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National Child Protection Clearinghouse

Enhancing out-of-home care for Aboriginal and Torres Strait Islander young people

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National Child Protection Clearinghouse

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This project could not have been achieved without the contribution of:

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Contributors

The National Child Protection Clearinghouse research team conducted the interviews and focus groups described in this report. The primary contributors from the National Child Protection Clearinghouse research team and their roles in writing this report were:

- Dr Daryl Higgins (Manager, National Child Protection Clearinghouse) – Chief Investigator responsible for direction and project management, obtaining ethics approval for conducting the focus groups (Australian Institute of Family Studies (the Institute), WA Department of Community Development and Qld Department of Child Safety); liaising with the Australian Council of Children and Parenting (ACCAP) and the Australian Government Department of Family and Community Services (FaCS) and departmental representatives where necessary, conducting all of the focus groups; and conducting interviews with stakeholders in six states/territories, and assisting with data analysis and write-up.

- Leah Bromfield (Senior Research Officer, National Child Protection Clearinghouse) – conducting interviews, data analysis and write-up.

- Nicholas Richardson (Research Officer, National Child Protection Clearinghouse) – conducting interviews, data analysis and write-up.

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1. SCOPE

On behalf of the Australian Council for Children and Parenting's (ACCAP) Children at Risk Committee, the Australian Government Department of Family and Community Services commissioned the National Child Protection Clearinghouse at the Australian Institute of Family Studies to conduct this project. The aim of the project is to inform the development of strategies designed to enhance the recruitment, retention and support of Indigenous carers and the cultural connections for Indigenous children in out-of-home care. This project focuses on home-based care arrangements, but also includes some references to residential and other forms of out-of-home care.

This document is the final report in the project commissioned by ACCAP and comprises the research study (to be read in conjunction with the final report describing the companion literature review) and dissemination strategy. This final report was preceded by a draft literature review, final literature review, a draft report describing the research findings and a draft paper discussing options for dissemination.

The aim of the project was to identify carers, service providers and young people in care's views on the challenges and promising practice in Indigenous out-of-home care arrangements and to share promising practice initiatives among government and non-government agencies and the Aboriginal and Torres Strait Islander communities.

The National Child Protection Clearinghouse has engaged in consultations with key stakeholders in the out-of-home care sector in each state and territory, as well as conducting focus groups with Indigenous young people in care, and both Indigenous and non-Indigenous carers of Indigenous young people in two states (WA and Qld).

The study was not intended to be a state-by-state audit of practices in each jurisdiction. However, an overview of the current structure of out-of-home care in each jurisdiction is useful so that the information provided by participants has a context. Tables 2 - 5 (see Appendix B) have been developed as an appendix with the cooperation of each of the states and territories to provide this contextual framework.

2. Introduction

Aboriginal and Torres Strait Islander children are over-represented in the Australian out-of-home care system. At 30 June 2004, there were 5,059 Indigenous children in out-of-home care compared with 16,736 non-Indigenous children. This means that Indigenous children comprised 23 per cent of the out-of-home care population (AIHW 2005). At 30 June 2001, the estimated Indigenous population of Australia was 2.4 per cent of the total population (Trewin 2001, p. 15). However there are more Indigenous people in younger age groups than in non-Indigenous populations (Trewin 2001). According to the 2001 census, Indigenous children aged 14 years or less comprised 4.5 per cent of the population of Australian children (Pieris-Caldwell 2005). Taking into account the higher proportion of younger people in the Indigenous population relative to non-Indigenous populations, Indigenous children still represent a five-fold over-representation of children in out-of-home care.

The over-representation of Aboriginal and Torres Strait Islander children in out-of-home care is a reflection of the wider problem of Aboriginal and Torres Strait Islander peoples having higher levels of economic disadvantage, lower education and employment levels, poorer health outcomes and shorter life expectancies than non-Indigenous Australians. (ABS 2003). There is a complex history between Aboriginal and Torres Strait Islander communities and governments, which places further strain on the out-of-home care system (Bromfield, Richardson and Higgins 2005).

Richardson et al. (2005) discuss the motivations of Indigenous Australian for providing care. Atkinson and Swain's (1999) discussion about Indigenous Australians' cultural commitment to community also offers some insight into their motivations for providing out-of-home carer. The 1994 National Aboriginal and Torres Strait Islander survey showed that 29.9 per cent of Indigenous Australians aged 15 years and over, engaged in voluntary work compared to 19 per cent of their non-Indigenous counterparts (Altman and Taylor 1996). There is some evidence that Aboriginal and Torres Strait Islander peoples also have a relatively strong willingness to care for children removed from their parents. Recent data collected by the South Australian Aboriginal Family Support Service showed that in South Australia 1 out of 170 Aboriginal and Torres Strait Islander adults became a carer, compared with 1 out of 1470 adults from non-Indigenous communities (South Australian Department of Communities and Families 2004).

In keeping with Aboriginal and Torres Strait Islander cultural considerations, the last preferred placement option for Aboriginal and Torres Strait Islander children is placement outside of their family with non-Indigenous carers (Lock 1997). Despite the willingness for Aboriginal and Torres Strait Islander peoples to care for children removed from their parents, the over-representation of Indigenous children in out-of-home care has meant there are more Indigenous children in care than there are Indigenous carers. As a consequence, some Aboriginal and Torres Strait Islander children are placed in culturally inappropriate placements with non-Indigenous carers (AIHW 2005).

The high rates of caring among Indigenous adults coupled with the over-representation of Indigenous children in care have implications for this research. It suggests that many of the Aboriginal and Torres Strait Islander peoples willing or able to take on the care of children are already doing so and that improving recruitment practices for Aboriginal and Torres Strait Islander carers will not address the need for culturally appropriate placements for Indigenous children – that is, there are too many Indigenous children in care for them all to be placed with Indigenous carers.

Although studies have suggested that many Aboriginal and Torres Strait Islander peoples are willing to care for Aboriginal and Torres Strait Islander children removed from their families, these children are over-represented in out-of-home care. This means many Aboriginal and Torres Strait Islander parents are unable to care for their own children (let alone another person's child). Material disadvantage and trauma associated with past welfare practices such as the removal of children from their parents (the "stolen generation") may lead to an unwillingness to be associated with the formal out-of-home care service system and may also mean Aboriginal and Torres Strait Islander adults are less able to care for children. A tension between a cultural commitment to community and an aversion to formal child welfare among Aboriginal and Torres Strait Islander peoples appears to be a fundamental issue in enhancing culturally appropriate placements for Indigenous children.

While Indigenous children continue to be over-represented in out-of-home care, maintaining the availability of a viable, appropriate and well-supported cohort of placements for Indigenous children is critical to the wellbeing of Indigenous children in care and the sustainability of the care system. At the same time, strategies to maintain the cultural connection for those Indigenous children placed in non-Indigenous care environments are also required. Such placements are likely to be a feature of the care system in the foreseeable future and the cultural identity of children in such circumstances will need to be appropriately addressed.

As outlined in the companion literature review (Richardson et al. 2005), there has been limited Australian (and in some areas international) research that investigates the recruitment, retention, assessment, training and support of carers and almost no research investigating these issues in relation to Indigenous children. Richardson et al. (2005) showed that in some instances, knowledge drawn from existing studies and evaluations of models of practice with non-Indigenous communities was broadly applicable to Indigenous communities – for example, research highlighting structural problems in the assessment and support of kinship carers. However, some of the research was related to practices that are culturally inappropriate for Aboriginal and Torres Strait Islander peoples. For example, the care of children in traditional Indigenous societies is usually shared between several adults, which calls into question the relevance of Anglo-centric theories of parent-child attachment for Aboriginal and Torres Strait Islander children.

The findings of the companion review have shown that a priority area is Australian research that examines the issues associated with the recruitment, retention, assessment, training and support of Indigenous carers and services for Indigenous children in care (Richardson et al. 2005). Specifically, research is needed that:

- identifies culturally appropriate practices;

- evaluates the cultural relevance of current practices;

- investigates structural barriers to culturally appropriate practices; and

- identifies "promising practice" in relation to out-of-home care for young people of Aboriginal and Torres Strait Islander descent.

The companion literature review contains a discussion of the lack of placements with Indigenous carers to meet the demand created by the high need for out-of-home care placements for Indigenous children. The recommendations from the literature review were that further research be conducted to examine:

- strategies for reducing the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care; and

- culturally appropriate alternatives to home-based foster and kinship care for Indigenous children unable to live with their parents.

This report describes an extensive research project that includes consultations with:

- current foster and kinship carers (both Indigenous and non-Indigenous);

- Indigenous and non-Indigenous service providers who are currently responsible for, or engaging in the care of Aboriginal and Torres Strait Islander children unable to live with their parents;

- state and territory governments (who are responsible for funding out-of-home care services and/or are the primary out-of-home care service provider in Australia); and

- young people of Aboriginal and Torres Strait Islander descent in out-of-home care.

The purpose of this report is to examine models of out-of-home care applied by child protection authorities and non-government organisations in Indigenous communities and with Indigenous children around Australia in order to identify structural and cultural barriers and examples of promising practice. The study will canvass the views and experiences of out-of-home care practitioners and services, carers of Indigenous young people, and Indigenous young people in care. Participants' views will be collated and themes identified.

It is anticipated that results from this project will contribute to the implementation of the National Plan for Foster Children, Young People and their Carers 2004-2006. One of the key actions outlined in the National Plan concerns sharing information about established, good practice for Indigenous foster care arrangements among government

and non-government agencies and the Aboriginal and Torres Strait Islander communities.

In the next section, the methodology is described for the research project investigating the key issues emerging from the literature reviewed in Richardson et al. (2005). Results are described in two sections: perspectives of young people and perspectives of carers, agencies, departments and Aboriginal and Torres Strait Islander organisations. The findings that emerged from the perspectives of carers, agencies, departments and Aboriginal and Torres Strait Islander organisations are separated into the themes "emerging issues" and "promising practices", are identified for the key areas of recruitment, assessment, training, support, retention and services for children. Finally, overarching themes and issues are described and the differing perspectives of carers and service providers are compared. The report concludes with the presentation of several options for dissemination of the research findings and promising practices.

3. METHOD

> **Key message:**
> The findings from this study reflect what carers, service providers and children in out-of-home care said. However, views of participants might not be accurate in relation to policies and procedures described or services available. Similarly, participants' views on promising practice do not represent practices that have been evaluated and found to be effective – it is the participants' opinions that these practices or suggestions would enhance service provision.

The Australian Council for Children and Parenting (ACCAP)'s Children at Risk Committee acted as a "steering group" for this research project. As well as the individuals formally interviewed as part of the data collection process, the following organisations were either represented on the steering group or were consulted in order to identify appropriate individuals and organisations to include in the list of key stakeholders. These included the:

- Secretariat of National Aboriginal and Islander Child Care (SNAICC), representing Aboriginal and Islander Child Care Agencies (AICCA);

- Australian Government Department of Family and Community Services – Family and Children's Policy Branch;

- Child and Family Welfare Association of Australia (CAFWAA);

- Australian Foster Carers Association (AFCA);

- CDSMC working group on the National Plan for Foster Children, Young People and their Carers;

- CREATE Foundation;

- Care Leavers of Australia Network (CLAN); and

- Australian Research Alliance for Children and Youth (ARACY).

Input from these key stakeholder groups on the implementation of the project ensured that the focus and direction were relevant to the services provided by these organisations and ensured the inclusion of appropriate participants.

3.1 Participants

Three groups of respondents were consulted:

1. organisational representatives involved with placement of Aboriginal and Torres Strait Islander children in out-of-home care;

2. carers of Aboriginal and Torres Strait Islander children and young people in two states (QLD, WA); and

3. Aboriginal and Torres Strait Islander young people currently in care (aged 7-16) in two states (QLD, WA).

3.2 Sampling techniques

Broadly the sampling strategies employed included the identification of a sample of convenience, asking organisations to nominate a participant or group of participants and snowball sampling. Specifically, the sampling technique attempted to identify key stakeholders in each state and territory. These participants were identified based on their knowledge of the out-of-home care system with a particular emphasis on:

(a) carer recruitment, assessment, training, support and retention; and

(b) the placement and support of Indigenous children in out-of-home care.

The strength of this sampling approach was that the stakeholders interviewed had a relatively high degree of knowledge about services and issues for Indigenous carers and Indigenous young people in care. This was a key requirement of the sample given the focus of this research on identifying examples of promising practice.

The limitation of this approach was the potential for sampling bias. In particular, a positive bias towards the organisations represented and a relatively homogenous sample in terms of their attitudes about the structure of the out-of-home care service system. State and territory departments selected all of the carers and young people interviewed and departmental representatives that were interviewed were also primarily those nominated by departmental managers.

Given the limitations of the sampling approach it is important that the findings be read critically. The findings from this study reflect what participants said. The views of participants might not be accurate in relation to policies and procedures described or services available. This is valuable information as the findings from this research can highlight areas in which community education may be of benefit in raising awareness about specific policies, procedures or services. Similarly, participant views on promising practice do not represent practices that have been evaluated and found to be effective, it is only the participants' opinions that these practices or suggestions would enhance service provision.

Separate specific recruitment strategies were used to access the four groups identified above, as follows:

Consultations with organisational representatives involved with placement of Indigenous children in out-of-home care

These consultations were conducted with individuals and groups representing relevant organisations identified by the steering group. Where possible, consultations were conducted face-to-face. However, in order to reflect a wide variety of geographic

areas, and for time and cost efficiency, some consultations were conducted by telephone. Using the questions outlined in Attachment D, the researchers conducting the interviews made notes based on the organisational representative's responses. In order to protect the privacy of individuals, however, direct quotes are not attributed to individuals or organisations. Where direct quotes are used and attributed to an individual, the informant has been provided with a copy to verify the accuracy. Informants were not be asked to sign a consent form, as the questions they asked are not personal, and concern their work role and information that could be in the public domain.

Focus groups with carers of Indigenous children

In a letter of invitation sent out by the local out-of-home care agency and/or responsible state/territory department to carers of Indigenous children. Carers who wished to participate were invited to respond to the agency or department and provide their contact details. Participants were provided with a Plain Language Statement describing the purpose and nature of the research. The research team liaised with the local agency/department to set up a suitable time and venue for carers to meet for the focus group discussion. Using the wording for obtaining oral consent (see Appendix C), the researchers obtained verbal consent from all focus group participants prior to the commencement of the session. Sessions were taped (to assist with later note-making), and two members of the research team were present during each focus group to assist with note-taking, to provide participant observation, and confirm validity of interpretations of the themes emerging from the focus groups (particularly where different types of carers were present in the one focus group and present different perspectives, such as kinship, residential carers and other foster carers). Focus groups with for participant carers and young people ran for approximately two hours.

Focus groups with Indigenous young people currently in care

A letter of invitation was sent out by the local out-of-home care agency and/or the responsible state/territory department to guardians of Indigenous young people. Those young people who wish to participate were asked to have their guardian respond to the agency or the researchers directly and provide their contact details. Participants were provided with a Plain Language Statement (Appendix D) prior to the focus group or interview. Prior to implementation, the questions for young people were pilot tested on a group of young people who had already consented to participate in research activities and are part of a reference group for the Centre for Children and Young People, (NSW). The Southern Cross University, Centre for Children and Young People were represented on the steering committee for the current research. The focus groups with young people lasted for no longer than one hour.

Procedure

Carers and young people were advised that carers would not be informed of the young people's responses. Unless participants explicitly gave permission to be identified, all responses remained confidential and no identifying material has been included in this report to prevent identification of the participants.

At the commencement of the session, focus group members were reminded of the limitations to the young person's right to confidentiality and the ethical obligation for the researchers to breach confidentiality if a risk to self or others was disclosed (that is, a clear disclosure of serious criminal behaviour, abuse, or self-harming behaviour). One instance did occur of a young person disclosing physical abuse by a boarding school staff member. Permission was sought from the young person—and granted—to pass on this disclosure to the relevant department, for which the Chief Investigator took responsibility.

Carers were assured that agencies would not be advised about their specific responses. However, in one focus group of Indigenous carers, the participants were adamant that departmental representatives should be present during the discussion, as they saw this as an important opportunity to provide feedback to the department. (Fortunately, the researchers were able to arrange this).

Carers and young people in care were advised that their involvement in the research was voluntary and that they were not obliged to participate in the research. They were also advised that it would have no affect on: (a) their role as a carer; or (b) them as a young person in care. In addition, all participants were told that their involvement would have no affect on the services or supports they received. Agencies also reiterated this fact to carers and young people, in an attempt to avoid clients feeling obliged to participate in the research.

Consultations were conducted in English, and translation services were not required.

All carers and young people who participated in the focus groups were given a store voucher for $10-$20 as a "thank you" for participating, for the time they committed to the research project, and to reflect the costs associated with getting to the venue for the focus groups. The two state departments (Queensland and Western Australia) were responsible for identifying participants, coordinating the venue, and where necessary assisting with transport for participants for the focus groups.

Although a detailed question proforma had been developed for each of the three types of data collection (organisational consultations, focus group with carers, focus group with young people) (see Appendix E), the reality of the data collection environment and the variety of perspectives and needs of the participants meant that a more conversational interview style needed to be adopted. In most instances, when

participants were informed about the nature of the research task, and the key topics that were to be discussed, they were able to provide their perspectives with little further prompting. The organisational representatives and carers were told the research would cover the following key topic areas:

- recruitment of carers;

- assessment and training of carers;

- support and retention of carers;

- services for children; and

- other elements of successful placements for Indigenous children.

Data analytic methods

The aim of this research was to highlight examples of promising practice, to canvass ideas for improving practice and to identify impediments to healthy practices.

Semi-structured interviews were conducted with a non-representative sample of key stakeholders with an emphasis on the identification of practical solutions. The interviews varied greatly from one participant to the next in terms of both length and types of prompting employed. A broad thematic analysis was conducted to identify the themes that emerged across and within groups. Given the methodology employed and the practical aims of this research, more detailed forms of qualitative analysis (for example, content analysis to identify all themes and their relative strength or discourse analysis focusing on language use and subject positioning) were not considered appropriate. As the purpose of this research was to identify elements of promising practice, detailed participant accounts are provided, rather than the more conventional method of providing two or three short quotes to illustrate a theme. In order to highlight innovative ideas, examples of promising practice are inset, boxed and shaded to make them more easily identifiable to the reader. In order to de-identify participants and the jurisdiction from which they were responding, square brackets are used within quotes to replace the names of statutory child protection departments, Aboriginal and non-Indigenous services, Aboriginal and Torres Strait Islander tribal names, towns and cities with generic terms. When quoting verbal responses from participants or re-producing text from stories and drawings produced in the focus groups, the spelling or grammatical structure used by participants has been retained.

4. FINDINGS

Results are based on the analysis of interviews and focus group discussions, and include:

- consultations with 80 individual organisational representatives or groups of departmental/agency workers involved with policy or practice in relation to the placement of Indigenous children in out-of-home care (see Appendix A);

- two focus groups with Indigenous carers (9 Indigenous carers);

- two focus groups with non-Indigenous carers of Indigenous children (18 non-Indigenous carers); and

- three focus groups with Indigenous young people currently in care – one boys-only, one girls-only, and one mixed group (16 Indigenous young people).

Perspectives of young people are described first as the issues raised by young people were distinct from those raised by the adult participants and thus could not be integrated into the wider results. Thus themes emerging from young people are described separately and presented first to demonstrate respect for the perspectives of young people.

The findings drawn from the data for adult participants are separated into several sub-sections:

- themes emerging and promising practices identified for the key areas of recruitment, assessment, training, support, services for children and retention;

- overarching themes and issues; and

- a comparison of the differing perspectives of participants.

