The Recruitment, Retention, and Support of Aboriginal and Torres Strait Islander Foster Carers: A Literature Review

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Table of contents

Section 1. Overview 1
Trends in out-of-home care 1
Out-of-home care and Aboriginal and Torres Strait Islander people 2
What are the causes of child maltreatment and other family violence in Aboriginal and Torres Strait Islander communities? 3
Overview 4

Section 2. Out-of-home care in Australia: A contextual framework 6
The placement of children into out-of-home care 6
Out-of-home care in Australia: Indigenous specific contextual issues 8
Table 1: Proportion of Aboriginal and Torres Strait Islander children in out-of-home care placed in accordance with ACPP by state and territory at 2001-04 (AIHW 2005). 11

Section 3. Recruitment and retention of foster carers 16
Cultural competence 16
Motivations to become a carer 17
Effective recruitment practices 20
Assessment of foster carers 25
Table 2: The core competencies employed by the majority of the Agencies in the UK and on which the British Association for Adoption and Fostering assessment model is based (Asquith and Beesley 2002). 27
Training 29
Retention and satisfaction 33
Support 38

Section 4. Recruitment and retention of kinship carers 44
Gaps in the literature 44
Kinship care: A contextual framework 45
Messages from research 48

Section 5. Children and young people in care 57
Children’s wellbeing 57
Children’s services 61
Wellbeing of Aboriginal and Torres Strait Islander Children 61

Section 6. Conclusion 67
References 69

Appendix A. Current state and territory approaches regarding Aboriginal and Torres Strait Islander child welfare 79
Australian Capital Territory 79
New South Wales 83
Northern Territory 83
Queensland 84
South Australia 85
Tasmania 85
Victoria 86
Western Australia 87
Appendix B Government and non-government reports relevant to the out-of-home care service provision to Indigenous families 90
Appendix C: Key messages from research 93
Recruitment and retention of foster carers 93
Recruitment and retention of kinship carers 95
Section 1. Overview

There are growing numbers of children in out-of-home care, in Australia and internationally and children are staying in care longer (AIHW 2005; Association of Childrens Welfare Agencies 1998; Australian Foster Care Association; Barber and Delfabbro 2004; Broad 2001; Cuddeback 2004) The number of children in care in Australia has increased by 56 per cent from 1996 to 2004.

In Australia and internationally, there are decreasing numbers of foster care placements available (Broad 2001; Brown, Cohon and Wheeler 2002; Dubowitz, Feigelman, Harrington, Starr Jr, Zuravin and Sawyer 1994; Leos-Urbel, Bess and Geen 2002; McHugh 2002; O'Brien 2001; Siminski, Chalmers and McHugh 2005). This has been attributed to the changing work roles of women, the economic cost of foster care for carers, the increasing expectations on foster carers, and attrition as existing carers age out (McHugh 2002; Siminski et al. 2005).

Trends in out-of-home care

The emphasis on achieving “placement stability” and on “permanency planning” has increased the pressure on the system as children remain in care longer. In 2003-04 between 5 and 34 per cent of children in out-of-home care had been in continuous placement for 5 years or more (AIHW 2005). This has decreased the capacity for existing carers to take on new children entering the system (AIHW 2005).

The negative events associated with the placement of children in institutional care in the past (Australian Government Department of Senate Community Affairs Committee 2004) and preference for family-based foster care contributed to the scaling back of residential care facilities in the 1980s and 1990s, and consequently an increased reliance on foster care (Barber and Delfabbro 2004).

With the scaling back of residential care facilities, the increasing difficulty of placing children in foster care, and the greater recognition of the need for children to maintain familial and cultural connections, there are increasing numbers of children in Australia and internationally being placed in the care of extended family or other relatives that is, in kinship care (Broad 2001; Brown et al. 2002; Dubowitz et al. 1994; Leos-Urbel et al. 2002; Mason, Falloon, Gibbons, Spense and Scott; O'Brien 2001).

Child welfare services are increasingly geared towards family support and early intervention. Out-of-home care is viewed as a last resort, and the preference is always for children to be reunified with their birth parents if possible. This shift in the “hard end” of child welfare practice has meant that children who enter out-of-home care are likely to have chronic child maltreatment and family disruption prior to entering care, and therefore have more complex needs than children entering out-of-home care in the past (Victorian Department of Human Services 2003).
Islander children in out-of-home care has resulted in their being more Aboriginal and Torres Strait Islander children in care than there are Aboriginal and Torres Strait Islander carers. As a consequence, some Aboriginal children are placed in culturally inappropriate placements with non-Indigenous carers (AIHW 2005). Placing Aboriginal and Torres Strait Islander children outside of their family with non-Indigenous carers is the least desirable preference under the Aboriginal Child Placement Principle (Lock 1997).

There are insufficient placements with Aboriginal and Torres Strait Islander carers to meet the demand created by the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care. There is an urgent need for research that examines the recruitment and retention of Aboriginal and Torres Strait Islander carers and models of best practice in placing Aboriginal and Torres Strait Islander children into out-of-home care that will assist governments and agencies to ensure culturally appropriate placements for Aboriginal and Torres Strait Islander children.

**What are the causes of child maltreatment and other family violence in Aboriginal and Torres Strait Islander communities?**

The history of white settlement and subsequent government policies and practices in relation to the Aboriginal community have directly contributed towards many of the present problems experienced by Aboriginal and Torres Strait Islander people and communities.

Many of the practices now attributed with having marginalised the Aboriginal and Torres Strait Islander community, originated in Victoria before being adopted in other Australian states and territories. The key pieces of Victorian legislation that impacted on Aboriginal community are identified, however similar legislation was also enacted in other Australian States and Territories:

*Aboriginal Protection Act 1869 (Vic)*
This document made Victoria the first colony to enact a comprehensive scheme to regulate the lives of Aboriginal people. This Act gave powers to the Board for the Protection of Aborigines enabling them to control Aboriginal people's lives to an extraordinary degree, including: regulation of residence, employment, marriage, social life and other aspects of daily life.

*Aboriginal Protection Act 1886 (Vic)*
In 1886, in a further Act (known as the “half-caste act”), Victoria also initiated a policy of removing Aboriginal people of mixed descent from the Aboriginal stations or reserves to merge into white society. Children were also removed for compulsory apprenticeships and domestic labour.

*Aborigines Act 1957 (Vic)*
The Aborigines Act 1957, which also created a new Aborigines Welfare Board, was a return to the spirit of the *Aboriginal Protection Act 1886* in effecting the assimilation of Aboriginal people, except those of full blood – contributing to the destruction and loss of culture for the next generation.

*Commonwealth Senate Select Committee on Aboriginal Voting Rights (1961)*
This Act endorsed in principle the proposal that all Aboriginal and part Aboriginal people should be given the federal franchise and the same rights and privileges (including recognition of Aboriginal customs and beliefs) as white Australians. The spirit of this principle resonates through the current political and policy push (Bromfield et al. 2005).
Mow (1992) argued that past practices of oppression, dispossession, and the enforcement of protection and assimilation policies up until the 1970s that fragmented many Indigenous families were structural causes of the current problem of violence among Aboriginal and Torres Strait Islander people. Mow also noted that cultural factors relating to “shame” interfere with the recognition of the problem itself, and engaging in help-seeking behaviour.

A number of prominent Indigenous spokespersons believe that unresolved grief associated with multiple layers of trauma - often spanning many generations - become internalised within the family. This expresses itself in destructive behaviours such as family violence, substance abuse, depression and suicide (Atkinson 1994; Pearson 2000; Robertson 2000). The large-scale removal of Indigenous children from their families as part of what has become known as the “Stolen Generation” is seen as a major contributor to the experience of trauma (Cuneen and Libesman 2000). In a practical sense, growing up in institutions or in “white” families meant that many Aboriginal people who are now parents did not benefit from positive parenting role models or learn their culture’s parenting practices.

Atkinson (1996) listed some of the contributing situational factors to family violence in Indigenous communities. These include: poverty; unemployment; substandard or inadequate housing; limited access to societal resources and services; loss of identity and self esteem; abusive styles of conflict resolution; sexual jealousy; imbalance and inequity between male and female roles, responsibilities, status and contribution to family life; neglect of family responsibilities; lack of respect within families; emotionally damaged family members; suicide; and alcohol abuse.

Similarly, Robertson (2000) reported that there is an association between violence in Indigenous communities and high unemployment, poor health, low educational attainment and poverty. Female heads of households often care for large numbers of children (which may in itself be due to family violence) and are forced to live in derelict houses that cannot be adequately locked to prevent external intruders entering the house and assaulting residents (children or adults).

The literature commonly draws an association between violence in Indigenous communities and alcohol or drug abuse. The Cape York Justice Study (Fitzgerald 2001: 13) noted that “the available evidence indicates clear links between alcohol consumption, violence and injury, although the relationship is complex and not necessarily one of simple causality.” Due to this complexity, it is not acceptable to only blame alcohol as the reason for the violence in Indigenous communities (Atkinson 1991; Hunter 1990a; Hunter). A more detailed understanding of the association between the various casual factors is needed. It would appear that there might be intervening variables. For example, the presence of domestic violence may cause children to roam the streets, making them more vulnerable to sexual abuse, especially in areas with high alcohol consumption.

**Overview**

The aim of this report was to examine the recruitment, retention, training, assessment and support of Aboriginal and Torres Strait Islander people caring for children removed from their parents. In Section 2, contextual issues are described in relation to
the placement of children into out-of-home care and Aboriginal and Torres Strait Islander-specific issues in out-of-home care. In Section 3, a review of Australian and international research investigating the recruitment, retention, assessment, training and support of Indigenous foster carers is presented and the implications for the Australian Indigenous community discussed. In Section 4, the same issues are discussed in relation to kinship carers. Kinship care was identified as a gap in Australian research, thus an international review of research investigating kinship care is presented and the implications for the Australian Indigenous community are discussed. The report identifies significant gaps in the knowledge base and areas for future research to address.
Section 2.
Out-of-home care in Australia: A contextual framework

In Section 2, contextual issues are described including the structure and types of out-of-home care and procedure for placement. In addition, specific Aboriginal and Torres Strait Islander contextual issues are described including, self determination in the context of child welfare, the Aboriginal and Torres Strait Islander Child Placement Principle, and the purpose and role of the Aboriginal Child and Islander Child Care Agencies.

The placement of children into out-of-home care

Structure of out-of-home care

Because state and territory governments are responsible for out-of-home care, jurisdictions differ in the way the services are provided. In some jurisdictions there is a reliance solely on non-government organisations to provide services and in other jurisdictions there is a mix of government and non-government service providers.

It is difficult to separate out-of-home care issues from the “hard end” of child protection. Policies and practices, as well as organisational cultures regarding the investigation of child protection cases within state and territory departments responsible for child protection influence the size and nature of the out-of-home care population, and the approach of government to the support of both children and carers. For a current review of the child protection systems, including a description of the departments responsible for the protection of children, the legislation under which they operate, the grounds for intervention, and a description of the intake, investigation, and case management process, see Bromfield and Higgins (2005).

Types of out-of-home care

In the second Senate Report on the inquiry into children in institutional or out-of-home care, the different types of out-of-home care were defined as follows:

Home-based care – where placement is in the home of a carer who is reimbursed for expenses in caring for the child. The three categories of home-based care are:
- foster care – where care is provided in the private home of a substitute family which receives payment that is intended to cover the child’s living expenses;
- kinship care – where the caregiver is a family member or a person with a pre-existing relationship with the child;
- other home-based care – care in private homes that does not fit into the above categories.

Residential care – where placement is in a residential building whose purpose is to provide placement for children and where there are paid staff. This includes facilities where there is rostered staff, where there is a live-in carer and where staff is off-site (for example, a lead tenant or supported residence arrangement).

Family group homes – where placement is in a residential building which is owned by the jurisdiction and which typically run like family homes, have a limited number of children and are cared for around the clock by resident or substitute parents.

Independent living – where children are living independently, such as those in private boarding arrangements.
Out-of-home care can be either formally or informally arranged. Informal care refers to arrangements made without intervention by statutory authorities or courts; and formal care occurs following a child protection intervention (either by voluntary agreement or care and protection court order). Unless otherwise specified care arrangements described in this report refer to formal placements. Most children (varying between 78 per cent and 100 per cent across the eight jurisdictions) in formal out-of-home care in Australia are on care and protection orders (AIHW 2005). The extent to which each type of care is used and the availability and supports for each of these types of out-of-home care depends on the policy and funding arrangements within each jurisdiction.

**Procedural framework for home based care**

In order to identify areas that have influenced the increased need for carers, it is useful to outline the processes through which care and protection of children is provided. All states and territories in Australia administer similar programs for children in out-of-home care. Placements in out-of-home care are managed either by statutory authorities (that is, government welfare departments) or by non-government welfare agencies. Broadly, the characteristics of formal foster care situations are:

- the children and young people who are formally in substitute care are generally the subject of a Care Application to the Children’s Court;
- carers are selected, assessed and trained (pre-service and ongoing);
- the state or territory has some legal responsibility to ensure the child or young person has a case plan (that is, reasons for being in care, identified needs, care objectives, implementation timeframes) that reflects the needs of the child and is resourced, implemented and reviewed;
- carers receive a tax-free allowance and have access to contingency funds to meet costs associated with the child or young person’s case plan; and
- carers have access to ongoing support from services oversighting their placement (NSW Community Services Commission 2000).

Foster carers have responsibility to care for children when they are placed in out-of-home care. In most Australian jurisdictions, most foster carers have a direct relationship with a child and family welfare agency through the recruitment, assessment, training and support mechanisms of the agency (Victorian Department of Human Services 2003). Although the department has responsibility for the development of the child’s case plan, in most states carers may not have direct contact with the department. For example, in Victoria, the process of becoming a foster carer involves four key steps:

**Pre-referral** - Members of the public interested in caring will contact the department, an agency, or the state Foster Carer Association. This may be unprompted or in response to a recruitment campaign.

**Referral** - The individual is referred to a local agency or the department (depending on who has been delegated the responsibilities, which then provide
the individual information materials about becoming a carer. The potential carer may also attend an information session. A worker may visit the potential carer to provide information and to make a preliminary assessment about the individual or family’s suitability.

Assessment and training - If the individual wants to become a carer, a process of assessment and pre-service training takes place. An assessment of prospective carers typically includes taking a family history (including criminal and child protection histories), and then assessing family interactions, parenting skills and motivation to provide care. Training provides an opportunity to learn about parenting a wide range of children and young people. Assessment and training can take a number of months.

Placement - Following the placement of a child, the carer provides for the physical needs of the child and consistency in care that will enhance the child’s self-esteem and self-identify and guide social behaviour. This is guided by the case plan. The agency provides ongoing training and agency care workers visit the carers at home to provide ongoing support (Victorian Department of Human Services 2003).

Out-of-home care in Australia: Indigenous specific contextual issues

Care of children within Aboriginal Communities

There is no one Aboriginal or Torres Strait Islander child rearing practice, however, it is evident that the concept of family differs from that of non-Indigenous culture. According to Yeo (2003), Aboriginal culture is characterised by principles of reciprocity and obligation that arise as a consequence of kinship and communal life. In mainstream culture, the emphasis is on individuality and immediate family, whereas in Aboriginal communities the emphasis is on affiliations with the extended family, community or local descent group. Aboriginal concepts of family and child rearing practices reflect this emphasis on kinship. Aboriginal children generally grow up in close relationship with their community and the role of parent does not equate to the Anglo-European notion of an individual who assumes the role of primary care giver. Children may be cared for by different women interchangeably and often will be brought up by women who are not their birth mothers (Malin, Campbell and Agius 1996).

Atkinson and Swain (1999) argued that despite the trauma following colonisation, traditional patterns of parenting continue in the contemporary Aboriginal community. The external family is the site in which resistance to assimilation is maintained and identity is nurtured.

Principles of self determination

Current approaches in Indigenous child and family welfare have a basis in a broad shift in government legislation and policy that occurred the 1970s. The policy shift was based on the principle that Aboriginal and Torres Strait Islander people should have a right to self-government and management of all their political, economic and social affairs (Lock 1997). This shift toward what is broadly defined as self-determination occurred as a response to the increased civic activism of Indigenous people in Australia and internationally, and to the government realisation of the
failure of the policies of assimilation to address the many problems facing Indigenous people (HREOC 1997).

Most initial government developments toward self-determination occurred at a federal level (Lock 1997). Self-determination was a key component in federal decisions to provide a referendum for voting rights in 1966 and approaches to land-rights legislation during the 1970s. It also underpinned the development of specific legislation covering Indigenous councils and associations such as the National Aboriginal Consultative Committee and later the Aboriginal and Torres Strait Islander Commission (ATSIC). Under the tenets of self-determination, the Commonwealth government also incorporated and funded a number of community-based Indigenous organisations, both for the conduct of Indigenous community affairs and for the delivery of government-funded services to Indigenous communities (Sanders 2002).

**Self determination and welfare efforts to include the needs of Indigenous families and children**

Indigenous Australians view the right to participate in their children’s welfare as a key tenet of self-determination (Lock 1997). As such, Indigenous groups continue to lobby for legislation and organisational structures that provide more attention to the special needs of Indigenous children. In response to the over-representation of Aboriginal and Torres Strait Islander families and children in welfare and the legacy of trauma resulting from past polices in this area, state and territory welfare departments recognise the need for Aboriginal and Torres Strait Islander communities to exercise greater control over their children’s welfare. While a number of initiatives have been implemented, the central principle underpinning Aboriginal and Torres Strait Islander child welfare provision since 1970 has been the recognition of the Aboriginal and Torres Strait Islander Child Placement Principle (generally abbreviated to the Aboriginal Child Placement Principle).

**Aboriginal Child Placement Principle**

Adopted in legislation in some form in all state and territories, the Aboriginal Child Placement Principle (ACPP or the Principle) outlines the preferred order of placement for an Aboriginal and 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:

1) the child’s extended family; 
2) the child’s Indigenous community; 
3) other Indigenous people.

Only if an appropriate placement cannot be found from the three groups can an Aboriginal child be placed with a non-Indigenous carer. The Principle has a number of important consequences for Indigenous communities. The Principle provides an important acknowledgement that previous policies caused suffering to Indigenous people and reflects the right of Indigenous people to raise their children and retain them in their communities (Lock 1997). The instrumental aspect of the Principle is that it operates in such a way that the best interests of the Indigenous child are linked to the best interests of the community (Lynch 2001; Ralph 1997). In ensuring Aboriginal and Torres Strait Islander children remain in their communities, the
Principle recognises that Indigenous children in need of placement outside their families are better off being cared for by Indigenous people within their own communities. Placements that are consistent with the Principle help Indigenous children to maintain a sense of identity and provide a source of learning and support that can only come from their own families and communities (Walker 1993). This equips Indigenous children to cope with racism and other difficulties for Indigenous children in integrating into non-Indigenous society (Lock 1997).

The Principle also recognises the right of Indigenous communities to retain their social and cultural heritage and customs (Lynch 2001; Ralph 1997). Lock (1997) also highlighted that the forcible removal of children can extinguish the link between the child and their land. In such circumstances, it is less likely that Aboriginal and Torres Strait Islander people will be able to claim native title under common law.

**Aboriginal Child and Islander Child Care Agencies**

One of the key means on enabling self-determination in Aboriginal and Torres Strait Islander child welfare was the formation of Aboriginal and Islander Child Care Agencies (AICCAs), which have played a leading advocacy and service provision role since the 1970s to assist Aboriginal and Torres Strait Islander people with parenting, family support or dealing with child protection issues and authorities (Stanley, Tomison and Pocock 2003). The specific responsibilities of each agency in child protection varies between states and territories, according to the capacity of the organisation, the level of demand, and support the organisation receives from funding bodies (Queensland Crime and Misconduct Commission 2004). AICCAs typically provide community and family input into state and territory welfare departments in decisions regarding the welfare of the children, the primary focus of which is on the placement of Indigenous children who have been removed from home by authorities. The implementation of the Aboriginal Child Placement Principle is therefore closely linked to the operation of the agencies and a number of states and territories have developed legislation or policy for the consultation of AICCAs in decisions regarding the placement of Aboriginal and Torres Strait Islander children in out-of-home care. Additional functions of these agencies can also include:

- provision of assistance to prevent possible disintegration of Aboriginal and Torres Strait Islander families;
- monitoring and ensuring contact between children in out-of-home care and their families;
- recruiting, training and supporting culturally appropriate foster carers for Aboriginal and Torres Strait Islander children; and
- offering advice and support for Indigenous families requiring assistance, in particular in regards to children (Ah Kee and Tilbury 1999).

