

The Availability of Foster Carers: Supplementary Report

Author:

McHugh, Marilyn; McNab, Justin; Smyth, Ciara; Chalmers, Jenny; Siminski, Peter; Saunders, Peter

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THE AVAILABILITY OF FOSTER CARERS

MAIN REPORT

NOVEMBER 2004



NSW Department of
Community Services

SIPRC
Social Policy Research Centre

The Availability of Foster Carers: Main Report

PREPARED FOR THE NSW DEPARTMENT OF COMMUNITY SERVICES

Social Policy Research Centre
University of New South Wales

Marilyn McHugh, Justin McNab, Ciara Smyth, Jenny Chalmers,
Peter Siminski and Peter Saunders

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Barnardos, Sydney
Centre for Community Welfare Training, Association of Childrens Welfare Agencies
Foster Parents Support Network
Aboriginal Statewide Foster Carer Support Service

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Executive Summary

The Executive Summary contains a summary of the main points from each Section of the Report in addition to the Conclusions.

A Profile of Foster Carers in NSW

- Census data suggest that in 2001, some 1865 NSW families contained at least one foster child. These data are likely to underestimate the true number of foster carers.
- Most foster carers are aged between 35 and 54 years, this group representing 70 per cent of female carers and 66 per cent of male carers.
- Single parents are more likely to be foster carers than couples. However, due to the higher number of couple families, a majority of foster carer families are couple families.
- A majority (56.3 per cent) of female foster carers were not in the labour force, while almost two-fifths (39.1 per cent) were in paid employment.
- In terms of the DoCS regions in NSW, South West Sydney has the highest rate of families fostering. The highest rates for areas outside of major cities were found for the Hunter, Nepean, Far North Coast and Illawarra.
- A relatively high proportion of foster carer families are Indigenous, though their prevalence varies greatly by DoCS region.
- Families at the extremities (low or high end) of the income distribution were least likely to foster.
- The majority of female foster carers (62 per cent) indicated that they have no post-school qualifications.

Projections of Foster Carers

- Projections of the future number of foster carers in NSW between 2003 and 2013 have been derived by combining the current carer profile with ABS demographic and labour force projections.
- These projections are not predictions and are sensitive to the underlying assumptions used. Future demographic changes may diverge from these assumptions, while many other factors will influence the decision to become a foster carer. Policy has a role to play in influencing these decisions.
- The number of foster carers is projected to increase at a lower rate than growth of the overall population of adult women under all of the scenarios considered. This is mainly because women in the labour force are less likely to be foster carers than other women, while the ABS projects increases in the labour force participation of women in most age groups.
- The projections do not suggest any major changes in the composition of foster carers by age or labour force status. In 2013, as in 2001, about two-thirds of foster carer families will include women aged between 35 and 54.

- Regions with high rates of projected population growth also have the highest rates of projected growth in the number of foster carers.

Socio-Demographic Characteristics of Foster Carers in 2003 –Analysis of Survey Data

- A postal survey of one thousand foster carers in NSW was conducted specifically for this project. It generated 450 responses and produced new statewide information on the demographic characteristics of carers, the factors that attracted them to caring, the training they received and financial and other supports.
- The survey data indicate that the typical NSW foster carer is female; aged 48 years; Australian-born; has completed Year 10 schooling (or equivalent); is not in the labour force; and has been fostering for five years or less.
- These dominant or average patterns conceal the great variety that exists in the overall foster carer profile.
- Almost all foster carers owned or were purchasing their home, and 60 per cent lived in a dwelling with at least four bedrooms.
- More than one-third of primary carers were in paid employment, as were almost three-quarters of secondary carers.¹ Of those who were not in employment, many relied on government pensions or allowances as their principle source of income.
- A majority of primary carers had incomes less than \$400 a week, and many had incomes below \$200 a week. Secondary carers were more likely to have incomes over \$600 a week.
- Eighty-five per cent of carers rated their health as very good or good.
- Most carer had access to a motor vehicle (but around one in ten did not).
- Almost half of all carers had been fostering for five years or less, but over one-quarter had been fostering for 11 years or more.
- The total number of children fostered by carers varied greatly, with around one-fifth fostering one or two children, and a similar number fostering more than twenty children. In total, 439 households were fostering 657 children at the time of the survey.
- Less than one-fifth of carers had fostered a child from a different cultural or ethnic background to their own. Most of those who had fostered Indigenous children were themselves from an Aboriginal or Torres Strait Islander background.

Demand for and Current Availability of Foster Carers

- According to the interviewed stakeholders and workers in focus groups there is an urgent need for carers in all areas of fostering: crisis; respite; short-; medium- and long-term, and culturally specific carers to take children from specific cultural backgrounds.

¹ The primary carer is defined as the carer who carries out most the day-to-day care of foster children. The secondary carer is the partner in carer couples. Most primary carers are female (92 per cent).

- Respite has been shown in a number of research studies to be a major factor in retaining carers and preventing placement breakdown. It is suggested that arrangements for respite care should be included in every child's case plan.
- The introduction of early intervention programs for families and the setting up of specialist early intervention teams was perceived as likely to exacerbate the increasing need for carers to provide respite for vulnerable families.
- Finding carers for adolescents is becoming increasingly difficult throughout NSW. Paradoxically, it is also the group where matching the young person with a carer with the capacity to meet their needs becomes more critical.
- In relation to the need for ethno-specific carers, it is perceived that some ethnic communities are too small to provide carers and in some cultures there is no concept of fostering.
- For the Indigenous stakeholders, the areas of highest demand is for carers for children with high or special needs, carers for sibling groups and temporary care services. It is a matter of concern that the placement of Indigenous children with non-Indigenous carers is due to a lack of Indigenous carers.
- According to information provided by a Muslim worker in DoCS the recent introduction of the Muslim Foster Carers Project has meant that there is currently no particular area of demand for Muslim carers in the Sydney metropolitan area.

Recruitment, Retention and Motivation of Foster Carers

- Recruitment strategies are necessary to attract new carers to fostering because of declining carer numbers. In most States there is little available information on current numbers of carers entering or leaving fostering or understanding why they discontinue fostering.
- Most carers in this study always planned to foster. Overall media advertising or promotional material (60 per cent) is the most influential recruiting method, followed by recruitment by another carer (30 per cent).
- General recruiting strategies such as profiling carers in local TV, radio and print media and recruiting at community events (e.g. Foster Carers week) are utilised in the three areas studied in this project.
- Some specific recruitment strategies targeting particular community and ethnic groups have been implemented only in the metropolitan area in this study. In the far north coast area the Foster Care Association and the local DoCS office are involved in a 'partnership' to recruit, assess and train new carers.
- Stakeholders, workers and carers all strongly support the notion that one of the 'best' recruiting strategies is the use of current and experienced carers to recruit by 'word of mouth'.
- Suggested ways to improve recruitment include: targeting professional groups who could care more effectively for children with difficult or challenging behaviours, that DoCS work more closely with other agencies and community groups; and the provision of greater levels of support to existing carers to encourage 'word of mouth' recruitment.

- Most carers' motivations to continue fostering are child-focused. They include the achievement of positive outcomes for children or an awareness that children need families.
- According to carers, they cease to foster mainly due to carer burn out, lack of support, effects of fostering on carer families and children being too difficult to care for. In addition, changes in personal circumstances (e.g. poor health, old age, a new baby or changing work commitments) are also seen as important reasons to cease fostering.
- Most carers and stakeholders agree that providing better support for carers would ensure that more are retained in the system.
- The ageing of the carer population is perceived as a major problem as many of the current older more experienced carers are leaving fostering. (See Section 7.10 and Section 11).

Carer Training

- As noted earlier, children currently coming into care are presenting with more challenging behaviours and hence are more difficult to care for. As a consequence, both initial and ongoing training for carers is becoming a more critical element in the services carers provide than it may have been in the past.
- In the assessment and training of carers many providers of out-of-home care services in NSW are using the packages *Step by Step* (carer assessment) and *Shared Stories Shared Lives* (carer training).
- *Step by Step* has been used across the sector in carer assessment. However implementation of it as the uniform assessment tool is still incomplete.
- *Shared Stories Shared Lives* has been widely used as the main carer training material for several years.
- Stakeholders and worker focus groups agreed that it is important that assessment and training of carers be conducted jointly by recruitment/training officers and experienced carers. This ensures a rigorous assessment of prospective carers and reduces the likelihood of carers leaving during training or shortly afterwards.
- A Koori package put together by Koori workers in the Department, in addition to *Step by Step* and *Shared Stories Shared Lives*, are seen as appropriate tools for use with Indigenous carers.
- *Shared Stories Shared Lives* is used with Muslim carers. The package has been translated into Arabic and Turkish and some parts have been made more culturally appropriate for Muslim carers.
- Two-thirds of carers surveyed reported their initial training as 'good'; 20 per cent found it 'reasonable' and only three per cent found it poor. Around 20 per cent of current carers surveyed had apparently not received any initial training.
- Almost all carers who had completed in-service or ongoing training did so in 2000 or later.
- Over half of all respondents either have not or do not seek to undertake any ongoing training.

- The multiple reasons for not attending ongoing training include: the training offered is not relevant; the timing or location of the training is not appropriate; there is a lack of respite or child care; and transport difficulties are a barrier.
- The most common form of ongoing training undertaken by carers is focused on 'challenging behaviour'.
- An overwhelming majority of carers say that ongoing training assists them in their role as foster carers.
- A general trend noticeable amongst longer term carers is that they see their current fostering role as 'professional' and that they are less likely to see their role as either 'semi-professional' or 'voluntary'.

Support for Carers

- Stakeholders perceived the support for carers as being crucial for placement stability and retention of carers in the system.
- The support that carers want from caseworkers is casework itself. They want caseworkers to work with carers and to build up ongoing relationships with children to bring about the best outcomes.
- A lack of regular casework and regular caseworker visits to carers was found to be strongly associated with placement breakdown.
- High caseworker turnover and inexperienced caseworkers are seen as detrimental to the development of worker/child and carer/worker relationships.
- The majority of carers had a caseworker for the children in their care, and less than a fifth did not. Over one half of the carers had regular contact with a caseworker while two-thirds rated their relationship with their caseworker as good.
- Over half of the carers regarded the overall level of support they receive from their caseworker as good. However, over a fifth described it as poor. Carers' assessment of their relationship with the Department was similar, with half describing it as good and a fifth describing it as poor.
- Support groups for all carers including Indigenous and Muslim was seen as useful.
- The provision of a mentor or buddy for new carers was an option suggested by both stakeholders and workers in focus groups.
- Stakeholders agreed that unless there are changes in the attitudes of caseworkers and local office managers, especially in relation to information sharing and working as partners with carers, it will be difficult for fostering to survive as a viable option.
- Equal numbers of carers thought the level of Care Allowance was 'about right' or 'on the low side' while eight per cent thought the Care Allowance was generous.

- Approximately half the carers surveyed had experienced financial difficulties while caring. In the majority of cases, this was due to delayed payments of the Care Allowance.²
- Concern was expressed by stakeholders that the Care Allowances paid to carers were not being used appropriately to meet the needs of the children.

The Fostering Experience

- Two-thirds of carers felt well prepared to foster the children most recently placed with them. When carers were asked what could have prepared them more for caring, the most common response was the provision of more background information about the child.
- Other factors that would help carers prepare for placements include: more advanced notification about the placement; the provision of resources or payment when the child first arrives to allow the carer to buy provisions for the child; more training for dealing with certain types of behaviours; and the availability of a 'buddy' system linking new carers with experienced carers to provide additional support.
- Half of the carers did not feel they had been given adequate information about the last child placed with them, but over half of the carers said that fostering had met their expectations.
- Many carers found the children's behaviours very challenging, others found the removal of the children from their care very difficult.
- Dealing with the child's birth family was often difficult for some carers.
- Seeing positive changes in the children as a consequence of being with the foster family was extremely rewarding for many carers. Seeing the children respond positively to being in a secure, safe home was also a positive for many carers.
- Fostering gave many carers a sense of personal fulfilment. Fostering had many positive benefits for the birth family, including helping birth children share and appreciate what they have.
- For over 300 carers who provided responses to the worst aspects of fostering, the dominant response (mentioned by 53 carers, 15.5 per cent) was a lack of support from the Department. The main difficulties of working with the Department were: unanswered phone calls and queries; not being given honest information about the child; and a lack of respect from Departmental officers.
- The following themes were also noted among the negative aspects of fostering: contact with birth parents (48 carers, 14 per cent); stress and workload (43 carers, 13 per cent); the challenging behaviours of fostered children (41 carers, 12 per cent) and the impact of fostering on carer families (40 carers, 12 per cent).

2 This research was conducted shortly after the introduction of DoCS's new client information system KiDS. Some payment delays may have been due to the transfer of client records to the new system.

- All carers were fearful of allegations of abuse being made against them, but there was a sense that carers would inevitably have to face allegations of abuse.
- The majority of carers would recommend caring to others. However, many emphasised the importance of being honest with potential carers about the realities of fostering.

Conclusions

The study used several sources of information to examine the current and future availability of carers. The sources include ABS data, a survey of carers, focus groups with carers and workers and interviews with stakeholders. In addition research studies both national and international were used to inform the analysis. The provision of out-of-home care (OOHC) is a dynamic phenomenon. It is composed of numerous complex interactions involving a number of parties including the children and their birth families who enter the welfare system; the Departmental workers responsible for the care and protection of children when they are placed in OOHC services; and carer families who provide the volunteer services in caring for children and young people. The complex interactions between all parties are governed by procedures and protocols determined by specific legislation and policy and also involve judicial decisions by the Courts in relation to custody and guardianship of children in OOHC.

A number of issues addressed in the study reflect the multi-faceted nature of fostering and highlight how critical it is that there is an adequate supply of carers, and that all carers receive ongoing training for the apparent increasingly challenging job of fostering. Equally important is the provision of an adequate number of workers to support carers in the system. The OOHC provisions of the new legislation (*NSW Children and Young Persons (Care and Protection) Act 1998*) came into effect in July 2003. These provisions laid the foundations for a number of significant improvements in the care of children including a substantial increase in funding for the OOHC sector and the appointment of additional caseworkers.

A number of major projects and initiatives by DoCS in 2000-2004 give recognition to the fact that the provision of foster care is to be improved in a number of ways. These improvements should provide better support for carers and ensure their retention in the system. The responses from workers, stakeholders and carers to many of the issues presented to them in the study appear supportive of a move to a more professional approach to fostering which involves support and ongoing training for carers and a better working relationship with caseworkers and other departmental staff. As this research study demonstrates from both the ABS data and the carer survey it is women, predominantly mothers in the privacy of their homes, who are the mainstay of the provision of OOHC services. Without their ongoing voluntary commitment to provide these services, fostering would not be a viable proposition.

The projections undertaken for this study do not suggest any major changes in the composition of foster carers either by age or labour force status. In 2013, as in 2003 ABS data indicate that about two-thirds of future foster carer families will include women aged between 35 and 54 (66 per cent in 2003, 64 per cent in 2013). There will be slight increase in older carers (women aged 55+) from 18 per cent to 21 per cent of all carer families. In addition the projections indicate there will be a slight increase in labour force participation rate of carers from 44 per cent to 47 per cent of all carer families.

Changing Characteristics of NSW Carers

There are some indications from a comparison of the survey conducted for this study and an earlier study conducted in 1986 (Gain, Ross and Fogg, 1987) that a number of characteristics in the NSW carer profile has changed in the period 1986 and 2003. Reflecting the rise in single female-headed families in society more generally, single female carer foster families in 2003 represent around one-quarter of all foster families compared to just 14 per cent in 1986.

Whereas in 1986 the carer age profile was women aged 25-49 in the current study 70 per cent of all carers are aged 35-54 years. Female carers in 1986 and 2003 continue to be more likely not to be in paid employment though the rise from 31 per cent in 1986 to 39 per cent currently is not insignificant especially as 36 per cent of the primary carers in paid employment were working full-time in 2003.

Other data suggest that current carers are fostering more children per household than carers were two decades ago. In 1986 almost two-thirds had only one fostered child in their care; in 2003 this had dropped to below a half of all carers (48 per cent). Furthermore, 3.6 per cent of carer households in the 1986 study had four or more children in their care at the time of the study compared with 9.4 per cent of carer households in the current study. As the numbers of fostered children per carer household has increased the proportion of carer families with no other children residing in their home has declined. In 1986, 26 per cent of carer families had no other children residing at home compared to 50 per cent in 2003.

In relation to the children fostered there appear to be fewer older teens (16 to 18 years) in foster families now (less than five per cent) compared to 11 per cent in 1986. In part this could be a reflection of the difficulty OOHC providers experience in attracting carer families for teenagers noted in the report. Of equal concern is the increase in the proportion (33 per cent) of pre-school aged children (0-4 year olds) in OOHC in 2003 compared to 25 per cent in 1986.

The data collected in 1986 and 2003 appear to indicate a number of differences in the length of time children spend in care. Several caveats apply when comparing these two sets of data. Firstly the variation in periods of time with a carer may be due to the 'different' populations of children in care surveyed in 1986 and 2003. In 1986, fostered children surveyed were both related (kin) (14 per cent) and non-related (86 per cent) children of foster carers. No related (kinship) carers were specifically included in the 2003 survey though 10 per cent of carers stated they provided kinship care (see Section 5.9). Numerous studies have documented that children in kinship care are less likely to be reunited with birth families than those with non-related carers. The higher incidence of kinship carers in the 1986 study may have contributed to longer stays in care for some children discussed below.

The data indicate that in 2003 around 31 per cent of children surveyed were in care for one year or less compared to 39 per cent in 1986. The decrease in children in 2003 being in care for a shorter period, i.e. under one year, may in part reflect the increasing difficulty in restoring children to birth families in a short period of time. Issues within the family (e.g. drugs, alcohol, violence or mental health conditions) that today are more likely to led to children being brought into care can prove difficult to resolve.

Other data on longer-term placements are harder to analyse. There appears to have been a decline in longer-term placements over the period. The 1986 study found that 42 per cent of the children had been with a carer for five or more years compared to 25 per cent of the children in the current study. Several factors could contribute to the decline in longer-term placements. The decline in the proportion of children in 2003 remaining with one carer for five or more years may be due to more placement breakdowns with moves to other carers. Legislative changes (*Children and Young Persons (Care and Protection) Act 1998*) emphasise, where it is possible, restoration of fostered children to birth families. As a consequence of the legislation children currently in OOHC are less likely to ‘drift in care’. Restoration at some point in time is therefore more likely than it may have been in the mid-eighties. In addition the suggestion of longer stays for the kinship care children in the earlier study, may have contributed to the higher proportion of children in long-term care in 1986.

Recruiting Carers

Most carers surveyed had always planned to foster. Overall media advertising or promotional material (approximately 60 per cent) was the most influential recruiting method, followed by recruitment by another carer (30 per cent). Most carers’ motivations to continue fostering are child-focused. They include being able to achieve positive outcomes for children or an awareness of children needing families.

It was apparent in the three areas visited by the researchers that DoCS workers do not keep records of the number of potential carer inquiries, or the number of potential carers assessed as not suitable, or those potential carers who withdrew from initial training. Records are also not kept on approved and current carers in any systematic way. For example there is no carer database of when carers commence or leave fostering or the reasons why they cease to foster. No exit interviews are conducted with carers at the time they leave fostering.

Workers in the three focus groups discussed how their local office implemented recruitment strategies and while their approaches provide useful information no general conclusions can be drawn about appropriate recruitment strategies to address the problem of the availability of carers.

The Department’s new Key Information and Directory System (KiDS) (see Section 1.3) and the Carer Development Plan (see Section 8.5) provide the tools for maintaining systematic information on all Departmental carers. In addition to basic demographic data on all carers, information recorded could include all training undertaken, level of training skills, type of children cared for, type of care provided, when fostering ceases and why. The systematic collection of data would allow an audit of carers to be conducted at any point in time by the Department. This could provide extensive details about current carers in the system and to assist with recruiting new carers.

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Glossary of Abbreviations

ABS	Australian Bureau of Statistics
ACPP	Aboriginal Child Placement Principle
ACS	Aboriginal Children's Services
ACWA	Association of Childrens Welfare Agencies
ADHD	Attention Deficit Hyperactivity Disorder
AFCA	Australian Foster Care Association
AICCA	Aboriginal and Islander Child Care Associations
AIHW	Australian Institute of Health and Welfare
ARG	Aboriginal Reference Group
ASCO	Australian Standard Classification of Occupations
ASFCSS	Aboriginal Statewide Foster Carer Support Service
ASSFSG	Aboriginal State Secretariat Foster Support Group
CAFWAA	Child and Family Welfare Association of Australia
CCWT	Centre for Community Welfare Training
CMC	Crime and Misconduct Commission
CSC	Community Service Centre
CSC	Community Services Commission
DHS	Department of Human Services
DoCS	Department of Community Services
DoF	Department of Families (Queensland),
FCA	Foster Care Association
FCRS	Foster Carer Recruitment Service
HREOC	Human Rights and Equal Opportunity Commission
LGA	Local Government Areas
MFCP	Muslim Foster Care Project
MFCT	Muslim Foster Care Team
NAIDOC	National Aboriginal Islander Day Observance Committee
NFCA	National Foster Care Association
NGO	Non-Governmental Organisation
NILF	Not in the Labour Force
NSW	New South Wales
OCG	Office of Children's Guardian
OCSGP	Oz Child Sibling Group Placement Program
OECD	Organisation for Economic Co-operation and Development
OOHC	Out-of-Home Care
PPG	Population Projections Group
SD	Statistical Division
SLA	Statistical Local Area
SPRC	Social Policy Research Centre
UNSW	University of New South Wales

Part I: Introduction and Background

1 Introduction: The Research Project

This study reviews the current and projected availability of foster carers in New South Wales. It was commissioned by the NSW Department of Community Services (DoCS) and undertaken by a research team based at the Social Policy Research Centre (SPRC) at the University of New South Wales. The study commenced in October 2003 and was completed in April 2004.

1.1 The Purpose of this Project

The aim of the study is to develop a demographic profile of current carers in NSW and to predict the likely availability of foster carers in specific locations based on that profile and exogenous projected demographic developments. The study's main goal in this area is to identify the changes and forward projections of socio-demographic trends in NSW that may impact on the availability of carers.

The broad research objectives include the following:

- To identify the socio-demographic characteristics of foster carers in NSW.
- To measure the turnover rate of foster carers.
- To identify the broad need for foster carers within DoCS for temporary care, long-term care, bridging care.
- To identify factors that attract people to become carers and those that lead people to discontinue their role of carers.
- To test the premise that certain communities are more likely to provide carers than others.
- To identify changes and forward projections of socio-demographic trends in NSW that may impact on the availability of carers.
- To identify differences between the types of carers, such as general foster carers and Aboriginal Carers, Relative Carers and specific ethnic groups and to discover whether there are different recruitment processes required.
- To identify the impact of training and assessment processes on the retention and satisfaction rate of carers.

1.2 Background to the Project

All States and Territories³ in Australia administer similar programs for children in out-of-home care (OOHC). Placements in OOHC, predominantly foster care, are managed either by a statutory authority or by non-government agencies. In NSW, around 70 per cent of all placements in OOHC are managed through DoCS.

³ For ease of discussion 'States and Territories' will henceforth be referred to as 'States'.

A number of major reports on OOHC in most States throughout Australia stress that the provision of home-based care is under considerable stress and that a dynamic approach is required to address areas of concern (DHS, 2003; CAFWAA, 2002; Carter, 2002; Peakcare, 2002; Semple, 2002; Barber & Gilbertson 2001, CSC 2000).⁴ The nature of the crisis is multi-faceted, but two crucial factors are the decreasing number of people volunteering to take on the role of providing foster care, and the difficulty of retaining experienced carers once they have been recruited.

In addition, the increase in the number of children and young people with challenging behaviours requiring care is one of the greatest concerns in OOHC, resulting in multiple placement breakdowns. This problem is not specific to Australia; it is a recurring theme in the empirical literature on fostering throughout the western world. Children requiring OOHC are presenting with increasingly complex needs due in part to greater rates of family breakdown, drug and alcohol abuse, family violence and mental health issues. There is also the perception among stakeholders that more children with disabilities (physical and intellectual) are coming into care (DHS, 2003: 74).

Many 'easier to care for' children today benefit from a number of Commonwealth and State funded early intervention and family support programs, for example Families First (NSW), and so do not enter the foster care system. As a consequence of the increased complexity of the problems affecting children coming into care, the role of fostering has changed significantly. Before this study was undertaken little was known about the characteristics of current carers, nor about their skills and abilities. Similarly little was known about the training and support structures provided to help carers cope with these more challenging children. Training and support for all carers, especially those in regional and remote areas, is a vital component of ensuring the suitability of carers and matching of children and carers.

Viability of Fostering

Evidence from numerous small-scale surveys indicates that women, usually mothers, form the majority of foster carers. However, the significant increase in women's labour force participation in the last two decades affects women's ability to combine paid work and fostering.

This marked increase in women's labour force participation reflects a number of factors, including: women's higher education standards; changing social attitudes towards the role of women; the economic necessity for many to support themselves and/or to contribute to household income to ensure the well-being of their families; and with rising longevity the increasing need by women to secure an adequate income in retirement (McDonald, 2001; Thompson, 1999).

Such trends indicate why most countries including Australia, are experiencing difficulty in attracting women to foster. Although home-based care by volunteer carers is the preferred option in OOHC, it does appear that for some children with high and complex support needs, an alternative model of care should be considered. The Department of Community Services has called for Expressions of Interest (EOI) (March 2004) to provide services to children and young people with high and

4 A Glossary of Abbreviations appears at the front of this Report.

complex needs. This is part of a process to consolidate and expand services for such children and young people.

The main focus in this report is on children in the general population, as well as two specific groups, Indigenous children and Muslim children. It is these three groups where specific DoCS programs are in place to meet their needs when required for fostering. These three groups while sharing many similarities, are quite diverse and require brief explanatory notes to set the context for the way care is currently provided and by whom. Due to a paucity of data on some aspects of the characteristics of the cared-for population in NSW, use is made of information from other States and international research studies to illustrate various issues and concerns.

1.3 Developments in the Care and Protection of Children in OOHC in NSW.

The work of DoCS and other agencies in NSW in providing out-of-home care services is governed by the NSW *Children and Young Persons (Care and Protection) Act 1998*. Although the Act became legislation in 2000, the out-of-home care provisions in the Act did not come into effect until July 2003.

The NSW *Children and Young Persons (Care and Protection) Act 1998* includes a number of provisions for OOHC services, many of which have laid the foundation for significant improvements in the care of children in OOHC in more recent times. The need for a more effective and responsive child protection system including OOHC services, based on the new Act, was further emphasised in the Report on child protection services conducted by the Standing Committee on Social Issues in 2002.

This project on the availability of carers was conducted at a time when many major projects and initiatives in the provision of OOHC services by DoCS were either being developed or had recently commenced. As noted in DoCS Annual Reports OOHC services have been improved significantly over the period 2000-2004. In this period more foster carers were recruited and policy and procedures were developed for the review of OOHC children's case plans in consultation with the child or young person, the family and the carer (DoCS, 2003; 2004a).

In addition there has been increased financial support to the Foster Care Association and Aboriginal Statewide Foster Carer Support Service. A Muslim Foster Carer Project has been established. In 2002/03, \$350,000 was provided to the Aboriginal Child, Family and Community Care State Secretariat, and almost \$2 million to the six care organisations under its umbrella, to increase the availability of high quality care for Aboriginal children in Aboriginal foster care placements. In addition DoCS established specialist foster carer positions responsible for the recruitment, training and support of foster carers in several DoCS areas. (DoCS, 2004a).

In December 2003 an additional \$1.2 billion was allocated to DoCS with around \$613 million in new funding designated for OOHC. Approval has been given for an additional 150 OOHC caseworkers to be appointed over four years (2003-2007). The first 50 are currently being recruited (2004) and a priority for their work will be children and young people with complex and high levels of need. The next 50 will be recruited in 2004/05 and the priority will be for carer support teams. The remaining 50 will be recruited in the following two years (2005/07) (DoCS, 2004c).

Funding of \$24 million has been allocated to provide intensive support services to children and young people with high and complex needs in 2002/03. For young people leaving OOHC, \$1.5 million was allocated to provide additional support and services for after care. In November 2002, \$532,000 was provided by DoCS to support the establishment of three new after-care services in the Southern, Hunter and the Northern Regions (DoCS, 2004a).

In 2002/03 the Department funded the Association of Childrens Welfare Agencies to develop the new foster carer assessment tool *Step by Step*. In addition to the assessment tool, six extension training modules, designed as a resource to support foster carers in their skills development, were also developed. A review of arrangements for the payment of allowances and various contingency payments to foster carers also commenced with the aim of establishing more equitable foster care allowances. A *Foster Care Handbook* is currently being developed to provide clear guidelines to carers about their roles, responsibilities and rights under the out-of-home care legislation and is planned for release in 2004 (DoCS, 2004a).

In October 2003, an improved client information system was launched by the Department. The Key Information and Directory System (KiDS) is designed to record, report and file information about DoCS clients and information on foster carers.

Many of the provisions of the new Act did not come into effect until July 2003 and the final sections were not proclaimed until March 2004. As a consequence of the time 'lag' between legislative implementation, the introduction of new or revised policies and procedures and the impact of new strategies and projects implemented by the Department many of the issues addressed by the Act and the Department's initiatives were not at the time of this project reflected in the day to day experience of fostering for many carers. Many of the stakeholders, workers and carers were aware of some changes but in many instances they appeared not to have impacted extensively on practice. The findings of this report and the Recommendations of this report should be read in light of the above discussion.

1.4 Children in the General Population in Foster Care

Data provided by the Australian Institute of Health and Welfare (AIHW) indicate that the number of children in OOHC in Australia rose between 1998 and 2002 from 14 470 to 18 880, an increase of 30.5 per cent. The largest increase was in NSW, where the numbers of children in care increased by 44.3 per cent from 5603 at June 1998 to 8084 in June 2002 (Table 1.1). The number of children placed in home-based care arrangements over the same period increased by 36.4 per cent from 12 661 to 17 271. In part, the increase in the number of children being placed in home-based care reflects policies in all States of placing children, particularly young children, in home-based care rather than a residential placement (AIHW, 2003b: 258, 259).