4.1 Perspectives of young people

> **Key message from participants:**
>
> The children's responses focused almost exclusively on the importance they placed on connection to family, community and culture. A reminder that, although children's safety is of paramount importance, it is by no means the only issue to be considered in securing the best interests of the child.

Three focus groups of young people in care were conducted in Queensland and Western Australia. One group was mixed ($n = 6$); one was a group of girls ($n = 7$) and the other a group of boys ($n = 3$). The short time frame for the project limited the capacity for coordinating a larger number of focus groups and for representing the perspectives of young people from all jurisdictions. The young people who

participated in the focus groups were recruited by the Queensland and Western Australian statutory child protection departments and appear to have been selected on the basis of being a sample of convenience. It is not possible to generalise from these data and say that the views expressed here are representative of the views of all Aboriginal and Torres Strait Islander young people in care. However, the young people's responses are an indication of some of the views that young people may have (without excluding the possibility that other young people in care may have different views from those described in this research).

The mixture of ages of the children meant that their responses varied in relevance to the issues being discussed. This was evident in some of the younger children's answers to questions about their experience of being in care and what makes a good carer. Because of their age and inexperience, some of the younger children's responses were not relevant to this area of inquiry. Futhermore, behavioural issues in one of the groups seriously compromised the researchers' ability to have any focused discussion or exploration of the issues. In some ways, the behavioural problems demonstrated by the children was a relevant response in that many young people in care demonstrate "challenging behaviours", and the skills that are required by carers – as well as other educational, health and welfare professionals involved in these children's lives – are considerable. In contrast, the other two groups showed evidence of the young people appearing shy and reserved, and needing time to get to know and trust the researchers. Eventually, when invited to draw or write down their stories and their views of what it is like to be a young person in care, they slowly immersed themselves in the task. The quality and volume of their pictures and stories by the end of the group session, suggested that they were really engaged in the task, and were keen to provide their views – even though initially they did not appear eager to express them verbally.

Cultural activities

Many girls in one of the focus groups had taken part in a culturally oriented girls group coordinated by a departmental representative. Activities included swimming, music, craft, Indigenous painting, a rainforest trip, and camping. Some expressed the positive elements of being able to participate in these things:

> "Cultural activities reminds you of back home. It's cool to do those things."

However, others do not get involved in Indigenous cultural events such as NAIDOC week or have other opportunities to participate in traditional Indigenous cultural events, crafts, dance, or other practices.

Connection to family and community

Consistent themes expressed by the young people were about wanting to be back in their home community, and wanting to be reunited with their parents. In fact when asked about their experience of being in care and what made a good carer, many children's answers focused on their biological families. When asked, "If there was

one thing in their lives that they could change, what would it be?", young people expressed views such as:

"Get out of foster care."
"To be with your family."
"Go back to my mother."
"We would be really really want to be with our parents."
"Would rather be back in..." [she named her local community]
"Get my dad back." [Dad had died].
"Dad come to my house."
"Have family together – Dad and Mum."

These themes of re-connection to community and family re-unification are important messages from young people. They did not spontaneously suggest concepts such as "stop the abuse" or "stop the neglect", but instead re-affirmed the importance of connection to people and place, even if those situations were deemed by authorities to be inadequate or placing the young person at risk. This was despite the child protection system having swung into action to protect these young people from harm and to prevent them from future harm. One girl, aged "10 ¾" who had been in out-of-home care, but was currently living with her mum – although her two brothers who were also part of the focus group were living with a relative – seemed aware of the reason why she has been removed from the care of her mother. She wrote:

"Mum Never Hits us and Im not liying I Love My Mum."

In contrast, one young girl articulated that being back home was "boring":

"There's nothing to do. You feel bored when no one takes you anywhere. You just walk around. More things to do here."

However, she finished by saying:

"You're far away from family – you get homesick."

As might be expected, some of the young children expressed more immediate concerns, such as wanting no school and no homework.

The young people were also asked their views on what makes a good carer. Words they used to describe people who are good at caring for children included:

"Kind."
"Good with kids."
"Respect kids."

The young people were invited to draw a picture or write a story out what it is like to be in care. One boy wrote a story about his dad taking him, his siblings and his mum out fishing in a boat, illustrating it with an aerial representation of them in the boat, successfully hauling in fish. Using images of Black African-American rap singers, one boy wrote:

"I am a 13 year old. I from [geographic region] My name is [his name]. That's my brother behind me. I love my brother."

Another boy wrote:

13

"Sometimes I miss my family. I wanna go back to them. Sometimes I don't like staying with my carers."

The girls tended to write longer stories than the boys. Some examples of their stories concerning what it is like to be in care are depicted below:

Girl, 16: "Living in the Boarding house is sometime feels like I'm in a jail. I get homesick and worried about my mum and dad brothers and sisters. I don't like being under the Child Safety. I don't like staying at the people that are caring for me now."

Girl, 15: "I hate foster care I don't want to be in foster care cause it's too stricted I mean it can be... But when I'm in school and for example for my weekend and someone willing to take me out for the weekend, it's not fare cause I really wanted to go with my cousin at the time she was down here... Yeah I want to get out of it as soon as possible. The boarding school what I go to now, it's best... the school is good. It's really fun."

Girl, 15: "I'm 15 years old and I have 4 brother's and they live with some beautiful carers... I sometimes go up there and have weekend's with them... they also speak to my mother over the phone and they also go home for a short, or long term Holiday... This term they are going home for a long term holiday... I always go home a lot... I'm in a care with my aunty she take good care of me... and she's my mother smallest sister. My brother's live with a indigenous lady... she is so nice... and when my brother's go home we have fun every holiday they come home... Cause I love home."

Girl, 14: "I have 2 brothers and 2 sister and my self so that 5 of ous all to gether and my mum and dad. I go to [boarding school] to do my schooling I like it there because I have lots of friends there and I really injoy it I'm 14 years old I like playing vollyball with my friends."

Girl, 13: "I want to go back to [name of township] to mum and dad. Know I miss my little brother and my mum and dad I love them so much. I live with [names of carers] I like it there where Im living, its nice and quiet there, I love it there I want to move but Im to scared to say it in front of [names of carers]. I want to live at [name of township] because they do lots of things my Mum and Dad and my little brother. I want to go back to [name of township] so my little brother can be happy, hes lonly so I want to go back there."

4.2 Perspectives of carers, agencies, departments and Aboriginal and Torres Strait Islander organisations

Recruitment

Key message from participants:

The issue of greatest concern from carers, agencies, departments and Aboriginal and Torres Strait Islander organisations was the insufficient number of Indigenous carers. Material disadvantage experienced by many Aboriginal and Torres Strait Islander peoples, past government practices of assimilation (in particular the "stolen generation") and the mismatch between the formal out-of-home care system and traditional child rearing practices were the most significant barriers to the recruitment of Indigenous carers. Cultural factors also act as a significant strength in the recruitment of Aboriginal and Torres Strait Islander carers. The commitment to community, and in particular the commitment to children, combined with traditional child-rearing practices that include shared care resulted in an apparently large proportion of the community who were able to take on a caring role doing so. However, a fundamental problem was the high proportion of Indigenous children in care and the low proportion of Indigenous adults able to care as a proportion of the wider Australian population.

Emerging issues

Insufficient number of carers

During the consultations, professionals from almost every jurisdiction reported a "desperate" shortage of Aboriginal and Torres Strait Islander carers.

> "Can't find Indigenous carers." (non-Indigenous agency representative)
>
> "If someone leaves there's a big gap. Most are pretty permanent so when someone goes it's a mad rush (to replace them). Having some names on the books would be good." (non-Indigenous agency representative)
>
> "Don't have empirical evidence, but we have an over-reliance on a small core group for a large number of kids … Risk for overloading some excellent Aboriginal carers." (non-Indigenous agency representative)

In two Aboriginal and Torres Strait Islander programs, professionals reported that the number of carers presently on their books was in single figures and that, despite extensive recruitment efforts, they had been unable to recruit any new carers in recent years.

> "We currently have 6 carers … the last option if children cannot be placed is that the kids have got to be locked up. [The program] is for young people 10-18 years … who are homeless, can't live with their parents or are on an order … They are a complex needs group, a lot of them are really high risk … most of them are young offenders …
>
> Recruitment is really difficult. The way we recruit is word of mouth, putting flyers out into the community, into Aboriginal organisations, TAFE colleges, the Uni, community organisations, which doesn't work … Don't get a lot of response … I had thought we could pick up new carers, but yeah the response is very minimal. We have our networks and contacts in those agencies where they could advocate on behalf of the program and talk about it ... and still no response really. The coordinator goes out and talks to institutes (like the TAFES and the Uni and the community organisations). It's hard work … basically we've covered just about every avenue possible where we could try and get the message out there that we want carers and there is just no responses …
>
> The carers that we've got now – [the program] started in 1988 … around 1990 they just went out and recruited and recruited and what's left over is what we've got now since that ... and that is a problem because they have been around for so long now and they are getting old and it is time to try and get new carers in or look at other option of how can we place kids …
>
> I think it's time to explore now; what are the options? … Networks aren't working, flyers aren't working, word of mouth is not working …
>
> At one stage there it was great, you know, you'd say 'we're looking for carers you know, who have you got?' They'd say 'we'll get back to you, no worries'. So that used to happen, but it's not now … I think people have realised now that the type of kids that we do place are just really high maintenance." (Indigenous agency representative)

Professionals reported being concerned that one of the implications of the shortage of carers was a lowering of standards for assessment and training. There was an isolated example in which it was reported that carers who had previously had their services as a carer terminated by an Indigenous agency, were recruited and accepted to take on the care of children by a non-Indigenous agency – a practice that has the potential to impact on the safety of children in care.

> "[The non-Indigenous agency] – in desperation to have [Indigenous] carers on their book – snap them up, rush them though their training … so they have them on their books as Koori Carers. [The non-Indigenous agency] accept/don't check out Aboriginality. We have had carers both black and white who have had their services as a carer terminated. We won't touch them with a barge pole but [the non-Indigenous agency] will take them on." (Indigenous agency representative)

It is important to highlight that this was an isolated example, and there was no evidence that there was a systematic lowering of standards of care for Aboriginal children. To the contrary, many respondents highlighted the fact that Aboriginal and Torres Strait Islander children were entitled to the same safety guarantees and standards of care as non-Indigenous children. However this example illustrates two issues: (a) the severe shortage of Indigenous carers may lead to a lowering of standards if not monitored; and (b) Aboriginal and Torres Strait Islander agencies may possess more knowledge about potential carers due to their connections to community. Participants suggested that a central registry of carers may prevent carers whose services have been terminated by one agency being re-instated by another – a recommendation that has been pursued by several jurisdictions:

> "We established a register of all carers (just recently) so we know at any one time where all the kids are, and that all carers have had minimum screening (police, medical, etc.). If a carer is de-listed, they can't just run off to another agency." (Department Indigenous policy representative)

The shortage of Aboriginal and Torres Strait Islander carers has led to Aboriginal and Torres Strait Islander children being placed with non Aboriginal and Torres Strait Islander carers.

> "We don't have any Indigenous carers to access or available to accommodate Aboriginal children or young people when placed in out-of-home care. There are lots of children with an Aboriginal background presently in care across [the state]. Because there are not Aboriginal carers available, non-Indigenous carers accommodate Aboriginal child(ren) – it's just a question of who has got a bed." (non-Indigenous agency representative)

In particular, professionals reported the need for more non-relative carers for short-term and emergency placements:

> "There is a small, unmet need, usually in emergency placements – we don't have the capacity to place those children and immediately call on non-Aboriginal providers to pick up the slippage. [The program] is looking at different ways to meet that need." (AICCA representative)

They also reported the need for more non-relative foster carers for hard to place children, such as those with disability, juvenile justice involvement, or those who are isolated from their kinship network.

> "Problems arise in getting an Aboriginal family to take a non-relative child; the barrier here, is when the child comes from a different community. Difficulty with these sorts of placements." (Departmental representative)

> "We have a high number of Aboriginal kids with disability… They tend to go into non-Aboriginal care. There are a whole range of issues around that. Some of those issues are cultural issues. I think there's a different attitude to people with disabilities in Aboriginal communities. Traditionally, kids who had disabilities would have been left by their families in the desert (similar with twins) … those cultural beliefs are still there. It is also to do with the capacity of people in those communities to meet the special needs of people with disability. Even down to the fact that you don't have footpaths and things like that so that if you're in a wheelchair you can't get around as easily as in you can in an urban environment and the lack of resources for people in the communities. Another fairly basic issue: we had a kid who was on oxygen and the doctors were very reticent

about him going out into the communities with an oxygen bottle because there could be campfires and the risk of having an exploding oxygen bottle was thought to be significant." (Departmental representative)

Aboriginal and Torres Strait Islander culture and out-of-home care

Despite their being many barriers unique to Aboriginal and Torres Strait Islander communities that prevent Indigenous people from becoming carers, there were aspects of Aboriginal and Torres Strait Islander culture that were an advantage rather than a barrier for recruitment. Aboriginal and Torres Strait Islander service providers spoke about the strong commitment and obligation Indigenous people felt towards families and communities and the high value placed on children.

"[Indigenous] people want to make sure that [Indigenous] kids are kept with their community. So they try and help out. It's our culture to keep our kids with us, so people volunteer." (AICCA representative)

"Our most valuable resource is our children and young people and we need to support our children and young people and in doing that we support families … However we also acknowledge that sometimes when children can't live at home they need to live somewhere else, with somebody else … Everybody knows that Aboriginal children should be with Aboriginal foster carers." (AICCA representative).

The commitment to culture and community was also evident amongst professionals in the out-of-home care sector. Great recognition should be paid to the fact that many Indigenous agency workers are also carers (usually kinship carers, but also make themselves available for emergency care).

"It is a bit hard at times being a carer and working in a care agency. I think it is common, I think you'll find even some [Indigenous] Department workers. I mean I wasn't planning on taking foster children but if they didn't find someone to take this girl she would have been placed with non-[Indigenous carers]. They were at court that day, asked "Can you take this girl?" The courts have said I'll have her until she's 18." (AICCA representative)

"You see that in the workers too: A lot of the workers … who run or work in these services; many of them themselves are carers. This is unusual when you compare it to non-Indigenous services. It would be quite unusual for a white worker … to also be a foster carer, it's very common place it's seem to me for the Aboriginal workers. You get these multiple role situations happening. It's more than occasional it seems to me. The worker or the manager at the foster care service might be a relative care … they're also a foster carer, they're also running the foster car program. I think there's some significant advantages and some real risks. The advantages are that for the children, I think, is that they're kept close with their community and generally speaking I think receive excellent care. The risks are … that the individuals concerned … get burnt out and feel overloaded. But they are intrinsic parts of their community and strong functioning people and they get called on for multiple responsibilities … Not to mention the fact that they also sit on the board of the local medical service, local AMS, the legal service, and the land council, it's just extraordinary. I'm just so impressed with the level of responsibility that they exercise in their communities. But I'm also concerned for them, as I have seen numbers of them get seriously stressed by that." (non-Indigenous agency representative)

Aboriginal and Torres Strait Islander service providers believed that the problem of a shortage of Aboriginal and Torres Strait Islander carers does not arise from a lack of willingness to care. Some participants claimed that those that were able to care for children were more likely to do so than their non-Indigenous counterparts. Thus, the problem was not the lack of availability of people *willing* to become carers (as is the

case in the non-Indigenous community), it was the lack of availability of people *able* to become carers.

> "Aboriginal people are less than 2 per cent of the population. We make up, in [this state], about 25-30 per cent of children in the social welfare arena. So our capacity to recruit adequate carers out of this 2 per cent is just not going to happen. Of those 2 per cent, 50 per cent for there own reasons aren't interested. Of the remaining percentage there is less than 10 per cent who meet the department's criteria for becoming a foster carer. And – even though there are lots of negotiations around value judgements about Aboriginal carers, how they become foster carers, recognition of the Aboriginal child rearing practices and in more traditional areas and remote areas about community responsibility to raising children – at the end of the day when a minister signs off on a foster carer being registered they need to know that there is enough safety nets in place to protect the child, which is paramount … and so it makes it really difficult to get adequate numbers of Aboriginal foster carers." (AICCA representative)

Most Aboriginal and Torres Strait Islander children and young people placed with Indigenous carers were placed with kith or kin (consistent with the preferences laid out within the ACPP); reflecting a strength within the Indigenous community. However the non-Indigenous out-of-home care model is geared towards non-relative care foster care. This may be consistent with the needs of the broader population of children in out-of-home care, however this model was reportedly not the most appropriate means of providing services to the Indigenous community and participants felt that there was an onus on providers to adapt to the needs of the Indigenous community rather than requiring the Indigenous community to fit into the current framework.

> "A lot of our carers are kinship providers. [The Department] needs to have a closer look at this. It a cultural thing … we need to work within the culture rather than trying to change it. I guess this is what makes the Aboriginal culture unique. I don't think it's a bad thing, we should always look to family. Aboriginal culture makes us do this. Child(ren) are always better off with their own; it's a great thing. It's the [Department's] dilemma about how to do this – how do we get our head around this? Out-of-home care defined in [Departmental] terms: related to children placed with strangers. The [Department] funds this, but has problems with funding Kith and Kin placements. On the flip side of this is: Aboriginal agencies actively target related kith and kin to care for child(ren) placed away from biological parent(s) this goes against what [the Department] funds – it's a dilemma." (Departmental representative)

The non-Indigenous out-of-home care model was also critiqued by service providers for its failure to accommodate traditional child rearing practices, particularly in relation to shared care arrangements. It was noted that shared care of children is natural for Indigenous communities and as a result Indigenous people do not necessarily understand the need for the formal processes of the out-of-home care system in care of Indigenous children, especially with regard to kinship care. It was highlighted that the onus was on the out-of-home care systems to accommodate Indigenous needs and values.

> "There are children out there 'couch surfing' short-term informal placements with kith and kin. At present if parent says okay, children 'couch surfing' or living with kin become informal placement. There are blurred lines between informal kinship care, formal kinship care and foster care (all related to some extent), but if it is an informal kinship placement then carers don't get the relative care payment … We need to think much more consciously about the structure of care, and consider things like extended respite, shared care shifting between families in six monthly rotation, incentives for carers to stay in the scheme but not on a 24 hour a day, 365 days a year commitment. We need to be more inventive about not burning people out in the process." (Departmental representative)

The role of caring for Aboriginal and Torres Strait Islander children is predominantly taken on by a small group of Aboriginal and Torres Strait Islander carers, there is a view that if more carers are not recruited these carers will suffer "burnout".

> "Problems arise for Indigenous carers locally are that many with children in their care, including their own child are just too overloaded - often with 2-3 foster children." (non-Indigenous agency representative).

> "There is a limited number of people on which to draw ... the result is a large number of kids going through the one household. There is a risk of overloading some excellent Aboriginal carers." (non-Indigenous agency representative)

Material disadvantage

The primary factor preventing Aboriginal and Torres Strait Islander peoples from becoming carers was the material disadvantage experienced by a disproportionate number of Aboriginal and Torres Strait Islander peoples. Estimates using the Henderson poverty line suggest that the poverty line in Australia is approximately $25,000 (for a single parent with two children) (Brotherhood of St Laurence 2005). Aboriginal and Torres Strait Islander peoples are disproportionately represented among low-income earners (ABS 2004). Research has shown that many foster carers are also low-income earners (McHugh 2002; McHugh, McNab, Smyth, Chalmers, Siminski and Saunders 2004). Carers and service providers in this study observed that a large proportion of the foster carers were living in low-income households and that a disproportionate number of these carers were Aboriginal and Torres Strait Islander. It was highlighted that material disadvantages and lower health standards that characterised Aboriginal and Torres Strait Islander peoples act as strong structural barriers to families providing care for children, particularly of a generalist (non-kinship) nature.