At a national level, the Secretariat for National Aboriginal and Islander Child Care (SNAICC) was formed in 1981. SNAICC is a national non-government peak body for Aboriginal and Islander Child Care Agencies in Australia representing the interests of Aboriginal and Torres Strait Islander children and families. Until recently, the funding of AICCAs came from three sources: the Commonwealth, state and territory governments and (preceding its disbandment) ATSIC.
Application of the Aboriginal Child Placement Principle

All Australian states and territories have endorsed the Aboriginal Child Placement Principle in policy or legislation. However, data collected each year by the AIHW from community services departments in each state and territory indicate that a large proportion of Aboriginal and Torres Strait Islander children are being placed with non-Indigenous families. Table 1 displays the proportion of Indigenous children in out-of-home care who were placed in accordance with the Principle (that is, they were placed with a related or non-related Indigenous caregiver, a non-Indigenous relative, or in Indigenous residential care) (AIHW 2005). As can be seen, in 2003 compliance with the ACPP varied significantly across the states and territories, ranging from 17 per cent in Tasmania* to 87 per cent of placements in New South Wales. In total, 894 Indigenous children were not placed in the care of relatives or an Indigenous person. This represented approximately 21 per cent of Indigenous children in care.

Table 1: Proportion of Aboriginal and Torres Strait Islander children in out-of-home care placed in accordance with ACPP by state and territory at 2001-04 (AIHW 2005).

<table>
<thead>
<tr>
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<th>Per cent children placed in accordance with ACPP</th>
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<td>2002</td>
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<tr>
<td>ACT</td>
<td>74</td>
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<td>NSW†</td>
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<td>QLD</td>
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<td>VIC</td>
<td>55</td>
</tr>
<tr>
<td>WA</td>
<td>80</td>
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</table>

Note. † NSW was unable to provide data for 2003-4 due to the ongoing implementation of a new data system.

Current problems in the application of the Aboriginal Child Placement Principle

Given the importance of the Aboriginal Child Placement Principle for Aboriginal and Torres Strait Islander communities and children, it is apparent that the proportion of Indigenous children placed in non-Indigenous care is too high (NSW Community Services Commission 2000). A number of factors have been identified in hindering the effective implementation of the ACPP (Lock 1997). These are: the identification of Aboriginal and Torres Strait Islander children; requests from the biological family for their child to be placed with a non-Indigenous family; lack of consultation with Indigenous organisations; conflict between best interests of the Aboriginal and Torres Strait Islander child and the best interests of the Aboriginal and Torres Strait Islander community; and a shortage of Indigenous carers.

Identification of Aboriginal and Torres Strait Islander children. There are a number of inherent difficulties in the process of identifying an Indigenous child. Without knowledge of a child’s Indigenous status, welfare agencies cannot bring the Principle into effect. Legal definitions of “Aboriginality” are based on descent or self-

* The Tasmanian data most probably reflect the small size of the Indigenous population, and may reflect issues associated to the identification of Indigenous status in that state (AIHW 2005).
identification and community recognition, which are subjective concepts and complicated when the child is young or their background is unknown. There can also be inadequate investigation of a child’s cultural background.

Requests to be placed with non-Indigenous family. Indigenous parents or an Indigenous child can request to be placed with a non-Indigenous family. This is often the case when children have one non-Indigenous parent; or where there is conflict between families or “factions” within a community; or because of the small size of the Indigenous community, the family wants to maintain privacy.

Lack of consultation with Aboriginal and Torres Strait Islander organisations. Consultation between the state and territory departments and Aboriginal and Torres Strait Islander communities is required to assist in finding the most suitable carers. The level of consultation between state welfare departments and AICCs or other Indigenous representatives has been inadequate in some areas of Australia.

Conflict between best interests of the Aboriginal and Torres Strait Islander child and the best interests of the Aboriginal and Torres Strait Islander community. Although recognising the fundamental links between culture and identity and the importance of family and community to the meaningful existence of Indigenous children, Lynch (2001) has drawn attention to the potential conflicts between the best interests of an Indigenous child and the best interests of the Indigenous community. In addition, in order to comply with the ACPP an Indigenous child can be placed with another Indigenous family in a district far from home, effectively removing their local culture and environment and disconnecting the child from their land (Lock 1997).

Shortage of Aboriginal and Torres Strait Islander foster carers. Implementation of the ACPP is hindered by a shortage of Aboriginal and Torres Strait Islander foster carers. This highlights problems in recruitment and retention of Indigenous carers as well as areas such as assessment, training and support.
Section 3.
Recruitment and retention of foster carers

The heightened demand for out-of-home care in parallel with the decreased availability of foster carers has meant that one of the challenges lies in the area of enhancing the recruitment, training and support of foster carers. Furthermore, over-representation of Indigenous children and young people in out-of-home care and the continuing placement of these children into the care of non-Indigenous families, heighten the need to identify culturally appropriate solutions to this challenge. In this section, a brief discussion is presented on what is meant by “cultural competence”, following which Australian and international research findings are presented in relation to: motivations to become a carer, effective recruitment practices, assessment of foster carers, training of foster carers, foster carer retention and satisfaction, and support of foster carers. Cultural comparisons are made and the implications of these research findings for Aboriginal and Torres Strait Islanders are discussed, key messages are identified in relation to each area. It is important to note when reading this review and the subsequent review presented in Section 4 that the recruitment, assessment, retention, training and support of carers are discussed as discrete areas, however in reality these factors are tightly interwoven; changes or problems in one area will directly impact other areas.

In general, there is a lack of research on practices and polices that are employed in out-of-home care. Much of what is accepted as best practice in Australian out-of-home care is based on international research, particularly research from the United States (Barber and Gilbertson 2001). Barber and Gilbertson (2001) also highlight that there are significant differences between both the US and Australia in out-of-home care legislation and the culture of carers and children in the out-of-home care system. This undermines the relevance of international research to the Australian context (see also Ainsworth 1997, 2001). The lack of research is particularly apparent in the areas of the recruitment and retention of foster carers. The majority of out-of-home care research that has been conducted in Australia and internationally has actually focussed on home-based care, particularly non-relative foster care.

Cultural competence

The term “cultural competence” is often used to describe ways of thinking and behaving that enable members of one cultural, ethnic, or linguistic group to work effectively with members of another cultural or ethnic group. It is used to describe a set of values, knowledge, and skills that workers and institutions in helping professions must develop in order to be effective with culturally diverse clients. There are few empirical models for cultural competence, particularly for Indigenous people (Libesman 2004). This is most evident with regard to out-of-home care where few policies and practices for Indigenous people have been documented in Australia, and internationally. In this section, we outline issues in the recruitment and retention of Indigenous foster carers and highlight research into aspects of culturally competent practices that are employed in these areas.

A review of the literature on specific areas of the out-of-home care framework is provided in relation to the recruitment and retention of carers generally, followed by
discussion of issues relating to the recruitment and retention of Australian Indigenous carers. Firstly, motivations and disincentives to becoming a foster carer in the Indigenous community are discussed and compared with non-Indigenous motivations to foster. Following this, effective recruitment practices for Indigenous and non-Indigenous foster carers will also be contrasted. Finally, research into the retention and support of Indigenous and non-Indigenous carers will be discussed. Although it is evident that the recruitment, retention and support of carers are highly interrelated, these areas were discussed separately to draw out the issues that are relevant to each.

**Motivations to become a carer**

In this section, Australian research conducted with non-Indigenous carers is reviewed to determine the motivations and barriers to becoming a foster carer. These studies showed that there were both individual and social issues that impacted on people’s motivation to foster. Only individual issues were identified as a disincentive to foster in Australian research. International research was reviewed to determine whether this was consistent with other research and systemic issues were identified as a disincentive to foster. The findings from these international studies are presented.

**Australian and international research with the wider community**

Australian studies that examined retrospective reports of current carers suggest that the key aspect that motivates an individual to become a carer is altruistic feelings of wanting to help a child. That is, many foster carers report that they had always wanted to become a foster carer (Australian Foster Care Association 2001; McHugh, McNab, Smyth, Chalmers, Siminski and Saunders 2004). The Victorian Department of Human Services (2003) reported on a survey of existing carers conducted by the Victorian Centre for Excellence in Child and Family Welfare that identified the following motivations for potential carers:

- genuine affection for children;
- a sense of being a caring person;
- a general desire to be a parent; and
- benefits for the carer’s entire family.

Other documented attractions for existing carers to foster are: they knew a specific child in need of care; had responded to positive media portrayals of fostering; or responded to a request made to their church or community group (McHugh et al. 2004; South Australian Department of Family and Community Services 1997).

The carers surveyed by the Victorian Centre for Excellence in Child and Family Welfare identified the following barriers for those considering foster care:

- a person’s doubts about whether they would be a good parent;
- the huge commitment that fostering was perceived to involve;
- a fear of the problems and challenges associated with difficult children;
- the disruption of other family members; and
- the costs involved.
International studies of the views of existing carers also suggest that poor public perceptions of foster care discourage prospective foster parents (Jarmon, Mathieson, Clarke, McCulloch and Lazear 2000; US Office of Inspector General 2002a). The study by Jarmon (2000) showed that foster parents and agency staff cited extensive negative media attention as a barrier to recruiting, as it was felt that such attention resulted in negative perceptions of foster children and foster parenting. Respondents felt that until the support system for current foster carers in the US was improved, there would remain difficulties in recruitment. Functioning of the foster care system and problems with administration negatively affect perceptions of fostering.

In brief, Australian research suggested that a desire to be a parent and a person’s doubts about whether they would be a good parent were often cited by foster carers as being influential in their decision about whether to become a foster carer. Similarly, social and structural factors acted as both an incentive and a deterrent to fostering. Australian research suggested that media campaigns and church or community group endorsement of caring acted as an incentive. International research presented also suggested that poor public perception of foster care and the foster care service system was a disincentive to fostering.

**Aboriginal and Torres Strait Islander context**

In this section the Indigenous cultural practices, social structure, and history that influence Indigenous volunteering in general and specific motivations and disincentives to foster children removed from the care of their parents are described.

There is limited research on the motivations of Indigenous people to foster. However, it has been argued that Indigenous individuals – by the very nature of their culture – have always had a strong commitment to contribute to the benefit of their community (Atkinson and Swain 1999). Empirical evidence of Indigenous communities’ commitment to volunteering is provided by the 1994 National Aboriginal and Torres Strait Islander survey. This report highlighted the significant amount of voluntary work occurring in Indigenous communities. Notably, it was found that 29.9 per cent of Indigenous Australians aged 15 years and over (20 per cent, if hunting and gathering activities are excluded) engaged in voluntary work compared to 19 per cent of their non-Indigenous counterparts (Altman and Taylor 1996).

According to Kerr (2001), Indigenous Australians’ commitment to community can be explained in terms of complex and sophisticated personal, familial and social obligations of kinship relations that have been central to the political economy, social and spiritual life of Indigenous communities for many thousands of years. The maintenance of this commitment in spite of the incursion of European culture is linked to the shared experience of perceived or actual exclusion or isolation from the dominant (Anglo-centric) culture and mainstream organisations and services, and an understanding of the need to address the poverty and economic disadvantage that is experienced by Indigenous communities (Kerr et al. 2001).

Although there is a high level of impetus for Indigenous people to volunteer compared to non-Indigenous people, Kerr and colleagues (2001) found that Indigenous volunteers reported both structural and attitudinal barriers to participation, including:
• racism and feeling of exclusion from recognition for efforts;
• lack of information about volunteer supports or opportunities;
• lack of culturally/linguistically appropriate information and training;
• financial costs (for example, reimbursement of expenses; assistance with training costs); and
• lack of support from government departments and other organisations that could assist respondents (for example, the nature of police checks; lack of culturally sensitive policies within organisations).

There is some evidence that Aboriginal people 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 become a carer, compared with 1 out of 1470 adults from non-Indigenous communities (South Australian Department of Communities and Families 2004). There is very limited research of Aboriginal motivations for fostering, however such research suggests that family and kinship obligations influence propensity to provide care for children.

For instance, McHugh et al. (2004) found that Indigenous carers in New South Wales cited a view that traditional foster care (that is placement of Indigenous children into the care of non-Indigenous families) is detrimental to Indigenous children. They also found that carers were motivated by a desire to prevent the destructive practices associated with the Stolen Generation where another generation of children would be lost from Indigenous communities. On the other hand, it has also been highlighted that the personal impact of the Stolen Generation can act as an inhibitor for other Indigenous people. Departmental and Indigenous agency out-of-home care workers interviewed by the Victorian Department of Human Services (1998) suggested that a widespread mistrust of the welfare system deters some Indigenous people from seeking support from outside their community (feelings of distrust can also translate to Indigenous agencies, although to a lesser extent). Potential foster carers may have experienced foster care themselves, or had relatives in care, and do not want to expose their family or others to what they experienced. For this same reason, others want to foster, hoping to provide a more positive experience than they had received.

In addition, there is some anecdotal evidence indicating that the recruitment of Indigenous carers includes inadequate training, support and respite for carers, and criminal history checks prevent approval for some carers (for example Queensland Crime and Misconduct Commission 2004).

Cultural comparison

Australian research suggested that for non-Indigenous families a general desire to be a parent and a person’s doubts about whether they would be a good parent influenced their decision whether to become a foster carer. However, for Indigenous families, research suggests that there are unique social and structural factors that act as an incentive and a deterrent to fostering. Aboriginal culture is associated with high rates of volunteering, however, structural and attitudinal barriers within the dominant (Anglo-centric) culture may prevent Aboriginal people from volunteering. In relation to fostering, there are strong cultural obligations for children to be shared among the
community. The history of the Stolen Generation acts as both an incentive and a disincentive for Aboriginal people to become foster carers. Aboriginal people may be motivated to foster to help prevent another generation of children being disconnected from their people and their culture; Aboriginal people may be disinclined to foster due to their own negative experiences with out-of-home care or due to mistrust of the public welfare system. As such, these cultural differences motivation suggest that recruitment programs employed for the wider Australian community are unlikely to be applicable to the Aboriginal community. Services and programs that aim to recruit and retain Indigenous carers need to ensure that their practice reflects the motivations of Aboriginal carers rather than the non-Indigenous community.

**Key Messages**

- Australian research shows, that for non-Indigenous individuals, perceptions of self and foster children were both a barrier and an incentive to foster.
- There are likely to be unique social and structural factors that act as an incentive and a deterrent to fostering for Indigenous families. There are strong cultural obligations for children to be shared among the community. The history of the Stolen Generation acts as both an incentive and a disincentive for Aboriginal people to become foster carers. Structural and attitudinal barriers within the dominant Anglo-centric culture may prevent Aboriginal people from volunteering.
- Recruitment programs, evaluations and research conducted within the wider Australian community are unlikely to be applicable to the Aboriginal community.
- Services and programs that aim to recruit and retain Indigenous carers need to ensure that their practice reflects the motivations of Aboriginal carers, and not impose the motivations of the wider Australian community. Further research needs to be conducted to document culturally appropriate practices in these areas.
- Further research needs to be conducted comparing the motivations and barriers to fostering in the Aboriginal and Anglo-centric communities.

**Effective recruitment practices**

In this section, research that evaluates the effectiveness of recruitment practices is reviewed. While a number of publications have documented what they claim to be good practice in the recruitment of foster carers, few studies have evaluated the effectiveness of specific efforts to increase the numbers of foster carers. It must be highlighted that such evaluation is difficult due to the broad based nature of recruitment campaigns (see Freimuth, Cole and Kirby 2001). For instance, as everyone in the community receives some form of exposure to campaign messages, it becomes difficult to make a comparison with a “no treatment” control group that has not been exposed to the campaign. Furthermore, there is difficulty in isolating the effects of new community-based approaches, given that in many communities the new approach often complements or extends pre-existing campaigns, rather than replacing them entirely. This limits the ability to identify the specific campaign components that have the most effect on increasing the number of carers recruited. As highlighted by the US Office of Inspector General (2002a), the lack of performance indicators and information about recruitment expenditures renders many departments and agencies unable to measure the success of their recruitment efforts, therefore
undermining the ability to identify which methods of recruitment are most beneficial and cost effective.

Several Australian publications examine the issue of recruitment and make recommendations about recruitment practices (for example, Keogh and Stvensson 1999; South Australian Department of Family and Community Services 1997; Victorian Department of Human Services 2003). However only two Australian studies attempted to evaluate the effectiveness of different recruitment practices (see Lawrence 1994; McHugh et al. 2004). The findings from international research that evaluated the effectiveness of specific efforts to increase the numbers of foster carers are also presented.

**Australian and international research with the wider community**

Lawrence (1994) conducted an empirical evaluation of the effectiveness of a broad-based media recruitment campaign that aimed to recruit a general pool of long-term carers, as well as carers for specific children in selected geographic areas of Sydney. The campaign was multi-faceted in using newspaper and other advertising outlets such as flyers, radio, agency newsletters, stalls, and the backs of taxis. Public speaking and information stalls for Children’s Week were also used. In addition, the non-government organisation involved, revised its procedures for the processing of applicants such as how initial enquiries were received. Overall, the campaign was successful in attracting 205 enquiries and 17 new carers. There were also additional enquiries (approximately 100) that were not associated with the campaign. For instance, enquiries came from individuals who were connected with the agency, heard about the agency through word-of-mouth or were referred to the agency by another organisation. This suggests that past campaigns may have been having a trickle down effect, and points to the need for long-term evaluation of recruitment campaigns. The highest number of enquiries came from radio announcements and newspaper advertisements. Limited enquiries resulted from public speaking and information stalls for Children’s Week. The study also documented the progress of enquiries through the application procedure. Only 17 individuals of the 331 who enquired became carers and at each stage of the application procedure, individuals withdraw or were rejected. This shows that recruitment is an extremely time consuming activity. Overall the campaign appeared to be successful, however, as Lawrence pointed out, evaluation of effectiveness is difficult due to the multitude of specific varying components. This limits the ability to identify the specific campaign components that have had the most effect on increasing carers.

In another Australian study, 91 people who enquired about fostering were followed up by a telephone survey (Keogh and Stvensson 1999). It was found that of the 96 per cent who had decided against fostering, half made the decision for personal reasons, but half reported that they had been discouraged by the response they received when contacting the agency.

Other Australian research suggests that additional strategies need to be used in recruitment. McHugh (2004) examined retrospective reports of what attracted existing carers to fostering. Notably, McHugh (2004) found that approximately 60 per cent of 450 carers in NSW reported being influenced by advertising or promotional material. However, a minority (20 per cent) said that they had actually responded to media
promotion. Most had always planned to foster or had known a specific child in need of care. Qualitative interviews of stakeholders, workers and carers strongly supported the notion that one of the “best” recruiting strategies is the use of current and experienced carers to recruit by word of mouth. Ways to improve recruitment include: targeting professional groups who could care more effectively for children with difficult or challenging behaviours; government departments working more closely with other agencies and community groups; and the provision of greater levels of support to existing carers to encourage recruitment by word of mouth. It was also highlighted that more procedural approaches being taken in assessing and training all carers could be intimidating to some Indigenous families who were then reluctant to become involved in fostering (McHugh et al. 2004).

Based on North American data, Moore and colleagues (1988) highlighted that community awareness of the out-of-care system and the needs of children in care were the most crucial aspects in the recruitment of foster carers. A three-year study of market research techniques in Minnesota by the authors found that mass media, especially television, was the most effective recruitment tool in that it was best able to enhance public awareness of the out-of-care system (Moore et al. 1988). The US Office of Inspector General (2002a) found that foster agency managers reported that media campaigns using billboards, television advertisements, public service announcements that cast a wide net were successful in increasing the volume of foster families. However, many families recruited in this manner were unwilling to care for school-age children, teenagers, and children with special needs. These children constitute the largest proportion of children in care, thus there is a need to adopt recruitment methods that target families for these particular types of children.

Many foster families and agency workers believed that current foster parents were the best recruiters (Casey Family Programs; Jarmon et al. 2000). Consistent with this, an evaluation of a New York recruitment program run by a welfare agency, found that recruitment by friends or family already fostering was more effective than recruiting via media, and trained recruiters were more successful than untrained recruiters (Smith and Gutheil 1988). In this study, recruitment using trained foster carers and a monetary incentive or finders fee of US $100 for those successful in recruiting new parents, resulted in a 49 per cent increase in foster families.

Existing foster parents recruited through social contacts, group meetings and talking to strangers who ask parents about fostering (Jarmon et al. 2000), however Casey Family Programs (2002) also documented the use of foster families as “foster family developers” in the recruitment and support of foster families. To facilitate the support role, existing foster families can be given training about: community organisations; cultural sensitivity; about the child welfare system; and communication skills. Informal community information sessions for potential foster families, and hosted by departmental staff or foster families (already residing in those communities), were found to be effective (Casey Family Programs 2002). The Children Services Society of Wisconsin (1991) found that 53 per cent of agencies used civic and religious groups in recruitment efforts and reported an increase in approved families and a 26 per cent increase in their retention.

Consistent with Australian research, the US Office of Inspector General (2002a) found that departmental-agency delays in response to enquiries about becoming a
foster parent, stringent requirements, and the length of time involved in becoming a foster parent also adversely affect recruitment efforts and reinforce existing reservations about fostering.

