



SUPPORTING STRONG PARENTING IN THE AUSTRALIAN FOSTER CARE SECTOR

A report on a funded project for the
Department of Family and Community
Services

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By

**The Australian Foster
Care Association**

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A safe family-like placement in which children can grow up is a cornerstone both of family support, and work with those children who are not able to grow up with their families of origin. To put a child with a 'new' family is a massive intervention in his or her life, and one which will have profound consequences for the child, the placement family and the family of origin.

Alan Curren,
Deputy Director of Child Care,
Barnardo's

From my experience I find if I have a very good social worker whom I can trust, communicate well with, laugh with - be open with - it is support

Foster carer in survey

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Overview of the Issues

The Commonwealth Government allocated funds in the 1998 Budget for a range of innovative projects concerned with child abuse prevention and parenting support.

The then National Foster Care Forum (now known as the Australian National Foster Care Association), a peak organisation of representatives of foster care associations in every State and Territory in Australia, made a submission to undertake a study fitting the funding guidelines but focussed specifically on the foster care sector. In particular the study was to look at support for foster carers. The submission was successful. The Forum believed that obtaining definitive information about the quality and quantity of support being offered, and to benchmark it against support provisions in Canada would assist greatly in defining and refining the support role in Australia and giving it adequate resources. This in turn was expected by the Forum to result in higher quality foster care and a reduction in poor care practices such as abuse in foster families.

It is clear that foster carer parents look for and need support, and evidence suggests that foster carers are less effective in their demanding and sensitive roles when that level of support is low or missing altogether. Not only is the quality of parenting likely to be related to the level of support offered, there are good reasons for believing that abuse of children in foster care will also be related to the measure and quality of support given to foster carers.

Since many children who come into care, estimates put the number as high as two-thirds, have already been victims of abuse, further abuse in substitute homes is highly undesirable. There is no doubt that children can be and are sometimes subjected to abuse while in foster care.

Children in care

Children may be placed in care for several reasons. There are also several kinds of out-of-home care, fostering being one of these. The Australian Institute of Health and Welfare reported that at 30 June 1998, there were 15,634 children in out-of-home care. Of these 12,535 children were in foster care (8089) and relative/kinship care (4446).

A Community Services Commission report about children in care in New South Wales, reported that 408 or 16 per cent of foster children in NSW are Aboriginal.

Foster care families

It is difficult to be precise about the number of foster carers or foster care families in Australia. There is no central database, nor are there even standard databases of State/Territory foster care families. A compilation of Foster Carer Association estimates puts the total number of foster families at 8,340.

Importance of support for foster carers

Papers and research reports from overseas and Australia both highlight the importance of support for foster carers. The inadequacy of support is blamed for placement breakdown, for feelings of frustration and anger among foster carers, high displacement rates among children in care, and higher than necessary resignation rates among foster carers.

A survey conducted as part of this study, revealed that 84 per cent of foster carer respondents rated support as absolutely essential (54%) or very important (30%) with only 3 per cent claiming that they could manage without it.

Later evidence is provided in the report to show that current foster carers in Australia do not get enough support, and rate the support that they do get as inadequate in quantity and quality.

Definitions and scope of the study

The present study contains some original Australian research, limited literature review and reports of many discussions with foster carers, administrators, and workers. It defines the foster care sector as comprising seven stakeholder groups:

- Government administrators and workers;
- Non-government agency administrators and workers;
- Associations of foster carers, young people and others;
- Voluntary foster and kinship carers and their families;
- Infants, children and young people in care;
- Birth families of children in care;
- Extended families of children in care.

Foster care is taken in this study to be a part of 'substitute care', which in turn is a part of the broader category of 'out-of-home care'. Conversely, although kinship care can be treated as a separate area of child care, it has been treated in this study as generally a part of foster care.

The study has taken the view that the foster care sector is significantly affected by recent moves within government administration towards the purchaser-provider model of provision. It is noted that the change towards fully 'outsourced' foster care services is still in the process of transition to an externally purchased provision in several States/Territories.

In keeping also with trends in program evaluation, the study makes the point throughout that the objectives, outcomes and performance measures for fostering need to be clarified and formalised so that the efficiency and effectiveness of foster care can be properly evaluated.

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The study is described loosely as 'an assessment'. The intention is to describe as comprehensively as possible and particularly from the viewpoint of foster carers the whole foster care sector, and to make some judgements about the appropriateness and adequacy of the sector. The mood within the foster care sector may be described as brittle, and there is widespread belief among foster carers that many aspects of the sector could be improved.

The judgements made and conclusions drawn, have been based on conceptual thinking; explicit comparison between provisions in different states and between Australia and overseas; and extensive discussions with people within the sector. Anecdotal information and simple observations have been confirmed by the results of a national survey of 812 foster carers drawn from all States/Territories in Australia.

The study has been both ambitious and heavily constrained. To attempt to describe adequately the whole foster care sector in Australia was a very bold, and the resource constraints on the sector created extensive limitations on what information is held and might be obtained.

If nothing else was achieved in the study, it was felt that the documentation (for the first time in Australia) the foster care system, would bring many benefits as well as stimulate further thinking and research. It is a very important system but fragmented into stakeholder groups that tend not to work well together. It can only benefit by bringing to the surface the many tensions within the sector.

Foster carer survey

In addition to simply reporting the state of affairs, a national survey, earlier dismissed as too difficult, became a part of the study. Seven and a half thousand survey questionnaires were distributed to both government and non-government foster carers in every State/Territory. Data were collected and analysed from 812 respondents (representing a response rate of 10.8 per cent) and these data, covering a range of key issues, comprise the first national foster carer survey to be conducted in Australia.

In addition to using a survey, a modest attempt at benchmarking was undertaken with the Canadian province of Alberta, and the Alberta Foster Parents Association as the source of information.

Overview of foster care in Australia

The roots of foster care in Australia are to be found in nineteenth century 'boarding out' innovations that were tried in various states in order to give children in institutions an experience of 'normal' family life. The practice was found to be both beneficial for children and cost saving for governments. The phasing out of institutional care for children is a very recent change.

The most common types of foster care, though sometimes going under different names and being defined differently, are the following:

1. Respite care;
2. Short-term care;

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3. Medium-term care;
4. Long-term/permanent care.

In addition, foster care for children with special needs may occur in any of the above categories.

The survey conducted as part of the study has revealed that the largest, single proportion of foster carer respondents are engaged in long-term care, with roughly equally proportions of carers engaged in respite care, crisis/emergency care, and short-term or temporary care. Kinship care is undertaken by a quite small number of respondents, but this is seen as an artefact of the survey distribution methodology. The survey sample consisted of 39% non-government carers, and 53% government carers. A very small proportion (3%) said they were both.

The average length of time that respondent carers had been fostering was a little over 8 years. The number of children that respondent carers had fostered was 19,134 covering all categories of care. Making sense of the data to do with caring is not easy because of overlaps of categories. But a graphed representation of the number of children cared for by the number of carers reveals starkly that the bulk of foster care children and young people have been cared for by a relatively small number of foster carers (see Figure 5).

The foster care sector is presented and described in the study as a 'system' with inputs, outputs/outcomes and system components/processes. Some of the key stakeholders and their roles are described.

The Commonwealth Government has a broad and wide ranging interest in matters to do with children, especially to do with the protection of children. Australia, in the representative person of the Commonwealth Government was a signatory to the UN Convention on the Rights of the Child. In very recent times, it has made a greater commitment to help support and strengthen families as a fundamental unit of society. More specifically, the Commonwealth Government has an interest in foster care because of its major role in the provision of out-of-home care for children who are wards of the state. The report argues for an extended role for the Commonwealth.

State Governments are responsible for investigating and assessing child abuse and neglect reports, and making court applications when an order is required to protect a child. They also fund family support services and supported placements services for children and young people aged 17 years and under who are placed away from their parents or family home for reasons of safety or family crisis.

State/Territory government departments typically appoint case managers for specific children in care. Child protection officers are also appointed by, usually different, government departments to handle particular issues related to child protection.

There is a mix of non-government agencies with an interest in foster care in Australia. Many have grown out of a Church-based welfare system but more community-based private services are joining their ranks.

In several states, agencies within one geographic area are being encouraged by government to make joint budget bids to provide an integrated service to the people of their community.

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Foster carer associations exist in all States/Territories except the Northern Territory. They have as their primary interest the needs and concerns of foster carers. The associations have grown out of local networking by carers. The New South Wales and Western Australia associations have been established longer than others. They and the Queensland association are the only ones who have been successful in obtaining funding outside of membership subscriptions.

A national foster care body was established in 1996. It consists of representatives from each State/Territory. Initially called the National Foster Care Forum, it has recently undergone a name change to *The Australian Foster Care Association (AFCA)* and is also a key member of the newly established *Families Australia* peak body. While members of AFCA see a significant role and potential for it, the body receives no funding, and struggles for recognition. A conclusion of the study is that associations at both state and national level could be much more effective means of providing support of all kinds to foster carers and the sector as a whole if they were better resourced and incorporated into a tripartite approach to foster care.

Another issue raised in the report is the issue of indigenous child care. This has been raised because of the particular sensitivity of the issue of children raised in cultures other than their own. Reference is made to the so-called *Bringing Them Home* report and the NSW Community Services Commission report, both of which contain material that is particularly relevant to foster and kinship care for Indigenous children.

Three particular issues for Indigenous foster care are:

1. Whether Indigenous foster care ought to be allowed/assisted to develop as a separate national system independently of the mainstream, 'white' foster care system – in recognition of past injustices, significant cultural difference, and the need to develop a comprehensive and culturally sensitive foster care philosophy and approach;
2. The level of commitment to the 'Aboriginal Placement Principle' in current foster care practice;
3. The goals and needs of the Aboriginal and Torres Strait Islander people in attempting to deal with family dysfunction and the resultant effect that that has on Aboriginal and Torres Strait Islander children.

The pivotal role of foster carers is that as unpaid volunteers they are the ones who provide the 24-hours a day, 7 days a week, 365 days a year care for children who live apart from their parents as a result of abuse or neglect in their home. With over 90% of children in care being cared for by foster carers, it is essential that foster carers have a formal way of joining together for mutual support and to have a means of representing, and advocating for, foster carers and the children for whom they care.

Recommendation 1

That Commonwealth and State/Territory Governments work with and involve the State and National associations of foster carers and help fund their support.

Working together to improve community support

As argued in the body of this present report, foster care appears still to be permeated with outdated stereotypic notions, which are an obstacle to constructive development of the sector.

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To change attitudes in the community at large is a difficult assignment at any time and for anyone. Yet it seems that until some of these century-old views are replaced, foster care will continue to be handicapped.

There is a pressing need for the various stakeholders within the sector to work more harmoniously and professionally together. Where this kind of team approach is to be found, then there is no question that the quality of care is markedly different and better.

Recommendation 2

That all governments and non-government organisations commit to working together to present the community with a contemporary view of foster care to increase community recognition and support.

National statistical collection on foster care

The foster care sector is greatly handicapped by the lack of statistical information. There are far too many unanswered and unanswerable questions in the sector as it currently exists. The result is that policies and procedures can be adopted without a firm, factual basis. The lack of sufficient statistical data not only hampers sound policy development, it makes it possible for sectional interests to prevail. Further, attempts to undertake serious and much-needed research on foster and kinship care are handicapped.

A possible mechanism for collecting the required statistics would be for States/Territories to furnish an annual return which would be aggregated for the purposes of reporting at a national level. The main categories of information that are urgently needed are:

- The children in foster care;
- The children in kinship care;
- Foster carers including kinship carers;
- Indigenous and ethnic foster care;
- Issues including allegations against foster carers;
- Placement numbers, breakdowns, and matching statistics.

Recommendation 3

That the Commonwealth and States/Territories establish a policy on statistical recording of information pertinent to foster care, including the national collection of statistics related to allegations of abuse, and initiate a national collection process.

Roles and status of foster carers

The profile of foster carers in Australia is not at all well documented. If the welfare of children in foster care is the primary reason for providing foster care, then it is not unreasonable to expect that a good deal is known about those entrusted with the care of these children.

Foster carers in Australia are volunteers. Along with other volunteers in the community, they contribute a significant amount of social welfare service to the country. In some respects, they are similar in profile to volunteers in general in the Australian community, but there are a

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number of ways in which they make an even greater contribution, in terms of the cost and time needed, than most other voluntary activities.

Most foster carers do not come into foster caring because of public recruitment campaigns, but traditionally by word of mouth or because of long-standing family involvement.

The age profile of foster carers differs a little from the profile of volunteers in general, in that most foster carers come from an older age bracket, ie the 45 to 54 year age range.

They are drawn from all employment types, with the two largest employment 'catchment' types being Professionals, and Managers/administrators. A matter of concern is that 20 per cent of foster carer survey respondents were families where no breadwinner was employed. In part this group may be made up of retired people, but other explanations may need to be found.

Another slightly unexpected result from the foster carer survey was that foster carers appeared to be somewhat better qualified (formal education) than the general population.

In common with foster carers overseas, Australian foster carers perceived themselves as having low status and little information or influence.

While most foster carers consider that the actual role they fulfil in providing a home to a child or young person not their own, is a highly responsible and demanding one, the expectations and demands placed on them does not in their eyes match the status that should go with the role and responsibilities of foster carers. This role conflict is one of the key issues for foster carers in Australia, and one that we suspect is a reason why many foster carers cease being foster carers.

It is noted from overseas research, that role confusion '*continues to plague the child welfare system, undermining the quality of care that children receive.*' The present report draws the conclusion from both foster carer evidence in Australia and overseas reports, that if we believe that children are important developing assets, then good parenting, whether in the 'birth' family or in a 'foster' family, is a key provision.

Although the study did not specifically gather perceptions from children and young people in care, it acknowledges that their perceptions are as important as any evidence of the value and quality of foster care. A NSW Community Services Commission report (2000b) presents New South Wales children's and young people's view of foster parents. In brief the report indicates that

In the view of children and young people, foster carers featured most significantly and had the greatest impact on their lives compared to others. For many children, foster carers were more significant in their lives than their own families (p. 35).

Common sense would suggest, in keeping with the opinions of foster carers themselves, that training and proper accreditation are vital for the task of fostering. The evidence uncovered in this report, however, suggests that in some instances no training or accreditation processes have been provided. Apart from these instances, it is clear that foster carer training has not kept up with reforms in the national training agenda.

Initial training for foster carers is mandatory in all States/Territories, despite evidence that it doesn't always occur, and evidence presented later in the report suggests that typically it is good

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quality. But there are no national standards and no nationally agreed curricula. No training attracts national accreditation. The report concludes that there should be nationally agreed competency standards, that training should be of a nationally accredited standard and that foster carers should get proper recognition for their training.

Foster carer resignation

Little is known about the proportion of foster carers who leave fostering (especially in the short term) or their reasons for leaving. A Queensland study has looked at the reasons why a group of 45 Queensland carers ceased fostering in the years 1997-1999. Twenty-nine per cent of them left after less than one year and 55% left after one to five years. The reasons given for leaving were:

- 11 % ceased following an allegation of abuse being made about them;
- 20% left because of disagreement with the Department;
- 33% left because of lack of support from the Department;
- 33% left because of the impact of fostering on their own family;
- 24% indicated that the child's behaviour was a reason for their decision.

Relationship between carers, and workers

The present study has noted that a major source of resentment and frustration among foster carers is the relationship between themselves and government workers. While some workers received high praise, the majority of foster carers are clearly critical of department workers.

Major criticisms revolve around the fact that workers typically treat their jobs as regular office hours work and are paid for it, while carers are not paid and do not have office hours – indeed many difficulties arise in fostering after hours when departmental assistance is not readily available.

Another source of resentment is that while most workers have a formal qualification, they are seen to lack maturity and experience and are given authority over foster carers. This is compounded by the fact that few departmental workers receive any foster care-specific training.

These criticisms can be seen reflected in the following foster carer comments:

- *They ignore foster carers and may not be seen for very long periods of time;*
- *They are very difficult to contact, and do not return phone calls;*
- *They are never readily available after hours when most crises occur;*
- *They are not open with information and are patronising in their treatment of foster carers.*

Kinship Care

Kinship care is an acceptable alternative to foster care. Indeed in many circumstances it is preferred. As many as 38 per cent of children/young people in substitute care in NSW are in kinship or other family care.

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To the researchers in the present study, it seemed clear that there is a real tendency for kinship arrangements to be considered as not needing the same kind of training or support as non-kin foster carers. This seems to be an unwarranted assumption. Data has not been gathered in this study on the point, but it was beginning to emerge that kinship care is as vulnerable, if not more so, than non-kin fostering. The researchers believe that this is an area of substitute care that needs investigation.

Indigenous foster carers

The NSW Community Services Commission (2000b) reported that

24% of all children and young people in the substitute care programme were Aboriginal or Torres Strait Islander as at 30 June 1999. With this number in care, they are clearly disproportionately over-represented (cf 3.1% in the general population) in NSW.

Anecdotal reports indicate that there is a serious shortage of Indigenous foster carers and that this is in part the reason why the placement principle is not being followed to the extent that it should be.

Debate over professional vs voluntary foster carer

There is a long-standing debate about whether fostering should become professional rather than continue as a voluntary service. Foster carers feel, with justification, that the extent of their contribution is not adequately recognised. They argue, for example, that foster carers are the only members of the professional care team that:

- Do not receive a wage;
- Are potentially on call 24 hours a day, every day
- Are not entitled to receive sick leave;
- Do not receive holidays or holiday loadings;
- Are not considered for long service leave;
- Do not receive work benefits such as the use of free phone, computer, email etc.

Reasons for professionalism of caring arise out of the fact that the needs of children coming into care are becoming more difficult and more protracted. The skills required are therefore increasingly specialised.

A report to the NSW Child Protection Council about Systems abuse, cites Steinhauer (1991):

With more difficult children in their care, foster carers are now being asked to play the role of 'parent-therapist' or 'surrogate-therapists' rather than the more traditional role of surrogate parent.

This sentiment is echoed by a Canadian writer, Waldock (1999):

Articles from the early 1960s deal with the need to clarify the role of the foster parents in the child welfare system. The sad fact is that very little has changed. There has been a piecemeal evolution toward the professionalization of foster care, but nothing that

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resembles a coordinated effort. If anything, the trend toward professionalization has occurred out of necessity, in response to the demands of deinstitutionalization.

He continues:

... rewards and status must be attached to people who care for children. There always will be opposition from those who view caring for children as the private responsibility of parents. Yet the 'private responsibility' argument makes little sense if it does not incorporate the reality that the welfare of children is also a social responsibility with immense social ramifications.

Although Australia is, in the opinion of the present researchers, not yet ready for this debate, it is worthy of note that the UK Joint Working Party on Foster Care, in its Report and Recommendations has stated:

a more professional foster care service (is required) with foster carers playing their role as full partners in fostering teams. This will require clear line management supervision structures and a greater emphasis on specialised training (p. 8).

Improved recruitment, training and accreditation of foster carers

The foundation of any effective foster care service is based on the adequate recruitment, training and support of a good pool of foster carers representing most, if not all, sub-groups within society. If done well, recruitment, training, and accreditation of foster carers are a safeguard against many other potential failings within foster care practice. Foster carers are recruited by State/Territory government departments or by non-government agencies. The demand for foster carers has fluctuated over the period since 'boarding out' was first introduced, but grew particularly following the de-institutionalisation of out-of-home care. The demand shows no sign of diminishing. The needs of children requiring out of home care are changing, however, so that more skilled substitute parenting is now the norm. Further, family and social demographics are changing significantly with the result that recruiting foster carers is becoming more difficult in general, let alone for particular types of need.

Recruitment is an issue that has to be addressed, and although it is a shared responsibility, the groundwork for creating a positive image for foster care could well be done by the Commonwealth as part of its Stronger Families and Communities agenda.

National accreditation of foster carers could serve a number of important purposes within the foster care sector. It would help to give carers some formal recognition. It would create a vehicle for national migration of carers and their automatic recognition in other jurisdictions. It would include the recognition of prior learning under the National Training Authorities vocational education system.

What is envisaged is a national system that stands independently of any existing State/Territory accreditation system, and that is allied to National Standards, national competencies and agreed training profiles. It should be at least on par with the highest level of State/Territory accreditation in existence now. It would be voluntary in the first instance, but would provide a level of training that carers anywhere in Australia might undertake. It would have status so that

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national accreditation as a carer would be recognized and accepted under any State/Territory or non-government administration. Such programs could be operated through mainstream training organisations or as a partnership between the TAFE system and foster care agencies.

Recommendation 4

That the Commonwealth and State/Territory Governments initiate a national approach for the recruitment, training and accreditation of foster carers including those providing kinship care.

Underlying philosophy and policies of foster care

It became evident to the researchers that the Community Services Commission (2000) was correct when it stated:

- at this point in time, we still don't have a clear definition of what substitute care is, let alone a common understanding of its aim and desired outcomes (p. 124).

There is an underlying issue of what foster care principles and practices Australia, as a nation should implement. If, as in older styles of thinking, we are content with 'warm-hearted and homely' people to volunteer their services as foster carers, then this will lead to a particular emphasis in recruitment campaigns. But if, however, after serious analysis of the need, we believe that a more professional approach to fostering ought to be developed to ensure the needs of the children are met (as is the case with the United Kingdom Joint Working Party on Foster Care), then this may mean that very different emphases, different targeting and different recruitment campaigns should be pursued.

The bottom line, it is argued, is that a good deal of thought needs to go into some of the underlying philosophical and policy positions that relate to foster care, so that the most appropriate people are being attracted to and engaged in foster care.

The foster care sector as a whole, would benefit from a nationally agreed position on foster care. A National approach on Foster Care would need to address the following issues:

1. The provision of quality foster care for children;
2. Differentiation between foster care for children in voluntary or short term placements and children in long term placements;
3. Indigenous and ethnic placement principles;
4. Recognition of kinship foster care;
5. The funding required for government and non-government agencies to provide a quality service for foster carers and the children they care for;
6. The roles of children and natural families in the provision of foster care;
7. The quality of the relationship between foster carers and workers.

Recommendation 5

That a National approach on foster care including Indigenous and kinship care be developed as a cooperative venture by the Commonwealth and State/Territory Governments and peak community organisations directly involved in foster care.

Meanings and sources of support in Australia

Meaning of 'support'

The word 'support' can be and is variously interpreted. Private discussions and an *ad hoc* survey at the National Foster Care Conference (1999) provide ample evidence of the wide range of interpretations and expectations that people in the sector have.

The sector has only recently begun to analyse and define 'support' and Nixon (1997) has identified 7 main elements:

1. *Financial and practical support;*
2. *Emotional/psychological support;*
3. *Social support;*
4. *Professional development;*
5. *Task-focused problem-solving support;*
6. *Respite care;*
7. *Community support.*

To this list, the present report would want to add *Legislative/administrative support*.

Nixon comments:

The available evidence ... suggests that, while support is an important component in effective foster placements, its provision is unsystematic and haphazard (p. 915).

Support as an expression of jointly shared obligation

Foster care depends on, firstly, the calibre and expertise of the fostering family, and secondly, the quality and effectiveness of the surrounding and supporting system.

If the system itself is not comprehensively adequate, then the child's welfare and safety are dependent much more on the foster family. If the foster family is inadequate, but the surrounding system is strong, efficient and effective, then compensation can be made for the inadequacies of the foster family. But, if the foster family is inadequate and the surrounding system is also flawed, then the child's experience and future is very much in jeopardy.

In a 'good practice' foster care system, then, there will be both good practice at the family or foster carer level, and there will be good practice in the supporting structures put in place to assist the foster family. Foster care is thus a joint activity between foster families, government(s) and community structures.

What foster carers say about the quantity and quality of support

Data from the foster carer survey provide tangible evidence of what foster carers think of the support they receive. Seventy-two per cent of respondents said they receive 'just enough to get by on' (41%) or 'barely enough' (17%), or 'nowhere near enough' (14%) while 21 per cent said they had 'more than enough'.

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Less than half (44%) rated the support they received as 'extremely good' or 'very good'. Sixteen per cent rated it as 'very poor' or 'extremely poor'.

Further analyses, with tests of statistical significance, revealed that foster carers working for non-government agencies not only get significantly more support than foster carers engaged directly by government agencies, but the quality is rated as significantly better.

Structural support

The whole foster care system is a support structure – with children/young people being the ultimate beneficiaries of that support. The four primary structural components in Australia are:

- Foster carers (and birth families)
- Professionals and para-professionals
- Non-government agencies and associations
- Governments and government agencies

The roles of each of these four structures (and even components within them) differs significantly from the formal, legal and mandated role of governments through to the informal, unofficial and unpaid roles of networks and extended families of carers.

The extent to which the sector as a whole is supportive depends, obviously, on the degree to which each of these structural elements is supportive (and effective and efficient).

Process support

'Support' may also be described in terms of the processes entailed in the foster care system. In this report the processes are combined and reduced to four:

- Enlistment: Identification and registration of suitable foster carers ()
- Placement: matching of 'child' with suitable foster carers
- Care: Period of variable length when child is in the care of a foster family
- Separation: When the child separates from carer and makes the transition to a new situation, be that back to birth family, to a new home, or to independent living

While this reduction may seem grossly oversimplified, it covers the fact that if the state has a child in need of fostering, then the state as the community's representative needs to find a suitable foster family, place the child, monitor the placement and then oversee the separation – assuming that the child either returns to her/his natural family or goes to another 'placement'.

Of course, there are many other processes that occur within each of these stages.

The overall point being made, however, is that from a support point of view, each of the processes involved in foster care are processes in which foster carers need appropriate support in order to make the overall task more effective and the outcomes successful.

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Processes and structure may further be mapped against each other in a matrix. The matrix enables one to see more clearly which structures and which processes go together, and as a consequence to see more aptly where support might most appropriately be needed and provided.

The costs of foster care provision

Not surprisingly, there are a number of finance-specific supports that foster carers look for. They want to provide a professional service, do not generally expect a 'professional' salary to do so. They do, however, expect and need adequate, full and prompt reimbursement of out-of-pocket expenses, plus increased payments to cover actual everyday costs of providing care so that they do not have to meet these out of their own pockets.

Payments and allowances should also recognise the specialist skills of foster carers and the skills they are required to use in providing for children from difficult backgrounds, with challenging behaviours or special needs or disabilities.

These and a range of other supports are generally expected to come from government sources. Not all of them are, nor are they provided uniformly across States/Territories.

Among the other supports sought by foster carers are:

- Needs for special clothing or additional clothing during periods of rapid growth;
- Costs for replacement school clothing;
- Special shoes;
- Wear and tear on the foster carer's home, contents and vehicles, and repair or replacement of damaged property;
- Additional telephone costs associated with phone calls concerning specialist appointments, and contact with birth families;
- Costs of gifts to birth families;
- Indirect costs to foster carers, including:
 - forfeited wages of primary foster carer,
 - loss of experience and career advancement,
 - the emotional, social, and physical drain on foster families who are often caring for very demanding and challenging children,
 - loss of no claim bonuses on insurance policies.
- Costs associated with access requirements:
 - travel, accommodation, food, spending money for the child during access compensation for lost income whilst attending, supervising or transporting a child to access,
 - variations from one access visit to the next (requiring separate identification and documentation before payment),
 - suspension of payment when access visits that extend over night but are not of a significantly longer duration (carers still have to meet the ongoing costs),
 - foster carers believe they are being used physically and emotionally, and financially penalised for having to put in even more effort on these occasions. Perhaps some form of a 'foster carer retainer' payment could be made on such occasions,

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- Equity in travel allowances:
 - Some carers are receiving a nominal or significantly reduced kilometric allowance for transporting a child in their own vehicle when compared to paid workers who receive standard public service rates or significantly higher rates than the foster carers,
- Respite care – the costs of which have to be met by foster carers themselves;
- CPI increases (It is very rare for the full CPI increase to be passed on to foster carers' payments and allowances);
- Education expenses – especially when the cheapest available option is not in the best interests of the child;
- Legitimate items that are not covered by Medicare or health funds, gap expenses, and transport costs to and from appointments;
- Necessary vaccinations – covered by some States, not in others;
- Additional costs associated with rural and remote locations;
- Legal costs;
- Insurance cover against personal and property damage resulting from a foster child's/young person's behaviour;
- The needs of very high support children on a 24 hour 1:1 care basis;
- The placement and support of Aboriginal and Torres Strait Islander and other culturally discreet groups;
- The impact of a GST on foster care, particularly for lower income foster carers;
- Taxation of foster carer payments, subsidies, allowances and reimbursements;
- The costs of foster carer training.

Problems with receiving payment, variations in levels of discretionary payments, and variations in payments between government and non government agencies are also matters of concern.

Many of these issues are being taken up in a privately funded study aimed at identifying the real costs of looking after children in foster care and assessing the adequacy of the current age related subsidy payments to foster carers in Australia.

Foster carer perceptions of the adequacy and appropriateness of support in Australia

Less than a quarter of respondents indicated that they got more than enough support. The largest proportion (41 per cent) selected the 'just enough to get by on' option which indicates that the majority are borderline in their assessment of the adequacy of the amount of support they got. The remaining 35 per cent clearly did not feel that the support they received was sufficient for the task.

Less than half, ie 44 per cent rated the support they received as extremely good or very good. Sixteen per cent rated it as very poor or extremely poor and the remaining 35 per cent considered it average.

Most support by far is received by foster carers from family and friends (55 per cent of respondents indicated that they received 'a great deal' or 'quite a lot' of support from family and friends). Non-government agencies were regarded as the next best source of support (32 per cent getting 'a great deal' or 'quite a lot'). Departments were not seen as strong sources of support,

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indeed nearly half of the respondents (46 per cent) indicated that they got 'very little' or 'no support' from the relevant State/Territory department.

It is apparent from additional data that foster carers seek support from a wide range of other people in the community – much wider, we surmise, than 'ordinary' parents with a birth family.

In relation to after hours support, family and friends again were seen to provide the majority of support (76 per cent saying they received 'extremely good' or 'very good' after hours support) and fellow foster carers (65 per cent) and Agencies (64 per cent) being next. Associations were rated as providing 'extremely good' or 'very good' after hours support by 57 per cent; and 44 per cent of respondents said that their Departments provided 'very poor' or 'extremely poor' after hours support.

The survey also provided respondents with an open-ended opportunity to identify the kind of support that they felt they should get, but did not get. The most frequently mentioned category was 'Departmental provisions, interactions, access availability, openness and trust. Also rating highly was 'improved response time from workers' and 'better information about children'. In terms of resourcing, frequently mentioned support needs were: 'payment/reimbursement for real costs', and 'adequate subsidies/advice on same'. The need for respite for themselves was also frequently mentioned.

Other questions related to the availability of specific support. An alarming 33 per cent claimed not to have a printed manual or guidebook to help them, yet 85 per cent said having that kind of material available was either 'very necessary' or 'extremely necessary'.

Recruitment of new foster carers

There is a range of advertising and recruitment practices across the States/Territories in Australia. None appears to be very successful. Not a great deal appears to be done by way of targeting carers where there are specific shortages, and the recruitment process is reported to take too long. Also, the States/Territories have different approaches to introducing potential carers to fostering and assessing/screening them. Assessment processes generally contain similar elements but are undertaken in different order and over differing periods of time. There is wide support for a national training agenda and an agreed syllabus.

It is a contention of this report, that the lack of training requirement for kinship and relative carers is an unjustifiable anomaly and ought to be addressed. Kinship and family carers should be both entitled to the same training and support provisions as any other foster carer, and subject to the same standards of care obligations.

Data from the carer survey show, furthermore, that foster carers engaged by non-government agencies, receive better and more training than government carers, but that foster carers are eclectic and prepared to take up whatever opportunities, with whoever is offering relevant training, in order to gain and extend their skills.

It was evident from the survey that while a wide range of written materials is available, a lot of it may not be as up-to-date or as conveniently presented as it could be. Handbooks and manuals are only as useful as the currency of the information they contain. At the same time, because

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foster carers are drawn from a wide cross-section of the community, the availability of training aids in many formats would help to reach those who most need assistance.

The placement of foster children

The report argues that the function of placement is a pivotal one in foster care. It is in the interests of both the child/young person being 'placed' and of the foster family with whom the child/young person is placed, that the 'match' between child and family be as good as possible. Reports reaching the researchers, however, indicated that placement practices around Australia are less than ideal, and that one of the root causes is the shortage of suitable foster carers from which a 'match' can be made.

When there are insufficient foster carers,

- Matching effort may, of necessity, be minimal;
- Placement breakdown and the need for the child/young person to be moved to another family increase';
- 'Good' foster carers get overloaded with more and longer placements; and
- Foster carers are unable to take much-needed breaks between placements.

Data from the present study's survey showed that foster carers end up doing more caring of different types than they had in mind initially, and that the main increase is in the area of long-term care.

The UK Foster Care Working Party warned against what it believed was too hasty placements cause in part by mistakenly categorising too many cases as 'emergency'. If a similar practice occurs in Australia, then the Working Party's warning may fit here as well.

Several other support processes and mechanisms are discussed in the present report: support for first placements; support when a subsequent or additional placement is made; the provision of information with a child/young person at the time of placement; and meetings with workers and birth parents. In each of these areas there are special needs for foster carers. While some efforts are being made to address the need, the impression gained by the researchers was that in all areas there were issues that need to be addressed if a quality support system is to be in place.

Improved respite care provisions for foster carers

The need for supported respite care for foster carers themselves is another stand out need highlighted by carers themselves. There is little doubt that as the level of need in children/young people grows, so the stress level and demands upon foster carers increases. Lack of respite leads to burn out for many carers, and there is already evidence that lack of supported respite has led some foster carers to cease fostering.

Recommendation 6

That along with standards advocating respite care for foster carers, conditions be altered so that provision for fully supported respite care is available to carers and is included in all case planning.

Support for foster carers who are alleged to have abused children in their care

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Twenty-three per cent of respondents to the carer survey reported that they had been subjected to such an allegation. A much more common view among foster carers is that an allegation of abuse is an inevitable and regrettable probability. It is also widely accepted, in both Australia and overseas, that even an unsubstantiated allegation causes extensive embarrassment and trauma to a foster carer. There is also data available that shows that allegations of abuse are a prominent reason why foster carers leave fostering.

It is a sore point among carers that they do not get much, if any, support when an allegation is brought against them, even though there is a high proportion of unsubstantiated cases where an allegation has been brought against foster carers.

Twenty-three to 30 per cent of foster carers said that no support was received from the expected sources of support at a time of an allegation of abuse. Family and friends are perceived as offering the best support (85 per cent extremely good or very good) followed by fellow foster carers (74 per cent extremely good or very good) and then the associations (71 per cent extremely good or very good). On the other hand the department is seen as offering extremely good or very good support by only 23 per cent and 40 per cent of respondents rated the departments' support as extremely poor.

Several major overseas researchers and authors have made major contributions to the subject of support for foster carers who have had an allegation of abuse brought against them. They show that there is much that can be done to provide appropriate support to foster carers and that contrary to typical trends, carers ought to be treated as innocent until allegations have been substantiated.

A special Carer Allegations Support Team (CAST), modelled in part on a similar support team in Alberta, Canada, has been attempted in New South Wales. It has, however, received very limited resources and it is unknown as to how successful it has been for this reason.

It is clear that foster carers throughout the country feel isolated, neglected and left to fend for themselves when an allegation of abuse is brought against them. Understandably, the foster care administration gives priority to the protection of children in care and carers wholeheartedly support this principle. However, foster carers also have rights and needs, and the current feeling among carers that they are guilty until proved innocent ought to be addressed. The protocols in Australia at the present time leave many foster carers feeling that they receive no support or recognition at all.

There is a shortage of quality foster carers in Australia. It might be said that there are sufficient carers to meet the immediate need, though stories abound of foster children being accommodated in motels because a suitable family home cannot be found. The ideal number of foster carers should be such that quality matching of children with foster carer families is always possible. For this to happen there would need to be a surplus of carers in every significant category and an effective and efficient way of matching. Especially, however, when there is a shortage of carers, it makes sense to do everything possible to keep those who are providing foster care already. Since the experience of having an allegation of abuse levelled at them is a conspicuous reason for foster carers leaving fostering, it must be a good strategy to remedy existing shortcomings in the handling of allegations.

Recommendation 7

That a national approach to the handling of allegations of abuse be developed so that the

inequities of the current systems be removed and notified foster carers receive recognition and support until such time as the allegations are substantiated.

Improved financial support for foster carers

Foster carers are volunteers but they need to be trained, supported, and recompensed for the cost of the care they provide. Many parts of the community are lacking resources, and that the public purse is not limitless. It is acknowledged that there is a need for the community to be resourceful and self-funding rather than look to government whenever there is a need. However, it seems that the foster care sector is grossly under-resourced and has been for many years. Those who are prepared to take on foster caring and kinship caring deserve significant recognition for their contribution to society. As any of them will readily testify, foster caring is unlike many other forms of volunteering because it is an on-going 24 hour-a-day commitment. It is important to ensure that the extensive and willing contributions of volunteers is valued appropriately and not taken for granted. Most volunteers are happy for their voluntary efforts to be used for the good of the community, but object justifiably when they feel that they are being exploited. There is a need for an agreement between Commonwealth and State/Territory Governments to ensure sufficient funds are available from both to meet the needs of the children.

A range of issues need to be addressed including:

- Funding for recruitment, training, and accreditation;
- Payment of full costs of care;
- Funding of costs involved with allegations including processes and payments of Commonwealth and State support;
- Payments related to 'voluntary care', particularly where the legal status of the child in care or the carers is uncertain;
- Insurance cover for foster carers;
- Removal of income and assets tests for foster carers in relation to allowances for foster children;
- Funding for professional care required by foster children, if necessary through private health care.

Recommendation 8

That the Commonwealth and State/Territory Governments address the issues of providing full costs of foster care so that the combination of State and Commonwealth support is sufficient to fully recompense the cost foster carers experience in providing appropriate care for children and young people.

Child abuse and the foster care system

Two kinds of abuse are addressed in this report:

- Abuse in foster care;
- Systems Abuse as it affects foster carers.

The definition for abuse accepted in this study is the definition standardised by the AIHW. Although AIHW publish statistics on the numbers of allegations of abuse and neglect, it has not been possible to extract from these data the national number of allegations of abuse and neglect

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within foster care settings. Some limited data are just beginning to be available. For example, numbers of substantiated allegations of abuse for 1997-1998 are available for WA, ACT and Tasmania. Similar figures are available for relative/kinship out-of-home situations in Qld, ACT, WA and NT. The proportions for foster and kinship families are considerably lower than for other kinds of family.

Overseas research about the incidence of abuse and neglect in foster homes, as compared with the general population is equivocal. Some data suggest that it is higher in foster families. It is important that adequate records are kept and statistics made available in relation to foster care in Australia.

Many children who go into foster care, have a past history of abuse in their own birth family, so it is particularly important for their health and well-being that the fostering environment is safe and secure, and offers them the chance of rehabilitation.

Systems abuse is well understood by foster carers who believe it is common in Australia. It has been defined in a NSW Child Protection Council publication by Cashmore *et al* (1994) to include the following:

- Lack of continuity and stability;
 - Multiple placements
 - Interrupted, dislocated schooling
 - Welfare drift
 - Multiple social workers
 - Lack of contact with natural parents
 - Separation from siblings
 - Leaving care
- Lack of information and preparation;
- Abuse – physical, emotional, sexual abuse and neglect.

The present study used Cashmore *et al's* definition and elaboration of the problem as the basis for several questions in the carer survey. Aggregated data from all States/Territories showed that three of the types of systems abuse identified by Cashmore and her colleagues were considered by more than half of the respondents to be a problem in their State/Territory. These were *Multiple or disrupted placements; delayed decision-making and multiple social workers*.

Nearly half of the respondents (46 per cent) indicated that delayed decision-making was the systems problem that most needed to be addressed, followed by the issues of multiple social workers (44 per cent), multiple/disrupted placements (43 per cent) and lack of information/preparation in relation to placements (36 per cent).

While this definition is usually applied to children, it became apparent to the present researchers after listening to Australian foster carers, that a parallel form of systems abuse was a common experience for foster carers as well as for foster care children. Almost all of the elements listed above for children occur for foster carers as well.

Standards of care, allegations and support

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Allegations of abuse and neglect and the handling of those allegations by all parties is a particularly sensitive, painful and urgent area of need within foster care. It was one of two 'stand out' areas of concern in the consultations and discussions held for this Report. This is a problem shared with foster carers in other countries.

There is growing agreement that there is a conceptual and practical distinction to be made between abusing a child in care, and failing to provide an appropriate standard of care. Carers do not condone any form of abuse in care. They also seek to provide high standards of care. But where a lack of standard of care becomes a matter of abuse is a very grey area. Some administrations tend to be very hard in their interpretation of abuse, treating what many foster carers would consider a standard of care issue as a matter of abuse.

There are undoubted urgent needs in this area, for both foster carer and kinship care encompassing the following:

- Clarification of the distinction between standards of care breaches and abuse;
- Rights of carers under investigation;
- Independence of investigators;
- Rights of carers for review and appeal;
- Support and advocacy for carers under investigation;
- Availability of accurate and full information for carers;
- Agreed due process for the handling of allegations;
- Enforcement of due process;
- Legal issues;
- Confidentiality;
- Treatment of carers and records when allegations have not been substantiated.

Recommendation 9

That the State/Territory governments develop ways of supporting foster carers to reduce instances of allegations of abuse in care and develop processes for handling allegations against foster carers. This should be encouraged and facilitated by the Commonwealth government because of its interest in the longer term outcomes of children, and in a manner similar to the leadership role adopted by the Commonwealth when addressing long-term homeless, juvenile justice, and carer issues.

Deliberate steps need also to be taken to address systems abuse of both children and carers through the establishment of standards and performance indicators, and through more specific programme management changes so that those who are vulnerable in the system no longer suffer at its hands. A national programme evaluation of foster care provision should be undertaken in the same way that other national service provisions are evaluated for budget purposes.

The Report on Government Services produced by the Steering Committee for the Review of Commonwealth/State Service Provision covers all of the major government services in Australia including children's services and child protection. Foster care is not treated as a separate subject. Other services provided through the budgetary processes of both Commonwealth and State/Territory governments typically included evaluation of the service as part of the accountability requirements.

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It is the view of the researchers, that a national evaluation of out-of-home care, covering both Commonwealth and State/Territory inputs and roles should be conducted. To be effective, this should have commitment of all levels of government in Australia, and should be aimed at facilitating the development of those elements of government provisions that are generally the focus of programme evaluation namely the enunciation of corporate objectives, the identification and definition of performance measures and standards, the implementation of management information systems, the establishment of national standards, and regular reporting procedures.

Recommendation 10

That a programme evaluation of foster care provision be undertaken at both Commonwealth and State/Territory levels to provide accountability to the Australian community of the resources committed to foster care.

Good practice in the foster care system

The study had from its outset an intention to uncover good practice in the foster care sector in Australia. Standards have become accepted means of measuring performance and ensuring that poor practice is outlawed. They are also part of public accountability. But whereas many other areas of government services have been increasingly made accountable by the use of agreed standards, the foster care sector has been barely affected by the generation of appropriate standards. There are examples, however, of standards in the out-of-home area. Australian National Baseline Standards for Out-of-home Care (covering residential and foster care) were agreed upon and published in 1996 by the then Standing Committee of Community Services and Income Security Administrators (SCCSISA).

The Standards, for unknown reasons, were not taken up and applied seriously throughout the sector. They were a good start, but are now seen as in need of substantial revision.

This study endorses the view that comprehensive and agreed national standards should be developed and employed throughout the sector, because:

- The quality of care provided by volunteer foster carers is variable;
- There are no agreed or standard training packages for foster carers but each state administration and indeed each non-government agency has their own training material and curricula;
- Apart from entry requirements, there are no agreed standards, or criteria for foster carers, even though the needs of foster children and young people vary significantly;
- The level and kind of support offered by social workers, case managers and other government officers is heavily criticised by foster carers and the nature of this criticism is indicative of widely varying quality and kind of service provision offered by these 'workers';
- 'Good practice' is not easily brought to mind by foster carers and indeed seems to be a concept that has not yet gained a footing in the foster care sector;
- While there is little evidence to suggest that abuse or neglect of foster children by foster parents or their natural children is a matter for serious concern in Australia (unlike the UK and USA), there is no doubt that it occurs. The adoption of appropriate standards for recruitment, training, and monitoring of foster care, is one positive way of minimising the possibility of abuse and neglect of foster children within foster settings.

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Coupled with standards there should be developed appropriate performance indicators. The Australian Institute of Health and Welfare and the *Report on Government Services* are to be commended for the work they have done to collect statistical data on this sector. It does, however, need to be expanded to cover those statistics referred to elsewhere in this present report and to bring reporting into line with reporting on other government services.

For example, the lead of the *Report on Government Services* series produced by the Steering Committee for the Review of Commonwealth/State Service Provision, we believe the performance standards for the sector as a whole should consist of:

1. Effectiveness indicators, such as:
 - Overall outcomes;
 - Access and equity;
 - Appropriateness;
 - Quality; and
2. Efficiency indicators (mostly the use by organisations of their resources to produce units of services).

Some work has been done on performance indicators and this is a good start. This is a particular role that the Commonwealth government and national foster care peak bodies could take, in order to bring more public accountability to the sector.

National standards for foster care

There has been much talk within the sector about standards, and separate attempts have been and are being made in different jurisdictions to develop standards. While this is a proper right of individual States/Territories to develop such standards, it would be in the best interests of Australian children if national standards were to be developed. There may doubtless be different methods of implementing those standards in different States/Territories, but the sector as a whole needs national baseline benchmarks for performance. There is a precedent in the national baseline out-of-home care standards.

Recommendation 11

That a joint governments representative body, such as the Commonwealth and State Ministers Advisory Council (CSMAC), be given responsibility for preparing and implementing a set of standards to apply specifically to foster care in place of the current national baseline out-of-home care standards.

Benchmarking of foster care

Benchmarking is an increasingly common tool for enterprises that are eager to establish and maintain high quality standards of performance, in both government and non-government sectors. By comparing (benchmarking) themselves against other organisations locally or at a distance, organisations can assess how well they are performing their services relative to others. It is an approach yet to have an impact within the foster care sector, though there is opportunity both within and outside Australia for such an approach to be taken.

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A specific external benchmarking activity was intended from the start of the present project. It was felt that if we were to embark on a modest form of deliberate benchmarking with an overseas foster care system, we might not only obtain some useful information, but we might also set a precedence for benchmarking to be undertaken on a broader and more frequent scale in the foster care sector in Australia. Australian participants in an earlier conference of the International Foster Care Organisation heard that some interesting innovations were being implemented in Canada and accordingly the Foster Parents Association of Alberta was contacted for benchmarking information.

Much useful information was received from Alberta, in particular the following:

1. Their system of classifying foster children and foster homes, based on children's needs, rather than a temporal system as in Australia;
2. The system and processes for handling allegations of abuse (the FAST system).

The classification system is described as *...the process by which foster parents are classified into an established continuum of skill development from basic fostering to Para-professional skills.* In the model, foster homes are classified as one of three types: approved, qualified, or advanced. The classification reflects the qualifications and level of skills of the foster family. As well, foster families under any classification and having the skills or ability and interest, can provide specialized foster care to a child.

The classification system also has implications for training and financial support. Skill fees are paid to compensate foster parents for their time and expertise. They are paid to foster parents on the basis of their training, experience and competency. The amount correlates directly with the classification of the foster family concerned:

The Alberta Foster Parents Association was selected for benchmarking because of the reputation it had for having excellent support arrangements in place to support and help families that have had an allegation of abuse brought against them. A number of particular points about their system for dealing with allegations of abuse could be applied in Australia and these are described in detail in the body of the report.

The Alberta Foster Parent Association provides the Foster Allegation Support Team (FAST) programme which is accessible to all foster parents within the province regardless of whether or not they are members of the association. Such a system in Australia would do much to alleviate one of the most contentious areas of concern in foster care.

The current classification system used in Australia predominantly relates to the immediate practical need for foster care, and seems to have little real impact on foster care processes or decisions.

