxing spa nights
- Speaking openly about myself
- The program has been a huge support for my daughter and family. The program has given my child a safe, happy and encouraging place to feel welcome and build confidence, friendships and to build a positive self esteem and wellbeing.

Q3. Thinking about how YCSS has helped you learn about the supports available to you, how much do you agree with the following statements:

	Yes, definitely		A little bit		No, not really		Not sure		Not applicable - I didn't need help with this		Total
YCSS helped me with knowing where to go for help or support.	85.71%	6	14.29%	1	0.00%	0	0.00%	0	0.00%	0	7
YCSS helped me feel more confident to ask for help when I need it.	85.71%	6	14.29%	1	0.00%	0	0.00%	0	0.00%	0	7

If YCSS helped you learn about supports available to you, what information made the biggest difference to you?

- Finding out about supports such as funding to support my education to achieve my goals
- Knowing I have support makes me feel safe and not alone.
- Directed me for career workshops
- Knowing what's available in the community close to home.
- Feeling connected
- That I can get extra help
- Someone is always able to listen and care without judgement. Activities make me happy and are enjoyable.

Q4. Thinking about how YCSS has helped you with school or work, how much do you agree with the following statements:

	Yes, definitely		A little bit		No, not really		Not sure		Not applicable - I didn't need help with this		Total
YCSS helped me with school and my learning.	71.43%	5	0.00%	0	14.29 %	1	0.00%	0	14.29%	1	7
YCSS helped me with work.	28.57%	2	28.57%	2	0.00%	0	0.00%	0	42.86%	3	7

If YCSS helped you with school or work, what information or activities made the biggest difference for you?

- Just helping me feel a little more confident in myself
- Knowing sometimes other kids don't always have time for homework and trying is what counts.
- Advocacy with my school and bike lessons
- Goal setting
- has helped me feel more confident and grow into a happy positive person.

Q5. Thinking about how YCSS has helped you to connect with other people, how much do you agree with the following statements:

	Yes, definitely		A little bit		No, not really		Not sure		Not applicable - I didn't need help with this		Total
YCSS has helped me feel less alone and more connected to other people.	57.14%	4	42.86%	3	0.00%	0	0.00%	0	0.00%	0	7
Through YCSS, I have met people who understand my caring role.	85.71%	6	14.29%	1	0.00%	0	0.00%	0	0.00%	0	7

If YCSS helped you with connect with other people, what activities made the biggest difference for you?

- Feeling more connected to other young kids like myself who have similar roles of caring and know that I am not the only one.
- Knowing I'm not alone and I don't have to take over from mum if I don't want to.
- My mentor from Sammy D
- Park visits
- Getting over shyness and being more confident
- Connecting with young carers and being able to talk openly and having others to talk to
- I have made friendships with children who are going through the same sort of stuff

Q6. The time I spent in YCSS feels/felt:(Select one option)

Answer Choices	Responses	
Too short	14.29%	1
About right	71.43%	5
Too long	0.00%	0
Not sure	14.29%	1
About how many months have you spent, or did you spend, in YCSS?		6

- I have been with carers for many years and so grateful for all the opportunities
- Years
- 10 months
- 10 months now
- 7 years = 84 months good
- Almost 6 years

Q7. Overall, how would you rate your experience with YCSS?

	Not good ☹		Okay 😐		Good 😊		Not sure		Total
star	0.00%	0	0.00%	0	100.00%	7	0.00%	0	7

Q8. If YCSS could improve one or more things, what should it focus on? (Select one or more options)

Answer Choices	Responses	
Not sure	0.00%	0
More flexible times (after school, evenings, weekends)	14.29%	1
More one-on-one support	14.29%	1
More group activities	42.86%	3
More fun or social activities	42.86%	3
More choice in the type of support I receive	0.00%	0
No changes needed	28.57%	2
Something else that isn't on the list (please write it down below):	14.29%	1

- i enjoy everything that we do at young carers

Q9. Is there anything else you would like to tell us about how YCSS could be improved or how YCSS helped you?

- Just finding it difficult to attend now with high school being further away and love it if they could be more central in the hills or have flexible options so I could still go
- Making me feel connected and cared about. Thank you.
- It has really benefited my family and me
- Not at this point
- I love going to young carer and it has helped me and my family and my mum says it is good for her too and she talks to other mums that have kids that care for someone
- I love it .hope it keeps happening and doesn't stop
- going to young carers makes me feel very happy, cared about and supported.
  It is my favorite place to be.

Q10. Do you identify as a 'young carer'?

Answer Choices	Responses	
Yes	100.00%	6
No	0.00%	0
Not sure	0.00%	0
Is there another word or term you prefer to use (or also like to use)?		0

Q11. What is your age?