Particular recruitment practices have been documented as “good practice”, but have lacked supporting empirical evidence of their effectiveness. It is generally highlighted that recruitment practices need to recruit homes that meet the specific needs of the children in need of care (Casey Family Programs 2002; Research in Practice 2003; US Office of Inspector General). This requires documentation of information on age, the level of physical and mental health, behavioural difficulties and ethnic and racial diversity of children in need of care (Research in Practice 2003). Recruitment strategies should also target families that possess the characteristics and competencies that research has found to be associated with successful foster care placements (Casey Family Programs 2002). Local agencies and/or departments should have in place adequate management information systems so as to identify the needs of the children in need of care and to assemble accurate profiles of their existing carers so that they know where to pitch their campaigns (Research in Practice 2003).

In terms of good practice recommendations, Casey Family Programs (2002) also highlighted that well-designed recruitment strategies should be targeted to specific communities that can provide specific types of carers. Therefore agencies need to compile demographic data to identify suitable communities. Local authorities need to be able to respond to enquiries efficiently if they are to sustain the interest of potential carers (Research in Practice 2003). Clear information about the types of fostering available and the different rates of allowances and/or fees is also beneficial (Research in Practice 2003). As such, agency and departments need to formulate detailed response protocols that include specification of responsibility for receiving and responding to enquiries and time deadlines for completing tasks such as responding to enquiries.

In summary, research suggests that effective recruitment practices of non-Indigenous carers require some broad-based media components in order to enhance community awareness of the out-of-care system and the needs of children in care. However research also suggests that informal practices are particularly important in engaging families to contact agencies to become foster carers. The involvement of existing foster parents was one particular tool that was cited as being effective. Notably, bureaucratic procedures of foster care agencies and how they interact with foster carers are also important in shaping recruitment of new foster parents. Issues that often prevent more effective recruitment of foster parents are the: lack of a clearly defined role for carers, and carers; lack of status carers have with child welfare agencies and communities. Agencies need to formulate response protocols that address these issues.

Aboriginal and Torres Strait Islander context

In this section, documented practices that are employed to recruit Indigenous foster carers in Australia and internationally are outlined. In general, very few authors have described strategies that are being employed in the recruitment of Indigenous carers. There is also an absence of empirical evidence regarding the effectiveness of such strategies.
Two qualitative studies of the views of out-of-home care workers and carers regarding the recruitment and support practices for carers included some discussion of Indigenous issues in recruitment (McHugh et al. 2004; Victorian Department of Human Services 2003). These studies did not employ empirical measures of the effectiveness of documented recruitment practices for Indigenous carers, however both cited the importance of localised and low-key promotion to attract potential Indigenous carers (Victorian Department of Human Services 2003). For instance, word of mouth referral from existing carers or through others in the local community was highlighted as being successful in attracting carers (McHugh et al. 2004). This might include the agency worker approaching families that were considered to be appropriate: in most of these cases they agreed to foster. The report by the Victorian Department of Human Services (2003) also suggested that such low-key recruitment strategies built awareness and understanding of out-of-home care in Indigenous communities. However, this is likely to be mediated by the level of local knowledge, rapport and respect of the worker. More formal recruiting practices used by agencies (such as pamphlets) were less common, low key, brief in content, and conducted through local community organisations (McHugh et al. 2004).

Another theme emerging from the literature is that the recruitment of Indigenous carers requires understanding of complex matters of kinship and social structure and also knowledge of local community. For instance, a view expressed in the survey conducted by McHugh et al. (2004) is that it is important for potential Indigenous carers to know an Indigenous worker’s background so connections and relationships could be developed and maintained. Furthermore, recruiting in areas where the departmental or even Indigenous agency workers were less well known to local communities was also problematic, as many Indigenous people had experienced events within their wider family that were difficult to discuss with a “stranger” (McHugh et al. 2004). A skilled approach was required to make potential carers feel comfortable and to get accurate information on their suitability. In reviewing the effectiveness of the Aboriginal Child Placement Principle, Lock (1997) highlighted the importance of knowledge of Indigenous communities and suggests that the involvement of Indigenous people with experience and expertise in the area of Indigenous child welfare is critical for successful recruitment strategies. As such, effective recruitment of Indigenous carers requires Indigenous agencies and/or departments to recruit Indigenous workers. This is reflected in international literature with a review of UK foster recruitment strategies highlighting a clear relationship between strategies for employing out-of-home care staff from black and other ethnic minorities and the availability of carers from such backgrounds (Research in Practice 2003).

An overview of recruitment practices in the US provided by Casey Family Programs (2002) outlined the components of a strategy to recruit Indigenous carers in Alaska that is built on sensitivity to race and culture. The authors also highlight that word of mouth is the basis of recruitment, and because of this families need to understand that the agency will support them. Furthermore, as tribes are often completely closed and independent communities, recruitment occurs through existing networks in the community. A representative body such as a tribal leader groups is an important vehicle for recruitment. Individuals who are already in and connected to the village residents such as the Public Health nurses are also effective in identifying people who
may be likely candidates. It is therefore important for a community foster agency to develop relationships between members of the tribes, and the welfare department.

*Cultural comparison*

Research conducted with non-Indigenous samples has shown broad-based media campaigns to be an important component of recruitment campaigns. In comparison, with regard to Indigenous carers, the literature particularly highlighted the effectiveness of localised, low-key recruitment strategies (that is, word of mouth) to build awareness and understanding of out-of-home care in Indigenous communities. There was little documentation of such low-key strategies. An understanding of complex matters of kinship and social structure and also knowledge of the local community also appears important. International research indicated that use of existing networks (for example, representative bodies, health bodies) within Indigenous communities is important in relation to this issue. A strong reputation in the community is important to enhance the agency’s standing within the community, which relies on demonstrating a track record of supporting existing carers.

**Key messages**

- There is very little literature that documents strategies that are being employed in the recruitment of Indigenous carers. There is also an absence of empirical evidence regarding the effectiveness of such strategies.
- The literature suggested the effectiveness of localised, low-key recruitment strategies (that is, word-of-mouth) to build awareness and understanding of out-of-home care in Indigenous communities. An understanding of complex matters of kinship and social structure and the use of existing networks (for example, representative bodies, health bodies) are important to facilitate recruitment.
- Broad-based media campaigns are unlikely to be effective in recruitment Aboriginal and Torres Strait Islander carers.

**Assessment of foster carers**

The assessment and selection of foster carers is based on identified specific individual, family and home environment characteristics that are likely to promote the behavioural and emotional adjustment and safety of foster children. Assessment provides a means of identifying training and support needs of selected carers and therefore provides a means to increase their competency. Effective screening should also prevent breakdown of placement and ultimately retention of carers. In addition, assessment is designed to screen out applicants with specific undesirable characteristics (for example, convictions for child sex offences).

**Effective assessment practices in the wider community**

Little has been written specifically on the assessment and approval of new carers (Berridge 1997 382). However, according to Asquith and Beesley (2002), comprehensive investigation of parents should include a number of assessment instruments of potential carers:
• interviews;
• written statements from carers;
• references;
• criminal history checks; and
• measures of psychosocial functioning of parents and families.

Assessment instruments are based on a premise that there are desirable parental and familial qualities influencing the recruiting agency’s choice of foster parents and families. This is because these desirable parental qualities are associated with positive outcomes for children. A number of publications have described key foster parent competencies and skills (for example, see Table 2), however, there is a lack of research on the influence of foster parent behaviour, home environment and family and marital functioning on foster child outcomes (Lindsey 2001; Orme and Buehler 2001). Lindsey (2001) argued that research into key aspects of foster families such as demographics, parental mental health, and social support is so scarce “as to be little direct value to practitioners” (p. 20). As such, instruments used in the assessment of foster carers are based on a large amount of research on children and families in the general population (Orme and Buehler 2001). Little reference is made in the literature to the use of standardised, valid, and reliable instruments to assess parenting behaviour as part of the screening and selection process for foster carers (Lindsey 2001). This is an area of major concern, as researchers contend that there are differences between the experience and skills and qualities needed to foster children (particularly those with special need and complex behavioural and emotional behavioural difficulties) and those demonstrated or needed in parenting biological children (Sinclair, Wilson and Gibbs 2004b).
Table 2: The core competencies employed by the majority of the Agencies in the UK and on which the British Association for Adoption and Fostering assessment model is based (Asquith and Beesley 2002).

1. **Caring for children:**
   - An ability to provide a good standard of care to other people’s children that promotes healthy emotional, physical, and sexual development as well as their health and emotional achievement.
   - An ability to accept and provide care appropriate to the individual child as he/she is.
   - An ability to work closely with a child’s family, and others who are important to the child.
   - An ability to setting appropriate boundaries and manage children’s behaviour within these without the use of physical or other inappropriate punishment;
   - Knowledge of normal child development and an ability to listen to and communicate with children appropriate to their age and understanding.

2. **Provide a safe and caring environment**
   - An ability to ensure that children are cared for in a home where they are safe from harm or abuse.
   - An ability to help children keep themselves safe from harm or abuse and to know how to seek help if their safety is threatened.
   - An ability to recognise the particular vulnerability to abuse and discrimination of disabled children.

3. **Working as part of a team**
   - An ability to work with other professional people and to contribute to the department’s planning for the child/young person.
   - An ability to keep information confidential.
   - An ability to communicate effectively.
   - An ability to promote equality, diversity and rights of individuals and groups within society.

4. **Own development**
   - An ability to appreciate how personal experiences have affected themselves and their families, and the impact fostering is likely to have on them all.
   - An ability to have people and links within the community that provide support.
   - An ability to use training opportunities and improve skills.
   - An ability to sustain positive relationships and maintain effective functioning through periods of stress.

*Note.* This table provides an example of an assessment framework. Its inclusion is not an indication of its adequacy to assess foster carers.

To summarise, there is a paucity of literature on: the assessment and approval of new carers (Berridge 1997); and on the use of standardised, valid, and reliable instruments to assess parenting behaviour as part of the screening and selection process for foster carers (Lindsey 2001).

**Aboriginal and Torres Strait Islander context**

Assessment is conducted on the premise that there are certain qualities and characteristics of parenting that are associated with a child’s optimal development. However, it has been strongly argued that the concept of “good” or “optimal” parenting is socially constructed and is influenced by culturally bound beliefs. That is, different cultures have unique views about what constitutes a competent and successful child and/or adult and as such there are different cultural perspectives on what parent practices are desirable in order to encourage the successful development of children. For instance, it has been suggested that Anglo-European cultures place higher emphasis on socialising children to be independent, competitive achievers,
whereas African-American and Asian cultures place greater value on interdependence and therefore socialise children to be cooperative, obedient and to respect authority without question (Barlow, Coren and Stewart-Brown 2002). This has led some child welfare practitioners to contend that families belonging to these ethnic groups have a tendency to use higher levels of restrictive and demanding parenting including more punitive and forceful discipline.

Generally, assessment models of prospective foster families and other families in the welfare system are based on dominant (Anglo-European) cultural beliefs and standards concerning parenting. It has been argued that the use of such models to assess the ability of Indigenous and other minority families to care for children can lead to culturally-biased and discriminatory outcomes because Indigenous parenting practices can be incorrectly viewed to be indicative of risk to the safety and wellbeing of the child (Fontes 2005). There is little documentation of assessment instruments and practices for Indigenous foster carers in an Australian context (Vicary and Andrews 2000), however a critique by Yeo (2003) of the applicability of assessments of the bonding and attachment of Australian Indigenous children to their carers provides an example of how assessments may lead to culturally-biased information concerning the ability of Indigenous families to care for children.

Yeo (2003) described how the core tenets of attachment are inconsistent with Indigenous values of relatedness and childrearing practices. For instance, consistent with the collective nature of Australian Indigenous culture where there is greater tendency for individuals to think of themselves in terms of affiliation to others and their community, Indigenous children can often be cared for by different women interchangeably in addition to their natural mothers. Children may also have lengthy absences from their birth parents for reasons of cultural ceremonies (for example, “sorry business”). In addition, with older children, some Indigenous communities place more importance on a child’s development of self-reliance, early independence and a capacity to defend themselves when threatened. Children can therefore be given more autonomy in daily functioning, such as feeding themselves, and non-compliance with adults’ directives is permissible. Yeo argued that on the basis of the theoretical tenets of bonding and attachment, such characteristics of Indigenous childrearing might be misconstrued as the birth parent’s lack of sensitivity to the needs of their children and limited connectedness between Aboriginal and Torres Strait Islander children and their birth parents.

In addition to concerns relating to the lack of sensitivity to cultural difference in parenting practices and values, another issue relevant to the assessment of prospective Aboriginal and Torres Strait Islander foster families concerns material disadvantages that are experienced in Aboriginal and Torres Strait Islander communities. Material and personal resources are considered core elements of parenting and examination of these areas are key areas of assessment for prospective foster families. Assessments also consistently consider information on the parental and other family members’ history of criminal activities or actions or abuse or neglect. It is notable that Aboriginal and Torres Strait Islander communities have higher rates of poverty and reliance upon welfare assistance in the Indigenous population. This also results in some families having lower levels of financial and material resources to care for children, translating into lower life expectancies, standards of housing, clothing and hygiene (Australian Bureau of Statistics (ABS) 2003a). Furthermore, among
Aboriginal and Torres Strait Islander adults there are also greater rates of adult imprisonment, criminal history (and child maltreatment perpetration), suicide, drug dependence and substance abuse, and general medical conditions (ABS 2003b; Hogg 1994; Hunter 1995; Perkins, Sanson-Fisher, Blunden and Lunnay 1994). When assessed on these criteria Aboriginal and Torres Strait Islander families are more likely to be deemed unsuitable to care for children, which is likely to contribute to systemic barriers to the recruitment of Aboriginal and Torres Strait Islander families for foster and care for children.

Cultural comparison

Cultural differences in parenting and material disadvantages among Aboriginal and Torres Strait Islander communities indicate an acute need for assessment models that are adapted for Aboriginal and Torres Strait Islander families. On the other hand, researchers have cautioned that that the safety of Indigenous children in need of care should not be compromised in the adaptation of assessment instrument and practices (Lynch 2001), particularly with regard to the lowering of standards in relation to the assessment of the criminal history for Indigenous carers. Furthermore, some researchers also note that it seems likely that children have many common needs that transcend cultural differences, and that these needs may be better met by certain parenting practices than others. For example, it appears evident that parental warmth and responsiveness are necessary for healthy psychological adjustment, irrespective of cultural differences (Barlow et al. 2002?). Any adaptation of assessment models must provide a balance of the interests of the child and interests of the Indigenous community to care for Indigenous children.

Key messages

- Assessment of potential Aboriginal and Torres Strait Islander foster families is likely to contribute to systemic barriers to the recruitment of Aboriginal and Torres Strait Islander families for foster and care for children; however there is little information about how assessment models should be adapted for prospective Aboriginal and Torres Strait Islander Australian foster families, nor those for Aboriginal and Torres Strait Islander families in general.
- There is a need to document the approaches used to assess prospective Aboriginal and Torres Strait Islander foster carers that are used in Australian jurisdictions and to examine the effect of assessment on prospective Aboriginal and Torres Strait Islander foster families’ willingness to provide care for children.

Training

Generally, foster care training programs provide instruction or advice about agency policies, legal procedures and potential problems in the care of foster children (Berry 1988 cited in Barber and Gilbertson 2001). In such programs, new foster parents may also be called on to reflect and discuss the causes and effects of problems in foster care. Due to the increased numbers of children entering care with complex difficulties, foster parent training programs in the past decade have also increasingly incorporated behavioural methods such as role-playing, audiovisual materials of interactions between parents and children, to increase the foster carers’ skills in dealing with difficult behaviour.
Although it has been recognised that individuals require a number of child management skills to effectively carry out the role of fostering, a common feature of foster carer training programs is a lack of evaluation (Berry 1988 cited in Barber and Gilbertson 2001). As such, there is little documented evidence that training and support is related to increased foster parent competence and enhanced child outcomes.

**Australian research with the wider community**

The Australian Foster Care Association (2001) conducted a major survey of approximately 800 Australian foster carers from each state and territory. The aim was to capture the views of carers about the whole foster care sector to assess the appropriateness of the support that they were receiving. The Association reported that most carers (over 70 per cent) reported that introductory and initial training received a rating of either extremely good or very good. Subsequent training received a somewhat lesser rating with only 59 per cent of carers saying that it was very good or extremely good. For training concerning for specialist skills for children with high needs, the number of respondents rating it as either very good or extremely good was a little higher at 62 per cent.

A survey of foster carers by McHugh and colleagues (2004) reported that foster carers’ views in relation to training were mostly positive: two-thirds of the carers surveyed reported their initial training as “good”; 20 per cent found it “reasonable”; and only three per cent found it poor. Over a third (39 per cent) of carers said they would like additional training but close to two-thirds said they would not. Two-thirds of carers felt well prepared to foster the children most recently placed with them. When carers were asked what could have prepared them more for caring, the most common response was the provision of more background information about the child.

Australian research indicates that most non-Indigenous carers are positive in their views toward training. However little documented evidence exists to show that: the relationship between training and foster parent satisfaction and/or retention; and that training and support is related to increased foster parent competence and enhanced child outcomes. As discussed in a later section, there is some evidence from international studies that a lack of training contributes to placement disruption and to carers discontinuing (Denby, Rindfleisch and Bean 1999; Rhodes, Orme and Buehler 2001).

**Aboriginal and Torres Strait Islander context**

In the previous section it was highlighted that there are different cultural perspectives on what parent practices are desirable in order to encourage the successful development of children. Research from other western countries suggests that parents from the dominant ethnic group (that is, Anglo-European parents), are more likely to use parenting programs than ethnic minority carers, and that minority ethnic parents are more likely to drop out prematurely (Farrington 1991; Holden, Lavigne and Cameron 1990). It has been suggested that this may relate to the mismatch between programs that have been designed for the socio-cultural needs of white parents and the experience of being a minority ethnic parent (Barlow, Shaw and Stewart-Brown 2004). As such, the absence of training programs that have been adapted to the socio-
cultural needs of Indigenous carers may be a disincentive to their retention.

In the study by McHugh and colleagues (2004) in which the availability of foster carers within New South Wales was investigated, the authors reported that, according to an Indigenous agency worker, Indigenous carers often attend ongoing training sessions however, some carers were not comfortable with accessing mainstream training sessions and accessing training sessions for all Indigenous carers is difficult (many female carers did not have access to a car, or have the financial capacity to meet childcare costs to attend training). It was noted that childcare was provided by the agency and a small fee paid to carers for attending to assist Indigenous carers to attend training sessions.

Barlow (2004) conducted one of the few reviews of research evaluating the effectiveness of parenting programs that were designed to meet the needs of the parents and children of ethnic minorities. The authors found that there are several programs specifically designed for minority parents that recognise and address discrepancies between the practices and values that are promoted in the programs and the parenting practices and values of ethnic minorities. For instance, it was highlighted that one generic parenting program attended by Chinese parents recommended that they encourage their children to express negative and difficult feelings, whereas traditional Chinese culture has been characterised as recommending the punishment of children who express such feelings (Chau and Landreth, 1997 in Barlow et al. 2004). Various programs employed methods to support parents through the feelings that might arise through a challenge to their values through participation in a program.

Barlow et al. (2002) reported that qualitative evidence from studies of such programs suggests that enhancing and extending parents’ knowledge about their culture, (including the effects of particular traumas such as those associated with the impact of colonialism and past welfare practices on Indigenous culture and parenting practices) are effective tools in supporting parents through the feelings that arise when their practices and values are challenged. For example, in the US, the Effective Black Parenting Program (Thomas, unpublished as cited in Barlow et al. 2004) specifically aims to help black parents to understand the historical and cultural reasons for what is described as the “use of physical discipline within Black culture”, while also challenging its use and helping parents to develop different methods of discipline. Qualitative evidence also suggested that parents of diverse minority groups report a number of benefits from participating in culturally specific training in terms of more positive discipline, increased empathy, spending more time together, feeling less stressed and more in control, and better communications with their children. The authors also reported that evidence from quantitative evaluations was not sufficiently reliable or rigorous to reach firm conclusions regarding the effectiveness of different parenting programs.

Although the evidence base was not strong, on the basis of their review, Barlow et al. (2002) suggested that good practice might include the following:

• sensitivity to the fact that ethnic minority parents may hold different parenting practices as a result of their culture (program facilitators need consult research that examines whether this is the case);
• the values underpinning a program need to be explored and made explicit (for example, assumptions about gender roles, child rearing attitudes and practices);
• program developers need to recognise and support diversity in family composition, the parenting role of others in addition to the child’s birth parents, and other child-rearing attitudes and practices; and
• the program should provide extra support to minority parents whose value system and practices may be challenged by the values and practices of the parenting program (for example, enhancing and extending parents’ knowledge about their culture, including the role of particular traumas have played in terms of the development of parenting practices) (Barlow et al. 2002).