Over the same period (1998 to 2002) as the use of residential care declined (from 10 to 6 per cent) the proportion of children in home-based care rose from 87 to 91 per cent. There was however, a decline in the use of foster care (from 56 to 51 per cent) and an increase in the use of kin or relative care (from 31 to 39 per cent). AIHW notes that the increasing use of kin care may be due 'to a policy shift to enable children to stay with their extended families where practical and a decrease in the availability of foster parents.' (AIHW, 2003b: 259-60)

Table 1.1: Number of Children aged 0-17 years in Out-of-Home Care, 30 June 1998-2002

	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	AUSTRALIA
1998	5603	3615	2346	1093	1055	442	179	137	14 470
1999	6359	3581	2613	1192	1045	533	174	177	16 674
2000	7041	3867	2634	1326	1131	548	200	176	16 923
2001	7786	3882	3011	1436	1175	572	215	164	18 241
2002	8084	3918	3257	1494	1196	544	224	163	18 880

Source: AIHW (2003b: Table 6.22)

Compared to other States NSW is heavily reliant on kin care with 57 per cent placed with relatives or kin compared to 35 per cent in foster care. There is less reliance by all other States (range 13 to 34 per cent) in their use of kin care (AIHW, 2003a: 11). The high reliance by NSW on kin care reflects the use of kin care for Indigenous children (see Section 1.5).

The Foster Care Association (FCA).

In NSW foster carers are supported by DoCS and the Foster Care Association (FCA). The association is funded extensively by DoCS and is represented by individuals (foster carers) in numerous cities and towns in NSW and runs support groups for carers. The FCA also supports all carers by offering ongoing training sessions on a regular basis; providing information to carers via a regular newsletter; has a 24 hour carer crisis line; a website; and a staffed office to handle carer enquiries.

Complexity of Problems: Parents and Children

There are no available national data, provided on a State-by-State basis, outlining the complexity of problems of families whose children require OOHC services. There is, however, some evidence from Victoria that indicates disturbing trends in this area. A review of home-based care in Victoria found that with fewer alternatives available to support families, the OOHC system is absorbing the effects of the crisis in the wider welfare system. In part, this was indicated by the escalation of complex characteristics (e.g. psychiatric, intellectual and physical disability, domestic violence, alcohol and substance abuse) of the *parents* of new clients (children and young people) placed in foster care and increasing complexity of the problems of the children and young people themselves (DHS, 2003: 73; emphasis added).

The review provided a comprehensive analysis of changes, in the complexity of *parents* of new clients placed in foster care (which excludes kinship care and permanent care) for the period 1997-2002. The study found between a third and a half of all families whose children were fostered had either a psychiatric disability, alcohol or substance abuse problem and over half (56 per cent) of all families had experienced domestic violence. The prevalence of these problems had increased significantly over the period, particularly substance abuse and psychiatric disability.

The data also indicated that problems faced by many families were not of a single nature but were often combined with other issues. For example in 2002, the likely occurrence of children requiring fostering were from families experiencing the following dual problems:

- 65 per cent of parents with the primary characteristic of experiencing domestic violence also had substance abuse problems (up from 56 per cent in 1997);
- 62 per cent with a psychiatric disability also had a substance abuse problem in 2001-02 (up from 50 per cent in 1997);
- 77 per cent of parents with an alcohol problem also experienced domestic violence (up from 71 per cent in 1997). (DHS, 2003: 35)

The review concluded:

If it is accepted that the family background of the child or young person coming into care is influential in shaping their physical, psychological, emotional and behavioural development then the data on recorded parental characteristics lends weight to the view that new clients entering foster care are more complex than those who came into care in the past. (DHS, 2003:36)

This view was supported by findings of 20 random case audits of children in home-based care in each of the years 1997-8 to 2001-02 which revealed increasing levels of client complexity and challenging behaviours over the period reflected by higher levels of aggression, overactivity, poor scholastic skills, substance abuse, emotional symptoms, poor peer relationships, family life and school attendance (DHS, 2003:32). While there are no similar data available for NSW, it is acknowledged that the situation mirrors that in other states.

International Evidence on Changing Characteristics of Children Requiring OOHC

As in Australia, the characteristics of fostered children in the US and UK are also increasingly marked by more complex problems. Jarmon and others found these complex problems include emotional, health and/or behavioural problems; conduct disorders; depression; difficulties in school and impaired social relationships. More disturbingly there is evidence from their large study of carers that the mental health needs of children in OOHC are 'routinely ignored'; carers are unable financially to meet children's needs; and the required skills, motivation and ability of carers to nurture highly deprived children is not always evident (Jarmon et al., 2000: 7, 8; for the UK see Sinclair, Gibbs and Wilson, 2000; Triseliotis, Borland and Hill, 2000).

In the context of providing foster care, it is important to ascertain how these findings on the changing characteristics of children in care compare with the population of children in NSW and what impact, if any, they may have on current and potential carers.

1.5 Children in the Indigenous Population in OOHC: Context

In NSW, OOHC for Indigenous children is provided through the DoCS and nine Indigenous OOHC Agencies. Despite the fact that Indigenous people represent around two per cent of the Australian population overall, Indigenous children continue to be significantly over-represented in the child welfare system and more specifically in OOHC. The rate for Australia of Indigenous children aged 0-17 years in out-of-home care in 2001-02 of 20.1 per 1000 children, was significantly higher than the rate for non-Indigenous children at 3.2 per 1000. In NSW, Indigenous children were over

eight times (33.5 per 1000) more likely to be in out-of-home care than non-Indigenous children (3.8 per 1000) (AIHW, 2003a).

Between June 1998 and June 2002 the number of Indigenous children in OOHC increased from 2634 to 4199 an increase of 59.4 per cent (Table 1.2). For other children in OOHC, the increase was 24.0 per cent (AIHW, 2003b: 261).

Table 1.2: Indigenous Status of Children in Out-of-Home Care in Australia, June 1998 to 2002

Children in Out-of-Home Care			
	Indigenous	Other	Total
1998	2634	11 836	14 470
1999	n.a.	n.a.	n.a.
2000	3496	13 427	16 923
2001	4037	14 168	18 205
2002	4199	14 681	18 880

Source: AIHW, 2003b: Table 6.25

Indigenous Status of Care Givers

The Aboriginal Child Placement Principle (ACPP) ensures that where possible Indigenous children, in consultation with their community, are placed with Indigenous families (preferably their relatives or wider kin) when they cannot stay with their own birth families. The implementation by all States, either in legislation or in policy of this principle redresses previous policies such as the 'forced' removal of Indigenous children and the inappropriate placement of Indigenous children with non-Indigenous carers (Bridge and Freeburn, 2001; HREOC, 1997; Lock, 1997).

Most reports on Indigenous foster care note the importance to Indigenous people of placing children with kin within their communities and this is reflected in national data with 55 per cent of Indigenous children placed with kin or relatives and 40 per cent in foster care. The use of kin care for Indigenous children in NSW is the highest for all States, with 72 per cent in kin care compared to 26 per cent in foster care (AIHW, 2003a, Table 4.4; Table 4.9).

The degree to which ACPP applies varies considerably from State to State. For the period 2001-2 most States, except Victoria and Tasmania, increased their compliance with the ACPP (Table 1.3). The ordered preference of ACPP includes: (i) with the child's extended family; (ii) within the child's Indigenous community; (iii) with other Indigenous people.

It is of interest to note that the actual numbers of children with an Indigenous related carer is quite variable (Table 1.3). States performing well on compliance with ACCP are more likely to be placing children with a related carer. However except for NSW and Western Australia, the rate of placement of children with a related carer is quite low with less than a quarter of Indigenous children so placed (AIHW, 2003a).

Table 1.3: Indigenous Children Placed under the ACPP, 30 June 2001 & 2002 and Indigenous Children Placed with a Related Carer (June 2002) (percentages)

State/Territory	ACPP ⁽¹⁾		Indigenous related carer
	2001	2002	2002
New South Wales	87	88	58
Western Australia	79	80	49
Australian Capital Territory	59	74	19
Northern Territory	70	74	21
South Australia ¹	70	72	18
Queensland	67	69	24
Victoria	56	55	20
Tasmania	40	45	17
<i>Average</i>	<i>77</i>	<i>79</i>	<i>43</i>

Source: AIHW (Table 4.9, 2002: 2003a).

Note: 1. Aboriginal Child Placement Principle (ACPP)

One unfortunate aspect of the ACPP is that compliance with the principle can result in placements with clan or other family members who live some considerable distance away from a child's birth parents. This generally occurs when there is either no appropriate carer family in the community, or where the existing level of community violence and alcohol abuse limits the availability of placements for children in or near their community (DoF, 2003:69). While there is widespread support for the principle, it has been noted that it should not be at the expense of children losing contact with their birth family, or, for older children, involve loss of contact with their friends and peer groups (Freeburn, 2002).

The focus of the discussion in all other sections of this report is on unrelated Indigenous foster carers. Indigenous foster carers volunteer their services either through DoCS or one of nine Indigenous Agencies⁵ providing OOHC services in NSW. Most agencies are located along the eastern seaboard, with none in the western regions.

Aboriginal Statewide Foster Carer Support Service (ASFCSS)

Foster carers attached to Indigenous Agencies are supported by the Aboriginal Statewide Foster Carer Support service (ASFCSS) which was established in October 2000. There are now 24 Indigenous Agencies (including eight in the Sydney area) connected with ASFCSS. Eleven are Aboriginal Child and Family Services providers and 13 are Aboriginal Foster Care Support District Officers in the Department's Community Services Centres (ASFCSS, 2001).

The establishment of ASFCSS has resulted in many Indigenous carers being better supported than in the past. Carer support groups and the ASFCSS Newsletter are proving useful tools in supporting carers and promoting fostering. Agencies and/or

5 Agencies such as Aboriginal Children's Services (ACS) or Aboriginal and Islander Child Care Associations (AICCA) focus primarily on placing Indigenous children in OOHC and assist in recruiting, training and supporting Indigenous foster carers. There is limited coverage by agencies with 36 Australia wide: Queensland (18); New South Wales (9), Western Australia (3), Northern Territory (2), Victoria (2), South Australia & Tasmania (1 each) (see also CSC, 2001).

individual carers can contact ASFCSS through their local Agency or designated worker and have issues and concerns addressed. According to ASFCSS, however, it is not clear whether all Indigenous carers attached to the Department have been informed of the service.

1.6 Muslim Children in OOHC: Context

In addition to placing Indigenous children, where possible, within their own kin or clan communities the Muslim Foster Care Project (MFCP), developed and implemented in partnership with the Muslim community and DoCS in 2000, was a targeted campaign to meet the need for appropriate OOHC services for Muslim children and their families.

Similarly to Indigenous people, Muslims in NSW make up around two per cent of the total population and have diverse racial, ethnic, cultural and linguistic backgrounds. Close to half (48 per cent) are from an Arabic speaking country; 15 per cent Turkish; five per cent Persian (Iranian); four per cent Urdu and three per cent Indonesian. 'The overwhelming majority of Muslims, in NSW, live in the Sydney metropolitan area' (Roude, Abdo and Abdallah, 2001:4).

The MFCP has three important aspects. The first is the recruitment, training and support of Muslim foster carers from various linguistic, ethnic and cultural groups in the Muslim community; second, the integration of Muslim foster care into DoCS main OOHC Program; and third, the maintenance and strengthening of the partnership between the Muslim community and the Department of Community Services (Roude, Abdo and Abdallah, 2001:6).

It is against this background of the general population of children including Indigenous and Muslim children in OOHC that this review of current and projected availability of foster carers for DoCS is conducted.

1.7 The Structure of the Report

This report presents an analysis of various data, findings from the project and recommendations, and is structured in the following way. Part I: *Introduction and Background* contains Sections 1 and 2. Section 1 discusses the research project and Section 2 presents the methodology of the project.

Part II: *The Characteristics of Foster Carers, Now and in the Future* contains Sections 3 through to 5. Section 3, using Census data, identifies the profile of foster carers in NSW in 2001 and Section 4 presents projections of the future availability of foster carers. Section 5 details the socio-demographic characteristics of carers in 2003 from the carer survey.

Part III: *Emerging Issues and Policy Challenges* contains Sections 6 to 11. Section 6 describes the demand for, and current availability of carers while Section 7 discusses recruitment, retention and motivational aspects of foster carers. Aspects of carer training are described in Section 8 and Section 9 discusses aspects of carer support. Section 10 presents the fostering experience from a carer perspective and conclusions are presented in Section 11.

Details of supporting material are provided in the *Supplementary Report*.

2 Project Methodology Stages I to III

2.1 Methodology

This section of the report discusses the methodological approach taken in the study. The project uses both quantitative and qualitative approaches. Extensive use is made of ABS data to inform the analysis of the socio-demographic characteristics of foster carers and to conduct the mapping exercise, which informs the likely predictability of the carer population for the next decade.

The data came from three separate sources: a carer survey (predominantly quantitative), the interviews with key stakeholders⁶ and focus groups with carers and workers (qualitative components). A particular strength of using mixed methods is the concept of triangulation, in which the three separate data sources analysed independently are also considered collectively. When similar major themes emerge across all data sources this gives greater weight and validity to findings drawn from each method separately. This approach gives further strength to findings drawn from the qualitative data where, as in this study, only small sample sizes are used.

The different Stages of the project were undertaken concurrently. For example, the analysis of the socio-demographic characteristics of foster carers and the mapping exercise were conducted as data (in the form of special census-based tabulations purchased from ABS by DoCS) became available. At the same time, survey instruments for the fieldwork (survey, interviews and focus groups) were developed and implemented.

A number of meetings were held with the project's Reference Group, which was made up of Departmental staff and representatives from the Australian Foster Care Association, The Aboriginal State Secretariat and the Association of Children's Welfare Agencies. The purpose of these meetings was to finalise the project design and its methodology. Other meetings were held between the SPRC research team and DoCS staff from the OOHHC Directorate and Statistical Services.

It was agreed that use be made of ABS data to describe the profile of current foster carer characteristics for Stage II (see below). The number of carers in the postal survey was increased from a purposive sampling model of approximately 500 current carers in two DoCS regions to a random sample of 1000 of all 3000 Departmental foster carers in NSW.

Originally, focus groups were to be held with carers (two non-Indigenous and one Indigenous) and DoCS OOHHC and Fostering staff (a total of six groups) in three regions: metropolitan, regional and rural. After some discussion, it was agreed to increase the number of groups to nine. In all three locations, groups were to be held with non-Indigenous and Indigenous carers and Departmental staff. Given the high numbers of Indigenous children in care, the increase in Indigenous carer groups was to ensure a reasonable response from Indigenous carers. The selection of the specific

⁶ Key stakeholders with wide experience and expertise in the foster care sector were selected in consultation with the Reference Group. They included: representatives of peak and support organisations involved in out-of-home care; researchers; and Indigenous and Muslim specialists in carer support.

regions by DoCS was based on areas where there are difficulties in recruitment/retention of carers and a high demand for placements in OOHC.

Once the methodology and project design was agreed a number of survey instruments e.g. interview schedules with stakeholders, focus group topics with carers and Departmental staff and carers survey questions were developed. These are described in detail below.

Stage I

Stage I involved a literature review of recent (since 2000) research undertaken in Australia and overseas on attracting, recruiting, retaining and training foster carers. As requested by DoCS the literature used in this study comprised a selection of material from electronic databases, published material, reports held by DoCS and similar government agencies in other jurisdictions, OOHC peaks and service organisations, academics and PhD scholars and other research currently being undertaken or recently completed since the publication of Barber and Gilbertson's (2001) *Foster Care, the State of the Art*. Among a number of aspects of fostering Barber and Gilbertson reviewed the national and international literature on carer assessment, recruitment, training retention and support. A brief summary of their findings is included in the *Supplementary Report*.

It was decided not to write up a discrete review of the most recent research literature, but rather to weave relevant findings from national and international research studies and other material throughout sections of the report where it was considered most appropriate and relevant to do so.

Stage II

Stage II involved an analysis of ABS quantitative data related to foster carers. Foster families were identified from the Census data using a method that does not seem to have been previously attempted. The characteristics of foster families are examined in detail and are used as the basis for projecting the future supply of foster families, based on the profile of carers in 2001. A detailed description of the projections methodology is included in the *Supplementary Report*.

Stage I11

Stage III consisted of three field-based components described earlier.

- Semi-structured interviews with key stakeholders.
- Postal survey with foster carers.
- Focus groups with carers and Departmental staff.

Semi-Structured Interviews with Key Stakeholders

Interviews were conducted with a number key stakeholders in the OOHC sector to discuss issues that have a bearing on the availability of foster carers. The stakeholders were associated with various peak bodies and organisations involved with the provision of fostering services and/or providing support to carers. All interviews were conducted in November/December 2003 by phone or face-to-face and were taped. The stakeholders included representatives of the NSW Foster Care Association, The Australian Foster Care Association, the Association of Children's Welfare Agencies, The Aboriginal Statewide Foster Carer Support Service, The Foster Parent Support

Network, an Aboriginal Children's Service providing OOHC, a major non-government agency providing OOHC services, and the Muslim Foster Carers Project.

The interviews addressed issues relating to perceptions of the extent of: the problem in availability and recruitment; extent of carer training and support; administrative or systemic problems; and ideas or alternative models for children requiring OOHC. Use was made of recent survey instruments (interview topics for foster carers and agencies) developed by Triseliotis, Borland and Hill (2000), Hudson and Levasseur (2002) and Butcher (2003) and other literature reviewed for the project to inform the selection of topics to be discussed with stakeholders. The list of topics included in the interview schedules are provided in the *Supplementary Report*.

Postal Survey with Foster Carers: Questionnaire Development and Design

The focus of the carer survey conducted in December 2003 was to obtain information from foster carer families on their socio-demographic characteristics and fostering experience.⁷ The aim of the questionnaire was to gain a better understanding of the Department's current carers, who they are, the issues that they face, and why they foster. The questionnaire was developed in a relatively short period of time as it was necessary to send it to carers in early December to enable carers to return the completed survey before the Christmas holiday period. Extensive use was made of instruments used in other recent studies with foster carers in Queensland and elsewhere.⁸

The draft questionnaire was compiled in consultation with the Reference Group and benefited from suggestions made by several SPRC colleagues. The topics covered in the survey include carer demographic information; fostering experience; reasons for, attractions to, and continuing motivation to foster; carer training; financial and non-financial support; and positives and negatives of fostering. Most questions in the survey were 'closed' (e.g. tick box options) but seven open questions were included to hear the 'voice' of carers themselves.

Survey: Sample Size, Implementation and Response

The Department drew from its database of around 3000 names and addresses a random sample of 1000 carer families. An 'opt out' letter was sent to all selected carers prior to the mail out of the survey giving them the option of contacting the Department if they did not want to participate in the survey. Thirty-two carers took this option and the Department sent out 968 surveys in early December. A reminder post card was sent two weeks after the initial mail out to thank those who had responded, and to remind those who had not returned the survey to do so. By the 2 February 2004, 450 completed surveys had been returned to the SPRC and entered into a database giving a 45 per cent response rate. This is a reasonable response rate for a postal survey, particularly as it was sent close to the Christmas period.

7 The last major survey of Departmental foster carers in NSW was in 1985 (Gain, Ross and Fogg, 1987). Questions used in the Australian Census of Population 2001 to ascertain socio-demographic characteristics were repeated in the carer survey in this study.

8 The team was most appreciative of the prompt response by overseas and local researchers (Triseliotis, Borland and Hill, 2000; Hudson and LeVasseur, 2002; Butcher, 2003) who made their survey instruments available for adaptation for this study.

In an effort to target Muslim carers, questionnaires were sent to thirty known carer families in Sydney and 12 (3.3 per cent of the total sample) completed surveys were returned. Similarly only 22 (8.7 per cent of the total sample) completed surveys were returned by Indigenous carers. Due to the small numbers of Muslim and Indigenous carers returning completed surveys, no separate analysis has been conducted on these groups.

Focus Groups

The third component of the fieldwork involved focus groups with Indigenous and non-Indigenous carers, and Departmental staff in OOHC and Fostering Teams. A neutral venue was selected to hold the groups with carers and groups with staff were held in the local Community Service Centre (CSC) office.

Difficulties Experienced in Organising Non-Indigenous Focus Groups

DoCS sent written invitations to 10 to 12, randomly sampled, non-Indigenous carers in the areas selected, to participate in each group. Some difficulty was experienced: either in contacting the selected carers, or when contact was made with other carers, having them agree to participate. Use was made of representatives of the Foster Care Association or local carer support groups requesting carers to attend.

Difficulties Experienced in Organising Indigenous Focus Groups

The Department experienced extreme difficulty in locating sufficient numbers of Indigenous carers in the selected areas to invite to the groups. It is well known that attracting Indigenous people to provide foster care services for the government in all States is very problematic. In one town on the mid north coast, there are only five carer families available to provide OOHC services through the Department.

The history of Indigenous people's experience of the welfare system and knowledge of the Stolen Generation means that few are prepared to foster for DoCS. However, with the assistance of both Indigenous and non-Indigenous workers in the selected areas and personal contact with Indigenous foster families by the research team sufficient carer families were found to attend two groups. On the mid north coast, due to paid work, care commitments or transport difficulties, only one carer couple was able to attend the group.⁹

The aim of the focus groups was to provide an opportunity for carers and staff to discuss the various aspects of fostering under review and to suggest strategies, options or alternatives to current practice in relation to recruitment of new carers and the training and retention of current carers. To ascertain whether carers in the focus groups were similar to those surveyed, carers participating in the group were asked to complete a Carer Form containing a shortened version of the demographic characteristics from the survey.

⁹ On reflection it was agreed by the research team that it might have been more beneficial to contact Indigenous carer families for a telephone interview rather than try to bring them together for a focus group.

In total, 50 carers and 30 workers from OOHC and Fostering Teams attended the groups. A number of carers attending were couple carers and in these cases, only one carer in the couple was asked to fill in the Carer Form.

Thirty-seven forms were completed and analysed. Around one-third (12 carers) completing a form identified as Indigenous carers, either because of their own background or that of their partner. In other attributes, carers attending the groups did not differ significantly from the profile of carers in the carer survey. However, the characteristics of the two groups differed in some respects.

- The focus group participants had been fostering for longer than the survey respondents: 11.1 years compared to 8.1 years on average.
- Accordingly, the focus group participants had fostered more children than the survey respondents.
- Fewer of the primary carers that attended the focus group discussions were in paid employment compared to the survey respondents (27 per cent compared to 36 per cent).

The relevance of this last point is significant. It is usually only carers who are not in paid work that can attend focus groups, particularly as some carers have to travel some distance to attend a group. A list of the topics included in the stakeholder interviews and the focus groups for carers and workers are provided in the *Supplementary Report*.

Limitations of the Study

In an attempt to understand why carers cease to foster, the research team had planned to survey a small number of former carers, but owing to the difficulties involved in obtaining a sample, this was excluded from the project. To address this gap in knowledge additional questions were included in the general carer survey. Carers were asked to nominate reasons why some carers might leave; what might help retain carers; and what, if anything, would make them give up fostering altogether.

Identifying future demand for OOHC services was also an objective of the project. It became clear, however, that no such analysis could be carried out. This was due to a lack of longitudinal data on the characteristics of children in OOHC and no annual data on the numbers of carers recruited and retained in the system. What is required to estimate demand is consistent and annualised data on a number of crucial characteristics (besides age, gender and ethnicity) on the medical, developmental and behavioural problems and needs of children entering OOHC and then mapping their location. In addition, without annualised data on the number of carers recruited, retained and leaving the system and the level of carer skills and experience, it is not possible to target recruitment in identifiable areas with specific communities to enable appropriate matching of a carer to a specific child or young person.

A further research objective was to identify the turnover rate of foster carers in NSW. In discussions with Departmental staff on the project's Reference Group and later with workers in the three selected areas it became apparent that workers do not keep records of the number of inquiries from potential carers, or the number of people assessed as not suitable, or those potential carers who withdraw from initial training. Records are also not kept on current carers in any systematic way. For example there is no carer database of when carers commence or leave fostering or the reasons why they cease to foster. No exit interviews are conducted with Departmental carers at the

time they leave fostering. It was not possible given time and budget constraints to conduct additional focus groups with workers in other areas of the State which may have provided the research team with an extended range of perspectives on the topics under discussion. Due to lack of data kept on potential or current carers in the three areas it was not possible to address the turnover rate of Departmental foster carers in NSW.

This research project did not examine recruitment campaigns or strategies or evaluate the effectiveness of current strategies on a statewide basis. The information provided to the research team from workers in three DoCS offices, therefore, may not be reflective of strategies used elsewhere in the State.

The lack of a central database on carers in New South Wales meant that it was not possible for the researchers to compare the characteristics of the carers who responded to the carer survey with the characteristics of those who did not participate.

Summary

The results of the stakeholders' interviews, carer survey and focus groups with carers and Departmental staff provided the research team with an enormous wealth of data. It is not surprising, given that most topics of interest to the study were covered in all three-fieldwork components, that the findings from the analysis of the three components were in many respects similar. What differs if anything were nuances and emphases put by interviewees, focus group participants or survey respondents to particular topics or questions.

An attempt has been made to avoid the constant repetition of similar viewpoints, issues, concerns, options and strategies emerging from the findings which is inevitable with such a large amount of overlapping data. The research team has broken the analysis into several sections for ease of presentation and reading. The following Sections of the report discuss the principal findings under the following topics: socio-demographics characteristics of carers; demand and availability of carers; recruitment, retention and motivation to continue; carer training; carer support; and the fostering experience from the carers' perspective.

Details of Supporting Material (e.g. Tables referred to in the text) are provided in the *Supplementary Report*.

Part II: The Characteristics of Foster Carers, Now and in the Future

3 A Profile of Foster Carers in NSW in 2001

This section of the paper addresses one of the main objectives of the research to identify the socio-demographic characteristics of foster carers in NSW. A second objective to identify changes and forward projections of socio-demographic trends in NSW that may impact on the availability of carers is also addressed. A summary of main points is provided below.

3.1 Summary

- Census data suggest that in 2001, some 1865 NSW families contained at least one foster child. These data are likely to underestimate the true number of foster carers.
- Most foster carers are aged between 35 and 54 years, this group representing 70 per cent of female carers and 66 per cent of male carers.
- Single parents are more likely to be foster carers than couples. However, due to the higher number of couple families, a majority of foster carer families are couple families.
- A majority (56.3 per cent) of female foster carers were not in the labour force, while almost two-fifths (39.1 per cent) were in paid employment.
- In terms of the DoCS regions in NSW, South West Sydney has the highest rate of families fostering. The highest rates for areas outside of major cities were found for the Hunter, Nepean, Far North Coast and Illawarra.
- A relatively high proportion of foster carer families are Indigenous, though their prevalence varies greatly by DoCS region.
- Families at the extremities (low or high end) of the income distribution were least likely to foster.
- The majority of female foster carers (62 per cent) indicated that they have no post-school qualifications.

3.2 Introduction

This section examines the characteristics of NSW families containing foster children, based on data obtained from the 2001 *Census of Population and Housing*. The Census data are likely to have identified only a subset of foster carers. In particular, it is unlikely that carers who are related to their foster children (kin carers who make up 57 per cent of all children in OOHC) have been identified in the Census, and so the analysis and results should be interpreted with that qualification in mind.

The ABS Census data suggest that in 2001, some 1865 NSW families contained at least one foster child. Foster carer families are most likely to be couple families. Over two-thirds (67.6 per cent) of foster carer families in NSW were couple families. Two-fifths (39.8 per cent) were couple families with non-foster children, while 27.8 per cent were couple families without non-foster children. Some 17.0 per cent were single

carers with non-foster children, and 15.4 per cent were single carers without non-foster children (see Section 1, Table 1).¹⁰

Single parents are more likely to be foster carers than couples. However, due to the higher number of couple families in the population, a majority of foster carer families are couple families. (see Section 1, Table 2).

3.3 Age of Carers

Overall, most foster carers were between 35 and 54 years of age (70 per cent of females and 66 per cent of males). Amongst the couple carers, very few of the women were aged under 25 years or over 64 years. In contrast, the single female carers were substantially older with nearly ten per cent being at least 65 years old and less than half falling into the 35 to 54 year age bracket.

A majority (56 per cent) of female foster carers were not in the labour force, while almost two-fifths (39 per cent) were in paid employment.

3.4 Fostered Children

Couples were more likely to be caring for pre-school age foster children than were single carers. Almost one-third of couple carers were caring for a foster child under the age of five years, compared with only one-fifth of single carers. Around one-third (35 per cent) of single carers and couple carers had a youngest foster child aged from five to 11 years. Where the age of the youngest foster child was 12 years or more 45 per cent of single carers compared to 36 per cent of couple carers were caring for a foster children in this age category (see Section 1, Table 3).

3.5 Regional Breakdown

In terms of DoCS regions the largest percentage of all foster families was in South West Sydney (12 per cent of the total). Outside of Sydney the highest percentages of foster families were in the Hunter (11 per cent), Far North Coast and Illawarra (8 per cent) (see Section 1, Table 4).

3.6 Housing Tenure of Foster Carers

Twenty nine per cent of foster carer families in NSW owned their home outright, a third were purchasing their own home, and a third were renters. There are marked differences in the housing tenure patterns of single carers and couple carers. Over half of the single carers were renters, 23 per cent were outright owners and 17 per cent were purchasing their homes. The comparable figures for couple carers were 22 per cent, 32 per cent and 41 per cent, respectively (see Section 1, Table 5).