Answer Choices	Responses	
5 to 11 years old	42.86%	3
12 to 18 years old	57.14%	4
Over 18 years old	0.00%	0
Prefer not to say	0.00%	0

Q12. How do you describe your gender?

Answer Choices	Responses	
Man or male	14.29%	1
Woman or female	85.71%	6
Non-binary	0.00%	0
Prefer not to say	0.00%	0
I use a different term		1
	girl	

Q13. Do you identify as Aboriginal and/or Torres Strait Islander?

Answer Choices	Responses	
Yes	0.00%	0
No	100.00%	7
Prefer not to say	0.00%	0

Q14. Do you speak a language other than English at home?

Answer Choices	Responses	
Yes	0.00%	0
No	100.00%	7
Prefer not to say	0.00%	0

Q15. Which best describes where you live?

Answer Choices	Responses	
Metro (Adelaide or major city area)	40.00%	2
Regional (towns/areas outside of Adelaide)	60.00%	3
Prefer not to say	0.00%	0

Young Carer Lived Experience Survey

Q1. Are you currently, or have you recently been, a young carer? (Select one option)

Answer Choices	Responses	
Yes, I am currently a young carer	100.00%	4
I was a young carer in the past	0.00%	0
I don't think this describes me	0.00%	0
If you don’t use the term “young carer” to describe yourself, what words do you use instead?		0

Q2. Have you heard of the Young Carer Support Service (YCSS) before today?(Select one option)The Young Carer Support Service, or YCSS, helps young carers aged 5 to 25.

Answer Choices	Responses	
Yes, I was previously in YCSS	50.00%	2
Yes, I know it but I haven't used it	25.00%	1
Yes, I've heard of it but I don't know much	25.00%	1
No, I haven't heard of it before	0.00%	0

Q3. In your experience, how well known are young carer programs (like YCSS) to other services for young people?(Select one option)

Answer Choices	Responses	
Very well known	0.00%	0
Sort of well known	75.00%	3
Very well known	0.00%	0
Not sure	25.00%	1

Q4. Where do you or other young carers you know usually find out about support services? (Select one or more options)

Answer Choices	Responses	
Not sure	0.00%	0
School, TAFE or University (teachers, counsellors, wellbeing staff etc.)	100.00%	4
GP, doctors or health services	0.00%	0
Mental health services	25.00%	1
Disability services / NDIS providers	50.00%	2
Online (social media, websites, forums)	50.00%	2
Family or friends	25.00%	1
Young carers I know don’t really know what supports are available	25.00%	1
Something else that isn't on the list (please type below):	0.00%	0

Q5. How can programs for young carers be more visible and easier to find?(Select one or more options)

Answer Choices	Responses	
Not sure	0.00%	0
More advertising in schools (posters, information in newsletters)	50.00%	2
More advertising in the community (libraries, community centres, local events)	100.00%	4
Promote programs on social media	100.00%	4
Visiting schools/TAFE/uni to do info sessions	50.00%	2

Peer ambassadors—young carers who share their experiences and promote the program to others	75.00%	3
Something else that isn't on the list (please type below):	25.00%	1

- posters in other third spaces like study cafes, youth hubs, places of worship, places of supported employment, even small businesses like grocery stores

Q6. Have you noticed any of these issues with how services support young carers?(Select one or more options)

Answer Choices	Responses	
Not sure	0.00%	0
Young carers have to repeat their story to lots of different workers	25.00%	1
Long waiting times or no response from services	25.00%	1
The support stops suddenly or doesn't last long enough	0.00%	0
Services don't suit different cultures or identities	75.00%	3
Services don't suit different ages	50.00%	2
I haven't noticed major issues	0.00%	0
I've never gotten help from a service	25.00%	1
Something else that isn't on the list (please type below):	50.00%	2

- Intersection of being disabled and a carer makes it harder or not possible (due to being on the NDIS) to access support.
- sometimes need is assumed; certain services are and aren't told to be available based on assumed need

Q7. In your opinion, what help do young carers in your community need but aren't getting?(Select one or more options)

Answer Choices	Responses	
Not sure	0.00%	0
Mental health support	50.00%	2
Social activities and connecting with other people	25.00%	1
School (e.g. studying, school work, applying for university)	100.00%	4
Applying for work	25.00%	1
Something else that isn't on the list (please type below):	25.00%	1

- the holistic health and wellbeing of the young carer, including more specialist mental health

Q8. What do you think younger children who are carers (around 5–11 years old) need most from a program like YCSS?(Select one or more options)