The Alberta system is applied to both children/young people needing care and foster carers who are available to provide care. It has impact on training, accreditation, and financial assistance and, importantly, the matching process.

Recommendation 12

That as part of any overall review of foster care in Australia, the possible benefits of the Alberta classification system be examined for potential application in Australia.

The other area of the Alberta foster care system from which Australian foster care can benefit is the way in which allegations of abuse are handled. The Alberta system is pervasive in the sense that it covers both attitudes to and procedures for dealing with allegations. The Alberta system recognises that foster carers are part of a professional team and need to be respected.

Recommendation 13

That revision of the structures, processes and practices concerning allegations of abuse in care in Australia, be revised so that they reflect standards and practice that are nearer to the good practice standards pertaining in Alberta, Canada.

A way ahead for foster care in Australia

The view formed in the course of this study, is that the foster care sector is highly fragmented, somewhat confused about its purpose, seriously under-resourced, demoralised and discordant, and in need of urgent attention. This may seem a very negative and even harsh conclusion to draw. It is not done in ignorance of the many good things that are being done in the sector by people in all stakeholder groups. The perception is that where good things are being done and achieved it is because of the outstanding work of certain individuals and despite the weaknesses and inadequacies of the foster care system, its structures and processes.

The authors do not believe that anything in the report will come as a surprise to those working in the sector. States are currently implementing or developing new legislation to address many of the issues mentioned. This period of change appears to be an ideal opportunity to work towards a more integrated national approach.

While there may be a good case to be made for saying that workers and administrators are under significant internal pressures, the conclusion has to be drawn that the onus is on governments to address the issues of building bridges – if only because the care of children is ultimately a responsibility vested in government by the community at large. It is important for the sector that a lead is given, and that other stakeholders respond.

It does not require a great deal of insight in a sector such as this, where there are multiple primary stakeholders, to recognize that concerted effort by a combination of those stakeholders will produce by far the best solution. In the course of this report, it has been argued that foster care is a complex system of interacting processes and stakeholders. A comprehensive approach is called for if the system is to fulfil its role effectively and efficiently.

A role for the Commonwealth Government

The recommendations listed in this report require a cooperative approach of the Commonwealth and State/Territory Governments and community organizations working together for significant improvements to occur in the foster care sector.

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There is a need for one partner to assume a leadership role in initiating and maintaining the work required to achieve this Working Together approach. While the Australian Foster Care Association would be happy to be involved in a leadership role, it is more appropriate for the leadership to rest with the Commonwealth.

The Commonwealth and State Ministers Advisory Council (CSMAC) is the important body to ensure that national action is agreed to and implemented. However, input from community organizations is critical and a means of achieving this needs to be developed. A round table meeting would be a way of commencing this process and such a meeting would provide the opportunity for the Commonwealth Minister to make a statement on foster care before the meeting takes place and to make a joint statement after the meeting.

Recommendation 14

That the Commonwealth and State Ministers Advisory Council (CSMAC) host a round table for representatives of peak national bodies predominantly involved in foster care, along with senior Commonwealth and State/Territory representatives, to discuss the recommendations of this report and to plan for action to occur.

Research and development

Almost every chapter in this report has touched on issues that could benefit from research. There is a general lack of research in foster care throughout the world, but it is worse in Australia. What is always needed, however, for any research to take place is funding. The provision of funding will not only stimulate research but it can direct it to the most important areas. Some suggestions of urgent research need are:

- Breakdown of foster family relationships;
- Abuse in foster care;
- Legal processes;
- The relationship between foster and kinship care and the juvenile justice system;
- The relationship between out-of-home care and the justice, mental health and long term social welfare support systems in later years;
- International advances in foster care;
- Core competencies required for successful foster caring;
- The contribution of volunteer foster carers to the Australia society;
- The case for a separate National Indigenous/Ethnic foster care policy and provision.

Recommendation 15

That governments commission and/or fund appropriate research into foster care as a means of further development of foster care in Australia.

Summary of recommendations

Recommendation 1

That Commonwealth and State/Territory Governments work with and involve the State and National associations of foster carers and help fund their support.

Recommendation 2

That all governments and non-government organisations commit to working together to present the community with a contemporary view of foster care to increase community recognition and support.

Recommendation 3

That the Commonwealth and States/Territories establish a policy on statistical recording of information pertinent to foster care, including the national collection of statistics related to allegations of abuse, and initiate a national collection process.

Recommendation 4

That the Commonwealth and State/Territory Governments initiate a national approach for the recruitment, training and accreditation of foster carers including those providing kinship care.

Recommendation 5

That a National approach on foster care including Indigenous and kinship care be developed as a cooperative venture by the Commonwealth and State/Territory Governments and peak community organisations directly involved in foster care.

Recommendation 6

That along with standards advocating respite care for foster carers, conditions be altered so that provision for fully supported respite care is available to carers and is included in all case planning.

Recommendation 7

That a national approach to the handling of allegations of abuse be developed so that the inequities of the current systems be removed and the foster carers receive recognition and support until such time as the allegations are substantiated.

Recommendation 8

That the Commonwealth and State/Territory Governments address the issues of providing full costs of foster care so that the combination of State and Commonwealth support is sufficient to fully recompense the cost foster carers experience in providing appropriate care for children and young people.

Recommendation 9

That the State/Territory governments develop ways of supporting foster carers to reduce instances of allegations of abuse in care and develop processes for handling allegations against foster carers. This should be encouraged and facilitated by the Commonwealth government because of its interest in the longer term outcomes of children, and in a manner similar to the leadership role adopted by the Commonwealth when addressing long-term homeless, juvenile justice, and carer issues.

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Recommendation 10

That a programme evaluation of foster care provision be undertaken at both Commonwealth and State/Territory levels to provide accountability to the Australian community of the resources committed to foster care.

Recommendation 11

That a joint governments representative body, such as the Commonwealth and State Ministers Advisory Council (CSMAC), be given responsibility for preparing and implementing a set of standards to apply specifically to foster care in place of the current national baseline out-of-home care standards.

Recommendation 12

That as part of any overall review of foster care in Australia, the possible benefits of the Alberta classification system be examined for potential application in Australia.

Recommendation 13

That revision of the structures, processes and practices concerning allegations of abuse in care in Australia, be revised so that they reflect standards and practice that are nearer to the good practice standards pertaining in Alberta, Canada.

Recommendation 14

That the Commonwealth and State Ministers Advisory Council (CSMAC) host a round table for representatives of peak national bodies predominantly involved in foster care, along with senior Commonwealth and State/Territory representatives, to discuss the recommendations of this report and to plan for action to occur.

Recommendation 15

That governments commission and/or fund appropriate research into foster care as a means of further development of the sector in Australia.

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1 What and Who this Study is About

Introduction

The Commonwealth Government allocated funds in the 1998 Budget for a range of innovative projects concerned with child abuse prevention and parenting support.

The particular kinds of projects being sought were those that would effectively strengthen families and support parents. The stated objective in providing funding for such projects was the expectation that they would 'assist in reducing the incidence of child abuse in Australia and in building stronger families with improved coping mechanisms.' Further, the hope was expressed that 'the projects will foster improved parenting practices which can have a significant impact on the development of children's emotional and behavioural problems and on enhancing children's resilience'.

Funded projects were to:

- Contribute significantly to preventing child abuse and neglect and supporting parents in their parenting roles;
- Lead to child abuse prevention and parenting strategies for diverse communities or specific populations; and
- Increase community awareness about the impact of child abuse and neglect, promote discussion of national issues of importance for the protection and well-being of children and increase knowledge about parenting issues.

The then National Foster Care Forum (now known as the Australian National Foster Care Association), a peak organisation of representatives of foster care associations in every State and Territory in Australia, made a submission to undertake a study of support provisions within the foster care sector of Australia. The study was intended to meet the government funding requirements but to have a focus specifically on the foster care sector. The submission was examined by the Family and Children's Services Division of the Department, and was one of several submissions to receive a grant.

Submission from the National Foster Care Forum

The overall objective of the National Foster Care Forum's submission was expressed as being:

'...to strengthen foster care families in Australia by evaluating the mechanisms for support of foster carers offered through government and non-government foster care mechanisms and structures and seeking to raise the quality and quantity of support offered.'

Particular objectives were stated as:

- *To obtain information about models of foster carer support currently in use in Australia;*
- *To evaluate the level and kind of foster care support in Australia;*
- *To benchmark foster carer support in Australia against known quality support provisions overseas;*
- *To determine the relationship between the kind and level of support and the quality of foster care including incidence of child abuse;*
- *To identify potential best practice models of foster carer support;*
- *To trial enhanced support strategies;*
- *To evaluate the trials; and*
- *To develop and make recommendations to the Commonwealth Department and to State/Territory agencies about the quality and quantity of support for foster parents and children in Australia.*

The expected outcomes were that at the end of the project:

- *The kind and level of foster carer support available in Australia will be documented;*
- *The kind and level of foster carer support offered in Alberta, Canada, will be documented;*
- *The quality and quantity of foster carer support in Australia, relative to that available in Alberta, Canada will be demonstrated;*
- *Some models of good foster carer support practice in Australia will have been identified;*
- *Preliminary data about the relationship between the level of support offered and the quality of substitute care (including safeguards against abuse) will be obtained;*
- *Some enhanced mechanisms and provisions will have been tested in the context of medium term trials;*
- *Information on current Australian provisions, and Canadian equivalents, will be freely available to governments, peak bodies and other organised groups within the sector;*
- *Descriptions of the enhanced models trialed and their results, along with information about how to implement those enhancements, will be freely available;*
- *Recommendations will be offered to peak bodies, State/Territory agencies and workers about support provisions (strategies, staffing, training and resourcing) at the local level; and*

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- *Recommendations will be offered to the Commonwealth Government about the value of foster carer support provisions for strengthening families, supporting parents and minimising abuse that children in care might experience, and the level of public resources that is required to offer an appropriate level of support.*

The National Foster Care Forum believed that the project had the potential for making a very significant contribution to the quality of substitute care in Australia. To obtain definitive information about the quality and quantity of support being offered, and to benchmark it against support provisions in Canada, would assist greatly in defining and refining the support role in Australia and giving it adequate resources. This in turn was expected by the Forum to result in higher quality foster care and a reduction in poor care practices and abuse in foster families.

It is estimated by the National Foster Care Forum, that there are approximately 10,000 foster carers nationally in Australia. Foster care is administered by State governments through agencies (government and non-government) across Australia. The exact form and the level of support, however, vary widely across the country though it is clearly a crucial component in the overall substitute care provision. Indeed, it is considered that the success of foster care is at risk if the issues surrounding support are not addressed.

As part of the process of de-institutionalisation occurring within the substitute care system across Australia, foster carers are now required to take on increasingly difficult and complex placements, including a growing number of cases of children who have been subjected to various forms of abuse. It is clear that foster carer parents look for and need support, and anecdotal evidence suggests that foster carers are less effective in their demanding and sensitive roles when that level of support is low or missing altogether. Indeed, the process of de-institutionalisation is itself a primary reason for implementing a sound and effective support structure and process since under previous institution-focussed provisions, the support for carers (institution staff) was inherent within the institutions themselves.

Not only is the quality of parenting likely to be related to the level of support offered, there are good reasons for believing that abuse of children in foster care will also be related to the measure and quality of support given to foster carers.

Since many (estimates put the number as high as two-thirds of all children) who come into care have already been victims of abuse, further abuse in substitute homes is highly undesirable. There is no doubt that children can be and are sometimes subjected to abuse while in foster care.

Hence to focus attention on support provisions, as this project does, can be expected to make a substantial contribution to improving the quality of foster care in Australia, and at the same time to lead to ways of minimising the possibility of foster children being abused while in care.

Children in care

The 1997 Australian Law Reform Commission's report (Australian Law Reform Commission, 1997) described the extent to which children were under the formal care and

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protection system in Australia. It noted that children may be under care and protection orders in the States/Territories of Australia for one of several reasons with slight variations between jurisdictions:

- They may be placed under a supervision order and remain with their family under the supervision of the relevant State/Territory department;
- They may be placed under the guardianship of the department and become a ward of the state, yet remain living with their parents; or
- They may be removed from their family and placed in out-of-home care, either as a ward or remaining under the guardianship of the family.

They may also be placed in out-of-home care voluntarily by their parents and not subject to care and protection orders at all.

The Australian Institute of Health and Welfare (AIHW) shows the number of children in out-of-home care, as follows:

Table 1 Number of children, aged 0 – 17, in out-of-home care at 30 June 1998, by placement type (Source: *Australia's Welfare 1999, p 289*).

Type of care	State/Territory								Total
	NSW	Vic	Qld ¹	WA	SA	Tas	Act ²	NT	
Facility based care	351	619	120	158	48	74	16	29	1415
Home based care									
Foster/community care	2395	1988	1729	689	907	202	118	36	8089
Relative/kinship care	2507	888	497	226	86	166	40	36	4446
Other home based care		105			14			7	126
<i>Total home based care</i>	<i>4902</i>	<i>2981</i>	<i>2226</i>	<i>915</i>	<i>1007</i>	<i>368</i>	<i>158</i>	<i>104</i>	<i>12661</i>
Independent living (including private board)	147	15		13			5	3	183
Other (including unknown living arrangements)	203			7				1	211
<i>Totals</i>	<i>5603</i>	<i>3615</i>	<i>2346</i>	<i>1093</i>	<i>1055</i>	<i>442</i>	<i>179</i>	<i>137</i>	<i>14470</i>

¹ Includes 3 people over 18 who were on juvenile justice orders.

² The number of children placed with relatives/kin may be understated if the relationship of the carer to the child is unknown (where the carer is recruited by a non-government organisation). Data for the Australian Capital Territory include placements in the Supported Accommodation Assistance Program where Family Services made a payment.

The Law Reform Commission (1997) drew attention to the fact that

Many children entering the care and protection system are already disadvantaged according to other social indicators. For example, there is a clear relationship between economic disadvantage and contact with care and protection systems. In addition, indigenous children, who are generally disadvantaged on many scales, are particularly over-represented in the care and protection systems of Australia (p. 422).

A more detailed summary of children in care in NSW is shown in the following table reproduced from the Community Services Commission's report on a consultation with children and young people in that State. It may be taken as indicative of the typical spread of

children in care. (It is not possible to produce a similar table for all States/Territories for this report.)

Table 2 Children in care at 30 June 1999 in NSW by current placement type

Placement type	State total	Percentage
Parent/s	474	6.1
Other family/kinship (including Aboriginal kinship)	3,004	38.7
Non-related family	779	10.0
Independent	175	2.3
Supported accommodation	106	1.4
Residential care	271	3.5
Foster care	2,509	32.3
Adoptive	87	1.1
Departmental Family Group Home	16	0.2
Other	318	4.1
No fixed place	18	0.2
<i>Totals</i>	<i>7,757</i>	<i>100.0</i>

Of the 7,757 children and young people in the substitute care program in NSW, 1,891 were Aboriginal and Torres Strait Islanders, 408 of whom were in foster care. This appears to be atypical of other States/Territories with the exception of the Northern Territory.

Foster carers

Most statistical collections and reports relate to children in care rather than the foster carers who look after them. There is no central database of foster carers in Australia. State/Territory departments may have a mailing list of foster carers currently eligible to receive allowances payments. These mailing lists appear however to be only used for that purpose and not for other statistical or data management processes. Hence, as far as the public record is concerned, there are only estimates of the numbers and profiles of foster carers.

The number of families providing foster care is likely to be less than the number of children in out-of-home care as reported in Table 1 because there are often multiple placements, eg where siblings are kept together in preference to splitting them. On the other hand there are also times when a foster family does not have a placement with them, either because they are just embarking on foster care having completed training and assessment, but not yet with a child to care for or because they themselves, are having respite from caring.

A recent estimate provided by the National Foster Care Forum put the number of foster carers in each of the Australian States and Territories at the following rates. It gives some feel for the likely numbers of children in foster care, as distinct from out-of-home care.

Table 3 Foster Care Association estimates of the number of foster families in Australia

State	No. of families
NSW	2661
VIC	1849
QLD	1693
WA	651
SA	928
TAS	240
NT	178
ACT	140
<i>Total</i>	<i>8340</i>

Without national accreditation for foster carers, there is no need to keep even a register of foster carers who are accredited in any state let alone across the whole country.

Whether there are sufficient foster carers in Australia is a topic to which this report returns on several occasions. There is a general agreement among foster carers and the associations of foster carers that there are not enough foster carers, and those that are still providing their services are highly dissatisfied with many aspects of the system.

Importance of support

In a Canadian study of the reasons why foster carers withdrew their services as foster parents (Lewis, 1998), 68 per cent of respondents believed that 'many people quit fostering because of lack of support'. In response to the question 'Where do you get help now with fostering problems', 40 per cent said they received help from workers and foster parents, and 20 per cent were unsatisfied with the support they received, and 24 per cent said the support they received was not adequate for their needs.

As is reported in Chapter 8 of this report, 43 per cent of survey respondents knew of foster carers who had ceased caring because of a lack of support following an allegation of abuse.

Findings from a yet-to-be-published Queensland study of the reasons why foster carers cease caring are provided in Chapter 4 of the present report. They similarly reveal that lack of support was also prominent as a reason why foster carers decided to stop caring for foster children and young people.

Cashmore et al (1994), in their Australian study of systems abuse, have noted that:

Inadequate support for foster carers is a recognised factor in placement breakdown (Berridge and Cleaver 1987; Cavanagh 1992; Elliott 1992; Steinhauer 1991; Triseliotis 1989; Usher Report 1992). The major concerns of foster carers in the submissions and consultation were that payments were slow, inadequate and inconsistent (especially in their flexibility, speed and generosity), and that departmental officers did not keep in touch and kept changing (because of staff turnover) (p. 113).

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In a recent Inquiry into the practice and provision of substitute care in New South Wales (Community Services Commission, 2000a), the Community Services Commission states:

...it is clearly evident that many foster carers do not receive anywhere near the support they require to fulfil their often very difficult role. Placement support has historically not been a priority of the Department, and many of the smaller agencies struggle to prioritise such support. The outcome is inevitable – placements break down, foster carers feel frustrated and angry, children are moved on.

The authors of a Barnardo's United Kingdom report on what works in family placement, Sellick and Thoburn (1996) state:

The research evidence highlights three major areas of importance to fostering agencies in respect of support to foster carers. Firstly, supporting foster carers maximises their retention; secondly, it minimizes agency costs; and thirdly, it prevents breakdowns of placements.

The establishment of an experienced, committed and stable workforce of foster carers enables them (agencies) to offer choices of placement and to match the needs of children, to extend the fostering role and reduce the cost of expensive recruitment campaigns...

It is difficult to over-estimate the importance of support to foster carers...Deficiencies in support may stem from the attitude and behaviour of social workers towards foster carers. Foster carers are not supported if they do not feel they are well regarded by social workers, are not well informed by them, are not invited to participate in decision-making and do not receive sufficient recognition and status for what they and their families undertake (p. 50 – 54).

With this evidence in the literature and comments in discussions with foster carers, it seemed important for us in the Australian survey of foster carers to ask about the perceived importance of support to Australian foster carers. The question was general and made no distinction between kinds of support. The responses provided are reported in the following table.

Table 4 The importance of support to foster carers

Rating	Number giving this rating	Percentage
Absolutely essential	440	54
Very important	242	30
Useful	96	12
Not that important - can manage without it	28	3
No response	6	1
<i>Totals</i>	812	100

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Eighty-four per cent of respondents rate it as absolutely essential (54%) or very important (30%) and only 3 per cent indicated that they could manage without it. This shows quite unequivocally how foster carers perceive the importance of support provision to their roles.

It is possible, of course, that 'normal' parents, if asked the same question, might respond the same way. We think that highly unlikely, however, because in the foster care sector support does have a meaning above and beyond the kind of support that any mainstream family would think of as support. But apart from that, any foster carer would report that looking after a foster child is not the same as having another of your own children in the family. There are both added responsibilities because the child is not 'your own' and because in a large proportion of cases, children and young people who require out-of-home care do so because they have already suffered the trauma of neglect and abuse that has brought their case to the attention of police and child protection officers.

2 Definitions and Scope of the Study

Introduction

This report is not a research report in the usual sense of that description. It does, however, include some original Australian research and a limited review of relevant literature. In addition, it reports the results of many discussions with foster carers, administrators and government officials. As it was described in the submission for funding it is 'An assessment of current foster carer support mechanisms ...'

Defining 'sector'

The term 'foster care sector' is widely used by those who work in foster care and related services. It is also used throughout this report to refer to the stakeholders who have either a direct or an indirect interest in foster care as a form of substitute care for children in need. To minimise the possibility of misunderstanding, we define the sector schematically, and in terms of stakeholders as follows:

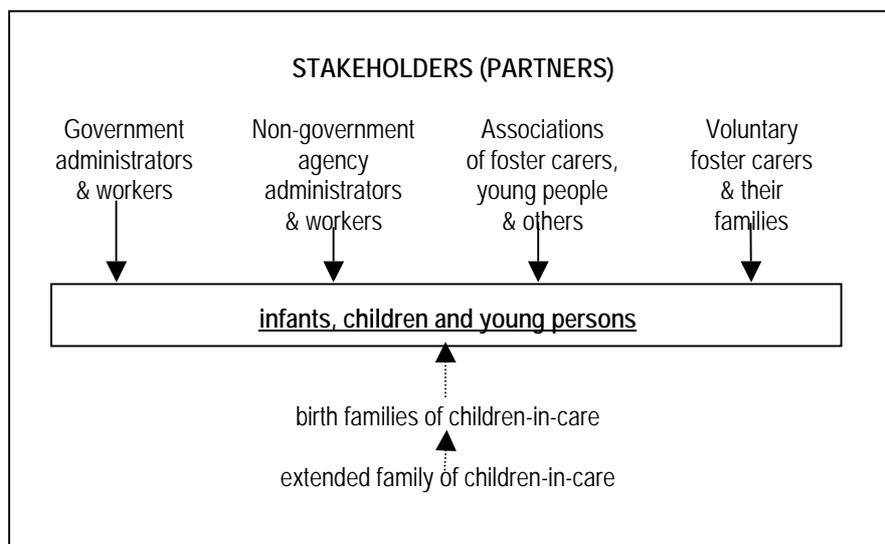


Figure 1 Foster care sector by stakeholders as found in Australia

There are many stakeholders in the foster care setting. They form, with their policies, programs and activities, a 'system' of care and support. The meaning and characteristics of foster care as a 'system' are dealt with in Chapter 3.

Terms and distinctions

A number of terms related to the care of children are in common use in the sector and some of them are sometimes used interchangeably. They are not, however, synonymous terms, though some expressions can subsume others. For example, foster care is one of several 'substitute care' strategies, and 'substitute care' is itself a subset of 'out-of-home care' approaches. How they are related is portrayed in the following diagram.

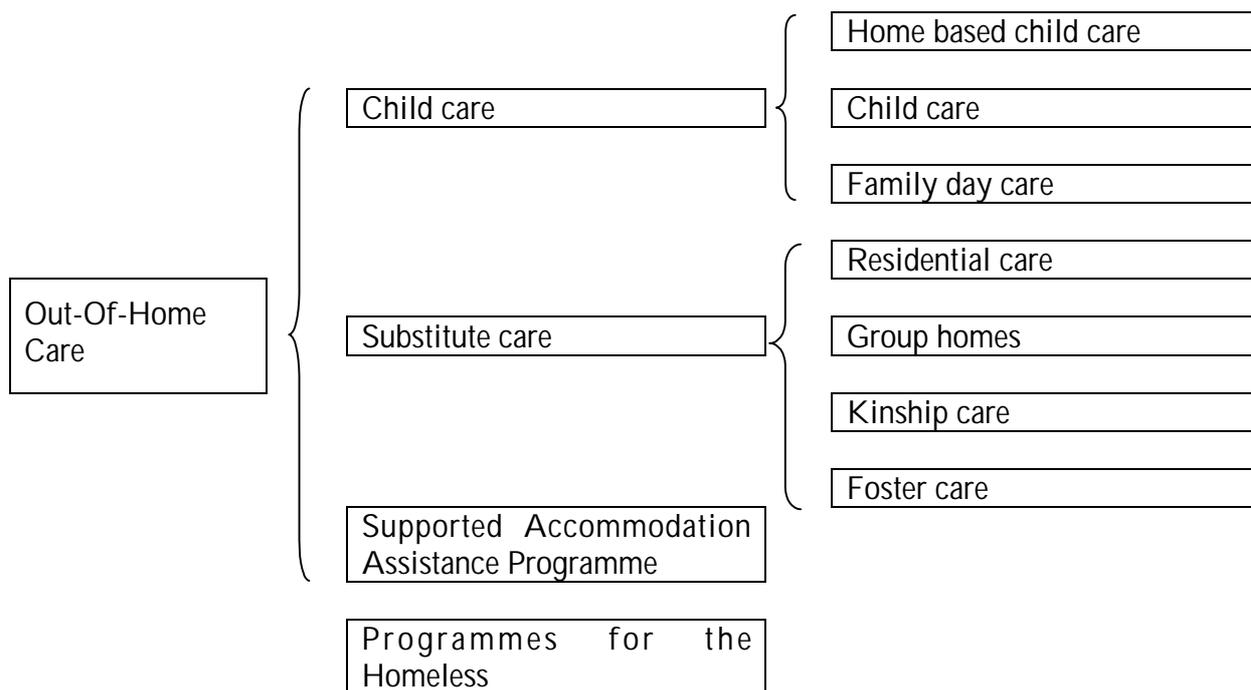


Figure 2 Components of out-of-home care in Australia

Even this representation can be misleading in its simplicity and separation of functions or strategies. Kinship care, as a case in point is a strategy in its own right, but can also be viewed as a form of foster care, and generally has been in this study.

Purchaser-provider distinctions

A distinction that we felt should be kept in mind in examining the current foster carer support provision was that between purchaser and provider. It is a distinction that has come more sharply into focus in recent times within government administrations. A quote from the *Report on Government Services 2000* (SCRCSSP 2000) expresses very clearly both the distinction and the key reasons for making it, as follows:

Governments manage and fund the service provisions system (a 'purchaser' role), and may produce services (a 'provider' role). The purchaser and provider roles are conceptually separate. Governments may not provide services that they fund, which

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instead are delivered by external agencies (for example, charitable or for-profit organisations).

Governments can fund externally provided services by:

- *Subsidising users (via rent assistance for example), who then purchase services from external providers;*
- *Directly funding external providers (with disability services for example); or*
- *Using a mix of these systems. (p. 7)*

State and Territory governments across Australia purchase foster care, though elements of each of the above three models identified by Steering Committee for the Review of Commonwealth/State Service Provision may be found in different parts of the country.

This distinction between purchaser and provider is useful in attempting to understand differences in the perceptions of role, responsibilities and priorities, which can be encountered in the foster care sector. In turn, such differences in perception can influence significantly the kind and amount of support that is offered to foster carers and the means by which it is offered.

During the period of this study, the mix between purchaser and provider in some States has shifted. In at least two States/Territories, South Australia and the ACT, there has been a specific policy decision to 'outsource' the service delivery components of the foster care functions. In each case the intention has been to relinquish the role by government administration of directly engaging foster carers and instead handing this role over to non-government providers.

A representation, in general terms, of the purchaser/provider implications for the foster care sector is as follows:

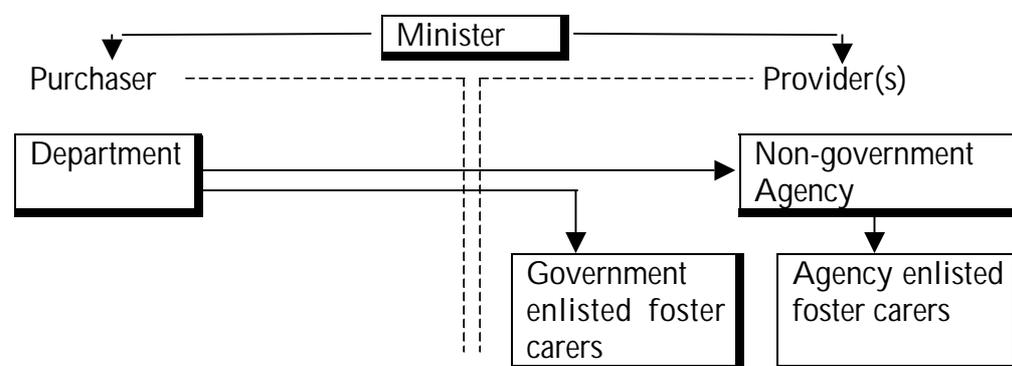


Figure 3 Generalised model of purchase-provider foster care services in Australia

Performance indicators

Discussions about performance in government services inevitably lead to the topic of performance indicators. While there are different frameworks for listing and defining performance indicators, the framework adopted by the Steering Committee for the Review of

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Commonwealth/State Service Provision is one which focuses on the two strands of efficiency and effectiveness. Effectiveness is further subdivided into: outcomes; access and equity; appropriateness; and quality.

The foster care sector is largely untouched by this thinking. This is not to say, however, that it is entirely so. There are many within the sector who believe that foster care ought very quickly to be opened to scrutiny and accountability against standards and performance measures. But to talk of efficiency and effectiveness presupposes that other concepts are in place. For example, it is particularly important that there be overriding statements of purpose – that the outcomes of foster care programs and support provisions should be publicly stated. Only when this is done, can realistic and relevant performance indicators be developed.

The National Foster Care Forum is a relatively recent innovation in the sector (1995), and although it is ideally placed to develop public statements about objectives, outcomes, standards and measures of performance, it has very limited resources and has accordingly been unable to create the foundation necessary for both sector improvement and sector evaluation or to develop any momentum towards the development of these management tools.

In making the claim that there are no overall objectives, expected outcomes, performance measures or standards, the reference is to the sector as a whole. Some stakeholder groups or organisations do have their own statements of purpose and standards, though the extent to which they play pivotal roles in the delivery of support to foster carers, or are used as a way of reducing the incidence of abuse is not clear.

As an example of how legislation, policy, objectives and performance measures are being implemented in parts of the foster care 'sector', reference may be made to the chapter on *Protection and support services* in the Report on Government Services 2000 (SCRCSSP, 2000, Chapter 14). That report, however, refers to protection and support services in the general community, not just the foster care sector.

The Steering Committee for the Review of Commonwealth/State Service Provision reports on page 1233 that

The aims of child protection services are to:

- *Protect children and young people at risk of harm within their family or in circumstances in which the family of the child or young person does not have the capacity to protect them; and*
- *Assist families to protect children in an efficient and effective manner.*

This definition of the objectives for child protection services is followed by a schematic representation of performance indicators.

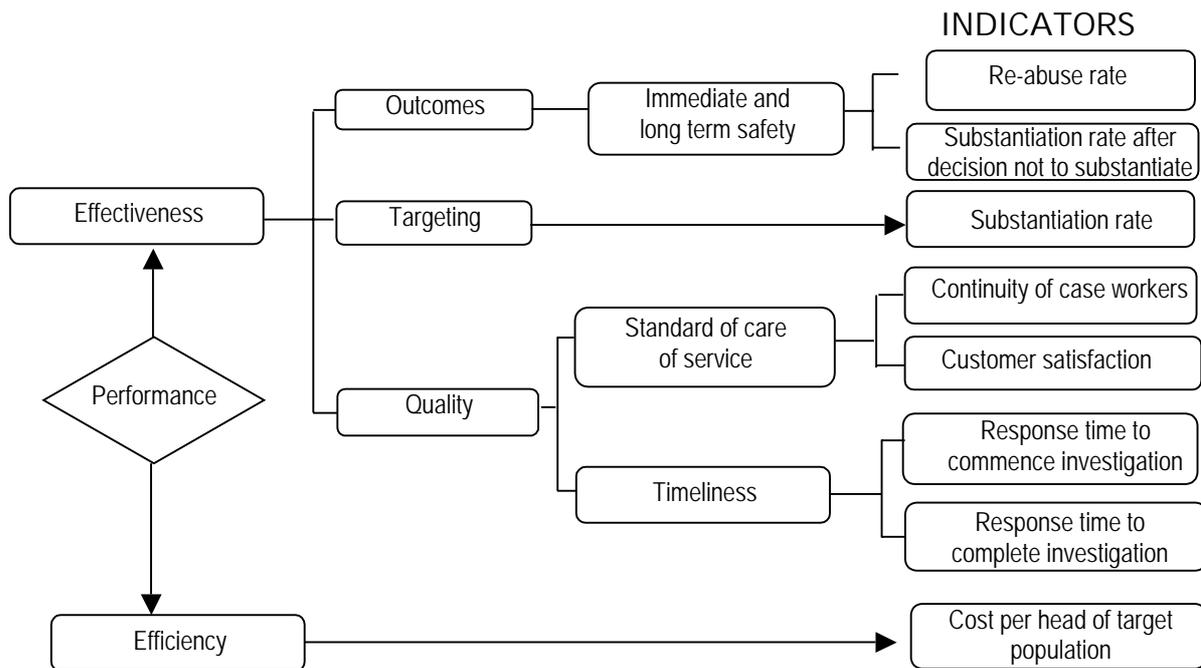


Figure 4 Performance indicators advocated by the Steering Committee for the Review of Commonwealth/State Service Provision (SCRCSSP 2000, p. 1233)

The above schema is a general one for child protection. It is not difficult to derive a similar schema using similar concepts and relationships to represent specifically the foster care sector, though to our knowledge there are no shared objectives for foster care services as there are for child protection services. We assume that shared objectives may be somewhat like the following:

The aims of foster care services are to:

- Provide children and young people with a substitute home when the family of the child or young person does not have the capacity to provide a 'natural' home;
- Provide circumstances in which the children or young people in foster care can develop physically, intellectually, emotionally and culturally as if they were in their 'natural' family;
- Assist children and young people in foster care, where it is in the best interests of the children or young people, to maintain or rebuild good relationships with their natural parents; and
- Provide, where possible and desirable, circumstances in which children and young people in foster care may be reunited with their birth parents, or embark on independent and self-sufficient living in the broader community;
- In an efficient and effective manner; and
- Assist in an adequate, effective and efficient manner, those families that are willing and able to provide an alternative home for foster children and young people.

If objectives such as these were used, then they would logically lead to a schematic with performance indicators such as portrayed in the following:

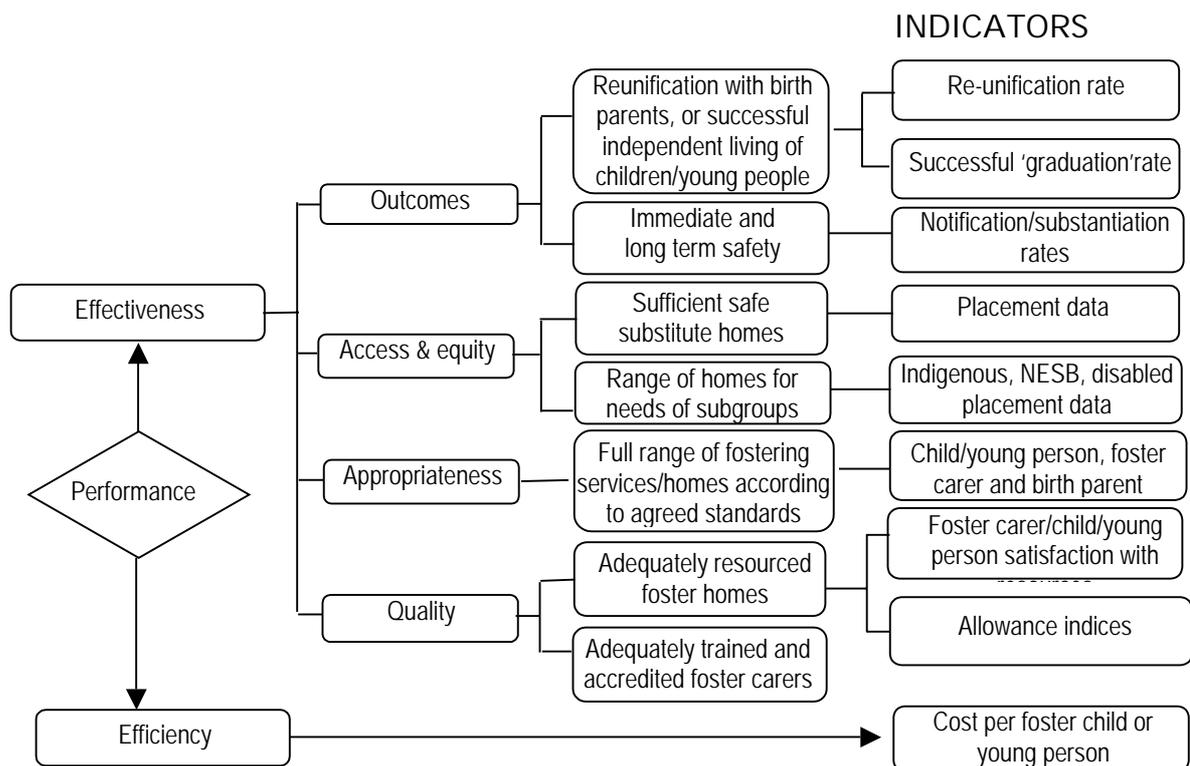


Figure 5 Possible framework of performance indicators for foster care provision in Australia

Before one can have good performance measures, of course, there is a need for a very clear idea of the outcomes that are wanted. Sellick and Thoburn (1996) in their extremely valuable study of success indicators in foster care, separate outcomes for the primary stakeholders in foster care: children and young people, birth parents, foster parents, agencies. Since this present study is in the first instance about foster carers, only those outcomes for foster carers identified from the literature by Sellick and Thoburn are reproduced here:

Indicators of success - foster carer outcomes (p 33)

- Was the child's placement a successful experience for the foster carers in terms of providing the rewards which they hoped to get out of fostering?
- Did the foster carer's own children enjoy and feel a part of the fostering experience?
- Did the placement last for the length of time originally planned?
- Did the foster carers believe themselves to be fully involved in the day-to-day decisions affecting the child in placement?
- Were the foster carers sensitively and effectively supported by the social worker and the fostering agency?
- Were the foster carers able to use their knowledge, skills and experience to the benefit of the child?
- Overall, did the placement add to the foster carer's skills and confidence?
- Was the well-being of the foster carers and their children at least no worse (and preferably higher) as a result of their foster caring?
- Are the foster carers able to transfer learning from this and previous placements to future ones?

The researchers did not attempt to measure these performance indicators or to gather data pertinent to them. Nor did they encounter any studies that had done so. Furthermore, they know of no foster carer representative organisation that attempts to monitor indicators such as these on behalf of its constituents.

Approach

The study was described initially as an 'assessment' because it wished to describe those elements of foster care which were relevant and to make some judgments about the appropriateness and adequacy of those elements.

Where value judgements are implied or expressed, they will generally be as a result of one or more of the following:

1. A comparison between what has been observed or reported from within the sector with standards, ideals, theoretical models or comparative practices elsewhere;
2. Explicit comparison between foster care provisions and arrangements in Australia and those that have been reported to us from overseas, such as from the Foster Parents Association of Alberta in Canada;
3. Other judgements have arisen as a result of the attempts to portray in theoretical models the structures and processes of foster care. Many of the models we have developed in order to represent foster care have elements of the ideal in them. Hence they became, in process of development, an implicit standard;
4. The discussion of 'good practice' in foster care led to yet another element of assessment because consideration of 'good practice' leads to the consideration of objectives, performance measures and performance standards on the one hand, and to self-examination on the other.

The study has been conducted at the request of the then National Foster Care Forum (now the Australian Foster Care Association) by independent researchers who are not themselves foster carers or workers within the foster care sector. The perspective taken throughout the research and primarily reported on in these pages, is the perspective of foster carers. There have been numerous occasions, however, when the researchers drew the attention of foster carers and their representatives in the Foster Care Associations, to matters which the foster carers themselves ought to improve, if possible.

The researchers have been cautious about making personal evaluations of the foster care system or administrators and practitioners within it, since those valuations could only ever be subjective impressions. They do, however, stress that the foster care sector along with other community sectors and enterprises needs to open itself to public scrutiny.

The mood within the foster care sector at the moment, as perceived by the researchers, is brittle. There is a widespread belief expressed openly to us as independent researchers that there are many things within foster care provisions and practice in Australia that could be improved. These vary from quite high level philosophical, legislative and policy issues through to day-to-day implementation of foster care practice. Some supportive evidence of this may be taken from the fact that several States and Territories have gone through or are currently undergoing a revision of legislation and guidelines for foster care.

It seems evident also that foster care, as part of other care services provided across Australia has been coming under scrutiny in most states and the territories in Australia as part of the overall changes within government administration. For example significant changes in thinking if not in practice are occurring because of the shift to the purchaser-provider model described earlier and the widespread move towards benchmarking practices as part of attempting to provide more effective and efficient services.

It is important to stress that the views expressed in this report, although conducted under the auspices of the Australian Foster Care Association, do not necessarily represent the views of any or all of the members of the Association. The Association members have, however, had opportunity on numerous occasions to provide input to the study, as have the State/Territory foster care associations and peak non-government child care organisations. Furthermore, the final drafts of this report have been scrutinised by members of the Australian Foster Care Association, and some of the submissions made by the members of the Association have been incorporated into this report.

In conducting the study, the researchers wanted to take into account emerging thinking about the evaluation of government services. They found the following particularly relevant and useful:

- *Report of the National Commission of Audit 1996;*
- *Outcome Measurement in Child Protection: International Literature Review and Critical Analysis of Child Protection and Alternative Placement Outcome Measures 1998 (Gain and Young);*
- *Report on Government Services 2000: The Steering Committee for the Review of Commonwealth/State Service Provision (SCRCSSP);*
- *The Commission of Inquiry into Abuse of Children in Queensland Institutions (1999);*
- *Report on Government Services 2000.*

The National Commission of Audit (1996) noted in the executive summary of its report that it took three basic premises as a starting point, viz:

- *That governments do need to operate efficiently;*
- *That the community would prefer action to make delivery of services more efficient rather than cutting assistance to those in genuine need; and*
- *That well managed government contributes to a more competitive Australia.*

Limitations

Since this study endeavoured to cover such a wide area, a number of difficulties were encountered in obtaining both the amount and the kind of information that might otherwise have been needed to make this a rigorous and comprehensive report. Not that it was in fact intended to be either a scientific study or one that could claim to be fully representative of all views in the Australian Foster Care Sector.

It was also realised after some progress had been made in establishing some base models to represent the foster care sector, that this was much bigger task in hand than we could manage given the resources at our disposal. The range of issues and the complexity of the interactions

between them is a characteristic of this sector. It became necessary, therefore, for limits to be put on the scope of the study.

It had always been our intention in conducting this study to consult widely, inviting stakeholders to make submissions. For example, the foster care associations, State departments and non-government peak bodies were all invited to make comments on their perceptions of 'best practice' in the foster care sector. While there was a significant degree of interest, very little information was forthcoming. This is not to imply a lack of cooperation, but rather that the willingness to contribute is frequently curtailed by a lack of time and resources.

Many issues came to our attention in the course of this study – far more indeed than we could handle. We became increasingly aware in writing the report of issues about which we had collected very little information. Yet many of these issues are bound to be important. As an example, the issue of recruitment of foster carers is, intuitively, a critical one. There is a shortage of foster carers, and unless recruitment is done well, there are going to be problems with matching children in need with suitable foster homes. It almost goes without saying also that if recruitment processes are not of the highest possible standard there is every likelihood that ultimately unsuitable people could be counted among the ranks of foster carers.

Finally, as noted elsewhere, the difficulties of obtaining information led us eventually to tackle a national survey of foster carers, an ambitious logistical task. The study was limited from a research perspective, but in the end it has contributed to this report way beyond our expectations.

Documentation of support provisions

We have felt from the outset, that even if we were able to achieve little else, the documentation of arrangements and provisions for the support of foster carers within the foster care sector would itself be a valuable contribution to understanding and managing child care and protection through foster care. Because foster care is viewed primarily as falling under State and Territory government jurisdiction, it is easy for foster carers and foster care administrators to become limited in their knowledge to what is happening in and beyond their home State or Territory. While this may not be such a significant weakness, it can lead to parochial views and a lack of innovation or improvement in service provision. By documenting the provisions across the country, and making that documentation public, we hoped to encourage a level of 'cross fertilisation' in approach and practice in foster care.

Foster carer survey

At the outset of this study, some consideration was given to the possibility of conducting a foster carer survey. However, four key facts led us to conclude that the logistics of conducting a survey would be extremely difficult to handle:

- Foster care at the practical management level is a responsibility of State and Territory governments whereas our study is funded under a Federal Government program;
- The foster care population is spread over the entire country and therefore not evenly accessible except by mail;

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- Foster carers are cared for in some cases by an agency and in other cases by government departments; and
- Mailing lists were known to be incomplete and not accessible to us.

To these difficulties could be added the cost of such a survey. We felt certain that the cost of a survey on this scale would mean that it could not be conducted within the budget of the study.

The difficulties of obtaining critical information for the study in a manner and quantity that would be necessary to legitimate the study, led us to re-visit the possibility of conducting a national survey of foster carers. We concluded this time that the survey should be planned and implemented even if it left much to be desired from a research point of view. But against this was the growing realisation that with the foster care sector in such a fluid state, the data from a national survey would have enormous value not only for this study but also for policy formulation and programme development at Commonwealth and State levels.

The survey questionnaire was accordingly designed and distributed. A sampling procedure, such as would normally be undertaken with a survey like this, would have added significant complexity to the process of getting the survey out. The strategy used was to distribute the questionnaires to as many foster carers as possible in each State/Territory by the easiest method available. In some States it was sent out as an insert in the monthly newsletter of the Association or Agency. In other cases, it went out as a separate mailing to all those on the mailing list. In one case, it was distributed along with payment slips by government administrators.

Seven thousand five hundred surveys were distributed through foster care associations, non-government agencies involved in foster care and in one case through a government agency. Eight hundred and twelve foster carers responded to the survey. This represents a 10.8 per cent response rate.

This is the first foster care survey of this magnitude in Australia, and the data are therefore of considerable importance. Not only do they shed solid empirical light on a number of facets of foster care support, but they will doubtless be a stimulus for future, more focused, research. The breakdown of respondents by State/Territory is as shown in the following table.

Table 5 Breakdown of survey respondents by Australian State/Territory with estimated number of foster carers for comparison

State	No of respondents	Estimated number of foster carers	Percentage response rate per State/Territory
NSW	229	2661	9
VIC	76	1849	4
QLD	93	1693	6
WA	153	651	24
SA	153	928	16
ACT	35	140	25
TAS	45	240	19
NT	9	178	5
Not given	19		
<i>Totals</i>	812		100

The response rate for some States is disappointing. That there was a poor response has largely to do with the difficulties of disseminating the questionnaire. The distribution, therefore, could only be as good as the quality of the respective mailing lists. In cases surveys went out in newsletters already over-burdened with inserts. In some instances also, we know that foster carers received the survey after the return-by-date, and may have discarded the survey thinking it was too late to return it.

Although, we might have wished for a greater response rate in some areas, a 10 per cent response rate overall is not unusual for mail-out surveys. Besides, no other survey of a national kind has been conducted among foster carers, so to have this number of responses is certainly a significant contribution. It is to be hoped that the survey and its results will be a stimulus to other researchers to use these results as a springboard into further research.

Benchmarking

In our experience, any organisation which is serious about the level of service it offers, will engage in benchmarking. A precursor to benchmarking is the simple and natural comparisons that humans make between themselves or between their enterprises and other enterprises. Benchmarking is this comparative analysis taken to a more sophisticated and systematic level.

No benchmarking was being conducted by or for any of the primary stakeholders of the foster care sector. There may have been implicit cross-State comparisons being made between subgroups of the sector, but no systematic comparative data was being collected with an objective of raising the level of service delivery performance. The one exception is in the area of financial allowances, where several studies at varying levels of rigour have been conducted with a view to bringing about equity in financial support across the States/Territories.

This study itself is not purporting to be a benchmarking study, but is attempting to inject the thinking behind benchmarking into the sector so that at all levels and in all parts of the sector some constructive and systematic comparisons might begin. If such comparisons were to be made in an ongoing manner across those parts of the system that directly impinge on service provisions such as support for foster carers and handling of allegations of abuse.