> "It is harder and harder for people in our community to take on the role of a carer without the financial support to take on caring … I don't think financial supports are working at all … anybody who thinks that carers do this for money has no understanding of the cost of raising a child and the emotional drain that some of these children put on our foster carers. We quite often find that families will take on additional children even through they are barely making ends meet themselves … and where it's an informal arrangement there is absolutely no subsidy or support and so the likelihood of this placement being long-term is minimal because these families cannot take on additional children long-term without some additional supports and they are loath to go and get those supports because quite often at that point it becomes a department responsibility and then they have the additional level of the birth parent (mother or father or both in some cases) becoming quite hostile or coming and removing the children because their children's payment is going to be stopped. And so they become hostile, the children are removed and therefore are put in danger and so for that reason the informal process continues to happen until the family are then in such dire strait that that breaks down as well so we now have an additional family in absolute crisis." (AICCA representative)

Aboriginal and Torres Strait Islander carers too voiced their frustration over the inadequate funding provided and the process entailed in seeking funding:

> "We are only allowed one pair of sports shoes per year. Yet they should be treated as individuals."

> "We gotta go out and get into debt to get a bus when you get a big group of kids."

> "When I ring up [the Department], they're ducking and hiding for cover. You get one school shirt – and it's white! There's not enough practical and material support."

Material disadvantage was compounded in remote areas where the availability of fresh foods, services and transport was limited (Departmental representative). The cost of living is very high for many Aboriginal and Torres Strait Islander families, particularly in remote communities. In one state, there was currently a ten per cent loading on top of the base rate paid to carers in rural areas – but workers reported that sometimes geographic boundaries were artificial, and that the loading may not be sufficient (for example, if it costs $4.50 for a loaf of frozen bread). Overcrowding in the house is also a difficulty, meaning that current or potential new carers have limited housing capacity to take on other children. As discussed previously in relation to "hard to place children" there were limited resources to care for children with special needs. A problem compounded in remote areas where there was limited access to services.

> "The biggest areas of need are in the regional and remote areas. They don't have support services so kids might be placed thousands of kilometres away." (AICCA representative)

In many jurisdictions it was noted that not only were Aboriginal and Torres Strait Islander carers experiencing material disadvantage, but that they were often caring for many children. Many Aboriginal and Torres Strait Islander peoples were already acting as informal (unfunded) carers to relative children and "could not afford to be foster carers as well" (AICCA representative). Departmental and agency workers noted that quite often families take on additional children, although barely making ends meet themselves, because they feel that if they do not, that the children will go out of the community. Rather than risk having a child from their community placed with a non-Indigenous carer, or having to move to another area, Aboriginal and Torres Strait Islander carers take on the care of multiple children. Consequently, Aboriginal and Torres Strait Islander carers are likely to be struggling financially to begin with, and then have the added financial burden of caring for another child, as well as their own children – or supporting their extended families. As one Aboriginal and Torres Strait Islander agency worker noted:

> "We don't want to trap Aboriginal families in poverty if we don't provide financial support."

Past government policies and practices

Aversion to "welfare". Much of the disadvantage experienced by Aboriginal and Torres Strait Islander communities has been attributed to past policy and practices enforced by governments (for example, the stolen generation, abuse of Aboriginal and Torres Strait Islander children in institutional care, and deaths in custody). This has resulted in a suspicion of government and an aversion to child welfare services under the auspices of government, in particular out-of-home care services.

Professionals reported that suspicion of government and historical aversion to child welfare acted as a powerful deterrent to the involvement of Aboriginal people as carers.

> "Aboriginal carers are afraid to be carers … Raises all their fears in relation to their past connection with welfare. These fears go back to the stolen generation and trans-generational issues; the fears are still with many – they are still there. As a result this makes it too difficult for us to get Aboriginal carers." (AICCA representative)

Employing Aboriginal and Torres Strait Islander workers with personal contacts within the community using Indigenous agencies to help bridge the divide between

government and Indigenous communities or assigning the responsibility for recruitment to Indigenous agencies reportedly helped to circumvent this aversion to becoming involved with child welfare services.

> "The department's profile of caring for kids is poor – there's hesitation to letting the department in their home; a lot of distrust; a lot of rules that the community struggles with. The department and the local agency need to work together and think outside the square, because what we have been doing obviously doesn't work. We need the Aboriginal agency to tell us the best way. They know their community better than us. It also means the agencies promoting a better profile of the department with positive messages about caring for kids. We can deliver that message, but its not going to have an impact. The Aboriginal agency needs to be the bridge between the department and the community." (non-Indigenous agency representative)

Grief. Past policies and practices have not only lead to present disadvantage and aversion of child welfare services, many Indigenous people are still experiencing grief associated with the stolen generation.

> "Aboriginal families haven't been able to deal with their own feelings about removal. Sadly for a lot of children and young people who come into system, their parents, grandparents, aunts, and uncles have not had the opportunity to deal with their own grief." (AICCA representative)

Service providers suggested that when recruiting Aboriginal carers it was important to build in the opportunity for potential carers to talk about their own grief.

> "One of the major ones was around the grief stuff, that we would really need to spend quite some time giving people the opportunity to express their own grief." (Departmental representative)

While in the main past government practices acted as a barrier to recruitment, for some people it was an incentive as they were motivated to care for Aboriginal and Torres Strait Islander children in order to help prevent another stolen generation.

> "We don't want the kids to be part of another stolen generation, where they don't have any connection with their own family." (AICCA representative)

Difficult to place children

Children in care were not a homogenous group, and the characteristics of children impacted upon the ability for services to recruit carers willing to care for them. Some children's current characteristics and behaviours contributed to children being difficult to place.

Indigenous families in rural and remote areas sometimes express reluctance to care for a child because the community scrutiny that is associated with caring for a child is often very high in small Indigenous communities. This is particularly exacerbated when traditional law still prevails, where it was highlighted that some families were afraid of harassment or even "payback" repercussions from birth families (Departmental representative). Aboriginal and Torres Strait Islander peoples from urban areas were reportedly reluctant to foster children who came from traditional communities, as they feared children's family still practiced traditional justice. It was unclear whether this fear was based on myth or reality (that is, whether there was a

real danger of "payback" or whether this was a myth). However, the fear was genuine and presented a barrier to recruitment (Departmental representative).

Adolescents were difficult to place, particularly those at risk or who had previously been involved with the criminal justice system.

> "Young people 10 – 18 years – we either get 'em through the courts (it's on a referral basis), through the courts, through the lock ups, detention centres or district centres, they're on an order, or home is not suitable and we've had some examples where the communities have said "No, we don't want this person in our community so, out you go". And then because they do that the kids are then sent to the detention centre and because they've got no family here in [the city] (I'm talkin about country kids here) the kids are just left in there. The kids have complex needs, a lot of them are really high risk. I think what turns people off here is the client group, when you say we work with young offenders they say 'Oh, I don't know now, I don't think I want to do it'." (Indigenous agency representative)

Children with disabilities were difficult to place, especially in remote communities where necessary health and other community support services were not available. There were limited resources to care for children with special needs. It was noted that generally Indigenous children with disabilities and who were in need of care were placed with non-Indigenous placements that were generally closer proximity to services in townships.

> "Across [the metropolitan area] we only have 12 children of Indigenous background in the care system with non-Indigenous carers. We do help [the AICCA] place emergency placements for children on the basis that it will be transitional. The placements that exist are placements of longstanding and include children with severe disabilities who were unable to live with the Aboriginal community." (non-Indigenous agency representative)

Service providers reported difficulties in placing sibling groups together, particularly large sibling groups.

> "I've had a number of cases of children in large sibling groups that are difficult to place" (AICCA representative)

There were also issues with maintaining the connection between children in a sibling group when they were placed with different carers, this was further complicated when birth parents had moved away from their traditional community.

> "There are issues of contact in sibling children from a community. For example with some being placed [in different regional areas hours from the city], their families come from [a remote area], and the parents live in [the city]."

Professionals talked about the difficulties involved in supporting families in communities who were isolated from their own family, the children from these families were more likely to enter the formal out-of-home care system as they did not have family to support them through crises. Children without kinship connections were more difficult to place and in those cases caseworkers ended up doing extensive family background checks to find the child's extended family.

> "Newcomers migrating to [the area] are isolated. When family problems arise they don't have the same kinship connections as local Aborigines have established to assist them to overcome their problems. This proves costly for [the service] assisting isolated Aboriginal families when a child who is at risk … has to be removed from the family.

They don't have close relative nearby to assist them when a crisis occurs. Often this involves a caseworker doing extensive searches to trace family members to find a suitable placement for children placed on Orders or voluntary care in the case of sudden ill health of the biological parent(s). They don't have family living close by to help them while they recover from a family crisis." (Indigenous agency representative)

Procedural requirements

Departmental and Aboriginal and Torres Strait Islander agency representatives told us that assessment and carer application procedures present as barriers for the recruitment of Aboriginal and Torres Strait Islander peoples as foster carers. The cultural barriers presented by mainstream assessment processes are discussed in the subsequent section of this report.

> "We haven't been very successful in replacing the Indigenous carers that we have lost. There are fewer people out there willing to do this … 10 years ago there was a distinctive change in our ability to recruit foster carers. As a government agency we became more unfriendly – formalised everything, and lost our relationships within the community. These problems are compounded for the Aboriginal community." (Departmental representative)

Professionalisation of the out-of-home care role

The increasing procedural requirements that corresponded with the formalisation of out-of-home care are also accompanied by an increasing professionalisation of the foster carer role. This was consistent with the findings from research conducted by Ros Thorpe and her Foster Care Research team at James Cook University:

> "When asked how they saw foster caring, and what they thought it should be, two-thirds thought it should be semi- or professional. A substantial proportion of Indigenous carers thought it should be professional (paid) – particularly those who were caring for an unrelated child. This could reflect the low income of their household, and seeing it as a job. Many talked about how they struggled with the level of reimbursement, but particularly the delays in the payments." (Australian academic)

Carers are expected by departments and out-of-home care service providers to be quasi-professionals:

> "We expect carers to be more than a parent." (Departmental representative)

> "Carers take the kids to court, attend family care meetings, case conferences, supervision with the coordinator of the placement program, getting the kids to school, appointments." (Indigenous agency representative)

> "It's not just a matter of putting out there that we need more foster carers: 'Have you thought about fostering?'; 'Anybody from any walk of life can foster' … I have a real problem with that because I think that fostering is a real specialised area and you are going to have to recruit people who have very particular qualities." (non-Indigenous carer)

Carers also talked about the expectations of them and how their own perceptions of their role changed depending upon the type of placement.

> "We need to set out what the qualities are, and what skills are needed for someone to be a foster carer. The childcare industry requires accreditation, whereas for the most vulnerable and the most needy children volunteers are asked to do it. These are children with complex needs and we are asking volunteers to work with them. We need specialised carers: carers who specialise in 12-15 year olds, carers specialised in long term care who are trained in the different competencies at every year so that move

through the different stages of the child's development. Carers are ore than a parent – they're a caregiver, but they are also accountable and have responsibilities and have to uphold a higher standard of care than a birth parent … Carers are working with teachers, psychologists, other foster families when the child is in transition, as well as birth families. Carers need to know how to manage these multiple relationships while also caring for the child. If carers are not being supported they feel misunderstood … Carers need to be considered a part of the case management team. We need to acknowledge that there are different types of carers: in a long-term placement it is more of a parenting role, in a two-week placement it is more of a carer role. Case workers need to find what it is that carers need to meet the needs of the child." (non-Indigenous Carer)

However, some carers went further to say that not only has caring become more professionalised in terms of carer expectations; it was a high-risk occupation:

"Being a foster carer is a high risk occupation: there are allegations of abuse, psychological stress and trauma, birth families threatening foster families, risks to foster carers birth children, property damage, and insurance and occupational health and safety issues. These issues are not being looked at, while we are getting volunteers to work for free these issues are being ignored. The more we look at them the more we have to acknowledge the problems." (non-Indigenous carer)

Promising practice

Key message from participants:

Aboriginal agencies have responsibility for the recruitment of Aboriginal and Torres Strait Islander foster and kinship carers using community-based recruitment strategies (word of mouth, community networks, family days, information nights). Consistent with the mainstream approach to recruitment, the use of current foster carers to speak at information sessions for prospective foster carers was an effective recruitment strategy. However, it was important for the message to come from Aboriginal and Torres Strait Islander peoples. It was believed that good practice in relation to assessment, training and support would assist in recruitment.

Pre-recruitment

One of the most basic – yet vital – issues pre-recruitment was the identification of Aboriginal and Torres Strait Islander children when they first came to the attention of the child protection and out-of-home care service system. Where children are correctly identified early as being Aboriginal and Torres Strait Islander, the likelihood of a culturally appropriate response greatly increased. When Aboriginal and Torres Straits Islander placements were the responsibility of mainstream service providers and government, professionals reported that it was not always possible to identify Aboriginal and Torres Strait Islander carers *or Aboriginal and Torres Strait Islander children* who had been placed using that model (non-Indigenous agency representative).

> *Promising practice*: In one jurisdiction, a non-Indigenous service provider told us about a mapping exercise that they had undertaken in collaboration with the Aboriginal service provider to redress past practice in which Aboriginal and Torres Strait Islander children were not identified at the time of placement. Where appropriate these children were to continue to reside in their current placement supported by the mainstream service provider. However, the children and carers were also made eligible for services provided by the Aboriginal service provider and there were plans to reintegrate the child with their community and culture.

Indistinct roles

Prior to recruiting carers for Aboriginal and Torres Strait Islander children, decisions must be made about who is being targeted for recruitment and for what role. Many Aboriginal and Torres Strait Islander carers have dual or multiple roles caring for their own children, caring for kith/kin, for non-related children and sometimes also being an agency worker in an out-of-home care service.

It was suggested that kinship carers be recruited as general carers, thus removing the need for them to be assessed separately for the different roles (Departmental Indigenous policy representative). One AICCA representative suggested that it was a good strategy to recruit carers for a short-term placement and use this as a springboard for linking the carer into long-term placements. This strategy tied in with the finding that once Indigenous people started caring for children, they tended to continue as carers. For others, the focus remained on recruiting kinship carers for Aboriginal children as the best means to ensure a culturally appropriate placement (non-Indigenous agency representative). In a separate example, an AICCA had identified emergency placements as a specific gap and developed a strategy to ensure culturally appropriate emergency placements for Aboriginal with non-Indigenous carers:

> *Promising practice.* "The board have given [the program] permission to recruit non-Aboriginal carers specifically for emergency and respite care with the condition that the an Aboriginal child placed in emergency or respite care through [the program] cannot be with a non-Aboriginal carer for more than 7-days … [the program] will support and train these carers and will ensure that they are part of Aboriginal community activities – so children in their care will have community and family linkages. Although the placements will be for a short time, the non-Aboriginal carers will be part of the community and aware of all the nuances of community, and will understand the issues that children may have that are culturally based." (AICCA representative)

Recruitment strategies

Broadly recruitment strategies that worked best were reportedly those that used informal strategies such as "word of mouth" or community events. Recruitment was reportedly most successful when these strategies were undertaken by people who had connections within the local community (generally Aboriginal or Torres Strait Islander workers or agencies were thought to be more successful). In some jurisdictions local level strategies were also paired with wider community awareness strategies (for example, posters in the local dialect in remote areas and multimedia campaigns in urban areas).

Given the blurring of roles between kinship carers, non-relative foster carers and in some cases child care workers, it was suggested that recruitment was best undertaken by one organisation with connections to the community (preferably an Indigenous one). Carers and service providers reported that this would alleviate tension that can arise when the same potential pool of carers is being targeted by multiple organisations and the confusions that arise when a carer may be supported by one organisation for the related children they have in their care, but supported by another for the non-related children in their care.

Examples of promising recruitment strategies were numerous. However, the themes described about the general approach to recruitment were common across these approaches. Culturally appropriate recruitment strategies were still reportedly "not working" for agencies trying to recruit carers for hard to place children and alternatives to home-based care were being explored.

> *Promising practice.* "We've only just last weekend participated in a family day at [a small community about 300km away] – and we had about 400 people plus at our community day. We set up a community day at the local football club and our workers [in that community] worked with volunteers to set up a BBQ that included cooking kangaroo tails in the fire and kangaroo rissoles and sausages and emu steaks, lots of salads, karaoke, face painting. We had other organisations from the community come in and participate and so they were talking. [The other organisations] were supportive of the everything that was happening – being part of the one community, being seen as being not just an Aboriginal community but a broader community and so we had other service providers – non-Aboriginal providers there we also had the Aboriginal health service there. We use it as a great promotional tool – 'are you interested in becoming a foster carer?' I would say that maybe 200, maybe 250 of the people there were children. And so when you see all of these wonderful children having a fabulous time doing all of these wonderful events it makes us realise how important they are in our community – today, but also tomorrow so that we stay strong and survive and it's a really good recruitment tool – we do the same thing when we go to the football carnivals, we actually say how good it is to be here with all of our children and young people thriving and surviving a and how do we ensure that happens today and tomorrow, and so that as a promotional tool, as a recruitment tool has been really, really successful." (AICCA representative)

Assessment

> **Key message from participants:**
>
> A universal theme among service providers was the appropriateness of requirements in standardised assessed to screen potential carers to determine whether they were likely to maltreat a child in their care. Service providers believed that it was important to consult with the prospective carers' community as part of the screening process.
>
> Standardised foster carer assessment procedures were not culturally appropriate for several reasons. They are designed to assess whether the person will be a "good" parent with "parenting" defined according to Anglo-centric values, which are culturally inappropriate as they are not compatible with traditional Indigenous child-rearing practices. Standardised assessment procedures may have rigid standards in relation to the physical environment. Finally, standardised assessment procedures for non-relative kinship placements fail to take into account the potential benefits of kinship placements.

Emerging issues

Generally, standard assessment tools were being employed for all non-kinship carers, Indigenous and non-Indigenous. These were conducted by Aboriginal and Torres Strait Islander agencies with final approval coming from the departments. In several states, the standard assessment tools had been adapted to make them more culturally appropriate (see Appendix B, Table 4).

There were varying arrangements in terms of who was responsible for undertaking assessments and approving the registration of carers. In jurisdictions in which the AICCA undertook assessments but the department was responsible for registering carers, many participants noted that a strong working relationship between these two parties was necessary. In one state, AICCA representatives were particularly critical of communication from the department on the approval process: they did not receive any notification from the department on why particular families were not approved. This was a particular frustration for the AICCA.

> "This information could help us adapt recruitment and selection practices to find more suitable carers. We could also work with the rejected carers to help them come up to scratch for the assessment." (AICCA representative)

Willingness to undergo assessment

A theme that emerged from the consultations was that the actual idea of assessment was a disincentive to prospective Aboriginal and Torres Strait Islander foster carers. This "red tape" was a significant deterrent for them. Aboriginal and Torres Strait Islander peoples in remote communities have higher rates of literacy and numeracy problems. This can often result in some embarrassment when asked to fill out forms

for assessment and applications and may also prevent some Aboriginal and Torres Strait Islander people from making enquiries about foster care.

> "Families can display some embarrassment when asked to fill out forms for assessment and some do not proceed with the application process when they became aware of detailed information required." (Departmental representative)

One of the most significant deterrents in relation to assessment for Aboriginal and Torres Strait Islander peoples willing to become foster carers was the need to undergo a police check. A disproportionate number of Aboriginal and Torres Strait Islander peoples have police records, often for minor offences relating to public drunkenness – in some cases these charges may be a reflection of discrimination against them. An Indigenous youth worker working in an Indigenous service talked about his own criminal record, and how this had come about for him and people like him:

> "In 1967 Aboriginal people were allowed in the pubs, alcohol – and policing it – was a big problem at this time. This was also a time when Aboriginal people were locked up for anything. People like me who are now in their forties and want to be a carer were affected by these things in the late 1960s and 1970s. These are really good people who would be really good carers, but they have criminal records – for offences that racism impacted on them getting charged for – that make them think there is no way they could ever be a carer, so they don't apply."