3.7 Indigenous Foster Families

A relatively high proportion of foster carer families are Indigenous, 16.1 per cent of single carers are Indigenous compared to 6.7 per cent of couple carers. Their prevalence varies greatly by DoCS region with most foster carers found in areas

¹⁰ All relevant Tables are in the Supplementary Report. Some tables include comparable data to Victoria, Queensland and Australia.

outside metropolitan areas including Orana Far West (35 per cent), New England (22 per cent) and Central West (18 per cent) (see Section 1, Table 6).

3.8 Foster Families Income

Families at the extremities (low or high end) of the income distribution were least likely to foster. Reflecting labour market participation single carer families are more likely to have low weekly incomes than couple carer families. Couple families who both work full-time (and hence are likely to have the highest incomes) are relatively unlikely to be foster parents.

Analysing the likelihood of people to foster based on their income is problematic using the Census data. Carers of fostered children are entitled to a 'Care Allowance' (at least \$175 per foster child per week, up to \$350 for children with higher needs) from the NSW Department of Community Services. Foster families may also be entitled to receive Family Tax Benefit and/or Parenting Payment from the Australian Government Department of Family and Community Services. Census data do not identify source of income. Therefore it is not possible to determine what proportion of annual income provided in the Census includes the various payments carers are entitled to receive.

With these caveats in mind the data suggest that amongst single carer families with birth children, those who receive a weekly income between \$500 - \$599 appear most likely to foster. Amongst couple families with and without children, respectively, the highest rates of fostering are found for those with weekly incomes between \$1000 - \$1199 and between \$700 - \$799 (see Section 1, Table 7).

3.9 Education of Foster Carers

The majority of female foster carers (62 per cent) indicated that they have no post-school qualifications. This finding is consistent regardless of family status, though single carers with birth children are more likely than other family types not to have post-school qualifications (70.4 per cent). About 8.8 per cent of female carers have tertiary qualifications. One needs to be mindful that women without qualifications are likely to be older and to be out of the labour force, factors which are probably more likely to be driving these higher fostering rates than the levels of qualifications themselves (see Section 1, Table 8).

4 Projecting the Future Availability of Foster Carers

4.1 Introduction and Overview

This section reports the projected changes in the population of Foster Carers in New South Wales from 2003 to 2013. This change is compared to that of other population groups. The projections are based on published ABS projections of the change in the population by age and sex, and of labour force participation rates by age and sex. A summary of the main points is provided below.

Projections of Foster Carers

- Projections of the future number of foster carers in NSW between 2003 and 2013 have been derived by combining the current carer profile with ABS demographic and labour force projections (ABS, 1997, 1999a, 1999b, 2003a, 2003b).
- These projections are not predictions and are sensitive to the underlying assumptions used. Future demographic changes may diverge from these assumptions, while many other factors will influence the decision to become a foster carer. Policy has a role to play in influencing these decisions.
- The number of foster carers is projected to increase at a lower rate than growth of the overall population of adult women under all of the scenarios considered. This is mainly because women in the labour force are less likely to be foster carers than other women, while the ABS projects increases in the labour force participation of women in most age groups.
- The projections do not suggest any major changes in the composition of foster carers by age or labour force status. In 2013, as in 2001, about two-thirds of foster carer families will include women aged between 35 and 54.
- Regions with high rates of projected population growth also have the highest rates of projected growth in the number of foster carers.

4.2 Projections are not Predictions

It is important to note at the outset that *projections* are not *predictions*. While projections simply trace out the future implications of a continuation of past trends, future demographic changes may not necessarily follow the projections utilised. Furthermore, and perhaps even more importantly, many other (non demographic) factors will influence people's decisions to become foster carers. These may include changing societal attitudes to foster care, financial incentives, and changes in the demand for foster care.

The methodology used for these projections is discussed in the Supplementary Report (see Section 3). Three scenarios of change are considered. Series A projections utilise ABS 'high' assumptions from ABS (2003b). Series B projections utilise ABS 'medium' assumptions. Series C projections utilise ABS 'low' assumptions.¹¹ Series B is regarded as the main series of projections in the present analysis.

11 Specifically, Series A is based on assumptions of relatively high future fertility, life expectancy, overseas migration and interstate migration. Conversely, Series C is based on assumptions of relatively low future fertility, life expectancy and migration. Series B is based on medium assumptions between the high and low positions. (However, the life expectancy assumptions for Series B are the same as that of Series C.)

Key Finding No. 1

Under all of the scenarios considered, the number of foster carers is projected to increase at a lower rate than growth of the overall population of adult women.

The main projections result in an overall increase in the number of Foster Carers by 7.5 per cent between 2003 and 2013. In comparison, the population of women aged over 15 is projected to increase by 11.0 per cent, while the number of children aged under 15 years is projected to decrease by 5.1 per cent. These results are illustrated in Figure 4.1.

Key Finding No. 2

The effect of projecting future populations using age and sex patterns only is a projected increase in the number of foster carers similar to that of all adult women.

In the main series, the size of this increase is 10.6 per cent in the ten years to 2013. This is slightly lower than the corresponding projected increase in women aged over 15 (11.0 per cent). This is mainly because the latter is influenced by a large projected growth in the number of elderly women, who are relatively unlikely to be foster carers.

Key Finding No. 3

The ABS projects increases in the labour force participation rates of women in most age groups. Women in the labour force were less likely in to be foster carers in 2001 than are other women. Taking account of projected labour force participation rates thus decreases the projected number of foster carers. For example, in Series B, applying labour force participation projections has the effect of decreasing the projected number of foster carers by 3.1 per cent in the 10 years to 2013.

Key Finding No. 4

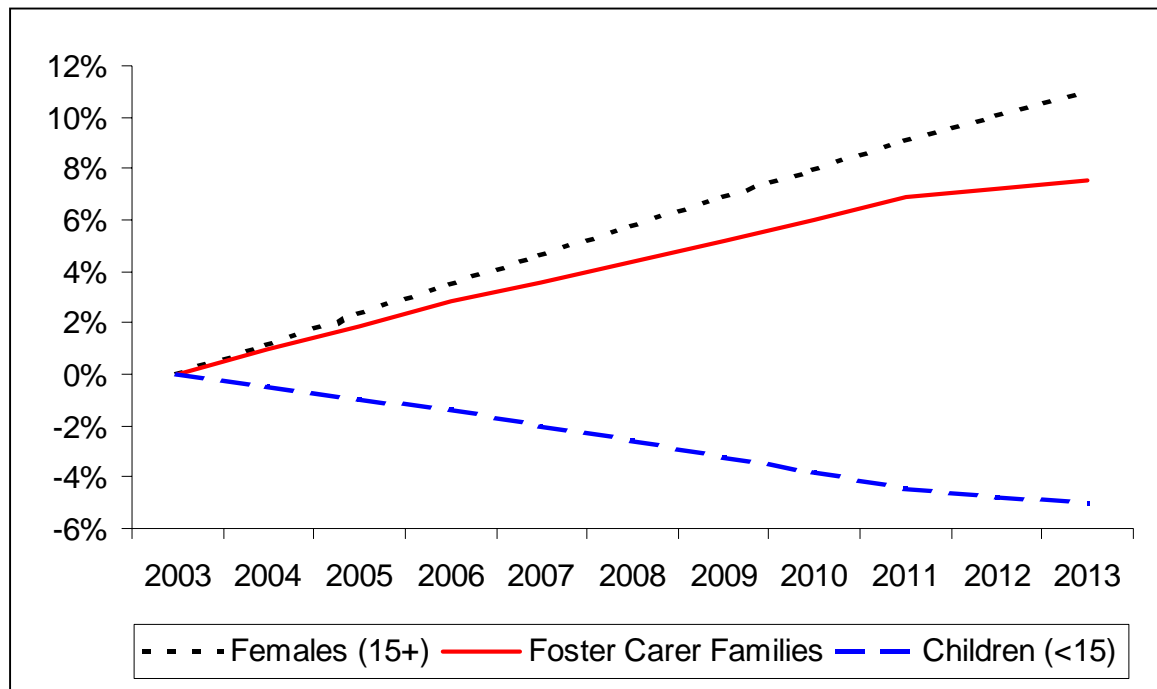
The projections do not suggest any major changes in the composition of foster carers by age or labour force status.

There is a projected increase in the proportion of foster carer families with a woman aged over 55 years (from 16.5 per cent to 21.1 per cent). However, in 2013, as in 2001, about two-thirds of foster carer families will include women aged 35-54 (63.6 per cent in 2013, down slightly from 67.3 per cent in 2001). More substantial changes in the composition could of course occur, but under the assumptions that underlie these projections, they will not be driven by changes in the age structure, or changes in labour force participation.

Key Finding No. 5

Regions with high rates of projected population growth also have the highest rates of projected growth in the number of foster carers. Between 2003 and 2013, the projected changes to the number of foster carers vary from an increase of 17 per cent (Far North Coast) to a slight decrease of two per cent (Orana/ Far West).

Figure 4.1: Projected Change in Number of Females (15 years and over), Foster Carer Families and Children (under 15 years) 2003-2013 (Series B) in NSW



4.3 Detailed Results

The detailed results from the analysis are included in the *Supplementary Report* (see Section 2, Tables 9-12).

Table 9 indicates the projected number of foster carer families for each year until 2013, and changes from 2003 under all three Scenarios. By way of background and context, similar projections are shown for other population groups, namely the populations of females aged fifteen years and over, children aged under fifteen years, and the total population.

Table 10 shows the results of utilising only the population by age and sex projections under each of the three scenarios. These results can also be compared with those shown in Section 3 (see *Supplementary Report*), in order to isolate the effect of projected changes in labour force participation rates.

Table 11 gives a breakdown of the main foster carer projections by age and labour force status in each year. Note that ‘age’ and ‘labour force status’ refers to the female carer in all cases where she exists. For the four per cent of foster families with no female carer, these characteristics refer to the male carer. Some totals may not be equal to the sum of components due to rounding errors.

Table 12 indicates that projected changes to the pool of foster families differ considerably between regions. These patterns follow that of overall population projections for the regions, which are driving these results. Increases are forecast for all of the coastal regions and for the Southern Highlands. The largest projected increase between 2003 and 2013 is for the Far North Coast (16.7 per cent). Small decreases are forecast for all of the other regions, the largest being a decrease of 1.6

per cent for Orana/Far West. However, the absolute number involved is very small, representing a decrease of just one foster family, from 66 to 65 families.

4.4 Likely Increase in Foster Families

The available projection data do not allow for individual analysis of regions within Sydney. Therefore, Sydney has been treated as a single region. Foster carer families in Sydney are projected to increase by 8.4 per cent over the ten years to 2013.

Summary

In summary it is difficult to draw any firm conclusions from the analysis of ABS data on the likely availability of carers in the future. While in the main the findings are reasonably positive as to carers being available they have to be viewed in the context of a large number of other variables, which influence people's decisions to become foster carers. This aspect of availability of carers will be considered in light of other findings from the fieldwork components of the study elsewhere in the Report.

5 Socio-Demographic Characteristics of Foster Carers in 2003: Analysis of Survey Data

This Section presents the snapshot of foster carers in New South Wales that was revealed by a survey with foster carers in NSW. It describes who the carers are, including their age, length of time fostering, carers' incomes, education, religious affiliation and ethnic/cultural background. Comparative foster carer data is reviewed where available. It addresses one of the main objectives of the research to identify the socio-demographic characteristics of foster carers in NSW. A summary of the main points is presented below.

- A postal survey of one thousand foster carers in NSW was conducted specifically for this project. It generated 450 responses and produced new statewide information on the demographic characteristics of carers, the factors that attracted them to caring, the training they received and financial and other supports.
- The survey data indicate that the typical NSW foster carer is female; aged 48 years; Australian-born; has completed Year 10 schooling (or equivalent); is not in the labour force; and has been fostering for five years or less.
- These dominant or average patterns conceal the great variety that exists in the overall foster carer profile.
- Almost all foster carers owned or were purchasing their home, and 60 per cent lived in a dwelling with at least four bedrooms.
- More than one-third of primary carers were in paid employment, as were almost three-quarters of secondary carers.¹² Of those who were not in employment, many relied on government pensions or allowances as their principle source of income.
- A majority of primary carers had incomes less than \$400 a week, and many had incomes below \$200 a week. Secondary carers were more likely to have incomes over \$600 a week.
- Eighty-five per cent of carers rated their health as very good or good.
- Most carer had access to a motor vehicle (but around one in ten did not).
- Almost half of all carers had been fostering for five years or less, but over one-quarter had been fostering for 11 years or more.
- The total number of children fostered by carers varied greatly, with around one-fifth fostering one or two children, and a similar number fostering more than twenty children. In total, 439 households were fostering 657 children at the time of the survey.
- Less than one-fifth of carers had fostered a child from a different cultural or ethnic background to their own. Most of those who had fostered Indigenous children were themselves from an Aboriginal or Torres Strait Islander background.

¹² The primary carer is defined as the carer who carries out most the day-to-day care of foster children. The secondary carer is the partner in carer couples. Most primary carers are female (92 per cent).

5.1 Analysis of Survey Data

In December 2003, approximately one thousand surveys were sent to a random sample of foster carers in NSW. By 2 February 2004, 450 usable surveys had been returned giving a 45 per cent response rate. This response rate is reasonable for a mail survey, particularly as it was sent during the Christmas period. Topics covered in the survey include carer demographic information, reasons for and attractions to fostering, foster care training, and financial and non-financial support received¹³.

The postal survey produced new statewide information on the demographic characteristics of carers. Some of the carer characteristics reported in the current study are broadly comparable with the ABS Census data described in Section 3.1 and this is highlighted in this Section where relevant¹⁴. This section presents a snap shot of foster carers in New South Wales, it describes who the carers are including their age, length of time fostering, carers' incomes, education, religious affiliation and ethnic/cultural background. Comparisons of foster carers' characteristics in Australia with foster carers elsewhere at a similar period in time is also highlighted in this Section.

5.2 Carer Profile

The majority of primary carers in the current study were female (92 per cent) and the majority of secondary carers were male (90 per cent). A quarter of the carers (26.9 per cent) described their foster carer household as a single carer household (97 per cent female) and three-quarters identified their household as a carer couple household (92 per cent with a primary female carer). This corresponds broadly with the proportion of carer couple families reported in the Census data in Section 3, where two-thirds (67.6 per cent) were carer couple families and the remainder were single carers.

The increase in single female carers since a 1986 study of NSW foster carers is significant. The study found that just 14 per cent of carer households were single carer households (Gain, Ross and Fogg, 1987). The increase represents an almost two-fold increase in the proportion of single female carer households in NSW over the past two decades.

The percentage of single female foster carers in NSW corresponds with the findings from recent studies of foster carers in the UK and Scotland. The UK study found that a quarter of carers (24 per cent) were lone carers, while the Scottish study found that a fifth (21 per cent) of carers were single carers (Sinclair, Gibbs, and Wilson, 2000; Triseliotis, Borland and Hill, 2000).

13 As there is no central database of carers in New South Wales there is no way of comparing the characteristics of the carers who responded to the survey with the characteristics of the non-respondents.

14 Some of the carer characteristics reported in the current study are broadly comparable with the ABS Census data described in Section 3. This is highlighted in the current Section where relevant. It is important to note that the current study collected data on 'primary carer' and 'secondary carer' whereas the Census data is presented as female carer and male carer. As the majority of primary carers in the current study were female (92 per cent) and the majority of secondary carers were male (90 per cent), primary carer characteristics will be compared with the characteristics of the female carers in the Census data and secondary carer characteristics will be compared with the characteristics of the male carers reported in Section 3.

5.3 Age, Ethnicity and Religion

The age profile of primary carers is concentrated in the 35-64 years age band (average age was 48 years) and corresponds with the Census data where 83 per cent of female carers were aged between 35 and 64 years. This average age is not dissimilar to the age of 45 years for main carers in a UK foster carer study (Sinclair, Gibbs, and Wilson, 2000).

It appears that the age profile of foster mothers in NSW has increased over the past two decades, which is consistent with the trend towards delayed family formation. A 1986 study of NSW foster carers found that most foster mothers were aged 25-49 years (Gain, Ross and Fogg, 1987). In the current study, 70 per cent of the primary carers were aged 35-54 years. This is consistent with findings from a Scottish foster carers study conducted in 1997, which found that seven in ten female carers were over the age of 40 (Triseliotis, Borland and Hill, 2000).

The majority of the carers were born in Australia (84 per cent) and eight per cent of the carers were born in the United Kingdom. A comparison with 2001 Census data suggests that overseas-born carers are under-represented in the foster carer sample relative to the NSW population, 24.9 per cent of whom were born overseas.

Carers were asked what religion they were and more than three-quarters of the sample (81 per cent) nominated a religion. Carers who nominated a religion were asked whether they were actively practising their religion. Of those who responded, over half (52 per cent) said that they were actively practising their religion. This contrasts with the findings of the Scottish foster carers study which found that just a third of those who declared a religious affiliation were actively practising (Triseliotis, Borland and Hill, 2000).

5.4 Housing Tenure

The majority of carers (95 per cent) live in a free-standing house. While almost a third of carers (32 per cent) fully own their home, two-fifths (42 per cent) are still purchasing their house. Sixty per cent lived in a dwelling with at least four bedrooms. Fourteen per cent of carers were living in privately rented accommodation and twelve per cent were living in publicly rented accommodation. These findings are not dissimilar to the Census data which indicate that 29 per cent of foster carer households own their home outright, 33 per cent are purchasing their home and 33 per cent rent their accommodation.

5.5 Education and Employment

Less than half (42 per cent) of the primary carers completed Year 10 or equivalent and a third (34 per cent) completed Year 12 or equivalent. More than half of the primary carers (56 per cent) had a post-school qualification. These findings on carer level of educational qualifications correspond to similar findings in a study conducted by the Australian Foster Care Association (AFCA) in 2000 (AFCA, 2001).

More than a third (36 per cent) of primary carers were in paid employment, which is very similar to the Census data indicating that 39 per cent of female carers were in paid employment. Thirty-six per cent of primary carers in paid employment were working full time. It appears foster carers in the last two decades have only slightly increased their paid labour market work, up from 31 per cent in 1986 (Gain, Ross and

Fogg, 1987). The proportion of primary carers in paid employment in the current study corresponds with female carer employment levels in a Scottish foster carers study – 37 per cent (Triseliotis, Borland and Hill, 2000).

5.6 Carer Income

The main source of income for primary carers who were unemployed or not in the labour force was a pension or parenting payment with almost two-thirds (63 per cent) of primary carers indicating this as their principal income source. A third (34 per cent) of carers indicated ‘spouse/partner support’ as their main source of income. Slightly more than half of the carers (53 per cent) said they received Family Tax Benefit (FTB) for a child or children in their care. A majority of primary carers had incomes less than \$400 a week, and many had incomes below \$200 a week. Secondary carers were more likely to have incomes over \$600 a week.¹⁵

5.7 Carer Health and Transport

The majority of carers (85 per cent) in the study described their health as good or very good. This is similar to the findings of the Scottish foster carer survey in which 95 per cent described their health as good or very good (Triseliotis, Borland and Hill, 2000).

Over 90 per cent of carers said they had access to a motor vehicle that could accommodate all in their household when they required it compared to around one in ten who did not.

5.8 Fostering History

Almost half of all carers had been fostering for five years or less, but over one-quarter had been fostering for 11 years or more. The mean number of years that carers had been fostering was eight years, a finding similar to that in the study by AFCA (AFCA, 2001). While it is not possible to estimate whether the carers in the current study have been fostering for longer than their counterparts in the 1986 NSW study, the findings appear to suggest that some carers today are fostering for longer periods than their counterparts were two decades ago, but this cannot be verified. The findings of the Scottish foster carers study concerning the carers’ years of fostering experience were broadly similar to the findings of the current study and also correspond with the findings of the AFCA study (Triseliotis, Borland and Hill, 2000; AFCA, 2001).

A comparison of the proportion of carers with children in their care at the time the 1986 and current studies were conducted suggests that current carers are fostering more children per household than carers were two decades ago. In the 1986 study, almost two-thirds of carers (63 per cent) had one child in their care at the time of the survey, but in the current study this had dropped to half (48 per cent). There was an increase in the proportion of carers with two children in their care at the time of the

15 For a number of reasons it is not possible to compare incomes of carers from the Census with survey respondents. It appears that some carers may have answered with regard to fortnightly rather than weekly income. Carers’ estimates of weekly gross income appear to be much higher than would be expected if two-thirds of primary carers were receiving a pension/parenting payment. However, this could be explained in terms of a combination of paid part-time work, receipt of a pension/parenting payment and Family Tax Benefit. Although carers were asked to exclude additional monies received from DoCS, some may have included these monies in their calculation of weekly income.

study from 24 per cent in 1986 to 29 per cent in the current study. Furthermore, 3.6 per cent of carer households in the 1986 study had four or more children in their care at the time of the study compared with 9.4 per cent of carer households in the current study. In total, 349 households were fostering 657 children at the time of the survey.

5.9 Type of Care Provided

The most frequent type of fostering care undertaken was long-term care, which was undertaken by two-thirds (67 per cent) of carers. More than half (59 per cent) of the carers usually undertake Crisis/Emergency or Short-term/Temporary care and under half (44 per cent) undertake respite care. Similar proportions of carers usually undertake care of pre-adoption babies (12 per cent), high support care (12 per cent) and relative (kinship) care (10 per cent). The least frequently undertaken type of care was caring for teenagers only, with only three per cent of carers undertaking this type of care.

5.10 Fostered Children

The children in care were relatively evenly split between male (51 per cent) and female (49 per cent). The split in age categories was also quite even with approximately a third of children in each of the 0-4 year (32 per cent), 5-9 year (33 per cent) and 10-15 year age categories (30 per cent). Slightly fewer than five per cent of the children (representing 29 children in all) were aged 16 years or over.

One major difference in the age profile of the children in care now and two decades ago is that there appears to be fewer older teens in care now than in the mid-1980s. In the 1986 study, 11 per cent of the children in care were aged between 16 and 18 years compared to less than five per cent aged 16 years or over in the current study. In addition, the proportion of 0-4 year olds in care has increased over the two decades from 25 per cent in 1986 to 33 per cent in the current study (Gain, Ross and Fogg, 1987). Comparative data from a Scottish foster carer study shows that the children in care in Scotland by similar age categories are slightly older than the children in care in NSW (Triseliotis, Borland and Hill, 2000).

5.11 Time in Care

Approximately a third of the children (31 per cent) had been with the foster carer for one year or less at the time of the survey. Fifteen per cent had been with the carer between one and two years and thirteen per cent had been with the carer between two and three years. A quarter of the children (25 per cent) had been with the foster carer for five or more years.

While the proportion of children who were in care for one year or less at the time of the study has declined somewhat over the past two decades (from 39 per cent in 1986 to 31 per cent in the current study) there also appears to have been a decline in long-term placements over the period. The 1986 study found that 42 per cent of the children in care had been with the carer for five or more years compared to 25 per cent of the children in the current study.

5.12 Ethnicity of Children in Care

Less than one-fifth of carers had fostered a child from a different cultural or ethnic background to their own. Most of those who had fostered Indigenous children were themselves from an Aboriginal or Torres Strait Islander background.

5.13 Presence of Non-fostered Children in Carer Household

Carers were also asked to provide details of any birth, adopted or stepchildren (non-fostered) residing in their home. A fifth of carers (20 per cent) indicated that there is one other child living at home, 15 per cent of carers have two other children living at home and 11 per cent have three birth, adopted or stepchildren at home. Five per cent of carers have four or more birth, adopted or stepchildren residing at home. In half of the surveys (50 per cent), it appears that there are no other birth, adopted or stepchildren residing in the carers' home. However, it is unclear how much of this is attributable to missing data. In the Census data 43.2 per cent of foster families in NSW reported having no non-foster children in their household.

A comparison with the findings from the 1986 study by Gain, Ross and Fogg suggests that carer family size has decreased over the past two decades. The proportion of carer families with no other children residing in their home has increased two-fold over the period, from 26 per cent in the 1986 study to 50 per cent in the current study. Conversely only five per cent of carers in the current study had four or more non-foster children residing at home compared to 11.5 per cent two decades ago (Gain, Ross and Fogg, 1987).

These findings on the proportion of carers in the current study with no other children residing in their home is similar to a UK foster carer study, which found that 42 per cent of carer families had no dependent children at home (Sinclair, Gibbs, and Wilson, 2000). However, it is higher than that found by the Scottish foster carers study in which only a third of carer households had no non-foster children living at home (Triseliotis, Borland and Hill, 2000).

5.14 Fostered Children's Access to Health and Medical Services

Nearly half of all carers said that access to health and medical services for the foster child/ren in their care was 'very good'. A further quarter (28 per cent) of carers rated their access to health and medical services for the children in their care as good and a fifth (18 per cent) considered it 'reasonable'. Five per cent considered their access 'poor' and just three per cent felt it was 'very poor'.

Summary

In summary survey data of NSW foster carers indicate that the typical Departmental foster carer is a partnered/married female, aged 48 years, Australian-born, has completed Year 10 schooling (or equivalent), is not in the labour force and in many cases is reliant on government pensions or allowances as a principle source of income. Most carers either own or are purchasing their house, they are in good health and most have access to a vehicle to meet their fostering needs. Carers have a history of fostering (mean of eight years), most undertake long-term care and currently care for one or two children between 0-15 years. Carers are likely to have no other children living in their home but of the significant proportion who do, most are likely to have one to two children or young people residing at home. This dominant or average pattern however conceals the great variety that exists in the overall foster carer profile.

Part III: Emerging Issues and Policy Challenges

6 Demand for and Current Availability of Carers

This Section of the report discusses the perceived areas of demand for foster carers and the availability of carers to meet the demand. Extensive use is made of the discussion and findings from the stakeholders interviews and the three focus groups conducted with Departmental staff. It addresses one of the main objectives of the research to identify the broad need for foster carers within DoCS for various types of care including temporary care and long-term care. A summary of the main points is provided below.

- According to the interviewed stakeholders and workers in focus groups there is an urgent need for carers in all areas of fostering: crisis; respite; short-; medium- and long-term, and culturally specific carers to take children from specific cultural backgrounds.
- Respite has been shown in a number of research studies to be a major factor in retaining carers and preventing placement breakdown. It is suggested that arrangements for respite care should be included in every child's case plan.
- The introduction of early intervention programs for families and the setting up of specialist early intervention teams was perceived as likely to exacerbate the increasing need for carers to provide respite for vulnerable families.
- Finding carers for adolescents is becoming increasingly difficult throughout NSW. Paradoxically, it is also the group where matching the young person with a carer with the capacity to meet their needs becomes more critical.
- In relation to the need for ethno-specific carers, it is perceived that some ethnic communities are too small to provide carers and in some cultures there is no concept of fostering.
- For the Indigenous stakeholders, the areas of highest demand is for carers for children with high or special needs, carers for sibling groups and temporary care services. It is a matter of concern that the placement of Indigenous children with non-Indigenous carers is due to a lack of Indigenous carers.
- According to information provided by a Muslim worker in DoCS the recent introduction of the Muslim Foster Carers Project has meant that there is currently no particular area of demand for Muslim carers in the Sydney metropolitan area.

6.1 Area of Demand for Carers

Stakeholders and workers in the focus groups noted the urgent need for carers of all types of care: respite; crisis; short-, medium- and long-term care. Concern was also expressed around the difficulty in finding carers for Indigenous children and multicultural carers to take children from specific cultural backgrounds. Carers were also difficult to find for adolescents, sibling groups, children with disabilities and children with challenging behaviours.

6.2 Respite for Carers: Findings from the Research

Studies in the US (Jarmon et al., 2000; Rhodes et al., 2003) note the common concern of carers with accessing regular respite. Many carers felt 'that if they were allowed more time away from the day-to-day work of caring for a child, their rate of "burn

out” would be diminished significantly’ (Jarmon et al., 2000: 14). The authors also found that the provision of child care and respite for rural carers were ‘consistently noted as important retention issues’ in a study on recruiting/retaining carers (Jarmon et al., 2000: 17). Rhodes et al., (2003) suggested that families who decide to discontinue fostering after being assessed and attending pre-service training should be encouraged to provide respite care if they are not prepared to take on full-time parenting responsibilities. ‘Having a pool of respite care providers can support [current] foster families and thus improve retention’ (Rhodes et al., 2003: 44).

A national survey of Australian carers, citing an unpublished Queensland study with 45 carers who had ceased to foster between 1997 to 1999, found that, among a number of systemic problems the lack of respite for carers led to some carers ceasing to foster. ‘Seventy six per cent of foster carers [about to cease fostering] were offered no other options (e.g. provision of respite care) other than to cease fostering’ (Foster Parents Association of Queensland (undated) cited in AFCA, 2001: 82).

The Queensland Crime and Misconduct Commission (CMC) recommended that respite arrangements be included in a child’s case plan (CMC, 2004: 12). The provision of respite for carers is essential and while it involves some financial cost to government, it could, as suggested in two studies, be a major factor in retaining carers and preventing placement breakdown (Rhodes et al., 2003; Jarmon et al., 2000).

6.3 Respite Care

According to workers in this study arranging regular, planned respite for carers with children with specific or high needs or disabilities, by other foster carers, in order to prevent burn out is problematic in all areas. A worker from one of DoCS’s metropolitan offices expressed concern at the introduction of early intervention programs for families and the setting up of specialist early intervention teams within the Department. He foresaw an increasing demand for respite and temporary care as family support measure for families targeted by these programs at a time when the OOHC teams are struggling to find carers for their program. Whilst early intervention programs and OOHC services are not related, the people volunteering to support families in early intervention programs could also be potential respite foster carers.

Stakeholders and workers said respite was essential for carers, particularly those providing long-term care. Carers need time for self care and a break from the day-to-day commitment of caring. Respite or short-term care, said one stakeholder, could be attractive to some carers not prepared to make a long-term commitment but prepared to take children on week ends or for short periods of time.

Use of the child’s extended family (grandparents, aunts and uncles, etc.) for carer respite is an option that several NSW stakeholders thought should be pursued. Approval (authorisation to care) has to be granted by the Department. One option, suggested by a FCA representative, was the development of a smaller version of the carer assessment package for grandparents and other relatives. Once approved, they could be invited to provide respite on a regular basis. Currently relatives prepared to care for their related children are assessed similarly to other carers but do not need to attend training. Respite by the child’s kin network, said the representative, served two purposes; it maintained the child’s relationship with its extended family and gave the carer a much needed break.