As will be described later in this report, a very modest benchmarking activity was undertaken as part of this study with the Alberta Foster Parents Association. We believe that even in its limited way this benchmarking activity has pointed the way to some promising avenues for closer benchmarking types of interchange with the Alberta Association.

3 Overview of Foster Care in Australia

The roots of foster care in Australia

According to the Forde report, 'boarding out' was an innovation promoted in the *Orphanages Act 1879* in Queensland as an alternative to the institutionalisation of children:

Fostering children in government care had been tried on a small scale in Brisbane during the 1870s and found to be successful. The Act made provision for a system of licensed and paid foster mothers Queensland (1999, p 37).

A Victorian publication (Children's Welfare Association of Victoria, uncertain date) indicates that *boarding out or fostering officially began in 1873 under the decentralised supervision of 54 voluntary ladies' committees* (p 1). It seems likely that similar stories could be told from the other States in Australia.

Both the Queensland and the Victorian accounts of the beginnings of foster care in those States, indicate that one of the primary motivations for trying foster care, was the problem of high numbers of destitute children and the resultant overcrowding of inappropriate institutions. Boarding out was promoted in both States as 'beneficial for children's moral and physical health'.

The Forde report also points out that:

...fostering, particularly through the prosperous 1880s, was a great success as far as the government was concerned. Its greatest virtues were that it was a cheaper method for the protection and control of children than the State orphanage system; the system of voluntary inspection lessened the Office of Orphanages' workload; and finally the child...benefited from the opportunity of experiencing an upbringing in a 'normal' family (p 37).

In both Queensland and Victoria the numbers of children in foster care rose to the end of the 19th century but by around the 1930s had begun to decline again. Among the reasons for the decline listed in Victoria were:

- Children attending school until 14 years of age, therefore no longer being of utility value;
- Rising inflation began to deplete the value of payments to foster parents;

- Governments didn't have the resources to increase fostering payments after the depression;
- Attempts to create social responsibility were working;
- Tendency towards smaller families and spending more time and effort on rearing one's own children;
- Drop in birth rates; and
- People believed that the morals of their own children could be contaminated through contact with foster children.

Victorian information again suggests that foster care enjoyed a resurgence in the 1960s.

As recently as 25 years ago, many (perhaps the majority) of infants, children and young persons in the Australian 'substitute' or 'out-of-home' care system were to be found in Government or Church-run children's institutions. A smaller foster care sector ran in parallel with this, which was variably supported by the relevant State Government Child Care Department or non-government agencies. Kinship care also played a major role. Additionally, many children with mild to severe disabilities were housed in children's homes, many of which were dedicated to children with specific disabilities.

By contrast, while many are in kinship care, the majority of both categories of children are now overwhelmingly to be found in foster care. Indeed, foster care has become the major intervention strategy for children requiring 'out-of-home' care. This is largely a result of a broader public policy commitment over the past 25 years to de-institutionalisation and mainstreaming rather than to a strategy strictly focused on the welfare of the child. While it would be comforting to be able to apply the term 'strategy' to both the manner in which this change has occurred and the prevailing set of arrangements, our findings reveal a reality which appears more reactive than systematic.

Types of foster care

There are several commonly accepted types of foster care in Australia, though terminology and definitions vary from State to State. The following general types and descriptions would be found in most States/Territories of Australia:

Respite Care

1. To provide overnight and weekend relief to families of children with a disability;
2. Planned weekend or shared care for socially isolated families where children are at risk of abuse or families are at risk of breakdown;
3. Planned, crisis or respite care for foster carers undertaking medium and long term placements.

Short Term Care

Short-term care is care with a family for periods extending from overnight to about 3 months:

1. Pre-adoptive care of children awaiting placement;
2. The care of children away from families where court action is proceeding;
3. Emergency care for children whose families are in crises.

Medium Term Care

1. To provide a bridging placement while permanent care is negotiated;
2. To provide care while work is done to achieve planned restoration to the natural family;
3. To provide care whilst a review of the case is undertaken and a future plan decided upon.

Long Term/Permanent Care

Where the case plan is for the child to remain with the foster carer until they reach independence.

Aspects of foster care revealed in survey

As described in chapter 2 of this report, a foster carer survey has been conducted as part of this study. The survey asked a series of questions about foster care as respondents are experiencing it now. The first question sought information about the kind of caring most commonly undertaken by respondents. Their answers are shown in Table 6.

Table 6 The kind of caring mostly done by foster carers now

Type of care	Number of respondents stating this	Percentage
Respite care	233	15
Crisis/emergency care	252	16
Short-term/temporary care	251	16
Medium term (2-8 months)	206	13
Long-term/permanent care	485	31
High support care	90	6
Kinship care	36	2
No response		0
<i>Totals</i>	1553	100

The largest, single proportion of the respondents were engaged in 'long-term or permanent care', while roughly equal proportions were engaged in respite care, crisis/emergency care, short-term or temporary care. A small number indicated kinship care as their most common fostering activity. This last result is probably an indication of the under-represented number of kinship foster carers in the survey. As is reported elsewhere, the number of children in 'family/kinship' care in NSW is reported to be around 38.7 per cent. However, since kinship foster carers tend to be treated differently in the foster care system, and are not highly represented in foster care associations, the low number of kinship foster carer responses in Table 6 may be an indication that the survey reached fewer of these foster carers.

Table 7 Proportions of respondents who said they were engaged by agencies or directly by government departments

Engaging agency	No responding	Percentage
Non-government agency	313	39
Government	427	53
Both	23	3
no response	49	6
<i>Totals</i>	812	100

We have not been able to ascertain the exact distribution of engaged foster carers in the foster carer sector as a whole, and it is therefore not known whether the distribution of foster carers in this sample is representative of the whole population of foster carers in Australia. It is also a case that with two regions in Australia (South Australia and the Australian Capital Territory) recently choosing to out-source the provision of foster care, this distribution of foster carers is unlikely to be stable for the foreseeable future. In the present survey, foster carers engaged directly by government departments outnumber non-government agency foster carers by 53 per cent to 39 per cent.

Table 8 The length of time respondents had been providing foster care

Years	No	Percentage
Less than 1 year	23	3
1 - 5	338	42
6 - 10	201	25
11 - 15	101	12
16 - 20	66	8
21 - 25	26	3
26 - 30	21	3
31 - 35	6	1
36 - 40	3	0
50	1	0
No response	26	3
<i>Totals</i>	812	100

The average length of time that respondents had been providing foster care was 8.12 years. Respondents were asked to indicate how many children they had fostered. Several categories were offered for their responses. The following table shows the results.

Table 9 Number of children, number of foster carers and types of care covered in the survey sample

Type of care	Total no of children	No of foster carers	Average	Highest no of children cared for
respite care	3922	431	9	371
Crisis/emergency care	5475	380	14	300
Short-term/temporary care	4968	382	13	150
Medium term (2-8 months)	2592	363	7	100
Long-term/permanent care	1510	507	3	80
High support care	525	147	4	88
Kinship care	142	54	3	14
<i>Totals</i>	19134	2264		

This table summarises the number of children in different categories of care that have been cared for by the foster carers who responded to this survey.

Although average (mean) number of children in each category has been provided in this table, it is not a very meaningful statistic since the distribution of children among foster carers is heavily skewed – as the numbers in the final column indicate.

The totals for the first two columns need to be interpreted carefully also. The total number of foster carers considerably exceeds the number of respondents to the survey (812) indicating that many foster carers have offered more than one type of care. The total number of children doubtless also includes children that have had multiple placements and therefore would have been counted more than once.

In the following figure an attempt has been made to represent these distributions in a manner that shows more effectively the overall picture.

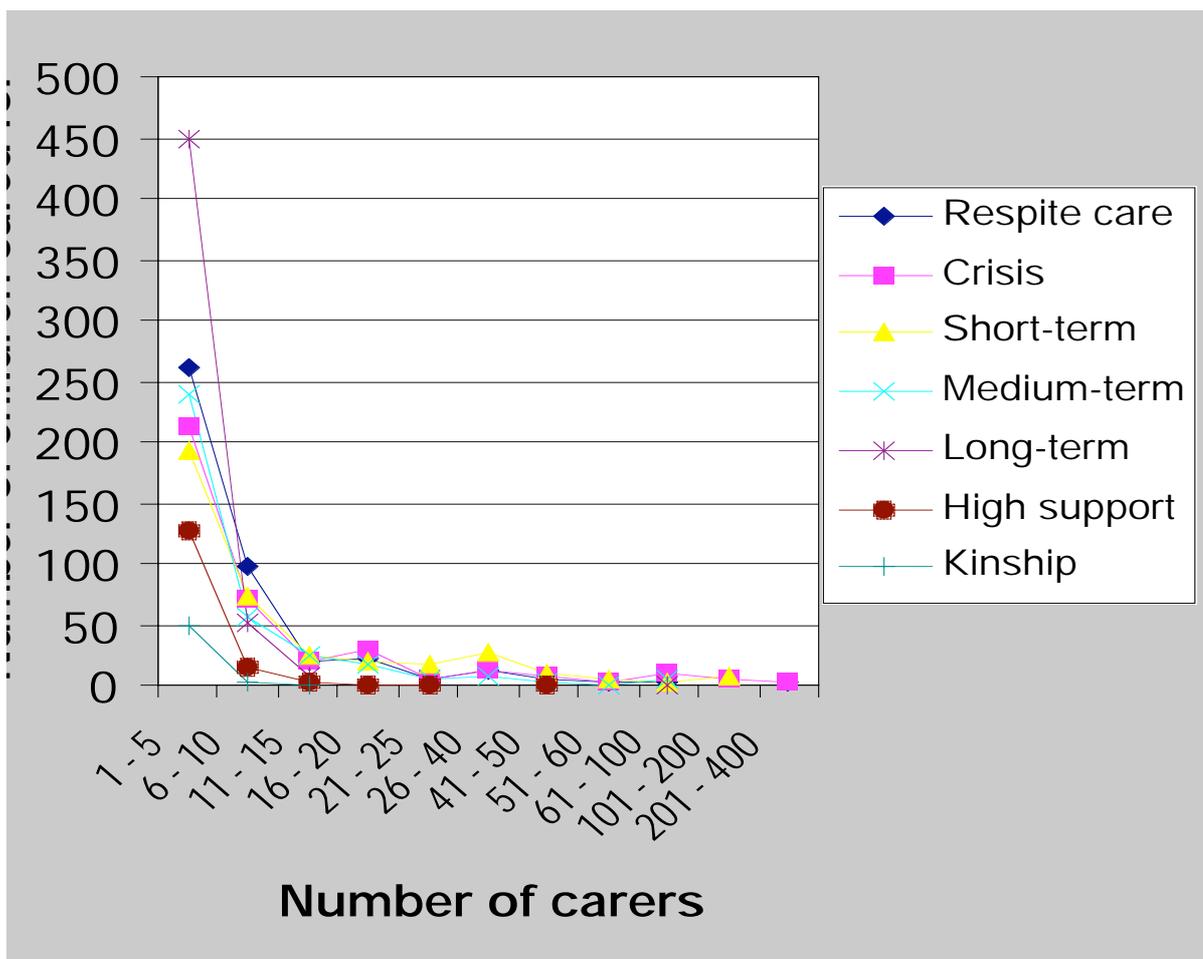


Figure 6 Graphic representation of the numbers of foster children who have been cared for by foster carers in the survey sample

This graph reveals that the bulk of foster care children and young people cared for by foster carers in the survey sample have been cared for by a relatively small number of foster carers. While it is typical of many voluntary organisations, that a few people carry the ‘lion’s share’ of the work, this graphs shows rather starkly that relatively small numbers of foster carers have given substitute care to a huge majority of children.

The foster care system

The foster care sector can be described usefully as a ‘system’. An earlier figure represented the main stakeholders in the foster care sector. The following figure takes that earlier representation and re-presents it as systems model of the entire sector, showing inputs, processes, outputs and outcomes.

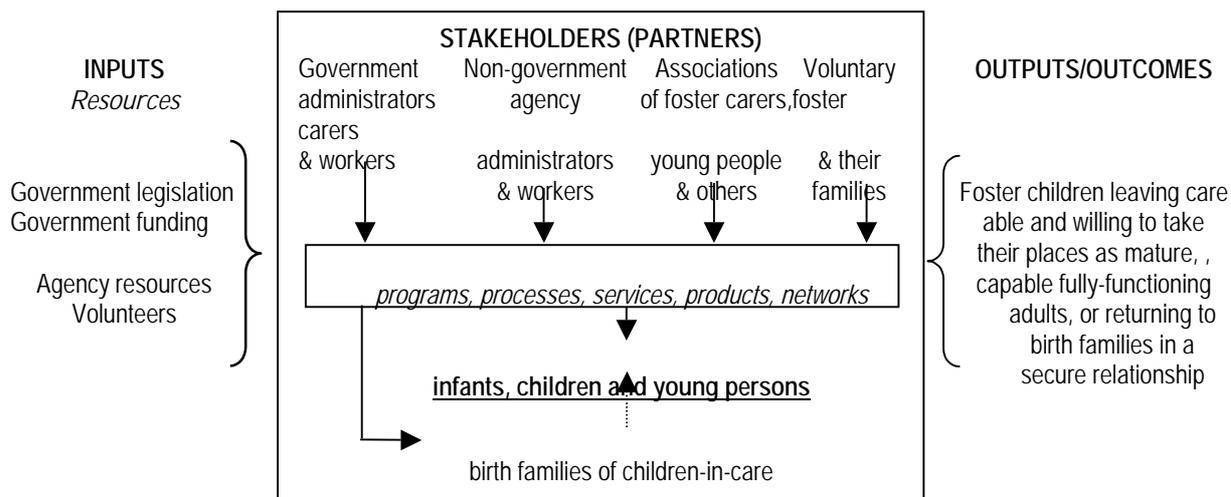


Figure 7 Foster care partnership (system) as found in Australia

A typical systems diagram would show feedback loops. Feedback loops in this system are indicators of the level of communication and consultation within the sector. A particular emerging feedback loop is one being created by the members and participants within the national organisation now going under the title 'Create' an organisation consisting mainly of current and former young people in care. The fact that this and other feedback loops are not shown in the diagram is not meant to indicate that they do not exist.

The roles of stakeholders in foster care in Australia

The commonwealth government

The Commonwealth Government has a broad and wide ranging interest in matters to do with children, especially to do with the protection of children. Australia, in the representative person of the Commonwealth Government was a signatory to the UN Convention on the Rights of the Child.

In very recent times, it has made a commitment to help support and strengthen families as a fundamental unit of society.

This commitment is delivered through a combination of services and family-based approaches to income support, with an emphasis on government, community and family partnership. The commitment is given expression in the Stronger Families and Communities Strategy which brings together income and child support payments, support services and other assistance to families, children, young people and students. It also includes family relationships support, parent education to prevent child abuse and policies, and services for families in transition or need.

Specifically, the Commonwealth Government has an interest in foster care because of its major role in the provision of out-of-home care for children who are wards of the state.

As we will argue later in this report, we believe that the Commonwealth Government could also provide a significant impetus to the improvement of foster care and closely related issues, by

- Encouraging debate about the purpose of foster care;
- Encouraging the development and implementation of a quality set of standards for foster care;
- Encouraging the development of a set of core competencies and training packages for the standardisation of training and accreditation of foster carers;
- Assisting the foster care sector to develop sound strategies for addressing and reducing the levels of systems abuse for children and young people in foster care;
- Requiring the collection and maintenance of statistical returns on key dimensions of foster care;
- Strengthening foster carer organisations so that foster carers are more effectively recruited, trained, accredited, supported and represented;
- Supporting National research on foster care issues relating to foster carers, their families and the children for whom they provide care;
- Initiating and supporting national research on foster care issues including research on foster carers, their families and the children for whom they provide care.

State governments

State Governments have, over a long period of time been responsible for investigating and assessing child abuse and neglect reports, and making court applications when an order is required to protect a child. Relevant departments fund family support services and supported placements services, delivered in turn by government or non-government agencies.

Supported placement services provide care for children and young people age 17 years and under who are placed away from their parents or family home for reasons of safety or family crisis. Among the reasons commonly forming the basis of supported placement are abuse or neglect, illness of parents and the inability of parents to provide adequate care.

State/Territory government departments typically appoint case managers for specific children in care. They have specific responsibilities in relation to the welfare of the child. Child protection officers are also appointed by, usually different, government departments to handle particular issues related to child protection.

Non-government agencies

There is a mix of non-government agencies with an interest in foster care in Australia. Some of the larger and more established ones cover foster care along with a range of other child welfare and child protection practices and provisions. Some of the smaller ones are predominantly occupied with foster care. Many have grown out of a Church-based welfare system but more community-based private services are joining their ranks.

In several states, agencies within one geographic area are being encouraged by government to jointly make budget bids to provide an integrated service to the people of their community. Where this occurs, clients are offered a seamless service with continuity and timely referral within a setting that is local and cognisant of issues that may present as inhibitors to progress.

Foster carer associations

Foster carer associations, as their name suggests, have as their primary interest the needs and concerns of foster carers, though they will be quick to add 'as a means towards providing quality out-of-home care for infants, children and young people in need of a substitute home. As will be shown in a later part of this report, foster carer associations in most, if not all, instances have been initiated at 'grass roots' level by foster carers themselves. Aware that they and their opinions tended to be taken for granted, if not completely ignored, in the processes and practices of foster care, foster carers have tended to link themselves into groups for the purpose of supporting one another, and lobbying governments for the purpose of being recognised and gaining better support for the work they are doing.

The associations in Western Australia and New South Wales appear to be the longest established associations, and they, along with the Queensland Association appear to be the only ones that are able to obtain funding outside of membership subscriptions.

The National Foster Care Forum was established in 1996. It consists of representatives from each State and Territory and has received very meagre financial support from State associations – primarily because the State associations themselves have very limited financial resources. The last audited financial statement for the National Forum shows a total income for the year of just \$500.

Indigenous foster care

It would be highly inappropriate, at this point of time within Australia's history, to comment on indigenous foster care without reference to the very significant public debate that has centred upon the care and upbringing of Aboriginal children since white settlement. The *Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families* (April 1997) alternately referred to as the *Bringing them Home* report, was a fulfilment of terms of reference, the first of which was:

...trace the past laws, practices and policies which resulted in the separation of Aboriginal and Torres Strait Islander children from their families by compulsion, duress or undue influence, and the effects of those laws, practices and policies; (Terms of reference).

The resultant report has a great deal to say in it about issues that are directly relevant to foster care. Hence any attempt to assess foster care that does not take into account relevant issues for the indigenous population of Australia will have failed those people and their children.

The very recent New South Wales Inquiry into the practice and provision of substitute care in NSW likewise makes mention of this requirement:

It is abundantly clear that, in the year 2000, we are continuing to fail Aboriginal children and young people, their families and communities by not fundamentally addressing issues of inequity, lack of appropriate service provision and practice, and the need for self-determination. (Community Services Commission, 2000, p 9)

From our reading of relevant reports, and discussions with Aboriginal representatives and foster carers, there would appear to be three central issues for indigenous foster care in Australia. They are:

1. Whether Indigenous foster care ought to be allowed/assisted to develop as a separate national system independently of the mainstream, 'white' foster care system – in recognition of past injustices, significant cultural difference, and the need to develop a comprehensive and culturally sensitive foster care philosophy and approach;
2. The commitment to the 'Aboriginal Placement Principle' in current foster care practice;
3. The goals and needs of the Aboriginal and Torres Strait Islander people in attempting to deal with family dysfunction and the resultant effect that that has on Aboriginal and Torres Strait Islander children.

While aspects of these issues are not unique to the Indigenous population, they have overtones of cultural and historical importance which make them major issues of difference from 'mainstream' fostering. The following suggested *National Minimum Standards* reinforce this.

Excerpts from *Bringing them Home*:

National Minimum Standards

Indigenous organisations must have a key role in policy development and programme delivery and in decision-making in individual cases concerning children, whether juvenile justice, child welfare or adoption, either within a self-government framework or within the existing State or Territory legal framework. The right of Indigenous peoples to self-determination requires this.

The approach adopted by the Inquiry is consistent with that of the Royal Commission. We recommend negotiations for nationally binding minimum standards of treatment for Indigenous children and young people ... The national standards legislation should be applicable to all Indigenous children whether subject to Indigenous community jurisdiction, State or Territory jurisdiction or shared jurisdiction as negotiated between the Indigenous community and the State or Territory.

The negotiation and adoption of minimum standards for juvenile justice, child welfare and adoptions applicable nationally will address the rights and needs of Indigenous children, prevent unjustified removals and provide an open framework in which Indigenous control over child welfare and juvenile justice can develop where this is desired. Minimum standards do not preclude development of higher standards in any one jurisdiction, region or community. They establish the benchmark from which particular systems can develop in ways which suit the requirements of Indigenous children and communities in different areas.

Recommendation 45b: That the negotiations for national standards legislation develop a framework for the accreditation of Indigenous organisations for the purpose of performing functions prescribed by the standards.

One objective of national minimum standards is the elimination of removals of Indigenous children from their families and communities consistently, in particular, with the Convention on the Rights of the Child and the right of self-determination. The standards should ensure

both the human rights of Indigenous children including the best interests principle and the right of self-determination for Indigenous peoples. The development of Indigenous law and practice in accordance with existing human rights norms is recognised in the draft Declaration on the Rights of Indigenous Peoples.

Article 9(1) of CROC requires that state parties ensure children are not separated from their families except where separation is necessary for the best interests of the child. The Genocide Convention and the draft Declaration on the Rights of Indigenous Peoples prohibit the removal of Indigenous children from their people. '[Even where an Aboriginal child must be separated from his or her parents in the best interests of the child, that child should not be separated from his or her culture and should be placed as close to the parents as possible]' (Iorns 1996 page 6). In most cases the best interests of the child will require placement within his or her community. The right of self-determination and the elimination of removal are consistent with the requirement that the best interests of the child be served in the vast majority of cases.

Welfare departments in all jurisdictions continue to fail Aboriginal and Torres Strait Islander children. Although they recognise the Aboriginal Child Placement Principle, they fail to consult adequately, if at all, with Indigenous families and communities and their organisations. Welfare departments frequently fail to acknowledge anything of value which Indigenous families could offer children and fail to address children's well-being on Indigenous terms.

Aboriginal families continue to be seen as the 'problem', and Aboriginal children continue to be seen as potentially 'saveable' if they can be separated from the 'dysfunctional' or 'culturally deprived' environments of their families and communities. Non-Aboriginals continue to feel that Aboriginal adults are 'hopeless' and cannot be changed, but Aboriginal children 'have a chance' (Link-Up (NSW) submission 186 page 85).

(Pp. 581-584)

From the above, and from first-hand knowledge of Aboriginals and Aboriginal communities, there is a very strong sense of community responsibility and ownership within Indigenous culture. It is fundamental to Aboriginal and Torres Strait Islander attitudes and values that a child in need of out-of-home care should be placed within a culturally appropriate environment. The so-called 'Aboriginal Placement Principle' is tacit acknowledgment of this Indigenous value and right.

It is, however, also common still for Aboriginal and Torres Strait Islander children to be placed within non-Indigenous foster families.

Where this happens, it is argued by the Indigenous community that such children should be accessible to members of their natural community so that cultural information and values can be passed on. Further, the placements should be regarded as short term.

All of the foregoing argument in relation to Indigenous people can be applied with similar justification to children of ethnic families in Australia. There are increasing numbers of children of non-English speaking backgrounds required fostering, but little attention is given to a cultural placement principle for them. *Prima facie*, there would seem to be no reason why the same principle should not be applied in these cases.

From a practical point of view, of course, there may be an issue with the number of suitable foster carers available. The fact that there are insufficient foster carers to be able to apply the placement principle as fully as desired, whether in Indigenous cases or ethnic cases, is a serious matter not just for indigenous placements, but for all placements because the success of those placements is in large measure dependent on the degree of match in the placement.

National and state associations of foster carers

The pivotal role of foster carers is that as unpaid volunteers they are the ones who provide the 24 hours a day care for children who live apart from their parents as a result of abuse or neglect in their home. With over 90 per cent of children in care being cared for by foster carers, it is essential that foster carers have a formal way of joining together for mutual support and to have a means of representing, and advocating for, foster carers and the children for whom they care.

Recommendation 1

That Commonwealth and State/Territory governments work with and involve the State and National associations of foster carers and help fund their support.

Working together to improve community support

As alluded to in this report, foster care appears still to be permeated with outdated stereotypic notions, which are an obstacle to constructive development of the sector. To change attitudes in the community at large is a difficult assignment at any time and for anyone. Yet it seems that until some of these century-old views are replaced, foster care will continue to be handicapped.

In addition to negative and stereotypic attitudes in the community, there appears to be negative and even unprofessional attitudes among some administrators, social workers, case managers and foster carers. There is a pressing need for the various stakeholders within the sector to work more harmoniously and professionally together. Where this kind of team approach is to be found, then there is no question that the quality of care is markedly different and better.

While our interactions in this study have been primarily with foster carers, and we have heard an overwhelming number of critical statements about workers, there is no doubt that some foster carers themselves are unduly critical and unco-operative in their approach. Hence, there is a need for the entire sector to work together in a more holistic and appreciative understanding of each other's roles, needs, responsibilities and rights. Changes occurring in states at the present time and the national focus on families provide positive current opportunities to build upon.

Recommendation 2

That all governments and non-government organisations commit to working together to present the community with a contemporary view of foster care to increase community recognition and support.

National statistical collection on foster care

The foster care sector is greatly handicapped by the lack of statistical information. There are far too many unanswered and unanswerable questions in the sector, as it currently exists. The result is that policies and procedures can be adopted without a firm, factual basis. This leaves the door wide open for sectional interests to prevail. Further, attempts to undertake serious and much-needed research on foster and kinship care are gravely handicapped.

As well, and perhaps as a starting point, there is a need for a national policy on the collection, reporting and availability of statistical information. A possible mechanism for collecting the required statistics would be for States/Territories to furnish an annual return which would be aggregated for the purposes of reporting at a national level.

A very detailed list of necessary statistics could be easily drawn up, but the main categories of information that are urgently needed are statistics on:

- The children in foster and kinship care;
- Foster carers including kinship care;
- Indigenous and ethnic foster care;
- Issues including allegations against foster carers;
- Placement numbers, breakdowns, and matching statistics.

Recommendation 3

That the Commonwealth and States/Territories establish a policy on statistical recording of information pertinent to foster care, including the national collection of statistics related to allegations of abuse, and initiate a national collection process.

4 Roles and Status of Foster Carers

Volunteers – the backbone of foster care

Foster carers in Australia are people who have volunteered their time and talents to care for children in need of an alternative home. To this extent they are like many others in the welfare and community services sector in Australia. At the same time, foster carers maintain that unlike most other volunteers, foster caring is a 24 hour, 7 days a week activity.

In 1995, the Industry Commission had estimated that welfare and community services organisations '...benefited from around 95 million hours of volunteer work, which corresponds to about 56,500 people working a 35-hour week for 48 weeks.' (AIHW, 1999, p 54)

In June 1995, the Australian Bureau of Statistics had conducted its survey of 'organisations and institutions helping to provide human and social services to the general community and specific target groups' (*Voluntary Work, Australia* (Cat.4441.0)). It is one of the most substantial and authoritative studies of volunteers in Australia.

The ABS study revealed that:

Almost two-thirds of the volunteers (65%) were in either full-time or part-time employment ... professionals, and managers had volunteer rates of around 30%, more than twice those of machine operators and labourers (p. 3).

Two fields of voluntary work claimed almost half of all volunteer hours: sport/recreation/hobby (24% of hours) and welfare/community (24%) (p. 3).

Male volunteers were most likely to be involved in sporting or recreational fields of voluntary work (42%). For females, welfare/community and educational areas involved the largest proportions of volunteers (32% each) (p. 4).

The main reason for volunteering that emerged from the ABS study was that voluntary work provides benefits to the community (42%).

Over half of those who first became involved in voluntary work in the last ten years were either asked to volunteer by someone (30%), or they or their family were already

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involved with the organisation (28%). Volunteers were rarely recruited through the media (only 4% were recruited this way) (p. 6).

Some of these ABS statistics appear to fit the foster care sector, though there are some noticeable differences. The following table shows the major avenues through which foster carer respondents had been introduced to foster caring.

Table 10 How respondents were introduced to the idea of being a foster carer

Avenue	Number giving this rating	Percentage
Always knew/wanted to be	357	44
Through church	25	3
Encouraged by friends	93	11
Saw advertisement	138	17
Other	157	19
no response	44	5
<i>Totals</i>	814 ¹	100

¹ Total exceeds 812 because some people ticked multiple avenues.

That respondents had always known about foster caring and wanted to be a foster carer was by far and away the most common avenue through which respondents were introduced to caring. This may well reflect also a family tradition since many foster carers that we encountered in the course of this study were second-generation foster carers. A number also, had been fostered themselves as children.

Respondents were also able to answer this question in an open-ended manner – particularly if they had come to fostering by some other means than the ways listed in the first part of the question. The responses, by State, were as follows:

Table 11 Additional ways by which foster carers were introduced to being a foster carer

	NSW	Qld	Vic	WA	SA	Tas	NT	ACT	Total
Through a relative or kinship foster carer	5	4	1	11	3	5			24
Because of family/tradition and knowledge	6	1	1	4	2	4		2	21
Unable to have own children or adopt – decided to foster – or had had fostering suggested to them as alternative to adoption	3	2		2	6	2	1	1	17
Department recruiting campaign	6	1		3	2	1			13
Knew a child/ren who needed help	2	1		3	3	3			12
Working as a professional with children – moved to do fostering	1	1		4	5				11
Had a desire to help/care for	2		1	4	1	1			9

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children						
Through a friend	2		3		3	1 9
Newspaper/Department/Agency	2				2	2 6
Former care of different kind	4	1	1			6
Couldn't afford more children – looked at alternatives & chose fostering	1			2	1	4
Own children suggested it	1	1	1	1		4
Work in department or other volunteer work led to it	2			1	1	4
Court order led to it	1	1			2	4
Encouraged by another foster carer		1				2 3
Through an agency/charity	2			1		3
Through TV/Radio	1		1			1 3
Letter from local school/church		1	1		1	3
Through Indigenous community			1			1 2
Approached by police		1				1
Approached by child						1
Alternative to paid employment with kids		1				1
Direct approach from department				1		1
Through Internet			1			1
Approached by birth mother						1 1
Previous experience with adoption	1					1

Although this table shows that people come to fostering by a quite wide range of ways, the most common ways are still to do with previous family experience. This, of course, is not to suggest that direct, public recruitment does not work, because we have no information to report about how extensively recruitment drives have been conducted.

Despite the fact that foster carers are volunteers, they are not amateurs. Few of them have been professionally trained in child care but, like foster carers in a number of walks of life, they are very knowledgeable and competent at what they do. As well, they are willing and enthusiastic about the role, at least in the beginning. They are willing to learn, and know that they need to acquire more skills. But there are not many opportunities offered to them to undergo further training, and many of them find that their time is very well filled by the task of fostering, with little time left for study. Many of them also feel that to undergo training, at their own cost, when there is little recognition in return, and no recompense, is an unfair expectation.

It has long been noticed by volunteers themselves, and critics of government policy in welfare sectors that volunteerism offers substantial savings to the national economy. In Australia, the financial benefits to government and the community of fostering has been clearly acknowledged as one of the factors behind the promotion of fostering, at least in Queensland, but probably also in other States in the late 19th century. It was a 'cheaper method for the protection and control of children than the State orphanage system' (Commission of Inquiry, 1999).

Indeed, some critics of government policies in this regard have been highly suspicious of the motivation behind the use of volunteers in the welfare sector. For example, Pateman (1988) writing about a broader context, argued:

Welfare-state policies have ensured in various ways that wives/women provide welfare services gratis, disguised as part of their responsibility for the private sphere...It is not surprising that the attack on public spending in the welfare state by the Thatcher and Reagan governments goes hand in hand with praise for loving care within families, that is, with an attempt to obtain ever more unpaid welfare from (house) wives. (Pateman 1988)

In relation to other profile data, statistics reported in the following tables from the foster care survey, show the similarities and divergences between foster carer volunteers and the general profile of volunteers as revealed in the ABS (1995) figures.

Table 12 Age distribution of foster carers in 2000 foster carer survey

Age group	No	Percentage
25 - 34	84	9
35 - 44	269	30
45 - 54	337	38
55 - 64	146	16
64+	37	4
No response	13	1
<i>Total</i>	886 ¹	100

¹ The total figure includes partners.

Like the ABS data, these results show a strong representation of 35 to 40 year old people among the foster carers. Unlike the ABS data on volunteers in general, however, there is an even stronger representation of the 45 to 54 year old segment of the population among foster carers. Twenty per cent of foster carers also are over the age of 54. This result is highlighted again in a subsequent figure where it is noted that a relatively few foster carers have provided foster care to the bulk of children needing an alternative home. Some of this difference from the general volunteer profile can be explained perhaps by the assumption that people may be more willing to undertake foster parenting after they have had a reasonable exposure to parenting their own children and have gained confidence from that experience.

There is a relatively widespread stereotypic view of foster carers that they are drawn mainly from 'working class' parts of the community or from families with a background in lower socio-economic layers of society. The foster carer survey sought to obtain current information about employment category and educational status of foster carers in part to test the accuracy of this stereotype.

The results of the question about the employment of the main breadwinner in the foster family of respondents are as presented in the following table.

Table 13 Employment type of the main breadwinner in the foster carer family (categorised according to ABS categories)

ABS Employment category	Number responding	Percentage
Professionals	164	20
Managers/administrators	118	15
Para-professionals	45	6
Clerks	26	3
Salespersons/personal service	38	5
Labourers & related workers	68	8
Tradespersons	80	10
Plant/machine operators/drivers	34	4
Retired	9	1
Pensioner	5	1
No breadwinner employed	160	20
No response	65	8
<i>Totals</i>	812	100

The results in this table contrast with the stereotypic views of foster carers as being concentrated in manual occupations. Twenty per cent of respondents were in families where the main breadwinner was a professional and a further 15 per cent were managers or administrators. It is clear, however, that with 22 per cent of foster carers coming from labouring, plant/machine operation and the trades, a significant proportion still do come from manual occupation backgrounds.

Of interest and concern is the finding that there were 20 per cent of respondents who reported that the main breadwinner was unemployed. While this, too, fits the ABS profile for volunteers in general (where 65 per cent were in either full-time or part-time employment – and therefore presumably a reasonable proportion of the remainder were unemployed), it could be some concern for foster caring that the main breadwinner of the family is unemployed.

A further question in the survey requested information about the formal qualifications of the foster carers, and the results of this question appear in the next table. Foster carers like to have their competency recognised and respected, though in practice they feel that little credence is given to their skills. Hence, in Australia, although there is some very credible fostering done, there is also ample scope for more recognition, respect, and credence to be given to foster carers.

Table 14 Formal qualifications of foster carer respondents in foster carer survey

Qualification level	You		Partner	
	No	Percentage	No	Percentage
No formal qualifications	348	43	287	35
Certificate	201	25	124	15
Accredited Vocational course	32	4	41	5
Diploma	80	10	33	4
Degree	61	8	43	5
Higher degree	26	3	26	3
No response	64	8	258	32
<i>Totals</i>	812	100	812	100

This profile may be compared with the educational attainment profile of the Australian population as published by the Australian Bureau of Statistics (ABS, 1998), where it was reported in May 1998, that 42 per cent of the population had completed a recognised post-school qualification, and 53 per cent of the population had no recognised post-school qualification. Hence this sample of foster carers is marginally better qualified than the general population.

Further, the ABS reported (Transition from Education to Work, Australia (6227.0)) that:

- 18 per cent held a skilled vocational qualification (such as a trade qualification);
- 10.5 per cent held a Bachelor's degree; and
- 1.6 per cent held a higher degree.

Those with a higher degree are somewhat more represented in this sample, but those with a Bachelor's degree are under-represented. Since it is not known what range of qualifications may have been covered by foster carers in selecting 'certificate' for their qualification, it is difficult to be clear about how those with a middle range qualification compares with the general population.

In summary, therefore, it can be said of foster carers in Australia, that they are almost exclusively volunteers, have come into foster care mainly because they have long known about it or it has been part of their own family background. They are mainly in the 35 to 54 year old bracket with the majority of these (38 per cent overall) being between 45 and 54. They come from a wide range of occupational backgrounds and their educational qualifications are equally wide. If anything they tend to be more highly qualified than the population as a whole.

Self-perceptions of foster carers

The self-perceptions of foster carers, like self-perceptions of anyone else, are in some measure a result of the treatment received from others. We detected in our discussions with foster carers that many foster carers are suffering a degree of dissonance brought about by a conflict between

their perceptions of themselves as competent and informed foster carers and the treatment they receive from people in administrative and/or 'worker' positions. This appears to be a widespread phenomenon, not just an Australian one.

Waterhouse (1992:43) cited in Sellick and Thoburn reported from a study of the experiences, perceptions and attitudes of a group of short-term foster carers that

Foster carers perceived themselves as having low status and little information or influence; many respondents did not perceive themselves as part of an active team working together with social workers and parents to find a satisfactory outcome for a child. This was borne out in the way contact plans and decisions were made by the agencies with little involvement or nurturing of the foster carers.

Although Sellick and Thoburn's comments were written in a European context, they are patently applicable in Australia. It was evident from our discussions with foster carers from throughout Australia, that they commonly see themselves as undervalued and even denigrated by government administrators and social workers. This appeared to be less so with foster carers engaged under one of the non-government agencies, though even with the agencies there was some resentment at being left out of significant discussions, processes and decision-making where they as foster carers were going to be affected by those decisions yet having to carry them through.

Most foster carers would consider that the actual role they fulfil in providing a home to a child or young person not their own, is a highly responsible and demanding one. Yet the expectations and demands placed on them by non-foster carers does not in their eyes match the status that should go with the role and responsibilities of foster carers. This role conflict is one of the key issues for foster carers in Australia, and one that we suspect is a reason why many foster carers cease being foster carers.

In a paper discussing the impact of de-institutionalisation in the child welfare system and the trend towards increased professionalisation, Waldock (1996) states:

Given the importance of the foster home in the lives of children in care, it is inexcusable that we still have confusion over the proper role of foster parents in the child welfare system. Are they volunteers? Are they 'clients' of the welfare agencies? Are they 'staff' of those agencies? Are they professionals?

Role confusion continues to plague the child welfare system, undermining the quality of care that children receive. This confusion largely stems from conflict in ideas and attitudes about foster care itself, both within the child welfare system and in society generally. Specifically, the view of fostering as purely a 'voluntary' undertaking continues to conflict with efforts to recognize fostering as a profession (p. 2).

Although Waldock went on to draw other conclusions, his sentiments here express well the views that we have gained of foster carers' perceptions and their manifest frustration and confusion about the roles they attempt to fulfil.

If we hold, as a society, that children are important developing assets, then good parenting, whether 'natural' or 'foster', is a key provision. Yet many foster carers feel that they, and their

contribution to this ideal are subservient to the bureaucratic and administrative superstructures and processes of government administration.

Foster carers from the perspective of the children in care

This study did not aim to specifically investigate the perceptions of children or young people in care about foster carers. It does, however, recognise the importance of obtaining and including children and young people as major stakeholders in the foster care system.

Increasingly, their views are being encouraged, heard and treated as major input to understanding and policy review. A number of studies have appeared in recent times in which their views are presented. A recent consultation with children and young people in foster care in New South Wales (Community Services Commission, 2000b) reported that the children and young people consulted (66 children and young people aged 8 years to 18 years) were given a number of questions through which to express views on the significance of various people in their lives. One of the findings was:

In the view of children and young people, foster carers featured most significantly and had the greatest impact on their lives compared to others. For many children, foster carers were more significant in their lives than their own families. It should be noted however that significant numbers of children and young people had no contact with one or both parents at the times of the consultations.

For most children and young people, foster carers were much more significant than workers' (p 35).

This is not surprising since the children and young people in care spend a good deal more time with their foster carers than with workers. Further, in at least medium and long-term placements, there will generally be a much more stable relationship with foster carers than with workers.

Where there are older children in a relationship, the issue of actual or perceived abuse can significantly affect the relationship. Foster parents are feeling increasingly under pressure to ensure that nothing they do or say could be misconstrued or malevolently used by a disaffected child or young person as the basis for an allegation of abuse. This tends to mean that many of the things that a parent might normally do with their own children now become hedged about and strained. We suspect that this will mean that some children in care will possibly gain the impression that they are receiving differential treatment from the foster parent. We have no evidence, of course, for this and simply note it as a matter for some future researcher to investigate more systematically.

Training, registration, accreditation of carers

The reports alluded to in the previous section about some people being recruited to foster care without going through proper assessment aside, it appears to be general practice around Australia that potential and enlisting foster carers go through initial training.

Training, registration and accreditation are issues that pervade many sectors in the Australian community. The training reform agenda has brought about significant changes in thinking and practice in relation to vocational education, training and recognition. Some sectors, however, are still coming to grips with the impact and implications of the training reform agenda. The foster care sector is one of these. It is probably reasonable to say that in Australia, the training and recognition of foster carers is in its infancy. Given the magnitude of the task fulfilled by foster carers, and the increasing need for them to deal with children with special needs, this is an issue that ought not to be lightly put aside.

Foster carers need training on a wide range of topics. Foster care is a 24-hour responsibility, covering every aspect of child protection, care and rearing. The amount of training given to foster carers at the moment, even at its best, falls a good way short of the ideal. For the most part, innate skills or skills acquired through raising a natural family, are the primary skills engaged by foster carers.

At the present time there is no accreditation or registration process in place for foster carers in Australia. Hence, there is no possibility that a foster carer could obtain 'recognition for prior learning (RPL)' which may be of value for them in their careers beyond foster care. At the same time the training that is offered to foster carers is limited, and minimalist in its approach.

In part, this is because foster care is conducted by volunteers – hence is not seen as a career or vocation in the sense of an employment opportunity. Yet many of the principles behind the National Strategy for Vocational Education and Training can be applied to the tasks and training needs of foster carers. Foster carers need to be skilled. They need to have specialised training. Their skills should be recognised formally and integrated into the wider curricula.

Were they to be trained in a more publicly recognised way, this may help them to gain the kind of acceptance and recognition that they so desperately seek and need.

There is also the need for mutual recognition of training throughout the country and across agencies. There ought to be an emphasis on quality through underpinnings such as quality assurance. These are all features of the National Training Framework which operates for vocational education and training, but has not yet been picked up in the foster care sector.

Foster carer 'resignation'

Examination of the reasons why foster carers resign or give up fostering can provide insights into the state of foster care support. As statistics elsewhere in this report show, a large number of foster carers appear not to continue beyond a year or two in foster care.

The Foster Parents Association of Queensland recently conducted a study of the reasons why Queensland foster carers cease fostering. Some of the results are reported here. Surveys were sent to 75 foster carers who had been identified by the department as having ceased fostering within the three years 1997 – 1999. Fifty-five of these indicated that they would take part in the study, and the results reported below are from 45 of these who had returned information.

The results are not fully analysed or published as yet, but the following box contains the Queensland researchers' data and comments to the present time.

The reasons given for leaving: (foster carers were asked to select one or more) were the following:

- 11 % indicated ceasing following an allegation of abuse being made about them;
 - 20% left because of disagreement with the Department;
 - 33% left because of lack of support from the Department;
 - 33% left because of the impact of fostering on their own family;
 - 24% indicated that the child's behaviour was a reason for their decision.
- a. 28.9% of foster carers left after less than one year, and approximately 55% of them, were foster carers for between less than one year and 5 years.
These statistics are concerning given the amount of money spent on recruitment and training and raise questions in relation to the accuracy of the portrayal of fostering during training, the assessment of trainees and the targeting of recruitment. It also raises questions in relation to support, need for mentoring and monitoring of the types of placements with 'new' foster carers.
- b. 13% of the foster carers who left were from the non-government sector.
This is significant in that these foster carers would have had access to far greater support and training than the government foster carers.
- c. significantly more foster carers left who were caring for 11-15 year olds than any other group.
- d. 42% of foster carers who left were not caring for their preferred-age children.
- e. 40% of foster carers received training prior to them having a placement and 46.7% never received training.
In Queensland relatives and limited approval foster carers do not need to undergo training prior to placement (only 31% of the study). It is compulsory for all others to have initial training, however, clearly this does not occur.
- f. 71 % of foster carers who left did not undergo any ongoing training (57% said that training was either not offered or they were not supported to attend).
- g. 60% of the sample of foster carers left voluntarily.
- h. 11% felt they had no option (many indicated that they had been told that if they did not resign, they would be de-registered).
- i. only 4% of foster carers who left felt supported by the Department in doing this - 24% felt totally unsupported.
- j. of those who experienced de-registration, 24% felt it was handled either poorly or very poorly.
- k. 26.7% of those de-registered never received the reasons for their de-registration in writing.
- l. 75.6% of foster carers were offered no other options (eg: provision of respite care) other than to cease fostering and yet 22% have gone on to volunteer in another capacity.

These results contain many disturbing elements, highlighted by the Queensland researcher's comments (in italics). The foster care system cannot afford to have people leaving foster care at this sort of rate or for the reasons uncovered in the Queensland report.

Relationship between carers, and workers

One of the very discernible features of the foster care sector throughout Australia is the divide between departmental staff and foster carers. This is much more than the stereotypic divide between officialdom and the public. Foster carers, at least, see it to be a major source of irritation and frustration. The foster carer survey provided supporting evidence of the poor rating overall that foster carers give to government workers in the foster care sector.

It is important to note that some government-employed workers received very high praise from foster carers. But there is a great deal of variation between workers. A root cause of the negative criticism levelled at department workers lies in the perceived attitudes of some government workers; in particular, the fact that workers are employed and regard themselves as carrying out a '9.00 to 5.00' job (as contracted) while foster carers, as volunteers cannot restrict their caring just to working hours.

Another source of resentment is that, while many workers have a formal qualification, they are not seen to be mature, may not have had children of their own, nor much experience with children of any kind let alone the special needs of foster children or teenagers, yet they are placed in positions of authority over those foster carers who are older and more experienced with fostering.

To the best of our knowledge, government workers receive no specific training for work in foster care case management. Indeed, an informal communication to the researchers from a senior social worker was that *few, if any, social workers would choose to go into a case manager position in a foster care area of government administration, and for this reason the positions tend to be filled by inexperienced people.*

Among other frequent criticisms that we encountered about workers are the following:

- *They ignore foster carers and may not be seen for very long periods of time;*
- *They are very difficult to contact, and do not return phone calls;*
- *They are never readily available after hours when most crises occur;*
- *They are not open with information and are patronising in their treatment of foster carers.*

Kinship care

Kinship care is also a common form of out-of-home care in Australia. The recent report of the NSW Community Services Commission reported that 38 per cent of children and young people in the substitute care programme are in kinship or other family care. The Commission makes the comment that

The use of kinship care is increasing as a proportion of substitute care types, a trend that may continue under Children and Young Persons (Care and Protection) Act 1998 as greater emphasis is placed on family support, restoration and shared parenting responsibilities. (Community Services Commission, 2000b, p. 22).

In some states there is an apparent tendency for kinship care to be regarded as a preferred option where possible. There is an equal tendency for kinship arrangements to be considered as not needing the same kind of training or support that non-kin foster carers need. The basis for this argument does not seem to be grounded in any empirical data. In fact, many kinship foster carers report that the opposite is true. That is, family ties and family pressures often make case plans very difficult to implement, in particular the issue of family contact with parents and partners. Pressure to uphold family secrecy and engagement in collusion are also nominated by kinship foster carers as difficult to manage in terms of wanting to do what is in the best interests of the child, whilst remaining part of the family.

Workers report that whilst a kinship placement is the preferred option for most children, the time and resources needed to locate and meet with family members to negotiate placement are excessive. With a higher proportion of children in NSW in kinship care than in foster care, this seems to signal the need to seriously address the cost/time issues to seek to establish a better approach.