When discussing the over-representation of Aboriginal and Torres Strait Islander peoples with criminal records one participant from an Aboriginal and Torres Strait Islander organisation said:

> "There are some things you can't get past. If there are sexual offences, or recent DV offences, or extensive drug trafficking offences – there are things that you can't get past. Many of our Aboriginal people have histories—and I am talking about past histories—that are offences that Aboriginal people will be picked up for because they are Aboriginal, because they are on the street, because they have had a couple of charges and they're out on Saturday night, they can be arrested and lock up. Not necessarily for drunk disorderly, or any of the other charges or physical abuse but because simply they're Aboriginal and they're on the street and they've had a couple of charges … And so it's about being able to work with the department to filter through some of that.
>
> We have a foster carer who when he was 17 was charged with a sexual offence … and he actually said that he had a sexual offence when he was 17 (he is now 48 years old). When we asked him about it, it was because he was 17 and the girl was 16. The mother – non-Aboriginal mother, Aboriginal boy – when they found out that the girl was pregnant they charged the young boy. When they were both 19 they married, were married for twenty years and had several children. This is an offence that had happened but didn't exclude him from becoming a foster carer.
>
> We actually say: talk to us about what the offence is because we can – depending on what the offence is – we can help." (AICCA representative)

As shared care is an aspect of normal child-rearing practices for Aboriginal and Torres Strait Islander peoples, they sometimes do not understand the need for the formal assessment processes to care for Aboriginal and Torres Strait Islander children, especially with regard to kinship care. There were accounts of women who had cared for children informally in the community for many years and were respected Elders, who were affronted when asked to undergo an assessment.

> "It can be a bit disrespectful to ask someone who has been an Aunty to all the kids in the community to give references to say they are able to care for children. As someone from the community, I also feel uncomfortable" (Indigenous government placement worker).

However, some agencies had found a way to overcome this issue:

> *Promising practice.* "How do you put a police check on elders? It needs to be mandatory, but its how you approach it that matters. We've spoken to the elders here, and they don't have a problem with it. It's how you say it. I have to have a police check as well." (AICCA representative)

Communication style of Aboriginal and Torres Strait Islander applicants

It was also apparent that the format and language style of standard assessment procedures and forms were not suited to the communication style of Aboriginal and Torres Strait Islander peoples. Standard processes were criticised as being very detailed and long and it was felt that potential Indigenous carers, particularly those in traditional communities, were unable (or had some difficulty completing the assessment forms. The questions on these forms were viewed as being abrupt and intrusive, and as encouraging closed answers particularly given that Indigenous communication patterns involve the exchange of information through sharing stories and "yarning". As such, individuals sometimes provided closed answers to direct assessment questions and were reluctant to give up information, which hindered the ability to draw out information from potential carers.

In addition, there were certain topics that were quite culturally sensitive such as whether an individual was a member of the stolen generation, or issues about family violence (for example, where the potential carer had been physically assaulted by a partner or sexually abused as a child). In general, it can take some time to establish trust with and engage with Indigenous people due to cultural norms and reasons such as a mistrust of government and the isolated nature of some communities.

> "It can take several visits over a period of months to draw out the required information. If it isn't handled properly, some families decide that the process is too invasive or involved and we only get half way through (the assessment) before they discontinue." (AICCA representative)

Culturally appropriate assessment

Standard assessment tools being employed in jurisdictions were based on criteria that were culturally inappropriate for Aboriginal and Torres Strait Islander child rearing practices. Participants raised their concern that assessment tools reflected middle-class Anglo-centric parenting values and did not assess a potential carer's suitability to care for an Indigenous child in a culturally appropriate manner.

> "As an [Indigenous] person, I couldn't sit in front of a board of non-[Indigenous] people to talk about caring for an [Indigenous] kid." (Indigenous carer)

This was particularly the case where children were raised using traditional parenting practices. This was not an issue that was limited to remote communities: it was noted that traditional parenting practices were not only observed among more remote communities but also among many urbanised Aboriginal and Torres Strait Islander parents who learned traditional parenting practices from their own parents. For instance, it was noted in one jurisdiction that assessment criteria stipulated that a foster carer could only have a certain number of children in care at any one time, and a foster child must be provided with separate sleeping arrangements. Yet this is quite different from the common living arrangements of many Aboriginal and Torres Strait Islander families.

Carers who may be willing to take on a sibling group may be precluded if they do not meet the criteria for space requirements. In some areas, there was a degree of flexibility in these requirements if an argument could be made that it was in the best interests of the child to exclude certain assessment criteria.

> "The old assessment unit said that every child must have a bedroom of their own with their own wardrobes, their own dressing table type space. What we have been able to do over a long period of time is say that Aboriginal children – sometimes because of lifestyle – have never had to sleep in their own room. We had three children in foster care – young children. They were with a non-Aboriginal foster carer and these children would cuddle up on the couch during the day and sleep. And they all slept in beautiful bedrooms … these children would cry all night. They couldn't sleep. They wandered and they weren't able to rest. During the day, the foster carer inevitably found them curled up in the single lounge chair sleeping together and so they asked, "What's the problem? What is the matter?" And so we asked the birth family about this and these children had never been parted. They slept in one bed. And so the foster carer put three beds in the same room and they slept beautifully. It was about acknowledging that these children had different needs." (AICCA representative)

Jurisdictions were also increasingly concerned with assessment of the potential carers' cultural competency and awareness. This reflects the inclusion of cultural aspects into case planning with the aims of maintaining Indigenous children's connection with their parents, extended family, and community, and facilitating their understanding of their language and culture. As such, it has been recognised that carers must be able to facilitate the cultural well being of Aboriginal and Torres Strait Islander children in care and therefore need to be assessed for this ability. This was cited in relation to the ability of non-Indigenous carers to care for Indigenous children not able to be placed with Indigenous families. However, several stakeholders pointed out that it may also be important to assess the cultural competency of Indigenous families.

> "Racist views are taken quite seriously by the assessment and training process – quite a lot of work done with applicants to ensure people who come into the situation of caring for a child with a different cultural from their own are not racist." (non-Indigenous service provider)

> "Often Indigenous children will be placed with an Indigenous family who are not from the same region or clan. Just because the carer is Aboriginal does not mean they will know how to connect the child with their family and community and have a knowledge of a child's language or culture." (Government policy worker).

Promising practice

> **Key message from participants:**
>
> Assessment tools should assess the potential carer's ability to raise an *Indigenous* child. The best interests of the child are paramount and safety should not be compromised. However, within these parameters there is a need for greater flexibility in standards prescribed in assessment procedures. The community is an important source of information during assessment. Informal narrative approaches to assessment were the preferred technique and are being piloted in several jurisdictions of Australia. Assessments are best conducted or endorsed by Aboriginal and Torres Strait Islander agencies or Aboriginal and Torres Strait Islander communities (for example, by a council of Elders).

Addressing communication style

AICCAs and departments in some states have adapted assessment procedures and materials for specific use with Indigenous carers. One particularly noteworthy example that was under trial in several locations of one jurisdiction was an assessment tool that aimed to reflect the communication style of Aboriginal and Torres Strait Islander peoples. The assessment tool attempted to encourage workers to use conversation to engage and facilitate more open answers from prospective carers. Issues that were covered included their beliefs and values about children, how they were going to ensure safety, their community supports and readiness to facilitate contact with birth family members. Although this assessment tool had not been evaluated, anecdotal evidence suggested that it was more successful in eliciting information.

A departmental office that operated in remote communities where traditional culture remained strong had also developed another notable assessment tool for the purpose of addressing the communication style of Indigenous people. The placement support team had identified particular difficulty in eliciting information from Indigenous people on specific areas such as alcohol abuse, sexual abuse, and domestic violence. In contrast to the narrative style employed above, the support workers had developed an interim assessment form that was used prior to full assessment. This was a brief form that asked very direct questions about specific family dysfunction (for example, alcohol abuse or gambling) so as to provide an immediate indication of the suitability of the family. This also circumvented the effort and time that were usually involved in eliciting information from Indigenous individuals.

Establishing trust

There was consistent recognition that the engagement and establishment of trust of Indigenous applicants was crucial to the assessment process. Some very notable practices were being employed to achieve this. In the administration of standard assessment materials, many workers ask the questions using a narrative style. Workers would try to use open-ended questions, for example:

> *Promising practice.* "Can you tell me your story about how you fit with this little one?" (Indigenous Departmental worker)

This approach was intended to help the applicants feel more comfortable in the assessment. Commonly asked questions were asked more plainly. It was noted that knowledge of Indigenous communication style was essential in conducting assessments. It was pointed out by Indigenous and non-Indigenous stakeholders that there was some advantage for Indigenous workers in carrying out assessments because they were able to better communicate with other Indigenous people and to establish trust. These workers emphasised that a patient and flexible approach was needed to engage and build rapport with Indigenous people.

> *Promising practice.* "You have to be prepared to visit the family several times. Some applicants can move around a fair bit or have ceremonial duties. That is okay – you have to adjust to their lifestyle." (AICCA representative)

Flexible practices in addressing criteria

The employment of culturally inappropriate standard assessment criteria for Aboriginal and Torres Strait Islander carers had created the need for the adoption of informal flexible practices. It was highlighted in evaluating the suitability of an Indigenous family to provide care that it is necessary to place less focus on an Indigenous family's material resources such as the nature of their housing. Often in instances where such material circumstances were a problem, placement support workers sometimes urged Aboriginal and Torres Strait Islander families to address the condition of their accommodation, or even living circumstances, to pass assessments. One placement support worker noted that Indigenous families would often go to great lengths to change circumstances in order to care for children.

> "One family was living under a tree and agreed to move to an out-station, which is nothing more than tin shelter – but it made all the difference for us to consider them suitable to receive the child." (Departmental placement support worker)

> *Promising practice* in this area was evident in jurisdictions where there was a partnership approach to carer registration. This involved considerable liaison between the AICCA and the department in the approval process. In instances where a family was not approved, the AICCA was informed of the reasons this was the case. This enabled the AICCA to work with the family to make changes to pass requirements or even negotiate with the department to make concessions regarding particular requirements. Notably it was emphasised that there was no negotiation on recent offences or criminal offences against children. It was highlighted that this ability to negotiate reflected a particularly strong understanding and partnership between the AICCA and the department.

There was clear agreement among the respondents that stringent evaluation be carried out in relation to criminal history checks, particularly in relation to sexual abuse, domestic violence, and alcohol abuse. However there was recognition that assessment procedures must address how to make appropriate judgments on a person's suitability to be a carer in the light of their criminal history, and within an Indigenous context. In particular, property and juvenile records were sometimes highlighted as areas of possible flexibility. According to participants in this study, no jurisdiction had developed an assessment tool to guide the evaluation of criminal histories of Indigenous applications. There is a requirement for research and discussion of the relationship between issues of Indigenous adults' criminal records such as time since

last conviction, types of offences, and underlying causes of offences and risk for the safety of children in care.

Cultural competency of the applicant

Several jurisdictions have incorporated an assessment of a carer's cultural awareness and competency as part of cultural support planning for the child. One AICCA had developed a standardised assessment form that sought to document the ways in which the carer will maintain links with the child's family and community and assess the level of support the carer will need to help them feel comfortable and confident in participating in cultural and community events. This assessment form was designed to evaluate the cultural competence of both Indigenous and non-Indigenous applicants.

A staff member from one jurisdiction's office operating in a remote region carried out an informal assessment to assess the carer's ability to provide good cultural care. This involved a discussion with the carer about how they felt about providing care to Indigenous children, and the challenges that may arise for them and the child. These discussions would form the basis of a professional judgment about the carer's capacity to provide for the cultural well being of an Aboriginal and Torres Strait Islander child.

Harnessing community knowledge

There was some suggestion by service providers that referee reports were very useful tools in the assessment of prospective Aboriginal and Torres Strait Islander carers. It was noted that there is generally more interlinking between Indigenous families within communities and as a result information relevant for assessments on Indigenous families was often available through community networks. However it was noted that there were problems in relying on such information. For instance, it was highlighted that there are certain taboo topics that are not readily discussed within Indigenous communities. One important area noted by agency workers related to issues of sexual abuse. In general, there are cultural differences in customs and meaning of confidentiality. In particular, family relationships will affect what information is provided. As such, it may be the case that it is known in the community that a potential placement family may be experiencing problems, but this information can be withheld during the assessment process.

> "There have been a couple of occasions when it was known in the community that the (potential) family had drinking or domestic violence problems, but when we sought information, nobody let us know what the situation was until the child was in their care." (Departmental placement support worker)

There was an identified need in several jurisdictions to more effectively harness the knowledge of community referees as part of the in assessment procedures. Knowledge of the community is hugely important in being able to adequately facilitate information and to make decisions based on this information.

> One *promising practice* suggestion was that there be some recognition in formal processes of the involvement of community bodies who have to a responsibly to endorse a potential carer, for example through an Elder council.

Training

Key message from participants:

There was limited information gleaned in relation to training. Issues in relation to training were interwoven with carers' beliefs about the type and quality of the support that was provided. When carers feel that they are adequately prepared for the caring task, they feel more supported. Those carers in focus groups who felt the least support, often described their needs for more direct support and generic training. In particular, carers wanted training about the nature of the department, how it works, and how they fit into the broader picture.

Emerging issues

When asked about good practice in training carers of Aboriginal and Torres Strait Islander children, carers and service providers tended to talk about what training was needed, rather than the elements that characterised good training. Given the focus of the project was Aboriginal and Torres Strait Islander peoples, participants mainly talked about the unique training needs of people caring for Indigenous children. Further research could benchmark the key features of "good" training and evaluate existing training programs against these benchmarks.

Carers and service providers reported that training was a neglected area for carers, especially in traditional communities. Where it was provided, it was done so on an ad hoc basis. One of the issues that carers and service providers raised was that of when to offer training – before or after the placement of children with a particular carer. Due to the demand for carers, many reported having children placed with them prior to their undergoing even basic training.

> "I haven't had training yet. I've been caring for the Department for 12 months. Prior to that, I'd been doing it myself – caring for family." (Indigenous carer)

> "I'm a brand new carer and I haven't done my training yet. I had an emergency placement – two brothers turned into four brothers. My sister works for the Department. So I had my police check and my husband's sent through in the morning, then got the kids that night. They were aged twelve, six, four, and 10-months. The night stretched to a fortnight, because there was no one else. Luckily my caseworker was my sister. It ended up being a good scenario in that they went back to the care of their parents. The father had access visits for the four month old. It was hard for me to let him go. I'd bonded. It was strange to hand over the baby to the youth worker who was arranging the contact visit. We had behaviour issues with the stepson and the Mother then didn't turn up to an access visit. The second child I had came straight from a community. She had health issues (scabies) and sleep issues. I have had her for 5 weeks now and I am going to three days training this week." (non-Indigenous carer)

Training providers

There was variability across *and within* jurisdictions in terms of who developed and was responsible for providing training to Indigenous carers and non-Indigenous carers

of Indigenous children. Carers reported that training was not meeting their needs in areas where Indigenous agencies had limited input into training packages.

Carers and service providers in some areas noted the issues identified below:

- Indigenous carers and non-Indigenous carers of Indigenous children were only eligible for non-Indigenous specific training provided by a non-Indigenous provider or the state or territory government.

- The training was the responsibility of Aboriginal and Torres Strait Islander agencies.

- There were statewide Aboriginal and Torres Strait Islander training packages.

- There were cultural consultants within the departments who consulted on specific cases, but also had responsibility to identify new policy and training needs, and to be involved in their development.

- There were specialist Aboriginal and Torres Strait Islander Units – either in the areas of service provision or policy development.

Culturally appropriate training

Carers reported a lack of formal Indigenous-specific training. Aboriginal and Torres Straits Islander carers also told us that they worried about attending training and being the only Aboriginal and Torres Strait Islander person present – and that this worry prevented them from going to training at all. Where Aboriginal and Torres Strait Islander carers did attend non-Indigenous specific training there was the potential for tension to arise due to different values around child rearing and Indigenous carers may not understand the support plan (for example, less emphasis on children's need to go to school).

> "You can't expect them to sit through long training sessions. You have to do it to suit the audience. If you bang it on them too hard, you'll scare them off. Break it down, and make it a process. It'll go through like a bush telegraph if things go wrong." (AICCA representative)

> "In training of carers recently we used the mainstream training, but trained the Aboriginal carers as a group. In retrospect it would have been better to mix it up so that they spent some time as an Aboriginal group and some time with other carers so that they were able to see some of the similarities they had with mainstream carers." (Departmental representative)

Understanding the Department

The crucial variable to all carers, but particularly Aboriginal and Torres Strait Islander carers seemed to be their ability to be able to understand state/territory child protection departmental structures and processes, and the limitations under which these departments work. A universal theme from carers and agencies was the need for carers to be provided with greater understanding about the nature of the department, how things work, and what the departments are required to do. Often this was identified as a more important "training need" of carers than issues such as learning behaviour management skills, or understanding the nature and impact of abuse and trauma. This was a need also identified by non-government service providers.

"If you're going to recruit people in, you need to let them know something about the system and what to expect. The most important issue is to understand how the department thinks. Life experience is what makes me good at being carer. I need to understand their point of view, their legalities, their guidelines. I haven't had anything that tells me what I can and can't do. It's a lack of information." (Indigenous carer)

"Training that is needed is about how to navigate the department." (Indigenous carer)

"If we know the system well we can negotiate the system … to work within alternative care, it took me two years to get my head around the issues: [the Department], child protection and the court systems." (non-Indigenous agency)

Training for non-Indigenous carers of Indigenous children

Education for non-Indigenous carers was crucial as there were so few identified Aboriginal and Torres Strait Islander carers and Aboriginal and Torres Strait Islander children being placed with non-Indigenous carers. Even in areas with high Aboriginal and Torres Strait Islander populations, these agencies may have had only two or three Aboriginal and Torres Strait Islander foster carers.

Non-Indigenous carers of Indigenous children expressed their concerns that, without adequate training and support, they were not equipped for the task. During a focus group, carers discussed the concern that the Aboriginal and Torres Strait Islander children in their care would not know their roots: "Do we worry about westernising the Aboriginal children?" (carer 1); "At least she'll get both sides of the world" (carer 2); "But she won't if she stays with me" (carer 1); "That's why it's vital to have cultural training" (carer 3).

Carers and service providers told us that it was important for the whole family, including the carers' biological children, to undergo cultural sensitivity training when Indigenous children were placed with non-Indigenous families.

Practical issues

Some of the barriers that prevented carers from attending training were:

- the hours that training was offered;

- organising transport; and

- organising child care.

Other training issues

Aboriginal and Torres Strait Islander carers have expressed the need for training in many different areas, depending upon the needs and behaviours of children in their care (for example, a carer may not need training on foetal alcohol syndrome unless a child with the condition is placed in their care).

One carer suggested that specialist training be offered in specific types of conditions or developmental stages:

> *Promising practice.* "Training carers to meet specific development stages, for example being a 0-5 years specialist. (non-Indigenous foster carer)

Another issue raised by carers and service providers was the need for carers looking after children in informal placements to have access to training when they need it.

Promising practice

> **Key message from participants:**
>
> Carers were positive about receiving training, particularly training about how the department worked. Carers and service providers preferred models in which non-Indigenous carers of Indigenous children were eligible for training and support from the local Aboriginal and Torres Strait Islander service.