Other adults who have connections to the child (through school, sport, etc.) may also be willing, if approached, to provide respite from time to time, suggested another stakeholder. While in principle a good option, such adults would require, at a minimum, some training if they were prepared to provide respite services. Respite carers need to have similar skills to the primary carers particularly for children with challenging behaviour, to maintain consistency of behaviour management approaches. Negative experiences in respite care can be disruptive to placements and therefore ultimately make life harder rather than easier for the primary carer.

A recent report suggested that respite should be a positive experience for children. The Queensland inquiry into foster care noted that the use of regular camps and school holiday programs could also improve a child's well-being while giving respite to the carer, 'Respite can also be seen as an opportunity for increasing children's social support network and exposure to strong adult role models' (CMC, 2004: 12).

Availability of Respite

Both NSW and Queensland provide a minimum of 21 days respite each year for carers and during this period a dual allowance is paid. However, for most carers in NSW, regular respite from their caring role is difficult to obtain (McHugh 2002). Recent research in Queensland also has highlighted how difficult it is for carers to access respite (DoF, 2003; CMC, 2004).

6.4 Crisis Carers

A lack of carers prepared to take children in an emergency was of concern in one area. Most carers in the region have long-term placements and there is only a small pool of 'crisis' carers. These carers, depending on their relationship with the workers, will usually take additional placements. However, as one worker commented, this pool of carers is very small. The pool is dwindling due to the age of carers or when a carer sought reassessment (from crisis to medium/long-term care) for a particular child who had settled in well with the family. These carers then go off the crisis list and are no longer available.

6.5 Short-term Care

One agency worker noted the increasing difficulty in recruiting short-term carers from a child's local area so the child can be kept at the same school and close to friends and family. She noted there were now some urban areas in the Sydney metropolitan area where it was virtually impossible to recruit carers (see also Community Services Commission, 2000: 17). She commented that difficulty in finding 'local' carers results in increased costs both to the Department (transporting child to school) and the to child (loss of contact with family and friends).

The need for temporary or short-term care was noted by Indigenous stakeholders and workers. One worker noted that when agencies providing Indigenous children's services were first established, they were able to take referrals from the community and to offer respite and short-term care while providing support and services to families in a crisis situation. This was no longer possible as only OOHC services could be provided under the current funding arrangements for agencies. The agencies can only take 'children at risk' referrals after a DoCS assessment and/or Court Order is made. For Indigenous communities, this is not always the appropriate response, said the ASFCSS spokesperson. He believed that the agencies should be able to work

with the communities in a variety of ways; current policy prevents them from providing family support, including temporary care, even when this is the most appropriate action to take.

This point was reiterated in a Victorian review of OOHC which found that in relation to the provision of Indigenous foster care the Department of Human Services (equivalent of NSW DoCS) was

... often 'too prescriptive' in framing Indigenous services. Alternative models of providing Indigenous foster care have been developed and trialed. In this respect, family group conferencing and family preservation programs are apparently showing encouraging results, but are not yet widespread. (DHS, 2003:79).

Similarly in a Queensland foster care inquiry, there was evidence to suggest that 'the lines between prevention initiatives and alternative care services are frequently blurred in Indigenous communities'. The inquiry recommended that in light of the unclear distinctions that inhibit service delivery 'service agreements and funding of individual [Aboriginal and Islander Child Care Association] AICCAs be reviewed (CMC, 2004: 17).

6.6 Long-term Carers

One worker from a regional office said their team were finding it very hard to find carers willing to take children on a long-term basis, particularly children from around eight years of age (pre-adolescents), adolescents and teenagers. While finding long-term carers for babies and infants was not usually problematic one worker in the far north coast town noted they were currently experiencing difficulty in placing babies. The lack of available long-term carers has a serious impact on child protection work according to workers in the metropolitan focus group. Workers noted that there were 50 to 60 children in the area in care on the waiting list for a long-term carer.

6.7 Indigenous Carers

One of the areas of highest demand for OOHC is for Indigenous carers for children with high or special needs and carers for sibling groups. In two areas where focus groups were held workers were experiencing difficulty in implementing the Aboriginal Child Placement Principle. A shortage of Indigenous carers meant Indigenous children were being placed with non-Indigenous carers. ASFCSS also reported the difficulty in finding Indigenous carers with the required skills to care for children with high or special needs. Arranging specific training programs for carers in this area is crucial, they argue, to prevent children being inappropriately placed with non-Indigenous carers. According to ASFCSS, Indigenous carers with minimal training get 'burnt out' when the children placed with them are beyond the carer's capacity to cope. Similar findings in relation to Indigenous carers were also cited in the recent inquiry into foster carers in Queensland (CMC, 2004).

6.8 Multicultural Carers

Difficulty with finding culturally specific carers was also problematic for stakeholders in NSW. Advertising through culturally specific newspapers and radio stations had not been successful for one major agency. One stakeholder thought some ethnic communities are too small to provide carers and in some cultures, unlike Aboriginal communities, there is no concept of fostering. There is a large Sikh population on the

north coast but workers in the closest town to the community commented that currently the resources are not available to ascertain their needs or develop relationships with the community. By contrast, a campaign to recruit and train Muslim foster carers in Sydney proved successful. The care provided for Muslim children is mostly short-term and respite care. While not perceived as an area of demand a suitable carer for the first long-term placement of three siblings is being sought with current Muslim carers.

6.9 Carers for Sibling Groups

A perceived gap in the provision of OOHC in NSW is for sibling groups. Keeping siblings together in one placement is usually a priority for all children but especially for Indigenous children (see Section 1.3). Stakeholders and workers agreed that finding the ‘right’ carer for siblings can pose problems.

One option suggested by several stakeholders was to use a ‘wrap around’ model of care. For sibling groups requiring OOHC, this model entails approaching an appropriate carer family and providing adequate financial and non-financial support (suitable housing and personal transport) to ensure the success of the placement.

One NGO agency interviewed uses this approach. In one instance, they asked an experienced and appropriate carer in part-time work, to forgo her casual hours of paid work, and become a full-time carer. The carer was set up in house big enough to take the sibling group and ‘paid’ (a similar amount to her lost wages) so that she did not have to work. The agency used ‘other’ sources to make up the shortfall from Departmental funding for the placement.¹⁶

‘Wrap Around’ Model of Care

One stakeholder made mention of a Victorian program which uses the ‘wrap around’ approach for sibling groups. Researchers for this study found the Oz Child Sibling Group Placement Program (OCSGP) implemented in Victoria in 1998 provides an example of the ‘wrap around’ model of care for sibling groups in practice.

Previously trained and experienced carers estimated to have the capacity to care for three or more related children are recruited to the Program. To meet expected travel demands, carers are provided with a 7-8 person vehicle with provision for running costs. Based on a carer’s individual additional support requirements (i.e. child care, in home support, clothing, activities, medical and pharmaceutical goods) contingency funding is made available to cover their provision (Fischer, 2002).

A review of the program was conducted in 1999. In interviewing carers a number of aspects were explored, including the length of placement, size of sibling group, impact on carer children, supports made available, carer payments and carer willingness to take on another placement. While there were some concerns, overall the carers were satisfied with the level of support provided.

One of the most positive aspects emerging from the review was the stability for the children, with minimal placement breakdown occurring. In light of the positive

¹⁶ As part of a larger organisation (i.e. charity with funding/donations from other sources) some non-government agencies have the capacity to increase the level of payments to carers.

review of OCSGP, carers in the program are now provided with 'enhanced' carer payments. The increased payments to carers recognise the commitment, expertise and contribution made by carers to placement stability and is intended to compensate in a small way for the additional costs (wear and tear on home and contents) incurred in caring for siblings (Fischer, 2002).¹⁷

The review of OCSGP did however, note that for some sibling groups the behaviour of the children was 'extremely difficult to manage' and recommended additional assessments after a set period of time (Fischer, 2002). In some situations the 'best' option may be to split the group.¹⁸

6.10 Need for Carers for Adolescents

Stakeholders agreed that finding carers for adolescents is also becoming increasingly difficult. One agency worker said her agency has a pool of available carers for babies and younger children, but not for children older than five years. She commented that her agency could not recruit fast enough to keep up with the demand for suitable carers for older children and teenagers. In her opinion the importance of matching the child with an appropriate carer becomes more critical as the age of the child increases. The use of inappropriate carers due to expediency (i.e shortage of carers) rather than finding a carer with the capacity to meet the needs of a child was highlighted in a recent study on adolescent placement breakdown in South Australia (Gilbertson and Barber, 2003).

A similar situation exists in Victoria where a study found fewer carers willing to take on the increasing numbers of adolescents coming into OOHC. As in South Australia home-based care was found to be inappropriate for many adolescents, with placement breakdown a regular occurrence causing emotional distress to both adolescent and carer (DHS, 2003: 78).

Similarly in the US, a study on the capacity of foster carers in Florida, found that for 1400 teenagers with severe emotional or behavioural problems requiring OOHC, only 740 carers were willing to take on the task 'even with all the supports and training they would need, to care for this group' (Feaver, Clark and Amery, 2001:9). A report from the UK also highlights the considerable concern about the lack of choice for certain groups, such as ethnic minorities and teenagers, when making foster care placements. Sinclair, Gibbs and Wilson, (2000), citing the work of Triseliotis, Borland and Hill, (2000) and Waterhouse (1997), point to the danger of placing children with inappropriate carer families, which in any other circumstance would not have been chosen at all.

The use of youth refuges for children requiring OOHC was noted by workers in all three offices in this study as the 'worst' possible option for young people. Workers are at times forced to place children, either because of age or behaviour, with a youth worker in a hotel or in fee-for-care type services, both extremely expensive options.

17 The amount of the enhanced component to the 'normal' caregiver payment (in 2001) was \$43 per fortnight (Fischer, 2002a).

18 For 'best practices' for siblings see Groza et al., 2003. For a review of the literature on sibling co-placement see Barber and Gilbertson 2001: 23-24.

As noted elsewhere (Section 1.3) the Department is currently considering establishing specific services for high needs children in NSW.

6.11 Carers for Children with Challenging Behaviours

With current foster carers being either younger couples with young children or older retired couples (aged between 50 to 70), workers in the focus groups commented that finding appropriate carers for children with challenging behaviour (which is typical) is becoming exceedingly difficult. Some children cannot be placed with younger couples because of the impact on the carer's children and older couples do not have the capacity and energy to commit to the type of care required.

Summary

In summary the demand for and current availability of carers across a wide spectrum of care types and for specific children, particularly sibling groups and teenagers was highlighted by stakeholders and workers. It was apparent that this is not a new phenomenon but a continuing problem of some magnitude and one shared by other States in Australia and elsewhere. The lack of availability of foster carers across such a wide spectrum of care types does not present as a problem that will be easy to solve. Discussion on current recruitment practices and the issue of the retention of current carers in the next Section of the report may assist in defining what other issues require consideration to address carer availability.

7 Recruitment, Retention and Motivation of Foster Carers

This Section of the report discusses the recruitment and retention of foster carers. It provides comments about recruitment from the perspective of stakeholder organisations, carers themselves and Departmental workers.¹⁹ Issues relating to carer recruitment and retention are often coupled in the literature and both aspects are discussed below. This Section addresses two objectives of the research to identify the factors that attract people to become carers or to discontinue their role as carers and to test the premise that certain communities are more likely to provide carers than others. A summary of the main points is presented below.

- Recruitment strategies are necessary to attract new carers to fostering because of declining carer numbers. In most States there is little available information on current numbers of carers entering or leaving fostering or understanding why they discontinue fostering.
- Most carers in this study always planned to foster. Overall media advertising or promotional material (60 per cent) is the most influential recruiting method, followed by recruitment by another carer (30 per cent).
- General recruiting strategies such as profiling carers in local TV, radio and print media and recruiting at community events (e.g. Foster Carers week) are utilised in the three areas studied in this project.
- Some specific recruitment strategies targeting particular community and ethnic groups have been implemented only in the metropolitan area in this study. In the far north coast area the Foster Care Association and the local DoCS office are involved in a 'partnership' to recruit, assess and train new carers.
- Stakeholders, workers and carers all strongly support the notion that one of the 'best' recruiting strategies is the use of current and experienced carers to recruit by 'word of mouth'.
- Suggested ways to improve recruitment include: targeting professional groups who could care more effectively for children with difficult or challenging behaviours, that DoCS work more closely with other agencies and community groups; and the provision of greater levels of support to existing carers to encourage 'word of mouth' recruitment.
- Most carers' motivations to continue fostering are child-focused. They include the achievement of positive outcomes for children or an awareness that children need families.
- According to carers, they cease to foster mainly due to carer burn out, lack of support, effects of fostering on carer families and children being too difficult to care for. In addition, changes in personal circumstances (e.g. poor health, old age, a new baby or changing work commitments) are also seen as important reasons to cease fostering.

¹⁹ This research project did not examine recruitment campaigns or strategies or evaluate the effectiveness of current strategies on a statewide basis. The information provided to the research team from workers in three offices may not be reflective of strategies used elsewhere in the State.

- Most carers and stakeholders agree that providing better support for carers would ensure that more are retained in the system.
- The ageing of the carer population is perceived as a major problem as many of the current older more experienced carers are leaving fostering. (See Section 7.10 and Section 11).

7.1 International Perspectives on Recruiting Carers

Over the last 10 years in the US it has become apparent that the number of licensed foster families has decreased while the number of foster children has increased significantly. According to Jarmon et al. (2000: 6), the reason for the lack of foster homes and difficulty in attracting carers included 'declining incomes for working families at lower socio-economic levels, high divorce and separation rates, and an enormous and growing number of two worker families'. There was also evidence that 'recruitment was also effected by the fact that reimbursement for foster care services was too low to cover all the costs of the foster child' (Jarmon et al., 2000: 6). Recent work on recruiting carers in the US found:

Fifty per cent of families who began pre-service training did not complete it, and a further 46 per cent who completed training either discontinued, or planned to discontinue fostering within six months of training. (Rhodes et al., 2003: 315)

In the late nineties, Triseliotis, Borland and Hill (2000) found that the annual attrition rate of carers in Scotland was around nine per cent. Out of approximately 1900 active carer families, 160 carers left fostering. The authors found similar attrition rates for England with an overall loss of eight per cent of carers from fostering. Around 60 per cent of Scottish carers who left were dissatisfied with some aspect of the fostering service (specifically unresponsive and unavailable support), children's behaviours, stress, and parental interference.

Importantly, even for those who continued to foster, a significant proportion said they were dissatisfied with a number of aspects including lack of worker support, no sense of partnership, lack of information on the child, difficult children, stress and low pay (Triseliotis, Borland and Hill, 1999).

These findings are similar to those from the US in Jarmon's study on recruitment and retention, that argued that 'recruitment strategies would not work until support systems for current foster parents was improved'. This study was rare in that it included the views of young people in OOHHC. The young people who were interviewed stated they were supported by their carers, but not by Departmental staff and they felt this had a major effect on carers continuing to foster (Jarmon et al., 2000: 19).

In their UK report, Sinclair, Gibbs and Wilson note that 'carer families are still comparatively unlikely to have young dependent children and a female carer who works full-time'. They go on to suggest that these features of the fostering may constrain supply, noting that:

The mechanism may have to do with motivation - those who want to work may not want to foster - or practicalities - it may be difficult to

combine fostering with work, and some fostering schemes require at least one carer to be at home full-time. (Sinclair, Gibbs and Wilson, 2000: 26)

Two responses to this situation, they suggest, are: making it easier to combine work and fostering; and to redefine foster care as work and pay a salary accordingly. They go on to conclude:

Overall, these findings suggest that support is something that needs to be tailored to the aspirations and situations of the supported. Those who want to go out to work will appreciate after-school arrangements or a type of foster child that enables this to happen. Those who have teenage children may not want an additional teenage child. Foster carers who are over fifty may not want full-time fostering but might be willing to use their skills in some less demanding role such as that of respite carer. (Sinclair Gibbs and Wilson, 2000)

In a recent UK publication entitled *Good Practice Guidelines for the Recruitment of Foster Carers* by The Fostering Network, several practical suggestions are made with reference to recruiting new carers. The publication came as a response to the estimated need for 8000 additional carers in the UK and makes the point that recruitment is not simply about finding more carers:

It is also about widening the pool of skills available to fostering services and attracting carers who share children's linguistic, ethnic and cultural backgrounds. To be effective, the recruitment team must engage with the local community, and make good use of the abilities of current foster carers and young people with care experience. (Fostering Network, 2004: 5)

The publication suggests fostering services begin planning for recruitment with clear strategies, objectives and outcomes based on the current level of awareness of need for fostering services in the area in question, the public perception of foster carers and the reputation of the fostering service (Fostering Network, 2004; 8-15).

The publication also suggests gathering information on current carers, and targeting communities and groups within the area, including those minority groups that may tend to be excluded from the community such as ethnic minorities. Using existing carers, partnerships with local business and community groups, and a specifically appointed recruitment officer on the foster care team, it is suggested, assist with recruitment activities (Fostering Network, 2004: 18-28).²⁰

20 Readers will note in the remainder of this section that several of these strategies are used, to varying degrees, by the areas studied in this project. Departmental workers note that while they are aware of many of these strategies, constraints on resources, time and available staff do not permit them to pursue some of these options.

7.2 Decline in Numbers of Foster Carers in Australia

Little is known on a State-by-State basis about the number of carers either entering or leaving fostering for any period in the last decade. A recent audit of all active foster carers in Queensland found a 'fairly stable pool of carers' over the last seven years, despite difficulties with recruitment and retention (DoF, 2003: 24). However, it was noted in a further report on foster care that the current profile of carers is 'of an aging population with significant numbers of carers in receipt of pensions or benefits or on low incomes' (CMC, 2004: 200).

Two other States indicate a decline in new recruits. The Foster Carer Recruitment Service (FCRS) in Western Australia (WA), a central unit responsible for the recruitment, assessment and training of potential foster carers found a marked decline in recruitment, from 60 in 2002 to 45 in 2003. There were also fewer enquiries by potential carers (588) in the period 2002 to 2003 compared to 623 in 2001 to 2002 (Moller, 2003). These figures indicate quite clearly that from the initial enquiry through receipt of an information package, attendance at information sessions, assessment, training and approval, the greater proportion of applicants either drop out or are rejected.

In Western Australia, the declining trend in attrition rates reflect an ageing carer population, more women wanting paid work, payment from part-time work being more attractive than the subsidy paid to carers, children requiring care having more challenging behaviours, and caseworkers with high case loads not having time to support carers and placements. Difficulty in recruiting was in part due to attracting the right type of people to a voluntary job that had become increasingly demanding and stressful (Allbeury, 2003).

In a comprehensive Victorian review of home-based care and carers, new carer recruits declined by 40 per cent over the period 1997-2002. The Victorian review also found a large increase in the number who ceased fostering. It was estimated that there were around 5000 active carers involved in OOHHC. Between 1997 and 2002, carers providing kin and permanent care had steadily grown while the number of foster carers (approximately 3000 in 2002) had declined overall by seven per cent. There was a loss of 840 carers to the system in 2002, compared to a range of between 490 and 690 for the period 1997 to 2001. The review noted that it was the more experienced carers that were leaving the system with remaining carers providing on average 286 placement days each in 2001-2002 compared to 214 days in 1997-98 (DHS, 2003: 39-40).

The NSW Community Services Commission (CSC) in its *Inquiry into Substitute Care in NSW* cites a 1998 Departmental review of one DoCS Area that examined the decline in foster carer numbers in its Area and found, 'No system within the Area to record carer enquiries, current carers or other relevant information' (CSC, 2000: 31).

While it was not possible to ascertain how relevant this finding is, at the time this study was conducted, for all DoCS regions of NSW it was apparent in the three offices visited by the researchers that workers did not keep records of the number of potential carer inquiries, or the number of people assessed as not suitable, or those potential carers who withdrew from initial training. Records were also not kept on current carers in any systematic way. For example there is no carer database of when

carers commenced or left fostering or the reasons why they ceased to foster. No exit interviews are conducted with carers at the time they leave fostering.

While it is therefore not possible to estimate the turnover rate of foster carers, indications of why carers may cease to foster which would contribute to turnover rates are discussed in Section 9. Due to lack of data in this area it was not possible to address the research objective of identifying the turnover rate of foster carers.

Based on the evidence from these three States there is no reason to believe that the situation in relation to recruitment and attrition rates of carers is dissimilar for other Australian States, including NSW.

7.3 Recruiting Carers in NSW

Foster carers in the survey conducted for this study were asked a number of questions relating to their reasons for fostering and what was the most influential recruitment method. The principal carers' responses to these questions are presented in the following section, followed by discussions with stakeholders and workers on recruitment strategies.

Reasons for, and Attractions to, Fostering

Over a quarter of respondents when responding to 'what attracted them to foster', reported that they had always planned to foster (27 per cent). A little over a fifth of respondents (21 per cent) said they knew a specific child, or knew a relative's child, who needed care and it was this that attracted or prompted them to foster. Almost a fifth of respondents (19 per cent) said they responded to an article or story in the media, while 12 per cent said they responded to a request for foster carers through a church or community group. Nine per cent of respondents said they had been asked to foster by another carer.

Four per cent said that it was a family tradition to foster, or that their own parents had fostered, while a further three per cent said that they or their partners had been in care as a young person and it was this that attracted or prompted them to become foster carers. Five per cent of respondents gave other reasons for why they were attracted or prompted to foster and the most common of these were that they were DoCS workers themselves, or that they were childless and wanted to care for children. A little over a fifth of the total sample (96 out of 450 or 21 per cent) did not respond to the question.

Most Influential Recruitment Method

Overall media, advertising or promotional material (approximately 60 per cent) influenced potential carers in their decision to become a carer.

- Newspaper or magazine article (18 per cent).
- General DoCS newspaper advertisement (14 per cent).
- DoCS leaflet or poster (13 per cent).
- Leaflet, poster or advertisement from a non-government agency (6 per cent).
- Radio or television programme (5 per cent).

Thirty per cent of respondents said that they were most influenced by another carer. Four respondents (one per cent) said they were most influenced by a stall or display at a community function or conference. Eleven per cent of carers said they were most influenced by other recruiting methods, but in many cases this involved the

respondent contacting DoCS about becoming a foster carer by telephone or in person.²¹

Stakeholders and Workers Perspectives

Stakeholders and workers spoke of local area recruiting campaigns for Indigenous and non-Indigenous carers occurring approximately twice a year. Shopping mall displays with workers and experienced carers were seen as an effective way of attracting people during Foster Carers' Week. Interested people could question carers about the reality of caring. Workers used a variety of techniques to attract potential carers. They included using newspaper articles and radio campaigns leading up to Foster Carers' Week in which carers are profiled to promote fostering and mail out are conducted to schools in the area.

Media releases from the Department highlighting the work and value of carers and generated interest and inquiries from potential carers. Mention was also made of joint recruiting and training with other non-government agencies in an area.

In the Far North Coast Region of NSW, representatives from the Foster Care Association (FCA), all carers themselves, have established strong working relationships with Departmental officers in regard to the recruitment, assessment and training process of carers. Information evenings with Departmental workers and FCA representatives provide prospective carers with a background to fostering. It was felt that this approach gave experienced foster parents connected to the Association a greater voice in the way carers could be recruited, assessed and trained by utilising their expertise. NSW FCA representatives were of the view that this is a recruitment option that could to be pursued in other regions. It fits with the move to a more inclusive form of working together as a team to ensure the viability of the system. Jarmon et al. in the US also suggested foster carers' associations could become more than sources of support and information for carers as they could act as foster parent advisory councils and play a greater role in how the OOHC system is administered (Jarmon et al., 2000: 27).

Workers in the Sydney metropolitan area noted that since October 2002 they had a centralised recruitment, training and assessment strategy as part of the activities of the foster care team in the region. The role of the team is to formulate strategic recruitment activities and campaigns, targeted at specific community and ethnic groups.

Other suggestions made by workers in the focus groups to better recruit carers for disabled children or children with difficult or challenging behaviours (often the harder children to place) were to target professions with people who had the skills to care for these children. Another worker suggested targeting potential carers through media releases and newsletters during Child Protection Week. One worker suggested recruitment should extend beyond the immediate activities of recruiting carers and encompass a wider support, networking and program promotion strategy by promoting the positive aspects of fostering: by giving awards to carers and putting it in the newspapers, 'getting the good stories out there'.

21 Thirty-seven per cent of the total sample (166 out of 450) did not respond to the question.

However in all the worker discussions, word of mouth and supporting existing carers were perceived as the best ways to recruit more carers. Carers in the focus groups cautioned that potential carers needed to understand that fostering could be demanding on carers and carer families, particularly when caring for children with special needs or multiple problems. While carers were of the opinion that the Department needed to be honest in response to inquiries, most thought that current carers were the best recruiters. Workers said that carers who are well supported and who feel respected and appreciated are the Department's best recruiting tool. A Victorian review of OOHC noted:

The effect of word of mouth, both positive and negative, should not be underestimated. Often potential carers 'learn' from current or former carers. To ensure that word of mouth is generated, it is imperative to keep current carers 'happy' by giving them adequate support and recognition. (DHS, 2003:81)

Several workers commented on the importance of carer involvement and experience when carrying out recruiting but noted at the end of the day the number of potential carers becoming actual carers is quite small. Other workers said that organising and implementing ongoing training for existing carers had become an important element of their work and they had less time to become involved in recruitment strategies. Workers in one area commented that they had no defined recruitment strategies, as due to the high demand for carers they were constantly involved in recruiting, training, assessing; and supporting their existing carers.

Carers attending focus group discussions in this project thought the negativity attached to some media stories on fostering dissuaded people from offering to foster though some recent 'good news' stories on foster carers in the local papers had been commented on favourably by people they knew. Similar to workers, they thought there should be more of these stories to stimulate people's interest.

7.4 Recruiting Indigenous Carers

For one representative from a regional Aboriginal Children Services interviewed for this study, the initial recruiting of carers was unproblematic. Over time, a few carers living 'out of town' dropped out of the program. 'Word of mouth' referral from existing carers or through others in the local community had led to the replacement of these carers. For some children with specific needs who required OOHC, the agency worker approached families she considered would be appropriate and in most cases they agreed to foster.

When more formal recruiting practices were used by the agency, the advertising was broad based, low key, brief in content and conducted through local community organisations. Due to the agency's limited resources, only one worker could be assigned to recruit, assess and train new carers. The worker also noted these activities were time consuming and other competing demands detracted from this continuing work. Stakeholders in a Victorian review of OOHC also supported the notion of localised promotion to attract potential carers by building awareness and understanding in the community. Such localised promotion they suggested 'is especially useful for recruiting cultural-specific carers, such as Kooris and Muslims, and for finding special needs carers' (DHS, 2003:81).

Reflecting on her field experience one Aboriginal worker stated that the current formal assessment, carried on over a number of interviews, is hard on potential carers, 'It is not always clear to them why the assessment process takes so long', she noted. She was also of the view that it was important for potential carers to know a worker's background so connections and relationships could be developed and maintained. She felt a skilled approach was required to make potential carers feel comfortable and to get accurate information on their suitability. As the Indigenous worker said 'Just because you're Koori doesn't mean you will get the information'. She also felt that recruiting in areas where the worker was less well known was also problematic, as many Kooris had experienced events within their wider family that were difficult to discuss with a 'stranger'. These comments about mistrust are similar to those discussed by stakeholders in a recent Victorian review of OOHC. The review noted:

The effects off the 'Stolen Generation' greatly influence the provision of foster care for Indigenous children and young people ... a widespread mistrust of the welfare system inhibits Indigenous people from seeking support from outside their community (feelings of distrust can also translate to Koori agencies, although to a lesser extent). (DHS, 2003:79)

Non-Indigenous workers in one focus group in this study spoke of working collaboratively with Indigenous groups including the Aboriginal State Secretariat and attending Indigenous events (e.g. in Koori Week) to assist in recruiting Indigenous carers.

7.5 Recruiting Muslim Carers

Initially the recruitment of Muslim carers was targeted at the Arabic and Turkish communities in three DoCS areas - Metro South East, Metro South West and Metro West. Over 90 per cent of the NSW Muslim population live in these areas.

A Muslim Foster Care Team (MFCT) consisting of Muslim and other specialist DoCS staff in addition to Muslim community workers was established. All members of the team were provided with professional training in all aspects of the project, including foster care training and assessment. Promotional and information materials as well as training programs were translated into Arabic and Turkish languages. Religious and cultural advice was provided by Muslim community representatives.

Local Arabic, Turkish and English media outlets (radio and newspapers) were used to recruit carers from Muslim communities. Of the 88 families who responded, 37 completed training and 19 became registered carers: 11 Arabic; four Turkish; one Indonesian; one Indian and two Malaysian (Roude, Abdo and Abdallah, 2001:8-9). The initial recruitment campaign created a ripple effect with more people contacting the Department to become foster carers. A second group of carers was assessed and trained. Currently, there are 31 carers in the project: 22 Arabic, seven Turkish and two from Malaysian and Indonesian backgrounds.

Recruiting Carers from Other Ethnic Groups

One group of workers expressed an interest in working with the Vietnamese community but as yet they do not have Vietnamese workers on the team who could liaise with the community and assist in such an endeavour. Workers in this group had a strong sense of how to work in ways that were appropriate for the cultural groups in

question, and also had a strong sense of placing children with carers who could understand and accommodate their culture and identity:

7.6 Motivation to Continue Fostering

Survey respondents were asked what motivated them to continue as foster carers. They were asked to indicate from a list as many different reasons as they liked. It is significant to note *the reasons nominated by carers are all child related or child focused*. Conversely, very few carers nominated financial or other support from the Department, relatives or friends as important reasons. No carers nominated needing the money or support from case workers as the most important reason to continue fostering, and no-one said that they could not continue without the financial support offered. Very few people nominated support from family and friends or feeling valued and appreciated as the most important reason for them to continue fostering.