A review of literature indicated that overall very few documented Australian parent training programs that have been adapted to include the values and traditions of Indigenous or ethnic minority families. Very little Australian research has been conducted in relation to how training programs can be made more appropriate to the needs of Indigenous and ethnic minority carers. One of the few documented generic parenting programs in Australia to have been adapted to the needs of Indigenous communities is the Resourceful Adolescent Parent Program (RAP-P) (Clarke, Harnett, Atkinson and Schochet 1999a; Clarke, Harnett and Schochet 1999b; Clarke, Harnett and Scochet 1998). Adaptation of the program by (Clarke et al. 1999b) for Indigenous parents occurred in consultation with Indigenous service providers and community members. Although the Indigenous adaptation of the RAP-P has not been evaluated in terms of effectiveness in enhancing Indigenous parents’ knowledge, skills and experiences, it is notable that the adaptation incorporates some of the key tenets of good practice endorsed in review by Barlow et al. (2002). For instance, the program specifically aimed to address the traumas associated with the Stolen Generation, particularly the reduction of parenting skills, through attempting to acknowledge the link between past and present adversity facing parents so that they may develop strategies to avoid and control stresses that erode confidence and parenting ability.

Indigenous workers in the New South Wales Department of Community Services have developed a training package for use with Koori workers (McHugh et al. 2004), and the WA AICCA Yorganop has reported the development of a training program for Indigenous carers. These programs however have not been adequately described in the literature. Research is needed in relation to how training programs can be made more appropriate to the needs of Australian Indigenous carers. Firstly, research must examine the experiences of Indigenous foster carers who participate in mainstream foster care training programs and the extent to which training methods are a disincentive for Indigenous carers to continuing the fostering role. This includes examination of whether training is effective in increasing the knowledge and skills of carers and facilitating better outcomes for children in care. This examination should devote attention to whether training methods conflict with the values and practices of Indigenous parenting. There must also be documentation of the principles, content and methods employed in any training programs that have been adapted to suit the needs of Indigenous carers. This should include methods of support Indigenous careers whose value system and practices may be challenged by the values and practices of the training program.
Cultural comparison

International research shows limited use and premature dropout from parenting programs by ethnic minority carers. This may relate to the mismatch between programs that have been designed for the socio-cultural needs of white parents and the experiences of minority ethnic parents. Programs specifically designed for minority parents recognise this, and address discrepancies between the practices and values that are promoted in the programs, parenting practices and values of ethnic minorities. Evidence from studies of such programs suggests that enhancing and extending parent’s knowledge about their culture, including the effects of particular traumas such as those associated with the impact of colonialism and past welfare practices on Indigenous culture and parenting practices, are effective tools in supporting parents through the feelings that arise when their practices and values are challenged.

Key messages

• There are very few documented Australian parent or foster carer training programs that have been adapted to include the values and traditions of Indigenous or ethnic minority families. The absence of such training programs may be a disincentive to their retention.
• Very little Australian research has been conducted in relation to how training programs can be made more appropriate to the needs of Indigenous and ethnic minority carers.
• Research must examine the experiences of Indigenous foster carers who participate in mainstream foster care training programs and the extent to which training methods are a disincentive for Indigenous carers to continuing the fostering role.
• There must also be documentation of the principles, content and methods employed by any training programs that have been adapted to suit the needs of Indigenous carers.

Retention and satisfaction

There is evidence that only a small number of people who express an interest in becoming a carer ultimately actually become carers. Some families complete training then decide not to pursue caring (Rodwell and Biggerstaff 1993). Rhodes (2003) found that almost 50 per cent of families who started pre-service training did not complete it. Recruiting new families is one way of ensuring an adequate supply of carers. However, recruitment is a costly, time-consuming activity that has not yielded enough foster families to meet demands for placements. Given the difficulties associated with recruiting new carers, greater priority needs to given to retaining existing carers and encouraging completion of pre-service training.

Effective retention of foster families decreases the reliance on recruitment and also increases the chance that children are placed with skilled, experienced foster parents, and ultimately experience placement stability (Rhodes et al. 2001). Changes to family dynamics and the increased demands of foster children have greatly intensified the challenges faced by foster carers (Denby et al. 1999) and, as a result, intensified the need for support and assistance from foster care agencies and caseworkers (US Office of Inspector General 2002b).
Australian research that has documented issues relating to the retention and satisfaction of foster carers will be described. As there is little Australian research in this area international research is used to supplement Australian research. Following this, there is discussion of research in relation to the satisfaction and retention of Australian Indigenous carers.

**Australian and international research with the wider community**

In their research relating to the availability of foster carers within New South Wales, McHugh and colleagues (2004) found that the existing carers surveyed indicated that carers cease to foster due to burn out, lack of support, effects on their families, the foster children being difficult, or changes to their own personal circumstances. A carer survey was employed to obtain information from foster carer families on their socio-demographic characteristics and fostering experience. According to carers, the negative aspects of fostering included contact with birth parents (14 per cent); stress and workload (13 per cent); and the challenging behaviours of fostered children (12 per cent). Both the carers and those stakeholders involved in the provision of fostering services agreed that the provision of better support for carers would ensure more carers were retained in the system. Specifically, carers wanted caseworkers to work with carers and to build up ongoing relationships with children.

A review of the retention and satisfaction of foster carers by the Victorian Department of Human Services (2003) was notable as it was the only study that included surveys of past carers. Past carers were significantly less likely to be satisfied than current carers and significantly more likely to have experienced difficulties in their fostering experiences. Most past carers surveyed (53 per cent) reported that they had stopped fostering due to a change in their personal circumstances, however, 38 per cent of carers left as a result of one or more negative experiences with foster care, including: the impact of fostering on their own family (26 per cent of past carers mentioned this), unreasonable demands by the system (18 per cent), and frustrations arising from dealing with the department (17 per cent). Qualitative analysis suggested that improved reimbursement packages, increased recognition and involvement (for example, input into decisions regarding foster children), and increased levels of support (for example, access to support services for carers) were particularly associated with satisfaction. These three factors along with improved assessment of – and information about – the child were associated with current carers’ willingness and ability to continue fostering. However, past and current carers were only compared on two aspects (satisfaction and fostering difficulty), despite profiles of past and present carers being described. There was a limited description of the study methodology, particularly in relation to the comparison of past and present carers.

Carer satisfaction and support was also discussed by Gilbertson and Barber (2003) who conducted qualitative interviews with 19 carers who had ended placements, with issues discussed including: placement deterioration, breakdown, provision of formal support and possible interventions to stabilise the placement. Although this research study involved a small sample size, the findings show that system factors were directly implicated in placement failure, and suggest that placement instability could be limited if carers were adequately informed, prepared, supported, and consulted (Gilbertson and Barber 2003).
The most useful information on retention comes from studies that have compared current fostering families with those who have ceased and/or plan to cease fostering on demographic information, satisfaction and/or experiences with out-of-home care. Several international studies have examined carer satisfaction regarding components of the out-of-home care system, or have surveyed former carers regarding the aspects of the out-of-home care system that have prompted them to cease fostering. Several studies employ this design (for example, Denby et al. 1999; Rhodes et al. 2001; Rhodes et al. 2003; Sinclair et al. 2004b; Triseliotis, Borland and Hill 1999), however there in an absence of such research that has focused on Indigenous or ethnic minority carers (or included sufficient numbers of such carers).

This literature suggests that aspects of agency support are linked to the retention of foster carers. For instance, compared to those who continued, Triseliotis (1999) found that those who discontinued to foster had significantly lower ratings of relationships with social workers and agencies. This dissatisfaction with the children’s social workers centred on carers’ views that to visit often enough or provide sufficient background information on the child, being unresponsive to requests for help and support when the child was being difficult, being unappreciative with the carer’s efforts and not being available when needed. Rhodes et al. (2001) found that fewer former carers than current carers received transportation for a child’s medical needs. Furthermore, continuing carers were more likely to have unmet health care costs that were not covered by social services, as compared to carers who planned to quit. Denby and colleagues (1999) reported that a strong affiliation with the agency, a readiness to call the child’s social worker, and not being treated like they “were in need of help” predicted desire to continue fostering. The authors also found that the extent to which carers felt that the social worker gave information and gave approval for good work predicted satisfaction.

Research suggests that agency support may be particularly important for the instances in which the carer experiences placement breakdown and allegations of abuse from children in their care. Qualitative work by Aldgate and Hawley (1986) showed that these are often highly stressful events for carers and children alike. Quantitative findings demonstrated that such negative events are associated with high levels of carer strain, less positive attitudes towards care and the frequency with which the carer has thought about ceasing fostering (Sinclair, Gibbs and Wilson 2004a).

Research suggests a less clear relationship between training and retention and satisfaction. (Denby et al. 1999) reported that carers’ perceived competency to handle children’s difficult behaviour were related to carer satisfaction, and perceived competency in the latter also predicted of reported desire to continue fostering. Urquhart (1989) examined how separation and loss affected foster carers. She found that current foster carers were more likely to receive training to prepare them for dealing with loss. On the other hand, Meadowcroft (1994) noted that specialist trainers who received intensive pre-service and in-service training do not remain in service as long as non-professional carers. Similarly, Sinclair (2004a) found that the number of hours of training provided before placement was significantly associated with satisfaction and intention to leave. However it was not significantly associated with strain associated with fostering, nor did it actually differentiate between those who actually left and those who continued.
There is insufficient evidence regarding the characteristics of carers and families associated with retention and satisfaction. Furthermore, studies that have been conducted have focused on foster family demographic characteristics (for example, family income, educational and employment status) rather than family psychosocial functioning (for example, parenting style, parental mental health, family functioning).

Summary

Australian research has not adequately examined the relationship between carer’s concerns and the retention of carers. International research that has focused on retention suggests that aspects of agency support are very important in carer satisfaction and a desire to continue fostering, particularly in instances in which the carer experiences placement breakdown and allegations of abuse from children in their care. There is some evidence that training is related to carer satisfaction and retention. There is insufficient evidence regarding the characteristics of carers and families associated with retention and satisfaction.

Aboriginal and Torres Strait Islander context

Very little research has specifically focused on the support and retention of Aboriginal and Torres Strait Islander foster carers. The little research that has been conducted has been qualitative and based on the views of unspecified or small numbers of carers. Due to their focus on carers in general, often these studies did not provide conclusions or make recommendations specific to the needs of Indigenous carers.

In a study by McHugh and colleagues (2004) in which the availability of foster carers within New South Wales was investigated, the authors examined the specific issues relating to the support and retention of Aboriginal and Torres Strait Islander foster carers. The authors conducted two focus groups and an interview with workers from the Aboriginal Statewide Foster Carer Support Service and an Aboriginal Children’s Service providing out-of-home. A carer survey was employed to obtain information from foster care families on their socio-demographic characteristics and fostering experience. However due to the small numbers of Aboriginal and Torres Strait Islander carers who completed surveys, no separate analysis was conducted on these groups. Discussion of the findings in relation to Aboriginal and Torres Strait Islander carers tended to focus on the views of the Aboriginal workers rather than the views of the carers. According to the workers, ongoing support for carers was crucial in the retention of carers, preventing “burn out” and loss of carers. Another study by McHugh and colleagues (2002) showed that Indigenous carers experienced a greater degree of material disadvantage than non-Indigenous carers.

The Victorian Department of Human Services (1998) conducted an internal review of out-of-home care services for Aboriginal children and young people in Victoria. The review attempted to address the key issue of whether the service system provided for the needs of Aboriginal children and families who were in the system. The primary data for the review were collected during a series of community consultations with six Aboriginal agencies involved in the provision of out-of-home care services to Aboriginal children. There were also focus groups held with Aboriginal carers, however the needs of carers were not the main focus of the report and no conclusions
were no made in this area. The number of carers attending the groups was not specified, nor was there documentation of the interviews questions or schedule. Several themes emerged from the community consultations and caregiver focus groups:

- Agencies were not fully informing caregivers regarding the processes and legalities of placements.
- Caregivers voiced concerns about the lack of information on children’s medical and behavioural issues.
- A common issue identified by all carers was the need for more home support, financial advice and respite services.
- Carers believed that they did not need parental skills training, however there were “constant requests” in focus groups for training in managing children and young people with special needs.
- Aboriginal agency staff and carers reported they often found it very difficult to work with government workers including Child Protection staff and other departments. A preference was expressed for the use of Aboriginal community organisations.

Consultation with the Aboriginal out-of-home care agencies also suggested that there was insufficient time and resources to provide services. There was limited use of formal recruitment strategies and training of carers. Some agencies also reported that they did not have case management mechanisms or use structured case plans.

Cultural comparison

Research highlighted that like non-Indigenous carers, ongoing support for carers was crucial in the retention of carers. There were indications that support needs are different for Aboriginal and Torres Strait Islander foster carers. For instance, a particular lack of material resources was found to characterise Aboriginal and Torres Strait Islander foster families. It was also highlighted that more rigorous and professional approaches being taken in assessing and training all carers could be intimidating to some Indigenous families who were then reluctant to become involved in fostering. Like non-Indigenous carers, a need for training in managing children and young people with special needs was identified.

Key messages

- Foster carers in Australia are often dissatisfied, as they do not feel adequately supported. Areas of concern for carers included: provision of adequate support from caseworkers (that is, smaller case loads) better training and supervision, more experienced workers; support and information concerning legal entitlements and eligibility for benefits and services; and to be adequately informed, prepared, supported and consulted by the system to improve placement stability. However Australian research has not adequately examined carers’ concerns about the retention of carers.
- International research that has focused on retention suggests that aspects of agency support are very important in carer satisfaction and the desire to continue fostering, particularly in instances in which the carer experiences placement breakdown and allegations of abuse from children in their care.
There is some evidence that training is related to carer satisfaction and retention, however there is insufficient evidence regarding the characteristics of carers and families associated with retention and satisfaction.

- Very little research specifically focused on the support and retention of Aboriginal and Torres Strait Islander foster carers and, due to the focus on the general needs of carers, studies tended not to provide conclusions or make recommendations specific to the needs of Indigenous carers.

**Support**

Research conducted in Australia with non-Indigenous samples is presented, however this research tends to focus upon whether carers receive support or not, rather than whether that support was effective in improving retention. In general, there are very few studies that have been conducted internationally that have considered in detail the effectiveness of informal and formal supports to assist foster families. There is a small body of international research that has examined effective models of support for ethnic minority children and families (no such research exists for the out-of-home care population). Findings from international studies that have investigated the support of ethnic minority children and their parents are briefly discussed.

**Australian and international research with the wider community**

*Australian research examining carer perceptions of the amount of support received*

The survey by the AFCA (2001) of Australian foster carers provided a comprehensive discussion of the concept of support and the ways through which carers can be effectively supported in the out-of-home care system. Carers identified several issues and concerns. Notably, the majority of carers (79 per cent) felt they get “just enough” or not enough support. The perceived level and quality of support received from government was significantly lower than that received from agencies. It was found that most support is received from friends and family (55 per cent of carers reported receiving a great deal of support from these sources), whereas departments were not seen as strong sources of support, with nearly half of carers indicating that they received little or no support from the relevant departments. This was particularly the case when the carer was alleged to have abused a child in their care. There was a discussion of the issues in relation to training, information, respite, allegations of abuse, and financial support; the report identified a need for improvement in these areas.

McHugh and colleagues (2004) reported that over half of the carers who participated in their study of foster carers in New South Wales regarded the overall level of support they received from their caseworker as good, whereas a fifth of the carers described it as poor. Carers’ assessment of their relationship with the government department responsible for foster care services mirrored the findings in relation to overall support with half of the carers describing the relationship as good and a fifth describing it as poor.

In another study, McHugh (2002) specifically focused on aspects of the foster care payment system in Australia. A national postal survey of representatives of government and non-government foster care service providers was employed to identify issues and concerns in relation to the ability of carers to meet the costs of
caring for children in foster care. The agencies and associations reported that the standard subsidy to meet the basic costs of care was inadequate. This was exacerbated by inconsistent departmental policies in relation to the reimbursement of carers (for example, kinship of non-related children), and caused high levels of stress for carers and non-government agency staff attempting to meet the needs of children. Qualitative focus group interviews with carers suggested that estimates of the costs of children not in care were not adequate to meet the needs of children in care as children in care tend to have more complex needs than children who had never lived in care (for example, heightened physical and mental health problems). Carers highlighted areas in the budgets where costs specific to fostering were not reflected. It was reported that few jurisdictions were reimbursing carers by way of standard subsidy payments at a level that would meet the basic, everyday costs associated with fostering. It was highlighted that a significant increase in the levels of subsidy payments for all children would be required if the issue of adequacy of payments was to be addressed and carers were to receive amounts closer to the “real” costs of fostering.

In brief, foster carers in Australia are often dissatisfied, as they do not feel adequately supported. Areas of concern for carers included: provision of adequate support from caseworkers such as smaller case loads, better training and supervision, more experienced workers; support and information concerning legal entitlements and eligibility for benefits and services; and to be adequately informed, prepared, supported and consulted by the system to improve placement stability.

*International research with ethnic minority groups*

In general, there are very few studies that have considered in detail the effectiveness for ethnic minority children and families of different social work approaches or the views of ethnic minority families of the quality of workers or the methods and approaches used.

International survey data from questionnaires completed by ethnic minority parents indicate that they generally rate social welfare services positively (O’Neale 2000; Thorburn, Wilding and Watson 2000). Few studies have compared the perceptions of ethnic minority carers to those of other service users, however such studies indicate that there is no difference in the level of satisfaction with welfare services. Several researchers have reported that ethnic minority families respond positively to practical support including day care, transport to schools and grants for clothes as well as the provision of emotional support. Parents also value a long term longer term service provided they could trust that combined the provision of a person-centred service with practical help (Thorburn, Norford and Rashid 2000).

However the usage of – and accessibility to – services have been highlighted as key issues in the services to ethnic minority families. The central question is whether ethnic minority families in need of services use actually make use of such services. A consistent picture emerging from international studies is that to increase their value to ethnic minority families, family support services need to understand and find strategies to overcomes a number of barriers, including:
• inhibitions arising from cultural expectations, including the views of the wide family that it is shameful to admit to the existence of unmet needs or problems and to seek help outside the family;
• difficulties resulting from lack of or poor quality interpreting services, including the training of interpreters in the special issues that concerns the needs of vulnerable children;
• inadequate strategies for recruiting ethnic minority staff at all levels and in proportions that reflect the children and families in the community used by the services; and
• the dominance of Anglo-centric perceptions of parenting standards and practices that often prevails even when the ethnic minority workers are recruited.
Aboriginal and Torres Strait Islander context

Australian research examining Aboriginal and Torres Strait Islander carer perceptions of the amount of support received

In their study focusing on aspects of the foster care payment system in Australia, McHugh and colleagues (2002) investigated the specific needs of Aboriginal and Torres Strait Islander carers. Separate focus groups were held with Aboriginal and Torres Strait Islander carers in the capital cities of most states, and a joint focus group of non-Indigenous carers and Aboriginal and Torres Strait Islander carers was held in a remote town. The authors found that Indigenous carers were more likely than non-Indigenous carers to either live in public or Aboriginal housing, were more likely to live with their own extended families, to foster sibling groups and to have more children in their care than non-Indigenous carers. From discussion with Indigenous carers it was apparent that large and often struggling Indigenous families took on children, both related and unrelated. Often placements were informal and usually lacked any legal status, therefore it was difficult for carers to obtain financial assistance from the department to meet the needs of these children. The lack of material resources among Indigenous carers was more obvious than with non-Indigenous carers in the study. Twenty-two of the 43 Indigenous carers said the payments they received were inadequate to meet the costs of the children in their care. Many carers cited difficulties in finding appropriate housing and accessing health services and transport. It was also apparent that one of the most important conditions for a successful carer was positive and on-going support from workers in agencies, associations and from small self-support carer groups. This did not always appear to be possible for Indigenous carers who were more likely to be living in a geographically remote area. Carers from the remote town also noted disadvantage in relation to caring for children with special needs.

Although there is little research in relation to the support of Aboriginal and Torres Strait Islander foster carers, there is much evidence that colonisation and past polices of assimilation in welfare, particularly those associated with the forcible separation of Aboriginal and Torres Strait Islanders from their parents generally into non-Indigenous care (that is, the Stolen Generation) (HREOC 1997) have impacted on current perceptions of the government welfare system including out-of-home care services (HREOC 1997; NSW Community Services Commission 2001; Victorian Department of Human Services 2003). Many Indigenous people dislike, fear, or are suspicious of government departments and mainstream non-government services and are reluctant to use and access these services. There is little research that has examined the Aboriginal and Torres Strait Islander use and satisfaction with specific welfare services. However, anecdotal evidence from workers would suggest that Aboriginal people express a strong preference to access Aboriginal run organisations (Victorian Department of Human Services 2003).

In the absence of Australian research that has examined in detail the Aboriginal and Torres Strait Islander families’ use of and satisfaction toward welfare services, Ralph (1997) provided useful guidelines to facilitate cultural competence in working with Aboriginal families:
• Understanding of the extent to which the client is competent in relating within Aboriginal and non-Aboriginal spheres. Assessment in this area is crucial in engaging the client and in planning what type of assistance can be offered.