Integrated models for providing training

Consistent with other areas of service provision for Aboriginal and Torres Strait Islander peoples, carers and service providers viewed integrated approaches to training as the most favourable means of providing education to carers of Indigenous children. Carers and service providers suggested that the design of training programs be a combination of both a "top down" and "bottom up" approach, with suggestions coming "down" from agencies and "up" from the carers. There were several examples of promising practices in terms of partnerships being established for the training and support of carers of Indigenous children. In one city, the training offered by the Aboriginal and Torres Strait Islander organisation is made available to any carer (Indigenous or non-Indigenous) who is caring for an Indigenous child, regardless of who manages the placement. Aboriginal and Torres Strait Islander carers are also invited to training being offered by the non-Indigenous agency. In another example, training opportunities for carers were linked with activities for children (both foster children and the biological children of the carer), for example families were invited to camps or fun days.

Training in understanding the Department

Training was being offered as part of carer training by many of the non-government carer support services.

> "I always wanted to be a carer I thought I had a lot more to give. We had to do a couple of weekends of training. Then had self-assessments, home visits, and police checks. It took about six months. I'm glad we did all that training because it opened our eyes. Apparently now it's cut down and you do it after you've started caring. But it was good to have done it. They told you bad case scenarios and talked about how the department works, which is a major issue. We also did role plays." (non-Indigenous carers)

In addition, one jurisdiction was hoping to break down the barriers between Indigenous carers and the department by employing Indigenous placement support workers.

Cultural sensitivity training

Departments made attempts – to varying degrees – to support non-Indigenous carers of Indigenous children through cultural sensitivity training. In some jurisdictions carers complained that there was virtually nothing supplied to non-Indigenous carers in the way of cultural sensitivity training. Where cultural sensitivity training was made available, carers were very enthusiastic about the training:

> *Promising practice.* "The one-day course put on by [the Indigenous unit in the Department] was great. It explained a lot of things in the culture that we don't understand. Like, there is no word for 'please' or 'thank you' in some Aboriginal languages. Finding this out gave us a good insight into the children. When they say 'brother', you can then ask: "Is that 'cousin-brother', or 'brother-brother'?" Understanding family connection is difficult. But there needs to be more, we're learning from the children, for example, learning that someone whose father was deceased, she couldn't say her father's name." (non-Indigenous carer)

In one jurisdiction, cultural training was provided by the local AICCA for both non-Indigenous and Indigenous carers:

> *Promising practice.* "Even Aboriginal foster carers need cultural sensitivity training because they can be a bit short about practices outside their connected community … Many foster parents have been foster children and lost their culture because they may have been fostered by non-Aboriginal foster parents, so we need to help them re-connect with their culture and give them that strength makes them stronger in doing the role of a foster carer." (AICCA representative)

Practical supports to facilitate attendance at training

In order to facilitate carers attendance at training, training was best offered in multiple timeslots (for example, business hours, after hours and weekends) so that carers could choose a time that best suited their family circumstances. Where carers did not have transport, some agencies organised for them to be picked up and dropped off from training. Most carers benefited from the provision of child care, which enabled them to attend training. These practical supports to assist carers to attend training were of benefit to all carers, but in particular assist single parents, fathers and those without transport to attend training where otherwise they may not be able to do so.

> *Promising practice.* "Carers work with staff on what will be included in the training program for the year. There is after hours, business hours and weekend training so as not to exclude anyone. We may provide respite for children or day care or relative care for children while carers are participating in training." (AICCA representative)

Supports for carers

Key message from participants:

Support was considered to be important. In general, carers reported needing more support. The nature of what was meant by the term "support" was broad and varied, for example, managing contact with the child's birth family, and specialist support services for Indigenous carers. The most consistent issue was that of financial support.

Emerging issues

Given the historic experiences of discrimination, child removal and injustice that Aboriginal and Torres Strait Islander peoples have experienced, carers talked about their unique needs, particularly the need for specialist services. Some of these have already been discussed (such as the need for training in understanding how the department works, and the role of Indigenous placement support workers within the department). Current Aboriginal and Torres Strait Islander carers, as well as AICCA representatives and other Indigenous departmental workers described how important it was for improving the recruitment of new carers for Indigenous communities to see that if they put up their hand to be a carer, that they will be supported, respected and appropriately resourced.

> "We must look at how we can support foster carers properly if we are to expect them to attain certain standards when they are looking after children." (non-Indigenous carer)

Models for support

The model for providing support to carers varied across jurisdictions (see Appendix B, Tables 2- 5). In jurisdictions where carers are supported by an Aboriginal and Torres Strait Islander agency they have minimal contact with the department. In others where the responsibility for supporting carers was held by the department, carers had significant interactions with the department. Despite the mediating presence, many – but not all – carers interviewed still held negative perceptions of the department and the supports available. One agency worker said:

> "We don't want to set up barriers. But if that's what it means, we may need to do it. Most of the time carers will phone and ask us to liaise on their behalf with the department." (AICCA representative)

Carers told us that as well as support for the children they wanted placement support workers for themself, preferably an Indigenous placement worker:

> "Why can't they allocate one Aboriginal worker from the Department to work with us?" (Indigenous carer)

Building capacity in Aboriginal and Torres Strait Islander community agencies

A further structural issue related to the support of Aboriginal and Torres Strait Islander carers was the capacity of Indigenous agencies to provide services. Focusing on building capacity within community agencies is likely to improve support for

carers, and to ensure retention of current carers, but also increases the likelihood of new carers viewing the role of fostering positively.

> "Other non-Indigenous agencies are well funded, but Indigenous agencies can't compete. We've been the poor cousins. In our state 2 per cent of the population are Indigenous, but 30 per cent of core business in child welfare involves Aboriginal children and families. Only 2 per cent of the funding comes to specific Indigenous services or programs." (AICCA representative)

> "We are too stretched – to the limit. We can't provide any additional support. You'd love to do more, and if you had the resources you could do more. You need more staff. We just don't have the capacity to do more at this time." (AICCA representative)

Although it was not a direct area of enquiry for the project interviewers, in most jurisdictions AICCA representatives mentioned the issue of insufficient funding. This indicates that this is an issue of importance to Aboriginal and Torres Strait Islander service providers.

Supporting kinship carers

Financial support. One of the biggest structural issues that Aboriginal and Torres Strait Islander carers faced was whether departments distinguish between kinship and non-related carers in terms of the financial payments and other supports they provide. In several jurisdictions relatives were entitled to the same benefits as non-relative carers: they are both funded the same, although relative carers may not be given as much support. In addition carers may be eligible for child-related Commonwealth benefits such as the Family Tax Benefit, rent assistance or baby bonus (Australian Foster Care Association in consultation with Centrelink and the Department of Family and Community Services 2004). Of these the Family Tax Benefit is the most significant. In a help sheet for carers published on their website the Australian Foster Care Association state:

> "FTB comprises two parts: FTB Part A helps families with the cost of raising children and FTB Part B gives extra assistance to families with one main income earner including sole parents. There are a number of reasons why FTB cannot be paid in respect of a dependent child/student, such as the child/student receiving Youth Allowance or a prescribed education payment such as ABSTUDY. A foster carer's entitlement to FTB depends on their family circumstances including income. Foster Care Allowances paid by State/Territory Governments do not fall within the income test for FTB and CCB purposes, as the Australian Taxation Office does not consider remuneration received by people who are volunteer foster carers to be assessable income. As a guide, FTB is not generally payable if the placement is short term. Where the length of time is unknown or care is being disputed, payment may not be made until after a period of 4 weeks (in some cases up to 14 weeks). In these cases, payment cannot generally be backdated to the date the child was placed with the foster carer. Only one carer can claim the full FTB at any one time. If the foster carer shares the care of the child with another carer, such as when a child is gradually returning to the care of their parents, it is possible for each carer to claim a share of entitlement to FTB" (Australian Foster Care Association in consultation with Centrelink and the Department of Family and Community Services 2004).

Carers and service providers observed that the availability of financial support for relative carers was often dependent on the child being on a care and protection order (see section below discussing "informal kinship care"). Financial support arrangements varied in each jurisdiction (see Appendix B, Tables 2-5), however there were several issues identified.

- Kinship carers may receive a lower carer payment than non-relative foster carers.

- Kinship carers may not automatically receive the carer payment in the way in which non-relative foster carers are provided with financial support – kinship carers may be eligible for these payments but it may only be upon application or at the discretion of the caseworker.

> "The problem is that there is discretion in the department on whether they part the kinship carer at the foster care rate of the kinship carer rate." (AICCA representative)

- Kinship carers may not be eligible for additional payments for special needs.

- Kinship carers may not be aware of their eligibility for Commonwealth benefits such as the Commonwealth child-related payments under the Centrelink Family Tax Benefits.

> "Most of our kinship carers are grandmothers, they don't know their rights." (AICCA representative)

Practical and emotional support. Carers and service providers talked about the common belief that relative carers do not need support and do not want anything to do with the department. They argued that these assumptions were incorrect and prevented kinship carers from receiving appropriate support.

> "Grandparents have support needs." (AICCA representative)

> "There's always been a myth that relative carers don't want to have involvement with the department. So they get less rigorous assessment, no support and no training. Recently, by going statewide with the foster care recruitment centre, we found that in the main, the relative carers thought it was a pleasant experience … So if we want to retain carers, we might have relative carers who can be trained up and supported to become a general carer." (Department Indigenous policy representative)

Informal kinship care. Aboriginal and Torres Strait Islander and mainstream agencies, as well as departmental workers, highlighted the need for flexible funding to support carers, even if children were not subject to statutory intervention. Lots of young people were in the care of other family members, but had not come into the formal child protection system.

Carers and service providers told us that if the kinship placement was "informal", then most departments do not provide financial or other supports for the placement.

> "Kinship community carers get less as without an order, and if it is an informal placement, they get absolutely no support – so it is unlikely to be a long-term placement." (AICCA representative)

> "Kinship carers in our jurisdiction only get a subsidy if the child is on a care and protection order. This is a huge issue. It's about support for the family." (AFCA representative)

Where informal kinship carers did receive support, these participants told us that the role of supporting informal kinship placements usually falls to the local Aboriginal and Torres Strait Islander child welfare agency (who may or may not be funded to support informal kinship placements) and that this was particularly the case if they are involved in the decision making process (for example, coordinating family group conferencing) that led to the child being placed with the particular family member.

> "Kinship carers – voluntary and statutory (we aren't funded to work with them)." (AICCA representative)

Carers and service providers, particularly those from the non-government sector (both Indigenous and non-Indigenous) believed that more support should be provided to informal kinship placements as these placements prevented children from entering the formal out-of-home care system.

> "It's appalling that governments are taking the cheap solution. If Aunty didn't step forward, then there would be a care and protection order, and the child would be in financially supported foster care." (AFCA representative)

Relationship with the Department

A major issue identified for nearly all carers was communication with the Department. This was true for Indigenous carers as well as non-Indigenous carers of Aboriginal and Torres Strait Islander young people. Many carers noted a lack of support from the Department. Even when Aboriginal and Torres Strait Islander carers were receiving direct support from an Indigenous agency, they still feel the need for a more supportive relationship with the child's caseworker in particular, and the Department generally. Some issues that carers found frustrating in working with departments included:

- Not being respected by paid professionals involved in out-of-home care – particularly caseworkers, some of whom fail to treat non-government workers (and carers) as partners who are part of a team of people working towards the safety and best interests of the child. Within the environment of increased expectations being placed upon carers (discussed in relation to the professionalisation of foster care), their belief that they are not being treated with respect may be experienced as particularly unjust;

> "It's the lack of support... in actually being heard and valued. Some caseworkers don't actually value that enough. It's more than changing a nappy and giving a feed. It's about being respected for offering a very valuable service." (Indigenous carer);

- caseworkers being inexperienced;

> "They should be using culturally appropriate workers: Black fellas, not social workers fresh out of uni." (Indigenous carer)

- caseworkers imposing Anglocentric values and expectations on carers;

> "Young white middle class kids coming in and telling families what to do. They carry their own baggage, morals and standards" (AICCA representative)

- feeling that caseworkers are too stretched to provide meaningful case management;

> "It's about making time for things to occur. The caseworkers are busy and so their priorities become the court work and the crisis work, and the therapeutic work suffers. Children who are perceived to be in stable long-term placements are just bot visited by their departmental caseworkers." (Non-Indigenous out-of-home care service representative)

- explanations for why caseworkers are changed – and lack of "hand-over" between workers;

> "Half the caseworkers wouldn't know our kids if they walked past them on the street." (Indigenous carer)

> "Child's caseworker left Friday, they didn't even say goodbye to me let alone the child." (Non-Indigenous out-of-home care service representative)

- caseworkers "blaming" carers, and adopting an accusatory role (for example, in relation to an injury or illness); and

"They'll say 'Explain this bruise' - "It's a two-year old!" Sometimes kids make innocent remarks. You feel very vulnerable ... It's always having to defend yourself." (Indigenous carer)

- mistrust of Aboriginal and Torres Strait Islander communities by departments.

"The department has a culture that reinforces the mistrust of the Aboriginal community." (Australian academic)

Aboriginal and Torres Strait Islander carers expressed a desire to have more contact with departmental workers, especially Indigenous departmental workers. Departmental employees in one state told us about a survey carers had completed in which the Indigenous carers reported wanting to work with Indigenous workers.

"Regular personal contact for carers – regular phone calls, but also being visited by a placement support worker." (non-Indigenous agency)

A further issue that carers struggled with in their relationships with the Department, was the tension between carer's parental responsibility and the Department's parental responsibility as legal guardian. The Department (rightly) has a child focus and emphasises the rights of children, however this can get in the way of carers setting house rules and establishing boundaries for children. One Indigenous carer talked about the adolescent boy she was caring for wanting to watch "blue" movies. When the carer tried to set a house rule against this, the boy was able to go to the Department and complain about his being denied his rights.

Financial supports

Overall, the level of financial support for carers was seen to be inadequate to meet the costs of caring for a young person. One AFCA representative stated:

"The fostering allowance is a pittance (no carer is in it for the money). $1 an hour is meant to cover everything: school uniforms, extracurricular activities, doctors fees."

This issue is not unique to Aboriginal and Torres Strait Islander carers, however, the issues are exacerbated by the disproportionate levels of material disadvantage experienced by Aboriginal and Torres Strait Islander peoples.

Across the country, agencies noted the concerns that carers have about the length of time it takes to receive a payment or reimbursement. In the focus groups with carers, this was also a consistent theme. Carers felt that departmental workers were not approachable, nor responsive enough:

"You shouldn't feel like you're begging." (Indigenous carer)

These issues were raised particularly in relation to the immediate need for money to buy food and other necessities for short-term emergency placements. Both Indigenous and non-Indigenous carers found this difficult. Although carers were willing to be responsive to agency or departmental requests to take a child immediately, the financial support for that placement sometimes took time. This occurred despite a need for the child to be fed, and the need for bed linen or new school clothes to be purchased immediately.

Some of the other areas of financial concern raised by carers and service providers included:

- subsidies thought to be too low;

- needing help with school fees, uniforms, sports shoes;

- lack of transport assistance, or when placing a sibling group, assistance with purchasing a larger vehicle, registration, insurance and fuel costs; and

- the need for linen and good quality mattresses (that is, paying $90 for a rubber mattress is not economical in the long-run – you have to keep buying a new one each year).

In many cases, carers concerns about payments were not just about timing, but about communication: they felt that departmental case workers had a set budget for the child, but that the information (that is, what was the child in their care entitled to), was not made available to the carer. Furthermore, carers did not feel that they were being involved in decisions about how departmental financial resources were used to support the young person – yet they felt they were in the best position to have input, given that they had care of the child. Carers believed that the current structure of the out-of-home care service system placed high demands on carers and forced them to experience unnecessary costs and complications in order to access services for children.

> "There's no respect there. We're not on welfare. We never go to them for our own children. These kids are their kids. When you go to ask for them, their reply is, "You get carer subsidies, pay for it out of that". If the money is allocated for our kids – be open and transparent. If you've got x amount of dollars to spend on the kids, let us know. Make it part of the care plan. Ask us how we'd like to spend it. Instead, they spend it on other kids. We should know exactly how much money they have got allocated for our kids." (Indigenous carer, talking about the Department)

In one jurisdiction a non-government carer support worker told us that payments were linked to children's needs. However, if carers put in a lot of time and effort to address a child's needs the child's functioning would improve and the funding level would then drop. Carers felt that this compromised their ability to continue ensuring children received the services they required to maintain their improved functioning. Dropping funding as soon as the young person showed signs of improving, acted as a disincentive to carers to try harder and they felt they were being punished – particularly given their responsibility for the improvements.

Managing contact with the child's birth family

Many carers had challenging situations in managing contact with the child's birth families. The reasons for this varied and depended to some extent on the reason the children were removed from the birth family and the birth families attitude towards the carer.

Many of the difficulties arose as a consequence of the birth parents' reaction to the placement. In some Aboriginal and Torres Strait Islander communities, carers often knew the birth parents of the child, and this compounded the difficulties that arose in

trying to manage contact when there were antagonistic attitudes or parents were harassing carers.

> "We've had disagreements with the father of the children we look after. He wanted to be able to drop in any time and take them whenever he wanted. When we stood up to him, he'd ring up the Department." (Indigenous carer)

Carers and service providers reported that carers needed a lot of support to manage contact arrangements with birth families – for both kinship and non-relative placements.

Other carers felt that problems associated with managing contact stemmed from the department's lack of involvement in organising the child's contact with birth family. They often talked about using informal Indigenous contacts to keep young people connected to their family and specific community.

> "We had to send it through the [Aboriginal] grapevine to organise contact with the family. The Department didn't do anything about it." (Indigenous carer)

> "We were working on reunification with parents. They got back together, and we worked on the kids going back. They were going back…. But then there was no contact afterwards. Wanted the address, to support parents & be an Aunty figure. But Department wouldn't give her the address. Had no further contact… yet I'd had them since they were babies." (Indigenous carer)

Some carers felt that department workers listened to birth parents too much at the expense of carers. They felt that as carers they were the experts: they were living with the children 24 hours a day, seven days a week and were more likely to have an understanding of what type of contact with birth parents would be in the best interests of the child. Carers complained that departments were too rigid, or allowed parents rather than carers to have the final say.

> "When it comes to holiday time for the carers with the children. The carers should be allowed to take the children out when they go on holidays. But that's when the Department says 'no', because they've got specific contact dates for the kids to see their parents. The carers should be able to make plans. We might wanna go bush. But we have to come back here for them to see their parents. It's not right. The carers should be able to decide what they want to do with the kids during the holidays. Why should the parents have the last say with children when it's because of the parents that the kids are in care? It's not fair on carers. The carers should have the last say on holiday times. If the parents are able to still get the last say, they should be able to take the kids back! If the Department can't stand up to the parents, they should hand the parents back their kids. It all depends on the reason of what they were taken from the parents for." (Indigenous carer)

Despite the problems in managing contact, carers thought that in most situations it was important to maintain this. Where contact was not appropriate, carers believed that it was important that this be discussed honestly and up front with the parents and the children.

> "Regular contact between the children and their parents is important." (non-Indigenous carer)

> "We don't always have contact with the parents while they are in care … The first thing we find out is whether contact is allowed with the family. If it is, we let the kids know. If they know that you'll try and get the contact, they'll settle down." (non-Indigenous carer)

In one jurisdiction, non-government service providers talked about the positive role the department was playing in managing contact:

> "The Department looks after contact with biological parents: picking up and dropping off. This is an expensive item. We use houses that are set up specifically to deal with

contact (strict rules), but there is not enough of it. There should be more contact between biological parents and kids in care. They need structured activities. But again, this is resource intensive." (non-Indigenous agency representative)

Respite

Carers (both relative and non-relative) wanted respite care. Respite care will be discussed in relation to the broader issue of types of care. Carers and service providers believed that a more flexible model of care that included regular access to respite care would improve the situation for carers and have flow-on effects for recruitment and retention.