In some states, kinship foster carers are not eligible for the same range of support or level of financial reimbursement as are other foster carers and this acts as a great deterrent for many families in accepting the care of a relative child. Because of their relationship to the child, many families are not eligible for any assistance at either the State or Commonwealth level.

Indigenous foster carers

Overall statistics on indigenous foster carers were not sought and since any existing statistics are difficult to obtain anyway, none pertaining to this topic are presented. Some statistics from NSW, however, may be indicative of the extent of indigenous foster care for other parts of Australia. Anecdotal reports indicate that there is a serious insufficiency of Indigenous foster carers and that this is in part the reason why the placement principle is not being followed to the extent that it should be.

This is exacerbated by the over-representation of Indigenous children and young people in need of care.

Aboriginal children and young people are grossly over-represented in the care system in NSW by a factor of nine compared to non Indigenous children, with almost 30 per 1000 children being in care as at June 1999 and this number rising from previous years;

Aboriginal children's services have not been adequately planned, supported or enabled to grow and are seriously under-resourced;

(Source: Community Services Commission, 2000, p. 9)

Debate over professional vs voluntary foster carer

Whether foster carers should continue to be engaged from the ranks of volunteers is a topic that is occasionally debated among foster carers. Given the importance of the task, and the pervasive belief that foster carers, as volunteers, are neither well respected nor given a status that matches the responsibility, some have argued that perhaps the only way that this will change will be for foster carers to become professional.

It is worthy of note, as background to this discussion, that foster carers are the only members of the professional care team that:

- Do not receive a wage;
- Are potentially on call 24 hours a day, every day
- Are not entitled to receive sick leave;
- Do not receive holidays or holiday loadings;
- Are not considered for long service leave;

- Do not receive work benefits such as the use of free phone, computer, email etc.

From what has been recounted to us about the things that foster parents need to do to protect themselves against the possibility of an allegation of abuse, there is considerable doubt about whether foster families are any longer 'normal' families. The strictures about what to do and when, the need to keep records about behaviours and interactions – none of this is typical of a natural family where mutual familial love overrides the need for rules about interactions.

There are also arguments for professionalism of caring arising out of the fact that the needs of children coming into care are becoming more difficult and more protracted. The skills required are therefore increasingly specialised.

The Canadian writer Waldock was cited earlier. Another of his statements of relevance is the following:

Role confusion is a topic that has been covered for a long time. Articles from the early 1960s deal with the need to clarify the role of the foster parents in the child welfare system. The sad fact is that very little has changed. There has been a piecemeal evolution toward the professionalization of foster care, but nothing that resembles a coordinated effort. If anything, the trend toward professionalization has occurred out of necessity, in response to the demands of deinstitutionalization.

Waldock is writing against a Canadian background and a professionalism debate which has had much less exposure in Australia. Our consultations with foster carers and others working in the foster care sector in Australia, however, indicate very clearly that the underlying conflicts to which Waldock refers are as present in Australia as anywhere.

Increasingly, foster carers themselves and the literature are indicating that the demands of caring for a child are increasing. This will inevitably impact on foster carers, their self-perception, their training needs, and the support that is required.

For example, in the Report to the NSW Child Protection Council about systems abuse, Cashmore et al had this to say:

With more difficult children in their care, foster carers are now being asked to play the role of 'parent-therapist' or 'surrogate-therapists' rather than the more traditional role of surrogate parent (Steinhauer 1991). They are also increasingly expected to manage foster children's visits with their natural parents, and cope with the ensuing emotions and the child's unsettled behaviour. Unfortunately they are often not given the financial rewards, the status or training that should go with this change in role. Outside a few innovative programs, foster care here has not followed the trend toward professionalism that has occurred overseas (Berridge 1992a, Shaw and Hipgrave 1989).

Low pay is one element of the low status of foster carers, and as Berridge (1992a) points out, it is 'perhaps one of the most important symbolically' because it reflects the value that society puts on the contributions people make. Like nurses and social workers before them, foster carers supposedly work for 'love, not money' (Voigt 1992). This 'outmoded, volunteer charitable model of care' exploits foster carers. It is also detrimental to the children in their care, and possible also to the foster carers' own children (Cashmore et al 1994, pp 112, 113).

Wendy O'Brien (1999) has noted *inter alia* that some of the studies relating to 'burnout' in work situations have particular relevance to those who contribute as volunteers. She has listed a number of factors that particularly relate to counsellors at CARE RING, a suicide counselling service in Victoria where front line telephone counsellors are volunteers. Our expectation is that this list will be well recognised by foster carers as significant 'discomfort' factors in foster caring.

Dealing with 'incurable' clients

Lack of recognition

Tasks without end

A critical boss

Ambiguity about what is expected or how to proceed

Being in no win situations

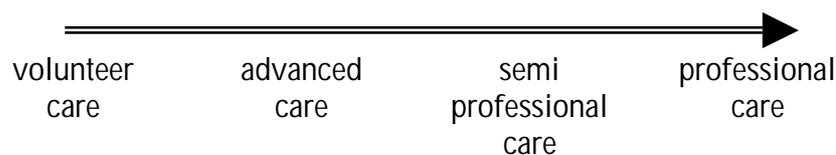
Work overload.

Waldock is an advocate for the professionalisation of foster care. But whether one supports his arguments for professionalisation or not, there is obvious relevance and point to many of the assertions that he makes. For example:

Commentators are right when they call for the transformation of the role and status of caregivers in our society (Wharf, 1993). The argument for the professionalization of foster care can be viewed as part-and-parcel of such a transformation, in that rewards and status must be attached to people who care for children. There always will be opposition from those who view caring for children as the private responsibility of parents. Yet the 'private responsibility' argument makes little sense if it does not incorporate the reality that the welfare of children is also a social responsibility with immense social ramifications (Waldock, 1999, p. 5).

There are, of course, arguments that can be made against the full-blown professionalisation of foster care. It is our assessment that Australia is not ready for that debate yet. However, there would appear to be good reasons to support a higher level of training for those who are foster carers, accompanied by an appropriate mechanism for public recognition of expertise and acquired skill. In the words of the UK Joint Working Party on Foster Care, *a more professional foster care service is required with foster carers playing their role as full partners in fostering teams. This will require clear line management supervision structures and a greater emphasis on specialised training* (Report and Recommendations, p. 8).

Although foster care might not be ready at the moment for serious consideration of the professionalisation of foster care, there is perhaps a place for arguing that in foster care there is room for a continuum of foster carers from volunteers through to fully professional foster carers. Such a continuum might be represented as follows:



Underlying philosophy and policies of foster care

It is both enshrined in legislation and a widely accepted premise that the central aim of fostering is to provide the children that need out-of-home care with an environment in which they may develop as fully as possible.

The conclusions of the Community Services Commission in New South Wales are pertinent in this regard:

The lack of a clear philosophical and policy framework to guide how substitute care is organised, provided and what outcomes are achieved - at this point in time, we still don't have a clear definition of what substitute care is, let alone a common understanding of its aim and desired outcomes. The most recent attempt to do this, via the Strategic Directions for the Substitute Care Programme (1996) is contradictory and unclear in places, and has never been fully realised. It thus remains unclear whether the aim of the substitute care programme should be to prevent children coming into care, to ensure they are in care for as short a time as possible, to ensure that families remain connected regardless of where the child or young person resides, or to provide a permanent home. As a result, the directions of the care and protection legislation, the new focus on adoption, the trend towards kinship care placements and keeping children with disabilities with their families, and the growing numbers of children and young people ending up in SAAP can all seem slightly contradictory and philosophically confused (Community Services Commission 1999a, p. 124).

The quality of the foster homes that are provided to foster children is a critical consideration. The starting point for ensuring that foster homes are of the best standard that the community can provide, must surely be the recruitment and selection of foster homes.

There is also an underlying issue of what foster care principles and practices we as a nation are wanting to implement. If, as in older styles of thinking, we are content with 'warm-hearted and homely' people to volunteer their services as foster carers, then this will lead to a particular emphasis in recruitment campaigns. But if, however, after serious analysis of the need, we believe that a more professional approach to fostering ought to be developed to ensure the needs of the children are met (as is the case with the United Kingdom Joint Working Party on Foster Care), then this may mean that very different emphases, different targeting and different recruitment campaigns should be pursued.

The bottom line, it is argued, is that a good deal of thought needs to go into some of the underlying philosophical and policy positions that relate to foster care, so that the most appropriate people are being attracted to and engaged in foster care.

Pertinent, here, are the comments made by the UK Joint Working Party on Foster Care:

The needs of the children vary greatly and a sufficiently large pool of foster carers must be maintained in order to enable appropriate placements to be made.

The Joint Working Party expressed the view also that recruitment ought to be centralised in order to overcome needless duplication, but it also noted that recruiting was typically carried out by social workers *who lack training and expertise in these areas* (marketing and recruitment).

Improved recruitment, training and accreditation of foster carers

If done well, recruitment, training, and accreditation of foster carers are a safeguard against many other potential failings within foster care practice.

Recruitment is an issue that has to be addressed, and although it is a shared responsibility, the groundwork for creating a positive image for foster care could well be shared by the Commonwealth as part of its Stronger Families and Communities agenda.

The issues of recruitment, training, and accreditation are related to the expertise, morale and motivation of foster carers. They are issues that have been neglected for many years by this under-resourced sector. Foster carers and kinship carers need adequate training. Foster carers and kinship carers also deserve to have their skills recognized and the fact that they are volunteers should not be sufficient reason for them not to receive accreditation.

National accreditation could serve a number of important purposes within the foster care sector. It would help to give carers some formal recognition. It would create a vehicle for national migration of carers and their automatic recognition in other jurisdictions. It would include the recognition of prior learning under the National Training Authorities vocational education system.

What is envisaged is a national system that stands independently of any existing State/Territory accreditation system, and that is allied to National Standards, national competencies and agreed training profiles. It should also be at least on par with the highest level of State/Territory accreditation in existence now. It would be voluntary in the first instance, but would provide a level of training that carers anywhere in Australia might undertake. It would have status so that national accreditation as a carer would be recognized and accepted under any State/Territory or non-government administration.

Recommendation 4

That the Commonwealth and State/Territory Governments initiate a national approach for the recruitment, training and accreditation of foster carers including those providing kinship care.

National approach on foster care

The foster care sector as a whole, would benefit from a nationally agreed position on foster care. There appears to be a significant lack of core purpose and clarity about what people are trying to achieve in foster care. Without a doubt the general objective is to give children in need an out-of-home place to live, and equally there is universal agreement which is more than just lip service, to the 'best interests of the children in care'. A National approach on Foster Care would need to address the following issues:

1. The provision of quality foster care for children;
2. Differentiation between foster care for children in voluntary or short term placements and children in long term placements;
3. Indigenous and ethnic placement principles;
4. Recognition of kinship foster care;

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5. The funding required for government and non-government agencies to provide a quality service for foster carers and the children they care for;
6. The roles of children and natural families in the provision of foster care;
7. The quality of the relationship between foster carers and workers.

Recommendation 5

That a National approach on foster care including Indigenous and kinship care be developed as a cooperative venture by the Commonwealth and State/Territory Governments and peak community organisations directly involved in foster care.

5 Meanings and Analysis of the Concept of Support

Meaning of 'support'

The term 'support' can be variously interpreted. In common usage it is synonymous with 'assistance' or 'providing assistance'. But within the foster care sector it has many other shades of meaning. For many foster carers it has connotations of 'what social workers and case managers can do to help us be effective foster carers'. It also can have strong overtones of financial assistance. From a government perspective a fundamental and understandable interpretation is that 'support' eventually means financial provision.

The results of a very small and almost *ad hoc* survey illustrates the point. While giving a presentation to the National Foster Carer Conference in Melbourne in 1999 we asked foster carers about how they define and interpret the word 'support'. The conference participants were divided into 'break-out' groups and asked to 'brainstorm' and write down their understandings of 'support'. The contributions were then collated and analysed to produce the following table. The number of participants was only around 75, so the results are only indicative. They serve the purpose, however, of showing that 'support' can be and is used to cover a range of activities and needs in the foster care sector.

Table 15 Foster carer interpretations of 'support' (1999 National Foster Carer Conference)

Interpretation offered	No of times mentioned
After hour support	5
Peer support/buddy system/local area group/cell group	5
Financial support	4
Manual of information/extensive manual covering all aspects of caring	3
Team work	3
Consistent standards/information/application of financial support	3
Communication between all stakeholders	3
Training and education	2
Coffee mornings-catered for foster carers and workers	2
Returning phone calls	1
Backup support	1
Regular contact/day-to-day care	1
Informed financial support	1

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Effective listening	1
Action as well as words	1
Positive reinforcement	1
Non-judgmental outlooks	1
Honesty and respect & confidentiality	1
Time/opportunity to talk	1
Foster carers to be consulted /partnership in care/partnership in policy formulation	1
More sharing of pertinent information/briefing-debriefing	1
Support of both professional and non-professional	1
Shared resources	1
Safe/secure environment	1
Support for 'whole' family (incl extended family)	1
Mentors for new foster carers	1
Grief counselling	1
Planned and integrated respite system	1
Network of family and friends for communication and knowledge sharing	1
Help to deal with peer criticism	1
Reunification	1
Shop-front - card to help with set-up needs	1
Range of professional options	1
Code of standards	1
Professional supervision	1

As can be seen, interpretations ranged from sector-wide issues to personal day-to-day assistance. This not only demonstrates the wide interpretation that can be given to a concept like 'support', but also the need that foster carers have for support on a wide front.

In an overseas study, Nixon (1997), noted that the word 'support' had only recently begun to be defined in specific terms, and offered from his reading of the literature, the following elements as important in an effective support system:

1. *Financial and practical support* that comes from the child-care agencies via a social worker;
2. *Emotional/psychological support* that derives from various sources including partner, family, social worker and other foster carers;
3. *Social support* that comes via the extended family, friends, neighbours and social worker, and opportunities to meet with other foster carers;
4. *Professional development* including agency-based training and development through social workers, other foster carers and specialist trainers;
5. *Task-focused problem-solving support* which can be through a social worker, other foster carers, child psychologists and occasionally through an organization such as the national foster Care Association's advice and mediation service or a local foster care association; also legal assistance and access to a 24-hour phone help-line;
6. *Respite care* which, when available, can help to maintain placements by providing brief breaks, particularly at times of stress;
7. *Community support* which can involve the acceptance by the community of the importance of foster care. This can emerge in the nature of reports about foster care in the local and national media and perhaps in the way in which an agency may genuinely recognise the status and importance of foster carers (p. 915).

We would want to add to this list support from governments and government agencies. Indeed we cannot see how government support in the form of legislation, policies, standards and procedures can ever be omitted from such a listing.

Nixon comments on this list of elements:

Provision of support requires assessment and planning to ensure the elements are present in an appropriate combination for particular circumstances. However, the available evidence cited earlier suggests that, while support is an important component in effective foster placements, its provision is unsystematic and haphazard (p. 915).

Given the variety of interpretations and the relative scarcity of research on the subject of support, we have endeavoured in the following pages to present both an analytical approach to its understanding and provide some data from the foster care survey about the current state of support provisions in Australia.

Support as an expression of jointly shared obligation

Fostering can only ever be one part of a joint enterprise of caring for children and young people in need of out-of-home provision. The state has ultimate responsibility for many of the children who are in this position, and engages foster parents, because in currently accepted wisdom this is the preferred means of meeting this community responsibility.

But foster carers and the foster care system are vulnerable at many points. The success of foster care as a method for providing protection and care for children and young people deprived of, or denied, a natural family in which to develop, depends primarily and largely on the quality of the foster relationship.

This in turn depends on, firstly, the calibre and expertise of the fostering family, and secondly, the quality and effectiveness of the surrounding and supporting system. If the system itself is not comprehensively adequate, then the child's welfare and safety are dependent much more on the foster family. If the foster family is inadequate, but the surrounding system is strong, efficient and effective, then compensation can be made for the inadequacies of the foster family. But, if the foster family is inadequate and the surrounding system is also flawed, then the child's experience and future is very much in jeopardy.

In a 'good practice' foster care system, then, there will be both good practice at the family or foster carer level, and there will be good practice in the supporting structures put in place to assist the foster family. Foster care is thus a joint activity between foster families, government(s) and community structures.

In other contexts, the Commonwealth Government has expressed views about this kind of joint or mutual responsibility. For example, the then Minister for Family and Community Services, Senator, the Hon. Jocelyn Newman (in her address to the National Press Club, 'The future of welfare in the 21st Century – September 1999), stated:

The introduction of Mutual Obligation, a much broader and more comprehensive concept than some of the superficial treatment and analysis would have people believe, is an important contribution to welfare reform. Mutual Obligation more properly

understood, is a broad set of policy initiatives established on the simple yet compelling premise that responsibility between the community and the individual flows both ways.

Parenting Payment for parents, partnered or separated, represents the Government's recognition that raising children, especially young children, is an important and valuable role. This in itself is a form of Mutual Obligation. It is critical to give children the best start in life.

The foster care sector is very much committed to the aim of giving children the best start in life (or making up for a bad start). Those who are foster carers are going 'a second mile' by offering their homes to assist with the raising of particularly needy children. In return they look for the support of governments and agencies in a task which is demanding and often onerous.

Structural support

It is possible to argue that foster care in its very essence, and comprehensively, is a support activity. Its primary purpose is the support of children and young people. There is consensus among foster carers, if not among all stakeholders, that the end result of foster care effort should be the welfare, care and protection of infants, children and young people.

With this ultimate purpose in mind, everything that makes foster caring possible is a support provision. An analysis of the infrastructure of foster care is thus an analysis of support provisions which encompass the structures of foster carer families, informal networks of foster carers, community organisations, and government departments. In Australia, the structural support provisions fall into 4 distinguishable categories, as follows:

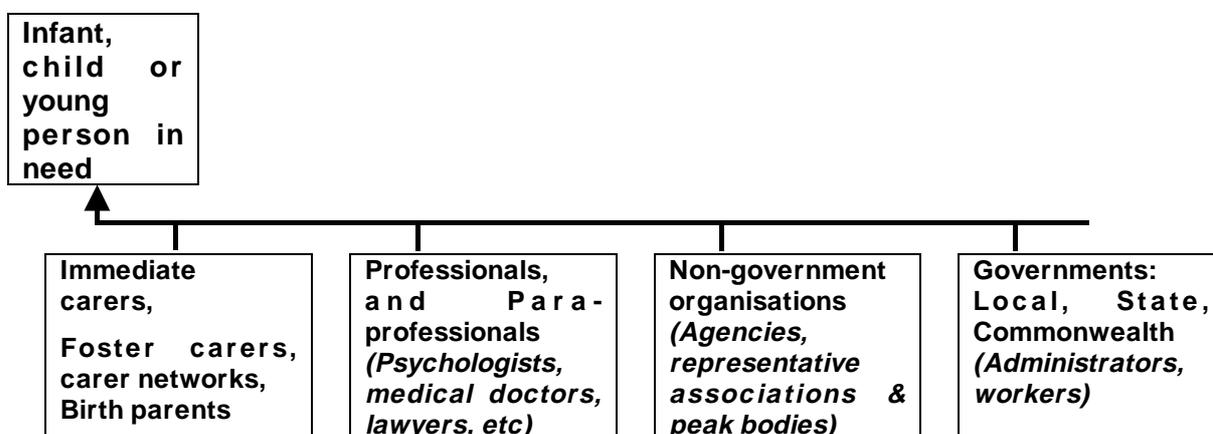


Figure 8 Structural support components of the Australian foster care system

This kind of structural approach to considering support is useful and necessary in order to recognise the scope of, and differences and similarities in the support provisions within foster care. For example, a comparison of the kind of role fulfilled by different elements of the sector shows these differences:

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- Government – a formal, legal and mandated role (in those cases where foster care provision has not yet been fully outsourced, a service provisions role too);
- Professionals – a purchased role;
- Agencies – a purchased (contracted) role;
- Associations – a representative and volunteer role – in some states, some government money is provided to assist;
- Foster carer Networks and extended families – informal, unofficial, unpaid; and
- Foster carers – a formal, but volunteer role.

(In parentheses, the above list gives a clue as to why many foster carers feel resentful about the financial burden that they bear. While government employees involved in foster care, professionals and agencies all receive remuneration for their involvement, foster carers are not paid and feel that allowances paid fall well short of meeting the actual costs of the expenses.)

In all States/Territories of Australia, foster care is handled by a government agency with responsibilities for child welfare and child protection. How these responsibilities are handled varies from State to State. The Commonwealth Government also has an interest in and responsibility for the welfare and protection of children and structural arrangements have accordingly been made in the appropriate administrative agency.

Typically children in a foster placement will have a case manager (government and/or agency), and perhaps also a child protection officer, assigned to them. Anecdotal evidence suggests that the frequency and quality of contact with these 'workers' are extremely varied.

Some foster care provisions have been 'outsourced', that is, administrative provisions have been purchased by governments from non-government organisations with interest and expertise in child welfare services.

The role of professionals in the foster care sector tends to vary greatly from placement to placement. For some, the role of professionals is peripheral, for others, they are crucial part of the family support network. General practitioners, dentists, therapists and other health and education professionals are consulted either as they would be for any other children with routine illnesses and needs or on a very regular basis for children with special needs.

Some foster children need extensive additional therapy and this may be organised by foster carers or case management workers and is generally paid for or subsidised out of government funds either directly to the service providers or out of the regular payments for reimbursement received by foster carers. In many cases, foster carers are required to contribute significantly to the costs of the child in their care, especially if they need or choose to access private services in order to avoid long waiting periods.

In all States/Territories with the exception of the Northern Territory, foster care or foster parent associations have been established. They are voluntary associations and are generally open to all foster carers whether those foster carers are engaged directly in caring by government agencies or engaged by non-government agencies. Even taking into account that the number of foster carers engaged by agencies overall in Australia is smaller than the number engaged directly by government, agency foster carers tend to be under-represented in the associations. Associations would like to extend their memberships to include all foster carers within their State/Territory, but they tend to find in practice that they are precluded from access to agency carers.

A national foster carer representative body, *The National Foster Carer Forum*, was established in 1995 to provide a coordination, representation and advocacy focus for foster carers and to promote the development of best practices in the sector.

Foster carer networks exist in all States/Territories. They are generally informal, though in some cases (notably WA) some network functions are joint activities with government involvement and limited financial support. These networks are usually spontaneous arrangements developed and maintained by the foster carer members themselves.

The extent to which the sector as a whole is supportive depends, obviously, on the degree to which each of these structural elements is supportive (and effective and efficient).

Process support

Another approach to defining 'support' is to look at foster care in terms of the processes that have evolved in order to provide the care and protection that children in care require. Currently in Australia, many processes can be identified within foster care. The primary processes for supporting foster carers, however, can be reduced to four:

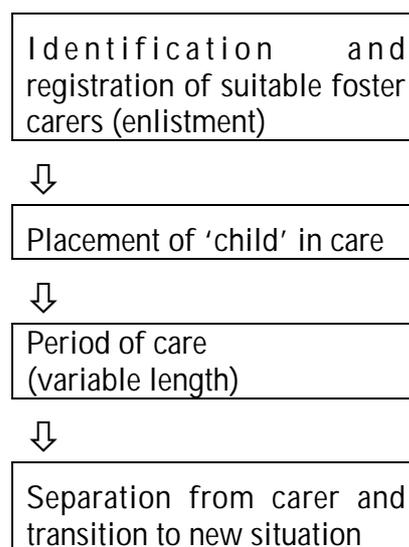


Figure 9 Primary foster carer support processes

This depiction may seem to some readers to be over-simplified to the point of being simplistic. It is being presented from a government or community point of view. That is, if the state has a child in need of fostering, then the state, as the community's representative, needs to find a suitable foster family, place the child, monitor the placement and then eventually oversee the separation – assuming that the child either returns to her/his natural family or goes to another 'placement'.

There is much more, of course, that precedes, accompanies and follows from this simple cycle. For the child/young person being placed in out-of-home care, family trauma, court proceedings, delays, emergency accommodation, loss of control, probably precede the relative stability of a placement. There could also be significant adjustment issues during the placement, not to

mention ongoing 'tug-of-war' experiences and even abuse from foster carers or foster carer children.

For the foster carer also there is much that could (or should) precede the point of placement. Recruitment, screening, training, assessment and acceptance as a foster carer might be anything from very brief encounters to a lengthy and sensitive process occurring before a placement can begin. Furthermore that period of care can be straightforward, but more often than not has more than the average 'ups' and 'downs' to be found in a typical nuclear family. To give a more realistic representation (from a foster carer's point of view) we have developed the process map that appears on the following page.

Any examination of the adequacy of support would need to consider whether each of these processes is appropriately supported. The early processes of recruitment, assessment and training are absolutely critical to the future success of the fostering relationship. If these early processes are fully supportive, then much more stability can be expected in later foster placements. Furthermore, there will be a much lower probability of abuse occurring within the foster relationship, and a less likely chance that an allegation of abuse will ever be made.

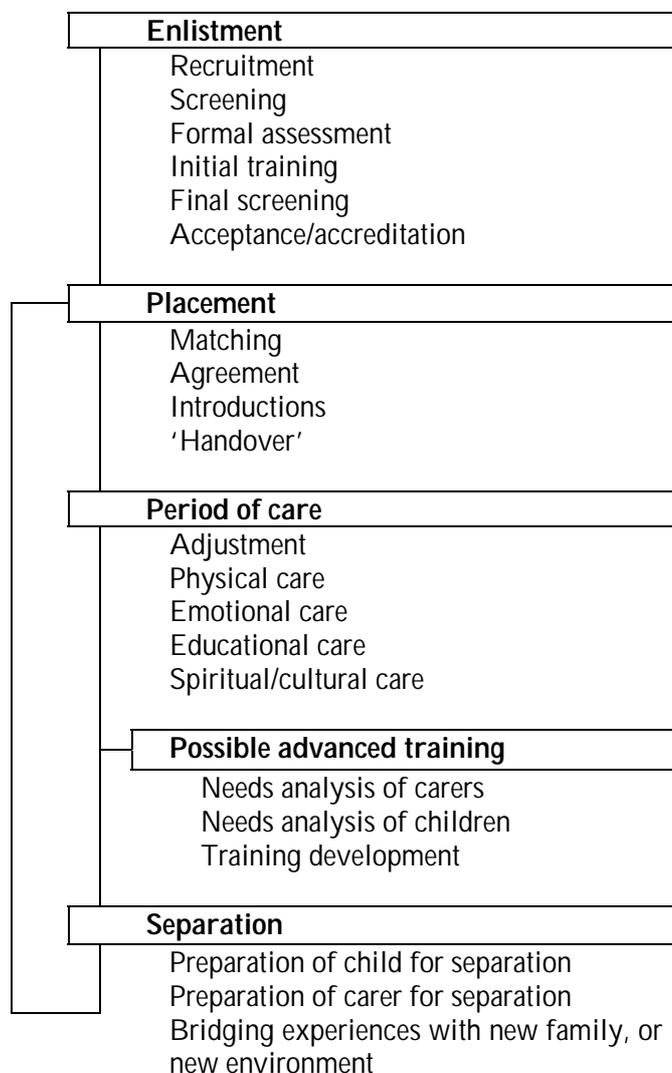


Figure 10 A process model of support within the foster care sector in Australia

CH 5 MEANINGS AND ANALYSIS OF THE CONCEPT OF SUPPORT

The structures and processes outlined above may be put together to form a matrix of processes and structures to represent a systemic view of where critical points of need exist, and where support might reasonably be expected in order to have a uniformly supportive system. Such a matrix is presented on the following page.

This matrix is useful for both representing the complexity and extent of the foster care sector, and also providing a framework for considering in more detail where support provisions could be offered, to whom and by whom. It has led for instance to the listing of support that is presented in the following table. It can be seen that support in this more extensive view can be and is given and received by various stakeholders at various points.

CH 5 MEANINGS AND ANALYSIS OF THE CONCEPT OF SUPPORT

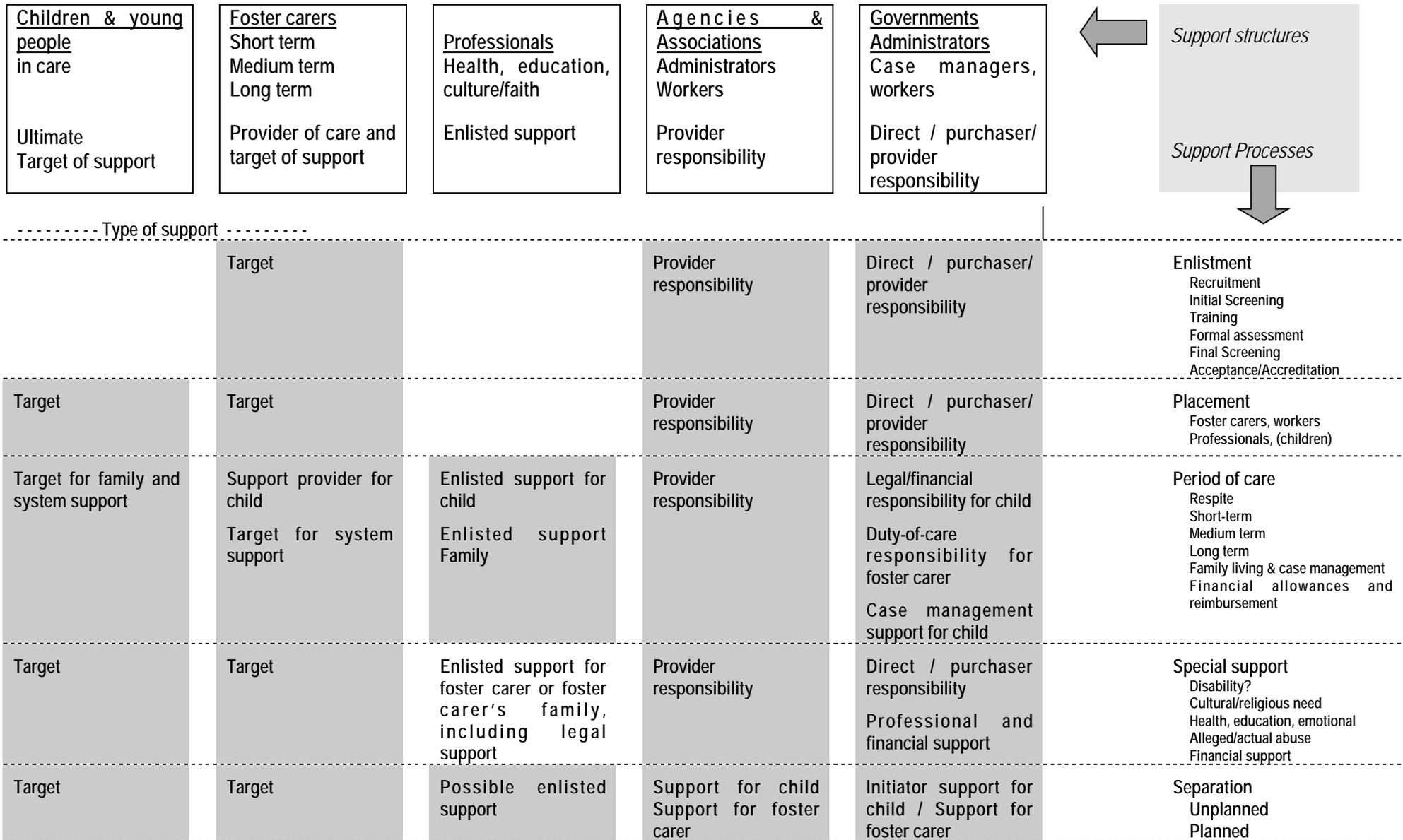


Figure 11 Matrix of support structures by support processes

Table 16 Elements of support, recipients, providers and kinds within the foster care sector

Target of support	Level of support that might be needed	Level of support given/available
1 Child/young person	<p>The child/young person in care may seek support of the following kinds:</p> <ul style="list-style-type: none"> ▪ <i>Personal</i> ▪ <i>Familial</i> ▪ <i>Financial</i> ▪ <i>Medical, paramedical</i> ▪ <i>Psychological</i> ▪ <i>Educational, cultural, religious</i> ▪ <i>Legal</i> <p>from:</p> <ul style="list-style-type: none"> ▪ Foster carer ▪ Natural family ▪ Foster 'siblings' ▪ Case manager ▪ Kids help line ▪ Web page ▪ Handbook ▪ Newsletter ▪ Teacher, Priest, GP, Counsellor etc ▪ Peers/other children in care ▪ 'Mass' Information 	<p>The child/young person might give support of the following kinds:</p> <ul style="list-style-type: none"> ▪ <i>Personal</i> ▪ <i>Familial</i> <p>To:</p> <ul style="list-style-type: none"> ▪ Foster carer ▪ Natural family ▪ Siblings ▪ Peers
2 Foster carer	<p>A foster carer might seek support of the following kinds:</p> <ul style="list-style-type: none"> ▪ <i>Familial</i> ▪ <i>Peer support</i> ▪ <i>Information</i> ▪ <i>Medical, paramedical</i> ▪ <i>Psychological</i> ▪ <i>Educational</i> ▪ <i>Legal</i> ▪ <i>Management</i> ▪ <i>Financial</i> ▪ <i>Respite</i> ▪ <i>Advocacy</i> <p>from:</p> <ul style="list-style-type: none"> ▪ Immediate and extended families ▪ Local area support networks ▪ Information kits ▪ Help line ▪ Web page/Library ▪ Handbook ▪ Newsletter ▪ Case managers ▪ Specialist advisers ▪ Peak organisations ▪ Other associations 	<p>A foster carer might give or offer support of the following kinds:</p> <ul style="list-style-type: none"> ▪ <i>Familial</i> ▪ <i>Peer support</i> ▪ <i>Information</i> ▪ <i>Advocacy</i> ▪ <i>Respite</i> ▪ <i>Education</i> ▪ <i>Mentoring</i> <p>To:</p> <ul style="list-style-type: none"> ▪ Own family including foster child ▪ Peers ▪ Network members ▪ Case managers ▪ Teachers, counsellors etc ▪ Specialist advisors ▪ New foster carers ▪ New staff members ▪ Students ▪ State association

CH 5 MEANINGS AND ANALYSIS OF THE CONCEPT OF SUPPORT

- Departmental/Agency worker
- Medical/Educational experts
- Counsellor
- Legal professionals

3 Professional/Para-professional

These people might seek support of the following kinds:

- *Information*
- *Recognition and Accreditation*
- *Financial and staff resources*
- *Training*

from:

- Government
- Peak bodies, Agencies
- Local cooperative groups (agencies etc)
- Workshops
- *Conferences*

These people might give support of the following kinds:

- *Professional diagnosis*
- *Professional advice*
- *Information dissemination*
- *Representation*

to:

- Foster children
- Foster carers
- Associations, Networks, Agencies
- Government Departments

4 Organisation/ Administrative

Foster care organisations might seek support of the following kinds:

- *Infrastructure support (National, State/Territory, local)*
- *Information*
- *Recognition and Accreditation*
- *Financial and staff resources*

from:

- Peak body
- National Forum
- State/Territory Forum
- Local cooperative groups (agencies etc)
- 'grass roots' self-management groups
- Workshops
- *Conferences*

Foster care organisations might give support of the following kinds:

- *Administrative assistance*
- *Information development & dissemination*
- *Infrastructure support*
- *Representation*
- *Research*
- *Training*

to:

- Foster children
- Foster carers
- Associations, Networks, Agencies
- Government Departments

5 Government and Government administrators

Governments and government administrators might seek support of the following kinds:

- *Information*
- *Advice*
- *Outcomes*
- *Standards*
- *Joint representation*
- *Data collection*

from:

- Peak bodies
- Agencies
- Specialist advisors
- Foster carers

Governments and government administrators might give support of the following kinds:

- *Legislation, regulations, guidelines*
- *Resources (finance, personnel)*
- *Physical resources (buildings & equipment)*
- *Recognition, Assessment, Accreditation*
- *Training*
- *Safeguards & Protection*
- *Information*

to:

- Peak bodies
- Agencies
- Specialist Advisors
- Foster carers
- Children

Sources of support

Another question that may be asked in relation to the whole issue of support for foster carers, is the question 'who is responsible for providing support for foster carers?' In part, this question has been addressed in the previous section. The matrix of support structures by foster care processes shows, at least in theoretical terms, where support could be expected to come from.

Given previous analyses of the foster care sector and presentation in systems terms, it follows that the primary sources of support for foster carers, along with responsibility and duty of care, are the following:

1. Governments and government administrations (departments);
2. Provider agencies (mostly non-government);
3. Foster carer associations;
4. Fellow foster carers (informal networks);
5. Family/friends;
6. Professionals.

A range of other organisations and people also provide support to foster carers, as will be shown in the next chapter.

It is difficult to escape the conclusion that, first and foremost, government has a duty of care not only for children who do not have birth families to care for them, but also for the carers whom the government, directly or indirectly, engages to provide the substitute homes and care for these children. All other sources of support, are either provided on behalf of government (at its expense, ie non-government agency contracted support; volunteered by family, friends and colleagues to help carers; or sought out and purchased by carers themselves.

The source of support, as this report notes in various places, is a key factor in the foster care system in Australia at the present time. In earlier analyses we have described the elements of the foster care system, pointing out that the infrastructure consists of various provisions, all of which contain support features. In this study also, we have attempted to point out the importance of all elements in the system providing quality support, if the system as a whole is to be considered 'good practice'.

The costs of foster care provision

An analysis of the concept of support would not be complete without an analysis of the cost of providing support. If a fully supported system of professional foster carers were employed as a system of caring for children, the financial cost to the country would be significantly higher than it is. Foster caring, without going into all of the reasons for its preference over other approaches to out-of-home care, is preferable for two main reasons:

1. The child is being raised in a very similar environment to her/his own birth family;
2. The cost, because carers are voluntary, is less than any other approach.

Foster carers want to provide a professional service, but do not generally expect a 'professional'

salary to do so. They are prepared to sacrifice their privacy, and give freely of their personal time and effort, 24 hours a day, to achieve positive outcomes and quality care for the children and young people in their care.

There are, however, many costs associated with foster care, some of them hidden. The question naturally arises as to whose responsibility these costs are. The current situation in Australia is that some costs are paid by the Commonwealth Government, some by State/Territory governments, and some by foster carers themselves.

Government departments use various formulae throughout Australia for determining the payment of allowances for children in care. These formulae are generally based on a 'normal' child's needs. Foster carers argue that whilst the 'basket of goods' figures is a legitimate and rational basis for determining foster carer allowance rates, there are items not included in the 'basket of goods' approach which foster carers in various States are expected to absorb within their basic allowance. These include to varying degrees: housing; transport; school fees, transport and uniforms; childcare, medical and dental expenses.

An important consideration is that the majority of children coming into care are not 'normal'. These children are in care because they have special needs, often as a result of negative experiences and abuse experienced prior to being removed from their families, or through not having their own family. In reality, children in care have a range of specialist medical, educational, developmental and psychological needs that are in addition to those of the 'normal' child. These needs require considerable time, skills and financial resources from foster carers to overcome the children's earlier histories. Existing payment scales do not acknowledge this.

Further, there is a range of other hidden costs associated with caring for foster children/young people. There is no uniformity across the nation in policy formulation or in the application of policy relating to the provision of care payments and allowances.

Some of these are listed:

- Needs for special clothing or additional clothing during periods of rapid growth;
- Costs for replacement school clothing;
- Special shoes;
- Wear and tear on the foster carer's home, contents and vehicles, and repair or replacement of damaged property;
- Additional telephone costs associated with phone calls concerning specialist appointments, and contact with birth families;
- Costs of gifts to birth families;
- Indirect costs to foster carers, including;
 - forfeited wages of primary foster carer;
 - loss of experience and career advancement;
 - the emotional, social, and physical drain on foster families who are often caring for very demanding and challenging children;
 - loss of no claim bonuses on insurance policies;
- Costs associated with access requirements;
 - travel, accommodation, food, spending money for the child during access;
 - compensation for lost income whilst attending, supervising or transporting a child to access;
 - variations from one access visit to the next (requiring separate identification and

- documentation before payment);
- suspension of payment when access visits that extend over night but are not of a significantly longer duration (carers still have to meet the ongoing costs);
- foster carers believe they are being used physically and emotionally, and financially penalised for having to put in even more effort on these occasions. Perhaps some form of a 'foster carer retainer' payment could be made on such occasions;
- Equity in travel allowances;
 - Some carers are receiving a nominal or significantly reduced kilometric allowance for transporting a child in their own vehicle when compared to paid workers who receive standard public service rates or significantly higher rates than the foster carers;
- Respite care – the costs of which have to be met by foster carers themselves;
- CPI increases (It is very rare for the full CPI increase to be passed on to foster carers' payments and allowances);
- Education expenses – especially when the cheapest available option is not in the best interests of the child;
- Legitimate items that are not covered by Medicare or health funds, gap expenses, and transport costs to and from appointments;
- Necessary vaccinations – covered by some States, not in others;
- Additional costs associated with rural and remote locations;
- Legal costs;
- Insurance cover against personal and property damage resulting from a foster child's/young person's behaviour;
 - the needs of very high support children on a 24 hour 1:1 care basis;
 - the placement and support of Aboriginal and Torres Strait Islander and other culturally discreet groups;
 - the impact of a GST on foster care, particularly for lower income foster carers;
 - taxation of foster carer payments, subsidies, allowances and reimbursements;
 - the costs of foster carer training.

Some problems with receiving payment

Foster carers generally receive payments on a fortnightly basis. There appear to be few problems with this system for foster carers with established and settled placements. Delays and short payments do occur however with crisis/emergency payments and sometimes with shared care arrangements. Discretionary payments often take much longer than two weeks to be processed and can extend to in excess of six months.

In some States and Territories foster carer allowances are reduced or ceased once a child in care receives a Commonwealth payment on a regular basis, particularly those relating to youth allowance and disability allowances. Foster carers have reported that whilst this is a positive step towards a young person becoming independent, it often disadvantages the foster carers financially as they still have to provide for the child, do not always receive the board component of the allowance, and lose the 'fringe' benefits/ entitlements associated with the previous form of payment which are not available under the new payment method.

There are also practices where State payments are ceased when a Commonwealth payment is received, despite the fact that the Commonwealth payment is not meant to cover all the items the State payment previously covered. The disadvantages experienced by foster carers are significantly greater for those foster carers on lower incomes and pensions than they are for those

able to support a placement through higher wages and other independent sources of income.

Discretionary payments

There have been variations reported in the payment of discretionary payments in all parts of Australia and in the processing of discretionary payments. Reasons for variations include, different workers, even within the same office or organisation; different locations within a State or organisation; varying interpretations of policy documents; timing within the budgetary cycle; insufficient funds and competing priorities for existing funds (e.g. school camp *versus* orthodontic treatment for another child). It is apparent that with budgets facing more and more constraints over time, fewer children's needs, of a discretionary nature, are being met.

Variations between government and/or non government agencies

Variations in payments frequently occur between government and/or non-government agencies through the topping up of allowances and payment of additional allowances. Non-government agencies will often use independent sources of funding to do this. Foster carers do not object to this practice because the money is being used to benefit the child, but do question the justification for the relative disadvantage experienced by the children who are missing out.

Study into real costs of caring for foster children

In July 1999 the State Presidents of the Foster Carers Associations agreed to participate in a joint research project proposed by CAFWA on foster carer payments. A submission was prepared and submitted to the Potter Foundation in December 1999 and in response the Foundation advised that it would provide \$25,000 towards the project.

The aim of the study is to identify the real costs of looking after children in foster care and to assess the adequacy of the current age related subsidy payments to foster carers in Australia. It will determine the appropriate level of reimbursement through the application of the estimates of the costs of children previously developed by the Budget Standard Unit at the Social Policy Research Centre at the University of NSW. In addition the study will review estimates of the 'opportunity' or indirect costs to parents who are fostering a child.

6 Foster Carer Perceptions of the Adequacy and Appropriateness of Support in Australia

What foster carers say about the quantity and quality of support

Important and indeed pivotal questions, in the foster carer survey of this study, related to the amount and quality of support respondents received. Their responses are shown in the following tables.

Table 17 Ratings of amount of support received by foster carers

Rating category	No	Percentage
More than enough	174	21
Just enough to get by on	334	41
Barely enough	135	17
Nowhere near enough	110	14
I don't get any support	35	4
No response	24	3
<i>Totals</i>	812	100

Less than a quarter of respondents indicated that they got more than enough support. The largest proportion (41 per cent) selected the 'just enough to get by on' option which indicates that the majority are borderline in their assessment of the adequacy of the amount of support they got. The remaining 35 per cent clearly did not feel that the support they received was sufficient for the task.

The following question was about the quality, as opposed to quantity, of the support they received. Both this question and the previous one, of course, are very general and do not define what is meant by 'support'. The results for this question are tabulated below.

Table 18 Foster carer rating of the quality of support they receive

Rating	Number giving this rating	Percentage
Extremely good	108	13
Very good	252	31
Average	282	35
Very poor	95	12
Extremely poor	31	4
No response	41	5
Varies	3	0
<i>Totals</i>	812	100

Less than half, ie 44 per cent rated the support they received as extremely good or very good. Sixteen per cent rated it as very poor or extremely poor and the remaining 35 per cent considered it average.

Since there is a perceived difference between foster carers who are engaged by non-government agencies and those engaged directly by government departments in terms of the amount and quality of support they receive, it seemed appropriate to cross-tabulate these tables to show:

1. the perceived level of support overall by kind of foster carer (agency/government);
2. the perceived quality of support by kind of foster carer (agency/government).

Table 19 Cross-tabulation of level of perceived support by kind of foster carer (agency cf departmental)

Response	Level of support						Totals
	More than enough	Just enough to get by on	Barely enough	Nowhere near enough	I don't get any support	No response	
No response	14	12	8	8	5	2	49
Agency foster carer	84(27%)	140(45%)	40(13%)	29(9%)	8(3%)	12	313
Government foster carer	72(17%)	176(41%)	85(20%)	66(15%)	20(5%)	8	427
Both	5(22%)	6(26%)	2(9%)	6(26%)	2(9%)	2	23
<i>Totals</i>	175	334	135	109	35	24	812

The data in this table were subjected to a test of significance to determine whether the apparent difference between agency foster carers and department foster carers reached the level of statistical significance. The resultant Chi Square value of 37.6 with 12 degrees of freedom is significant beyond the 0.001 level. That is, the data show clearly that agency foster carers receive significantly more support than do departmental foster carers.

Table 20 Cross-tabulation of perceived quality of support by kind of foster carer (agency cf departmental)

	Level of support						Totals
	Extremely good	Very good	Average	Very poor	Extremely poor	No response	
No response	9	10	14	8	3	5	49
Agency foster carer	58(19%)	121(39%)	91(29%)	24(8%)	5(2%)	14	313
Government foster carer	41(10%)	118(28%)	168(39%)	61(14%)	18(4%)	21	427
Both	2(9%)	4(17%)	9(39%)	2(9%)	5(22%)	1	23
<i>Totals</i>	110	253	282	95	31	41	812

The resultant Chi Square value of 60.54 with 12 degrees of freedom is significant way beyond the 0.001 level. It is clear therefore that foster carers under the Agency system not only get more support but they rate the quality of that support significantly better than do foster carers engaged directly under departmental arrangements. It may be noted, however, that all foster carers, regardless of whether they are engaged by government departments or non-government agencies, are less than positive and complementary in their assessment of the quantity and quality of support that they receive.

Other questions in the survey attempted to analyse foster carers perceptions of the quantity and quality of support according to where that support came from. The interest was primarily in the most common sources of support for foster carers, namely, government department, non-government agency, foster care association, professionals, fellow foster carers, family and friends, though the survey also asked people to nominate other sources of support. The results are in the following tables.