Motivations from highest to lowest are listed below.

- Being able to achieve positive outcomes for the children (86 per cent).
- Awareness of children needing families (86 per cent).
- Making a difference in the lives of abused children (74 per cent).
- Being able to help underprivileged children (68 per cent).
- Fondness for the child or children they were currently fostering (66 per cent).
- Sense of personal fulfilment (63 per cent).
- It's certainly not for the money carers receive (63 per cent).
- Development of good relationships with children (60 per cent).
- It's a good thing to do (49 per cent).
- Feeling valued and appreciated (36 per cent).
- Support from family and friends (29 per cent).
- Couldn't continue without the financial support offered (27 per cent).
- Good support from case workers (22 per cent).
- Had it tough in my in my childhood so I want to help children now (13 per cent).
- Unable to have children of my own (13 per cent).
- Needed the money (3 per cent).

From the list above respondents were also asked to indicate which was the most important reason that made them continue fostering. The four reasons carers nominated as most important for them were:

- Being able to achieve positive outcomes for the children;
- Awareness of children needing families;
- Wanting to make a difference in the lives of abused children; and
- Fondness for their current foster child or children.

The survey findings were supported by the focus group discussions conducted with carers and workers. When asked what motivated people to continue fostering, most carers and workers responded with *child related or child focused* comments. Workers often used the word 'commitment' to express the enduring nature of carer motivation to continue caring. Agency workers noted that some carers were very apprehensive initially but often blossomed when they realised how capable they were. Stakeholders were of the view that the carers they knew enjoyed meeting other carers and attending training and took great pride in what they did. Some workers thought for a small

percentage of carers fostering was a job that made them feel important in the community. It gave them meaning and status.

Stakeholders in the project noted a range of motivations to foster. Stakeholders were of the view that people fostered because they:

- Had a desire to help needy children;
- Were unable to have, or did not want, their own children;
- May have wanted to adopt a child;
- Enjoyed having additional children in the home; and/or
- Saw it as a way of earning money and doing something they were very good at.

One NSW stakeholder interviewed for this study was of the view that some carers ‘do it for the money’. However, she also felt that while the money might attract some people initially most are quickly disillusioned by the costs incurred when caring for foster children. ‘Once people realise that fostering is not an option to make money they do not stay very long’ she stated. Other stakeholders who were interviewed were of the view that most carers in the system could not continue without the money they received. A number pointed out that money was very important for poor families who foster. As one agency worker put it, ‘if the family has become dependent on the income it can actually keep the placement going longer than it might otherwise’.

These conclusions by stakeholders are not dissimilar from those of a recent study in Florida on the recruitment and retention of carers. The study reported that carers were attracted to caring as they had ‘a desire to make a change or improve the life of a child’ (Jarmon et al., 2000). Many carers in Florida began fostering because of a child they knew or were related to, who required OOHHC. However, foster children and workers who were also interviewed for the Florida study gave less idealistic motivations, tending ‘to perceive that people became foster parents for the money or to fill a gap in their lives’, though some workers also felt carers had ‘unconditional love’ for children, ‘acted out of altruism’ and the desire to save or help children in need. In discussing whether carers stayed in foster care for the money, researchers found on balance that ‘more often than not ... many families tried very hard to provide good homes to foster children’ (Jarmon et al., 2000: 13).

One stakeholder in NSW thought the pace of modern day living left many full-time working couples ‘time poor’ so that they often preferred to make a donation to a worthy cause, even sponsoring a child in an overseas country, rather than becoming involved in the day-to-day care of a foster child.

7.7 Indigenous Views on Motivations

Indigenous stakeholders gave a number of reasons to explain why Koori people foster. One agency representative felt that older Koori women with time on their hands liked to foster as a way of contributing to their community, while others want to foster as a way of earning money. She continued that it was made clear to these carers that while this was a valid reason it was on the condition that a carer provided a ‘good service’ to the agency (see also CMC, 2004: 212-13). She also felt that some previous kin or relative carers who had enjoyed their fostering role continued to foster unrelated children. An ASFCSS spokesperson felt that part of the motivation for Indigenous people to foster was to prevent another ‘stolen generation’ where children were ‘lost’ to the Indigenous community. The spokesperson noted that in some

instances there are families who would like to foster but their services cannot be utilised by Indigenous Agencies when the funding allocation for a set number of placements is reached.

7.8 Muslim Views on Motivations

According to the information provided to researchers in the study the success in attracting Muslim carers has been the result of continual lobbying for years from the Islamic Council NSW and the Muslim Women's Association. These organisations had argued that Muslim children removed by the Department should be placed in Muslim or Arabic communities to maintain their identity.

In the initial recruiting of carers, religious leaders had also been helpful in explaining to the community that part of the Islamic moral tradition was to help children who were in need. The message to the community was one of 'self preservation' and 'religious duty', both very important motivations for people offering to care, said a Muslim representative. Research in the US also noted the successful use of religious organisations that relied on 'messages about the spiritual value of caring' in recruiting and retaining carers. Carers with strong religious values perceive fostering 'as "God's work" or as a mission in life' (Jarmon et al., 2000: 8, 12).

According to an informant most of the Muslim carers attracted to fostering were from lower socio-economic backgrounds and were in receipt of welfare payments. It was the perception that for most Muslim carers the reward for their commitment and taking responsibility was both 'moral and spiritual'. However, there was also the perception of the informant that religious duty and moral values on their own, without monetary reward, are unlikely to keep carers fostering for extended periods of time.

7.9 Why Carers Cease to Foster

Comments on why carers cease to foster are covered in this section of the report. The findings from this section, in light the absence of hard data in NSW on carer leaving the system, gives some broad indications as to the factors that impact on the turnover rate of foster carers. Foster carers were asked to indicate, from a range of options, what factors they thought would cause carers to leave fostering. Carers had the option of ticking as many factors as applicable. The factors that stands out as the most likely to cause carers to cease fostering from highest to lowest are listed below.

- Carer stress (burn out) due to fostering (71 per cent).
- Lack of general support from Departmental workers (63 per cent).
- The effect of fostering on the family (60 per cent).
- Children being too difficult to care for (50 per cent).
- Dispute/disagreement with the department (48 per cent).
- Allegations of abuse (43 per cent).
- Lack of respite (43 per cent).
- Inappropriate placement (39 per cent).
- Inadequate financial support from the Department (35 per cent).
- Increasing age of carer (35 per cent).
- Carer's poor health (34 per cent).
- Child/ren [previously with carer] returned to birth family (30 per cent).
- Need for paid work (22 per cent).
- Dispute/disagreement with parents of foster child/ren (21 per cent).

- Child/ren [previously with carer] placed with relatives or kin (15 per cent).
- Caring for grandchild/ren or others (14 per cent).

In a Review of Home-Based Care in Victoria, explanations given by Victorian carers for why they left fostering were, on the whole, similar to those given by NSW carers in this study. Thirty eight per cent of Victorian carers left due to an accumulation of negative fostering experiences including those listed here.

- Negative impact on carer's family and children (26 per cent);
- Unreasonable demands by the system (18 per cent);
- Frustrations in dealing with the department (17 per cent);
- Inadequate support (17 per cent);
- Not involved in decision making about the child (16 per cent); and
- Lack of adequate reimbursement (8 per cent). (DHS, 2003: 90-1).

Over half (53 per cent) of Victorian carers also stated that it was a change in their personal circumstances (e.g. increased work commitments or a new baby) that caused them to cease fostering. Unfortunately, we cannot compare this Victorian result to NSW carers as no 'change in personal circumstances' option was included in the question about reasons why carers ceased fostering the NSW survey. Some carers in the focus groups, however, did suggest it as a reason for carers to leave fostering.

Most carers and workers in the focus groups for this DoCS study echoed the views of carers in the NSW survey. Carers in all focus groups said they knew of other carers who left the system because of allegations of abuse that were not resolved in such a way the carer felt they could continue fostering. Workers also felt carers left because of allegations, with one worker noting that it is sometimes possible to retain carers if allegations are proved to be false and situations are dealt with sensitively. Both carers and workers in the focus groups mentioned carer 'stress and burn out' as reasons why carers would not continue fostering; some suggested that organised periodic respite would do much to alleviate this problem. The challenging behaviours of some children was mentioned by some workers as reasons why carers leave. One carer noted that expectations around support and case plans given by the Department in training, that never eventuate, would cause carers to leave fostering.

7.10 Retaining Carers

A national survey with carers conducted by the Australian Foster Care Association (AFCA, 2001) found the majority of support (especially 'after hours' support) provided to carers came from family and friends and not Departmental staff. Evidence from studies in the US indicates strong predictors of retaining carers in the system are regular attendance by carers at a support group; having a good relationship with a caseworker; and receiving support and positive recognition in dealing with children with difficult behaviours. The studies found systematic problems in foster care management, particularly around support for carers and children, were prime reasons for why parents leave foster care (Jarmon et al., 2000: 8, Rindfleisch, Bean and Denby, 1998).

Another study in the US by Rhodes et al. (2003) examining ways of retaining carers (in the US up to 40 per cent discontinue fostering in the first 12 months) hypothesised that foster families with better social and economic resources would find it 'easier' to foster and as a consequence be more likely to continue. Their study of 131 families,

conducted within the first 12 months of approved carers fostering, focused on eleven family resources they regarded as important in caring: levels of education; income; parenting/fostering experience and social support; marital status; time to foster; religious affiliation; ethnicity; and occupational status.

The authors found the most frequently reported resources were: social support (family/friends); belonging to a church; being European American; and a college education. The relationship between the number of familial resources and retention was statistically significant and families with more resources (above median income, European American and part of a married couple) were more likely to continue fostering. In relation to the carers who either discontinued or planned to discontinue the authors state:

Most likely families who discontinue early could provide effective foster care, especially if offered adequate resources ...families with incomes below the median are at high risk of dropping out ... lower incomes might reflect a lack of other resources ... that are important for retention. (Rhodes et al., 2003: 149)

One of the carer survey questions in this study for DoCS explored what types of support carers felt were important for retaining carers. Five statements were presented to carers and they were asked to rate the statements by agreeing or disagreeing as to their importance in retaining carers:

- Carers received a higher level of subsidy.
- In lieu of paid work they were paid a fee plus subsidy payment.
- Carers received more support in their role from workers.
- Carers received respect from workers.
- Regular respite was provided.

The factors that seem to be the most important for retaining carers were:

- Receiving more support from their case worker (84 per cent);
- Getting respect from workers (74 per cent); and
- Getting regular respite from caring (73 per cent).

According to the response from carers in the survey the importance of increased financial support for retaining carers was slightly less important relative to the other aspects. Over half of the carers (56 per cent) felt that a higher level of subsidy was important for retaining carers and under half (44 per cent) agreed that payment of a fee plus subsidy payment in lieu of paid work would help retain carers.

Workers in all focus groups were not clear about how to retain carers over and above the now well emphasised point of supporting carers more. This included working together, through the various Department processes that carers may find difficult, such as of allegations of abuse. Other workers made the points that according to Department records in their respective areas, many carers leave the system for personal reasons or changed personal circumstances (ill health, becoming too old, new babies in the family). At times it is because carers are no longer 'available': they are given a long-term placement and for any number of reasons are not prepared to foster additional children. Some carers licensed to care for a certain number of children reach their limit and other carers move out of the district.

Ageing of the Carer Population

There is general recognition in NSW that the ageing of the carer population is leading to the loss of a number of experienced carers. Stakeholders spoke of experienced carers of teenagers expressing reluctance to take on any new placements after getting one or two teenagers to an age where they have left care. One agency worker noted that many of the agency's carers were long stayers of 10 to 15 years. But with these older carers there was a natural attrition rate of one or two a year and the agency was finding it increasingly difficult to replace them as they left.

7.11 Indigenous and Muslim Views on Retention

The view of an Indigenous stakeholder working for a Children Services Agency placing Indigenous children in OOHHC was that, except for the loss of some isolated (semi-rural) carers, those Indigenous carers recruited in the mid-1990s are still with the agency. Both the Aboriginal State Secretariat Foster Support Group and the agency representatives noted that ongoing support for carers is a crucial factor in the retention of carers, preventing 'burn out' and loss of carers.

Given that the Muslim Foster Carer campaign has only been in operation since 2000-01 the retention of carers is not an issue at this point. However, attention to this issue now would prevent retention of current Muslim carers becoming an issue in the future.

Summary

In summary stakeholders and workers agreed that attracting people to foster was not such a big problem as keeping them. As they put it 'retention was the big issue'. New carers coming into the system, said one stakeholder, must have both informal and formal supports to maintain their commitment: Another stakeholder said that 'carers are leaving because they feel they are not valued or because their particular knowledge is not being recognised'. This point has been emphasised in numerous studies on the recruitment and retention of carers from the seventies through to the nineties. The following comment made by one author in the seventies resonates as much today as it did then.

The view that higher recruitment is the answer may be incorrect. It may be more fruitful to examine critically the assessment, preparation and support given to foster parents after recruitment. There is little to be gained from higher recruitment of foster parents if large numbers of recruits cease to foster after only a short period as an active foster parent. (Jones 1975 cited in Rindfleisch, Bean and Denby, 1998: 22)

8 Carer Training

The focus of this section of the report is on carer training and includes information from research studies. The following analysis of carer training in NSW is based on interviews conducted with stakeholders, and focus groups with carers and Departmental workers and the findings from the carer survey. A summary of the main points is provided below.

- As noted earlier, children currently coming into care are presenting with more challenging behaviours and hence are more difficult to care for. As a consequence, both initial and ongoing training for carers is becoming a more critical element in the services carers provide than it may have been in the past.
- In the assessment and training of carers many providers of out-of-home care services in NSW are using the packages *Step by Step* (carer assessment) and *Shared Stories Shared Lives* (carer training).
- *Step by Step* has been used across the sector in carer assessment. However implementation of it as the uniform assessment tool is still incomplete.
- *Shared Stories Shared Lives* has been widely used as the main carer training material for several years.
- Stakeholders and worker focus groups agreed that it is important that assessment and training of carers be conducted jointly by recruitment/training officers and experienced carers. This ensures a rigorous assessment of prospective carers and reduces the likelihood of carers leaving during training or shortly afterwards.
- A Koori package put together by Koori workers in the Department, in addition to *Step by Step* and *Shared Stories Shared Lives*, are seen as appropriate tools for use with Indigenous carers.
- *Shared Stories Shared Lives* is used with Muslim carers. The package has been translated into Arabic and Turkish and some parts have been made more culturally appropriate for Muslim carers.
- Two-thirds of carers surveyed reported their initial training as 'good'; 20 per cent found it 'reasonable' and only three per cent found it poor. Around 20 per cent of current carers surveyed had apparently not received any initial training.
- Almost all carers who had completed in-service or ongoing training did so in 2000 or later.
- Over half of all respondents either have not or do not seek to undertake any ongoing training.
- The multiple reasons for not attending ongoing training include: the training offered is not relevant; the timing or location of the training is not appropriate; there is a lack of respite or child care; and transport difficulties are a barrier.
- The most common form of ongoing training undertaken by carers is focused on 'challenging behaviour'.
- An overwhelming majority of carers say that ongoing training assists them in their role as foster carers.

- A general trend noticeable amongst longer term carers is that they see their current fostering role as ‘professional’ and that they are less likely to see their role as either ‘semi-professional’ or ‘voluntary’.

8.1 International Research on Training

Most research studies reviewing training for foster carers note that it is commonly accepted that all potential carers in the initial assessment process undertake training before approval is granted to commence caring for non-related children and young people. The studies also focus on the increasing significance of ongoing training for carers and these are highlighted in this section.

A recent survey of UK foster carers (sample of 944) by Sinclair, Gibbs and Wilson (2000) found ongoing training to be an essential element in current fostering practices. Training was seen as providing support to carers and integral in retaining carers. The authors suggested carers be consulted by workers on the type of training required and any courses undertaken should be evaluated (Sinclair, Gibbs and Wilson, 2000:179). This fits with a further suggestion by Jarmon et al. in the US that if foster parents and Departmental staff attend training together, it would help in creating a team approach to better meet the needs of fostered children (Jarmon et al., 2000: 15-16, 18).

The UK has formalised its approach to fostering by implementing *National Standards for Foster Care* and a *Code of Practice* on the recruitment, assessment, approval, training, management and support of carers. The *National Care Standards Commission* (introduced in 2002) has the capacity to enforce appropriate levels of ongoing training for all carers (UK Health Committee, 1998).²²

In a US study, carers thought initial training was not sufficient and that all foster carers needed ongoing training (e.g. monthly sessions), especially in relation to contact with birth parents, how to manage stress, and the impact of fostering on families (Jarmon et al., 2000:19). An earlier US study suggested that all carers attend ongoing training or risk losing approval to foster (Rodwell and Biggerstaff, 1993: 414).

International research also indicates that carers often have to meet the costs of ongoing training and this can cause additional financial burdens on carers. In the US, Rodwell and Biggerstaff (1993) recommend that agencies allocate specific resources for the ongoing training of their carers. The authors noted that training must not impose additional costs on carers, who quite often came from low- or moderate-income groups. Agencies should reimburse child care and transport costs and provide incentives to encourage participation, for example, certificates or increased rates of Care Allowance. Carers also should be involved in developing the content of ongoing training to meet their needs and, with workers, should evaluate the training for relevance and quality (Rodwell and Biggerstaff, 1993: 416).

²² At present in Australia there is no national approach to either foster care standards or practice that has been implemented across all eight States and Territories.

8.2 Assessment and Training for Carers in NSW

In relation to the initial training provided to carers, frequent reference is made in this section to two particular packages used in the assessment and training of foster carers in NSW, *Step by Step* (assessment of carers) and *Shared Stories Shared Lives* (carer training). Both packages were developed in conjunction with DoCS at the Centre for Community Welfare Training (CCWT) the training arm of the Association for Children's Welfare Agencies (ACWA) with financial support from DoCS.²³

Step by Step is an interactive tool designed to enable agencies and prospective carers to engage and share information, leading to an improved ability to make an informed decision about the suitability of the applicant to be a carer. Assessment should be clearly linked to a person's ability to effectively carry out the tasks of fostering. To implement this tool with potential carers a thorough familiarisation process (training) to induct Departmental staff to its effective use is required. *Step by Step* constitutes a significant improvement in the framework of assessment and the gathering of relevant and sound evidence of a person's capacity to provide quality care for children and young people (ACWA, 2003).

All carers and workers in the focus groups and stakeholders interviewed for the project, had knowledge and experience of the packages and most spoke favourable about their implementation and application.²⁴ There were some minor reservations in regard to their use with certain carers and some workers, and these concerns are noted throughout the following discussion.

8.3 Assessment and Initial Training of New Carers

It is now required that all potential (non-related) carers in NSW attend information sessions, be assessed, attend initial training and be approved before children are placed. All stakeholders commented that in the assessment and training of carers many providers of OOHC services are using the packages *Step by Step* and *Shared Stories Shared Lives*.

Shared Stories Shared Lives and Step by Step

The development and introduction of the packages *Step by Step* and *Shared Stories Shared Lives* were a response to national and international findings (see Sections 1.2 and 1.4) relating to the more protracted difficult behaviours of children coming into care and the need for carers to develop the skills and knowledge to cope. The new assessment and training packages, said one NSW stakeholder, an experienced trainer in foster care, are sophisticated tools and require skills and abilities not considered as essential in previous times for workers to implement and for carers to put into practice.

²³ *Shared Stories Shared Lives* was developed in 2001-02 and its companion package *Step by Step*, in 2003.

²⁴ It was the perception of a number of stakeholders that not all Departmental workers were competent in the use of *Step by Step*. ACWA and CCWT are optimistic that DoCS will fund an implementation phase to enable *Step by Step* to be effectively established across the OOHC sector in 2004.

Workers in one focus group noted that *Step by Step* is more resource-intensive than the assessment package currently in use and requires two workers to conduct four visits to potential carers to implement the package. If the implementation of *Step by Step* statewide is to be successful it may require additional staff assigned to foster care teams within the regions.

In *Shared Stories Shared Lives* carers are trained in several specialised areas. The training is of sixteen hours duration, divided into eight two hour sessions, each session containing one module. The course consists of eight modules and covers the topics listed below.

- Foster Care in Context
- Bonding and Attachment
- Grief and Loss
- Birth Family Connections
- Experience of Abuse
- Responding to Challenging Behaviours
- Team Work
- Concluding Foster Care Placements

In addition foster carers are trained to understand the legal and policy aspects of fostering; their legal responsibility; the role of department or agency; record keeping, financial entitlements and procedures (AFCA, 2001; Hayden, Mulroney and Barnes, 2000). An experienced NSW trainer noted that many potential carers have a range of abilities; most welcome the opportunity to fine-tune some of their skills and develop new ones. The role carers play in the lives of children is pivotal and yet, she noted, it is often surprising to acknowledge that so little is documented in relation to the levels of skills carers bring to fostering.

As with training offered to Islamic and Indigenous carers (see below) minor adaptations are required in training to keep instructions at the level of where the carers 'are' and then incorporate other elements in ongoing training as their skills develop. Most stakeholders believe that carers should receive accreditation for training sessions undertaken and certificates should be provided in appreciation and acknowledgement of what carers have achieved.

It was generally agreed by stakeholders, and supported by the worker focus groups, that assessment and training of carers should be conducted jointly by recruitment/training officers and experienced carers to ensure a rigorous assessment of prospective carers. Experienced carers are the most appropriate people to explain both the negative and positive sides of fostering to prospective carers so reducing the likelihood of carers leaving during training or shortly afterwards. It is not known whether prospective carers are currently able to speak openly with other carers in the assessment process as this was not a focus of this study. According to information from DoCS, foster carers are involved in co-facilitating training activities both in initial and ongoing training. In the metropolitan regions carers are involved in co-facilitating the entire program however in other regions carers participate in some sessions only (DoCS, 2004b).

8.4 Value of *Shared Stories Shared Lives* and *Step by Step*

In the metropolitan workers focus group the value of using *Shared Stories Shared Lives* was exemplified with workers noting:

We are getting a lot of positive feedback from new carers who've done training but also the older carers are coming back to do a refresher ...they highlight how beneficial they found it to have a foster carer there, that's giving it from their experience, and the birth parent and the foster child.

Departmental workers in the north coast CSC provided a practical demonstration of how a partnership between the local Foster Care Association Area representative and workers in the area had led to positive outcomes for carers and workers.

The Mid-North Coast Training Program developed by the FCA with funding from the Department is proving extremely valuable to both carers and Departmental workers who jointly attend workshops. Workers agreed that having the training provided 'outside' the Department has resulted in many more carers attending the various workshops. Workers see joint training as 'helping to bridge the understanding of roles and limitations and the stresses of the job ... it just creates that relationship and bonding between staff and carers'.

DoCS has recently provided funding for two years to the FCA to roll out the Carers Support and Mentoring program in the Hunter region, parts of the Western region and to continue the project in the Northern Region. Part of the funding includes an interim and final evaluation report to examine the impact of the project and make recommendations in relation to future development of supports for foster carers.

Ongoing Carer Training

With the increasing emphasis on carer training, it is not surprising that most NSW stakeholders and workers in the focus groups in this study were emphatic that ongoing training (at present optional) for continuing carers in NSW should be compulsory. With ongoing training currently optional for carers, workers in all three focus groups said they see the same small group of carers regularly attending ongoing training sessions.

One worker highlighted the importance of ongoing carer training. In his experience, it is among the less skilful or lesser-trained carers that placements can break down due to their inability to cope with children with difficult behaviours. To prevent some children in OOHHC from drifting from one placement to another (a further form of abuse), it was his view that if 'carers were trained in behaviour management techniques maybe it would stop some of that'.

A further area where ongoing carer training was recommended is in the area of 'contact with the birth family' Many older carers who in the past had little or no contact with the child's birth family have now under the new legislation *NSW Children and Young Persons (Care and Protection) Act 1998* to assist/promote this aspect of OOHHC. As a consequence it is another area of carer training that requires a new strategy to work with older carers.

Workers suggested some form of written agreement or contract between carers and the Department should be put in place to ensure carers commit to ongoing training and the Department commit to providing appropriate training; reimbursement for transport costs and child care needs as required by carers. Another worker commented that accreditation for courses completed could be attractive to some carers, as would the payment (used in some countries) of a fee for attending.

This situation is similar in other States. Two Queensland reports, an audit of carers and a report on foster care more generally, noted that while all approved carers must attend initial training, there were no standards regarding ongoing training (CMC, 2004; DoF, 2003).

The Queensland report on foster care recommended initial compulsory parenting training for carers; ongoing training (appropriate to carers' needs) to be required; re-approval to foster to be contingent upon successful completion of ongoing training; and all training to be evaluated for effectiveness. The report listed a number of basic positive parenting and child management skills, as well as a number of personal skills around teamwork and managing stress and anger, that would enable carers to increase their capacity and provide quality care (CMC, 2004: 13, 204-205).

8.5 Ongoing Carer Training and the NSW Carer Development Plan

Children coming into care in NSW are perceived by stakeholders, Departmental workers and carers as presenting with more challenging behaviours and hence are more difficult to care for. As a consequence, the ongoing training of foster carers is becoming a critical element to increase the effectiveness of the services carers provide. Greater skills, acquired through a combination of experience and training, are required for carers to provide appropriate care. Training not only informs and instructs carers, bringing greater knowledge and understanding, it acts as a support mechanism as well.

Group training contributes to carer confidence and competence, improves networking and support from other carers and encourages a partnership relationship between carers and Departmental staff, particularly when workers themselves participate in, or contribute to, carer training (Hawken, 2002).

The importance of initial and ongoing carer training is well recognised by all involved in providing services in the OOHC sector in NSW and has led to the introduction of a number of 'new' training packages and modules designed to inform and support carers in their role. It has also led to the recent introduction of Carer Development Plans for all foster carers approved by DoCS. Carer Development Plans have the following criteria:

When a potential carer submits an application to become an authorised carer, a Carer Development Plan is created. The Carer Development Plan is a planning tool for recording the goal, objectives and tasks to assess the applicant or support the carer and develop their skills to meet the needs of children and young people who are placed with them. The Carer Development Plan is developed in consultation with the carer and other relevant parties (such as Aboriginal Caseworkers, Multicultural Caseworkers and DoCS Psychologists), and is approved by the manager. Once a carer

has been authorised, the Carer Development Plan remains in place while the carer is providing OOHC services and guides the Annual Review of the foster carer. (DoCS, 2004d)

The Plan was seen by some workers to support the view that training for carers is a continuum of support and part of an inclusive ongoing case plan or care plan. This allows for carers to build on their individual competencies.

8.6 Optimum Training Level for NSW Carers

In regard to organising topics for ongoing training, some of the best results occur, said NSW stakeholders, when DoCS OOHC officers and experienced carers came together and exchanged ideas and thoughts around caring issues.²⁵ Generally, carers in NSW have an opportunity to attend one full day training session in each of the four school terms. In the sector this is considered the optimum training level for carers due to the logistics of bringing a day's training session together and organising carers to attend.

The Foster Carer Support Network provides training to around 2000 carers, in and around the Sydney metropolitan area each year. Most of the planning and organisation for the sessions is done by a core group of six network members (foster carers) on a voluntary basis. Carers attending contributed \$5 per head per session to help cover costs. Plans for regular training sessions for Departmental and non-government agency carers across the metropolitan area are in place for 2004.²⁶ The network anticipates that DoCS will contribute some funding to help defray the costs of running the training sessions.

In light of the recognised need for ongoing training for carers, most stakeholders interviewed expressed increasing concern about how future carer training is to be funded. At present, training sessions appear to operate with only minimal contribution to their costs from the Department. Stakeholders providing carer training spoke of working within very tight budgets. At times professional people were asked to 'volunteer' their services in training programs because there was insufficient funding to reimburse them for their time and expertise.

8.7 Rural and Regional Carers and Training

Stakeholders and workers noted the difficulty of organising training for small groups of (5-10) carers in isolated country towns. These carers require flexible training packages designed to meet their specific needs. Currently, many of these carers travel large distances to attend training in larger centres. Stakeholders reported there were no resources within 'carer training packages' to provide respite or child care to assist rural and regional carers' attendance at training. Travel costs for many carers are substantial and for carers outside the metropolitan areas, travel is reimbursed at

25 ACWA/CCWT provides on its web site (available for download) a continuing education resource for carers Real Kids, Real Carers containing a series of six booklets covering topics of importance to foster carers. Ideally the topics should be covered in sessions involving an experienced foster carer as part of the training team and include agency/departmental workers as participants as well (<http://www.acwa.asn.au/realkidsrealcarers/>) (see also Jarmon et al., 2000: xiv).

26 For the period February to April 2004 nine carer training sessions are planned in different areas of the State (FCA Newsletter, December 2003).

around 29 cents a km – a rate well below what is paid to most paid workers in the community. Some carers are required to travel 2-3 hours each way to attend a day's training, and this was a huge commitment, commented one stakeholder.

The situation for carers on the fringe of the metropolitan area of Sydney but at some distance from their local area office where training is conducted experience similar travelling difficulties. Many foster carers with pre- and school-age children requiring 'dropping off and picking up' have through their day only 'small windows of opportunity' to access and travel to training sessions. The workers realised that these carers needed to be able to access ongoing training but had not at this stage a strategy to address their needs.

8.8 Child Care Costs and Training

Concern around the provision of child care for carers on the mid-north coast to ensure attendance at training had led the Foster Care Association to arrange on-site child care at training venues. No Departmental funding is available to pay for such a service and carers have 'offered' to contribute to these costs. While this is commendable, a spokesperson for the FCA believes that if the Department expects its carers to attend ongoing training these costs should be the Department's responsibility. This situation contrasts sharply with the metropolitan workers who noted that their foster care team had a budget that enables the provision of 'free' child care (mobile child care minders) while carers attend training. This discussion illustrates the apparent ad hoc policy approach by individual DoCS offices and sometimes individual staff in providing support, both financial and of other types, to carers across NSW.