> "Respite is an important component, but there is a limit; carers can only have 30 hours paid respite per year. It's not enough! So people make their own informal arrangements. Children are placed with a baby-sitter for periods of up to 48 hours." (Indigenous agency representative)

Supports for non-Indigenous carers caring for Aboriginal and Torres Strait Islander children/young people

Non-Indigenous carers expressed that it is very challenging to care for Indigenous children. For instance, when the child has contact with the family, some carers complained about the condition the child has come back in: dresses and clothes may have disappeared, or the child may have picked up health problems like scabies and lice. Non-Indigenous carers said:

> "I'd never contemplated taking in an Indigenous child. Once you're in there, your involved!"

> "When you take these children out – these children have very little discipline in their lives – it's hard. They want to touch and take everything."

A placement support team highlighted that this was related to different value systems about child rearing and standards of care.

Promising practice

> **Key message from participants:**
>
> The underlying theme in relation to support was that of respect – carers believed that being respected as a part of team of professionals working towards the child's best interests would be demonstrated through appropriate financial, practical and emotional supports.

Carers and service providers talked about the structure of the service system as it related to supports, rather than just identifying supports that carers needed. It appeared from participants' responses that there were some essential elements to the service system that enabled carers to feel adequately supported.

One worker from an Aboriginal and Torres Strait Islander agency responsible for supporting carers said:

> *Promising practice.* "We try to visit carers once a fortnight, plus two calls a week – it's part of how we retain carers and how we can continue to give them really difficult children. Children in care now have issues that are far more demanding than were 10-12 years ago, which raises the issue of how do we support them to a greater extent."

These included a model of support that actually acknowledged the need for unique support services for carers – children's caseworkers were not enough. It was important that these support models be adequately resourced to ensure that support workers for carers had adequate time to provide real support to carers. In terms of the specific types of support that carers wanted, the primary issues were: having a carer support worker who had the time to support them and did so in a culturally appropriate way; being adequately financially supported to care for children; being provided with assistance in managing contact with birth families; and being provided with respite when it was needed. Carers intertwined the issues of training and support; carers who had received training tended to feel more prepared for their role and and more supported. Carers also intertwined the issues of supports for themselves and services for children; if children were provided with the services that carers believed that they needed, the carers in turn felt more supported (for example, providing timely therapeutic intervention for children with behavioural problems).

Carers reported feeling mostly unsupported, but there were some exceptions, with some Indigenous and non-Indigenous carers feeling well supported, and able to communicate well with departmental caseworkers. Models in which the roles of carers were valued and appropriate supports were put in place to assist them in their role, were seen as superior (for example, carer development plans to identify carers' training and support needs, adequate staffing of dedicated foster-carer support workers).

> *Promising practice.* "The support for our carers is really intense. We have an open phone line, which they can phone after hours. Our worker does regular visits with them and sees how they're going. We involve the caseworkers who are handling the children and liaise with them around the children. Our worker and the caseworkers (from the statutory mob) do visits together. Our family support workers (we have four) also go and do visits. Our worker's job is to look after carers; the Departmental caseworker's job is to look after the kids. Family support workers also look after the children, as well as the biological family from which they have been separated." (Indigenous department worker)

It was also very important to carers to feel valued and respected by caseworkers for the role they play. Carers and professionals within non-government agencies believed that greater interaction between departmental workers, carers and non-government placement support workers would increase the sense of partnership and respect and improve transparency.

"Mutual respect. Let's do the journey together" (Departmental Indigenous policy representative).

> *Promising practice.* A non-Indigenous out-of-home care service representative talked about the adversarial relationship that had developed between carers and departmental caseworkers. As a means of overcoming this, the department had initiated morning teas for carers and caseworkers at the departmental office. This was considered to be a good idea, but there was a struggle to effectively implement it because caseworkers were too busy to attend regularly.

Participants talked about the need to adequately support kinship carers, including informal kinship carers as they were seen as playing an important role in relieving pressure on the out-of-home care system and preventing children's entry into stranger foster care. Furthermore, participants talked about the need for pilot projects, which they said are needed to evaluate the impact of providing support for "informal" kinship carers and which will be useful in diverting at-risk children out of the formal out-of-home care sector.

> *Promising practice.* "The resources that the department has are quite often kept until a kid comes into care. Why don't we use it with relatives to prevent the kids coming into care? This is particularly so with Indigenous families. They are already supporting a large family – so providing them with supports is important." (Department Indigenous policy representative)

In relation to the specific support issues for carers of Indigenous children, there were unique needs for Indigenous and non-Indigenous carers. For non-Indigenous carers it was important for them to be supported to provide a culturally appropriate placement for the children in their care. In several jurisdictions a promising development was the growth of partnerships between Indigenous and non-Indigenous service providers. These partnerships made non-Indigenous carers of Indigenous children (and the children in their care) eligible for service provided by the Aboriginal and Torres Strait Islander service. According to representatives from an Indigenous agency, the supports for Indigenous carers works well because it goes across two church-run agencies – providing support for Indigenous and non-Indigenous carers of Indigenous children. Non-indigenous carers of Indigenous children were supported by the Indigenous agencies.

> *Promising practice.* In two jurisdictions carers of Indigenous children registered with a non-Indigenous agency, the carer's birth children and the children in their care were eligible to attend cultural camps run by the Aboriginal service provider.

Finally, it was important that support provided to Indigenous carers was provided in a culturally appropriate way. Carers talked about the importance of departmental workers being culturally sensitive. Many described how important it was to have the support of departmental Indigenous workers, who are responsible for supporting the placements.

There were numerous approaches to tailoring support services to meet the needs of Aboriginal and Torres Strait Islander carers:

> *Promising practice*
> - employing Aboriginal and Torres Strait Islander caseworkers and Aboriginal and Torres Strait Islander policy and professional development support workers within the department;
> - having a specialist Aboriginal and Torres Strait Islander Unit within the department, which is responsible for coordinating and providing care and support;
> - in jurisdictions where there was an identified Aboriginal and Torres Strait Islander unit, the workers were keen to point out the important role that their unit played in communicating ("translating" and mediating) between the department and Indigenous carers;
> - recognising a lead Indigenous agency that is responsible for recruitment, assessment, training and support of Indigenous carers either statewide, or in a particular geographic region;
> - establishing a service or peak body for other AICCAs or similar agencies that is responsible for providing intensive ongoing training and support for Indigenous carers statewide;
> - appointing cultural consultants within departments with the role of being involved in case plans, informing policy and broadly being available to consult on culturally appropriate responses; and
> - an open door policy – carers feel welcomed as part of family, support not proceduralised.

In addition to providing a culturally appropriate and adequately resourced carer support service, participants also highlighted the need to facilitate informal support:

> *Promising practice.* "Support groups are an excellent way of meeting educational aims in a low-key way in the course of discussions over morning tea (no requirements to do reading – the oral tradition is important) and encourage discussion in informal sessions." (AFCA representative])

Service providers described promising examples of informal supports for carers:

> *Promising practice.* "Kinship carer support groups (for example, getting groups of grandmothers together who are caring for their grandchildren or other children from the community – and facilitating knowledge-sharing and support between them)." (AICCA representative)

> *Promising practice.* "Facilitate contact between carers through activities such as picnics for carers (i.e., running social activities for children in care provide opportunities for informal sharing and support, as well as time to run more formal training for carers)." (Departmental representative)

Services for children

> **Key message from participants:**
>
> The majority of children in out-of-home care have complex or special needs. This is not surprising given that most children are placed in out-of-home care as a consequence of abuse and neglect.

Emerging issues

When carers were asked about services for Aboriginal and Torres Strait Islander children and young people in out-of-home care, they responded emphatically: "We need them!" Carers talked about there being significant gaps and inconsistencies in access to basic services to meet the increasing complex needs of children in care. In some instances this appeared to derive from a lack of awareness about the services that were available and how to access them, rather than the services not being available. However, most carers described having tried to access services and being frustrated in their ability to get them or simply reporting that they were not available. Carers and agency workers talked about region specific problems: in rural and remote communities there just were not any services, and in metropolitan areas the services could not cope with demand.

Care plans

When asked about services for children carers often talked about care plans as a formal means of describing what it was that children needed and who was responsible for coordinating this. Carers wanted a lot more involvement in the development of care plans.

> "Foster parents are part of the team and have to respect that. Be respectful, friendly, negotiate, ring them when they need you, when they're in crisis don't leave them hanging." (non-Indigenous carer)

Care plans were also a means of ensuring accountability and transparency. However there was some frustration evident among carers who felt that they were made accountable for actions ascribed to them in care plans, but that caseworkers were not. Carers wanted caseworkers to be accountable for following through on tasks for which they were responsible and for their responses to be timely.

> "Counselling? It's a joke. When their mum passed away it took two and a half years! They guy that come, came once or twice … but said no, the kids don't need counselling because the carers have dealt with this. He was good with the kids, but he recognised that he should have been called in straight away. It's lip service." (Indigenous carer)

> "The case conference is done, but nothing is done that's on the case plan." (Indigenous carer)

Health and personal information about children

Carers told us that prior to the placement it was important that they be provided with a detailed history of the child's health and personal information so that they could determine what services the children needed. However, privacy issues prevented carers from having adequate information to conduct their role. One consistent complaint from carers was the lack of access to information that they felt was crucial to be able to perform their caring (that, their "parental") role. They wanted to have access to full medical information, as well as other personal information concerning the young person and his/her family (for example, a genogram), the reason for being in care, family history/connections (for example, where there are biological family residing nearby). Some of the issues that carers specifically mentioned as having been problematic for them in the past were:

- lack of information about medical needs of the child (even when it is known – including simple things like the child being asthmatic), lack of assessments, and communications about the needs of children;

- knowledge about blood-borne viruses can pose a health risk to carer and families; and

- history of children offending against other children – information that a carer needs to know (even if the carer's family does not have children, they need to be aware so as not to expose other children to the risk of abuse).

> "Some of the kids I've had from the Department, I have no idea of their psychological profile. But it's the trauma they bring with them that you have to deal with. We're told, "Oh no, that's all confidential". But to help them and support them, I need to know. They should bring everything there when they bring a child. I want to know what happened. If I'm the carer—and I'm going to put up with the problems—at least give me something. I've got to help that child deal with it. The child is hurt inside, and you've got to prepare them to face it again and to face their parents." (non-Indigenous carer)

> "The carers want: more background information – problems should be disclosed (behaviours; police record; allergies; medical records; blood disease). You are given responsibility for caring 24/7, yet you know nothing. They all come with scabies and lice. A basic genogram, knowledge if there are other relatives living in the area, and workshops for cultural differences. If they are going to trust the child to your care, you need to know these things." (non-Indigenous carers)

Types of services for children

The crucial issue for carers was the poor availability of service for children in their care, this included heath, mental health, counselling, remedial education, language and speech services. Carers felt that these services were provided on an ad hoc basis and that often children in care were expected to access these services through existing channels within the community and often relied on other government departments, such as the Education Department. This failed to take into account the unique circumstances for children in care. For example, children's mobility in emergency or short term placements meant that it was difficult for them to commit to an appointment months into the future – within the existing service framework this meant that children in care often missed out on services even where they were available within the community. Carers felt that children in care should have priority access to services.

> *Promising practice.* In one jurisdiction a Foster Carer Card has been developed to assist carers by making them identifiable to government agencies and hospitals; and providing them with access to a range of business discounts: for approved foster carers; approved relative carers; and children and young people in care. (Department representative)

Service providers raised their concern that both the child protection and juvenile justice systems were overloaded and thus there were limited appropriate placement options.

> "We should be reluctant to put them into a system that may place them at further risk, particularly for Aboriginal and Torres Strait Islander young people" (non-Indigenous agency representative).

The lack of Indigenous services meant that Indigenous children were often being served by non-Indigenous agencies. Carers and service providers believed that these services were not always appropriate for the child's cultural needs.

Availability of funding for services for children. Carers discussed the poor availability of funding for services for children in relation to their support needs to effectively undertake their role as carers (see financial supports for carers above).

Connection between siblings. Although not a "service" as such, when asked about the services children needed, participants spoke about the need for connection between siblings placed with different carers, and this being particularly important for Aboriginal and Torres Strait Islander children given the cultural significance of family.

Cultural mentoring. It was highlighted that it was critical to make children aware of their Indigenous heritage. Cultural mentoring was in place by the external agencies in some jurisdictions, but only minimally available in others. It was incorporated into the case plan if there was a definite need (for example, if the young person expressed the view that they wanted to know about Indigenous art, culture). However, this did not happen automatically and as a result some Indigenous children were not getting the information that they absolutely need. Such issues are obviously most important if placing a child with a non-Indigenous carer.

> "It's hard to say, 'You should be proud of your heritage' when their knowledge of their heritage is the negatives, the knowledge of what happens to families when there is alcohol involved. They're not seeing positive role models." (non-Indigenous carer)

Carers – particularly non-Indigenous carers – felt that this issue was crucial, and that they needed better support from an Indigenous Unit in the department or other agency to support Aboriginal and Torres Strait Islander young people in learning about their cultural heritage.

> *Promising practice.* In one jurisdiction an AICCA had developed a publication to assist with understanding the cultural needs of Indigenous young people in care and to foster cultural awareness in non-Indigenous carers (AICCA representative).

Children should not rely solely on carers for cultural mentoring, other supports need to come through education and tutoring. For example, one Aboriginal and Torres Strait Islander agency was offering some culturally sensitive styles of education and a "Big Brother, Big Sister" mentoring program. Some places have also recognised that Aboriginal and Torres Strait Islander children need more of a cultural experience in their education as well as basic literacy and numeracy.

Mental health. Where Aboriginal and Torres Strait Islander mental health services were available to provide crisis or ongoing counselling for young people, this was seen an excellent resource. However, many carers reported difficulties in accessing appropriate mental health services for the young people in their care – either through an Indigenous service, through the school, or in mainstream mental health.

School-based support services. School-based support services were a particular area of frustration for carers who felt that they were caught in the middle of disagreements between the education and child protection departments.

> "Often carer gets caught like a ball in a ping-pong match between the Department of Education, and the Department. Who's going to pay?" (non-Indigenous carers)
>
> "If there's a problem at school, they contact the carer and the Department. Why don't they take responsibility?" (non-Indigenous carer)

Carers also talked about the difficulty in accessing school-based services.

> "We have problems with school. There's not enough support. I've never met the education worker, they don't support [Aboriginal] kids." (Indigenous carer)

Carers described the difficulties children faced and how the shame and embarrassment they felt prevented them from accessing services even where it was available.

> "I believe all these children need specialised tutoring to try and catch them up. They need to be stimulated and supported. One of the reasons we left [the urban area] is that in the rural area, we are only nine kilometres from a lovely school with a supportive principal." (non-Indigenous carer)
>
> "We did have tutoring for one of our girls. They do have tutoring for Aboriginal children at this particular school, but the kids are often too embarrassed. Shame." (non-Indigenous carer)

One carer told of how their local school had helped in trying to overcome the shame some children feel about educational delay:

> Promising practice. "Kids are embarrassed about being behind. We tried to get an older child to read a younger age book to a younger child. He was caring for his younger siblings, and got 'student of the week'." (non-Indigenous carer)

Informal supports for children in care. Carers and service providers talked about the benefits of programs and activities that provided informal supports for children in care. The following programs and activities are informal supports for children in care described by participants:

- sporting involvement;
- peer-mentoring program for children in care (particularly for males who may lack a male role model and need to start them early)
- camps; and
- a young men's program.

Planning for leaving care. Some states have specific programs for Aboriginal and Torres Strait Islander young people leaving care (for example, NSW); most others had no formal arrangements, and stakeholders identified this as a significant gap in the continuum of care that should be in place.

> "If we fix up care, leaving care will be less of an issue." (Indigenous worker, Departmental Indigenous policy unit)

Promising practice

There was not a unique set of services that all children required. The most important thing was to make an assessment of what each individual child needed and write this into the care plan. Carers talked about the importance for items within the care plan to be followed through, and for this to be done in a timely fashion with a process for feedback and accountability. Connection to family, community and culture needs to underlie all services for Aboriginal and Torres Strait Islander families, and services need to be culturally appropriate. Beyond this, it is important for the service system to be structured in such a way that ensures that children (with low through to high needs) receive the services that they require. Carers said services need to be available, and that they need to be aware that services are available and accessible.

> *Promising practice.* "We think you build trust by showing Aboriginal communities that departments are trying to work towards the best outcomes for children. When they do have dialogue, they do end up believing that they both have the best interests of children at heart." (Indigenous agency representative)

Carers said that children need to be consulted on their care plans, and their views need to be listened to and where appropriate acted upon – not just given "lip service". When asked what was one thing that would help, a non-Indigenous carer replied:

> *Promising practice.* "Listening to what the kids want. Getting the kids to write it down or to tell the social worker. So the children have got control."

Retention

> **Key message from participants:**
>
> Retention in particular was intertwined with recruitment, assessment, training and support. Generally it was believed that good practice in these areas would assist in retention. Retention was generally not an area of concern for Aboriginal and Torres Strait Islander agencies. After making the decision to begin caring, Indigenous carers tended to continue in the caring role. The ageing population of Aboriginal and Torres Strait Islander carers was a concern.

Emerging issues

Most agencies and departments noted that few Aboriginal and Torres Strait Islander carers end their role as carers. Thus retention was not an issue with Indigenous carers.

> "We don't very often have carers dropping out except for their own health." (AICCA representative)

Occasionally an Indigenous carer had been found to be temporarily unsuitable. A departmental representative described some of the reasons for carers temporarily taking a break from their caring role:

> "It might be for family reasons, because they are staying out bush for while or due to sorry business." (Departmental representative)

When asked about retention, carers and service providers largely talked about the issue being the lack of carers rather than retaining carers. However, the issue of

retention is likely to emerge with the ageing demographic of carers. As age-related health issues start to become more prevalent, the problem of undersupply of Aboriginal and Torres Strait Islander carers is likely to increase unless younger carers can be recruited in greater numbers. A peak agency representative noted:

> "We are losing some Aboriginal carers. I suspect it's an ageing population. Across all carers, the age range is moving upwards. We are heavily reliant on middle-aged and older women. It's becoming concentrated in older groups. The worry is that there won't be younger carers coming on board."

Retention strategies that were suggested revolved around supporting carers sufficiently for them to be able to care, not about making caring more appealing to them. They suggested that if the department wants to retain carers, one strategy is to look at current relative carers who can be trained up and supported to become a general carer. An agency providing support for Aboriginal and Torres Strait Islander carers, linked the issue of retention with the quality of supports that were available for carers and young people in care:

> *Promising practice.* "Retention needs to be looked at more holistically – in terms of the system giving maximum supports... meaningful support (for example, a grandmother caring for young man may need male mentor). Sustained not short-term. It needs to be a long-term mentor – a lot of children needing these mentors from very young age. And if asking grandparents, older aunties, and elders, you cannot do this unless you put support structures in."

4.3 Overarching themes

> **Key message from participants:**
>
> The issues of recruitment, retention, assessment, training, carer support and services for children are addressed separately, however any recommendations in regard to best practice will need to take into account the interlinked nature of these concepts.

Holistic approach to service provision with Indigenous families

Many respondents, highlighted that the issue of insufficient carers in the Aboriginal and Torres Strait Islander communities was better responded to by targeting the over-representation of Aboriginal and Torres Strait Islander children in care rather than seeking to find more carers. Respondents talked about the need for a holistic response to building community and parenting capacity.

> "It is important to treat the causes not just the symptoms within the family" (AICCA Representative).