Table 21 Sources and ratings of the amount of support received by foster carers in any one year

	A great deal	Quite a lot	A reasonable amount	Very little	None	No response
Department	51(6%)	80(10%)	223(27%)	272(33%)	102(13%)	84(10%)
Agency	134(17%)	122(15%)	125(15%)	64(8%)	67(8%)	300(37%)
Association	61(8%)	82(10%)	124(15%)	140(17%)	188(23%)	217(27%)
Fellow foster carers	99(12%)	125(15%)	149(18%)	127(16%)	143(18%)	169(21%)
Family/friends	273(34%)	170(21%)	149(18%)	86(11%)	35(4%)	99(12%)
Professionals	79(10%)	125(15%)	220(27%)	129(16%)	111(14%)	148(18%)
Other	102(13%)			710(87%)		

Note: The percentages relate to the number of responses in the rows not the columns.

CH 6 FOSTER CARER PERCEPTIONS OF THE ADEQUACY AND APPROPRIATENESS OF SUPPORT IN AUSTRALIA

It is interesting that in this table the most support by far is received from family and friends (55 per cent of respondents indicated that they received a great deal or quite a lot of support from family and friends). Non-government agencies were regarded as the next best source of support (32 per cent getting a great deal or quite a lot). Departments were not seen as strong sources of support, indeed nearly half of the respondents (46 per cent) indicated that they got very little or no support from the relevant State/Territory department.

The results in this table for foster care associations will doubtless come to the associations as a disappointment and surprise, though might be defended on two counts:

- (a) while some carers working for Agencies do belong to the associations, many do not; and
- (b) the associations lack resources to offer significant support and in fact do not have social workers to do this kind of work. Hence the kind of support foster carers can expect from an Association has to be different.

To confound matters, there was an evident confusion in the response of foster carers to this and related questions in the survey. The main and surprising confusion is that many respondents appeared to think of their non-government agency as an 'association'. This is evidenced by the number of respondents who answered the question 'To which foster care association(s) do you belong?' with the name of an agency, such as Barnardo's. We can only conclude therefore that the forty per cent of respondents who indicated that they got very little or no support from their associations may include a large number who simply did not belong to an Association.

This question also included an open-ended section to allow respondents to nominate other sources of support. It is apparent from this list (see Table 45 in Appendix 2) that foster carers seek support from a wide range of other people in the community.

Availability of specific support measures

Since other sources of information point to the importance of access to support after hours, a specific question was asked in the survey about the amount of support foster carers received from the primary support providers after hours. The results are as follows.

Table 22 Sources and rating of after hours support. The percentages in this table are of those who do get support rather than of all respondents

	Extremely good	Very good	Average	Very poor	Extremely poor	None received
Department	23(7%)	50(15%)	110(34%)	60(19%)	80(25%)	292
Agency	111(30%)	126(34%)	85(23%)	25(7%)	19(5%)	139
Association	56(25%)	73(32%)	71(31%)	16(7%)	11(5%)	279
Fellow foster carers	86(24%)	145(41%)	100(28%)	13(4%)	12(3%)	196
Family/friends	251(42%)	204(34%)	114(19%)	21(3%)	11(2%)	58
Professionals	55(16%)	94(28%)	136(40%)	24(7%)	28(8%)	183

CH 6 FOSTER CARER PERCEPTIONS OF THE ADEQUACY AND APPROPRIATENESS OF SUPPORT IN AUSTRALIA

With this question, as with the previous one, family and friends provide the majority of after hours support (76 per cent saying they received 'extremely good' or 'very good' after hours support) and fellow foster carers (65 per cent) and Agencies (64 per cent) being next. Associations were rated as providing 'extremely good' or 'very good' after hours support by 57 per cent, and 44 per cent of respondents said that their Departments provided 'very poor' or 'extremely poor' after hours support.

Foster carers were asked therefore in the survey whether they had access to a 24 hour help line (See Table 44 in Appendix. 2) and how they would rate this service. Eighty per cent of foster carers said they had access to such a help line. Only 35 per cent rated this service as extremely good or very good while 20 per cent rated it as average. One might be led to speculate either that there is room for improvement in the 24 hour telephone services that are provided, or that a phone service of this kind is not seen as a quality replacement for after hours direct contact with someone who knows the particular family and placement.

Common disappointments expressed by foster carers in relation to crisis line contact include the inability of crisis line staff to:

- Access case notes or have up to date case plan information provided to them by agency or departmental workers;
- Provide practical help;
- Assist in problem solving without a full understanding of demographics of the state and the relevance of suggestions to the foster carers location (eg: foster carer told to put child in a taxi to the closest youth shelter which happened to be over 500 km away).

The following table relates to a question that was in two parts. The first part of the question sought a rating of the quality of support received from foster care association(s) to which foster carers might belong, while the second part asked for the name of the association to which they belonged.

Table 23 Respondent perceptions of the quality of support received from foster care associations to which they belong

Rating	Number responding	Percentage
Extremely good	148	18
Very good	243	30
Average	202	25
Very poor	53	7
Extremely poor	37	5
No response	129	16
<i>Totals</i>	812	100

Forty-eight per cent of respondents rated the support they received from this source as being extremely good or very good. As mentioned earlier, the results, in the second half, however, uncovered some unexpected confusion in the way foster carers had responded to the question,

since some foster carers were clearly confusing ‘association’ and ‘agency’. In the foster care sector, there are relatively few foster carer associations. There are now foster care associations in each state, and in New South Wales there are several branches, and some additional associations not directly affiliated with the Foster Care Association of New South Wales. However, from the number of instances where respondents gave the name of a non-government agency where an association name was expected, suggests either that an unexpected number of foster carers do not know about the foster carer associations, or have little to do with them, or that there is some possibly confusing overlap between the functions and roles of associations and those of agencies. Analysis separating the responses from agency carers and government carers revealed, however, that it made little difference to the overall pattern of respondents’ evaluations. (The data showing this analysis are in Table 46 in Appendix 2).

The survey then contained a question about foster carers’ perceptions of support that they believed they should receive but equally do not receive. The range of responses to this question was particularly wide and the answers not always easy to interpret. They often broached quite complex issues, and in analysis these were difficult to reduce to a simple one-word or one-phrase category. But for the sake of reporting, this had to be done. The results are presented in Table 47 in Appendix 2.

The most frequently mentioned category of support that they should get but do not, was ‘Departmental provisions, interactions, access availability, openness and trust’. Also rating highly was ‘improved response time from workers’ and ‘better information about children’. In terms of resourcing, frequently mentioned support needs were: ‘payment/reimbursement for real costs’, and ‘adequate subsidies/advice on same’. The need for respite for themselves, was also frequently mentioned.

A section of the survey was directed towards determining the availability and quality of a range of support resources.

Table 24 Availability of printed manual or guidebook to help foster carers

Material available?	Number responding	Percentage
Yes	527	65
No	269	33
No response	16	2
<i>Totals</i>	812	100

Sixty-five per cent of respondents said that they had a printed manual or guidebook to help foster carers, which is quite an encouraging result, though for a third to say they had no material of this kind is disturbing. It might surely be expected that if there were standards to which the foster care sector stakeholders subscribed, it would include the availability of suitable material to all foster carers.

Carer response to the question of how necessary this kind of information was, left no doubt as to its importance:

Table 25 Necessity of having material available

Level of necessity	Number responding	Percentage
Extremely necessary	406	50
Very necessary	284	35
Not necessary	92	11
No response	30	4
<i>Totals</i>	812	100

Eighty-five per cent of respondents indicated that suitable printed manuals or guidebooks are extremely necessary or very necessary. This is a clear mismatch with the results of the previous question, indicating that an appreciable number of foster carers for whom printed material is either very necessary or extremely necessary, do not have such material.

Further data, not tabulated here, showed that 67 per cent of respondents rated material that was available as either 'very good' (48 per cent) or 'extremely good' (19 per cent). These results accord well with our observations and anecdotal evidence received in the course of this study. Where material is available it is well produced. Our main criticism would be that the material is inconsistent in style and format, is mainly for newcomers to foster care, and lacks the cohesiveness and conformity to nationally accepted standards that would be expected in a quality service sector.

Recruitment of new foster carers

The foundation of any effective foster care service is based on the adequate recruitment, training and support of a good pool of foster carers representing most, if not all, sub-groups within society. The recruitment of foster carers is undertaken by State/Territory government departments or by non-government agencies. The demand for foster carers has fluctuated over the period since 'boarding out' was first introduced, but grew particularly following the de-institutionalisation of out-of-home care. The demand shows no sign of diminishing. The needs of children requiring out of home care are changing, however, so that more skilled substitute parenting is now the norm. Further, family and social demographics are changing significantly with the result that recruiting foster carers is becoming more difficult in general, let alone for particular types of need.

Until very recently, recruitment of foster carers has been undertaken predominantly by government and church-based agencies. The trend now, with out-sourced foster care service provision, is for individual agencies to taken responsibility for their own recruitment of foster carers.

In most States/Territories, recruitment campaigns attract couples or single adults, a large number of whom are not fully engaged in the workforce, to provide full time care, for varying periods of time. The recruitment process is, by necessity, extensive and time consuming. Foster carers in

some states report a period of twelve to eighteen months between their initial inquiry and their approval to be placed with a child.

There are some categories of people within the community who are not encouraged to become part of the foster care system. For example, only some States/Territories actively recruit couples where both parties work full time, even though weekend respite support to foster carers is a much-needed service and could be provided by these couples.

A number of associations report that recruitment of new foster carers does not adequately fit the needs of children currently coming into care. Whilst some targeted recruitment does occur periodically for foster carers for sibling groups, specific age groups of children and within designated geographic areas this is not a common or consistent practice that produces the desired results of an oversupply of foster carers.

Advertising and enlistment

A range of recruitment media are used to attract potential foster carers. A small number are highly sophisticated, expensive public campaigns such as pictorial advertising on milk cartons, television commercials and print media advertisements. Others are of much smaller scope, targeting local residents through church and school newsletters or talks to service clubs. Most are conducted by departmental or agency staff with welfare training and few involve, due to lack of resources, personnel trained in the areas of marketing, journalism or publicity.

Celebrations such as National Foster Care Day and Foster Care Week are opportunities to raise the awareness and status of foster carers at the broad community level and to encourage many more individuals to join the ranks of these volunteers. Even here, however, lack of resources limits the effectiveness of strategies that might be used. One of the most effective local community based recruitment techniques, albeit small scale, is word of mouth, through networks of friends of foster carers. It is also known that the natural children of many foster carers go on, as adults, to become foster carers themselves without much prompting.

Initial inquiries, in response to advertising or public information, are also handled differently across states, some centrally on a 1300 number, others at local agency or departmental office. Response times vary greatly as do the procedures followed for the processing of inquiries. Advertising campaigns, regardless of their size or scope are only as successful as they are able to quickly and efficiently respond to the inquiries that they elicit. In an industry devoid of necessary resources, response time and information provided are crucial to secure the interest of applicants, lest they be lost to one of the other 2000 volunteer organisations vying for them.

States/Territories report various combinations of ways in which they introduce potential foster carers to the world of foster care. In some instances this is done through the forwarding of extensive written information to candidates. In others, it is the sharing of information in face-to-face individual or public forums.

In order to determine carer perceptions of the quality of information given to them as enquirers, the survey contained a question asking respondents to rate the information that they received when they first enquired about becoming a foster carer. It was felt that this was a reasonable question to ask, since some foster carers have found the task more difficult and different from their expectations. The results are in the following table.

Table 26 Quality of information given to foster carers when they first asked about becoming a foster carer

Rating	Number giving this rating	Percentage
Extremely good	198	24
Very good	284	35
Average	180	22
Very poor	69	8
Extremely poor	58	7
No response	23	3
<i>Totals</i>	812	100

Fifty-nine per cent of respondents said they received 'Very good' or 'Extremely good' information while 15 per cent rated it as 'very poor' or 'extremely poor'.

Suitability assessment and screening of applicants

Again, Australian states approach the assessment of potential foster carers in a variety of ways, most covering the same basic elements but ordered differently. Most assessments require the applicants to:

- Complete a written self information and assessment profile detailing their life history and experiences, child rearing beliefs and practices, management of crisis or difficult periods within their family, interests and hobbies, social support networks, expectations of foster care etc.;
- Undergo an interview or series of interviews within their home and at an agency or departmental office, involving their own children where their age permits this;
- Consent to a range of checks including (often not all of the following) criminal history, domestic violence history, traffic offences and child protection register checks;
- Have people over the age of eighteen living on an ongoing basis within their home consent to the above checks;
- Provide the department or agency with referee checks or persons with whom they can speak regarding their individual and family makeup, their child rearing practices and their ability to manage stress;
- Undergo a safety check of the applicants home and physical surroundings;
- Commit to attend the prescribed training course.

Initial training and registration

It is widely believed, at least among foster carers themselves, that more training is needed and that training is a key to successful caring. Hence the foster carer survey asked foster carers a question about the quality of training received at various stages in their development and induction into caring. It also asked about the source of training received. The following tables show the results of these two questions.

Table 27 Respondent rating of the training foster carers received in the process of becoming a foster carer

Stage of training	Extremely good	Very good	Average	Very poor	Extremely poor	None received	No response
Introductory/info session	204(30%)	288(43%)	147(22%)	24(4%)	7(1%)	71	71
Initial training/screening	194(29%)	289(44%)	148(22%)	19(3%)	10(2%)	54	98
Subsequent training ¹	109(19%)	228(40%)	168(29%)	49(9%)	19(3%)	104	135
Advanced training ¹	103(24%)	161(38%)	110(26%)	34(8%)	20(5%)	189	195

¹ Subsequent training refers to any training after initial training while advanced training refers to specialist skills for high needs cases.

From this table it appears that the quality of training is seen as relatively consistent across all stages. Introductory and initial training received a rating of either extremely good or very good from over 70 per cent of respondents. Subsequent training received somewhat lesser rating with 59 per cent of respondents saying that it was very good or extremely good. For advanced training the number of respondents rating it as either very good or extremely good rose a little to 62 per cent.

Several states (WA, Qld) have initial foster care training programs that have attracted state accreditation. National accreditation of pre-service and in-service training is desirable, however, to ensure that standards are set and maintained across the country. This issue remains high on the agenda of the National Foster Care Forum.

Current initial training programs throughout the states contain reasonably similar information, though detail, presentation and learning styles vary greatly. Most programs are designed to be conducted in group settings to enable learning and discussion with other participants. Some are conducted over a weekend, others one night a week for several weeks. Applicants generally meet the costs associated with them attending training, though some states do offer assistance with babysitting and travel costs where these are high, and all provide refreshments and documents associated with the training free of charge to the applicants.

In all states, trainers require some form of certification, although the level of this varies greatly. Trainers are drawn from a number of sources and can be external, departmental officers, agency workers, foster carers and young people in care. Foster carers like having foster carers and young people participate in their training, as this brings realism to the training. They feel able to ask these people how it 'really is' and be given a truthful, 'warts and all' answer. Within their budget, the Queensland Association pays foster carers for their time spent as an accredited trainer delivering training to applicants jointly with either departmental or agency staff.

Few of the programs viewed by the writer have the capacity to cater for the special needs of applicants in remote and rural settings, applicants who do not read and write well or applicants from an ethnic background. Whilst the majority of States/Territories report having indigenous programs, most report not yet having sufficiently developed these programs.

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Whilst it is compulsory in all states that foster carers undergo training prior to having a child placed in their care, there have been numerous examples where this is not enforced. State/Territory databases do not record training undertaken by potential and registered foster carers and thus it is impossible to obtain a view as to how pervasive this practice actually is.

For kinship and relative foster carers, initial and ongoing training is not generally considered necessary, although it is difficult to find any practice-based evidence as to why this should be so. Indeed, training is not the only thing that these foster carers miss out on in a number of states.

Likewise, not all states require both partners in a 'couple foster carer application' be trained, despite the fact that they are usually both engaged in the day to day care of the child. To avoid risk of abuse in care, National standards in regard to training of all direct care providers need to be set.

The foster carer survey provides empirical data that is pertinent to the issue of training in the foster care sector. The results in the following table show the source of different kinds of training, disaggregated according to whether respondents were agency or government carers.

Table 28 Proportions of agency and government foster carers who received most information and training from the three designated sources: agency, department and association

Source	Information		Early training		Ongoing support		Advanced training	
	<i>Agency foster carer (%)</i>	<i>Govt. foster carer (%)</i>	<i>Agency foster carer (%)</i>	<i>Govt. foster carer (%)</i>	<i>Agency foster carer (%)</i>	<i>Govt. foster carer (%)</i>	<i>Agency foster carer (%)</i>	<i>Govt. foster carer (%)</i>
Agency	79	14	70	10	77	9	51	5
Department	6	53	10	48	8	37	2	16
Association	7	13	1	3	8	15	5	8

This table may be somewhat confounded because a number of respondents seemed not sure what was meant by an 'Association', giving agency names for associations to which they belonged. That aside, this table shows that for information, ongoing support and to a lesser extent advanced training, non-government agencies are doing a better job than either departments or associations. It also shows that there is a degree of 'cross-fertilisation' occurring though at a fairly low level. That is, some foster carers seek and get training and support from wherever they can, irrespective of whether they are an agency foster carer or a government foster carer. This is not to be disparaged.

A subsequent part of the question, in fact, allowed respondents to indicate where else they might obtain training and information. The results are shown in the following table, disaggregated by State/Territory in which the respondent lived.

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Table 29 Other sources of information and training used by foster carers

Source of training	NSW	Qld	Vic	WA	SA	Tas	NT	ACT	NS ¹	Total
Other foster carers, parents, friends	6	3	4	4	2		2			21
None received or very limited or introductory only	8	1		5	1	2	1	1		19
Agency	2	3	2	3	8					18
Advanced/specialist training	7	2	1		2	2		1	2	17
Ongoing training	5	2	1	2	2	2			2	16
Anything relevant sought out	7	2		1	3		1	1		15
Experience/trial & error/on the job learning	5	1	1	1	1	3				12
State associations	5	3			1	1		1		11
Printed literature, videos, TV	4	2			1					7
Department	2			4	1					7
Formal training at TAFE etc	1	1	1		3	1				7
Conferences	3						1	2		6
Own research	4	2								6
Local support group	3	2								5
FPSN/FCSN	5									5
Foster carers group speakers	2				1	1				4
Work based					2	1		1		4
Prior training/education	1				1	1				3
Indigenous organisation	1		1		1					3
Schools/teachers	1	1						1		3
Parent Education Centre	1					2				3
EFC					3					3
DSC Information									2	2
Disabilities services							1	1		2
Special needs unit	1				1					2
University	1	1								2
Seminars/1 day courses	1				1					2
Support worker	2									2
High support agencies	1				1					2
Other government departments	1				1					2
Nulsen Haven information									1	1
Karu							1			1
Child Care Centre	1									1
Baby health centre/clinic	1									1
Newsletter	1									1
Medical needs (specific)	1									1
Share Care Inc	1									1
Barnardos	1									1
ACWA	1									1
CCWT Advanced training	1									1
Therapists	1									1
Spastic centre	1									1
Sex assault course	1									1

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SAAP	1			1
Legal issues			1	1
Family planning			1	1
VANISH (Vic) advanced training		1		1
Welfare Department training	1			1
Sand play - Thuafly	1			1
Protective Behaviours				

¹ NS = the state from which the respondent came was not stated.

Much of the information that is needed for pre-service and in-service training of foster carers is highly developed and readily obtainable within the States/Territories, but the sector would benefit if it had the resources to bring the material together for collation and distribution to all States/Territories for implementation.

Provision of handbook and resource materials

Handbooks are often the targets of scorn and criticism. In almost any field it is difficult to produce a book that will satisfy everyone. Yet, to not have any kind of reference material can be equally frustrating. A good reference source, can be consulted at any time and provide answers or confirmation in a time of need.

Earlier in the chapter survey results were presented that showed how many respondents had a printed manual or guidebook to help them (65%), how important it was in their estimation to have printed material available (85% responding very necessary or extremely necessary), and how they rated the quality of material currently available to them (67% rating it very good or extremely good).

Another question in the survey gave respondents an opportunity to answer freely what kind of material they had to help them. The range of answers is provided in the following table.

Table 30 Printed materials that foster care respondents had at their disposal to help them with caring, disaggregated by source and region in which respondent lives

Printed materials	NSW	Qld	Vic	WA	SA	Tas	NT	ACT	NS	Total
Agency										
information/leaflets	2	1	3		2			1		9
Handbook/manual	12		4	2	6			4		28
Guidelines	5				3					8
Misc information	1	3			1			2		8
LAC information	3									
Department										
information/leaflets	8	1		1	2	2				14
Handbook/manual	16	7		14	1	23		4		66
Guidelines	5	1	1	1	4	1	1			14
Misc information	1	1				1		1		4
Caring for troubled children	1							1		2
Training manual/material	20		3	6	15			3		47
Associations										

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information/leaflets	4	1		1	3				9
Handbook/manual	6		13						19
Guidelines									
Legislation	2	2	1	4					9
First aid	1						1		2
Foster carer's resource guide		12							12
Foster carer's Handbook	12	62	3	55	14		1		146
Own research/lots of printouts/books	9	6	1	5	2		1	1	25
Working through children's behaviour	1	2					1		4
Foster carer's manual	20	6	3	30	22		1	4	86
Handouts	1	2	2	2	2				9
Course information	15	3	4	2	1				25
Childcare/development books	2		1						3
Code of conduct for carers	1				14				15
School material	1								1
Child protection material	1	1			1				3
Newsletter	2	1			2		1		6

Broad summary of the above:

Information/leaflets	12	14	3	1	5	2		4		39
Handbook/manual	40	70	7	29	7	22		8		189
Guidelines	10	1	1	51	21	1	1	1	2	89
Course/training materials	36	5	9	8	16			3		77
Totals	229	93	76	153	153	45	9	35	19	

Handbooks and manuals are only as useful as the currency of the information they contain. The ease with which information can be kept up to date depends very much upon the physical presentation of the handbook and on the resources and personnel available to do this.

Within the States/Territories, the content contained in handbooks and manuals differs greatly in detail and style. In Western Australia, the handbook is written primarily by foster carers in consultation with departmental staff. In New South Wales, Tasmania and Queensland, the reverse is true.

In addition to handbooks or manuals, foster carers need access to an array of other sources of information including:

- Articles containing clear explanations of departmental policies, practices and procedures that impact upon them and the children for whom they care, written or spoken from a foster carer perspective;
- Clear advice on their rights and mechanisms of grievance and appeal open to them;
- Articles on foster care, generic child and adolescent rearing issues, specific conditions and diseases, abuse and neglect, various behaviours and management techniques, stress, etc.;
- Newly released books on a range of topics;
- Video and audio tapes;
- Access to the internet;
- Professional presentations and workshops; and
- Networks of other foster carers for discussion topics.

A variety of delivery mediums is most important to ensure access to information by foster carers in rural and remote locations, those with sight or reading disabilities and to meet the needs of individual learning styles.

Placement of foster children

A child in need of a substitute family requires not just any family but a family in which she/he has safe care and the best chance of making up for the lack of natural bonding. In cases where there is also the trauma of abuse and neglect to overcome and heal, there is the added need for a healing 'sanctuary' for that child/young person. That is, children need careful placement.

Equally it may be argued that it is in the best interests of the volunteer foster carers, that suitable children be placed with them. Even with the best will in the world, some carers will find their resources stretched to the limit and beyond by the placement in their family of an unsuitable child or young person. Special needs, such as cultural or religious requirements, also play a role in the determination of a suitable placement.

Our enquiries lead us to believe that placement practices throughout Australia are less than ideal. There are many factors that contribute to this, but the over-riding cause must be the lack of sufficient numbers of foster carers. For placements to be a good match in the majority of cases, there has to be a surplus of foster carers over children/young people needing a placement so that there is a greater probability that the needs of a particular child, can be matched with suitable foster carers.

When there are insufficient foster carers:

- Matching effort may, of necessity, be minimal;
- Placement breakdown and the need for the child/young person to be moved to another family increase';
- 'Good' foster carers get overloaded with more and longer placements; and
- Foster carers are unable to take much-needed breaks between placements.

The Queensland study, referred to elsewhere in this report, found that 42 per cent of those who ceased fostering were not caring for their preferred age group of children. This is evidence that matching is not being fulfilled, at least in terms of carer preferences.

The 'ownership' of foster carers by agencies or geographic area offices often exacerbates the shortage of carers. It can result within one service or location being overloaded with placements while a neighbouring service or location has none. All states (with the exception of NT) report this to be a great inhibitor of best practice in the area of matching, particularly in those areas where there are dual systems of government and non-government providers. Initial matching using central database information would assist greatly in the identification of foster carers suitable for the particular needs of a child – a practice in use overseas but not yet in Australia.

The most commonly accepted categorisation of foster care types in Australian States is one based on duration with the following (or similar descriptions) being the most common:

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1. Respite care;
2. Crisis/emergency care;
3. Short-term/temporary care;
4. Medium term (2-8 months) or in some States/Territories, up to 24 months;
5. Long-term/permanent care.

In the foster carer survey we sought to get some clarification on the issue of placements, by asking respondents whether they had had a preference for a type of foster care when they first came into foster caring. The results are presented in the following table.

Table 31 Types of foster care expressed as preferences by foster carers when they first undertook caring compared with type of caring mainly carried out

Type of care	Number Putting this as a preference		Number of respondents stating this as actual care	
	Number	Percentage	Number	Percentage
Respite care	165	12	233	15
Crisis/emergency care	210	15	252	16
Short-term/temporary care	302	22	251	16
Medium term (2-8 months)	166	12	206	13
Long-term/permanent care	331	24	485	31
High support care	36	3	90	6
Had no preference	129	9		
Kinship care	28	2	36	2
No response		0		
<i>Totals</i>	1367	100	1553	100

Note: Foster carers often expressed a willingness to do more than one kind of caring, hence the total is higher than the number of respondents in the survey.

The spread of initial preference, as might be expected, was mainly across the first 5 categories. These expressed preferences were compared with the type of caring they were actually undertaking (see Table 6). Comparison suggests both that foster carers end up doing more caring of different types than they had in mind initially, and that the main increase is in the area of long-term care.

Small numbers are involved with high support care, and an even smaller number of respondents indicated kinship care as their most common fostering activity. This last result is probably an indication of the under-representation of kinship foster carers in the survey. As is noted elsewhere, the number of children in family/kinship care in NSW is reported to be around 38.7 per cent.

Policies and legislation in the States/Territories jurisdictions are on the whole not consistent in their treatment of family/kinship care. Family/kinship care is often viewed as outside of mainstream foster care. Where this is the case family/kinship carers are unable to access the support options available to foster carers. Family/kinship carers are not highly represented in foster care associations and the low number of kinship foster carer responses in this survey may be simply an indication that the survey reached fewer of these foster carers.

We refer again to the UK Joint Working Party on Foster Care report in relation to 'emergency' placements. This is an issue that we have not been in a position to investigate in Australia, though it sounds a warning that ought to be heeded here anyway.

The issue of emergency placement should be addressed by all placing authorities. Far too many placements are described as 'emergencies' and undertaken without proper assessments, care planning or appropriate matching of children with foster carers. This departure from regular procedures is justified by attaching the label of 'emergency' to the placement. In fact, the children placed in such circumstances – and their families – have often been well known to social (work) services for some time. (Report and Recommendations p. 15).

Start up support and first child placement

Even if a new foster carer or couple have demonstrably succeeded in raising a family of their own or in caring for children in some other setting, it is hard to imagine them not wanting some support at time that they embark on a first foster placement.

States provide a range of services to new foster carers including:

- Mentoring or buddying another foster carer (not structured formally in any State);
- On-call agency staff (common in agencies, but not for government foster carers);
- 24-hour crisis line (all States with limitations see survey discussion elsewhere);
- Local and area delegates and networks of other foster carers (all States);
- Association members, access in person and via telephone (all States);
- Parent Line (national service).

Many foster carers later report being 'naive and innocent' in their first placement. Caught up in the excitement of the reality of finally being offered a placement following months of training and assessment, foster carers often make a hasty decision to commit to the care of a child or sibling group or forget to ask a range of important questions.

Practice varies in regard to the amount of support offered to foster carers taking their first placement. Whilst it is difficult to be prescriptive about the amount of support required, best practice standards would suggest that foster carers should be nurtured and provided with a range of networks and assistance during their early period of caring.

In most States, there exists at any one time, a number of foster carers who wish to relinquish their role of active foster carers but don't want to lose the contact and friendships they have established over the years. A way of retaining their skills and knowledge within the sector is to use them as providers of support to newly placed foster carers.

Following the conclusion of their first placement, or after the passing of a designated time period, foster carers in their first placement, should meet formally with their departmental or agency worker. The role and purpose of this meeting should be to discuss their experience, identify what worked and what didn't, their expectations prior to the placement and their experiences in practice, any changes to the type of care they wish to provide, any additional training or support needs they may have identified etc. Although good practice, this process is not known to be common practice in Australia.

Subsequent placements of children

In the placement of additional/subsequent children with foster carers, there are several issues which need to be considered within the context of the particular care situation. These include:

- The mix of children within a placement and the additional issues this may raise for a foster carer;
- A period of rest time between placements;
- The numbers and level of 'difficulty' of children within the placement;
- The anticipated length of the placement;
- The requirements on the foster carer to accompany the child on visits, medical and therapeutic appointments; and
- The one to one time needed by the child etc.

The general feeling that we encountered while undertaking this study is that these measures are given more thought within agency service providers than within government programs. For example, non-government funding agreements are built around benchmarks which take into account foster carer rest periods, ceiling levels for numbers of children within foster carer households etc. The same benchmarks generally do not exist within government programs.

Information

The information provided to a foster carer in relation to children placed within their care varies greatly from state to state and even within states. We heard in the course of discussions with foster carers, many stories about children arriving 'on the doorstep with no information whatever'.

Even in those cases where there was information, it was generally regarded by foster carers as insufficient. In one of the worst examples given by a foster carer, we were told of an instance where the worker delivering the child to the foster carer late on Friday afternoon had no paper work with them and no knowledge of the (expletive) child's name!

Whilst foster carers in most states are lobbying their respective departments about the need for clear, written, consistent, detailed information to be provided at time of placement or very soon thereafter, the response to this has been slow. Confidentiality is most frequently given reason for withholding information. Foster carers argue, however, that in order to provide a quality service to a child in their care, and to aid in the safe care and protection of other children within the same home, they need to be provided with as much information as possible.

The following table speaks for itself.

Table 32 Respondent ratings of the information given to them about children/young persons brought to them for placement

Rating	Number	
	making rating	Percentage
Extremely good	45	6
Very good	121	15
Average	252	31
Very poor	206	25
Extremely poor	130	16
No response	39	5
Considerable variation	19	2
	812	100

Meetings with workers/birth parents

Increasingly, as a member of a professional team, foster carers are requested to attend meetings where they are asked to present information and their views in regard to a range of topics relating to the provision of care. Some foster carers reported receiving genuine respect from workers for their contribution and acknowledgment of their level of knowledge of the needs of the child in their care. Others reported feeling ignored and being included as part of discussions as a token gesture or to meet required guidelines. In these circumstances, foster carers report a feeling of powerlessness and of being used by the system. In general, foster carers report that they often feel very uncomfortable in meetings, regarded as untrained, unprepared and 'out of their depth'.

Foster carers are committed to working jointly in establishing supportive, positive relationships between the child in care and her/his birth parents where restoration is likely or still possible. However, foster carers report feeling that departmental and agency staff frequently allow birth parents inappropriately to dictate case plans and make demands on foster families, even where family restoration is no longer part of a case plan. Where this happens, the best interests of the child, including maintaining her/his identity and self-esteem, may be over-ridden. It also demonstrates disregard to the needs of the members of the foster care family who should be entitled still to continue their own activities and plans.

Development and maintenance of fostering expertise and motivation

In an earlier section of this report, data were presented which showed clearly that the bulk of foster care in Australia was provided by a very small number of foster carers. Implied in that data was the fact that many foster carers leave fostering after a short period of time. The average length of time respondents to the present survey had been fostering was 8.12 years. What these data do not show, and cannot show, is how many foster carers had started to care and left fostering, and how long, on average, it was before they ceased fostering.

Even in the absence of such data, the argument can be presented that people who are willing to become foster carers, should not only be trained and supported to do the job, but efforts should be made to ensure that they continue fostering for as long as they wish and are able to do so.

Advanced training & conference attendance

Anecdotally, foster carers report two areas of difficulty associated with accessing advanced training and attending conferences (the latter being seen as a very important opportunity for developing their understanding of and skills in fostering):

- Access to information alerting them to training opportunities, conferences or workshops:
 - enough detailed information to be able to assess if the training or information to be presented will be applicable to their needs and interests;
 - the ability to receive training in various mediums to best suit their situation and learning style (eg: on video, audio tape etc.);
 - the credentials of trainers, speakers and presenters;

- Practical aspects associated with attendance at training, conferences or workshops:
 - the time of day and length of attendance (commonly foster carers report training beginning at 9am and concluding at 4pm, times which are impractical for foster carers with children attending school, these times also mean that employed foster carer partners cannot attend);
 - the availability of specialized babysitting services at the venue or the payment of babysitting fees by someone known to the child (both for children in care and the foster carers own children);
 - the accessibility of the venue to prams, wheelchairs and child care and toileting facilities;
 - the meeting of costs associated with travel to and from the venue, accommodation and food.

Among the emerging areas of training needs is the legal area. Recently, foster carers in a number of states have noticed an increase in the trend for departmental and agency staff to request foster carers to write or sign prepared affidavits for presentation in Children's Court matters and in some instances to appear in court. These requests are particularly concerning to foster carers who are neither trained to complete such documents nor aware of the implications of their involvement in matters before the court.

The identification of training needs and the planning of conferences and workshops in a coordinated manner is a high priority. Associations play a large role in the collective identification of the training and learning needs of foster carers, but currently feel this information is not centrally coordinated or disseminated adequately. Nor has there been sufficient work on the development of a National Training agenda. A collaborative team approach, including foster carers as partners is necessary if a fully comprehensive training agenda is to be achieved. The Commonwealth government would seem to be ideally placed to facilitate the development of such a training agenda. See Recommendation 4.

Advanced information management (case management) & record keeping

It is in the interests of both the child/young person in care and the foster carer that adequate information is available and maintained in relation to the child/young person. There is general consensus among foster carers that inadequate information about the children/young people is provided to foster carers (see earlier section on Information). But, further, there ought to be a practical and effective system in place for carers to record information about their charges as it comes to light.

In most States/Territories, foster carers are encouraged to maintain diary entries in relation to significant events or incidents involving children in their care. This information is often shared at case conferences with departmental and agency workers, may need to be used by the foster carers to recall the details of an incident following the making of allegations, and can be a useful tool when describing a pattern of behaviour to medical or therapeutic personnel. As well, foster carers are generally expected to maintain records, usually in the form of a Life History Book, for each of the children in their medium- and long-term care.

With increasing litigation in Australia, it is crucial that foster carers are trained early in accurate and thorough record keeping practices, as much for their own protection as for the children in their care.

The British-developed *Looking After Children* (LAC) system is being introduced in many parts of Australia. Several adaptations of that system are being pursued in many Australian States/Territories. To many foster carers and workers, however, even the adaptations are considered complex and expensive. Despite this, most still agree with the good intentions behind its introduction. If a standard system of that kind, developed in close cooperation with carers, suitable for Australian conditions and introduced in a staged manner from basic to more advanced, it would do much to improve information management for the benefits of both carers and more importantly the children/young people in their care.

Respite for foster carers

Foster carers are in the position of not only caring for their own children (in circumstances where they continue to reside at home) but, have the added responsibility of caring for foster children, many of whom may be experiencing emotional trauma and distress. In their Family Care Fact Sheet, the Child Welfare League of America report that research undertaken by them has shown that children in foster care are three to six times more likely than children not in care, to have emotional, behavioural and developmental problems. For foster carers of these children, respite care is particularly essential in order to alleviate some of the ongoing pressures that can affect their ability to manage crisis situations. The American study also found that the provision of respite care for foster carers on both a planned and emergency basis is critical to reducing the incidence of placement breakdowns.

The definition of respite care must be broad to incorporate the needs of the many different compositions of families involved in the provision of foster care. Foster carers have identified a need for:

- In-home services;
 - Specific types of practical help like assistance with housework, feeding of children during 'peak hours', assistance with home work;
 - Respite care for the child whilst the foster carer goes out for appointments or a break from caring;
 - Respite foster carers moving into the home of the foster carers to care for the children while the foster carers go away, overnight or for an extended period of time;
 - Out-of-home respite care;
 - Provision of care for the child away from the foster carers home on an emergency, planned or regular basis.

A needs assessment conducted in November 1998, by the Association in Queensland reported that the need for more regular respite care was the greatest need raised by foster carers. A more recent Queensland survey of foster carers specifically in regard to respite care reported the following:

- 49% of respondents had received no respite within the last year;
- 42% of the respondents advised that there were times when they needed respite care but, it wasn't provided;
- 58% advised that there were no occasions when they needed respite care and it wasn't available, however, the reasons provided alongside these responses were varied. Some foster carers advised that they had never requested respite, others advised that they were not aware of the options of respite, while others said they would not use it because of the concern that the children may not be returned or the problems associated with having their payments ceased during this time. One respondent advised that they were concerned about children being abused in respite care, while another advised that they always received respite care when requested;
- The most common problem cited with regard to the current system was that there was simply no-one available to provide the care;
- Most respite care was provided by other foster carers (66%), with relatives or friends being the next most frequently used option (18%); and
- Other issues identified within the current system were lack of departmental support, foster carers being left to organise their own respite, history of not returning child to original foster carer and/or foster carers being made to feel as if they are not coping if they asked for respite. Some respondents felt that departmental staff did not see a need for regular respite care and this was emphasised by comments from departmental staff that it should not be used as a baby-sitting service.

Other States report a similar situation with little or no formal policy relating to respite care for foster carers. Overwhelmingly, foster carers reported being made felt that they were failing if they asked for respite. They were also cognizant that their request often meant that another, already exhausted, foster carer would be asked to care for their child and this produced feelings of guilt. Departmental and non-government staff interviewed, supported a move towards regular respite care as an accepted norm and used as a preventative measure to maintain placements.

The 'NSW Standards for Substitute Care' document identifies an indicator of good practice as providing foster carers with access to planned periodic care for children when needed. Planned periodic care is defined as 'the provision of respite care to families in a planned way, in contrast to emergency short term'.

CH 6 FOSTER CARER PERCEPTIONS OF THE ADEQUACY AND APPROPRIATENESS OF SUPPORT IN AUSTRALIA

Staff interviewed from non-government foster care agencies reported that in recent years, there has been an overall decline in respite placements. This included those provided to birth parents and aimed at preventing children coming into care, as well as respite for foster carers.

Overseas, the issue of respite to foster carers is seen quite differently. In America, the Adoption and Safe Families Act (ASFA) was passed in November 1997, which modified and clarified a wide range of policies established under the Adoption Assistance and Child Welfare Act of 1980. The new Act incorporated a number of innovative policy and practice options aimed at improving outcomes for children including strategies to recruit and retain high quality family foster carers. Among these strategies were ones aimed at the maintenance of placements through the provision of planned and emergency respite care.

In Canada, in response to the abuse of children in foster homes, the Government of British Columbia set up a special taskforce in August 1997. The taskforce heard that the lack of adequate respite services for foster carers was endangering the lives of children and youth in care and forcing many foster parents to leave the field.

Following a series of consultations in the UK in 1995, the Department of Health Ministers implemented a number of amendments to the requirements governing respite care placements in the UK. The changes apply to children in foster and residential care and included an increase in the number of placement days allowed in any twelve-month period from 90 days to 120 days.

Support for special needs

Financial and practical support to foster carers caring for children and young people with special needs differs greatly between the states and territories. What has resulted in most states is a mixture in the provision of additional services (both in home and out of home) or financial assistance provided to the foster carer to engage their own support. In the absence of clear and ongoing case planning and review, and a genuine lack of resources, what results is that for most foster carers, the support they receive, whilst appreciated, is nowhere near what is needed and they are commonly left dipping into their own funds in order to engage a level of service necessary to meet the most basic needs of the child in their care.

Specific issues raised in the course of the present study, include:

- In most States, additional services and funding are allocated on the basis of the needs of the child. If the child were to move, the support and funding will not necessarily follow. In areas where budgets for this assistance are regional-, area- or agency-allocated, all the support and financial assistance available may already be allocated to other children, with the result that the child moving into the area must forgo the benefits they had previously been granted;
- Departments addressing both child protection and disability matters within the one portfolio often provide fewer support services to a child in care with special needs as there is conflict in determining where responsibility for the child lies;
- In a number of non-government disability services, once a child is identified as in state care, and due to lack of resources within the service, foster carers have had to pay for the service provided.

CH 6 FOSTER CARER PERCEPTIONS OF THE ADEQUACY AND APPROPRIATENESS OF SUPPORT IN AUSTRALIA

Foster carers who provide care to children with special needs express frustration at negotiating the complex array of Commonwealth, State and non-government services potentially available to them but not easy to access.

The definitions of disabilities used by the Commonwealth and by each of the State and Territory departments of Families, Health, Education and Transport can be very confusing. There are almost no similarities in definitions used by departments or even within the same State or Territory. Thus, a foster carer may apply for and receive assistance for a child in their care from the Education and Transport departments but not from the Families or Health Department, nor from Centrelink.

Many foster carers regard with dismay the eligibility criteria and the receipt of financial assistance from Centrelink for children with special needs. Despite caring for children to whom they are not related, foster carers income is means tested when they make application for family tax benefit and disability allowance on behalf of the child in their care. The child is considered to be a family member by Centrelink and thus, any award of entitlements stay with the child only for their period of care with a particular family, if a move in placement occurs, the new foster carer family must make a new application. Included as a high priority on the agenda of the National Forum is the issue of adequate support services and financial assistance for foster carers providing care to the ever-increasing number of children entering the care system with special needs.

Financial support

Foster carers have traditionally been volunteers who have been subsidised for their expenses in some form. Such payments have never covered the full costs of foster care and have been regarded by foster carers as a token contribution to maintaining the child within that family, nor has the Australian Taxation Office considered such payments as taxable income until now. There is some evidence that this may change so that carer payments are subject to taxation scrutiny.

Each state and territory set their own rates for such payments to foster carers. These can be varied to take into consideration additional needs of a child, for example a child with a disability, learning problems or major behavioural problems. Comparative studies have been completed of these payments, undertaken for both Australia and New Zealand since 1996, initially by a subcommittee of the Standing Committee of Community Services and Income Support Administrators and since carried on by contributors to the original analyses.

The financial analyses cover all Australian States/Territories and New Zealand and provide comparative figures for total actual expenditure on all foster payments, along with details on what factors in each of the regions surveyed affect eligibility and level of payment. The summary table in the 2000 report is reproduced here.

Table 33 Annual foster care payment per child (Australian dollars)

NZ	TAS	WA	NT	SA	VIC	NSW	ACT	QLD
NZ\$5409	\$6552	\$9629	\$14780	\$8000	\$5919	\$9513	\$9260	\$7272
AUD\$4327								

Source: Bray, J *Comparative Analysis of Foster Payments Across Australia and New Zealand 2000*

The standard subsidy (regular payment) which the above table is reporting covers different things in different regions. In addition to the subsidy there are other loadings, allowances, contingency payments and discretionary payments.

An important section in the comparative analysis report (Bray 2000) relates to foster carers perspectives on the payment anomalies in the current system, and is reproduced, in part, in the following box:

Carers want to provide a professional quality standard of care for foster children and young people, and do not generally expect a "professional" salary to do this. Carers do, however, expect and need adequate, full and prompt reimbursement of out-of-pocket expenses. They also require increased payments to cover actual everyday costs of providing care, so that they do not have to meet these out of their own pockets. Payment of subsidies and allowances should also recognise the specialist skills of carers and the skills they are required to use in providing for children from difficult backgrounds, with challenging behaviours or special needs or disabilities. Carers are prepared to sacrifice their privacy, and give freely of their personal time and effort, 24 hours a day, 7 days a week, to achieve positive outcomes and quality care for the children and young people in their care.

Often carers become long-term parents by default because of delays in the system which have extended placements well beyond the originally agreed limit. They are then caught by their affection for, and obligation to, the children in their care. The decision to take on children long-term in these cases, therefore, was not informed by full knowledge of the financial commitment this entails.

Section 12.3 Uniformity in payments

There is no uniformity across the nation in policy formulation or in the application of policy relating to the provision of payments and allowances. Foster carers encourage the development of a more realistic and equitable national model to address this concern with, hopefully, a clear drawing together of all the issues. In the interim, foster carers also encourage a more consistent approach to the determination of what is included in, and provided for, in standard allowances. In this regard we are watching with interest the work being undertaken by the University of New South Wales, Social Policy Research Centre on Costs of Children.

Section 12.4 Payment of "real" costs

Carers recognise that there are various formulae used throughout Australia for determining the payment of allowances for children in care. We note that these formulae are generally based on a "normal" child's needs. Carers also accept that there are economies of scale that can be achieved when there is more than one person in the family unit. However, foster children are not 'normal' children with 'normal' children's needs. By virtue of being in care they have additional needs. These needs usually translate into needs for additional services, additional clothing (see 12.19), special equipment and more.

Carers also note that whilst the "basket of goods" figures are often quoted as the basis for determining the carer allowance rates, there are items not included in this approach which carers in various States are expected to absorb within their basic allowance. These include to varying degrees: housing; transport; school fees, transport and uniforms; child care; medical and dental expenses. It is of concern to carers that the number of carers is not keeping up with the demand

for placements. One of the major reasons for this is the inadequate, late or non-existent reimbursement of the real costs carers incur. In other words, the standard subsidy is not meeting the basic costs of care.

Section 12.7 “Normal” children

Currently standard allowances and subsidies are based on the costs associated with “normal” children. However, the majority of children coming into care are not “normal”. These children are in care because they have special needs, often as a result of negative experiences and abuse experienced prior to being removed from their families, or through not having their own family. In reality, children in care have a range of specialist medical, educational, developmental and psychological needs which are in addition to those of the “normal” child. These may have occurred as a consequence of the abuse/ deprivation suffered prior to entry into care or, they may be the result of being taken into care. Some of these problems may not be apparent at the time of placement and may manifest themselves several years later. For example, issues of abandonment and self-identity commonly arise at adolescence for children in care. These needs require considerable time, skills and financial resources from carers. Existing payment scales do not acknowledge or compensate for this.

Furthermore, studies have shown that these children are more seriously affected than in the past and carers comment that the children display more ‘challenging behaviours’ than previously. These children require considerable time, skills and financial resources to overcome their early histories.

In particular, children in care are often in need of extensive and extended counselling compared to their cohorts. Generally speaking, they are also educationally disadvantaged and may need extra tutoring or special programs at school. Social skills may be underdeveloped and inclusion in after-school activities or other sporting/recreational activities is encouraged to assist them to develop their potential.

Carers are prepared to facilitate the meeting of these children’s needs but do not consider that they should be expected to meet them either in part or in full from their own pockets. Carers have also reported examples of special needs for a child being paid for by the “State” in one placement, but not in a subsequent placement for the same child, even though the needs remain unchanged.

Section 12.8 Payment reliability

Carers generally receive payments on a fortnightly basis. There appear to be few problems with this system for carers with established and settled placements. Delays and short payments do occur, however, with crisis/emergency payments and sometimes with shared care arrangements. Discretionary payments and mutually agreed out-of-pocket expenses reimbursements often take much longer than two weeks to be received and can extend to in excess of six months.

Section 12.9 Commonwealth government payments

In some States and Territories carer payments are reduced or ceased once a child in care receives a Commonwealth payment on a regular basis, particularly those relating to Youth Allowance and Disability Allowances. Carers have reported that whilst this may be a positive step towards a young person becoming independent, it often disadvantages the carers financially. They still have to provide for the care for the young person, do not always receive the board component of the allowance, and lose the “fringe” benefits/entitlements associated with the previous form of payment and which are not available under the new payment method.

Furthermore, some carers have reported significant reductions in the joint net income of carers

and the young person in care when such practices occur. Some of these have been the vicinity of \$10 000 per annum, when a Commonwealth payment is received and a State/Territory payment is either reduced or ceased. Such actions have created tensions within placements or even destabilised them. The need for the young person to negotiate with the carer on issues such as board has created problems.