One worker noted that education or training for carers has to be adaptable and 'fit' carer needs. For example, for some issues such as behaviour management, big formal groups can work well, she said, but for other areas such as sexualised behaviour or HIV/AIDS related problems, small informal groups may work better and allow carers to feel comfortable and be more open in discussing these types of issues with the educator/trainer. For some carers, one-to-one training is the best option, she said.

8.9 Assessment and Initial Training of New Indigenous and Muslim Carers

An Indigenous agency representative stated that the training of new carers usually involves an agency worker and an experienced carer and is done in joint partnership with a Departmental worker. For carer assessment and training a Koori package put together by Koori workers in the Department, in addition to *Step by Step* and *Shared Stories Shared Lives* is seen as appropriate for Indigenous carers. Ways of adapting *Step by Step* and *Shared Stories Shared Lives* for use with Indigenous carers are currently being considered though no decision has been made on 'how best' to achieve this. Adaption is required to ensure that the package has adequate components on Aboriginal culture to train carers on their importance.

The worker noted that the more rigorous and professional approach being taken in assessing and training all carers can be intimidating to some Indigenous families who are then reluctant to become involved in fostering (see also CMC, 2004: 127). This view is supported by evidence from a study on carers in the US noting that a complicated assessment process may deter minority families 'who appear to react negatively to an intrusive assessment process'. The authors suggest that assessment processes should be sensitive to racial and cultural differences and use should be made of workers from the same cultural background as the potential foster carer to

support the carer in the assessment process and improve retention rates (Rodwell and Biggerstaff, 1993: 415).

Muslim Carers

Since the inception of the Muslim Foster Carers Project (MFCP) in 2000 two groups of Muslim carers in Sydney have been assessed, trained and approved.²⁷ Workers from the same ethnic background conducted the training of the first group of carers. For the second group of carers, the previously trained and 'more experienced' carers helped train new recruits. It was noted by an informant that 'having carers speak about their fostering experience sent a powerful message to the new Muslim carers'.

The initial stages of the development of *Shared Stories Shared Lives* were piloted with the Muslim carers and some adjustments were made to meet the needs of Muslim carers. The package was translated into Arabic and Turkish and some parts were made more culturally acceptable. According to the information provided to researchers in the study it was noted that Muslim carers come with specific backgrounds in nurturing and caring for children so it is important to work with carers and not impose concepts or ideas beyond their capacity to absorb. It is also important to relate the training to their own experiences. In the training it is explained to Muslim carers that as part of their 'moral and religious duty' they will work with the birth families. The concept appears to work and is proving valuable to Departmental case workers. They find the ongoing relationship, between birth family and workers, proceeding more smoothly and more positively.

8.10 Ongoing Training for Indigenous and Muslim carers

According to an Indigenous agency worker it is not unusual for Indigenous carers to attend the ongoing training sessions provided by the NSW Foster Care Association (FCA). However, some carers who are not comfortable with accessing mainstream training sessions prefer Indigenous-based agency training. Nevertheless, accessing training sessions for all Indigenous carers is difficult. Many female carers do not drive; or have access to a car, or have the financial capacity to meet child care costs to attend training. To assist their Indigenous carers to attend training sessions child care is provided by the agency and a small fee paid to carers for attending.

To date it is not clear how many Muslim carers are accessing ongoing training sessions. According to the representative of the Foster Parents Support Network (now affiliated with the FCA) small numbers of Muslim carers are attending the Network's ongoing training sessions for carers.

8.11 Amount of Training Received by Carers in NSW

In the survey with foster carers a number of questions were asked to establish how much training current carers in NSW had undertaken; how satisfied they were with training; the types of training undertaken and what types of training they would like to undertake.²⁸ Respondents estimated the total amount of time overall they had spent

27 Over 90 per cent of the NSW Muslim population live in Sydney.

28 The responses found in the carer survey apply to all carers. The numbers of Indigenous and Muslim carers responding to the survey were quite low. Overall nine per cent were from Aboriginal or

engaged in foster care training of any kind since they had started fostering. The amount of training undertaken by carers was quite variable:

- 25 per cent had engaged in a total of 10 hours or less;
- 26 per cent had engaged in an estimated 11 to 20 hours;
- 24 per cent had undertaken between 21 and 45 hours; and
- 25 per cent had undertaken 45 hours or more of training.

Four per cent of carers indicated they had attended over 100 hours of training, with two per cent estimating they had attended 300 or more hours of foster care training.

8.12 Initial Training for NSW Carers

The length of time some carers have been fostering is indicated by the time period carers commenced their initial training:

- 1970 to 1979 (3 per cent);
- 1980 to 1989 (11 per cent);
- 1990 to 1999 (51 per cent); and
- 2000 to 2003 (35 per cent).

In this latter group, 13 per cent undertook training in 2000, eight per cent in 2001, ten per cent in 2002, and four per cent in 2003. Over a fifth of the total sample (22 per cent, 98 out of 450) did not respond to the question.

Most respondents (66 per cent) were positive about the initial training they received as the following percentages on rating training reveal:

- Very good: 34 per cent;
- Good: 32 per cent;
- Reasonable: 20 per cent; and
- Poor or very poor: 3 per cent.

Ten per cent of carers who responded to the question reported they had not completed any initial training, while a further ten per cent of the total sample (47 out of 450) did not respond to the question. From these results it appears that around 20 per cent of current carers surveyed have not received any initial training.

A closer examination of those people who rated their initial training as 'good' or 'very good' reveals a trend for more recent carers to rate their initial training more highly than those who completed training in the 1980s. The trend for carers rating training as 'good' or 'very good' according to training start dates from 1990 to 2003 was as follows:

- 1980 to 1989: 63 per cent;
- 1990 to 1999: 73 per cent;
- 2000: 76 per cent;
- 2001: 77 per cent;
- 2002: 79 per cent; and

Torres Strait Islander background and three per cent were Muslim. No breakdown of the statistics is provided based on a carer's cultural background.

- 2003: 80 per cent.

Respondents who rated their training as ‘poor’ or ‘very poor’ were scattered fairly evenly across the starting year categories.

8.13 In-Service or Ongoing Training?

Carers in the eighties and nineties in NSW had limited options to attend in-service or ongoing training. For some carers who have fostered for some time, the term ‘in-service training’ may reflect a one-off training session undertaken by a carer at any one point in time but not necessarily on a regular or ongoing basis. More recently the terminology used to describe additional training sessions undertaken by carers on a regular basis is ongoing. For this reason, all carers were asked to provide information on in-service and ongoing to ensure that, however described, all training undertaken by carers at any point in time would be covered.

In-Service Carer Training

One hundred and nineteen carers had completed in-service carer training. Most carers responding to the question (96 per cent) had completed some type of in-service training since 1990. Only four carers completed in-service training between 1970 and 1989. The years in which in-service training was completed by percentage and number of carers are as follows:

- 1990 and 1999 (18 per cent or 22 carers); and
- 2000 or later (78 per cent or 93 carers).

Over half of the 119 carers (63 carers or 53 per cent) completed in-service training in 2002 or 2003.

Fewer carers (54 per cent) rated in-service training as positively as carers did for initial training (66 per cent):

- Good: 31 per cent;
- Very good: 23 per cent;
- Reasonable: 17 per cent; and
- Poor or very poor: 17 per cent.

Over a fifth of carers (22 per cent) who responded to the question reported they had not completed any in-service training. Unlike the rating of initial training, there was no trend for carers to rate recent in-service training more highly.

Ongoing Training for Carers: A Recent Phenomenon?

A similar number of carers (118) said they had completed ongoing training. Only two carers (2 per cent), indicated they had completed ongoing training between 1980 and 1989, with only a few more (8) reporting they completed ongoing training between 1990 and 1999 (seven per cent). Almost all carers who completed ongoing training did so in 2000 or later (91 per cent). The year carers completed ongoing training by percentage and number of carers are as follows:

- 2000 (9 per cent or 10 carers);
- 2001 (6 per cent or 7 carer);
- 2002 (17 per cent or 20 carer); and

- 2003 (60 per cent or 71 carer).

As with previous questions about training, respondents were asked to rate the ongoing training they received. Over half of carers (52 per cent) reported that their ongoing training was 'good' (26 per cent) or 'very good' (27 per cent). Thirteen per cent said they thought their ongoing training was 'reasonable'. Only three people (one per cent) rated their ongoing training as 'poor' although 11 (five per cent) rated it as 'very poor'.

Unlike the rating of initial training, there was no trend for carers to rate recent ongoing training more highly. More than a quarter of carers (28 per cent) who responded to the question reported they had not completed any ongoing-training.

Nature of Ongoing Training

Carers were asked about the nature of in-service or ongoing training undertaken:

- 57 per cent of carers reported participating in 'irregular one off training sessions';
- 32 per cent had participated in 'whole day workshops'; and
- 19 per cent had participated in 'intensive weekend training sessions, or sessions run over several days'.

Only five per cent of carers indicated they were involved in regular weekly training sessions. Some people indicated they were involved in regular monthly half-day sessions.

Over a quarter of carers (28 per cent) who responded to the question reported they had not completed any ongoing training. There are a number of reasons why carers may find it difficult to attend training either because of the type of training offered or in accessing the sessions. Carers who have been offered ongoing training but could not attend were asked what had prevented them from attending. Respondents could indicate as many barriers as appropriate to their circumstances. Their responses were as follows:

- Training offered for 71 per cent had 'not been relevant to their needs';
- 'Timing or location' of the training for 62 per cent had been inappropriate;
- 'Lack of respite or child care' for 29 per cent was a barrier; and
- 'Transport difficulties' for 23 per cent were a barrier.

Combining In-Service and Ongoing Training Data

Given the overlap in meaning that can apply to in-service and ongoing training, both sets of responses were combined to present a more coherent picture of any additional training undertaken by carers. The results of this analysis are very similar to those obtained when analysing the two training types separately. Only three carers indicated they had completed 'in-service' or 'ongoing' training between 1980 and 1989 (two per cent), with 10 per cent reporting they completed in-service or 'ongoing training' between 1990 and 1999.

Again, almost all carers who completed in-service or ongoing training did so in 2000 or later (88 per cent):

- 12 per cent in 2000;
- 6 per cent in 2001;
- 20 per cent in 2002; and
- 49 per cent in 2003.

It is apparent from these findings that it is only in more recent times (since 2000), at least for carers in the survey, that in-service or ongoing training has become an important component of the development of carer skills. It appeared that over one third (172) of the sample of carers surveyed were more aware of the necessity to undertake ongoing training in a number of areas (see below) and ongoing training sessions appear to have been made available, or were accessible, for carers to attend.

8.14 Type of Ongoing Training Undertaken

Respondents were asked what type of in-service (or ongoing) training they had undertaken or would like to undertake given the opportunity. Carers could indicate any number of different areas where they had completed a training session or would like, if given the opportunity, to attend (See Table 8.1)

Perhaps the most striking aspect of the responses given is that in all (except one) specific areas of training, over half of all respondents either had not or did not seek to undertake ongoing training. The one exception, indicating its perceived prevalence in children in OOHC placements, was for training with children with 'challenging behaviours' where three-quarters of carers had either undertaken or would like to undertake a training session.

Table 8.1: Type of Ongoing Training Undertaken and Training Carers Would Like to Undertake

Content Area	Have Undertaken Training		Would Like to Undertake Training		Neither	
	Number	Percentage	Number	Percentage	Number	Percentage
Child development	119	28.7	63	15.2	232	56.0
Caring for a child with disability	73	17.5	68	16.3	275	66.1
Challenging behaviour	149	35.8	131	31.5	136	32.7
Sexualised behaviour	128	30.8	81	19.5	207	49.8
Self-harming behaviour	73	17.5	93	22.4	250	60.1
Family contact	123	29.6	68	16.3	225	54.1
Dealing with child's return to birth family	91	21.9	66	15.9	259	62.3
Maintaining a child's culture	71	17.1	65	15.6	280	67.3
Working with the Department	107	25.7	98	23.6	211	50.7
Placement meetings	75	18.0	64	15.4	277	66.6
The fostering role	143	34.4	46	11.1	277	54.6
Standards of care	109	26.2	51	12.3	256	61.5
First Aid	93	22.4	81	19.5	242	58.2
Dealing with allegations of abuse	123	29.6	86	20.7	207	49.8
Life story work	137	32.9	67	16.1	212	51.0
Meeting educational needs of children	60	14.5	86	20.7	269	64.8

The focus by carers on undertaking training on ‘challenging behaviour’ was highlighted even further when carers were asked at another point in the survey if they agreed or disagreed with the statement: *‘The children I see coming into care now have more challenging behaviours and are more difficult to care for than children previously in my care.’*

Over half of carers (56 per cent) ‘agreed’ (28 per cent) or ‘strongly agreed’ (28 per cent) with this statement. Just over a quarter of respondents (26 per cent) said they were ‘unsure’ about the statement, while 18 per cent ‘disagreed’ (15 per cent) or ‘strongly disagreed’ (3 per cent).

Not surprisingly, those carers who had been fostering for a number of years and had a depth of experience in foster care were more likely than those with limited experience to agree with the statement. For example, 44 per cent of carers who have been fostering from zero to five years ‘agreed’ or ‘strongly agreed’ with the statement. This rose to 51 per cent for carers fostering for between six and ten years, and rose again to 76 per cent for those fostering for 11 to 20 years, and rose further to 83 per cent for those fostering for 21 years or more. The same pattern was not observable when considering the age of primary carers or the type of carer (carer couple or single carer).

As shown above in Table 8.1, the most common form of ongoing training undertaken by carers was ‘challenging behaviour’ (36 per cent). Thirty-four per cent of carers had undertaken training in ‘the fostering role’ while 33 per cent had undertaken training on ‘Life Story work’. Thirty-one per cent of carers indicated they had received training on ‘sexualised behaviour’ while 30 per cent said they had undertaken training concerning ‘family contact’. Thirty per cent had also received training on dealing with ‘allegations of abuse’.

Thirty one per cent of carers indicated they would like to receive training on ‘challenging behaviour’, while 24 per cent said they would like training on ‘working with the Department’. Twenty-two per cent indicated they would like training on ‘self-harming behaviour’ while 21 per cent reported that they would like training in the areas of ‘dealing with allegations of abuse’ and ‘meeting the educational needs of school age children’. It is encouraging that many carers have undertaken training in two areas in which many other carers indicated they would like training: ‘challenging behaviour’ and dealing with ‘allegations of abuse’.

Respondents were also given the opportunity to provide information on other areas of training they would like to undertake. Suggested areas included assisting children who are grieving, training on anxiety and sleeping in children, and training in preventing Sudden Infant Death Syndrome (SIDS).

8.15 Training Needs of Carers for Children Currently in Their Care

Carers were asked if they would like additional training for children *currently* in their care. Over a third (39 per cent) said they would like additional training but close to two-thirds said they would not. The people who reported they would like additional training were given the opportunity to comment on what type of additional training they would like. There was a wide range of areas suggested including behavioural management, particularly dealing with children with challenging or sexualised

behaviours, child development, managing children with disabilities, dealing with drug affected babies, managing teenagers, and substance abuse.

The carers who would like specific training for children currently in their care (39 per cent of respondents) were then asked to nominate what might make it difficult for them to attend training sessions. Respondents were given the option of responding to as many of the reasons given as they wished. Carers responded in the following ways to the perceived difficulties in attending training:

- Unsuitable training times (62 per cent);
- No available child care or respite (49 per cent);
- Too far to travel (41 per cent);
- Course was too expensive (26 per cent); and
- Transport costs (15 per cent).

Respondents were given the opportunity to identify ‘other’ reasons why it might be difficult for them to attend training and many commented that training was often offered during the day and they could not attend because they or their partner worked. For others their household was already busy and they could not find the time to attend training. However, when asked if they would be prepared to undertake regular training if their costs were covered and child care or respite were offered, most (84 per cent) carers said they would be prepared to attend.

8.16 Usefulness of Ongoing Training

When asked if the ongoing training they received assisted them in their role as foster carers, the overwhelming majority (78 per cent) of carers surveyed responded that it had, while 18 per cent said that it had not. The carers who responded that training had not assisted them in their fostering role were then asked what factors made the training they received ‘unhelpful’. Respondents could indicate as many factors as they liked as unhelpful. Their responses were as follows:

- 55 per cent of carers said that the ‘focus or content of the training’ offered was not what they needed;
- 37 per cent said that they found the training they were offered unhelpful because it was ‘not run by foster carers or did not make use of experienced foster carers’;
- 36 per cent of carers ticked ‘inappropriate timing or location’ as the reason why training offered was unhelpful;
- 29 per cent responded with either ‘child care difficulties’ or ‘lack of child care’ as their reason; and
- Nine per cent said the training offered was ‘culturally inappropriate’ for the needs of the children in their care.

8.17 Recognition and Accreditation for Skills

Carers in the survey were also asked if they should be accredited/receive formal recognition (e.g. a diploma or certificate) for training completed while fostering. Three-quarters of respondents felt they should receive formal recognition while a quarter did not wish to receive formal recognition.

Eighty-two per cent of carers who had been fostering for 21 years or more felt they should receive formal recognition while 18 per cent of these carers did not want

formal recognition. Single carers were also more likely to say they wanted formal recognition for training with 79 per cent answering 'yes' to the question and 21 per cent answering 'no'.

These views by carers were strongly supported by an experienced trainer of foster carers in the stakeholder's interviews (see below) who suggested that training courses undertaken by carers should be recognised and accredited.

8.18 Carers' Perception of Their Fostering Role: Moving to a More Professional Approach?

The literature on foster care is placing increasing emphasis on the growing professionalisation of the work that caring entails (Sinclair, Gibbs and Wilson, 2000; Sultmann and Testro, 2001). In an attempt to clarify the concept of fostering as professional work with carers the survey included a section where carers were asked to respond to three definitions of fostering and to describes which best represented their *current* role; what they thought fostering *should* be; and how they thought others in the community (friends and neighbours) saw their role.

Respondents were given three definitions of foster care work. The first described fostering as a voluntary activity; the second as semi-professional work; and the third as a professional activity. They read as shown below:

- Fostering is parent-like work in the family. It's non-professional or voluntary work.
- Fostering requires some skills and experience in addition to 'good' parenting. It's semi-professional work.
- Fostering is similar to a job carried out in the home requiring training and payment (either fee for service or salary). It's professional work.

Close to three-quarters of carers responding did not see their *current* role as 'non-professional or voluntary work'. Most saw their *current* role as:

- Semi-professional (57 per cent);
- Professional (16 per cent); and
- Voluntary (27 per cent).

The results were markedly different when it came to what carers thought the fostering role *should* be. Most thought fostering *should* be:

- Semi-professional (54 per cent);
- Professional (32 per cent); and
- Voluntary (13 per cent).

The third option reveals the disjunction between how, according to current carers, caring is perceived by those (i.e. general community) who know little about fostering or the skills and abilities required to carry out the demanding role of fostering. When it came to how carers thought others in the community (friends and neighbours) perceived their fostering role, most thought others saw fostering as:

- Voluntary (55 per cent);
- Semi-professional (28 per cent); and

- Professional (18 per cent).

The divergence between how carers perceive fostering and how they think the wider community views them is possibly due to the way in which fostering is carried out – in a family home and predominantly by women. Carers themselves are often reluctant to speak widely about their role as active carers in case the foster children in their care are stigmatised at school and elsewhere.

There were no marked differences between carer couples or single carers with respect to these issues, nor were there marked differences between primary carers of different ages, with the exception of older primary carers. Less than half (47 per cent) of the primary carers aged between 65 and 74 years saw their current fostering role as voluntary while a third of this age group (33 per cent) saw their current role as semi-professional, and 20 per cent saw their role as professional.

There were also some small differences with respect to the age of primary carers when considering what people felt the fostering role should be, and others' perceptions of fostering. Only nine per cent of primary carers aged between 25 and 34 felt the fostering role should be voluntary compared to 13 per cent for all carers, and 62 per cent of this age group felt fostering should be semi-professional compared to 54 per cent of all carers.

A similar pattern was observed for how this age group thought others perceived fostering with 65 per cent saying they thought others perceived fostering as voluntary compared to 55 per cent for all carers, and only nine per cent of this age group said they thought others perceived fostering as professional compared to 17 per cent for all carers. There was also a small difference between older carers and all carers as a group with thirty-nine per cent of carers aged between 55 and 64 years saying they felt the fostering role should be professional compared to 32 per cent of all carers.

In terms of years carers have been fostering, there is a general trend amongst respondents that the longer they have fostered, the more likely they are to see their current fostering role as professional, and the less likely they are to see their role as either semi-professional or voluntary. Although not so pronounced, this trend is also observable when considering what carers thought the fostering role should be.

Evidence of the Increasing Perception of Fostering as Professional

Focus group workers in an area where carers are employed under a program run by an NGO to provide intensive services for children with high needs were quite accepting of the view that some people motivated to foster 'were doing it as a job'. They noted that carers are being asked to be 'more professional' and for some it is a way of earning a wage. Usually these carers are assessed as having skills and competencies to offer a professional service.

One worker cautioned that for those carers accepting a professional role and hence higher remuneration, it should to be made clear what proportion of the salary package is the allowance for the child and what is the payment that is to cover the carer's work to prevent any possibility of a child's needs not being met. Another worker said 'times have changed' and it is appropriate to consider whether those providing the service should be given some rewards or benefits for themselves. Increasingly, here

and elsewhere, those involved in the fostering sector and the provision of OOHC services are engaging in debates about the role of payment to foster carers rather than simply allowances notionally based on costs (DHS, 2003: 124-127; Sinclair, Gibbs and Wilson, 2000; Oldfield, 1997).

A NSW carer trainer was also of the opinion that training courses undertaken by carers should be recognised and accredited to enable carers, if necessary, to use them in other spheres or occupations. One option, she suggested, would be to consider a model similar to the UK *National Vocational Training Strategy* which incorporates a *National Framework of Training* available through universities. Both residential care workers and foster carers attending this course study for the same qualification.

The benefit of such a strategy, argued the stakeholder is that it should result in carers with different levels of expertise offering better quality care and better outcomes for children. She suggests that paying untrained or minimally trained carers increased subsidises when they care for children with high or special needs, as is the current practice in NSW does not work. 'If it's the welfare of the child we are interested in, then it's matching a carer (with appropriate skills) to the child that is the critical element'.

The increasing importance of the skill level of current foster carers has been recognised in US and UK studies and more recently in Queensland (Jarmon et al., 2000; UK Health Committee, 1998; CMC, 2004).

A study with stakeholders in the US on recruiting/retaining foster carers concluded that a child should not be placed with foster parent if the needs of the child exceed the skills, experience and capacity of the carer. Procedures were in place in one area to determine children's needs and suitable foster parents received training to meet those needs. Carers were paid higher board rates based on their *skill levels* and the needs of the child. (Jarmon et al., 2000: ii, emphasis added).

The importance of recognising the skill levels of carers is also prominent in the United Kingdom. In a series of recommendations for children in OOHC the UK Health Committee argues for a stepped scale of payments to carers based on a carers' levels of skills and experience in dealing with difficult or demanding children. The Committee noted that many Councils have introduced innovative schemes to pay higher Care Allowances to *skilled* carers caring for the most demanding children (UK Health Committee, 1998; emphasis added).

In the recent inquiry into abuse of children in foster care in Queensland the Crime and Misconduct Commission addressed the issue of carer remuneration and the introduction of tiered funding methods to pay carers with varying levels of skills. It recommended that the Queensland Department of Community Services investigate introducing a tiered system for payments to foster carers that recognise the skills necessary to care for children with more complex needs. The Commission argued that:

If a tiered payment system is introduced it could readily be linked to the tiered training system that has also been recommended. Additional payments would provide an appropriate recognition of the higher-level skills attained by specific carers and acknowledge their work with children who have special needs or more challenging behaviours. (CMC, 2004: 212-13)

Summary

In summary this section of the report highlights the increasing importance placed on the initial and ongoing training needs of foster carers both nationally and internationally. The current packages used in NSW in the assessment and initial training of carers, with some adoptions for cultural sensitivity, are highly regarded in the sector. The findings from the carer survey conducted for this study provide a snapshot of the situation for current carers in NSW in regard to training undertaken and ongoing training carers would like to do. The findings also indicate that both here and elsewhere there is growing recognition of the range of skills required by carers and the acceptance of a more professional approach to fostering by carers.

9 Support for Carers

It is appropriate for this section on carer support to follow that on carer training because of the close association that can be made between these two aspects. Support for carers and training are closely interlinked (Sinclair, Gibbs and Wilson, 2000). From a conceptual viewpoint both can be perceived as one and the same. Training for carers is a form of support and skill enhancement for the work carers do; while support offered to carers in its various forms and manifestations by caseworkers and other professionals can be seen as a form of training or education which increases the capacity and understanding of carers in numerous aspects of the caring role.

A summary of the main points is provided below.

Support for Carers

- Stakeholders perceived the support for carers as being crucial for placement stability and retention of carers in the system.
- The support that carers want from caseworkers is casework itself. They want caseworkers to work with carers and to build up ongoing relationships with children to bring about the best outcomes.
- A lack of regular casework and regular caseworker visits to carers was found to be strongly associated with placement breakdown.
- High caseworker turnover and inexperienced caseworkers are seen as detrimental to the development of worker/child and carer/worker relationships.
- The majority of carers had a caseworker for the children in their care, and less than a fifth did not. Over one half of the carers had regular contact with a caseworker while two-thirds rated their relationship with their caseworker as good.
- Over half of the carers regarded the overall level of support they receive from their caseworker as good. However, over a fifth described it as poor. Carers' assessment of their relationship with the Department was similar, with half describing it as good and a fifth describing it as poor.
- Support groups for all carers including Indigenous and Muslim was seen as useful.
- The provision of a mentor or buddy for new carers was an option suggested by both stakeholders and workers in focus groups.
- Stakeholders agreed that unless there are changes in the attitudes of caseworkers and local office managers, especially in relation to information sharing and working as partners with carers, it will be difficult for fostering to survive as a viable option.
- Equal numbers of carers thought the level of Care Allowance was 'about right' or 'on the low side' while eight per cent thought the Care Allowance was generous.

- Approximately half the carers surveyed had experienced financial difficulties while caring. In the majority of cases, this was due to delayed payments of the Care Allowance.²⁹
- Concern was expressed by stakeholders that the Care Allowances paid to carers were not being used appropriately to meet the needs of the children.

9.1 Findings from the Research on Support

In the literature on foster carers it is generally agreed that support from caseworkers and from agencies providing OOHC programs for carers must be in place to ensure they receive the assistance and services required for ongoing maintenance of a placement (DHS, 2003: 77; CAFWAA, 2002; AFCA, 2001: 107-146; Sinclair, Gibbs and Wilson, 2000; Triseliotis, Borland and Hill, 1999; Colton and Williams, 1997).

According to Triseliotis, Borland and Hill (1999) in the UK, support for carers has a varied number of constituent components including:

- Regular contact with the child's caseworker;
- Availability of 24 hour contact with someone in the agency (Department);
- Carer views and opinions are taken seriously by workers;
- Working as team;
- Ongoing carer training;
- Counselling for the carer family members when required;
- Protocols for dealing with 'false' allegations of abuse; and
- Respite for carer families (Triseliotis, Borland and Hill, 1999: 172-73).

Carer Support in NSW

In this study conducted for DoCS the various components of support that NSW stakeholders focused on in the interviews were casework, caseworkers (including worker training, worker turnover and partnership with carers); carer support groups; mentoring for 'new' carers; and working as a team. Other components of support such as a carer's relationship of their current caseworker and the Department more generally; membership of the FCA and its support for carers; and financial support, were covered in the carer survey. These elements of support for carers in NSW are discussed in this section. Support for carers in relation to protocols in relation to 'allegations of abuse' and respite for carers are discussed in Section 6 (respite) and Section 10 (allegations).

The stakeholder interviews, carer survey and the focus groups with carers and workers provide the framework to the following analysis of foster carer support in NSW.

In the day-to-day caring of children support for carers comes from the child's caseworker, Departmental staff more generally and other carers through support

29 This research was conducted shortly after the introduction of DoCS's new client information system KiDS. Some payment delays may have been due to the transfer of client records to the new system.

groups.³⁰ The issue of support for foster carers, from caseworkers (and the Department more generally) drew a huge response from all stakeholders interviewed. It cannot be overemphasised how important the stakeholders perceived support for placement stability and retention of carers in the system (see also AFCA, 2001; Triseliotis, Borland and Hill, 1999).

For many stakeholders, the perceived lack of support for carers from caseworkers and the Department more generally is a prime concern. Carer support is crucial, most argue, as a lack of assistance and encouragement to carers for the work they do leaves many carers feeling unsupported, undervalued and unappreciated.

9.2 Casework

This section of the report needs to be read in light of the appointment of additional caseworkers in OOHc to support carers noted earlier in the Report. Approval has been given for an additional 150 OOHc caseworkers to be appointed over four years (2003-2007). The first 50 are currently being recruited (2004) and a priority for their work will be children and young people with complex and high levels of need. The next 50 will be recruited in 2004/05 and the priority will be for carer support teams. The remaining 50 will be recruited in the following two years (2005/07) (DoCS, 2004b). Along with other addressing other issues, the appointment of the additional caseworkers is intended to ensure that carers have improved support.

9.3 Findings from the Survey

Several questions in the carer survey, conducted as part of this study, invited carers to comment on the support (non-financial and financial) they received. In relation to caseworker support, the findings from the survey indicate that majority of carers had a caseworker for the children in their care but slightly less than a fifth (17 per cent) did not have a current caseworker. Over half of the carers (59 per cent) have regular contact with a caseworker. However, a significant proportion (41 per cent) did not have regular contact.

Carers were also asked to rate three statements about their case worker and the Department and each statement had five response options: 'very good', 'good', 'reasonable', 'poor' and 'very poor'. For ease of presentation, the categories 'very good' and 'good' were combined as were the categories 'poor' and 'very poor'. In relation to 'describing their relationship with their caseworker' the results indicate that:

- 66 per cent rated their relationship as either very good/good;
- 22 per cent rated it as reasonable; and
- 12 per cent rated it as poor/very poor.