This issue was most frequently, but not exclusively reported by Aboriginal and Torres Strait Islander service providers who believed that Indigenous agencies were best placed to provide a holistic service to families. They felt that these services could provide a continuum of care, that is, care that includes primary, secondary and tertiary intervention (for example, parenting education, family support, family preservation through to child placement and family reunification services). Where Aboriginal and Torres Strait Islander agencies were only responsible for the placement of children

following their removal, the perception of these agencies was altered within the community and they were at risk of being seen as an extension of government welfare. Rather than just funding the Aboriginal and Torres Strait Islander agency to deal with the "hard end" of child protection, these participants believed that it was more culturally appropriate to provide the whole continuum.

> "The only way to address the crisis end is to put in better protection and provide front-end early intervention. A front-end approach doesn't guarantee the family won't break down, but when the family have already been engaged it is easier to re-engage them." (AICCA representative)

> "The resources that the Department has are quite often kept until a kid comes into care. Why don't we use it with relatives to prevent the kids coming into care? This is particularly so with Indigenous families - they are often already supporting a large family so providing them with supports is important." (Departmental Indigenous policy representative)

Getting help for the biological parents

Although the primary focus of the interviews was to discuss the recruitment, retention, assessment, training and support of carers, many carers, service providers and young people in care highlighted that in the interests of reunification it was important for parents to continue receiving services after their child had been removed, and regardless of whether the child is in a short-term or long-term placement. Even where reunification is not planned and children are in permanent care arrangements, many young people eventually return to their biological families after leaving care.

> "You have to blame the parents for the abuse and neglect. A lot of people are not caring for the children. But when taking the children away, you can place them with an aunty or a relative. That relative might be the one to get the help for the mother. The help should be there for the parents as well as the children. They just look at taking the children away, but don't think about what's left. Later on, that child will go back to that root. So we need to not let that root die." (Indigenous carer)

This message was perhaps most poignant when it came from the children in care. When Aboriginal and Torres Strait Islander boys in care were asked if they had the opportunity to tell the people in charge of out-of-home care the one thing they would like to change, they articulated very promptly and with some energy:

> "Take us back to Mum and Dad and stop having our families drinking beers and smoking. I want to go back to our families and tell them to stop smoking and drinking. They need someone beside them to help and support them. Since we've gone, they don't have anyone to support them."

Children with complex needs

Carers and service providers believed children in care were presenting with increasingly complex needs. Throughout the interview data there are references to children with special needs. It is important to note that the majority of children in out-of-home care have complex or special needs. This is not surprising given that many children are placed in out-of-home care as a consequence of abuse and neglect. The

increasingly complex needs of children underlie the issues of carer recruitment, retention, assessment, training and support of carers and the services for children.

Interlinked nature of recruitment, retention, assessment, training and support

One of the key findings from the interviews and focus groups that were conducted with out-of-home care professionals and carers, was the interlinked nature of the themes. For example, assessment practices can influence the perceptions of potential carers, and be a barrier to recruitment; and levels of training and support are likely to influence retention. The issues of recruitment, retention, assessment, training, carer support and services for children are delineated as separate concepts in the ensuing identification of emerging themes, however, any recommendations in regard to best practice need to take into account the interlinked nature of these concepts.

Pre-placement

Carers and service providers believed that it was important to consult the family to identify an appropriate placement, to ensure that carers had the information they needed to care for the child (for example, medical history), and in the case of kinship care that the family were able to determine who was going to take responsibility for what.

> "Some are 'poison family' … Even though we are family, we aren't allowed to talk to them. It's about the kinship relationship system … A family might reject a placement of kids with some family – you have to take notice of that. Also, if there is rivalry between clans … it's about asking and listening … Hopefully family group conferencing will address this. Family group conferencing is not a foreign concept to our people. It's how we've done things for many years: getting to discuss what the problem is, and whose going to take responsibility. They should have been using that way for many years. It will allow those people to say: the child will be culturally and physically safe." (Indigenous carer)

> "Family group conferencing is absolutely vital. Bring together all members of the child's family together and give them a chance to see if they can work something out. The best solution is within the family if that can be assisted to work. Family group conferencing helps families to decide: 'What will I need to do to avoid children having to be removed into formal care?'" (AFCA representative)

Kinship/relative carers

It was evident across the jurisdictions that the distinction between kinship (or relative) care and foster (or non-related) care is ambiguous in Aboriginal and Torres Strait Islander communities. Based on their unique cultural understanding of family and community relationships, it is a false dichotomy to divide the care sector into foster and kinship care for Indigenous people: most Aboriginal and Torres Strait Islander carers are known to the biological families of the children they are caring for, or can

identify some family relationship to them, even if they are not part of the immediate biological family. The distinction between related and non-related carers is more real in Anglo-communities, where notions of family are much more tightly defined as a biological, nuclear family.

The distinction between relative and foster care is also false because carers were sometimes: caring for someone in their "immediate family" such as a grandchild, niece or nephew; caring for someone "related" from their broader community (in a cultural sense); *and* caring for an Aboriginal and Torres Strait Islander child from another cultural group whose family is unknown to them.

> "Kinship care is the first option. The family themselves say I want my kids to go to aunty, or grandma. They usually nominate a person to look after the kids." (non-Indigenous agency representative)

The Aboriginal and Torres Strait Islander Child Placement Principle

The Aboriginal Child Placement Principle outlines the preferred order of placement for an Aboriginal or Torres Strait Islander child who has been removed from their birth family. This order of preference is that any Indigenous child removed from his or her family be placed with: the child's extended family; the child's Indigenous community; or other Indigenous people. Only if an appropriate placement cannot be found from the three groups can an Aboriginal or Torres Strait Islander child be placed with a non-Indigenous carer (Richardson et al. 2005).

Carers and service providers explained that simply complying with the Aboriginal Child Placement Principle was not enough to ensure a culturally appropriate placement. Despite the Principle having been adhered to, children may be disconnected from their community and culture in the event that they are placed with the non-Indigenous side of their family. A child may be placed with the "white" side of the family, with another cultural group or with kith or kin who may have (as a consequence of their own removal) been disconnected from their traditional culture.

> "The Department says it is complying with the Aboriginal Child Placement Principle if it places the child with the non-Aboriginal part of the family. We have to do quite a bit of advocacy to help children in care see the Aboriginal side of their family." (AICCA representative)
>
> "We have three children who were placed with their non-Indigenous grandmother who have no idea that they are Aboriginal." (non-Indigenous agency representative)
>
> "There are over 500 cultural groups, being placed in a different cultural group is like being placed in a non-Aboriginal placement … Even Aboriginal foster carers need cultural sensitivity training because they can be a bit short about practices outside of their connected community." (AICCA representative)

Another issue was the need for Aboriginal and Torres Strait Islander children to be placed within their own culture – and not to assume that placing a child with another Aboriginal and Torres Strait Islander carer was enough.

> "Aboriginal children coming into care should be placed in their own country. Just because they're Aboriginal, isn't good enough. You need to be placed with people who know your identity." (non-Indigenous carer)
>
> "Even though we're Aboriginal people, we're not all the same." (Indigenous carer)

Finally carers and service providers told us that sometimes it is the families' choice not to adhere to the Aboriginal Child Placement Principle. Indigenous parents or children may state that they do not want the placement to be with Indigenous carers. Where it is the parents making this choice, there is a tension in deciding between their wishes and what is in the child's best interest. One respondent told us that there was a tendency to minimise the impact of placing a child with non-Indigenous carers when the child or parent was opposed to an Indigenous placement. They argued that it was important to try and find out why the child or parent was making this choice, to re-evaluate the choice over time and to still provide the child with opportunities to be connected with their history and their land even if it was not appropriate to place the child with their community.

> "Some black parents don't want their kids placed with a black family." (non-Indigenous carer)
>
> "Mainstream carers and professionals tend to minimise the problems for Indigenous children living in non-Indigenous placements or go to the other extreme. There are some kids who do not want to live with the Indigenous community, however I think that we are too quick to just accept this, rather than question why they are making this decision - although ultimately it is the child's choice." (Departmental representative)

Roles of government, Indigenous and non-government agencies

One cause of frustration among participants was confusion or dissatisfaction with the role of government, Indigenous agencies and non-Indigenous non-government organisations. This was particularly apparent in discussions about the recruitment of Aboriginal and Torres Strait Islander carers (particularly the recruitment of kinship carers), carer registration following assessment and responsibility for the support of Aboriginal and Torres Strait Islander carers, non-Indigenous carers caring for Aboriginal and Torres Strait Islander children in care.

> "[The Department] are also trying to recruit. They try and take our carers sometimes, but our carers tell them to come through us. We don't like it if they are going to take our carers. If they want to use our carers, they need to come through us. In some areas carers are [Department] as well as [AICCA] carers, with one child placed by each." (AICCA representative)
>
> "We need a delineation between the support for children in care and the support for carers. The placement support worker should focuses specifically on the carer, while the case worker focuses on the child in care, so that the roles and responsibilities are clear." (non-Indigenous agency representative)
>
> "Relative care now sits with the Department and general carers with non-government providers. For mainstream that may not be an issue but for Indigenous services it is a big issue. Our service knows families and when families are breaking down. At the moment we are looking at a partnership with the Department or at taking back over relative care. When we see birth families breaking down in family preservation we can start looking at other options, and that way it becomes a planned response rather than a crisis response." (AICCA representative)

Jurisdictions in which these problems were not apparent were characterised by the following:

- clear areas of responsibility;

- inter-agency collaboration;

- clear, written protocols between Indigenous and non-Indigenous agencies; and

- responsibility for direct services to the Indigenous community resting with the Indigenous agencies or workers who have a connection with the community.

> *Promising practice.* "If you don't work together with the Department, you can say goodbye to everything. If I'm not happy with something, I let them know, and we talk about what are some other solutions. Unless you know how the Aboriginal community operates (and you'll never know unless you are Indigenous) you won't know all the issues. The Department have been great. They ask for your opinion now, rather than just tell us. We meet once a week, regardless of whether there are issues. They say to us: you go in first and find out what the issues are." (AICCA representative)

> *Promising practice.* "Our networking with [the non-Indigenous agency] has been very good. When we can't care for the kids, we refer on to [the non-Indigenous agency] here they are placed with non-Indigenous carers, remembering that it's only temporary … What gets us out of trouble is that [the non-Indigenous agency] don't blink and eye when we need them to help us. You need the networking with the Department and the agencies around here." (AICCA representative)

In one jurisdiction it became apparent during the course of the consultations that there was a great deal of collaboration and partnership between the department, the non-Indigenous foster care service and the AICCA, but that each service had a clearly defined and agreed role within the service network. One non-Indigenous agency representative questioned about this said:

> *Promising practice.* Occasionally we have enquiries from the Aboriginal communities who want to be part of [the non-Indigenous service] or to transfer to [the non-Indigenous service] for their own reasons. We consult with [the AICCA] as a first point of call to see if there are any concerns from [the AICCA]. We work closely with [the AICCA] to support them to stay within the [the AICCA] system. We invite [the AICCA] carers to ongoing training that we might be providing. There is an assessment network in the city, where assessment workers get together to talk about time waits, police checks, health checks, referee checks, dilemmas of assessment, trying to provide consistent practice across all services, and managing risk within the assessment process. [The AICCA] comes to that, and we work together to look at the dilemmas – it's for all agencies whether they're [Department] funded or private organisations. I think partly because it is a smaller community it is easier to keep it contained.
>
> The other thing is that I've been very clear since coming into field that the Aboriginal Child Placement Principle is very clear. We're not as good as doing that stuff with the other cultures. But when we work with Aboriginal children we make sure someone from the Aboriginal community is there at the annual assessment to ensure that child's cultural needs are being met. If there is even the smallest link with Aboriginal community we report it to [the AICCA]. [The AICCA] and Aboriginal Child Placement Principle is a strong key. There's respect and a strong willingness to involve [the AICCA] and [the AICCA] have been stretched due to funding, but have still always been willing to work in partnership. We collaborate a lot in groups, for carers, professionals, etcetera. In [the non-Indigenous service] we have an Indigenous worker, she has Indigenous children, the strength is the understanding within [the non-Indigenous service] of importance of connections. The focus of [the non-Indigenous service] and other agencies within [the state/territory] from management down is to make space for ensuring cultural connection. I think part of that is because there has been a strong commitment to the Aboriginal Child Placement Principle with top down support from management.

Carers and service providers representing the AICCA and the department within this jurisdiction also mentioned the value they placed on partnerships, collaboration and respect between the other key service providers.

There were examples of departments trying to better integrate the services of the department with the needs of Indigenous communities by establishing specialised Indigenous units or services that fell under the departmental umbrella.

> *Promising practice.* "The medium-term goal is to float the Indigenous unit into a community agency. At the moment the unit is housed within the Department and we are organising policies and procedures and training working, etcetera. We're training the workers to certificate four, then diplomas to reflect the skills of staff in services that the mainstream agencies have. We've got to raise the bar. Previously I was a contract manager for mainstream service so I know where the gaps are in their services. [A recent inquiry] gave us the budget now to build an Indigenous agency from the ground, starting it in the Department and then moving to the community section. The balance is not to rush, but to do it in a sustained way. We're working closely with an Indigenous reference group, but we also have to comply with statutory obligations." (Departmental Indigenous practice unit representative)

In other jurisdictions there were multiple models operating across the state or territory with multiple service providers (both Indigenous and non-Indigenous). Service providers in these states described one of the strengths of this model as the capacity to be responsive to local issues.

Types of care

Within the out-of-home care sector there needs to be a range of different types of out-of-home care on a continuum, which enables the services system to match a child with the placement type that best meets their needs; be it home-based care, a residential group home or one-on-one residential care. The types of care available cannot be determined on the assumption that all children have the same needs, and children should ideally be placed in the type of care that best suits their needs, rather than the type of care in which places are available.

Many carers work full-time in outside employment (because of the family's economic situation), so it can be difficult to place very young children. There is a need for more diversity in placement options for young children who are not in school or day care and need 24-hour supervision.

In addition to better meeting the needs of children, participants told us that there was a need to explore different models of care to prevent burnout of carers. It was concluded that a more flexible model of care would improve the situation for children and have flow on effects for support (and thus the recruitment and retention) of carers.

> *Promising practice.* We need to thing more consciously about the structure of care, things like: extended respite, shared care shifting between families in six monthly rotation, incentives for carers to stay in the scheme but not on a 24 hour a day, 365 day a year commitment – we need to be more inventive about not burning people out in the process of providing care (Departmental representative)

One carer suggested that placement breakdown should be expected and planned for, rather than being seen as a failure on the part of all involved:

> *Promising practice.* Placements break down as children move through different developmental stages. If this is planned for, it can be less damaging to children and foster families." (non-Indigenous foster carer)

Range of possible out-of-home care types in a continuum of care intensity options:

1. In-home care by related carer ("kith and kinship care").

2. In-home care by non-related carer ("foster care").

3. "Enhanced" foster care – specialised foster care for young people with high needs who are at risk of placement breakdown (for example, high levels of coordinated support and subsidy for the carers using a "house parent" model).

4. Residential facilities with lead-tenant model.

5. Residential facilities with paid, rostered professionals – this can include family groups (that is, siblings placed together), or small groups of children/young people.

6. Placement and support packages – to provide paid carers for an individual young person with very high needs.

7. Short-term crisis placements – a youth worker is paid to stay overnight with the young person in a motel when no other placement is available.

8. Transitional housing program – to support young people moving towards independent living.

NB: These are the care arrangements that were identified by participants in this project. This is by no means an exhaustive list of care arrangements in Australia (other examples not discussed by participants include a residential campus model, and shared care with biological parents).

Intensive caring option

Many children in care exhibit difficult behaviours. Although this is not unique to the Aboriginal and Torres Strait Islander out-of-home care population, given the large numbers of Aboriginal and Torres Strait Islander children in out-of-home care, it is a significant issue. As well as providing school-based support and other therapeutic support though universal services, it is important for children in out-of-home care to receive specialised support to meet their unique and complex needs. One option for meeting these needs is by providing a structure for intense caring or by placing children in therapeutic care.

Many carers and service providers described the need for "wrap-around" services: one-on-one, full-time well-paid carers, but with systems and supports in place, such as intense training for children with special needs (for example, dealing with substance abuse, anger management), and with the availability of extra support and respite care. There was limited availability of such services, and usually they had to be purchased

in from the private sector at significant cost (for example, a for-profit agency in one jurisdiction provided a service that recruited and trained their carers to meet the particular care needs of an individual child, and who are paid at professional rates). Some jurisdictions provide a "loading" for caring for children with complex needs, or with certain behavioural issues (up to 150 per cent loading). Special loadings provided some recognition of the increased demands paced on carers when children were experiencing complex problems, but did not address the lack of therapeutic services.

Respite

Both relative and non-relative carers wanted respite care and it was particularly important that respite be included in any systematic re-appraisal of the types of care needed.

Residential care

One issue that was noted across many jurisdictions was the importance of having specific residential care options for Aboriginal and Torres Strait Islander young people. Some states had none, some had only one or two, others had up to ten residential facilities; but few states had Aboriginal and Torres Strait Islander-specific facilities (there was only one residential care program specifically for Aboriginal and Torres Strait Islander children identified by participants in this study). Often residential care facilities are designed as a temporary "holding" measure, while other family-based accommodation is arranged. However, workers reported that children seemed happy, and tended to stay on: the problem was the difficulty in moving them on to a family. In one state, the policy was to try and keep children under 12 in a family setting. Therefore, residential care had a focus on older children in this jurisdiction.

Residential care facilities are needed for children with complex needs (for example, in some areas, up to 70 per cent of children in the juvenile justice system are Aboriginal or Torres Strait Islander). Residential facilities provide a short- to medium-term option, where young people could be waiting for a suitable extended family placement. It is also good for large family groups, where family-based carers do not have the capacity to take on a large number of children.

> *Promising practice.* "We would love to have a residential care component, but managed by us. It's good stuff - you know what is needed for the kids. The benefits for the kids are that it's a short-to-medium term option, where the kids could be while waiting for a suitable extended family placement. It's also good for large family groups, where people don't have the capacity to take on a large number of kids. It's a good 'stop gap' measure. It would solve a lot of problems. You would know the service is there, and you'd know the kid would have a roof over their head. It would buy you time. It should be part of an integrated continuum of care." (Indigenous service manager)

4.4 Comparing the differing perspectives of participants

The primary aim of this project was to source the views of professionals in the out-of-home care field, carers and Indigenous children in care to identify emerging issues and promising practices. An additional aim was to compare the perspectives of these participants in terms of both the challenges presented and the solutions put forward for participants:

- carers and service providers in remote compared with urban areas;

- service providers in Indigenous compared with non-Indigenous services; and

- service providers from state and territory departments responsible for statutory child protection services compared with those from non-government organisations.

The most important finding was that there were considerably more similarities between participants' responses than there were differences. Despite the many different cultural groups and the geographic areas from which views were canvassed, there was a remarkable degree of similarity in both the challenges faced, promising practices identified and suggested solutions.

Departmental workers were interviewed as were non-Indigenous foster care service providers and non-Indigenous carers, who all recognised the need for Indigenous children to be provided with culturally appropriate placements and to maintain their connection with their family, community and culture.

The similarity in carers and service providers' views may be partly related to the sampling method used. The sampling strategies employed included the identification of a sample of convenience, asking organisations to nominate the person or persons most appropriate to be interviewed and snowball sampling. Given the request, those people who were put forward by organisations to participate in the project were likely to be those best informed about these issues. Thus, perhaps it should not be surprising that the participants showed insight and understanding in relation to the issues in Aboriginal and Torres Strait Islander child placement.

Further research might canvass the opinions of caseworkers as these are the people in statutory organisations responsible for decision-making and were also the groups most subject to criticism from non-government service providers and carers (with carers stating their frustrations more baldly). Investigating the perspectives of caseworkers may provide information on education and training needs to improve the provision of services in out-of-home care and increase the likelihood of Aboriginal and Torres Strait Islander children being provided with culturally appropriate care.