Section 12.10 Mutual obligation

Carers provide foster care on a 24-hour a day, 7 day a week, basis for the duration of a placement. If a child attends school, carers are often occupied during the 'child free' part of their day undertaking roles to support the child's placement. These include attending meetings and appointments, assisting at schools, arranging appointments for the child and other activities associated with disturbed or traumatised behaviours. Some carers report they have an agreement with the school to be available to collect the child from school during school hours in case of difficult behaviour. For older children who for some reason are not attending school, there are just as many demands placed on the carers to ensure the safety of the young person, attending therapy, counselling, alternative programs etc.

It is therefore disappointing to see that the Commonwealth government does not recognise a foster carer's contribution to society for mutual obligation purposes. There are numerous examples of cases where carers are placing foster children into occasional day care or making other child care arrangements, often at the carer's own expense, simply so that the carer can perform their additional voluntary work obligations 'outside the home' as is currently required.

Section 12.13 Family contact / access

Carers' report they are often expected to cover the costs associated with family contact and access from their regular allowance, or from their own pockets, despite most States having a policy of covering such costs. These costs can include travel, accommodation, food, spending money for the child during access, and compensation for lost income whilst attending, supervising or transporting a child to contact / access. These costs often vary from one visit to the next and therefore need to be identified and provided for as separate payments, not from the carers' own pockets. Carers also regularly report that they have incurred additional costs when visits fail due to a 'no show' by the birth parent(s), or when visits are cut short without notice. There is a need for a better balance between facilitating contact / access, completing the required paperwork and carers not being out of pocket for such activities.

Carers do not agree with the practice occurring in some agencies/departments of ceasing the payment of their care allowance during contact / access visits which extend over night but are not of a significantly longer duration. Carers still have to meet the ongoing costs associated with maintaining the placement and often providing for the daily child's needs. Carers also have to put in additional effort to facilitate the access by preparing the child (even when the child does not wish to attend), supporting the contact / access whilst it is occurring through phone calls and visits; provision of food, medications, nappies and other special needs; collecting the child early if necessary, and then restabilising the child on its return to the foster home. When such events occur repeatedly, carers develop the belief that they are being used, physically and emotionally. They are also financially penalised for having to put in even more effort on these occasions. Perhaps some form of a "carer retainer" payment could be made on such occasions.

Section 12.14 Child support

Carers have reported instances where workers have pressured the carers to claim child support payments from custodial parents where they have been in receipt of a child support payment from a non-custodial parent. Such impositions on carers are inappropriate and beyond the scope

of the carers voluntary role and legal status.

Section 12.15 Mileage allowance

All carer associations have reported that the figures provided earlier in this document do not reflect actual practice at the coalface. Mileage payments, when made, are usually lower. An equity issue also exists in the payment of mileage allowances to carers as opposed to workers to transport a child to contact / access or appointments. Carers report that they are receiving a nominal or significantly reduced mileage allowance for transporting a child in their own vehicle when compared with paid workers who receive standard public service rates or significantly higher rates than the carers. There are also issues associated with paperwork requirements, and complex and demanding approval processes. Allowances, where pursued, are often not being paid in a timely manner or for the full amount agreed to in a case plan.

Section 12.16 Respite Care

Carers consider they should have access to respite care without having to pay for it themselves. This should be seen as an integral part of supporting the placement and be a part of the case plan. Carers report dissatisfaction with the practice occurring in some agencies/departments/States of ceasing the payment of their care allowance during respite periods. As in the case of short access visits, they still have ongoing costs associated with maintaining the placement, providing for the child's daily needs and replacing shoes and clothing not returned with the child. This is particularly so in short periods of respite of 2-3 days. Respite care is also used at times by carers to repair or restore the home to a "normal" state because they are unable to do this when the child is in the home. The arguments for retaining some form of "carer retainer" payment as suggested above (see 12.13) apply to both access visits and to respite care.

Section 12.17 Discretionary payments

There have been variations reported in the payment of discretionary payments in all parts of Australia and in the processing of discretionary payments. Reasons for variations include, different workers (even within the same office or organisation); different locations within a State or organisation; varying interpretations of policy documents; and timing within the budgetary cycle. Insufficient funds and competing priorities for existing funds, for example school camp vs tutoring or essential orthodontic treatment for another child, are also cited. It is apparent that with budgets facing more and more constraints over time, an increasing number of children's needs of a discretionary nature are not being met.

Section 12.18 CPI increases

It is very rare for the full CPI increase to be passed on in carers' payments and allowances. The reality is that many carers receive a portion of the increase or no increase at all. An inequity exists here in that workers and residential carers are more likely to receive a greater or full flow on of the increase in their salaries. Also of concern has been the lack of any regular CPI adjustment to subsidies and allowances prior to the introduction of the GST, thus discounting the real value of the GST compensation.

Section 12.19 Clothing, foot wear and leisure goods

Carers regularly report that they have difficulty in meeting the real costs of the child or young person in care. Of particular note is clothing and footwear, particularly when a child comes into a placement with none, fails to return from access or contact with their belongings, or when the child or young person is experiencing rapid growth spurts. Foster children also tend to be harder on clothing and footwear and less respectful of their belongings. The flow on impact of the GST on clothing, leisure activities and goods has also added to the costs burden for carers at a rate

higher than was generally compensated for.

Section 12.20 Education and school expenses

Some carers report satisfaction with the payment of costs associated with schooling, but others report difficulties in claiming payments, whether they are mandatory or discretionary. In general, many carers consider there is scope for a more equitable arrangement to be made to cover the costs of school uniforms (annually or as necessary), tutoring, subject fees and levies, school photos, school sport and extra curricular activities, excursions and trips. The criteria should be the benefit to the child, irrespective of the cost.

Carers do not support the practice encouraged in some agencies/departments of encouraging a child in care to take the “cheapest” study package option available. They

support every child selecting the package which will best meet the child’s future needs, regardless of the cost structure.

Section 12.21 Medical, specialist, dental, pharmaceutical, counselling, ambulance and hospital

Carers generally use the free health system whenever possible or on departmental insistence. However, carers nationally have reported major difficulties in accessing public health services due to long waiting lists and geographical difficulties. This has in turn resulted in delays for those requiring treatment. Lack of timely access to some services, such as counselling, is also resulting in placement breakdown when carers are unable to sustain the effort required to assist a child or young person with major unresolved issues.

Many carers with private health insurance are prepared to add foster children in longer term or permanent placement to their health cover. The goodwill of this gesture is lost, however, when carers are unable to recover costs associated with legitimate items not covered by Medicare or health funds, gap expenses, and transport costs to and from appointments. Carers believe that the provision of these payments should be mandatory and not left to carers’ own resources. Many departments and agencies provide Hepatitis B and other necessary vaccinations free of charge to their carer families. Some, however, expect carers to meet these significant costs themselves. Carers are of the view that their risk of exposure to such diseases is significantly higher because of their carer role. Such costs should, therefore, be met in full by the appropriate agency or government.

Section 12.22 Variations between government and/or non-government agencies

Variations in payments frequently occur between government and/or non-government agencies. Non-government agencies sometimes “top up” allowances and pay additional allowances to meet the real cost of children and young people in care. Non-government agencies often use independent sources of funding to do this. Carers are very grateful for this support from the non-government agencies as the money is being used to benefit the child, but also carers regret the relative disadvantage experienced by the children in the government systems.

Section 12.23 Rural and remote location needs

Rural carers face higher costs both in monetary terms and those associated with ‘lost’ time compared with their metropolitan counterparts. This is due to factors linked to distance and the subsequent costs of travel and communication. Distances travelled for foster care activities such as access, education, specialist services and meetings are greater, as is the cost of fuel. Telephone charges are often higher, with community and STD calls charged on time and

distance. Carers often need to contact workers who use mobile phones, as they are often 'on the road'. Regional Department offices are also often sited in major towns or regional centres. Furthermore, rural carers pay higher prices for basic items such as food. Access to, and availability of, specialist health and some educational services is also limited in many rural areas. This, in turn, increases travel expenses to major centres.

Section 12.24 Kinship care

Carers recognise the principle of kinship or relative care is a sound option for a child or young person who is unable to live with its own family. At present many kinship carers receive little or no support from within the formal foster care system. Carer Associations are concerned that the kinship/relative carers are not receiving the same amount of information, training and support as mainstream foster carers in providing care for children and young people who often have special needs and challenging behaviours. Of particular concern is the high number of grandparents on age pensions providing care for demanding and challenging young relatives without support from foster care departments and agencies. This increases the potential for these placements to break down and further damage the younger generation.

Section 12.25 Protection and damage to carers' property

An ongoing concern to carers in most States/Territories relates to the wear and tear and damage caused to their property (home, contents and vehicles) as a direct result of their involvement in foster care. Most children in care have little respect for others property and belongings. This is shown by the number of insurance claims made by carers for damage to belongings, houses and vehicles which are directly attributable to foster children. Insurance companies regularly refuse carers' claims for damage caused by children in care to carer's property as these children have been 'invited into the home' and therefore deemed to be under the control of the policy holder. Where claims have been allowed, carers are then further disadvantaged by a loss of 'no claim bonus'.

Section 12.26 Legal protection

Carers are concerned about their own legal liability. Their status varies from State to State. With the trend to an ever-increasing litigious society, carers are particularly concerned about their legal status, their legal liabilities and indemnification. The potential exists for them to lose everything they have, simply for the sake of performing a 'volunteer' role.

Another issue relates to the harassment of carers by the members and associates of the foster child's family. Carers are being advised by agencies and departments to pursue their own legal recourse in such matters rather than seeking the support of their agency or department to undertake such action on the carer's behalf. The personal pursuit of such action by carers is usually beyond them due to the costs involved and leaves them in a particularly vulnerable position.

Bray, 2000

Traditionally, states and territories have determined these base payments using the Australian Institute of Family Studies basket of goods methodology or an adaptation of this approach.

Variations of the formula have included making decisions about whether costs associated with education, school uniforms, tutoring, medical costs, pharmaceutical costs, costs in facilitating contact with the natural family, special clothing and footwear and wear and tear on the foster carer home and vehicles, may or may not be included. In all states and territories, except NSW, payment rate varies according to the age of the child.

The AIFS no longer maintain this model (Lovering) as a basis for measuring the cost of raising children, as they believe that it is now more than 30 years out of date and has been replaced by models with much more relevance. The National Forum is currently working in conjunction with CAFWAA and the University of NSW Social Policy Research Unit on a study to identify the real costs of supporting children in care. As this is a comprehensive study of a very complex area, it is be inappropriate for this present report to pursue this issue.

Support when abuse in care is alleged

This section deals with three abuse-related issues:

- The perceptions of foster carers in relation to allegations of abuse and support;
- The impact of allegations of abuse on foster carers;
- Support procedures that foster carers and researchers believe should be in place.

The perceptions of foster carers

It is a common saying among foster carers that ‘it is not a matter of if you ever have an allegation brought against you, but when you have one...’ This is further explored in the next chapter of this report under the heading ‘Abuse in foster families’. To clarify Australian anecdotal information, the foster carer survey in this study, included questions about the topic. The first of these asked respondents whether they had ever been the subject of an allegation of abuse.

As the table below shows, 23 per cent of respondents to the survey said that they had been subject to such an allegation. In the light of such widespread belief in the inevitability of an allegation, it is surprising that the number reporting an allegation was as low as 23 per cent. The figure is, no doubt, a conservative one, since we could expect that for those who have had an allegation brought against them, the associated pain and shame might well lead them to not acknowledge it in the survey. Then too, if it is true that foster carers have left fostering as a result of an allegation brought against them, whether it be found to be substantiated or not, (see the subsequent table), then this also would contribute to the low percentage shown in the table. (In parenthesis, a number of carers reported not knowing that an allegation had been made against them until sometime later or upon request to access their foster carer file.)

Table 34 The number of respondents reporting that they had been subject to an allegation of abuse

Response	Number responding	Percentage
Yes	189	23
No	563	69
No response	60	7
<i>Totals</i>	812	100

CH 6 FOSTER CARER PERCEPTIONS OF THE ADEQUACY AND APPROPRIATENESS OF SUPPORT IN AUSTRALIA

The following table confirms anecdotal reports that the manner in which allegations of abuse are handled is a primary factor in people considering or actually ceasing to continue as foster carers. That 43 per cent of respondents believed this to be a significant cause of people ceasing to be foster carers must be regarded as a serious issue.

Table 35 Number of respondents reporting that they knew of foster carers who had ceased caring because of a lack of support following an allegation of abuse

Rating	Number responding	Per cent
Yes	351	43
No	393	48
No response	68	8
<i>Totals</i>	812	100

In a yet to be published Queensland study into why foster carers ceased fostering 11 per cent of respondents reported that they ceased caring because an allegation had been made against them. Since this was an external study by foster carers, it did not have access to data about or report on cases where foster carers may have been de-registered over legitimate standards of care concerns.

In the foster carer survey conducted as part of this present study respondents were asked about the level of support that foster carers received when an allegation of abuse was made. The following table shows the results.

Table 36 Level of support that respondents believe foster carers receive when an allegation of abuse is made against them

Potential source of support	Extremely good	Very good	Average	Very poor	Extremely poor	None received	No response
Department	23(7%)	56(16%)	62(18%)	65(19%)	140(40%)	214(26%)	252
Agency	57(26%)	71(32%)	44(20%)	26(12%)	24(11%)	185(23%)	405
Association	70(33%)	81(38%)	36(17%)	14(7%)	13(6%)	241(30%)	357
Fellow foster carers	90(36%)	96(38%)	45(18%)	10(4%)	10(4%)	214(26%)	347
Family/friends	171(57%)	86(28%)	33(11%)	5(2%)	7(2%)	191(24%)	319
Professionals	68(33%)	65(31%)	47(22%)	12(6%)	17(8%)	211(26%)	392

Note: Percentages in columns 2 to 6 are of those who did receive support but the percentages in column 7 are of all respondents.

Noting first those who said that foster carers did not receive any support, 23 to 30 per cent of foster carers said that no support was received from the expected sources of support at a time of an allegation of abuse. Although the question was specifically worded to refer to foster carers in general rather than the respondents themselves, it is possible that some of this relatively high

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figure was interpreted personally and may be contaminated by the fact that (as was reported in Table 3) 69 per cent of foster carers had never been subjected to an allegation of abuse.

Foster care associations will doubtless be concerned at the relatively high figure here, given that one of their stated intentions is to support foster carers. The figure, however, may reflect the fact that many foster carers do not actively belong to an Association or often only approach their Association for assistance at the conclusion of the investigation of their situation.

When it comes to the quality of support that is offered, family and friends are perceived as offering the best support (85 per cent extremely good or very good) followed by fellow foster carers (74 per cent extremely good or very good) and then the associations (71 per cent extremely good or very good). On the other hand the department is seen as offering extremely good or very good support by only 23 per cent and 40 per cent of respondents rated the departments' support as extremely poor. Where it is the practice that staff who may be engaged in the placement of children with a foster carer or support of the foster carer, are also required to conduct investigations of allegations of abuse, confusion and a great unease is felt by both the foster carer and the worker with this conflict of roles.

Respondents were then asked what kind of support they needed most of all. So as not to lead them in any way, the question was left open-ended for them to provide in their own words the kind of support they believed was needed. A content analysis of their responses was then conducted, and the following table shows the main kinds of support that were mentioned (and the State/Territory from which the respondent naming the support, came).

This is followed by a table reporting the kinds of support (at a time of abuse allegation) which respondents felt was badly missing in their State/Territory.

Table 37 Kinds of support foster carers consider to be needed most of all at a time when an allegation of abuse is made

Key idea in the response and States from which these comments came
<ul style="list-style-type: none">▪ What to expect – your rights (NSW, ACT, VIC, QLD, SA, TAS, WA)▪ Support on how to present your case (NSW, ACT, VIC, QLD, SA, TAS, WA)▪ Information about avenues of support available for yourself (NSW, ACT, VIC, QLD, SA, TAS, WA)▪ Support during the process/understanding/impartiality (NSW, ACT, VIC, QLD, SA, TAS)▪ Details about the process that will be followed in the investigation of the allegation (NSW, ACT, VIC, QLD, SA, TAS, WA)▪ Information about what happens after an investigation, when, how (NSW, ACT, VIC, QLD, SA, TAS, WA)▪ To be treated as innocent till proven guilty – NOT guilty till proven innocent (NSW, ACT, VIC, QLD, NT, TAS)▪ Fair and independent support from department ((NSW, ACT, VIC, QLD, SA, WA)▪ The availability of a skilled advocate (NSW, ACT, QLD, SA, TAS, WA)▪ Written material on process (NSW, QLD, SA, TAS, WA)▪ Case stories of past allegations of abuse and how they were handled (NSW)▪ Legal advice/representation/aid (NSW, ACT, VIC, QLD, SA, TAS, WA)

- Clear details of the allegation that has been made (NSW, ACT, VIC, QLD, SA, TAS, WA)
 - Details of process (NSW, ACT, VIC, QLD, SA, TAS, WA)
 - What happens after investigation, when, how (NSW, ACT, VIC, QLD, SA, TAS, WA)
-

Further data about the kind of support that respondents felt was badly missing at the time an allegation of abuse was made against them, and the most important improvements that they felt could be made in terms of support at a time of allegation of abuse, are reported in Tables 48 and 49 in Appendix 2.

Impact of an allegation of abuse

All Australian state administrations have procedures for the handling of allegations of abuse. These arise out of legislative provisions to ensure the safety and protection of children. The purpose of this section in the present report is not to comment on government procedures for dealing with children and young people when they submit an allegation of abuse against a foster carer or member of a foster carer's family. Rather, since the study is about support for foster carers, this section addresses those typical effects of an allegation on a foster carer and her/his family.

Social commentators, researchers and foster carers themselves endorse the view that allegations of abuse in foster care have damaging consequences for foster families. There is no dissent in the view that if there is an allegation of abuse, then there is little alternative to taking the allegations seriously and immediately beginning an investigation. If the allegation has substance to it, then the state must move to protect the child/young person under threat.

As indicated in AIHW reports on Australia's welfare system, however, around half of all notifications of abuse and neglect in Australia are not substantiated. (No reliable figures are currently available specifically for notifications in the foster care sector, but the indications are that it is little different, with the possibility that even more notifications are not substantiated.) Therefore, it could be assumed that around half of foster carers in Australia against whom an allegation of abuse or neglect is made, will have to endure the consequences of those allegations even though the outcome is not substantiated.

Responses by government agencies to allegations of abuse against foster carers vary within and across all States and Territories. They can range from:

- No action; through
- Discussing the issue with the foster carer and noting the outcome;
- Addressing the allegations as a standard of care incident with the foster carer and recording this on the case file; to
- Undertaking a full investigation of the foster carer, potentially involving other professionals such as police, health workers and education specialists, where the outcome is placed on a central database.

Officers in one state reported that a review of investigations undertaken by senior staff on allegations against foster carers in a one-year period, resulted in them concluding that in excess of 30 per cent of the cases should have been dealt with in a way other than by investigation, if

state policy had been followed. The consequences for the foster carers in these 30 per cent of cases can only be speculated upon.

Among the possible consequences of an allegation are these:

- The government or agency representatives arrive and take the foster child/young person away from the home;
- No formal advice is given to the foster carer of the reasons for the removal;
- No formal advice is given to the foster carer about any allegation that has been made;
- The 'workers' who had hitherto been in contact with the foster family offering support no longer make contact;
- No advice is given about procedures underway;
- No advice is given about rights or appeals or source of representation;
- No input is requested from the foster carer;
- Other foster carers become cautious and may distance themselves from the foster carer concerned;
- Agency and association representatives 'go quiet';
- The foster care feels cut off from all previous sources of support;
- Foster carers become demoralised and feel powerless;
- Foster carers and foster carer family feel completely isolated from everyone else, including fellow foster carers;
- Foster carers are reticent to talk to their extended family;
- Foster carers are reticent to approach their Association for help;
- Foster carers often do not feel that the situation is properly resolved;
- School, health, visitors and GPs are found to have been informed of the allegation, but not told of the outcome of the investigation when it is unsubstantiated.
- Foster carers suffer from ill health and stress;
- Foster carers may be de-registered or resign.

Macaskill (1991) discusses the trauma of allegations in the context of sexual abuse taking place in foster care. The absence of preparation was a common feature. The research indicated that the idea of being accused of sexual malpractice had not occurred to over one-third of the foster families.

An absence of basic information resulted in some families engaging in a reckless type of parenting which failed to take cognisance of the child's sexual history (p.104).

When an allegation of abuse did take place, the lack of information continued and foster families were often unaware of what was taking place. Given the emphasis on the importance of professionals listening to the child and believing the child's story, Macaskill writes that it is *grossly unfair to expect substitute families to take on a sexually abused child without explaining to them how crucial the abused child's words will be if any allegation does occur (p. 109).*

Many foster carers would argue that, currently, foster carers are victims of systems abuse in that they become isolated and largely ignored by (especially the official) system when there is an allegation made against them. Indeed there is a level of stigma attaching even to an allegation which may be unsubstantiated, which exacts a high price on those who have volunteered to provide a valuable community service.

Support processes for dealing with allegations of abuse in care

As a result of the increasingly well-documented consequences of the impact of allegations of abuse against foster carers, a number of writers and organisations have advocated processes and procedures to support and assist foster carers deal with the situation.

Macaskill's recommendations, based on the experiences of foster families, are:

- a) *Every local authority and voluntary agency needs to devise clear guidelines for handling allegations.*
- b) *The importance of alerting every foster and adoptive family to the potential risk of allegations of sexual abuse being made against them.*
- c) *Familiarize every substitute family with the opportunity to consider changes which may be essential in their lifestyle to protect all family members against allegations. Repeat this exercise in a specific way whenever a new placement occurs, taking into consideration the unique factors in each child's history.*
- d) *Ensure that the following issues are clarified at the outset of the placement:*
 - *Who will offer support should an allegation occur?*
 - *What type support will be available (including support for other children in the family)?*
 - *For what length of time will support be available?* (Macaskill, 1991, p. 109).

According to Kendrick (1994), the National Foster carer Association (UK) has stressed the importance of a code of practice where foster families have been accused of abuse and they should have:

- The right to be told of the substance of the allegation;
- To be heard by people not directly involved in the complaint;
- To place on record their perception of events;
- To a second medical opinion where physical abuse is alleged and medical evidence is being presented;
- To proper investigation by competent, experienced and independent people;
- To support both during the investigation and after it has made its findings;
- To receive decisions in writing; and
- The right to appeal.

From discussions with foster carers involved in the study, we believe the following should be added to this list for inclusion in any code of practice:

- To receive written information about the specific allegation (except in cases where police may need to interview the alleged perpetrator and providing this information upfront would be against police procedure);
- The foster carers right to seek legal advice;
- The right of the foster carer to have a support person of their choosing with them at all time;
- To have a written time line of the process provided to the foster carer at the outset of the investigation;
- The ability for foster carers to seek independent professional counselling in relation to the stress caused by the investigation, at no cost to themselves.

A *Code of Practice* has recently been published and recommended by the UK Joint Working Party on Foster Care (1999). It is a good model that could be adopted in Australia.

In the United States, Carbino (1991,1992) has also stressed the importance of policy and sets out what she believes to be the characteristics of a constructive policy:

- Staff members and foster carers should be prepared and trained for the reality of allegations;
- Information needs to be provided about:
 - The fact that allegations occur;
 - That the agency will investigate all reports;
 - The process of the investigation and the decision-making process;
 - What rights foster carers have and do not have; and
 - What resources are available for the support of the foster carers.
- Throughout the investigation of allegations of abuse, foster carers need to be reminded of resources for information on exactly what the involved agencies are likely to do and what the likely time frame is. Constructive policy should avoid unnecessary or unplanned removals of children. Input of the foster family to a fair and thorough investigation should be guaranteed and support for the family should be provided for interviews and hearings. Timely information on the progress of the investigation and a written notice of the final disposition of the investigation and what it means should be provided (Carbino, 1992, pp. 502 - 504).

In the *Code of Practice* published and recommended by the UK Joint Working Party on Foster Care (1999), the following is included with specific reference to allegations of abuse:

All authorities should have written procedures and protocols in place to deal with investigations into allegations. These should be made known to foster care staff, foster carers and children and young people. All allegations of abuse made by children against foster carers should be thoroughly investigated in an unbiased way. Local procedures for handling child protection investigations should be adhered to.

An immediate decision will be needed on whether the child should remain in the family or be moved somewhere else whilst investigations are carried out. Welfare and safety considerations and the views of the child should dictate whether it is in the child's best interests, and the best interests of other children in the household, for the child to remain in the foster home whilst an investigation takes place. If the child, or other children, remain in the household, both they and the foster carers will need additional supervision and support. It should be remembered that further allegations of a more serious kind may emerge later. Authorities should have established procedures for dealing with this situation and foster carers should be informed of these and know what to expect.

This will be a traumatic and upsetting experience for all concerned - the child, the foster carer against whom the allegation is made, and the other members of the household. All will need to be given help and support and handled sensitively. The interests of the child should come first. The child's social worker will need to give priority to the child's welfare and protection. The supervising social worker should advise and support the foster carer but his or her paramount interest must be the child's welfare. Consequently, foster carers may need separate advice, support and advocacy. This may be available from the National Foster Care Association or from a local foster care group.

Following an investigation, or a significant incident or complaint, a review should always take place whatever the outcome. If the foster carer has been exonerated - that is,

it is clear that the alleged abuse did not occur - a review should provide reassurance. Where the allegation cannot be either substantiated or disproved the authority will need to decide whether the approval should be continued and, if so, whether additional safeguards, training or monitoring are needed.

Records of allegations

Authorities should keep clear records about allegations of abuse and have a clear policy on when foster carers should be removed from the foster carer register. Records of allegations made against foster carers should be kept on one sheet at the front of their files or the files tagged to show that an allegation has been made. It is important to ensure that allegations are not lost sight of in case subsequent allegations are made. The information should include how the matter was investigated and the outcome.

The records should be monitored and there should be an established policy on what accumulation of unproven allegations should lead to a review of the foster carer's continued use. Authorities might consider having a threshold in which a certain number of allegations leads to action being taken, such as referral to a special panel for consideration.

Authorities should have an informed assessment made of the allegations and the alleged abuser at that stage to avoid the risk of removing a foster carer unnecessarily or unfairly. Or authorities may prefer to have a set of criteria, known to the foster carer, which would result in him or her being removed.

The records should be referred to in the case of any further allegations and should be taken into account in deciding what to put in any reference provided. They should be one of the items regularly scrutinised when periodic reviews of foster carers take place.

Foster carers removed from local registers following investigations should be referred to the Department of Health Consultancy Service Index.

Foster carers should know what the authority's policy on allegations is and should be kept informed of where they stand in the course of any investigation.

Agencies should have management systems to collate and evaluate information on the circumstances, number and outcome of all allegations. (National Foster Care Association, 1999a)

The following is a list made up from the combined and slightly modified suggestions and recommendations made by Carbino (1991, 1992) and Macaskill (1991), of things that should be considered as ways of combating the potential of trauma arising from an allegation of abuse:

1. Local authorities and voluntary agencies need to devise clear guidelines for handling allegations;
2. Every foster family should be alerted to the potential risk of allegations of abuse being made against them and information and statistics made available;
3. Constructive policy should be developed so that unnecessary or unplanned removals of children can be avoided;

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4. Every foster family should be advised that all reports will be investigated;
5. Every substitute family should be encouraged to consider changes which may be essential in their lifestyle to protect all family members against allegations. This exercise should be repeated in a specific way whenever a new placement occurs, taking into consideration the unique factors in each child's history.
6. Ensure that the following issues are clarified at the outset of the placement:
 - Who will offer support should an allegation occur?
 - The type of support will be available (including support for other children in the family)?
 - The length of time that support will be available?
7. Prepare and train Staff members and foster carers for the reality of allegations.
8. Every foster family should be advised of the process of the investigation and the decision-making process;
9. Every foster family should be informed of what rights foster carers have and do not have;
10. Every foster family should be informed what resources are available for the support of the foster carers;
11. Every foster family should be reminded throughout the investigation of allegations of abuse, of resources for information on exactly what the involved investigating agencies are likely to do and what the likely time frame is;
12. A guarantee should be given that the accused foster family will be able to make input to the investigation and that the investigation will be fair and thorough;
13. Support for the family should be provided for interviews and hearings;
14. Timely information on the progress of the investigation and a written notice of the final disposition of the investigation and what it means should be provided to the foster family;
15. The foster family, following disposition of the report, of procedures at this stage and what is likely to take place;
16. The foster family should be reminded of the avenues for review and appeal of decisions should they be required.

In NSW, a Foster carer Allegations Support Team (CAST) has been initiated, but lack of adequate resources has meant that this model has not yet been fully implemented. Like the Alberta Foster Allegations Support Team, reported in a later chapter of this report, this approach aims to bring about much improved processes through cooperative and open information sharing and support arrangements.

Foster carers have a commitment to the state and to the nation to provide the best standard of care possible to the children in their care and to avoid any behaviour or action that may in any way cause further abuse or neglect to the child. In the current climate of mutual obligation, governments at State and Commonwealth levels have a reciprocal obligation to assist all foster carers in the delivery of care to children that is of a quality standard. Part of that obligation is the provision of support to the foster carer and their family, including those foster carers who are under investigation of alleged abuse or neglect.

Within Australian society, there is a presumption of innocence until proven guilty and this must be afforded foster carers caught up in the unpleasant and punitive experience of having an allegation made against them. At the same time, the safety of the child is paramount. The skills needed to manage such a delicate situation are of the highest order and recognition of this as a specialist function requiring expert knowledge needs urgent attention by governments.

It is recommended that respite resources be designed to meet the ongoing needs of children and young people for emotional and physical support, while at the same time having the flexibility to support planned and crisis respite for foster carers. While respite provides an opportunity for foster carers to take a break from their care giving responsibilities, young people in care told the task force that they also need opportunities for respite or time away from foster carers when they and the foster carers are under stress.

Improved respite care provisions for foster carers

The need for supported respite care for foster carers themselves is another stand out need highlighted by carers themselves. There is little doubt that as the level of need in children/young people grows, so the stress level and demands upon foster carers increases. Lack of respite will lead to burn out for many carers, and there is already evidence that lack of supported respite has led some foster carers to cease fostering.

Recommendation 6

That along with standards advocating respite care for foster carers, conditions be altered so that fully supported respite care is available to carers on an agreed schedule.

Improved support system for foster carers and protocols for the handling of allegations of abuse

It is clear that foster carers throughout the country feel isolated, neglected and left to fend for themselves when an allegation of abuse is brought against them. Understandably, the foster care administration gives priority to the protection of children in care and carers wholeheartedly support this principle. However, foster carers also have rights and needs, and the current feeling among carers that they are guilty until proved innocent ought to be addressed. The protocols in Australia at the present time leave many foster carers feeling that they receive no support or recognition at all.

There is a shortage of quality foster carers in Australia. It might be said that there are sufficient carers to meet the immediate need, though stories abound of foster children being accommodated in motels because a suitable family home cannot be found. The ideal number of foster carers should be such that quality matching of children with foster carer families is always possible. For this to happen there would need to be a surplus of carers in every significant category and an effective and efficient way of matching. Especially, however, when there is a shortage of carers, it makes sense to do everything possible to keep those who are providing foster care already. Since the experience of having an allegation of abuse levelled at them is a conspicuous reason for foster carers leaving fostering, it must be a good strategy to remedy existing shortcomings in the handling of allegations.

Recommendation 7

That a national approach to the handling of allegations of abuse be developed so that the inequities of the current systems be removed and notified foster carers receive recognition and support until such time as the allegations are substantiated.

Improved financial support for foster carers

Foster carers are volunteers but they need to be trained, supported, and recompensed for the cost of the care they provide. Many parts of the community are lacking resources, and that the public purse is not limitless. It is acknowledged that there is a need for the community to be resourceful and self-funding rather than look to government whenever there is a need. However, it seems that the foster care sector is grossly under-resourced and has been for many years. Those who are prepared to take on foster caring and kinship caring deserve significant recognition for their contribution to society. As any of them will readily testify, foster caring is unlike many other forms of volunteering because it is an on-going 24 hour-a-day commitment. There is a fine line to be drawn between using the willing contribution of volunteers and exploiting them. There is a need for an agreement between Commonwealth and State/Territory Governments to ensure sufficient funds are available from both to meet the needs of the children.

A range of issues need to be addressed including:

- Funding for recruitment, training, and accreditation;
- Payment of full costs of care;
- Funding of costs involved with allegations including processes and payments of Commonwealth and State support;
- Payments related to 'voluntary care', particularly where the legal status of the child in care or the carers is uncertain;
- Insurance cover for foster carers;
- Removal of income and assets tests for foster carers in relation to allowances for foster children;
- Funding for professional care required by foster children, if necessary through private health care.

Recommendation 8

That the Commonwealth and State/Territory Governments address the issues of providing full costs of foster care so that the combination of State and Commonwealth support is sufficient to fully recompense the cost foster carers experience in providing appropriate care for children and young people.

7 Child Abuse and the Foster Care System

Overview

Abuse of children very quickly draws exposure and criticism from the media and the community. Regrettably, the system of foster care is necessary because children continue to be neglected, abused or otherwise surrendered by parents who cannot care adequately for them. At least part of a community's outrage at the abuse of children stems from the fact that they are young and immature and unable to defend themselves against the behaviours of adults and because children need, for their proper development, early lives that are safe and secure and well supported.

Foster care is a substitute for a natural home. Those children that are placed in foster homes are put there with the assurance that they will be protected, cared for and loved there for as long as necessary. When the foster family also fails the child through neglect or abuse, it is a double tragedy for the child.

The two key topics of concern in this chapter of the report, therefore, are:

- Abuse in foster care;
- Systems Abuse as it affects foster care.

A large number of children who find themselves in foster homes, do so because they have already borne the brunt of abuse or neglect within their natural or birth families and now need protection and an environment within which to deal with their hurt and confusion. Hence foster care is aimed at both protecting the child against further abuse or neglect and assisting a child who has been abused to deal with that experience and heal the trauma resulting from it.

Definition of abuse (general)

A definition which appears to be gaining acceptance as a standard definition of abuse is the base definition used by the Australian Institute of Health and Welfare (AIHW) in its reporting of relevant statistics. It states:

Child abuse and neglect can generally be defined as occurring when a child has been, is being, or is likely to be subjected to physical, emotional or sexual actions or inactions

which have results in, or are likely to result in, significant harm or injury to the child (AIHW 1997, p. 190).

The statistical data collected and published by the AIHW constitutes the most complete set of published information available at the time this report was prepared, on the incidence of child abuse in the community. The AIHW, however, points out that there are variations in definition and interpretation across States and Territories which need to be kept in mind in reading the data and may also account for some unexplained variations.

The following table, reproduced from *Australia's Welfare 1999: Services and Assistance* reports the number of finalised investigations of child abuse and neglect across Australia and whether the notifications were substantiated or not.

Table 38 Finalised investigations of child abuse and neglect: type of outcome, by State and Territory, 1997-98 (Source: *Australia's Welfare 1999*, p. 276)

Type of outcome	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
	Number							
Substantiations	8406	7357	6323	1135	1915	135	411	344
Child at risk						146	60	
Unsubstantiated notifications	10591	7074	5405	961	2862	304	365	339
Total finalised investigations	18997	14431	11728	2096	4777	585	836	683
	Percentage							
Substantiations	44	51	54	54	40	23	49	50
Child at risk						25	7	
Unsubstantiated notifications	56	49	46	46	60	52	44	50
Total finalised investigations	100	100	100	100	100	100	100	100

From this table it can be seen that there were 54,133 finalised investigations of notifications of neglect and abuse, of which 26,025 or 48 per cent were substantiated. Figures pertaining to investigations explicitly in the foster care sector are not available. The following table, however, shows substantiations by type of family that AIHW were able to produce for 1997-98. The data for foster families is not complete, but it is perhaps indicative.

Table 39 Substantiations of child abuse and neglect, by type of family in which the child was residing: selected States and Territories, 1997-98 (*Source: Australia's Welfare 1999, p. 359*)

Family type	Vic	Qld	WA ¹	Tas	ACT	NT
	<i>Number</i>					
Two parent-natural	2291	1297	280	37	112	66
Two parent-step or blended	885	1209	218	25	63	75
Single parent-female	3109	2704	427	37	189	122
Single parent-male	787	334	62	5	30	12
Other relatives/kin	-	180	71	-	7	65
Foster			25	4	5	
Other	285	301	24		5	2
Not stated						
Total	7357	6323	1119	135	411	343
	<i>Percentage</i>					
Two parent-natural	31	22	25	34	27	19
Two parent-step or blended	12	20	20	23	15	22
Single parent-female	42	45	39	34	46	36
Single parent-male	11	6	6	5	7	4
Other relatives/kin		3	6		2	19
Foster			2	4	1	
Other	4	5	2		1	1
Total	100	100	100	100	100	100

¹ Data exclude 16 substantiations where type of family was unknown.

Notes

1. New South Wales and South Australia were unable to provide the data.
2. For Queensland and the Northern Territory type of family is categorised as where the child is living at the time of investigation.
3. In Queensland foster parent is included in 'Other'.
4. Data were substantiations, not children. Some children may be the subject of more than one substantiation.

Three States only have data on substantiations of child abuse and neglect for foster families and these show percentages of 2, 4 and 1 respectively. These percentages are lower than for other types of family, though it is noted that these percentages are uncorrected for size of type of family. That is, the number of substantiations expressed as a percentage of the total number of that type of family in the community would show quite different percentages and probably more informative information.

Hence it is not possible to say with confidence whether the incidence of substantiated abuse in foster families is greater or less than for the population as a whole. It is generally believed among foster care associations in Australia, however, that while the incidence of notifications may be disproportionately high for foster families, the rate of substantiation is lower than in the general population.

Abuse in foster families

There can be no disputing the argument that children whose lives and futures are entrusted to another family should have an expectation that they will find a secure haven in the foster care situation. They should also have more than an even chance of being able to deal with the traumas of any previous abusive experience.

Abuse could occur within a foster care setting in one of a number of ways such as:

1. Abuse of the fostered child/young person by one or more foster carers;
2. Abuse of the fostered child/young person by one or more of the birth family of foster carers;
3. Abuse of the fostered child/young person while in foster care by people independent of or unrelated to the foster family;
4. Abuse by the foster child/young person, of a member or members of the fostering family;
5. Abuse of the foster child/young person, by another foster child in the placement.

To date there is little, if any, research that has been done into whether abuse of children is occurring in Australian foster homes, what the rates of notification and substantiation are and how those rates relate to the non-foster home statistics. This is not a problem that is unique to Australia. Kendrick (1994) writes: *The literature on the abuse and neglect of children in foster care placements is scarce.*

His literature review of assessment of foster families in the context of sexual abuse contains a number of statements that are relevant, some of which contradict more commonly held views about the frequency of abuse in foster care. The following are a selection of these statements.

Material from the United States on child abuse and neglect in substitute family care tends to be more systematic than that available in this country (UK). Rosenthal et al (1991) describe 290 reported incidents of abuse and neglect in family foster homes, group home, residential treatment centres and institutions in Colorado. 38 per cent...of the reported incidents took place in foster homes...Overall, 29 per cent of the cases were confirmed... 38 per cent of the reported incidents in foster homes were confirmed. Males were the predominant victims of both physical abuse and neglect while females were the predominant sexual abuse victims (section 2.2).

In discussion, Rosenthal et al suggest that multiple factors lead to abuse. There are shortages of foster homes because of low pay. This creates pressure to license marginal homes ... there is a lack of adequate support for foster carers because of large caseloads (section 2.5).

There is also some evidence that abuse (but not specific to child sexual abuse) is more prevalent in foster care than the general population. A Canadian study of the abuse of children in foster care estimates that proportionately children in care are more susceptible to being abused (Dawson. 1989, cited in Waller and Lindsay, 1990) (section 2.11).

Interestingly, there is a larger literature on the problem of foster carers dealing with allegations of abuse than on the incidence of abuse by foster carers. In the UK, a survey of 36 foster carers for whom allegations were unsubstantiated showed that foster carers

were often not told the precise nature of the allegation and so did not know what they were accused of. Investigations were protracted and foster families frequently received little or no support (section 5.1).

Despite what Kendrick has expressed, we have found conflicting reports coming from both the UK and the US about the incidence of abuse in foster settings. A study published in 1999 and centering on the city of Leeds in the UK is one of the most informative of recent studies, though it relates to just 1 location and 158 children. The study was important because of the events in England and Wales that had led to the expression of significant public concern about children in the 'care' of the state. The publication's abstract is very informative and is reproduced as a whole in the box that follows.

Objective: There have recently been many debates in the UK about how to provide good care for children placed away from home. Professionals have realized that the level of child abuse in foster care and children's homes is high. This research examines the characteristics of physical and sexual abuse of children in foster and residential care in a city in England. The number of cases of abuse reported by pediatricians in this group was compared to the number reported by the same pediatricians for the population of Leeds as a whole.

Method: This is a retrospective study of 158 children, fostered or in residential care who were involved in 191 episodes of alleged physical and/or sexual abuse assessed and reported by pediatricians over a 6-year period from 1990 to 1995 in Leeds, England. Details of the child including the reason for placement in care, their physical and mental health, abuse characteristics, including perpetrator and case management were studied.

Results:... 158 incidents of abuse in 133 children in foster/residential care are described.

- In foster care, 42 children were physically abused, 76 were sexually abused, and 15 experienced both forms of abuse.
- In residential care, 12 children were physically abused, 6 were sexually abused, and 6 experienced both forms of abuse.
- In foster care 60% of sexual abuse involved girls and 60% of physical abuse involved boys.
- In residential care almost twice as many boys as girls were reported to be abused.
- Foster carers perpetrated the abuse for 41%, natural parents on contact for 23%, and children 20% of incidents.
- A significant proportion of abuse was severe with 1 death, 8 children with burns, 18 with genital, and 34 with anal penetration.
- Long-standing emotional, behavioral and learning difficulties were common. Most children (80%) had been abused prior to entry into care.
- Foster children were 7-8 times and children in residential care 6 times more likely to be assessed by a pediatrician for abuse than a child in the general population.

Conclusions: Children in foster or residential care form an at-risk group for maltreatment. Their special needs include additional measures to protect them from abuse.

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Information is also available from a reputable study in the Baltimore, Maryland in which

Data on maltreatment incidents in foster homes were abstracted from Child Protective Services investigation records for the years 1984 – 1988. Comparisons were made to community reports. Results indicated that foster families had over a three-fold increased frequency of maltreatment reports as compared to non-foster families. Report frequency was highest for physical abuse with a seven-fold risk of report as compared to non-foster families. Overall, 20% of foster care reports were substantiated as compared to 35% of non-foster reports, although the risk of having a substantiated report was significantly higher in foster care. The distribution of report types in foster care differed from those in the community with physical abuse the most frequent allegation in foster care, as compared to neglect as the most frequent allegation in the community (Benedict et al, 1994).

These two reports are cited here because they are both by reputable and well-credentialed authors and contradict the more favourable and commonly held view that while allegations of abuse may be higher in foster settings than in non-foster families, the rate of substantiation is lower.

It is not the intention here to build a case for or against foster care abuse in Australia because there is insufficient evidence available. This study has not had the resources to conduct a serious literature review of abuse in foster care settings. The conflicting views are brought to the readers attention, however, in order to highlight the serious need for statistical evidence and research to be conducted in Australia in order to inform stakeholders and the public about the security of children in the foster care sector in this country.

Systems abuse

A definition of systems abuse which appears to have widespread acceptance is the definition developed by Cashmore, Dolby and Brennan in their report (1994) for the NSW Child Protection Council.

They stated:

Systems abuse occurs when preventable harm is done to children in the context of policies or programs which are designed to provide care or protection. The child's welfare, development or security are undermined by the actions of individuals or by the lack of suitable policies, practices or procedures within systems or institutions (p. 17).

Their definition was developed from earlier definitions by Gil (1982), Powers, Mooney and Nunno (1990) and NAYPIC (Moss 1990).

In attempting to explain why systems abuse for children might occur, Cashmore et al stated:

There are many reasons why children's needs are not considered. They range from conflicting political priorities and adult ignorance through to the difficult balance of interests that many services have to maintain. It often happens that the bodies which make decisions affecting children do not have children's needs on their agenda. There may also be no body of information indicating when problems arise for children. As a result, their needs get forgotten...(p. 30).

In fact, a large proportion of the examples and the 'causes' outlined in this report relate to neglect rather than abuse. This neglect is a result of a lack of appropriate services, either because they do not exist, are inadequate, inaccessible or not properly coordinated.

A lack of resources underlies and exacerbates many of these problems but it does not provide an excuse for doing nothing about systems abuse. They include a lack of the following important ingredients of a well-run system dealing with children – coordination within and between agencies, appropriate guidelines, specialised skills, staff support, information, statistics and research, and a voice for children. Others are more inherent in the nature of bureaucracies and organisations and include the tendencies to become 'closed off' from the outside world and to value regulations for their own sake rather than consider the welfare of those they are supposed to serve (p. 165).

Cashmore et al's study was undertaken with a focus on children in care, whereas in this report we are attempting to focus on the needs of foster carers. Many of the points made by Cashmore et al have direct applicability also to foster carers. In a personal communication, Cashmore has indicated that the 'main follow-up (from the systems abuse project and report) is the *Having a Say* work and research and the development of a principle of participation for children's involvement in the new NSW Children and Young Person's (Care and Protection) Act 1998. The aim is that if children are involved in decision-making that affects them then that should go some way to preventing a number of the problems that the systems abuse report identified.' (Email 3.9.99).

The Community Services Commission (2000b) also noted the effect of the system in the eyes of the children and young people whom it consulted:

A key theme which emerged from the consultations with children and young people was their vulnerability in the care system. Most children and young people had no faith in or understanding of a planning process, limited notions of choice and limited information on other ways of doing things. They had not formed perceptions by comparing themselves with other's experiences because most were isolated from other in foster care.

Many saw themselves as subjects of luck or misfortune in the system, not understanding their rights and having little control over their lives (p. 50).

Characteristic forms of systems abuse

Cashmore, Dolby & Brennan, describe and illustrate some characteristic forms of system abuse as follows:

- a. Children's needs are not considered
 - *'Invisible child';*
 - *Secondary victimisation;*
- b. Services are effectively not available
 - *Nonexistent;*
 - *Inadequate;*

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- *Inappropriate;*
 - *Inaccessible - due to entry requirements:*
 - *geographically*
 - *linguistically*
 - *culturally*
 - *through lack of information*
- c. Services are not properly organised and coordinated
- *'Pillar to post'*
 - *'Not my responsibility'*
 - *Discontinuity*
- d. Institutional abuse, i.e. direct abuse occurring within an organisation
- *Corporal punishment*
 - *Neglect, physical, sexual and emotional abuse in foster care, residential institutions or agencies caring for children (p. 30).*

A number of the 'characteristic forms of systems abuse' identified by the authors might occur within the foster care systems in Australia.

Below we attempt more specifically, though theoretically at this stage, to spell out the possibilities as an extrapolation from Cashmore et al and our own observations in the course of this study.

Table 40 **Types of systems abuse in the foster care sector**

<i>System element</i>	<i>Primary 'victim' of abuse (secondary 'victim' in parentheses)</i>	<i>Nature of abuse</i>
Placement (if matching is either not done or done without due care or if a placement is culturally inappropriate)	Child/ young person in care (also foster carer and foster carer's family)	Inappropriate placement of child in family - child not in right environment, foster carer under additional stress Cause: child's needs or culture not fully considered.
Movement of child to another provider (if too frequent or poorly handled)	Child/young person in care	Child is not able to develop a stable relationship either with birth family or with a foster carer family. Disruption and dislocation becomes a common and dominating experience. The child's sense of identity is weakened. Associated with poor outcomes for child.
Recruitment (if recruitment or screening processes are inadequate)	Child/young person, (Foster carer and foster carer's family)	If foster carer is unsuited to the task, placements will be stressful for foster carers, foster carer's families and/or the children/young persons in care. In its extreme form this might result in child abuse for the child-in-care.
Training (if training is not given or is not adequate)	Foster carer, (Child/young person)	If the foster carer is ill prepared for the task, no matter how willing and conscientious, situations are likely to arise in which the foster carer

Table continues on next page

is unsure about how to respond. Errors can be made, with consequent destabilising of the relationship with the child and undermining of the foster carer's confidence in their capacity.