In relation to 'the overall level of support from their caseworker' the results indicate that:

- 52 per cent rated it very good/good;
- 26 per cent rated it reasonable; and
- 22 per cent rated it as poor/very poor.

30 Support from family and friends is also important to carers but it was not a topic addressed in this study.

Carers' assessment of their relationship with the Department was similar:

- 52 per cent rated it very good/good;
- 27 per cent rated it reasonable; and
- 21 per cent rated it as poor/very poor.

Carers were also asked to rate another series of statements about their caseworker and the Department. The categories included 'agree/strongly agree', 'unsure', 'disagree/disagree strongly'. Responses to the statements about the caseworkers were generally quite positive. However, in most cases, a sizable proportion of carers expressed their dissatisfaction with their relationship with their caseworker.

The responses to the statement 'The case worker visits often enough' were very much polarised with almost half of carers (48 per cent) agreeing and under half (45 per cent) disagreeing. Clearly many carers were satisfied with the regularity of their caseworker's visits, however, a substantial proportion of carers were not.

Two-thirds of the carers agreed that their caseworker responds to telephone requests in a prompt and helpful way, yet over a quarter (28 per cent) disagreed.

Almost three-quarters of the carers (73 per cent) agreed that their caseworker is interested in what they have to say and listens to their problems. However, almost a fifth (18 per cent) disagreed with the statement.

Three-quarters (73 per cent) of the carers feel their caseworker appreciates the worker they do. However almost a fifth (18 per cent) were unsure if their caseworker appreciates the work they do.

Over two-thirds of carers (67 per cent) valued their caseworker's experience and suggestions, but 16 per cent were unsure and the same proportion did not value their caseworker's experience and suggestions.

Over half (60 per cent) of carers feel that their caseworker provides valuable input into the problems they face, yet over a quarter (27 per cent) disagreed.

Carers were also asked if they felt the Department looks after its foster carers. Under half (44 per cent) of the carers do not feel the Department looks after its carers while a fifth (22 per cent) were unsure. A third (34 per cent) of carers agreed that the Department looks after its carers. This finding appears to indicate that while many carers have reasonable relationships with their child's caseworker in general, carers do not find the Department as a whole supportive of its carers.

9.4 The Importance of Case Work

All stakeholders viewed the provision of casework to children as a critical component of support for carers. The support carers want from caseworkers is casework itself, stated the NSW FCA spokesperson. They want caseworkers to work with carers and to build up ongoing relationships with children to bring about the best outcomes. The difficulty in retaining experienced case workers, an ongoing issue noted by all stakeholders, means the body of 'local' knowledge built up by individual workers is lost and new workers struggle to find answers to ongoing issues and problems of families they know little about. According to stakeholders some children in long term care become 'part' of the carer family and as a consequence there may be little or no

ongoing contact with the Department. In the future this will change. From March 2004 a new section of the 1998 legislation (*NSW Children and Young Persons (Care and Protection) Act 1998*) requires a regular placement review of all children and young people in OOHC under a Court order.

All NSW stakeholders recognised that it is difficult for caseworkers to offer support to carer or child when their caseloads are up to 40 children at any one point in time. In NSW, in the year 2000, caseworkers were operating at four times the International Benchmark level of one caseworker to 10 children.³¹ This longstanding situation has been frustrating and demoralising for both caseworkers, carers and children in OOHC. A similar situation was found in the recent audit into foster carers in Queensland.

The audit found many instances where no regular home visits to children in care were conducted by caseworkers. In extreme cases, only one or two home visits were recorded over a seven-year period (period of time subject to the audit). (DoF, 2003:70)

The importance of regular casework is emphasised in numerous studies on foster care. For example, Berridge and Cleaver (1987) in the UK found the lack of regular caseworker visits to carers strongly associated with placement breakdown. The impact of placement breakdown is distressful to both child and carer and has resulted in carers leaving fostering (Gilbertson and Barber, 2003: 330).

9.5 Caseworker Training and Turnover

The NSW stakeholders said it was not unusual for experienced and skilled carers to comment negatively on the skills of 'new' university graduate caseworkers, lacking experience in the complexity of issues for fostered children. The training that caseworkers in the OOHC sector undertake should, where feasible, include input from experienced carers, said stakeholders.³²

In addition, the high caseworker turnover perceived by many stakeholders resulted in new caseworkers constantly being appointed with little chance of a productive ongoing relationship developing between the carer/worker and the worker/child. Workers in the focus groups acknowledged the importance of building solid relationships with children and with carers as a critical component of support. Modelling supportive relationships between themselves and a child, said one worker, indicates 'what we want the carers to have with the children'. Good relationships between worker/child and worker/carer allows children to confide and carers to explain stresses and concerns allowing early intervention to prevent, 'spot' or stop abuse if occurring while the child is in OOHC (Cashmore and Paxman, 1996: ii).

31 A report by a NSW Working Party ('Kibble Committee') in 2002 estimated the ratios between NSW Departmental caseworker to child as 1:26 and 1:30 with the International Benchmark set at 1:10; in the USA the Child Welfare League of America recommends 1:10 or 1:15 (Kibble Committee, 2003; Jarmon et al., 2000). The caseload of workers in Queensland was also identified as 'unacceptably high'; an audit suggesting any ratio above 1:20 'unmanageable' and 1:15 as 'more realistic' (DoF, 2003: 74). A further report into Queensland foster care noted 160 additional front line staff were required to meet a 1:15 carer/child ratio (CM, 2003: 4).

32 One stakeholder in the NSW study said Departmental workers also need training in working with volunteers. If the sector has higher expectations of carers, she argued, should we not also expect workers to have a similar range of competencies in working with and supporting a volunteer workforce?

9.6 Value of Carer Support Groups

The support provided to carers by other carers can be crucial in maintaining a placement, said stakeholders. In addition, it is imperative, said one representative, that the FCA is made aware of all new carers so that information can be provided to them and they can be put in touch with their local carer support group. Carers, it was suggested by the FCA representative, do not want Departmental workers to run carer support groups; they prefer this to be the responsibility of the Association.³³

There was, however, some divergence of opinion on this issue from Departmental workers in the focus groups who, while acknowledging the 'right' of local carers to run their own meeting, thought they still had an important participatory role to play. Workers saw the meetings as an opportunity for the OOHC and Fostering Team to answer questions and address issues, clarify OOHC policy development, and/or implementation of legislation and distribute information. Making sure the information 'getting out' is correct and everyone has the same information is extremely important, said one worker. Workers in the regional office used a newsletter to inform carers but also to 'bring carers together' by relating details of carer support groups they could contact.

Most workers agreed that what worked 'best' was to minimise their time spent at the carer support meetings to allow carers to have ample time for discussion without the workers present. For a number of workers the key question was finding the right 'balance' in support strategies that worked for both the carers and the Department.

9.7 Support Networks for Indigenous and Muslim Carers

An Indigenous Agency worker noted that some Indigenous carers were prepared to access mainstream support groups but others preferred to use the Indigenous telephone link up service provided by the agency for ongoing support. When more than telephone support was required for isolated carers (those living 'out of town') or children required transport into town on the weekends to access their friends additional strain was placed on agency staff and resources in time and travel. The worker noted that carers who ceased fostering were more likely to be living 'out of town' and not to have access to a support group or, in numerous situations, access to reliable private transport.

One Departmental Indigenous caseworker said that due to her workload it was difficult to support Indigenous carers and also do the 'community' work essential to support carer and other families. Her understanding was that most Community Service Centres throughout the State had only one or two Aboriginal case workers in each office and at times they were not able to meet the needs of Aboriginal communities.

Plans are in place to establish additional OOHC services in Aboriginal non-government foster carer services. In 2003, DoCS announced funding enhancements of \$3.5 million for Aboriginal OOHC services over the next three years. The bulk of the available funding will be allocated for Aboriginal non-government foster care services to increase the number of foster care placements they can provide. It will create as

33 At December 2003, including AFCSS, there were 33 Foster Carers Support Groups in NSW. The majority met regularly on a monthly basis (Hocking, 2003).

estimated 100-150 additional Aboriginal foster care placements. As there are some areas with no service providers it is essential that resources are allocated to develop new services. The priorities for new services to be developed are in Western, Northern (New England area) and Southern Regions.

The plan for an Aboriginal Services Unit is currently being finalised by the Department and it is anticipated that the new services for Aboriginal OOHG placements provided by Indigenous child care agencies will be of great benefit to Indigenous children and their families.

Muslim Carers: Support Networks

According to information collected in this study on Muslim foster carers, the establishment of formal structures for carers to network and provide support for one another has been prevented by a lack of resources and other demands on specialist Muslim workers. According to an informant, the small numbers of carers attached to different DoCS Community Service Centres, make it difficult to bring carers from different offices together. The spokesperson for the Foster Parents Support Network said she was aware that some Muslim carers had taken the lead and were organising a local carer support group.

At the time of initial assessment and training all Muslim carers were informed of the benefits of joining the Foster Care Association and were provided with information and written material. However, the reality is that most carers are still 'on the fringe' in relation to use of the Association's resources or information. According to an informant the long-term objective for Muslim carers is for them to come together, to be self-reliant as a group, and to become 'better' carers and advocates for the children in their care.

9.8 Support through Membership of the Foster Care Association

As part of the Foster Carers Survey, carers were asked whether they were members of NSW Foster Care Association (FCA) or the Aboriginal State Secretariat Foster Support Group (ASSFSG). Over half of respondents (53 per cent) said they were members of either the FCA or the ASSFSG and 47 per cent were not.

Whether someone was a single carer or part of a carer couple made no difference in relation to membership although younger carers, those aged between 25 and 34, were less likely to be members of either organisation (40 per cent were members).

Over three-quarters of respondents said they received either the FCA or the ASSFSG Newsletter, while less than a quarter (22 per cent) reported they did not receive either organisation's newsletter. Whether someone was a single carer or part of a carer couple did not make a difference to whether or not they received one of the newsletters.

There is a discrepancy between the number of people who said they belonged to an organisation (232) and those people who said they were in receipt of either organisation's newsletter (287). The inconsistency can probably be explained by the fact that both newsletters can be downloaded from the Internet even though the recipient is not a member of either organisation.

When asked if ‘The NSW Foster Care Association and/or the Aboriginal State Secretariat Foster Support Group provides carers with valuable information and support’, 57 per cent of carers responded that these organisations did provide valuable information and support, only 12 per cent strongly agreed with the statement. Almost a third of carers (31 per cent) were unsure about the statement that carers were provided with valuable information and support, while only 12 per cent disagreed (eight per cent) or disagreed strongly (four per cent).

9.9 Support and Mentoring New Carers

The use of a ‘buddy’ (an appropriate experienced carer) to mentor new carers in their first placement was suggested by a number of stakeholders as a quick and efficient way to resolve any number of minor issues for carers and provide support with their first placements. In the experience of some stakeholders it was not unusual to hear that new carers are given no information or knowledge about other carers in their area or provided with written material on their entitlements (including Centrelink payments) or to have clear guidelines about their role and responsibilities. In relation to the provision of information (written material) about carer entitlements and clear guidelines about their role and responsibilities, DoCS has developed a Foster Carer Handbook which will be published and distributed to all carers in 2004.

The concept of a ‘carer mentoring/buddy system’ implies a degree of sharing of information about a child to help resolve problems arising in the placement. Stakeholders acknowledged the concern by the Department around issues of confidentiality and privacy (a legislative requirement) for children and birth families. However, they believed that carer training should include acting ‘professionally’ in regard to this issue and confidentiality agreements should form part of the contractual arrangements between the Department and carers. Carers, once approved, could then use an experienced carer to seek advice on the understanding that any conversation about a particular child stay with the two individual carers. Indigenous stakeholders also saw mentoring by an experienced carer as a good option for new carers. Carer support networks were also very important as once carers got to know others, they called, shared ideas, and worked out solutions to minor problems.

Peer support for new carers was favoured and used by workers in the worker focus groups. Workers agree it cannot supplant a caseworker’s role but said that it is a valuable resource for carers and contributes to morale and team building. ‘While not Departmental policy as such’ said one worker, ‘it’s good practice’. Workers thought that as part of the carer plan with the Department, all new carers should have an experienced carer as a mentor or buddy. One worker suggested that identifying current carers as good mentors and then offering them mentoring training would be a positive step. The benefit of a foster parent buddy system should not be underestimated. A US study examining the reasons why carers ‘continue’ or ‘leave’ fostering a buddy system was significant. The research found a higher percentage of continuing carers compared to former carers had a buddy carer who could be called upon for advice (Rhodes, Orme and Buehler, 2001; see also CMC, 2004: 209-11).

9.10 Foster Carer Placement Officer

Focus group workers discussed the benefits of a Departmental worker being made available to provide support, advice and supervise placement from the carer

perspective. A number of workers made mention of the valuable role a DoCS Foster Carer Placement Officer, can and does play, in supporting 'new' carers.

Workers in one group thought these positions, which would be of great benefit in all CSCs, should be quarantined in each office. This would enable Placement Officers to be available when needed by carers for support, advice and supervision of the placement. Workers said that having someone (e.g. a Foster Carer Placement Officer) who 'knew' a large number of carers individually because of their support and supervisory role was of great benefit when children with specific needs required placement as it took the burden off the child's caseworker, supporting them and, in the longer term, carers as well. Another worker saw this position as a good use of the Department's resources as it could help prevent placement breakdown.

The workers were not sure how common these positions were across all areas of NSW. Most agreed, however, that a Foster Carer Placement Officer should not be expected in addition to support and supervision of carers to do casework, handle assessments or incoming child protection calls as is the situation currently in a number of offices.

9.11 Information Sharing and Working as a Team

From December 2003, newly introduced sections of the legislation (*NSW Children and Young Persons (Care and Protection) Act 1998*) give carers the right to information about the child to enable them to make a decision about whether they will accept the placement or not. The provision of information to carers is now part of DoCS standard procedures (yet to be published). This new legislation is extremely important as in any provision of a service, those providing the service (i.e. carers) require sufficient background information on the person (i.e. child or young person) requiring care to allow them to provide the service in an appropriate and effective way. Despite this well acknowledged fact, withholding valuable information about a child and their circumstances by case or placement workers in the guise of 'protecting' a child's confidentiality was (prior to the new sections of the legislation being introduced) not an uncommon phenomena, said stakeholders.

Sometimes, said one stakeholder, the withholding of information about a child was a ploy by Departmental workers to gain a carer's acceptance of a placement. Departmental workers were well aware that if all the facts and background information on previous placements were revealed many carers would not take some children.

In the consultation with carers in designing *Shared Stories Shared Lives*, the clear message from carers was that 'they wanted to be part of the team', said one stakeholder, an experienced carer trainer. A relationship of mutual respect and sharing between carer and caseworker is a critical component of a successful placement stated the trainer. It is rare not to find in most recent reports or reviews of OOHC in any number of western countries a similar plea by stakeholders for carers to be treated as 'true partners' in caring for the child.

A recent study in the US states unequivocally that,

The perceived failure of the Department to support foster parents decisions or to at least treat them as equal partners in a team was cited as one reason why foster parents quit. (Jarmon et al., 2000: 16)

Many stakeholders agreed that changes in the attitudes to carers by caseworkers and local office managers is fundamental if fostering is to survive as a viable option in OOHC. Perhaps not surprisingly, this view was echoed by staff in the focus groups with the Fostering and OOHC Teams, whose day-to-day experience is with carers.

It was the opinion of one stakeholder, an experienced carer trainer, that the introduction of *Step by Step* and *Shared Stories, Shared Lives* has ‘lifted the bar’ and there are now higher expectations of the professional service volunteer carers should provide for children in their care and also the supports they should receive such as regular casework; information sharing and consultation (i.e. team work), support from other carers; and the Department more generally.

Professional support is a proper expectation of those undertaking a professional role. It should help to manage the tensions arising from more difficult children and a more ambiguous caring task. (Sinclair, Gibbs and Wilson, 2000: 8)

9.12 Financial Support

Carers in the survey were asked to comment on the financial support (Care Allowance) provided by the Department. Carers were asked what level of Care Allowance they were receiving for the children in their care. Before these findings are discussed, several limitations of the data need to be acknowledged.

- First, the data are indicative of the number of *children* for whom each of the different levels of Care Allowances are paid, not the proportion of *carers* receiving each type of Care Allowance.
- Second, it is important to bear in mind that many carers had more than one child in care at the time they completed the survey and may have been receiving different levels of Care Allowances for each of the children.
- Third, while we have estimated that the 349 carers who had children in care at the time they completed the survey had a combined total of 657 children in their care the responses by carers to this question only provides information on the level of Care Allowance received for 340 children (i.e. 52 per cent of all children).³⁴

The carers of almost two-thirds of the children were receiving the Care Allowance (\$350 per fortnight). The carers of a fifth of the children were receiving the Care+1 Allowance (\$525 per fortnight) and the carers of nine per cent of the children were receiving the Care+2 Allowance (\$700 per fortnight). Four per cent of carers (13) noted they were receiving no allowance for the children in their care at the time the survey was conducted.

Non-payment of Care Allowance to 13 carers was due to a variety of reasons including one carer mistakenly ticking the box ‘no care allowance received’ when she has no children currently in her care. Older foster children of four carers were receiving Centrelink payments. Two carers caring for a child for less than one month at the time of the survey noted that to date they had not received payment. Three carers who fostered related and non-related children noted they were not receiving

34 Some carers failed to estimate the number of children for whom different levels of Care Allowance were paid while others did not complete the question.

payment for the related children. Finally, for the three remaining carers it was not clear from their responses to other questions why they were not receiving Care Allowance at the time of the survey.

Carers were asked whether they thought the level of allowance they received was 'generous'; 'about right'; or 'on the low side'. Equal numbers of carers (46 per cent) thought the level is about right or on the low side while a small proportion (8 per cent) thought the Care Allowance is generous. The fact that over half (53.6 per cent) thought payment was either 'generous' or 'about right', in part, reflects the fact that NSW has the highest foster care allowances in Australia.

The carers were also asked to rate a series of statements ('strongly agree/agree', 'unsure', or 'disagree strongly/disagree') concerning the financial support they receive. The statements are listed below:

- The Care Allowance only meets basic needs.
- Obtaining special allowances or contingencies is sometimes difficult.
- Payment by way of allowances or contingencies is often delayed and can cause hardship.
- Foster carers are not always told about the extra contingencies they are entitled to.

Over three-quarters (81 per cent) of the carers agreed that the Care Allowance they receive only meets basic needs and over two-thirds (70 per cent) agree that obtaining special allowances or contingency payments can be difficult.

Over half of the carers (59 per cent) agreed that payment can often be delayed and that this can cause hardship. However, almost a quarter (24 per cent) disagree.³⁵

It was also clear that the majority feel that carers are not always told about the extra contingencies they are entitled to, with 86 per cent of carers agreeing with the statement.

Carers were also asked if they had experienced financial difficulties as a foster carer. Just over half (51 per cent) had not, while a significant proportion (49 per cent) had experienced some difficulties. The carers who had experienced difficulties were asked to describe the nature of the difficulties. The most dominant response to their nature was in relation to the delay (usually around 4-6 weeks) in payment of the fortnightly Care Allowance.

Nature of the Difficulties in Receiving Financial Support

Carers gave a variety of reasons for difficulties experienced in receiving financial support. They included: 'slow' notification by workers at the start of placement; 'slow' processing by the Department; computer malfunction; 'new' computer system;

³⁵ This research was conducted shortly after the introduction of DoCS's new client information system KiDS. Some payment delays may have been due to the transfer of client records to the new system.

payment stopped by 'accident'; or change of caseworker before 'paperwork completed'³⁶.

Some carers noted that although Care Allowance payments were delayed they were 'financially secure' (e.g. in paid employment and/or with access to credit). For twice as many carers, who appeared 'financially insecure' (e.g. sole parent carers, pensioners) the delay in payments caused a good deal of hardship. Some carers, although inconvenienced by the delay in receipt of Care Allowance, were more positive about their longer-term prospects in relation to finances, finding the increased Care Allowance covered children's needs and made their lives easier.

Lack of Establishment Funding

A significant number of carers were financially stretched when children arrived with nothing; there were no establishment funds provided to purchase a variety of items such as clothing, beds or linen; and the Care Allowance payments were late being paid into their account. The costs associated with either teenagers or babies were according to some carers not covered by the Care Allowance of \$175 per week. The beginning of high school entailing the purchase of new uniforms and textbooks was a testing financial time for many carers with teenagers. For one carer of a teenager, ceilings (in the 2000 restructure of Care Allowances, see below) for education and medical costs before additional expenses could be claimed, were causing financial strain.

The payment of establishment costs for short-term placements and provision of crisis establishment payment (in cash) is mandatory (establishment costs are also paid for long-term placements but based on assessment of needs). A number of carers, who had babies or very young children placed with little warning said they received no cash assistance for the purchase of numerous items needed from the moment they arrive: bottles, formula, car seats, cots and medication. It is anticipated that the introduction of the Foster Carer Handbook in 2004 will provide foster carers with information on their rights and responsibilities. In addition revised policies and procedures for Departmental staff should ensure the provision of financial entitlements at time of placement should not be as problematic for carers as it has been in the recent past.

Other Financial Issues

Carers do their best to accommodate the needs of the children in their care even at significant financial cost to themselves as evident from their responses. One carer noted that she took a loss on the sale of her home, renting for 12 months 'to give kids (with special needs) a settled start to a new school'.

Children leaving a placement abruptly can also cause financial difficulties for carers who have become 'dependent' on the Care Allowance payments. Carers mentioned work-related issues (including retirement or redundancy) as causing financial

36 Delays in payments by DoCS in the OOHC sector is noted in the May edition of ACWA News. According to ACWA the reported problems particularly in relation to unpaid carer allowances and unreimbursed contingency payments are said to be 'affecting foster carer retention' (ACWA, 2004: 3).

difficulties. Some carers had either given up or cut back on paid employment to care for children at some hardship for themselves.

Wear and tear on household goods and property damage were of financial concern to some carers as was the theft of goods and money by foster children. Most carers who responded to this question spoke of the difficulty in obtaining reimbursements for any number of costs (e.g. damage to property and replacement of goods) even though they were informed by caseworkers there were 'legitimate' expenses. Carers said months could elapse before payments by the Department were made.

A few carers spoke of the costs involved in renovating their home, to accommodate growing foster children or to purchase a larger vehicle when it became necessary, without the offer of any financial assistance by the Department. Birthdays, Christmas and holidays were also times of additional expense to carers; carers noted that little financial assistance was offered to offset these costs. The conditions attached to the increased Care Allowance in 2000 state that the costs involved for children's birthdays, Christmas and holidays are now covered by the allowance payment. Additional financial assistance is not provided except in exceptional circumstances and where expenditure is approved as part of a case plan. As mentioned above the introduction of the Foster Carer Handbook in 2004 should assist carers in planning for these additional expenses.

A lack of either a Health Care Card or Medicare Card was mentioned by a few carers as causing problems at medical appointments and when purchasing medications. A small number of carers of teenage children spoke of the difficulties they faced when the child in care became eligible for Centrelink payments and they 'lost' their Care Allowance payments. This was particularly stressful for carers who continued caring for young people with disabilities even when the young person was receiving Disability Support Pension.

A US study, one of the rare pieces of research that include the voice of young people in care, asked the children about the money carers received. The research found some young people felt that their needs were not covered appropriately given the amount received by the family. Most young people said carers should get more money. The young people said 'They knew they cost the family money, and in some cases, they needed items the family could not afford' (Jarmon et al., 2000: 13, 19).

9.13 The Care Allowance

There was some concern expressed by stakeholders that too much responsibility was being placed on carers to spend the fortnightly Care Allowance appropriately to meet additional needs of children in their care.

The background to their concern is related to the innovative change NSW made on 1 July 2000 to Care Allowance payments. In 2000, the level of standard fortnightly Care Allowance (previously called the Standard Age Related Fostering Allowance) was increased substantially from a minimum of \$130 for a child aged 0-5 years to a maximum of \$242 for a young person aged 15-17 years. From 2000 the fortnightly Care Allowance was increased to \$350 per fortnight for children in all age groups (0-17 years) and the criteria for meeting the needs of children with the Care

Allowance was expanded.³⁷ Before the changes introduced in 2000 carers were expected to meet the basic day-to-day costs of children in their care.

The NSW Care Allowance, unlike any other State allowance, assumes that carers will cover the costs of additional services for children i.e. for health (medical, dental, pharmaceutical or optical), and education (up to \$1000 per annum in each area). When ceilings are reached for each child in their care, claims for additional expenses can be made. The aim of the increase introduced in 2000 was not only to raise the level of the standard payment but also to allow carers to access services without having to obtain approval (and separate payment) from DoCS for expenditures in areas outside basic costs.

For children placed for shorter periods of time carers are expected to contribute \$250 per quarter from their Care Allowance payments to cover costs mentioned above before a claim for additional expenses can be made. For child care the first \$160 per fortnight of child care costs are to be met from the Care Allowance. Only child care costs above \$80 per week are reimbursed. Before 2000, the costs of additional services i.e. health (medical, dental, pharmaceutical or optical), education and child care were covered by 'one-off grants' known as 'contingencies'.

The increase in the Care Allowance has placed additional responsibility on carers in decision-making and accounting around additional services required for children in OOHC. For carers with more than one foster child in their care, keeping track of all expenditures and retaining receipts is an onerous administrative task few can be bothered with, said stakeholders. Workers in one focus group noted that about three of their carers 'religiously send in all their dockets and their forms' for reimbursement but most do not.

The previous method of contingency payments, some stakeholders suggested, was a better option in meeting the specific needs of individual children. Stakeholders were concerned that, under the conditions of the increased care allowance, individual carers now have the responsibility and discretion to ensure that the Care Allowance is used appropriately to meet the needs of the child. All spending in relation to the child in care should be documented to ensure that when 'ceilings' are reached, for example, for education or health expenditures, carers know when they can claim additional funding.³⁸

As no evaluation of the new scheme has taken place to date, little is known about whether the new financial arrangements are working satisfactorily or more importantly, whether the specific needs of children are being met appropriately. As the ASFCSS spokesperson commented '*Carers have to be accountable for the money they are given ... but at what level are they accountable?*' To ensure that the new carer payment system is effective and efficient in meeting the needs of children in

37 According to the specified categories of need of the child carers may receive the following fortnightly rates of Care Allowance. Care (\$350 per fortnight); Care+1 (\$525 per fortnight); and Care+2 (\$700 per fortnight). Currently no Care Allowance is treated as assessable for income tax purposes.

38 Logs to record expenditure for medical, school and travel are available to carers to keep track of their expenditure (FCA, Newsletter, December 2003)

OOHC research with both carers and workers should be conducted to gain their perspective on the advantages and disadvantages of the new system.

Summary

In summary this section of the report highlights the findings from this research and studies elsewhere of the centrality of support from caseworkers and the Department more generally as crucial for placement stability and retention of carers in the system. High staff turnover and a lack of experienced staff to support carers and the children in their care were also perceived as highly detrimental to placement stability. The majority of carers surveyed had a caseworker who provided regular contact and with whom they had a good relationship. Equal numbers of carers perceived the level of Care Allowance as 'about right' or on the 'low side'. Significant numbers of carers had experienced financial difficulties while caring.

10 The Fostering Experience

This section provides an overview of the fostering experience from the carers' perspective. The data are derived from the foster carers survey and focus group discussions conducted with carers. Additional material from focus group discussions with Departmental staff is included where relevant. The topics covered in this section include both positive and negative aspects of fostering, including allegations of abuse in care and whether the carer would recommend fostering to others. A summary of the main points is presented below.

- Two-thirds of carers felt well prepared to foster the children most recently placed with them. When carers were asked what could have prepared them more for caring, the most common response was the provision of more background information about the child.
- Other factors that would help carers prepare for placements include: more advanced notification about the placement; the provision of resources or payment when the child first arrives to allow the carer to buy provisions for the child; more training for dealing with certain types of behaviours; and the availability of a 'buddy' system linking new carers with experienced carers to provide additional support.
- Half of the carers did not feel they had been given adequate information about the last child placed with them, but over half of the carers said that fostering had met their expectations.
- Many carers found the children's behaviours very challenging, others found the removal of the children from their care very difficult.
- Dealing with the child's birth family was often difficult for some carers.
- Seeing positive changes in the children as a consequence of being with the foster family was extremely rewarding for many carers. Seeing the children respond positively to being in a secure, safe home was also a positive for many carers.
- Fostering gave many carers a sense of personal fulfilment. Fostering had many positive benefits for the birth family, including helping birth children share and appreciate what they have.
- For over 300 carers who provided responses to the worst aspects of fostering, the dominant response (mentioned by 53 carers, 15.5 per cent) was a lack of support from the Department. The main difficulties of working with the Department were: unanswered phone calls and queries; not being given honest information about the child; and a lack of respect from Departmental officers.
- The following themes were also noted among the negative aspects of fostering: contact with birth parents (48 carers, 14 per cent); stress and workload (43 carers, 13 per cent); the challenging behaviours of fostered children (41 carers, 12 per cent) and the impact of fostering on carer families (40 carers, 12 per cent).
- All carers were fearful of allegations of abuse being made against them, but there was a sense that carers would inevitably have to face allegations of abuse.

- The majority of carers would recommend caring to others. However, many emphasised the importance of being honest with potential carers about the realities of fostering.

10.1 Preparations to Foster

Foster carers were asked to rate how well prepared they felt at the time of their last placement(s). Almost two-thirds (62 per cent) reported that they felt either prepared or well prepared, while over a fifth (21 per cent) said they felt unprepared or very unprepared. Seventeen per cent reported about ‘half and half’.

In an open-ended survey question, carers were asked ‘what if anything, could have prepared them better for fostering’. This question related to how well prepared they were when their last (most recent) foster child was placed with them. The responses from carers were grouped into a number of recurring themes. A small proportion of carers said ‘nothing’ would have prepared them better. The responses were mostly positive. For example, ‘*We had an excellent case worker who prepared us, nothing but ‘experience’ on our part could have helped us more*’ and ‘*Nothing ... the challenging behaviours program is run by excellent staff in this area*’.