• Extended family and kin should be involved in decision making about the child. Decision-making in many Aboriginal families, especially contentious issues, is often based on consensus of all the family, rather than a majority view or the opinion of key individuals.

• The “best interest of the child” is likely to be considered in the context of how Aboriginal culture is to be protected and promoted. Although the interests of children are accorded a very high value in Aboriginal society, the “best interest” principle is likely to be overridden in some situations by the broader consideration of how Aboriginal culture and family life is to be promoted. For Aboriginal people whose culture has been ravaged by the dominance of Anglo-Australian society, the struggle to maintain cultural integrity is ongoing and of the utmost importance.

• It is helpful for counsellors in working with speakers of Aboriginal English, especially its heavier forms, to be aware of the language differences that exist in the areas of meaning, use and style. For instance, traditionally Aboriginal people do not use direct questions to elicit personal information.

• It is important to acknowledge and respect customary law and the existing traditional methods of dispute resolution. In some instances, conciliation or arbitration that is undertaken by tribal elders may involve a decision regarding punishment or restitution.

Cultural comparison

In brief, foster carers in Australia are often dissatisfied, as they do not feel adequately supported. A number of areas of concern for carers include provision of adequate support from caseworkers such as smaller caseloads, and better training and supervision. There is a particular lack of material resources among Indigenous families where some families may have lower housing and health standards. As such, it is likely that the support needs of Indigenous foster carers are greater. Much evidence suggests that past polices of assimilation in welfare impact on Aboriginal and Torres Strait Islander communities’ current perceptions of the government welfare system including out-of-home care services. As such Aboriginal people express a strong preference to access Aboriginal run organisations. There is little research that has examined the support needs of Aboriginal and Torres Strait Islanders foster families and their use of – and satisfaction with – specific out-of-home support services.

Key messages

• There is a particular lack of material resources among Indigenous families where some families may have lower housing and health standards. In addition, past polices of assimilation in welfare impact on Aboriginal and
Torres Strait Islander communities’ current perceptions of the government welfare system including out-of-home care services.

- There is little research that has examined the support needs of Aboriginal and Torres Strait Islanders foster families and their use of, and satisfaction with, specific out-of-home support services.
Section 4.
Recruitment and retention of kinship carers

**Definition.** “Kinship care” refers to the placement of children with relatives (kin), persons without a blood relation, but who have a relationship with the child or family, or persons from the child/family’s community (kith). Kinship care is also referred to as “relative care”, “kith and kin care”, and “family and friends as carers” (Broad 2001; Cuddeback 2004; Mason et al. 2002). In the context of kinship care the term “related child” is used to define a child who has a prior relationship with a carer, although this may not necessarily be a blood relation.

The first preference for the placement of Aboriginal children is placement in kinship care. The preference for the placement of Indigenous children with kin is formalised in the nationally acknowledged “Aboriginal Child Placement Principle” (ACPP) (Lock 1997). The focus of the current literature review is to examine the recruitment, retention, training, and support of Indigenous out-of-home-carers. Given the prioritisation of kinship care in the ACPP, in this section of the report the recruitment, retention, training and support of kinship carers will be examined, along with the impact of kinship care on carers and children in care and the characteristics of a “good” placement.

**Gaps in the literature**

Despite the formal acknowledgement and prioritisation of kinship care in policy and legislation through the ACPP, there has been no Australian research investigating the outcomes for Indigenous children in kinship care, compared to those in residential care or non-relative foster care (Cashmore and Ainsworth 2004), and only one published paper that examines broadly the strengths and weaknesses of kinship care in Indigenous communities (McHugh 2003). Further, there have been only two Australian research studies investigating kinship care issues in the wider Australian community (see Council on the Ageing 2003; Mason et al. 2002).

The Minister for Children and Youth Affairs, the Honourable Larry Anthony, commissioned the Council on the Ageing to conduct a report into the issue of grandparents raising grandchildren (Council on the Ageing, 2003). The aim of the report was to gain information directly from interviews with grandparents who were raising their grandchildren across five states. The grandparents were asked about their existing support mechanisms, additional supports they would like, financial and legal issues they face and concerns they may hold in regards to the wellbeing of their grandchildren. The study had a very large sample of 499 grandparents who were raising 548 grandchildren. Overall, the study found that grandparents were disappointed and felt let down by both state and Commonwealth governments, especially in relation to the financial and legal issues that they face and the lack of recognition and support that they receive. The common themes that emerged from workshops across the five states included the following:

- Governments need to acknowledge and recognise grandparents raising children as a group that require support.
• Grandparents need parity with foster carers concerning payments and support services.
• The promotion of information and access to benefits and support services.
• Access to legal aid and the provision of respite care.

The report also provided an extensive list of recommendations to both state and Commonwealth governments and was an exemplary report on this important issue.

Mason and colleagues (2003) focused on the extent of formal kinship care; reasons for the increase in kinship care, legislation and departmental guidelines relevant to kinship care; and the experience of children in kinship care and their carers. Mason and colleagues (2003) showed that kinship care was the fastest growing form of out-of-home care in Australia. Kinship care was increasing as a consequence of changes in the policy environment (for example, the legislative requirement for the least intrusive form of intervention), a decrease in the number of non-relative foster carers and a simultaneous increase in the number of children requiring placement, preferences of children and families for kinship care, and to some extent the decreased financial and human resources expended to support kinship care placements. The authors showed that there was a lack of procedural guidelines for recruiting, assessing and supporting kinship placements and as a consequence kinship carers received less monitoring, training, support, and inappropriate assessments. However, this research was a small sample qualitative study that focussed largely on data collected from one Australian state, limiting the generalisability of study findings.

There has been no Australian research to investigate the outcomes for children in kinship care compared to children in other forms of out-of-home care and it is not possible to make generalisations about the reasons for the increase in kinship care and the experiences of children in kinship care and their carers on the basis of a single study. This research gap is a major limitation as there is no evidence base for a key tenet of policy and practice in relation to Indigenous children. Consequently, international research into kinship care is reviewed and the implications of this research are discussed in relation to the Australian Indigenous context.

**Kinship care: A contextual framework**

**Maintenance of family, community and cultural connections**

The primary benefit of kinship care is that it enables children to maintain family ties (Dubowitz et al. 1994; Ehrle and Geen 2002; Shore, Sim, Le Prohn and Keller 2002). In addition to living with relatives, children in kinship care are more likely to be placed along with their siblings (Harden, Clyman, Kriebel and Lyons 2004; O'Brien 2001), and are likely to have more contact with their natural parents and their siblings (Cuddeback 2004; Dubowitz et al. 1994; Ehrle and Geen 2002; Harden et al. 2004). Family members are believed to have a special investment in the wellbeing and long-term outcomes of related children (Dubowitz et al. 1994; Ehrle and Geen 2002). It is assumed that children in kinship care are more likely to feel secure and loved and to have a sense of belonging than children in non-relative foster care (Greef 2001; Waterhouse 2001), however there is a lack of evidence to confirm or disconfirm this assumption. In addition to maintaining family connections, children in kinship care are more likely to maintain cultural and community ties as they often able to live in
their own community, keep the same friends, attend the same school and have the same health care provider (Wheal 2001). Connection to family, community and culture have been identified as key elements of successful out-of-home care placement (Atkinson and Swain 1999). The use of kinship care provides a mechanism for addressing these needs.

Proponents of kinship care argue that the trauma associated with removal from parental care is lessened for children placed in kinship care compared to children in non-relative foster care as a consequence of being placed in a familiar environment with people known to them (Dubowitz et al. 1994; Ehrle and Geen 2002; Shore et al. 2002). Brown and colleagues (2002) extended this argument: in a study of African-American children and young people placed in kinship care, Brown et al. concluded that kinship care was a normative cultural practice in some cultures and communities. Children often resided with kin for extended periods (with and without their parents) prior to the formal placement, shared living arrangements with other extended family was common before and after placement, and young people in kinship care reported that family was their primary source of physical, social and emotional support. Wheal (2001) supported the notion of kinship care as normative in some cultures and communities.

Despite the potential benefits, there are several potential disadvantages to kinship care. Although children have a pre-existing relationship with kinship carers, this pre-existing relationship is not that of parent and child. Kinship care may prove challenging as children in care – and the kinship host family – adjust to new roles within the family (Greef 2001).

Adoption is seen as a favourable outcome for children in non-relative foster care unable to return to their parents care. However, adoption is generally seen as disadvantageous by kinship carers as it distorts biological relationships (for example, maternal grandmother becomes mother and therefore biological mother becomes adoptive sister). This creates role confusion and legally disconnects the child from one side of their family (Jenkins 2001).

Concerns have been raised about placing children with their biological parents’ family of origin (that is grandparents). This argument appears to be based on concerns about inter-generational transmission of abuse and whether the biological parent’s inability to care for their child is a consequence of the problems within their family of origin. On these grounds, the appropriateness of kinship placement has been questioned by some (Dubowitz et al. 1994).

Concerns have also been raised in relation to the enforcement of supervised access with parents/perpetrators if this has been deemed necessary, specifically the pre-existing relationship between the parent and the kinship carer, the carer’s belief that the parent would not have perpetrated the abuse, or the carer’s belief that the abuse was not very severe may result in the kinship carer failing to prevent the parent from having unsupervised access with the child, therefore compromising the child’s safety (Dubowitz et al. 1994).

There is an assumption that a benefit of kinship care is increased contact with birth parents. However, in some placements, pre-existing conflict between the parent and
kinship carer or conflict arising as a consequence of the carer’s involvement in removing the child make contact even more difficult and prone to confrontation than non-relative placements (Hunt 2001).

The potential benefits of kinship care for children are immense (for example, more family contact, maintenance of cultural and community connections, more likely to feel secure and loved, greater stability and better health, education and social outcomes than children in non-relative foster care). However, there are also potential disadvantages and inherent vulnerabilities in kinship placements and kinship care must not be perceived as an “easy option” (Hunt 2001). These benefits and risks are discussed below.

**Outcomes for children in kinship care**

Research suggests that children in kinship care do at least as well, if not better, than children in non-relative foster care in the domains of physical and mental health, education, academic achievement, adjustment, social skills and behaviour than children in non-relative foster care (Carpenter and Clyman 2004; Dubowitz et al. 1994; Iglehart 1994; Shore et al. 2002). However, child welfare workers have reported that kinship carers are less likely to report child behaviour problems or to follow through with a referral to access services to support the child or the placement than non-relative foster carers (Cuddeback 2004). Harden and colleagues (2004) reported that kinship carers endorsed more problematic parental attitudes than non-kinship cares (for example, less warmth/respect, more parent-child conflict/anger, more strictness/over-protectiveness). However, this finding appeared to be associated with age of the carer (kinship carers are most likely to be grandparents). When age was controlled, there was no difference between kinship carers and foster carers in parental attitudes.

Comparisons of outcomes for children in kinship and non-kinship care may be misleading unless children are matched to determine whether they have similar levels of functioning prior to placement; there is some speculation that children with special needs are more likely to be placed in non-relative foster care than kinship care (Cuddeback 2004). Children in both kinship care and foster care have poorer health, social and educational outcomes than children in the general population (Carpenter and Clyman 2004; Dubowitz et al. 1994; Iglehart 1994; Shore et al. 2002). Cuddeback and colleagues have suggested that outcomes in relation to kinship care be viewed with caution as research tends to be based upon self-reports of small non-probability samples of unknown generalisability.

**Placement stability**

Children in kinship care experience fewer placement disruptions (Cuddeback 2004; Harden et al. 2004; Hunt 2001; O'Brien 2001; Shore et al. 2002; Waterhouse 2001); are less likely to return to care following reunification (Cuddeback 2004; Harden et al. 2004; Shore et al. 2002); and are less likely to be maltreated in care (Harden et al. 2004) than children in non-relative foster care. However, Barber and colleagues (2004; 2001) have cautioned against placement stability being used as a child outcome measure. Although there is an assumption that placement stability improves children’s outcomes, there is no evidence to demonstrate this (Barber and Delfabbro 2004; Barber and Gilbertson 2001). Further, children in kinship care have been
reported to remain in out-of-home care for longer and to reunify with biological parents at a slower rate than children in non-relative foster care (Cuddeback 2004; Harden et al. 2004; O'Brien 2001; Shore et al. 2002). Some authors have theorised that these findings reflect the lack of case planning, monitoring and intervention provided to kinship placements to facilitate reunification with birth parents (Broad 2001). Appropriate planning, monitoring and support of kinship placements would better ensure that children who remain in kinship placements do so because it is in their best interests. Without these, kinship placement drift may occur as a consequence of no case plan or interventions being provided to either reunify the children or formalise a permanency plan for children to remain in kinship care. It is not clear how transferable the issue of placement stability is to non-Anglo cultures in which parenting styles incorporate extended stays with relatives (see Brown 2002).

**Placement environment**

Kin placements are often complex and – although they receive less support – they may actually require more support than non-relative carers (Waterhouse 2001). Kinship carers are most likely to be single, female and to be the child’s grandparent (aunts were the second most frequent kinship care providers) (Cuddeback 2004; Ehrle and Geen 2002; Harden et al. 2004; Le Prohn 1994). Kinship carers have been reported as poorer (with lower incomes and higher rates of public aid, unemployment and food insecurity), older, experiencing more physical and mental health problems, and having less formal education and fewer social resources than non-relative foster carers (Cuddeback 2004; Ehrle and Geen 2002; Harden et al. 2004; Le Prohn 1994). These findings, coupled with lower carer subsidies and fewer support services for kinship carers, raise concerns about the impact of placing children in a situation of poverty and disadvantage.

Children are placed in out-of-home care by the state to ensure their protection. The state has a responsibility to provide for children following removal, regardless of whether children are placed with kin or non-relative foster carers (Broad 2001; Ehrle and Geen 2002). Given that these carers are given less emotional, practical and financial support than non-relative carers, some authors have questioned whether kinship care is an exploitation of the disadvantaged (Broad 2001). Kinship care, particularly if it comes at an economic cost to the family, may also place strain on carers. Such strains can also impact on carers’ relationships, as well as on their birth children (Greef 2001).

**Messages from research**

**Increasing numbers of children in kinship care**

Kith and kin are increasingly being asked to provide care for children unable to remain in the care of their parents (Broad 2001; Cuddeback 2004). Kinship care is the fastest growing type of out-of-home care for children (Harden et al. 2004). In the US, between 25 to 30 per cent of all children in formal out-of-home care placements are believed to be in kinship care, and in some US states more than half of all placements are with kin (Dubowitz et al. 1994; Harden et al. 2004; Shore et al. 2002). African-American and Native-American children are more likely than any other ethnic or cultural group in the US to be placed in kinship care (Brown et al. 2002; Le Prohn 1994; Shore et al. 2002). Similarly, in the UK, approximately one quarter of out-of-
home care placements are kinship placements (Waterhouse 2001) and black and ethnic minority children are more likely to be placed in kinship care than other children (Wheal 2001).

Several reasons have been posited for the increased use of kinship care as a formal placement option, these include:

- increased numbers of children in care (Brown et al. 2002; Dubowitz et al. 1994; Harden et al. 2004; Leos-Urbel et al. 2002; Mason et al. 2002; O'Brien 2001);
- decreased numbers of non-relative foster care placements (Broad 2001; Brown et al. 2002; Dubowitz et al. 1994; Leos-Urbel et al. 2002; O'Brien 2001);
- legislative requirements, such as an explicit preference for kinship care above all other forms of out-of-home care and the requirement for least-intrusive intervention and least restrictive setting for out-of-home placements (Dubowitz et al. 1994; Hunt 2001); Mason, 2002 #110];
- court decisions recognising the rights of relatives to act as foster parents (Leos-Urbel et al. 2002);
- concern for culturally-appropriate placements for children (Brown et al. 2002; Mason et al. 2002); and
- changes in social attitudes, such as, more positive attitudes towards use of kin as foster parents (Leos-Urbel et al. 2002; O'Brien 2001), the aim of preserving family ties (Dubowitz et al. 1994; O'Brien 2001), families’ preference for kinship care (Broad 2001) and perceptions that public care is in crisis (Broad 2001).

The combination of increasing numbers of children entering care and a decrease in the number of non-related foster care placements puts strain on the number of formal non-related out-of-home carers. In such a context, the increased use of kinship care may be an attractive option.

Aboriginal and Torres Strait Islander context

Consistent with other western nations, kinship care is the fastest growing form of out-of-home care in Australia. Approximately one quarter of children in out-of-home care are placed with kin, and in New South Wales, more than 50 per cent of children in out-of-home care are in kinship care (Mason et al. 2002). In Australia, Indigenous children are proportionally more likely to be placed in kinship care than any other cultural group (AIHW 2005). In 2005, 76 per cent of Indigenous in out-of-care were in kinship care compared with 40 per cent of non-Indigenous children. Research is lacking on the experience of Indigenous kinship carers or the young people in their care.

Key message

Australian research suggests kinship care is the fastest growing form of out-of-home care. The over-representation of Indigenous children in out-of-home care, the shortage on Indigenous foster carers, the Aboriginal Child Placement Principle, and concerns for culturally appropriate practices are likely to have contributed to the increased use of kinship carers for Indigenous children.
Recruitment

The two most frequently cited reasons for the increased number of children in kinship care is the increased number of children in out-of-home care coupled with the decreased number of non-relative foster carers. Some authors have argued that the willingness of kinship carers to care for relative children has been attributed with averting a large-scale crisis in out-of-home care (Leos-Urbel et al. 2002). From a policy and service-provision perspective, one of the key strengths of kinship care is the ease of recruiting kinship carers compared to foster carers. The relative ease of recruitment of kinship carers compared with foster carers does not negate the need to examine the unique factors involved in the recruitment and assessment of kinship carers.

Kinship carers are not formally “recruited”. They may come forward to offer to take on relative children when it becomes clear that they can no longer remain in the care of their parents, or agree to care for relative children after being approached by a statutory authority. Kinship carers may be motivated to care for children as a consequence of the commitment they feel towards the child, an obligation they feel towards the parent, feelings of familial duty or guilt, or because of broader socio-cultural expectations. Cases in which kinship carers are motivated to care by their commitment to the child are more likely to result in a placement in which the focus is the needs of the child (Greef 2001). In the UK, kinship carers have reported feeling pressured to take on the care of children (Broad 2001). There was some suggestion in the study by Mason and colleagues (2002) that kinship carers in Australia may also feel pressured to take on the care of relative children. Greef (2001) cautioned social services against using relatives’ feelings of duty or guilt to pressure them into taking on the care of a relative child as these placements were unlikely to be child focussed and were more likely to breakdown.

An important factor in relation to the recruitment of kinship carers compared to non-relative foster carers is the timing at which recruitment occurs. Non-relative carers are recruited, assessed and trained in advance of a child being place in their care. Kinship carers are generally “recruited” to immediately begin caring for relative children who have already been formally removed from, or are no longer in the care of, their parents and need immediate placement. This can include circumstances such as:

- family or friends may have taken the children into their care and then involved the authorities to formalise this arrangement;
- family or friends may have had children placed in their care as a short-term crisis care option; or
- family or friends may have been recruited as kinship carers after the children have been removed from the parents.

The timing of the “recruitment” of kinship carers relative to foster carers has implications for the assessment and training of kinship carers and highlights the need for policies and procedures specifically for kinship placements.
Aboriginal and Torres Strait Islander context

There is no Australian research on recruitment of kinship carers in Indigenous communities. Australian Indigenous people have a cultural tradition of extended kinship networks and close links with family and in investment in maintaining cultural connections for their children (Atkinson and Swain 1999). The Aboriginal Child Placement Principle acknowledges these traditions and the need for more culturally appropriate practices by requiring that child welfare agencies attempt to recruit kinship carers as the first option for Indigenous children removed from their families (Lock 1997).

Key message

There is little Australian research on the recruitment of kinship carers and no research on the recruitment of Indigenous kinship carers. Kinship carers are recruited to immediately begin caring for specific children with whom they have a pre-existing relationship. This is different from foster carers who are recruited, assessed and trained in advance of having a child previously unknown to them placed in their care. These differences in timing for recruitment create a need for kinship-specific assessment procedures.

Retention

Kinship carers do not usually become a non-relative foster carer; therefore retention for kinship carers refers to retaining the care of the child until they are able to live independently, rather than retaining the carers in the system. Researchers presume that kinship carers have a different set of motivations for caring than non-relative foster carers (Greef 2001). Kinship carers’ pre-existing relationship with the children and personal investment in their wellbeing means they are less likely to terminate the placement. Many carers cited the desire to keep the child out of the formal out-of-home care system among their motivations for caring (Brown et al. 2002; Greef 2001). Kinship carers reported feeling that they should have a major role in all aspects of a child’s life, “including those roles that a social work staff member traditionally may have fulfilled” (Le Prohn 1994, p. 77). In a US study, of those children not expected to be reunified with their parents, almost all kinship carers (93 per cent) reported an intention to continue caring for the child until the child reached adulthood (Berrick, Barth and Needell 1994). In a UK study by (Hunt 2001), kinship placement breakdowns were attributed to insufficient assessment (for example, failure to take into account high levels of family conflict with birth parents) and inadequate agency support prior to placement breakdown (for example, in dealing with special needs of children).