Answer Choices	Responses	
Not sure	25.00%	1
Having someone to talk to	25.00%	1
Help getting others (like family) to understand what the young carer needs	25.00%	1
Help with mental health	25.00%	1
Fun activities or time to relax	75.00%	3
Meet and spend time with other younger children	0.00%	0
Help with school work	25.00%	1
Helping families know where they can get support	25.00%	1
Something else that isn't on the list (please type below):	25.00%	1

- lowering carer burden by building carer-specific skills like self-advocacy, boundary-setting, emotional regulation, social skills

Q9. What do you think teens who are carers (around 12–17 years old) need most from a program like YCSS?(Select one or more options)

Answer Choices	Responses	
Not sure	0.00%	0
Having someone to talk to	66.67%	2
Help getting others (like family) to understand what the young carer needs	33.33%	1
Help with mental health	66.67%	2
Fun activities or time to relax	33.33%	1
Meet and spend time with other teens	33.33%	1
Help with school (e.g. school work, transitioning to high school)	100.00%	3
Life skills (e.g. applying for casual jobs)	66.67%	2
Helping families know where they can get support	33.33%	1
Something else that isn't on the list (please type below):	33.33%	1

- tailored adulting skills that haven't been learned yet, planning for the young carer's own future

Q10. What do you think young adults who are carers (around 18-25 years old) need most from a program like YCSS?(Select one or more options)

Answer Choices	Responses	
Not sure	0.00%	0
Having someone to talk to	50.00%	2
Help getting others (like family) to understand what the young carer needs	0.00%	0
Help with mental health	50.00%	2
Fun activities or time to relax	25.00%	1
Meet and spend time with other young adults	50.00%	2
Help with school (e.g. school work, transitioning to TAFE/uni)	75.00%	3
Life skills (e.g. resume writing, applying for jobs)	50.00%	2
Finance support and skills (e.g. applying for Centrelink, budgeting)	50.00%	2
Helping them or their families know where they can get support	25.00%	1
Something else that isn't on the list (please type below):	50.00%	2

- Adulthood transition support
- could benefit from Inclusive Employment Australia-type approach to finding work; especially for young carers that have their own health needs

Q11. How likely do you think teachers or school staff are to notice and support a student who is a young carer?(Select one option)

Answer Choices	Responses	
Very likely	0.00%	0
Likely	25.00%	1
Neither likely nor unlikely	0.00%	0
Unlikely	25.00%	1
Very unlikely	50.00%	2
Not sure	0.00%	0

Q12. How likely do you think professionals like doctors, youth workers or counsellors are to notice and support someone who is a young carer?(Select one option)

Answer Choices	Responses	
Very likely	0.00%	0
Likely	50.00%	2
Neither likely nor unlikely	25.00%	1
Unlikely	0.00%	0
Very unlikely	25.00%	1
Not sure	0.00%	0

Q13. What do teachers and other professionals need to know to better identify and support young carers?(Select one or more options)

Answer Choices	Responses	
Not sure	0.00%	0
What a young carer is	75.00%	3
How to talk to young carers safely and respectfully	25.00%	1
What help or support is there for young carers	50.00%	2
Something else that isn't on the list (please type below):	50.00%	2

- How to ask someone if they are a young carer.
- being open-minded; not assuming school refusal; approaching with concern and compassion

Q14. Is there anything else you'd like to share about how programs could better support young carers in South Australia?

- There should be tailored support for CALD young carers (drawing upon their preferences for group programs), surveilling for young carers in refugee families, and supporting CALD family dynamics with an open mind. Young carer peer workers should be a thing. If they are, there should be more of them. Furthermore, the workforce of those that work with young carers should be as diverse as the young carer demographic itself; not just their advisory groups; with ethnicity, age, gender, socioeconomic status, faith, sexuality.

Q15. What is your age?

Answer Choices	Responses	
5 to 11 years old	0.00%	0
12 to 18 years old	50.00%	2
Over 18 years old	50.00%	2
Prefer not to say	0.00%	0

Q16. How do you describe your gender?

Answer Choices	Responses	
Man or male	25.00%	1
Woman or female	50.00%	2
Non-binary	25.00%	1
Prefer not to say	0.00%	0
I use a different term		0

Q17. Do you identify as Aboriginal and/or Torres Strait Islander?

Answer Choices	Responses	
Yes	0.00%	0
No	100.00%	4
Prefer not to say	0.00%	0

Q18. Do you speak a language other than English at home?

Answer Choices	Responses	
Yes	25.00%	1
No	75.00%	3
Prefer not to say	0.00%	0

Q19. Which best describes where you live?

Answer Choices	Responses	
Metro (Adelaide or major city area)	75.00%	3
Regional (towns/areas outside of Adelaide)	25.00%	1
Prefer not to say	0.00%	0