Allegation of abuse (if all parties are not protected and supported)

Foster carer, (foster carer's family, child/young person in care)

If there are not comprehensive and adequate procedures and support provisions in place, the foster carer and/or foster carer's family can be seriously jeopardised – even when the allegation is not substantiated.

Cashmore et al specifically deal, in one section of their report, with systems abuse problems in substitute care. They list the following as difficulties that children face in substitute care.

- Lack of continuity and stability;
 - Multiple placements
 - Interrupted, dislocated schooling
 - Welfare drift
 - Multiple social workers
 - Lack of contact with natural parents
 - Separation from siblings
 - Leaving care
- Lack of information and preparation;
- Abuse – physical, emotional, sexual abuse and neglect.

While the authors were describing difficulties that children can face in substitute care, there is an equivalent version of these difficulties, in virtually every instance, for foster carers as well. This is not to downplay the seriousness of the problems for the children and young people in care, but is intended to highlight the fact that foster carers can also be the 'victims' of the system.

In recognition of the seriousness of multiple social workers dealing with foster children and young people, the *Report on Government Services 2000* (SCRCSSP, 2000), has noted that:

States and Territories (have) devised a new indicator for child protection services (continuity of case workers) following the literature review on outcomes in child protection services. The indicator considers how many different caseworkers deal with a child over a given period. Data are not yet reported against this indicator, and the States and Territories and the Australian Institute of Health and Welfare are examining options to report on this indicator in future Reports (p. 1245).

Evidence of systems abuse in the foster care sector

A number of questions were addressed in the national foster carer survey to the issue of systems abuse in Australia. The following table presents the response distribution to the question about types of systems abuse considered to be a problem by foster carers in their respective States/Territories.

Table 41 Types of ‘systems abuse’(following Cashmore et al, 1994) said by respondents to be a problem in their State/Territory

Nature of system abuse	Yes	No/no response
Multiple/disrupted placements	417(51%)	395(49%)
Interrupted schooling	266(33%)	546(67%)
Delayed decision-making	428(53%)	384(47%)
Multiple social workers	434(53%)	378(47%)
Lack of contact with parents	103(13%)	709(87%)
Sibling separation	215(26%)	597(74%)
Premature discharge from care	232(29%)	580(71%)
Lack of information/preparation	350(43%)	462(57%)
Culturally inappropriate placement	87(11%)	725(89%)

Note: Percentages reported are of responses to each type of systems abuse (ie rows)

In this table of aggregated data from all States/Territories, three of the types of systems abuse identified by Cashmore and her colleagues were considered by more than half of the respondents to be a problem in their State/Territory. These were *Multiple or disrupted placements; delayed decision-making* and *multiple social workers*.

Table 42 Kinds of systems abuse considered by respondents to be in most urgent need of attention in their State/Territory

Type of systems abuse	No. of respondents who ticked	No response
Multiple/disrupted placements	347(43%)	465
Interrupted schooling	186(23%)	626
Delayed decision-making	372(46%)	440
Multiple social workers	361(44%)	451
Lack of contact with parents	74(9%)	738
Sibling separation	156(19%)	656
Premature discharge from care	184(23%)	628
Lack of information/preparation	290(36%)	522
Culturally inappropriate place	66(8%)	746
Other		

From the results in this table, nearly half of the respondents (46 per cent) indicated that delayed decision-making was the systems problem that most needed to be addressed, followed by the issues of multiple social workers (44 per cent), multiple/disrupted placements (43 per cent) and lack of information/preparation in relation to placements (36 per cent).

Standards of care, allegations and support

As noted in this report, allegations of abuse and neglect and the handling of those allegations by all parties is a particularly sensitive, painful and urgent area of need within foster care. It, along with the quality of relationships between carers and workers, were the two 'stand out' areas of concern in the consultations and discussions held for this Report. This is a problem shared with foster carers in other countries. Hence if Australia were able to make a significant breakthrough in this area, it would be of considerable interest also on the international scene.

There is growing agreement that there is a conceptual and practical distinction to be made between abusing a child in care, and failing to provide an appropriate standard of care. Carers do not condone any form of abuse in care. They also seek to provide high standards of care. But where a lack of standard of care becomes a matter of abuse is a very grey area. Some administrations tend to be very hard in their interpretation of abuse, treating what many foster carers would consider a standard of care issue as a matter of abuse.

There are undoubted urgent needs in this area, for both foster carer and kinship care encompassing the following:

- Clarification of the distinction between standards of care breaches and abuse;
- Rights of carers under investigation;
- Independence of investigators;
- Rights of carers for review and appeal;
- Support and advocacy for carers under investigation;
- Availability of accurate and full information for carers;
- Agreed due process for the handling of allegations;
- Enforcement of due process;
- Legal issues;
- Confidentiality;
- Treatment of carers and records when allegations have not been substantiated.

Recommendation 9

That the State/Territory governments develop ways of supporting foster carers to reduce instances of allegations of abuse in care and develop processes for handling allegations against foster carers. This should be encouraged and facilitated by the Commonwealth government because of its interest in the longer term outcomes of children, and in a manner similar to the leadership role adopted by the Commonwealth when addressing long-term homeless, juvenile justice, and carer issues.

Deliberate steps need also to be taken to address systems abuse through the establishment of standards and performance indicators, and through more specific programme management changes so that those who are vulnerable in the system no longer suffer at its hands. A national programme evaluation of foster care provision should be undertaken.

This would have as its primary concern accountability to the Parliament, and through it to the community, of resources put into foster care in this country. To be effective, this should have commitment of both levels of government in Australia, and should be aimed at facilitating the development of those elements of government provisions that are generally the focus of

programme evaluation namely the enunciation of corporate objectives, the identification and definition of performance measures and standards, the implementation of management information systems, the establishment of national standards, and regular reporting procedures.

Recommendation 10

That a programme evaluation of foster care provision be undertaken at both Commonwealth and State/Territory levels to provide accountability to the Australian community of the resources committed to foster care.

8 Good Practice in the Foster Care System

Purpose

From the outset it was an intention of the study to identify examples of good practice. There were several reasons for taking this approach. The notion of good practice, well established in other sectors, public, private and community, appears not yet to have taken hold in the foster care sector.

There are probably many reasons why good practice thinking has not yet been embraced to a significant degree in foster care though they have not been explored in this study. It was considered, however that it was worthwhile drawing the sector's attention to this way of viewing performance.

Furthermore, the identification of examples of good practice could itself be expected to lift horizons for all stakeholders from an awareness (sometimes overwhelming) of the problems and difficulties of working in the sector, to possibilities for successful processes and outcomes. If relatively unknown ideas and approaches that have been successfully implemented in different parts of Australia could be given more exposure, then these approaches might be a stimulus to similar approaches elsewhere to the overall improvement of service and provision in the sector.

'Good practice' and standards

It is to be expected that in any discussion about good practice these days, there will be reference to standards. Standards are a widely acknowledged need in any enterprise that aspires to providing good or even just acceptable service. Standards, especially those that are expressed in measurable terms, are necessary in order to measure performance and performance progress. Furthermore, the 'public' have come to expect certain standards in customer service wherever they go as a matter of common courtesy, but also because there are generally more providers than one and the level of service can make all the difference between 'taking one's custom' to this or another provider.

Standards have also another very important purpose – they fulfil a 'gate-keeping' role in relation to services where there is an important duty of care. The children who are in foster care have in the majority of cases already suffered trauma, neglect or abuse because the duty of care expected

of a natural family is for one reason or another denied to them. It is all the more important, therefore, that these children be safeguarded against further abuse.

But in addition to there being agreed standards, there must also be:

- A commitment by stakeholders to those standards;
- An agreement that performance of practice will be monitored against those standards and the findings made public.

These in turn require that there be:

- Mechanisms for monitoring and measuring performance or practice against those standards; and
- Some means of ensuring that performance does not fall below the acceptable and agreed standards (or where it does for appropriate remedial steps to be taken).

Australian national baseline standards for out-of-home care (covering residential and foster care) were agreed upon and published in 1996. They were developed and published by the then Standing Committee of Community Services and Income Security Administrators (SCCSISA). This high level inter-government representative committee consisted of representatives from the relevant community services departments of all State/Territory governments and the Commonwealth government.

The foreword to the publication states that the standards:

Resulted from a proposal by the former Substitute Care Sub-Committee of the Council of Social Welfare Ministers and the Standing Committee of Community Services and Income Security Administrators. They were developed by a working group of the Substitute Care Sub-Committee over a twelve-month period. They were developed in consultation with relevant peak bodies, consumer groups, non-government organisations and government agencies (p.

The standards, as far as they go, appear to have been well formulated on the basis of principles that are well enunciated and accepted in quality standards circles in Australia.

Yet it appears clear from our enquiries that these standards have not had the exposure they deserve and seem not to be used in any but a very few instances within the foster care sector. This is not to say that the foster care sector would not subscribe to the standards embodied in the publication. Rather the standards, for some reasons about which we can only speculate, have not been taken up and used by the sector as might have been expected by the Ministerial Committee that brought them into being.

There is little doubt in our minds that some national standards are urgently needed in the foster care sector. Our reasons for making this claim are as follows:

- The care provided by volunteer foster carers is variable;
- There are no agreed or standard training packages for foster carers but each State administration and indeed each non-government agency has their own training material and curricula;

- Apart from entry requirements, there are no agreed standards, or criteria for foster carers, even though the needs of foster children and young people vary significantly;
- The level and kind of support offered by social workers, case managers and other government officers is heavily criticised by foster carers and the nature of this criticism is indicative of widely varying quality and kind of service provision offered by these 'workers';
- 'Good practice' is not easily brought to mind by foster carers and indeed seems to be a concept that has not yet gained a footing in the foster care sector;
- While there is little evidence to suggest that abuse or neglect of foster children by foster parents or their natural children is a matter for serious concern in Australia (unlike the UK?), there is no doubt that it occurs. The adoption of appropriate standards for recruitment, training, and monitoring of foster care, is one positive way of minimising the possibility of abuse and neglect of foster children within foster settings.
- Systems abuse is believed by foster carers to be rampant within the sector; and
- Almost everyone within the foster care sector with whom we consulted, at all levels, agreed that there is an urgent need for national standards.

Perhaps the most important defence against systems abuse is provided by quality assurance mechanisms including monitoring and review processes. They can indicate whether appropriate standards are being maintained, ensure that individual cases of abuse are detected and dealt with, and indicate whether staff and workers have the necessary conditions to work effectively. Mechanisms for monitoring and review can take a number of forms but overall they need to be a routine part of the system. They also need to extend beyond mere economic accountability and to provide an opportunity for client, staff and community participation. An analysis of the monitoring, review and complaints mechanisms in several systems indicates, however, that few meet these requirements. (Cashmore et al 1999 p. 163).

At the same time we would like to speculate that the *Baseline Out-of-home Care Standards* referred to earlier have not gained wider acceptance for some or all of the following reasons:

- The standards were not given sufficient prominence by the State/Territory government administrations, for whatever reason (this is being stated as a matter of fact rather than as a criticism);
- The standards were at a relatively general level and lacked more tangible and quantifiable indicators despite the acknowledged principle that 'standards should be able to be assessed';
- The responsibility for promoting and monitoring the standards was not clearly identified and anchored;
- Foster carers themselves had little part in the development of the standards, indeed the standards say almost nothing about foster carers themselves or the relationship that should exist between representatives of the state (workers) and foster carers;
- No one at any level or among any of the stakeholders appears to have made an attempt to actually measure by means of suitable indicators the performance of the processes and people within the sector.

The summary of the Standards from the publication is reproduced here.

1 Case Management

Each child/young person/young person receives an out-of-home care service which is designed to meet the case plan goals in the most appropriate manner.

2 Service Access

Each child/young person, and their family seeking or requiring a service will have access on the basis of relative need and available resources.

3 Exit Procedures

Each child/young person leaves the out-of-home care service in a planned and supported manner to enable a successful and sustainable transition.

4 Decision Making and Choice

Each child/young person, and their family have the opportunity to participate as fully as possible in the decisions which concern them.

5 Privacy and Dignity

Each child/young person and their family will have their privacy and dignity recognised and respected.

6 Participation and Integration

Each child/young person who is in out-of-home care has the opportunity to participate in the community.

7 Complaints and Disputes

Each child/young person and their family are free to raise, and have resolved, any complaints or disputes they may have regarding the service.

8 Service Management

Each agency adopts sound management practices which maximise outcomes for child/young person and their family.

9 Direct Care-giver Approval and Support

That all caregivers are recruited, approved and trained in a manner which is consistent with the needs of the child/young person.

There would be few quibbles with these summaries or indeed the fuller statements of the standards, though there would be strong opinion expressed about what is not covered in these statements.

As far as we were able to determine, there have been a number of attempts to develop local standards.

Some of the more complete efforts include:

- *New South Wales Standard for Substitute Care Services* (Department of Community Services, 1998),
- *The Redevelopment of Victoria's Youth and Family Services: Purchasing Specifications (1999)*
- Standards in Foster Care (ACWA publication from the net).

Some of these are still under discussion or in draft form, and others are much broader in their implication than foster care.

In contrast to the lack of comprehensive national standards in Australia is the publication, by the UK Joint Working Party on Foster Care of the UK National Standards for Foster Care (1999).

A summary of these UK standards is provided here for comparison with the SCCISA baseline standards.

Section One

The specific needs and rights of each child or young person in foster care are met and respected.

1. Equal opportunities and valuing diversity

Children and young people, and their families, are provided with foster care services which value diversity and promote equality.

2. Assessment of the child's or young person's needs

An assessment of the child's or young person's needs is made prior to any placement, communicated to all parties concerned and updated regularly.

3. Care planning and reviews

A written care plan is prepared for each child or young person placed in foster care; all aspects of the plan are implemented, it is reviewed regularly and any changes are made only as a result of a review meeting.

4. Matching foster carers with children or young people

Each child or young person placed in foster care is carefully matched with a foster carer capable of meeting her or his assessed needs.

5. The child's or young person's social worker

Each child or young person placed in foster care has a designated social worker who ensures statutory requirements for her or his care and protection are met and promotes her or his welfare and development.

6. A safe and positive environment

The foster home provides a safe, healthy and nurturing environment for the child or young person.

7. Safe caring

Each child or young person in foster care is protected from all forms of abuse, neglect, exploitation and deprivation.

8. Recording and access to information

An up-to-date comprehensive case record is maintained for each child or young person in foster care which details the nature and quality of care provided and contributes to an understanding of her or his life events; relevant information from the case record is made available to the child and to anyone involved in her or his care.

9. Contact between children and their families and friends

Each child or young person in foster care is encouraged to maintain and develop family contacts and friendships as set out in her or his care plan and/or placement agreement.

10. Health care and development

Each child or young person in foster care receives health care which meets her or his needs for physical, emotional and social growth, together with information and training appropriate to her or his age and understanding to enable informed participation in decisions about her or his health needs.

11. Educational needs

The learning and educational needs of each child or young person in foster care are given high priority and she or he is encouraged to attain her or his full potential.

12. Preparation for adult life

Each child or young person in foster care is helped to develop the skills, competence and knowledge necessary for adult living; she or he receives appropriate support and guidance for as long as necessary after being in foster care.

Section Two

Effective and appropriate care is provided by each foster carer.

13. Assessment and approval of foster carers

Each foster carer is subject to and participates in a comprehensive assessment of her or his ability to carry out the fostering task and must be formally approved by the appropriate authority before a child or young person is placed in her or his care.

14. Supervision, support, information and advice for foster carers

Each approved foster carer is supervised by a named, appropriately qualified social worker and has access to adequate social work and other professional support, information and advice to enable her or him to provide consistent, high quality care for each child or young person placed in her or his home.

15. Training of foster carers

Each foster carer is provided with the training necessary to equip her or him with the skills and knowledge to provide high quality care for each child or young person placed in her or his care.

16. Annual reviews with foster carers

A joint review is conducted with each carer at least once a year in a manner that satisfies the authority of the continuing capacity of the carer to carry out the fostering task, provides the carer with an opportunity to give feedback, contributes to essential information on the quality and range of service provided by the authority, and informs recruitment, assessment and training strategies.

17. Payment of allowances and expenses associated with caring for fostered children

Each foster carer receives an allowance and agreed expenses which cover the full cost of caring for each child or young person placed with her or him.

Section Three

Each authority responsible for the provision of public care for children and young people offers a high quality foster care service for all who could benefit from it.

18. Effective policies

Each authority has effective policies in place to promote and plan the provision of high quality foster care for children and young people who could benefit from it.

19. Management structures

Each authority has effective structures in place for the management and supervision of foster care services, staff and foster carers.

20. Professional qualifications and appropriate training for social workers

All social work staff responsible for the provision of fostering services are professionally qualified and appropriately trained to work with children and young people, their families and foster carers, and have a good understanding of foster care.

21. Recruiting and retaining an appropriate range of foster carers

Each authority ensures access to a supply of foster carers which meets the range of needs of the children and young people within its area.

22. Reward payments to foster carers

Each authority considers the implementation of a reward payment scheme for foster carers.

23. The foster care panel

Each authority convenes a fostering panel as part of its assessment and approval process for foster carers, which also plays a role in monitoring and developing local fostering policy, procedures and practice.

24. Placement of children through other authorities or agencies

Where an authority contracts out any aspect of the provision of foster care for a child or young person it is looking after with another authority or agency, the authority responsible for the care of the child ensures that legal requirements for her or his care are met and the care provided meets notional quality standards and regulations for the foster care service.

25. Representations and complaints procedures

Children and young people, their parents, foster carers and other people involved are able to make effective representations, including complaints, about any aspect of the fostering service, whether it is provided directly by an authority or by a contracted authority or agency.

It would appear to the researchers that to begin with the existing baseline standards and make up for their deficiencies is a much better strategy than leaving the sector without useful standards or leaving each of the stakeholders to develop their own standards, or not, according to their own agendas and resources.

To be effective, baseline standards need to be accompanied by allied performance indicators. As was discussed in Chapter 2 of the present report, the Review of Commonwealth/State Service Provision was established by heads of government in 1993 to develop objective and consistent data on the performance of services that are central to the wellbeing of Australians.

Five reports have now been produced on Government Services. Foster care is recognised at least in the latest report (Report on Government Services 2000) but the coverage given is small and foster care is treated as a subtopic of 'Supported Placement'. Of perhaps more relevance to the foster care sector is the general approach to performance measurement that is described in the opening chapter of the report since it describes a methodology that is being taken towards assessing performance across government services. If the same approach were to be taken within the foster care sector to developing performance measurements, then this would not only help the sector itself to appreciate and evaluate its own performance, but would allow it to feed into reports such as the one described above.

One of the keys to evaluating government (and any other) services, is the ability to identify and define performance indicators. The Report on Government Services 2000 emphasises the important role being played by the development of useful performance indicators in areas of government service provision that have not hitherto been measured in ways that have allowed performance comparisons to be made.

The categorisation of indicators used in the Report covers

1. Effectiveness indicators, such as:
 - Overall outcomes;
 - Access and equity;
 - Appropriateness;
 - Quality; and
2. Efficiency indicators (mostly the use by organisations of their resources to produce units of services).

Performance indicators may be a very new concept to the foster care sector, but we believe that only good can come from the cautious, sensitive and sensible development of a set of agreed indicators across the States/Territories and stakeholder groups concerned. Examples of suitable national performance indicators were presented in Chapter 2.

This is a particular role that the Commonwealth and national foster care peak body could take, in order to bring more public accountability to the sector.

Definition of 'good practice'

In presentations made to foster care conferences, it became clear that before examples of good practice could be identified, it would necessary to define 'good practice'. It became apparent that there were no existing definitions of 'good practice' at least in the Australian foster care sector, and furthermore that preliminary and informal discussions led to the conclusion that there could be appreciable differences in how 'good practice' might be viewed.

In large part these differences were expected to appear between stakeholders. That is, it could reasonably be expected that government administrators would have a particular view of 'good practice' a view that would emanate from administration at a programme level. Programme level can be taken to mean that paramount in government administration is the government's intention is allocating budget funds to programme and to the fulfilling of policy objectives. Accountability is a significant requirement for governments and government administrations, and therefore it might be expected that efficiency and effectiveness might be high on the list of criteria that would be used by government representatives in foster care management.

In similar vein, non-government agencies, or the people that manage them, will have expectations in relation to 'good practice' that relate to the mission, and corporate objectives of the agency.

From an anticipated different perspective would come the views of foster carers as to what constitutes 'good practice'. Many foster carers are drawn to the role of providing care out of compassion and social commitment. Notions of 'good' provision for such people could be expected to relate far more directly to the needs of the children or young persons who have been placed in care for their own safety, protection and well-being.

Hence good practice might well have for these people a much greater focus on the physical, social and emotional needs of the children. Indeed, foster carers, in our observation, were more likely to assert that the needs of the child are paramount. This is not to say, of course, that they

discount the needs for efficiency and effectiveness at a government administration level, but they are likely to see those needs as subsidiary to the needs of the child. Further foster carers (and foster carer associations) might be expected to interpret government services as being provided for the sake of children in care, so that the children might have a reasonable chance of overcoming the disadvantages of having to leave a 'birth family' setting to live with another family. It is to be expected, however, that foster carers will also include in their perception of 'good practice' an element that relates to support for them as parents and their families. It would be reasonable, given that they are volunteers for this 'service to the community' for them to expect due recognition, financial compensation for expenses incurred and assistance in the form of training and protection.

Then children and young people in care, might be expected to see 'good practice' from yet another perspective. They, more than other children in the community, could be expected to view themselves as victims, first of their own parents for whatever mismanagement or abuse led them to be taken under the control of the state, and secondly of the state and associated power figures for placing them in situations where they have little control over their own lives and futures.

Other stakeholders also might be expected to express different views, when pressed for them, as to what constitutes 'good practice'. Importantly here might be the views of birth parents and professionals or para-professionals working in the community but required from time to time to interact with children or young persons in care.

The above, of course, is speculative on our part, even though arising from informal discussions with stakeholders. It seemed important that these surmises be checked for reality by formally asking at least some of the stakeholder groups as a preliminary step towards asking people to identify examples of 'good practice'. At the same time, the identification of examples of good practice might itself prove to be a useful part of the defining of 'good practice' since definition by denotation is an acceptable way of defining meaning.

Methodology

The researchers wrote to stakeholder representatives to ask for definitions of 'good practice' from their stakeholder perspective. We wrote to all State/Territory administrations seeking a view. State associations were also asked to provide a view. Discussions were held, in addition, with senior representatives in the Indigenous community and with members of CREATE.

We received no written response. From the majority of correspondents, we did not even receive a reply. Discussions with other stakeholders, led us reluctantly to the view that the concept of good practice is, at this stage of foster care development in Australia, too difficult a concept to address.

Even our requests of foster carers to provide examples of what they considered to be good practice drew with very few and varied comments.

We could suggest a number of activities and structures and materials, that in our opinion could be considered examples of good work that is being done in the foster care sector. At the risk of appearing uneven in our presentation, we note for instance the following:

- The ACWA website (websites generally);
- The development of the *Looking After Children (LAC)* materials;
- Isolated examples of specific local support structures and processes; and
- The significant, though not widely publicised, publication work fostered by Barnardos both in Australia and elsewhere.

The Face-to-Face organisation can also be cited as an example of good practice, in its attempt to bring stakeholders together to talk about their mutual interests and to forge new and effective ways of improving foster care. This approach began as a collaborative effort in 1996 between the Australian Association of Young people in Care (AAYPIC) and the Child and Family Welfare Association of Australia (CAFWAA). The concept of FACE-TO-FACE is premised on the fact that no one stakeholder group has all the answers to the complexity of issues that are evident in the child welfare sector. The core principles of FACE-TO-FACE are that all stakeholders across the States and Territories come together in the spirit of collaboration, participation, partnership and learning.

The first national FACE-TO-FACE forum brought together 100 key stakeholder representatives in out-of-home care from non-government service providers, consumers, government and Indigenous groups from each Australian State and Territory. This effort, too, is to be commended.

It is perhaps symptomatic of the current state of foster care in Australia, that attempts to define 'good practice' and find examples of it, ran into significant problems. That 'good practice' should mean different things to different stakeholders within the foster care sector is to be expected. It does suggest, however, that stakeholders are somewhat partisan in their views, and that there is a measure of co-operation and maturity needed in the sector. It ought to be possible to define 'good practice' for the sector as a whole and for that definition to be understood and acceptable to all stakeholders. It proved a task beyond the scope and resources of the present study.

National standards for foster care

There has been much talk within the sector about standards, and separate attempts have been and are being made in different jurisdictions to develop standards. While this is a proper right of individual States/Territories to develop such standards, it would be in the best interests of Australian children if national standards were to be developed. There may doubtless be different methods of implementing those standards in different States/Territories, but the sector, as a whole needs national baseline benchmarks for performance. There is a precedent in the national baseline out-of-home care standards.

These should be revised and extended at a national level and with input from all States/Territories as an efficient use of resources, rather than having every State/Territory expending limited resources to develop standards for the same purpose.

The adoption of some standard terminology and an agreed structure and process for performance monitoring in the sector against the agreed national standards will also make a very significant contribution to the sector as a whole.

Recommendation 11

That a joint governments representative body, such as the Commonwealth and State Ministers Advisory Council (CSMAC), be given responsibility for preparing and implementing a set of standards to apply specifically to foster care in place of the current national baseline out-of-home care standards.

9 *Benchmarking of Foster Care*

Benchmarking as an enterprise enhancement tool

Benchmarking is increasingly seen as an important tool in organisational development and management. As its name implies it is the use of 'benchmarks' against which to assess performance. In the business world, organisations assess their own performance against a chosen benchmark. Such benchmarks can be fixed targets such as performance figures. Or they may be the performance of another part of the same organisation or a separate organisation altogether. A very common form of benchmarking is engaged in by organisations that choose to compare themselves with their competitors in order to improve their own performance and gain a competitive edge over their rivals.

Benchmarks, accordingly, can be measurable performance standards without any necessary reference to another organisation, or could be measurable performance features of another organisation. Benchmarking against another organisation's performance could be undertaken without that other organisation's knowledge, in which case the information used as a comparative standard would need to be in the public domain. In other cases two organisations might enter into a mutual benchmarking arrangement in which the partners observe each other's performance and share information.

Almost any aspect of organisational life can be used as the focus of benchmarking. It might be a comparison of products or services, or internal morale.

The Australian Productivity Commission in its *Report on Government Services 1999*, described benchmarking thus:

Benchmarking service delivery is an ongoing systematic process to search for and introduce best practice in the use of scarce resources to deliver more efficient and effective services.

The performance information in the Report on Government Services primarily related to external results benchmarking. Relevant agencies can use this information to identify and implement best practices (Productivity Commission, 1999, p. 6).

Although this current study of foster care support provisions is not intended to be a full scale benchmarking study, it has elements which might quite readily be described as internal benchmarking and it has elements of external benchmarking included in it.

Benchmarking within Australia

Because the present study is a national one, it draws information from all States and Territories. Without deliberately setting out to compare the information and data from each State and Territory with the others, it is inevitable that comparisons will be made.

There are indeed several possibilities for performance comparisons within Australia. For example, comparisons may be made between foster care provisions of separate States, or between non-government agencies, or between government care provisions and agency provisions. Any of these comparative activities is intrinsically a form of benchmarking. As well as making such comparisons ourselves in the course of the study, readers are invited to make comparisons for themselves.

Benchmarking outside of Australia

Foster care is by no means unique to Australia. International conferences, such as the International Foster Care Organisation's conference held in Melbourne in 1999, highlight the extent to which foster care is employed throughout the world, and the commonality of the problems faced in providing this kind of care. Foster care practices have somewhat different emphases, as may be expected, in different countries, but in some instances, thinking, research and practice are ahead of those activities in Australia. Hence there is value in obtaining information from those countries and conducting even limited benchmarking.

A specific external benchmarking activity was intended from the start of the present project. It was felt that if we were to embark on a modest form of deliberate benchmarking with an overseas foster care system, we might not only obtain some useful information, but we might also set a precedence for benchmarking to be undertaken on a broader and more frequent scale in the foster care sector in Australia.

Our perception is that many people within the foster care sector would be unfamiliar with benchmarking as a tool. Further we suspected that even the concept of making comparisons as a means to raising standards would be a relatively novel approach. Hence our intention in including this limited benchmarking study was to:

- a. Inform the foster care population of the technique; and
- b. To whet the appetite for a more deliberate attempt, when opportunity presents itself, to undertake a more intensive form of benchmarking either within Australia or with international benchmarking partners.

The choice of a benchmarking partner

In attempting this exercise in benchmarking, we needed to keep it on a small scale. We considered that there would be virtue in engaging an overseas partner, and we had heard through Australian participants in an earlier conference of the International Foster Care Organisation, that some interesting innovations were being implemented in Canada. Particular associations had been formed with foster carers from the province of Alberta.

Since there are no prescriptive reasons for choosing one benchmarking partner over another, but simply that one is chosen because something useful might be learned from a comparison with them, we decided to approach the Alberta Foster Parent Association (AFPA) and ask to be able to undertake a small benchmarking study with them.

It was decided also to focus particularly on an area that had been rumoured to be one where some excellent foster carer support work was being developed. This was the area of supporting foster carers when an allegation of abuse had been made.

Contact was made with the then President of the AFPA and subsequently information was exchanged on general issues to do with fostering in Australia and in Alberta and on the particular issue of handling allegations of abuse.

We are particularly grateful to the new President of the AFPA, Mr Norm Brownall for his assistance in providing information on these issues. Other information about foster care generally in Canada was collected via the Internet.

Foster care in Alberta

General

Alberta is one of the westernmost provinces of Canada. It covers an area of over 600,000 square kilometres, and has a population of more than 2.5 million people. Territorial government was created in 1875. Alberta became a province of Canada in 1905, when it joined the emerging confederation.

To the extent that it was possible within budget to determine the characteristics of the Alberta child and foster care system, it appeared in many respects to be very similar to that which exists in Australia.

Table 43 Type and number of foster care homes and children in care in Alberta - 1999

Types and Number of Homes:	No
Regional Authority homes	1531
Band Delegated Aboriginal homes	514
Contracted Agency Homes	1375
<hr/>	
Total Number of homes	3420
<hr/>	
Children in Care in the Province of Alberta	
Regional Authority Placements	2501
Contracted Agency Placements	1378
Band Placements	700
Other (group homes etc.)	2302

The Alberta Foster Parents Association

The Alberta Foster Parents Association was registered in 1974 to:

...act as a collective voice and a central resource for all foster parents in Alberta. It serves foster children, foster families, natural families and other professionals who work with children in care. It is a member of the Canadian Foster Family Association, (AFPA Brochure).

The AFPA has membership throughout Alberta and represents foster parents on an individual, local, regional and provincial level. Each of the over 40 district associations is represented by a Regional Council. A Regional Director from each Region and three Native Regional Directors are elected to sit on the Provincial AFPA Board of Directors. The AFPA Executive Director reports to the Provincial AFPA Board of Directors. This structure enables the AFPA to work closely with Alberta Family and Social Services at all levels throughout the province.' (AFPA brochure)

Roles

Among the roles and tasks listed as being fulfilled by the AFPA are the following:

- *Advocates for children in care;*
- *Promotes the concept of fostering and the provision of a quality foster care system;*
- *Advocates for foster parents through education, support and awareness programs;*
- *Develops, administers and maintains programs for children in care in conjunction with Alberta Family and Social Services;*
- *Establishes a negotiating committee to address specific issues such as: the foster care model, discipline, ethics, classification, skill fees, policy changes and recruitment;*
- *Facilitates communication with the public, Alberta Family and Social Services and foster parents;*
- *Delivers training and education programs throughout the province;*

- *Makes recommendations to Alberta Family and Social Services;*
- *Provides organizational support to district associations;*
- *Awards minimum of two education bursaries to foster children, or former foster children of foster families who are associated with the AFPA;*
- *Recognizes outstanding achievements by foster families and social workers in each of the regions on an annual basis, (AFPA brochure).*

Funding

The AFPA receives funding of about \$400,000Can on a fees-for-service basis from the provincial government through Alberta Family and Social Services. District associations, regional councils and the provincial association also raise funds throughout the year and receive public support to supplement the programs offered by the AFPA, (AFPA brochure).

Members also pay a small subscription fee \$25Can per year.

Support provisions

Support to foster parents is provided in a number of different ways. There is a Foster Parent Handbook, which outlines what foster parents are expected to do and what they can expect from the Association by means of support.

There are various support groups for foster parents throughout the province. These are not mandatory though foster parents are encouraged to attend.

The Alberta Foster Parent Association offers ongoing support to foster parents provincially.

In some areas of the Province, they provide after hour support telephone lines, which foster parents can access. Trained volunteer foster parents usually attend these lines. The Alberta Foster Parent Association is trying to have this support extended to the whole province.

There is a provincial campground, which is available to all foster families during the summer months. This campground is centrally located. The Association is also looking at setting up another campground for foster families in the northern part of Alberta.

Respite is provided to foster parents on an individual basis depending on circumstances. However, most respite for foster parents is paid for out of their own pocket

Financial support

Financial supports to foster parents consists of the following

1. Maintenance for the child;
2. Skill fees for foster parent experience and training;
3. Annual holiday fund for the child to attend camp or go on a vacation with foster family;
4. Annual recreation allowance to be used towards the cost of recreation activities for the child. For example, music lessons, swim lessons, hockey etc.

Foster parents are directly reimbursed for expenses incurred in meeting the day-to-day needs of foster children in their care according to the following basic rates (1999)

Age	Per Diem (Daily Rate in Canadian dollars)
0-1 yr. Old	\$13.15
2-5 yrs.	\$14.70
6-8	\$16.13
9-11	\$17.02
12-15	\$19.29
16-17	\$22.06

Recruitment and training of foster carers

Recruitment is done through various means. For example, newspaper and television advertisements, word of mouth, recruitment phone line and promotion of foster care through the Alberta Foster Parent Association's provincial parade float.

Annually, during the third full week in October, Canada celebrates Foster Family Week. During this period of time there are many activities planned to honour and thank foster parents across Canada. The public awareness this produces proves to be very beneficial in recruiting new foster parents.

Prospective foster parents must attend 24 hours of pre-service training. During this training, some of the prospective foster parents screen themselves out, and at times, the social worker/foster parent team, which is delivering the training, completes screening.

In some of the regions within the Province, they do pre-screening. A recruiter, prior to the individuals taking the pre-service training, completes this process.

A team consisting of a trained foster parent and a social worker provides training. Core training is a Provincial standard and is mandatory. Core training is supplied by the government. Advanced training is mandated as 12 hours per year. The costs for this are met by foster carers themselves, but there are several means by which foster carers can obtain this training. One of these is through the annual conference.

Accreditation of foster carers

Foster carers are accredited against the 'Classification Guide' which pertains to the level of training they have taken. Foster carers are assessed annually by way of a joint process including both the foster care worker and the foster parents.

Indigenous perspective

Government publications describe some aspects of indigenous need as follows:

Aboriginal communities and their organisations get involved in planning and providing child welfare services in various ways.

Some First Nations have agreements to provide all their own child welfare services. The federal government provides funding and the Province delegates authority under the Child Welfare Act.

Some First Nations have agreements to provide their own child welfare services that do not require authority under the Act. The federal government provides funding. The Province provides services under the Act.

Some First Nations receive all services from the Province. However, some have protocols with the Province that describe how the child welfare workers and First Nations representatives plan services together for children.

Some aboriginal agencies have contracts to provide various services to aboriginal children who do not live on reserves. These children might be off-reserve Indian, non-status Indian, Metis or Inuit.

Some aboriginal children who do not live on reserves receive all services from the Province and non-aboriginal contracted agencies. However, the child welfare workers still try to involve aboriginal communities or representatives in the planning.

Self-Government: Although some First Nations administer their own child welfare agencies, they currently do so under the Alberta Child Welfare Act and policies. Many aboriginal groups express a desire to design their own child welfare systems and, in some cases, to have their own child welfare law.

Funding: The federal government is responsible for all costs of child welfare services for Indian children on-reserve and who ordinarily live on-reserve. The Province is responsible for the costs of services provided by the Province to Indian children off-reserve.

Specific benchmarking information from Alberta

As noted earlier, there were some specific aspects of foster care in Alberta that were of benchmarking interest to this study. They are:

- The classification system for foster homes (with its implication for most aspects of care); and
- The FAST system for handling allegations of abuse.

These are now described in more detail.

The classification system

Classification of foster homes

One of the most significant innovations, according to a consultant's report for Alberta Family and Social Services, is the process of classifying existing foster homes into a skill continuum. 'Classification' is described as *the process by which foster parents are classified into an established continuum of skill development from basic fostering to para-professional skills.*

Classification of existing foster homes in the Province was seen as a necessary precursor to the full implementation of the foster care model into Alberta. In the model, foster homes are classified as one of three types: approved, qualified, or advanced. The classification reflects the qualifications and level of skills of the foster family. As well, foster families under any classification and having the skills or ability and interest, can provide specialized foster care to a child. The classification definitions are:

Approved Foster Care

This provides care for children whose problems can be resolved with quality care and specific supports and/or who have minor disabilities. The maximum number of children per home is three.

Qualified Foster Care

This provides care for children who require both developmental care and professional resources to resolve or meet the needs of a moderate disability. The maximum number of children permitted is three.

Advanced Foster Care

This provides care for children presenting serious emotional or behavioural problems, medical conditions, physical or mental handicaps who are at risk or requiring institutional care. The maximum number of children permitted is two.

Specialized Foster Care

This provides care for children with many problems that are frequent, intense and enduring who would normally require treatment in a residential treatment or nursing facility. These include children with extreme emotional/behavioural problems, severe psychiatric problems, or who are medically fragile. A maximum of one child is allowed.

There are also *Specified Foster Homes* and *Emergency Homes*.

Training, standards, expectations and support are associated with each stage of the classification continuum. Foster parents are compensated also in accordance with the skills and experience they have developed.

Progression through the skill continuum is optional, though it is mandatory for all foster families to attain the minimum classification 'Approved Foster Home'.

Classification of foster children

Foster children are likewise classified, so that when placement occurs, matching is more appropriately conducted to ensure the best degree of fit between child and home. The definitions according to the classification system are as follows.

Approved Foster Care

- Have mild, periodic emotional displays;
- Have difficulty interacting;
- Have limited knowledge of self-care or social routines;
- Resist trying new tasks and/or have a strong need to succeed;
- Have irregular/inappropriate eating habits/patterns; and/or
- Have mild developmental delays or medical concerns;

Qualified Foster Care

- Have moderate regular outbursts;
- Have difficulty following prescribed routines/expectations;
- Have difficulty with school;
- Act inappropriately sexually;
- Have difficulty accepting responsibility for actions;
- Be involved in some socially unacceptable activities;
- Be mildly enuretic/encopretic (involuntary passing of urine/faeces); and/or
- Be unable to complete basic health care without help.

Advanced Foster Care

- Have an established pattern of: socially unacceptable behaviour; sexually inappropriate Activities; sporadic school attendance and significant learning disabilities;
- Express suicidal ideation and/or tendencies;
- Have health concerns that might be psychologically/emotionally based;
- Need total care or support to complete daily tasks or routines and might be in a wheel chair;
- Lack speech so will need to use other forms of communication;
- Need routine para-medical intervention;
- Have difficulty understanding complex instructions/expectations due to learning problems or minor thought disorders.

Specialised Foster Care

- Have a substantial breakdown in socially acceptable behaviour;
- Have a chronic pattern of impulsive emotional displays;
- Act irresponsible and neglectful when unsupervised, causing harm to self or other;
- Be liable to sustain life independent of special machines and medical interventions;
- Be chronically depressed leading to frequent suicidal tendencies and attempts;
- Act bizarrely, offending and intimidating other: or putting others at substantial risk;
- Have inconsistent and strong responses to other people so that relationships are strained.

The classification system also has implications for training, matching and financial support

Training and the Classification system

Classifying foster homes according to this or probably any classification levels associated with the degree of care required and exercised will have implications for training. The following

information about the training implications has been extracted from a Departmental circular on the **Skill Continuum and Training** (April 1995).

Accepted Level

This is how foster parents are classified when they are first accepted into the foster care program. But general foster homes cannot choose to stay at this Level. Within two years, at least the primary caregiver needs to have taken APPROVED courses; (Specified foster homes can choose to stay at this Level yet must undertake APPROVED – training.

Approved level

- Mandatory for general foster homes;
- Curriculum offered September to December;
- Essential that primary caregiver complete training as classification based on this criterion;
 - primary caregiver can miss one (1) module and still graduate;
 - the foster parent will be automatically invited back to any missed module.

Qualified level

It is not mandatory for APPROVED Level foster home to proceed to the next level, but these people will be extended invitation to move to QUALIFIED TRAINING:

- Curriculum offered January to April;
- this takes into account;
 - a) completion of QUALIFIED Level Training;
 - b) at least one annual evaluation which is generally positive.
 - c) willingness to accept children profiling at this level.
- Essential that both primary and secondary caregivers complete training.
- Foster parent can miss one module and still graduate: s/he will automatically be invited back to missed module.

Advanced level

It is not mandatory for QUALIFIED Level foster homes to proceed further, but these people will all be extended an invitation to ADVANCED training:

- To be classified at this level foster families must:
 - (a) Have completed ADVANCED Level Training;
 - (b) Have had at least their second favourable annual evaluation;
 - (c) Be willing to accept children profiling at this level of need;
- It is essential that primary caregiver completes training;
- The foster parent can miss one module and still graduate foster parent but will automatically be invited back to a missed module.

Foster carers are also expected to compile 'learning inventories'. Forms for this purpose are handed out at end of each module. These *ask/expect* foster parents to integrate learning by setting goals. The complete/incomplete forms are a part of the annual evaluation process.

Training for those with handicapped children:

- Training for those with handicapped children is undertaken as a separate component. Foster carers who wish to undertake this kind of training (and care) are referred to Providence Child Centre (PCC); and
- PCC welcomes foster families at no cost.

Supplementary training may be undertaken and to qualify for recognition as having undergone supplementary training foster carers have to have undertaken a stipulated number of hours:

At APPROVED Level – parents require 6 hours
At QUALIFIED Level – parents require 9 hours
At ADVANCED Level - parents require 12 hours

Foster families can also be credited for:

- 1) Support group attendance which involves a formal presentation by a guest speaker;
- 2) Training via Education Committee, CFPA;
- 3) Training via PCC;
- 4) One-on-one training via Health Professionals, ie ACH Staff, PCC staff, etc. on care of handicapped;
- 5) In-home videos – on core training topics which are documentary in nature;
- 6) Books – on core training topics where foster parent can provide a written book review; and
- 7) Training via Treatment Foster Care curriculum circulated twice a year.

Matching and the classification system

Matching is related to classification. It is done to fit the child's needs and behaviours to the foster family's skills, experience, and environment. It involves input from the child, the child's family, the foster family, social worker(s) and significant others.

The classification system and financial support

With the introduction of the classification system, financial support arrangements were altered to reflect the different levels of expertise explicit in the classification system. Now there are two approved methods for financially compensating foster parents:

1. Basic maintenance rates (as described earlier in the chapter); and
2. Skill fees.

Skill fees are paid to compensate foster parents for their time and expertise. They are paid to foster parents on the basis of their training, experience and competency.

he amount correlates directly with the classification of the foster family concerned:

Approved - \$4.75 per day/per child (Maximum 3 children)

Qualified - \$10.50 per day/per child (Maximum 3 children)

Advanced - \$23.00 per day/per child (Maximum 2 children)

[These rates became effective April 1, 1998 - As at 4 April 2000, \$1AUS = \$0.87Can]

Process for handling allegations

The primary area of interest for this benchmarking activity was the handling of allegations of abuse within the foster care sector. As noted in an earlier part of this report (see chapter on abuse within the sector), an allegation of abuse levelled against a foster family or member of that family has devastating effects on both the relationship with the person making the allegation, and particularly on the alleged 'abuser'. As noted further, in Australia, a large number of foster carers believe they are treated as guilty unless and until evidence can be shown unequivocally that they are not. This means social isolation and a good deal of introspection and pain for those who are falsely alleged to have abused a child/young person in their care.

The benchmarking exercise was initiated with AFPA because of the reputation they had for having excellent support arrangements in place to support and help families that have had an allegation of abuse brought against them.

We have received the following printed information from Alberta:

- 1) Departmental advice CW612G *Guidelines for Investigating Allegations of Child Abuse and Neglect in a Department or Agency Foster Home*, 15/01/99;
- 2) Departmental advice CW557L *Allegation of Abuse*, 01/08/99;
- 3) An Alberta Foster Parents Association Paper *Preventing Child Abuse and Child Abuse Allegations*, 10/3/98;
- 4) Departmental Flyer *Having a Decision Reconsidered*, 06/97;
- 5) Departmental (?) advice *Child Welfare Appeal Panel Information*, no date;
- 6) Jointly prepared material with the Department, FPA, Group Homes and Residential Institutions involved: *Residential/Foster Care Child Sexual Abuse Protocols*, 10/97;
- 7) Handbook prepared by the Alberta FPA *Foster Allegation Support Team Manual*, Rev 09/97; and
- 8) Paper entitled *Pre-Placement Information*. (Unknown source, possibly part of larger guidebook entitled *Preventing Allegations and Abuse*, no date.

The **Guidelines and Procedures** material (1 & 2) proved to be very significant documents because they reveal the values and attitude of the provincial department towards foster carers in the event that an allegation is made. They contain a mix of formal procedure and policy position.

Some particular points noted are:

- Under legislation all allegations of abuse on a child are referred to the same investigating agency regardless of whether it is in a foster home or not;
- Foster Parents are viewed as an integral part of the team;
- Investigations are to be handled in a particularly sensitive, expedient and thorough fashion because of 'the nature of the work provided by the foster parents and the risk of allegation';

- As foster parents are team members, the investigations must be completed by a senior investigator;
- The investigator is not to be a worker assigned to the child and supervisor;
- The following information is stressed (bolded in the paper):
 - **Due to the nature of the work provided by foster parents they are at high risk of false allegations;**
 - **Foster home investigations can be very traumatic for the foster family as well as the foster children especially if children are removed from the home (remember that all foster children have experienced the investigation process when removed from their biological homes);**
 - **Foster parents who have had false allegations against them or have experienced poorly handled investigations, may be reluctant to accept future placements of children who have made allegations, children with difficult parental involvement or physically and sexually acting out children;**
 - **Foster parent investigations must be handled in a sensitive, expedient and thorough fashion and they need to be kept informed on the investigation process;**
- The investigation is to begin immediately and the family informed that an investigation is occurring. They are also to be advised about and encouraged to use the services of the Foster Allegation Support Team (FAST);
- During the investigation, the foster carer continues to receive support from their assigned Foster Care Worker, as well as the 'Resource Specialist' – 'the working relationship must be maintained in order to assist the placement resource (foster carer) through the investigation process. Contact will need to be enhanced during this process to ensure adequate support and information is provided';
- The foster carer is informed as soon as possible about the FAST – and a FAST representative can be present during the investigation interview(s);
- The purpose of the investigation is to ensure the safety of the child;
- If an agency foster carer is being investigated a letter is sent to the agency;
- A decision is made about the appropriateness of continuing to use the foster home as a resource;
- The Foster Care worker must, within 20 calendar days of the completion of the investigation, advise the foster family about the status of the home, the reason for decisions and the review/appeal procedure (This is to be presented to the foster parents in a letter.);
- The outcome of the investigation must be clearly explained to the child, the caregiver, the child welfare worker and the agency representative.

If there is an allegation of abuse made against a foster carer, and the allegation is not sustained, then the foster carer's legal costs are met as an *ex gratia* payment from the government.