Assessment, training and support are intertwined with the issue of recruitment and will be discussed in further detail.

Aboriginal and Torres Strait Islander context

There is a paucity of Australian research on retention of kinship cares and factors influencing placement breakdown. Consistent with international research, Australian kinship carers included keeping relative children out of the formal out-of-home care system among their motivations for caring (Mason et al. 2002), indicative of kinship
carers having an investment in the wellbeing of relative children that may increase their commitment to the continued care of the child.

**Key message**

There is a need for Australian research to investigate the retention of Indigenous kinship carers. Kinship carers may have a greater investment in placement stability than non-relative foster carers, however kinship placements still require adequate assessment and on-going support to ensure successful placement.

**Assessment**

Kinship placements are not treated in the same way as non-relative foster care, in terms of assessment, training, and monitoring. Kinship carers receive minimal screening and little on-going monitoring (Cuddeback 2004; Dubowitz et al. 1994; Shore et al. 2002). Waterhouse (2001) recommended that this be addressed, as kin carers can require just as much, if not more, resources as non-relative carers. Cuddeback (2004) identified research into the assessment of kinship carers as a research gap, arguing that this was concerning as kinship carers were often not required to meet the same standards as non-relative foster carers.

There are specific challenges to the assessment of kin. Questioning a relative’s ability to care for children to whom they are related is a sensitive area. In the event of an accident or parent death, relatives could take over care of a child without any state involvement. Thus family members may not expect – and may become resentful of – being subject to an assessment when statutory services become involved due to parental mistreatment (Waterhouse 2001). Given the benefits of familial, cultural and community ties associated with kinship care, the challenge to assessments is to determine how competent a person had to be to care for a relative and whether “good enough” care is sufficient (Waterhouse 2001). Greef (2001) advocated examining the family history and ecosystem to understand how the parent had come to the current situation as part of the assessment of kinship carers. Greef argued further that it was vital for carers to acknowledge the abuse, but cautioned against confusing shock and disbelief (experienced by carers previously unaware of abuse) with denial.

In many jurisdictions globally, a model of care often exists where kinship carers have to prove their ability through assessment to take on the child. Waterhouse (2001) argued that the “emphasis should move from “approving” to “enabling” relatives to care for children” (p. 45). Waterhouse observed that authorities in the UK have been reluctant to place children in care of relatives with criminal convictions (for example, handling stolen goods, fraud), and where they have medical or age profiles of concern. But Waterhouse (2001) argued that “it is precisely these placements that need the support of the local authority with access to training and financing … Contingency plans can be drawn up to deal with concerns about age or ill health” (p. 45).

In a study of children in kinship care in Ireland, O’Brien (2001) reported that assessments were supposed to be completed within a regulated 12-week time period, but were generally not being completed for between seven and 12 months. During the assessment period, children were placed with the relative being assessed. Carers were unable to obtain the full fostering allowance until the assessment was complete.
O’Brien (2001) reported that the assessment process used for kinship carers was a replica of that used for non-relative foster carers and was problematic for both social workers and carers. The non-relative foster care assessment model is designed to prepare foster carers to parent a “hypothetical child at an imagined future date” and failed to take into account that the placement had already been made and that relationships already exist between carers, children and birth parents. Birth parents were excluded during the assessment process, initiating a process that could lead to alienation of birth parents and potentially lead to conflict and placement instability (O’Brien 2001).

In a US national study, Leos-Urbel and colleagues (2002) investigated state and federal policies in relation to the assessment and financial support of kinship carers. In 10 states kin were required to undertake the same assessment and meet the same standards as non-relative foster carers. Thirty-one states had kin-specific assessment standards, and seven states had waived one or more of the non-relative assessment standards for kin (for example, space requirements). Federal laws required that carers had to meet the standard assessment in order to qualify for the full foster carer subsidy. A state-funded carer subsidy was provided in only 25 of the 41 states that conducted kin-specific assessments or waived standard assessment requirements, thereby disqualifying kinship carers from obtaining federal subsidies. The states in which some standard assessment requirements are waived (rather than a kin-specific assessment being conducted), also fail to assess the specific strengths or needs of kinship carers (for example, the potential benefits of a kinship placement). US federal law in relation to carer payments may discourage kin-specific assessments as kinship carers are only able to access federal foster carer subsidy if they meet the standard assessment requirements.

Family group conferencing (or family decision making) has been recommended as part of the assessment process in kinship care. Family group conferencing is a means of accessing family resources, identifying areas of need, and fostering shared responsibility for the child. The family themselves can devise a written plan that can be made available to court and permanency panels (Greef 2001; Waterhouse 2001, p. 45). In this review, there were no evaluations identified of family group conferencing as a means of assessing the appropriateness, strengths and needs of kinship carers. However, family group conferencing has been evaluated and found to be effective in Australian samples for case planning (Kiely 2005).

Aboriginal and Torres Strait Islander context

There is a lack of research into assessment of Indigenous kinship carers. Past practices of child removal have contributed to Indigenous people being fearful of state authorities, particularly those with the power to remove children (McHugh 2003). Cultural considerations must be taken into account in the assessment of kinship carers. If culturally appropriate steps are not taken in the assessment process there is a risk that Indigenous families will not step forward as kinship carers. Family group conferencing may be a culturally appropriate means of assessing family strengths and needs prior to kinship placements.
**Key message**

There is a need for Australian research to investigate culturally appropriate models of assessment for Indigenous kinship carers. Child welfare agencies placing children in out-of-home care must consider the child’s best interest and have policies that support the needs of child (Wheal 2001). Kinship carers differ from non-relative foster carers in the means and timing of their recruitment and their motivation to care for children. Specific models of assessment need to be designed for kinship carers to account for these differences. Minimum standards of care for children should not be compromised, however the benefits of maintaining family, cultural and community ties and the pre-existing relationships between carers and children, and children’s preference for kinship care should be taken into account during the assessment process. Family group conferencing may be useful in the assessment of family strengths and needs.

**Support**

**Service provision**

Child welfare professionals apply different standards to kinship compared to non-kinship family homes (Cuddeback 2004). Inconsistency in relation to the legal status of kinship placements and differential treatment is also evident in the supports made available to kinship carers. “There is strong evidence that kinship foster families receive less training, fewer services and less support than non-kinship foster families and these findings are robust in regard to variability and limitations in research methodology” (Cuddeback 2004, p. 629). Lack of support has been noted widely in the research literature regarding kinship care (Berrick et al. 1994; Cuddeback 2004; Dubowitz et al. 1994; Jenkins 2001; O’Brien 2001; Shore et al. 2002; Waterhouse 2001; Wheal 2001). In a study by Berrick and colleagues (1994) more foster parents than kinship parents reported receiving respite care, training or specialised training, or participating in support groups.

It is unclear whether kinship foster families receive less training, support and services because the families do not request, do not need or refuse such services, or because it is not offered (Cuddeback 2004). However, in one study over half of all carers suggested that family counselling, children’s counselling or counselling with the birth family would be helpful (Berrick et al. 1994). These data suggest the kinship parents would welcome additional support and believe that they, or the children in their care, need additional services. Kinship carers have been reported as being reluctant to ask for additional support for fear that child welfare workers will believe that they are not coping and terminate the kinship placement (Broad 2001). Some child welfare workers have been reported as believing that kinship foster families do not need the same level of services as non-kinship foster families (Cuddeback 2004). These findings lend credence to the possibility that kinship carers and children in kinship care receive less services than non-relative foster families because these services are not offered. Kinship and foster carers suggested that more counselling for children respite care and child care were needed (Berrick et al. 1994). Wheal (2001) argued that adequate support of kinship carers may save money in the long term, because if children are well cared for, presumably they will have better long-term outcomes.
Training

Consistent with findings in relation to the assessment of kinship carers, training for kin carers is set at lower level than training standards prescribed for non-relatives carers (Cuddeback 2004; Waterhouse 2001). In a study by Berrick and colleagues (1994), more foster parents than kinship parents were reported as receiving training or specialised training almost the entire sample of kinship carers had not received any training. However, both kinship and foster carers were reported as suggesting there was a need for more training.

Financial support

When kinship carers were asked what would be most helpful to them in providing care for children, higher foster care payments were most frequently suggested (Berrick et al. 1994). Kinship carers were consistently reported as receiving less money for foster carer payments than non-relative foster carers (Berrick et al. 1994; Ehrle and Geen 2002; Harden et al. 2004; Jenkins 2001; Leos-Urbel et al. 2002). Kinship carers have also been reported as being ineligible for other benefits, such as legal aid or payments for children with special needs (Berrick et al. 1994; Jenkins 2001). Many kinship carers were receiving no carer payment at all (Berrick et al. 1994; Ehrle and Geen 2002). Wheal (2001) has cautioned against choosing kinship care because it is the cheapest option, arguing that the decision must be made with the best interests of child as the paramount concern.

Monitoring

Kinship placements are less effectively monitored than non-relative foster care placements (Dubowitz et al. 1994; Iglehart 2004; Jenkins 2001; Shore et al. 2002; Waterhouse 2001) and may be below the minimum standards of supervision set out in regulations. Lack of monitoring has been attributed to workers’ perception that kinship carers do not require as much attention as non-relative foster carers and a system that may have been too overloaded to provide effective monitoring (Iglehart 1994). Differences in levels of monitoring have also been attributed to kinship carers resenting agency intrusion (Iglehart 1994; Jenkins 2001). Limited or no monitoring provides kinship carers with the advantages associated with holding parental responsibility: they are free to live normal family lives and do not need permission for the child to participate in activities such as sleepovers. From the child’s perspective they no longer have a corporate parent (that is, the government no longer legally has parental responsibility for the child). Desire for freedom from state interference may prompt kinship carers to seek the additional security provided by an adoption, for example, the inability to appoint a person to be the child’s guardian in the case of the kinship carer’s death is a concern for older carers, such as grandparents (Jenkins 2001).

Monitoring is designed to ensure the safety and wellbeing of the child. There may also be incentives for carers in having state monitoring of the placement. Like assessment, monitoring appears to be linked to the formal and legal status of the placement – and to therefore be linked with the provision of financial subsidies and other supports. In a study conducted in the UK, Hunt (2001) found no evidence of carers being averse to orders, many saw them as desirable due to the increased financial benefits accompanying an order. Jenkins (2001) also observed that there
were financial disincentives to the withdrawal of statutory services, in addition, statutory services were seen as a buffer between carers and parents who retain some parental rights.

*Informal kinship placements*

In this review, the focus has been upon the provision of support (financial and services) for children to children in formal (court ordered) kinship care placements facilitated by the child welfare system, their carers and their carers’ families. Informal kinship carer placements may come about as a consequence of a private arrangement between the parent and carer or as a result of a residency application being pursued by the family through the family law court. Informal kinship care placements may also be facilitated by child welfare departments (Broad 2001; Brown et al. 2002). However, informal kinship placements do not receive carer payments or support services (Leos-Urbel et al. 2002; Wheal 2001). Concerns have been raised that if informal kinship placements do not receive support, children in these placements will be at risk of entering the state operated out-of-home care system (Wheal 2001).

*Aboriginal and Torres Strait Islander context*

In Australia, kinship carers are provided with lower levels of support in terms of services and monitoring than non-relative foster carers (Mason et al. 2002; McHugh 2003). Kinship carers receive lower subsidies and some kinship carers receive no payment (Mason et al. 2002; McHugh 2003). This is particularly concerning for the Australian Indigenous community who experience disproportionate levels of disadvantage compared with the wider community (Australasia Economics 2004; McHugh 2003). McHugh (2003) has argued that families must have the economic resources to meet the basic development, health, education, social, cultural and housing needs of children in their care. If families are not provided with these resources, McHugh (2003) has argued that the state is complicit in the neglect of children already removed from their parents due to abuse and neglect.

*Key message*

There is a paucity of Australian research investigating the support needs of Indigenous kinship carers. The state has a duty of care to children removed from the care of their parents and placed in out-of-home care, regardless of whether children are placed in non-relative foster care or kinship care (Iglehart 2004; McHugh 2003). Kinship placements should be eligible for the same supports as non-relative foster care placements. At present, in some jurisdictions it is generally the case that kinship placements either not eligible for, are not offered, or do not receive the same level of services, training, monitoring or financial resources as non-relative foster care placements (Mason et al. 2002).
Section 5.
Children and young people in care

Considering that foster care is one of the most frequently used care options, it is of concern that little is known about it from the perspective of the children and young people it serves. In recognition of this, there has been a real shift in the focus of research projects to include the views, opinions and experiences of children and young people in care – especially in relation to them informing practice and service delivery. In this section, research on children’s wellbeing and the views of young people in care are reviewed, with a focus on the applicability of the findings for Aboriginal and Torres Strait Islander young people in care.

Children’s wellbeing

Australian research has shown that children and young people in care are experiencing relatively negative outcomes when compared to other children not in care (Barber and Delfabbro 2002; Delfabbro, Barber and Cooper 2002b; O’Neill and Abiser 1998; O’Neill and Abiser 1999).

Family contact

Family contact has been a contentious issue in child welfare policy and practice for many reasons. Delfabbro, Barber and Cooper (2002b) claimed that a variety of reasons have been proposed to justify the importance of contact with the biological family and identify the three arguments that tend to predominate in the literature:

“The first is that parental visiting helps to maintain long-term attachments between children and their families. The second is that family visiting increases the likelihood of children being reunified with their families. The third is that parental visiting enhances the psychosocial wellbeing of children in care” (p. 20).

Within the identified research literature concerning Australian out-of-home care, three publications were identified in relation to family contact and reunification with Aboriginal and non-Aboriginal children in out-of-home care, all arising from data from the first phase of the South Australian Longitudinal Study.

Delfabbro, Barber and Cooper (2002c) examined the association between the role of parental contact and the wellbeing and placement status of children in South Australian substitute care. This publication presented some of the first detailed Australian data on family contact. The authors begun with the hypotheses that parental contact enhances child adjustment, and therefore sought to identify if: increases in family contact are associated with increases in child wellbeing and better family relationships; and if the quality of these family relationships is sufficient to enhance reunification, child development and adjustment. Using data from the South Australian Longitudinal Study with a sample of 235 South Australian foster children entering care over a 12-month period (May 1998-April 1999), the authors found that at least one form of regular parental contact (for example, telephone/indirect contact) was positively associated with family reunification and negatively associated with the amount of time a child remains in care. These findings support previous research. The
research also highlighted that family contact was less likely for children from rural areas, of Aboriginal background, and who scored higher on a measure of hyperactivity. Although caseworkers regarded family contact positively, approximately 15 to 20 per cent believed that it was not beneficial, and had a negative impact on the parent/child relationship. Delfabbro and colleagues (2002c) argued that the relationship between variations in family contact and other outcomes is not straightforward, with results indicating that the relationship between the level of family contact and reunification appears correlational rather than causative. Children who are in frequent contact with their parents are more likely to go home. However, it is very likely that both contact and reunification owe their connection to other factors. These factors may include children being better adjusted, children who had a good relationship with their parents tended to remain in contact, and these children were more likely to go home. Limitations identified by the authors suggest that the family contact measures used in this research may not have been sufficiently refined to assess the complexity of family contact arrangements, and the study period may not have been a sufficient length of time to observe systematic changes in family relationships (Delfabbro et al. 2002c).

In another study, Barber and colleagues (Barber, Delfabbro and Cooper 2000) aimed to examine the difference between Aboriginal and non-Aboriginal children in care. This study also formed part of the first phase of the South Australian Longitudinal Study. The sample comprised of 38 Aboriginal and 198 non-Aboriginal children in out-of-home care. Significant racial and geographical differences were found between the children. Findings indicated that Aboriginal children from Adelaide metropolitan areas and non-Aboriginal children from rural areas experienced the longest periods of time in alternative care. Aboriginal children from the metropolitan areas were the least likely to be referred into care for reasons of emotional abuse or neglect. The authors suggest that this may have been due to the fact that many of these Aboriginal children were already in care at the time of the referral. The results of the study suggest that metropolitan Aboriginal children and rural non-Aboriginal children are the most reliant on the formal alternative care system. The authors offer several plausible explanations for this, which relate to the prevalence of the rural location of Aboriginal families in Australia, and also suggested that the research design and sampling bias may have impacted on the findings. Based on the findings, Barber and colleagues (2000) recommended a greater focus on family reunification for these particular groups of children, however there is need to approach findings with caution given differences in group sizes and the small sample size of the children.

Placement stability

Many researchers have commented on the increasing number of children entering care with complex emotional and behavioural problems. Several studies conducted by Barber and Delfabbro (2004) and described in their book titled “Children in Foster Care”, demonstrate the extent of these problems in the South Australian alternative care system. However, one of the main problems associated with emotional and behavioural problems of children in care is foster care “drift” or placement instability. Many studies have identified the concerning trend of placement instability in foster care systems around the world (see Barber and Delfabbro 2004).
Delfabbro and Barber (2003) noted that deterioration in psychological functioning associated with placement instability (such as anxiety, depression and antisocial behaviour) appeared to emerge approximately 12 months after the breakdowns. However, we do not have research to show the impact of placement instability on Aboriginal and Torres Strait Islander children and young people.

Delfabbro and colleagues (2000) identified the three most important predictors of disruption: gender, location and placement history. They found that disruption was over four times more likely for boys, 3.35 times greater for children in the country and 3.38 times greater for children with a history of multiple (six or more) placement changes. The authors concluded that foster care appears to be more suitable for younger and better-functioning (for example, level of conduct disorder, and mental health status) children and they recommend that a wider range of placement options be developed for the adolescent population. The issue of Indigenous status was not addressed, but as Aboriginal and Torres Strait Islander children are disproportionately represented in rural and remote areas, they may be at higher risk of placement instability.

Barber and Delfabbro (2004) discussed the practice and policy implications of their research findings in relation to placement instability (defined as two or more breakdowns in the previous two years). It appears that placement instability for a period of up to one year does not necessarily result in psychosocial harm to children and young people; instead it appears that it is only when disruption extends beyond that time that children and young people are placed at a greater risk of experiencing harm to their psychosocial functioning and development. The results imply that social workers should be allowed to move children when there is both a need and an opportunity to do so and that damage is done only when changing placements becomes a strategy for managing a child’s unsuitability for conventional foster care. This recommendation is in contrast to previous assumptions made about any form of placement instability being harmful to children. Barber and Delfabbro (2004) comment that this result appears to question a fundamental tenet of the permanency planning philosophy - namely the assumption that multiple placements are inherently damaging and that a stable placement must be secured as soon as possible. Nevertheless the authors caution, that placement changes should only occur when absolutely necessary and that the decision to do so should always accompany proper consultation with all parties involved, particularly the child.

**Sibling placement**

There was no Australian out-of-home care research identified that specifically concerned the issue of sibling placement. Ainsworth and Maluccio (2002) indicated that placement of siblings together is encouraged at both the practice and legislation level in the UK and the US, whereas it has not yet been thoroughly addressed in Australian state and territory legislation. There is a lack of data in Australian state and territory childcare and protection agency reports regarding information about whether a child has a sibling in care and whether they are placed together or separately. This may have contributed to limited attention given to the importance of sibling placement.
Overall, international researchers advocate for keeping siblings together with evidence to suggest separation is potentially harmful, and findings indicating that placement together has a number of benefits: it confirms child’s membership to family; maintains sibling ties; is important for family connectedness and wellbeing; promotes social skills; and can provide a source of emotional and social support. The international research also identifies circumstances where siblings should be placed separately, for example where sibling incest, violence and/or emotional abuse is present (Ainsworth and Maluccio 2002).

Difficulties may arise in considering who is a sibling, with de facto relationships and remarriage resulting in blended families, and many children having differing surnames. Another identified difficulty for welfare agencies arises with the practical problem of placing large sibling groups of three or more. Ainsworth and Maluccio (2002) indicated that it is time to rethink Australian out-of-home care for sibling groups and provide a new service structure to accommodate sibling placements. The larger families, and the different cultural understanding of what comprises family in Aboriginal and Torres Strait Islander communities (for example, importance of cousins) highlight the complex nature of this issue when considering placing Aboriginal and Torres Strait Islander sibling groups. Currently, research does not exist to show the effect of placing siblings or extended family members together.

**Participation of children and young people**

According to Delfabbro, Barber and Bentham (2002a), ensuring that decisions are made in line with children’s wishes results in children being more cooperative in placement and obtaining more preferable placement options. However, more importantly, children are more likely to benefit psychologically if their views are taken into account. For example, their self-esteem is likely to be enhanced as they are given more control over their own lives.

Despite recognition of the importance of including the views of children and young people in care, Delfabbro and colleagues (2002a) assert that few systematic attempts have been made to obtain information regarding children’s satisfaction with care. The authors claim that there are several reasons for failing to include children’s wishes in placement decisions. These include difficulties in gaining access to information and complexities in interviewing children with special needs. It was also highlighted that children may be less likely to express their true feelings about their foster homes, especially if they feel that it is likely to negatively impact on them or their placement.