Others were more ambiguous, for example, ‘*Nothing, as you do not know what you get until it comes*’ and another ‘*with this child nothing*’ (carer emphasis). One childless carer couple (ages 65 and 70 years) with no foster carer training wrote ‘*Nothing could have prepared us to take on a child at our age*’. The girl in their care, now 15, was placed with them when she was eight years of age.

Information on the Child’s Background

In the responses to this open-ended question, the most dominant or key theme in relation to being better prepared was ‘more information on the child’. Carers were particularly concerned that the degree of disability or special needs of a child was not fully explained to them before a child was placed. Many carers said they would have coped better had they been provided with ‘truthful’ or ‘honest’ information on a child’s medical history; behavioural problems (e.g. stealing, violence, sexual behaviour); previous placement and schooling history; and family background. A small number of carers a lack of background information on the child’s emotional, behavioural, and health problems or on problems encountered in previous placements, made their task not only more difficult but dangerous as well.³⁹

Carers were also asked in the survey if they were provided with adequate information about the child or children who were placed with them. The responses were relatively evenly split between those who felt they had been provided with adequate information (51 per cent) and those felt they had not received adequate information (49 per cent).

Some carers said had they known the child’s background better, they would not have taken them. This was mainly because of the impact of a child’s behaviour on other family members, particularly other children in the family, or because they did not have the experience to cope. Carers were sometimes very sanguine about the lack of

39 From December 2003, newly introduced sections of the legislation (*NSW Children and Young Persons (Care and Protection) Act 1998*) give carers the right to information about the child to enable them to make a decision about whether they will accept the placement or not.

information provided when children are placed. One stated that *'good or bad ... most carers would still take the child on'*.

Time to Prepare

The second prominent theme regarding what could have prepared carers better for fostering, was not being given adequate time to prepare for a placement. Carers commented that they would like more time to prepare particularly when 'new born' or very young children were being placed. Many carers said they were 'caught short' without appropriate furniture, equipment and clothing including a car seat. Carers recognised this was at times inevitable, particularly when a previous placement broke down. As one carer said *'A little more notice would be nice, but it's not always possible'*.

Placement Needs

The third theme related to the struggle carers had when numerous items, needed from day one of the placement, for example furniture, linen, clothing, were not provided for children. One carer wrote, *'I was given a baby and a disabled boy. I had no pram, cot, bottles, clothes, formula, car seat'*. Carers reported that they usually had no recourse but to borrow or buy what was necessary and claim for additional expenses that were often 'paid many weeks in arrears'.

Need for Training

Some carers would have appreciated more caseworker support, additional information/communication with the fostering team and specific training (especially for children with disabilities) when the child was placed. Another carer said she required *'more intensive training for dealing with certain types of children e.g. disabilities, ADHD'*. Another noted she had not received any training when the child was placed. One carer stated she would have been better prepared if she had known *'How the Department worked ... we were not informed of any entitlements nor training offered'*.

Carer Support Group and Mentors for Carers

Being part of a support group or having a mentor to support them and explain how the system works would have assisted some carers.

Types of Placement

A small number of carers who applied for specific placement types did not have their requests adhered to. As one said, *'[We] weren't prepared for the long-term disruption to the family – only wanted to do short-term care, but child stayed for 13 years'*. And another *'[We were] asked to take child for long weekend and child stayed for almost 6 months. Would not have agreed to such long period as own son (very difficult) has ADHD'*.

Case Planning and Team Approach

A few carers would have liked to be included in the case planning stage for the child and be treated as part of the team. The 1998 legislation (*NSW Children and Young Persons (Care and Protection) Act*) requires that carers must be consulted about case planning decisions and generally attend a case plan meeting. While it was considered

‘good practice’ prior to the 1998 Act carer participation in decision-making is now a legislative requirement.

Finally, a few carers noted that neither their house or car had sufficient capacity to take the children placed with them while some other carers would have preferred a transition period for the foster children to ‘know’ them and their family before the placement was made.

10.2 Fostering Met Expectations?

The survey also explored whether fostering had met carers’ expectations. Carer responses to their experiences were as follows:

- Experience had been as expected (55 per cent);
- Partly what they had expected (22 per cent); and
- Not as they had expected (23 per cent).

Carers were asked to explain why their fostering experience was not what they had expected. This question drew a variety of responses that were either centred on issues concerning the child and caring, or issues concerning the caseworkers and the Department more generally. Responses from carers were, not surprisingly, very individual and appeared to depend very much on their relationship with a particular caseworker or staff member.

A significant proportion of responses mentioned the challenging nature of fostering. A few new carers in particular found their first placements more difficult and challenging than they had been prepared for or expected. For other carers, the challenging nature of fostering was ongoing and did not appear to ease over time. The language used by carers to describe their fostering experience included phrases such as *‘did not realise it could be so difficult’* or *‘so emotionally draining’* or *‘hard and demanding both on the body and the mind’*.

The impact on the carer family was also unexpected for some, with carers noting, *‘constant monitoring is exhausting and hard on the family’* and *‘demands of foster children different to those of our own children’* and *‘a full time job 24 hrs a day’* and *‘expected more assistance from DoCS not only for the child but for the family unit too’*.

The carers’ experiences of fostering reveal the complexity of some children’s behaviours and special needs, with many agreeing with the carers who wrote *‘most of the children come to you with a troubled background so they tend to be very hyperactive and need constant and extra care – very tiring’* and *‘I knew fostering would be challenging. I expected that after 2 or 3 years it would be easier, but find some behaviours stop and others start’*.

The demanding role of fostering can and did disappoint a few carers who made comments such as *‘I thought it would be more pleasurable’* and *‘Not the care I expected or hoped’*. For some carers, the removal of children (on return to birth family) was for them and their families unexpectedly hard. A number of carers found that children were ‘placed and removed’ with very little notice to the carer family

Training appears to have been of some assistance in helping some carers come to terms with the challenging nature of fostering, while emphasising the strong link between training and support discussed elsewhere.

Training only partially prepares you for caring. We feel to fully understand you need to experience fostering first hand with proper support – that is the best training tool.

In relation to the ‘emergency line’ they were required to use, carers noted it ‘takes too long and hours are too short ... always closed when we need them’.⁴⁰ A number of carers had expectations of working with the staff in relation to the care of children but for many this was not the case. Other carers felt their knowledge of children in their care was devalued by the department. A number of carers noted a lack of communication by the Department in relation to court cases or court proceedings concerning the children in their care:

Many carers mentioned the rewarding and positive nature of caring which is very similar to those responses given by carers on ‘the benefits of fostering’ and are covered in Section 10.3 below. Similarly less positives aspects of fostering mentioned are included in Section 10.7.

10.3 The Benefits of Fostering

In one of the open-ended survey questions, the carers were asked what the benefits of fostering have been for them and their families. Most of the carers who completed the questionnaire responded to this question. Only three carers out of the 373 responses analysed said there had been no benefits from fostering, while a small number left the question ‘blank’. The focus groups with carers also probed this aspect of fostering and the discussion reiterated what carers wrote in the survey and is included below.

Most of the responses centred around three aspects:

- The development or improvement in a child;
- The enhancement of family life for foster carer families; and
- The personal fulfilment for a carer.

In one sense, it is difficult to capture the highly positive responses provided by many carers. The language they used was replete with glowing descriptions and phrases. For some carers the language used had a spiritual quality to it as they saw the children they fostered as a ‘blessing’ or they felt that they were ‘blessed’. Other carers commented that:

*Children ‘blossomed’ while in their care;
Children were ‘loved and nurtured’ to their full potential;
Opportunities provided by carers meant children could ‘springboard’ to a more fulfilled life; and
Children brought great ‘joy’.*

⁴⁰ The researchers assume that the ‘emergency line’ carers referred to was the DoCS Helpline.

For most carers, the feeling of being able ‘to make a positive difference’ to children was high on their list. Two carers sum up succinctly the source of pleasure these children can be, and the sadness when they leave. For one carer, it was *‘the joy and happiness when she runs to you with arms outstretched for a kiss’* and for another *‘Every child I have had will always take a little of my heart with them’*.

With regard to the development or improvement in a child, carers saw the children grow, develop and change in more ‘positive’ ways; become more ‘responsive; make ‘progress’; ‘thrive’ and do well at school while in their care. As one carer described her experience, *‘[it was] watching a child so badly neglected change and learn to love and trust’*. Many carers spoke of children learning to ‘trust’ and grow more confident while in foster care.

For most carers, seeing positive changes in the children as a consequence of being with the foster family was extremely rewarding. The carers described these changes in terms of seeing the children: grow and develop, making ‘leaps and bounds in some areas’, watching them try ‘to grow and better themselves’ and seeing them develop into ‘feeling young people’.

Some carers gave recognition to the trauma children suffer when taken from their birth families; one carer commented that she had the satisfaction of knowing they are *‘safe and happy even though they are sad’*. Notions of ‘safety’ ‘protection’ and ‘stability’ for the children appeared paramount to many carers. Being able to bond and attach to the children in their care was another important aspect for carers. For many carers fostering had brought ‘so much love’ into their homes. The reward of seeing the children respond positively to being in a secure, safe home was also mentioned. Many carers emphasised the difference ‘a loving, secure environment’ can make to a child.

A number of the carers at the focus groups also felt extremely positive about restoring the children to their birth family. Other positives of caring included: being accepted by the children, keeping some children ‘in the family’ (kinship fostering), having the children become part of the family and the joy of having young children around the house. Many care relationships were of an enduring nature while a few carers commented they were considered extended family by many of the children and their families and attended weddings, births and christenings and also helped out in times of crisis. For some carers maintaining ongoing contact with children previously in their care was important and they looked forward to phone calls and cards from children who have moved on.

Several carers mentioned how rewarding it was to get positive feedback about the child they had fostered and to know that they had made a difference to that child. One carer described a very difficult child she had fostered who, three years later, approached her in a shopping centre and thanked her for the time she had had with the carer and her family. Another carer said: *‘Just today I heard that two of the children we’ve had in the past are doing well. We’re really pleased to hear about that.’*

It can be difficult to capture the emotion behind focus group quotes, particularly when participants are discussing the positives of fostering, but a quote that brought tears to the eyes of the speaker and several focus group participants was the following:

In 13 years of fostering, I've never been touched like I have in the last week with my Daniel. On Valentine's Day he asked me could he go for a walk...He came back and he had an arm behind him, and he said, 'And I didn't steal them'. He had the most beautiful bunch of flowers, roses. He'd been down to a lady who's on his paper run. He had five dollars, and he asked if he could buy a rose and they gave him about a dozen roses. I've had lots of positives but nothing like that.

10.4 Personal Fulfilment and Growth for Carers

In the open-ended survey responses about the positives of fostering, a sense of personal fulfilment was evident. Carers said that in fostering, children and carers can 'grow' as individuals together. For large numbers, caring for children was highly enjoyable. Some reported that it made them feel young (again). For many, it was an opportunity to be a parent again and they enjoyed becoming involved in children's activities such as games, films, books and toys. A number of carers noted that they had done a lot they would not have done otherwise. They went to the beach, on picnics, ten pin bowling and to playgrounds.

For others fostering fulfilled strong maternal needs and for others it was an opportunity to provide a wanted sibling for a single child or for their other children. For two carers, unable to have children of their own fostering was a positive option as it allowed them *'to enjoy the family life that we couldn't get in the traditional way.'* Some carers said that they felt 'lucky' that had been given the opportunity to foster.

Personal Growth

The personal growth of carers was also a strong theme emanating from the survey responses. Carers found fostering gave their life a purpose, they enjoyed learning through training and experience and they developed self-satisfaction, self-confidence and parenting skills.

For others, learning about their own strengths and weaknesses; developing strategies to cope; communicating with people; being tolerant and patient; understanding their own limitations; being better organised and less judgemental were part of this list. It was important for some to be able to focus outside of themselves and develop the capacity to meet children's health, developmental and educational needs and to advocate on their behalf.

10.5 Benefits for the Foster Family

Carers also emphasised how much more they had learned about their own family through fostering and many, but not all, found they had brought up children who shared their enthusiasm for taking additional children into the home. Carers speaking of the extended family experience of fostering said that for the majority of their placements it had been a positive and beneficial experience for their own children. Sharing their homes meant that carers' children had to learn to deal with different personalities and to develop notions of compassion, patience, empathy and understanding for others less fortunate than themselves.

Carers mentioned that fostering had brought families together and their children had become more mature, tolerant and responsible and in general more appreciative of

what they had. Several carers also mentioned that they thought fostering within an extended family was an important contribution to the wider community.

For some carers, the sense of fulfilment and accomplishment extended quite often beyond the bounds of the carer family. Carers found fostering gave them opportunities to meet *'wonderful birth parents, adoptive parents and other foster carers'* and allowed them to *'help children and parents in need'*. Some felt they could support the child's birth family by providing temporary care and by fostering they helped keep some families together. Others appeared to work with the birth families forming strong relationships and friendships with the child's parents having them stay overnight in the carer's home or visit when they wanted. Other carers had contact with grandparents of the child in care and had facilitated contact on an informal basis.

10.6 Fostering a 'Mixed Blessing'

In the survey responses about the benefits of fostering, several carers also noted that while rewarding and enriching, fostering within an extended carer family could be challenging for other family members. Many carers noted that children in care were a 'challenge' themselves though this comment was often accompanied with the rejoinder 'but they are so rewarding'. Carers said they had to 'keep on their toes' or really 'stretch' themselves with some children.

The notion of fostering as a rewarding activity was a constant theme throughout the responses; for many it was the most rewarding thing they had ever done. Several carers mentioned that fostering could also be demanding. Many carers found fostering very tiring but also 'wonderful and fulfilling' with small rewards every day. That fostering can be physically and emotionally draining was acknowledged by a number of carers. A typical comment from one carer was *'having children around is great ... hard work but rewarding'*.

Two carers wrote of their positive experience with the Department. One carer who had over 100 placements said she got on well with DoCS. Another carer, possibly echoing the opinion of a number of carers, said for her the benefit of fostering was knowing *'amazing people doing amazing jobs in appalling conditions – both carers and caseworkers'*.

Even though the survey question asked carers to reflect on their positive experiences, a few carers took the opportunity to provide a note of warning. As one carer said *'Fostering is not for everyone ... it needs people who really want to do it and go in with their eyes open.'* Another said *'It's hard work and thankless ... many times you struggle to keep going'*, and another carer noted *'Its not a benefit for us but a time in a child's life of stability and love'*. For one carer her experience of fostering (and quite likely that of any number of carers), put the work into perspective. She said *'I thought it would be easy but it's not.'*

10.7 The Worst Aspects of Fostering

In addition to being asked about the benefits of fostering in the survey, the carers were also asked what the worst aspects of fostering had been for them and their family. In contrast with the responses to the 'positive' aspects or benefits of fostering, a larger number of carers (31 of the 373 or 8.3 per cent) either left the question about the worst aspects of fostering either blank or wrote 'nothing' or 'none'.

Two carers, possibly reflecting the opinion of other carers said, ‘*none really - just exhausting and time-consuming but it’s GREAT!*’ and another said, ‘*any bad aspects are far outweighed by the emotional rewards ... so you just take the good and bad*’.

The question on the worst aspects drew a wide range of responses from carers. The most dominant themes emerging from the multiple responses from 342 carers was a lack of support from caseworkers or the Department (mentioned by 53 carers, 15.5 per cent). The main difficulties of working with the Department were: phone calls and queries being unanswered; not being given honest information about the child; and a lack of respect from Departmental officers. The following themes were also noted among the negative aspects of fostering: contact with birth parents (48 carers, 14 per cent); stress and workload (43 carers, 13 per cent); the challenging behaviours of fostered children (41 carers, 12 per cent) and the impact of fostering on carer families (40 carers, 12 per cent). As many these aspects have been covered elsewhere in this report the discussion here is on areas not previously mentioned in any depth.

10.8 Contact with Birth Parents

The survey responses concerning the worst aspects of fostering revealed that many carers find ‘dealing with’ or ‘having contact’ with birth parents highly stressful. Abuse, conflict and interference by birth families directed at carer families was mentioned by a small number of carers. Several carers felt they were being ‘blamed’ by the natural family for having their child.

The disruptive behaviour of children after contact or when contact failed to take place was also a stressful time for both children and carers. Some carers felt there was ‘too much’ contact and that the requests of some birth families were given far too much consideration, to the detriment to carer families. Carers felt access was not always in the best interests of the child. Workers were not always aware of some situations, insisting on access even when children did not want to go, or were not ready to resume contact with birth families, or were at risk.

One carer commented that her personal details were given to the birth family without permission and the birth mother ‘made our life miserable’. Another carer noted that she was unsure of her limits and responsibilities in relation to contact with the child’s birth family.⁴¹

One carer summed up the not uncommon perception of a number of carers:

Some are OK ...but others can make you feel like the enemy no matter what I try to do to reassure them ... I can empathise though.

10.9 Stress, Workload and the Impact on Carer Families

For some carers the impact of a number of difficulties they faced indicated a high level of stress and workload. The additional workload and stress came from the behaviour of the children in their care, for example: excessive washing for bed wetters; medical appointments necessitating time off work; property damage; aggression; and abuse by children. Other carers noted that they were on duty 24 hours

41 Section 148 of the new Act (‘Disclosure of information concerning placement to parents’) has not been implemented. Consultation and discussion is currently being conducted by DoCS.

a day with no time to do anything for themselves, they could not receive support or access respite when needed, and many said they were tired.

The lack of respite was mentioned by several carers as one of the worst aspects. Without respite, carers noted they could not spend time with their families and friends. Fostering was hard on relationships both with spouses or partners and for their children. Other downsides of fostering raised by the focus group participants included the strain fostering places on personal relationships and the disappointment of placement breakdown. A few carers described tension arising from situations when they bond with a child but their partner does not, with foster children playing one parent off against the other. One carer also said that her divorce was partly caused by the stress of caring.

For one carer, having six caseworkers in eight years for the child in her care was stressful. It made it impossible to build rapport with each new one, as the whole story has to be told again and again. For another, the lack of support when she needed it most, *'caused [a] huge amount of stress and led to my breakdown'*. Stress was evident for another carer in her response to the worst aspects of fostering, *'disillusionment, hopelessness, fatigue, frustration, feelings of failure when your best is not enough'*.

Other dominant aspects considered by carers to be the downside of fostering were children being inappropriately restored to birth families. Many carers expressed dismay when they heard 'on the grapevine' that children they had once cared for were back in care again with another carer. The disappointment of placement breakdowns was also mentioned by a small number of carers as the downside to fostering. One carer described the sense of personal failure that comes with placement breakdown while another carer attributed placement breakdown to being given insufficient information about the child at the outset. For a number of carers, 'letting children go' either back to birth families or other carers (when placements broke down) was one of the hardest emotional experiences they had ever faced and rarely, it appeared, were carers supported at this time.

10.10 Allegations of Abuse in Care

The issue of allegations of abuse in care was also discussed by the focus groups. All of the carers were fearful of allegations of abuse being made against them, with one of the carers commenting: *'It's not a case of if; it's a case of when'*. Many carers felt that an allegation of abuse in care would be made against them sooner or later and this was supported by workers in the focus groups. One worker involved in training prospective carers said that the issue of allegations of abuse in care is covered in the initial training of carers.

In addition, carers commented on the lack of support offered to carers by the Department at these distressing times. Carers also felt that carers should be informed prior to accepting a placement if the child has already made allegations against other carers. However, the carers felt this information is deliberately withheld because it would probably dissuade them from accepting the placement. Other criticisms of the Department's handling of allegations included allegations not being resolved or investigated satisfactorily, the allegation being left on a carer's file even though the allegation has been dismissed and instances where the carer is not even told if an

allegation of abuse has been made against them, but they are simply no longer offered any placements.

Some carers also made the point that the fear of allegations has made them cautious about disciplining the children, which can lead to double standards in their treatment of the foster children and their birth children. There was also a perception among some carers that children in OOHC are beginning to learn to 'work the system' and simply make up allegations against carers so that they can move on to another carer:

Most good parents know what discipline and abuse is all about, and consistency with children. But children are very, very smart, they're learning to play the system.

Discussions with Departmental workers also highlighted the devastating impact allegations of abuse can have on carers and there was a feeling that carers often cease fostering after an allegation has been made against them. As one worker noted: *'Sometimes our kids make up stuff, a lot of the time they don't'*.

Retraining for Older Carers: Allegations of Abuse

In one of the worker focus groups, ongoing carer training is conducted around 'abuse in care' allegations. In the opinion of one worker, it is the 'older' or long-time rather than recently approved carers who are experiencing problems in this area. For some older carers, *'it is a lack of expertise and knowledge in terms of changes to the legislation about 'hitting' children that's problematic'*, said one worker.

It was suggested by workers that for older carers who are at times reluctant or resistant to training of any kind, a possible option is to contract out to trainers to conduct one-to-one work with the foster carer family. Workers have identified a need for older carers to be retrained rather than just get new information.

10.11 Encouragement of Other Potential Carers

In the survey, carers were also asked if they would encourage or recommend others in their community to foster. Seventy-eight per cent of carers said they would encourage or recommend others to foster, while 22 per cent said they would not. While there was no difference between carer couples or single, those carers between the ages 65 and 74 were more likely to say they would encourage others to foster, while people who had fostered for only a short period of time, less than five years, were also more likely to say they would encourage others to foster.

The focus group participants were also asked if they would recommend caring to others. The majority of the carers said they would recommend caring to others, and a number of carers said they had already done so. While the majority of carers would encourage others to foster, many felt that caring was not for everyone and that it was crucial to be honest with people about the realities of fostering.

An issue that arose in one of the focus groups when the topic of recommending fostering to others arose was the fact that many carers are not actually used. Often,

carers who are registered with DoCS do not get any placements for months.⁴² While there was acknowledgement that there may be a good reason for this, the carer is usually not told why they are no longer receiving placements.

Summary

In summary this section discussing the fostering experience from the carer perspective reveals both the positive and negative aspects of caring. While many of the issues for carers are discussed elsewhere in this report this section allows the ‘voices’ of individual carers to come through strongly and decisively. Carer comments and opinions on issues and concerns in fostering, reinforce the crucial importance of a positive ongoing relationship with an individual Departmental caseworker and the Department more generally, in a carer’s capacity to provide out-of-home care for children and young people.

It is clear that the work that carers do is not always easy, it can be physically and emotionally demanding and at times cause stress to the carer and their family. What is also clear is that fostering is not for everyone but for those who do it well their rewards are obvious: ‘being able to make a difference in a child’s life’ and a sense for many carers of personal fulfilment.

⁴² The issue of carers not formally being advised if a decision has been made not to offer any more placements has recently been identified by the Department. DoCS will develop policy and procedures to inform staff that a formal decision and notice to the carer must be given, and the carer advised of their right to appeal through the Administrative Appeals Tribunal.

11 Conclusions

The study used several sources of information to examine the current and future availability of carers. The sources include ABS data, a survey of carers, focus groups with carers and workers and interviews with stakeholders. In addition research studies both national and international were used to inform the analysis. The provision of out-of-home care (OOHC) is a dynamic phenomenon. It is composed of numerous complex interactions involving a number of parties including the children and their birth families who enter the welfare system; the Departmental workers responsible for the care and protection of children when they are placed in OOHC services; and carer families who provide the volunteer services in caring for children and young people. The complex interactions between all parties are governed by procedures and protocols determined by specific legislation and policy and also involve judicial decisions by the Courts in relation to custody and guardianship of children in OOHC.

A number of issues addressed in the study reflect the multi-faceted nature of fostering and highlight how critical it is that there is an adequate supply of carers, and that all carers receive ongoing training for the apparent increasingly challenging job of fostering. Equally important is the provision of an adequate number of workers to support carers in the system. The OOHC provisions of the new legislation (*NSW Children and Young Persons (Care and Protection) Act 1998*) came into effect in July 2003. These provisions laid the foundations for a number of significant improvements in the care of children including a substantial increase in funding for the OOHC sector and the appointment of additional caseworkers.

A number of major projects and initiatives by DoCS in 2000-2004 give recognition to the fact that the provision of foster care is to be improved in a number of ways. These improvements should provide better support for carers and ensure their retention in the system. The responses from workers, stakeholders and carers to many of the issues presented to them in the study appear supportive of a move to a more professional approach to fostering which involves support and ongoing training for carers and a better working relationship with caseworkers and other departmental staff. As this research study demonstrates from both the ABS data and the carer survey it is women, predominantly mothers in the privacy of their homes, who are the mainstay of the provision of OOHC services. Without their ongoing voluntary commitment to provide these services, fostering would not be a viable proposition.

The projections undertaken for this study do not suggest any major changes in the composition of foster carers either by age or labour force status. In 2013, as in 2003 ABS data indicate that about two-thirds of future foster carer families will include women aged between 35 and 54 (66 per cent in 2003, 64 per cent in 2013). There will be slight increase in older carers (women aged 55+) from 18 per cent to 21 per cent of all carer families. In addition the projections indicate there will be a slight increase in labour force participation rate of carers from 44 per cent to 47 per cent of all carer families.

Changing Characteristics of NSW Carers

There are some indications from a comparison of the survey conducted for this study and an earlier study conducted in 1986 (Gain, Ross and Fogg, 1987) that a number of characteristics in the NSW carer profile has changed in the period 1986 and 2003. Reflecting the rise in single female-headed families in society more generally, single

female carer foster families in 2003 represent around one-quarter of all foster families compared to just 14 per cent in 1986.

Whereas in 1986 the carer age profile was women aged 25-49 in the current study 70 per cent of all carers are aged 35-54 years. Female carers in 1986 and 2003 continue to be more likely not to be in paid employment though the rise from 31 per cent in 1986 to 39 per cent currently is not insignificant especially as 36 per cent of the primary carers in paid employment were working full-time in 2003.

Other data suggest that current carers are fostering more children per household than carers were two decades ago. In 1986 almost two-thirds had only one fostered child in their care; in 2003 this had dropped to below a half of all carers (48 per cent). Furthermore, 3.6 per cent of carer households in the 1986 study had four or more children in their care at the time of the study compared with 9.4 per cent of carer households in the current study. As the numbers of fostered children per carer household has increased the proportion of carer families with no other children residing in their home has declined. In 1986, 26 per cent of carer families had no other children residing at home compared to 50 per cent in 2003.

In relation to the children fostered there appear to be fewer older teens (16 to 18 years) in foster families now (less than five per cent) compared to 11 per cent in 1986. In part this could be a reflection of the difficulty OOHC providers experience in attracting carer families for teenagers noted in the report. Of equal concern is the increase in the proportion (33 per cent) of pre-school aged children (0-4 year olds) in OOHC in 2003 compared to 25 per cent in 1986.

The data collected in 1986 and 2003 appear to indicate a number of differences in the length of time children spend in care. Several caveats apply when comparing these two sets of data. Firstly the variation in periods of time with a carer may be due to the 'different' populations of children in care surveyed in 1986 and 2003. In 1986, fostered children surveyed were both related (kin) (14 per cent) and non-related (86 per cent) children of foster carers. No related (kinship) carers were specifically included in the 2003 survey though 10 per cent of carers stated they provided kinship care (see Section 5.9). Numerous studies have documented that children in kinship care are less likely to be reunited with birth families than those with non-related carers. The higher incidence of kinship carers in the 1986 study may have contributed to longer stays in care for some children discussed below.

The data indicate that in 2003 around 31 per cent of children surveyed were in care for one year or less compared to 39 per cent in 1986. The decrease in children in 2003 being in care for a shorter period, i.e. under one year, may in part reflect the increasing difficulty in restoring children to birth families in a short period of time. Issues within the family (e.g. drugs, alcohol, violence or mental health conditions) that today are more likely to lead to children being brought into care can prove difficult to resolve.

Other data on longer-term placements are harder to analyse. There appears to have been a decline in longer-term placements over the period. The 1986 study found that 42 per cent of the children had been with a carer for five or more years compared to 25 per cent of the children in the current study. Several factors could contribute to the decline in longer-term placements. The decline in the proportion of children in 2003 remaining with one carer for five or more years may be due to more placement

breakdowns with moves to other carers. Legislative changes (*Children and Young Persons (Care and Protection) Act 1998*) emphasise, where it is possible, restoration of fostered children to birth families. As a consequence of the legislation children currently in OOHC are less likely to ‘drift in care’. Restoration at some point in time is therefore more likely than it may have been in the mid-eighties. In addition the suggestion of longer stays for the kinship care children in the earlier study, may have contributed to the higher proportion of children in long-term care in 1986.

Recruiting Carers

Most carers surveyed had always planned to foster. Overall media advertising or promotional material (approximately 60 per cent) was the most influential recruiting method, followed by recruitment by another carer (30 per cent). Most carers’ motivations to continue fostering are child-focused. They include being able to achieve positive outcomes for children or an awareness of children needing families.

It was apparent in the three areas visited by the researchers that DoCS workers do not keep records of the number of potential carer inquiries, or the number of potential carers assessed as not suitable, or those potential carers who withdrew from initial training. Records are also not kept on approved and current carers in any systematic way. For example there is no carer database of when carers commence or leave fostering or the reasons why they cease to foster. No exit interviews are conducted with carers at the time they leave fostering.

Workers in the three focus groups discussed how their local office implemented recruitment strategies and while their approaches provide useful information no general conclusions can be drawn about appropriate recruitment strategies to address the problem of the availability of carers.

The Department’s new Key Information and Directory System (KiDS) (see Section 1.3) and the Carer Development Plan (see Section 8.5) provide the tools for maintaining systematic information on all Departmental carers. In addition to basic demographic data on all carers, information recorded could include all training undertaken, level of training skills, type of children cared for, type of care provided, when fostering ceases and why. The systematic collection of data would allow an audit of carers to be conducted at any point in time by the Department. This could provide extensive details about current carers in the system and to assist with recruiting new carers.

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