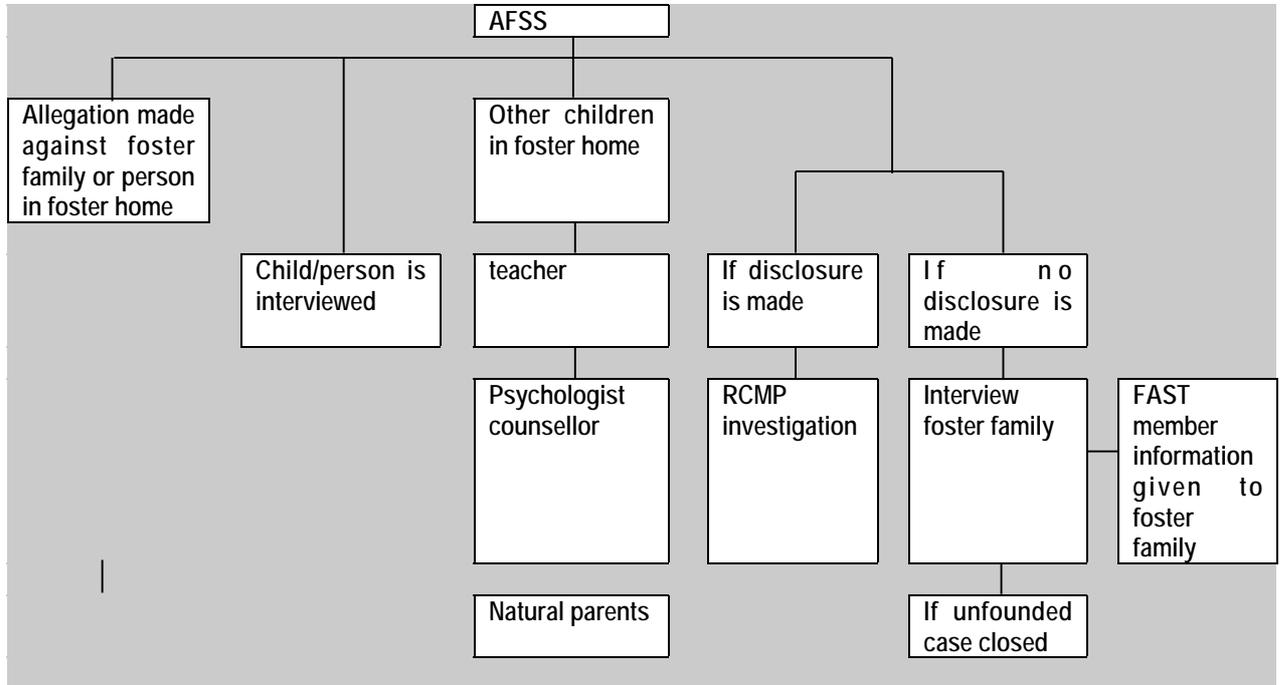
The Alberta Foster Parent Association provides the Foster Allegation Support Team (FAST) programme which is accessible to all foster parents within the province regardless of whether or not they are members of the association.

At present there are approximately 47 trained foster parents across Alberta who volunteer their time as FAST members. Their main function is to provide support to foster parents undergoing investigation. New members are recruited to the team and trained as need requires and annual maintenance training is provided to existing members. This has been a very successful program.

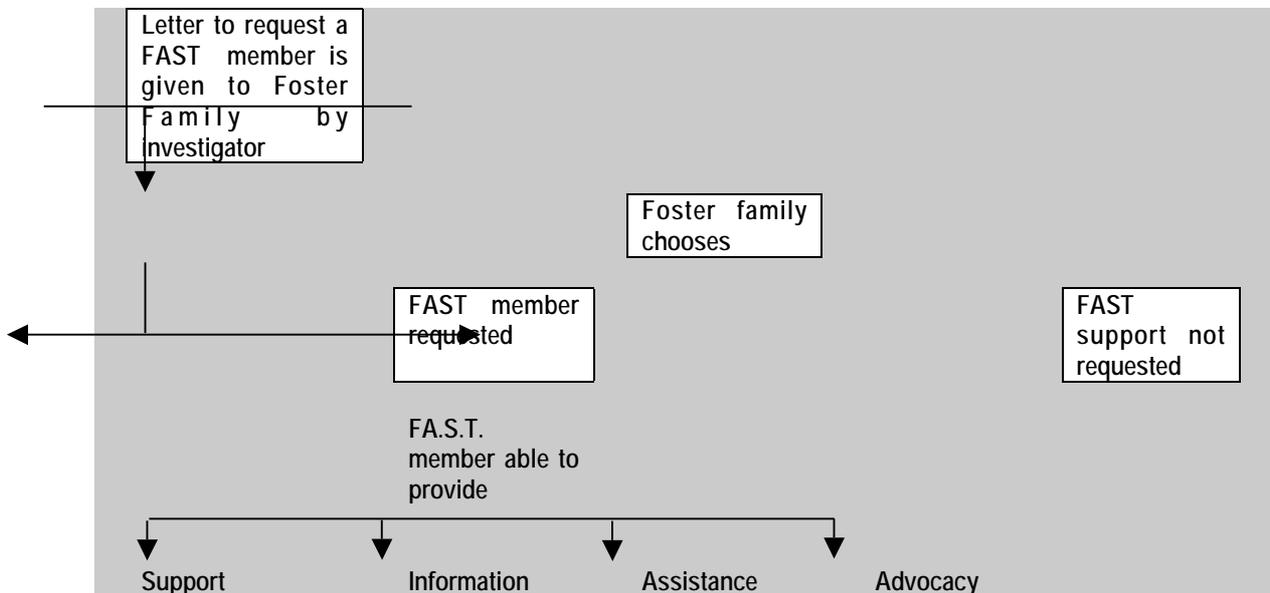
Material from the FAST handbook is provided here as the means of conveying how the support provision works. There is a comprehensive handbook for the members of the FAST team.

Three of the 'flow charts' provided in the FAST Handbook as appendices, and describing the process of investigation and the role of the FAST representative are reproduced here.

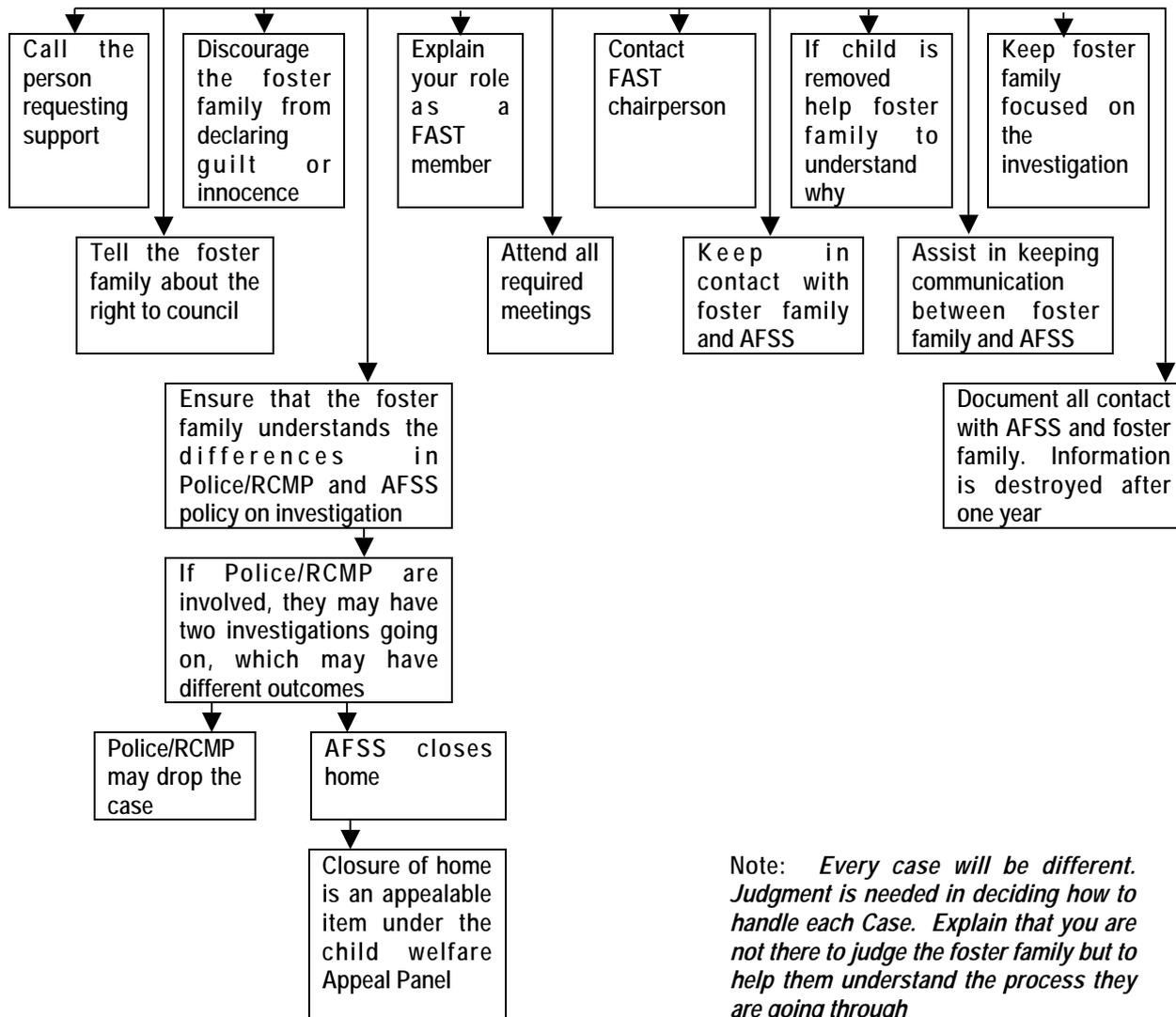
Investigation process



Foster family procedure



FAST members role



It is clear from even a cursory glance at these that the AFPA has gone to a lot of work to both build good relationships with the relevant department and the government 'workers' to have acquired such a good working relationship. They also have established a commendable support process to assist families through what is generally seen as a very traumatic experience.

Comparison between Australian and Alberta practice

In many respects the foster care sector in Alberta and in any one of the Australian States/Territories have much in common. Alberta, as a province of Canada with a population of 2.5 million, is perhaps more appropriately compared with an Australian State or Territory.

On the other hand, the structure and achievements of the FPA make it more like a national body in Australia. The structure of the FPA is similar to the Australian National Foster Care Forum, except that the latter is nowhere near as long or well established as the FPA. Furthermore it clearly has neither the resources nor the capability, at the moment, of working with government administration to develop the kind of mutually respectful association that pertains in Alberta.

The report provided earlier in this chapter was intended to highlight two areas of the Alberta foster care sector that might be well adopted, at least in principle, in Australia.

Classification system

- The move to a classification of foster homes and children in Alberta is a significant one. In Australia there is in most states/territories a classification system based more on the duration of care than any other principle. There is no doubt, of course, that children with high physical or emotional needs are placed with experienced and capable foster carers wherever possible. It is not implied that placements are done haphazardly or randomly in Australia but it is inevitable in systems where there are insufficient resources, that 'corners will be cut'. There is more than occasional evidence that foster carers have found themselves caring for children whose needs and circumstances stretch their resources to the limit and sometimes beyond it.
- It is important, however, for the sake of the children who need this out-of-home care, that they be placed in the most appropriate home. If they are inappropriately placed, the likely breakdown of that placement will add to the disadvantage of the foster child and cause trauma for the foster family.
- There would appear to be many advantages to be had from developing a more systematic and considered approach to the classification of children/young people in need and foster homes as a means to better matching of children and home.
- The implications for training, accreditation, monitoring, and financial support are also clear. The disadvantage is that with the implementation of such a system, the insufficient numbers of available foster carers is likely to become even more apparent than at present. The shortage of foster carers is discussed elsewhere in this report. Classifying foster carers is likely to reveal where the skill levels required to meet the needs in Australian foster care are deficient.

Allegations of abuse

Allegations of abuse are a very sensitive and complex reality in the foster care sector. Since governments have a legislated responsibility for children, particularly those under certain circumstances, then it is inevitable that governments will treat the protection of the child as their first responsibility. However, since the same governments are looking to volunteers in the community to provide homes and parenting to these children, the government also has a duty of care for the foster carers.

- The way allegations of abuse are handled in Alberta appear to stand in stark contrast to the manner in which allegations are handled in Australia. Every foster carer association in Australia will readily testify to the need for foster carers to have a 'better deal' when an allegation of abuse has been made against them. Associations, without fail, attempt and have attempted to give the support they can but are largely associations built on the further voluntary commitments of those who have already volunteered significant amounts of their lives.

- There are good reasons why the same workers who case manage the placement of foster children, and who also necessarily have frequent interaction with foster carers, should not be attempting to support and represent both parties when there is an allegation of maltreatment. In Alberta investigators must be independent. Because foster carers are regarded as part of 'the team' the allegation is handled by senior government officers. Foster carers are not left, as they often appear to be in Australia, to fend for themselves.
- The Foster Carer Association of NSW has probably done more than most other State/Territory associations to deal with the dilemmas of helping foster carers who are the subject of allegations. They have examined the material from Alberta and used some parts of it to develop their own unique support arrangements. Their Foster Carer Allegation Support Team (CAST) appears to be a concept under development, primarily languishing for lack of resources – in contrast to the successful implementation in Alberta.
- It is clear that the ideals embodied in the Alberta FAST arrangements can only be achieved with very widespread cooperation of the various stakeholders in the sector. Support of the impartial kind that is most needed by foster carers at such a stressful time, is going to be met as much as anything by changed attitudes. The flow of legitimate information in Australia does not appear to be as free as it is in Alberta, with the result that foster carers and their families in Australia feel effectively cut off from everyone that is close to the issues involved.
- The level of anxiety surrounding allegations of abuse in Australia is such that it cannot be ignored. It is having a deleterious effect on the foster relationship (suspicion and overly cautious record keeping) and creating resentment towards government administrators and causing people whose role in fostering is extremely valuable to leave the scene.
- The Alberta model seems to have much to commend it, and we would hope that resources might be freed up to develop appropriate support provisions for foster carers under the cloud of an allegation of abuse.

Benefiting from the benchmarking

The Alberta benchmarking highlighted two possible areas where gains might be made for the foster carer system in Australia. The current classification system used in Australia relates to temporal dimensions of foster care, and seems to have little real impact on foster care processes or decisions.

The Alberta system is applied to both children/young people needing care and foster carers who are available to provide care. It has impact on training, accreditation, financial assistance and importantly, the matching process.

Recommendation 12

That as part of any overall review of foster care in Australia, the possible benefits of the Alberta classification system be examined for potential application in Australia.

The other area of the Alberta foster care system from which Australian foster care can benefit is the way in which allegations of abuse are handled. The Alberta system is pervasive in the sense that it covers both attitudes (foster carers are part of a professional team and need to be respected) to procedures for dealing with allegations.

Recommendation 13

That revision of the structures, processes and practices concerning allegations of abuse in care in Australia, be revised so that they reflect standards and practice that are nearer to the good practice standards pertaining in Alberta, Canada.

10 A Way Ahead for Foster Care in Australia

The purpose of this final substantive chapter in this report is to consider some directions in which the sector might be developing and how it might be assisted in achieving some improved outcomes.

Early in this report the background and emphases of the funding program under which this study has been conducted were elaborated. Some of these are reproduced in point form here as a reminder of what was intended in the funding programme and the broader 'families strategy':

- 1 The Commonwealth Government had allocated funds in the 1998 Budget for a range of *projects that fit within the Commonwealth's role in child abuse prevention and parenting support*;
- 2 The particular kinds of projects being sought were those that would effectively strengthen families and support parents ...*assist in reducing the incidence of child abuse in Australia and in building stronger families with improved coping mechanisms*;
- 3 Further, the hope was expressed that *the projects will foster improved parenting practices which can have a significant impact on the development of children's emotional and behavioural problems and on enhancing children's resilience*;
- 4 Even more specific foci were identified *inter alia*:
 - Child abuse prevention and parenting strategies for diverse communities or specific populations; and
 - Projects which increase community awareness about the impact of child abuse and neglect, promote discussion of national issues of importance for the protection and well-being of children and increase knowledge about parenting issues;
- 5 Further the newly emerging Coalition Government's *Families Strategy* appeared to be reinforcing certain principles:

The Commonwealth will work cooperatively with State and Territory Governments and community organisations to develop a national framework to support and strengthen families. Over the next 12 months the Commonwealth has committed itself to:

- *Enhancing the effectiveness of early intervention and preventative programmes; and*

- *Providing information to service providers, families and the wider community about the availability of these programmes.*

The first step will be to develop a policy framework incorporating family and community approaches to preventing family breakdown.

The strategy will also draw together and better link existing programmes across all levels of government and work closely with the community and business. It will build upon new Commonwealth Government commitments in the areas of:

- *Relationship skills and education programmes, including new initiatives targeted at men;*
- *Child abuse prevention and better parenting strategies;*
- *Domestic violence prevention;*
- *Crime prevention;*
- *Youth homelessness prevention services;*
- *Family Law dispute resolution;*
- *Key income support payments for families;*
- *Innovative Centrelink service delivery strategies; and family research.'*

(Newman, 1999, p. 1-5)

With these intentions and principles brought to mind, this report now focuses on actions that might be taken to ensure that the foster care sector in particular gains from the funding investment in this study.

Review of the foster care sector

It is perhaps presumptuous to attempt a descriptive summary of the foster care sector as a whole on the basis of one quite limited study. The report does so, however, because it seems important that strategic overviews of the whole sector be attempted, particularly since the Commonwealth Government, by tradition and agreement, has somewhat broader interest and involvement in the provisions of children's services in Australia.

The view formed in the course of this study, is that the foster care sector as a whole is highly fragmented, somewhat confused about its purpose, seriously under-resourced, demoralised and discordant, and in need of urgent attention. This may seem a very negative and even harsh conclusion to draw. It is not done in ignorance of the many good things that are being done 'out there'. The perception is that where good things are being done and achieved it is because of the outstanding work of certain individuals and despite the weaknesses and inadequacies of the foster care system, its structures and processes.

The foster care sector is a very important part of our community because it is the primary means by which infants, children and young people who have had a bad start in life, have a chance to compensate for that bad start. The evidence is strong that if good compensatory provisions are not made for such children, their futures may well be far below potential and that instead of being an asset on society's ledgers, they will be a liability.

That as many children have come through the system successfully as have, is a credit to themselves and the foster carers who have given so much of themselves to provide positive and loving substitute parenting. But because of long-held views about foster children and about foster carers, there is still a lot to be done about improving community attitudes and government provisions so that foster care becomes the effective, quality support service that it could be.

States are currently implementing or developing new legislation to address many of the issues mentioned above. This period of change appears to be an ideal opportunity to work towards a more integrated national approach.

Reviews in New South Wales (Community Services Commission 2000), Victoria (Carter, 2000), Tasmania (Ransley, 2000) and South Australia (Barber, In press) have all independently drawn attention in unequivocal terms to the failings of the foster care sector in those States. Foster carer criticism of government administration is widespread. It is not the prerogative nor desire of this report to add more criticism to those departments and individuals who are involved in foster care provision.

Systems are straining under a lack of resources, a lack of adequate support for carers (and their families), a lack of effective and efficient policies, procedures and infrastructure. The whole system appears to be heavily blighted by discordant relationships and a lack of co-operative approach. The strength and extent of the negative comments made in all parts of the sector leads to the inescapable conclusion, that there are attitudes and practices prevailing throughout the sector that are not conducive to professional foster care provision in this country.

It is acknowledged that there are resource issues for government administrations, and that foster care is but one of many responsibilities for departmental officers to handle. The low priority accorded foster care by some officers, can be seen though, to be a root cause of many of the criticisms levelled at governments and agencies by foster carers. It seems that, as the Community Services Commission (2000) has concluded, *the failure to quarantine substitute care* is a significant factor in the poor state of foster care throughout Australia.

While there may be a good case to be made for saying that workers and administrators are under significant internal pressures, the conclusion has to be drawn that the onus is on governments to address the issues of building bridges – if only because the care of children is ultimately a responsibility vested in government by the community at large. It is important for the sector that a lead is given, and that other stakeholders respond.

The Commonwealth Government, in the context of its *Stronger families and Communities* agenda, could make a significant contribution to addressing many of the foster care sector's systemic problems.

The report has described what is perceived to be the major needs in the sector at this point in time. Some of these needs may be considered issues that could and should be addressed by the Commonwealth Government of Australia. Others will be seen as State/Territory responsibilities. Yet others might be considered the proper responsibility of non-government providers or associations of carers. In some instances legislative responsibility and duty of care render it obvious as to where responsibility lies.

At the same time, it does not require a great deal of insight in a sector such as this where there are multiple primary stakeholders, to recognize that concerted effort by a combination of those

stakeholders will produce by far the best solution. In the course of this report, it has been argued that foster care is a complex system of interacting processes and stakeholders. A comprehensive approach is called for if the system is to fulfil its role effectively and efficiently.

It was opportune that the *Report and Recommendations of the UK Joint Working Party on Foster Care* became available in the writing this report. Many of the issues raised in the report of that working party both reinforce and take further the issues this report has encountered in Australia and sought to bring into open discussion. Indeed, it would seem eminently sensible that to the extent necessary, negotiations should be opened with the National Foster Care Association in the UK, and other stakeholders in the Joint Working Party in order to use work that they have done.

A role for the commonwealth government

The recommendations listed in this report require a cooperative approach of the Commonwealth and State/Territory Governments and Community Organizations working together for significant improvements to occur in the foster care sector.

There is a need for one partner to assume a leadership role in initiating and maintaining the work required to achieve this Working Together approach. While the Australian Foster Care Association would be happy to be involved in a leadership role, it is more appropriate for the leadership to rest with the Commonwealth.

The Commonwealth and State Ministers Advisory Council is the important body to ensure that national action is agreed to and implemented. However, input from community organizations is critical and a means of achieving this needs to be developed. A round table meeting would be a way of commencing this process and such a meeting would provide the opportunity for the Commonwealth Minister to make a statement on foster care before the meeting takes place and to make a joint statement after the meeting.

Recommendation 14

That the Commonwealth and State Ministers Advisory Council (CSMAC) host a round table for representatives of peak national bodies predominantly involved in foster care, along with senior Commonwealth and State/Territory representatives, to discuss the recommendations of this report and to plan for action to occur.

Research and development

Almost every chapter in this report has touched on issues that could benefit from research. There is a general lack of research in foster care throughout the world, but it is worse in Australia. There are a few notable instances of people who are seeking to redress this situation, and there is a scholarly publication in which relevant research is being reported. What is always needed, however, for any research to take place is funding. The provision of funding will not only stimulate research but it can direct it to the most important areas.

Some suggestions of urgent research need are:

- Breakdown of foster family relationships;
- Abuse in foster care;
- Legal processes;
- The relationship between foster and kinship care and the juvenile justice system;
- The relationship between out-of-home care and the justice and mental health systems in later years;
- International advances in foster care;
- Core competencies required for successful foster caring;
- The contribution of volunteer foster carers to the Australia society; and
- The case for a separate National Indigenous/Ethnic foster care policy and provision.

Recommendation 15

That governments commission and/or fund appropriate research into foster care as a means of further development of foster care in Australia.

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Appendix 1: Recommendations of the UK Joint Working Party on Foster Care

1. The status and profile of foster care

We are greatly encouraged by recent government initiatives and the commitment of additional resources to foster care. However, we feel that Government must do more to translate expressed concerns into action and to give a lead to modernisation and improved quality of the foster care service. We see a need for national information and publicity initiatives to help create a positive climate in which authorities can recruit new foster carers. Such initiatives should seek to raise the status and profile of foster care and underpin improved recruitment and retention of foster carers. Linked with this, Government also has a role to play in resourcing national recruitment campaigns making direct appeals for new foster carers.

Recommendation

Government, in partnership with the Association of Directors of Social Services (ADSS), the Association of Directors of Social Work (ADSW), and relevant voluntary organisations, should give high priority to developing national and regional information and publicity initiatives to underpin the recruitment of foster carers. These initiatives will need to be well-researched, professionally developed and adequately resourced. They should concentrate on highlighting the needs of children who are fostered, raising the profile of the foster care service and the status of foster carers and stressing the skills required to do the job.

Government should plan and fund national recruitment campaigns to attract new foster carers.

2. Adequate resources to ensure the future of foster care

We concur with the view of the Health Select Committee that Government must ensure that authorities are properly resourced to provide good quality foster care services to consistent national standards. We were disappointed to see that the Government's response to the Health Select Committee report on children looked after by local authorities failed to take the opportunity to make additional resources available to protect the future of the foster care service. In particular, the Department of Health, and government administrations in Northern Ireland, Scotland and Wales, must investigate the level of resources required to upgrade the rewards on offer to foster carers in order to make this an attractive task for those with the right skills and experience.

Recommendation

Government should investigate the levels of reward and support required to recruit and retain sufficient foster carers to ensure adequate placement choice for children and young people – and ensure that local authorities and health and social services boards and trusts (Northern Ireland) are sufficiently resourced to provide such placement choice.

Ensuring consistent quality standards in foster care

3. *Independent advice on children's services*

We support the call in the Health Select Committee report for a new independent group to advise the Government on a national strategy for children's services. Recent attempts to provide advisory committees within the Department of Health have not proved effective. A group broadly reflecting the stakeholders in children's services (including representatives of the wider public) and concerned with children in need as well as looked after children, should be established, with an independent chair appointed by the Secretary of State. This group should be required to report annually to the Secretary of State, who would lay its report before Parliament, thereby providing the opportunity for occasional debate of these important issues.

We urge the Scottish Parliament and the National Assemblies in Northern Ireland and Wales to ensure access to similar independent advice on national strategies for children's services.

Recommendation

An independent advisory group on children's services should be established with an independent chair, appointed by the Secretary of State, to report annually to Government on services to both children in need and children looked after in public care.

4. *Improved information Systems*

More must be done at a central level to produce statistics and information specific to foster care. Information provided by completion of the *Looking After Children* (LAC) forms should enable the Department of Health and devolved national government administrations to produce statistics relevant specifically to foster care services. We welcome recent pledges to support the development of management information systems within children's services.

Recommendation

Government should give priority to producing statistics specific to foster care services, developing the necessary information systems to produce these, and supporting and encouraging authorities to develop their own information systems to inform and provide essential data for central collation.

5. *Greater investment in research*

Investment in research into residential care, although moderate, has greatly exceeded investment in research into foster care, despite the much larger proportion of children now fostered. A number of new initiatives are now underway which will go some way towards addressing this imbalance, but many key issues in foster care, including placement choice for children and recruitment of foster carers, remain under-researched.

Recommendation

Government should give priority to funding new research initiatives on key issues in foster care.

6. *Child protection*

The Joint Working Party welcomes and supports recent initiatives announced in response to Sir William Utting's report on the safety of children living away from home in England and Wales and Roger Kent's parallel report in Scotland. We also welcome the evaluation of residential services for children undertaken in Northern Ireland (*Children matter: A review of residential child care services in Northern Ireland*, 1998). The Joint Working Party has taken an active role in improving child protection procedures through its work in drafting a new Code of Practice on the recruitment, assessment, approval, training, management and support of foster carers.

Recommendation

Each authority in England should adopt the Code of Practice on the recruitment, assessment, approval, training, management and support of foster carers, produced by the UK Joint Working Party on Foster Care, to ensure adequate priority is given to the safety of children it places in foster care. The Scottish, Welsh and Northern Ireland Offices should consider the applicability of the Code of Practice for their own authorities.

7. *Private foster care*

One area raised particularly in the Utting report is that of private fostering arrangements (i.e. children placed privately by parents with strangers). These arrangements remain an area with high potential for abuse and neglect of children and, as such, must be taken more seriously by Government. Those regulations that do exist are seldom enforced. New measures are urgently required. These should include registration of foster carers and should be subject to independent inspection by the proposed regional and national inspection agencies. We welcome the lead taken by Scotland over the issue of inspection in its White Paper *Aiming for Excellence*.

Recommendation

Government should investigate, as a matter of urgency, the extent of private foster cared arrangements and the quality of care being provided. If, as anticipated, the standards revealed are not satisfactory, it should then bring forward legislation at the earliest opportunity to introduce registration of private foster carers and regulate and monitor private fostering arrangements. It should also provide necessary resources required by authorities to enforce such legislation and regularly inspect to ensure its enforcement.

8. *Independent fostering agencies*

The rapid growth of independent fostering agencies, involving a range of charitable, not-for-profit and profit-making organisations, is another area of concern in the absence of a regulatory framework. The Joint Working Party welcomes the commitment in the White Paper, *Modernising Social Services* (England) to introduce regulation and inspection of these agencies, but we note with great concern that no time has yet been allocated to bring forward the necessary legislation to enforce these recommendations. Early introduction of these arrangements throughout the UK is essential to protect the interests of vulnerable children.

Recommendation

*The Department of Health should seek parliamentary time for a new social services bill based on the recent White paper – **Modernising Social Services** – at the earliest opportunity, including the introduction of regulation and inspection of all fostering agencies and services.*

Government administrations in Northern Ireland, Scotland and Wales should seek to introduce similar legislation at the earliest opportunity.

9. *Placement through other agencies*

Where authorities are purchasing foster care services from other agencies, including voluntary and new independent agencies, this should be considered as part of an overall commissioning strategy rather than as a last resort or for emergency placements.

Recommendation

Each Authority should review its use of other agencies for foster care placements and ensure these are made in the context of a carefully considered overall strategy seeking best placement choice and best value, rather than as a last resort.

10. *Inspection of fostering services*

The National Standards for Foster Care will need the full support of central government if they are to have the desired impact in improving the quality and consistency of foster care services. They should provide the basis for compulsory inspection of all fostering services provided by local authorities, health and social services boards and trusts (Northern Ireland), voluntary and independent agencies.

Recommendation

All regulation, inspection and monitoring of fostering services, whether these services are provided by local authorities, health and social services boards and trusts, or voluntary and independent agencies, should use the National Standards for Foster Care as a measure of the quality and consistency of service provided.

11. *Devolved government*

It is vital to ensure that the devolved Governments in Northern Ireland, Scotland and Wales give priority to children's issues. We urge the devolved Governments to place foster care high on their agendas. In particular; we urge them each to consider introduction of relevant initiatives to promote improved quality of foster care services and better outcomes for children at the earliest opportunity.

Recommendation

Governments in Northern Ireland, Scotland and Wales should consider introducing initiatives to promote improved quality of foster care services and better outcomes for children at the earliest opportunity.

12. *Smaller authorities*

Local government reorganisation and the creation of smaller unitary authorities is causing problems in terms of economies of scale. This is particularly apparent in parts of Scotland and Wales. It applies to areas such as recruiting, approving and training a suitable range of foster carers. In order to provide consistent standards of foster care services, smaller authorities also need to ensure availability of the same knowledge and expertise within their staff complement as larger authorities. Their special circumstances should be recognised in government funding arrangements. Government should encourage and support joint regional initiatives and resource sharing by smaller authorities.

Recommendation

Government should give particular attention to the needs of smaller and new unitary authorities and ensure they are properly resourced to meet national quality standards for the provision of foster care services.

13. *The authority's role as corporate parent*

The Joint Working Party welcomes the Secretary of State for Health's recent letter to elected members of English local authorities, stressing their responsibility as corporate parents of children in public care and their important role in the scrutiny of standards of children's services. All authorities must take their role as corporate parent more seriously. This means greater involvement of elected and appointed members, closer links between social services and other professionals in areas of health, education and housing, and allocation of sufficient resources to ensure standards in foster care are met and maintained.

Recommendation

Elected members of local authorities in England, Scotland and Wales, and executive and non-executive directors of health and social services boards and trusts in Northern Ireland, should ensure they receive regular and comprehensive information on the quality of foster care provided for children looked after by their authorities. They should scrutinise their foster care service to ensure it meets fully the National Standards.

14. *Adopting National Standards*

If the National Standards are to make a genuine impact on the quality of foster care throughout the UK, authorities will need to acknowledge and use them in planning and monitoring services. Each authority should audit its fostering services against the National Standards, identify where there are shortfalls in its provisions and specify how it will plan to address these.

Recommendation

Each Authority should carry out an audit of its foster care services against the National Standards within one year of their publication; this audit should identify shortfalls and include a

strategy for achieving the standards within a further two-year period.

15. *Emergency placements*

The issue of emergency placements should be addressed by all placing authorities. Far too many placements are described as 'emergencies' and undertaken without proper assessments, care planning or appropriate matching of children with foster carers. This departure from regular procedures is justified by attaching the label of 'emergency' to the placement. In fact, the children placed in such circumstances - and their families - have often been well known to social (work) services for some time. Some of the preparation and care planning work could, in many cases, be undertaken in advance and/or placement delayed to allow this important process to be completed properly.

Recommendation

Each authority should review its classification of 'emergency' placements, define carefully the criteria accorded to such placements, monitor closely the use of emergency placements and seek to reduce them to a minimum.

16. *Social work training*

Far too little attention is given to issues of placement choice for looked after children and - specifically - to foster care, in training and qualification courses for social workers. The bodies succeeding the Central Council for Education and Training in Social Work (CCETSW) throughout the UK must ensure that specific modules on child development and foster care are included in all national qualification courses for social workers. Much more time must be allocated to ensure all social workers have a clear understanding of foster care and the role of foster carers, particularly now that foster care accounts for the majority of placements for looked after children.

Recommendation

The Secretaries of State should intervene to ensure that much more time is allocated to gaining a thorough understanding of foster care and the role of foster carers in all national qualification courses for social workers.

17. *Common terminology*

A lack of common terminology in the classification of foster care placements is a cause of considerable confusion and is detrimental to the establishment of meaningful statistical data on the use and impact of the foster care service. We urge central government to support and promote the common terminology proposed by the Joint Working Party. Further confusion is caused by the wide variety of naming of units, posts and functions within foster care services.
Placement choice for children and young people

Recommendation

Government bodies should adopt and promote through all authorities and other agencies involved in provision of foster care services the following standardised terminology for classification of placements:

- *Short term – lasting up to three months*
- *Intermediate – lasting up to two years*

- *Long term - indefinite*

Placement choice for children and young people

18. Improving placement choice

Children and young people sent a clear message that they want to avoid frequent moves, stay at the same school and (almost always) in as close contact as possible with family and friends. It is a very high priority for them for brothers and sisters to be placed together wherever possible. All these views, together with their desire to feel comfortable in a placement which reflects their own background and experience, can be linked with a need for a careful assessment of each child and suitable matching of placements, for which a greater element of placement choice is essential.

Improved placement choice is the key to better matching and reduction of placement disruptions and damaging moves for children and young people. Addressing the need for greater placement choice will require renewed emphasis on both recruitment and retention of foster carers, and on robust and properly resourced arrangements for the use of inter-agency placements.

Recommendation

Each authority should give priority to developing greater placement choice for children, with particular emphasis on the need for local placements, for placing sibling groups together and for maintaining a range of foster carers which reflects the ethnic, cultural and language background of children looked after by the authority

19. Relatives and friends as foster carers

Placement choice could be further enhanced by more consistent application of the Children Acts/Order provisions for giving priority to consideration of relatives or friends as foster carers for children looked after by public authorities. There is evidence to suggest a higher success rate for such placements. They should be seen as a positive choice to meet the assessed needs of the child, rather than a choice determined by resource considerations. Where an authority assesses relatives or friends as offering the best placement option for a child, and the authority decides it should remain involved in provision of care, adequate support should be offered to ensure the relatives or friends do not become 'second-class' foster carers. A focus on this area could assist authorities looking to reduce placement moves for children.

Recommendation

Each authority should review its use of relatives and friends as foster carers for children it is looking after as a way of supporting children within their community and preventing placement breakdowns. Clear objectives should be agreed for each placement together with support, including financial support, required by the foster carers. Where a child cared for by relatives or friends is – or becomes – looked after by the authority, the National Standards and the Code of Practice for a foster care placement should apply, the exception being that the foster carers may be assessed and approved as foster carers only for a specific named child.

Recruitment and retention of foster carers

20. *Recruitment skills*

Recruitment is an activity almost constantly underway in every authority, resulting in endless duplication of effort. It is an area that lacks central or regional co-ordination and leadership. It is also an activity requiring skills primarily in areas of marketing, mass communication and personnel recruitment - but it is carried out almost exclusively by social workers, who lack training and expertise in these areas.

Recommendation

Each authority should consider the skills needed to design and implement effective foster carer recruitment campaigns and ensure these skills are available and utilised.

21. *Monitoring and evaluating recruitment campaigns*

Perhaps because recruitment of foster carers is seen as outside the normal field of social work skills, the one area where it would benefit from good social work practice is usually overlooked. Little research exists on what does and does not work in recruitment. Few authorities record what messages/channels of communication prospective foster carers respond to, what proportion of respondees are eventually approved and what proportion from which initiative stay longest or leave earliest, or why they leave.

Recommendation

All foster carer recruitment campaigns must be informed by effective research, monitoring and evaluation.

22. *Supporting foster carers*

Consultation with foster carers reveals a group feeling under-valued, under-supported and under-rewarded. Foster carers who give up quote the tremendous demands they face in managing behaviour; recording information, attending meetings and supporting children at school -or often out of school (because of the numbers of fostered children excluded from school). Coupled with fears of unfounded allegations of abuse and the lack of financial rewards, many feel it is impossible to continue.

Recommendation

Each authority should include, in its agreement with each foster carer:
Clear expectations of the task to be performed and training to be undertaken;
Clear information on the allowances, reward payments and support provided by the authority;
Details of specific insurance cover and/or compensation payments provided by the authority against all damage and risk exposure linked with the fostering task;
Details of respite care to be made available to allow the foster carer to take holidays or short breaks from the fostering task, without loss of allowances or reward payments.

23. *Continuity of support*

Continuity of support and care planning was an area of considerable concern raised by foster carers during the consultation process. The high number of part-time posts and high staff turnover among authority social workers leads to frustration and a sense of isolation for both foster carers and the children they care for. This is an important issue for authorities to consider in the management of their foster care services.

Recommendation

Each authority, in planning the management strategy for its foster care service, should consider carefully the impact of high staff turnover and frequent use of part-time posts on the quality of support available to children and young people and to foster carers.

24. *Rewarding foster carers*

Social changes have severely reduced the range of available foster carers from traditional family settings (two-parent - only one in paid employment) who could afford to offer foster care as a service to the community. Responses to *What cost foster care?* a discussion paper produced as an appendix to the National Standards consultation document, suggest overwhelming support among foster carers and majority support from all other sections of the service, for moving towards greater professionalism in foster care, with fee-based schemes recognising and rewarding foster carers' skills. Though the mix of fee-paying and non-fee paying schemes may differ between authorities, without this change in emphasis, it is difficult to see how the foster care service can recruit a sufficient range of foster carers to offer the placement choice essential to meeting the assessed needs of children.

Recommendation

To ensure development of a wide range of placement options, each authority should consider introducing fee-paying schemes based on foster carers' skills, to aid recruitment and retention of foster carers.

25. *Pension rights*

One specific area which epitomises the low status afforded the work of foster carers is their failure to qualify for pension rights. The Joint Working Party was very disappointed to note that the 'foster carers' pension', proposed in the recent pension review, does not appear to apply to foster carers.

Recommendation

Government should give high priority to ensuring access for foster carers to a national pension scheme in legislation brought forward as a result of the recent pensions review.

26. *Scottish regulations*

The Fostering of Children (Scotland) Regulations 1996 preclude any two unrelated adults of the same gender; who live in the same household, from fostering. This prevents some potentially suitable people from being assessed to foster. If an approved single foster carer allows a long-term foster child of the same gender as her or himself, who has reached adulthood, to continue living in the household, or invites an unrelated adult of the same gender to move in, this leads to automatic termination of her or his approval to foster. This can result in not only the loss of skilled experienced foster carers, but also to enforced moves for children in successful foster placements. This is often not in the best interests of the children and therefore conflicts with the authority's duty under Section 17 of the Children (Scotland) Act 1995 to make the child's welfare of paramount concern. This could be overcome by amending Scottish law in line with regulations already in place in the rest of the UK.

Recommendation

The Scottish Parliament should review urgently regulations preventing unrelated adults of the same gender from fostering, in light of both the duty to make the welfare of children paramount and the need to retain experienced and skilled foster carers and recruit a broader range of foster carers.

Listening to children and young people and respecting their rights

27 Reducing the stigma

Children and young people in public care want to be treated just like their friends. They do not want to be singled out for special treatment, stigmatised, felt sorry for, or to spend unnecessary time in frequent meetings (where often they feel uncomfortable, unclear of their role and unable to participate effectively). One striking source of complaint from children and young people was the need for police checks to be carried out on the family of any friend with whom they were invited to stay the night. Many authorities appear to have given both children and young people and their foster carers the impression that there is a statutory duty to carry out such checks. In fact, permission for overnight stays could be delegated to the foster carer without the need for police checks. Clearly this is an area where responsibilities for children's safety must be taken into account, but the views of the young people themselves should not be ignored. We make a plea for common sense to prevail in such decisions, based on the normal actions of a prudent parent.

Recommendation

Each foster placement agreement made between the authority and a foster carer should include, among areas of delegated decision-making, parameters within which the foster carer can agree overnight stays for the child at other people's homes, dependent on the assessed needs of the child.

28. The sons and daughters of foster carers

The high number of responses received from the children of foster carers indicates an unrecognised strength of feeling among them that their views are not sufficiently considered. Their family's decision to foster clearly has considerable impact on them - and they also have a role to play in ensuring the quality of foster care provided in their home. There is much to be gained by involving the sons and daughters of foster carers more in the assessment, approval and preparation process, in training and in opportunities to share their views and concerns with their peers.

Recommendation

Each authority should ensure that the sons and daughters of foster carers are adequately involved when foster carers are prepared, assessed and reviewed. Their views should be recorded and considered. They should be provided with opportunities to meet with the children of other foster carers to discuss and consider their role in the provision of foster care.

APPENDIX 1 RECOMMENDATIONS OF THE UK JOINT WORKING PARTY ON FOSTER CARE

29. *Compensation claims on behalf of looked after children*

Authorities report pressure from their insurance companies when compensation claims on behalf of children they are looking after are being considered. This should be resisted and all legitimate claims pursued rigorously.

Recommendation

Each authority should ensure that its insurance cover does not preclude pursuit of compensation claims on behalf of children it is looking after. Authorities should resist any pressure from insurance companies to refuse information to applicants wishing to pursue such claims.

*Appendix 2: Additional Data from the Foster Carer Survey.***Table 44** Number of respondents by state, with access to a 24-hour help line

	Yes	No	No response	Totals
NSW	179(77%)	41(18%)	12	232
QLD	81(85%)	11(12%)	3	95
VIC	64(84%)	11(14%)	1	76
WA	118(77%)	22(14%)	14	154
SA	134(88%)	17(11%)	2	153
TAS	26(58%)	17(38%)	2	45
ACT	30(79%)	7(18%)	1	38
NT	7(78%)	2(22%)	0	9
Not stated	7	1	2	10
<i>Totals</i>				812

Table 45 Additional sources of support used by foster parents

Other sources of support	Total
Association(s)	19
School counsellor/teacher/special ed teacher	17
Medical: GP, paediatrician, early intervention centre, physiotherapist, speech therapist, occupational therapist, community health workers, clinic	9
Agency	7
Respite support	7
Professional counsellors, psychologists	6
Friends, neighbours, workmates, workplace	6
Church	5
HACC (Disability); disability teams/services	5
Natural children	4
Condition-based support groups	4
Children's hospital	3
Police	3
Community service groups/agencies	3
Spouse	3
Home care	2
Extended family	2
Foster children's parents/families	2
Department	1
Temp care	1
Network	1
Local council	1
Youth workers	1
Other foster carers	1
Aboriginal Child Care Agency	1
Foster carer advocate	1
Camps	1

The following table separates out the responses from, though the separation, in fact, makes little difference to respondents' evaluations.

Table 46 Respondent perceptions of the quality of support received from their associations separating agency foster carers and government foster carers

Rating	Agency foster carer	Government foster carer	Both	No response
Extremely good	60(19%)	73(17%)	5(22%)	10
Very good	102(33%)	123(29%)	7(30%)	11
Average	76(24%)	114(27%)	4(17%)	8
Very poor	17(5%)	33(8%)	1(4%)	2
Extremely poor	11(4%)	17(4%)	4(17%)	5
No response	47	67	2%)	13
<i>Totals</i>	313	427	23	49

Table 47 Support that respondents believe they should get but do not get

Support 'needed but not provided'	Total
<i>Resourcing issues</i>	
Payment/reimbursement for real costs	60
Adequate subsidies/advice on same	60
Easier access to professional services	24
Understanding/dealing with difficult teens	14
Reading materials/new ideas/new resource material/updated material	11
Other foster carer support/mentoring, including Foster carer performance feedback	9
<i>Formal departmental issues</i>	
Departmental provisions, interactions, access availability, openness and trust	102
Improved response time from workers	47
Better information about children	36
After-hours support	29
Team work on caring	29
Case management improvement	11
Commonwealth issues – HCC	8
Direct phone lines to workers	5
Long term planning	4
Case conferences	3
Initial set-up/establishment of placement – information and honesty	3
Joint foster carer-worker training and involvement in whole system	2
<i>Children in care issues</i>	
Schooling issues	12
Better/more contact between worker and child	3
<i>Relief</i>	
Respite/crisis support	54
Paid babysitting/ School holiday/after school support	18
Emergency crisis help, including home help in emergencies	10
<i>Own health and safety issues</i>	
Emotional support	11

APPENDIX 2 ADDITIONAL DATA FROM THE FOSTER CARER SURVEY

Medical emergency	2
<i>Justice Issues</i>	
Unbiased mediation in general and during investigation of abuse allegation	8
Rights and entitlements of foster carers/KIC	11/3
Legal support to defend selves against the department in cases of injustice/maltreatment/abuse	3
Misrepresentation of allegations of abuse and inability to correct the record	2
<i>Professionalism issues</i>	
Recognition of foster carers – having foster carers' input accepted and acknowledged	37
Respect, consideration for whole family, including support for foster carers' own children	10
Opportunity to debrief properly/ counselling to cope with difficult kids, crises, abuse reports, trauma	8
More trust of foster carers – less accusations, honesty by department, more encouragement	5
<i>Relationship issues</i>	
Transition management at end of placement info on what happens to kids	11
Telling a child it is fostered	1
Post access/contact support	1
<i>Training/equipping issues</i>	
Regular/ongoing training	14
Basic training before receiving kids	2
<i>Other issues</i>	
Indigenous care	2
Association	1
All support is inadequate – any support would help comments	27

Collapsing comments into this smaller range of issues may not do justice to the variety and range of issues where foster carers believe they should be getting support but do not consider the support to be provided currently.

Table 48 Kind of support considered by respondents to be badly missing at the time of an allegation of abuse

Key idea in the response

- Guidelines for the process
- Support team
- Independent legal representation/legal support
- Independent investigator
- Mediation
- All allegations in writing
- Mentoring
- Counselling
- Contact from Department/workers/fellow foster carers
- Advocacy

The following table presents further results relevant to the issue of support when an allegation of abuse has been made. It shows the 'single most important improvement' that respondents believed could be made at a time when an allegation of abuse has been made.

Table 49 The single most important improvement identified by respondents as needing to be made in relation to support for foster carers at a time when an allegation of abuse has been made

Key idea in the response and states from which these comments came

- Preparation
 - Information during training on procedures
 - Legal links/contact/advice/representation
 - Independent advice on rights, entitlements, process, expectations
 - Someone available 24 hrs a day
 - Timely support
 - Should not be considered guilty until proved innocent but innocent until proved guilty. (Friends husband was accused. He lost his job, friends (it was in paper) After he committed suicide the girl admitted she was lying as everyone in the family knew)
 - Updated information
 - Agencies to provide support; department looks after the children we need support too
 - Immediate counselling
 - Timely resolution
 - To be listened to and asked what happened in home just before allegation
 - All things to be documented
 - Honesty, natural justice
-