Recently, the Western Australian department commissioned the CREATE Foundation (2005) to undertake qualitative interview process in partnership with Indigenous staff in the Department with a random selection of 13 of the 50 Indigenous children and young people in care included in the audit of case files of Indigenous children in the care of the Department (see WA Department of Community Development 2004). The aim of the report was to provide a forum for Indigenous children and young people to comment on their understanding of the care process, their care experiences and their connections to their families and culture. The report extensively documented participant’s responses providing aggregate data and illustrative quotes for each item. However there appeared to be limited synthesis of data; the complete discussion in relation to themes emerging from the data read: “common themes around access to
information; placement with kin; sibling placements; regular contact with birth parents and relatives; and cultural needs were apparent” (p. 26).

It was not always clear how the results from the children’s interviews informed the recommendations that arose from the research, for example, recommendations one and 18 which related to policy issues (that is, the Aboriginal Child Placement Principle and financial support for kinship carers) were not reported in children’s responses. Nevertheless, the report did offer some important recommendations in relation to the importance of caseworkers, carers and residential workers recognising the value of children and young people’s views. Notably it was highlighted that caseworkers, carers and residential workers receive training in engaging Indigenous children and young people, in order to better understand and respond to their particular requirements.

As a limitation of the report, it was stated that some DCD metropolitan officers’ resistance to allowing the project group to speak with the children and young people negatively affected the project. This finding echoes similar problems encountered by researchers trying to access children and young people in South Australia. The problems encountered by the researchers are concerning as it goes against a key tenet of the United Nations Convention on the Rights of the Child that states that children’s views should be taken into account in any decision that is likely to affect their wellbeing or position in life.

Children’s services

Children in care are experiencing increasing numbers of behavioural and emotional problems (Barber and Delfabbro 2000; 2003). Research findings are indicative of a need for the development of alternative placement options for challenging children and adolescents in care (Barber and Delfabbro 2003). When asked about the adequacy of support received and their support needs, carers report that the timely provision of appropriate services for children was a crucial means of supporting carers (Mason et al. 2002; McHugh et al. 2004). For example, the provision of remedial services for children with conduct disorders, caseworkers developing relationships with children and providing meaningful “case work” to facilitate the best outcomes for the child.

Wellbeing of Aboriginal and Torres Strait Islander Children

Research from the South Australian Longitudinal Study (summarised in the previous section of this report) that aimed to obtain detailed information concerning the placement movements and psychosocial outcomes of children in foster care included 40 Aboriginal children in the sample (17 per cent of the sample) (Barber and Delfabbro 2004). It was found that at the first phase of the 3-year longitudinal study (that is, baseline), there were no differences between Aboriginal and non-Aboriginal children in the length of time in care, of the extent of parental visiting or proximity to birth families (Barber et al. 2000). However Aboriginal children from metropolitan areas and non-Aboriginal children from rural areas had longer histories of alternative care and were most likely to be under a court order at the time of placement. Aboriginal children in metropolitan areas were least likely to be referred into care for reasons of maltreatment and had poorer physical health. Analyses at later time points indicated that Aboriginal children were less likely than non-Aboriginal children to have contact with their families, particularly in the first few months after being placed
into care (Delfabbro et al. 2002c), and to be reunified with family (Delfabbro, Barber and Cooper 2003). There was no examination of the relationship between family contact and child psychosocial adjustment, and predictors of family reunification including family contact specifically for Aboriginal children – likely due to the low numbers of Aboriginal children in the sample. In addition, Aboriginal children were not compared to non-Aboriginal children on placement stability and psychosocial outcomes.

McMahon and Reck (2003) drew attention to the need to develop indicators of wellbeing for Aboriginal and Torres Strait Islander children in care. The context of the authors’ argument was that the evaluation used indicators that measure children’s administrative status (for example, reasons for coming into care, time in care, racial and ethnic identity), compliance with Aboriginal and Torres Strait Islander, continuity of caseworkers, location of placement etc.). Indicators that reflect a child’s wellbeing and how they are functioning were not considered. A search of literature carried out by McMahon and Reck (2003) of indicators used to assess children’s wellbeing suggested that the main emphasis was on indicators of health, educational progress and social development. The authors argued that these ignored those that prominent Aboriginal and Torres Strait Islander commentators contend are important to Aboriginal and Torres Strait Islander people when addressing their children’s wellbeing.

Specifically, the wellbeing of Aboriginal and Torres Strait Islander children should include cultural and spiritual dimensions as well as physical, emotional and social status. These should be considered in holistic terms in relation to the wellbeing of the Aboriginal and Torres Strait Islander child’s community. Furthermore, McMahon and Reck also noted a view expressed by some Indigenous commentators that a lack of an economic base underlies social disintegration within Aboriginal and Torres Strait Islander communities; as such it is also important to consider housing, employment and other economic indicators of the Aboriginal and Torres Strait Islander child’s community when assessing their wellbeing. The authors identified the need for further research into the development of general wellbeing indicators for children in foster care. There also needs to be further research to identify wellbeing indicators that address specific Aboriginal and Torres Strait Islander concerns for children in care.

The Victorian Department of Human Services (1998) conducted an internal review of out-of-home care services for Aboriginal children and young people in Victoria. The review attempted to address the key issue of whether the service system provided for the needs of Aboriginal children and families who were in the system. The primary data for the review were collected during a series of community consultations with six Aboriginal agencies involved in the provision of out-of-home care services to Aboriginal children. Case-related statistical data on Aboriginal children and young people placed by Aboriginal agencies were collected from the six agencies (Aboriginal children in the care of non-Aboriginal families were excluded). These data were primarily administrative and no measurement of children’s wellbeing was considered. There were also focus groups held with Aboriginal carers. The number of carers attending the groups was not specified, nor was there documentation of the interviews questions or schedule. Case-related statistical data suggested that placement services for Aboriginal children were provided with insufficient or no care planning, and children and young people were remaining in out-of-home care for
inordinate lengths of time, with no clear vision for permanency.

Several themes emerged from the community consultations and caregiver focus groups:

- Agencies were not fully informing caregivers regarding the processes and legalities of placements.
- Caregivers voiced concerns about the lack of information on children’s medical and behavioural issues.
- A common issue identified by all carers was the need for more home support, financial advice and respite support.
- Carers believed that they did not need parental skills training, however there were “constant requests” in focus groups for training in managing children and young people with special needs.
- Aboriginal agency staff and carers reported they often found it very difficult to work with government workers including Child Protection staff and other departments. A preference was expressed for the use of Aboriginal community organisations.

Consultation with the Aboriginal out-of-home care agencies also suggested that there was insufficient time and resources to provide services. There was limited use of formal recruitment strategies and training of carers. Some agencies also reported that they did not have case management mechanisms or use structured case plans. It was concluded that the funding arrangements for Aboriginal agencies providing out-of-care services were inadequate.

The New South Wales Community Services Commission (2001) carried out case reviews of 15 Aboriginal and Torres Strait Islander children in care. A number of issues were considered including family contact, educational, health, social and recreational issues. Aspects of case management were also considered including case planning and review, support to the child or young person and support to the carer. It was observed that although the majority of the children and young people were benefiting from their care experiences, too often this was related to “good luck” rather than effective casework intervention. Several themes were identified in the context of the care and circumstances of the 15 children and young people:

- There appeared to an “encouraging” degree of compliance with Aboriginal and Torres Strait Islander Child Placement Principle, however there were several problems in its application. These included inadequate assessment prior to placement with extended family; placement with extended family often necessitating moving the child from their locality and limited placements options for children with complex needs. There was a requirement for a greater focus on the recruitment, training and support Aboriginal and Torres Strait Islander carers and the development and implementation of a policy and practice framework to support the placement principle;
- For many of the children and young people, contact with family occurred in an ad-hoc, unplanned and uncoordinated way, or not at all;
- Strategies to ensure that family identity and relationships were maintained, were not identified in case planning;
None of the 15 children and young people had a case plan that addressed cultural issues or documented strategies to promote cultural identity.

It was concluded that the Aboriginal agencies (AICCA) providing out-of-home care services were hampered by outdated and inadequate policy and practices and a lack of resources. The absence of a policy and practice framework in relation to the placement principle resulted in problems in the application by Aboriginal agencies (that is, AICCAAs) and the Department.

The West Australian Department for Community Development (2004) completed an internal case review audit for 50 Indigenous wards in the care of the Department. The project focused on reviewing issues pertaining to case practice, particularly practices in the engagement of Indigenous children in care, the inclusion of Indigenous family in decision making, and consultation with Aboriginal departmental staff. The project aimed to explore cultural appropriateness to develop ways of working with Indigenous clients, their families and communities. Each case was individually reviewed and a comprehensive report prepared per file. In this process the review team consulted with departmental caseworkers including those from the specialist Aboriginal services unit to gain further understanding of the issues pertaining to Indigenous children and young people in care. It was found that overall there was a sound understanding of the need to include and consult with relevant departmental and non-departmental Aboriginal staff regarding case practice, as well as recognition of the need to integrate culturally appropriate support services into the case plan. Despite this, in some cases minimal attempts were made to include culturally appropriate responses into family management. This response coincided with minimal involvement of relevant Aboriginal staff, however where Aboriginal staff were involved, culturally appropriate services and responses were included in case plans. In many cases, minimal attention was given to the development and maintenance of a child’s cultural identity. It was noted that there was difficulty in facilitating contact with the child’s birth family, often due to venues where contact is facilitated being threatening to Aboriginal families. Recommendations included serious consideration be given to the creation of a “cultural” plan for Indigenous wards in care to explore ways in which children can remain connected to families of origin and culture. Other recommendations included the need to develop cultural awareness training for non-Indigenous carers; exploration of culturally-appropriate venues that allow Aboriginal families to have contact with their children in a comfortable space; and an imperative to consult with Aboriginal staff members in relation to assessment and case management of cases involving Aboriginal and Torres Strait Islander children.

The West Australian Department commissioned the CREATE Foundation (2005) to undertake a qualitative interview process with a random selection of 13 of the 50 children and young people in care included in the audit of case files of Indigenous children in the care of the Department (described above). Notable recommendations included the need for training of caseworkers, carers and residential workers about the value of connecting Indigenous children and young people to their culture. Furthermore, it was highlighted that where appropriate, Indigenous children and young people be provided culturally-appropriate counselling to help them deal with the trauma of being apprehended and continually separated from their birth parents and family.
**Key messages**

- Children and young people in care experience relatively poor outcomes compared with children who have never been in out-of-home care.
- Children in care have increasingly complex needs.
- Placement instability can have a negative impact on children’s functioning.
- Family contact can have a positive impact on child wellbeing.
- Aboriginal children were reported to be less likely to have family contact than non-Indigenous children. This was concerning as, from the cultural perspective, family contact (not only with immediate family) is crucial for Aboriginal and Torres Strait Islander children.
- The creation of cultural plans for Aboriginal children in care that maintain their connections to family and community can have benefits for the preservation of cultural identity.
- The participation of children and young people in placement decisions can have a positive impact on the placement and the children themselves.
- Increasing children’s satisfaction with their placement is likely to have flow on effects for the retention and satisfaction of carers.
- The United Nations Convention on the Rights of the Child states that children’s views should be taken into account in any decision that is likely to affect their wellbeing, including research.
- There was no Australian research that examined the outcomes of Aboriginal and Torres Strait Islander children in care. Culturally specific wellbeing indicators for Aboriginal and Torres Strait Islander children need be developed.
- It is vitally important that research of outcomes for Aboriginal and Torres Strait Islander children addresses issues that reflect the principles that guide welfare provision to Indigenous children. For instance, there is a need for research that compares child outcomes for those who are placed in accordance with the Aboriginal and Torres Strait Islander Child Placement Principle (with kinship and non-related Aboriginal and Torres Strait Islander placements) and those who are placed in non-Indigenous placements.
Section 6. Conclusion

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 Aboriginal and Torres Strait Islander children.

The literature reviewed showed that in some instances, knowledge drawn from existing studies and evaluations of models of practice with non-Indigenous communities was broadly applicable to Aboriginal and Torres Strait Islanders, such as 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 people. For example, generally the care of children in traditional Aboriginal societies is shared between several adults, negating the relevance of Anglo-centric theories of parent-child attachment for Aboriginal and Torres Strait Islander children.

The findings of this review have shown that there is a lack of research applicable to Aboriginal and Torres Strait Islander communities. The lack of research – coupled with the over-representation of Aboriginal and Torres Strait Islander children in the out-of-home care system – demonstrates the need for research in this area to be prioritised. There is a lack of sufficient culturally-appropriate placements, demonstrated by the poor compliance with the Aboriginal Child Placement Principle in some areas. The inability to place children in culturally-appropriate placements increases the urgency for research to take place that will inform practice.

There is an urgent need for further research in the areas of recruitment, retention, assessment, training and support of carers that:

- identifies culturally-appropriate practices;
- evaluates the cultural relevance of current practices; and
- investigates structural barriers to culturally-appropriate practice for Aboriginal and Torres Strait Islander people.

There is a need to consult current foster and kinship carers (both Indigenous and non-Indigenous) to determine how current practices impact on them, their cultural appropriateness, and whether they are meeting the needs of carers.

In addition, in order to identify current practices and structural barriers to culturally-appropriate practice, there is a need to consult 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. Consultation with state and territory governments are crucial as they fund out-of-home care services and are the primary out-of-home care service provider in Australia.

Given the findings in this review in relation to the interrelated nature of the wellbeing of children and carer support - and the need to involve children and young people in
factors affecting their lives, research should also canvas the views of Aboriginal and Torres Strait Islander young people in care on these issues.
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Appendix A.
Current state and territory approaches regarding Aboriginal and Torres Strait Islander child welfare

The Indigenous right to self-determination in child welfare has been slowly accepted over the last 25 years. Although restricted interpretations to the right have applied in practice, self-determination has been seen as critical in various state, territory and Commonwealth laws (Human Rights and Equal Opportunity Commission 1997). Although each state and territory has responded to Indigenous demands in this area, there is variation in how self-determination is defined and it manifests in child welfare legislation, policy and practice. Table 3 provides the legislation and statutory bodies responsible for child protection in Australia’s states and territories. Table 4 provides the peak Indigenous body that provides or oversees out-of-home care services to Indigenous communities in Australian state and territories. Unless stated, information in the following sections was gained from legislation and websites of statutory bodies and/or Indigenous out-of-home care bodies.

Australian Capital Territory

In the Australian Capital Territory there are three principles in the Children and Young People Act 1999 that underscore the way in which the Office for Children, Youth and Family Support (OCYFS) works with Indigenous children, young people and their families. Section 13 has a principle of general consultation with Indigenous agencies in stating that it is a “best practice principle (to) ensure that any relevant Indigenous organisation is consulted when making a decision or taking action in relation to an indigenous child or young person”. The legislation also prescribes consultation in relation to decisions about the care arrangements of an Indigenous child where Children’s Court decisions in relation to parental responsibility for an Indigenous child must only be made if any relevant Indigenous organisation has been given reasonable opportunity to provide a written report about the making of the proposed order. “Indigenous organisation" is defined in legislation as an organisation whose purpose is to represent the interests of Indigenous people.

The Aboriginal Child Placement Principle order of placement is outlined in legislation (s.15). Section 15 also contains a principle of cultural continuity for an Indigenous child placed with a non-indigenous family. It states that if the child cannot be placed in accordance with the Principle, family reunion should be a primary objective and that continuing contact with the child’s Indigenous family, community or culture should be ensured.

The government department responsible for child welfare, the OCYFS, has an Aboriginal and Torres Strait Islander Unit and all staff complete cultural awareness training. Centralised Intake Service staff ascertain for every report whether the child or young person is Indigenous or not. However, there is currently no Aboriginal or Islander Child Care Agency (AICCA) in the ACT funded by either the territory or federal government (Human Rights and Equal Opportunity Commission 1997). A non-Indigenous non-government organisation had been contracted to run Indigenous foster care recruitment and training. The contract was terminated in 2003 and the Australian Capital Territory government took over these roles with the intention of
building capacity in the sector before returning control of foster care to an Indigenous agency.
<table>
<thead>
<tr>
<th>State or Territory</th>
<th>Legislation</th>
<th>Government Department</th>
<th>Child Protection Services Website</th>
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<tbody>
<tr>
<td></td>
<td>Child Protection Amendment Act 2001</td>
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<td>Territory</td>
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</table>

**Notes.**

* Correct in March 2005. Other pieces of legislation may also impact on practice (e.g., education or health acts mandating professionals to report suspected maltreatment in some states). This table identifies only the primary pieces of legislation relating to the provision of statutory child protections services in Australia.

<sup>*</sup> The Children and Community Services Act 2004 has been assented to but is not yet in operation. It will repeal the Child Welfare Act 1947; the Welfare and Assistance Act 1961; and the Community Services Act 1972 - all which currently govern the way the Department works. New regulations are currently being developed.

*Source:* (Bromfield and Higgins 2005)
Table 4: Peak Indigenous out-of-home care body in Australian states and territories*

<table>
<thead>
<tr>
<th>State or Territory</th>
<th>Peak Indigenous out-of-home care body</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Australia</td>
<td>Yorganop Child Care Aboriginal Corporation</td>
<td><a href="http://www.yorganop.org.au">http://www.yorganop.org.au</a></td>
</tr>
<tr>
<td>Victoria</td>
<td>Victorian Aboriginal Child Care Agency</td>
<td><a href="http://www.vacca.org">http://www.vacca.org</a></td>
</tr>
<tr>
<td>New South Wales</td>
<td>Aboriginal Child, Family &amp; Communities Care State Secretariat</td>
<td><a href="http://www.aboriginalsecretariat.org/">http://www.aboriginalsecretariat.org/</a></td>
</tr>
<tr>
<td>Tasmania</td>
<td>None (Department of Health and Human Services)</td>
<td><a href="http://www.dhhs.tas.gov.au/agency/pro/careandprotection/outofhome.php">www.dhhs.tas.gov.au/agency/pro/careandprotection/outofhome.php</a></td>
</tr>
</tbody>
</table>

* Correct in June 2005.
New South Wales

In New South Wales, the Children and Young Persons (Care and Protection) Act 1998 stipulates that there should be general consultation with relevant Aboriginal and/or Torres Strait Islander people and organisations concerning all significant decisions affecting Indigenous children (s. 12). Legislation also provides the Minister with the discretion to make agreements with Aboriginal and Torres Strait Islander people for the implementation of programs and strategies that promote self-determination. However no power or function under the Act is delegated to Indigenous organisations. The Act also does not provide a method for identifying or accrediting “representative” or “appropriate” Aboriginal and/or Torres Strait Islander organisations. Section 13 prescribes the ACPP as the preferred method of placement. This section also contains a principle of “cultural continuity” for an Indigenous child placed with a non-indigenous family.

NSW Department of Community Services (DoCS) has an Aboriginal Services Unit. This unit has both an internal role in DoCS of advising on and monitoring policies and programs for Aboriginal people in NSW, and an external role of liaising with communities about the Department’s services. DoCS also recruit their own Indigenous carers.

There are seven local Indigenous organisations (that is, AICCAs) that provide out-of-home care services. The core work of these organisations that is funded by DoCS is to arrange and monitor Indigenous foster care placement (including the recruitment and support of Indigenous foster carers), but they also provide family support and early intervention services. DoCS have funded the Aboriginal Child, Family and Community Care State Secretariat (ABSEC) to provide an Aboriginal Statewide Foster Carer Support Service. This service provides information and support to foster carers through:

- developing assessment and training for Aboriginal foster carers across the state (an Indigenous package for the assessment and training of Indigenous carers has been together by the Aboriginal Services Unit and ABSEC);
- developing information regarding foster care (for example, information sheets, pamphlets/booklets);
- arranging with existing training providers of specialist trainer/educators to provide specialist and targeted training for Aboriginal foster carers;
- informing carers of training and other relevant information (newsletters; mail outs);
- assist agencies in developing Area Foster Carers Support Groups;
- providing advocacy services for carers and maintaining close relationships with carers and identifying and documenting their issues; and
- some direct telephone support for carers.

Northern Territory

The Northern Territory Community Welfare Act 1983 includes a presumption in favour of the Aboriginal Child Placement Principle where the Minister must ensure that every effort is made to place an Aboriginal child in need of care within his or her extended family (s. 69). This section also states that where care arrangements cannot
be arranged with an Indigenous family member, placement must be arranged with Aboriginal people with the correct relationships in accordance with customary law only after consultation with Aboriginal welfare organisations. The legislation stipulates that persons having custody of the child must undertake “to encourage and facilitate the maintenance of contact between the child and the child’s own kin and culture”. Northern Territory’s Department of Health and Community Services – Family and Children’s Service’s (FaCS) department policy requires workers to prioritise the cultural continuity. An Indigenous community government council subject to the agreement with the minister can undertake functions and provision of facilities and trained staff to provide counselling and assistance. However no powers or functions under the Act are delegated to Indigenous organisations.