Indigenous people interviewed in this study, were more likely to talk about the need for holistic services managed by Indigenous services. However, non-Indigenous

service providers also frequently put forward this view. The relative homogeneity of the sample may be a reflection of the sampling techniques. Organisations and potential participants were informed that the focus of the project was policies and services in out-of-home care with a focus on services for Aboriginal and Torres Strait Islander peoples. Although many service providers talked about their preference for services to be provided by Aboriginal and Torres Strait Islander organisations, there was also an acknowledgment that the capacity of services to fulfil this role needed to be further developed. Aboriginal and Torres Strait Islander carers and service providers in particular, talked about the inadequacy of funding for Indigenous services responsible for placing children and supporting children and carers in those placements. Non-Indigenous service providers were more likely to talk about capacity building in terms of the need for skills development.

Carers and service providers in remote areas faced additional challenges because of a lack of services for carers and for children, and problems in making services accessible across a large geographic area where they were available. Lack of infrastructure and housing made it difficult to place children with families who may have been acceptable carers (for example, lack of footpaths when a child was confined to a wheelchair). Carers and service providers from remote areas were also more likely to talk about the unique challenges faced in providing services to Aboriginal and Torres Strait Islander peoples from traditional communities.

There was a lack of fit between the out-of-home care system and Indigenous culture broadly, and this was especially the case where families were from traditional communities (for example, families may have resided under a tree). Although shared care remains a relatively common practice, the formal out-of-home care system is very rigid and has too many procedures. The out-of-home care system does not match the informal and fluid nature of caring relationships within traditional Aboriginal and Torres Strait Islander communities. Concerns about payback and traditional justice also complicated the safe placement of children in traditional communities.

4.5 Methodological issues

Key messages:

The carers, service providers and young people in care in this study were a non-representative sample. The sampling strategy was also biased in favour of more culturally aware participants, thus the sample was a relatively homogenous group and did not necessarily reflect the dominant attitudes and practices within the wider welfare sector. Participants' perspectives were not critically appraised nor objectively tested, thus limiting the validity of the research findings. Changes to practice made on the basis of the findings from this research would not constitute evidence-based practice. Despite the limitations of these findings, this research does represent a broad exploratory study providing a baseline of information in an area that constituted a significant research gap.

Project design

This research was undertaken by a non-Indigenous organisation, the Australian Institute of Family Studies, which hosts the National Child Protection Clearinghouse. The Institute is a respected research organisation with a strong record in undertaking policy relevant research. In addition, the Institute is neither an out-of-home care service provider nor a representative for a particular section or group within the Aboriginal and Torres Strait Islander communities. These factors combine to enhance the potential "take up" of the findings from this research.

A potential limitation of a non-Indigenous organisation undertaking this research was that it would not achieve "take up" due to concerns that a non-Indigenous organsiation is unable to accurately portray the experiences of Indigenous communities. This limitation was addressed by the project team in two ways:

(a) an Aboriginal and Torres Strait Islander person was employed as part of the project team to assist in making connections and ensuring a culturally sensitive approach to the research; and

(b) the research presents the perspectives of participants (many of whom were Indigenous service providers) and not the perspectives of the Institute.

In addition, a respected member of the Aboriginal and Torres Strait Islander community was represented on the project reference group.

Sampling

The participants in this study were a non-representative sample. The sampling strategy itself was also subject to bias as the strategies employed included:

- identifying a sample of convenience;
- snowballing;
- requesting organisations to nominate participants; and
- relying on two states to recruit carers and children.

The effect of these sampling strategies may have resulted in a positive bias towards the organisations represented by participants. As knowledge about issues associated with the placement of Aboriginal and Torres Strait Islander young people in out-of-home care was a selection criteria, the sampling strategy was also biased in favour of participants with close ties to the Aboriginal and Torres Strait Islander communities. Thus the sample was a relatively homogenous group and did not necessarily reflect the dominant attitudes and practices within the wider welfare sector. However the sample was broad for a qualitative study (comprising 80 interviews and focus groups) and included cross-sectorial representation.

Analysis

A broad thematic analysis was conducted to identify the themes that emerged across and within groups. However as the interview data was largely unstructured it was not

possible to cross-reference responses and identify the relative strength of each theme across and within jurisdictions. Quotes were selected based on the research team's determination of their relevance, with a bias towards longer quotes that better illustrated the issues described and examples of promising practice. This method of analysis was deemed appropriate to meet the aims of the report, particularly as the primary aims of the research were to investigate the challenges in the culturally appropriate placement of Indigenous young people in out-of-home care, and to reflect participants' promising solutions to these challenges.

Findings

The findings reflect a small group of young people in care, service providers and carers' perspectives on what the challenges were for ensuring culturally appropriate placements for Aboriginal and Torres Strait Islander children and what constituted innovative ideas or promising practices to overcome these challenges. Participants' perspectives were not critically appraised nor objectively tested, thus limiting the validity of the research findings. Specifically, participant perspectives:

- may not accurately reflect current policies or practices; and
- may be contradictory (especially between different sectors).

Promising practice ideas emerged from this research, which reflect participants' beliefs about what works. However, these practice initiatives have not been evaluated. Thus, changes to practice made on the basis of the research findings do not constitute evidence-based practice.

Despite the limitations of these findings, this research is a broad exploratory study, which provides a baseline of information in an area where there is a significant research gap. The themes emerging from this study may be objectively tested in further research.

The emerging issues identified from participants' responses may not be apparent in all Australian states and territories. So as to overcome the potential for misleading information, states and territories have provided responses to key questions describing their current policies and procedures in out-of-home care these are presented in Tables 2-5 in Appendix B.

Promising practice in training and support

The nature of the research design limited the findings in relation to best practice in training and support. It was considered best practice to provide appropriate levels of training and support. However, further evaluative research is needed to determine what constitutes "good" training and support in terms of content and delivery. Further research is also needed to determine what are appropriate levels of training and support.

5. CONCLUSION

The interviews conducted with stakeholders confirmed the shortage of Indigenous carers and the inability for the current system to cope with the demand for home-based care placements created by the over-representation of Indigenous children in out-of-home care.

Stakeholders were:
- professionals in Indigenous agencies;
- professionals working for state and territory governments (including mainstream out-of-home care services, Indigenous specific policy or program workers, and policy officers);
- non-Indigenous specific, non-government out-of-home care agencies;
- peak bodies;
- key Australian academics;
- carers (Indigenous and non-Indigenous carers of Indigenous children); and
- Indigenous children in home-based care.

Stakeholder responses indicated that the problems needing to be overcome within the wider out-of-home care service sector (for example, lack of foster carers, children's challenging behaviours) were also present within the Aboriginal and Torres Strait Islander community. However, carers and service providers described these issues as being compounded by the grief and disadvantage caused by past welfare practices directed towards Indigenous people and the material disadvantage experienced by many Aboriginal and Torres Strait Islander peoples. Carers and service providers believed that there was a need for culturally appropriate recruitment, assessment, training, and support for carers and services for children. Promising practice described by participants was frequently characterised by the involvement of Aboriginal and Torres Strait Islander peoples during the development of new practice initiatives and in the delivery of services (either as the drivers or in partnership with mainstream services).

The fit between the structure of the out-of-home care system and the Aboriginal and Torres Strait Islander culture was often described as poor. Futhermore, carers and service providers believed there was a need for the service system to better meet the needs of Indigenous people rather than expecting Aboriginal and Torres Strait Islander peoples to adapt to the current service system.

One of the key differences between non-Indigenous and Indigenous carers was the issue of retention. Carers and service providers observed that Aboriginal and Torres Strait Islander carers, once recruited, tended to remain within the system – there was virtually no turnover of carers. This is indicative of the strength of the Aboriginal and Torres Strait Islander communities and their commitment to children, families and

community. Carers and service providers also described commitment to community as one of the reasons there are more Indigenous carers than non-Indigenous carers.

In the wider community, there is a shortage of people *willing* to become foster carers. Participant responses suggest that in Aboriginal and Torres Strait Islander communities, those who were able to become carers were frequently also willing to be carers (despite there being a shortage of Indigenous people *able* to become carers). Aboriginal and Torres Strait Islander peoples' connection to community is a key aspect of Indigenous culture and underpins many of the recommendations made by participants in relation to improving service delivery to Aboriginal and Torres Strait Islander children and their carers. This connection to community is also an apparent advantage in relation to the placement of Aboriginal and Torres Strait Islander children in home-based care. Thus, in this aspect at least, adapting the structure and procedures that guide the out-of-home care service system to better meet the needs of Aboriginal and Torres Strait Islander peoples, would also serve to alleviate some of the pressure placed on the out-of-home care system.

6. OPTIONS FOR DISSEMINATION

There are seven different groups to which all or part of the findings from this research may be disseminated. Table 1 is a dissemination matrix that describes the key audiences for the findings from this research, the types of materials that would be disseminated to each group and the mode of delivery (oral or written). The matrix was developed to reflect the needs of the different audiences in terms of the amount and types of content that would be of relevance to each group.

This research was conducted with a significant proportion of Aboriginal and Torres Strait Islander participants and aimed to lead to improvements in the cultural appropriateness of out-of-home care placements for Indigenous young people. Given the Indigenous focus of this research, it is important that the findings from this research be disseminated in a culturally appropriate and accessible mode. For this reason the matrix presented in Table 1 includes a description of the preferred mode of delivery (written or oral). Aboriginal and Torres Strait Islander communities have a strong oral tradition, thus oral rather than written dissemination for Indigenous groups would be more culturally appropriate. Several options for oral dissemination of the research findings are discussed below Table 1.

In the dissemination matrix some groups have the qualification (selected) in relation to the material proposed to be disseminated to these groups. This is to highlight that not all of the material emerging from the report will be relevant to every audience. For example, training for non-Indigenous carers caring for Indigenous children will be of particular interest to non-Indigenous carers, but not to Indigenous carers. Similarly, it was considered that not all groups would need (or want) access to all of the findings described in the full report.

Three different types of publications are described within the dissemination matrix in Table 1. These are the full report, and the summary papers, which outline the specific themes and promising practice resource sheets. The full report can be disseminated as is, or the findings summarised for oral dissemination. The existing material can also be developed into several different themed papers by the research team. Several different options for the development of resource sheets describing promising practice are described below Table 1.

The three different publication types described in the distribution matrix are proposed in order to maximise take up of the research findings. There is a risk that the research findings will not be accessed if they are accessible only in format of the full report. Failure to disseminate the findings in a culturally appropriate and accessible manner may also have ethical implications.

Were this report not to be disseminated, it would go against recommendations coming out of the Indigenous communities and described in guides to ethical research in Aboriginal and Torres Strait Islander communities published by the NHMRC (2003) and the Australian Institute of Aboriginal and Torres Strait Islander Studies (2000). These guidelines recommend that the following past practices not be repeated: the conducting of research "on" Aboriginal and Torres Strait Islander peoples, and the failure to provide feedback to participants.

The carers, young people in care and service providers in this study approached the research with enthusiasm and a willingness to engage with the researchers because of assurances that the research would be solution focused and culturally respectful. Participants were also willing to be part of the research because the intent of developing findings was so that they could be reported back to the communities to improve welfare responses to the next generation of Indigenous young people.

Finally, (but by no means least importantly) the findings from this research describe a solution focused approach to many of the challenges in providing culturally appropriate placements to Aboriginal and Torres Strait Islander young people, and as such may have a positive impact on service delivery were they effectively disseminated to the relevant stakeholders identified.

Table 1. Distribution matrix

	Whole Report		Summary papers on specific theme		Promising Practice Resource sheets	
	Written	**Oral**	**Written**	**Oral**	**Written**	**Oral**
Policy makers (federal and state/territory ministers and bureaucrats)	✓		✓		✓	
Child and family welfare service managers, researchers and policy officers (mainstream)	✓		✓ (selected)		✓ (selected)	
Non-Indigenous practitioners (caseworkers, placement support workers)			✓ (selected)		✓ (selected)	
Indigenous agencies & peaks (including AICCAs)	✓	✓	✓	✓	✓	✓
Indigenous carers				✓ (selected)		✓ (selected)
Non-Indigenous carers			✓ (selected)		✓ (selected)	
Researchers	✓ (conferences)	✓ (conferences)	✓ (journals)	✓ (conferences)		

Options for developing materials describing examples of promising practice

The aim of this project was to investigate the issues surrounding the recruitment, retention, assessment, training and support of Indigenous home-based carers and to outline some promising practice developments in response to the findings. The general trends were described in terms of suggested solutions to identified problems. Participants described many challenges that need to be overcome in order to improve service delivery to Aboriginal and Torres Strait Islander children in out-of-home care and their carers. For almost every challenge presented, there was a promising solution (either in practice or suggested) to assist in alleviating the identified problem. Given the depth of information available from the 80 consultations and focus groups, it is not possible to present every suggested solution or example of promising practice. Nor is this report the most appropriate form in which to present this information.

Given the valuable information obtained during the interviews and focus groups, it would appear to be a waste of resources (and not respectful of the goodwill of participants who gave of their time and embraced the approach of this investigation) not to undertake the further work necessary to disseminate this information. There are a number of options for disseminating "promising practice solutions" identified within this research project.

1. Resource sheets that list a particular challenge and showcase the various different strategies or suggested options described within the interviews that were attempting to address this problem using the available data.

There are several limitations with this approach:

- there is insufficient information in the interviews to describe the strategy in sufficient detail to enable replication;

- participants have been guaranteed confidentiality so it would not be possible (without going back and requesting their consent) to publish contact details so that those interested in the strategy or program can find out more about it; and

- the study methodology relies on participants' perceptions, thus the promising practice examples and suggested options are not able to be objectively evaluated and there is no way of determining from the data available whether or not these suggestions do have promise for improving service delivery.

2. Resource sheets that list a particular challenge and describe in detail the suggested solutions (identified within the interviews), and measure those solutions against "good practice criteria."

This process would involve going back to participants who described examples of promising practice and asking them to describe the strategy or program in greater detail.

These strategies or programs could then be measured against "good practice criteria" identified from the literature and experts in the field. For an example of this approach see the Newsletter of the Australian Centre for the Study of Sexual Assault "Special Good Practice Edition" *ACCSA Aware no.7* (2005).
http://www.aifs.gov.au/acssa/pubs/pubsmenu.html

The advantages of this second approach would be:

- greater detail about promising practice, thus increasing the likelihood of replication;

- the potential for contact details to be provided to enable those wishing to replicate strategies or programs to discuss this further with the program providers; and

- an objective criteria for evaluating the apparent merit of the strategies or programs described.

This suggested dissemination strategy is also culturally appropriate because it involves Aboriginal and Torres Strait Islander peoples developing solutions to problems faced by their communities. Futhermore, this strategy feeds back the knowledge gained from research conducted with the community, assists the Indigenous community with writing up examples of promising practice, and shares promising practices and programs throughout Australia. The limitations of this approach are that they would require additional project funding and time for dissemination.

Such a publication could highlight specific projects or practices that have been identified in the research as a "success factor" or an example of promising practice. An example of the format that this could take is the *Early Learning* reports, which were commissioned by the Telstra Foundation and produced by the Australian Institute of Family Studies. Community development projects funded by the Telstra Foundation were evaluated (see www.aifs.gov.au/nch/whatsnew.html). In 2004, we produced Volume 1 (looking at two themes: supporting children and families; and early childhood literacy; see www.telstrafoundation.com). This year, we produced Volume 2 (looking at Indigenous community development projects under three themes: children's health, culture and wellbeing; youth leadership and participation; and involving schools in the change process for communities). These are both highly readable reports, which adopt a narrative approach in describing the projects' aims, key activities, outcomes and achievements, barriers and obstacles, and the key "learnings" that emerged along the way.

3. Using existing networks to distribute the final report.

There are four audiences that need to be targeted in particular:

(a) Ministers and senior bureaucrats (CSMAC);

(b) Chief Executive Officers of community service organisations;

(c) Indigenous agencies and communities (SNAICC); and

(d) Carers (both Indigenous and non-Indigenous) (AFCA).

The peak bodies who represent these audiences would then be able to effectively disseminate either the full report, or other products highlighting key messages from the research to their constituents who would include departmental policy makers and practice managers, and non-government organisation service providers.

State and territories have their own mechanisms for communicating information about the out-of-home care sector – however, the information needs to be distilled into useable formats that they can be easily disseminated.

There are a variety of options for publishing results from the National Child Protection Clearinghouse's current research project. Each of these has implications for funding and organisational responsibility. These options include:

- a book/report – comprising both the literature review and empirical findings as a large single volume (could be both expensive and dense);

- smaller booklets based on specific sections (easier to digest);

- an executive summary (similar to the publication by the Secretariat of National Aboriginal and Islander Child Care (SNAICC) based on the "Indigenous Parenting Project" conducted with Swinburne University of Technology TAFE, published July 2004 – it contains some photos, some statistics; but focusing on summaries and recommendations);

- a website (which organisation hosts the website, would need to be decided);

- journal article(s) in peer-review journals; and

- fact or resource sheets.

Options for oral dissemination

Bridging the divide between research and practice is a perpetual problem that must be overcome for research to influence practice. Aboriginal and Torres Strait Islander communities have a strong oral tradition with much of their history and culture passed down in narratives from one generation to the next (Burchill and Higgins 2005). In addition, Aboriginal and Torres Strait Islander peoples have been shown to experience disproportionate levels of literacy and numeracy problems compared with the wider Australian population (ABS 2003). Thus oral rather than written descriptions of research findings would be a more culturally appropriate, enhancing the accessibility (and therefore the "take up") of the research findings among Aboriginal and Torres Strait Islander communities.

A culturally appropriate means of disseminating the research findings from this project is a series of presentations and workshops. Findings could be disseminated orally to key Aboriginal and Torres Strait Islander groups across Australia, enhancing the access and engagement of Indigenous people with these research findings. There are several options for disseminating research findings using this approach:

- preparation of material and dissemination coordinated and undertaken by staff from the National Child Protection Clearinghouse based at the Australian Institute of Family Studies;

- preparation of material and dissemination coordinated and undertaken by staff from the an Indigenous organisation such as SNAICC;

- preparation of material and dissemination coordinated and undertaken by staff from an Indigenous organisation such as SNAICC in collaboration with the National Child Protection Clearinghouse based at the Australian Institute of Family Studies; or

- preparation of material by staff at the National Child Protection Clearinghouse based at the Australian Institute of Family Studies (solely, or in collaboration with an Indigenous organisation such as SNAICC) with Indigenous professionals from key organisations across Australia, who would be trained by Clearinghouse staff to disseminate findings within their local areas (that is, a "train-the-trainer" model).

Input should be sought from representatives from the Indigenous community, in particular representatives from Aboriginal and Islander Child Care Agencies, on the most appropriate means of engaging with communities about the research findings and implications. Such an approach would be appropriate for both the immediate feedback of findings from this research and as an ongoing strategy for communicating promising practice initiatives to Indigenous communities.

Next steps

Prior to confirming a dissemination strategy it would be appropriate to seek feedback from Aboriginal and Torres Strait Islander agencies or representatives, on the proposed dissemination strategy and involve them in the process of deciding on the best mechanisms, and who is the best person/agency to distribute the information and resources.

Further funding will need to be sought to develop the themed papers, resource sheets, and to develop all materials into written and oral form. Funding will also need to be sought to undertake the oral component of the dissemination strategy.

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LIST OF APPENDICES

A – List of Stakeholders Consulted

B – Proformas of Tables 2, 3, 4 and 5 to be used to summarise state-by-state information

C – Wording for Oral Consent

D – Plain Language Statement

E – List of Questions