Currently there is one Indigenous Child Care Agency in the Territory: the Karu Aboriginal Child Care Agency funded by the Territory Government. Karu operates in the metropolitan area of Darwin only and provides recruitment, training and support services for Indigenous foster carers as well as family support.

Queensland

Section 6 of the Queensland Child Protection Act 1999 stipulates that “a decision under the Act about an Aboriginal child or a Torres Strait Islander child must be made only after consultation with the recognised Aboriginal or Torres Strait Islander agency for the child”. Consultation with a recognised agency is prescribed in decisions regarding the placement of an Indigenous child (s.83). Section 70 states that a member of the recognised Aboriginal or Torres Strait Islander agency for the child may attend the family conferences (children's court) where decisions in relation to parental responsibility for an indigenous child or young person are made. Under legislation a recognised Aboriginal or Torres Strait Islander agency is defined as “an entity that, under an agreement between the State and the entity, is the appropriate entity to be consulted about the child's protection”.

Currently there are ten AICCAs operating in Queensland. While each AICCA differs in relation to its role and the extent that it fulfils each role, AICCAs in Queensland as a group operate as “recognised agencies” under child protection legislation in relation to assisting the Department of Child Safety to place children appropriately and in accordance with the ACPP. Some AICCAs are licensed to provide foster carer training programs and support Indigenous children and foster families. Queensland AICCAs also generally provide intensive family support to families whose children have been removed to assist reunification and provide practical support to families.

A major inquiry into child protection in Queensland was conducted in 2003 by the Crime and Misconduct Commission (Queensland Crime and Misconduct Commission 2004). In response to this inquiry, an Indigenous Family and Child Support Service has been created in the Department of Child Safety to oversee the reforms in relation to Indigenous issues. Funding has been provided to allow the Queensland Aboriginal and Islander Health Forum to act as an interim secretariat or peak body for AICCAs until a new body is created.
South Australia

The South Australian Children’s Protection Act (1993) states that any decision or order under the Act in relation to an Aboriginal or Torres Strait Islander child must consult with and have regard to the submissions made by, or on behalf of, a recognised Aboriginal or Torres Strait Islander organisation consulted in relation to the child (s.5). In addition, a person nominated by a recognised Aboriginal organisation must attend family care meetings concerning arrangements for securing the care of an Aboriginal child (s.5). Section 7 states that the Chief Executive’s functions are... “helping Aboriginal and Torres Strait Islander communities to establish programs for preventing or reducing incidences of harm to children in the communities”. However no power or function under the Act is delegated to Indigenous organisations.

The Act defines an Aboriginal or Torres Strait Islander organisation as an organisation that the Minister, after consulting with the Aboriginal community, declares by notice in the Gazette to be a recognised Aboriginal organisation, or a recognised Torres Strait Islander organisation.

The Act does not outline an order of placement, but states that decisions in relation to the welfare of an Indigenous person “must have regard to the general principle that an Aboriginal child should remain within the Aboriginal community (s.5)”’. The order of placement is set out in a departmental Practice Paper. There is no principle of cultural continuity for an Indigenous child placed with a non-indigenous family, however the Act states that in dealing with all children, that “serious consideration be given… to preserving their religious, cultural, racial and ethnic identity” (s.4).

The South Australian Department of Child Youth and Family Services (CYFS) has an Indigenous team that conducts intake and initial risk assessment following notification using the CYFS intake model (Bromfield and Higgins 2005).

Aboriginal Family Support Services (AFSS) is the only AICCA in South Australia; it is therefore largely seen as “the AICCA program” and is the “gazetted” agency to provide cultural advice to the Department of Child Youth and Family Services. The alternative care services provided by AFSS operates under the child protection legislation and works to provide culturally-appropriate placements (alternative or foster care), support, intervention and prevention services for Aboriginal children and families who are under Guardianship Orders, or families who are at risk of having their children removed from their birth/extended families because of risk behaviours. The service recruits, trains and supports foster carers though Family Support Officers who work directly with foster carers to assist them in their role of caring for children.

Tasmania

Tasmania’s Children, Young Persons and their Families Act (1998) states that in making any decision in relation to an Aboriginal child, a person or the Court must have regard to any submissions made by or on behalf of a recognised Aboriginal organisation consulted in relation to the child (s.9). An appropriate recognised Aboriginal organisation should be consulted as to who should be invited to attend a family group conference concerning arrangements for securing the care and
protection of an Aboriginal child. Section 7 states that the Minister should assist recognised Aboriginal organisations to establish and provide preventative and support services directed towards strengthening and supporting families and reducing the incidence of child abuse and neglect within the Aboriginal community. After consulting with the Aboriginal community or a section of the Aboriginal community, the Minister may declare an organisation to be recognised Aboriginal organisation or may vary or revoke such a declaration.

Legislation does not outline an order of placement, but states that powers in relation to the welfare of an Indigenous person “must have regard to the general principle that an Aboriginal child should remain within the Aboriginal community” (s.9).

There is no AICCA funded by the state or Australian Government in Tasmania. The Tasmanian government and a number of Indigenous organisations provide a range of AICCA-like services and programs. The Department of Health and Human Services (DHHS) recruits and trains foster carers, but the proportion of Indigenous carers it recruits and trains is not recorded. The main Indigenous organisation is the Tasmanian Aboriginal Centre, which offers a wide range of services for Aboriginal people including the training for foster carers, as well as:

- health services for children including an immunisation program, speech therapy, and hearing health programs for young people;
- family tracing and reunification service for displaced Aboriginal children and family support programs;
- Aboriginal language and culture programs; and
- a range of counselling and support programs for families.

**Victoria**

Section 119 of the Children and Young Persons Act (1989) outlines a general principle of consultation in that case planning decision-making and meetings must ensure the participation of relevant members of the Indigenous community to which the child belongs. A court cannot make a permanent care order for an Indigenous child until it has received a report from an Indigenous agency. As in South Australia, Indigenous agencies are accredited for the purposes of the Act.

The ACPP is adopted in legislation (s. 119), which stipulates that placement of an Indigenous child must be with a member of the child’s community. Should such a person not be reasonably available, placement is to be with another Indigenous person. In the event that no Indigenous person is available, a non-Indigenous carer may be selected following the approval of a recognised Indigenous agency.

The only Indigenous organisation that is recognised under legislation is the Victorian Aboriginal Child Care Agency (VACCA) (Salmone and Cadd 2001). A protocol between the Department of Human Services (DHS) and VACCA affirms VACCA’s right to be consulted and involved in all significant decisions about an Indigenous child including: decisions made in the course of investigations conducted after the Department receives notification (that is, receipt of an allegation regarding an Indigenous child’s well-being); decisions relating to the placement or supervision of a
child; and holding of meetings for the purpose of formulating a case plan (Salmone and Cadd 2001). VACCA provides ranges of programs including:

- Lakidjeka – Aboriginal Child Specialist Advice and Support Service: an advisory service to Child Protection with regard to all notifications made in relation to Aboriginal children and young people in and across Victoria;
- a continuum of out-of-home care placements for Aboriginal children in Melbourne; placement options include: emergency, short-term and long-term, and some respite foster care placement; services provided include assessment, monitoring and support of children on placement; supporting family access; recruitment, assessment and support of carers; attendance at case conferences and Department of Human Service’s case planning meetings;
- Koori Cultural Placement and Support Worker Program in Melbourne to ensure that the cultural needs of children in mainstream placements are met, and to explore and locate alternative placements with family or community members.
- Early Intervention and Family Support in Melbourne: involves home visiting to provide parenting advice and general support; counselling for adults and children in relation to family matters; referrals and advocacy to other services; and emergency relief.

Other agencies such as Indigenous-controlled agencies provide AICCA-like services including Rumbalara at Shepparton, the Mildura Aboriginal Corporation, Robin Vale Co-op, and the Morwell Aboriginal Corporation.

**Western Australia**

In Western Australia, the Children and Community Services Act 2004 has been assented to but is not yet in operation as of June 2005. The statutory child protection agency is the Department of Community Development and currently operates under: the Child Welfare Act 1947; the Welfare and Assistance Act 1961; and the Community Services Act 1972 - all of which will be repealed following the assent of the Children and Community Services Act 2004. Currently, practices regarding Indigenous child welfare are guided by departmental policies concerning the exercise of its statutory mandate for the protection of children and young people. According to publicly available policy documents, principles in relation to Indigenous child welfare that inform the Department’s approach to the exercise of its statutory responsibility are:

- Responses to child maltreatment should be sensitive and responsive to differences in culture, religion, language and the particular needs of Aboriginal people and Torres Strait Islanders.

- With particular regard to Aboriginal and Torres Strait Islander children, young people and families, the Department will endeavour to ensure appropriate family and community people and organisations are engaged, informed and participate in the planning for the wellbeing and safety of those who have been maltreated or for whom there are concerns.
The Children and Community Services Act 2004 includes several provisions regarding the welfare of Indigenous children. Section 2 stipulates that consideration of a child’s best interests must include the child’s cultural, ethnic or religious identity (including any need to maintain a connection with the lifestyle, culture and traditions of Aboriginal people or Torres Strait Islanders). The Aboriginal and Torres Strait Islander Child Placement Principle is included in section 12. The Act also includes a principle of community participation – that is, a kinship group, community or representative organisation should be given, where appropriate, an opportunity to participate in decision making processes that are likely to have a significant impact on the life of a child (s. 14). Section 81 states that in the placement of Aboriginal or Torres Strait Islander children there must consultation with an approved Aboriginal or Torres Strait Islander agency.

Yorganop functions as the AICCA in WA. Yorganop is funded by the Department for Community Development to provide emergency, short term and long term foster care placements in the Perth metropolitan area for up to 70 Indigenous children aged up to 15 years. Yorganop is also funded to provide family reunification services for 10 Indigenous families where the child is placed with Yorganop foster carers. Recruitment, assessment, registration, support and training for caregivers is an integral part of Yorganop’s work, as is the monitoring of the success of the placement in terms of the over-riding consideration that any placement must be in the child’s best interest. Yorganop also provides a range of other services including a training arm and secretariat support for the West Australian Aboriginal and Islander Child Care Agencies Council.

Centrecare is funded by the Department for Community Development for the Djooraminda service which provides cottage care in the Perth metropolitan area for up to 30 Indigenous children aged six to 15 years requiring long term care and a family reunification service for six Indigenous families where the child is placed with Djooraminda. Djooraminda recruits and supports its residential caregivers. It is also funded by the Department to provide a Tertiary Family Preservation service for up to 40 Indigenous families in the Perth metropolitan area. The service aims to prevent children coming into care by providing intensive services to reduce the risk to the children and enhance safety in the family.

The Department for Community Development retains case management responsibility for children and young people placed with non government placement agencies.

The Department is in the process of implementing the recommendations of the Indigenous Wards in Care project, including

- the development of cultural plans is a requirement of case planning. Cultural plans are prepared in consultation with the Senior Officer Aboriginal Services who are located at each District office. The SOAS is also required to have contact with each Indigenous child in care in the local District
- guidelines for contact are being developed to include the requirement to use culturally appropriate venues
- development of a relative carer assessment framework which explores cultural identity, cultural development and cultural implications with prospective carers
where an Indigenous child is placed with a non-Indigenous carer with the approval of the Director General, a process to monitor the child’s cultural plan will be implemented in 2005-06.

All Departmental and non government general and relative carers are registered on the Central Carer Register.

Relative carers with the Department receive the same subsidy, clothing allowance and supports as general carers. Preparation training is mandatory for relative and general carers. A child is not to be placed in relative care without a criminal records check being undertaken. The relative carer assessment is to be completed within 90 days and involves a child safety assessment, seeking the child’s views of the placement and developing a child safety plan. Annual carer reviews are conducted for all carers; for relative carers this also involves seeking the views of the child or young person regarding the placement.

The Foster Care Association of WA in partnership with the Department has produced a Handbook for Foster Carers, a Charter of Rights and a Statement of Commitment. Copies are provided to all relative and general carers.
Appendix B
Government and non-government reports relevant to the out-of-home care service provision to Indigenous families

Commonwealth, state and territory government reports that were relevant to the provision of out-of-home care services to Aboriginal and Torres Strait Islander children and families were reviewed and discussed in the main body of this report.

A list of the most recent key reviews and reports are provided below. Key non-government reports are also included in this list and were reviewed in the main body of this report. This list is by no means comprehensive as many other inquiries and studies have been undertaken in the areas of child protection and out-of-home care.

**Australian Capital Territory**


**New South Wales**


New South Wales Community Services Commission (2001), "A Question of Safeguards: Inquiry into the Care and Circumstances of Aboriginal or Torres Strait Islander Children and Young People in Care", NSW Community Services Commission, Strawberry Hills, NSW.

**Northern Territory**

Queensland


South Australia
South Australian Department of Human Services (1998), "Results of a survey on the alternative care system", SA Family and Youth Services, Adelaide.


Victoria

Victorian Department of Human Services (2002), "The Audit of Children and Young People in Home Based Care Services”, Service Development Unit, Child Protection and Juvenile Justice, Community Care Division, Melbourne.


Western Australia
CREATE Foundation (2005), "Indigenous Children and Young People in Care - Experiences of Care and Connections with Culture", Create Foundation, Perth, WA.

Western Australian Department for Community Development (2004), "Indigenous Wards in Care project”, WA Department for Community Development, Perth.

National


Appendix C: Key messages from research

Recruitment and retention of foster carers

Motivations to become a carer

Key messages

• Australian research shows, that for non-Indigenous individuals, perceptions of self and foster children were both a barrier and an incentive to foster.
• There are likely to be unique social and structural factors that act as an incentive and a deterrent to fostering for Indigenous families. There are strong cultural obligations for children to be shared among the community. The history of the Stolen Generation acts as both an incentive and a disincentive for Aboriginal people to become foster carers. Structural and attitudinal barriers within the dominant Anglo-centric culture may prevent Aboriginal people from volunteering.
• Recruitment programs, evaluations and research conducted within the wider Australian community are unlikely to be applicable to the Aboriginal community.
• Services and programs that aim to recruit and retain Indigenous carers need to ensure that their practice reflects the motivations of Aboriginal carers, and not impose the motivations of the wider Australian community. Further research needs to be conducted to document culturally appropriate practices in these areas.
• Further research needs to be conducted comparing the motivations and barriers to fostering in the Aboriginal and Anglo-centric communities.

Effective recruitment practices

Key messages

• There is very little literature that documents strategies that are being employed in the recruitment of Indigenous carers. There is also an absence of empirical evidence regarding the effectiveness of such strategies.
• The literature suggested the effectiveness of localised, low-key recruitment strategies (that is, word-of-mouth) to build awareness and understanding of out-of-home care in Indigenous communities. An understanding of complex matters of kinship and social structure and the use of existing networks (for example, representative bodies, health bodies) are important to facilitate recruitment.
• Broad-based media campaigns are unlikely to be effective in recruitment Aboriginal and Torres Strait Islander carers.

Assessment of foster carers

Key messages

• Assessment of potential Aboriginal and Torres Strait Islander foster families is likely to contribute to systemic barriers to the recruitment of Aboriginal and
Torres Strait Islander families for foster and care for children; however there is little information about how assessment models should be adapted for prospective Aboriginal and Torres Strait Islander Australian foster families, nor those for Aboriginal and Torres Strait Islander families in general.

- There is a need to document the approaches used to assess prospective Aboriginal and Torres Strait Islander foster carers that are used in Australian jurisdictions and to examine the effect of assessment on prospective Aboriginal and Torres Strait Islander foster families’ willingness to provide care for children.

**Training**

**Key messages**

- There are very few documented Australian parent or foster carer training programs that have been adapted to include the values and traditions of Indigenous or ethnic minority families. The absence of such training programs may be a disincentive to their retention.
- Very little Australian research has been conducted in relation to how training programs can be made more appropriate to the needs of Indigenous and ethnic minority carers.
- Research must examine the experiences of Indigenous foster carers who participate in mainstream foster care training programs and the extent to which training methods are a disincentive for Indigenous carers to continuing the fostering role.
- There must also be documentation of the principles, content and methods employed by any training programs that have been adapted to suit the needs of Indigenous carers.

**Retention and satisfaction**

**Key messages**

- Foster carers in Australia are often dissatisfied, as they do not feel adequately supported. Areas of concern for carers included: provision of adequate support from caseworkers (that is, smaller case loads) better training and supervision, more experienced workers; support and information concerning legal entitlements and eligibility for benefits and services; and to be adequately informed, prepared, supported and consulted by the system to improve placement stability. However Australian research has not adequately examined carers’ concerns about the retention of carers.
- International research that has focused on retention suggests that aspects of agency support are very important in carer satisfaction and the desire to continue fostering, particularly in instances in which the carer experiences placement breakdown and allegations of abuse from children in their care. There is some evidence that training is related to carer satisfaction and retention, however there is insufficient evidence regarding the characteristics of carers and families associated with retention and satisfaction.
- Very little research specifically focused on the support and retention of Aboriginal and Torres Strait Islander foster carers and, due to the focus on the general needs of carers, studies tended not to provide conclusions or make
recommendations specific to the needs of Indigenous carers.

Support

Key messages

- There is a particular lack of material resources among Indigenous families where some families may have lower housing and health standards. In addition, past polices of assimilation in welfare impact on Aboriginal and Torres Strait Islander communities’ current perceptions of the government welfare system including out-of-home care services.
- There is little research that has examined the support needs of Aboriginal and Torres Strait Islanders foster families and their use of, and satisfaction with, specific out-of-home support services.

Recruitment and retention of kinship carers

Increasing numbers of children in kinship care

Key message

Australian research suggests kinship care is the fastest growing form of out-of-home care. The over-representation of Indigenous children in out-of-home care, the shortage on Indigenous foster carers, the Aboriginal Child Placement Principle, and concerns for culturally appropriate practices are likely to have contributed to the increased use of kinship carers for Indigenous children.

Recruitment

Key message

There is little Australian research on the recruitment of kinship carers and no research on the recruitment of Indigenous kinship carers. Kinship carers are recruited to immediately begin caring for specific children with whom they have a pre-existing relationship. This is different from foster carers who are recruited, assessed and trained in advance of having a child previously unknown to them placed in their care. These differences in timing for recruitment create a need for kinship-specific assessment procedures.

Retention

Key message

There is a need for Australian research to investigate the retention of Indigenous kinship carers. Kinship carers may have a greater investment in placement stability than non-relative foster carers, however kinship placements still require adequate assessment and on-going support to ensure successful placement.
Assessment

Key message

There is a need for Australian research to investigate culturally appropriate models of assessment for Indigenous kinship carers. Child welfare agencies placing children in out-of-home care must consider the child’s best interest and have policies that support the needs of child (Wheal 2001). Kinship carers differ from non-relative foster carers in the means and timing of their recruitment and their motivation to care for children. Specific models of assessment need to be designed for kinship carers to account for these differences. Minimum standards of care for children should not be compromised, however the benefits of maintaining family, cultural and community ties and the pre-existing relationships between carers and children, and children’s preference for kinship care should be taken into account during the assessment process. Family group conferencing may be useful in the assessment of family strengths and needs.

Support

Key message

There is a paucity of Australian research investigating the support needs of Indigenous kinship carers. The state has a duty of care to children removed from the care of their parents and placed in out-of-home care, regardless of whether children are placed in non-relative foster care or kinship care (Iglehart 2004; McHugh 2003). Kinship placements should be eligible for the same supports as non-relative foster care placements. At present, kinship placements are either not eligible for, are not offered, or do not receive the same level of services, training, monitoring or financial resources as non-relative foster care placements.

Children and young people in care

Key messages

- Children and young people in care experience relatively poor outcomes compared with children who have never been in out-of-home care.
- Children in care have increasingly complex needs.
- Placement instability can have a negative impact on children’s functioning.
- Family contact can have a positive impact on child wellbeing.
- Aboriginal children were reported to be less likely to have family contact than non-Indigenous children. This was concerning as, from a cultural perspective, family contact (not only with immediate family) is crucial for Aboriginal and Torres Strait Islander children.
- The participation of children and young people in placement decisions can have a positive impact on the placement and the children themselves.
- Increasing children’s satisfaction with their placement is likely to have flow on effects for the retention and satisfaction of carers.
- The United Nations Convention on the Rights of the Child states that children’s views should be taken into account in any decision that is likely to affect their wellbeing, including research.
• There was no Australian research that examined the outcomes of Aboriginal and Torres Strait Islander children in care. Culturally specific wellbeing indicators for Aboriginal and Torres Strait Islander children need be developed.

• It is vitally important that research of outcomes for Aboriginal and Torres Strait Islander children addresses issues that reflect the principles that guide welfare provision to Indigenous children. For instance, there is a need for research that compares child outcomes for those who are placed in accordance with the Aboriginal and Torres Strait Islander Child Placement Principle (with kinship and non-related Aboriginal and Torres Strait Islander placements) and those who are placed in non-Indigenous placements.